

***Crisis in the Public Health Workforce
Who Speaks for Public Health?***

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Of the
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Of the
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The January-February, 2010, issue of Public Health Reports contains a most compelling article by James Colgrove *et al*, titled, ***Schools of Public Health: Essential Infrastructure of a Responsible Society and a 21st Century Health System.*** The major theme of the article is the centrality of these 40 schools in addressing the public health problems of the future and, in particular, addressing the current and growing shortage of public health workers in this country as well as the global health problems of the larger society.

A seminal point made in Colgrove's article is the lack of a dedicated, stable funding stream to support the vital work of the Schools of Public Health. The article notes that "funding is needed to support two broad areas: 1) educating and expanding the public health workforce; and 2) conducting research for discovery in areas in which innovation is critically needed...."

In support of this proposed policy initiative, the article suggests that this funding stream "should support student tuition and stipends to assure the education of an increasing number of master's and doctoral students needed to assume leadership roles and to diversify the public health workforce so that it reflects the overall demographics of the public." Evidence provided by the Association of Schools of Public Health (ASPH) estimates that nearly one quarter of the current workforce will be eligible for retirement within two years and that some additional 250,000 additional public health workers will be needed in the coming decade.

The Colgrove article follows a theme of two recent studies of the public health workforce crisis. In February, 2008, the ASPH hosted a Capitol Hill briefing on the *Public Health Workforce Crisis*. The following month at the National Press Club, The Center for State and Local Government Excellence (CSLGE) hosted a briefing on *The Future of the State and Local Public Health Workforce*. While the ASPH session focused more on issues at the federal level and the latter on the state and local problems, both briefings were consistent in defining the emerging crisis of a shrinking public health workforce in the face of growing public health needs and the measures needed to restore a critical national and global health resource. The recommendations summarized above from the Colgrove article suggest one path to follow in order to address the problem.

The Commissioned Officers Association of the U.S. Public Health Service (COA) congratulates Mr. Colgrove and his colleague authors as well as ASPH, CSLGE, and their partners in their worthy efforts. Their group of partners includes the National Association of County and City Health Officials (NACCHO), the Association of State and Territorial Health Officials (ASTHO), and a number of academic and government organizations. Their findings present a powerful and unequivocal demonstration that we face a critical point in our ability to protect and promote this nation's public health – the most fundamental aspect of national security. COA agrees with and strongly endorses the content of their representations.

What is missing or perhaps understated in Colgrove's well developed and documented paper as well as in the two 2008 studies, however, is reference to a very important public health workforce and health infrastructure matter that is too often taken for granted.

The overlooked element – which is central to positive change in a declining public health workforce – is the establishment of clearly identified and focused leadership **for public health at the federal level** – in the position of the United States Surgeon General and the professional cadre of thousands of uniformed officers who comprise the Commissioned Corps of the U.S. Public Health Service.

While organizations like ASPH, NACCHO, ASTHO, and most especially the American Public Health Association (APHA) do represent professional organizational leadership for public health; effective and enduring solutions to national and international public health workforce problems will require strong leadership and participation by the federal government. From the earliest days of this Republic, preservation of public health has been recognized and accepted as a prime responsibility of government.

Who then in the federal government takes the lead for public health?

The answer to that question used to be quite clear. The Surgeon General of the United States Public Health Service was, at one time, the Nation's clearly recognized leader and spokesperson for public health. COA joins a growing group of observers who recognize that the time is long overdue for the Surgeon General to once again be clearly empowered as the Nation's public health leader and principal spokesperson.

The data provided in ASPH's 2008 briefing traced the decline of the public health workforce beginning in 1980. But the dismantling of public health leadership in the federal government actually began in the 1960s. That was when the U.S. Public Health Service, which had led over a century of successful fights against disease and disaster, was dismantled and realigned by presidential executive order. The authority and independence of the U.S. Surgeon General, codified in the Public Health Service Act, Title 42 of the U.S. Code, was stripped and transferred to the Secretary of what is now the Department of Health and Human Services. Since that time, the principal federal spokesperson and authority on public health is no longer a career public health professional, but rather a politician.

As a result of that reorganization and subsequent political initiatives, the authority of the Surgeon General deteriorated and the PHS Commissioned Corps, which that person leads, drifted into a long decline.

