

DEPARTMENT OF THE AIR FORCE

PRESENTATION TO THE COMMITTEE ON APPROPRIATIONS

SUBCOMMITTEE ON DEFENSE

UNITED STATES SENATE

**SUBJECT: MEDICAL
AIR FORCE NURSING SERVICES**

**STATEMENT OF: MAJOR GENERAL KIMBERLY A. SINISCALCHI
ASSISTANT AIR FORCE SURGEON GENERAL NURSING
SERVICES AND ASSISTANT AIR FORCE SURGEON GENERAL
MEDICAL FORCE DEVELOPMENT**

March 18, 2009

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BY THE COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON DEFENSE
UNITED STATES SENATE**



BIOGRAPHY



UNITED STATES AIR FORCE

MAJOR GENERAL KIMBERLY A. SINISCALCHI

Maj. Gen. Kimberly A. Siniscalchi is Assistant Air Force Surgeon General, Medical Force Development, and Assistant Air Force Surgeon General, Nursing Services, Office of the Surgeon General, Headquarters U.S. Air Force, Bolling Air Force Base, D.C. As Assistant Air Force Surgeon General, Medical Force Development, she establishes new and appraises existing personnel policy and staffing requirements for 34,000 active duty officer and enlisted medical personnel. Her directorate is responsible for all medical force education and training. As Assistant Air Force Surgeon General, Nursing Services, she creates and evaluates nursing policies and programs for 19,000 active-duty, Guard and Reserve nursing personnel. She interacts with Air Staff, Joint Staff, other services and major commands to ensure the highest caliber of nursing care and personnel. General Siniscalchi received her commission in 1979 through the Reserve Officer Training Corps program at the University of Pittsburgh, Pa. Her leadership experience includes commanding eight consecutive years at squadron and group levels, and serving Presidents George H. W. Bush and William J. Clinton as the Air Force nurse assigned to the White House Medical Unit. She also deployed as Commander of the 380th Expeditionary Medical Group.



EDUCATION

- 1979 Bachelor of Science degree in nursing, Duquesne University, Pittsburgh, Pa.
- 1979 Critical care internship, Allegheny General Hospital, Pittsburgh, Pa.
- 1980 Medical surgical internship, March AFB, Calif.
- 1983 Flight nurse training, School of Aerospace Medicine, Brooks AFB, Texas
- 1984 Squadron Officer School, Maxwell AFB, Ala.
- 1985 Air Force Recruiting School, Lackland AFB, Texas
- 1988 Master of Science degree in nursing (clinical nurse specialist), University of Nebraska Medical Center, Omaha
- 1992 Air Command Staff College, by correspondence
- 1997 Air War College, Maxwell AFB, Ala.
- 1998 Medical Executive Skills Course, Bethesda Naval Hospital, Md.
- 1998 Interagency Institute for Federal Health Care Executives, George Washington University, D.C.
- 2001 Group Commanders Course, Maxwell AFB, Ala
- 2003 Executive Skills Capstone Course, Walter Reed Army Medical Center, Washington, D.C.
- 2004 TRAC 5000 Executive Leadership Program, Midwestern State University, Wichita Falls, Texas

2007 Fundamentals of Systems Acquisition Management, Defense Acquisition University, Fort Belvoir, Va.
2008 Senior Leader Orientation Course, Washington, D.C.
2008 USAF Senior Leadership Course, Center for Creative Leadership, Greensboro, N.C.
2008 Health Care CEO Course, The Wharton School, University of Pennsylvania, Philadelphia

