

DISCUSSION / VIEWER GUIDE

Invisible Corps In Officio Salutis In Service of Health

“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.

President Barack Obama, Sept. 2015

This project will help Americans understand the history and importance of public health and how the USPHS Commissioned Corps role in health care, research, regulation and disaster relief can keep our country safe and healthy.

Underwriters for the project include

USPHS Commissioned Officers Foundation
for the Advancement of Public Health
in association with
Christopher Productions, LLC

With additional support by

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Boxwork Philanthropy Fund,
STChealth LLC,
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CAPT Kent Johnson

Greater New York Commissioned Officers Association
Washington DC Commissioned Officers Association

and

Over 500 additional PHS Commissioned Officers

www.InvisibleCorps.com

Thank you for your interest in the “**Invisible Corps**” project. We are excited to present this program with the goal of helping Americans understand the difference between health care and public health, how the latter will affect our nation now and in the future and how the PHS Commissioned Corps is one of the key answers to our nations’ health and well-being.

As the title indicates, many in our country, including our nations’ leaders, are not familiar with the amazing group of officers that have, for over 200 years, kept our nation safe and healthy. As I learned early on in this project, the PHS Commissioned Corps is the **ONLY** uniformed service in the world whose sole mission is to “promote and protect” our nations’ health. This has been over two years in the making to ensure we get it right.

Enclosed are some ideas for further research, setting up community screenings and discussion as well as understanding how public health affects us all in many ways. Ultimately our goal is to help your local community become healthier. This is intended as a guide and starting point.

You may find it helpful to visit our production website for a script of the program and other resources.

www.InvisibleCorps.com

On behalf of the entire production team, we thank you for taking the time to make a difference and save lives.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Schueler". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Chris Schueler, Producer/Director
Invisible Corps
Christopher Productions, LLC

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PROJECT HISTORY AND OVERVIEW

In 2017, I had lunch with Dr. Walter Dehority, an infectious disease doctor at the University of New Mexico Health Sciences Center. He told me his students had just completed a study of the portrayal of vaccines in movies and television over the past several decades. While Errol Flynn (look him up) many years ago portrayed a doctor who saved the community by inventing a vaccine, more recent portrayals almost always show vaccines turning you into zombies or werewolves. Misinformation and fear has led us to a very polarized world regarding vaccination and science as a whole. This ultimately turned into our documentary “Vaccination from the Misinformation Virus” which released in 2020 during the height of the pandemic. www.themisinformationvirus.com

During that production I met Rear Admiral Pamela Schweitzer who told me about the US Public Health Service Commissioned Corps. She introduced me to an amazing group of officers who make up the only uniformed service in the world to focus on public health.

Flash forward to 2023 and our country is more polarized than ever, and politics has played a key role in increasing our divide. Science and many health issues have become even greater flashpoints than they were just 5 years ago.

After researching the PHS Commissioned Corps and public health history in general, it was very interesting to follow the thread of this political influence on our national health. While many issues are used by politicians in all kinds of ways; health, health care and public health have been politicized for well over 200 years.

One of my key reference books for this film was “Plagues and Politics: The Story of the United States Public Health Service” by Fitzhugh Mullan, M.D. Through that book and with the help of Alexandra Lord, PhD, former Historian with the US Public Health Service, I learned that the original hospitals for Sick and Disabled Seamen in the 1800’s were rife with political problems. A turning point came when our government found someone who could clean up the “political patronage and nepotism” (see our interview with Dr. Richard Carmona). Another major turning point was President Reagans’ appointment of C Everett Koop as Surgeon General which began the series of political appointments of a Surgeon General. Koop, interestingly, turned out to be an advocate for science and health even though it sometimes went against his evangelical Christian beliefs (see interview with Dr. Michael Blackwell). And of course, today is quite an interesting study in politics and science.

SPECIAL NOTE: You will find the **list of all the interviews** we did for the documentary later on in this guide (see CONTENTS). The FULL interviews are available to read or hear through by contacting: <https://www.phscof.org/contact-us/>. As you know, the documentary is only an hour, and each interview was about 30-45 minutes so there is a great deal of wonderful information and wisdom from each of our guests for the film.

GENERAL INFO

“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.”

Former Surgeon General Dr. Jerome Adams, Aug. 2022

While our program gives an overview of the Public Health Service history in our country, we also examine how public health can affect the United States economy and overall quality of life. Thus, you will notice that we weave in elements of how public health campaigns throughout history have effectively saved lives and resources. We have been extremely careful in our presentation to give facts and information and to explain as clearly as possible these facts in a forthright and honest manner.

