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**U.S. Senate Appropriations Energy and Water Subcommittee
Testimony of Major General Melissa A. Rank
Assistant Surgeon General for Air Force Nursing Services**

WASHINGTON, D.C. . The U.S. Senate Appropriations Defense Subcommittee on Wednesday held a hearing to examine the health care provided to U.S. military servicemembers and their families, including the situation at Walter Reed Army Medical Center. As part of that hearing, the subcommittee heard testimony from Major General Melissa A. Rank, Assistant Surgeon General for Air Force Nursing Services. The General's prepared testimony is below.

Mr. Chairman and distinguished members of the committee, it is my honor to be here today representing Air Force Nursing Services. The Total Nursing Force encompasses officer and enlisted nursing personnel of Active Duty, Air National Guard, and Air Force Reserve Command components. It has been my privilege to lead and serve alongside Brigadier General Jan Young of the Air National Guard and Colonel Anne Hamilton of the Air Force Reserve Command, my senior advisors for their respective components this past year.

The Secretary and Chief of Staff of the Air Force have set three priorities: Win the Global War on Terrorism, Develop and Care for our Airmen, and Modernize and Recapitalize our Assets. I assure you Total Nursing Force objectives align with, and directly support, these priorities.

Expeditionary Nursing

Air Force Nursing is an operational capability, and Air Force Nursing Services remains in the forefront supporting the warfighter. Between January and December 2006, twelve percent of the Total Nursing Force inventory (2,187 personnel) deployed to 43 locations in 23 countries. Within the active duty component, thirteen percent of our nurses and fifteen percent of our medical technicians were deployed in 2006. The average deployment length was 110 days. Since September 2001, the Total Nursing Force has completed fifty-three percent of all Total Force deployments within the Air Force Medical Service. Total Nursing Force nurses and medical technicians are providing remarkable operational support. We are a well-trained, highly motivated capability serving in every time zone, every theater of operations, and at every level of care.

In January 2007, we activated the 455th Expeditionary Medical Group and assumed operational control of Craig Theater Hospital located at Bagram Air Field, Afghanistan. We have received impressive reports of life-saving care at the 455th. For one Afghani National admitted with multi-organ failure, classic medical-surgical nursing care saved his life. Over a three-week period, Captain Cindee Wolf saw to his daily care and treatments. Providing frequent personal care, administering countless intravenous and oral medications, cajoling 'one more bite' at mealtimes, and performing multiple range of motion exercises were just a few of the interventions nursing teams employed. Disease, compounded by poor nutrition and harsh living conditions, proved just as life threatening as an insurgent's bullet. The compassionate care of everyone assigned to the 455th Immediate Care Ward contributed to this patient's recovery and discharge home.

The 332nd Expeditionary Medical Group remains the epicenter for wounded in Iraq. Located at Balad Air Base, this Air Force theater hospital treats more than 300 trauma patients every month and provides care to another 400 sick and injured patients. Of the roughly 700 patients seen per month, about 500 (seventy-one percent) are US troops, 170 (twenty percent) are Iraqi soldiers, police and civilians, and the remaining 30 (ten percent) are foreign national contract employees, insurgents, or those of unknown status.

Nursing teams are providing phenomenal emergency trauma care and maximizing favorable outcomes for patients in these high-volume theater hospital environments. US casualties making it to Balad have an unprecedented survival rate of 97% to Landstuhl Regional Medical Center in Germany. Describing the response of medics to an influx of casualties, 332nd Chief Nurse Colonel Rose Layman said, "ō we had such a smooth rhythm as we worked togetherō we were able to take 20 patients with multiple traumatic injuries and triage, treat, and move themō without calling any additional staff. I stood in that empty emergency room (exactly one hour after the first casualty came in and simply thought, wow!"

Our nursing care rivals that of any stateside facility. In the words of one of our experienced Air Force Reserve Command nurses, "I had the best experience in my entire 20 years as a trauma nurse [because] I saw how trauma patients should be treated-I saw the best possible care done on the worst traumas I have seen in the shortest time imaginable. I work at one of the largest trauma centers in my state and just realized we could learn a lot." What a testimony to the Air Force Medical Service!

