

transportation support; U.S. Government and contractor engineering, technical, and logistics support services; aircraft components, spares, and accessories; and other related elements of logistics and program support.

(iv) Military Department: Air Force (AE-D-QAM).

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

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

(vii) Sensitivity of Technology Contained in the Defense Article or Defense Services Proposed to be Sold: None.

(viii) Date Report Delivered to Congress: May 12, 2025.

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

POLICY JUSTIFICATION

United Arab Emirates—F-16 Sustainment

The Government of the United Arab Emirates (UAE) has requested to buy additional F-16 aircraft components, spares, and accessories; and other related elements of logistics and program support that will be added to a previously implemented case whose value was below the congressional notification threshold. The original Foreign Military Sales (FMS) case, valued at \$40.9 million (\$0 in MDE), included Common Munitions Built-in-Test Reprogramming Equipment (CMBRE); munitions support equipment; night vision device (NVD) support and spare equipment; spare parts, consumables and accessories; repair and return support; classified and unclassified software delivery and support; classified and unclassified publications and technical documentation; site surveys; studies and surveys; transportation support; U.S. Government and contractor engineering, technical, and logistics support services. The estimated total cost is \$130 million.

This proposed sale will support the foreign policy and national security of the United States by helping to improve the security of a major defense partner. The UAE is a force for political stability and economic progress in the Middle East.

The proposed sale will improve the United Arab Emirates' ability to defend its sovereignty and territorial integrity to meet its national defense requirements. The United Arab Emirates will have no difficulty absorbing this equipment and services into its armed forces.

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

There are no principal contractors associated with this potential sale. At this time, the U.S. Government is not aware of any offset agreement proposed in connection with this potential sale. Any offset agreement will be defined in negotiations between the purchaser and the contractor.

Implementation of this proposed sale will not require the assignment of additional U.S. Government or U.S. contractor representatives to the UAE.

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

U.S. GLOBAL HEALTH PROGRAMS

Mrs. SHAHEEN. Mr. President, I ask unanimous consent that the following documents be printed in the CONGRESSIONAL RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

SUMMARY—THE DANGEROUS CONSEQUENCES OF FUNDING CUTS TO U.S. GLOBAL HEALTH PROGRAMS

(April 2, 2025)

"In less than two months, the Trump Administration has undone six decades of investments that made the United States more respected and influential than any other nation. The resulting chaos has left us weaker and more vulnerable. Like all of my colleagues, I have always supported reforming government and making sure our tax dollars are spent wisely. But this administration has ignored U.S. laws enacted by Congress—cutting foreign assistance programs and USAID staff that are essential for our national security." Ranking Member Senator Jeanne Shaheen

On April 2, 2025, Senator Shaheen hosted a public roundtable for Senators to examine the profound consequences of the Trump Administrations' cuts to U.S. global health programs. The panel highlighted the increased risks to the health of Americans from diseases, including drug-resistant TB and Ebola, to Americans livestock and plant farmers from bird flu and plant diseases, and the increase in global mortality from cuts to vaccines, HIV prevention, malaria, maternal care, newborn care and water and sanitation programs.

TOP LINE IMPACT OF GLOBAL HEALTH CUTS

Our 50-country network for stronger surveillance to deadly diseases from bird flu to swine fever [is] gone.

Our emergency response system that cut response times to global outbreaks from greater than two weeks to less than 48 hours [is] gone.

AIDS programs to prevent new cases of HIV in high-risk populations [is] gone

Programs for preventing child and maternal deaths that reached 93 million women and children under 5 in 2023 and added 6 years of life on average [has been] cut 92%.

Lifesaving tuberculosis programs cut [by] 56%.

Lifesaving water and sanitation programs cut [by] 86%.

Funding for GAVI, the global vaccine alliance, which was set to vaccinate half a billion children [was] terminated and, if not restored, will cost 500,000 lives a year and drive higher exposure to measles in the U.S.