Please read the script and watch the program prior to sharing it with your group or organization. This will make discussion easier and more effective.

THE SCRIPT IS AVAILABLE THROUGH
www.InvisibleCorps.com

Please download, read and have available prior to viewing program.

This guide includes a variety of tools to more effectively use the program for discussion around health issues in your community. **Further information and a complete list of additional resources are included at the end of this guide.** We hope this is just the beginning, and that together we can make an important difference in our communities.

V I E W I N G S U G G E S T I O N S

- **Provide additional information and instruction.**

The information and stories in “Invisible Corps” are presented to serve as a catalyst for thoughtful discussion. It is assumed by the creators of the program that more in-depth information and instruction will be provided by the group leader or teacher. Some of this information can be found in the resource section of this guide.

- **Discuss the content before watching the show.**

Many people today are exposed regularly to situations in which they must make difficult decisions about their own health as well as that of their friends and family. Sometimes, people struggle to balance personal beliefs and social pressures in order to make good decisions. Briefly discuss the content before watching the show in order to make the discussion after the show more effective. For younger groups, you may want to discuss the difference between a documentary (real people) and a fictional movie (created script) and how this is the former, not the latter.

- **Set ground rules prior to viewing.**

Teachers or group leaders may need to be prepared to offset disruptions in a respectful and thoughtful manner. Talk to your group ahead of time and agree on appropriate behavior during the viewing and the discussion. This should include **no talking or asking questions** until the show is concluded. You should also supply or **have available paper and pens or pencils** so that viewers can **jot down ideas and questions during the viewing for later discussion**.

- **Using a “Question and Answer” Panel.**

There are many ways to encourage discussion. One excellent option is to invite local experts (those from the PHS Commissioned Corps or other health professionals) to your screening to engage in a panel discussion. Please note there is a full, turn-key run down of how to create a panel discussion later in this guide (see CONTENTS).

P R I O R T O V I E W I N G

Leaders / Instructors: Please keep in mind that this guide contains discussion questions that may cause uncomfortable feelings and emotions to surface for some participants due to personal experience or other reasons. If possible you should have at least one and perhaps more experts on the subject matter available.

Have resource information readily accessible, including the script for the program, and discuss only those questions that you feel comfortable handling.

LEADERS: PRIOR TO SHOWING THE DOCUMENTARY

1. Be certain to preview the video and read through this guide.
2. Gather and have available print resources (reference resources listed in guide – see CONTENTS).
3. Download and read the script of the video.
4. Determine how much time you will have and what the discussion goal will be.
5. If you can, ask a trained expert to assist with the discussion (ideally a health professional; a nurse, pharmacist, doctor or other professional).
6. Use clear guidelines. Avoid general, unstructured discussion.
7. Allow enough time to discuss the topics after the viewing.
8. Discuss only those questions that you feel comfortable handling (you can always say that you don't know an answer and guide people to local healthcare professionals).

PRIOR TO VIEWING: Go over the following with your group:

- 1. Ask that all cell phones are muted.**
2. Be sure everyone has pen and paper and encourage them to jot down notes, ideas, and questions. (perhaps review questions you'll be asking after the show – see "Discussion" Section.)
3. Explain the program is one hour long (or use a particular section of the program) and that a discussion about the program will follow.
4. Explain that the video was created with the help of a wide variety of experts and all the **interviews are with real people, not actors.**
5. Explain that after the program, during discussion, it's important to respect everyone's personal feelings and views.

AFTER VIEWING

Because it is important to protect everyone during the discussion, ask the group **not to use any “hearsay” (things a person may have read on the internet or heard through friends)**. Discussion should revolve around the information referred to by **THE EXPERTS IN THE VIDEO**.

- 1. Give everyone a few moments to jot down ideas and questions they may have about the information in the documentary.**
- 2. Explain that this is not about telling your own or others stories.**
- 3. Say that this will be a discussion about the facts regarding healthcare, public health and the issues in the film.**
- 4. Follow some of the ideas for discussion in this guide or other information you may have already gathered as group leader.**
- 5. Be sure to leave enough time for adequate discussion. If time is short after the viewing (30 minutes or less), you may want to take just one of the discussion topics and leave the rest for later.**

DISCUSSION

It is important that people are provided with honest, accurate information to make smart, healthy decisions. All discussions should be conducted with this in mind.

