



POM 821.76  
EFFECTIVE DATE: 3 October 2019

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**By Order of the Surgeon General of the U.S. Public Health Service:**

**VADM Jerome M. Adams, MD, MPH**

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TO: All Officers on Extended Active Duty

SUBJECT: Deployment Procedures

1. This Personnel Operations Memorandum (POM) implements [Commissioned Corps Directive \(CCD\) 121.02](#), "Deployment and Readiness," and [Commissioned Corps Instruction \(CCI\) 241.02](#), "Deployment of Corps Officers," and outlines the procedures for the deployment of officers in the Commissioned Corps of the U.S. Public Health Service (Corps).
2. Officers who are detailed to a branch of the Armed Forces and other non-Health and Human Services (HHS) organizations are deployed in accordance with the respective Memorandum of Agreement (MOA) and/or Memorandum of Understanding (MOU). Therefore, this POM only applies to those organizations to the extent that the requirements contained herein are consistent with the respective MOA/MOU. Accordingly, the Director, Commissioned Corps Headquarters (CCHQ), or his/her designee, will work with the liaisons for these organizations to ensure that the assigned officers are adequately categorized for the purposes of documenting officers' availability for deployments.
3. CCHQ will organize Corps officers into units for rapid deployment. With the exception of officers deemed Mission Critical (see Section 2.c.(2)), all officers will be assigned to a specific pre-configured rapid deployment unit or a group augmenting those units. Each unit or group will be available for deployment on an established "on call" and "backup" schedule.
  - a. Unless a unique schedule is established by CCHQ for a specific deployment unit/group, the units/groups will be on call once every fifth month. Each of the units/groups will serve as the backup unit/group during the month after being the on call unit/group. Typically, deployments will be between 14 and 30 calendar days in length, and may start on any day of the officers' on call month, and, in the circumstances outlined in Subsection 2.b., may begin immediately prior to the calendar start of the on call month.
    - (1) CCHQ shall establish a standard operating procedure (SOP) for officers, supervisors, and Corps liaisons to inform CCHQ about an officer's unavailability during his/her on call period.

- (2) Regardless of the unit/group type to which officers are assigned, officers' home duty station leadership and Corps liaisons must document and report reason(s) for an officer's non-availability during on call and backup periods to the Director, CCHQ (or his/her designee). The unavailable time periods require a summary statement of the reason(s) the officer is not available.
  - (3) The Director, CCHQ (or his/her designee) will review the reason(s) for an officer's non-availability and determine whether the reason(s) are acceptable and warrant adjustments to the officer's expected availability. If deemed not acceptable, the officer is subject to CCI 241.02, "Deployment of Corps Officers," for failure to comply with orders.
  - (4) On at least a quarterly basis, CCHQ will provide a report of those officers who are unavailable or mission critical (MC) during their on call month to the Assistant Secretary for Health (ASH) and the Surgeon General.
- b. A unit, group, and/or individual officers may be ordered to deploy during periods that the unit/group is not on call or on backup if:
- (1) An urgent or emergency health care need exceeds the capacity of the on call and backup units and/or groups; or
  - (2) The unit, group, or specific officer(s) possess a skillset required for the response.
- c. Unit Manning Lists (UML). A UML is a preconfigured roster of rapid deployment units and groups established and maintained by CCHQ that includes deployment roles, minimum qualifications for each role, training requirements for each role, SOPs, and the unit/groups' on call schedule.
- (1) CCHQ shall develop a UML for each preconfigured rapid deployment unit, establish procedures to review and assign qualified officers to the UMLs.
  - (2) Mission Critical (MC) Designation. On a quarterly basis, the Corps liaison will submit a complete list of all officers who are proposed as MC or who are currently approved as MC to the Director, CCHQ. The list shall include justification for the MC status for each officer on the list. The Director, CCHQ (or his/her designee) will review the list of officers and will approve or disapprove the designation of an officer as MC. If the officer is not approved to be MC, the officer will be placed on a UML. The MC designation Criteria includes, but are not limited to the following:
    - (a) The officer is at a duty station or facility that is facing or operating under a loss of accreditation, Centers for Medicare and Medicaid Services (CMS) Immediate Jeopardy, or equivalent regulatory action due to non-compliance with Federal, state, local or industry healthcare, patient or safety standards; or where 25% or more of the authorized positions within the officer's area of primary or shared responsibilities are not permanently staffed on a full-time basis;
    - (b) The officer is directly and solely responsible for critical program or clinical activities that would otherwise jeopardize public health or patient safety if the officer were absent for 14 calendar days or more. A specific description of the program and activities and how

public health or patient safety could be jeopardized must be provided.

