

## Commissioned Officers Association of the U.S. Public Health Service

The Hon. Barbara Mikulski  
Chair, Committee on Appropriations  
United States Senate

The Hon. Richard Shelby  
Ranking Member, Committee on  
Appropriations  
United States Senate

Madam Chair Mikulski, Ranking Member Shelby, and Members of the Committee:

We appreciate the opportunity to submit testimony for the record for the Senate Appropriations Committee hearing on “U.S. Government Response: Fighting Ebola and Protecting America.” My name is James T. Currie, and I am Executive Director of the Commissioned Officers Association of the U.S. Public Health Service (PHS). We are a non-profit organization that represents the Surgeon General, the 6700 commissioned officers currently serving in the United States Public Health Service, and PHS commissioned officer retirees.

### **U.S. Public Health Service Officers, Liberia Deployment, and a Lack of Training Funds**

In response to the current Ebola pandemic, 65 officers of the Public Health Service have deployed to Liberia to serve on the Ebola frontline, donning protective gear and directly treating Liberian healthcare workers who have contracted Ebola. The U.S. Department of Defense is also sending personnel to Liberia: 3000 servicemembers who have constructed the 25-bed hospital that is now staffed by PHS officers and who will be constructing 17 100-bed hospitals that will be staffed by Liberian healthcare workers. As of now the only American medical personnel—I emphasize, **THE ONLY US MEDICAL PERSONNEL**—treating Ebola patients in Liberia are officers in the commissioned corps of the U.S. Public Health Service. Two-thirds of these officers are medical doctors and nurses, while the others are in medical specialties needed to fully staff a 25-bed hospital providing critical care in a deadly, highly-infectious environment. These individuals are scheduled to remain in Liberia for 60 days, after which they will be replaced by 65 of their colleagues, and then by 65 more in another 60 days, taking the scheduled deployments out to six months. Every one of these individuals was hand-selected for this mission and was given the opportunity to decline the assignment, which involves deadly risk to their persons. Not one of them did so. Being on the frontline and fighting on behalf of public health is the reason they joined the PHS, and they see such deployments as their duty.

Yet, because the Department of Health and Human Services (HHS) has failed for the last several years to provide training funds for the Office of the Surgeon General, these officers did not have the opportunity to engage in the type of routine pre-deployment training that would make them more effective during their deployment.

The law on this is quite clear. The Secretary of HHS is clearly charged by 42 USC §204a(b)(3) with “ensur[ing] that members of the [PHS Commissioned] Corps are trained, equipped and otherwise prepared to fulfill their public health and emergency response roles.” Yet since the last bit of training funds for PHS officers was provided in FY ’12, these officers have not had the opportunity to train together and practice their skills in less-than-standard clinical settings. One should never underestimate the benefit of such team training, which is provided routinely to members of the military services. Members of the military train constantly when they are not deployed. It is standard procedure for them, and to do otherwise would be regarded as bizarre. Now, please do not misunderstand me. PHS officers are fully engaged in day jobs which sharpen their clinical skills and make them eminently qualified in their specialty. What they do not have—because of a lack of training funds—is the benefit of training together as teams, getting to know each other and working together in the field, as the military does regularly. Such training, wherein one learns the skills of one’s colleagues and the way in which they go about performing their duties, is invaluable, but PHS officers rarely get such opportunities.

Because of their lack of training opportunities, many of the officers who are now in Liberia had never met each other before they assembled in Anniston, AL, for three days of Ebola-specific pre-deployment training. And the fact is that the Office of the Surgeon General did not even have the funds to send these officers to Anniston for this training course, though the cost was only a few thousand dollars. As we understand it, the Centers for Disease Control and Prevention provided the funds to send these officers to Anniston for the much-needed training.

