



FOR IMMEDIATE RELEASE

Statement of Ranking Member Bennie G. Thompson***Weapons of Mass Destruction:
Bolstering DHS to Combat Persistent Threats to America***

July 14, 2015 (Washington) – Today, Committee on Homeland Security Ranking Member Bennie G. Thompson (D-MS) delivered the following prepared remarks for the subcommittee joint hearing entitled “Weapons of Mass Destruction: Bolstering DHS to Combat Persistent Threats to America”:

“The Department of Homeland Security has approached this Committee with a reorganization proposal to establish a central headquarters office responsible for assessing and responding to chemical, biological, radiological, nuclear, and explosives threats (CBRNE) to the nation. The Department’s proposal recommends merging the Domestic Nuclear Detection Office (DNDO) and the Office of Health Affairs, which is currently headed by the Department’s Chief Medical Officer. The threat from a weapon of mass destruction is complex and the potential harm that could affect our citizens is unimaginable.

First responders need a federal partner who can help them address these threats. I believe the Department of Homeland Security can be that federal partner and throughout my tenure on this Committee, I have supported bipartisan legislation to assist in these efforts. However, I still have concerns about the consequences of this realignment structure. For instance, after Hurricane Katrina, it became apparent that the Secretary of Homeland Security needed the counsel of a doctor who would be able to provide advice on threats with public health consequences, provide necessary medical guidance on workforce health, and serve as a resource to components.

As Congress worked to draft the Post-Katrina Emergency Management Performance Act, I worked closely with the Department of Homeland Security’s first Chief Medical Officer to ensure that the role of the Chief Medical Officer was appropriately defined. In the past, I have expressed concern that the CMO’s mission as primary medical advisor to the Secretary and her workforce health and component support responsibilities have been overshadowed by challenges posed by managing BioWatch and the National Biosurveillance Integration Center.

The Department’s proposal to move the Chief Medical Officer to the new CBRNE office does not relieve my concerns. In fact, I am concerned that if moved to a new CBRNE office, the Chief Medical Officer may lose her direct line to the Secretary, which would be a step backward. The Chief Medical Officer’s role as the Secretary’s doctor is vital and must be preserved.

Additionally, I would note that while the Office of Health Affairs struggled with the now defunct BioWatch Gen-3 acquisition, it is unclear whether and how this reorganization would address the acquisition challenges experienced by not only OHA but also DNDO. DNDO also has a history of flawed acquisitions programs that have wasted taxpayer dollars. For instance, the Advanced Spectroscopic Portals were intended to detect illicit nuclear materials and devices that could be shipped in cargo entering the United States.

The Government Accountability Office determined that DNDO underestimated the cost of this acquisition, overstated its benefits, and provided misleading information to Congress. Although I am not rejecting the DHS proposal, it would be irresponsible for this Committee to act on it in a hasty manner, without giving due consideration to why the reorganization is happening, how it will affect the missions currently carried by the existing offices, whether and the degree to which it will improve DHS’s CBRNE mission, and how it will affect workforce morale. To legislate without careful consideration of these important issues could undo a decade’s worth of this Committee’s work in that mission space.”

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