

## A Brief History of the U.S. Public Health Service



### Origins

The history of the U.S. Public Health Service (PHS) provides a great overview why PHS officers wear uniforms, bear military ranks, and is one of eight uniformed services of the United States. The PHS was originally formed July 16, 1798, within the Treasury Department, by President John Adams which created the Marine Hospitals to prevent the spread of disease from returning sailors to the U.S. In 1870, the Marine Hospital Service became centralized under a supervising surgeon, known today as the Surgeon General. In 1871, the first supervising surgeon John Maynard Woodworth, a surgeon of the Union Army who served under General William Tecumseh Sherman, adopted a military model of a cadre of mobile uniformed career surgeons assigned to Marine Hospitals. In 1878, the Marine Hospital Service played a crucial role in preventing the spread of global epidemic diseases of smallpox and yellow fever within the U.S. In 1889, congress formally established the PHS within the Marine Hospital Service, organizing the PHS officers utilizing military titles and pay that corresponded to the Army and Navy ranks. In 1902, the service was renamed to Public Health and Marine Hospital Service along with congress authorizing the PHS to broaden its mission to include researching disease, sanitation, water supplies, and sewage disposal. Finally in 1912, with the scope of growing responsibilities the service was renamed to today's United States Public Health Service. In 1944, the U.S.



Public Health Service Act broadens the scope of service and allowed the PHS service to grow from 625 officers to nearly 3000 officers by recruiting of nurses, dieticians, scientist, physical therapists, and sanitarians. Today, as one of eight uniformed services of the United States, the PHS continues to fulfill its mission to protect, promote and advance the health and safety of the nation. The PHS is committed to service of the nation's health with over 6000 commissioned officers in 11 professions, and assigned to over 800 world-wide duty stations.

### Research History

Many early 1800s research by the Marine Hospital Service was in the field of biomedical sciences and improving public health which led to the development of modern day National Institutes of Health. Early research involved the diagnosis and study of infectious diseases, occupational health, and industrial hygiene. Cholera was diagnosed in



1887 by Dr. Joseph Kinyoun, while epidemiology studies of 1906-1910 led to discovery of typhoid fever which led to the development of rural sanitation.

After World War II research became more focused on chronic diseases such as cancer, heart, kidneys, neurological disorders, and health problems associated with aging. Research continued to expand into many areas of public health such as the 1969 community water survey that created the 1974 Safe Drinking Water Act.

However, there were moments in time that research failed short of proper treatment when available. Such research was the *Tuskegee Study of Untreated Syphilis in the Negro Male* which began in 1932 when there was no known cure for syphilis. The study involved 600 black men of which 399 had syphilis. Originally the men were told they were being treated for bad blood, however there was no proper treatment for syphilis. The study was initially to last only six months; however it lasted for 40 years. Penicillin was discovered in the 1940s however it was not given to the test subjects. As a result of the Tuskegee experiment it led to a distrust of public health officials. In 1997, President Bill Clinton issued a formal apology to the survivors and the family of the deceased stating the experiment was profoundly morally wrong.

Challenges continue to face the nation's public health such as the use of tobacco products, AIDS, and more recently COVID-19. In 1964, Surgeon General Dr. Luther Terry released a landmark report linking tobacco and chronic disease. In 1986, Surgeon General Dr. C. Everett Koop sent the largest public health mailing in history to 107 million households regarding "Understanding AIDS". On March 11, 2020, The World Health Organization stated COVID-19 outbreak was a pandemic; of which more than one million Americans died from COVID-19. The origins of COVID-19, and the impact the federal and state governments took to control the pandemic has left many Americans once again suspect of public health. Historically, there have been other pandemics such as Yellow Fever, HIV/AIDS, SARS, and Ebola. As new infectious diseases are discovered there will be mistakes made along the way to diagnose and treat them. Hopefully, we as a collective of citizens who have benefited from continuing research through our public institutions, and federal agencies trust that no harm was intended, and continue to see the benefits of modern day research as infectious diseases have been a constant companion.



### **Military History**

The PHS has a long history of supporting the Armed Forces of the United States. During the Spanish-American war of 1898, all of the service's Marine Hospitals were available to care for the sick and wounded of the Army and Navy. PHS medical officers were assigned to all troop ships during the war. The PHS was further charged to create quarantine stations for the prevention of yellow fever by returning troops from Cuba and Puerto Rico.