Members of a small but highly regarded and effective uniformed service, PHS Commissioned Corps officers had been at the forefront of every significant public health achievement of the 20th Century. Decentralized and demoralized, the Corps still

withstood attempts to disband it in the waning years of the last century. The 13th Surgeon General, Dr. C. Everett Koop, made some strides in his efforts to revitalize the Office of the Surgeon General and the PHS Commissioned Corps in the 1980's but he faced strong opposition, both political and bureaucratic. The clear and compelling reasons for which the PHS Commissioned Corps was established more than a century ago were forgotten or ignored in an unsuccessful rush to scale back the size and cost of government. These reasons, including a disciplined, mobile, rapid response capability to control the spread of disease; improving sanitation; and providing health care to our most underserved populations are just as relevant today as they were then, if not more so.

The many complex, yet delicate aspects of public health require a sense of trust between the public and the professional members of the workforce charged with protecting and promoting that public's health. The uniform worn by Commissioned Corps officers speaks to that trust. As with the other uniformed services, the PHS uniform evokes an inherent sense of integrity, professionalism, competence and confidence. The uniform is visible testimony to a proud history of competence, dependability and achievement.

Despite ongoing threats to the public's health, including tobacco use, childhood obesity, and the HIV/AIDS epidemic, it took the unprecedented impact of national events in 2001 to renew this nation's focus on our public health vulnerabilities. As public health emergency preparedness and crisis response grew in importance, the need for responsiveness, organization and discipline that comes with a uniformed force of health professionals became more evident.

At about the same time, there was a growing realization that the global economy, mass population movements, and the ease and volume of international air travel reduced the threshold of infectious disease transmission to the lowest common denominator.

The ASPH, among other professional groups, has stressed the importance of global health diplomacy and has renewed the call for a Global Health Service to coordinate U.S. assistance in international areas of need.

The reality is that the PHS Commissioned Corps is already in existence and has, in its long career of service with distinction, established itself as well-qualified and positioned to fulfill this important mandate. What is needed are not so much new enterprises which risk stimulating further competition for already scarce resources; rather our nation needs to take advantage of existing forces – and to strengthen and expand them. PHS Commissioned Corps officers continue to be stationed at the forefront of global health diplomacy in Iraq, Afghanistan, Africa, Asia, and Haiti, and deployed in support of the U.S. Navy's strategic efforts in maritime health diplomacy in Latin America and around the Pacific Rim. **Indeed, the USPHS Commissioned Corps is the only uniformed service based on a military model in existence in the world comprised solely of healthcare and public health professionals who can meet national and global challenges as only a uniformed service can.**

Both the ASPH and CSLGE reports note the importance of cultural sensitivity in public health. Diverse populations are not well served by a public health workforce that does not match the target groups' diversity. The PHS Commissioned Corps' ability to provide PHS officers who were native Creole speakers to serve in Haiti within hours of the January 2010 earthquake is but the latest example of the Corps' many strengths. The PHS Commissioned Corps exists today as perhaps the most diverse single mobile force in the federal health establishment. Some 46 percent of PHS officers are female and more than 26 percent of the Commissioned Corps have minority backgrounds. These figures can be improved and there is an internal movement to make that happen.

The Corps is impeded in efforts to improve and expand its ability to serve by well-intentioned but poorly drafted laws and narrow interpretations of regulations aimed to recruit qualified persons into federal service. For example, the DHHS Human Resource Manual states that PHS Commissioned Corps officers are not considered as "employees" and therefore ineligible to participate in the Student Loan Repayment Program.

The precariousness of the nation's public health status and the importance of improved health across the globe as the only sustainable path to stable populations, economic prosperity, and regional and world peace are well documented in the ASPH, CSLGE,

and Colgrove materials. What is missing and clearly needed is a firm commitment to strengthen the Office of the Surgeon General and to improve and expand the leadership health cadre of the nation's Public Health Service, the PHS Commissioned Corps.

To this end, COA invites and encourages public health organizations and all who are committed to preserving, protecting and improving U.S. and global health to help inform Congressional staffs and their principals about the opportunity for legislative initiatives that will strengthen the Office of the Surgeon General. We as a public health professional community need to seek legislative action that will reinstitute professional scientific independence in the Office of the Surgeon General and ensure appropriate accountability to enhance actions to protect and promote the public's health.

Strong support is also needed to assure that provisions in any health reform bill will strengthen the ability of the PHS Commissioned Corps to recruit and retain top health professionals and increase the Corps' capacity in all aspects of public health preparedness, crisis response, and global health diplomacy.

The nation's public health infrastructure and workforce will only improve with strong, science-driven, professional health leadership from within the federal government. The urgency of this issue requires a clearly identified, highly qualified, respected and articulate leader with a dedicated cadre of like-minded professionals committed to providing leadership throughout the nation's entire public health infrastructure. There is no more appropriate locus for that needed leadership than within an enhanced and empowered Office of the Surgeon General providing inspired leadership for an enhanced and professional PHS Commissioned Corps.

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