

U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS

DOCTRINE



In Officio Salutis

January 2021



THE ASSISTANT SECRETARY FOR HEALTH

Washington, D.C.

The USPHS Commissioned Corps has its origin in the “Act for the Relief of Sick and Disabled Seamen”, signed in 1798 by President John Adams. This Act led to the creation of a network of locally controlled marine hospitals, supervised by civilian healthcare professionals. Following the Civil War, Congress formally converted the loose network of locally controlled marine hospitals into a centrally controlled Marine Hospital Service, with its headquarters in Washington, DC. Dr. John Maynard Woodworth became the first "Supervising Surgeon", and began the initial transformation of this Service into a highly disciplined cadre of disciplined professionals, based on his experience in the Union Army as a surgeon.

On January 4, 1889, President Grover Cleveland signed an Act passed by the 50th U.S. Congress to authorize the USPHS Commissioned Corps as a uniformed service. At that time, an explosion of new knowledge and focus on the health of our Nation engaged our officers in every facet of public health, including research and science to discover and cure disease, health policy reform, epidemiology, health promotion, disease prevention, and the provision of direct patient care.

Our 132nd year as a uniformed service is a befitting time for the release of our Doctrine - as public health is once again the dominant concern during a global pandemic - and as our officers are actively engaged in protecting, promoting, and advancing the health and safety of our Nation.

Though public health continues to change and evolve, our USPHS Commissioned Corps has remained relevant and resilient. The integration of our uniformed service into the daily fabric of public health to meet the needs of our Nation is unparalleled. Our leadership and participation in nearly every national public health crisis over the last 20 years illustrates the broad capabilities of our USPHS Commissioned Corps to respond to emergent needs. Both daily and emergent public health needs continue to underscore the demand for the unique experience, expertise and readiness to deploy of our officers. However, the USPHS Commissioned Corps has not rested on its previous achievements or success. We have modernized and evolved to meet the changing public health and security needs of our Nation and world. With the new addition of the Ready Reserve component, the USPHS Commissioned Corps is even better positioned to be the asset of choice to meet diverse daily and emergent public health needs, both foreign and domestic.

Appointed officials, agency leadership, and all stakeholders should consider this Doctrine evergreen; a document that can help galvanize the strategies of administrations by espousing the mission and capabilities of our uniformed service to meet the needs of our Nation. Our officers will use this Doctrine as a source of pride and esprit de corps, an affirmation of the rich history and tradition of our uniformed

service, to help project a fundamental way of thinking as an officer, and to serve as a reminder that, collectively as the USPHS Commissioned Corps, no equal can be found.

This Doctrine affirms our diverse capabilities and outlines the depth and breadth to which our uniformed service is utilized and valued. It transcends political and strategic priorities that may change over time. The Doctrine helps assure unity of perspective and purpose as well as pride among our officers, and provides a cogent narrative from which administrations, policy makers, and future leaders may develop and implement strategy. The Doctrine for the USPHS Commissioned Corps thus endures.

In Officio Salutis.

A handwritten signature in black ink, appearing to read "Brett P. Giroir" followed by a flourish and the letters "MD".

Brett P. Giroir, M.D.
Admiral, USPHS Commissioned Corps

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This Doctrine of the United States Public Health Service (USPHS) Commissioned Corps details our vision, mission, values, capabilities, and enduring nature as a uniformed service. It presents an opportunity for all who read it to develop a deeper appreciation for this unique and unrivalled national asset – the USPHS Commissioned Corps.



Early 1900s: USPHS cutter ship used to transport quarantine inspectors (USPHS Commissioned Corps officers) to board ships flying the yellow quarantine flag (symbolized by the use of this color in the flag of the USPHS). The flag was flown until USPHS Commissioned Corps officers and customs officers inspected and cleared the ship to dock at the port.



In 2020, USPHS Commissioned Corps officers were assigned to nine U.S. departments and over twenty federal agencies, resulting in a broad and diverse public health network reaching across government to more than 800 duty stations worldwide.



EXECUTIVE SUMMARY

INTRODUCTION TO THE USPHS COMMISSIONED CORPS



For more than 130 years, women and men of the U.S. Public Health Service (USPHS) Commissioned Corps have been on the front lines of our nation's public health, serving the underserved and vulnerable, eradicating disease, leading in research, and fighting modern day crises like the Ebola virus outbreak and the coronavirus disease (COVID-19) pandemic.

The establishment of the Commissioned Corps as the uniformed service component of the USPHS, separate and distinct from the civil service, dates back to 1889, when President Grover Cleveland signed the Act to Regulate Appointments in the Marine Hospital Service of the United States. The USPHS, which has existed for over 200 years, traces its origins back to the U.S. Marine Hospital Service, created by Congress in 1798 to protect against the spread of disease from sailors returning from foreign ports.

Today, the USPHS Commissioned Corps is one of eight uniformed services protecting the United States - along with the U.S. Army, U.S. Air Force, U.S. Marine Corps, U.S. Navy, U.S. Space Force, U.S. Coast Guard, and the National Oceanic and Atmospheric Administration (NOAA) Commissioned Corps. The USPHS Commissioned Corps is the only uniformed service in the world dedicated to public health, authorized by Congress, commissioned by the President, and deployed by the Secretary of Health and Human Services (HHS). It is the unique public health force of the federal government. USPHS Commissioned Corps personnel are uniformed officers who accept assignments to serve the vulnerable and underserved domestically

and abroad. These assignments are often isolated or hard-to-fill, hazardous, require availability 24 hours a day, 7 days a week, and involve engagement with local communities and often with other uniformed services.

The 21st Century USPHS Commissioned Corps is a modernized uniformed service that is proficient, valued, and effective, and serves as a fundamental instrument to meet the public health challenges of our Nation and the world. The USPHS Commissioned Corps is a fully deployable and always-ready national asset that preserves public health and national security during national or global public health emergencies. With its cadre of highly-trained public health and healthcare professionals, the USPHS Commissioned Corps is an innovation engine for public health that meets critical agency and stakeholder needs, and prepares our Nation for future challenges. The USPHS Commissioned Corps is committed to remaining an efficient organization, ensuring management of the force to meet mission requirements, providing enhanced training and professional development, and establishing improved processes and systems.

The vision of the USPHS Commissioned Corps is: “The USPHS Commissioned Corps is the Nation’s preeminent public health asset called upon to solve public health challenges and address daily and emergent public health needs, throughout the United States and globally.”

The mission of the USPHS Commissioned Corps is “To protect, promote, and advance the health and safety of our Nation.

The motto of the USPHS Commissioned Corps is “In Officio Salutis”, which translates “In the Service of Health”.



VALUES AND ENDURING TRADITIONS OF THE USPHS COMMISSIONED CORPS

The public’s health presents an ever-changing array of critical needs. The USPHS Commissioned Corps has, over time, demonstrated its ability to evolve, innovate, and remain essential to meeting those public health needs. It continues to achieve its mission through rapid and effective response to evolving public health challenges, leadership and excellence in practice, and the advancement of public health and medical science. The durable nature and resilience of the USPHS Commissioned Corps as a uniformed service is exemplified by its ethos, which in turn is rooted in four core values and seven guiding principles. USPHS Commissioned Corps officers (hereafter referred to as “Public Health Service Officers”) embody this ethos.

The USPHS Commissioned Corps values are **Leadership, Service, Integrity, and Excellence.**

The guiding principles for the USPHS Commissioned Corps are:

- Protect, promote and advance health and safety as a national imperative
- Exemplify the customs, courtesies and traditions of our Service
- Develop expert public health professionals
- Symbolize the archetype of uniformed public health professionals
- Think strategically and critically at all levels
- Support officers and their families
- Provide a valued, efficient and cost-effective asset



Public Health Service officers embody characteristics that exemplify the USPHS Commissioned Corps' ethos. These characteristics are:

Mission driven - prepared to place the needs of the Nation and the service above personal considerations;

Resilient and Fit - to optimize performance;

Flexible and Adaptable - to meet current and future needs of the Department, agencies, and its partners;

Proactive - seek additional responsibility to lead teams, divisions, and agencies that advance public health;

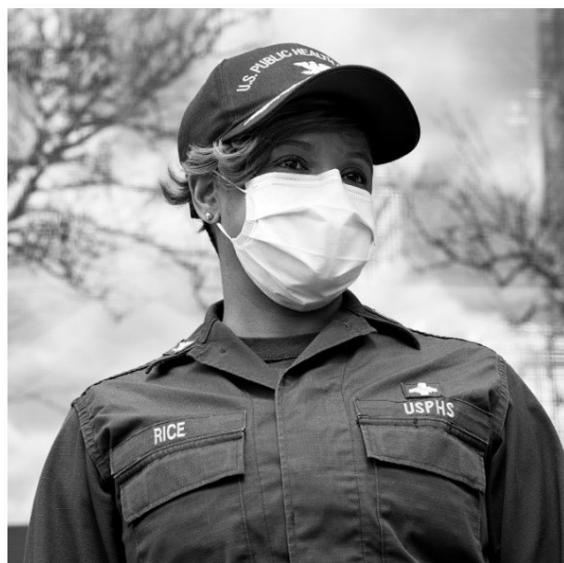
Ready - at all times to perform their duties as public health responders, whether through official deployments or daily assignments;

Mobile - ready to move, both geographically and programmatically, at any time for the benefit of the USPHS Commissioned Corps, the Department, and the Nation;

Unified and Proud - based upon an identity that is forged from a rich history and legacy of service to our Nation and humanity.

CAPABILITIES OF THE USPHS COMMISSIONED CORPS

The USPHS Commissioned Corps is one of the nation's uniformed services — a branch established within and committed to the service of health. Officers advance our nation's public health, serving in agencies across the government as physicians, nurses, dentists, veterinarians, scientists, engineers, and many other professionals. Our medical, healthcare, and engineering professionals lead teams and agencies, fight disease, conduct research, support national health security, and care for patients in underserved communities across the nation and throughout the world. Our uniformed service ensures daily or emergent public health needs — including public health promotion and disease prevention, provision of care, and advancing public health science — are met through collective expertise across all domains impacting health and in the composition and readiness to deploy its officers. There are enumerable capabilities discussed in this Doctrine born from innovative partnering, depth and breadth of expertise and experience, deployability, and flexibility built within both the active Regular Corps and Ready Reserve.



UTILIZATION OF THE USPHS COMMISSIONED CORPS

Public Health Service officers primarily work within HHS operating divisions, but also within other federal departments and organizations that have a defined need for such capabilities. In 2020, Public Health Service officers were assigned to nine U.S. Departments and over twenty federal government agencies, resulting in a broad and diverse public health network reaching across government to more than 800 duty stations worldwide. Officers are also assigned to state, other public health entities [42 USC § 215] and international organizations.

Public Health Service officers' day-to-day responsibility to support their agencies' missions is consistent with the ethos of our uniformed service. Over the course of their careers officers are assigned to programmatic billets with increasing responsibility that meet an agency's objectives and needs while enhancing officers' professional goals. Officers bring added value and expertise from each successive career assignment, which agencies can use to provide skilled leadership and creative solutions to specific public health challenges. Officers are deployed under the HHS Secretary's

authority, and any officer may be mobilized in support of agency requirements, regardless of their current position, at the discretion of agency leadership.

Public Health Service officers serve as a flexible, value-added, human capital asset for any position or initiative requiring public health expertise. Nearly 50% of officers work in positions that are graded one, two, or even three equivalent civilian pay grades above their current rank.

CONCLUSION

The value of the USPHS Commissioned Corps' resides within its world-class public health expertise, network, experience, and breadth of knowledge, unique among the eight uniformed services of the United States. The USPHS Commissioned Corps remains an enduring force in public health and will continue to evolve and adapt to public health needs of the nation.