ASSIGNMENTS

1. August 1980 - January 1981, nurse intern, USAF Regional Hospital, March AFB, Calif.
2. January 1981 - October 1981, clinical nurse, Medical/Pediatric Unit, USAF Hospital, Langley AFB, Va.
3. October 1981 - February 1982, charge nurse, Primary Care Services, Langley AFB, Va.
4. February 1982 - August 1982, charge nurse, Internal Medicine/Emergency Department, Langley AFB, Va.
5. August 1982 - October 1983, staff nurse, Surgical Unit, Offutt AFB, Neb.
6. October 1983 - May 1985, clinical nurse, Intensive Care Unit, Offutt AFB, Neb.
7. May 1985 - September 1986, Chief, Nurse Recruitment Branch, 3543rd Recruiting Squadron, Omaha, Neb.
8. September 1986 - June 1988, Chief, Health Professions Recruiting Branch, 3543rd Recruiting Squadron, Omaha, Neb.
9. June 1988 - July 1989, Clinical Nurse, Intensive Care Unit, Malcolm Grow Medical Center, Andrews AFB, Md.
10. July 1989 - June 1990, assistant charge nurse, Intermediate Cardiac Care Unit, Malcolm Grow Medical Center, Andrews AFB, Md.
11. June 1990 - August 1993, White House Nurse, Washington, D.C.
12. August 1993 - October 1994, Nurse Manager, Critical Care Services, 55th Medical Group, Offutt AFB, Neb.
13. October 1994 - January 1996, Chief, Medical Operations Flight, 55th Medical Group, Offutt AFB, Neb.
14. July 1996 - July 1997, student, Air War College, Maxwell AFB, Ala.
15. July 1997 - September 1997, Chief, Medical Readiness Logistics Branch, Air Force Medical Logistics Office, Fort Detrick, Md.
16. September 1997 - July 1998, Chief, Medical Combat Support Operations, Air Force Medical Logistics Office, Fort Detrick, Md.
17. July 1998 - June 2001, Commander, 11th Medical Operations Squadron; Chief Nurse, Bolling AFB, D.C.
18. June 2001 - July 2003, Commander, 17th Medical Group, Goodfellow AFB, Texas
19. July 2003 - July 2006, Commander, 882nd Training Group, Sheppard AFB, Texas
20. July 2006 - September 2008, Deputy Command Surgeon, Headquarters Air Force Materiel Command, Wright-Patterson AFB, Ohio (April 2007 - September 2007, Commander, 380th Expeditionary Medical Group, Southwest Asia)
21. September 2008 - present, Assistant Surgeon General, Medical Force Development, and Assistant Surgeon General, Nursing Services, Office of the Surgeon General, Headquarters U.S. Air Force, Bolling AFB, D.C.

MAJOR AWARDS AND DECORATIONS

Legion of Merit with oak leaf cluster
Defense Meritorious Service Medal
Meritorious Service Medal with three oak leaf clusters
Air Force Commendation Medal with two oak leaf clusters
Joint Meritorious Unit Award with two oak leaf clusters
Meritorious Unit Award
Air Force Outstanding Unit Award with four oak leaf clusters
National Defense Service Medal with bronze star
Global War on Terrorism Expeditionary Medal
Global War on Terrorism Service Medal
Air Force Expeditionary Service Ribbon with Gold Border

OTHER ACHIEVEMENTS

1987 Outstanding Young Women of America

1988 Outstanding Masters Graduate, University of Nebraska Medical Center Graduate College of Nursing

2008 Distinguished Alumni, College of Nursing, University of Nebraska Medical Center, Omaha

PROFESSIONAL MEMBERSHIPS AND ASSOCIATIONS

American Nurses Association

American College of Healthcare Executives

Association of Military Surgeons of United States

Air Force Nurses Association

Federal Nurses Association

Federal Health Care Executive Institute

Sigma Theta Tau International Honor Society of Nursing

PROFESSIONAL CERTIFICATIONS

National Certification in Nursing Administration, American Nurses Association

EFFECTIVE DATES OF PROMOTION

Second Lieutenant Jan. 20, 1979

First Lieutenant Jan. 23, 1981

Captain Jan. 23, 1983

Major Feb. 1, 1990

Lieutenant Colonel March 1, 1996

Colonel Sept. 1, 2001

Major General Dec. 3, 2008

(Current as of December 2008)

Mister Chairman and distinguished members of the Committee, it is an honor and pleasure to come before you to represent Air Force Nursing Services and our Total Nursing Force (TNF). The TNF encompasses officer and enlisted nursing personnel of the Active Duty, Air National Guard (ANG), and Air Force Reserve Command (AFRC) components. The past year has brought many leadership changes to our TNF, and I look forward to serving alongside my senior advisors, Brigadier General Catherine Lutz of the ANG and Colonel Anne Manly of the AFRC. We are glad to have Colonel Manly back after her recent deployment to Joint Base Balad, Iraq where she served as Chief Nurse of the 332nd Expeditionary Medical Group, and saw first-hand the incredible work our nurses and technicians perform daily. Together we will continue to strengthen our TNF by supporting our nursing service personnel as they continue to meet ever-increasing commitments, deployments, and challenges with professionalism and distinction; and supporting the Chief of Staff of the Air Force's (CSAF) top priorities to 1) Reinvigorate the Air Force Nuclear Enterprise, 2) Partner with the Joint and Coalition Team to Win Today's Fight, 3) Develop and Care for Airmen and their Families, 4) Modernize our Aging Air & Space Inventories, Organizations & Training, and 5) Acquisition Excellence.

