

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**THE COMMISSIONED CORPS'
RESPONSE TO HURRICANES
KATRINA AND RITA**



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OBJECTIVE

1. To evaluate the U.S. Public Health Service Commissioned Corps' (the Corps) response to Hurricanes Katrina and Rita.
2. To identify whether and how the Corps could improve its response to public health emergencies.

BACKGROUND

The U.S. Public Health Service Commissioned Corps, one of seven U.S. uniformed services, is made up entirely of officers commissioned on the basis of their health-related training. Agencies within and outside the Department of Health and Human Services (the Department) employ Corps officers to provide health care and related services in health professional shortage areas. In addition, the Secretary of the Department has the authority to deploy the Corps in response to public health emergencies. Hence, Corps officers must simultaneously fulfill their responsibilities to their employer agency and to the Corps.

In August and September 2005, respectively, Hurricanes Katrina and Rita struck the Gulf Coast. In response to health care and public health needs in the affected areas, the Corps carried out the largest deployment in its 207-year history. More than 2,100 officers worked with State, local, and private agencies in response to the hurricanes.

Since 2003, the Corps has been engaged in a continuous effort to improve its response capacity. On January 18, 2006, the Secretary announced the latest phase in this effort, in which the Corps will increase the number of officers by 10 percent, create a team-oriented deployment process, and improve the recruitment process.

For this evaluation, we: (1) surveyed a stratified random sample of 350 Corps officers; (2) analyzed Corps administrative databases; (3) interviewed and collected documentation from Corps field commanders, Corps management components, and the Office of the Assistant Secretary for Preparedness and Response (ASPR, then known as the Office of Public Health Emergency Preparedness); (4) interviewed State health officials; and (5) interviewed seven agencies that employ Corps officers.

FINDINGS

Commissioned Corps officers deployed in response to Hurricanes Katrina and Rita provided valuable services, but the Corps could improve its response to public health emergencies. The

Commissioned Corps provided valuable support to States, but more officers—especially nurses, mental health professionals, and dentists—were needed. While most deployed officers met Corps readiness standards, many lacked experience, effective training, and familiarity with response plans. Agencies were unwilling or unable to allow some officers to deploy, while logistical difficulties delayed others' arrival in the field. Confusion surrounded some officers' arrival, but most field assignments were appropriate and officers felt safe at their locations. Most officers were equipped adequately, but some lacked working communications devices and other basic tools. Many officers personally incurred mission-related expenses and some were not reimbursed promptly, which could affect their ability to deploy to future public health emergencies.

RECOMMENDATIONS

Although the transformation of the Corps may alleviate many of the issues it experienced in responding to Hurricanes Katrina and Rita, the Corps also should take the following actions to improve its effectiveness and efficiency:

Institute more effective training for Corps officers. The Corps should implement more hands-on, focused training and seek funding to allow Corps officers to be paid for time spent in training.

Improve the system used to contact officers for deployment. The Corps should develop a system to quickly and reliably contact officers for deployment.

Work with the Office of the Assistant Secretary for Preparedness and Response to streamline deployment-related travel. The Corps should work with the Office of the Assistant Secretary for Preparedness and Response to establish a system for rapid deployment.

Stagger deployments to ensure continuity of operations. The Corps should stagger deployments to mitigate the loss of experience as officers end their tours, especially during lengthy responses.

Improve its ability to coordinate mission assignments and communications in the field. The Corps should work with the Office of the Assistant Secretary for Preparedness and Response to develop more effective systems to ensure that officers arrive when and where they are needed with a clear understanding of their assignments and to increase the variety of communications equipment available to officers.

Ensure that all deployable officers have Federal Government travel credit cards. All deployable officers should have official Government travel credit cards with which to make mission-related purchases so they do not use personal accounts. The Corps should work with the Office of the Assistant Secretary for Preparedness and Response to review the procedures used to reimburse officers for mission-related expenses.

AGENCY COMMENTS

The Assistant Secretary for Health agreed with the Office of Inspector General's (OIG) recommendations for improving the Corps' response to public health emergencies. As part of the Corps' comprehensive transformation process and its efforts to improve the Office of Force Readiness and Deployment's practices, the Corps is currently addressing OIG's recommendations.

This evaluation was conducted in conjunction with the President's Council on Integrity and Efficiency (PCIE) as part of its examination of relief efforts provided by the Federal Government in the aftermath of Hurricanes Katrina and Rita. As such, a copy of the report has been forwarded to the PCIE Homeland Security Working Group, which is coordinating Inspectors General reviews of this important subject.



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OBJECTIVES

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BACKGROUND

The U.S. Public Health Service Commissioned Corps is one of seven U.S. uniformed services. The Corps is made up entirely of officers who were commissioned on the basis of their health-related training. A primary purpose of the Corps is to provide health care and related services to health professional shortage areas.¹ The Secretary of the Department of Health and Human Services (the Secretary) has the authority to deploy the Corps in response to public health emergencies,² and the President may utilize the Corps in time of war or emergency.³

Although the Corps recruits officers, those officers actually are employed by other agencies within and outside the Department. Hence, Corps officers must simultaneously fulfill their responsibilities to their employer agency and the Corps. Officers provide a variety of professional skills to their employer agencies, including clinical, environmental health, and engineering services. (See Appendix A for a complete list of Department and external agencies that employ Corps officers and the professional categories of skills that Corps officers provide.)

2003 Transformation

In 2003, the Corps developed a transformation plan that reorganized its management structure, revised its officers' standards of readiness, and created a new mission statement. The Corps implemented the

¹ As defined by 42 U.S.C. § 254e(a), the term "health professional shortage area" means "(A) an area in an urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services) which the Secretary determines has a health manpower shortage and which is not reasonably accessible to an adequately served area, (B) a population group which the Secretary determines has such a shortage, or (C) a public or nonprofit private medical facility or other public facility which the Secretary determines has such a shortage."

