

The USPHS Commissioned Corps



A Study on Value and Contributions to DHHS Mission and National and Global Health Priorities and Initiatives

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FOUNDATION** *for the*
Advancement Of Public Health

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Foreword

The PHS Commissioned Officers Foundation for the Advancement of Public Health commissioned this professionally structured, university based study about the role and value of the PHS Commissioned Corps in response to a 2010 Department of Health and Human Services “Management Review” of the Commissioned Corps. The Department’s review was produced in the office of the Assistant Secretary for Administration. That report has been noted by a wide variety of knowledgeable program review personnel as “lacking in professional quality.” That document, among other findings, remarkably concluded that the PHS Commissioned Corps officer is some 15 percent more expensive as a new hire than an “equivalent” civil service employee.

As a result of the findings of the study contained in this report, the Foundation remains concerned that the Department’s somewhat superficial analysis, and therefore its conclusions were, as earlier suggested, seriously flawed on several levels.

In the “comparative selections” made by the author of the Department’s “Management Review,” what was labeled as a “civilian equivalent” included only employees in the General Schedule and Senior Executive Service with no regard for the training and education of individuals so selected. As reported in this study, the Department omitted consideration of a host of Title 38 and Title 42 employees who are, arguably, more nearly “equivalent” to PHS Commissioned Corps officers and clearly are far better compensated than both civil service employees and PHS Commissioned Corps officers.

In addition, the Department’s analysis demonstrated a disregard for proper assessment protocol by ignoring existing studies of a similar nature which reached entirely different conclusions about the comparative cost of a uniformed service member versus an “equivalent” civilian. This left the objective observer to at least wonder if these studies were in fact reviewed and discarded because they reached a conclusion not acceptable to the proponent of the Departmental study.

The Department’s analysis was also selective in the benefits and entitlements it chose to include in its fiscal comparisons; ignoring, for example, bonuses for which civilians are eligible and officers are not.

In examining the comparative role of PHS officers and civilians in emergency response, the conclusions reached by the Department’s study are not supported by the Department’s own data on which those conclusions are based. The Department’s data is given in real numbers which masks the fact that the proportional deployment of PHS officers in emergencies far exceeds that of their colleague Departmental civilians. The evidence

shown in the Departmental study does not include the overtime pay accrued by civilians for these deployments, another benefit not available to Corps officers who serve on a 24/7 basis in both emergency and non-emergency status.

The Department's analysis also appears to reveal a flawed if not inexperienced understanding of clinical care which is but one component of the much broader overarching practice of the art and science of public health – especially in disaster prevention and mitigation. This is especially true in the case of the National Disaster Medical System (NDMS), used as a point of comparison by the Department in its cost analysis. In an apparent lack of assessment continuity, the Departmental study totally ignores the cost of the NDMS.

In a related indication of what must be an unintended consequence of the Departmental study, the PHS Commissioned Corps endured a strategic impediment to good program operation through a year-long “pause” in commissioning new officers; and a subsequent and on-going suspension in accepting applications for commissioning new officers in the Corps. In addition it has endured a reduction (approaching 50 percent) in the Corps' management and administrative funding, and a restriction in the kinds of public health assignments to which officers may be ordered.

Of even greater concern to the general public health community in this country and globally as well as to the Foundation is the overall context in which these Departmental actions occur. Public health has always been the most fundamental element of national security – a fact clearly understood by President John Adams and the Fifth Congress when they passed into law *An Act for the Relief of Sick and Disabled Seamen* in 1798. This early law recognized the direct relationship between public health and the economy and as such established a Marine Hospital Service, forerunner of the U.S. Public Health Service. A vibrant economy depends on a healthy workforce. A capable military relies on a healthy population able to serve. The pursuit of happiness presumes a people healthy enough to enjoy the fruits of their labors.

There is more than ample evidence that external and internal threats are increasing, not only to the nation's public health but to the health of the global population as well. The question then becomes; “Why in the face of increasing threats, would the government apparently, if not actually, seek to reduce the capacity and effectiveness of the only remaining component of an irreplaceable National Public Health Service?” Does anyone need to be reminded that in the 20th Century the Public Health Service was responsible for the greatest achievements in public health and that these achievements were carried out under the leadership of the U.S. Surgeon General and the PHS Commissioned Corps?