The USPHS Commissioned Corps' commitment to national public health and serving those in need remains unparalleled. It is evident in outcomes from the earliest days, when the USPHS Commissioned Corps cared for sick and disabled merchant mariners, sailors and seamen, to our modern charge from Congress to prevent the introduction and spread of major epidemic diseases, both infectious and non-infectious.

The USPHS Commissioned Corps is *essential* to all public health needs domestically and abroad; *maximized* to fully utilize its capabilities to meet the comprehensive public health needs of the United States and its allies; *ready* to be called upon 24 hours a day, 7 days a week, as a statutory and mandated condition of active duty service in times of routine or emergent public health need; *valued* by leadership in the federal government and by all its collaborating partners and stakeholders. As facilitators and representatives of public health initiatives or national health priorities, the ability to connect government programs and initiatives with the community as a visible, non-partisan public health workforce is unique among all uniformed services and government assets.

At the point of intersection of the Nation's daily public health needs, the Department's strategic imperatives, the Assistant Secretary for Health, and Surgeon General's priorities, broad global health initiatives, the imperative of health security, and in response to emergent public health threats, whether foreign or domestic, the USPHS Commissioned Corps stands ready.

INTRODUCTION TO THE USPHS COMMISSIONED CORPS

BACKGROUND



The USPHS Commissioned Corps has its origin in the “Act for the Relief of Sick and Disabled Seamen”, signed in 1798 by President John Adams. This Act led to the creation of a network of locally controlled marine hospitals, supervised by civilian healthcare professionals.

Following the Civil War, Congress formally converted the loose network of locally controlled marine hospitals into a centrally controlled Marine Hospital Service, with its headquarters in Washington, DC. Dr. John Maynard Woodworth became the first “Supervising Surgeon”, and began the initial transformation of this Service into a highly disciplined cadre of disciplined professionals, based on his experience in the Union Army as a surgeon.

On January 4, 1889, President Grover Cleveland signed an Act passed by the 50th U.S. Congress to authorize the USPHS Commissioned Corps as a uniformed service. At that time, an explosion of new knowledge and focus on the health of our Nation engaged our officers in every facet of public health, including research and science to discover and cure disease, health policy reform, epidemiology, health promotion, disease prevention, and the provision of direct patient care.

Since 1889, women and men of the USPHS Commissioned Corps have served on the front lines of our nation’s public health, serving the underserved and vulnerable, eradicating disease, leading in research, and fighting modern day crises like the Ebola virus epidemic and coronavirus disease (COVID-19) pandemic. The establishment of the Commissioned Corps as the uniformed service component of the USPHS, separate and distinct from the civil service, dates back to 1889, when President Grover Cleveland signed the Act to Regulate Appointments in the Marine Hospital Service of the United States.

Today, the USPHS Commissioned Corps is one of eight Uniformed Services protecting the Nation – U.S. Army, U.S. Air Force, U.S. Marine Corps, U.S. Navy, U.S. Space Force, U.S. Coast Guard, and the NOAA Commissioned Corps. The USPHS Commissioned Corps is the only uniformed service in

the world dedicated to public health and health security; the USPHS Commissioned Corps is authorized by Congress, commissioned by the President, and deployed by the Secretary of HHS. The rank, customs, and courtesies are aligned with those of the other maritime services such as the U.S. Navy and U.S. Coast Guard, to which much of our heritage, statutory roles, and public health functions align. However, unlike the Armed Forces, the USPHS Commissioned Corps currently has no enlisted ranks.

A 21st Century and beyond USPHS Commissioned Corps is a modernized uniformed service that is proficient, valued, and effective, and is a fundamental instrument to meet the public health challenges of our Nation and the world. The USPHS Commissioned Corps is a fully deployable and always-ready national asset that preserves public health and national security during national or global public health emergencies. With its cadre of highly-trained public health professionals, both clinical and non-clinical, the USPHS Commissioned Corps is an innovation engine for public health that meets critical agency and stakeholder public health needs. The USPHS Commissioned Corps is committed to remaining an efficient organization, ensuring management of the force to meet mission requirements, providing enhanced training and professional development, and establishing improved processes and systems.

The USPHS Commissioned Corps pursues its mission with a focus on key areas to assure it remains both durable and valued. It focuses on principles of:



Force Management - to drive effective utilization of resources;

Professional Development - to help ensure officers are highly trained, demonstrate career progression, and to expand competency-based training for preparedness;

Mission Alignment - to use data-driven strategies that support utilization of officers to meet mission needs;

Deployability - to improve strategies, team structures, and organizational processes to enable rapid and effective deployment; and

Recruitment - to employ innovative strategies to communicate the unique mission, national priority, and personal rewards of service, especially to the vulnerable and underserved, and service in environments with hazardous conditions.

Driven by a common ethos to serve the underserved and fill essential public health and healthcare roles, the USPHS Commissioned Corps leverages its network, leadership, expertise, and experience across governmental and nongovernmental organizations to fight for health and against disease.

The USPHS Commissioned Corps leverages its network, leadership, expertise, and experience by bridging governmental and nongovernmental organizations. Public Health Service officers are national and global leaders in public health across the broad missions of agencies we serve. These missions evolve over time and are diverse as leadership in scientific discovery and translational research; public health education; national and global health security; food and drug safety, elimination of health disparities, health policy, behavioral health, environmental health and sanitation, and direct clinical care.

Officers serve underserved and vulnerable populations and engage in assignments that may be isolated or hard-to-fill, hazardous, require availability 24 hours a day, 7 days a week, and involve engagement with local communities and other uniformed services. Officers live and work in nearly every community in the United States from the Arctic Circle to Puerto Rico, from coast to coast, and in over 60 countries. As facilitators and representatives of public health initiatives or national health priorities, the ability to connect government

programs and initiatives and the community, as a visible (in-uniform), non-partisan public health workforce, is unique among all services and government assets. Officers' local cultural fluency, a competency learned through daily assignments in the local public health sectors and community, provides opportunities for improving the public health of the individual, their communities, and the entire country.

21ST CENTURY 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



VISION STATEMENT

The USPHS Commissioned Corps is the Nation's preeminent public health asset called upon to solve public health challenges and address daily and emergent public health needs, throughout the United States and globally.

MISSION

To protect, promote, and advance the health and safety of our Nation.

MOTTO

In Officio Salutis
(In the Service of Health)

STRUCTURE AND STATUTORY RESPONSIBILITIES

In times of war or national emergency, the President may, by Executive Order, declare the USPHS Commissioned Corps to be a military service (42 USC § 217).

While in such status, the USPHS Commissioned Corps constitutes a branch of the land and naval forces of the United States and its officers are subject to the Uniform Code of Military Justice.

By act of Congress, the USPHS Commissioned Corps is authorized as one of eight Uniformed Services of the United States along with the U.S. Army, U.S. Air Force, U.S. Marine Corps, U.S. Navy, U.S. Space Force, U.S. Coast Guard, and the NOAA Commissioned Corps (10 USC § 101(a)(5)).

Administration

The Secretary of Health and Human Services, the Assistant Secretary for Health, and the Surgeon General have responsibility and accountability for the USPHS Commissioned Corps. In 1889, Congress established the Commissioned Corps as the uniformed component of the USPHS, separate and distinct from the civil service component. The USPHS Commissioned Corps is now governed primarily by the Public Health Service (PHS) Act (Title 42 USC), along with supporting laws, PHS regulations, and administrative policies and procedures.

Components

The USPHS Commissioned Corps is comprised of two major components: a commissioned active Regular Corps and a Ready Reserve Corps for service in time of urgent need. The active Regular Corps is comprised of full-time, trained, deployable, and highly qualified professionals on the front lines of public health, including but not limited to direct clinical care. This component is dedicated to daily or emergent public health needs, public health promotion and

Unique Statutory Responsibilities

As a uniformed service, the USPHS Commissioned Corps has unique statutory responsibility to provide medical care in federal prisons (42 USC § 250 & 18 USC § 4005) and to officers in the U.S. Coast Guard and NOAA (42 USC § 253). USPHS Commissioned Corps officers assigned to federal prisons have the unique responsibility of being designated as law enforcement officers (5 USC § 8331 (20)(B) and 5 USC § 8401 (17)(D)(ii)). The USPHS Commissioned Corps is the only uniformed service with such statutory obligations regarding provision of medical care services.

disease prevention programs, provision of care, advancing public health science, and leadership of key governmental agencies and functions.

The Ready Reserve is designed to be a trained and available surge force of high-demand public health professionals to reinforce deployment capacity and expand options for backfill support of active component officers. The USPHS Commissioned Corps manages and assigns Ready Reserve officers with regional command staffing across nine regions. These regional commands can serve as recruiters for the Ready Reserve and coordinate the Ready Reserve administrative activities. Ready Reserve officers will be activated for deployments or assigned to agencies for back-fill of Active Regular Corps officers. Ready Reserve officers can be activated for high-profile mass gatherings, humanitarian assistance, Presidential or Secretarial health diplomacy missions, support for urgent public health and health security-related needs, such as augmenting the Indian Health Service (IHS) in remote, isolated sites, and supporting the Department of Defense (DOD) in times of conflict.

Organizational Overview

The Office of the Assistant Secretary for Health (OASH), headed by the Assistant Secretary for Health, is a Staff Division of the Office of the Secretary. The ASH serves as the senior advisor for public health and science to the Secretary and coordinates public health policy and programs across HHS. As an organization, OASH represents a wide, cross-cutting spectrum of public health leadership with eight core public health offices - including the Office of the Surgeon General and USPHS Commissioned Corps.

The Surgeon General is the Nation's Doctor, providing Americans with the best scientific information available on how to improve their health and reduce the risk of illness and injury. The Office of the Surgeon General articulates scientifically-based health policy analysis and advice to the President, the Secretary of Health & Human Services, and to the ASH on the full range of critical public health, medical, and health system issues facing the Nation. Under the leadership of the ASH, the Surgeon General oversees the operations of the USPHS Commissioned Corps, an elite group of over 6,000 uniformed officers who are public health professionals.

Commissioned Corps Headquarters (CCHQ), under the direction of the Surgeon General, is responsible for the administration and response coordination of the USPHS Commissioned Corps. CCHQ works to maintain optimum performance and readiness of over 6,000 uniformed health professionals. CCHQ also manages all human resource functions for officers, such as payroll, promotions, and performance evaluations. CCHQ also conducts recruitment and USPHS Commissioned Corps boards, issues personnel orders, maintains Public Health Service officer payroll and records, manages medical actions and evaluations, oversees the performance, discipline and conduct of Public Health Service officers, and develops and implements policies and regulations.

Workforce

The USPHS Commissioned Corps is the only uniformed service in the world dedicated to public health. It consists of a unique force of officers who are active duty, full-time, highly trained, and mobile health professionals and whose mission is “to protect, promote, and advance the health and safety of our Nation,” including the greater global community.

These critical public health personnel deliver vital public health services and are called upon to respond during times of national and global crises. Officers are deeply involved in the essential services of public health including healthcare delivery to underserved and vulnerable populations, disease control and prevention, biomedical research, food and medical regulations, mental health and drug misuse services, and response efforts for natural and man-made disasters.

The USPHS Commissioned Corps is made up the following public health professional disciplines:

- *Physicians*
- *Dentists*
- *Veterinarians*
- *Nurses*
- *Scientists*
- *Environmental Health Officers*
- *Engineers*
- *Health Services Officers*
- *Pharmacists*
- *Dieticians*
- *Therapists*





Professional Development

The USPHS Commissioned Corps applies targeted strategies and approaches to professional development, including collaborating on curriculum with governmental and non-governmental partners, leveraging commercial and experiential learning solutions, and upgrading and developing competency and skill-based training, to reinforce officer preparedness for mission execution. The USPHS Commissioned Corps defines career pathways that reflect the major career options available to officers based on their mission priorities and partner needs, and empowers officers to ignite their interests and aspirations and self-manage their career progression with expanded learning and development experiences and opportunities.

