

PHS Therapist History

USPHS Therapist Category – A History 1944-1988



Email: phstherapisthistory@gmail.com

Introduction

This has been a collaborative project of four retired members of the Public Health Service Therapist category: John B. Allis, William E. Cox, Michael J. Oliva, and Lennes A. Talbot.

We served during the years 1955 through 1988. We developed a tremendous mutual respect for each other and for our fellow Therapists. We are proud of the dedication and zeal for improved service exhibited by PHS Therapists in direct patient care, in research efforts, as consultant/advisers, as administrators, public health practitioners, and educators.

PHS Therapist History

Source: <http://www.phstherapisthistory.org/>

Having read some material posted in the Internet regarding the history of the Therapist Category, we were at a loss to recognize the era of our Service and began to discuss our experiences and our perceptions of the on line materials. Those discussions led us to an effort to produce a “history” of the Category as we experienced the years between 1952 and 1988 – the dates of our active duty service. Efforts were made to contact many Therapists. Some we could not locate, others chose not to respond, and still others, sadly, have died. After almost three years of collating and editing we finally concluded our effort and sent a copy of our “history of the Category” to the Chief Professional Officer, Therapist Category, noting that we consider it to be “a work in progress”. He has responded with gratitude stating: (you) “have brought great credit to the Therapist Category and the United States Public Health Service.” Thus, a decision was made to publish our ‘work in progress’ on the Internet.

USPHS THERAPIST CATEGORY- A HISTORY

1944 – 1988

The U.S. Public Health Service (PHS) Commissioned Officers - Therapist Category – have made an array of significant and unprecedented contributions and achievements that advanced the professions and improved the health of the Nation as documented in the following historical information. Although there were therapists on the PHS rolls as early as 1919, the Public Health Service Act in 1944 authorized PHS to commission Physical and Occupational Therapists. We have no memory of, nor can we find documentation of Commissioned Therapist involvement in PHS prior to 1946. However, subsequent incidents indicate that, prior to that date there existed in PHS a strong, active presence of Commissioned Therapists and Physicians who were interested in Physical Medicine and Rehabilitation.

1945-1950

In 1946 William Reggio, MD was named Chief, Physical Medicine and Rehabilitation Section, Division of Hospitals (DivH), Bureau of Medical Services (BMS.), PHS.

Gertrude Randall, was transferred from the Marine Hospital, San Francisco, CA to serve as assistant to Dr. Reggio and act as Physical Therapy Supervisor for DivH, BMS. At her request, following one and one-half years in the assignment, she returned to a clinical assignment where she could, again, have contact with patients.

Gerda Busck, had been appointed to the Junior Assistant Grade (Ensign) Regular Corps and assigned to Marine Hospital in Pittsburgh, PA. On September 29, 1947 she submitted a letter to Surgeon General Parran in which she requested permission to resign her Commission. On October 14, Surgeon General Parran approved and accepted her resignation. Documents attesting to these significant and historic events lead one to assume Ms Busck was the first Commissioned Therapist to serve in the Corps. (See attachments [1](#) & [2](#).)

In 1947, Lois Ransom, replaced Ms. Randall as Physical Therapy Supervisor, DivH, BMS. In 1949 Eleanor Loomis, was transferred from the Marine Hospital, Seattle, WA to replace Ms Ransom Physical Therapy Supervisor, DivH, BMS.

PHS Therapist History

Source: <http://www.phstherapisthistory.org/>

1950 – 1955

In June 1950 there were a total of 61 Physical Therapists and 15 Occupational Therapists “on duty” or assigned to various hospitals and out-patient clinics within DivH. We are unable to identify how many of these Therapists were Commissioned Officers.

During the 1950s a large number of Commissioned Therapists were assigned to PHS facilities nationwide. It appears that the Medical Officers in Charge (MOC) of PHS Hospitals and Clinics recognized that the Commissioned Personnel System offered broad flexibility, a ready resource of competent professionals which enabled them to provide rehabilitation services to patients in a variety of settings. They requested commissioned therapists readily.

An example of the flexibility of the Commissioned Corps Personnel System and the dedication of Commissioned Therapists is evident in the experience of William E. Cox. Early in his career, while stationed at the Outpatient Clinic, Hudson and Jay Streets, NY, NY, he also provided service to patients at the PHS Hospital at Manhattan Beach, Brooklyn, NY. Once the need for service had been demonstrated, responsibility was shifted to Physical Therapists at the PHS Hospital, Staten Island, NY. Such arrangements were not feasible through the Civil Service System.

Records and/or recall indicate that John (Jack) Burke, was assigned to the Outpatient Clinic at Hudson and Jay Streets, New York City. He was joined by Esther Anderson, and Robert Zimmerman, in 1952. All of these Therapists were Commissioned Officers. The following list provides the name of newly established PHS Hospitals and Clinics as well as the name of the first Therapist to be assigned to them:

1. PHS Hospital, Carville, LA—John DeSimio- 1952
2. PHS Hospital, Staten Island, NY - John B. Allis- 1953
3. PHS Hospital, Detroit, MI - Josef Hoog- 1955
4. PHS Hospital, Carville, LA - James Ebner 1955
5. PHS Hospital, Memphis, TN - Lawrence Sidel- 1958
6. PHS Indian Medical Center, Gallup, NM - Walter Sekiya- 1960
7. PHS Indian Hospital, Sitka, AK - Dale Swett- 1962

Eleanor Loomis was appointed Chief Therapist for the Division of Hospitals, BMS. She was awarded a special promotion to the Director Grade (CAPTAIN). This was a unique event. At that time the promotion of Therapists beyond the “Full”, or THERAPIST Grade (Lieutenant Commander) was prohibited by Service Policy.

At this time Therapists, called to active duty, were appointed to the PHS Reserve Corps. After two years of experience, during which they could demonstrate their value to the Service, they might submit an application for consideration to be “assimilated” into the Regular Corps. If the application was approved and recommended by a Board of Peers, and Corps strength limitations permitted, they were appointed to the Regular Corps.

1955-1960

PHS Therapist History

Source: <http://www.phstherapisthistory.org/>

In the winter of 1955-56 the PHS conducted the first Regular Corps Examination. This was a comprehensive three-day exam developed by the Educational Testing Services at Princeton University. Many active duty Reserve Corps Therapists and civilian hopefuls participated in the exam. With the exception of Ms Busck, the civilian hopefuls who passed the test were the only Therapists ever appointed directly into the Regular Corps.

In 1957 John B. Allis received an unprecedented (for a PHS Therapist) Memorandum of Appreciation from the Psychiatric Staff, PHS Hospital, Lexington, KY, citing his *Unusual conscientiousness in patient care, case finding efforts, programs for preventive measures of acutely and chronically ill patients and appropriate measures to orient staff of complications of treatments.*

PHS Therapists were provided freedom as well as encouragement to embark upon experimental projects to determine the effectiveness of various modalities. They became very productive in the area of electromyography. They were free to evaluate, modify, innovate and employ newer and more effective approaches to treatment. They were readily recognized for their many contributions toward ascertaining effectiveness of patient care. Collectively, they authored many articles that were published in scientific journals.