Organizational Structure

On September 29, 2008, the Air Force Medical Service (AFMS) achieved the CSAF's directive to transform and consolidate headquarters management functions by establishing the Air Force Medical Operations Agency (AFMOA) in San Antonio, Texas. This single support agency was established through an Air Force Smart Operations 21 initiative, and is led by a cadre of experts from across the Air Force Medical Service. They provide premier support and guidance to nine Major Commands (MAJCOM), 75 Military Treatment Facilities (MTF), and 39,000 medics to reduce levels of oversight at the MAJCOM levels. Brigadier General Mark A. Ediger assumed command of AFMOA on September 29, 2008.

This past summer, the AFMOA Surgeon General Nursing (SGN) directorate, led by Colonel Leslie Claravall, in conjunction with the MAJCOM SGNs, successfully transitioned the

clinical oversight as well as education and training functions from United States Air Force Europe Command and Air Mobility Command. In May, June, and July of this year, the AFMOA SGN will take on the clinical oversight of Air Education and Training Command, Air Force Material Command and Air Force Special Operations Command respectively. In 2010, the remaining MAJCOM SGN functions will transition to AFMOA. As a result, areas such as education and training, provision of nursing care, inpatient and outpatient, and nursing service resourcing will be centrally located. In short, AFMOA is progressing to a centralized reach-back Field Operating Agency.

Building Enduring Competencies

The Air Force Nursing Service Education and Training programs are inherent to, and the foundation of the successful development of our core competencies. The Nurse Transition Program (NTP) is experience by providing hands-on patient care while working side-by-side with nurse preceptors. The program focuses on maximizing skills utilizing real-world patients and minimizing the use of simulation labs. In 2008 we had 10 NTP sites with 212 seats available to novice nurses entering the Nurse Corps with less than six months nursing experience. Last year Major General Rank reported the possibility of partnering with University Hospital in Cincinnati, Ohio for our NTP. I am pleased to inform you that our inaugural class of ten students graduated from our first civilian NTP Center of Excellence (CoE) at University Hospital on December 12, 2008. I had the privilege to attend and participate in the ribbon-cutting this past October and I am proud of the phenomenal work course supervisors, Major Chris Berberick and Captain Josh Lindquist, have accomplished. Due to the medical center's trauma census, students were able to acquire 95% of the required clinical skills from real-world patients after only five weeks into the eleven week course. As a result, we will decrease our Cincinnati course to nine weeks to accommodate more classes. We have already expanded our total seats available to 241, and will soon add another civilian partner CoE as we open our eleventh site this July with the Scottsdale Healthcare System, in Scottsdale, Arizona. This

facility has earned Magnet Status recognition from the American Nurses' Credentialing Center. Magnet status facilities are measured by excellent patient outcomes, high levels of job satisfaction, and low staff turnover. Additionally, they have a proven record of involving nurses in data collection and research-based nursing practice. We look forward to a long and productive partnership with the Scottsdale Healthcare System.

Our enlisted medical technicians, led by Chief Master Sergeant Joseph Potts, are critical to the overall success of our TNF. Our need for highly skilled clinicians continues to rise and we are committed to training and developing enlisted clinical leaders. We continue to enhance our enlisted clinicians through our Critical Care Technician (CCT) Course, based out of Eastern New Mexico University. This program targets medical technicians working in intensive care units (ICU) that have low patient acuity levels, or medical technicians who have previously earned the Critical Care Technician identifier, but no longer work in that clinical setting. We offer twelve classes per year and have doubled the number of rotating training sites from two to four of our larger MTF/Medical Centers. Through this course, we have enabled 115 Airmen to refresh and sharpen their critical care competencies, thus improving quality of care both at home station and abroad.

July 10, 2008 marked another step toward what's being called the largest consolidation of training in the history of the Department of Defense, when the ceremonial groundbreaking service paved the way for the construction of the Medical Education and Training Campus (METC). Currently projected for completion in 2011, METC will serve as a joint campus, co-locating the Army, Navy, and Air Force's five major learning institutions currently spread across four states, into one consolidated medical training facility at Fort Sam Houston, Texas. The development of this tri-service training center will result in standardized training for medical enlisted specialties enhancing interoperability and joint training by educating Soldiers, Sailors, Marines, and Airmen on service-specific capabilities. Chief Master Sergeant Manuel Sarmina, chairman of the METC Tri-Service Enlisted Advisory Committee noted, "America's best and

brightest will begin arriving here to work and to train in an environment that will be known and recognized as the premier learning center for our enlisted medical force.”

