



Uniqueness of USPHS Commissioned Corps vs. ASPR-NDMS

Congress required the establishment of a Commissioned Corps [in the Public Health Service], “for service in time of a public health or national emergency,” in 42 U.S.C. § 204(a)(1). As one of America's eight uniformed services, the U.S. Public Health Service (USPHS) Commissioned Corps fills essential public health leadership and service roles within the nation's federal government agencies and programs. The mission of the USPHS Commissioned Corps is to protect, promote, and advance the health and safety of our Nation. The USPHS Commissioned Corps achieves its mission through: (1) Rapid and effective response to public health needs; (2) Leadership and excellence in public health practices; and (3) Advancement of public health science.

Different Missions. The USPHS Commissioned Corps and ASPR’s National Disaster Medical Systems (NDMS) serve different, non-duplicative missions. Current ASPR planning assumes NDMS and USPHS Commissioned Corps assets filling complimentary roles. There are some areas of overlap, such as supporting ASPR in the immediate emergency response phase of Public Health Emergencies (PHEs). This overlap is intentional and will help fill recurrent gaps in responder availability during PHEs. Beyond this shared mission, the USPHS Commissioned Corps provides a response capability to a much wider range of deployments covering the full range of public health capabilities. In addition to emergency response phase of PHEs, the USPHS Commissioned Corps is available to cover longer periods during the recovery phase, assist communities in preparedness efforts, support State and local public health entities during times of critical need, and deploy overseas for Humanitarian Assistance and Disaster Relief (HADR) missions and National Security missions, such as the 2014-2015 Ebola response. This full range of public health capabilities and additional deployment capabilities are not part of NDMS staffing and mission set.

Workforce. Public Health Service officers deploy or are permanently assigned to other agencies when there are workforce needs or gaps (such as at the Indian Health Service) and are available on call 24/7. While the continuous deployment of active-duty regular corps officers can create a gap in agency workforce mission critical functions, the USPHS Commissioned Corps has the surge personnel resources to meet the demand of multiple, simultaneous deployment missions. Statutory authorities for deployment of the USPHS Commissioned Corps are driven by determinations of national emergencies, public health emergencies, certain disasters, and other emergencies the Secretary deems appropriate for deployment of the USPHS Commissioned Corps, under 42 U.S.C. § 204a(a)(5).

Expertise. ASPR’s NDMS teams specialize in emergency medicine and are clinicians (MDs, EMTs, Paramedics, and nurses), while the USPHS Commissioned Corps provides full-time and part-time officers with a broader range of public health expertise, including behavioral health, preventative medicine, veterinarians, health education, and epidemiology specialists, in addition to the same clinicians NDMS offers.

Deployment requirements (cost, administrative needs). The major difference between ASPR’s NDMS and the USPHS Commissioned Corps, is the USPHS Commissioned Corps has a subset of its officers who are force managed and remain readily available to rapidly respond to approved requests. In fact, the Public Health Emergency Response Strike Team (PHERST) officers can respond to a mission within 24 hours of notification, while our Reservists serve as the sustainment force who can deploy for extended periods of time (up to 179 days), unlike the DMATs which have limitations to the length of time they can deploy (typically a maximum of 2 to 4 weeks). Both Ready Reserve and PHERST officers are pre-positioned across the country ready for quick response times. It does not cost the USPHS Commissioned Corps to deploy its Regular Corps officers. Their salary is budgeted and paid for by the agencies that they are assigned to. The only costs are the per diem and travel. Ready Reserve Corps officers are cost-effective part-timers who possess unique skills only needed for public health emergencies (e.g., ICU nurses, pulmonologists, etc.). Agency requested deployment of Ready Reserve Corps officers requires the requestor to cover their salary, per diem and travel. In the case of a PHE, the Ready Reservists are activated, and their salary is paid for by the USPHS Commissioned Corps (as long as funding is designated for the PHE). Lastly, the PHERST and Ready Reserve Corps are pre-cleared for Secret clearance which may be required for certain missions. DMAT teams normally do not possess this clearance.