Dr. Atul Gawande, former Assistant Administrator for Global Health, USAID

QUOTES FROM PANELISTS ON THE CONSEQUENCES OF THE CUTS ARE REPRESENTED BELOW

Atul Gawande, former Assistant Administrator for Global Health, USAID

Dan Schwarz, Vice President, Management Sciences for Health

Nicholas Enrich, former Acting Assistant Administrator for Global Health, USAID

USAID PROGRAMS ARE COST-EFFECTIVENESS AND ACCOUNTABILITY

"I led 800 health staff in [USAID] headquarters working alongside more than 1,600 staff in 65-plus countries. With less than half the budget of my Boston hospital system . . . they saved lives by the millions and contained disease threats everywhere. The new administration not only shuttered this work, they fired the staff of the entire agency, terminated 86% of its programs, and kneecapped the rest—all against Congressional directives. They dismantled the US's largest civilian force advancing global stability, peace, economic growth, and survival. And they have done it in a way maximized loss of life and mismanagement of taxpayer dollars." Dr. Atul Gawande, former Assistant Administrator for Global Health, USAID

"So, you know, for USAID, in the last six inspector general reports, 94% of the spend-

ing had been audited, 0.3% were found to have issues. Half of that was reclaimed. That is not an enterprise that has been, you know, utterly driven by, criminal behavior." Dr. Atul Gawande, former Assistant Administrator for Global Health, USAID

CUTS ARE INCREASING HEALTH RISK FOR AMERICANS

"The safety of Americans is very much at risk as global health security programs are shuttered. Programs that . . . addressed things like the plague, Ebola, [and] drug-resistant tuberculosis. Those have suddenly ended with no warning, even as . . . the United States experienced the worst tuberculosis outbreaks in decades. Emerging health programs . . . helped address emerging health threats at their source in other countries. They're gone." Dan Schwarz, Vice President at Management Sciences for Health

" . . . And I think it should be clear to all of us by now that outbreaks abroad do not stay overseas. That's why Congress has appropriated millions and millions of dollars to shore up early warning systems, surveillance and fragile health systems around the world so that we can protect and detect and respond to diseases early and . . . so that we can get them before they get out of control, before they come to our borders. And unfortunately, these are exactly the programs that have been terminated." Whistleblower Nicholas Enrich, former Acting Assistant Administrator for Global Health, USAID

"[W]e have had a global reduction in, childhood deaths, childhood mortality in the U.S. and abroad of 75% over the last 50 years. 40% of that benefit is from vaccines alone. 60% of that benefit is from measles vaccine alone . . ." Dr. Atul Gawande, former Assistant Administrator for Global Health, USAID

THE PRC IS STEPPING UP WHERE THE U.S. IS STEPPING BACK

"That support has been withdrawn and the sustainability and the long-term system of strengthening . . . is questionable for the future. The People's Republic of China is filling that gap. The people in the communities that we serve have lost services, and they are quick to, frankly speaking, look towards other options for [the] . . . support that they need." Dan Schwarz, Vice President at Management Sciences for Health

PEOPLE ARE DYING BECAUSE OF CUTS TO FOREIGN ASSISTANCE

"About the claim that no one has died. It's absolutely false. [A] medical facility [in Burma] was cut off with no access to oxygen [and] no alternative delivery system. A woman who had come with severe pneumonia had to be turned away because the facility was shut down. And she died three days later from pneumonia. Dr. Atul Gawande, former Assistant Administrator for Global Health, USAID

MALARIA DEATHS ARE INCREASING UNNECESSARILY

"U.S. global health efforts have led to a decline in over 48% of malaria deaths globally in Nigeria. During the time that I am delivering these remarks to you, at least two children will die of malaria in Nigeria." Dan Schwarz, Vice President at Management Sciences for Health

EBOLA RESPONSE PROGRAMS TERMINATED

"On February 25, 2025, Elon Musk said in a White House cabinet meeting that Ebola activities had been accidentally turned off, and then turned back on immediately. This was also false, as none of the activities were approved, and no funds had been made available for any Ebola response activities." Whistleblower Nicholas Enrich, former Acting Assistant Administrator for Global Health, USAID