On another front, over the past year David Grant Medical Center at Travis Air Force Base, California has implemented an Optimized Upgrade Training program for nurses. Captain Linda Peavely, who spearheaded the development of this program explains, “Our goal was to increase the knowledge of nurses on medical-surgical units and progress them from the ‘competent’ to ‘proficient’ stage of nursing practice.” Students participate in both didactic and clinical training in the intensive care unit. The result has yielded many additional benefits including improved wartime readiness skills, increased clinical capability and care of higher acuity patients, improved communication among staff, and recaptured revenue by decreasing the need to transfer patients. To date, David Grant Medical Center has produced 33 graduates, many of whom have recently returned from deployment and commented on how much more prepared and confident they felt stepping into the wartime environment as a direct result of this program. In January, Captain Peavely’s hard work paid even more dividends when the Air Force Personnel Center, Nursing Education Branch, recognized this training platform as an official Air Force course, granting 92 hours of education credits to each graduating student.

The Uniformed Services University of the Health Sciences (USUHS) Graduate School of Nursing (GSN) is yet another source preparing advanced practice nurses and nurse researchers. In 2008, Lieutenant Colonel Julie Bosch and Colonel Lela Holden successfully defended their dissertations, completing their Doctorate in Nursing degree. Major Brenda Morgan and Lieutenant Colonel Karen O’Connell are students currently in the USUHS doctoral program. Major Morgan is focusing her research on “Positive Emotion and Resiliency”, while Lieutenant Colonel O’Connell is pursuing a study on “Mild Traumatic Brain Injury.”

Expeditionary Nursing

The cornerstone of our profession is that Air Force Nursing is an essential operational capability. Combined with our enlisted medical forces, we are a critical component of the total

AFMS network supporting our warfighters. In 2008, 18% (2,802) of our TNF deployed to 44 locations in 16 countries. Our medical forces deployed in support of Operations ENDURING FREEDOM and IRAQI FREEDOM, as well as a myriad of humanitarian missions spanning the globe. I am proud to report that our TNF represents 34% of all Total Force deployments within the AFMS. TNF nurses and medical technicians are providing remarkable operational support. We are well-trained, highly-skilled and are committed to saving lives, educating others, and improving quality of life through research. We serve in this capacity not out of obligation, for we are an all-volunteer force. We are called to a mission of putting others first...of caring for America's sons, daughters, brothers, sisters, fathers, and mothers. We are called to a mission of forging international partnerships for a common good, and to aid war-torn countries in developing medical infrastructures, while sharing the message of hope and goodwill. In this regard, I offer you a sampling of our nurses' and medical technicians' experiences.

In September, Lieutenant Colonel Kathryn Weiss, a Certified Registered Nurse Anesthetist (CRNA) assigned to a Critical Care Air Transport Team (CCATT) deployed to Camp Cunningham in Bagram, Afghanistan. CCATTs are a three-person team made up of a physician, nurse, and respiratory therapist, specially trained in critical care transport. Lieutenant Colonel Weiss recalls flying on an Aeromedical Evacuation (AE) mission aboard a C-130 airframe to a Forward Operating Base (FOB) that had an unexpected surprise. She stated, "We'd been told we'd be picking up one CCATT patient, but discovered we had two. Our unexpected patient was a very young boy who had been shot in the head and brought to this desolate outlying FOB by his father." The surgeon had stabilized him, but he was in dire need of more definitive care. Lieutenant Colonel Weiss and crew packaged their patients for transport and returned to Bagram. Most recently she reported "this past month has been especially difficult as we responded to two mass casualties from improvised explosive device (IED) blasts, flying five times in six days as patients were stabilized for transport. Two young Servicemen suffered burns on up to 75% of their body. The emotional aspect of caring for

these young 20-year olds is unimaginable...praying for them and their families. We have incredible support from our front-end crews...they bend over backwards to assure we have what we need to care for these young men. The bonds and friendship we form here will continue long past this deployment.”

