THE USPHS COMMISSIONED CORPS
America’s Health Responders
U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS

“the Commissioned Corps… a mobile, duty-bound group of health officers willing to go anywhere, at any time, to meet the nation’s most urgent public health needs.”

Craig Collins
The PHS Commissioned Corps
Two Centuries and Counting
USPHS COMMISSIONED CORPS ABREVIATED HISTORY

1798  Act for the Relief of Sick and Disabled Seamen
1870  Marine Hospital Service
1871  First Supervising Surgeon (later Surgeon General)
      Dr. John Maynard Woodworth
1878  National Quarantine Act
1889  Legislation created the Commissioned Corps
1912  Public Health Service (with broadened powers)
1930  Parker Act: Expanded Public Health Service to Non-Physicians
1955  Establishment of the Indian Health Service
1979  Department of Health and Human Services established
1999  First Dedicated Disaster Response Mission for the Commissioned Corps (20,000 Kosovo refugees)
IMPACT OF THE NATION’S DOCTOR

SMOKING and HEALTH
REPORT OF THE ADVISORY COMMITTEE TO THE SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service

Understanding AIDS
A Message From The Surgeon General

VADM Jerome Adams

FACING ADDICTION IN AMERICA
The Surgeon General's Spotlight on Opioids

U.S. Department of Health & Human Services
OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH
“...the Corps’ mission assignments and functions have not evolved in step with the public health needs of the Nation. …

The specific recommendations and plans ...could range from phasing out unnecessary Corps functions to re-inventing the Corps into a smaller, more targeted cadre focused on providing the most vital public health services and emergency response.”
# USPHS Modernization: Assessment and Process

## Independent Cost Assessment

- **Initial Phase** *(Jun 2018 – Sept 2018)*
  - Compensation relative to comparable civilian professions
  - Complexities of retirement and benefits packages
  - First cost assessment since 1996 GAO Study

## Data-Driven Self-Assessment

- **Initial Phase** *(Mar 2018-Sept 2018)*
  - Force size and structure based on current and projected future missions
  - Findings and preliminary modernization strategies
  - Delivered to CC: February 11 Town Hall

- **Comprehensive Phase** *(Sept 2018 – May 2019)*
  - Comprehensive assessment of HQ infrastructure
  - Recommendations and activities to support implementation

- **Implementation Phase** *(Jun 2019 – Jun 2021)*
  - Implementation of recommendations
  - Improve Corps IT Systems
  - Ready Reserve
  - Training
  - HQ improvements
MODERNIZATION: TOP LINE FINDINGS

• Increased Demand for Officers on Deployments
  - Deployments increased an average of 44% per year
  - Officers perform the majority of intra-agency deployment responses (FDA, IHS, CDC, CMS, others)
  - New opportunities for public health deployments

• Increased Agency Demand for Officers
  - Bureau of Prisons (+162%), Indian Health Service (+60%), and Department of Homeland Security (+60%)

• Costs for Officers
  - Overall costs for officers generally overlap with comparable federal civilians; but on average, officers are more expensive
  - Officers fill critical positions for underserved and vulnerable populations for which recruiting enough civilians is not possible

Between 2013-2019, officers deployed 7,976 times, contributing 135,587 deployment-days to 140 different missions

- Natural disasters (2,493)
- Public health crises (1,977)
- Diplomatic events (861)
- Remote area support (856)

DoD Humanitarian Service Medal
1,136 Commissioned Corps Officers awarded for 2017 Hurricane Response
### SUPPORTING THE CRISIS AT THE SOUTHERN BORDER

<table>
<thead>
<tr>
<th>U.S. SOUTHERN BORDER</th>
<th>Support DHS/Coast Guard Mission</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Deployment Days: 6759</td>
<td>- 483 Officers Deployed</td>
</tr>
<tr>
<td></td>
<td>- 30 Dec 2018 – 2 Oct 2019</td>
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<table>
<thead>
<tr>
<th>UAC REUNIFICATION SUPPORT</th>
<th>Data Analysis and Case File Review</th>
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</thead>
<tbody>
<tr>
<td>• Deployment Days: 335</td>
<td>- 33 Officers Deployed</td>
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<tr>
<td></td>
<td>- 2 May 2019 – 7 July 2019</td>
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</tbody>
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VISION FOR A 21st CENTURY COMMISSIONED CORPS

ALWAYS READY
A highly-trained, always-ready, fully-deployable national asset to preserve public health and national security during national or global public health emergencies

MEET CRITICAL AGENCY NEEDS
A provider of direct healthcare, public health leadership, and scientific expertise when specifically needed to fulfill U.S. Government requirements

