



U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS



HISTORY



Early U.S. Public Health Service Commissioned Corps circa 1889



VADM C. Everett Coop, U.S. Surgeon General 1982-1989

Since 1798, men and women have served on the front lines protecting our nation’s public health in what is today known as the *Commissioned Corps of the U.S. Public Health Service (USPHS)*. We trace our origin to the U.S. Marine Hospital Service (MHS), implemented to care for sick and disabled seaman, while also protecting against the spread of diseases at foreign ports. The MHS was the predecessor to the PHS hospitals and later the VA hospitals. 100+ years later, we continue to serve on the frontlines protecting and promoting health for all Americans in our daily assignments and during disasters.

USPHS MISSION: PROTECT, PROMOTE AND ADVANCE THE HEALTH AND SAFETY OF OUR NATION

WHO WE ARE

- The USPHS Commissioned Corps is one of the 8 uniformed services.
- Led by the Department of Health and Human Service’s Assistant Secretary for Health, with operations overseen by the U.S. Surgeon General.
- Composed of nearly 5,500 (Regular and Reserve Component) highly qualified public health professionals – all of whom are officers (plus 7,000 Retirees).
- Specialties include physicians, dentists, nurses, pharmacists, clinical and rehabilitation therapists, dietitians, engineers, environmental health officers, scientists, and veterinarians, among others.
- Title 42 covers structure, establishment, and deployment of the USPHS. Other entitlements (ex. Health care, and GI Bill) are covered under DoD/VA statutes.



Officers supporting Continuing Promise Humanitarian Mission in 2008

A component of the Department of Health and Human Services, and assigned to 27 Agencies and 9 Departments, we:

WHAT WE DO



Ebola Survivor Wall, Monrovia Medical Unit, Liberia



Commissioned Corps Officers at Indian Health Service

- **Provide Essential Healthcare Services:** Officers provide direct patient care and public health services to underserved and vulnerable populations (Indian Health Service, Federal Bureau of Prisons, and Immigration Health Services, Department of Homeland Security).
- **Lead Public Health Programs and Policy Development:** Officers leverage their extensive experience, skills, and networks to provide expert leadership (Health Resources Services Administration, National Park Service, and Environmental Protection Agency).
- **Advance Innovation and Science:** Clinicians and research scientists work at the forefront of the battles against the opioid epidemic, cancer, obesity, mental health, HIV, and Zika. (Food and Drug Administration, Centers for Disease Control and Prevention, and National Institutes of Health).
- **Deploy per the President/Secretary:** Under Title 42, as the cornerstone of U.S. crisis response, officers deploy to natural disasters, disease outbreaks, and serve on humanitarian assistance missions.

“AGILE” DEPLOYABLE FORCE

To strengthen the nation’s response to disasters or a health security threat and better serve the American people, the USPHS Commissioned Corps is focused on three critical priorities:

• Ready Reserve Corps Component

- Expands the USPHS Commissioned Corps’ capacity to respond to health emergencies with additional mission-driven, clinical, and public health professionals who cannot commit to a full-time active-duty position.
- Enables access to specialized providers at a cost savings.
- In 2020, the Ready Reserve Improvement Act, which was signed into law with resounding Congressional support, is the pivotal legislation allowing the Ready Reserve Corps to be re-established.

• USPHS Commissioned Corps Readiness and Training

- Increase our investment in readiness and training, which will enhance the USPHS Commissioned Corps’ regional, national, and global public health emergency capability and preparedness.

• Public Health Emergency Response Strike Team (PHERST)

- Subset of our full-time, active-duty officers, who are dedicated 100% to public health emergency response.
- They can rapidly deploy (within 8 hours of a national emergency declaration). When not deployed, train, maintain skills, and fill short-term staffing gaps in priority agencies.



Hurricane Maria Interagency Response 2017



COVID-19 Interagency Response - Javits Center 2020

From January 2013 to July 2022, the number of Public Health Service officers deployed has increased more than two-fold.

VISION FOR THE 21st CENTURY

USPHS COMMISSIONED CORPS

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

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

A provider of direct health care, public health leadership, and scientific expertise when specifically needed to fulfill U.S. Government requirements.

An innovation engine to assure and improve public health for the nation.

TOP LEGISLATIVE GAPS (not inclusive)

- Codify the Current structure of the USPHS Ready Reserve Corps
- Align the USPHS’ Ready Reserve Corps’ Dual Compensation and Leave Rights with those of the Armed Forces
- Extend Access to TRICARE Reserve Select Health Care and Dental Benefits to Certain Ready Reserve Officers
- Extend Post 9/11 GI Bill Educational Benefits to Members of the USPHS Ready Reserve Corps
- Expand Leave Authorities for USPHS to align with the other Uniformed Services
- Authorize Permissive Constructive Service Credit for Select Candidates