Training is essential to ensure the USPHS Commissioned Corps' ability to respond effectively and safely to the full spectrum of public health challenges and reduces time to get to the disaster by obviating the need for "just-in-time" training.

Public Health Service officers also seek out additional internal and external training that provides them with the capability to directly impact the public's health. This may be in the form of federal government training or advanced formal education. Essential domains of training for every officer include: Officership, Leadership, Deployment, and Professional Specialty Skills. Many of the capabilities that officers develop working in one agency can cut across other agencies and positions. Officers bring a unique interdisciplinary and inter-professional collaborative network to every partner and stakeholder. This network extends across duty stations around the world and can be leveraged by each agency to provide networked or net-centric solutions to public health issues and challenges.

Readiness and Deployment

Per statute, **all active duty USPHS Commissioned Corps officers are deployable assets and are required to prepare, train, and be ready when called upon.** Integrated processes, targeted training, and resources propel the effectiveness of pre- and post-deployment operations. As demonstrated throughout this Doctrine, deployment visibility and success amplify recognition of the USPHS Commissioned Corps' value and impact.



Statutory Deployment Authorities

The authority to deploy all officers in the USPHS Commissioned Corps resides in 42 USC § 204(c)(2)(C), which specifically states that the USPHS Commissioned Corps shall be used “for deployment to respond to public health emergencies, both foreign and domestic...”. The Secretary may deploy any officer, even those assigned to non-HHS agencies, at any time to respond to urgent public health needs.

The HHS Secretary assures the readiness of the USPHS Commissioned Corps to respond to urgent or emergency healthcare needs. According to 42 USC § 204a(b)(3), the HHS Secretary shall “ensure that members of the [USPHS Commissioned] Corps are trained, equipped and otherwise prepared to fulfill their public health and emergency response roles...”.

The authorities provided in 42 USC § 204a accomplish the following objectives:

1. To ensure the [USPHS Commissioned] Corps is ready to respond rapidly to urgent or emergency public healthcare needs and challenges.
2. To ensure the availability of the [USPHS Commissioned] Corps for assignments that address clinical and public health needs in isolated, hardship, and hazardous duty positions, and, when required, to address needs related to the well-being, security, and defense of the United States.
3. To establish the [USPHS Commissioned] Corps as a resource available to federal and state governmental agencies for assistance in meeting public health leadership and service roles.



USPHS Commissioned Corps Capabilities

Authorities in 42 USC § 204a establish that the Secretary shall organize members of the USPHS Commissioned Corps into units for rapid deployment to respond to urgent or emergency public healthcare needs. As a result, the USPHS Commissioned Corps has response teams with the capacity for individual augmentation. For a full description and explanation of the Commissioned Corps' structure and statutory responsibilities inclusive of professional categories, rank construct, deployment authorities, processes, response teams, and capabilities, refer to Appendix A.

Mission Alignment and Assignments

The USPHS Commissioned Corps ensures officers perform work that is aligned with its mission by integrating billet analysis and validation to fully understand the roles officers fulfill in their agency assignments, demand forecasting to quantify the types of officers required to execute mission priorities, and define factors that characterize mission priority positions. Mission alignment supports targeted recruitment of officers, ensures the size and skills of officers match mission needs, and enables optimal use of officers in assignments.



Active duty USPHS Commissioned Corps officers are then *assigned* to (and supported by) agencies within HHS as well as approved outside agencies that have a prioritized need for officers, and recognize the core responsibilities of every officer for deployment as directed by the Secretary. Officers currently serve in nine U.S. Departments and twenty federal government agencies. Officers serve in public health and clinical disciplines, including a wide range of specialties. This illustrates both the capability of the USPHS Commissioned Corps to be assigned to serve in any federal, state, or other public health entity [42 USC § 215] and the ability to provide a broad public health network of officers to HHS and the U.S. government interagency.

USPHS Commissioned Corps officers day-to-day responsibilities, in support of the agency mission to which they are assigned, are aligned with the USPHS Commissioned Corps' mission to protect, promote, and advance the health and safety of our Nation. While highly skilled Public Health Service officers bring significant advantages to the agencies in which they serve – greater flexibility, discipline, training, and leadership – ultimately, they remain responsible to the USPHS Commissioned Corps. This is a critical distinction especially when there is a national (or other) need to serve during public health emergencies.

When an officer is assigned to any agency (e.g. Indian Health Service (IHS), Federal Bureau of Prisons (BOP), National Institutes of Health (NIH)), the USPHS Commissioned Corps is reimbursed by the agency for the salary, certain benefits, and administrative costs of each officer assigned to them.



Public Health Service officers develop leadership skills and gain technical expertise through their diverse career assignments, including deployments.

Officers often seek out new programmatic assignments that both enhance their professional goals and meet the agency's directives.

This in part is due to a merit-based promotion system that requires officers to be self-directed, transformative leaders who proactively participate in activities and initiatives that are central to their agencies' missions.

Because the officer encumbers a position in the agency and their salary is supported by the agency, their day-to-day responsibilities are determined by their agency supervisor (often a civilian) and its management structure. Thus, every officer assigned to an agency is responsible and accountable to more than one chain of command.

The USPHS Commissioned Corps is linked through its officers to the agencies to which they are assigned. Officers deliver evidence-based and outcomes-driven healthcare services to underserved and vulnerable populations, control and prevent disease, conduct biomedical and public health research, regulate food and medical products, provide mental health and substance misuse services, transform and assure healthcare delivery and access, safeguard the nation's health security, respond to emergencies and engage in all essential public health services. Officers can provide executive, administrative, operational, scientific, policy and programmatic subject matter expertise. In their assignments, officers serve on the front lines of public health every day. In addition, officers may be efficiently mobilized and reassigned to duties based on agency-specific needs, interagency initiatives, Department-wide priorities, or inter-departmental activities. These reassignments may be temporary or permanent, and may be enacted



EVOLVING RESPONSE

Since 9/11, use of the USPHS Commissioned Corps as a deployable uniformed service has greatly expanded.

Across the last two decades, the USPHS Commissioned Corps has deployed to diverse public health emergencies and challenges.

Events have ranged from terrorist events (9/11 and anthrax attacks) to natural disasters (e.g., Hurricanes Sandy, Katrina, Wilma, Rita, Gustav, Ike, Douglas, and Laura; Red River Flooding) to humanitarian assistance events (e.g., Haiti Earthquake, Japan Earthquake, Indonesian Tsunamis), to epidemics (e.g., Ebola, Zika), and pandemics (H1N1, COVID-19,) to Reconstruction and Stabilization (Iraq, Afghanistan) to other public health crises (Saipan health system and suicide clusters in IHS).

The USPHS Commissioned Corps also has capacity for responding to unique mental health missions (e.g., Sandy Hook Shootings, Boston Marathon, and Oregon shootings).

Public health needs, response requests, and subsequent utilization of the USPHS Commissioned Corps have improved and evolved both the understanding and visibility of the Service's capabilities. The depth and breadth of response has been well documented. Public Health Service officers have served alongside the U.S. military during periods of war and amidst specific missions, and partner with the global community when international health crises and disasters strike.

In recent years, response demands have expanded considerably. Deployments of officers have increased significantly; with an average of a 44 percent increase per year over the past 6 years. In total, between 2013 and 2019, officers deployed 6,695 times, contributing 123,785 deployments days to 142 different missions. At this point in the COVID-19 pandemic, more than 4,350 officers have deployed nearly 11,000 times in support of diverse missions both in the United States and around the world.

Refer to Appendices B and C for a more comprehensive explanation and timeline of the USPHS Commissioned Corps' evolving response.





VALUES AND ENDURING TRADITIONS OF THE USPHS COMMISSIONED CORPS

The USPHS Commissioned Corps is the uniformed service of public health and healthcare professionals dedicated to protecting, promoting, and advancing the health and safety of our Nation through rapid and effective response to public health needs, leadership and excellence in public health practice, and the advancement of public health science. The USPHS Commissioned Corps' ethos is rooted in four core values and seven guiding principles. Our officers embody this ethos.



Leadership

All Public Health Service officers are leaders. It is essential that these commissioned officers function as role models, lead initiatives, build teams, and strive to innovate. Since health is also a national strategic imperative, influencing societal stability and security, economics, governance, and our Nation's global posture, officers are positioned to project expertise and leadership to meet this philosophy.



Service

Public Health Service officers choose a career of service and servant leadership to our Nation, especially to the underserved and vulnerable. In the service of health, and with an outward mindset focused on others above self, officers subordinate their own ease and comfort to protect, promote, and advance the health and safety of our Nation.



Integrity

Public Health Service officers uphold the highest level of integrity with uncompromising ethical conduct and standards of responsibility and accountability. Officers lead by example through their proactive approach, patriotism, valor, fidelity, and abilities to earn the special trust, confidence and demonstrated respect of our Nation.



Excellence

Public Health Service officers are committed to the mission of the USPHS Commissioned Corps and the agency to which they are assigned through superior performance and continuous improvement in knowledge, expertise, and performance.

GUIDING PRINCIPLES OF THE USPHS COMMISSIONED CORPS

Protect, Promote, and Advance Health and Safety as a National Imperative

Health is a national and global priority, which functions along the continuum from individuals, communities and governmental. Health is also a national strategic imperative, influencing societal stability and security, economics, governance, and our Nation's global posture. The USPHS Commissioned Corps is positioned to project expertise and leadership to meet this philosophy.

Exemplify the Customs, Courtesies, and Traditions of our Service

Our success as a uniformed service depends directly on our ability to recruit, train, and retain the best officers possible. The most qualified applicants are identified and nominated for commissioning within their respective public health disciplines. Once this process is complete, an Officer Basic Course indoctrinates Public Health Service officers into a uniformed service culture, which exemplifies the customs, courtesies and traditions of our Service and that of our sister uniformed services of the United States. The training and orientation process enculturates the officers with our ethos and ensures that the rich history and traditions of our uniformed service are passed to a new generation of Public Health Service officers who carry the same ethos as generations past.

Develop Expert Public Health Professionals

The USPHS Commissioned Corps is a highly skilled and trained uniformed service, comprised of officers with advanced education and broad skill sets. Accredited training and education programs provide Public Health Service officers the essential competencies to provide services in the communities and agencies we serve. Officers receive training from the USPHS Commissioned Corps and seek out additional external training that helps to hone their skills to better serve communities and ensure that the USPHS Commissioned Corps is a primary driver that advances the Nation's health. As a highly trained and motivated force of health professionals, officers aspire to obtain higher levels of education and training. Officers are



encouraged to participate in officer mentoring programs where they work with peers on pathways for career progression, setting goals, and developing strategies for self-assessment and improvement.

Symbolize the Archetype of Uniformed Public Health Professionals

Leadership is inherent in officership and in the role of health professionals; yet it is the responsibility of both the individual officer and the USPHS Commissioned Corps to ensure continuous leadership development. It is incumbent upon all officers to strive for and exemplify leadership and mentorship, and accept these as inherent responsibilities. It is essential that officers function as role models, lead initiatives, build teams, and strive to innovate.

Think Strategically and Critically at all Levels

Officers develop skills to think strategically - to relate means to ends - and to navigate the broad milieu in which culture, politics, and public health intersect within society, government, the Department, and agencies. This is facilitated and developed by the USPHS Commissioned Corps' unique partnerships and interagency agreements across the U.S. government as well as an officer's mobility (geographic and programmatic) and interoperability within and among agencies.