*Download and print the script from the documentary so you've got it to reference when needed. Also consider having a **health care professional, ideally someone from the PHS Commissioned Corps, on hand** during the discussion to answer questions.*

Feel free to use these questions as starting points for discussion of the film:

HISTORY QUESTIONS

- 1) What were some of the troubles with the early Public Health System and how were those troubles addressed?
- 2) What is the Public Health Service Commissioned Corps and WHY is it "invisible"?
- 3) What are some of the most famous PHS Commissioned Corps campaigns throughout history?
- 4) Why do Commissioned Corps members wear uniforms and is that important?

COMMUNITY QUESTIONS

- 1) What is the difference between "Health Care" and "Public Health" and why is that an important difference?
- 2) What are some current Public Health Service health campaigns and are they effective?
- 3) What are some of the struggles that politics has created involving Public Health (refer to experts in the film)?
- 4) How can Public Health save communities money and keep people healthy?
- 5) Why are there 11 different categories (professions) in the Commissioned Corps?

Q & A Panels

SCREENING THE FILM AND PANEL DISCUSSION

There are many ways to do a screening from very informal to a huge gala.

Determine the goals for the event: 1) Raise awareness, 2) Create media coverage, 3) Honor underwriters, 4) Address community concerns, etc.

It's always ideal to involve partners in the creation of the event (help with information tables, panelists, venue, reception, etc.).

Depending on your partners for the project, it's usually possible to get a venue donated.

Question and Answer panels following the screening of the film are a great way to engage the audience in discussion and answer any questions they have regarding the content and information in the film.

Marketing:

www.InvisibleCorps.com

The web site has downloadable

- 1) Posters of the film (one has a clean bottom area to add local information regarding the screening location / date / time.
- 2) Press release template (for you to customize)
- 3) Production pictures for media outreach (and for preshow carousel)
- 4) Promotional short videos for media or social media outreach

We suggest you gather several partners to include in the screening. These organizations can help with outreach, marketing and perhaps panelists.

In general, create a press release (template on the website) that includes the basic information on the film and the date/time/location for the screening. You might also add the panelists if there will be a Q&A.

Distribute the marketing for the screening at least two weeks prior to the event with a follow up about a week before.

TECHNICAL ASPECTS:

VIDEO Prior to Audience arrival

Check to be sure you can see the screen from all seats and that any ambient light won't interfere with the viewing.

AUDIO Prior to Audience arrival

Be sure to **check the audio**. (size of venue determines audio).

Check the sound of the film (roll the open sequence) to be sure it works.

Check the sound for the microphones that will be used after.

Be sure to have the venue show you the open sequence to the film so you can hear how it sounds and looks before the audience arrives.

Consider using the **production stills** power point for use on screen as the audience enters before the showing. (www.InvisibleCorps.com)

Questions to resolve:

- 1) Is there a mic for each panelist or do they share?
- 2) Is there a separate mic for the host?
- 3) Is the lighting appropriate to show the panelists and the host?
- 4) How will the lighting transition between the introductions into the film and then from the end of film to the panel discussion? You may want to bring the house lights to half for the panel discussion.

CREATING THE PANEL DISCUSSION

Decide the role of the panel and the goal of the Q&A.

This helps to focus discussion.

Giving information about local opportunities?

Informing the audience of local experts and information?

Encourage support of local or national public health issues?

Recruit into the Commissioned Corps?

BASED ON THE GOAL OF THE Q&A AND ROLE OF THE PANEL

Confirm panelist:

Ideally **local experts** perhaps from the Commissioned Corps (doctors, nurses, pharmacists) that enjoy public discussion and outreach.

The number of panelist should be based on the time available for the discussion. For a 30 minute panel we recommend no more than three panelists (**approximately 10 minutes per panelist** is a good rule of thumb).

Each panelist should have a different area of expertise.

Let the panelists know their role, the panel goal and timeline.

Ask each panelist, prior to the event, *what they would like to be asked about the topic* (five to host/emcee to use in case of audience lack of questions)

Confirm a host:

This should be someone comfortable in front of an audience who will introduce the panelist, read the questions and wrap up the event. We recommend a local news person or dignitary that enjoys doing this kind of event (and won't "take over" the conversation).

Keep in mind that this person could be helpful for marketing of the event.

This person should just introduce and move the program along – not give advice or comments about information. They are not the expert. If they ARE an expert, put them on the panel. You need someone to run the show and keep the timeline intact.

