



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC - 5 2005

TO: Heads of Operating Divisions
Heads of Staff Divisions

FROM: The Secretary

SUBJECT: USPHS Commissioned Corps Transformation

The officers of the USPHS Commissioned Corps have performed in an exemplary manner during the last few months, particularly responding to the hurricane-related missions that they have been given. In fact, their performance sets a great stage for us to be able to conclude our discussions about the next steps that we, as a department, should be taking in regard to the future of the Corps. I came away from our meeting with a sense that we are agreed that the Corps' mission, size and force management must keep pace with the challenges that we are facing today, both for the day-to-day activities in our programs to meet our public health responsibilities and to be able to respond to extraordinary events, such as Hurricane Katrina.

Thank you for sharing with me your honest assessment of the best way to transform the Corps. Our discussions have been both instructive to me and constructive for the future of the Corps. The vision and the principles for transformation that were laid out will guide us in the transformation of the Corps.

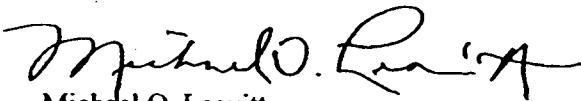
Secondly, from the presentation of the analysis of the desirable size for the Corps, our first "sizing" objective will be to achieve a force of 6,600 active-duty officers, configured in the manner that was presented in the analysis paper of the size of the Corps that was distributed prior to our meeting. And as I mentioned in the meeting, it may be possible for the Corps to grow beyond this force strength, particularly as we develop more assignment opportunities in other federal agencies, at the State and local level, and in a ready reserve.

The force management issues that were approved are presented in Attachment 1. Several budget matters remain to be resolved - those related to improving the Corps' readiness and deployment capability and to financing the force management changes that we envision.

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I have asked Deputy Secretary Azar to take the lead in developing the implementation plans for the decisions that we have made. He will move promptly on these matters. Thank you for your assistance to me and to the Deputy Secretary as we move forward on this important initiative.

This is a momentous first step. Thank you all for your contributions.



Michael O. Leavitt

Attachment - Transformation Force Management Issues

cc: The Deputy Secretary
Chief of Staff

Transformation Force Management Issues
November 8, 2005

- **Grouping of Officers**
 - Officers should be grouped based on a matrix of professional category (retaining the current description of Chief Professional Officers) and function -
 - Clinical
 - Applied public health
 - Research
 - A new category for mental health professionals should be added.
- **Position Identification**
 - HHS positions should be categorized as either Corps, civilian or open to either system
 - Criteria to determine which ones should more likely be Corps (or mixed) positions -
 - Provision of clinical services
 - Required for readiness / response
 - Needed for filling difficult-to-fill, isolated / hardship and hazardous duty positions
 - Needed for rotation of officers
 - Needed for training
- **Billet Content**
 - Billet content should be changed to facilitate force management.
 - Descriptions should be unique for each position.
 - Each billet should contain both general and position-specific information.
- **Isolated-Hardship, Hazardous Duty and Difficult-to-Fill Positions**
 - HHS requirements may be met by providing enhanced incentives, rotation opportunities, family support, and, possibly, directed early career assignments. Those in established career pathways should not be affected by reassignments.
- **Officer Assignment System**
 - Central Corps management should assist agencies in selecting officers by providing multiple, qualified candidates for consideration in filling vacancies. New opportunities for utilizing Corps officers need to be arranged with the States, other Federal agencies, particularly in underserved areas, and emphasized by the NHSC and by the EIS program, for example.

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- **Training**
 - A two week Basic Officer Training Course (BOTC) should be required of all new officers at the start of their careers (or within 6 months, if a delay is necessary.)
 - Training throughout officers' careers must be a shared responsibility of the agencies (for their mission) and of the Corps (for "officership" matters.)
- **Recruitment**
 - All three recruitment avenues should be used -
 - Pipeline programs
 - Agencies, and
 - Central recruitmentthe last having a particularly important role to play.
 - Approaches must be consistent, including emphasis on the use of the Corps in assigning scholarship recipients to NHSC and similar programs
- **Readiness**
 - The OSG / OPHS / OPHEP proposal for a four-tiered response capability should be implemented
 - Active-duty and reserve Corps officers, including those assigned to non-HHS agencies, should be part of the deployment force
 - Officers who meet critical agency mission requirements should not be routinely deployed except to address the most serious national threats
 - Deployment criteria and roles need to be as specific as possible to assure the best use is made of the capabilities of Corps officers
- **Billet Approval Process**
 - Billet development and approval process should be managed centrally (agency development, central approval with an appeal process to resolve disagreements.) Such a system will require complete understanding of agency requirements and timely action of central Corps management.
- **Allocation of Corps Positions**
 - Following determination of Corps size requirements, negotiate with agency its Corps position allocation, taking into consideration total Corps size requirements and agency determination of positions appropriate for filling by Corps officers.



THE DEPUTY SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC - 5 2005

TO: Assistant Secretary for Administration and Management
Assistant Secretary for Budget, Technology, and Finance
Acting Assistant Secretary for Health
Assistant Secretary for Legislation
Acting Assistant Secretary for Planning and Evaluation
Assistant Secretary for Public Health Emergency Preparedness
The General Counsel
Director, AHRQ
Director, CDC
Administrator, CMS
Acting Commissioner, FDA
Administrator, HRSA
Director, IHS
Director, NIH
Director, SAMHSA
Surgeon General

FROM: The Deputy Secretary

SUBJECT: Commissioned Corps Transformation

As you know, the Secretary has made decisions concerning the vision and principles to guide the transformation of the Commissioned Corps. Now, much work needs to be done to develop, as soon as possible, detailed implementation plans for the force management issues that have been decided. To this end, I am creating five work groups to develop these plans. Each of the work groups will be responsible for recommending how we should proceed with implementation, developing the policies and operational frameworks necessary for translating the Secretary's decisions into concrete force management processes and procedures. You will have an opportunity to review this next set of recommendations before they are put into use.

