

DEFENSE SECURITY
COOPERATION AGENCY,
Washington, DC.

Hon. ROBERT MENENDEZ,
Chairman, Committee on Foreign Relations,
U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: Pursuant to the reporting requirements of Section 36(b)(1) of the Arms Export Control Act, as amended, we are forwarding herewith Transmittal No. 22-36, concerning the Army's proposed Letter(s) of Offer and Acceptance to the Government of Qatar for defense articles and services estimated to cost \$1.0 billion. After this letter is delivered to your office, we plan to issue a news release to notify the public of this proposed sale.

Sincerely,

JAMES A. HURSCHE,
Director.

Enclosures.

TRANSMITTAL NO. 22-36

Notice of Proposed Issuance of Letter of Offer Pursuant to Section 36(b)(1) of the Arms Export Control Act, as amended

(i) Prospective Purchaser: Government of Qatar.

(ii) Total Estimated Value:

Major Defense Equipment * \$0.75 billion.

Other \$0.25 billion.

Total \$1.00 billion.

Funding Source: National Funds.

(iii) Description and Quantity or Quantities of Articles or Services under Consideration for Purchase: The Government of Qatar has requested to buy ten (10) Fixed Site-Low, Slow, Small Unmanned Aircraft System Integrated Defeat System (FS-LIDS) System of Systems, to include:

Major Defense Equipment (MDE):

Two hundred (200) Coyote Block 2 Interceptors.

Non-MDE: Also included is the Counter Unmanned Electronic Warfare System (CUAEWS); Coyote launchers; Ku Band Multi-function Radio Frequency System (KuMRFS) radars; Forward Area Air Defense Command and Control (FAAD C2); Counter Unmanned Electronic Warfare Systems (CUAEWS); EO/IR cameras; support and test equipment; integration and test support; spare and repair parts; communications equipment; software delivery and support; facilities and construction support; publications and technical documentation; personnel training and training equipment; U.S. Government and contractor engineering; technical and logistics support services; studies and surveys; maintenance services; and other related elements of logistical and program support.

(iv) Military Department: Army (QA-B-UAV).

(v) Prior Related Cases, if any: None.

(vi) Sales Commission, Fee, etc., Paid, Offered, or Agreed to be Paid: None.

(vii) Sensitivity of Technology Contained in the Defense Article or Defense Services Proposed to be Sold: See Attached Annex.

(viii) Date Report Delivered to Congress: November 29, 2022.

* As defined in Section 47(6) of the Arms Export Control Act.

POLICY JUSTIFICATION

Qatar—Fixed Site-Low, Slow, Small Unmanned Aircraft System Integrated Defeat System (FS-LIDS)

The Government of Qatar has requested to buy ten (10) Fixed Site-Low, Slow, Small Unmanned Aircraft System Integrated Defeat System (FS-LIDS) System of Systems, to include: two hundred (200) Coyote Block 2 interceptors. Also included is the Counter Unmanned Electronic Warfare System (CUAEWS); Coyote launchers; Ku Band Multi-function Radio Frequency System

(KuMRFS) radars; Forward Area Air Defense Command and Control (FAAD C2); Counter Unmanned Electronic Warfare Systems (CUAEWS); EO/IR cameras; support and test equipment; integration and test support; spare and repair parts; communications equipment; software delivery and support; facilities and construction support; publications and technical documentation; personnel training and training equipment; U.S. Government and contractor engineering; technical and logistics support services; studies and surveys; maintenance services; and other related elements of logistical and program support. The total estimated program cost is \$1 billion.

This proposed sale will support the foreign policy and national security objectives of the United States by helping to improve the security of a friendly country that continues to be an important force for political stability and economic progress in the Middle East.

The proposed sale will improve Qatar's capability to meet current and future threats by providing electronic and kinetic defeat capabilities against Unmanned Aircraft Systems. Qatar will have no difficulty absorbing these articles and/or services into its armed forces.

The proposed sale of this equipment and support will not alter the basic military balance in the region.

The principal contractors will be Raytheon, Huntsville AL; SRC, Huntsville, AL; and Northrop Grumman, Huntsville, AL. There are no known offset agreements proposed in connection with this potential sale.

Implementation of this proposed sale will require the assignment of five (5) additional U.S. Government and fifteen (15) U.S. contractor representatives to Qatar for a duration of five (5) years to support fielding, training, and sustainment activities.

There will be no adverse impact on U.S. defense readiness as a result of this proposed sale.

TRANSMITTAL NO. 22-36

Notice of Proposed Issuance of Letter of Offer Pursuant to Section 36(b)(1) of the Arms Export Control Act

Annex Item No. vii

(vii) Sensitivity of Technology:

1. The Fixed Site-Low, Slow, Small Unmanned Aircraft System Integrated Defeat System (FS-LIDS) is a Counter Unmanned Aircraft System of Systems. It provides defeat capabilities against Unmanned Aircraft vehicles.