² 42 U.S.C. § 247d(a).

³ 42 U.S.C. § 217.

transformation plan before Hurricanes Katrina and Rita struck. The Corps is structured as follows.

The Corps' management structure. The Assistant Secretary for Health administers the Public Health Service⁴ within the Office of Public Health and Science. Pursuant to Title 42 of the United States Code (U.S.C.) § 204, the Corps is a component of the Public Health Service.⁵ Within the Office of Public Health and Science, the Office of Commissioned Corps Force Management and the Office of the Surgeon General form the broad management structure of the Corps. The Office of Commissioned Corps Force Management establishes performance standards and measurements for the Corps, while two offices in the Office of the Surgeon General handle most other Corps functions. Within the Office of the Surgeon General, the Office of Commissioned Corps Operations (OCCO) administers the Corps' day-to-day operational functions, including general training, career development, and other personnel functions. The Office of Force Readiness and Deployment (OFRD) administers deployment training and readiness, contacts officers for deployments, and assembles deployment rosters. The Office of the Assistant Secretary for Preparedness and Response (ASPR, then known as the Office of Public Health Emergency Preparedness), located in the Office of the Secretary, handles travel and other logistics for deployed officers. (See Appendix B for more details on Corps management.)

The Corps' standards of readiness. Unless Corps officers are exempted, they are required to meet certain standards of readiness prior to being placed on an OFRD deployment roster. The Corps' standards of readiness consist of health and safety requirements (such as immunizations), physical readiness, and training and competency standards. According to former Surgeon General Richard Carmona, 72 percent of Corps officers met the standards of readiness as of October 2005, up from the 23 percent who met the standards in January 2003.⁶

⁴ 42 U.S.C. § 202.

⁵ For a historical description of the U.S. Public Health Service Commissioned Corps visit U.S. Public Health Service Commissioned Corps, "The History of the Commissioned Corps." Available online at <http://www.usphs.gov/html/history.html>.

⁶ Letter from former Surgeon General Richard Carmona to all commissioned officers, October 3, 2005. Available online at http://dcp.psc.gov/PDF_docs/SGLetterreadinessOct305.htm. Accessed December 12, 2005.

(See Appendix C for the standards of readiness as of October 2005.⁷)

The Corps' mission statement. At the time of Hurricanes Katrina and Rita, the Corps' mission statement was as follows: "Protecting, promoting, and advancing the health and safety of the Nation. As America's uniformed service of public health professionals, the Commissioned Corps achieves this mission through:

- Rapid and effective response to public health needs,
- Leadership and excellence in public health practices, and
- The advancement of public health science."

Deploying the Commissioned Corps

The Department's Concept of Operations Plan (CONOPS)⁸ establishes the framework for managing and coordinating its response to public health and medical emergencies. The CONOPS is coordinated with other emergency response plans, such as the National Response Plan.⁹ Under the National Response Plan, Emergency Support Function #8 (ESF #8) provides the mechanism for coordinated Federal assistance to supplement State, local, and tribal resources in response to public health care needs. To request resources such as Corps officers or supplies during a public health emergency, State health officials are required to submit an action request form to the Federal Emergency Management Agency (FEMA), which generally will be collocated with other Federal, State, and local agencies in a temporary joint field office. Once FEMA approves the request, it will issue a mission assignment to the Department, which will mobilize the requested resources. (See Appendix D for a flowchart depicting this process.)

Once the Secretary authorizes the Corps to deploy, the Assistant Secretary for Health establishes the scope, size, and duration of the deployment. At the request of the Assistant Secretary for Health, the Surgeon General deploys the Corps and manages day-to-day operations in cooperation with the ASPR. These two officials are charged with ensuring that Corps officers with the appropriate skills are deployed when necessary. Within the Surgeon General's office, OFRD contacts

⁷ "MANUAL CIRCULAR – COMMISSIONED CORPS PERSONNEL PHS NO. 377." Available online at http://dcp.psc.gov/PDF_docs/Man_circ_377.pdf. Accessed December 12, 2005.

⁸ U.S. Department of Health and Human Services, "Concept of Operations Plan (CONOPS) for Public Health and Medical Emergencies," June 2006.

⁹ U.S. Department of Homeland Security, "National Response Plan," December 2004.

Corps officers and their employer agencies to request the mobilization. If an officer is able to deploy and his or her agency supervisor approves the deployment, OFRD places the officer on a deployment roster. ASPR receives the deployment rosters from OFRD and makes the officers’ travel arrangements through a contractor.

The Corps’ Response to Hurricanes Katrina and Rita

In late summer and early fall 2005, Hurricanes Katrina and Rita devastated the Gulf Coast. On August 29, Hurricane Katrina made landfall in Louisiana as a Category 3 storm, causing an estimated \$81 billion in damage and 1,833 deaths.¹⁰ On September 24, Hurricane Rita made landfall between Texas and Louisiana, also as a Category 3 storm, causing estimated total damage of \$10 billion and at least 62 deaths.¹¹

In response to health care and public health needs in the areas affected by the hurricanes, the Corps carried out the largest deployment in its 207-year history. According to Corps administrative data, 2,119 of the 6,122 Corps officers (35 percent) on active duty between August 26 and

November 7, 2005, deployed at least once in response to Hurricanes Katrina or Rita. These officers served a total of 2,372 missions (some officers deployed more than once). The Corps itself deployed officers for 1,777 of these missions (75 percent), while agencies that employed Corps officers deployed the remainder. As shown in Table 1, officers deployed by the Corps served mainly in States directly affected by the hurricanes—Louisiana, Mississippi, and Texas—though a significant number filled roles in national and regional headquarters.¹² Of officers deployed to the Gulf Coast, 81 percent served on

Mission location	Number	Percentage
Louisiana	814	45.8%
Mississippi	453	25.5%
Washington, DC/Maryland	283	15.9%
Texas	184	10.4%
Georgia	43	2.4%
Total	1,777	100.0%

Source: Office of Inspector General analysis of Corps administrative data, 2006.