In 1958 Corin Way, Chief Therapist at PHS Hospital, San Francisco, CA replaced Ms. Loomis as Chief Therapist at DivH, BMS.. Ms. Loomis returned to her previous assignment as Chief Therapist at PHS Hospital, Seattle, WA. Unfortunately, Ms. Way passed away shortly after assuming the duties of her new assignment.

Norma Ewan, who had left the Service to pursue a Masters Degree at Stanford University, was recalled to Active Duty upon receiving her degree, and assigned, in 1959, to replace Ms. Way as Chief Therapist, DivH, BMS.

The PHS Clinical Society, a Professional Society endorsed and supported by the BMS, provided an avenue by which Commissioned Officers in various professions could present research projects or scientific papers to their fellows. At the 1959 meeting of the Society at PHS Hospital Lexington, KY, there was no "Section" for the Therapist Category. Friendly Pharmacists at PHS Hospital, Lexington, agreed to present a paper, written by Physical Therapists Joe Hoog and Jack Burke, entitled "Chronaxie Examination in the Diagnosis of Herniated Discs" in the Pharmacy Section. This was the first paper by a Therapist ever presented to this PHS Professional Society. Several years later, largely due to the efforts of Physical Therapists Jack Burke, Josef Hoog and Gordon Pocock, a Therapist Section was established within the Society.

While assigned to the PHS Hospital, Carville, LA, John B. Allis developed and submitted a research proposal to study the use of electromyography (EMG) in Hansen's Disease. This proposal was strongly supported by the Medical Staff and Administration and neurophysiologists from the faculty of Tulane University School of Medicine. Although not funded, at that time, the project did receive funding support after Mr. Allis had transferred to another assignment. The results of that study showed that EMG was a reliable tool that could provide knowledge of the status of select nerves and the progress of

PHS Therapist History

Source: <http://www.phstherapisthistory.org/>

Hansen's Disease at an earlier time than previously available. This knowledge would then be used as a basis for, or against, surgery to transposition the ulnar nerve at the elbow.

In this time frame, Therapists at PHS Hospital, New Orleans introduced a "temporary prosthesis" for below knee amputees. This facilitated gait training prior to final fitting with a prosthesis. The temporary prosthesis provided so effective, that usage was expanded to include above the knee amputees. Joseph Hayden was part of that team and continued the program when he had transferred to PHS Hospital, Norfolk, VA.

1960-1965

The year, 1960, ushered in an unprecedented departure from the normal practices relating to the PHS Therapist Category. Until that year Therapists had been assigned only to Bureau of Medical Services Hospitals and Clinics or the Clinical Center at the National Institutes of Health (NIH). Some PHS Therapists had been placed on loan (Detail) to the Bureau of Prisons to work in prison hospitals, but this was a rare situation.

Josef A. (Joe) Hoog and his staff established Standardized Operating Procedures for the Physical Therapy Department at Baltimore PHS Hospital. The procedures were initially directed to recording progress notes, but were expanded and used for the examination and treatment of patients with disabilities such as back, shoulder an/or knee problems. These were refined, over time. Mr. Hoog's procedures are thought, by many, to have been the forerunner to widely-used SOAP Notes which are widely used, not only by Therapists, but also by the Nursing and Medical Professions.

Mr Hoog and his staff, which included Joseph Hayden, initiated Electromyography (EMG) and Motor Nerve Conduction Velocity (MNCV) testing. Initially these procedures were controversial but in time proved to be effective diagnostic tools and came into general usage.

A new hospital, an IHS Referral Center for the Navaho Indian Reservation, was opened at Gallup, New Mexico. This center was to provide intensive care and support to smaller hospitals and various clinics and hospitals in the vast Navaho Indian Reservation located in Arizona, New Mexico and Utah. Walter Sekiya was the first Therapist assigned to the Gallup Indian Medical Center.

In the late 1950's, the leading causes of death and disability in the United States were Cancer, Stroke, Coronary Disease and Arthritis. Legislation to provide support for State-run programs to lessen or minimize the damaging effects of these diseases resulted in the creation, within the Bureau of States Services (BSS) PHS, a new division—The Division of Chronic Disease (DCC) ([See Attachment 3](#)). The new DCC was charged to assist State and Local Health Departments to address the many problems associated with Stroke, Coronary Disease and Arthritis. The Division also awarded and administered research grants. The work of the Division also included involvement with nursing homes. To fulfill this role, the DCC needed Therapist manpower. PHS had a cadre of Therapists "on board" in the Division of Hospitals (BMS). Three Physical Therapists from BMS. were transferred to fulfill that need in DCD.

PHS Therapist History

Source: <http://www.phstherapisthistory.org/>

Joel Broida and John B Allis were assigned to the BSS Heart Disease Control Program. William E. Cox was assigned to the Nursing Home Program. Following an orientation period, Joel Broida was transferred to the Kentucky State Health Department, Frankfort, KY. There, in addition to other appropriate functions, he participated in a Stroke Rehabilitation Demonstration Project. Mr. Broida , at a later date, earned a PhD degree and transferred his PHS status to the Scientist Category. He continued to serve in the National Center for Health Statistics, PHS in an entirely different capacity.

John B. Allis, following an orientation program of several weeks, was assigned to the Georgia State Health Department where he worked with various professional associations, State and Local Health Departments/Agencies within the State. He developed educational workshops and clinics specific to the care, maintenance and treatment of individuals who had suffered cerebral vascular accidents (Stroke) or select chronic diseases; participated with public health nurses in County Health Departments in making home visits to appropriate individuals/patients; in collaboration with the State Department of Vocational Training, incorporated rehabilitation concepts and techniques in the curriculum for training of Licensed Practical Nurses; wrote the job-specifications for three levels of State Health Department Physical Therapists: Director, Regional and District P.T. Consultants. These were funded and filled through the GA State Health Department budget and personnel system.

Among other duties within the Division of Chronic Diseases, Mr. Cox was involved in the development of a Grant to the School of Public Health, University of North Carolina at Chapel Hill. The purpose of this grant was to modify the curriculum in the Master of Public Health Program to include courses specific to, and appropriate for, Physical and Occupational Therapists. It also provided for the development of workshops and short courses for Therapists interested in a career in Public Health. Several of these workshops and short courses were offered in subsequent years.

A short time later another Therapist, Michael J. Oliva, was transferred from the DivH, BMS to the newly created Heart Disease Program, (HDCP, DCD, BSS Central Office/ Headquarters (HQ). By working with Program Directors in HQ, his efforts resulted in the assignment of several additional Therapists to other Programs with HQ, in PHS regional Offices as well as in State Health Departments.