Prior to the entry of World War I, on April 3, 1917, President Woodrow Wilson by executive order made the PHS a part of the military forces of the United States. The PHS stood up around 200 medical officers throughout the war. PHS medical officers served aboard Coast Guard ships now incorporated into the Navy, in military camps, and Marine Hospitals. Once again the PHS was tasked to provide medical care to returning disabled servicemen and servicewomen in the Marine Hospitals. The PHS set up fourteen districts throughout the US with sub-districts, with a medical officer in charge of hospitals and clinics. In 1919 alone, the PHS operated 30 hospitals and provided care to 93,179 veteran patients. As such, Congress passed a law entitling PHS officers pensions as provided for officers in the Army, Navy, and Coast Guard.



In 1941, during World War II, when the U.S. Coast Guard was militarized within the Navy; the PHS went to war as well. From 1941 to 1945, 663 PHS officers served with the Coast Guard with many sustaining injuries, including serving on four cutters that were lost to enemy action. PHS medical officers were assigned to each of the Army's Service Commands. Fifteen PHS officers were assigned to the China Burma-India Theater of war. Other PHS officers supported the Normandy landings on D-Day in 1944; still others were directly involved in the amphibious landings on Japanese-defended islands in the Pacific theater of war, including Iwo Jima,



Dr. Fred Black

Saipan, and the Philippines. At the time of the attack on Pearl Harbor there were six PHS medical officers in the Philippine Islands. At the request of General Douglas MacArthur, Dr. Howard F. Smith a PHS medical officer was made his medical aide and accompanied General MacArthur to Austria. The other five PHS medical officers remained in the Philippines and were captured by the Japanese. Two of the PHS medical officers, Dr's Floyd W. Hawk and Fred Black died while prisoners of war. Another PHS officer served on the personal staff of Fleet Admiral Chester W. Nimitz. A total of fourteen PHS officers died on active duty during World War II, including six who were killed in enemy action. Three PHS officers were awarded Distinguished Service Medals for their wartime service; seven received Purple Heart Medals; ten received Legions of Merit; and nine were awarded Bronze Star Medals. The war required the expansion of personnel and programs which the PHS Act of 1944 provided. In November

11, 1943, the Act of Congress authorized military benefits for the PHS and gave the President the authority to declare the PHS to be a military service in times of war. The Public Health Service Act of July 1, 1944, repealed the 1943 Act; however it contained the same provisions for militarization of the PHS. On June 21, 1945, President Harry S. Truman issued Executive Order 9575 which declared the PHS to be a military service, and a branch of the land and naval forces of the U.S. during the period of the present war.

Upon entry of the military action in Korea, the PHS was looked upon once again for militarization by the President. However, Public Law 450, approved July 3, 1952, by Congress extended certain wartime powers to the President, but did not allow continued authority to declare the PHS to be a military service. The PHS Act was later amended that gave the President the authority to declare the PHS to be a military service not only in time of threatened or actual war, but also in an emergency involving the national defense as proclaimed by the President.

During Vietnam, the PHS deployed surgical teams in country staffed by 171 PHS officers. The PHS was also given an additional mission involving efforts to control malaria and other infectious diseases within Vietnam.



Dr. Gilbert P. Herod treats patient suffering from napalm burns in Da Nang

On July 6, 1988, the Department of Health and Human Services and the Department of Defense signed a Memorandum of Agreement which established a contingency for planning a relationship between the two departments for the mobilization of PHS officers within DoD health care facilities.

During the Global War on Terror, PHS officers immediately deployed to Ground Zero. Almost 900 PHS officers served with the U.S. military in Iraq and Afghanistan. Many having deployed numerous times; most embedded within Army units, while others deployed in support of State Department missions. Some embedded PHS officers were awarded the Bronze Star, Purple Heart, and the Combat Medical Badge (CMB).

In 2008, the PHS and DoD established a partnership enabling the PHS to provide behavioral health services, and physical therapy for traumatic brain injuries to military members and their families at Military Treatment Facilities (MTFs). Today's PHS officer's duty locations can be found detailed to DoD, VA, TRICARE, Coast Guard, NOAA, and a host of other federal departments. The PHS provides medical officers, dental officers, therapist

officers, nurse officers, and environmental health officers to other uniformed services, primarily to the Coast Guard, Army, and NOAA Corps. A PHS Rear Admiral (upper half) serves as the Chief Medical Officer of the Coast Guard overseeing 41 clinics and 150 sickbays. A PHS medical officer serves as Chief of Medical Affairs for NOAA overseeing five medical programs: Aviation Medicine, Behavioral Health and Wellness, Marine Medicine, NOAA Corps Medical Affairs, and Diving Medicine.