The en route care construct has significantly decreased our footprint on the ground. Since October 2001, the Air Force Medical Service Aeromedical Evacuations System has moved nearly 40,000 patients. To put this in terms you may appreciate, this equates to evacuating the entire population of Annapolis, Maryland. In an excerpt from the Chief of Staff of the Air Force's "Portraits of Courage", General Moseley recognized our Aeromedical Evacuation flight nursing teams. Although written with the 86th Aeromedical Evacuation Squadron (AES) in mind, his comments described the mission performed by any one of our 31 Total Force Aeromedical Evacuation units. "ō wounded

warriors, premature babies, accident victims, retirees falling ill and other Department of Defense (DoD) beneficiaries needing medical care are routinely transported by [teams of] flight nurses and aeromedical evacuation technicians. Our Nation asks much of her military and she provides an unsurpassed transportation of the sick and injured around the world. "

The challenging task of facilitating Aeromedical Evacuation missions rests with our four Global or Theater Patient Movement Requirements Centers. The Theater Patient Movement Requirements-Europe provided around-the-clock support during the Beirut, Lebanon Non-combatant Evacuation Operation. Working in concert with DoD, Department of State, US European Command, and US Consulates in Nicosia, Cyprus, and Frankfurt, Germany, they synchronized patient movement of evacuees. In one case, the US Consulate in Nicosia contacted Theater Patient Movement Requirements E and requested assistance moving an 84-year-old Lebanese-American. At the outbreak of hostilities, this gentleman was evacuated from Beirut and admitted to the American Heart Institute in Nicosia for treatment of his chronic cardiac and respiratory problems. Theater Patient Movement Requirements -E validated the need for en route medical care, coordinated an accepting physician at Landstuhl Regional Medical Center in Germany, and secured airlift for an Aeromedical Evacuation mission. Within 24 hours, the mission was complete and the patient was receiving care at Landstuhl Regional Medical Center.

Members of the Total Nursing Force, like Aeromedical Evacuation Technician Staff Sergeant Jason St. Peter, saved lives using their extensive medical and combat readiness training. While on a rescue mission into a high threat area of anti-coalition militia activity, SSgt St. Peter was informed that the casualty count had quadrupled. Taking decisive action, he directed reconfiguration of the aircraft to accommodate additional patients. Upon landing, he triaged and prioritized treatment under infrared illumination provided by overhead aircraft. SSgt St. Peter was credited with saving eight Soldiers, as well as eliminating the need to bring additional rescue teams into harm's way. He was nominated for a Distinguished Flying Cross.

In the Pacific theater, crews from the 18th AES moved six critically burned Sailors from Guam to Hawaii and then on to San Antonio. During the final leg of this 6,000 mile journey to Brooke Army Medical Center, the Sailors received en route critical care from a team of burn specialists. This feat showcased Tri-Service interoperability, validating the joint capability of moving patients in an efficient manner and providing the greatest opportunity for survival and rehabilitative care. Notably, it was during this mission that our C-17 fleet logged its one-millionth hour.

For some, duties were performed along our Nation's border in support of Operation JUMP START. One hundred fifty-five Air National Guard nurses and medical technicians from four states were activated for one to four month rotations supporting this Homeland Security Border Control mission.

Operational Skills Sustainment

The Global War on Terrorism demand for operational, clinically-current specialty nurses has steadily grown. In response, we have increased production of critical care and trauma nurses and returned nurses with specialty nursing experience to the deployment pool.

Encouraged by the success of our joint training pipeline in San Antonio, we awarded 30 critical care and emergency fellowships this year and expanded our joint training platforms to include the National Naval Medical Center in Bethesda and St. Louis University Hospital in Missouri. We have not stopped there. We are revising our support agreement with the University of Cincinnati Medical Center in Ohio to accommodate critical care nursing fellows.

