

**FOR IMMEDIATE RELEASE****Statement of Ranking Member Bennie G. Thompson*****Ensuring Effective Preparedness, Response and Recovery
for Events Impacting Health Security***

March 17, 2011 (Washington) – Today, Committee on Homeland Security Ranking Member Bennie G. Thompson (D-MS) delivered the following prepared remarks for the Emergency Preparedness, Response and Communications subcommittee hearing entitled “Ensuring Effective Preparedness, Response and Recovery for Events Impacting Health Security”:

“The Post-Katrina Management and Reform Act of 2006 (PKEMRA) authorized the creation of the position of the CMO to serve as the principal advisor to the Secretary and the FEMA Administrator on medical and public health issues.

What began as a means to carry out the Department’s responsibilities to coordinate the response to potential biological attacks has evolved into the Office of Health Affairs, consisting of over 100 FTE’s and a budget of over \$150 million a year.

It should be noted that much of this expense, over \$115 million is requested for FY 2012, is specifically for BioWatch. As we are all aware, BioWatch is the only federally-managed, locally-operated nationwide bio-surveillance system designed to detect the release of pathogens into the air as a part of a terrorist attack on major American cities.

However, BioWatch is only one of your many responsibilities. While I support the position of Chief Medical Officer, I have some concerns about unnecessary redundancy of efforts. With a mission to “Provide health and medical expertise in support of the DHS mission to prepare for, respond to, and recover from all hazards impacting the nation’s health security”, I wonder whether that function is also being carried out elsewhere.

Solving this duplication of efforts would require the decentralization of these tasks to other Federal agencies and components. This decoupling would allow the CMO to focus solely on protecting our vulnerable American cities from biological attacks with BioWatch and to serve in the advisory role as intended by PKEMRA.

While I understand the need for OHA to have a strong role with its partners in DHS, I regret that I must also express my disappointment. Unfortunately, I have found that since its conception OHA has had repeated instances of improperly managed programs and a failure to assert proper authority regarding health issues related to the protection of DHS staff.

Examples of such oversight include issues relating to the Division of Immigration Health Services within the Immigration and Customs Enforcement Agency, and the lack of response by OHA regarding the use of contaminated temporary housing units by FEMA.

I strongly believe that it is crucial that the CMO continue to offer guidance on protecting the DHS Workforce. We cannot ignore those who are directly affected by the many programs and policies made by the Department of Homeland Security and its components.”

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