

INVISIBLE CORPS In Officio Salutis

1

FADE UP and we HEAR jungle noises as we SEE an image of tents in Liberia.

NARRATOR, Ali MacGraw:

YOU HAVE HEARD OF THE ARMY, NAVY, AIRFORCE, MARINES AND COAST GUARD. PERHAPS EVEN NOAA AND THE SPACE FORCE. BUT WHAT UNIFORMED SERVICE PROTECTS AND PROMOTES OUR NATIONS HEALTH.

GRAPHIC (eventually we start to see folks listening on the phone)

October, 2014
Ebola Treatment Unit
Monrovia, Liberia

We HEAR:

VOICE ON PHONE:

Introducing the President of the United States

President Barack Obama:

Hello Everybody, Can you hear me?

Rear Adm. Boris Lushniak:

Yes, good morning sir. This is Rear Admiral Boris Lushniak, the acting Surgeon General, and I'm proud to introduce our team from Monrovia, led by my acting deputy Surgeon General, Rear Admiral Scott Giberson.

President, Barack Obama:

Well, Scott can you hear me over there?

Rear Adm. Scott Giberson:

Yes sir.

We SEE Lushniak in 2022 in his office.

Rear Adm. Dr. Boris Lushniak, Acting US Surgeon General 2013-2014 SYNC SOUND
And I still remember looking up at the heavens and saying, this is perhaps, in our history, the most dangerous deployment we've ever been on. Going out into the field, taking care of patients for an incurable disease.

Rear Adm. Scott Giberson: SYNC SOUND

And I do recall there that I think the first three bodies that I saw were children, and that was about as real as it gets.

TRANSITION to seeing folks looking at the phone.

President of the United States, Barack Obama:

What you are doing is saving lives but it's also protecting peace and security and I, personally, am just profoundly grateful for what you are doing.

We SEE Giberson addressing his medical team in Liberia.

Rear Adm. Scott Giberson:

You are about to embark on a historical mission for the US Public Health Service. We have been enveloped in infectious disease fights throughout our 200 plus year history. This is no different.

We HEAR President Obama AND we eventually SEE the sponsors over images.

President of the United States, Barack Obama:

But, it's pretty rare where you have the opportunities to save tens of thousands, especially hundreds of thousands of lives and at the same time protect our homeland. It's pretty rare we're able to do that with a small contingent of folks like you.

GRAPHIC PAGE 1

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ON SPONSOR LIST we HEAR OBAMA and we SEE images from Ebola.

President of the United States, Barack Obama:

It's also an example of what makes America exceptional. What we do, what we do in ways nobody else can do and it creates an impression of what American leadership is all about. So, my statement, really, is just to say thank you.

We SEE old picture of PHS Commissioned Corps and finally SEE the TITLE CARD.

NARRATOR:

THESE OFFICERS FIGHT BATTLES AGAINST INVISIBLE ENEMIES IN OUR COUNTRY AND AROUND THE WORLD, SAVING MILLIONS OF LIVES. THEY ARE THE U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS.

TITLE CARD:



MUSIC CHANGE AND TEMPO CHANGE

Rear Adm. Scott Giberson:

What we have is a network and a connective tissue, if you will, that keeps the public health communities together and intertwined without knowing it. And Ebola is an example because when we deployed, people heard of CDC deploying to Ebola in Africa, NIH, the National Institutes of Health doing Ebola vaccine trials to get Ebola vaccine. But when you get over there, you realize that the person who was leading the CDC effort was a Commissioned Officer. The person leading our effort, myself and a few of my colleagues, the person leading the NIH vaccine trials was a Commissioned Officer.

Admiral Brett Giroir, Former Asst. Sec for Health:

I mean we are the only uniformed service entirely dedicated to health in the world. And when you're in a time of need, in a disaster, like a hurricane, a tornado, an earthquake, a wildfire, COVID, border crisis, the people who are going to be called are going to be the public health service to lead that response. Everyone there is a health professional, but they're also an officer as well. So their duty is to the country and they salute and obey and go do their duty. And it's 24/7, 365.

NARRATOR:

UNDER THE LEADERSHIP OF THE ASSISTANT SECRETARY FOR HEALTH, THE U.S. SURGEON GENERAL OVERSEES THE OPERATIONS OF THE COMMISSIONED CORPS.

ESTAB SHOT

GRAPHIC: Milken Institute School of Public Health, The George Washington University

As we SEE Dr. Jerome Adams walk in and students gathering in the lecture room in slow motion, we HEAR the middle of Dr Adams talk:

Vice Adm. Dr. Jerome Adams, 20th US Surgeon General 2017-2021:

... because healthcare, traditional clinical care, what happens in a hospital, or a clinic only comprises about 20% of what actually makes you healthy. The other 80% of what makes you healthy are things like transportation, childcare, a job that pays a living wage, safe housing. These are all things that the public health service is investing in, and helping to create.

STUDENT: Dr. Adams, how has the role of the Surgeon General changed over time and why?

GRAPHIC: History

Vice Adm. Dr. Jerome Adams:

Wow, great question. So that is an entire hour. I'm going to try to condense it for you. It's changed really because of need, but it's also changed because of politics. So when I say need, if you go all the way back to 1798, President John Adams signs the Act for the Relief of Sick and Disabled Seamen.

AUDIO transition overlay to:

Alexandra Lord, PhD. Historian US Public Health Service 2001-2007:

The Marine Hospital Fund created a series of hospitals in seaports that were designed to protect and care for seamen. Politicians have always wanted to bring home funds to their communities, and also they've always wanted to put their friends in these positions. As a result, the Marine Hospital Fund, by the mid 19th century, had become fairly corrupt.

Vice Adm. Dr. Richard Carmona, 17th US Surgeon General 2002-2006:

Well, in the late 1860s, Congress recognized this wasn't working out real well. They characterized many of the hospitals and healthcare areas as bastions of nepotism and patronage and they hired a guy named John Woodworth. John was a retired U.S. Army, Civil War surgeon who was brought in specifically to marshal these resources, provide the real leadership, devoid of patronage and nepotism, but to serve the country.