¹⁰ National Hurricane Center. “Tropical Cyclone Report, Hurricane Katrina, 23-30 August 2005.” December 20, 2005, updated August 10, 2006. Available online at http://www.nhc.noaa.gov/pdf/TCR-AL122005_Katrina.pdf. Accessed August 12, 2006.

¹¹ National Hurricane Center. “Tropical Cyclone Report, Hurricane Rita, 18-26 September 2005.” March 17, 2006, updated August 14, 2006. Available online at http://www.nhc.noaa.gov/pdf/TCR-AL182005_Rita.pdf. Accessed August 14, 2006.

¹² Federal disasters were declared in Alabama, Florida, Louisiana, and Mississippi for Hurricane Katrina and in Louisiana and Texas for Hurricane Rita. However, Alabama and Florida did not request assistance that resulted in Corps deployments.

teams that rendered direct services to affected communities and 19 percent served on the Secretary’s Emergency Response Teams or at local operations centers, such as Camp Phoenix in Baton Rouge.

Corps 2006 Transformation

On January 18, 2006, the Secretary announced that the Corps’ transformation would continue into its next phase, which would enable it to address public health challenges more quickly and efficiently. From February through March 2006, the Corps developed strategies to increase its size and improve its ability to respond quickly to urgent public health needs by:

- Increasing the number of officers by 10 percent, to a total of 6,600;
- Improving response operations and team-oriented deployment processes; and
- Changing the recruitment process so that it includes stronger personal incentive programs and a better approach for assigning officers.¹³

Rapid Deployment Force and Health and Medical Response Team. In response to recommendations 57c and 60 of the White House report, “The Federal Response to Hurricane Katrina: Lessons Learned,”¹⁴ in 2006 the Corps commenced implementing a tiered response plan, which will include a Rapid Deployment Force (RDF).¹⁵ The Corps also is developing plans for a Public Health Service Health and Medical Response (HAMR)¹⁶ team.

The Corps’ response plan will consist of four response tiers:

- Tier one will constitute the RDF. The RDF will be strategically located in multiple locations and staffed for rapid deployment across the Nation. Tier one will be expected to report to a point of departure within 12 hours of notification.

¹³ U.S. Department of Health and Human Services news release, “New Initiative Announced to Transform the US Public Health Service Commissioned Corps,” January 18, 2006. Available online at <http://www.os.dhhs.gov/news/press/2006pres/20060118.html>. Accessed January 18, 2006.

¹⁴ Frances Fragos Townsend, “The Federal Response to Hurricane Katrina: Lessons Learned,” February 2006.

¹⁵ Letter from RADM John Babb, U.S. Public Health Service Commissioned Corps, to Corps officers, April 28, 2006.

¹⁶ “Transformation Working Group on Readiness,” February 2006.

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- Tier two also will be strategically located for rapid deployment across the Nation and staffed with applied public health and mental health teams. However, tier two will be expected to report to a point of departure within 36 hours of notification.
- Tier three will consist of officers not placed in tier one or two. Tier three will be expected to report to a point of departure within 72 hours of notification.
- Tier four will consist of officers in the Corps' inactive reserve. There is no specific time requirement for reporting to a point of departure upon notification.

Under the HAMR team concept, the Corps would create and maintain a cadre of full-time, equipped teams dedicated to training for and responding to public health emergencies.

METHODOLOGY

For this evaluation, we: (1) surveyed a stratified random sample of 200 deployed Corps officers and 150 Corps officers who did not deploy; (2) analyzed Corps administrative databases; (3) interviewed and collected documentation from Corps field commanders, Corps management components, and ASPR officials; (4) interviewed State health officials; and (5) interviewed selected agencies that employ Corps officers.

Corps officer surveys. To obtain perspectives about the Corps' emergency response operations, we surveyed a stratified random sample of Corps

Stratum	Population Count	Sample Count	Response Count
Deployed	2,173	200	197
Nondeployed	3,949	150	133
Total	6,122	350	330

Source: Office of Inspector General, 2005.

officers. We administered two surveys: one to 200 officers who deployed in response to Hurricanes Katrina and/or Rita between August 26 and November 7, 2005; and one to 150 officers who did not deploy during that period.¹⁷ Our sampling method allowed us to project the results of the survey to the population of all officers who were on the Corps roster during that time. Appendix E contains statistical confidence intervals for all projected survey figures presented in this report. We received

¹⁷ We selected this time period to obtain information about the initial experiences that officers encountered during Hurricanes Katrina and Rita.

197 responses from deployed officers and 133 responses from nondeployed officers, for an overall response rate of 94 percent. Ten officers whom we selected as part of the deployed sample indicated in the survey that they had not deployed, and nine selected as part of the nondeployed sample indicated that they had deployed. Hence, our analysis refers to 196 deployed and 134 nondeployed officers. Table 2 (previous page) shows population, sample, and response counts for the officer survey.

Corps administrative databases. At the time of our evaluation, the Corps maintained several databases with personnel, readiness, and historical deployment information for all of its officers (it has since combined those separate databases into a single system). We used information from these databases to identify our universe of deployed and nondeployed officers and to analyze officers' deployment history and the extent to which they met the standards of readiness. We did not validate the information contained in these databases.