Support Officers and their Families

The USPHS Commissioned Corps recognizes the sacrifices of the members serving in uniform and their families. It is incumbent upon the USPHS Commissioned Corps to support officers and their families as best as possible. The USPHS Commissioned Corps continues to invest in its human capital. It provides additional administrative services to meet the needs of the officers and their families. As an organization, it respects the needs of family and expectations regarding mobility, housing, schools, and employment.

Provide a Valued, Efficient, and Cost-Effective Asset

The USPHS Commissioned Corps' personnel system is efficient and adaptable to meet the needs of the agencies and partners. The USPHS Commissioned Corps projects this flexibility to meet changing strategic and programmatic needs of the government. As discussed, the USPHS Commissioned Corps brings deployment capabilities and a level of readiness that are unique in comparison to civilians and contractors. In addition, there are significant differences using officers as a human resource assigned to agencies and partners. While serving the daily public health needs, officers can be assigned to higher-graded roles and responsibilities and work through extended hours (overtime) when needed at no additional financial cost; can be used by agencies (as a trained and ready asset) for internal "deployments" both foreign and domestic; can function in leadership or management positions at any rank without concern over accretion of duties; and are part of a merit-based promotion system that requires continually learning, necessitates career development, and perform additional activities to support the Nation's public health in order to be promoted. Lastly, candidates (applicants) to the USPHS Commissioned Corps often state they seek a commission (and have a desire) to be a part of something different and unique - inherent within our mission and ethos, which in general, drives them to succeed.



CHARACTERISTICS OF A PUBLIC HEALTH SERVICE OFFICER

Public Health Service officers, ready at all times to perform their duties as public health responders, whether through official deployments or daily assignments, embody characteristics that exemplify the USPHS Commissioned Corps' values. These characteristics are:

- **MISSION DRIVEN** *prepared to place the needs of the Nation and the service above personal considerations;*
- **RESILIENT AND FIT** *to optimize performance;*
- **FLEXIBLE AND ADAPTABLE** *to meet current and future needs of the Department, agencies, and its partners;*
- **PROACTIVE** *seek additional responsibility to lead teams, divisions, and agencies that that advance public health;*
- **READY** *at all times to perform their duties as public health responders, whether through official deployments or daily assignments;*
- **MOBILE** *ready to move, both geographically and programmatically, at any time for the benefit of the USPHS Commissioned Corps, the Department, and the Nation;*
- **UNIFIED AND PROUD** *based upon an identity that is forged from a rich history and legacy of service to our Nation and humanity.*

CAPABILITIES OF THE USPHS COMMISSIONED CORPS



Public Health Service officers bring unique capabilities with them wherever they are assigned. These capabilities provide significant added value for Departments, agencies, communities, and partners. The USPHS Commissioned Corps maintains public health and medical capabilities and promotes adaptability in performance of its stated mission and continues to seek preeminence in service through its resilient support of national and global health initiatives relating to individual, community, and population health.

Aligned with the USPHS Commissioned Corps' ethos, officers exhibit the seven capabilities that directly benefit citizens and partners. Embedded within each of these

USPHS Commissioned Corps officer capabilities are the abilities to innovate and lead. Officers continue to encumber high level leadership positions within the agencies they are assigned. Through these assignments, officers are exposed to leadership training and leadership development opportunities within both the USPHS Commissioned Corps and their assigned agencies. As officers assume these leadership positions, their roles and responsibilities require innovation. Officers are well positioned to foster and facilitate innovation within their agencies. Their established national, international, and public health networks, professional societies, and academic affiliations provide the diverse platform for officers to leverage.

Given the multitude of public health threats across the globe, the USPHS Commissioned Corps must leverage this network and drive innovation. It is expected all officers understand this capability and develop it in conjunction with their progression throughout their career. The modernized USPHS Commissioned Corps has formally acknowledged and accepted this emerging role as an innovation engine for public health.

Community Engagement and Integration

Public Health Service officers embrace a responsibility to connect the well-being of individuals with their communities. Working across all demographics, officers work in nearly every community in the United States in 800 duty stations both domestic and abroad. Officers also come from the peoples and communities they serve, which helps them seamlessly integrate within unique communities such as American Indians and Alaska Natives. As a catalyst for public health collaboration within communities, officers engage in activities ranging from volunteering in school science fairs and partnering with senior

centers on healthy living projects, to leading community physical activity programs and facilitating public health partnerships. The USPHS Commissioned Corps' ethos contributes to a proactive and experienced approach to health promotion and disease prevention in the community. It is embraced by local partners and stakeholders and can function as the trusted arm of public health. The USPHS Commissioned Corps' ethos, guiding principles, and non-partisan service provided to communities is unique among all uniformed services and government assets. Their ability to bridge federal resources to the community, whether state, local, or tribal, leverages a rare public faith evident in our uniform as a visible representation of trust. The USPHS Commissioned Corps is a uniformed service and trusted asset providing daily public health services to communities.

Service to the Vulnerable and Underserved

The USPHS Commissioned Corps - through its ethos and guiding principles - demonstrates commitment to first serve those in need. Through clinical care, research and science, policy, response, or leadership in health, the USPHS Commissioned Corps fills positions that can often be hard-to-fill, isolated geographically, or hazardous. It attracts ideal candidates, passionate about caring for underserved and vulnerable populations. The USPHS Commissioned Corps applies practices that facilitate hiring and onboarding of qualified, dedicated officers for these hard to fill positions.



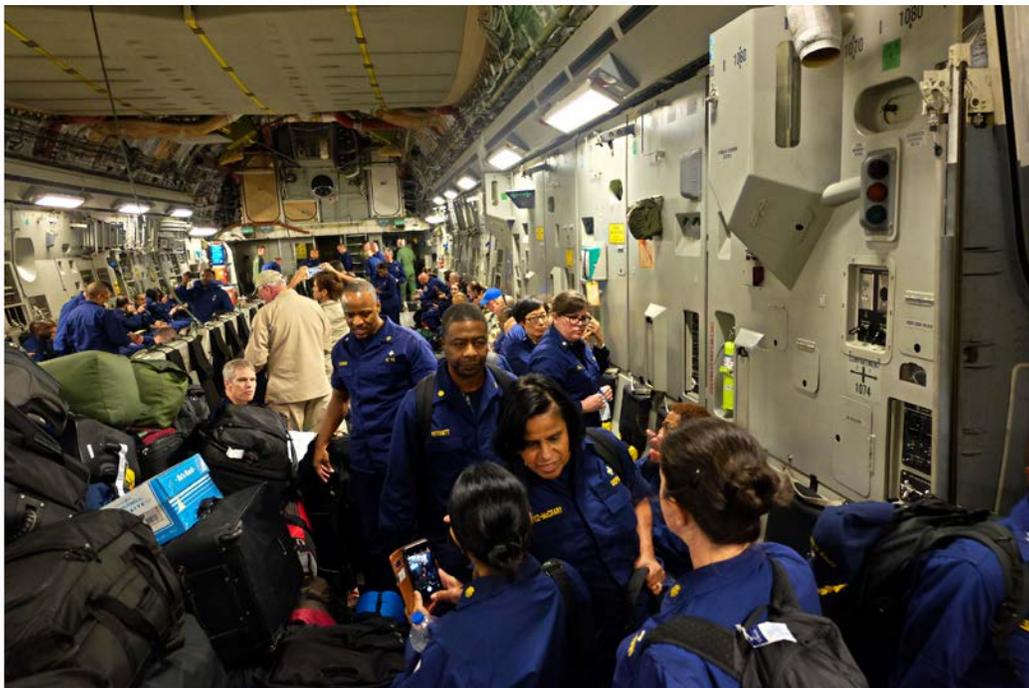
Diversity and Cultural Fluency

USPHS Commissioned Corps officers are leaders, facilitators and advocates committed to advancing public health through culturally fluent practice. By gender, ethnicity, race, agency, and professional categories, the USPHS Commissioned Corps is a diverse organization of public health professionals. It is unified through its mission, ethos, and uniform. It draws upon the diversity of its officers' experiences and expertise to maximize value to its partners. Officers understand the spectrum of cultural and societal factors affecting health and maintain a forward-thinking mindset centered on those who they are serving. In addition to more formalized training throughout an officer's career, cultural competence is learned through an officer's daily assignments in the local public health sector. This

creates a culturally fluent and interoperable officer, and uniformed service as a whole, that is responsive to the daily needs of vulnerable and underserved populations, as well as during public health crises and recovery missions. Diversity is also reflected in the number of officers cross-trained in varied public health practice environments, community cultures, health systems, agencies, and Departments. This diversity imbues an invaluable characteristic of objective decision-making and inclusive leadership, creating a new dimension to the archetype of a public health professional.

Prepared, Ready, and Deployable

Preparedness is a mindset. Readiness is a condition of service. Public Health Service officers are trained upon call-to-active duty and throughout their careers in concepts of preparedness, operational readiness, and deployment. The USPHS Commissioned Corps is prepared to deploy before, during, and after any urgent or emergent public health need. Officers are proven public health professionals in times of crisis with the capability to accomplish a wide range of tasks directly, and often indirectly, related to their primary professional backgrounds. Officers are critical assets for deployment, and stand ready to serve within the Nation and across the globe. Officers are committed to protecting public health in the most complex and austere conditions, and to support at-risk individuals and populations.



Geographic and Programmatic Mobility

Public Health Service officers can be geographically and programmatically mobilized in times of routine or emergent public health need. Geographic mobility, commensurate with career progression and acceptance of additional responsibilities, may involve additional transition from agency to agency, which adds to the comprehension of experience of individual officers as well as the further diffusion of officers into the established network. This also involves the expectation of programmatic progression and upward mobility in an officer's career. This develops broader responsibilities and roles that add to an officer's depth and breadth of experience for leadership in the Department and among stakeholders.

Joint Environment

The USPHS Commissioned Corps is trusted by other departments, agencies, uniformed services, communities, and organizations. Our sustained interoperability is evident through multi-sectoral collaboration with governmental and non-government organizations, and through temporary duty assignments, details and deployments. Public Health Service officers are trained to work within a command and control framework. They are also interoperable assets in joint national and international humanitarian environments.

Global Health Engagement

By statute, the Secretary may deploy Public Health Service officers to respond to both domestic and foreign public health needs. Officers serve as uniformed ambassadors of health and demonstrate the ability to integrate among varied individuals and cultures. Based on joint humanitarian training, day-to-day missions, previous deployments, and professional expertise, officers are prepared for roles that necessitate international engagement and services to those communities. These experiences provide officers with the ability to seamlessly collaborate and engage with all of the uniformed services and international partners on global health topics and humanitarian missions. The USPHS Commissioned Corps' robust utilization, deployment, and evolving response over decades, including on foreign soil, has prepared its officers to function within politically sensitive, highly visible, complex, and austere conditions.





UTILIZATION OF THE USPHS COMMISSIONED CORPS



The USPHS Commissioned Corps recruits, assigns, deploys, and trains officers with the ultimate aim of maximizing their utilization in support of mission priorities. Strategic workforce planning, which includes force management, allows the Office of the Surgeon General to better utilize officers in support of mission-priorities, and fundamentally impacts the relationship between the Office of the Surgeon General and agencies that officers support.

As part of its force management, the USPHS Commissioned Corps is defined by two components: a) the active Regular Corps of highly qualified public health professionals, who fill essential full-time public health leadership and clinical service roles with the nation’s federal government agencies and b) the Ready Reserve comprised of qualified and well-trained “on-call” officers who are ready to deploy at any time. Each of these components have defined designs pertaining to organizational structure, job profiles, recruitment and deployment.

