



**COMMISSIONED OFFICERS ASSOCIATION
OF THE U.S. PUBLIC HEALTH SERVICE (COA)**

TO THE BIDEN-HARRIS ADMINISTRATION TRANSITION TEAM

OPPORTUNITIES FOR **BOLD LEADERSHIP** TO ADDRESS **YOUR** **ADMINISTRATION'S** **PRIORITIES**

COA looks forward to working with the incoming Biden-Harris administration to assist in setting priorities and to inform vital changes to protect and enhance the public health and safety of the United States. The following document provides background on the Commissioned Corps of the U.S. Public Health Service and the Commissioned Officers Association of the U.S. Public Health Service (COA), and provides policy recommendations to the incoming administration on how the Commissioned Corps can help achieve the President-Elect's priorities.

This document, and content herein, contains the opinions of the Commissioned Officers Association (COA) and does not reflect the opinion or recommendations of the U.S. Public Health Service or Department of Health and Human Services.





HOW THE COMMISSIONED CORPS CAN HELP ACHIEVE THE PRESIDENT- ELECT'S PRIORITIES

The Commissioned Corps of the U.S. Public Health Service is well positioned to advance President-elect Biden's administration but will require funding, additional training, and restructuring to be maximally successful. By prioritizing efforts focused on 1) emergency preparedness and response; 2) health services for underserved populations to achieve health equity; and 3) support for national and state public health infrastructure, the Corps will be at the ready to address the administration's priorities of COVID-19, economic recovery, racial equity and climate change. However, funding and structural changes are essential to meet these goals.

For further information on these and COA's policy proposals, visit www.coausphs.org or contact: Jacqueline Rychnovsky, Executive Director, at jrychnovsky@coausphs.org.

WHAT IS THE COMMISSIONED CORPS?

The Corps is the only uniformed service in the world dedicated to public health. It is authorized by Congress, commissioned by the President and deployed by the Secretary of HHS.

The Commissioned Corps of the US Public Health Service is one of America's eight uniformed services (10 U.S.C. § 101(a)(5)(B)). Authorized by Congress in 1889, the Commissioned Corps serves the U.S. alongside the Army, Navy, Air Force, Marines, Coast Guard, Space Force and Commissioned Corps of the National Oceanographic and Atmospheric Administration (NOAA Corps) as a uniformed cadre of personnel dedicated to achieving its mission through rapid and effective response to public health needs.

The Secretary of the Health and Human Services (HHS) is one of only four Secretaries who command a uniformed service. Alongside the Secretaries of Defense, Homeland Security, and Commerce, the Secretary of HHS has the capability to deploy a uniformed cadre of public health experts to address national and international needs.

Officers in the Commissioned Corps are not civil service employees, nor is the Corps merely an alternative personnel system performing civilian jobs. The Corps is a unique, adaptable, and mobile force that stands ready to meet the public health needs of our Nation and the world.

The Corps serves as a flexible, value-added asset for any position or initiative requiring public health expertise. Corps officers can work in more senior positions (higher grade) without incurrence of additional cost to the Department or agency -- nearly 50% of Corps officers work in positions that are graded at least one, two, or even three equivalent civilian pay grades above their current pay grade.

When not deployed, Commissioned Corps officers serve underserved and vulnerable populations and engage in assignments that are isolated or hard-to-fill, hazardous, require availability 24 hours a day, 7 days a week, and involve engagement with local communities and other uniformed services. Commissioned Corps officers primarily work within HHS operating divisions but also work in other federal agencies with a defined need for Corps officers.



In 2020, Corps officers were assigned to nine U.S. Departments and over 20 federal government agencies resulting in a broad and diverse public health network reaching across government to more than 800 duty stations worldwide. Officers advance our nation's public health, serving in 11 professional categories (Nurse, Pharmacist, Physician, Dentist, Veterinarian, Scientist, Engineer, Environmental Health, Health Services, Dietitian, and Therapist).

The Ready Reserve is the newest component of the Commissioned Corps and will serve to increase the flexibility and capabilities of the Corps. Plans are underway to commission the first cohort of Ready Reserve officers in 2021.

COA stands ready to collaborate with the Surgeon General and the Assistant Secretary for Health to amplify the administration's priorities and support the Commissioned Corps. We look forward to being of service to the administration, the Department, and the Corps.



WHAT IS THE COMMISSIONED OFFICERS ASSOCIATION OF THE USPHS (COA)?

The Commissioned Officers Association of the U.S. Public Health Service (COA) is a private, non-profit, 501c(6), membership organization representing more than 6,000 active duty and tens of thousands of retired members of the U.S. Public Health Service Commissioned Corps.

Formally established in 1951, COA is governed by an elected representative Board of Directors with 17 voting members and three ex officio, non-voting members.

COA supports and advances the interests of the Commissioned Corps and its Officers by providing comprehensive member services and educational opportunities for health professionals, collaboration with other public health and uniformed service organizations, and advocacy for Commissioned Corps officers.

