Statement of Rep. Henry A. Waxman, Ranking Minority Member
Committee on Government Reform
Hearing on
"Working Through an Outbreak: Pandemic Flu Planning and Continuity of Operations"

May 11, 2006

Mr. Chairman, thank you for holding this hearing today and thank you for your leadership on this important issue.

Experts tell us that there will be another influenza pandemic. And they also tell us that the nation is not prepared to confront this threat.

There are multiple holes in our capacity to respond. We need to increase our vaccine production capacity … strengthen our public health infrastructure … create adequate hospital surge capacity … and draft contingency plans that will ensure the continued operations of important government functions.

Because we do not know when the next pandemic will strike, we do not have the luxury of time. We need to act quickly and move beyond the planning stage to the implementation stage.

The Administration has taken some important steps. In particular, they have produced several planning documents. But this is not enough. And some of their actions have actually been counterproductive.

According to the President's pandemic preparedness plan, the burden of responding to a flu pandemic will fall largely on state and local governments. Yet the President's FY 2007 budget cuts more than $200 million from the public health programs at the Centers for Disease Control and Prevention that fund state and local training and preparedness efforts.

Pandemic preparedness also requires a clear and coherent leadership structure that is capable of responding in an emergency. Unfortunately, the President's Implementation Plan,

which was released last week, creates divided authority. It would establish the same type of structure that led to tragic confusion and delay in the response to Hurricane Katrina.

Under the President's plan, HHS is in charge of the medical response, but DHS is in charge of the overall response. There is no clear delineation of how that will work or who will have final authority over medical operations. This approach ignores the adage that when everyone is in charge, no one is in charge.

A related weakness is that the core federal medical asset – the National Disaster Medical System – is currently a part of DHS. To lead a medical response, therefore, HHS has to rely on personnel, supplies, equipment, and communications systems that are actually controlled by DHS.

This same arrangement – medical assets separated from those charged with leading the medical response – was a major factor in the chaos after Hurricane Katrina. Officials at HHS had no idea where disaster medical teams had been deployed; teams on the ground could not obtain critical medical supplies; and victims of the hurricane waited hours or days for treatment while trained medical personnel waited for an assignment.

According to Administration officials, there is a plan to move the National Disaster Medical System out of DHS to HHS. But these plans are not imminent. We cannot afford to wait until next year to be ready with a medical response.

Preparing for a flu pandemic will not be easy, and the federal plans will change as we learn more about the threat and the best means of response. But the nation has a right to expect that the federal government will not repeat its mistakes, which is what it seems intent on doing.

One important part of the federal response is ensuring continuity of operations, and I would like to thank Rep. Danny Davis for his leadership in this area. Today he will introduce legislation that would require the federal government to establish a demonstration project to test and evaluate telework from alternate work sites, including from employees' homes. This

demonstration project will be important for our understanding of the effectiveness of telework and will give us an opportunity to identify and fix problems that arise.

I thank the witnesses for coming today and I look forward to your testimony.