# RANKING MEMBER YVETTE D. CLARKE OPENING STATEMENT

Joint Subcommittee Hearing

Subcommittees on Emergency Preparedness, Response, & Communications

And Cybersecurity, Infrastructure Protection, & Security Technologies

***"BioWatch Present and Future: Meeting Mission Needs for Effective Biosurveillance?"***

September 13, 2012 – 2 pm

The Nation's capacity to respond to bioterrorism depends in part on the ability of clinicians and public health officials to detect, manage, and communicate during a bioterrorism event.

Information technologies and decision support systems have the potential to aid clinicians and public health officials to respond effectively to a bioterrorist attack.

The information that public health officials require to prepare for and respond to a bioterrorism event can be considered in relation to the decisions they must make: the interpretation of surveillance data; the investigation of outbreaks; the institution of epidemiologic control measures; and the issuance of surveillance alerts.

If we are going to do detection systems right, there are capabilities we must have: portability; a large number of samples that can be run simultaneously; a large number of biothreat agents that can be identified; and whether both toxins and organisms can be identified.

As we have seen from previous efforts, these capabilities are not easy to achieve.

It seems clear that the private sector does not yet possess the technological expertise necessary to produce next and future generation versions of BioWatch.

I believe that it makes sense that DHS S&T should resume responsibility for the R&D required. It has become clear that OHA is not, nor was it ever envisioned by Congress to be, an R&D organization.

BioWatch contract management has historically been problematic, but it has been difficult determining exactly why. What is clear is that OHA has had to put a stop to Gen 2.5 and now Gen 3.0, but well after a lot of money had been spent.
Too much money being spent should be an indicator to managers that there is something wrong. It is also not clear to me why the Management Directorate did not step in earlier.

Let me put a little historical perspective on this issue. Years ago, OHA handled the interface with the state and local public health labs that house BioWatch-related activities poorly.

OHA leadership recognized this and made some positive changes. The relationships have improved since then, with money going out to the States and locals just recently. However, as recent media stories and previous testimony have indicated, no one has very much faith in the BioWatch system even as it stands right now, including the public health lab directors.

There is a question as to whether OHA or S&T have been keeping up with technology changes and used by other agencies. For example, why is the Secret Service using different biological sensor technology than BioWatch? Where is DOD with their continued development of biological sensors and how, if at all, is that information being shared with DHS, or anyone else?

Importantly, the majority of OHA's budget goes to NBIC and BioWatch. If funding were to be cut for NBIC and BioWatch, and funds for R&D were to be given back to S&T, then there wouldn't be that much left for whatever else OHA does.

From an oversight perspective, one also has to ask whether what's left at OHA would constitute an entire Office at DHS, with its own Assistant Secretary and staff. As I remember, the original model for OHA was just the Chief Medical Officer (one person) with two other people assisting.

GAO has noted on a number of occasions in assessing contractors in the workforce in DHS, that use of contractors to perform certain functions can place the government at risk of transferring government responsibilities to contractors, and potentially result in loss of government control over and accountability for policy and program decisions.

In its latest findings, GAO told DHS to stop BioWatch in its tracks, and, "reevaluate the mission need and alternatives and develop performance, schedule, and cost information in accordance with guidance and good acquisition practices." That's about as blunt as you can get.

Is it true that DHS plans to proceed with the acquisition of Gen-3, while implementing acquisition and performance guidelines to avoid further delays? I hope we'll find out today. GAO believes the recommendations should be enacted before DHS proceeds with the acquisition as discussed in this report, and I agree with GAO.

The Secretary should be more involved in this problem, there are substantial sums of taxpayer money, over $5 Billion at stake here, and a huge amount of money already spent to no productive end. My Colleagues on our two Subcommittees have written the Secretary in detail about our concerns with this program. DHS should act now, follow GAO's recommendations, and with haste.