We continue to rely on our Centers for Sustainment of Trauma and Readiness Skills (C-STARS). These advanced training platforms are embedded into major civilian trauma centers throughout the continental United States. In 2006, this invaluable clinical immersion enabled 614 doctors, nurses, and medical technicians to refresh operational currency while preparing them to deploy as Critical Care Air Transport Team (CCATT) members or clinicians in expeditionary medical support (EMEDS) facilities. Many of our Chief Nurses consider the Centers for Sustainment of Trauma and Readiness Skills an essential component of their clinical competency programs and the majority of the graduates tell us it is one of the best training experiences of their military career.

Strengthening operational clinical currency remains a priority. Now 11 months old, our clinical sustainment policy continues to gain momentum. The concept is simple: providing opportunities for nurses temporarily assigned in out-patient or non-clinical settings to refresh their technical skills by working a minimum of 168 hours per year at the bedside. For many of our out-patient facilities, this means affiliating with local medical centers for innovative patient care partnerships. Where available, our medical technicians are capitalizing on these partnerships. Said an Airman from Kirtland Air Force Base (AFB), New Mexico, "The Veterans Affairs (VA) rotation was a great way to get hands-on experience and exposure to emergency and inpatient settings."

In 2006, we gained access to eight complex medical-surgical, emergency trauma and critical care training platforms in which to sustain clinical skills for our officer and enlisted nursing personnel. An extraordinary benefit emerging at nearly all training sites has been exposure to - and appreciation for - the unique missions of various agencies. We are encouraged by reports of how affiliations with our federal health partners have fostered collegiality between nurses. Among these affiliations, two are with civilian organizations (Miami Valley Hospital in Dayton, Ohio and Iowa HealthCare in Des Moines, Iowa). Federal Tort Laws make securing affiliations with civilian organizations particularly challenging, so I applaud the hard work expended at the local level. Nursing personnel from the 3rd Medical Group (MDG) DoD/Veterans Affairs Joint Venture Hospital and the Alaska Native Medical Center have collaborated on continuing education and professional development programs for many years. Their partnership expanded recently to include rotations in pediatric, medical-surgical and critical care

units--experiences long-sought to bolster currency at home station and in deployed settings.

In addition to sustainment, we have robust entry-level training platforms. The 882nd Training Group at Sheppard AFB, Texas graduated 1,638 Total Force Aerospace Medical Service Apprentice (AMSA) students in FY06. AMSA students have the unique experience of training on technologically advanced simulations systems. Life-like mannequins simulate clinical patient scenarios, allowing students to learn and gain hands-on experience in a controlled environment. As they progress through training, students are challenged with increasingly complex scenarios. This training module was recognized by 2nd Air Force as a "Best Practice".

Landstuhl Regional Medical Center became our 10th Nurse Transition Program (NTP) training site and the first NTP hosted in a joint facility. With the addition of the Landstuhl Regional Medical Center NTP, we have increased overall enrollment to 160 nurses in this Air Force Medical Service entry-level officer program.

We depend on the Uniformed Services University of the Health Sciences (USUHS) Graduate School of Nursing (GSN) to prepare many of the Family Nurse Practitioners (FNPs) and Certified Registered Nurse Anesthetists (CRNAs) needed to fill our mission requirements. Currently, 57% of our 49 FNPs and 52% of our 143 CRNAs are USUHS graduates. The GSN enrolled 46 Air Force nurses this fall in Perioperative Specialty, FNP, and CRNA programs. Overall, Air Force nurses represented 41% of the GSN student population. Once again, all 13 of our CRNA candidates passed the National Certification Exam before graduating this past December. We would like to acknowledge the support of faculty, and recognize Lieutenant Colonel Adrienne Hartgerink for her selection as Military Faculty Member of the Year.