PHS officers frequently deploy with the Navy on its health diplomacy missions, including the “Pacific Partnership” and “Continuing Promise” missions. They also serve on the Navy’s hospital ships, USNS Mercy and USNS Comfort. In 2016, PHS officers deployed aboard the Navy’s hospital ship USNS Comfort in support of relief operations to Haiti following Hurricane Matthew.



### **Humanitarian History**

The commissioned corps organizes PHS officers into units for rapid deployment. The teams are multidisciplinary and are capable of responding to domestic and international humanitarian missions.

1989 – Hurricane Hugo.

1989 – Loma Prieta, CA, earthquake.

1992 – Hurricane Andrew, more than 1,000 PHS officers were deployed.

1994 – Northridge, CA, earthquake.

1995 – Oklahoma City, OK, Bombing of the Alfred P. Murrah Federal Building.

1995 – U.S. Virgin Islands, Hurricane Marilyn.

1999 – Fort Dix Hospital, NJ, deployed to assist with Kosovo Refugees.

2001 – New York City, NY, more than 1,000 PHS officers deployed after the attacks on September 11, 2001, to aid victims, and provide medical and mental health services to first responders and rescue workers.

2001 – U.S. Capital, Washington, D.C, Anthrax attacks.

2004 – Hurricane Ivan.

2004 – Indian Ocean earthquake and tsunami. A PHS Behavioral Healthcare Team deployed aboard the USNS Mercy.

2005 – Hurricanes Katrina, Rita, Wilma. The single largest deployment of more than 2,000 PHS officers deployed to set up 12 field hospitals throughout Louisiana to render medical aid and assistance to evacuees and responders.

2006 – Kiholo Bay, HI, earthquake.

2007 – Panama, 365 deaths from medicine contamination.

2008 – Hurricanes Gustav and Ike.

2008 – Continuing Promise. A Navy humanitarian mission of which PHS officers were deployed to provide health care and other relief services to 8 Latin America and Caribbean nations.

2009 – Samoa earthquake and tsunami.

2009 – Washington D.C, Presidential Inauguration. PHS medical teams treated approximately 750 patients.

2010 – Haiti Earthquake.

2010 – Deepwater Horizon oil spill.

2011 – Japan earthquake and tsunami.

2012 – Hurricane Sandy.

2014 – Immigration crisis of unaccompanied minor children.

2014 – Monrovia, Liberia, West African Ebola Outbreak. The PHS stood up the Monrovia Medial Unit field hospital to provide patient care to volunteer health care workers in Liberia who themselves were infected with Ebola.

2016 – Great Plains region of the Indian Health Service.

2016 – Hurricane Matthew. PHS deployed with the Navy aboard the USNS Comfort to Haiti.

2017 – Hurricanes Maria, Irma, Harvey.

2020 – COVID-19 pandemic.

### **Notable Awards**

On September 24, 2015, President Barack Obama presented the **Presidential Unit Citation** to the PHS. During the 2014 West African Ebola outbreak, the PHS was the only U.S. government entity to staff a field hospital in Monrovia. The Monrovia Medical Unit field hospital provided direct patient care to health care workers in Liberia who themselves were infected with Ebola. The goal of the mission was to remove barriers to volunteer doctors and nurses wanting to help, whether from Liberia or from abroad.

On January 19, 2021, President Donald Trump presented the **Presidential Unit Citation** to the PHS for their extraordinary performance of duty during the Covid-19 pandemic.



About the author:

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CDR Boles served this nation in uniform for 37-years. He initially enlisted in the USN in 1974 as an Operations Specialist with service aboard ship. Later he changed his rate to Equipment Operator in the Seabees, and did a tour of duty as a recruiter. After the Gulf War he attended college, and received his professional degree as a physical therapist. In 1997, he commissioned with the USAF as a physical therapist with service at three Air Force bases. In 2002, then USAF Capt. Boles completed an inter-service transfer into the PHS with his initial assignment to the Food and Drug Administration (FDA) bioterrorist teams. After a tour of duty with the FDA, he returned to the physical therapy clinic providing healthcare to Native Americans. CDR Boles retired in 2017 having deployed many times during his career from enlisted sailor, to commanding medical teams as a commissioned officer.