



# ROA POSITION PAPER

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## CREATING A U.S. PUBLIC HEALTH SERVICE READY RESERVE

The Public Health Service (PHS) Inactive Reserve Corps (IRC) comprises physicians, dentists, environmental engineers, nurses, and specialists in allied professions who can provide essential surge capacity in response to any threat to national security. The substantially increased threat that terrorists may use biological, chemical, and radiological agents against America highlights the need to assure the viability of the PHS Inactive Reserve Corps.

The IRC is a component of the Public Health Service Commissioned Corps (PHS) in the Department of Health and Human Services (DHHS). PHS commissioned officers upon leaving full-time Active duty status may elect to serve in the IRC. The IRC has no provision allowing for monthly training (drills) or annual training in the traditional model of a U.S. Reserve or National Guard Component. Current regulations allow direct recruitment and commissioning into the IRC. However, with no incentives, commissioning into the IRC is seldom done.

IRC officers are at all times subject to voluntary call to Active duty and, when on Active duty, receive the same pay and allowances as their counterparts on Active duty in the regular PHS Commissioned Corps. In addition, the president by executive order can militarize the PHS Commissioned Corps, authorizing involuntary activation of the IRC in times of threatened or actual war. The nation's homeland security threat to public health mandates a PHS capable of surging in response to emergencies that threaten the security of the nation and its citizens. This surge capability is constrained by the PHS's limited Reserve structure.

A lack of parity between the PHS and the Department of Defense, National Guard, and Coast Guard Reserve benefits and protections, such as re-employment rights and non-regular retirement credit, serves as a deterrent to continued service in a Reserve capacity for officers who separate from full time duty. Members of the PHS IRC do not receive standard or specialized training required to maintain currency in treatment and/or response to biological, chemical, or radiological medical emergencies.

The new administration is interested in creating a national Civilian Assistance Corps of 25,000 personnel. This corps of civilian volunteers with special skill sets such as doctors, lawyers, engineers, city planners, agriculture specialists, and police. The DHHS already has health care volunteers in a Medical Reserve Corps, which has been fielded with mixed results. With volunteers the challenge is keeping professionals in the field, who become frustrated with lack of resources, prevalence of bureaucracy, and duration. A contracted Reserve must obey orders, where volunteers haven't.

The current legislative authority and organizational structure of the PHS IRC needs to be strengthened to provide the Secretary of Health and Human Services the necessary capability to recruit, maintain, and deploy Reserve Component officers in times of national public health crises. Establishing a Public Health Service Ready Reserve Officer Corps to provide sufficient surge capability for national security and other public health contingencies is now a necessity.

***ROA urges Congress to establish a Public Health Service Ready Reserve Officer Corps as well as an Inactive Ready Reserve entitled to the same benefits (paid training, retirement, re-employment rights, leave, etc.) as members of the U.S. Armed Forces Reserve and National Guard Components.***

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