SUBJECT: Deployment and Readiness

1. PURPOSE: This Directive authorizes the Assistant Secretary for Health (ASH) to establish requirements to ensure the readiness of officers in the Commissioned Corps of the Public Health Service (Corps) deployed to respond to urgent or emergency public health care needs that cannot otherwise be met at the Federal, State, and local levels. It also authorizes the ASH to deploy officers in certain circumstances without further action required by the Secretary, and authorizes the Surgeon General to organize officers and establish appropriate procedures for the deployment of officers.

2. APPLICABILITY: This Directive applies to all Regular Corps and Ready Reserve Corps officers except for:

2-1. Officers who are detailed to a branch of the Armed Forces (42 U.S.C. § 215(a)). The Armed Forces include the U.S. Army, U.S. Navy, U.S. Air Force, U.S. Marine Corps, and U.S. Coast Guard; and

2-2. Periods that the President, by Executive order, has declared the Corps to be a military service (42 U.S.C. §217); and

2-3. Officers in the Junior or Senior Commissioned Officer Student Training and Extern Programs (See CCI 371.02, “Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP),” and CCI 371.03, “Senior Commissioned Officer Student Training and Extern Program (Senior COSTEP)”; and

2-4. Officers assigned to the Uniformed Services University of the Health Sciences (USUHS) who are attending USUHS in order to obtain their qualifying degree (see CCD 125.03, “Assignment of Public Health Service (PHS) Commissioned Officers to the Uniformed Services University of the Health Sciences (USUHS)

3. AUTHORITY:

3-1. 42 U.S.C. § 204a, “Deployment readiness”

3-2. 42 U.S.C. § 215(e), “Commissioned Corps officers; urgent or emergency public health care needs”

3-4. Executive Order 11140, dated 30 January 1964

4. PROPONENT: The proponent of this Directive is the Secretary of the Department of Health and Human Services (Department or HHS).

5. SUMMARY OF REVISIONS AND UPDATES: This is the second issuance of this Directive in the electronic Commissioned Corps Issuance System (eCCIS) and replaces Commissioned Corps Directive CCD 121.02, “Commissioned Corps Deployments,” dated 23 January 2007.

5-1. Implements elements of 42 U.S.C. § 204a, “Deployment Readiness”

5-2. Delegates to the ASH the establishment of Commissioned Corps training and medical requirements for the readiness for deployment of officers.

5-3. Delegates to the Surgeon General the organization and training of Commissioned Corps rapid deployment units.

5-4. Authorizes the ASH to immediately release for deployment Corps officers assigned to HHS OPDIVs and STAFFDIVs under certain circumstances.

5-5. Authorizes the ASH to involuntary deploy officers without supervisory or OPDIV/STAFFDIV approval in certain circumstances.
6. POLICY:

6-1. Readiness Requirements. The ASH shall establish requirements, including training and medical requirements, that an officer must meet to ensure the officer’s readiness for deployment to respond to urgent or emergency public health care needs (basic readiness).

a. The ASH may waive one or more of the basic readiness requirements for an officer who is not able to meet such requirements because of a disability; a temporary medical condition; or any other extraordinary limitation as determined by the ASH.

b. Absent a waiver under policy established by the ASH, an officer does not meet the deployment readiness requirements in the following circumstances:

   (1) The officer has a permanent medical condition that prevents him/her from being deployed, or a condition that prevents the officer from engaging in the physical activities associated with deployments;

   (2) The officer fails to meet the training requirements established by the ASH; or

   (3) The officer fails to meet any other requirement established by the ASH.

c. An officer who fails to meet the basic readiness requirements established by the ASH may have his/her commission terminated in accordance with CCD 123.01, “Involuntary Separation,” or involuntarily retired in accordance with CCI 385.01, “Involuntary Retirement (20 Years).”

6-2. Assessment of Officers. On a regular basis, no less than annually, the ASH shall determine whether each officer meets the applicable readiness requirements established by the ASH pursuant to 6-1.

6-3. Organization. The SG shall:

a. Organize Corps officers into units for rapid deployment to respond to urgent or emergency public health care needs;

b. Establish appropriate procedures for the command and control of units or individual officers that are deployed in response to an urgent or emergency public health care need of national, State or local significance;

c. Ensure that officers are trained, equipped, and otherwise prepared to fulfill their public health and emergency response roles in accordance with policy established by the ASH; and

d. Ensure that deployment planning takes into account:

   (1) Any deployment exemptions that may be granted by the Secretary or ASH based on the unique requirements of an agency and an officer’s functional role in such agency; and

   (2) The nature of the urgent or emergency public health care need.
6-4. Urgent or Emergency Public Health Care Need. The term "urgent or emergency public health care need" means a health care need, as determined by the Secretary, arising as the result of:

a. A national emergency declared by the President under the National Emergencies Act (50 U.S.C. § 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 U.S.C. § 5121 et seq.);

c. A public health emergency declared by the Secretary under 42 U.S.C. § 247d; or

d. Any emergency that, in the judgment of the Secretary, is appropriate for the deployment of members of the Corps.

6-5. Deployments. Deployment is defined as a directed, temporary assignment of officers from their assigned duties within an HHS OPDIV/STAFFDIV/non-HHS organization.

a. Corps officers assigned to an HHS OPDIV/STAFFDIV are hereby authorized by the Secretary to be released for deployment by the ASH under the circumstances in Section 6-4.a., b., or c. without further action required by the Secretary other than a determination by the Secretary that a health care need exists. Officers deployed pursuant to Sections 6-4 a., b., or c. may be involuntarily deployed by the ASH without supervisory or OPDIV/STAFFDIV approval prior to the officer's deployment.

b. Corps officers assigned to a non-HHS organization may be deployed in accordance with the Memorandum of Agreement/Understanding (MOA/MOU) between the Corps and the non-HHS organization.

c. The Secretary retains authority to authorize deployments under 6-4.d.. If the Secretary authorizes deployment under 6-4.d., officers may only be deployed under 6-4.d. if the Secretary orders the officers' deployment or the OPDIV/STAFFDIV/non-HHS organization to which an officer is assigned concurs.

d. An officer who fails to comply with orders for deployment to respond to an urgent or emergency public health care need is subject to discipline, including termination of the officer’s commission, in accordance with CCD 111.02, "Disciplinary Action," and CCD 123.01.

7. RESPONSIBILITIES:

7-1. The ASH may promulgate additional policies and make delegations as necessary to implement this Directive, and may exercise any authority delegated to the SG, or his/her subordinate, at the discretion of the ASH.

7-2. The SG may issue Personnel Operations Memoranda (POM) in accordance with this Directive and policies issued by the ASH.
7-3. Each officer is responsible for adhering to the guidelines established in this Directive, Instructions issued by the ASH, and any operational guidelines established by the SG. An officer must also:

a. Maintain current and updated contact information (e.g., e-mail, phone, address) in the Office of Commissioned Corps Headquarters (CCHQ) in order to facilitate the Corps’ communication of information to the officer;

b. Maintain his/her supervisor’s current and updated contact information in CCHQ; and

c. Notify his/her supervisor upon receipt of official orders to deploy in response to an urgent or emergency public health care need.

8. HISTORICAL NOTES: This is the second issuance of this Directive within the eCCIS.