CHANGE THE MAP
A fundamental instrument of national response for non-emergent, yet critical, public health challenges within the United States and territories

INNOVATION ENGINE
An innovation engine for public health technologies, communications, systems, and systems of systems
MODERNIZATION PLAN: HOW TO ACHIEVE THE VISION

□ Manage the Force to Meet Mission Requirements
  - Recruit for underserved and vulnerable missions
  - Expand mission-priority positions
  - Decrease non mission-priority positions (most by retirement, advancement or normal attrition) once Ready Reserve has been implemented

□ Establish and Train a Ready Reserve Corps

□ Enhance Training and Professional Development for the Regular Corps

□ Improve Processes and Systems
MODERNIZATION PLAN: FORCE NUMBERS AND STRUCTURE

<table>
<thead>
<tr>
<th>Year</th>
<th>Regular Corps Officers</th>
<th>Reserve: Active Status</th>
<th>Reserve: Inactive Status</th>
<th>Ready Reserve</th>
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</thead>
<tbody>
<tr>
<td>FY2010</td>
<td>2543</td>
<td>4023</td>
<td>4396</td>
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<tr>
<td>FY2018</td>
<td>6444</td>
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<td>FY2022</td>
<td>6950</td>
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<td>FY2023</td>
<td>7420</td>
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<td>2000</td>
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</tr>
<tr>
<td>FY2024</td>
<td>7725</td>
<td></td>
<td>2500</td>
<td></td>
</tr>
</tbody>
</table>
RECRUITMENT AND RETENTION ARE OUR TOP PRIORITIES
RECRUITMENT OF OFFICERS FOR MISSION PRIORITY POSITIONS

- Underserved and Vulnerable Populations
- Direct Clinical Care
- Difficult to Recruit or Retain Categories
- Hazardous Duty or Health Security Positions
- Leadership or Deployment Utilization
### ESTABLISHING THE READY RESERVE

| Guarantees Response Capabilities | • Ensures the Commissioned Corps has the resources to meet its mission to respond to regional, national, and global public health emergencies. |
| Preserves Critical Clinical Care Positions | • Maintains a sufficient supply of health professionals available for deployment without jeopardizing service of clinicians with hardship, hazardous, and/or hard to fill roles. |
| Tailors Force Composition | • Reserve Corps force composition will be optimized for deployment requirements, not agency operations. |
| Broadens Recruitment | • Offers an opportunity to serve for mission-driven clinical and public health professionals who cannot commit to a full-time active duty position in the Corps. |
| Enables Access to Specialized Providers | • Enables mechanism for access to high-cost and/or highly specialized skill sets that would be infeasible and impractical in an active duty full-time capacity (e.g., critical care transport teams). |
| Retains High-demand Clinical Professionals | • Creates an option to retain high-demand, already-trained clinical professionals (medical officers and dentists) that have the highest separation rates. |
United States Public Health Service Modernization Act of 2019

116TH CONGRESS 1ST SESSION

S. 2629

To amend the Public Health Service Act with respect to the Public Health Service Corps.

IN THE SENATE OF THE UNITED STATES

OCTOBER 17, 2019

Mr. ROUNDS (for himself and Mr. JONES) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

NOVEMBER 5, 2019

Reported by Mr. ALEXANDER, with an amendment

[Strike out all after the enacting clause and insert the part printed in italic]

H. R. 4870

To amend the Public Health Service Act with respect to the Public Health Service Corps.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 28, 2019

Mr. BURGESS (for himself and Ms. ESHOO) introduced the following bill; which was referred to the Committee on Energy and Commerce

[Strike out all after the enacting clause and insert the part printed in italic]
ENHANCE TRAINING

**Operational Training**
- Chemical, Biological, Radiologic, Nuclear and Explosive Awareness and Response Training
- National Disaster Management Systems Training
- Uniformed Services University of Health Sciences Bushmaster Exercise

**Strategic Collaborations**
- National Guard Bureau
- Remote Area Medical
- National Defense University
- Military Engagement opportunities (DoD/USNS Comfort)
- Veterans Administration

Training will align with response mission requirements

- Natural disasters
- Global infectious disease outbreaks
- Large scale repatriations
- Drug related responses
- CBRN threats
- Individual and unit based requirements
TRAINING: NATIONAL GUARD PARTNERSHIP

MEMORANDUM OF UNDERSTANDING
BETWEEN THE NATIONAL GUARD BUREAU AND
THE COMMISSIONED CORPS U.S. PUBLIC HEALTH SERVICE

For enhancement of disaster preparedness and response capabilities, force readiness, and inter-service operability through joint training agreement #62780811
REMOTE AREA MEDICAL MISSIONS (2019)

