Chairman Ghanbari, Vice Chairman Loychik, Ranking Member Miller and members of the House Armed Services and Veteran Affairs Committee, thank you for the opportunity to come before you and testify on behalf of House Bill 29.

My name is Christine Mohr Widman and I am honored to be here today on behalf of my fellow colleagues within the United States Public Health Service (USPHS). It is truly an honor to be here today to give you some insight regarding the mission, my contribution to the USPHS, and request for Ohio Veteran ID recognition.

First of all, thank you to each of you for your service to our country. I am in awe of your willingness and integrity serving the citizens of our country United States. Your dedication is invaluable.

The Public Health Service began its roots as far back as 1798. The laws and regulations by which the USPHS abides by was formalized in, and eventually became part of the Department of Health and Human Services in 1980.

The USPHS Commissioned Core (PHSCC) is the federal uniformed service of the USPHS. We are one of the eight uniformed services of the United States and aim to "protect, promote, and advance the health and safety of the nation." We are one of the two uniformed services that only consists of commissioned officers, as well as the National Oceanic and Atmospheric Administration (NOAA). We are noncombatants, but can be directed to serve in any branch of the military by executive order of the President both in war time and in national emergencies.

PHSCC directly impacts care involving people who are medically underserved, the FDA, USCG, IHS, NIH, and Federal Bureau of Prisons, just to name a few. Our 6,000 plus officers hold leadership positions and special skills in areas such as law, science, medicine, and pharmacy, as a few examples. Currently, there are around 1,000 of our officers that are pharmacists. Deployments for our officers included the September 11 attacks, Anthrax exposures, Hurricane Katrina, FEMA appointments, and other disaster sites. Most recently, a Rapid Response Team was deployed to Washington state after a deadly nursing home outbreak due to COVID-19 and to Japan to support COVID-19 activity as well.

I personally began my inquiry into PHSCC while pursuing an externship rotation during my last year as a pharmacy student . I became intrigued with outreach to the remote and indigenous peoples in our country. This took me to Fairbanks, Alaska where I served the native Athabascan Indian population through the Indian Health Service (IHS). IHS currently manages 1.5 million American Indians and American Natives. My involvement entailed medication adherence education and outreach to those who were able to make trips to the local hospital and medical clinic, although PHS medical staff travel to remote sites as well. My exposure to the natives through two wonderful pharmacists, one of them being an IHS pharmacist herself, led me to my next externship site with the United States Coast Guard in Mobile, Alabama.

Lieutenant Floyd Krieghoff was essential in guiding me with drug formulary initiatives within the DOD, specially focusing on the needs of the men and women serving at the base. My involvement with the servicemen and women led me back to the state of Florida as a Commissioned Corp pharmacist soon after college graduation.

As a LTJG with PHSCC I began my tenure with the Department of Justice serving as a pharmacist with the Bureau of Prisons in Pensacola, Florida. Captain Bernadette Greenwood (Ret. USPHS) served as my mentor. My knowledge and ability in the pharmaceutical realm not only helped educate the inmate population, but a greater respect for what we did in fulfilling our mission was embraced by the civil service medical team. I worked closely with them in day to day operations of our clinic, focusing in on streamlining drug formularies, educating my patients and implementing best practices protocols.

The September 11 attacks brought a new sense of urgency to our profession. Although many of my colleagues were actively deployed and involved on the attack sites, we instituted and managed emergency protocols at the prison involving the health and safety of the inmate population. We worked in conjunction with NAS Pensacola during this time as well.

In April of 2018 the Federal government added to include the USPHS and NOAA as part of the new veteran ID card application process, implemented in 2015. Honorably discharged veterans of these two uniformed services were previously excluded from applying because the online application did not include them as a selection option. Currently, the State of Ohio does not include these two uniformed services, therefore not all veterans are able to secure a true veterans ID card.

Today, I ask you to consider implementing language to include USPHS and NOAA.

Thank you again for the opportunity to present testimony on behalf of House Bill 29.