We are pleased with the collaborative research endeavors available to GSN students. Air Force nurses have published their research in professional journals and presented their work at the national level. Ten of our nurses were among the GSN students contributing to a landmark study that analyzed more than 11,000 reported perioperative medication errors. The recommendations emerging from this research have significant implications for patient safety, and will lead to better outcomes for patients in all US healthcare organizations. Collaborative clinical training occurred as well. The Mike O' Callaghan Federal Hospital at Nellis AFB in Nevada and National Naval Medical Center were formally designated as Phase II Nurse Anesthesia Clinical Sites. Air Force Nursing has successfully integrated training platforms at every level.

Clinical Successes

We are also logging significant improvements at home-station treatment facilities. The 81st MDG at Keesler AFB, Mississippi celebrated another post-Katrina milestone with the opening of a new labor, delivery, recovery and postpartum unit. The new labor and delivery unit is staffed with six OB/GYN physicians, one nurse midwife, nine military and

three civilian nurses, as well as seven medical technicians. More staff will be arriving over the coming year to coincide with projected increases in prenatal caseload.

At the 23rd MDG, Moody AFB, Georgia, Major Jennifer Trinkle and a team of nurses instituted a nurse-run Active Duty Fast-Track Clinic using pre-defined care protocols. The fast-track made a measurable impact on their business plan and increased overall productivity of the facility. Exit surveys revealed patients liked the "express" experience, and nursing teams enjoyed more interaction with patients.

A Tri-Service nurse consortium, chartered at Landstuhl Regional Medical Center, addressed complex infection control issues affecting Global War on Terrorism casualties. Their initiatives included modifying specimen collection intervals to reduce bacterial colonization of acinetobacter baumannii, instituting contact precautions for all intensive care unit admissions, and switching to waterless/antibacterial bathing protocols. These efforts have the potential to become benchmark infection control practices for participating National Nosocomial Infections Surveillance System hospitals.

Caring For Our Own

The cornerstone of military capability is a fit and ready force; however, the undeniable consequence of continued exposure to polytraumatic injuries is profound risk to the health of our nursing staff. Although vast resources are available to Airmen and their families prior to deployment, lessons from earlier conflicts have taught us some returning warriors - warrior medics among them - have difficulty resuming personal and professional activities. Dr. Michael Murphy, an Assistant Professor of Surgery at the Indiana University School of Medicine and OIF veteran, offered this Veteran's Day tribute: "There is a group of forgotten veterans who carry with them the ghosts of war that will haunt them forever... nursing staff [assigned to] forward surgical teams and combat support hospitals " To that end, every Airman completes a Post Deployment Health Re-Assessment (PDHRA) survey at some point during their 90 to 180 day post-deployment window. At the local level, nurses are connecting those at risk with appropriate primary care or mental health providers.

We recognize caring for our own includes caring for those who care, looking after Airmen and their families and educating all concerned on signs and symptoms of stress. Over the past year, we have promoted awareness and neutralized stigmas associated with seeking help by incorporating post traumatic stress and compassion fatigue discussions with nurses attending symposiums, conferences and senior leader gatherings. We are now pursuing targeted interventions to ensure we have the appropriate resources available for our nurses and medical technicians when they return to home.

Professional Development

The goal of Nurse Corps (NC) professional development is to produce nursing leaders for the Air Force Medical Service. We accomplish this goal by creating role-specific skill-

sets and competencies to enhance current job performance and prepare junior officers for success in the future. Our Nursing Development Team (DT) convenes quarterly to ensure NC officers are afforded deliberate career progression. The DT competitively selects our Squadron Commander and Chief Nurse candidates, both of which represent pivotal career leadership milestones. Additionally, the DT selects, through a board process, those leaders who will most benefit from developmental education in residence. This year three outstanding NC officers were selected for Senior Developmental Education.