It must be noted here that Messrs Allis, Broida, Cox and Oliva each had fewer than ten years of experience in clinical practice and little or no experience in community health activities. In a very short period of time they demonstrated that PHS Therapists could make significant contributions to disease control programs in other than the clinical setting. Additionally, their performance records attest to the high quality and standards of personnel in the Public Health Service. Without their pioneering efforts and successes, there probably would be no Therapists in the Public Health Service other than those assigned to the NIH Clinical Center, Indian Health Service or on loan to the Bureau of Prisons.

Mr. Oliva assisted in the development of the very successful booklet *Up and Around*. It was the sequel to another well-know PHS Booklet: *Strike Back at Stroke*. *Up and Around* was printed in more than one language and was broadly distributed and used in this, and in other countries. He also assisted in the planning, development and presentation of the first National Stroke Conference in Chicago in the mid-1960's.

PHS Therapist History

Source: <http://www.phstherapisthistory.org/>

Messrs. Allis and Cox were approved for PHS support for training leading to a Master of Public Health Degree. Mr. Allis attended the School of Public Health, University of North Carolina at Chapel Hill. Mr. Cox attended the School of Public Health, University of Michigan. The following year, Mr. Oliva was approved for similar training. He also attended the School of Public Health, University of Michigan.

After graduation, Mr. Cox, in 1963, returned to the Nursing Home Program, Division of Chronic disease, BSS. Mr. Allis was assigned to the Dept. Of Health, Education and Welfare (DHEW), Region IV, Atlanta, GA as Physical Therapy Consultant, DCD (See attachments 4 & 5). His duties/ functions included Grant Administration, working with State and Local Health Departments, Professional, Voluntary/ Non-Profit Associations to further the goals and objectives of the various DCD Programs. This was the first assignment of a Therapist to a Regional Office. Incident to this successful assignment, over time, other Regional Offices established similar positions for Therapists.

Mr. Oliva, upon graduation, returned to the Heart Disease Control Program, DCD in the Central Office, (HQ).

Lennes Talbot, was transferred to the Office of the Surgeon General (OSG), Office of Personnel in 1963. This was a developmental assignment calculated to acquaint him with various functions of personnel administration while he attended Law School after hours. Initially, he was involved in developing and publishing Commissioned Corps Personnel Policies. Areas of involvement included Service Training Policies, Uniform Regulations, and PHS Staffing of State and Local Health-related Programs. Among the policy statements he authored involved development of a design, specifications for manufacture of , and a policy statement establishing the PHS Sword as an article of uniform and governing its wear and usage. He rotated to another assignment as Chief, Training Branch in the Office of Personnel, which dealt primarily with long-term training of PHS Commissioned Personnel. He received a Juris Doctor from the Washington College of Law, American University, Washington, DC in 1967.

Eleanor Loomis was transferred from the PHS Hospital, Seattle to the OSG, Office of Personnel to serve as the Staffing Liaison to the National Institutes of Health (NIH). She was involved in the selection of applicants, calls to duty, Assignments, Re-assignments and Separations of Commissioned Personnel within the various Institutes.

The Personnel Policy which restricted promotion of Therapist Officers beyond the "Full" or Therapist Grade (Lieutenant Commander) was abolished. Therapist Officers became eligible to hold any Grade/ Rank in the Commissioned Personnel System.

The Assistant Surgeon General for Personnel directed Ms. Loomis to develop and ad-hoc committee to review the career opportunities for the Therapy Category and to develop a recommendation regarding the establishment of a Therapist Career Development Committee. Mr. Talbot and Mr. Cox worked closely with Ms. Loomis in the Committee to develop a Charter Statement which established the Therapist Career Development Committee and it's purposes and goals . The Charter Statement was approved and the Career Development Committee began it's work- Ms. Loomis, as Chairperson.

PHS Therapist History

Source: <http://www.phstherapisthistory.org/>

The concept of Career Development as established by the Charter did not limit utilization of Therapists to Clinical situations or other direct care situations. It recognized that Therapists might have additional capabilities and interests which could take them into other areas of endeavor which would contribute to the fulfillment of over-all goals of the PHS. It included counseling with Therapists who might have unique capabilities for service in the clinical or in other areas. The Committee began to review Service needs and individual Therapist backgrounds and interests. It developed a number of "career ladders" or guides for placing Therapists in positions which best utilized specific talents to fulfill Service needs and provided challenges the Therapist Category.

1965-1970

John B. Allis became the first PHS Therapist to be elected Fellow, American Public Health Association.

William Cox was assigned to the Division of Medical Care Administration, DMCA, where he was involved in developing national standards – Conditions of Participation – as required by Titles XVII and XIX of the Social Security Act. These Conditions of Participation established the criteria by which health care providers could be certified for participation in the Medicare and Medicaid Programs. He was also involved in developing procedures for State Agencies to survey applicants for certification as a Medical Provider. This required tactful cooperation and close collaboration between US Public Health Service and Social Security Administration, as well as with various State Agencies. Additionally, he and other PHS Therapists, including John B. Allis, Neil Hartman, Mel Bader, and Michael Oliva conducted training programs regarding the certification process for State and Local Surveyors at various locations across the country. The Surveyors, then, became responsible for the certification of providers at the State/Local levels.

John B. Allis was given a faculty appointment by Dr. Peszcynski, Chair, Department of Physical Medicine, Emory University School of Medicine. Dr Peszcynski was a nationally known researcher in the areas of physical medicine and rehabilitation.

In 1968 Lawrence Sidel and John Echternacht co-authored and presented a paper at the PHS Clinical Society meeting at PHS Hospital, Baltimore, MD. This is the first indication that the Clinical Society had created a "Section" for the Therapist Category.

James Ebner was the first Therapist to introduce a research activity in the OT Department, PHS Hospital, Carville, LA. This involved splinting of hands and fingers to prevent deformity.

Peter Cline received a Master of Business Administration from George Washington University, Washington D.C. This training was Service supported and had been recommended by the Therapist Career Development Committee. Subsequently, he was assigned to the PHS Hospital, Boston, MA as Associate Director for Administration. Incident to a re-organization of the Office of the Surgeon General, in 1967, Lennes Talbot requested, and received, orders transferring him to the Gallup Indian Medical Center, NAIHS, IHS. In addition to clinical duties, he was responsible to manage the NAIHS annual Rehabilitation Budget, coordinating patient admissions to civilian rehabilitation centers, organizing special rehabilitation clinics for spinal injuries and prosthetic clinics, purchase of prostheses and other

PHS Therapist History

Source: <http://www.phstherapisthistory.org/>

rehabilitation equipment. This is the first time that a Therapist had responsibility to manage a rehabilitation budget.

Jonathan Spry, was approved for training outside the Service where he earned a Masters Degree in Education. Subsequently, he was assigned to the faculty of the Nurse Training Program at PHS Hospital, Staten Island, NY.