Give the host a run down and inform them about the time line.

Collecting Questions:

We highly recommend collecting questions in a written form from the audience. This eliminates the possibility of someone taking over the conversation with their "question" during a "live" ask. This also allows the Emcee/Host (or a helper) to look at the questions prior to them being asked and organize them in a meaningful manner.

There are several ways to do this:

- Give audience members a small note card and pen when they arrive.
- Have a basket at the entrance with cards and pens and a sign that says "Write a question for our experts".
- Have the host or emcee ask the audience after the film if they have a question to raise a hand and have ushers hand them a card and pen. In this case have the usher stay with the person and collect the question right away.

SAMPLE RUN DOWN

(20 min pre show, 60 min film, 30 minute Q&A):

20 min to screening: Doors Open (Run Pre-show carousel pix power point)

10 min to screening: Host welcomes everyone, introduces dignitaries, and acknowledges Underwriters: Could have them stand or bring them to the stage for a gift. If there is a MAJOR underwriter, perhaps allow them to speak.

5 min to screening: Host **introduces the film** (or introduces someone to introduce the film; Mayor, Governor, Producer).

FILM ENDS

Depending on the time, you might want to add a quick 10 min bathroom break which also allows folks to leave if they like.

2:00 min: Host Asks panelist to come up.

As panelists come up, host reminds audience of question cards, explains that the Q&A will last XXX minutes, any local announcements – location of services, etc. Ideally have panelists backstage and ready to go.

2:00 min: Host introduces panelists (very brief intro for each one)

6:00 min: Panelists OPENING remarks

(2 min each focused on their expertise, concerns for the community)

15:00 min: Questions from audience.

Host should have several questions already created for each panelist as a backup. These should be discussed with panelists prior to the event “what would you like to be asked?” You should have someone assigned to go through audience questions **prior to giving to the host** so there are no duplicates, and they are clear and on topic.

3:00 min: Panelists CLOSING remarks (1 min each)

1:00 min: Host thanks all and gives info and WEBSITE

(broadcast date for film / where to see or share the film / film web site / etc.)

NOTE: www.InvisibleCorps.com

Let audience know that the web site for the film contains short segments from the film available for download and use along with the full film streaming free from PBS.

Q U O T E S F R O M P R O G R A M

These are quotes from the documentary to generate discussion about public health and the PHS Commissioned Corps.

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.

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

... 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.

Vice Adm. Dr. Jerome Adams, 20th US Surgeon General

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.

Vice Adm. Dr. Jerome Adams, 20th US Surgeon General

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 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.

Rear Adm. Dr. Boris Lushniak former Acting Surgeon General

One of the challenges public health has is that it's often pitted against the economic, or the business argument. 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.

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?" Well, the challenge is that public health had been largely invisible, and so had the Corps.

Vice Adm. Dr. Jerome Adams, 20th US Surgeon General

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. Commissioned Corps officers were the only United States Government asset to provide direct patient care to health care workers with Ebola in West Africa.

President Barack Obama

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

Former FDA Commissioner Dr. Scott Gottlieb

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.

Rear Adm. Dr. Boris Lushniak former Acting Surgeon General

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. 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."

Vice Adm. Dr. Jerome Adams, 20th US Surgeon General

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."

Rear Admiral (retired) Steve Solomon, MD Former Assistant U.S. Surgeon General

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.

Rear Admiral (retired) Kenneth P. Moritsugu, MD, MPH former Acting Surgeon General

M A T E R I A L S

AVAILABLE THROUGH WEBSITE

DOCUMENTARY

For screenings, film festivals and broadcast (56:46 min)

SHORTENED VERSION 30 minute length

LIFT OUT VIDEOS 1 to 3 minutes each

Short videos created from the documentary highlighting a specific issue.

Targeted videos for use by health professionals and educators.

INFORMATIONAL PROMOS :15 to :60 seconds each

For partner websites, social media and for broadcast promotion.

NEWS STORIES

Downloadable links for local media use of all elements above

CURRICULUM/ VIEWER GUIDE

Turnkey guide for organizations to accompany a documentary screening.

SCREENING / Q&A GUIDE

Turnkey guide for organizations to set up a documentary screening. This is also included in this viewer guide.

PRODUCTION WEB SITE

www.InvisibleCorps.com

Includes downloads for videos and guides, resources, marketing tools.