Field commanders and Corps' management components. To gain insight into Corps field operations, we interviewed and obtained documentation from the seven field commanders who managed Corps emergency response operations throughout Louisiana, Mississippi, and Texas. We also interviewed and obtained documentation about the Corps' responses to Hurricanes Katrina and Rita from each of the Corps management components.

State health officials. To gather stakeholder perspectives on the Corps' responses to Hurricanes Katrina and Rita, we interviewed State health officials in Louisiana, Mississippi, and Texas.

Agencies that employ Corps officers. To understand the viewpoint of agencies that employ Corps officers, we interviewed officials at seven agencies that together employed 87 percent of the officers in our sample.¹⁸ These included both Department and external agencies.

Standards

This study was conducted in accordance with the "Quality Standards for Inspections" issued by the President's Council on Integrity and Efficiency and the Executive Council on Integrity and Efficiency.

¹⁸ These agencies were the Indian Health Service, the Centers for Disease Control and Prevention, the Food and Drug Administration, the Health Resources and Services Administration, the Bureau of Prisons, the National Institutes of Health, and the Department of Homeland Security.

Commissioned Corps officers deployed in response to Hurricanes Katrina and Rita provided valuable services, but the Corps could improve its response to public health emergencies

The Corps provided valuable assistance in response to the public health threats triggered by Hurricanes Katrina and Rita and addressed the health care needs

of those affected. Officers provided critical clinical and environmental health and engineering services to affected communities and valuable support to State health officials. However, the Corps was not able to meet some State needs. Furthermore, deficiencies in officer preparation, deployment logistics, field operations, and officer reimbursement diminished the effectiveness and efficiency of the response.

Corps officers provided valuable support to States but could not meet some needs

Corps officers in Joint Field Offices worked side-by-side with State officials, and both partners generally reported very positive working relationships. According to State health officials, these officers integrated “seamlessly” into emergency operations centers in the early days of the response. Perhaps most important to State health officials, Corps officers helped the States identify and understand the Federal assets available for their use. They also helped States understand the situation on the ground in affected areas. One State health official reported, “There were some lessons learned, but overall we got what we needed. They were extremely beneficial.”

Overall, approximately 67 percent of officers deployed by the Corps served on teams that provided health care and public health services in hurricane-affected areas. State health officials credited these officers with saving many lives. Officers employed their clinical skills to provide a variety of services, including primary and emergent care, pharmacy, and veterinary medicine. Meanwhile, Corps environmental health officers and engineers helped assess and counter public health threats caused by the hurricanes and subsequent flooding.

Although State health officials generally were satisfied with the relief services the Corps provided, some needs were not met, especially in the nursing, mental health, and dental areas. Corps officers and field commanders also identified the need for more nursing and mental health professionals, the latter for both hurricane victims and response personnel. One State health official noted that a small number of Corps

officers lacked adequate skills in administering immunizations and providing primary, acute, and emergent care.

Although most deployed Corps officers met readiness standards, many lacked experience, effective training, and familiarity with response plans

Readiness. According to our survey, 96 percent of the officers who deployed in response to Hurricanes Katrina and Rita met the Corps' readiness standards.¹⁹ This preparation helped the Corps better respond to the hurricanes: 70 percent of deployed officers said that meeting the standards helped improve their performance in the field. Officers deployed to hurricane-affected areas were significantly more likely than those deployed to national or regional command centers to state that meeting the standards improved their performance.

Although this level of readiness is valuable, attaining it exacts a cost. As agency employees, officers must negotiate with their supervisors for time to maintain their readiness. If they cannot obtain sufficient time during working hours, officers must use personal time to meet the standards. According to our survey, 28 percent of officers spend more than 15 hours of personal time each month keeping up with the standards. Approximately 12 percent of officers, mainly those who reported having young children or a regular workweek that greatly exceeded 40 hours, stated that maintaining their readiness status creates a significant hardship for them.

Experience. Fifty-two percent of the Corps officers deployed in response to the hurricanes had no previous deployment experience, which hindered the Corps' overall effectiveness. Field commanders reported that inexperienced officers were unfamiliar with response protocols and that more experienced personnel had to spend time training and orienting the new officers in the field. Furthermore, the Corps' standard 2-week deployment meant that these inexperienced officers often left the relief operation soon after they had become comfortable in their roles. To counter this, some officers voluntarily extended their tours; nevertheless, 80 percent of deployments lasted 15 or fewer days. Although all interview respondents noted the lack of experience as a problem, the Corps did not use many of its experienced officers in the response. Of all officers deployed by the Corps or their employer

¹⁹ Corps administrative data show that approximately 85 percent of deployed Corps officers met the readiness standards at the time of deployment.

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agencies, only 57 percent of the experienced officers on the Corps’ active duty roster deployed for hurricane relief operations.

The number of inexperienced officers increased as the response to Hurricane Katrina continued and Hurricane Rita arrived. Field commanders and State health officials noted that while the initial wave of officers was relatively experienced, officers deployed later were less experienced. Corps administrative data support this perception, showing that the proportion of officers with previous deployment experience steadily declined as the response continued. (See Table 3 below.) One field commander stated, “. . . [The] Corps threw everything into Katrina—[we] didn’t have the resources to reload for Rita.”

Table 3: Previous Experience of Deployed Officers, by Week, in 2005										
	Week Starting									
	22-Aug	29-Aug	5-Sep	12-Sep	19-Sep	26-Sep	3-Oct	10-Oct	17-Oct	24-Oct
Number of officers	48	541	224	125	307	134	102	54	46	42
Percentage with experience	69%	54%	57%	50%	44%	37%	36%	35%	35%	24%

Source: Office of Inspector General analysis of the Corps’ administrative data, 2006.