William Murray was supported to training in Public Health Administration at the University of North Carolina, Chapel Hill. Subsequent to this training, he served for a year as Chief, Rehabilitation Branch, NAIHS, Window Rock, AZ before being assigned as Hospital Administrator at the PHS Indian Hospital, Santa Fe, NM.

Due to denervation incident to the progress of Hansens Disease, many patients developed plantar ulcerations which were difficult to manage and frequently resulted in partial or total amputation of the foot. Donald Shipley and his staff devised a system of plaster casts which promoted healing and reduced the incidence of amputation. The program was so effective that several Therapists were detailed to Okinawa to institute the plaster casting program there.

Vincent Barbato was called upon to serve as consultant for planning and design of the Physical Therapy Department at the U.S. Coast Guard Base, Governors Island, New York, NY. The goal was to identify special needs for electrical power and plumbing as well as equipment needed and achieve maximum use of equipment in the space which had been allocated.

Norma Ewan was reassigned to the Division of Allied Health Manpower, NIH. This Division was responsible to make grants available to American Schools and Universities to improve or develop curricula in the allied health professions throughout the country. It awarded Traineeship Grants to these schools for students to pursue advanced degrees in education and research. Ms. Ewan was responsible for applications from schools of Physical and Occupational Therapy.

1970-1975

George Hampton, Chief, Orthotics and Prosthetics Dept., PHS Hospital, Carville (1974-1977) utilized thermography to screen insensitive feet to identify hot spots" and modify customized insoles and footwear to prevent development of ulcers. These findings had broad application and improved care of a significant number of patients with Leprosy and Diabetes.

Richard Mazzacone, at the Phoenix Indian Hospital, Phoenix Area Indian Health Service (PAIHS), in collaboration with Lennes Talbot and Josef Hoog developed Standards of Practice for Physical Therapists in the Indian Health Service. These Standards were approved, and published in the Indian Health Service Operations Manual. Included in these Standards was a provision which permitted Therapists to practice as primary care providers without referral. This was the first such publication in the Indian Health Service.

PHS Therapist History

Source: <http://www.phstherapisthistory.org/>

William E. Cox was named Deputy Chief of the Standards Branch, Division of Provider Standards and Certification of BSS. He served in this capacity until 1975. He developed *Conditions of Coverage* for independent practicing Physical Therapists and was involved in the development and administration of proficiency examinations for health workers who did not meet established Medicare Standards of Education and Experience.

John B. Allis was appointed to the faculty at the School of Allied Health Sciences, Georgia State University, Atlanta GA. Shortly thereafter, he was named Chief, Medical Services, Community Health Services, Region IV, Atlanta, GA.

Vincent Barbato designed the preventative-therapeutic exercise and physical fitness facility at the U.S. Coast Guard Headquarters Building, Washington, D.C. This facility met the requirements for extensive use by a large number of personnel at any given time.

Lenes Talbot was re-assigned as Chief, Rehabilitation Branch, NAIHS at Window Rock, AZ. He retained responsibility for the Area rehabilitation budget and spinal injury and prosthetic clinics. He also arranged to hold day-clinics at four out-lying hospitals/outpatient clinics. Because of the need for services and the vast distances involved (25,000 sq. mi.) on the Navaho Indian Reservation, the only mode of transportation feasible was by air. Using a charter flying service four days a week, he became the first "flying" Therapist in PHS.

At the PHS Hospital, Carville, LA, research efforts were limited by the small number of *Mycobacterium leprae* which could be harvested from the foot pads of mice. The Rehabilitation Research Branch, led by Gordon Pocock, opted to utilize the armadillo which produced greater quantities of the bacillus. The increased supply of the bacillus enhanced research efforts significantly.

George Hampton, at the request of the Louisiana State University, was placed in a Leave- Without-Pay status in the Department of Physical Therapy, School of Allied Health Professions, LSU Medical Center in New Orleans to help develop the Physical Therapy Program at this University. His salary was paid by the University, however, he continued on the rolls of the Public Health Service and accrued retirement credit for time served with the University. In this assignment he was re-united with a former supervisor, Jack Burke who had retired from PHS in 1971. In 1974, Mr. Hampton was promoted to Associate professor and in 1977 became the Assistant Head of the Department of Physical Therapy, LSU Medical Center.

Michael J. Oliva was awarded the Meritorious Service Medal ([See attachment 6](#)) This was the first time that medal was awarded to a Therapist. In 1965 Mr. Oliva had established and directed a field station which was housed at the Colorado University Medical center. He was awarded the medal for his investigations of injuries involving household products and preparing reports on specific products, identifying the epidemiology and the etiologic patterns associated with personal injury. In 1969 this unit was transferred to the Food and Drug Administration (FDA). This work resulted in the modification of many products. The FDA was sufficiently impressed with his work that they insisted upon this award.

PHS Therapist History

Source: <http://www.phstherapisthistory.org/>

James D. Ebner received the Meritorious Service medal for outstanding research with Leprosy patients. He did some of the original work on the development of splints for the arms of patients with potentially disabling complications. He was also instrumental in developing methods to assess abnormal pressure to insensitive skin to prevent permanent skin damage. This was the first such award given to a Therapist for achievements in a clinical setting.

John B. Allis was awarded the Meritorious Service Medal for “Professional leadership in the field of Public Health and the profession of Physical Therapy and for his sustained contributions to the development of national health policy and for implementing and administration of major federal health programs, especially Chronic Disease Control and Medicare.

Joseph Reed, who had received special training in Prosthetics and Orthotics, presented a paper at the Annual American Physical Therapy Association Conference on the care and treatment of insensitive feet—a common problem in Leprosy and Diabetes. This was one of a number of papers he co-authored with Dr. Paul Brand, world-known reconstructive hand and foot surgeon. Together they employed many newly developed products to construct footwear calculated to prevent deformity and amputation.

Robert Skinner earned a Masters Degree in Rehabilitation Administration from Northeastern University. Upon graduation, he was assigned as Office-in-Charge, PHS Outpatient Clinic, San Diego, CA.

Lennes Talbot transferred to headquarters as Staff Assistant in the Office of the Director, Commissioned Personnel Operations Division (CPOD), Office of the Assistant Secretary for Health (OASH). Incident to this assignment he served as the agent of the Surgeon General on the Joint Travel Regulations(JTR) Committee which promulgated regulations relating to travel of members of the Uniformed Services. He served as the contact for all matters relating to interpretation of the JTRs for PHS Commissioned Personnel. Among his additional duties, he authored policy statements for the Commissioned Corps Personnel Manual (CCPM) relating to grievances and equal employment opportunities.

Jonathan Spry transferred to the Commissioned Personnel Operations Division, OASH as staffing liaison to the Bureau of Medical Services where he was involved with selection of applicants, calls to active duty, reassignments and separations of Commissioned Personnel.