Alexandra Lord, PhD. Historian:

In 1871, John Woodworth became the first Surgeon General of the Marine Hospital Fund/ the Marine Hospital Service. And Woodworth actually wanted to transform and clean up this service so he instituted a series of reforms. And I think the most important of these reforms was instigating an examination for physicians who would join what became the Public Health Service.

We HEAR GIBERSON reading.

GRAPHIC: "PLAGUES AND POLITICS – The story of the Public Health Service"

Rear Adm. Scott Giberson:

So, this was the experience of 42 young physicians who arrived to become Commissioned officers. "After a physical exam, eliminating some, the remaining 30 began a week's ordeal of written tests. Every morning, some of their numbers were quietly dismissed. 10 remained for the oral premedical exam, where they were queried

on their knowledge of the world, including a request to read aloud in another language. The final hurdle was clinical, where they were required to examine and diagnose six patients. Eight fatigued applicants completed the ordeal. Two weeks later, three received letters offering them a commission in the service.”

Alexandra Lord, PhD. Historian:

This radically transformed what had been the Marine Hospital Fund, made it much more professionalized, also brought up a standard of care and expectation as to what a physician should know and do.

NARRATOR: IN 1889 CONGRESS ESTABLISHED THE US PUBLIC HEALTH SERVICE COMMISSIONED CORPS WITHIN THE MARINE HOSPITAL SERVICE.

TRANSITION BACK TO CLASSROOM

Vice Adm. Dr. Jerome Adams:

And that's how the origins of the Public Health Service got started, really centered around healthcare, not public health, but around healthcare for sick and disabled seamen. Throughout the years, many years, that mission has evolved and has grown. But also public health became part of this. Why? Because you had the plague because you had smallpox, you had infectious diseases. And so it shifted from healthcare to really infectious disease control.

GRAPHIC: Public Health

Alexandra Lord, PhD. Historian:

Public health is a multifaceted task. You need to have all sorts of people who are looking at the problem from a variety of different angles. Beginning in the early 20th century, they began to expand the commissioned corps to include many of these different professions and they expand them repeatedly so that by the time you meet into the 1950s and 1960s, you have nurses, pharmacists, sanitary engineers, dentists, all scientists, a whole range of different professions in the commissioned corps.

NARRATOR: PUBLIC HEALTH SERVICE OFFICERS FROM 11 CATEGORIES, HAVE BEEN INTEGRAL TO HEALTH MILESTONES THROUGHOUT U.S. HISTORY.

TIME SHIFT GRAPHIC between the next four topics

2022 to 1911 HOOKWORM

Alexandra Lord, PhD.:

We tend to forget how important sanitation is in preventing disease. One of the diseases that was really prevalent in the United States during this period was hookworm. Hookworm occurs when there are feces and an individual who might be barefoot, for

example, is walking and the infection enters the skin. So they led campaigns to understand the causes of hookworm, but also to build better privies.

TIME SHIFT 1911 to 1918 **SEXUALLY TRANSMITTED DISEASES**

Alexandra Lord, PhD.:

Sexually-transmitted diseases were really brought to the fore during World War I.

The Public Health Service worked with the Army and the Navy during World War I to create sex education materials about what were called still at that time venereal disease. They took on a very controversial topic and they laid the groundwork for sex education programs throughout the 20th century.

TIME SHIFT 1918 to 1920 **TUBERCULOSIS**

Alexandra Lord, PhD.:

Tuberculosis was a major killer in the United States in the 19th and early 20th century. And they created sanitariums to care for individuals who had tuberculosis. They also really created a large scale campaign to address ways to contain and prevent the spread of tuberculosis in the early 20th century.

TIME SHIFT 1920 to 1942 **MALARIA**

Alexandra Lord, PhD.:

During World War II, the Public Health Service embarked on a major campaign to eradicate malaria in the United States. People often ask why is the Centers for Disease Control, why is it in Atlanta, Georgia? Well, it's in Atlanta, Georgia, because that was where the malaria control program was focused.

NARRATOR: PUBLIC HEALTH SERVICE OFFICERS SAVED EYESIGHT BY TREATING TRACOMA, HELPED RESEARCH ORAL REHYDRATION THERAPY THAT IS SAVING LIVES AROUND THE WORLD AND LED EFFORTS TO STOP ENVIRONMENTAL POLLUTION AS EARLY AS 1948.

ONE OF THEIR MOST SUCCESSFUL CAMPAIGNS HAS LASTED OVER 50 YEARS.

TIME SHIFT 1948 to 1964 **TOBACCO**

Alexandra Lord, PhD.:

In the 1960s, the surgeon general, Luther Terry, stepped forward with what was the first surgeon general's report, and this was the report on smoking, in which he said, "Smoking is linked to cancer, it is dangerous!"

Rear Adm. Dr. Boris Lushniak:

But that scared people. And it was the first pathway in what the surgeon general in fact did, which is now 30 plus reports issued on that topic on smoking and health. It went from just lung cancer in men to ultimately 12, 13, 14 different diseases that are associated quite frankly with smoking, secondhand smoke, it's impetus and its attack in our society. And at the end of all this, what was the achievement? 1964, 42% of US adults were smokers. 2014, 50 years later, 18% were. Now we're into the low teens, 12, 13%.

NARRATOR: ALTHOUGH PUBLIC HEALTH CAMPAIGNS CAN BE SUCCESSFUL, THEY ARE CONTINUALLY FIGHTING A POWERFUL FORCE.

Vice Adm. Dr. Jerome Adams:

One of the challenges public health has is that it's often pitted against the economic, or the business argument. And when that happens, it loses. We know smoking is bad for you. Why do we still have it? We have it because there are people who make money off of the cigarette industry, and in a society we've decided that, "Okay, if there's money to be made, we're going to give people the choice as to whether, or not they want to go down a particular road."

NARRATOR: COMMISSIONED CORP OFFICERS, IN ADDITION TO DIRECT HEALTH "CARE", ALSO PLAY THIS LONG GAME OF PREVENTION, WORKING AT THE FRONT END OF "PUBLIC" HEALTH.

IT'S IMPORTANT TO UNDERSTAND THE DIFFERENCE.