### **Training Funds Were Previously Provided**

Several years ago the Surgeon General’s office did have such funds, and PHS officers routinely trained together to hone their outside-the-hospital skills. But these funds went away, and recent HHS budget priorities have not included funding for PHS officer team training—despite the statutory obligation on the part of the Secretary of HHS to ensure such. Specifically, the HHS budget request for FY 12 included a \$7 million line item for the Office of the Surgeon General and its component organizations, down from the \$14.8 million that was appropriated to that office in both FY 2010 and FY 2011. These funds were to be used in FY 12 “for the continued support of the Public Health Service’s Commissioned Corps. At the discretion of the Surgeon General, activities will focus on force readiness officer field training . . . .” In FY 13 the line item for the Surgeon General’s Office vanished, not to reappear. We understand that the amount of money required for continued training of PHS officers is \$5 million per year, an amount so small that it would be totally lost in the huge HHS budget. This amount (\$5 million) represents approximately 0.006 percent of the \$77.4 billion HHS discretionary budget for FY 14. For that minuscule amount the Surgeon General’s Office could carry out the statutory responsibility that is assigned to the Secretary of HHS and cited above.

## **What is the Commissioned Corps of the U.S. Public Health Service?**

The United States Public Health Service is directed by the Surgeon General and currently consists of 6700 commissioned officers. It was created by the Congress in 1889 in part to have a mobile corps of doctors who could be assigned anywhere they were needed and who would deploy immediately in the event of a natural disaster. That mission has not changed, and today's PHS officers serve in eleven categories, including medical doctors, nurses, dentists, pharmacists and others—every specialty needed to promote public health. These officers are divided into three readiness tiers, with the first tier of 1277 officers scheduled to deploy within twelve hours of notification, a response time that is commensurate with that of crack military units.

The PHS traces its roots to the beginning days of our Republic, when in 1798 our country's Founders enacted "an act for the relief of sick and disabled seamen." Its officers fought cholera, plague, and yellow fever in the early twentieth century; they screened immigrants coming into the country through Ellis Island; and they discovered the cause of and cure for pellagra, a vitamin-deficiency disease which killed thousands of Americans each year, largely poor Southerners who lived on diets of fat-back pork, hominy, and very little else.

Officers in the commissioned corps of the Public Health Service wear uniforms that closely resemble those of the U.S. Navy. They also wear Navy-style rank, starting with Ensign and topping out at Vice Admiral (the Surgeon General). They receive military pay and benefits and are veterans for purposes of the Department of Veterans Affairs. There are no enlisted personnel in the corps; everyone is an officer. All are college graduates; and most have advanced degrees, including the 838 medical doctors in the corps. They are all exquisitely prepared in their medical specialty.

These officers are among our country's first responders when a disaster creates a public health emergency. They responded in force when Hurricanes Katrina and Rita hit our Gulf Coast in 2005 and when Superstorm Sandy hit the New York-New Jersey-Connecticut area in 2012. Over 1000 PHS officers deployed to the scenes of these disasters, as they and their predecessors have deployed for many, many years to the sites of other disasters and disease outbreaks. Almost 900 PHS officers deployed to Iraq and Afghanistan and served with US military forces there. And over 200 officers deployed to the US-Mexico border to provide basic healthcare to the unaccompanied children who crossed into the United States. Despite the current Liberian deployment and the recent post-disaster deployments in the U.S., the Public Health Service in general, and the commissioned officers of the Public Health Service in particular, are largely-unknown, and their work often goes unrecognized.

## **Reinstating Funds for PHS Officer Training**

Reinstating the Surgeon General's line item for training at \$5 million per year would not require additional funding for HHS. It could easily be done in report language re-directing funds that are already appropriated to the Department of HHS and providing them to the Office of the Surgeon

General to be used for training members of the commissioned corps. Such a minor alteration in the HHS budget would provide the vital training opportunities needed by commissioned corps officers who deploy so readily and so often to the sites of public health emergencies. If our country is going to ask these officers to undertake such deployments—and it is a certainty that it will continue to do so—it is only right that we give them the best possible training before they deploy. A mere \$5 million per year would do this. We do not believe that this small change in the HHS budget is too much to ask on behalf of these officers who do so much with so little support.

Thank you, Madam Chair Mikulski, Ranking Member Shelby, and Members of the Committee.

Respectfully submitted,

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