William E. Cox was awarded the Meritorious Service Medal for “leadership in the profession of Physical Therapy as well as with the major Federal Health Programs: Medicare and Medicaid. These contributions stemmed, in part, from his assignment as Chief, Standards Administration Section, Division of Provider Standards and Certification. As such, he was responsible for the analysis of and effectiveness of the Standards and Regulations specific to the assurance of quality care. Mr. Cox was also heavily involved in the development and implementation of Federal Regulations re: End-stage Renal Disease Program.

Lennes Talbot was named Special Assistant to the Director CPOD in 1976. He was assigned responsibility to administer the PHS Policy regarding sub-standard performance by Commissioned Officers. Once supervisors realized that they could effectively utilize this tool to improve service, the requests for assistance came in steadily. Over a four-year period approximately 120 Commissioned Officers either

PHS Therapist History

Source: <http://www.phstherapisthistory.org/>

voluntarily resigned, or their Commissions were terminated because of sub-standard performance. Mr. Talbot also developed statements of resolution for grievances and equal employment complaints that had not been resolved at lower organization levels.

Lawrence Sidel, as Project Officer, Division of Health Services HEW Region IV, Atlanta, GA was called upon to mediate a bitter dispute which involved two PHS- sponsored, locally operated health programs in Tennessee. He was commended for his honesty, fairness and courage in mediating and resolving the conflict, thus avoiding litigation.

1980-1985

Pursuant to the Omnibus Reconciliation Act (1981) the Public Health Service Hospital System was abolished. A large number of career Therapists faced dismissal, early retirement or assignment to non-health care activities. Dale Swett, Chief, Rehabilitation Branch, NAIHS, retrieved a projected staffing plan for Therapists in the Navaho Area which had been developed by his predecessor, Lennes Talbot. The plan was reviewed, adopted, and put into effect without modification. Thus, PHS retained the services of a large number of valued, career Therapists who transferred from the Hospital Division to the Indian Health Service. The addition of these Therapists resulted in a wider range of health care for the American Indian population.

Incident to the closure of PHS Hospitals, Dominick Aretino, OT, who had a special interest in pediatric work was assigned to the Out-patient Clinic at Chinle, AZ where the Bureau of Indian Affairs had established a vast boarding school complex there and children from the Central portion of the Reservation are housed throughout the school year.

William E. Cox was named Chief Therapist Officer for the PHS in 1979. This was the first such designation in Service history.

Joseph Reed accepted a two-year assignment to the State Health Department of Hawaii. In this assignment he taught other health workers and leprosy patients about the care of insensitve feet and hands in Leprosy . He frequently flew out to the Island of Molokai where most of the Leprosy patients were concentrated. After retirement, he made several volunteer tours to various areas in Africa with the World Health Organization and American Leprosy Missions.

William E. Cox was assigned to serve with the National Institute of Mental Health where he participated in the development and implementation of Quality Assurance Surveys for the nation's psychiatric hospitals. He was the only Therapist to serve in this nation-wide activity.

Barbara Sloop, was assigned to the Office of the Surgeon General where over a four-year period she was detailed to and performed outstandingly in the following projects: Geriatrics, Organ Transplants, and AIDs. She received several citations for her excellent work in those assignments.

PHS Therapist History

Source: <http://www.phstherapisthistory.org/>

William Smith, while assigned to the US Coast Guard Academy undertook an evaluation of and ultimate re-design of the footwear in use within the Coast Guard. The design he developed is now prescribed for general use in the Coast Guard.

1985–1990

William E. Cox was the first Therapist to receive the Distinguished Service Medal for a *career of outstanding leadership in four rehabilitation professions resulting in greatly increased quality and availability of rehabilitation services in the United States* (See [attachment 7](#)).

Walter Schneiderwind, was awarded the Meritorious Service Medal with a “V” for Valor incident to a heroic life-saving rescue in stormy waters. It is believed that up to the time of this writing, he is the only Therapist to be awarded this medal for an act of valor (See [attachement 8](#)).

Joseph Hayden was reassigned to the former PHS Hospital at Carville, LA where he supervised the effort to identify and ready for warehousing of medical records from the closed PHS Hospitals and Clinics. Subsequently he was involved with setting up a 3-Tier placement process for all disciplines in the National Health Service Corps (NHSC) Scholarship Program. He became Director of the NHSC Scholarship Program before moving on to other administrative assignments for the balance of his career.

IN CLOSING

The above information on the history of the PHS Therapist Category does not reflect the enormous amount of work that PHS Therapists invested in, nor the value of the contribution they made to, the field of Therapist education. PHS Therapists eagerly accepted students from Physical/ Occupational Therapy Schools around the Nation. It must be noted that from its earliest days, PHS has pursued a policy of support for education in a wide variety of health-related professions. During the years covered here, some PHS facilities had therapy students coming in from more than one School or University simultaneously. To provide a meaningful student affiliation was a demanding job that had to be incorporated into an already “full-time” job of providing patient care to the existing case loads and operating a Therapy Clinic. PHS Therapists willingly embarked upon this demanding endeavor. Almost immediately the Directors of Therapy schools recognized that PHS Therapists provided exceptional guidance and supervision for Interns and began to seek out more PHS internships/clinical affiliations for their students.

Therapists also contributed to education and to the professions through the Commissioned Officer Student Education Program (COSTEP), where students in the health professions were given temporary 90-day commissions as Ensigns and assigned to PHS facilities in positions directly related to their career goals.

Of equal importance to the contribution therapists made in the education and clinical areas are the many significant contributions they made when assigned to other agencies or in non-traditional settings. Thomas Scheib was reassigned from NIH to the Department of Transportation, where he participated in the resolution of a very serious problem of equipment incompatibility, which had blocked

PHS Therapist History

Source: <http://www.phstherapisthistory.org/>

communications between first responders in various agencies. Robert E. Mansel was transferred to the Food and Drug Administration, where his work focused on the safety and efficacy of specific medical devices.

