The Ready Reserve of the USPHS

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In 1958, I was commissioned as a reserve officer in the United States Public Health Service (USPHS) Commissioned Corps of the Department of Health and Human Services. The USPHS is one of the seven “uniformed services” of the United States. (The other six are the Army, Navy, Marine Corps, and Air Force of the Department of Defense, the Coast Guard of the Department of Transportation, and the National Oceanic and Atmospheric Administration, the earth science agency of the Department of Commerce.)

The events of September 11, 2001, presented a new and as yet uncharted chapter in the history of the USPHS Commissioned Corps and in my 44-year relationship with it. On October 19, 2001, former Surgeon General David Satcher, MD, PhD, sent a communication to Inactive Reserve Officers of the Public Health Service (myself included), informing them of the intent to establish a Ready Reserve, which will be composed of Inactive Reserve Officers who express a willingness to be activated for short tours and disaster relief.

Since I had previously expressed the opinion that a Ready Reserve was needed, the Surgeon General’s Office offered me the opportunity to volunteer to join two regular USPHS officers delegated to this effort. We formed a team responsible for updating personnel files of the Inactive Reserves and determining the officers’ availability for duty. We have thus far received responses from many of the reservists who had been previously commissioned in the eleven professional categories representing the breadth of the health care professions: physicians, dentists, nurses, engineers, scientists, sanitarians, veterinarians, pharmacists, dieticians, therapists (physical, occupational, speech/auditory) and health services.

We are now in the process of contacting those reservists who have not as yet responded to the Surgeon General’s inquiry concerning their interest in participating in this voluntary program. Thomas Jefferson University and Jefferson Medical College have been most supportive of our efforts in developing the Ready Reserve. In particular, Frederic Ruccius, of the Development Office, and the staff of the Scott Memorial Library, headed by Edward Tawyea, have been generous in their support and guidance.

In the future, the Ready Reserve officers of the USPHS might be organized and trained as Ready Public Health Teams to work together as needs arise locally. Alternately, health care delivery systems such as Jefferson could lead the way with organizations composed of staff representatives from the health care professions.

Members of the USPHS Inactive Reserve Corps who have not yet been contacted but wish to participate in the Ready Reserve may receive more information via the Division of Commissioned Personnel web site: http://dcp.psc.gov. I look forward to reporting on our progress in a future issue of the Newsletter.

About the Author

Max Koppel, MD, MBA, MPH, works for the Office of Health Policy and Clinical Outcomes at Thomas Jefferson University.