The five work groups and their chairpersons are:

- Size - Chairperson RADM Sam Shekar. Charge: To develop the best way to transition the Corps' current size and professional distribution to the 6,600 officer level presented as the "basic" level in the "Analysis of the Desirable Size for the Corps."
- Classification and Positions - Chairperson CAPT Patti Simone. Charge: To

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- develop implementation plans for grouping of officers, position identification, billet content, and billet approval process.
- Assignments - Chairperson RADM Eric Broderick. Charge: To develop implementation plans related to isolated / hardship, hazardous duty and difficult-to-fill positions, officer assignments and position allocation systems.
 - Recruitment and Training - Chairperson CAPT Kerry Nessler. Charge: To develop implementation plans related to recruitment and training.
 - Readiness - Chairperson RADM John Babb. Charge: To develop implementation plans related to the response readiness of the Corps.

Each of these work groups will be assisted by staff from the Office of the Surgeon General and the Office of Commissioned Corps Force Management. RADM Robert Knouss will coordinate the groups' work.

For the membership of the work groups, I am requesting that you send Ginny Gunderson, Policy Coordinator in the Office of the Executive Secretary, the names of the officers who can serve on each of these work groups no later than COB December 8. These officers should be able to represent your views, be knowledgeable about current Corps policies and operations, and be available to spend the amount of time necessary for the work groups to complete their work by the end of January, 2006.

These work groups are critically important for moving the transformation process to the next stage. Their work deserves our close attention.



Alex M. Azar

Secretary's Vision for a Transformed Commissioned Corps

The United States Public Health Service Commissioned Corps is a well trained, highly qualified, dedicated, uniformed service of health professionals who are -

- Universally viewed as an essential national resource within the Department of Health and Human Services and its agencies to meet critical mission requirements,
- Ready to respond rapidly to urgent public health challenges and health care emergencies,
- Available for assignment to address clinical and public health needs in isolated, hardship, hazardous, and other difficult-to-fill positions, including, when necessary, to address humanitarian, security and defense needs of the Nation, and
- In this context, sought by departments and agencies at the Federal and State levels for assisting in meeting essential public health leadership and service roles.

Secretary's Principles for Commissioned Corps
Transformation

- **The Commissioned Corps (the Corps) is an essential resource for HHS to meet critical mission responsibilities and requirements.** These include
 - ▶ Responding to national emergencies and urgent public health threats;
 - ▶ Addressing the need for health professionals in isolated, hardship, hazardous and other difficult-to-fill clinical and public health positions; and
 - ▶ Addressing special humanitarian concerns and supporting critical agency missions when other solutions are not available or effective.

Therefore, the Corps embodies a set of inter-related capacities which produce a unique capability for the Department in these areas.

- **At all times, the Corps must be ready to respond rapidly with appropriate types of health professionals, including those who provide clinical care and those who meet public health needs.** Even though the entire Corps will be deployment qualified, some Corps officers should be exempt from routine deployment requirements because of their management, scientific, or isolated service roles. Deployments of the Corps may be made under a variety of circumstances, but always approved by the Secretary (or delegated to an agency head) and coordinated with Corps central management -
 - ▶ As part of a national response
 - ▶ As part of a Department response
 - ▶ As part of an HHS agency response

Doctrine specifically for deployment of Corps officers and any civilian counterparts must be developed in detail.

- ▶ **The size of the active-duty Corps should not be determined based on historical levels but to address its various current, and to the extent possible future, requirements** for -
 - ▶ Responding to emergency requirements for health care;
 - ▶ Responding to urgent public health threats and needs;
 - ▶ Filling isolated, hardship, and hazardous duty and other difficult-to-fill positions;
 - ▶ Addressing mission critical needs where other approaches for providing health professionals have not been successful or are cost inefficient;
 - ▶ Rotating officers from extraordinarily demanding positions;
 - ▶ Providing critical career development and training opportunities;
 - ▶ Addressing the needs of other Federal agencies that use Corps officers; and
 - ▶ Meeting statutory requirements.

The size requirements should be determined by mission component, by type of personnel (e.g., physician, nurse), resulting in estimates by the following levels -

- ▶ Basic
- ▶ Achievable
- ▶ Aggressive

When the “right-size” for the active-duty Corps is determined, the distribution of the required positions will be negotiated periodically with each of the HHS agencies and other federal partners. Opportunities for service will be pursued with States, community health centers, National Health Service Corps (NHSC) sites and other potential users with whom assignment agreements will stipulate the availability of Corps officers to be deployed by HHS, as needed for emergency responses.

- **Recruitment of new Corps officers should be everyone’s business, harmonizing central Corps recruitment with that for the NHSC, the Epidemic Intelligence Service, and other recruitment needs. Agencies must perceive a clear advantage for hiring Corps officers.**
- **For meeting objectives for filling isolated, hardship, hazardous and other difficult-to-fill positions, personal incentive systems must be strengthened and accompanied by new approaches for the assignment and rotation of officers. New officers should be fully informed about assignment and deployment expectations and responsibilities prior to initial commissioning. Career advancement and professional reward will be among the benefits that officers who embrace the Corps’ mission will receive.**
- **The total functional capacity of the Corps should include active-duty, reserve, and, when authorized, auxiliary personnel, managed through a common IT system.**