Professional development also serves as a powerful retention tool. Seventy-five percent of Air Force nurses responding to our 2006 DT Assessment Tool survey stated educational opportunities positively influenced them to stay in the military. In addition to professional military education and pinnacle leadership positions, the NC supports very robust educational opportunities. Three percent of Total Force nurses are funded for advanced academic degrees and specialty training every year. For 2006, these included 69 nurses selected for the nurse practitioner programs, 21 nurses selected for clinical nurse specialists' education, and 14 nurses selected for other advanced degrees. Eighteen nurses were selected for very competitive fellowships to include emergency room /trauma/critical care, Advanced Executive Development programs, Advanced Education and Training programs, Joint Commission and Accreditation Association for Ambulatory Health Care fellowships, and numerous others. In addition to professional military education and advanced degree programs, we continued our specialty courses for operating room nursing, neonatal intensive care nursing, infection control, perinatal/OB nursing and the Health Professions and Education and Training Course. In 2006, we trained 66 Total Nursing Force flight nurses and 172 Total Nursing Force Aeromedical Evacuation technicians at our Flight School at Brooks City Base in San Antonio. This program continues to be a vital training platform for our increasing requirements for clinical Aeromedical Evacuation crews in support of Global War on Terrorism.

Purposeful assignment selection and rank-appropriate developmental education opportunities will ensure our nurses have the requisite skills and experience to succeed in deployed operations and future leadership roles. I want to especially thank Dean Bester of USUHS for the continued support, which makes much of our advanced education a huge success.

Recognition

Air Force nurses and medical technicians were recognized for outstanding performance by various professional organizations this year. The Air Force Association is an independent, nonprofit, civilian education organization promoting public understanding of aerospace power and the pivotal role it plays in the security of the nation. They recently selected Air Force Medical Service Expeditionary Medics to receive the AFA Outstanding Air Force Team of the Year award for their direct support of the warfighter and our expeditionary efforts. Seven Total Force medics will accept this award on behalf of the entire Air Force Medical Service at the end of March.

Last fall, Lieutenant Colonel Leslie Claravall, 374th Medical Operations Squadron Commander at Yokota AB, Japan was honored as one of the 2006 Ten Outstanding Young Americans. Since 1938, this project has recognized ten Americans each year who exemplify the best attributes of the Nation's young people.

In July 2006, the National Nursing Staff Development Organization presented national awards to two Air Force nurses at their annual conference. Lieutenant Colonel Lola Casby and Major Francis Desjardins won the Excellence in Educational Technology and Excellence in the Role of Professional Development Educator Awards, respectively. Lieutenant Colonel Sandy Bruce, Consultant to the Air Force Surgeon General for Nursing Education and Training, was appointed Editor-in-Chief of the next edition of Core Curriculum for Staff Development, and five Air Force nurses were named to the editorial board. This manual, endorsed by National Nursing Staff Development Organization, is widely accepted as the standard of practice for healthcare educators. For the first time, an Air Force Nurse was named Research Consultant to the International Council of Nurses (ICN). The ICN is a federation of more than 120 national nurses' associations representing millions of nurses world-wide. Colonel John Murray was also selected as a Fulbright Visiting Scholar for research, another first for military nursing.

Our medical technicians were similarly honored for outstanding achievement. Master Sergeant Charles Cremeans, an Independent Duty Medical Technician assigned to the 786th Security Forces Squadron at Ramstein AB, Germany, was awarded the 2006 Lewis L. Seaman Enlisted Award for Outstanding Operational Support. Air Force Independent Duty Medical Technicians have won this award three of the past four years, validating their unique role in operational healthcare missions. Sponsored by the Association of Military Surgeons of the United States, this prestigious award recognizes an enlisted professional of the Army, Navy, Air Force or Coast Guard, who has demonstrated compassionate, quality patient care and service, clinical support, or healthcare management.

Technical Sergeant Shannon McBee, an Aeromedical Evacuation technician assigned to Pope AFB, North Carolina was awarded the 2006 Airlift Tanker Association's Specialized Mission Award. During the award presentation, General Duncan McNabb told the audience, "In time of war, when we are doing 900 sorties a day, there's one individual who stands out above all others." While deployed, TSgt McBee flew 28 missions in Iraq and Afghanistan, sometimes under fire, to provide critical nursing care to more than 300 wounded people - from special operations soldiers to children who stepped on land mines.