HIV-AIDS TRANSMISSION AND DEATHS ARE INCREASING BECAUSE OF CUTS TO PEPFAR FUNDING

Cases of HIV have risen and they're seeing now complications of HIV. There's a disease called *Cryptococcus meningitis* [where] . . . a parasite get[s] to the brain because of the loss of immune systems. [The] U.S. had supported . . . a treatment for *Cryptococcus meningitis* and it was sitting on shelves in the warehouse, but inaccessible to this person. And this person died, and they still don't have that treatment on hand to be able to address these problems. Dr. Atul Gawande, former Assistant Administrator for Global Health, USAID

American scientists had developed a drug called *Lenacapavir* that could prevent or treat HIV with a single injection that lasted six months and perhaps even a year. Deploying this game-changer in high-risk communities through PEPFAR could finally bring an end to HIV as a devastating public health threat." Cuts to PEPFAR will prevent USAID from deploying this game-changing tool. Dr. Atul Gawande, former Assistant Administrator for Global Health, USAID

"We're in the opposite place now. We're seeing babies born again with HIV at rates we haven't seen before. We're seeing HIV transmissions now regularly occurring." Dr. Atul Gawande, former Assistant Administrator for Global Health, USAID

TUBERCULOSIS

"USAID [had] launched a trial of a four-dose pill that could prevent tuberculosis in exposed individuals and dramatically reduce cases. This intervention is at risk from funding cuts. Dr. Atul Gawande, former Assistant Administrator for Global Health, USAID

TRUMP ADMINISTRATION FRAUD, WASTE AND ABUSE

"When the [USAID] Inspector General, Paul Martin, reported on half a billion in food aid that was rotting in warehouses, having lost controls to prevent diversion to actors who should not get it, the response was not to address the problem, but instead to fire the inspector general." Dr. Atul Gawande, former Assistant Administrator for Global Health, USAID

"If you want to see waste, look no further than the interest accruing on unpaid bills since payments were stopped—interest at levels we have never seen before. If you want to see fraud, look into the contractual promises we have made and then broken, forcing our partners into debt for relying on the deals we made with them. If you want to see abuse, look at how the administration has prioritized payments for the few firms that have the ear of senior officials." Whistle-blower Nicholas Enrich, former Acting Assistant Administrator for Global Health, USAID

U.S. WITHDRAWAL FROM THE WORLD HEALTH ORGANIZATION MEANS NO ROLE IN THE FLU VACCINE

"On day one . . . the United States not only said we were ending membership in the WHO, but [that] our agencies could no longer provide funds immediately to WHO . . . and could no longer even communicate [with the WHO]. [There are] issues like getting . . . the fall flu vaccine, which depends on a WHO process that accesses specimens from people in China . . . where we don't have direct access. [The WHO] directly provides that capability for the United States to guide the determination of our own fall flu vaccine. Now, that's still going to happen . . . but not with direct U.S. involvement and not with [the U.S. on] an advisory committee doing the technical oversight." Dr. Atul Gawande, former Assistant Administrator for Global Health, USAID

PANDEMIC RISK AND ZOO NOTIC VIRUSES

"[The] Food and Agriculture Organization . . . is a critical network that we have now brought . . . 49 countries around the world [into]; 75% of our pandemic risks come from animal to human transfer of disease. [FAO] are the ones who are out in the communities monitoring bird flu, monitoring for anthrax, monitoring for, African swine fever, which doesn't necessarily transfer to humans but does devastate our agricultural sector. And [FAO] enable[s] a response that can contain matters before they, before they get out of control. That capability alone . . . is often [the] highest priority investment that [countries] . . . call for. And shutting off that capability is blinding ourselves to what we need to be able to see the surveillance in the first place and then critical to getting that response time." Dr. Atul Gawande, former Assistant Administrator for Global Health, USAID

ORAL STATEMENT BY NICK ENRICH

Ranking Member Shaheen, Members of the Senate Foreign Relations Committee, Thank you for convening this important round table.

I am Nicholas Enrich, a career civil servant with 15 years in the federal government under four administrations—both Democrat and Republican.