Although only one situation regarding a Therapist on active duty being “placed” into a faculty position at a School of Physical Therapy, it must be noted that many other Therapists, upon retirement, took positions as Director of, or as Faculty at, Physical Therapy Schools. (See Attachment 9)

PHS did support Therapists to additional training in many instances. However, the quest for knowledge exhibited by PHS Therapists led a number of them to seek, and obtain, a post-graduate education. They matriculated in graduate programs and did so of their own volition. While performing duties and responsibilities of their respective assignments- a staff member of a PHS Hospital or Outpatient Clinic - their study-time was done during off-duty hours. Upon occasion, Annual Leave was used in order to enroll in a course or to participate in other academic activities required by a university. Service Therapists were on the cutting edge in their fields of research, improved patient services and quality of care. They were also at the forefront of national policies specific to disease prevention and control as well as effectiveness and efficiency of the health care delivery systems. (See Attachment 10)

Due to passage of time, loss of personal records, and the death of some of our colleagues, several significant contributions and achievements have not been included. For example, we have barely touched upon the contributions of Josef Hoog. It would seem that we have slighted Elisabeth Finke, Jack Burke and others who are no longer with us. Not true! These therapists were extremely effective leader/teachers. They guided, encouraged and supported therapists they supervised to strive for improved techniques and services. They influenced a whole new generation of therapists. We remember the outstanding contributions they made to high-quality care and the advancement of the profession with gratitude, but we do not have records and dates to support specific citations. We have collected some statements of tribute which are included. (See Attachments 11, 12, and 13)

Sadly, we have not been able to contact some of our colleagues and others have, for a variety of reasons, declined to respond to requests for information. Therefore, this must be seen as a “work in progress” or as a basis from which a true, more comprehensive and complete history of the Therapist Category may be developed. This begs completion (See Attachment 14)

John B. Allis, CAPT., PHS (ret)

William E. Cox, CAPT., PHS (ret)*

Michael J. Oliva, CAPT., PHS (ret)

Lennes A. Talbot, CAPT., PHS (ret)

CAPTAIN Cox was an active participant, contributor and a strong supporter of this endeavor. Unfortunately, he passed away on August 5, 2010.

Summary

PHS Therapist History

Source: <http://www.phstherapisthistory.org/>

As we've stated in the title, this is a history of the USPHS Therapist Category from 1944 to 1988. Basically we had little more than anecdotal information of the events between 1944 and the early 1950's . Therefore, we have concentrated on events that occurred during our careers, essentially 1950 – 1988. We recognize that there is much more material from that era that is of great significance to the development and growth of the Category, but we know too few specifics to attempt a comment.

We have tried to contact a number of Therapists. Some we could not locate, others have passed on, and some have not responded or have declined to participate. A decision was made to proceed with what was available and hope that somehow this might lead to a wider participation from members of the Category.

We were very happy with the response we received when we submitted this material to the Chief Category Professional Officer. That response triggered our effort to publish on the Internet. We consider this to be a “work in progress” and hope that others who served in the time-frame will be moved to contribute to it.

We will maintain this site for at least one year and plan to make quarterly amendments to include additional information our colleagues of the period may offer in order to produce a more complete record of the Therapist Category, US Public Health Service.

We welcome your comments and suggestions. Please contact us at www.PHSTherapistHistory.org.

Attachment 1



FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
Washington 25, D.C.

IN REPLYING, ADDRESS THE
Refer to
"CO"

October 29, 1947

Jr. Asst. Physical Therapist Gerda Busck
U. S. Marine Hospital
Pittsburgh, Pennsylvania

Dear Madam:

I have your letter of September 29, 1947, submitting your resignation from the Regular Corps and regret that you have decided to leave the Service. Your request has been reluctantly approved and steps have been taken to place you on terminal leave effective October 14, 1947. In the case of many officers I know that this decision was a difficult one to make and I shall be pleased to have you reconsider it if you choose to do so at any time before the end of your terminal leave.

If on the other hand you decide to go through with your separation, I am sure you will continue to be an officer of the Service in spirit at least, if not in actual fact. Should you at a later date decide to take an entrance examination again, and we expect to have authority to appoint a larger proportion of officers to higher grades, I am sure that the Board will consider your previous service a distinct asset. Some of our finest officers are among those who once were out and later returned.

It is realized that many resignations have been submitted because of financial reasons. Fortunately our authorization for making temporary promotions has not been terminated. The Public Health Service was also included in legislation to increase the pay of medical and dental officers of the Army and Navy as an emergency procurement measure.

If I can be of any help to you in giving you a recommendation based upon your service record, or if I can be of any other assistance, I hope you will feel free to call upon me.

Your many friends in the Service join me in extending to you every possible good wish regardless of what your present or final choice may be.

Sincerely yours,

PHS Therapist History

Source: <http://www.phstherapisthistory.org/>

(Copy of Letter from Gerda Busck)

1836 South Arlington Ave
Los Angeles 6, California
November 21, 1947

Surgeon General Thomas Parran
U.S. Public Health Service
Washington 25, D. C.

Dear Sir:

Thank you for your letter of October 29, 1947 referring to my resignation from the Regular Corps. This tangible expression of your kindness and interest makes me regret more keenly than before the necessity of my recent decision. I shall always be proud of having served under you and also of having been the first physical therapist to hold a commission in the Regular Corps.

I greatly appreciate and accept our offer to give me a recommendation based on my record. Having such a letter, signed by you, will be an honor and of course a decided asset when I seek employment next year.

As you suggest, I shall continue as an officer in spirit regardless of my separation. However I had hoped to keep a more concrete tie by requesting an inactive reserve commission. To date I have not been advised by the Division of Commissioned Officers whether this request will be granted.

Sincerely yours,

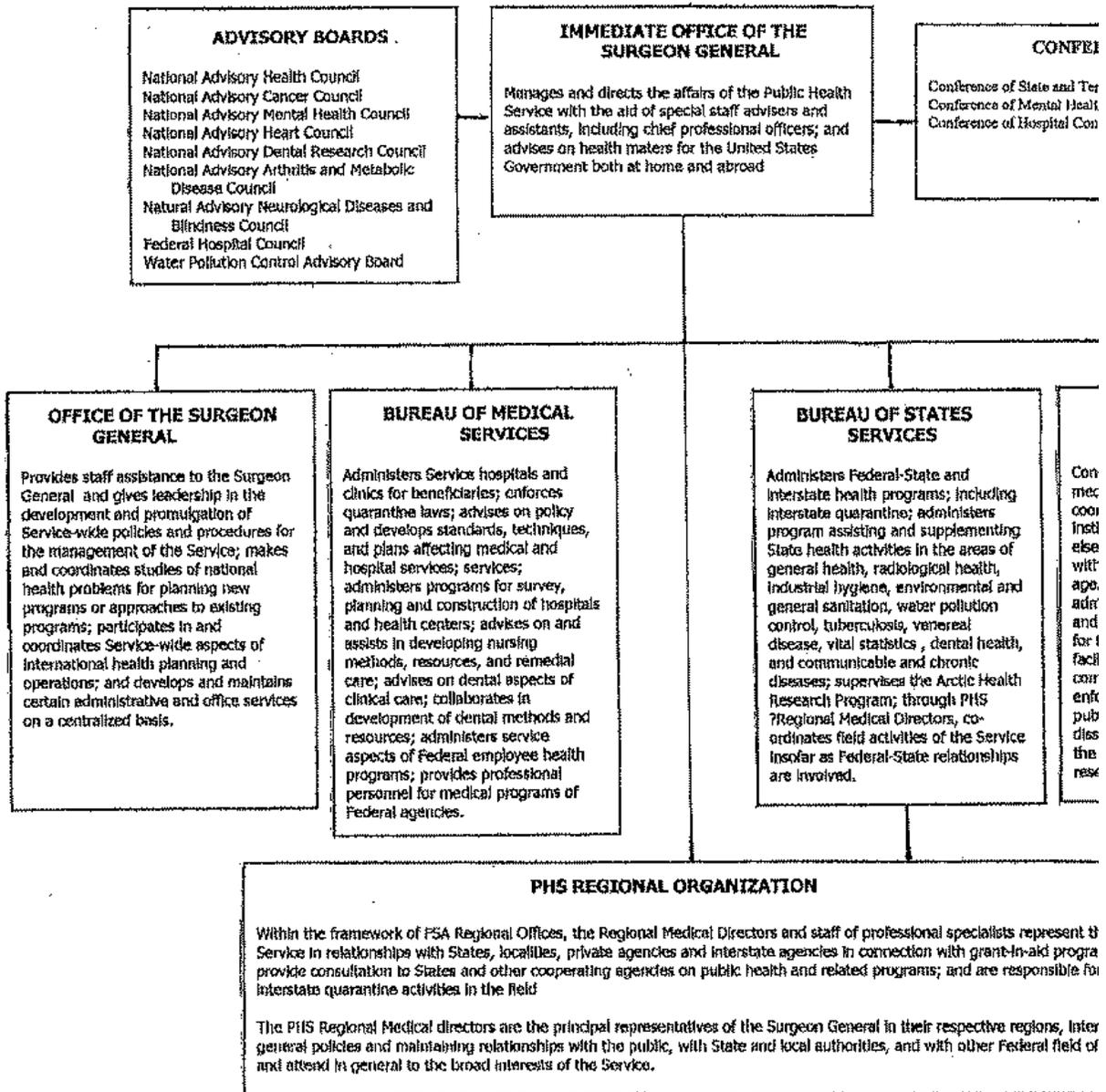
/s/G. B.