The Foundation is grateful to the University of Maryland School of Public Health for agreeing to explore these issues as an independent academic institution with well

recognized research and assessment credentials. Our thanks also include the study's Principal Investigator, Professor Muhiuddin Haider, a well-regarded international expert on public health practice; and to Professor Haider's research assistants, Nikki Wanty and Maariya Bassa. We are also grateful to the Robert Wood Johnson Foundation President's Grant Fund of the Princeton Area Community Foundation for its support in publishing and distributing the report of this important study. The conclusions and recommendations in this report do not necessarily reflect those of the Robert Wood Johnson Foundation.

The objective of the PHS Commissioned Officers Foundation in this undertaking is to provide a more scientifically based and balanced analysis of the role of the PHS Commissioned Corps, thus adding to the informed discussion about the Corps' future in protecting and promoting national and global health and security.

A handwritten signature in black ink, appearing to read "G. M. Farrell", with a long horizontal flourish extending to the right.

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Executive Summary

The U.S. Public Health Service Commissioned Corps (USPHS CC) is a cadre of trained health professionals, encompassing clinicians, administrators, and research scientists. These health professionals are commissioned uniformed officers, who are led by the U.S. PHS Surgeon General, and detailed to positions/billets through the federal government, predominantly the Department of Health and Human Services. The USPHS CC is one of the seven uniformed services of the U.S. Government. The Corps provides leadership and personnel for clinical care, scientific research, and other regulatory service tasks for a variety of federal government entities across the broad spectrum of public health operations.

This study assesses the value of the USPHS CC as a provider of leadership and service for federal and state public health efforts at the national and global levels. For the purposes of this study, value is defined as the contribution of the USPHS CC to the health and welfare of the nation. Specifically, this report examines the environmental factors, human resource and task factors, management approach and systems factors, and operations management factors of the USPHS CC. The assessment of these factors provides data on the value (dollar value, comparative value, capacity to respond to emergency needs) of employing a commissioned officer compared to a federal civil servant. Cost-effectiveness is one central issue in determining a prudent approach for staffing future public health initiatives. Cost comparisons that omit Title 38 and Title 42 employees, compensated at significantly higher levels than either USPHS CC officers or GS employees, are irrelevant.

The effectiveness, efficiency, efficacy, and comprehensive value of the USPHS CC cannot be determined based on cost factors alone, although almost all previous studies of the Corps have relied solely on this single data point. There exist in the federal workforce too many variables, too many inconsistencies, too many un-measurable attributes, and too many contraindications to make any meaningful evaluation based on cost alone, much less useful in assessing overall value and contribution to national health and security.

This report also assesses the organizational capacity to determine performance potential and future roles of the USPHS CC. Organizational capacity includes the current and future role of the USPHS CC, the coordination and skills of commissioned officers across government agencies, and the quality of work/performance compared to salary and administrative costs of USPHS CC.

This study uses a variety of data collection methods to evaluate the capacities of the USPHS CC at all levels of government, including interviews, questionnaires,

participant observation, focus groups, and extensive document and record reviews. These varied methods yielded data on behavioral, economic, functional, and structural dimensions of the USPHS CC. Interviews yielded qualitative data about workplace attitudes; budgetary matters, including salary, administrative, and travel costs; and organizational support. Additionally, questionnaires, participant observation, and focus groups produced qualitative data about the experiences, behavior, and organizational performance of Commissioned Corps officers. Overall, the results of this study indicate that 1) the USPHS CC is decentralized, unmonitored, and misunderstood; and 2) the USPHS CC needs to review historical data to determine future direction, such as redefining the Service to meet current challenges and using national initiatives to set goals for CC action and leadership. The study examined characteristics of the uniformed officers of the Commissioned Corps and civil servants employed to meet national public health needs (see Table 1.1).

Table 1.1: Characteristics of Commissioned Officers and Civil Servants	
<i>Commissioned Officers</i>	<i>Civil Servants</i>
<ul style="list-style-type: none"> • Dedicated to USPHS CC mission and mission of assigned duty station. • Not unionized. • Base pay is not determined by location. • No paid overtime. May work weekends, night shifts, and holidays without additional compensation. • Extensive additional training. • Officer’s minimum education requirements include college degree and professional licensure. • Competitive promotion is based on performance, education, experience, leadership, officership, emergency preparedness/readiness, and length of time in service/grade. Promotion board reviews eligible officers annually. • May be reassigned/relocated as needed by the agency. 	<ul style="list-style-type: none"> • Dedicated to mission of hiring agency. • Unionized. • Base pay is determined by location. • Lower cost at entry level. Receive overtime pay for additional hours worked. • Not required to complete extensive additional training. • High-level positions do not require advanced education or licensure. • Employee must be in previous pay grade for 52 weeks before promotion to next pay grade. Promoted on manager’s determination of satisfactory work, no promotion board or benchmark requirement. • Cannot be reassigned based on agency needs.