Vice Adm. Dr. Jerome Adams:

When we think of healthcare, there's the story about the person who fell into the stream. They're struggling to get out of the stream, and someone jumps in, and pulls them out just before they drown. That's healthcare. That's waiting for you to get sick. Then, delivering you a service that actually pulls you out. Public health is going upstream, and trying to figure out why people are falling in the stream in the first place, and preventing them from doing so.

Rear Adm. Dr. Boris Lushniak:

I'm spending money on "sick care" in this country. We should use that term. Here's how much money we're spending on "sick care". And nowadays it amounts to something like 3.2 trillion dollars a year for sick care for the most part. Comes to, if you do the math \$12,000 a person in the nation. That's what we're spending on the annual basis for this. Most of it, some will say, even the skeptics will say, well, half, 50 to 75% are for preventable diseases.

Vice Adm. Dr. Jerome Adams:

What we want to do, in the words of Ben Franklin, is to give you an ounce of prevention to save us from having to provide a pound of cure on the back end. That is public health. It's giving you complete streets, and access to fresh fruits and vegetables, so you don't get diabetes in the first place.

Vice Adm. Dr. Vivek Murthy 19th and 21st US Surgeon General:

When you realize just how broad public health is and how so many of the components in society contribute to health from housing to education, to economic inequality, to security issues and safety, you realize that it's important for public health leaders to be at the table when decisions are being made across these different fields, whether it's the physical space, the food choices that are available, access to mental health resources that can make people healthier. That's an important question for us to ask. So public health is not a silo.

NARRATOR: BUT PUBLIC HEALTH, AS WELL AS THE COMMISSIONED CORPS, CAN BE INVISIBLE, WHICH INVARIABLY LEADS TO FUNDING ISSUES.

GRAPHIC: Invisible

Vice Adm. Dr. Jerome Adams:

Well, one of the challenges with public health is if you do your job well, no one ever knows you were there. No one ever thinks about, "Why is the water that I drink safe? Why am I not getting sick from the food that I'm eating?" The challenge is that public health had been largely invisible, and so had the Corps. In many ways, folks in the government, particularly in a conservative administration where they're looking to shrink down the size of government. They look for things to cut. You've got folks looking, and saying, "Okay, well what does this agency do? Well, what does that agency do?" They wanted to cut the public health service. I don't think people understood how critical it was for us to have our own public health army to respond.

NARRATOR: AND PART OF THAT RESPONSE TO FIGHT DISEASE INCLUDES RESEARCH, WHICH BEGAN MANY YEARS AGO.

Alexandra Lord, PhD:

In the mid 19th century, there was really a revolution in how disease was understood. There was an understanding that microorganisms, what we would call bacteria, caused disease. Once you have this dramatic breakthrough, now you can begin to investigate those bacteria and begin to think about how you can contain and control and perhaps even eradicate the bacteria that cause disease. So in 1887, what became the Public Health Service created the hygienic laboratory under then Surgeon General, John Hamilton. And this was a dramatic breakthrough in caring for public health because now public health researchers were looking at the causes of disease as a way of preventing

and controlling and containing those diseases. And that hygienic laboratory, which they created, would become, in the 20th century, first the National Institute of Health and then ultimately the National Institutes, plural, of Health.

We SEE images from THE OLD MOVIE as we HEAR:

NARRATOR: DURING THIS TIME, PROTECTION OF THE COUNTRY INCLUDED STOPPING DISEASE BEFORE IT COULD ENTER.

OLD MOVIE: Many outbreaks of smallpox and cholera were the result of cases brought in by vessel.

Alexandra Lord, PhD:

I think one of the biggest steps is when they began to look at immigration. In between the period of 1880 and 1924, the United States experienced a tremendous surge of immigrants coming into the country.

OLD MOVIE: The United States Public Health Service maintains a fleet of trim and speedy boarding tugs, which carry the quarantine officers out to the vessels arriving at United States ports.

TIME SHIFT FROM 1880 to 1990

Rear Adm. Dr. Gene Migliaccio:

You fast forward to today, the work continues. In the 1890s, we focused on legal immigration coming in; and our work with public health service officers at ICE, Immigration and Customs Enforcement, we're through the Department of Homeland Security, the population's legal versus illegal. But our mission is always the same, it's to look at preventing disease from coming into the United States.

GRAPHIC: Categories highlight Health Services Officer

RADM Dr. Gene Migliaccio (continued):

So when I came on board in the early 90s, we had an opportunity to really fix a lot of the infrastructure systems. We had tremendous support from ICE to build a quality driven organization. So by bringing in an outside agency, the Public Health Service, to provide the health services, it gives them some credibility in terms of that the medical care is, by far, quality driven. We didn't worry about why they were here with immigration status, but our job was to focus on them as a human being.

TIME SHIFT FROM 1990 to 1890

MORE OLD MOVIE FOOTAGE NAT SOUND

"The service has been given quarantine jurisdiction over all ships and all persons, both citizens and aliens coming into American ports from abroad in its quarantine work."

Alexandra Lord, PhD:

They're inspecting immigrants at Ellis Island, Angel Island, Galveston, Texas. Any port that brings in immigrants, the immigrant undergoes a medical inspection. But this was something that was really class specific. So if you were in steerage, you underwent a much more rigorous medical examination than if you were in first class where it was very perfunctory and they were willing to just beckon you in.

In many ways, the Public Health Service is a reflection of the culture that has created it. It's not immune from the negative aspects of American culture. And the Public Health Service during the 20th century and the 19th century was dominated by white men and it was shaped in many ways by broader social factors and American society, especially racism. And in the 1930's this really comes to the fore for the Public Health Service with the Tuskegee Syphilis Experiment.

We SEE the Classroom at George Washington University.

Student: Dr. Adams, as Surgeon General, how did you reconcile Tuskegee?

Vice Adm. Dr. Jerome Adams:

Important that we first understand Tuskegee. Tuskegee was really an experiment that was done by the US Public Health Service at a time when venereal diseases were one of the largest problems facing the United States and facing our military, our national security. And so they wanted to study the natural history of the disease, which is what we have to do in order to understand diseases. And so they enrolled black men in Tuskegee, Alabama into these studies to study their bad blood. And they actually followed these young men for 40 years. But what happened was they developed new treatments for syphilis in the meantime, including penicillin. And they decided that they wanted to continue to see how this disease would play out and denied treatment to these individuals. The reason why it's important to understand that is because the irony is in many ways now, Black people in particular don't trust the healthcare system and will deny themselves treatment because of what happened with Tuskegee. When the reality is Tuskegee was about them being denied treatment.