PROGRAM

Biographies

Ali MacGraw, Narrator

MacGraw is an actress, model, author and animal rights activist. She won The Golden Globe Award for Most Promising Newcomer for the film *Goodbye, Columbus*, was nominated for an Academy Award for Best Actress and won the Golden Globe Award for Best Actress in a Motion Picture – Drama for the movie *Love Story*. In 1972, MacGraw was voted the top female box office star in the world. She went on to star in the action film *The Getaway*, played the female lead in *Convoy*, headlined the romantic sports drama *Players*, the comedy *Just Tell Me What You Want*, and on, television, appeared in the historical television miniseries *The Winds of War* as well as the soap opera *Dynasty*. MacGraw has voiced numerous documentaries and worked with Producer/Director Chris Schueler most recently on his 2018 documentary *Osimi*.

Admiral Brett P Giroir, MD

Service: Giroir was the 16th Assistant Secretary for Health in the US Department of Health and Human Services and four-star admiral in the Commissioned Corps of the U.S. Public Service Health Service, 2018-2021.

Credit: Oversaw several of the Department's core public health offices including the Office of the Surgeon General. Led national initiatives, including the plan to end the HIV epidemic in America, the Physical Activity Guidelines for Americans, revised Common Rule and a cross-agency effort to improve the outcomes of patients living with sickle cell disease; served as Senior Adviser to the Secretary for Opioid Policy, Acting FDA Commissioner, key member of the White House Coronavirus Task Force and US Representative to the Executive Board of the World Health Organization.

Education: Bachelor's degree in biology from Harvard University; medical degree from the University of Texas Southwestern Medical School.

Current: CEO of Altesa BioSciences, Inc.

Vice Admiral Vivek H Murthy, MD, MBA

Service: Nation's doctor, 19th and 21st U.S. Surgeon General; 2014-2017 and 2021-current

Credit: During tenure as 19th Surgeon General Murthy helped lead the national response to Ebola and Zika viruses, the opioid crisis, and the growing threat of stress and loneliness to Americans' physical and mental wellbeing. In 2016, he issued the first Surgeons General's Report on Alcohol, Drugs and Health. He also released a historic Surgeon General's report on e-cigarettes and youth.

As 21st Surgeon General, Murthy focused on the growing proliferation of health misinformation, the ongoing youth mental health crisis, well-being and burnout in the health worker community, and social isolation and loneliness.

Education: Bachelor's from Harvard, medical degree from the Yale School of Medicine, and master's in business administration from the Yale School of Management.

Current: 21st U.S. Surgeon General

Vice Admiral Jerome M Adams, MD, MPH

Service: Nation's doctor - 20th U.S. Surgeon General, 2017-2021

Credit: Priorities were addressing the opioid epidemic and untreated mental illness. Released public health advisory on naloxone and opioid overdose. Appointed to the COVID-19 pandemic task force.

Education: Bachelor's in biochemistry (BS) and biopsychology (BA) from University of Maryland Baltimore County, medical degree from Indiana University School of Medicine and master of public health from the University of California, Berkeley with a focus on chronic disease prevention.

Current: Presidential Fellow, first Executive Director of Purdue University's Health Equity Initiatives and professor of practice in the departments of Pharmacy Practice and Public Health.

Vice Admiral Richard H Carmona, MD, MPH, FACS

Service: Nation's doctor - 17th U.S. Surgeon General, 2002-2006; Prior service: United States Army Special Forces, combat-decorated Vietnam veteran including two Purple Hearts and Bronze Star.

Credit: As Surgeon General, Carmona focused on prevention, preparedness, health disparities, health literacy, and global health including health diplomacy. He released several landmark communications during his tenure including the Surgeon General's report on the health effects of secondhand smoke. The report encouraged the adoption of indoor smoking bans.

Education: Associate of arts degree in nursing from Bronx Community College, of the City University of New York; bachelor of science in biology and chemistry from the University of California San Francisco (UCSF) and medical degree from UCSF Medical School; master's degree in public health from University of Arizona.

Current: Vice chairman of Canyon Ranch, a health and wellness company, and president of the Canyon Ranch Institute Board of Directors.

Rear Admiral (retired) Boris D Lushniak, MD, MPH:

Service: Lushniak served 27 years in the Commissioned Corps of the U.S. Public Service Health Service.

Credits: Acting surgeon general from 2013-2014, the 50th anniversary Surgeon General's Report on Smoking and Health, the first ever Surgeon General's Call to Action to Prevent Skin Cancer, part of the CDC/NIOSH team that responded to the devastation at Ground Zero after 9/11, served as the FDA Deputy Incident Commander for the 2009 H1N1 pandemic response and led the USPHS hospital providing care to Ebola patients in Liberia in 2015.