Training. Certain respondents viewed Corps training prior to the hurricanes as ineffectual in some respects. Thirty-six percent of deployed officers stated that their Corps training did not adequately prepare them for field operations; some field commanders agreed. Most commonly, officers said that the Corps’ computerized training modules were overly broad and did little to prepare them for the conditions and situations they encountered during the response. Officers called for more hands-on practical training. About 24 percent of the surveyed officers volunteered that team-based training, as outlined in the Corps 2006 transformation, would have been beneficial.²⁰ Some officers, about 13 percent of those surveyed, expressed concern that their agency workloads limited their opportunity to undergo Corps training. This

²⁰ We did not solicit input on particular ways to enhance Corps’ training but instead asked generally how Corps training and emergency response could be improved.

situation, they said, could be improved by providing Corps funding and dedicated time for training courses and exercises.

Familiarity with response plans. Many deployed officers were unfamiliar with the framework for public health emergency response—only 37 percent were familiar with the CONOPS and 61 percent with ESF #8. As the primary guides to the responsibilities of the Department in response to a terrorist attack or natural disaster, these documents are an important part of the incident command structure. The field commanders we interviewed all agreed that deployed officers should be familiar with ESF #8, but some believed that it was less important that officers be familiar with CONOPS.

Agencies were unwilling or unable to allow some officers to deploy; logistical difficulties delayed others' arrival in the field

Agency release. According to our survey of Corps officers, 17 percent of the officers who did not participate in the Corps' response to the hurricanes received requests to deploy that they could not fulfill. Agency responsibilities prevented 56 percent of this group from deploying, generally because the officers could not obtain supervisory approval. For example, one officer related that his agency supervisor stated that the officer's priority was the agency rather than hurricane relief. Agencies could not spare others because the officers' primary work locations already were understaffed or because the agencies needed them for their own response operations.

Logistical difficulties. Delays in notification and travel challenges meant that Corps officers were not always available when and where they were expected. Although the first wave of Corps officers arrived quickly, replacements arrived 2 to 3 days after the State's request. Several Corps field commanders and State health officials reported that delays led to difficulties in the field. For example, one State health official stated that beyond the first cadre of officers, "by the time they . . . arrived, our needs had changed."

Many Corps officers did not receive the requests to deploy until well after they were made, which delayed their travel significantly. Forty-six percent of officers who were requested to deploy received the requests more than 12 hours after they were sent, and 13 percent received them after a delay of more than 72 hours. More than half of the officers (55 percent) contacted for Hurricanes Katrina and Rita said the contact method used by the Corps was not ideal. For example,

28 percent of officers told us that the best way to contact them was via personal cell phone, but only 9 percent were contacted that way.

Once officers received notifications, the travel system used for deployments presented further challenges. One-half of deployed Corps officers departed more than 48 hours after receiving the initial requests, and 29 percent left more than 72 hours afterward. The most frequently cited problem was obtaining approved travel orders for flights, ground transportation, and lodging. Our interview respondents attributed this to difficulties with the travel coordinator contracted for the response as well as to the impact of the hurricanes on flight schedules and other travel components.

Confusion surrounded some Corps officers' arrival in the field, but most field assignments were appropriate and officers felt safe at their locations

According to our survey, 37 percent of officers did not receive clear direction on their assignments during field operations. Because they were unsure what to do, 10 percent of officers were unable to immediately begin relief operations upon arriving in the field. Furthermore, 15 percent of officers were initially sent to the wrong locations or to locations where their skills were not needed, meaning that they could not start rendering services until their situations were resolved. Although incoming travel delays and local transportation deficiencies contributed to the problem, poor communication and the lack of a formal system to track officers' movements were major factors according to our respondents.

Once they commenced field operations, most Corps officers were satisfied with their assigned duties. Approximately 87 percent of deployed Corps officers reported that their field assignments made appropriate use of their professional skills. Some, though, were not used effectively. For example, one State health official used a team of surgeons to assess special needs shelters, which he conceded was "probably a misuse of their skills." Several survey respondents noted that their professional skills went unused—for example, one dentist was assigned as a supply officer—but few believed the assignments were inappropriate in the context of the overall response.

Deployed officers generally viewed their personal security and that of supplies as adequate. According to our survey, about 82 percent of officers believed that both they and the medical and other supplies at their locations were safe. A few reported that supplies, especially pharmaceuticals, were not secured adequately and "disappeared" on

occasion. Several others indicated that the behavior of patients and their families caused them to feel unsafe because of insufficient security personnel at their sites.

Most officers were equipped adequately, but some lacked working communications devices and other basic tools

Deployed Corps officers generally had the tools they needed to do their jobs but sometimes lacked certain equipment or supplies. Although 78 percent of officers believed that they had been issued necessary equipment, some officers and field commanders reported that they had not had functioning communications equipment or had been forced to use their personal cell phones (at their own expense) to communicate. Having a greater variety of redundant communications equipment, such as satellite phones and walkie-talkies in addition to cell phones, would have helped when one mode was inoperable. Other needs that survey respondents mentioned included pharmaceuticals, medical reference texts, additional food and water, and beds that could accommodate obese patients. Several officers stated that if they and their colleagues had not brought personal medical devices, such as blood pressure cuffs and stethoscopes, these basic tools would not have been available onsite.

Many officers personally incurred mission-related expenses and some were not reimbursed promptly, which could affect future deployments

During the response to Hurricanes Katrina and Rita, just 62 percent of deployed officers had Federal Government travel credit cards, and 56 percent of the officers reported that they personally paid for mission-related expenses. The most common items included food, cell phone bills, ground transportation, and supplies, with the amounts ranging from \$10 to almost \$2,700. Many expenses were not reimbursed promptly—29 percent of officers were repaid more than 3 months after they submitted vouchers for the expenses, and, at the time of our survey, 16 percent said they had not been repaid. Half the officers in our survey said that not being reimbursed for mission-related expenses would create a significant barrier to deployment. Agency representatives agreed that the failure to promptly reimburse officers could affect their ability to deploy to future public health emergencies.