Major Terry Vida deployed as a Discharge Planner to Task Force Med in Afghanistan from Travis Air Force Base, California. Shortly after arriving she was instructed to establish relationships with the Afghan hospitals to coordinate supportive care of local nationals once discharged from U.S. facilities. Due to local security threats, she was accompanied by Special Forces. She successfully solidified working relationships with four of the local hospitals and in the process, noted their most compromised areas included patient safety, infection control, and lack of training. As Major Vida stated, “It is evident through observation they need our mentorship. They know about isolation in theory, but have no means or resources to apply what they have learned.” She was fortunate enough to make contact with an English-speaking worker at the local rehabilitation center and ultimately coordinated their first patient transfer for supportive orthopedic care. However, her most notable memory of the trip to Kabul was finding out she and her envoy had narrowly missed a suicide bomber’s explosion by ten minutes.

These are but a few examples of the tremendous work our TNF is providing, saving lives, making a difference, and always rising to the challenge, whatever it may be.

Readiness

In order to provide our TNF personnel the critical care, trauma, and deployment skills necessary, we utilize numerous training platforms. The AFMS and Nurse Corps continue to produce hundreds of deployment-ready medics through the Centers for Sustainment of Trauma and Readiness Skills (C-STARS) located at University Hospital in Cincinnati, Ohio, R. Adams Crowley Shock Trauma Center in Baltimore, Maryland, and Saint Louis University Hospital in Saint Louis, Missouri. Each C-STARS site is known for high-quality/high-volume trauma care, cutting-edge research and excellence in education. The C-STARS Baltimore focuses on

surgical and emergency care, while the Cincinnati site is designed specifically for clinical sustainment of CCATTs. The C-STARS Saint Louis is a dual Active Duty and ANG platform, with half of the faculty and students represented by the ANG. In 2008, 781 physicians, nurses, and technicians completed this vital operational training. When enrolled in this course, almost half of the students are hard-tasked to deploy, while the remaining students will deploy some time in the next scheduled deployment cycle.

Another building block in our arsenal of educational programs is the Critical Care and Trauma Nursing Fellowships. This fellowship program has consistently produced skilled critical care and trauma nurses, and has helped us in meeting our requirements in these critical specialties. Recruiting fully qualified critical care and trauma nurses continues to be a challenge. Nurse Corps officers are competitively selected to enter an intense 12-month training program at one of the following locations; Wilford Hall Medical Center in San Antonio, Texas, St. Louis University Hospital in St. Louis, Missouri, or the National Naval Medical Center in Bethesda, Maryland. By the time students reach their seventh month in the program, they are clinically and didactically prepared to deploy in their specialty. Last year this fellowship program produced 23 nurses combined, and currently enrolled this academic year are 18 critical care and 5 trauma nurse fellows. Additionally, as part of the preparation for this course, the student must complete either the Essentials of Critical Care Orientation (ECCO) course or the Emergency Nurses Orientation (ENO) course, respective to their specific fellowship. Both courses are online, self-paced, and focus on the skills and theory required to successfully care for critically ill adults. These online courses are available to all Air Force critical care and emergency nurses, so they may continue to hone their skills while earning up to 68 hours of continuing education credits. Over the past year, 117 nurses have enrolled in the ECCO course and 63 nurses have enrolled in the ENO course.

Two additional avenues employed to assist our TNF in remaining deployment-ready are clinical rotations established through Training Affiliation Agreements (TAA) and the Sustaining

Trauma and Resuscitation Skills – Program (STARS-P). In 2006 we identified a need to ensure nurses who were assigned to outpatient or non-clinical settings, were maintaining their operational clinical currency, and therefore recommended nurses attain 168-hours of bedside nursing care. Over the past three years, this initiative opened the door for 57 TAAs, further strengthening our partnership with civilian and sister-service facilities. Where available, our medical technicians have also capitalized on these joint ventures. These relationships and training opportunities are critical in producing nurses and technicians prepared for diverse patient populations in the deployed environment. For example, in August 2008, nursing personnel from the 3rd Medical Group (MDG) DoD/Veteran’s Administration (VA) Joint Venture Hospital and the Alaska Native Medical Center expanded their TAA partnership to include rotations in the pediatric intensive care unit. Unfortunately, up to 40% of the patients in military hospitals in both Iraq and Afghanistan are local children. As Major Dais Huisentruit, who deployed to Balad as the Intensive Care Unit Flight Commander explains, “we had nurses from different ICU backgrounds, but most worked with adults. It was amazing to see them work together taking care of these children. At one point we had a total of 6 burned kids in the unit at one time, ranging in age from 2 to 7 years-old. On another occasion, we even had a group of three brothers...two of them in the ICU. They all survived.” The skills our TNF has garnered through these TAA is saving lives and paying immeasurable dividends.