COA is the **ONLY** organization that works exclusively on behalf of officers in the Commissioned Corps of the US Public Health Service; COA works collaboratively with partner organizations such as the Nursing Community Coalition, the Reserve Organization of America, the Military Officers Association of America, the Association for Military Surgeons of the United States, The Military Coalition, and others who value the critical role of the PHS Commissioned Corps to protect US security and safety.

COA understands better than any other organization the complex challenges that have faced the PHS Commissioned Corps for more than 125 years and how to best address those challenges to ensure the preservation of the Commissioned Corps.

Examples of effective COA advocacy efforts include:

- 1. Obtaining statutory extension of leave balances due to COVID-19 pandemic**
- 2. Authorization of Ready Reserve Corps as part of 2020 CARES Act**
- 3. Parity in benefits such as the Post-9/11 GI Bill with other uniformed services**

With 100 Branches, COA recognizes the importance of having an organizational structure and membership that can mobilize to educate, advise and inform Congress, local and state governments, and the public on PHS Commissioned Corps issues. In addition, COA understands the importance of building strong relationships with the Department of Health and Human Services, the Office of the Surgeon General, and Congress, as well as other associations that represent public health and the uniformed services.

COA is the **ONLY** organization that works exclusively on behalf of officers in the Commissioned Corps of the US Public Health Service.

III. HOW THE COMMISSIONED CORPS CAN HELP ACHIEVE THE PRESIDENT-ELECT'S PRIORITIES

The 6,100 members of the Commissioned Corps are well positioned to advance President-elect Biden's administration but will require funding, additional training, and restructuring to be maximally successful.

By prioritizing efforts focused on the administration's priorities of 1) addressing COVID-19; 2) economic recovery; 3) racial equity; and 4) climate change, the Corps will be at the ready. However, funding and structural changes are essential to better meet the mission. COA has identified the following needs as critical to ensure the capability of the Corps to support Departmental priorities:

FUNDING

Commissioned Corps Headquarters (CCHQ) is a Division within the Office of the Surgeon General (OSG) under the Office of the Assistant Secretary for Health (OASH) in HHS. The Division is funded entirely by the "Service and Supply Fund," an internal HHS fee paid by each HHS OpDiv/StaffDiv and outside agency with Corps officers, at a rate of approximately \$4,000 per officer. This currently amounts to about \$25 million.

However, since this funding "follows" the number of officers, this amount is insufficient to maintain the readiness of the Commissioned Corps for public health emergencies and to stand up the Ready Reserve. Additional funding is necessary for support personnel at CCHQ to maintain personnel readiness, medical affairs, accession and retirement, assignments, transfers, promotions, and separations.



COA recommends that HHS request a dedicated budget line to replace the Service and Supply Fund and that this amount be in the range of \$50 million or however much is deemed appropriate for Corps operations.

COA also opposes any budget proposal to shift Commissioned Corps retirement pay and survivors' benefits costs from the current mandatory indefinite structure to a discretionary structure or one that charges agencies their share of these costs.



TRAINING & ADVANCEMENT

Due to insufficient funding, many Corps officers have not had any regular, formal training outside of their Officer Basic Course for many years. COA recommends utilizing funding to develop and institute leadership training opportunities at all levels (junior, mid-grade and senior officers).

STRUCTURE & SERVICES

We hope that when the time comes, the administration will resume the practice of appointing the U.S. Surgeon General from the ranks of the USPHS Commissioned Corps. Even though 42 U.S. Code 205 states that the Surgeon General shall be appointed from the Regular Corps for a four-year term by President, this law has not been followed for decades.

To elevate the Corps to a Secretary-level national biodefense asset, COA recommends making the Surgeon General a direct report to the Secretary of DHHS. COA also recommends increasing the number of active duty Commissioned Corps officers to 10,000 to meet the public health needs of HHS.

We recommend that the practice of appointing a USPHS physician to head the White House medical team be reinstated. We ask the administration to consider USPHS nurses and nurse practitioners for White House service.

COA recommends adding the Surgeon General (or a PHS officer designated by the Surgeon General) to a role in the next iteration of the Directorate of Global Health Security and Biodefense at the National Security Council.

To support Commissioned Corps officers, COA recommends providing officers with legal defense for Equal Opportunity and disability issues similar to what is available within the Department of Defense. Currently, because Corps officers do not fall under the UCMJ unless assigned to DoD, Corps officers must provide their own legal defense for disability, discrimination, and administrative cases. One possibility may be an agreement between HHS and DoD to offer Judge Advocate General services to Corps officers in disability determinations.

IN SUMMARY

COA stands ready to collaborate with the Surgeon General and the Assistant Secretary for Health to amplify the administration's priorities and support the Commissioned Corps. We look forward to being of service to the administration, the Department, and the Corps.

MISSION OF COA

The mission of COA is to protect and enhance the public health and safety of the United States by supporting and advancing the interests of the Commissioned Corps and its officers. COA is the only organization working exclusively on behalf of the Public Health Service Commissioned Corps. COA serves as a legislative aide, a media consultant, and a career development specialist to its members.

To learn more, and see a full list of our current Board of Directors and Trustees, visit www.coausphs.org

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