

4 July 2017

Subject: Ethics Abuse; Federal Employee Acceptance of Corporate Gifts; Lack of Transparency, Governance, and Accountability; and Duplication of Government Functions at the planned HHS Healthcare Cybersecurity and Communications Integration Center (HCCIC)

To: Mr. Ron Johnson and Ms. Claire McCaskill (via Ms. Brooke Ericson / Ms. Julie Kim) and Mr. Tim Murphy (via Ms. Ali Fulling, Legislative Clerk):

The **HHS Healthcare Cybersecurity and Communications Integration Center (HCCIC)** has recently come under intense review by multiple subcommittees in Congress and this is for good reason. The inquiries sent from Mr. Johnson and Ms. McCaskill on 21 June 2017 to Secretary Price and from Mr. Murphy to Mr. Leo Scanlon on 12 June 2017 are timely but do not propose all of the relevant questions the Committees need answered in order to understand the full picture of organizational grievances and misapplication of ethics that the current HCCIC leaders are responsible for.

The purpose of this letter is to alert Mr. Johnson, Ms. McCaskill, and Mr. Murphy of those elements and to assist in pointing any future investigations in the right direction. If nothing more, the information contained herein may be useful to the Committees in demanding quantitative analysis and justification for the HCCIC outside of a standard budget justification and testimony statements.

The HCCIC is plagued with issues. The first and most concerning is the inability for it to function efficiently under the auspices of traditional and proven program management best practices. The leaders of HCCIC do not have the skills to manage anything so the effort to date is, to be blunt, a complete mess. HCCIC leadership has, thus far, refused efforts by HHS to track any type of program milestones, schedules, outreach, or performance metrics. The second issue is the lack of credibility this operations center has in the health sector. Not one alleged "stakeholder" of this effort, including the CISO leadership of the HHS Operating Divisions (OpDivs), understands what HCCIC is or what they as stakeholders are getting out of it. The third is the waste of millions of dollars of government funding/taxpayer money that has already occurred with hardly any ROI to show for it.

Congressional oversight and further investigation is needed in order to set limitations on what a few Federal employees, motivated by their own self-interest, have created.

Duplication of Government Functions at the planned HHS Healthcare Cybersecurity and Communications Integration Center (HCCIC)

The HCCIC is a duplication of the NCCIC. It seeks to duplicate information sharing on cyber threats with the private sector, which is a clear responsibility of the NCCIC. There is no doubt about this. The HCCIC leadership determined the name of the organization because they want to be aligned to the NCCIC's mission but they didn't want any official coordination with the NCCIC. The HCCIC leadership did not discuss their efforts to stand up HCCIC with the NCCIC prior to spending around \$7M in standing up the HCCIC and, in fact, did not even have a clear understanding of the NCCIC itself when they met with the NCCIC leadership on 11 May 2017 and requested their staffing plan and organizational chart (which NCCIC leaders declined to provide). This meeting was one of few with the NCCIC because the HCCIC leadership wanted this organization stood up for their own personal gains.

Ethics Abuse; Lack of Transparency, Governance, and Accountability

Congressional Representatives should also be inquiring over internal misuse and abuse of decision-making power by HHS executive leaders in order to stand up the HCCIC. This abuse of power has led to recent resignations of several other key leaders in OIS. The HCCIC is being stood up at HHS with next to no transparency, financial/budget planning, executive leadership oversight, or program management. If an individual were included to ask Mr. Scanlon or HHS for any of these items, they will only be able to provide superficial artifacts. The leaders in the HCCIC have been enabled to operate in this appalling manner through poor leadership at the Office of the Chief Information Officer (OCIO) and the Office of Information Security (OIS) levels as well as by previous "rubber-stamped" decisions by outgoing members of HHS' executive leadership team under the previous Administration.

Previous HHS leaders, Deputy Secretary Mary Wakefield and Assistant Secretary for Administration (ASA) Colleen Barros (ret.), who have since departed HHS during the change of Administration, enabled and even encouraged these practices. The offer was made by Ms. Wakefield in December to then Acting CISO, Leo Scanlon, to have any last-minute executive leadership decisions or actions pushed through prior to the new Administration's transition team moving in. In response to this request, Mr. Scanlon self-appointed himself to his current position of "Special Advisor to the HHS Deputy Secretary for Healthcare Cybersecurity." He suggested it; he advocated for it; and ultimately, his request was granted as one of the last actions that Deputy Secretary Wakefield took before leaving her position at HHS.

Through direct advocacy to the HHS CIO, the Director of the HCCIC, Miss Maggie Amato, was elevated from a GS-12 to a GS-14 (with another promotion to GS-15 pending) in under one year's time. The HCCIC Watch Floor Lead, Mr. Vinayak Sinha, was also elevated from a GS-14 to an STS after threatening to leave the organization several times. Neither of these individuals have developed the professional skills to be supervisors of people or to manage multi-million dollar budgets comprised of taxpayer dollars. This should also put into question the decisions made by the HHS CIO, Beth Killoran, and a justification of the qualifications of these individuals for those GS levels should be requested by the Committees.

To fund the HCCIC up to this point, HCCIC and OIS leadership have taken resources from other critical programs at OIS (creating risk to other programs that perform aspects of HHS' security mission); sole sourcing awards to contractors and vendors that would normally have been competed; and forcing other Directors to concede to vague planning and aggressive tactics. There is no plan for future funding other than the \$72M requested of Congress. There has never been a plan and the lack of planning has been tolerated by the HHS CISO and HHS CIO because Mr. Scanlon has assured everyone that the HPH sector is "desperate for the HCCIC". The Committee may also wish to inquire where those requests are coming from in the sector, from whom, and from how many instead of relying just on Mr. Scanlon's statements.

The HCCIC Concept of Operations that remains the one and only foundational project management document for the HCCIC is vague, inconsistent, non-specific, and therefore, unachievable. In addition, all the program milestones that were documented in leadership PowerPoint presentations and HCCIC information sheets have been removed (per the direction of the HCCIC Director, Maggie Amato) suggesting that initial and full operating capability schedules are behind – or worse – non-existent.

How can Congress consider funding something that is so vague and undocumented?

Federal Employee Acceptance of Corporate Gifts

Investigations should also be made into special treatment, gifts, and privileges provided by cybersecurity vendors and software companies to Mr. Scanlon, Miss Amato, and Mr. Sinha during trips to California in 2016 and 2017 where they were given tours of wineries, dinners, hot air balloon rides, private drivers and cars, and other amenities by companies like Splunk and FireEye. Later, HHS made several multi-million-dollar enterprise procurements for security products and tools to both Splunk and FireEye. This is a clear violation of the FAR. Additionally, Miss Amato was given a distinguished award as a Rising Star by Kevin Davis, Vice President, Public Sector of Splunk, in November 2016. This was, of course, after the time Splunk was purchased at HHS. An investigation on this subject would reveal a clear exchange of gifts, recognition, favors, and benefits between the government and a vendor company where both parties benefitted and taxpayer dollars were committed unethically.

While it may be true that better information sharing is needed in the Health sector, does it have to come with so many violations, misappropriations of funds, and poor decision making by government officials?

All the information stated here is discoverable in HHS email records. I hope it proves helpful to the Chairmen and members of the Committees.

Best of luck in future inquiries around the dysfunctional HCCIC effort at HHS.