Currently, I serve as the Acting Assistant Administrator for Global Health at USAID, overseeing approximately \$10 billion annually appropriated by Congress to strengthen health systems to:

Prevent and respond to infectious diseases, improve maternal and child health,—and diagnose and treat HIV, TB and Malaria.

As a result of my lawful whistleblowing, I was placed on administrative leave on March 2, 2025.

On January 28, the day I was designated as the Acting Assistant Administrator, Secretary of State Rubio issued a waiver for Life-Saving Humanitarian Assistance to President Trump's Executive Order pausing foreign assistance.

From Day One, implementing this waiver was my highest priority. My team recognized it as the only way to mitigate the harm caused by the sudden halt of over a thousand of our programs preventing pandemics and suffering worldwide.

I challenge the administration to provide evidence of the waste, fraud, and abuse they claim to have found at USAID. In reality, USAID is among the most effective agencies in terms of return on investment, with strong financial oversight ensuring accountability of our programs.

If you want to see waste, look no further than the interest accruing on unpaid bills since payments were stopped—interest at levels we have never seen before.

If you want to see fraud, look into the contractual promises we have made—and then broken—forcing our partners into debt for relying on the deals we made with them.

If you want to see abuse, look at how the administration has prioritized payments for the few firms that have the ear of senior officials.

Despite our efforts, by the time I was placed on Leave, we had been fully prevented from implementing the waiver. Our lifesaving programs had been effectively shut down.

By March 2, when I was pushed out:

Nearly all of the contracts needed for our life-saving work had been terminated—abruptly shuttering clinics, interrupting supply chains, and cutting patients off from treatment for deadly diseases, like tuberculosis, risking a rise in new, potentially untreatable, drug-resistant strains.

All Global Health programming—aside from HIV—had been excluded from the Agen-

cy's definition of lifesaving. Contrary to the common understanding of the term "lifesaving", USAID was no longer able to respond to deadly outbreaks under the waiver.

With very few exceptions, payments were halted for our lifesaving work. USAID's efficient and reliable financial system was destroyed, and replaced by a wasteful and inaccurate patchwork that fails to provide needed funding to implement our programs.—and—

And—The Global Health workforce was slashed from nearly eight hundred to just over sixty, eliminating key experts—doctors, epidemiologists, and public health specialists.

Those of us who have dedicated our careers to helping the most vulnerable are all too aware of the damage the dismantling of USAID has caused. However, this damage will not only affect people in need, around the world, but also us, here at home. This will impact our health, our well being, our national security.

This crisis has resulted from deliberate actions and obstructions by leadership at USAID, the Department of State, and DOGE. Their reckless disregard for human life and national security prevented me and my team from implementing lifesaving assistance.

Ultimately, with nearly all of the awards terminated, and with no path for funding new activities, it had finally become clear that there was only one thing left to do. That was to document, in a series of memos, our repeated and increasingly desperate requests, pleas, and warnings, regarding the need to implement activities to avert loss of life on a massive scale,—and substantial risks to U.S. national security.

On March 2, as my last official act before I was sent home, I sent those memos to the Global Health staff, to keep for their records, in the event the blame game ends up pointing the finger at them.

That brings us to today.

Thank you again for the opportunity to speak before you.

SENATE ROUNDTABLE ON THE DANGEROUS CONSEQUENCES OF FUNDING CUTS TO U.S. GLOBAL HEALTH PROGRAMS

(Tuesday, April 1 from 2:30-3:30 p.m.)

TESTIMONY OF ATUL GAWANDE, MD, MPH

I was the Assistant Administrator for Global Health at USAID during the last administration. It was the best job in medicine most people haven't heard of. I led 800 health staff in headquarters working alongside more than 1,600 staff in 65-plus countries. With less than half the budget of my Boston hospital system—about \$9 per U.S. household—they saved lives by the millions and contained disease threats everywhere.

Before my departure on January 20, I briefed this committee about several major opportunities ahead for the next few years. Among them were three breakthroughs. The journal *Science* had just declared one of them the scientific breakthrough of 2024. American scientists had developed a drug called *Lenacapavir* that could prevent or treat HIV with a single injection that lasted six months and perhaps even a year. Deploying this game-changer in high risk communities through PEPFAR could finally bring an end to HIV as a devastating public health threat.