Education: Bachelor's and medical degrees from Northwestern University and a master's in public health from Harvard University.

Current: Dean of the University of Maryland, College Park School of Public Health.

Rear Admiral (retired) Kenneth P. Moritsugu, MD, MPH

Service: Served 37 years in the Commissioned Corps of the U.S. Public Service Health Service.

Credit: Acting surgeon general of the United States, in 2002 and again from July 2006 until September 2007. He was the first Asian-American Surgeon General of the US.

Also served as deputy surgeon general. In these roles, was responsible for the development and issuance of 20 major documents from the office of the surgeon general.

Education: Received baccalaureate degree in classical languages from the University of Hawaii in 1967, medical doctor degree from the George Washington University School of Medicine in 1971, and a master of public health in health administration and planning from the University of California, Berkeley, in 1975.

Since retiring, President and chief executive officer of First Samurai Consulting, LLC; adjunct professor of global health at the George Washington University School of Public Health, and adjunct associate professor of preventive medicine at the Uniformed Services University of the Health Sciences.

Rear Admiral (retired) Anne Schuchat, MD

Service: Served 37 years in the Commissioned Corps of the U.S. Public Service Health Service.

Credit: Centers for Disease Control and Prevention, Principal Deputy Director 2015-2021; served twice as acting CDC director (2017 and 2018). From 2006-2015, she was the first Director of CDC's National Center for Immunization and Respiratory Diseases (NCIRD). Began public health career at CDC as an Epidemic Intelligence Service officer. The fictional character of Erin Mears (played by Kate Winslet) in the 2011 film *Contagion* is partially based on Schuchat and her career.

Education: Graduated from Swarthmore College and Dartmouth Geisel School of Medicine and completed her residency and chief residency in internal medicine at NYU's Manhattan VA Hospital.

Scott Gottlieb, MD

Service: 23rd Food and Drug Administration (FDA) Commissioner, 2017-2019

Credit: While at the FDA, Dr. Gottlieb focused on a wide variety of issues, including drug pricing, medical product innovation, food safety, vaccination, and tobacco and vaping. He also advanced policies to address opioid addiction, improved the regulatory process for the development and review of novel drug and medical devices.

Education: Bachelor's in economics from Wesleyan University, medical degree from Icahn School of Medicine at Mount Sinai, residency in Internal Medicine at Mount Sinai Medical Center in New York.

Current: Partner at New Enterprise Associates, Inc and Resident Fellow of the American Enterprise Institute.

Sonya Coakley Baker

Deputy Director, Office of Public Health at U.S. National Park Service, and liaison to the USPHS for more than 20 years.

Education: graduate of James Madison University

Captain (retired) Dan Beck

Service: 23 years in the Commissioned Corps of the U.S. Public Service Health Service. Credit: Director, Readiness and Deployment Operations Group; seventeen (17) years of experience in emergency management, operations and planning; played key role in nation's emergency response to 9/11, anthrax, H1N1, Ebola, Katrina (1999-2016). Education: Bachelors of science, electrical and electronics engineering at University of Maryland.

Current: Senior Operations Manager, AMI Expeditionary Healthcare

Rear Admiral (retired) Michael Blackwell, DVM, MPH

Service: Served 23 years on active duty as a Commissioned Officer in the U.S. Public Health Service. Center for Veterinary Medicine, Food and Drug Administration (FDA) from 1977-86 & 1994 – 99; Chief of Staff, Office of the Surgeon General 1999-2000.

Credit: Chief Veterinary Officer of the Veterinarian Category.

Since retiring, was Dean, College of Veterinary Medicine, University of Tennessee and Chief Veterinary Officer of the Humane Society.

Education: Doctor of veterinary medicine from Tuskegee University, master of public health (epidemiology) from Loma Linda University.

Currently, Blackwell is director of AlignCare Health Inc. and director of Program for Pet Health Equality, Knoxville, Tennessee.

Captain (retired) Shirley Blakely, PhD, RD

Service: Prior service U.S. Army Medical Specialist Corps before serving in the Commissioned Corps of the U.S. Public Health Service.

Credit: Senior Nutrition Policy Advisor, FDA 2008-2015. She worked on development of the 2010 Dietary Guidelines for Americans and conducted workshops on food and nutrition regulatory policies. Research focus in obesity and dietary fatty acids, fructose, and carotenoids.

