



Testimony

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FOR A HEARING ON

**“Addressing Weapons of Mass Destruction and Health Security Threats
to the Homeland”**

BEFORE THE

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HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS COMMITTEE

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INTRODUCTION

Chairman Peters, Ranking Member Portman, and distinguished Members of the Committee, thank you for inviting me to speak with you today. I appreciate the opportunity to discuss the workforce health and safety, medical, and public health activities of the Department and am honored to appear before you today as the Chief Medical Officer, and as of yesterday, the Director of the newly formed Office of Health Security (OHS).

I have served as Chief Medical Officer for the Department of Homeland Security (DHS) since January 2021, and previously served in an executive leadership role at a Federally Qualified Health Center helping over 20,000 medically underserved and vulnerable community members. In my current role as the DHS Chief Medical Officer, I continue to focus on promoting a healthier and safer workforce, supporting appropriate and timely medical care for those in our care and custody, ensuring a robust health security posture, and being a strong partner and advocate with and for our interagency and community partners.

A PERIOD OF UNPRECEDENTED CHALLENGES

Over the past three years, DHS and our Nation has faced several unprecedented challenges including the COVID-19 pandemic, increases in migration along the U.S. Southwest Border and internationally due to geopolitical unrest, multiple disease outbreaks impacting health security, and a myriad of natural disasters. Supporting public health, workforce health and safety, and medicine within DHS's mission serves a critical role towards enhancing the health security of our workforce and the Nation.

As part of DHS's role, we serve as the Lead Federal Agency for Operation Allies Welcome (OAW) and the interagency medical lead in coordination with the U.S. Centers for Disease Control and Prevention (CDC) and other federal partners, ensuring the arrival of our Afghan allies prioritizes and emphasizes the public health of all evacuees, our responding federal workforce, and the Nation. Over the past eleven months, OAW benefited from our ability to quickly put policy into practice through translating subject-matter expertise in operational medicine, public health, crisis response, and national security into concrete health security actions and guidance. With the creation of OHS, we are uniquely positioned for these highly specialized missions including mobilization of expertise to improve medical operations management for DHS missions and to serve as a supporting agency for multiple Emergency Support Functions.

DHS also serves a critical role in the COVID-19 response. In close coordination with U.S. Customs and Border Protection (CBP), U.S. Immigrations and Customs Enforcement – ICE Health Service Corps, and partners from the U.S. Department of Health and Human Services (HHS), we implemented a multilayered framework to provide COVID-19 testing and voluntary

vaccinations for noncitizens along the Southwest Border. These initiatives are built on long-standing and matured partnerships with state and local and non-governmental organizations within our border communities. We have also led the public health and medical planning efforts regarding mass maritime migration, collaborating extensively with the Homeland Security Task Force – Southeast, the U.S. Coast Guard, our interagency partners, and our state and local partners along coastal and littoral areas on the Southern Border.

From January to June 2021, the Department – in partnership with the Veterans Health Administration – executed Operation Vaccinate Our Workforce (OVOW) and provided voluntary COVID-19 vaccinations to over 75,000 mission critical-location dependent DHS personnel across urban, rural, and austere environments when vaccine supplies were limited. OVOW’s ingenuity, flexibility, partnership, and swift actions were vital in ensuring the all-encompassing DHS mission was accomplished during a global pandemic. While this effort showcased the exceptional DHS staff, that always rise to the mission, it also highlighted inefficiencies resulting from the separation of occupational and operational medicine within the Department. A separation, I am happy to announce, that was addressed with the creation of OHS.

INTRODUCING THE OFFICE OF HEALTH SECURITY

With the support of Congress and this Committee, yesterday (July 18, 2022) the Secretary established OHS which elevates our collective roles in the Department by creating one central office to serve as the principal medical, workforce health and safety, and public health authority for DHS. The OHS transformation reflects a growing partnership with DHS Components and other agencies in protecting the health of our workforce and the homeland in the face of the ever-expanding complex health security threats. OHS also recognizes the interconnected nature of health which may cascade across sectors and components to unite those lines of work to enable and oversee proactive, agile, and holistic health security preparedness, response, recovery, and resilience.

OHS will lead and represent the views of DHS on all legislative, regulatory, and policy matters pertaining to medical, workforce health and safety, and public health in strong partnership with other Headquarters Offices and our DHS Components, the interagency, and external governmental and non-governmental partners. This includes enabling appropriate oversight, coordination, and standardization of policies and frameworks to promote a more resilient workforce, to deliver and ensure timely and culturally sensitive care for those in our custody, and to protect the health security of the homeland. We have been working very closely with HSGAC staff on S.4465, to establish OHS, and reauthorize the DHS Countering Weapons of Mass Destruction Office (CWMD) permanently. Thank you for sponsoring and co-sponsoring this bill Chairman Peters and Ranking Member Portman.

I would like to provide a few remarks on the outstanding work done by the staff I lead and the impacts from our OHS transformation and authorizing legislation.