Some of the most rewarding recognition came in the form of spontaneous acknowledgement from our professional colleagues. During a regional nursing conference, Air Force nurses Major Prudence Anderson, Major Wendy Beal, and Captain Charlotta Leader presented Deployed Military Nursing from Ground to Air; focusing on the EMEDS concept, en route care processes and Aeromedical Evacuation missions. As they concluded their presentation, there was a moment of silence followed

by a standing ovation. "It was an honor to represent military nursing to be so appreciated in our community," they said.

Recruiting and Retention

Nurses remain at the top of Gallup's annual poll assessing honesty and professional ethics. However, public confidence has yet to translate into larger recruiting pools. In fact, a US Department of Health and Human Services report (<http://bhpr.hrsa.gov/nursing/>) projects demand shortfalls will reach 17% by 2010 and 27% by 2015. Clearly, Air Force Nursing will need to capitalize on every opportunity to recruit and retain nurses.

In FY06, we achieved 80% (281) of our total recruiting goal (350). This was a significant improvement over FY05's 69%. Graduates of our scholarship programs brought overall accessions up to 92% of goal. We attribute our success to larger financial incentives, which combined the options of accepting an accession bonus and Health Professions Loan Repayment for nursing school loans. Our FY06 accession bonus options were \$15,000 for a 3-year commitment or \$20,000 for a 4-year commitment. We have increased the bonus for FY07 (\$25,000/4yrs), and are optimistic this will get us even closer to goal. Direct accessions accounted for the majority of our FY06 recruits, but we also attracted new nurses via ROTC scholarships, Line of the Air Force (LAF) funded enlisted to BSN and Airman Enlisted Commissioning Programs.

Mirroring our Sister-Services' successful enlisted commissioning programs, we are aggressively pursuing a specific Nurse Enlisted Commissioning Program. We gained LAF support for 12 student "starts" over the next two years, and anticipate exponential growth of this program for the next 5-10 years.

As CY06 came to a close, the NC inventory was a gravely concerning 85%. We retired 166 officers and separated another 188, for a net loss of 354 experienced nurses. We know our attrition rates spike at the 4-5 year point as nurses complete their initial service commitment; and again at 7-9 years, when nurses face disparate promotion opportunity. In response, we initiated a \$15,000 critical skills retention bonus targeting nurses completing their initial commitment in the Air Force, and will be closely monitoring its impact on retention for this year group.

Compensating for our second attrition spike will be much harder, but we have made progress this year. LAF acknowledged inequities in colonel-grade billets, and validated 100% of the NC position descriptions submitted to the Air Force Colonel Grade Review Board. As a result, we have conservatively estimated a 45% gain in NC colonel-grade billets over the next year.

We are especially pleased with the increased number of validated master clinician billets at our larger hospitals and medical centers. This is significant because it will provide an avenue for some of our most clinically experienced senior nurses to remain in patient care settings without sacrificing opportunities for promotion and advancement.

We are now a few steps closer to bringing NC promotion opportunity in parity with other Air Force categories constrained by the Defense Officer Personnel Management Act. These are tremendous strides for the NC, although the effect they will have upon major-grade and lieutenant colonel-grade promotion opportunity is not yet clear.

Transformation Initiatives

The Air Force Medical Service has deployed transformation initiatives this year using the principles of Air Force Smart Operations 21 (AFSO21). The primary goal of AFSO21 is to eliminate redundant processes that compete against priority missions for time, manpower, and money. In 2006, the Air Force Medical Service became the first DoD Service to align with the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) for surveys of our ambulatory care clinics. Our partnership with The Joint Commission continues for surveying our inpatient facilities. In the words of our senior healthcare inspector, "Our new partnership with AAAHC will allow us to significantly integrate [military] inspections and accreditation findings in our reports while reducing duplication of effort a great example of AFSO21 principles at work."

The 39th MDG at Incirlik AB, Turkey provided another example. They applied AFSO21 strategies to their Medical Right Start Program, an Air Force Medical Service wide process of enrolling beneficiaries into the local health care system upon arrival to a new duty station. They streamlined their process by relocating all points of service to a central location at their Military Treatment Facility (MTF) and scheduling all Right Start Orientation enrollment activities on a single day. They estimate annual savings of \$106,000 and 1,630 duty hours by implementing these customer-focused process improvements.

