

NEWS ALERT



U.S. HOUSE OF REPRESENTATIVES

Homeland Security Committee

Rep. Bennie G. Thompson, Chairman



FOR IMMEDIATE RELEASE

Statement of Chairman Bennie G. Thompson

“The XDR Tuberculosis Incident: A Poorly Coordinated Federal Response to an Incident with Homeland Security Implications”

June 6, 2007 (Washington) – Today, Committee on Homeland Security Chairman Bennie G. Thompson (D-MS) delivered the following prepared remarks for the full Committee hearing entitled “The XDR Tuberculosis Incident: A Poorly Coordinated Federal Response to an Incident with Homeland Security Implications:”

“Ladies and gentlemen, we dodged a bullet.

That’s pretty much how I feel after reviewing the efforts of the Centers for Disease Control and the Department of Homeland Security as they dealt with the case of the newlywed TB carrier, Andrew Speaker, over the last several months. But before I get into the facts of this case, I’ve got a fundamental question that I want this Administration to answer:

When are we going to stop dodging bullets, and start protecting Americans?

The 9/11 Commission asserted that the terrorist attacks in 2001 were the result of a ‘failure of imagination’ by the Federal government:

Our intelligence components weren’t talking to one another, intelligence information was stovepiped, and there was a failure to connect the dots.

The Department of Homeland Security was created to enhance the synergy and efficiency of homeland security efforts by several agencies under one department.

But since then we’ve learned that the Federal government’s ability to secure the homeland is still grossly deficient. In 2005, the Department’s response to Hurricane Katrina was characterized as a ‘failure of initiative.’ Officials knew a hurricane was coming, and yet the Department’s leadership failed to respond timely or effectively.

Today, I’m wondering why we shouldn’t characterize the actions of the Department and the CDC in a similar fashion. I’ve asked the witnesses to provide us with a timeline of events – that began with the testing of a TB sample and ended with Andrew Speaker sneaking his way back into the United States unimpeded. DHS states in their testimony today that there was a single point of failure in this case: human error on the part of the Border Patrol agent who let Mr. Speaker cross into the U.S.

But I’ve done my own timeline of the actions and inactions of DHS and CDC, and it suggests that we should have connected more dots. Shrugging off a deeper analysis of this incident will only cause DHS to repeat its previous failures. For instance:

1) After receiving information about Speaker from CDC on May 22, why didn’t the Atlanta office of Customs and Border Protection notify CBP Headquarters or TSA officials about putting Speaker on the ‘no-fly’ list? This would have ensured that Speaker’s name was on the no fly-

list prior to his departure from Prague.

2) Why did CDC wait so long before divulging Speaker's identity to TSA? Even though they already shared his information with CBP, this delay resulted in Speaker's name being placed on the no-fly list after he already crossed the border.

3) Why did TSA officials argue for 4 hours about the propriety of placing Speaker on the no-fly list?

4) Why did CDC think that Speaker would turn himself into Italian medical authorities? If he was such a serious public health risk, why didn't the CDC dispatch a plane to get him?

5) Why didn't the CBP agent at the Champlain border crossing prevent Speaker from entering the U.S.?

I ask the witnesses: did these breakdowns result from a 'failure of initiative'?

It would be unfair, however, to characterize this as a total system failure. We saw a lot of ad-hoc decision making by a lot of very capable folks throughout the different agencies who tried to do the right thing. Many of these informal decisions certainly helped the response effort.

But the fact that the best decisions were made informally suggests that we still do not have adequate operational control over our components:

For instance, I was surprised to learn that it took TSA almost 4 hours to come up with a legal argument to place a non-terrorist on the no-fly list. The Department should have the awareness of its policies and procedures to be able to make that decision with greater speed. DHS and CDC refer to a MOU in their testimony. Unfortunately, the Committee has not been able to review that MOU to determine whether procedures were followed properly.

Better – or at least more complete – policies and procedures may have made a difference in preventing Andrew Speaker from coming across the border. This Committee will explore ways in which we can make improvements for the future.

It's equally clear that the Federal government must improve the way we communicate information about an infectious disease to the public.

CDC's announcements last week caused minor hysteria throughout the U.S. and abroad. There was a lot of mischaracterization about the public health threat that Mr. Speaker posed to his fellow passengers.

One thing that I've learned over the course of the week is that TB is a common disease – 5% of the U.S. population has it, as does 1/3 of the world's population. So I'd ask our witnesses to take some time to discuss 'XDR' TB and the ways by which it can be communicated, so that the American people can fully understand what risk – if any – Mr. Speaker posed to the public.

I am not here to point fingers. I am here to conduct oversight and improve the Department of Homeland Security. We had another failure of initiative here. Thankfully, it appears that we dodged a bullet.

But that's not always going to be the case. It's time for the folks at DHS and CDC to start taking some responsibility."

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FOR MORE INFORMATION:

Please contact Dena Graziano or Todd Levett at (202) 225-9978