The Corps currently is undergoing a substantial transformation that may address many of the issues it encountered in response to Hurricanes Katrina and Rita. In so doing, the Corps should address and resolve the problems identified in this report. We recommend that the Commissioned Corps:

Institute More Effective Training for Corps Officers

Improved training is a major focus of the Corps' transformation efforts. As the Corps develops its training program, it should implement more hands-on focused training and rely less on computer-based modules. The Corps should seek funding that would be used to grant officers time away from their agency jobs to train for public health response.

Improve the System Used To Contact Officers for Deployment

Although the Corps maintains a variety of contact information for its officers, many requests to deploy were received significantly after they were made. More than half of the officers contacted for Hurricanes Katrina and Rita said that the methods used to contact them were not ideal. The Corps should develop a system to quickly and reliably contact officers for deployment.

Work With the Office of the Assistant Secretary for Preparedness and Response To Streamline Deployment-Related Travel

Corps officers, leadership, and agency representatives believe that the travel system used during the hurricanes caused delays in reaching the field for numerous officers. The Corps should work with ASPR to improve the current system, or acquire a new one, so that officers can be deployed efficiently and rapidly.

Stagger Deployments To Ensure Continuity of Operations

Numerous respondents reported that the Corps had difficulty keeping experienced officers in the field. The Corps' standard 2-week deployment contributed to this problem. To counter this, some officers voluntarily extended their tours, but a more systematic approach is needed for long deployments. The Corps should consider staggering deployments to mitigate the loss of experience as officers end their tours.

Improve Its Ability To Coordinate Mission Assignments and Communications in the Field

Confusion over mission assignments led to less than optimal response in some instances. Although poor travel logistics contributed to the problem, Corps management and ASPR also lacked an effective means to position and track officers in the field. The Corps should work with ASPR to develop more effective systems to ensure that officers arrive when and where they are needed with a clear understanding of their responsibilities. The systems should be flexible enough to respond as needs change. The Corps also should work with ASPR to expand the variety of communications equipment issued to Corps officers to ensure that they can effectively communicate with leadership.

Ensure That All Deployable Officers Have Federal Government Travel Credit Cards

According to our survey, 38 percent of the officers deployed in response to Hurricanes Katrina and Rita did not have Federal Government travel credit cards²¹ and more than half personally incurred mission-related expenses. All deployable officers should have official Government travel credit cards with which to make mission-related purchases. The Corps should work with ASPR to review procedures for reimbursing officers for mission-related expenses incurred during deployments to ensure that appropriate and prompt reimbursements are made.

AGENCY COMMENTS

The Assistant Secretary for Health agreed with the Office of Inspector General's (OIG) recommendations for improving the Corps' response to public health emergencies. As part of the Corps' comprehensive transformation process and its efforts to improve OFRD's practices, the Corps is currently addressing OIG's recommendations.

²¹ Government-issued travel credit cards are issued and billed to Government employees for authorized official business expenses associated with temporary duty travel, including cash travel advances. Use of the Government-issued travel credit card is governed by General Services Administration (GSA) travel regulations and accompanying travel policies issued by the respective Government employer agency. GSA offers courses on the proper use of Government-issued travel credit cards. Government-issued travel credit cards differ from International Merchant Purchase Authorization Cards (IMPAC). An IMPAC is used by cardholders to procure items for their respective components. However, the cardholder is not personally billed. Use of an IMPAC is governed by Federal Acquisition Regulations and accompanying policies issued by the respective Government employer agencies.

R E C O M M E N D A T I O N S

Specifically the Corps is developing more effective deployment-related training programs for officers, improving contact and communication mechanisms for officer deployments, and revamping its travel systems in support of deployments. The Assistant Secretary for Health stated that the OIG's recommendations will assist his office, working in collaboration with ASPR, in its efforts to continuously improve the Department's response to public health emergencies. The Assistant Secretary for Health's comments are included in their entirety in Appendix F.

Commissioned Corps Employer Agencies and Professional Categories

Corps Officer Employers
Department of Health and Human Services
Office of the Secretary
Agency for Healthcare Research and Quality
Agency for Toxic Substance and Disease Registry
Centers for Disease Control and Prevention
Centers for Medicare & Medicaid Services
Food and Drug Administration
Health Resources and Services Administration
Indian Health Service
National Institutes of Health
Substance Abuse and Mental Health Services Administration
Office of Public Health and Science
Program Support Center
External Agencies
Federal Bureau of Prisons
District of Columbia Commission on Mental Health Services
Environmental Protection Agency
U.S. Citizenship and Immigration Services
National Oceanic and Atmospheric Administration
National Park Service
U.S. Coast Guard
U.S. Marshals Service
U.S. Department of Agriculture

Corps Professional Categories
Dentist
Dietitian
Engineer
Environmental Health
Health Services
Nurse
Pharmacist
Physician
Scientist
Therapist
Veterinarian

Commissioned Corps Management Structure

Office of Commissioned Corps Force Management

The Office of Commissioned Corps Force Management reports directly to the Assistant Secretary for Health.²² The office became operational on April 18, 2004.²³ It establishes performance standards and measurements for the Commissioned Corps' (Corps) operations.