The STARS-P is a program whose focus will not be on pre-deployment immersion, but ongoing clinical rotations at local civilian treatment facilities with Level 1, and in some cases Level II trauma programs. The AFMS currently has five TAAs for STARS-P training sites in cooperation with local MTFs (San Antonio Military Medical Center, Texas, Luke AFB, Arizona, Nellis AFB, Nevada, Wright-Patterson AFB, Ohio, and Travis AFB California), and is looking to add a sixth site connected to Scott AFB, Illinois later this year. Currently projected for full implementation in Fiscal Year 2010, clinical rotations will be scheduled for one-two weeks and may also include technically-advanced simulation centers.

Quality Care

After 9/11, medical leaders across the military health services enacted a plan to develop and implement a trauma system modeled after the successes of civilian systems, but modified to account for the realities of combat...this plan matured into what is now known as the Joint Theater Trauma System (JTTS). Nursing's role within the JTTS's trauma performance improvement program spans the trauma continuum. Nurses serve as Trauma Nurse Coordinators (TNC) in combat zone MTFs, flight nurses within the Air Force AE system, members of multidisciplinary trauma teams at overseas, stateside, and VA hospitals. Many of the trauma performance improvement initiatives that have occurred since the development of JTTS have been led by nurses serving within this system. One vitally important role is that of the TNC. The TNC is the critical link in the complex continuum of trauma care from point-of-injury to treatment facilities in the Continental United States (CONUS). The TNC provides data to affect local and system-wide changes, in addition to trauma care expertise. Their role is fast-paced and multi-faceted. At the local level, the TNC impacts people and processes in several spheres of influence including primary trauma care, education, process improvement, and collaboration with literally every hospital department and specialty. They review all trauma patients' charts, compile and analyze complex data, and channel the information into the trauma system to improve combat casualty care.

Another program that has positively impacted patient outcomes and safety is the Rapid Response Team (RRT). This nurse-led program, initiated at David Grant Medical Center, was established to provide the nursing staff an avenue for early intervention at the first signs of negative changes in a patient's condition. When the RRT is called upon, an experienced critical care nurse and respiratory technician come to the bedside within five minutes to assess the patient and provide pre-emptive care, preventing further deterioration. This pro-active approach has resulted in earlier medical interventions, a lessening of the severity in patient conditions, improved communication, and expected seamless, well-coordinated transfers between units

when necessary. RRT is an example of an ICU without walls where critical care teamwork makes a difference for both our patients and staff.

Our enlisted forces have also made great achievements this past year. In August, Special Experience Indicator (SEI) 456 was approved for our enlisted medical technicians who maintain national currency as a Paramedic. Our Career Field Manager, Chief Master Sergeant Joseph Potts is leading a team of experts in building standardized Air Force Paramedic protocols. By establishing this SEI we ensure our medical technicians have a nationally defined advanced care capability to meet operational needs.

One more example of our multi-faceted approach to quality care is the Center of Excellence for Medical Multimedia (CEMM), organizationally aligned at AFMOA. The CEMM's mission is to provide patient education material that improves knowledge, patient compliance, and patient satisfaction. Diseases or conditions must meet certain criteria to be targeted for CEMM program development. Some program examples include Women's Health, Traumatic Brain Injury, and Diabetes Prevention. As CEMM's Director of Education Services, Captain Laurie Migliore's role is diverse as she assists in program design, development, and product deployment. The CEMM has distributed 85,000 programs per year and won over 75 national awards.

Our profession is not one just of caring, but educating others as well. Members of our TNF are filling critical roles in medical Embedded Training Teams (ETT) in areas across Afghanistan. The mission of these ETTs is to strengthen and improve the Afghan National Army (ANA) healthcare system through education and training of Afghan medical personnel.

Lieutenant Colonel Susan Bassett, deployed as a 205th Afghan Regional Security Integration Command Mentor, adds, "We have taught 15 classes so far, with an average of 25-30 attendees including nurses, medics, laboratory technicians, x-ray technicians, and pharmacists. I try to use very animated examples and write key words on the dry-erase board. They are extremely studious and eager to participate. They ask for handouts and complain if

they are solely in Dari...they want them in English and Dari as they are trying to learn to read English. After giving them power point slides, several of the more experienced Afghan nurses volunteered to teach some of the modules themselves. They were proud as peacocks!" She goes on to share, "The other day one of the nurses told a visiting reporter, in very halted English, 'We....love.....Mama Bassett!'" Lieutenant Colonel Bassett has certainly made a lifelong difference in the quality of care these Afghan nurses provide...just one more step in winning their hearts and minds.

