SUBJECT: Corps Care

1. PURPOSE: This Directive establishes policy and assigns responsibilities for a Corps Care Program supporting the officers in the U.S. Public Health Service Commissioned Corps (Corps). Similar to the Armed Services, the Corps Care Program shall be based on recognition that resiliency is imperative to operational readiness.

2. APPLICABILITY: The provisions of this Directive shall apply to the Commissioned Corps of the Public Health Service.

3. AUTHORITY:

3-1. 42 U.S.C. 216, "Regulations"

3-2 42 U.S.C. 204a, “Deployment Readiness"

3-3. CCD 121.02, “Deployment and Readiness”

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

5. SUMMARY OF REVISIONS AND UPDATES: This is the first issuance of this Directive in the electronic Commissioned Corps Issuance System (eCCIS).
6. POLICY:

6-1. Promoting Resiliency. The Corps Care Program will employ a preventive approach to promoting resiliency through the provision of education, training, and coordination of resources in order to support the resilience, overall health, and well-being of Commissioned Corps officers.

6-2. Support. The Corps Care Program supports officers through various resources and access points for follow-up care. Support services will be offered through the provision of education and training related to, but not limited to, the following topics:

   a. Resiliency;
   b. Deployment; and
   c. Post-deployment Well-being.

6-3. Corps Care Program. The Corps Care Program is located in the Immediate Office of the Director (IOD), Commissioned Corps Headquarters (CCHQ), and managed by the Corps Care Program Manager. To the extent possible, the Corps Care Program will create and maintain a training menu of multimedia resources designated to address resiliency, guidance, and the resources available to Officers to strengthen their operational readiness. The Corps Care Program does not provide direct clinical care services to an officer or his or her dependent. The Corps Care Program does not provide formal medical referrals for payment of any services provided to an officer, which are coordinated through TRICARE and/or any other healthcare insurance covering an officer.

7. RESPONSIBILITIES. The ASH may promulgate additional policies and make delegations as necessary to implement this Directive.

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