J.A.P.T.

PHS Therapist History

Source: <http://www.phstherapisthistory.org/>

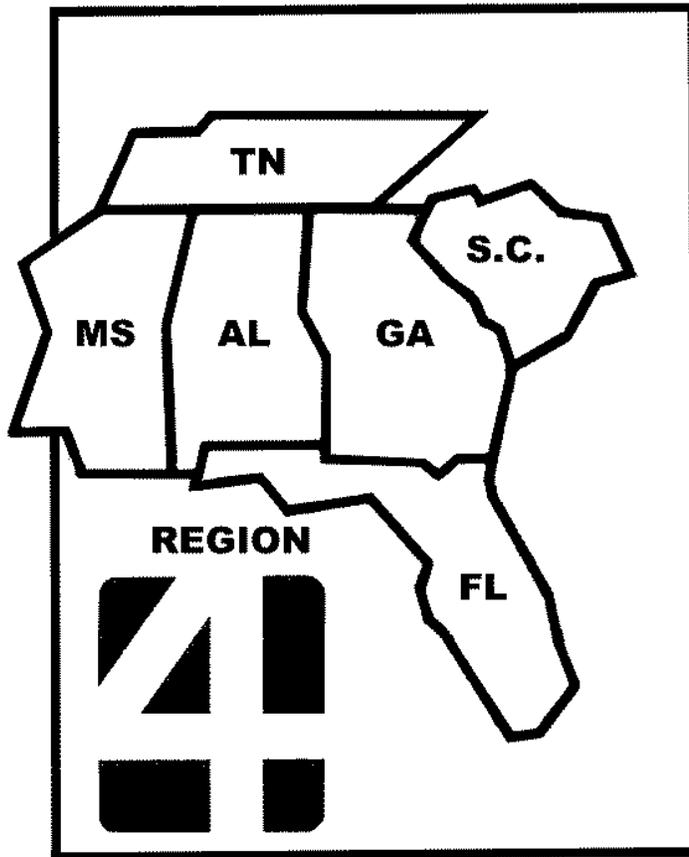
U. S. Public Health Service
 Organization Chart
 Late 1950's - thru - Late 1960's



Department of Health Education and Welfare
U.S. Public Health Service

Region IV - Atlanta

One of 9 Regions



REGIONAL OFFICES



ALSO IN REGION III
PUERTO RICO
VIRGIN ISLANDS

ALSO IN REGION IX
ALASKA
HAWAII

MERITORIOUS SERVICE MEDAL

This award is the second highest recognition granted to PHS Commissioned Officers for outstanding or meritorious levels of achievement. This award is presented in recognition of: (1) meritorious service of a single, particularly important achievement; (2) a career notable for significant accomplishments in technical or professional fields; or (3) unusually high quality an initiative in leadership. The levels of accomplishment meriting this award may include a highly significant achievement in research, program direction, or program administration; a series of significant contributions; a continuing period of meritorious service; or an exhibition of great courage in hazardous work or in an emergency.

(Source: Department of Health and Human Services; Personnel Instruction Transmittal Sheet; September 12, 2000: PHS Commissioned Corps No. 652)

RECIPIENTS THERAPIST CATEGORY

- May 1971..... Michael J. Oliva
- August 1972.....James Ebner
- September 1972.....John B Allis
- November 1974.....William E Cox
- April 1984.....Richard Hetherington
- March 1985..... Thomas Scheib
- April 1985.....Walter P Schneiderwind
- February 1989.....Peter Langan
- February 1991.....Dale Swett
- April 1991.....Roger Nelson
- March 1993.....Gene Diullo
- December 1994.....Francis Levy, Jr
- June 1996.....William Fromherz
- December 1997.....Elizabeth Cornelius
- October 2000..... Michel Huyleboeck
- September 2007.....Barbara Sloop

Attachment 7

DISTINGUISHED SERVICE MEDAL

This is the highest award given to a PHS Commissioned Officer. An exceedingly high level of achievement characterizes this award for an officer with a genuine sense of public service who has made exceptional contributions to the mission of the PHS. Such achievement may range from the management of a major health program, to an initiative resulting in a major impact on the health of the Nation. The award can also be conferred for a one-time heroic act resulting in great saving of life, health, or property.

Source: Department of Health and Human Services: Personnel Instruction transmittal sheet: September 12, 2000: PHS Commissioned Corps No 652

May 1985.....William E. Cox

Attachment 8

MERITORIOUS SERVICE MEDAL WITH V FOR VALOR

Walter Schneiderwind, PT, was awarded the Meritorious Service Medal with AV@ for Valor for his courageous action in saving a life. While on a sailing vacation in the British Virgin Islands, he and his crew went ashore on the island of Virgin Gorda and made their way to a well-known beach. There, they found a large horrified crowd watching helplessly as a young boy, some distance from shore, was being repeatedly bashed against rocks that were at the left of the beach. A large wave had washed the boy off a boulder upon which he had been standing. It was apparent that the boy was injured and drowning as the high ocean waves continued to toss him against the rocks. Without hesitation, Mr. Schneiderwind entered the heavy surf, fought the currents and waves, reached the boy and dragged him back to the beach. Both required first aid. Both recovered from the battering they had endured.