2. The Counter Unmanned Electronic Warfare System (CUAEWS) is a Counter Unmanned Aircraft defeat system. It provides signal disruption and jamming of position, timing, navigation, command link and video downlink signals to/from the ground command station.

3. The Coyote Launcher is a high speed, highly maneuverable, semi-active guided airframe with a proximity blast fragmentation warhead. It provides a kinetic defeat capability against Counter Unmanned Aircraft threats.

4. The Coyote Interceptor is a Counter Unmanned Aircraft kinetic missile that provides kinetic defeat capabilities against Unmanned Aircraft vehicles.

5. The Ku Band Multi-function Radio Frequency System (KuMRFS) is a multi-function radar. It provides three dimensional target location to provide situational awareness for command and control systems and guidance used by the Coyote Block-2 Interceptor.

6. The highest level of classification of defense articles, components, and services included in this potential sale is SECRET.

7. If a technologically advanced adversary were to obtain knowledge of the specific

hardware and software elements, the information could be used to develop countermeasures that might reduce weapon system effectiveness or be used in the development of a system with similar or advanced capabilities.

8. A determination has been made that Qatar can provide substantially the same degree of protection for the sensitive technology being released as the U.S. Government. This sale is necessary in furtherance of the U.S. foreign policy and national security objectives outlined in the Policy Justification.

9. All defense articles and services listed in this transmittal have been authorized for release and export to the Government of Qatar.

WORLD AIDS DAY 2022

Mr. CARDIN. Madam President, on December 1, we mark the 34th anniversary of World AIDS Day. World AIDS Day calls on us to remember those lost to AIDS and support those who live with HIV/AIDS-related illnesses. On this day, we also raise awareness for the global health crisis and redouble our efforts in the fight against HIV/AIDS.

Established in 1998, World AIDS Day marked the first international day for global health. Since then, World AIDS Day has adopted targeted themes to raise awareness and encourage international cooperation. This year's theme, "Equalize," focuses on addressing persisting inequalities in the fight against AIDS. Vulnerable groups such as young women, gay men, transgender people, people of color, and sex workers struggle to access contraception, testing, treatment, and new technologies. Criminalization, discrimination, and social stigmas continue to target these vulnerable populations across the globe. The 2022 "Equalize" campaign reminds us that our fight cannot be won until such inequalities are eliminated.

Since the first U.S. cases of AIDS were reported in June 1981, over 700,000 people in the U.S. have died from HIV-related illnesses. As of 2019, nearly 1.2 million people were living with HIV. In 2020, 30,635 people received an HIV diagnosis in the U.S. and dependent areas. My home State of Maryland is not immune to this issue. As of 2021, over 32,000 Marylanders over 13 years old are living with HIV, with 773 new diagnoses that same year. Furthermore, recent data shows that minority populations remain disproportionately affected by HIV/AIDS. In 2020, Black Americans accounted for 42 percent of HIV diagnoses, while Hispanic/Latino Americans accounted for 27 percent of HIV diagnoses. This is evidence of the persistent health challenge HIV/AIDS presents Maryland and the U.S.

Fortunately, scientists have made significant strides in developing antiretroviral therapies—ART—against HIV infections over recent decades. Thanks to breakthroughs in the private and public sectors, the U.S. Food and Drug Administration—FDA—has now approved more than 30 medicines

to treat HIV infection. These treatment regimens help extend and stabilize the lives of those living with HIV while reducing further risk of HIV transmission.

I particularly applaud Maryland's scientific community and academic partners—including the National Institutes of Health—NIH—the Walter Reed Army Institute of Infectious Disease Research, the Institute of Human Virology at the University of Maryland, and Johns Hopkins University—for their groundbreaking research initiatives. For example, NIH-funded research, including clinical trials, to develop pre-exposure prophylaxis—PrEP—medication designed to prevent high-risk individuals from contracting HIV.

Thanks to cutting-edge advancements in treatment, Maryland has reached significant milestones in reducing HIV case numbers. For the first time in over three decades, Maryland reported fewer than 1,000 new cases in 2018 and continues to remain below the 1,000 new case benchmark as of 2021. State-supported efforts such as safe-sex education programs, condom distribution, and the expansion of prophylactic medications have all mitigated HIV transmission. The Maryland Department of Health's antiretroviral therapy campaign has also contributed to viral suppression for 60 percent of the State's HIV patients. Additionally, city and county needle exchange programs have broadened efforts to reduce the circulation of unclean syringes, provide testing for infectious diseases such as HIV, and extend resources for substance abuse.

Thanks to the Affordable Care Act—ACA—Americans diagnosed with HIV or at risk of transmission have more meaningful access to healthcare coverage and health insurance. Today, Americans cannot be dropped or denied coverage because of pre-existing health conditions such as HIV. The ACA also gives States the option to expand Medicaid, the largest payer for those who need HIV treatment in the country. The ACA's investments in community health centers' Ending the HIV Epidemic Initiative is an integral part of the National HIV/AIDS Strategy.

