December 17, 2019

The Honorable Lamar Alexander
Chairman
Committee on HELP
United States Senate
428 Senate Dirksen Office Building
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Committee on HELP
United States Senate
428 Senate Dirksen Office Building
Washington, D.C. 20510

The Honorable Frank Pallone
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20505

The Honorable Greg Walden
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20505

Dear Chairman Alexander, Ranking Member Murray, Chairman Pallone, and Ranking Member Walden:

The Military Coalition (TMC), which represents more than 5.5 million current and former uniformed service members, veterans, and their families and survivors, is writing to urge your support for H.R. 4870/S. 2629, United States Public Health Service Modernization Act of 2019, which would amend the Commissioned Corps and Ready Reserve Corps and provide a technical fix to an existing authorization.

The Commissioned Corps of the USPHS is one of the nation’s seven uniformed services and the only one dedicated to public health. As part of the U.S. Department of Health and Human Services (HHS), the corps provides a mix of clinical and administrative leadership throughout the federal health system who deploy to the frontlines of health emergencies in the country and abroad in support of national interests.

Need for a Reserve Component

A reserve component ensures the USPHS has the resources to meet its mission to respond to regional, national, and global public health emergencies. Such a capability would help HHS maintain a force of health professionals available for deployment without jeopardizing the ongoing work of those serving in hardship, hazardous, and/or hard to fill roles.

The TMC believes an expanded role with the Department of Defense should be considered as the Defense Health Agency and services restructure their military force which has included reductions in the services military force.

Members of a Ready Reserve Corps would complement existing response capabilities such as the National Disaster Medical System, which contracts with civilian providers. HHS would have
uniformed members they could more easily direct to areas of highest need and could avoid paying costly overtime required of civilians.

**Legislative History**

In 2010, Congress created the Ready Reserve Corps, eliminated the Reserve Corps, and assimilated all officers serving on Reserve Corps active status into the Regular Corps. However, HHS interpreted the 2010 law as lacking conforming language to provide salary and benefits to form the Ready Reserve Corps. This perceived lack of statutory authority prevents the implementation and mobilization of the Ready Reserve Corps as intended with 42 U.S.C. §204(c).

This unintended statutory limitation has prevented implementation and utilization of a Ready Reserve Corps. The current authority is only utilized by HHS in very limited circumstances to call officers to duty for service in student and training programs and for limited periods of time.

**Force Multiplier**

Often in tandem with the Pentagon and state, local, and tribal health departments, members of the USPHS provide necessary multidisciplinary skills, including physicians, dentists, nurses, therapists, pharmacists, health services, environmental health, dietitians, engineers, veterinarians, and scientists.

The USPHS admirably responded to the 9/11 terrorist and 2001 anthrax attacks; natural disasters; man made crisis like the Flint water crisis in 2014; infectious disease outbreaks; and community crises with opioids/substance abuse.

TMC strongly believes the USPHS provides critical skills that complement the U.S. military in times of crises by providing highly qualified health professionals from multiple professions. The USPHS is a force multiplier and a valuable asset for routine care, administration of critical health systems, and emergency response.

We urge your support in the final session of the 116th Congress to pass H.R. 4870/S. 2629, to ensure full support and timely deployment of the Ready Reserve of the Commissioned Corps of the USPHS.

Sincerely,

Jack Du Teil
President,
The Military Coalition
See attached list of organizations
Air Force Association (AFA)
Air Force Sergeants Association (AFSA)
Army Aviation Association of America (AAAA)
Association of the Military Surgeons of the United States (AMSUS)
Association of the United States Army (AUSA)
Association of the United States Navy (AUSN)
Blinded Veterans Association (BVA)
Chief Warrant Officers Association of the US Coast Guard (CWOA)
Commissioned Officers Association of the US Public Health Service (COA)
Enlisted Association of the National Guard of the United States (EANGUS)
Fleet Reserve Association (FRA)
Gold Star Wives of America (GSW)
Iraq Afghanistan Veterans Association (IAVA)
Jewish War Veterans of the United States of America (JWV)
Marine Corps League (MCL)
Marine Corps Reserve Association (MCRA)
Military Chaplains Association of the United States of America (MCA)
Military Officers Association of America (MOAA)
National Guard Association of the United States (NGAUS)
National Military Family Association (NMFA)
Naval Enlisted Reserve Association (NERA)
Non-Commissioned Officers Association of the United States of America (NCOA)
Reserve Officers Association (ROA)
Service Women’s Action Network (SWAN)
Tragedy Assistance Program for Survivors (TAPS)
The Retired Enlisted Association (TREA)
United States Army Warrant Officers Association (USAWOA)
USCG Chief Petty Officers Association (CPOA)
Veterans of Foreign Wars (VFW)
Vets First, United Spinal Association (VetsFirst)
Wounded Warrior Project (WWP)