

# **RANKING MEMBER LAURA RICHARDSON (D-CA) OPENING STATEMENT**

“The Fiscal Year 2013 Budget Request for the Department Homeland Security’s Office of Health Affairs”

**March 29, 2012**

## **Subcommittee on Emergency Preparedness, Response, and Communications**

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I appreciate the opportunity to discuss the activities carried out by the Department of Homeland Security’s Office of Health Affairs and the FY 2013 budget request for the Office.

When you testified before this panel last year, I expressed my concern that the Office of Health Affairs was suffering from an identity crisis.

The Office’s difficulty in defining its mission have been attributed to growing pains and the fact that it came about as the result of an Administrative reorganization.

Without a statutory authorization to guide it, the Office’s mission seemed to lack clarity and consistency.

Recently, the Office appears to be morphing from a policy office to a program office.

The Office of Health Affairs was administratively created to assist the statutorily created Chief Medical Officer.

Under the statute, the Chief Medical Officer is charged with the responsibilities of advising the Secretary on public health issues and to coordinating biodefense and medical preparedness activities within the Department, among other Federal agencies, and with State and local governments.

Since its inception, the number of Full Time Equivalent in the Office of Health Affairs has nearly doubled.

BioWatch and the National Biosurveillance Integration System consume 80% of the FY 2013 budget request for the office. Most troubling is that GAO and the National Academy of Sciences have raised questions about the efficacy and efficiency of these programs.

Federal Watchdogs have determined that the BioWatch program has suffered from poor management of upgrades and developmental delays of Generation 3 technologies.

Setting aside these management questions, I am also concerned about BioWatch’s coordination with state and local public health officials.

Unfortunately, concerns about the BioWatch program are not the only concerns.

The National Biosurveillance Integration Center also suffers from efficacy concerns. It is my understanding that the Office of Health Affairs lacks the authority to compel information sharing by other Federal agencies. The development of this information-sharing framework is the essence of this program.

One GAO report found that NBIC resorted to gathering information publicly available on the Internet. This does not seem to be an effective use of taxpayer dollars.

I have been assured that a strategy to improve NBIC is forthcoming. However, the strategy has not been shared with this Committee. As your authorizers, we need to understand this strategy to properly evaluate your budget request. I encourage you to make it available to us. Dr. Garza, I look forward to hearing your plans to address these concerns.