- (c) The officer holds a position which is critical to national security:
    - (i) The officer must perform national security duties as a component of his/her official position/billet, which require a personnel security or trustworthiness determination (classified) at the secret level or above.
    - (ii) Mere possession of a national security clearance in the absence of an active assignment is insufficient to qualify an officer to be deemed MC under this subsection.
    - (iii) A specific description must be provided (submitted via appropriate classification channels) of the officer's position/billet and how national security could be jeopardized if the officer were absent for 14 calendar days or more.
  - (d) The officer is assigned, via a permanent change of station personnel order, to a foreign Outside Continental United States (OCONUS) duty station; or
  - (e) The officer is in a long-term training assignment.
- d. During the on call and backup months, an officer must be prepared to deploy within 48 hours of receipt of deployment orders. Officers are required to respond within 48 hours to all requests for information from CCHQ regarding a pending response operation for which they may be deployed.
- e. Administrative and Operational Control. Officers are required to observe and promptly obey lawful orders of all official supervisors in the deployment's chain of command.
- (1) CCHQ will maintain administrative control (ADCON) of all officers deployed by CCHQ. ADCON includes the ongoing review of an officer's compliance with the readiness requirements outlined in [CCI 241.01](#), "Readiness and Duty Requirements," mobilization, demobilization, disciplinary action, and other non-operational issues.
  - (2) The agency or organization to which officers are deployed will maintain operational control (OPCON). OPCON includes the authority to perform those functions of command over deployment units/groups involving organizing and employing commands and officers assigned to units/groups, assigning tasks, designating objectives, and giving authoritative direction necessary to accomplish the deployment mission.
  - (3) Officers are not required to report to their home duty station leadership while deployed, and cannot be in any leave status while deployed.
4. General Orders. In addition to the types of misconduct outlined in [CCD 111.02](#), "Disciplinary Action," Corps officers:
- a. Are considered "on duty" at all times when deployed away from their home duty stations, including periods designated for resting/recuperation during which an

- officer is not expected to perform deployment duties. Deployment begins when an officer departs his/her residence, and ends when the officers arrives back to his/her residence;
- b. Shall not have family members or pets accompany them on the deployment, unless explicitly permitted by the Director, CCHQ;
  - c. Shall not bring personal weapons or equipment not approved by CCHQ and/or the deployment chain of command (OPCON);
  - d. Are required to follow official Public Affairs Guidance (PAG), and shall not discuss response-specific information with any person not in the chain of command. PAG includes, but is not limited to, discussions that are verbal, in writing, or on any form of social media. PAG specifically cleared by CCHQ may be discussed as defined by the organization clearing the information.
  - e. Shall not fraternize with any member of the deployment or individuals associated with the deployment. Fraternization is a personal relationship that contravenes the customary bounds of acceptable workplace relationships. Fraternization includes improper relationships between officer members and enlisted members while serving with other uniformed services as well as between officers and civilians of any rank or gender. Fraternization affects the ability of the command to accomplish its mission due to its adverse impact on good order, discipline, authority, and/or morale. Fraternization in the following circumstances is prohibited:
    - (1) Fraternization between seniors and subordinates over whom they have authority.
    - (2) Fraternization between officers of the same or different grade, or between officers and civilian employees that: cause or give the appearance of partiality or preferential treatment; involve or appear to involve the improper use of rank or position for personal gain; are, or are perceived to be, exploitative or coercive in nature; or have an adverse impact on good order, discipline, authority, and/or morale.
    - (3) During assignments or details to another uniformed service, officers are required to follow the fraternization rules and policies of the service to which assigned. This includes any joint operational environment where other service members are present, whether the officer is assigned to the other service or not. During such assignments, in addition to the other service's policies and the prohibitions in Subsections 3.e.(1) and 3.e.(2), officers are expressly prohibited from fraternizing with enlisted members.
  - f. Shall comply with all health and safety directives, guidance, and training and shall report to their chain of command all deployment related accidents, injuries, and illnesses.
  - g. Shall comply with all local, state, federal, tribal, and territorial laws.
5. Evaluation of Performance. All officers may have their performance evaluated while deployed and must participate in after action review processes. Evaluations may be performed by deployed supervisors, senior officials in OPCON, and/or CCHQ.
6. Failure to Comply with Orders. In accordance with CCI 241.02, "Deployment of Corps Officers," an officer who fails to comply with lawfully issued orders to deploy or while

deployed may be subject to disciplinary action, including separation from active duty or termination of the officer's commission in accordance with CCD 111.02, "Disciplinary Action," [CCD 123.01](#), "Involuntary Separation," [CCD 124.01](#), "Retirement," CCI 382.03, "Involuntary Termination," and CCI 385.01, "Involuntary Retirement."

7. Illness, Injury, or Death During a Deployment.
  - a. The force health officer or other healthcare provider familiar with the medical circumstances and the commander of the deployed unit are responsible for completing and submitting to CCHQ a form DA-2173, "Statement of Medical Examination and Duty Status," to report all serious illnesses, significant injuries, or deaths of officers that occur during or are a direct result of a deployment.
  - b. The Director, CCHQ, or his/her designee, may authorize alternative methods of reporting such medical issues that include, but are not limited to:
    - (1) Illnesses likely to result in 30 or more days of sick leave.
    - (2) Illnesses that are secondary to any local exposures.
    - (3) Injuries likely to result in 30 or more days of sick leave.
    - (4) Injuries that are reasonably likely to result in permanent impairment or disability.
    - (5) The death of an officer.
    - (6) Illnesses, injuries, and deaths that are the direct result of a deployment (e.g., an exposure experienced on a deployment that manifests itself after an officer completes the deployment and returns to his/her duty station).
  - c. The report must be submitted to the Chief, Medical Affairs Branch and the Chief, Readiness and Deployment Branch within one week of the onset of the officer's illness or the incident leading to the officer's injury or death.
8. This POM will remain in effect until updated or rescinded.

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