President Bill Clinton:

...the United States government did something that was wrong, deeply, profoundly, morally wrong. I apologize. And I am sorry that this apology has been so long in coming.

Vice Adm. Dr. Jerome Adams:

The flip side is the perpetrators. I walked past a wall every day to go into my office of the former Surgeons General, all the Surgeons General. And it was multiple Surgeons General who oversaw those Tuskegee experiments over 40 years. And I had to make my own personal decision. Do I want to keep these pictures up on the wall of folks who really oversaw what we now see as atrocities?

President Bill Clinton:

I am sorry that your federal government orchestrated a study so clearly racist. That can never be allowed to happen again.

Vice Adm. Dr. Jerome Adams:

And again, from my standpoint, I wanted those pictures there so that I remembered, so that I would never forget. Because whether it's people being mistreated because of race, or people being mistreated because of gender, or people being mistreated because of their disability, or people being mistreated because of where they live or the language they speak, we have many examples over history of folks when they're not paying attention, when they're not aware, committing atrocities.

NARRATOR: PART OF THE INVISIBILITY OF THE COMMISSIONED CORPS COMES FROM THEIR INTEGRATION ACROSS A WIDE RANGE OF FEDERAL AGENCIES.

We SEE the **AGENCIES BACKGROUND** with the various mentioned highlighted

Vice Adm. Dr. Vivek Murthy:

So you may find our officers in the CDC, in the Food and Drug Administration at the National Institutes of Health. You'll find them also providing direct care to underserved communities in the Indian Health Service and providing care to incarcerated populations in the Bureau of Prisons. You'll find them in the Department of Defense, providing mental health care to staff and to our soldiers. You'll find them throughout the federal government, serving in critical public health roles and bringing a lens of public health to functions across the administration. That is really critical.

GRAPHIC: Officers Across Agencies

We SEE Ronan King coming in doorway as we HEAR

LtCDR Ronan F King:

Good Morning Superintendent Keable.

Ed Keable, Superintendent Grand Canyon National Park:

The Park Service and Public Health Service have had a hundred plus year relationship. It started in 1918 when the director of the National Park Service called the Commissioner of the Public Health Service, the Surgeon General, and asked for an assignment of an officer to go to the Yellowstone National Park to help them ensure that they had safe drinking water.

Capt. Sara Newman:

It started with one. And now we have, in the park service, nearly 70 officers assigned across the entire nation in all of our 400 some parks.

NAT SOUND We SEE Ronan and Ed at table working

LtCDR Ronan F King:

And, you know, what we also did was advise them to chlorinate it as well and do a sanitary survey of the wells, as well as any distribution systems, the water towers, all that.

We SEE Ronan on the river in the Grand Canyon, inspecting food.

GRAPHIC: CATEGORIES, highlight on ENVIRONMENTAL HEALTH OFFICER.

LtCDR Ronan F King:

The environmental health officers, we're not necessarily providing direct care, but we are out there in a preventative role. Really working in the depths, whether it's food safety inside the kitchens, conducting food assessments, looking at water treatment.

NARRATOR: AND THIS WORK SUPPORTS OUR NATIONS HEALTH IN MANY WAYS.

Sonya Coakley Baker, Natl Park Service:

The National Park Service provides an opportunity for people to come outside and to get healthy. You enjoy the beautiful scenery, but you connect with yourself, with nature, which has its own health benefits.

Ed Keable, Superintendent Grand Canyon Natl Pk:

And we've gotten disconnected in many ways from nature, but nature helps us recenter ourselves. And it's an important opportunity for people to reconnect with a fundamental aspect of who they are to be in the outdoors.

NARRATOR: COMMISSIONED OFFICERS ARE VITAL TO THIS RESOURCE THAT KEEPS US HEALTHY.

Capt. Sara Newman:

COVID 19 provided clear evidence of this. I mean, we were able to maintain about 96% of our parks open during the worst of the pandemic when there was no vaccine, when the disease was raging, when we had no idea how bad it would get. And that is a huge mental health relief. When people had really very few places to go where they could feel safe, and the park service provided that.

NARRATOR: WITH THE WIDE RANGE OF OFFICER EXPERTISE, THEIR ROLES VARY GREATLY IN EVERY AGENCY.

We SEE ADM Brett Giroir on the COMPUTER:

Admiral Brett Giroir, Former Asst. Sec for Health:

Oh, you're here. Hey Scott, can you hear me?

Dr. Scott Gottlieb, former FDA Commissioner:

I can

Admiral Brett Giroir:

Okay. You're known for a lot of things, obviously for being FDA commissioner. And you were one of the biggest supporters of the Commission Corps of the Public Health Service in the entire government.

Dr. Scott Gottlieb:

Look, FDA has about 1100 Corps officers in total. It's the second highest total number of Corps officers across the Department of Health and Human Services. And they fill a lot of different roles.

Rear Adm. Dr. Michael Blackwell:

I spent most of my years with the Food and Drug Administration. 12 of those years happened to be with the Center for Veterinary Medicine.

GRAPHIC Categories graphic with VETERINARIAN highlighted

RADM Dr. Michael Blackwell:

The veterinary profession, exists to protect human health. Yeah. One says, "I thought you'd take care of the animals." That's exactly right. 65% of infectious diseases that I can get as a human are zoonotic. That means the microbe, the organism, can be found in one or more species of animals passed on to a human. 65%. This is a very intimate connection that people and animals have in a shared environment.

NARRATOR: NATURE MAY BRING SPECIES TOGETHER, IT CAN ALSO BRING CATASTROPHIES.

We SEE Images from HURRICANE KATRINA

Dr. Scott Gottlieb:

I remember back during the Hurricane Katrina, FDA had forward deployed the largest number of personnel. And that's because we were able to turn to our Corps personnel and quickly deploy them on the ground to deal with that public health crisis.

GRAPHIC Categories graphic with DIETICIAN highlighted

CAPT. Shirley Blakely:

I was deployed as a dietician. So, we were the ones who would make sure the food came from the mess hall on the Naval Air station. We had to make sure we inspected every package to make sure it was safe for them to eat. And then for our patients, many of them had special therapeutic needs.