Research

The research initiative known as the Deployed Combat Casualty Care Research Team (DCCCRT) consists of six Army and three Air Force members with the purpose of facilitating mission-relevant research in the Multi-National Corps-Iraq Theater. In September 2008, a Balad research team was established which included Colonel Margaret McNeill, an Air Force PhD-prepared nurse, a flight surgeon, and a podiatrist. Colonel McNeill is the first Air Force nurse researcher to join the DCCCRT. The role of the team is to provide guidance and initial review for all research conducted in Iraq. The PhD-prepared nurses provide leadership on human subject protections and the ethical conduct of research. Each team member is involved in collecting data for a variety of research protocols focusing on the care of combat casualties. Over 100 research studies have been conducted or are in planning stages as a result of the team's efforts. More than 12,000 subjects have been enrolled in studies. Areas of research conducted by the military in Iraq that have led to advancement in medical therapies include tourniquet application, resuscitation, blood product administration, burns, wound care, ventilation management, patient transport, Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury, and infectious diseases. Nurse-led studies have investigated pain management, carbon monoxide exposure, women's health care, sleep disturbances in soldiers, and PTSD/burnout and compassion fatigue in nursing personnel.

Recruiting and Retention

According to the latest projections from the U.S. Bureau of Labor Statistics, more than one million new nurses will be needed by 2016. Of those, 587,000 are projected to be new nursing positions, making nursing the nation's top profession in terms of projected job growth (www.bls.gov/opub/mlr/2007/11/art5full.pdf). A separate report, titled "*The Future of the Nursing Workforce in the United States: Data, Trends, and Implications*", found that the shortage of RNs could reach as high as 500,000 by 2025 (www.jbpub.com/catalog/9780763756840). It is evident Air Force Nursing will need to take advantage of every opportunity to recruit and retain nurses.

In Fiscal Year 2008, we accessed 302 nurses against our total accession goal of 325 (93%). The Air Force Recruiting Service ultimately delivered 226 nurse accessions, filling 69.5% of our total accession goal. Our challenge remains with recruiting fully qualified and specialty nurses in the areas of mental health, anesthesia, medical-surgical, emergency and critical care. While 93% appears positive, only 44% of those were considered "fully qualified," meaning they had a minimum of 6 months previous nursing experience. Fifty-six percent of all nurse accessions were "novice nurses," having less than six months nursing experience. The shortage of experienced nurses is a direct reflection of our national nursing shortage. Additionally, it is difficult to compete with our civilian counterparts in recruiting experienced nurses, as they offer many lucrative incentives.

We take advantage of numerous venues to access nurses. In addition to our recruiting services, we bring nurses into the Air Force through a variety of programs. Utilizing the Air Force Reserve Officers' Training Corps, Airmen Education & Commissioning Program, the Enlisted Commissioning Program, and the Health Professions Scholarship Program, we accessed 70 nurses in 2008.

In 2007 we launched our Nurse Enlisted Commissioning Program (NECP). The goal is to grow Air Force nurses from our highly successful enlisted medics. The NECP is an

accelerated program for enlisted Airmen to complete a full-time Bachelor of Science in Nursing (BSN) at an accredited university while on active duty. This program produces students completing their BSN and obtaining their nursing license in 24 months or less through either a two- or one-year program, depending on their entry level. Airmen who complete this program are then commissioned as second lieutenants. Since its inception we have selected 73 students from 83 applicants and project a steady state NECP quota of 50 per year for the two-yr program beginning Fiscal Year 2011.

We strive to sustain and exceed our recruitment goals, but Nurse Corps retention remains problematic. In 2008, 55% of the nurses who separated had less than 20 years of military service. In 2008 alone, 61% of those separating were our young lieutenants and captains. The number of lieutenants separating has nearly tripled over the past three years. We are hopeful the implementation of the Nurse Corps Incentive Special Pay (ISP) program will make a positive impact on retention; however, we are concerned about the unintended consequences. A resulting increase in retention of company grade officers may further extend timing and reduce promotion opportunity due to our small number of field grade requirements.

