

30 October 2019

The Honorable Frank Pallone  
Chairman  
Committee on Energy and Commerce  
U.S. House of Representatives  
2125 Rayburn House Office Building  
Washington, D.C. 20505

The Honorable Greg Walden  
Ranking Member  
Committee on Energy and Commerce  
U.S. House of Representatives  
2125 Rayburn House Office Building  
Washington, D.C. 20505

Dear Chairman Pallone and Ranking Member Walden:

On behalf of the undersigned public health organizations dedicated to improving the nation's health, we write to urge your support for H.R.4870, 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 H.R.4870 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