All Public Health Service officers are unique assets assigned to an HHS agency or partner organization. They all have daily duties and responsibilities and are used to meet identified and anticipated public health needs. The application of these officers within their respective agencies forges a public health framework within the federal government and beyond that transcends the USPHS Commissioned Corps. The collective professional competencies linked through this network allows officers and the uniformed service as a whole to gain and act upon vital public health insights beneficial to both the Nation and agency.

These insights are then shared from officer to officer across agencies, creating lines of communication, collective problem-solving, and actions that would otherwise be non-apparent or realized. This

network is unique; it does not otherwise exist inside or across any organizations, and allows public health best practices to be ubiquitously threaded vertically and horizontally throughout the government independent of traditional governmental boundaries and hierarchies. This framework creates and fosters bi-directional learning and information sharing by bringing officers' public health work perspectives to the HHS Secretary, the Assistant Secretary for Health, and the Surgeon General when needed. Equally important, such a network integrates the initiatives of the HHS Secretary, the Assistant Secretary for Health, and the Surgeon General into officers' assigned agencies.

Joint operations are within the day-to-day fabric of public health activities performed by Public Health Service officers, and also manifest in national and international missions, whether humanitarian outreach or deployments in response to disasters. The inherent networked relationships of the USPHS Commissioned Corps coupled with the cultural fluency acquired through their unique duties and skill sets, provide a relatedness of officers and accentuates the deployment environment and the mission, critical to operational success. Public Health Service officers have proven their ability to mitigate and effectively adapt to cultural and other external pressures within the deployment environment. The unique skill sets of officers provide an unparalleled federal asset that can be utilized in joint uniformed service operations as well as civilian and non-governmental deployment environments, while providing the consummate professional public health capabilities required.

AT THE AGENCY LEVEL

A Public Health Service officer's assignment may be adjusted to meet specific needs at the direction of the agency, including reassignment to different positions. In short, this allows an agency to add additional roles and responsibilities to each officer, relocate the officer, either geographically or programmatically, and assign any task in line with the priorities of the agency, within the overall agreed upon framework defined by the Surgeon General. Officers can work in higher graded positions without incurring additional cost to the Department or agency, illustrating a unique difference to that of the civil service system. This can be done temporarily or on a permanent basis. Nearly 50% of Public Health Service officers work in civilian positions that are graded at least one, two, or even three equivalent civilian pay grades above their current rank without incurring related costs. Additionally, agencies often have specific initiatives or challenges that require focused attention. Any officer may be mobilized within the agency to address these issues, regardless of current position, responsibilities, or workload at the discretion of agency



leadership. Although officers are only deployed by the Secretary, they can be mobilized within an agency to meet agency needs within the framework defined by the Surgeon General and Commissioned Corps Headquarters. Combined with the USPHS Commissioned Corps' network, experience, ability to work additional hours, mobility within the agency, and deployability under the authority and at the discretion of the HHS Secretary, the officers are a valued asset of choice for agencies requiring public health and healthcare expertise.

EXTERNAL TO HHS

At the HHS Secretary's Discretion

The HHS Secretary, in consultation with the ASH, sets public health strategic goals for the nation and the Department. At the HHS Secretary's discretion, officers can be detailed anywhere to meet these goals and/or address other specific public health needs. The Secretary can use Public Health Service officers, regardless of agency assignment. Officers may be detailed to other federal agencies to meet identified needs or work on inter-departmental initiatives. Officers may be detailed to state health and mental health authorities, Congressional Committees, and nonprofit educational, research, or other institutions engaged in activities for special studies of scientific problems and for the dissemination of information relating to public health [42 USC § 215]. These authorities, as well as the unique network of expertise and skills accessible to officers, make them ideal assets in interagency efforts. Each of these scenarios, whether at the agency, interagency or Departmental level, illustrates the day-to-day value of the USPHS Commissioned Corps to meet the public health needs of the Nation. The examples below illustrate how the USPHS Commissioned Corps can be (and have been) utilized to support various agency, interagency, Departmental, or other public health missions.

Health Security and Surge Capacity

The definition of National Health Security is a state in which the Nation and its people are prepared for, protected from and resilient in the face of health threats or incidents with potentially negative health consequences. Given the Secretary's statutory authorities and a mandate to deploy when needed, the USPHS Commissioned Corps is used both domestically and internationally to improve and protect the health of the Nation.

The USPHS Commissioned Corps, including its Ready Reserve component, functions as part of comprehensive strategies that help to ensure the Nation's health security. Health security related events include national or international public health emergencies and disasters, wartime emergencies in partnership with DOD, and response to bioterrorism and terrorist attacks. Additionally, initiatives addressing underlying and pervasive health security issues such as long-standing health disparities are exemplars of valuable health security engagement of the USPHS Commissioned Corps. As an illustration, the USPHS Commissioned Corps has been leveraged domestically in local communities

through Community Health and Service Missions (CHASM) with exceptional community engagement, cultural fluency and guiding principles to promote health. Beginning in 2010, the USPHS Commissioned Corps developed the CHASM as a way to bridge health disparities, protect the health of all Americans and provide essential human services for those who are underserved or vulnerable. These missions also serve to increase the skills of our country's public health work force (both officers and civilian) by better enabling it to collaboratively execute an effective response to disasters and emergencies, to promote scientific knowledge, provide basic public health and healthcare services to communities and to make demonstrable progress toward improving the health of the Nation.

National Health Priorities

The strategic priorities of HHS help focus its various operational and staff divisions. The USPHS Commissioned Corps can be mobilized to benefit all facets of public health, from prevention through science and research to treatment. Officers are poised to fill roles across priority areas, to include leadership, scientific expertise, regulatory science and authorities, operational and tactical-level effectors of health policy, health responders in time of need and clinicians that provide direct



patient care. The Assistant Secretary for Health and the Surgeon General also provide strategic public health priorities and initiatives to which their officers can be assigned, facilitating implementation of programs and advocating for the advancement of the health of the Nation. The USPHS Commissioned Corps can act as a force multiplier for calls-to-action and other broadly reaching health initiatives.

Use of the USPHS Commissioned Corps' as a force multiplier leverages its strengths of diversity, expertise, experience, flexibility, readiness, and the ethos of a proactive driving force for health. Officers can implement and promote these priorities and strategies in their daily assignments, during deployments, and even in the communities in which they live. Community engagement is a specific area and distinctive way in which officers can be readily mobilized to take advantage of their existing relationships and partnerships across the Nation.

These officers live and work in nearly every community in the United States. As facilitators and representatives of public health initiatives or national health priorities, their ability to bridge the government to the community is unique among all uniformed services and government assets. Officers' local cultural fluency, a competency learned through daily assignments in the local public health sector and community, is a leverage point for improving the public health of the individual, their communities and the entire country.

Global Health



Our mission emphasizes engagement of actors and resources that reach the underserved and which lead to decisive impacts on health. Inherent in this mission and supported by statute, is the requirement to expand our public health focus beyond our borders as our modern world becomes more connected. The USPHS Commissioned Corps is invested in global health initiatives through internal and external partnerships that impact populations and communities domestically and internationally. Whether assigned to specific agency

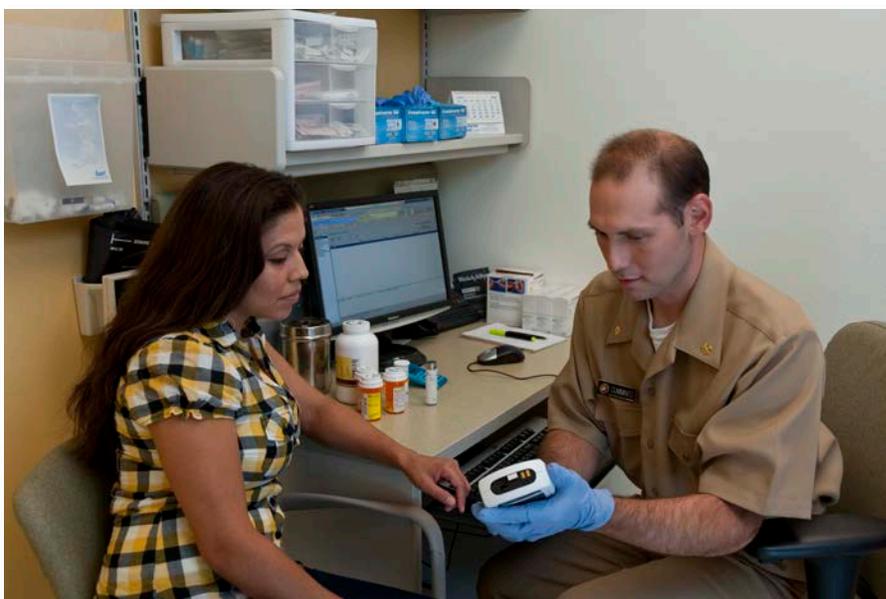
global health missions or deployed to respond to a global health need, officers possess the capabilities, leadership skills, competencies, and adaptable ethos needed to satisfy these missions. Officers who currently serve in leadership positions and partner with many global health agencies such as the State Department, United Nations, World Health Organization, and World Bank, are involved within multiple global health campaigns, and are prepared to respond and deploy internationally when called upon. Deployments to disease impacted nations, daily engagement with other emerging infectious diseases, ongoing epidemiologic surveillance, natural disaster response, support of international food and drug safety efforts, joint humanitarian training with other uniformed services, and policy development with foreign partners exemplify a USPHS Commissioned Corps positioned to meet global health needs.

The USPHS Commissioned Corps is a principal asset of HHS in achieving priority operational requirements for humanitarian assistance, responding to international emergencies or disasters, and addressing critical global health issues. HHS has also used the USPHS Commissioned Corps to build public health infrastructure and capacity in developing Nations, as well to serve as purveyors of the innovative model of a uniformed public health service. Many officers bring unique expertise from agencies with international programs such as the Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), NIH, and the HHS Office of Global Affairs, as many officers routinely deploy or work in remote and isolated areas of the world with specific cultural sensitivities. USPHS Commissioned Corps experience working in complex humanitarian environments including civil-military practice settings, combined with cultural fluency in prior engagements, define the USPHS Commissioned Corps' unique capacity for continual and successful global health impact.

Prevention

Public health is prevention. The USPHS Commissioned Corps embodies the philosophy that in order to win the battle for health we must first impact social determinants of health and individual health behaviors, which in turn shape societal health behaviors and ultimately health outcomes. This focus on health and wellness as well as disease prevention reaches across myriad sectors relating to social determinants of health that impact an individual's opportunity to achieve health. The USPHS Commissioned Corps remains committed to established policy and practices that maintain total force health. It encourages and facilitates healthy and fit officers. Officers in our uniformed service serve as role models for wellness and healthy living as health professionals, leaders and members of communities they serve. The USPHS Commissioned Corps disseminates and facilitates implementation of strategies that recognize many facets of public health (e.g., cost-effective, accessible high quality medical care; clean air and water; safe physical environments; accessible healthy foods, physical activity, mental and social well-being). Prevention is woven into all aspects of our lives, and the USPHS Commissioned Corps works together with its many partners to improve the health and quality of life for individuals, families, and communities by moving the Nation from a focus on treatment of sickness and disease to one intent on prevention and wellness.

As illustrated by the many areas of public health involvement and engagement, the USPHS Commissioned Corps' existing public health network and experiences uniquely position us to provide expertise, integration, and effective communication for the most important health strategies and initiatives of the United States. The USPHS Commissioned Corps provides the U.S. government and HHS with a proven, experienced, unmatched, and irreplaceable asset to protect, promote, and advance the health and safety of our Nation.