By far, the most challenging initiative has been the conversion of military positions to civilian equivalents needed to support a leaner military medical force posture. The Air Force Nursing Services civilian inventory includes more than 1,000 nursing personnel in advanced practice, licensed and paraprofessional roles. Nationally, the demand for nursing personnel far exceeds the supply, creating a competitive market that favors qualified candidates. In nine months of active recruiting, we have hired 11 nurse practitioners and nurse specialists, 59 clinical nurses, and 41 paraprofessional nursing personnel (Licensed Practical Nurses (LPNs), Emergency Medical Technicians and Operating Room (OR) technicians). Although we hired 86% of the clinical nurses programmed for FY06, we were significantly less successful with other civilian hires, especially LPNs and OR technicians. Through active recruiting, hiring bonuses where warranted, and use of direct hire authority, we are cautiously optimistic about reaching our FY07 goal of accessing 211 additional civilian nursing personnel.

Joint Endeavors

Our International Health Specialty Nurses organized several important initiatives supporting the goals of Theater Security Cooperation. Among them, was a bilateral project to enhance the Infection Control capability of nurses serving in the Vietnam (VN)

military. Facilitated by the Center of Excellence (COE) for Disaster Management and Humanitarian Assistance and funded through Presidential Emergency Plans for AIDS/HIV Relief (PEPFAR), this project builds upon previous US-VN military nursing exchanges. During the first phase of this project, VN nurses will travel to Wichita Falls, Texas for didactic training at Sheppard AFB and then transition to Tripler Army Medical Center (TAMC) for clinical experience. A total of eight VN nurses will be trained; with the first two scheduled to begin in March. The second and third phases involve US nurses traveling to VN to assist newly-trained VN nurses with Infection Control Program implementation at their four largest military hospitals. The University of Hawaii, College of Nursing collaborated with DoD and COE partners to develop the educational framework and gather supporting data. This project meets Theater Security Cooperation goals of capacity building, building competent coalition partner, interagencies, interoperability, access, and influence.

A joint capital venture between the 1st MDG at Langley AFB, Virginia and the Naval Medical Center Portsmouth is underway. This venture establishes a Special Care Nursery at Langley AFB that accepts transfers of moderately ill neonates from the Naval Medical Center Portsmouth, thus enabling them to preserve bed-space for more critical/acutely ill neonates. This partnership will allow beneficiaries to continue care within the Military Health System, a benefit to both medical facilities and their patient population.

Air Force nurses actively participated in monthly System-wide Trauma Continuum of Care video teleconferences in 2006. The complexities of issues addressed were astounding, and included standardizing pressure-related baldness and skin ulceration surveillance and prevention, managing complex pain issues during en route care, standardizing burn management and resuscitation documentation, reducing mortality and morbidity associated with under/over fluid resuscitation, and reducing ventilator-associated pneumonias. This world-wide, DoD/ Veterans Affairs performance improvement forum, facilitated successful outcomes and improved quality of life and functionality for recovering Global War on Terrorism casualties.

Twenty-four medics from the 52nd MDG, Spangdahlem AB, Germany deployed to Tamale, Northern Ghana where they joined 22 Ghanaian military medical staff for MEDFLAG 06. Operations required extensive interoperability. Participants gained experience in deploying to austere locations, interacting with host nation military and governmental organizations, observing/understanding local customs, integrating healthcare teams of multiple specialties and several units/Service components, procuring supplies and equipment, and reallocating personnel and resources to meet changing mission requirements. Everyday at sunrise, teams loaded supplies and convoyed to villages where thousands stood waiting for medical, dental and optometry care. Over 3,200 patients received care in just four days, and US medical personnel were able to learn about, see and treat a myriad of chronic and tropical diseases rarely seen in the US. A letter of appreciation signed by Pamela Bridgewater, US Ambassador to Ghana, summed up the impact made by our medics, "In my many years of Foreign Service I can think of no other time that I was so proud to be an American than on my

visit to the MEDFLAG sites in the Northern Region. I [saw] first-hand the professionalism of US [military] personnel and the strong ties of cooperation fostered in a short period of time. I [directly] witnessed the positive effect that the US military presence had on the population of that deprived region. This is truly a case where we are winning the hearts and minds just by being who we are and doing what we do so well, helping others."