Similarly, USAID launched a trial of a four-dose pill that could prevent tuberculosis in exposed individuals and dramatically reduce cases—while three TB vaccines complete testing.

And USAID was just about to scale up a novel, inexpensive package of existing drugs and treatments that was found to reduce severe hemorrhage after childbirth—the leading cause of maternal hemorrhage—by 60%.

American companies, nonprofits, and scientists played key roles in these breakthroughs, and they were poised to transform global health over the next five to ten years. The next administration had no reason not to pursue these objectives. Congress had already funded them. There was nothing partisan about them at all.

But instead of saving millions of lives, we got surgery with a chainsaw. The new administration not only shuttered this work, they fired the staff of the entire agency, terminated 86% of its programs, and kneecapped the rest—all against Congressional directives. They dismantled the U.S.'s largest civilian force advancing global stability, peace, economic growth, and survival. And they have done it in a way maximized loss of life and mismanagement of taxpayer dollars.

Here are few specific examples of the global health damage:

Our 50-country network for stronger surveillance to deadly diseases from bird flu to swine fever—gone.

Our emergency response system that cut response times to global outbreaks from >2 weeks to <48 hours—gone.

AIDS programs to prevent new cases of HIV in high-risk populations—gone

Programs for preventing child and maternal deaths that reached 93 million women and children under 5 in 2023 and added 6 years of life on average—cut 92%

Lifesaving tuberculosis programs—cut 56%
Lifesaving water and sanitation programs—cut 86%

Funding for Gavi, the global vaccine alliance, which was set to vaccinate half a billion children—terminated and, if not restored, will cost 500,000 lives a year and drive higher exposure to measles in the U.S.

The damage is already devastating. And it is all part of a larger dismantling of America's world-leading capacity for scientific discovery, health care delivery, and public health that goes well beyond USAID. They are using the same playbook to purge staff and destroy programs in across our entire domestic infrastructure in government, universities, and medical center. And they inserting political controls on NIH science research, FDA approvals, and CDC guidance.

For the sake of power, they are destroying an enterprise that added more than 30 years to U.S. life expectancy and made America the world leader in medical technology and innovation. We need you in Congress to stop this process. USAID cannot be restored to what it was. But we must salvage what we can of our health, science, and development infrastructure and stop the destruction.

DAN SCHWARZ—VICE PRESIDENT AT
MANAGEMENT SCIENCES FOR HEALTH
TESTIMONY AT SENATE GLOBAL HEALTH
ROUNDTABLE

Good afternoon Ranking Member Shaheen and members of the Committee. Thank you for giving me the opportunity to speak with you today about the impact of the recent terminations of global health programs.

My name is Dan Schwarz, I grew up in a small town in Appalachia and am a practicing pediatrician and a Vice President at Management Sciences for Health.

MSH is a Virginia-based nonprofit that works with communities to save lives by sustainably strengthening country health systems. MSH has been in operation since 1971 and has worked in more than 150 countries, often in close partnership with the U.S. Government.

My remarks today are informed by my career as a doctor, both here in the U.S. and abroad. They are guided by my oaths to care for all and to do no harm. I offer them in the spirit of an objective analysis of the impact

recent program terminations will have on the health of the most vulnerable communities around the world.

I would like to begin by telling you about one of the most effective methods of stopping malaria. Quite simply, it involves providing preventative treatment to women and children most at risk throughout the rainy season—the most dangerous time for malaria. In Nigeria, where we work, they have over 25% of the world's malaria infections and 30% of malaria deaths—that's about 200,000 deaths a year. 70% of those deaths are children under the age of 5. During the time that I am delivering these remarks to you, at least two children will die of malaria in Nigeria.

Every year, with the generous support provided by the American people, at the beginning of the rainy season we work with the Nigerian ministry of health to get the medicines and train the health workers who provide it to those children.

This has prevented millions of cases of malaria and saved hundreds of thousands of lives. It's extraordinary life-saving work that Americans should be very proud of.