CONCLUSION

The USPHS Commissioned Corps' commitment to the public's health and to serving those in need remains unparalleled. It is evident in outcomes from the earliest days of the U.S. Public Health Service, when our officers cared for sick and disabled merchant mariners, sailors, and seamen, through to the charge from Congress to prevent the introduction and spread of major epidemic diseases, and well into modern day. Such contributions in the service of health have been achieved through a combination of unique attributes only seen within the USPHS Commissioned Corps, which include:

- A specific and specialized uniformed service of highly mobile, highly educated and trained professionals that have unparalleled unique expertise and diverse experiences in the field of public health.
- The only uniformed service in the world with a unified focus on comprehensive public health principles and practice.
- A network of officers assigned to over nine different U.S. departments and twenty federal government agencies and operating divisions. This includes both domestic and international duties. No other entity exists in the world within the health sector that incorporates such networked operational capacity.
- An ethos that includes preparedness, officership, resilience, and leadership with a focus on clinical care, science, public health practice, and the overall advancement of health for those at-risk, vulnerable, and medically underserved.

*The USPHS
Commissioned Corps'
world-class public health
expertise, network,
experience,
and breadth of
knowledge are unique
among the uniformed
services of the
United States.*

*The USPHS
Commissioned Corps
remains an enduring force
in public health
and will continue to
evolve and adapt to the
public health needs
of the Nation.*

The USPHS Commissioned Corps is *essential* to all public health needs, domestically and abroad; *maximized* to fully utilize its capabilities to meet the comprehensive public health needs of the United States and its allies; *ready* to be called upon 24 hours a day, 7 days a week, as a statutorily mandated condition of active duty service, in times of routine and emergent public health need; and *valued* by leadership in the federal government and by all its collaborating partners.

APPENDIX A: GOVERNANCE, AUTHORITIES, AND OPERATIONS

The USPHS Commissioned Corps' organizational structure includes both an active Regular Corps and a Ready Reserve Corps for service in time of national emergency.

Regular Corps - 42 USC § 204 established the Regular Corps and the Reserve Corps. The Regular Corps is the full-time, active-duty component of the USPHS Commissioned Corps. It is the expectation that Regular Corps officers be available 24 hours a day, 7 days a week, when needed to meet the missions of their respective agencies and the USPHS Commissioned Corps.

Before the Patient Protection and Affordable Care Act of 2010 (ACA) was enacted, in order for an officer in the Reserve Corps to be assimilated into the Regular Corps, he or she had to request assimilation, go before a selection board and be recommended by the Secretary and confirmed by the President. The previous "Reserve Corps" was active from 1918 to 2010 and was used to supplement the Regular Corps. In 2010, Congress merged the Reserve Corps with the Regular Corps and created a Ready Reserve Corps. When the ACA was enacted, the Reserve Corps ceased to exist and in its place, the Ready Reserve Corps was created. All officers who were in the Reserve Corps on March 22, 2013 were assimilated into the Regular Corps.

Ready Reserve Corps - Due to an unintended drafting error in the ACA, the Ready Reserve could not be implemented. The Coronavirus Aid, Relief, and Economic Security Act (CARES) Act provided a statutory fix as well as funding through the Public Health and Social Services Emergency Fund (PHSSEF) to implement the Ready Reserve Corps. On March 27, 2020, the President signed H.R. 748, the CARES Act into law. This historic legislation provided the necessary legislative changes to implement the Ready Reserve. The Ready Reserve Corps will provide surge capacity to deploy clinical care and health professionals for both domestic and global response efforts. Highly trained Ready Reserve Corps officers will fill critical public health needs and will expand the USPHS Commissioned Corps' capacity to respond to regional, national, and global health emergencies and improve access to health services; preserve clinical care positions by maintaining a surge capacity of health professionals available for deployment without jeopardizing the service of clinicians in hard to fill roles; offer an opportunity to serve for mission-driven clinical and public health professionals who cannot commit to a full-time active duty position in the USPHS Commissioned Corps; and enable access to highly specialized skill sets that would be impractical in full-time active duty positions. The Ready Reserve is essential to the modernization of the USPHS Commissioned Corps. It will guarantee response capabilities, preserve critical clinical care services, tailor force composition, broaden recruitment, enable access to specialized providers, and allow retention of high-demand clinical professionals.

Retired Officers - The retired officers of the USPHS Commissioned Corps are officers who have retired from active duty. Retired officers may be recalled to active duty with their consent during peacetime and involuntarily in time of war or national emergency when the USPHS Commissioned Corps is in a military status (42 USC § 212(c)).

Professional Categories - USPHS Commissioned Corps officers serve in one of the following eleven professional categories:

Physician	Dentist	Nurse
Engineer	Pharmacist	Veterinarian
Dietitian	Scientist*	Environmental Health Officer
Therapist*	Health Services Officer*	

*The Health Services, Scientist, and Therapist categories contain multiple discreet sub-disciplines with documented public health and science specialties.

Rank - The USPHS Commissioned Corps, like the U.S. Coast Guard, U.S. Navy, and NOAA Commissioned Corps, uses sea service ranks.

Definitions of “urgent or emergency” healthcare needs

The HHS Secretary assures the readiness of the USPHS Commissioned Corps to respond to emergencies and urgent public healthcare needs as determined by the HHS Secretary, arising as the result of -

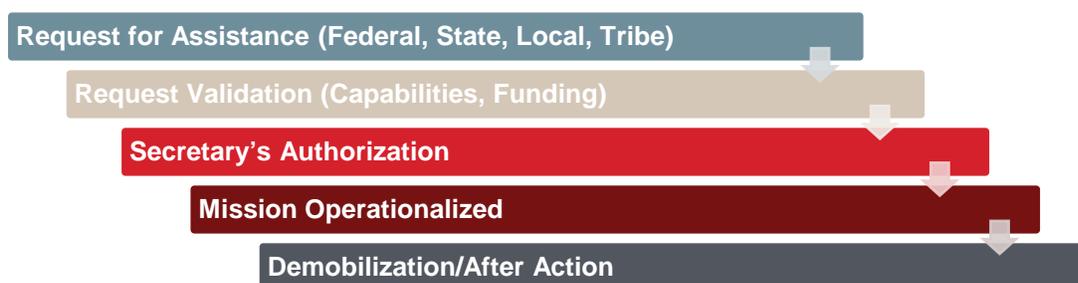
- (A) A national emergency declared by the President under the National Emergencies Act (50 USC §1601 et seq.);
- (B) An emergency or major disaster declared by the President under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 USC §5121 et seq.);
- (C) A public health emergency declared by the Secretary under section 247d of this title; or
- (D) Any emergency that, in the judgment of the Secretary, is appropriate for the deployment of the [USPHS Commissioned] Corps.

As a component of HHS, the USPHS Commissioned Corps is critical to implementation of the National Response Framework (NRF) for meeting requirements of Emergency Support Function (ESF) #8 – Public Health and Medical Services, as well as ESF #6 – Mass Care and Human Services. The USPHS Commissioned Corps developed a readiness and response system to efficiently leverage the unique capabilities of the USPHS Commissioned Corps to meet the wide range of needs within the NRF.

Fiscal Responsibility

42 USC §204a(c) establishes that for “purposes of pay, allowances, and benefits of a USPHS Commissioned Corps officer who is detailed or assigned to a Federal entity, the deployment of such officer by the HHS Secretary in response to an urgent or emergency public healthcare need shall be deemed to be an authorized activity of the Federal entity to which the officer is detailed or assigned.” Thus all officers, even those assigned to non-HHS agencies, may be deployed at any time by the HHS Secretary.

Activation Process

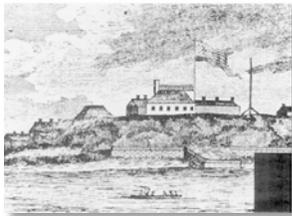


Deployment Procedures

Officers are required by statute to maintain readiness for deployment and to serve in their public health and emergency response roles (42 USC § 204(a)(3)). Officers may be directed by the USPHS Commissioned Corps (pursuant to the Secretary identifying an urgent or emergency public health need) to deploy at any time, for any length of time from any agency or partner to which the officers are assigned. However, in order to provide a collaborative and valued response system (from the agency perspective) with effective force management, the USPHS Commissioned Corps has established policies and procedures to guide officers, supervisors and agencies. Standard procedures include:

- Selection of personnel from on-call rosters;
- Length of deployments are determined by mission requirements to ensure continuity of response and recovery operations; and
- Supervisory approval is obtained for officers prior to deployment. Supervisory approval is not required during declared public health emergencies or for other deployments deemed essential by the Secretary of HHS.

APPENDIX B: HISTORICAL PERSPECTIVE



The remarkable history of the USPHS Commissioned Corps stretches back over 200 years. Its parent organizational changes reflect the history of our country as we moved from a completely agrarian society to a largely industrial one to a service economy. The common thread is the impact the USPHS Commissioned Corps has had protecting the Nation's health. Whether by ensuring conduct of commerce, identifying and controlling diseases, responding to disasters, or providing direct clinical care, the USPHS Commissioned Corps has always had two significant qualities that exemplify its resilience and ethos. First, the impact has been disproportionate to the size and resourcing of the infrastructure of the uniformed service and second, it's unwaveringly focused on the underserved and vulnerable.

1798 - John Adams, the second president of the United States, signed into law the "Act for the Relief of Sick and Disabled Seamen" which created the "Marine Hospital Fund" under the Treasury Department. Twenty cents each month was deducted from the wages of seamen to finance the Fund from which medical care could be provided. A year later, Congress extended the Act to cover every officer and sailor in the U.S. Navy. The Act led to the gradual creation of a network of locally controlled marine hospitals along coastal and inland waterways.

1801 - The first marine hospital owned by the federal government was located at Washington Point in Virginia. Other early marine hospitals were established in the port cities of Boston, Massachusetts; Newport, Rhode Island; New Orleans, Louisiana; and Charleston, South Carolina.

1807 - Dr. Benjamin Waterhouse, co-founder of Harvard Medical School, led the first new Marine Hospital in Charleston and proposed to make it "answer the purpose of medical instruction," as well as "healing and comforting the sick and wounded". During his tenure, the Charlestown Hospital became the first teaching hospital in the United States.

1870 - Hospital administration was centralized in the Marine Hospital Service, with its headquarters in Washington, D.C., under the position of supervising surgeon (later called surgeon general).

1871 - President Grant commissioned a study led by Dr. John Shaw Billings who advised that the Marine Hospital Fund be given a "Chief Supervising Surgeon" to enforce unified standards of care. John Maynard Woodworth, the first supervising surgeon, adopted a military model for his medical staff as part of system reform. Woodworth instituted examinations for applicants and implemented required

uniforms. He created a cadre of mobile, career-service physicians assigned to various marine hospitals. He also designed the U.S. Public Health Service's first seal and flag.

1878 - The prevalence of major epidemic diseases such as smallpox, cholera, scurvy, typhoid fever, bubonic plague, and yellow fever spreading across the globe spurred Congress to enact the National Quarantine Act to prevent the introduction of contagious and infectious diseases into the United States. Congress later extended the Act to prevent the spread of disease among the states. The task of controlling epidemic diseases through quarantine and disinfection measures, as well as immunization programs, fell to the Marine Hospital Service. The Marine Hospital Service was given its own fleet of ships, which were used to meet incoming vessels for quarantine needs.

1889 - An Act to Regulate Appointments in the Marine Hospital Service of the United States signed into law by President Grant on January 4, 1889. With this Act, Congress established the Commissioned Corps and formalized it as the uniformed services component of the Marine Hospital Service. The quarantine demands exposed an inadequate Marine Hospital Service enrollment system that was incapable of properly vetting the health and suitability of incoming officers. With the passage of this Act, standards for entry into the Marine Hospital Service were made more rigorous. Congress organized these Commissioned Corps officers along military lines with titles and pay corresponding to U.S. Navy grades.