Education: Bachelor's from Tuskegee University, masters and PhD from University of Maryland, College Park

Current: Nutrition consultant, Blakely Associates.

Cynthia Claus, PhD, MPH

Credit: Former Director of Health Programs at the Phoenix Area Indian Health Service.

Education: Bachelor's in medical technology from University of Oklahoma, masters in public health from University of South Carolina and doctor of philosophy in medical anthropology from Arizona State University.

Current: Adjunct Professor, Grand Canyon University

Rear Admiral (retired) Scott Giberson, RPh, MPH, D.Sc.

Service: Served 27 years in the Commissioned Corps of the U.S. Public Service Health Service.

Credits: Giberson served as the acting Deputy Surgeon General of the United States (2013-2014). He also held positions: Senior Advisor to the Office of Surgeon General, Director of Commissioned Corps Headquarters, Chief Pharmacist of the USPHS (2010-2014), Director of the IHS National HIV/AIDS Program and Senior Public Health Advisor for Pacific Command's Center of Excellence in Disaster Management and Humanitarian Assistance (2003-2006). He served as overall Commander of the Commissioned Corps' Ebola Response in West Africa.

Education: Pharmacy degree from Temple University School of Pharmacy and master's in public health from University of Massachusetts/Amherst.

Current: President of AMI Expeditionary Healthcare, a private global healthcare solutions company.

Rear Admiral (retired) Clare Helminiak, MD, MPH

Service: served 30 years in the Commissioned Corps of the U.S. Public Service Health Service.

Credit: Responsible for the transfer of the National Disaster Medical System to the Department of Health and Human Services from the United States Department of Homeland Security (2006). Served two years (2007-2009) in the Office of the Vice President as the medical advisor for Homeland Security Affairs; served as the chief medical officer of the U.S. Public Health Service from 2009 to 2013. assignments at isolated duty stations in the Indian Health Service in New Mexico, Alaska, Montana, and Arizona; Served both domestically and on-site in Afghanistan.

Education: Earned bachelor's degree from the University of Wisconsin-Eau Claire, medical degree and master's degree in public health from the Medical College of Wisconsin.

Current: Independent consultant

Rear Admiral (retired) Deborah Parham Hopson, PhD, MSPH, RN

Service: Served 34 years in the Commissioned Corps of the U.S. Public Service Health Service.

Credit: Senior Health Advisor at Health Resources and Services Administration, known for her decades of work on the Ryan White HIV/AIDS Program. Worked in other programs including community and migrant health centers, healthcare for the homeless, healthcare for residents of public housing, and Healthy Start programs; the first African-American nurse to achieve the rank of Rear Admiral in the USPHS.

Education: Graduated from University of Cincinnati school of nursing; received master's and doctorate at the University of North Carolina Chapel Hill School of Global Public Health

Current: Senior public health scientist at The MayaTech Corporation; consults on projects involving infectious disease prevention and treatment and leads a project focused on public health workforce training and development.

Edward Keable, Superintendent Grand Canyon National Park

Service: Superintendent since 2020; has more than 33 years of federal service which includes a 23-year career as an attorney for the Department of the Interior.

Credit: addressing climate change related issues; infrastructure project to replace antiquated water and wastewater treatment systems to provide safe, dependable water for visitors and residents; consult with federal, state, and local public health authorities to monitor the COVID-19 pandemic; works with the 11 affiliated tribes to reimagine interpretation of the Grand Canyon from Indigenous perspectives.

Education: Vermont Law School

Lieutenant Commander Ronan F King

Service: PHS Officer (Environmental Health Officer); since 2019, Public Health Consultant at the National Park Service.

Education: Bachelor's in architectural studies and biological sciences from University of Pittsburgh; master of science in Environmental Health from East Carolina University.

Alexandra Lord, PhD

Service: Historian, US Public Health Service 2001-2007

Credits: Worked with the Office of the Surgeon General and the Office of the Secretary of Health and Human Services to develop and implement a research agenda for the Office of the Public Health Service Historian and to plan and curate exhibits on the history of 18th, 19th, and 20th century medicine.

Education: Bachelor of arts degree in medieval and renaissance studies from Vassar College, Ph.D. from University of Wisconsin, Madison, and post-doctoral fellow in the history of health sciences, University of California, San Francisco.