<ul style="list-style-type: none"> • Need to retire after 30 years of service, which removes highly experienced officers from the Corps. • Deployed officers in supervisory role leave void in leadership. • Relocation beyond 60 miles of previous duty station paid by agency. • Non-contributory health care entitlement at uniformed services facilities or other approved sources. 	<ul style="list-style-type: none"> • Not required to retire after a specific period. • Cannot be deployed, does not leave void in leadership if in a supervisory position. Lacks easy mobilization of resources to address public health emergencies. • Choose from various contributory health insurance programs with different premiums. Agency does not pick up the cost of healthcare.
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Finally, this study reviewed source documents pertaining to administrative and salary costs, project implementation and evaluation, and structure and organizational functioning, which yielded multiple recommendations, including how the USPHS CC can evolve to better meet the ever-changing needs of national and global public health.



Recommendations

(1) Build Relationships with the private sector and organizations such as the American Public Health Association to increase innovative training opportunities:

Public and private-sector relationships provide innovative opportunities for training and facilitate conversation to meet the public health needs of the nation. Under the provisions of the Affordable Care Act, non-profit foundations may provide funding for Public Health Science Track scholarships.

The USPHS CC should build relationships with the American Public Health Association (APHA) and private sector industry. By working with the APHA, the USPHS CC can analyze revolving trends in education needs so that officers can stay up-to-date and meet the changing needs of public health head-on. By coordinating with the private sector industry, the USPHS can develop a model of cost-effectiveness for the Corps based on private sector salaries. In addition, working with the private sector will ensure that officers keep up with the innovations generated by private sector companies, which may help advance public health goals. This can increase training opportunities for officer career development and facilitate an exchange of skills among the public and private sector to meet the nation's public health needs.

(2) Increase the Officers' Role in Achieving Healthy People 2020 Goals: The leadership skills and experience of commissioned officers makes them ideal to play a larger role in achieving the goals and objectives of Healthy People 2020. With a focus on achieving health equity, eliminating health disparities, and improving the health of all people,¹ Healthy People 2020 already aligns closely with current PSHCC efforts. For example, almost half of all officers already work with underserved populations, including American Indians and Alaskan Natives in the Indian Health Service and incarcerated individuals in the Bureau of Prisons. With these skills and the ways in which USPHS CC officers broaden the roles of their practice, they can develop and implement sustainable programs to improve the health and access to care for other underserved and at-risk population throughout the US to meet the goals of Healthy People 2020.

(3) Increase Public Health Roles of Officers to Meet the Health Workforce Needs of America and Serve At-Risk Populations: There is a growing need for a strong, reliable health workforce due to changes caused by the Patient Protection and Affordable Care Act (PPACA). This need will only increase as more American gain access to affordable health care. With this increase in access to health care, the USPHS CC needs to be at the forefront of providing care including medical treatment, vaccinations, and health literacy to communities that previously did not have access. Officers also need to be leaders in gaining the trust of these communities and populations so that they utilize

¹ Healthy People. (December 2012). Introducing Healthy People 2020. U.S. Department of Health and Human Services. Retrieved from <http://healthypeople.gov/2020/about/default.aspx>

the services. Previous case studies have shown that access to a clinic does not necessarily mean that a population will utilize the services if they do not trust the providers or care is not provided in a culturally sensitive way. In addition, the USPHS CC needs to critically examine current access to care barriers for vulnerable populations, including lack of providers who accept Medicare and Medicaid and a lack of providers who speak a language other than English. This is especially important for the growing Hispanic population in the U.S. Officers are also uniquely trained and situated to address complex problems such as human trafficking and homelessness. For example, a Health and Human Services report on human trafficking lists system-wide outreach as a promising approach to identify victims, including “outreach to child welfare agencies, police departments, juvenile detention facilities, healthcare systems, congregations, youth-serving agencies, and schools or school districts.”² Another Health and Human Services report on supportive housing for chronically homeless people also details the importance of coordinating stakeholder, strong leadership, and collaboration.³ USPHS CC officers, who gain broad public health experience working across agencies and with many stakeholders, are well suited to conduct this type of outreach.

