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Statement of Chairman Gus M. Bilirakis

Subcommittee on Emergency Preparedness, Response, and Communications

Joint Hearing: "H.R. ___, The WMD Prevention and Preparedness Act of 2011"

June 23, 2011

Thank you, Chairman Lungren.

I'm pleased the Subcommittees are meeting today to consider the WMD Prevention and Preparedness Act of 2011. Authored by Representative Pascrell and Chairman King, this bill seeks to address the findings of the WMD Commission's report, *World at Risk*, and enhance Federal WMD prevention and preparedness efforts.

A number of hearings in the Subcommittee on Emergency Preparedness, Response, and Communications have helped to inform this legislation. The Subcommittee has held hearings on the mission and activities of the Department of Homeland Security's Office of Health Affairs and hearings on the research, development, acquisition, distribution, and dispensing of vital medical countermeasures for chemical, biological, radiological, and nuclear emergencies.

I'm pleased that this bill includes legislation I introduced, which authorizes the Metropolitan Medical Response System (MMRS) Program. MMRS has been very successful in helping jurisdictions across the country enhance their ability to prepare for and respond to mass casualty incidents resulting from terrorist attacks and natural disasters. MMRS has been used to support the integration of public health, emergency management, and emergency response and to strengthen medical surge capacity, CBRN decontamination, and mass triage capabilities. The capacity gained under this program is particularly important due to the threat of biological terrorism facing the United States.

This legislation requires the development of a National Medical Countermeasure Dispensing Strategy to provide guidance to States and localities on the variety of options for dispensing medical countermeasures. As I noted, the Subcommittee on Emergency Preparedness, Response, and Communications held a hearing on the distribution and dispensing of medical countermeasures earlier this year. We heard

from a coalition of emergency response providers that the Federal government has not sufficiently included them in efforts to address dispensing needs. We must ensure that emergency response providers are provided with necessary vaccines and antibiotics so they are protected in the event of a CBRN attack. I am pleased that the bill requires the consideration of the needs of emergency response providers in the development of the dispensing strategy.

In this difficult economic climate, I'm pleased to see that this bill includes provisions that seek to eliminate redundant and inefficient programs. The bill's requirement of a comprehensive cross-cutting biodefense budget analysis will increase transparency, ensure coordination among all Federal departments and agencies with a biodefense mission, and eliminate redundancies.

The bill also eliminates the underperforming National Biosurveillance Integration Center (NBIC). The goal of NBIC was to fuse many inputs of biosurveillance data to provide early detection of an event of national significance, such as an anthrax outbreak. While an effective national biosurveillance capability is an important component of preparedness and response, NBIC has not fulfilled its statutory mandates due in part to the lack of cooperation from other Federal agencies, and we have limited evidence that this situation will improve. This bill rightfully realizes that continuing to fund NBIC under the current operating scheme would be money wasted, and calls on White House leadership to develop a new plan to implement a program that works effectively and efficiently.

This bill is a bipartisan effort that has benefitted from input from a variety of experts in the field. I look forward to receiving additional feedback at today's hearing on ways we might further improve the bill and our Nation's ability to prevent and prepare for a WMD attack.

With that, I welcome our witnesses and yield back the balance of my time.

Thank you.

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