Current: Chair and Curator, National Museum of American History (Smithsonian)

Melvina McCabe, MD

Credit: Geriatrician and Professor Emeritus of Family Medicine at University of New Mexico School of Medicine; research area and scholarly focus with American Indian and Alaska Native people and geriatrics.

Education: Medical degree from University of New Mexico in 1984, completed a residency in family medicine in 1987 and a geriatric fellowship in 1989 at the University of New Mexico School of Medicine.

Captain (retired) Gene Migliaccio, DrPH, MPH

Service: Served 35 years in the federal government as a Commissioned Officer in the U.S. Public Health Service and the U.S. Air Force Medical Service Corps.

Credit: As a PHS Commissioned Corps Officer, Migliaccio was the Director of Immigration Health Services for the U.S. Government for more than 12 years (1994-2007). He also served as the Acting Chief of Staff for the U.S. Surgeon General where he worked on transformation of the organization and health priorities for the nation (prevention, preparedness, and health disparities).

Education: Bachelor's in psychology from Marquette University, doctor of public health (DrPH) from Tulane University School of Public Health and Tropical Medicine and master of public health from the University of Hawaii, School of Public Health.

Current: Associate Dean for Applied Public Health and Director of the Doctor of Public Health (DrPH) Program at George Washington University.

Captain Sara B Newman, DrPH, MCP

Service: PHS Officer (Scientist Category); since March 2015, Newman has served as the Director of the Office of Public Health (OPH) with the National Park Service (NPS).
Credit: Provides technical expertise to the NPS on food safety, drinking water safety, wastewater and vector control, infectious disease surveillance, outbreak response, and health promotion.

Education: doctoral degree from the Uniformed Services University of the Health Sciences (USUHS) focusing on epidemiology and social and behavioral sciences; master's in city planning from the Massachusetts Institute of Technology.

Rear Admiral (retired) Pamela Schweitzer, PharmD, BCACP

Service: Served 24 years in the Commissioned Corps of the U.S. Public Service Health Service.

Credit: Chief Pharmacist Officer USPHS, 2014-2018; also had assignments in Indian Health Service and Centers for Medicare and Medicaid Services. First female

Education: Bachelors in biological sciences from California State University, Fullerton, doctor of pharmacy degree from the University of California, San Francisco.

Current: work on several public health related projects, improving health and access to healthcare in rural and underserved communities, interoperability, and payment for clinical services.

Rear Admiral (retired) Steve Solomon, MD

Service: Served 30 years in the Commissioned Corps of the U.S. Public Service Health Service.

Credit: Assistant U.S. Surgeon General, 2007-2010, Deputy Director, Office of Healthcare Quality, Office of the Assistant Secretary for Health; Director of CDC's Office of Antimicrobial Resistance from April 2011 to May 2015.

Education: Bachelor's from Rutgers University and medical degree from Tufts University; board certified in internal medicine, infectious diseases and preventive medicine.

Current: Founder, Global Public Health Consulting

RESOURCE Videos

Short Video List from Film

The program has been created so that shorter videos can be “lifted out” of the program. You may find these useful to share with friends, colleagues or community leaders to explain particular aspects of public health or the USPHS Commissioned Corps.

These videos can be shared through social media or email and cover a wide range of information. They vary in length based on the topic and expert but most are between 1 and 4 minutes. There are also very short videos for use in promoting the film for screenings or broadcast.

You can find the full list and what is covered as well as download the videos at the production website: www.InvisibleCorps.com

R E S O U R C E S O n L i n e

To view the documentary, associated videos and marketing info:
www.InvisibleCorps.com

The USPHS Commissioned Corps all information:
www.usphs.gov

The PHS Commissioned Officers Foundation:
www.phscof.org

US Public Health Service Agencies (all listings) www.hhs.gov

Centers for Disease Control and Prevention
www.CDC.gov

National Institutes of Health
www.NIH.gov

Food and Drug Administration
www.FDA.gov

Substance Abuse and Mental Health Services Administration
(SAMHSA)
www.samhsa.gov

Indian Health Service
www.ihs.gov

Health Resources and Services Administration
www.hrsa.gov



P R O J E C T

U n d e r w r i t e r s

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Along with over 500 Commissioned Officers

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P R O J E C T

P r o d u c t i o n C r e w

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“Plagues and Politics: The Story of the United States Public Health Service” by Fitzhugh Mullan, M.D. Published by Basic Books, Inc.

Rife J, Dellapenna A. Caring & Curing: A History of the Indian Health Service. Indian Health Service. 2010

U.S. Food and Drug Administration

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