(4) Increase Recognition of Leadership and Services Provided by Officers Stationed in Different Agencies and Departments: Commissioned officers are effective leaders and work well with at-risk population, but their leadership and management skills need to be recognized when developing collaborations with different agencies and departments. For this to happen, officers work, while a part of their stationing agencies achievements, should still be noted as USPHS CC work. This would allow the USPHS CC to quantify the effect officers have on public health and to emphasize the role officers play as leaders. Almost two times as many officers serve in supervisory and leadership positions than civil servants, but this often goes unrecognized. These leadership roles should be cultivated in the USPHS CC through additional training and education and should be used to improve collaboration between agencies.

(5) Increase Advocacy for the USPHS CC: Increasing the visibility of the USPHS CC through advocacy ensures that the commissioned officers are utilized to the best of their abilities. It ensures that the general public and politicians understand the USPHS CC. Increased visibility and recognition will also ensure that the Corps continues to expand, evolve, and challenges the current roles it plays to meet the future public

² U.S. Department of Health and Human Services and the Office of the Assistant Secretary for Planning and Evaluation. (2009). Study of HHS Programs Serving Human Trafficking Victim: Final Report. Department of Health and Human Services, Washington, DC.

³ U.S. Department of Health and Human Services, the Office of the Assistant Secretary for Planning and Evaluation, the Office of Disability, Aging and Long-Term Care Policy. (2012). Public Housing Agencies and Permanent Supportive Housing for Chronically Homeless People. Department of Health and Human Services: Washington, DC.

health needs of the nation. In addition, advocates should push to increase the stationing of USPHS CC at the state and county level to increase awareness and understanding of the officers' knowledge, skills, and contributions among these stakeholders in public health. While stationing officers at federal agencies is beneficial for improving inter-departmental and inter-agency coordination, stationing officers at county-level health department and organizations would increase their visibility to the general public and demonstrate to state and local governments that commissioned officers are a valuable public health resource during times of peace and especially during times of disaster. Advocacy for the PHS Commissioned Corps is principally, but not exclusively, the responsibility of DHHS, the Office of the Assistant Secretary of Health, and the Office of the Surgeon General.



(6) Increase Officers Role in Global Health Efforts: While Commissioned Officers lead and facilitate public health initiatives in the U.S., they can also participate in global efforts. For example, with additional cultural sensitivity and language training, officers could act as health attaches to U.S. Embassies around the world. While officers deployed after the Haiti earthquake in 2010, deploying officers does not need to be a singular event or only happen during times of crisis. The USPHS CC could deploy to all embassies to provide on-the-ground health services to both U.S. citizens in the embassies and serve as health ambassadors to the local populations, thus embodying the tenants of health diplomacy. If officers served at U.S. Embassies, they could act as health diplomats, working with the local communities to set up effective and sustainable public health programs. While officers have skills and knowledge to work with at-risk and low resource populations, they could collaborate with global health organizations like the World Health Organization (WHO) to improve the health and relationships with populations around the world. If officers received additional cultural sensitivity training,

their work abroad could garner a higher level of respect for the U.S. uniformed service and serve as liaisons between the U.S. and other countries.

(7) Establish Strategic Objectives for the USPHS CC to Improve Functioning and Collaboration Between Managing Agencies: While there is no one solution to improve the functioning of USPHS CC management while divided between the Assistant Secretary for Health and the Office of the Surgeon General, the two groups should develop a collaborative team to improve management and set strategic objectives for the USPHS CC. As mentioned previously, strategic objectives will allow the USPHS CC to effectively achieve its mission to improve public health. These strategic objectives should include the clear communication of the role and responsibilities of the Surgeon General within the Department of Health and Human Services, to other departments, and to the public. In addition, the collaborative team should re-evaluate the role of the USPHS CC domestically and abroad, determine the advantages of using officers for tasks and missions, and assess gaps in the workforce. The ultimate goal of this collaboration is to develop a mutual understanding between the two groups so that they can better utilize the USPHS CC to fulfill public health needs.

(8) Fund the Public Health Science Track: Authorized in the Affordable Care Act, the Public Health Science Track (PHST) will provide 850 scholarships per year for students of certain health professions who commit to two years of service in the PHS Commissioned Corps for each year of funded education. The PHST provides a steady stream of qualified PHS officer candidates, is less costly than comparable National Health Service Corps scholarship programs and provides twice the benefit in terms of obligated service. Funding the PHST will provide additional clinicians for underserved populations and help to alleviate the looming shortage of primary care practitioners.





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