Dr. Scott Gottlieb:

A lot of the pharmacists in the FDA work in the drug shortages group. They also become exceedingly important in times of crises.

GRAPHIC: categories graphic with PHARMACISTS highlighted

We SEE more of KATRINA

Rear Adm. Pamela Schweitzer:

We worked with the Board of Pharmacy to pop up and get these pharmacies set up so people can get their medication if they ran out.

Katrina footage ENDS as does that section as we SEE the AGENCIES background.

RADM Pamela Schweitzer:

The pharmacy officers, they're in three main agencies. We have the majority of them are in the Indian Health Service and FDA. Those are the two main agencies. We also have them in the Federal Bureau of Prisons. We have them in Immigration Services. We have them in the Coast Guard. We have pharmacy officers in at least 12 different agencies.

Dr. Scott Gottlieb:

I think that they are the thread that transcends these different agencies, not just FDA, but when you look at CDC, NIH, the other operational components of the Department of Health and Human Services, the Corps officers play a really foundational role in providing these things. So they have a lot of institutional memory that becomes very important over time.

EXT ESTAB SHOT Uniformed Services University

GRAPHIC LOCATOR: Uniformed Services University as we HEAR:

Rear Adm. Deborah Parham Hopson, RN: V/O

I had the opportunity to help set up the PEPFAR program, The President's Emergency Plan for AIDS Relief, which is how I ended up going to Rwanda. Many of the PEPFAR programs are based in countries in Sub-Saharan Africa, Rwanda, Uganda, basically all of Sub-Saharan Africa.

We SEE a WS of students talking to RADM HOBSON as we HEAR:

RADM Deborah Parham Hopson, RN: V/O

So health policy of how do we provide care for places, that don't necessarily have a lot of resources, but the United States has a lot of resources. So how can we partner with other communities to provide care?

We SEE GRAPHIC categories (physician, nurse)

STUDENT:

There's a lot of categories in the PHS and I'm going to be in the physician category. You're in the nurse category. What do they do in the PHS?

RADM Deborah Parham Hopson, RN:

Some are the traditional clinical roles, for example, at the clinical center, at the National Institutes of Health or working in a health clinic on an Indian reservation through the Indian Health Service. I worked in HRSA, the Health Resources and Services Administration. It is a organization that helps to assure clinical care for people who are, what we call, underserved. So access to care for people who are poor.

TIME GRAPHIC FROM 2022 TO 1943

WE SEE image of cadet nurse poster as we HEAR:

NARRATOR: THE NURSING SHORTAGE DURING WWII PROMPTED THE CREATION OF THE "CADET NURSE CORPS", SUPERVISED BY THE PUBLIC HEALTH SERVICE.

WE SEE an image of RADM HOBSON's mother as we HEAR:

RADM Deborah Parham Hopson:

And if you remember, this country was very segregated at the time. And one thing about the Cadet Nurse Corps that was really forward thinking is that any nurse, regardless of

race, was eligible to receive money through the Cadet Nurse Corps to pay for their education. So my mother received funding while she was in nursing school to finish her nursing education. I remember her giving out sugar cubes for the Sabin vaccine, Sabin or Salk. She was one of the few nurses in the area and I remember her going out and doing public health.

NARRATOR: AND THAT IS ONE OF THE ONGOING DIFFICULTIES, FINDING PROVIDERS FOR THE UNDERSERVED AND HARD TO REACH.

Rear Adm. Dr. Kenneth P. Moritsugu, Acting Surgeon General 2007:

And so that's what the National Health Service Corps scholarship program was designed to do, to create a contractual agreement between medical students and others to receive support during their professional education. And in return, they would serve an equivalent number of years in areas of medical under service. It really addresses increasing the accessibility of our nation to health services.

NARRATOR: THIS PROGRAM HELPED IN SEVERAL AREAS INCLUDING OUR FEDERAL BUREAU OF PRISONS.

RADM Dr. Kenneth P. Moritsugu,

And even at the beginning of the Bureau of Prisons, there was legislative language that said, "The US Public Health Service can be used to help with the health and healthcare of federal prisoners and detainees."

NARRATOR: ADDITIONALLY, THE SCHOLARSHIP PROGRAM BENEFITS THE INDIAN HEALTH SERVICE.

Rear Adm. Dr. Clare Helminiak:

I accepted the scholarship with the government, with The Public Health Service. So, I owed a total of three years to the government after I graduated from the Medical College of Wisconsin.

AS we SEE pictures of the IHS in early times we HEAR:

GRAPHIC: categories with Physician highlighted

RADM Dr. Clare Helminiak:

I was interested in doing primary care and emergency medicine and a lot of obstetrics, so that was my mission, and I chose to participate doing that in the Indian Health Service at various locations. I started in Mescalero, New Mexico, on the Apache Reservation. And it was very beautiful, I loved it, it was interesting and challenging work.

NARRATOR: TODAY, THERE ARE OVER 1500 OFFICERS SERVING IN THE INDIAN HEALTH SERVICE. HOWEVER; WHEN THE PUBLIC HEALTH SERVICE TOOK OVER I.H.S. HEALTHCARE IN 1955, IT WAS NOT WITHOUT TENSION AND ONGOING STRUGGLE.

Cynthia Claus, PhD, Cultural Anthropologist:

They need the services, but I think it's just the idea that there's a military presence or the appearance of a military presence in their community because of the history of the federal government and military, and what historically has not been a great relationship.

Dr. Melvina McCabe, MD Professor Emeritis, UNM School of Medicine

In our history, we have had governmental policies that have impacted this distrust from the government. We've had our treaties broken. We've had research, unethical behavior being conducted in research. We've had in the clinical practice, the sterilization of our Indian women in the 1970s. This was without their consent, without their knowledge. Our Native peoples know this, but anyone who wants to work with Indian country, they need to be aware of this.

RADM Dr. Clare Helminiak:

Now, they are the first Americans and their history with the United States government has been painful and lacking justice in many cases and very traumatizing in cases, so you need to be aware of that.