This year, however, this will not happen. That is because these U.S. government-funded projects have been terminated. Millions of children are at risk of sickness and many will die. We should not be proud of that.

These stories are not unique. Thousands of programs have been terminated without warning, with deadly consequences for communities around the world. At MSH we had 15 USAID projects terminated; only five remain. We have let go of over 1,000 of our team members—colleagues who live and work in these communities, providing this life-saving treatment.

At MSH, we focus on building strong health systems. Viewed from this perspective, the recent terminations are even more concerning. The elimination of foundational programs like maternal health or health worker training only serves to undermine the effectiveness of what programs remain. These cuts will devastate entire communities.

But let's bring it home, right here in this city, in this very room. The safety of Americans is very much at risk as global health security programs are shuttered. Programs we implemented that responded to the plague, Ebola, and drug-resistant tuberculosis have suddenly ended, even as the United States experiences its largest TB outbreak in decades. These programs helped address emerging health threats at their source and built the capacity of country governments to confront disease themselves.

Today, we should be discussing how to make America's investment in global health more efficient and effective. We should be discussing how we can integrate programs such as HIV and malaria treatment into countries' primary health care systems and reduce reliance on outside sources. Or how we can help countries to finance their own health needs. Instead, we are asking if life-saving foreign assistance is of benefit to the U.S. The answer to that question is and always has been a resounding "yes." We have so much to be proud of. But with the recent program terminations, we are turning our backs on that. So much progress has already been lost in the past two months, and so many lives will be lost with it.

Thank you again for allowing me the opportunity to speak with you today. I look forward to your questions.

REMEMBERING CAPTAIN ALLEN C. BRADY

Mr. SCOTT of Florida. Mr. President, I rise to honor the life of U.S. Navy

CAPT Allen Brady who passed away on April 24, 2025, at the age of 95. We remember Captain Brady for his bravery and his sacrifice to our Nation through his 30 years of Active Duty. Captain Brady entered the U.S. Naval Academy in June 1947 and was commissioned as an ensign in the U.S. Navy on June 1, 1951, first assigned as a signal officer aboard the aircraft carrier USS *Palau* (CVE-122) from July 1951 to May 1952, followed by flight school. Captain Brady proudly served our Nation in several assignments during the Cold War, Korean war, and Vietnam war. During the Vietnam war, Captain Brady served as an A-6A pilot and executive officer of VA-85 at NAS Oceana and deployed aboard the aircraft carrier USS *Kitty Hawk* (CVA-63) from September 1966 until he was forced to eject over North Vietnam and was taken as a prisoner of war on January 19, 1967. He remained a prisoner of war for 2,237 days from January 19, 1967, to March 4, 1973, when he was released during Operation Homecoming. Captain Brady received a Silver Star for his time as a prisoner of war in North Vietnam, where he was subjected him to extreme mental and physical cruelties in an attempt to obtain military information and false confessions, yet Captain Brady resisted. He showed incredible bravery and determination in that brought honor to his naval service, the U.S. Armed Forces, and the United States of America.

Captain Brady continued to serve his country until his retirement from the Navy on October 1, 1979. On behalf of all Floridians, our entire country, and my fellow Navy sailors, it is an honor to remember the life of CAPT Allen C. Brady, a true American hero.

TRIBUTE TO HADLEY DEAN

Mr. BARRASSO. Mr. President, I would like to take the opportunity to express my appreciation to Hadley for her hard work as an intern in my Washington, DC, office. I recognize her efforts and contributions to my office, as well as to the State of Wyoming.

Hadley is a native of Washington, DC. She is currently a junior at Madeira School in McLean, VA. She has demonstrated a strong work ethic, which has made her an invaluable asset to our office. The quality of her work is reflected in her great efforts over the last several months.

I want to thank Hadley for the dedication she has shown while working for me and my staff. It is a pleasure to have her as part of our team. I know she will have continued success with all of her future endeavors. I wish her all my best on her journey.

ADDITIONAL STATEMENTS

TRIBUTE TO CORA MASTERS BARRY

• Ms. ALSOBROOKS. Mr. President, Cora Masters Barry has been a champion for youth, families, and sports,