The ACA has also established new health plan standards or essential health benefits that must be covered under certain health plans. Benefits such as prescription drug services, hospital inpatient care, lab tests, HIV screening, PrEP, and other preventive services aim to preserve the health of those with HIV while mitigating further transmission. Under the ACA, most health insurance plans must provide preventative services, including HIV testing for those aged 15 to 65. PrEP to inhibit HIV is also provided for HIV-negative adults at high risk for contracting HIV. I am proud to cosponsor the PrEP Access and Coverage Act of 2021, which would expand access to PrEP and work to reduce disparities among those recommended and pre-

scribed the medication through multiple initiatives, including eliminating out-of-pocket costs for the medication.

These investments in an infrastructure to test and treat HIV have helped reduce the spread of HIV/AIDS, but have also been essential in curbing the spread of mpox. It has provided natural points of care for testing, access to treatment, and education to populations also vulnerable to contracting mpox.

However, HIV/AIDS is not an issue the U.S. faces in isolation. Outside the U.S., the global HIV/AIDS epidemic remains a grave public health challenge. In 2021, approximately 38.4 million people lived with HIV across the globe, including 1.7 million children between 0 and 14 years of age. Last year, roughly 1.5 million people contracted HIV. Nevertheless, the international community has made significant progress in HIV testing and treatment over recent decades. By the end of 2021, 28.7 million people with HIV, about 75 percent, were receiving ART, while approximately 68 percent of all people with HIV reached viral suppression. In 2021, an estimated 650,000 people died from AIDS-related illnesses worldwide, down from 2 million people in 2004 and 1.4 million in 2010.

Since its inception in 2003, the U.S. President's Emergency Plan for AIDS Relief—PEPFAR—represents an extraordinary commitment to global health, aiming to prevent, diagnose, and treat HIV infections. Over nearly 20 years, the U.S. has invested more than \$100 billion in the global response to HIV/AIDS. Because of this, we have made significant inroads in access to testing and ART.

In 2021, PEPFAR provided HIV testing services for more than 50 million people and supported ART for nearly 19 million people. As of today, U.S. leadership through PEPFAR has saved an estimated 20 million lives and prevented millions of HIV infections. PEPFAR now operates in over 50 countries, training hundreds of thousands of healthcare workers and providing critical support to healthcare systems. PEPFAR is a powerful example of sincere, effective, and transparent U.S. global health leadership and cooperation.

The COVID-19 pandemic produced a stark reminder that we must swiftly respond to global health crises. It demonstrates that diseases cannot be easily confined to national borders and regional spheres. Additionally, the COVID-19 pandemic has disrupted HIV treatments and prevention services, separating patients from healthcare providers. Vulnerable populations have also been disconnected from educational and counseling services while economic downturns exasperated social and economic inequalities. Marginalized populations and now more susceptible to HIV infection and less likely to access necessary services than before the pandemic's onset. Our interconnected world demands Amer-

ican vigilance, conscientiousness, and our strong investment in global health systems.

Our battle against HIV is far from over. The U.S. must continue to define global health leadership and facilitate cooperation with our foreign partners and allies. I commend President Biden for his enduring support for PEPFAR. I also recognize international partnerships, including the Global Fund along with faith-based organizations and civil society for their long-held commitment to eradicating HIV/AIDS. Most importantly, I want to recognize those living with HIV/AIDS across the globe. Your dignity, fortitude, and endurance testify to the extraordinary power of the human spirit. And in accordance with that drive and spirit, we will prevail in this fight.

ADDITIONAL STATEMENTS

TRIBUTE TO MARK GHILARDUCCI

• Mrs. FEINSTEIN. Madam President, I rise today to honor Mark Ghilarducci, director of the California Office of Emergency Services—CalOES—as he retires following years of committed and extraordinarily capable public service.

Director Ghilarducci's laudable career spans 30 years of service in public safety and government management at the local, State, and Federal levels, as well as more than 12 years in the private sector, working in security and crisis management globally. I, myself, have had the pleasure of working with Mr. Ghilarducci and have witnessed firsthand his dedication to the safety of all Californians.

Early in his career, Director Ghilarducci served as the deputy State fire chief at CalOES. In this role, he oversaw special operations such as the State Urban Search and Rescue Response System. Director Ghilarducci helped develop this search and rescue system in the wake of the 1989 Loma Prieta Earthquake, and this system has since served as the model for the Nation. In fact, Ghilarducci relied on this system as he led the Federal search and rescue operations in the wake of the 1995 terrorist bombings in Oklahoma City, demonstrating the system's effectiveness, as well as his own courage in the face of disaster. Twenty years later, he served as an adviser to the State of Louisiana and Governor Kathleen Blanco in the wake of Hurricane Katrina and provided on the ground assistance.

In 2000, he was appointed deputy director of CalOES, where he oversaw statewide emergency operations, planning, and training. Drawing from his experience in State and national emergency response, Director Ghilarducci utilized his position to advocate for preventative disaster management and clearer communication between local, State, and Federal agencies with disaster-relief organizations. During his