



May 16, 2006

TO: All Commissioned Corps Officers

FROM: United States Surgeon General

SUBJECT: Readiness Tiers and Response Teams -- **ACTION**

Much has transpired in the last few months related to the readiness and response of the Commissioned Corps. One of the most important related documents is the recent White House Publication, *The Federal Response to Hurricane Katrina: Lessons Learned*. Specifically, recommendation 57.c from the report states, "HHS should organize, train, equip, and roster medical and public health professionals in pre-configured and deployable teams". The Department has several workgroups currently addressing all facets of this and other Report recommendations. Another important goal is to create a tiered response system among Commissioned Corps Officers. For a variety of reasons – not the least of which is the beginning of another hurricane season in two weeks, we must continue to move forward rapidly in identifying these tiers and teams.

The purpose of this e-mail is two-fold: to let you know where we are in this process, and to communicate the urgency of action required by each of you.

There are multiple response teams involved in our plan of action - five Rapid Deployment Force (RDF) teams and ten Secretary's Emergency Response Teams (SERTs) assigned to Tier One; five Applied Public Health Teams (APHTs) and five Mental Health Teams (MHTs) assigned to Tier Two, and the remainder of the active duty Corps in Tier Three. Because of the need to have the first tier teams in centralized locations, we sited the RDF teams in areas with the largest numbers of commissioned officers – Washington/Baltimore, Atlanta/Raleigh, Dallas/Oklahoma City, and Phoenix/Albuquerque. With these locations, an entire team could be transported via a charter flight by making no more than two pickups before traveling to the response venue. The SERTs will be composed of officers in each PHS region, and the APHTs and MHTs will be geographically dispersed across the Nation.

As members of Tier 1, officers assigned to the RDF Teams and SERTSs will be on call every 5 months, and be expected to report to a departure airport within 12 hours of contact. As members of Tier 2, officers assigned to the Applied Public Health Teams and Mental Health Teams will be on call every 5 months, and be expected to report to a

departure airport within 36 hours of contact. The remainder of the Corps will be in Tier 3, and will not be assigned to a specific team, but will still be on call every 5 months, with a reporting time frame within 72 hours of contact. Officers should not assume that assignment to Tier 3 will mean that they are unlikely to deploy. On the contrary, officers in Tier 3 will deploy to augment Tiers 1 and 2, as well as be activated for specific categorical requests (i.e., 20 nurses to work in an impacted hospital, 20 EHOs to assist a county health dept, etc.)

What we've done to date:

- We have selected a small leadership cadre for each of these teams
- We have obtained a list of officers from each agency assigned to "mission critical" status for the agency. These officers are in Tier 3, but will only be used in severe events.
- Two weeks ago, we sent out a query to each of you, asking that you login to <http://ccrf.hhs.gov/ccrf> and click on the banner across the top of the page. You were then to fill out a questionnaire to determine what kind of readiness tier and/or response team to which you would be assigned, along with training and experience to assist us in designating you to appropriate deployment roles.
- Using this database of officers interested in Tier 1 and Tier 2, we sent a request to their supervisors one week ago to obtain approval.
- Using this supervisor-approved list, response team leaders are beginning to build their respective teams.
- A response team leadership training will be held in Atlanta June 3rd and 4th.
- RDF equipment caches are being assembled

Areas to be addressed:

- OFRD reports a lower than expected response rate from officers to the questionnaire.
- OFRD reports a significant number of officers have incorrect or incomplete supervisor information recorded on their Officer Summary Page on the OFRD website. This prevents contact with your supervisor to obtain approval.

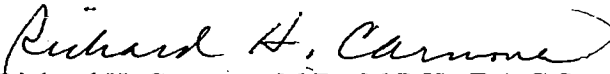
WHAT YOU MUST DO: Correcting these two issues is entirely within your control. If you have not responded to the questionnaire, please do so immediately. Additionally, login to your Officer Summary Page, select "update this record", and scroll to your supervisor's contact information. Make sure the email address for your supervisor is correct.

As I have said before, the stars are in alignment for the Corps to shine. The White House has recommended that the U.S. Public Health Service Commissioned Corps configure in response teams to be ready to respond when the Nation needs us. The Secretary, in his Transformation Decisions, has endorsed the tiered response structure. The Secretary has also communicated his full support for the formation of response teams to his Operating Division and Staff Division Heads, and asked that they communicate this to their line

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supervisors. The Assistant Secretary for Health is directly involved in the implementation of the Katrina Report. RADM Craig Vanderwagen is coordinating the Department's actions related to the Katrina Report recommendations. Indeed, we are at a unique point in our history.

Thank you for completing the readiness questionnaire and updating your supervisor's information. Most of all, thank you for your commitment to promoting, protecting, and advancing the health and safety of the Nation. When our Nation calls, our Corps stands proud and responds with a public health intensity and courage that few can match. I look forward to the wonderful things you will accomplish in the name of the Commissioned Corps.


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