Office of the Surgeon General

The Office of the Surgeon General reports to the Assistant Secretary for Health with respect to the administration of Corps operations. The Surgeon General provides leadership and management oversight for the Corps' involvement in Department of Health and Human Services emergency preparedness and response activities.²⁴

- Office of Commissioned Corps Operations

The Office of Commissioned Corps Operations (OCCO) carries out the day-to-day management and administration of major Corps operational functions. The OCCO recruits Corps personnel, oversees Corps personnel matters, and advises the Assistant Secretary for Health and the Surgeon General on matters related to Corps operations.²⁵

- Office of Force Readiness and Deployment

The Office of Force Readiness and Deployment (OFRD) is also located within the Office of the Surgeon General. The OFRD administers deployments to a variety of situations, including public health challenges that exceed the capabilities of local, State, or operating division resources; public health requirements under the national response plan;²⁶ or declared emergencies.²⁷

²² "Office of Commissioned Corps Force Management." Available online at <http://dcp.psc.gov/OCCFM.asp>. Accessed December 9, 2005.

²³ Ibid. Accessed December 27, 2005.

²⁴ U.S. Department of Health and Human Services, "About the Office of the Surgeon General." Available online at <http://www.surgeongeneral.gov/aboutoffice.html>. Accessed December 9, 2005.

²⁵ "Office of Commissioned Corps Operations." Available online at <http://dcp.psc.gov/occo.asp>. Accessed December 9, 2005.

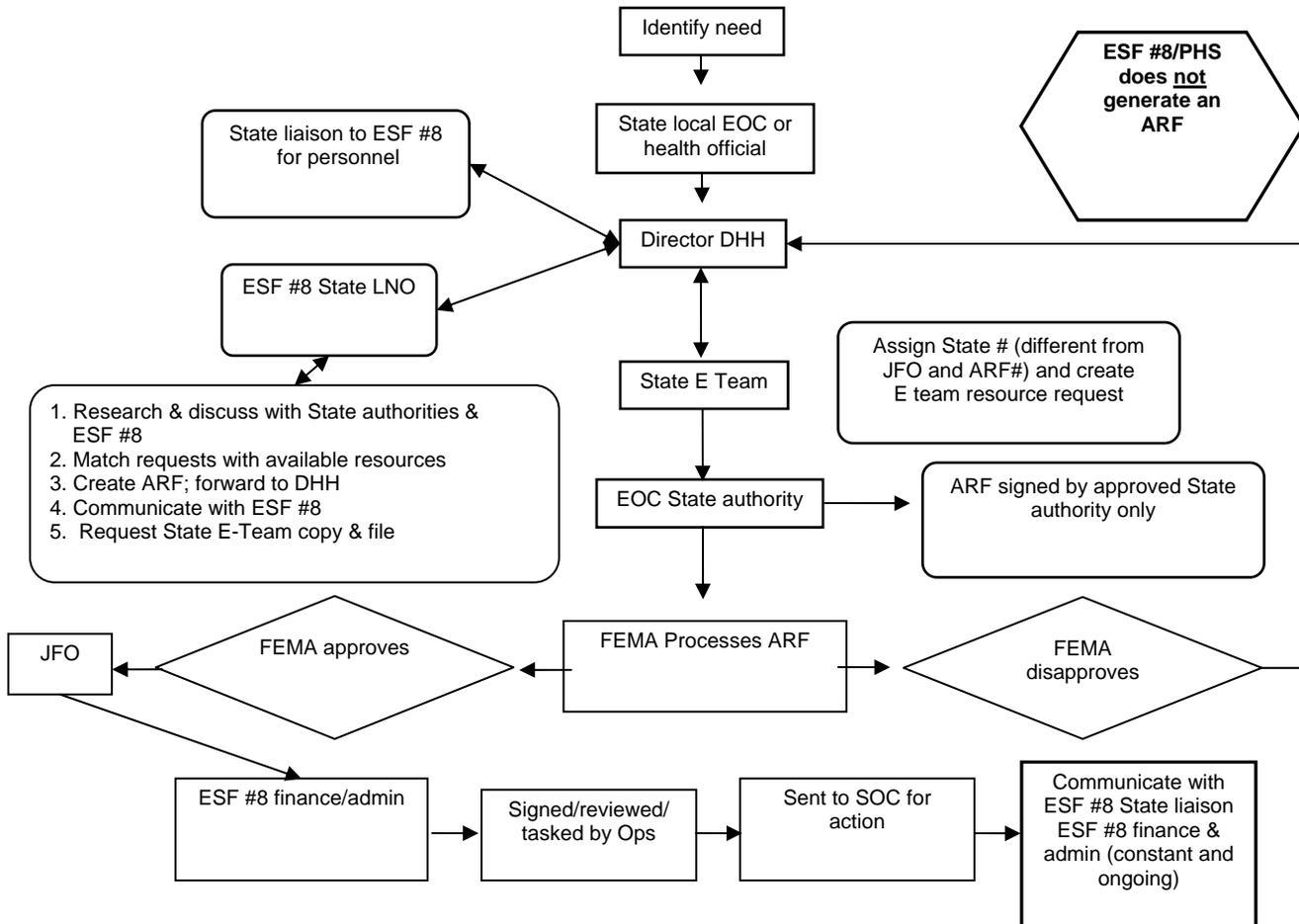
²⁶ "National Response Plan," U.S. Department of Homeland Security. Available online at http://www.dhs.gov/dhspublic/interapp/editorial/editorial_0566.xml. Accessed December 9, 2005.

²⁷ Office of Force Readiness and Deployment, "Essentials." Available online at http://oep.osophs.dhhs.gov/ccrf/ccrf_essentials.htm#BACKGROUND. Accessed December 12, 2005.

Commissioned Corps Standards of Readiness as of October 2005

- A. Health and Safety Standards
 - i. Physical examination and medical history
 - ii. Immunizations
 - iii. Height and weight reporting
- B. Physical Readiness Standards
 - i. Physical fitness standards
 - ii. Annual physical fitness tests
- C. Training and Professional Competency Standards
 - i. PHS Commissioned Corps Readiness Training Modules (12)
 - ii. Basic Life Support
 - iii. Professional Competency
 - iv. Uniforms

ESF #8 Medical Action Request Process (ARF)



Source: CAPT (S) Debra Scott, United States Public Health Service Commissioned Corps, September 2005. Used with permission.