1891 - In attempting to treat contagious diseases, it was natural that research would become a significant part of the work of the Service. The Hygienic Laboratory, the predecessor to NIH, was established in Washington, D.C. As well, Dr. Louis Pasteur's germ theory generated a huge demand for the development of anti-microbial approaches. In 1891, Congress established the Laboratory of Hygiene on Staten Island, NY, the predecessor to today's NIH. By 1898, the Marine Hospital Service's Commissioned Corps officers documented the environmental role for the transmission of yellow fever, which led to Walter Reed identifying the mosquito-borne nature of the disease. These Commissioned Corps officers also discovered the treatment for the Bubonic plague and helped curtail a media, political and public panic over a major outbreak in California.

1902 - The Marine Hospital Service expanded to the Public Health and Marine Hospital Service to reflect growing roles and responsibilities. The Service now carried out quarantine duties and the medical inspection of arriving immigrants, such as those landing at Ellis Island in New York. The Public Health and Marine Hospital Service officers played a major role in fulfilling the commitment to prevent disease from entering the country.

1912 - The name of the Public Health and Marine Hospital Service was changed (and shortened) to the U.S. Public Health Service (USPHS). Legislation enacted by Congress broadened the power of the USPHS by authorizing investigations into human diseases (such as tuberculosis, hookworm,

malaria, and leprosy), sanitation, water supplies, and sewage disposal. The flag's symbol was preserved; however the color was changed to yellow to harken back to the delegation of quarantine duties and initial expansion of the service.

1917 - The outbreak of World War I imposed new demands on the USPHS. The responsibilities involved medical and surgical aid to sick, wounded, or disabled soldiers and sailors, supervising health conditions around military camps and war plants, laboratory operations (including research and manufacture of serums and vaccines), controlling venereal disease, and the care of veterans. The utility of the USPHS Commissioned Corps during the war convinced Congress that the Regular Corps of the USPHS should be strengthened with a Reserve Corps. A law authorizing such an auxiliary was passed in 1918 enabling dentists, pharmacists, and engineers to be commissioned for the first time.

1918 - Coincident with World War I, the USPHS and its Commissioned Corps played a prominent and leadership role in combatting the Great Influenza Pandemic. Surgeon General Rupert Blue expanded many USPHS responsibilities and duties, including deploying officers at military camps, while enhancing a campaign to prevent sexually transmitted diseases, at home and abroad. Public Health Service officers coordinated across federal, state, and local governments, and began to make the case that a centralized, robust public health agency was necessary for national security.

1930 - Congress created the Federal Bureau of Prisons (BOP) to "promote a unified professional approach to management by centralizing administration and creating a consistent BOP-wide system policy." This approach included a statutory provision for the USPHS to assume control of medical care in the BOP. At that time, approximately 50 Public Health Service officers provided all medical and psychological care for the entire inmate population of about 13,000. In the early 2010's the BOP reached 220,000 inmates and 885 Public Health Service officers.



1940 - Surgeon General Thomas Parran was deeply involved in the establishment and founding of the World Health Organization. Since that time, the USPHS Commissioned Corps continues to be used as a valued asset for international health and for almost a century, officers have made significant contributions.



1941 - The United States' entrance into World War II brought a multitude of new responsibilities to the USPHS Commissioned Corps. The President ordered the militarization of the USPHS Commissioned Corps and countless officers were reassigned to the Armed Services. These Public Health Service officers served in combat and were detailed to the U.S. Army, U.S. Navy, and U.S. Coast Guard as well as to the military in Europe and the United National Relief and Rehabilitation

Agency. Many of these officers subsequently gave their life serving in combat during WWII, as would many more in the wars of Korea and Vietnam. A number of USPHS Commissioned Corps officers were killed in action, seven officers were awarded a Purple Heart, and nine were awarded a Bronze Star; five officers were taken as prisoners of war by the Japanese and one was awarded the French Legion of Honor. However, limited documentation exists that distinguishes these reassigned officers and therefore the true cost of war paid by the USPHS Commissioned Corps is unknown. The care of injured WWII soldiers further mandated rapid expansion. Congress passed the Nurse Training Act of 1943, which created a uniformed Cadet Nurse Corps within the USPHS. The U.S. Cadet Nurse Corps was the first, nationally recognized federal nursing school training program. The PHS Act of 1944 broadened the scope of the USPHS Commissioned Corps, allowing for the commissioning of scientists, dietitians, physical therapists and sanitarians. Physical therapists and sanitarians were later renamed health service officers and environmental health officers. From 1940 to 1945, the USPHS Commissioned Corps quadrupled its numbers from 625 officers to 2,600.

1955 - In 1955, the Transfer Act established the IHS as part of the USPHS. One of the initial orders of business for the first Director of the IHS was to describe the health status of American Indians and Alaska Natives (AI/AN). A report entitled "Health Services for American Indians" was prepared by the Surgeon General of the USPHS and submitted to Congress on February 11, 1957. Since that time, USPHS Commissioned Corps and IHS have forged a critical partnership to improve the health of American Indians and Alaska Natives. More Public Health Service officers have been assigned to IHS than any other federal operating division.



1964 - Surgeon General Dr. Luther Terry released a landmark report that concluded lung cancer and chronic bronchitis are causally related to cigarette smoking. The report was the first such analysis that laid out the effects of tobacco and smoking, which helped catalyze many initiatives to lower tobacco use among Americans.

1965 - The USPHS organized and deployed surgical teams to Vietnam consisting of Public Health Service officers and USPHS civilians and reprised its WWII malaria control activities in Vietnam.

1977 - The battle against smallpox was one of the crowning achievements in not only the USPHS Commissioned Corps, but also in human history. While smallpox had been effectively erased from U.S. soil by the mid-1950s, rather than model some nations' exclusionary immigration policies, the USPHS and its Commissioned Corps officers championed a global effort to eradicate the disease. In 1977, a disease that had killed 300-500 million people over the course of human history was eradicated.

1984 – The first two Disaster Medical Assistance Teams (DMATs) formed at the NIH in Bethesda and Rockville, Maryland. Throughout the following decades, these teams provided proof of concept for the ability of part-time medical response teams to be effective assets in disaster and crisis response. These teams merged in 1993 to form the PHS-1 DMAT. PHS-1 DMAT deployed and supported multiple missions over the years gaining experience and honing response technique. Among the many responses include major hurricanes, floods, earthquakes, the Olympics, summits, and humanitarian missions.

1986 - Dr. C. Everett Koop served as Surgeon General as the nation began to recognize Acquired Immune Deficiency Syndrome (AIDS) as a new and deadly disease. Surgeon General Koop became the chief federal spokesperson on AIDS and released a report on AIDS that contributed significantly to providing information about the disease. Dr. Koop also wrote "Understanding AIDS", the USPHS brochure based on CDC guidelines that was sent to all 107 million households in the United States in 1988, the largest public health mailing ever at the time.

1999 - Despite successes in everything from epidemics to battlefields, the USPHS Commissioned Corps had not been asked to confront acute, large-scale disasters until after 1999, which saw 20,000 refugees from Kosovo brought to America in need of immediate care.

1999 - IHS hospital at Hoopa Valley Indian Reservation was being used as an evacuation and casualty care location for firefighters. Overwhelmed, they reached out to the USPHS Commissioned Corps for support. This marked the first time that the USPHS Commissioned Corps was deployed as an independent response entity and also established and continued the long running relationship between the USPHS Commissioned Corps and the IHS to support urgent public health crises on reservations. The success of this mission demonstrated that the USPHS Commissioned Corps could be utilized as a response asset – a role that would prove essential in the face of the attacks of September 11, numerous environmental disasters, and the continued challenges of emerging infectious diseases.

APPENDIX C: EVOLVING RESPONSE



Since 1999, public health has been a major factor in response requests and subsequent utilization of the USPHS Commissioned Corps by the U.S. government both domestically and internationally. A continual increase in the use of the USPHS Commissioned Corps as a deployment asset and as a unique uniformed service with public health expertise, has improved both the understanding and visibility of the USPHS Commissioned Corps' enumerable capabilities.

The depth and breadth of response and success is known but has not always been well documented. Since 1999, the USPHS Commissioned Corps has deployed to over 450 emergent public health missions. Below is a summary of the more remarkable and visible USPHS Commissioned Corps responses since 2001.

2001 - 9/11 Terrorist Attacks. The September 11, 2001 attacks set in motion the broadest emergency response ever conducted by HHS. It proved to be the most complex utilization of the USPHS Commissioned Corps' response infrastructure since its inception. Response activities encompassed as many as 15 separate but concurrent missions, including New York City, Washington D.C., and rural Pennsylvania. Nearly 400 officers were deployed to Ground Zero, for mental health services, mortuary affairs, incident management, veterinary support, environmental and engineering assessment, and remediation. Officers conducted nearly 10,000 clinic visits, over 900 canine visits and over 6,000 mental health visits for responders.

2001 - Anthrax Attacks. Just a little over a month later in early October, a letter with anthrax was received in the Hart Senate Building in Washington, D.C. In response, the USPHS Commissioned Corps deployed health providers to assist the Office of the Attending Physician in the U.S. Capitol. Officers would ultimately be needed in Washington, D.C. at the U.S. Postal Service's Brentwood

Across the last 10 years, regardless of time of year or circumstance, it is rare to find a single day that Public Health Service officers are not deployed in response to a critical public health need.

Processing and Distribution Center as well as post offices and mailrooms that tested positive for evidence of anthrax. Response teams provided health services and prophylaxis to more than 30,000 patients. Due to the high level of anxiety after the second round of bioterrorist activity on U.S. soil, many of these services were provided in an austere environment with unknown risks and fear of ongoing attacks. Together, the 9/11 and Anthrax attacks would represent the largest USPHS Commissioned Corps response until Hurricane Katrina and would again change the face of the USPHS Commissioned Corps readiness and response.

2003 - Wars in Iraq and Afghanistan. During Operation Iraqi Freedom and Operation Enduring Freedom, officers were deployed to multiple public health and clinical missions including direct support to the DOD.

2003 - Rhode Island Nightclub Fire. Officers provided mental health services to survivors, their families, and the affected community devastated by the death of one hundred people (mostly teens) in a fast-moving nightclub fire.

2005 - Hurricanes Katrina and Rita. More than 2,400 officers were deployed to the Gulf Region, during and after Hurricanes Katrina and Rita. Officers set up and staffed field hospitals and emergency medical clinics, treated sick and injured evacuees, conducted disease surveillance, and worked closely with local and State health authorities to plan for long-term public health needs. The Hurricane Katrina response also laid the framework for important changes in the USPHS Commissioned Corps response system leading to the establishment of formalized response teams.

2006 - Rapid Deployment Forces (RDFs). The first USPHS Commissioned Corps response teams, developed from a bifurcation of USPHS Commissioned Corps officers from the former PHS-DMATs, thus marking the next generation of USPHS Commissioned Corps responders and response infrastructure.

2008 - Hurricanes Gustav and Ike. Striking the still recovering Gulf Coast, Hurricanes Gustav and Ike presented the first opportunity to deploy the USPHS Commissioned Corps' newly created RDF teams. RDFs established 5 Federal Medical Stations in Louisiana and Texas and the newly created Applied Public Health Teams deployed in their full "public health department in a box" structure in Galveston, TX. These responses demonstrated the successful proof of concept of the USPHS Commissioned Corps' tiered-response system and newly formed response teams.

