Surgeon General's Perspectives

USPHS COMMISSIONED CORPS: A GLOBAL EMERGENCY PREPAREDNESS AND RESPONSE ASSET

The U.S. Public Health Service (USPHS) Commissioned Corps is one of our nation's most important, yet perhaps least known, public health resources. As America's uniformed public health professionals, the Commissioned Corps' 6,200-plus officers are trained and equipped to respond to any national health threat, including public health crises and national emergencies. The Commissioned Corps is also a highly effective, multidisciplinary resource of proven responsiveness to global humanitarian needs. In fact, Commissioned Corps officers are assigned to more locations than our counterparts in any of the other uniformed services.[1]

USPHS Commissioned Corps officers are increasingly serving at global crisis points, providing disaster response leadership and humanitarian health services. As evidenced by the Indian Ocean tsunami of 2004, Hurricane Katrina in 2005, as well as Hurricanes Ike and Gustav in 2008, natural disasters can leave previously functioning public health infrastructures fragmented or destroyed. USPHS Commissioned Corps officers charged with responding to these large-scale events have often faced chaotic and rapidly changing environments characterized by high levels of need, limited resources, and uncoordinated disaster response efforts. In such situations, our Commissioned Corps officers serve not only to help individual victims but also, just as importantly, impact positively to restore whole systems of care and enhance the community's rehabilitation efforts. As such, they serve critical roles during the acute process of mitigation in disaster and humanitarian relief efforts, and provide a critical bridge to the deployment of other resources during the ongoing recovery period.

In 2008, USPHS Commissioned Corps officers were deployed domestically and internationally to provide leadership and support in health crises, large and small. Our officers supported tribal staff in providing essential clinical services to American Indians and Alaska Natives during several crises in which local resources became overwhelmed. Commissioned Corps officers also deployed and worked directly with the Ministries of Public Health in both Iraq and Afghanistan to create national programs and services for both countries. In partnership with the Department of Defense, USPHS Commissioned Corps officers served aboard Navy ships, providing clinical and public health services to Latin American, Caribbean, Pacific Rim, and Pacific Island residents. Additionally, they identified and isolated three deadly viruses—ebola, lassa, and marburg—in Africa.[1]

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Currently, USPHS Commissioned Corps officers are serving in Afghanistan, delivering and coordinating clinical and public health interventions designed to improve maternal and child health outcomes in a sustainable systems approach. The Afghanistan Health Initiative focuses on the Rabia Balkhi Hospital to implement processes and systems designed to strengthen hospital management and leadership; to develop culturally appropriate training programs for physicians, midwives, and other health providers in the hospital; and to improve health outcomes for mothers and newborns.

During the 2008 hurricane season, USPHS Commissioned Corp officers served alongside medical professionals from the Medical Reserve Corps and the National Disaster Medical System to augment local and state governments' responses to the public health emergencies posed by Hurricanes Gustav and Ike. USPHS Commissioned Corps officers were among the teams that deployed, configured, staffed, and operated multiple federal medical stations, which helped

hundreds of people with special health needs who had been evacuated from the storms. These teams also conducted disease surveillance, environmental health assessments, and epidemiologic evaluations throughout the affected regions.

Often, USPHS Commissioned Corps officers deploy in small teams—usually numbering fewer than 10—to support health systems that are severely impacted by crises, such as those mentioned previously. Officers deployed under such circumstances always face a critical operational question: How can only a few officers affect maximal benefit for service in a disaster response environment where they control neither the response resources nor the response systems, but are well positioned to support the indigenous systems of care so they can better respond? Answering this question led to the development and implementation of what is now known as the Mercy Model.

The Mercy Model takes its name from the U.S. Navy Ship Mercy during 2004 tsunami relief operations performed by Commissioned Corps officers in Banda Aceh, Indonesia. As described in the Commentary of this issue (see Redefining the Mission: The Mercy Model as a Leadership Approach for Public Health Systems and Population-Based Programs, pages 625-8), the Mercy Model is a framework for leading rapid health infrastructure evaluation and reconstitution. It is guided by a set of precepts describing facilitation, organization, and leadership methods for supporting damaged systems following disaster. A key element of the approach is imbedding officers directly into responding systems of care, where they work as full members of those response organizations. The Mercy Model's power is generally demonstrated when handfuls of officers, working for and with responding care systems, positively affect entire populations distressed by disaster and crisis.[2]

As the aforementioned examples demonstrate, health leadership during emergency preparedness and response is now a hallmark of the USPHS. As of March 2009, 93% of USPHS Commissioned Corps officers have met basic readiness standards, are deployment ready, and will continue to lead wherever public health is threatened and whenever people are in need.

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The website of the USPHS Commissioned Corps is http://usphs.gov.

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