Attachment 9

THERAPIST OFFICERS WHO AFTER RETIREMENT WENT INTO THE FIELD OF PHYSICAL THERAPY EDUCATION

Jack Burke, PhD... Director, Physical Therapy Program...Louisiana State University
Dean Currier, PhD... Director, Physical Therapy Program...University of Kentucky
Jack Ecternach, EdD...Director, Physical Therapy Program...Old Dominion University
George Hampton, MPH... Assistant Director, Physical Therapy Program...Louisiana State University
Jonathan T Spry, MEd*...Assoc. Professor, Physical Therapy Program... California State U. Fresno
Roger M Nelson, PhD...Chairman, Physical Therapy Dept. ...Governor=s State Univ. Illinois

Mention should be made of Arthur Nelson, PhD., who, after a number of year in the Public Health Service, resigned his commission to pursue further education. Upon completion of his studies and earning a PhD, he joined the faculty of the Physical Therapy Program, New York University.

* Highest degree earned is not known at this time.

Attachment 10

THERAPISTS WHO EARNED GRADUATE DEGREES DURING OFF-DUTY HOURS WHILE SERVING ON ACTIVE DUTY IN A CLINICAL SETTING

John "Jack" Burke - M.A. 1951., M.A. 1966, PhD 1971
John B. Allis M.A. 1957
Michael J. Oliva M.A.1960
Lennes Talbot* - Juris Doctor, 1967
Jack Ecternacht - Ed.D date unknown
Dean Currier - M. A., PhD. dates unknown
Roger Nelson - PhD date unknown
Joseph Haden, MPHA, 1974

NOTE: This is only a partial list, yet, it is an indication of the determination and dedication of Therapist Officers in that time-frame.

Talbot was serving in an administrative assignment (Office of Personnel) during his studies and award of the degree.

Attachment 11

John "Jack" Burke

Jack's clinical research interests ranged from muscle testing and reeducation, to advanced rehabilitation, electro-physiological testing, prosthetics and orthotics. If not the first, in 1966 he was one of the first physical therapists to publish a paper on nerve conduction studies. His enthusiasm for clinical research and publishing articles rubbed off on many of us who served under him. Wherever he served he had clinical affiliations for students from a number of schools. As chief of the Therapy Research Program at Carville, 1966-71, he established a research affiliation for P.T. students: where they were guided through a research project. This may well be the first student affiliation in the U.S. where a student could experience hands-on research.

Upon his retirement in 1971, Jack took on the challenge of developing the first B.S. in P.T. Program in Louisiana. I had the pleasure of working with him from 1977 until his death in 1985. His background in PHS made him highly qualified to successfully compete for funding, space and recognition in the charged environment of a large university medical center. The following account of his solving a difficult problem encountered in developing the P.T. School illustrates this skill. American Physical Therapy Association Standards required a three credit-hour course in pathology. The Pathology Department Head felt that only "a few hours" would be required and refused to provide the required course. Jack mulled over his options and met with the Chancellor of LSU Medical Center, who supported the P.T. Curriculum strongly. Jack explained that the scheduled opening for the Program would be postponed because a required course in pathology was not available. The Chancellor assured Jack that the course would be taught. The following day the Pathology Department Head informed Jack that he had reconsidered and would provide the three credit-hour course.

Jack loved to play poker and he usually won.

Attachment 12

Josef Hoog

Joe was among the male physical therapists to come into PHS in the early to mid 1950's. His first assignment was at Detroit. He went on to Hudson and Jay OPC, to New Orleans, Baltimore, and San Francisco. His performance was never "average". Joe was compelled to go the next step to provide the best possible care to those he served. He constantly pushed for highest quality care and for greater understanding of pathologies and physiological effects of the modalities available field. Early on, he questioned each modality and "technique", ever searching for more effective results. He was especially interested in the use of electrical testing and became involved with others to participate in research to identify new and better techniques. He was an early advocate of meticulous standardized record keeping. This advocacy extended to basic treatment techniques. He adopted the concept that there should be minimal standards in health care delivery i.e. Therapists should have, in writing, a statement of basic activities and approaches to each pathology or condition for which Physical/ Occupational Therapy might be indicated. He was persuasive and soon a large number of PHS Therapists adopted and utilized his ideas. Many attribute to him the roots of the SOAP recording system.

With his advice and assistance, standards of practice for Indian Health Service (IHS) Therapists were developed by IHS Therapists and published in the IHS Operations Manual in the early 1970's.

Joe's quest for superior patient care generated a climate of loyalty and pride. Younger staff Therapist and student affiliates who encountered Joe's challenge for excellence, developed a sense of awe and respect for this dedicated man. After Joe's death, his former staff and associates created THE JOSEF HOOG AWARD, to be given annually, in recognition of outstanding Therapists who have fostered research; had an impact upon, contributed to the understanding or validation of clinical procedures; or who otherwise contributed to health care delivery in non-traditional billet assignments.

Attachment 13

ELEANOR LOOMIS

On September 1, 1988 Eleanor Loomis died. Miss Loomis was pivotal to the post WWII growth of the PHS Therapist Category.

Having demonstrated exceptional capabilities as a clinician and administrator in earlier assignments, she came to PHS Headquarters as Chief Therapist for the Division of Hospitals. She was the first Therapist Officer to hold the rank of CAPTAIN. In her quiet, unassuming way, she built a cadre of Therapist Officers that could be considered the Cream of the Crop.

She encouraged therapists to explore, modify and improve techniques in delivery of services. She was responsible for the Regular Corps Exam, which brought into PHS many top-scoring therapists.

Under her watch, the doors of PHS were opened to therapy students around the country through affiliations or internships. Although she could not provide direct support, she encouraged forward thinking therapists who were interested in research activities. She earned the respect and admiration of her co-workers and supervisors in Headquarters.

In 1958 her love for direct patient contact took her back to the Clinical Scene. But in 1963, a former co-worker, now Assistant Surgeon General for Personnel, persuaded her to return to Headquarters as staffing liaison to the National Institutes of Health. In this, her last assignment, she had no direct contact with therapists. But she quietly influenced the Category through development of a Therapist Career Development Committee which advocated growth and expansion of the Category.

She retired in 1973.

Attachment 14

OFFICERS FROM WHOM WE HAVE NO INPUT OR WHO COULD NOT BE CONTACTED

CAPT Elisabeth Cornelius (Ret)

CAPT John Echternach (Ret)

CAPT Charles L Mc Garvey III

CAPT Roger M Nelson (Ret)

CAPT Walter Sekiya (Ret)

CAPT Dean Currier (Ret)

This is not a complete list of those who have made a significant /outstanding contribution worthy of inclusion in the history. More input is needed!!

Website design by [Bob Traweek](#) | Updated Sept. 17, 2012