Minneapolis, Texas Border, Oklahoma, Houston

- Officers Participating: 473
- Deployment Days: 1,886
- Patient Encounters: 9,357
USNS Comfort Mission

- 17 June – 15 November 2019
- 27 Officers Deployed
- Deployment Days: 1110

I'm especially proud that members of the U.S. Public Health Service #CommissionedCorps are shipping out on the USNS Comfort as it deploys to the Caribbean and Latin America as part of the work the U.S. is doing to address the humanitarian crisis in #Venezuela. #USPHSCC

"I am especially proud that members of the U.S. Public Health Service Commissioned Corps. HHS’s uniformed service, will be shipping out on the Comfort to assist in its work. An immense amount of work and coordination goes into staffing the Comfort, and I am so glad HHS could play a part."

HHS SECRETARY ALEX AZAR
READINESS AND DEPLOYMENT TEAMS

HEALTH AND MEDICAL SERVICES
• Scoped to support FEMA General Population Holding Facilities and ASPR Health and Medical Treatment Facilities

PUBLIC HEALTH SERVICES
• Augment State and Local Public Health Departments; Epidemiology/surveillance; Preventive (medical) services delivery and Environmental public health (air, water, wastes, vectors, food, safety, shelter, etc.)

INCIDENT SUPPORT SERVICES
• Focus on Mission Generation and Incident, provide rapid assessments and initial incident coordination resources and assistance to State, Tribal and local health authorities

INCIDENT MANAGEMENT SERVICES
• Focus on Mission Execution, provide a structured, incident command system approach to managing and coordinating response activities

BEHAVIORAL HEALTH SERVICES
• Support impacted citizens and deployed teams; Incident assessment and personnel assessment (diagnosis and treatment); screening for suicide risk, substance abuse and mental health disorders

ASSISTANCE ACCESSING FOLLOW-ON SERVICES
• Support impacted citizens and partner OPDIVs and STAFFDIVs to coordinate patient movement of those displaced during emergency situations; Team size increased to match historic requirements

BACKFILL AND INDIVIDUAL AUGMENTATION
• All USPHS categories represented; Each member with rostered position on a rapid deployment unit

USPHS DEPLOYMENT READINESS
>95%
CHANGE THE MAP
PREVENTION THROUGH ACTIVE COMMUNITY ENGAGEMENT (PACE)

• Providing evidence-based education, aligned with the priorities of the Office of the Assistant Secretary for Health and the Office of the Surgeon General, to communities across the nation.

• Building relationships and trust between the Commissioned Corps and local, state, tribal, and federal partners.
Operation Change the Map

• Prioritize the three HHS regions that have a substantial burden of new HIV diagnoses

• Prepare urban and rural areas to quickly and successfully implement the EHE initiative in FY2020

  - Developing both short and long term action plans to:
    o Assess the communities’ needs in the regions
    o Assist HHS Partners in eliminating HIV
OPIOID RAPID RESPONSE TEAMS

USPHS Commissioned Corps and CDC in Collaboration with OIG, DEA, and DOJ

Public health experts ready to deploy on short-notice to support jurisdictions experiencing spikes in drug overdoses or the abrupt closure of clinics

- Needs assessments and resource mapping
- Community response capacity-building
- Community organization and coalition-building
- Provider education and resource mobilization
- Urgent communication and outreach
- Case management and patient care

Appalachian Region Takedown

Largest Ever Prescription Opioid Law Enforcement Operation, in terms of:

- 60 Defendants Charged
- 53 Medical Professionals Charged
- Over 24K Opioid Patients Affected
- Over 350K Opioid Prescriptions
- Over 32M Opioid Pills Prescribed
BEYOND THE HORIZON
CENTER FOR HEALTH INNOVATION

A new entity focusing on accelerating clinical innovation to address critical health challenges

• Promote efficiency and enhance the experience of innovators with HHS with common-sense solutions

• Develop an analytical framework capable of identifying and measuring progress toward addressing Critical Innovation Targets (CITs)

CAPT Paul Reed, M.D.
Deputy Assistant Secretary for Health (Medicine and Science)
DARPA SERVICE CHIEF FELLOWS

Provides participants with insight into cutting edge technology and opportunity to facilitate the development of future DARPA technologies

CDR Guillermo Avilés-Mendoza  
USPHS Inaugural Fellow

LCDR Gwendolyn Hudson

REVOLUTIONIZING PROSTHETICS

AUTONOMOUS VEHICLES
In the Service of Health

“In Officio Salutis”
VISIT THE USPHS COMMISSIONED CORPS BOOTH IN THE EXHIBIT HALL