2006 through 2012 - Operations Continuing Promise (CP) and Pacific Partnership (PP). The USPHS Commissioned Corps participated in joint governmental and non-governmental organizations' medical humanitarian operations that used various U.S. Navy ships as platforms to provide care to underserved and



vulnerable populations abroad. These operations fostered and strengthened alliances in Central and South America (El Salvador, Guatemala, Peru, Haiti, Colombia, Jamaica, Guyana, Costa Rica, Ecuador, Nicaragua, and Colombia) and Asia-Pacific (Philippines, Vietnam, Timor-Leste, Vanuatu, Federated States of Micronesia, Kiribati, Samoa, Tonga, Indonesia), and provided disaster relief in Indonesia, Banda Aceh, Nias, Papua New Guinea, and the Solomon's and Marshall Islands.

2008 - DOD-USPHS Partnership for Psychological Health initiative. Officers were detailed to military medical treatment facilities across the nation to support efforts to ensure that service members and their families received the resources they needed by increasing the availability of behavioral health service providers.

2012 - Superstorm Sandy. Over 500 officers deployed in support of the massive Federal response to Superstorm Sandy in New York and New Jersey. Superstorm Sandy marked the largest deployment of different response teams with 14 teams deployed, including RDFs, Mental Health Teams, Services Access Teams, Regional and National Incident Support Teams, and Applied Public Health Teams. Among other accomplishments, the USPHS Commissioned Corps set up, staffed and operated two 100+ bed Federal Medical Stations for over 6 weeks.

2012 - Operation Sandy Hook. At the request of state and local officials, officers were deployed in response to Operation Sandy Hook where twenty students and six adults were killed at the elementary school in the close-knit community of Newtown, Connecticut. The USPHS Commissioned Corps' Mental Health Teams provided rapid response, resources and assistance to the children, parents, teachers, school administration, first responders, elected city officials and community at large.

2012 - Saipan Hospital Crisis. In 2012, officers were deployed to assist the Lyndon B. Johnson hospital in Saipan, Northern Marianas Islands, a U.S. territory. Due to changes in the Saipan economy, the only hospital on the island was on the verge of losing its accreditation, making it ineligible to receive federal reimbursement and assistance. To ensure that the people of Saipan maintained their only hospital, the USPHS Commissioned Corps responded. No other federal asset was capable of providing this type of assistance.

2013 - Boston Marathon Bombing. At the request of state and local officials, the USPHS Commissioned Corps deployed officers in response to the terrorist bombing at the finish line of the Boston Marathon, where 3 civilians were killed and 264 injured. The Mental Health Teams were the only federal public health or medical resource to respond and provided rapid response, resources and assistance to the race participants and committee, first responders, elected city officials and community at large.

2014 - Unaccompanied Minors Mission(s). Over 300 officers were deployed in support of an interagency response to a large influx of unaccompanied children crossing over the southwestern U.S. border. Declared an urgent humanitarian situation, the USPHS Commissioned Corps deployed officers to conduct medical screenings, assist in case management, and support the Administration for Children and Families' (ACF) critical incident command.

2014/2015 - West Africa Ebola Mission. The USPHS Commissioned Corps responded to multiple mission requests both domestically and internationally to the Ebola epidemic in West Africa, specifically to the three most affected countries, Liberia, Sierra Leone, and Guinea. This was a historical response in terms of visibility, responsibility, and level of risk in an austere environment. The USPHS Commissioned Corps deployed over 700 officers to the frontlines in West Africa. Their roles included epidemiology, therapeutic and vaccine research, and direct patient care. Officers were also sent to West Africa as part of their agency missions (i.e., CDC, NIH) and were positioned in leadership and support roles to meet the needs requested of their Operating Divisions.

Presidential Unit Citation



The Commissioned Corps managed and staffed a 25-bed Ebola treatment unit in Liberia, the first ever of its kind. Public Health Service officers were the only U.S. government asset to provide direct patient care to healthcare providers with Ebola in West Africa. For their courage and efforts, both domestically and abroad, the Commissioned Corps received their first-ever Presidential Unit Citation, awarded by President Barack Obama in September 2015.



More specifically, over 300 officers were deployed by the USPHS Commissioned Corps to the Monrovia Medical Unit in Liberia, at the request of the White House National Security Council. These were the first expeditionary teams ever defined and deployed by the USPHS Commissioned Corps. These officers were the only U.S. government asset to provide direct patient care to Ebola patients in West Africa. Officers also supported in-country operations and leadership, strengthened host country's public health infrastructure, and provided subject matter expertise for interagency collaboration including conducting an Ebola vaccine trial. Domestically, hundreds more were involved with support of emergency response operation centers and airport quarantine stations and preparedness efforts.

2016 - Flint, Michigan Contaminated Water Crisis. The Presidentially-declared state of emergency in Flint, Michigan, related to elevated levels of lead in drinking water, continued a growing trend of atypical emergencies requiring USPHS Commissioned Corps leadership and response resources. Public Health Advisors deployed to support the Unified Coordination Group and Genesee County Health Department as well as a Public Health Assistance and Support Task Force composed of officers from Applied Public Health Team, Services Access Team and Mental Health Team to support State and local health authorities.

2016 - IHS Great Plains Area Healthcare Delivery Support Mission. Officers were deployed to the IHS Great Plains Area to address an urgent need for medical staff to provide direct patient care at all three Great Plains Area service units (Pine Ridge, Rosebud and Omaha Winnebago).

2016 - Louisiana Floods. Officers were deployed to support response and recovery activities following severe flooding in Louisiana. Officers staffed federal medical shelters for individuals displaced by flood waters and supported recovery operations to identify behavioral health challenges facing federal recovery personnel and survivors.

2016/2017 - Zika. The Zika virus outbreak affected many countries throughout the world. Hundreds of Public Health Service officers engaged in efforts domestically and traveled to many countries abroad to perform duties such as surveillance, implementation of effective public health communication to prevent vector and sexual transmission; improved vector control; and enhanced laboratory capacity to respond to this unprecedented public health emergency. These officers helped prevent many cases of Zika virus infection and its potentially devastating consequences.

2017 - Hurricanes Harvey/Irma/Maria. The USPHS Commissioned Corps deployed thousands of officers during what was a historic hurricane season. Officers were deployed early in the response and staffed health and medical response teams and federal medical shelters. Beyond clinical support, officers also supported logistics operations, provided mental health support, executed patient movement operations, and augmented command and control elements both in the field and at the HHS Secretary's Operations Center.

2017 - NIH Ebola Vaccine Trial Support Mission. The USPHS Commissioned Corps specifically deployed pharmacy officers to support an Ebola vaccine trial in Liberia, Sierra Leone and Guinea, demonstrating their value to the advancement of science against one of the most lethal viruses in history.

2017 - U.S. Northern Command (NORTHCOM) Disaster Behavioral Health Mission. The USPHS Commissioned Corps collaborated with NORTHCOM on a behavioral health knowledge exchange and training for Mexican first responders. Public Health Service officers served as subject matter experts on the behavioral health effects of disaster on children, families and first responders and provided general knowledge of psychological first aid in disasters.

2018 - California Wildfires. In response to major wildfires in California, the USPHS Commissioned Corps deployed officers to provide surge assistance needed for disaster recovery; specifically, officers conducted shelter and behavioral health assessments and supported immediate disaster case management activities.

2018 - BOP Victorville Support Mission. Due to a sudden and substantial influx of detainees from the Department of Homeland Security/U.S. Immigration and Customs Enforcement (DHS/ICE), the BOP requested the USPHS Commissioned Corps support medical operations at FCC Victorville. Officers were deployed to perform initial health screenings and physical examinations.

2018 - Unaccompanied Children (UAC) Support Mission. The USPHS Commissioned Corps was requested to deploy officers to assist ACF, Office of Refugee Resettlement with family reunification efforts. Specifically, officers provided case management support as well as case file reviews. Officers also provided command and control support to the Assistant Secretary for Preparedness and Response Incident Management Team and information management and data analysis in the Secretary's Operations Center. Similar to the 2014 response, this was a historic humanitarian crisis of migration with the potential for mass casualties due to influenza.

2019 - DHS / U.S. Customs and Border Protection Support Mission (DHS/CBP). Due to an increased flow of undocumented alien arrivals and detention, along with outbreaks of measles, influenza, and other infectious diseases, DHS/CBP requested USPHS Commissioned Corps support at several DHS/CBP facilities across the country. The USPHS Commissioned Corps and its officers provided leadership, assessment, recommendations, and direct medical supervision and care in support of this mission.

2019 - IHS Fort Belknap Behavioral Health Support Mission. Due to a significant increase in suicide deaths and attempts, the Fort Belknap Tribal Council declared a state of emergency and IHS requested USPHS Commissioned Corps support. Officers deployed to provide suicide prevention and grief counseling support to ensure continuity of care for patients who were in a vulnerable and fragile state.

2019 - USNS COMFORT Support Mission. Officers were deployed aboard the USNS COMFORT to augment medical treatment to displaced Venezuelans and vulnerable members of local populations in the U.S. Southern Command area of responsibility.

2019 - E-cigarette or Vaping Product Use-Associated Lung Injury (EVALI). Public Health Service officers investigated an outbreak of EVALI in all 50 states, the District of Columbia, the U.S. Virgin Islands, and Puerto Rico. Public Health Service officers increased surveillance, initiated laboratory testing, and developed clinical guidance and a public health communications campaign as part of the EVALI response.

2020 - Puerto Rico Earthquake. Following the earthquake in Puerto Rico, the USPHS Commissioned Corps deployed behavioral health officers to provide behavioral health and stress counseling support to Federal Emergency Management Agency responders on the ground.

2020 - COVID-19 Pandemic. On January 31, the HHS Secretary declared a public health emergency in the United States in response to an outbreak of respiratory disease caused by a novel coronavirus first detected in China, COVID-19. On March 13, the President of the United States declared the COVID-19 outbreak a national emergency. During this response, the USPHS Commissioned Corps served as a primary asset to fill leadership roles, provide public health expertise (including research, public health science, and healthcare delivery),

as well as augmenting clinical surge capacity for federal and non-federal systems within field medical hospitals. In addition, agencies such as CDC, NIH, IHS, and BOP requested the assistance of the USPHS Commissioned Corps secondary to severely constrained healthcare delivery systems and inadequate staffing. The USPHS Commissioned Corps responded to the COVID requests and completed one of our most comprehensive, fulsome, and sustained response campaigns in our history. Although a vast majority of those deployed supported testing and direct patient care, officers also served in various leadership roles such as: augmenting the COVID-19 Laboratory and Diagnostics and Community Based Testing Sites Task Force and the COVID-19 Response Assistance Field Teams, the COVID-19 Data Strategy and Education Workgroup, conducting safety and infection

Campaign Medals of the USPHS Commissioned Corps

Smallpox Eradication



Global Health



Ebola



COVID-19 Pandemic



control assessments at long-term care facilities, conducting assessments and design of wastewater systems construction in the Navajo Nation, serving as team commanders assisting with the care of the passengers on the Diamond Princess cruise ship docked in Japan and upon their repatriation return to the United States. At the FDA, officers led a mission to review COVID-19 treatment regulatory drug submissions. At the CDC, senior officers provided leadership to their Prevention Emergency Operations Center. Of the 764 officers assigned to the CDC; nearly 92% were utilized to conduct COVID epidemiologic assessments across the country.

COVID-19 Pandemic

As of December 11, 2020, over 4,350 Public Health Service officers deployed for the COVID-19 pandemic response as part of nearly 11,000 deployments; the highest documented deployment of officers to date – nearly 65% of the entire USPHS Commissioned Corps.

This included visibility at the highest level – Public Health Service officers were assigned as members of President Trump’s White House Coronavirus Task Force, as well as leading the national response for two operational task forces: Laboratory and Diagnostics, and Community Based Testing Sites; and served in key leadership roles in the Health Care Resiliency Working Group and Operation Warp Speed.





The USPHS Commissioned Corps stands ready ...

