

**FOR IMMEDIATE RELEASE****Statement of Ranking Member Bennie G. Thompson*****Defending Against Bioterrorism: How Vulnerable is America?***

November 3, 2015 (Washington) – Today, Committee on Homeland Security Ranking Member Bennie G. Thompson (D-MS) delivered the following prepared remarks for the full Committee hearing entitled “Defending Against Bioterrorism: How Vulnerable is America?”:

“I am pleased that our Committee regularly conducts oversight of Federal biodefense efforts – even when we are not responding to an active crisis. The release of the Blue Ribbon Study Panel’s report this month is timely. One year ago – well after the Ebola virus was determined to be a material threat – a U.S. hospital diagnosed a case for the first time.

Although the Ebola cases were ultimately contained, the Ebola cases revealed gaps in our Federal biodefense infrastructure that we have known about for decades but have not meaningfully addressed. Most notably, we focused on determining who is in charge.

Leadership appeared to shift from personnel at the White House to the Centers for Disease Control to the National Institutes of Health. Nearly one month after the first Ebola case was diagnosed, the Administration appointed an Ebola Czar, despite the fact that HSPD-5, HSPD-10, the National Response Framework, and the Pandemic All-Hazards Preparedness Act all provide relevant leadership structures that could have been activated at any point.

We should not reinvent the wheel every time there is a crisis, and we should not put biodefense on the backburner between outbreaks or attacks. Progress takes persistence and leadership.

So, although I have some questions about the particular structure proposed by the Blue Ribbon Panel, I was pleased that the report’s first several recommendations addressed the biodefense leadership vacuum and need for improved coordination.

I look forward to discussing your proposals to address our biodefense leadership gap further and to better understand how you envision the Department of Homeland Security’s role in this space. As you are aware, for various reasons, DHS has struggled to carry out its biodefense programs.

The Government Accountability Office recently issued a report critical of DHS’ signature biosurveillance program, the National Biosurveillance Integration Center. We have learned that despite DHS’ efforts to build NBIC’s ability to identify bio-events early, it lacks the funding and data access necessary to carry out that mission.

The Blue Ribbon Panel Report echoes many of GAO’s criticisms. DHS’ biodetection program – BioWatch – has been similarly criticized. In 2011, the National Academy of Sciences described the circumstances under which the currently-deployed BioWatch technology would be useful as follows: “if a large-scale aerosol attack occurs where BioWatch is deployed, if an air sampler lies in the path of the release, and if the pathogen used is one of those included in the BioWatch laboratory assays.” In April 2014, after years of cost overruns and delays, DHS decided to cancel the acquisition of BioWatch Gen-3 after a GAO report revealed fundamental flaws in the acquisition.

The panel’s report identified similar challenges with the currently deployed BioWatch system and the

urgent need for better technology. In light of these findings, I will be interested in the witnesses' thoughts on how DHS can address the challenges it has experienced in the biodefense mission space, and how its potential can be better developed and leveraged.

Additionally, the Ebola cases last year reminded us that our local EMS providers and hospitals are our boots on the ground during a biodefense incident. Unfortunately, hospital preparedness for biological event is not consistent across the country.

I will be interested to understand how the recommendations in this report address that problem and to learn how hospitals and the medical community are working to improve hospital preparedness.

Finally, I would be remiss if I did not acknowledge Congress' role in the failure to make meaningful progress to address biodefense challenges. Former Committee Member, Congressman Pascrell and Former Chairman King have introduced the WMD Prevention and Preparedness Act, which would implement many recommendations made by past Commissions studying our biodefense gaps, three times. Unfortunately, the bill has never been enacted. We must do better, and I am eager to explore each of the Panel's recommendations and determine what makes sense to implement."

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