Cynthia Claus, PhD,

There's some history there, but I think currently where it's going and what they continue to provide is very much needed. The biggest issue, I think, in the Indian Health Service is a shortage of staffing. So in situations where it's a pharmacist or laboratory or sometimes nursing, it's critical that there can't be a disruption of services.

NARRATOR: THUS THE IMPORTANCE OF THE COMMISSIONED CORPS.

MUSIC and tempo change

NARRATOR: MANY TIMES OFFICERS ARE REASSIGNED DUTIES AND MOVE TO OTHER AGENCIES OR LOCATIONS DEPENDING ON SPECIFIC NEEDS.

CAPT Sara Newman, DrPH:

One of the benefits of being commissioned corps is that we are encouraged to move around, to get experiences in different agencies. Why? Because it enhances our experience, it enhances our knowledge. And that's part of what we need to do to be a unique, deployable, malleable force.

RADM Dr. Clare Helminiak:

I was part of a DOD-HHS team, tasked with looking at healthcare reconstruction in Afghanistan, and especially the problem of the death rate in pregnant women and newborns. Women weren't educated under the Taliban, so a lot of the women physicians, and it's almost exclusively, women who treat pregnant women patients in Afghanistan, they had to learn underground, essentially, and be taught by other women, which was a very courageous thing for them to do under the Taliban regime. And we tried a lot of different ways to move the program forward, and I believe we did. It was a very, very challenging environment.

NARRATOR: FROM DENTISTS TO THERAPISTS AND ENGINEERS TO SCIENTISTS THE 11 CATEGORIES OF THE COMMISSIONED CORPS ARE DIVERSE BUT VERY CONNECTED. THE CDC IS A GOOD EXAMPLE

We SEE the various CATEGORIES behind Schuchat

Rear Adm. Dr. Anne Schuchat, Former Principal Dep. Dir. CDC:

People fill roles as medical officers, as pharmacists, as epidemiologists, as health scientists, as well as laboratory scientists. So we can work in a number of different areas. And then some people work assigned to state health departments on behalf of the CDC, federal assignees within a state or a city health department.

RADM Dr. Boris Lushniak:

So what's beautiful about all the categories that are within the Corps is the common mission - protecting, promoting and advancing the health of our nation. That's the common thread. We're all wearing one uniform, and the prime mission is public health.

NARRATOR: AND IT IS "DEPLOYABILITY" THAT MAKES THIS GROUP UNIQUE.

GRAPHIC Deployability

Vice Adm. Dr. Jerome Adams:

When people talk about replacing the Commissioned Corp, and uniformed officers with civilians, they're often thinking about that public health service role. We can replace this CDC doctor with a civilian doctor who's not wearing a uniform, or we can replace this FDA regulator who's in uniform with someone who's not. But what they don't understand is that an important component of the Commissioned Corp is that they're ready at a moment's notice to deploy if you have a tornado, if you have a mass shooting, if you have a 9/11. You can't call up a civilian and say, "Hey, pack your bags. You've got to go tomorrow to respond to this urgent situation."

CAPT. Dan Beck:

It changed how we approached, we the nation, but the public health service in particular, how we approached emergency response, how we were going to define

ourselves as a deployable corps. We had over a thousand officers who were ultimately deployed to 9/11.

NIH VIDEOCAST 9/11 Video: “We supported medical missions, We supported public health missions. We supported environmental missions.”

CAPT. Dan Beck:

9/11 was when you realized that need, that awakening, that part of national defense and security included and needed to include public health response to address the public health effects of terrorism.

RADM Dr. Kenneth P. Moritsugu:

Everybody knows what happened on 9/11. Do you know what happened on 10/13? 10/13, a little bit more than a month later, the intern opened the envelope of anthrax on Capitol Hill in Senator Tom Daschle's office. On 10/13, we suddenly got faced with the realization that rather than looking for a billion dollar nuclear warhead program or a billion dollar delivery system, we now are looking at a \$25 Petri dish, and whatever it cost for a postage stamp back then 35, 40 cents. And therein opened up the whole area of asymmetrical warfare against our nation, against our society and against the global society as well.

RADM Dr. Anne Schuchat:

And I was asked to be the lead in Atlanta for the Washington DC Anthrax response team. In the middle of the night, they had sent a batch of people to Washington, because that letter had been opened and evaluated and understood to be extremely dangerous.

RADM Scott Giberson:

And we deployed to the anthrax bioterrorism attacks in multiple cities. I happen to be deployed to New York City, the Morgan Station Post Office in New York City.

Vice Adm. Dr. Richard Carmona:

When we had the anthrax up on the hill a bunch of years ago, quietly, public health service was there. They were the ones that told people how to screen the mail. They were the ones that told people how to be safe. They were the ones that put on protected gear before anybody knew to figure out what the threat was, jeopardizing their own lives. That's why they're so important.

TRANSITION as we SEE Steve SOLOMON at the WW II memorial.

NARRATOR: FOR MANY REASONS, SUPPORT FOR PUBLIC HEALTH AND THE COMMISSIONED CORPS HAS ALWAYS BEEN A STRUGGLE.

GRAPHIC: National Academy of Science, 1988

Rear Adm. Dr. Steve Solomon:

As long as 35 years ago, the National Academy of Sciences wrote, quote, "Our nation has lost sight of its Public Health Goals, and has allowed the system of Public Health activities to fall into disarray." That's 1988.

GRAPHIC TIME SHIFT 1988 to 2022

NARRATOR: AND THE RESULT OF THAT NEGLECT HAS BEEN REFLECTED IN OUR CURRENT SITUATION.

**GRAPHIC: Government Accountability Report
January 2022**

RADM Dr. Steve Solomon:

The government accountability office said, and I quote, "For more than a decade, we have reported on HHS's execution of its lead role in preparing for, and responding to public health emergencies. And found persistent deficiencies in its ability to perform this role. These deficiencies have hindered the nation's response to the current COVID pandemic and a variety of past threats."

After all these years of attempts to change the system and not being able to change the system for all the usual reasons that change is so difficult. But haven't we finally reached the point where change is inevitable?

NARRATOR: ONE KEY TO CHANGE, IS POLITICS.

GRAPHIC: Politics

RADM Dr. Steve Solomon:

Politics now rules everything, but that's not just an artifact of the last few years. Because Surgeons General have been truth tellers. They have always wanted to give the American public the unvarnished truth, the best scientific information. Often that conflicts with politics.