In my role providing support for medical oversight of the 3,500+ personnel within the DHS Emergency Medical Services system, we will continue to enhance the provision of pre-hospital care from the urban to austere environment, often side-by-side with our state and local

Emergency Medical Services partners. Thank you for considering the critical Portability of Licensure provision in the OHS bill. This temporary authority, via the Coronavirus Aid, Relief, and Economic Security (CARES) Act, is foundational to the Department’s ability to surge medical assets along the southwest border. Loss of this authority, which is currently due to expire at the end of September, will have a negative impact on the Department’s ability to provide adequate medical care during any future surge migration.

In partnership with CWMD – who will continue to coordinate federal efforts to detect and protect against chemical, biological, radiological, and nuclear (CBRN) threats – OHS will provide subject matter expertise and technical assistance focusing on the public health and medical aspects of CBRN threats. OHS will also leverage and mature its current close collaboration and coordination with CWMD for early environmental detection efforts, biosurveillance, and similar efforts at the nexus between health security and biodefense. OHS will continue to support the integration of health security partners into CWMD-managed programs such as Securing the Cities, BioWatch, and the Mobile Detection Deployment Program – a “one-DHS” model of coordination.

Continuing our strong partnership approach, OHS will lead the Department’s food, agriculture, and veterinary resilience efforts by leveraging our medical, veterinary, biological and health security threat expertise – including providing research and development requirements to CWMD for execution on our behalf. I am pleased to report that earlier this year, in recognition of enhanced resourcing, committed leadership, and exceptional program staff, the Department’s Office of the Inspector General closed its audit recommendations on DHS food, agriculture and veterinary defense¹. We are now implementing the recently completed National Mission Needs Assessment and have led DHS’s participation in the development of the next generation of national policies and doctrine to prevent, mitigate, and effectively respond and recover from food and agriculture threats.

OHS will unify and implement medical and public health policy, standards of care and healthcare services provided to noncitizens while in our care and custody. In coordination with HHS and other partners, DHS is now better positioned to address the medical aspects of surge response and expand collaborations with the medical community to ensure a culturally sensitive, responsive healthcare network that provides quality of care for noncitizens while protecting the Homeland from health threats. As per the enacted Fiscal Year 2022 Appropriations Act, we are developing a child welfare program to enhance trauma-informed care and interventions for children in our custody. This program creates and maintains a strong partnership with CBP informed by best practices regarding management of childhood trauma resulting from separation and other adverse impacts. Thank you for including the confidentiality of medical quality and assurance records. Privilege and confidential protections are a health care industry standard for medical quality and assurance records. Absent this exemption, DHS’s efforts to encourage voluntary reporting of medical records, secure a reporting system and analysis of medical errors,

¹ DHS Office of the Inspector General (OIG) Report OIG-20-53 “[*DHS Is Not Coordinating the Department’s Efforts to Defend the Nation’s Food, Agriculture and Veterinary Systems against Terrorism*](#)” dated July 16, 2020.

and to enhance the data available to assess and resolve patient safety and health care quality issues will not be successful.

The OHS transformation emphasizes health, safety, and work-life programs, placing a renewed focus on the Department's most valued asset – our employees. OHS will leverage recent experiences to remain agile towards health crises and integrate work-life and safety into our core activities to provide programs for the DHS workforce and their families – *total workforce protection*. This also extends to our canine and equine employees. OHS will support synergy of care and will promote the health and safety of our animal employees and their handlers by consolidating our limited veterinary subject-matter experts and integrating them with the full range of health security expertise.

Lastly, OHS will leverage DHS medical and public health data systems to support more informed and effective health security policymaking and to proactively identify and address emerging health security issues within our workforce, noncitizens in our care and custody, and the public we serve. In doing so, we will continue to use specified appropriation for a federated electronic health record system within the Department and develop methods and technologies for efficient processing, analysis and interpretation of public health and medical data. Current funding and ongoing support for the Medical Information Exchange project is key in creating the enduring infrastructure backbone for a DHS-wide electronic health and medical record system. This system will enable more informed and effective health security policymaking, allow for comprehensive and seamless data-informed delivery of care, and proactive identification of emerging health security issues within our workforce, noncitizens in our care and custody, and the public we serve. And, as part of our emergency medical services and total workforce protection mission, we will continue to administer safe and secure electronic patient care record and occupational safety and health data systems.

CONCLUSION

Chairman Peters, Ranking Member Portman, and distinguished Members of the Committee, thank you again for holding today's hearing. Your ongoing support for OHS transformation – including your consideration of critical authorizing legislation – strengthens the Department's ability to lead workforce health, safety, work-life and wellness, health security, the medical and public health aspects of CBRN threats, and to ensure timely delivery of health services for noncitizens in our care and custody by creating an organizational structure and design that better enables coordination, standardization, and accountability across the DHS enterprise and the broader health security community.

I look forward to answering your questions.