NOTES:

“EOC” refers to “Emergency Operations Center”

“LNO” refers to “State Liaison Officer.”

“JFO” refers to “Joint Field Office”

“SOC” refers to “Secretary’s Operational Center”

“State E Team” refers to “State Emergency Team”

Statistical Confidence Intervals

Corps Officer Characteristic	n	Point Estimate	95% Confidence Interval
Deployed officers who met readiness requirements	196	95.6%	93.0% to 98.3%
Deployed officers who stated that meeting readiness requirements improved performance	196	70.2%	63.7% to 76.6%
Officers who spend more than 15 hours per month meeting readiness requirements	330	27.6%	22.5% to 32.7%
Officers for whom meeting readiness requirements creates a significant hardship	330	12.4%	8.46% to 16.3%
Deployed officers who said training was not adequate	196	36.1%	29.4% to 42.8%
Deployed officers who were familiar with CONOPS	196	37.2%	30.2% to 44.1%
Deployed officers who were familiar with ESF #8	196	60.2%	53.3% to 67.1%
Nondeployed officers who received deployment requests	330	17.4%	11.0% to 23.7%
Nondeployed officers who couldn't respond because of agency responsibilities	134	55.9%	36.5% to 75.4%
Officers who received the requests to deploy more than 12 hours after they were sent	330	46.0%	38.6% to 53.4%
Officers who received the requests to deploy more than 72 hours after they were sent	330	12.7%	7.27% to 18.2%
Officers who received the requests to deploy by other than optimal means	330	54.5%	47.7% to 61.4%
Officers for whom the personal cell phone would have been the optimal means of contact	330	28.3%	22.1% to 34.5%
Officers contacted by personal cell phone	330	8.68%	4.92% to 12.4%

Statistical Confidence Intervals (continued)

Corps Officer Characteristic	n	Point Estimate	95% Confidence Interval
Deployed officers who left more than 48 hours after receiving the requests to deploy	196	49.5%	42.4% to 56.6%
Deployed officers who left more than 72 hours after receiving the requests to deploy	196	29.2%	22.4% to 36.1%
Officers deployed to the Gulf Coast who said their assignments were not clearly communicated	164	37.0%	29.5% to 44.5%
Officers deployed to the Gulf Coast who said they could not immediately begin work because of confusion over assignments	164	9.67%	5.46% to 13.9%
Officers deployed to the Gulf Coast who said they were initially sent to the wrong locations	164	15.4%	10.2% to 20.5%
Deployed officers who said their assignments were appropriate	196	86.9%	81.9% to 91.9%
Deployed officers who said they were satisfied with the security of themselves and of supplies	196	81.8%	76.7% to 87.1%
Deployed officers who said they were adequately equipped	196	78.1%	72.6% to 83.6%
Officers who said the lack of reimbursement would significantly affect their ability to deploy	330	50.2%	43.2% to 57.2%
Deployed officers who paid for mission-related expenses from personal accounts	196	56.2%	49.2% to 63.2%
Deployed officers who had Government travel credit cards	196	62.4%	55.5% to 69.3%
Deployed officers reimbursed more than 3 months after they incurred the expenses	196	28.8%	19.8% to 37.7%
Deployed officers who had not been repaid at the time of the survey	196	15.8%	9.18% to 22.5%

Agency Comments



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Assistant Secretary for Health
Office of Public Health and Science
Washington D.C. 20201

JAN 30 2007

TO: Inspector General, Department of Health and Human Services

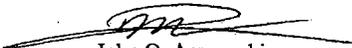
FROM: Assistant Secretary for Health

SUBJECT: Inspector General's Report (OEI-09-06-00030) — **INFORMATION**

I am writing to express my appreciation for your report entitled "The Commissioned Corps' Response to Hurricanes Katrina and Rita" (OEI-09-06-00030). The evaluation conducted by your staff included interviews with a stratified random sampling of officers, review of our databases, and interviews with members of our Department and those state health officials we served during the response. From the design, as well as the findings and conclusions, it is evident that much careful and thoughtful consideration was given throughout the evaluation. I concur with the findings and the recommendations as to how the Commissioned Corps of the U.S. Public Health Service (Corps) can improve its future responses to public health emergencies.

The recommendations of the report mirror many of the preparedness and response areas we are addressing as part of the business practice improvements within the Office of Force Readiness and Deployment and our comprehensive Transformation efforts. We are developing more effective deployment-related training programs for our officers, improving contact/communication mechanisms with officers when deployments are necessary, and revamping our travel systems in support of deployments. Our Corps' Transformation will greatly enhance our ability to respond effectively to public health emergencies by developing a total force management approach to officer selections, training, readiness and assignments. The transformed Corps will be better able to deploy officers with the appropriate skill sets required to respond to the wide array of public health emergencies our Nation will face.

The recommendations contained within your report will assist us, working in collaboration with the Assistant Secretary for Preparedness and Response, in our goal of continuously improving our Department's response to public health emergencies and assuring that the Corps remains the Department's premier and primary deployable asset. Thank you for your Office's diligence and timeliness in the preparation of this report.


John O. Agwunobi

U.S. Public Health Service



A C K N O W L E D G M E N T S

This report was prepared under the direction of Paul A. Gottlober, Regional Inspector General for Evaluation and Inspections in the San Francisco regional office, and Deborah W. Harvey, Assistant Regional Inspector General. Other principal Office of Evaluation and Inspections staff who contributed include:

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