TIME SHIFT GRAPHIC: 2022 to 1982

Alexandra Lord, PhD:

Traditionally surgeons general had been drawn from the Commissioned Corp, so these were individuals who had spent their career in public health, but under the Reagan administration, Reagan decided to appoint a physician who did not have experience and had not worked in the field of public health, to the position of surgeon general. And he

appointed C Everett Koop. He appointed Koop because Koop was an evangelical Christian and he thought this would appease his base.

NARRATOR: AND ALTHOUGH DR. KOOP WAS A POLITICAL APPOINTMENT FROM OUTSIDE THE CORPS, HE CERTAINLY STOOD FOR SCIENCE.

RADM Dr. Michael Blackwell:

For months after Koop became surgeon general, he didn't have a platform, a mission. And HIV aids came knocking. To see that surgeon general manage the politics. You couldn't say condom. You couldn't say safe sex. This is on television even. You know, we were kind of in the dark ages. He pretty much had to ignore the White House and others, the Congress, and his own religious beliefs, by the way, because he took seriously the job of the office as the chief doctor of the United States and protecting the lives of Americans.

Alexandra Lord, PhD:

So one of the things that Koop did, was send out an education booklet to all Americans. If you'd paid taxes or registered to vote, you would've received this booklet about AIDS and it provided detailed information about how the disease was spread and also how to protect yourself.

RADM Dr. Kenneth Moritsugu:

And I think he is a hero of the entire nation, Surgeon General C. Everett Koop, once said to me, "Ken, if we did not have the Commission Corps of the US Public Health Service, we would have to create it."

NARRATOR: SINCE KOOP, THE ROLE OF SURGEON GENERAL HAS BECOME EVEN MORE CHALLENGING.

THERE ARE SEVERAL ISSUES WITH THE POLITICAL APPOINTMENT OF THE SURGEON GENERAL. ONE IS THE DIFFICULTY OF SPEAKING TRUTH TO POWER, TO THE PERSON WHO APPOINTED YOU.

RADM Dr. Kenneth Moritsugu:

There have been pressures brought on the Office of the Surgeon General to modify, to change, to characterize an issue one way or another. And our responsibilities as surgeons general is to push back. It is science against power. And therein lies where the role of the surgeon general is so critical.

Vice Adm. Dr. Jerome Adams:

Well, you absolutely feel the politics when you're the Surgeon General of the United States. You are a political appointee in a position, and in a time where health has become a wedge issue, whether you're talking about women's health and abortion, or

gun safety, or universal access to healthcare, or any number of other issues. These are inherently political wedge issues.

RADM Dr. Boris Lushniak:

And the reality is that sometimes decisions are made not by you, a data driven scientist, or the sense that we can make a difference. Sometimes things are being back-burnered for a while. Well, now's not the time, now is not prudent. Let's do this later.

Vice Adm. Dr. Jerome Adams:

... because policy is not just one variable. It's a little bit of religion. It's a dash of economics. It's a scotia personal experience. It's a nibble of the science. My job was to make sure the science was always part of the equation. What we need to do is to help them understand that a healthy America is a more economically viable America and a situation where everyone will actually do better. Investing in health and prevention in a healthy Commission Corps is going to make the world a better place for all of us.

NARRATOR: ANOTHER ISSUE OF THIS POLITICAL APPOINTMENT, IS THE EFFECT IT HAS ON THE CORPS ITSELF AND THE RELATIONSHIP TO OTHER UNIFORMED SERVICES.

Vice Adm. Dr. Richard Carmona:

So if you look at today, Army, Navy, Air Force, Coast Guard, if you see an admiral, if you see a captain, you know they've served for decades. You know that they've gone through advanced training, that they've earned a right to be called Admiral, General or senior officer of any type. That was not conferred upon you politically. You earned that right. But what happened to the Public Health Service is politicians started to manipulate that. And what they did was to say, "We're going to go outside and we'll bring in a surgeon general." You know, they pick these people up and they make them an admiral. They give away the rank. And that was repulsive to most. It was an offense to most uniform services where we had parity as an equal service with a different mission that worked together with all the other services.

NARRATOR: AND, WHILE SCIENCE BUILDS ON PAST RESEARCH AND KNOWLEDGE, SO TOO DOES THE COMMISSIONED CORPS. WITH LEADERS COMING FROM OUTSIDE THE CORPS, INSTITUTIONAL MEMORY CAN BE LOST.

RADM Scott Giberson:

What happens is a new administration will come in and you hope that they even ask the question of what we can do because we don't have a direct connection to them. The direct connection would be the surgeon general or the assistant secretary for health, but they're also a political appointee. So the real knowledge that we have, the knowledge transfer may or may not take place.

NARRATOR: PERHAPS NO OTHER EVENT HAS SHOWN THE IMPORTANCE OF THE COMMISSIONED CORPS AS CLEARLY AS THE COVID PANDEMIC.

STUDENT: Dr. Adams, how is the COVID response reflected on our public health system?

Vice Adm. Dr. Jerome Adams:

How has the Covid response reflected on our public health system? Poorly. Poorly.

Newscastr: "This is truly and unprecedented situation. This virus does not discriminate."

Vice Adm. Dr. Jerome Adams:

What it's done is it's put a mirror up to our public health system. It's allowed us to see the problems that exist at its roots. We literally have had to build public health systems from scratch in many communities to respond to COVID in order to be able to make testing available, in order to vaccinate people. These are things that should have been done a long time ago.

Admiral Dr. Brett Giroir:

Testing had a very slow start, as you know, in the United States. And I called all the experts from the Commissioned Corps, many of whom were over at the Diamond Princess or in Wuhan, who had been testing everyone. Brought in a bunch of logistics people, environmental health officer people, had some people from FEMA, and we basically camped out in my office for 48 hours to develop a national plan for drive through testing. There were only 10 drive-thru testing sites throughout the country. By the end of the weekend, we had a plan for 41, starting from scratch. And those first 41 sites, which were implemented within 10 days all around the country were all run by Commissioned Corps officers. And then of course, that turned into thousands and thousands of sites, but you needed a model. And the Commissioned Corp made that model happen.

