

30 October 2019

The Honorable Lamar Alexander
Chairman
Committee on Health, Education, Labor and Pensions
United States Senate
428 Senate Dirksen Office Building
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Committee on Health, Education, Labor and Pensions
United States Senate
428 Senate Dirksen Office Building
Washington, D.C. 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of the undersigned public health organizations dedicated to improving the nation's health, we write to urge your support for S.2629, which would provide a technical fix to an existing authorization for the Ready Reserve of the Commissioned Corps of the U.S. Public Health Service (USPHS). The technical fix would enable the Department of Health and Human Services (HHS) to create a needed reserve component and pay Americans serving in it.

The Commissioned Corps of the USPHS is one of the nation's seven uniformed services. It is the world's only uniformed service dedicated to public health. Led by the Surgeon General and Assistant Secretary for Health of HHS, they provide a mix of clinical and administrative leadership throughout the federal health system. Members are also America's Health Responders, who deploy to the frontlines of health emergencies in the country and abroad in support of national interests.

Need for a Reserve Component

A reserve component would ensure the USPHS has the resources to meet its mission to respond to regional, national, and global public health emergencies. Such a capability would help HHS with maintaining a supply of health professionals available for deployment to national emergencies without jeopardizing the ongoing work clinicians in the Commissioned Corps provide to underserved and vulnerable populations, often serving in hardship, hazardous, and/or hard to fill roles. The USPHS reserve component would also offer an opportunity for Americans to serve local communities as mission-driven clinical and public health professionals who cannot commit to full-time, active duty positions.

Members of a Ready Reserve Corps would complement existing response capabilities such as the National Disaster Medical System, which contracts with civilian providers. HHS would have uniformed members they could more easily direct to areas of highest need and could avoid paying costly overtime required of civilians.

Legislative History

Before 2010, HHS had the Regular Corps (active duty), Reserve Corps active status, and Reserve Corps inactive status. Members of the Reserve Corps active status were basically the same as members of the Regular Corps. Having that duty status was a way to get around statutory limits on the size of the Regular Corps. In 2010, Congress created something called the Ready Reserve Corps, eliminated the Reserve Corps, and assimilated all officers serving on Reserve Corps active status into the Regular Corps. The intended purpose of the Ready Reserve Corps was to have additional officers available on short notice (like the other uniformed services' reserve components) to assist Regular Corps officers to meet both routine public health and the growing number of emergency response missions. However, HHS interpreted the 2010 law as lacking conforming language to provide salary and benefits to members of the newly formed Ready Reserve Corps. This lack of statutory authority prevents the implementation and mobilization of the Ready Reserve Corps as Congress intended and which 42 U.S.C. §204(c) clearly established. The current Ready Reserve Corps authority can only be utilized in very limited circumstances to call officers to duty for service in student and training programs and for limited periods of time.

This unintended statutory limitation has prevented implementation and utilization of a Ready Reserve Corps whose purpose would be availability and readiness for calls to active duty. This directly impacts the USPHS ability to effectively respond during national emergencies and public health crises.

Force Multiplier

Often in tandem with state, local, and tribal health departments, members of the USPHS provide necessary multidisciplinary skills, including physicians, dentists, nurses, therapists, pharmacists, health services, environmental health, dietitians, engineers, veterinarians, and scientists. The USPHS admirably responded to the 9/11 terrorist and 2001 anthrax attacks; earthquakes, hurricanes, tsunamis, and floods that have impacted U.S. States and foreign allies; the 2010 Deepwater Horizon oil spill; the Flint water crisis in 2014; infectious disease outbreaks like the Ebola virus; and community support in the ongoing fight against opioids/substance abuse.

The USPHS provides critical federal uniformed personnel who complement state, local, and tribal efforts in times of crises by providing highly qualified health professionals from multiple professions. The USPHS is a force multiplier for the United States of America and a valuable asset for routine care, administration of critical health systems, and emergency response. Having a real reserve component would greatly enhance the country's ability to respond to health emergencies.

We urge your support for S.2629 to ensure full support and timely deployment of the Ready Reserve of the Commissioned Corps of the USPHS.

Sincerely,

American Public Health Association
Arizona Public Health Association
Association for Prevention Teaching and Research
Association of Public Health Laboratories
Association of Schools and Programs of Public Health
Association of State and Territorial Health Officials
California Hepatitis C Task Force
Commissioned Officers Association of the U.S. Public Health Service
Connecticut Public Health Association
Delaware Academy of Medicine / Delaware Public Health Association
Grand Valley State University Department of Public Health
Great Lakes Chapter of the Society for Public Health Education
Idaho Public Health Association
Indiana Public Health Association
International Association of Hepatitis Task Forces
Louisiana Public Health Association
Minnesota Public Health Association
Montana Public Health Association
National Association of County & City Health Officials
New York State Public Health Association
North Carolina Public Health Association
Public Health Foundation
Trust for America's Health
Washington State Department of Health
Washington State Public Health Association