Research

Our patients have benefited from cutting edge research conducted by Air Force nurses, particularly in the realm of operational clinical readiness. Colonel Peggy McNeill, an Air Force doctoral student, is examining the performance of medical aircrew in a simulated military aircraft cabin environment. CCATTs provide intensive specialty care to nearly 10% of the Global War on Terrorism casualties transported on military cargo aircraft, and yet we have limited understanding of how in-flight stressors impact medical aircrew and affect their cognitive and physical performance on long Aeromedical Evacuation missions. Her findings will enhance patient outcomes by maximizing operational performance of medical personnel in the Aeromedical Evacuation environment.

Due to the nature of their injuries and stressors of flight, combat casualties are at high risk for having an inadequate supply of oxygen in their blood. Traditional methods of monitoring for this complication are not possible with combat casualties experiencing severe burns, amputations, decreased body temperature, or massive swelling. Research being conducted by Lieutenant Colonel Marla DeJong will provide clinicians with valuable information about the ability of specialized monitoring devices to provide more accurate patient assessment data needed to care for acutely and critically ill patients in flight.

Lieutenant Colonel Karen Weis, a graduate of Air Force-sponsored doctoral education, studied the impact of deployment on psychosocial experiences of pregnancy. Her findings indicated effective maternal identification, or pregnancy acceptance, was dependent upon the husband's presence in the first and early second trimesters of pregnancy. As a result, an evidence-based program has been developed to provide timely family support to pregnant military wives with deployed, or deploying, husbands.

Air Force nurses received generous financial support from the Tri-Service Nursing Research Program (TSNRP) to conduct the type of research just described. In addition to research studies, the TSNRP Resource Center funded the creation of an operational pocket guide for nurses. Designed as a concise reference for deployed nurses, it contains the most current evidence-based practice recommendations for operational health care. Topics range from critical care of blast victims to psychological first aid and culturally appropriate pain assessment and management.

Base Realignment and Closure (BRAC) Integration

Air Force nurses are working alongside Sister-Service colleagues to achieve functional nursing integration. Here in the National Capital Region, Air Force critical care nurses assigned to Andrews AFB, Maryland are now augmenting staff at Walter Reed Army Medical Center. BRAC integration is affording Air Force nurses additional opportunities to maintain operational currency in complex patient care platforms, while serving the needs of critically ill and injured military heroes and their families.

In San Antonio, we are moving forward with plans to relocate enlisted medical basic and specialty training to a Tri-Service Medical Education and Training Campus (METC) at Fort Sam Houston. METC will capitalize on synergy created by co-located training programs. We have fiercely protected our Community College of the Air Force degree granting to Air Force students, and are exploring the feasibility of extending authority to our Sister Services.

The Air Force Surgeon General Consultants for nursing specialties are working with their Tri-Service counterparts to solidify scopes of practice that reflect nursing care in joint environments. The Nurse Consultants are incorporating Service-specific requirements and civilian benchmarks to establish a single scope of practice for each specialty, thereby easing transition into joint units and providing nurses with a clear understanding of their roles and responsibilities.

Our Way Ahead

For the past year, I have connected with nursing leadership teams at every one of our Military Treatment Facilities; learning more about their mission priorities, challenges, and concerns. These conversations have assured me Air Force Nursing stands ready for the exciting and challenging events ahead.

Mister Chairman and distinguished members of the Committee, it is my honor to be here today representing nearly 18,000 men and women that make up our Total Nursing Force. Thank you for the considerable support you have given us this year and thank you for inviting me to tell our story.

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