Vice Adm. Dr. Vivek Murthy:

It was the largest deployment in tempo and overall volume that we've experienced in the entire history of the Commission Corps. And one of the key learnings from that is that we may need to be able to deploy our officers in even greater numbers. If there's a crisis in the future, we need to be able to deploy them even faster than usual.

Admiral Dr. Brett Giroir:

When we showed up at Joint Base San Antonio to repatriate people from Wuhan. They had no idea who we were, but they were damn glad to see us, because these Army, Marine, Air Force, they'd charge a hill with RPGs and bombs and everything else, but they don't want to get close to a person with an unknown infectious disease. That's what we do.

Vice Adm. Dr. Jerome Adams:

The truth is that prior to the pandemic, there were calls to decrease and get rid of the Corp. And in the midst of the pandemic, the call was, "Why aren't you there? We need more of you." Well, you can't just automatically build up an army. You need to invest in it over time.

STUDENT: Dr. Adams, why should the United States be concerned with the rest of the world?

Vice Adm. Dr. Jerome Adams:

That is a great question. And thinking back to COVID, what we learned is that if we don't control disease in other parts of the world, it's going to impact us here in the United States.

GRAPHIC: Global Importance

RADM Michael Blackwell, DVM:

Within 24 hours, a microbe, a deadly microbe can be from anywhere on the planet to anywhere else on the planet within 24 hours. In other words, right now, someone is sitting next to someone who just 24 less hours ago was on the other side of the planet exposed to who knows what?

We SEE an ESTAB SHOT at University of Maryland

RADM Scott Giberson:

And this was a unique situation where we were the only government asset who could be used in that situation. And we did. And if you take us back to the setting where it was high anxiety and a lot of concern and uncertainty here in the United States, even though the epicenter was abroad in West Africa.

CAPT Dan Beck:

Every member of the Corp was somehow chomping at the bit to go this. To be able to go into the most dangerous public health environment we had seen in our careers.

TIME SHIFT GRAPHIC 2022 to 2014

NARRATOR: THE MONROVIA MEDICAL UNIT WAS SET UP TO CARE FOR THE HEALTHCARE PROVIDERS WHO HAD CONTRACTED EBOLA.

We begin to SEE the survivor wall.

CAPT Dan Beck:

And all of the survivors, all of the survivors who are healthcare providers didn't survive and go home. They survived, then they went to other ETUs and they continue to provide care, having been cured.

RADM Scott Giberson:

This is the first one, which is Alvin. He was the first patient admitted to the MMU, the Monrovia Medical Unit, and the first survivor.

RADM Dr. Boris Lushniak:

He stayed on to work with us right?

RADM Scott Giberson:

He stayed on to work with us. And I believe he toured a little bit doing speaking engagements.

RADM Dr. Boris Lushniak:

So he was an extraordinary young man.

CAPT Dan Beck:

Cause he was a PA.

RADM Scott Giberson

He was a PA I believe.

RADM Dr. Boris Lushniak:

Part of the reason we were in Western Africa was yes, to take care of people who had Ebola there. But at the same time, guess what? It was to make sure that we snuff it out where it began so it doesn't come here. So I view that the Public Health Service Commission Corp in fact needs to be a global responder. We have the capabilities to do that.

NARRATOR: IN ADDITION TO STOPPING HEALTH DANGERS, THERE IS ANOTHER POWERFUL EFFECT OF WORKING INTERNATIONALLY.

Vice Adm. Dr. Richard Carmona:

As a nation, we often tout our military strength. I got more bombs, bullets, boots on the ground, planes, so that's a deterrent. People don't want to bother you. But what if I lead with the health diplomacy, which the public health service does it better than anyone. If I can get the public health service deployed to any of these locations where our nation

requires science, health, to be able to keep a community healthy, to practice health diplomacy in those communities, isn't that a good thing to do?

We SEE more hands on the survivor wall as we HEAR and then SEE:

President Barack Obama:

When you think of some of the most difficult, challenging tragedies or public health challenges that we've experienced over the last several decades, these are the folks who've been there from the start: after 9/11, after hurricanes, after Sandy Hook, after Deepwater Horizon or the Boston Marathon bomb. Like so many others, they signed up to leave their loved ones and head straight into the heart of the Ebola epidemic, understanding that there were significant risks that they themselves would be confronting as a consequence of helping others. Thanks to their skill, thanks to their courage and their dedication, they not only helped to keep the American people safe, they led a global response.

We SEE MORE of the SURVIVOR WALL as we **HEAR the PHS CC MARCH:**

RADM Dr. Boris Lushniak:

A uniform service that's all about public health. There is no other model on this planet, no other nation has this. A uniform service dedicated to doing good for its population.

CAPT Sara Newman:

But really you wonder, how is it possible with the impact the United States Public Health Service Commission Corp has had, for over 200 years? That we're still invisible to the American people. How is that possible? And sometimes I think, "Well it's because we do a great job. They would hear about us if we didn't." But we're the silent warriors, and that's sort of what makes us proud too.

TITLE CARD GRAPHIC: Invisible Corps In Officio Salutis In Service of Health

CAPT Sara Newman:

Putting on a uniform every day, for me, it's a constant reminder of the awesome responsibility I have taken on.

RADM Dr. Steve Solomon

It transforms you into being something more than yourself. An officer of the United States of America. It's extraordinarily powerful.

RADM Dr. Clare Helminiak:

And what that means is, you're in it for the long haul, no matter what challenge you're given or what you're asked to do for however long you're asked to do it or where you need to go.

Vice Adm. Dr. Jerome Adams:

It gives us a level of neutrality at a time when public health has been incredibly politicized.

RADM Dr. Anne Schuchat: As a professional woman, as a physician and scientist, it was professional shorthand for a leader.

RADM Dr. Michael Blackwell:

When an outbreak happens and you've got a hot zone, people are dropping dead, people are wanting to get out of that area to save their lives, but medical people need to go in, when you sign up for the uniform, you are saying, "I'll go into harm's way.

RADM Pamela Schweitzer:

I will tell you when I put on the uniform, I'm a different person. It actually changes you because it's just an honor to be able to serve our country. It's an honor to be able to know that I'm representing the US Public Health Service Commissioned Corps.