While we currently offer incentive special pay to CRNAs at variable rates, we have never had the resources to recognize clinical nurses for seeking and earning professional national certification and advanced academic degrees in various nursing specialties. With ISP we offer an even more appealing pay incentive if a nurse with an identified certification, additionally desires and commits to work in an approved clinical area and for a specific amount of time. We are pleased to be able to acknowledge our highly-skilled professional nurses in the clinical arena.

Our active duty enlisted forces also scored a win this past year with their own Selective Re-enlistment Bonus (SRB). Even though their overall manning appears to be strong at 94%, our Independent Duty Medical Technicians (IDMT) are heavily tasked with deployments and

manned at only 72%. This SRB is a first-ever for our IDMTs, and I, along with Chief Master Sergeant Potts, am eager to see the impact of this initiative.

Leadership

As a Corps, we place heavy emphasis on purposefully developing leaders, clinically and professionally for the AFMS. Our Nurse Corps Development Team (DT) convenes three times a year to ensure Nurse Corps officers are provided deliberate career progression opportunities. The DT competitively selects our squadron commander and chief nurse candidates, both of which represent pivotal career leadership milestones. Furthermore, the DT identifies through a scored-board process, those leaders who would most benefit from developmental education in-residence. In 2008, the Nurse Corps garnered 90 annual quotas to send our best and brightest captains to Squadron Officer School.

Another recent development on the topic of clinical leadership is the creation of master clinician authorizations. This affords an opportunity for our most clinically experienced senior nurses with advanced academic preparations to remain in patient care settings without sacrificing promotion or advancement opportunities. We currently have identified 20 master clinician positions scattered among our larger MTFs as well as the Uniformed Services University of Health Sciences representing the areas of CRNAs, Perioperative Nursing, Education & Training, ICU, Family Nurse Practitioner, and Nursing Research.

Nurse leaders are critical in every environment, especially in deployed locations. Last year we successfully acquired a deployed Colonel Chief Nurse position at Joint Base Balad, Iraq, and we anticipate permanently adding another at Bagram's Craig Theater Hospital. The corporate experience of seasoned chief nurses in the grade of Colonel lends itself to mentoring not only nursing services personnel, but officers from across the AFMS.

Not only do we deploy as chief nurses, but in the role of Commanders as well. Colonel Diana Atwell served as the 332nd Expeditionary Medical Operations Squadron Commander at Joint Base Balad. As commander, she led a squadron of approximately 200 combat medics

ranging from trauma surgeons to medical technicians, whose efforts contributed to an overall survival rate of 98% at the DoD's largest and busiest level three theater hospital.

ANG and AFRC

The ANG and AFRC are vitally important contributors to our TNF and the backbone of our highly-successful global AE mission. Since 2007, all AFRC mobilization requirements have been met solely by volunteers. In 2008, 503 AFRC nurses and medics stepped up to meet deployment needs at home and abroad, with 133 of those personnel sourced for missions related to Hurricanes Gustav and Ike. The ANG also played a key role as they deployed 268 medics and AE personnel. They processed and moved 600 patients prior to and after the hurricanes. In addition to activating AE crews, the ANG mobilized AE Liaison teams (AELT), Command & Control (C2) elements, and Mobile Aeromedical Staging Facilities (MASF). The MASF changed location three times "chasing the storm" and providing evacuation assets to the area in most need. Rounding out TNF representation, the 43d Aeromedical Evacuation Squadron (AES) from Pope AFB, North Carolina, also played a role in responding to Hurricanes Gustav, Hanna, and Ike by deploying MASFs, AELTs, AE crews, and C2 elements to areas in Louisiana and Texas.

Our AE system provides the vital link in uninterrupted world class medical care from the battlefield to definitive treatment facilities at home. We boast a 98% survival rate for those that reach a theater hospital; the highest survival rate in history. It is a total force human weapons system comprised of 32nd AE Squadrons representing 12% Regular Air Force, 60% AFRC, and 28% ANG. The AE deployment requirements in support of Operations Iraqi and Enduring Freedom have moved nearly 71,000 patients since October 2001. The mission of AE is one close to all our hearts...a mission of carrying the most precious cargo of all, our wounded warriors.

Humanitarian Missions

The TNF nurses and aerospace medical technicians represented a United States presence in locations crossing the globe including Iraq, Afghanistan, Qatar, Kuwait, Europe, Korea, Honduras, Trinidad, El Salvador, Guatemala, Morocco, Cambodia, Peru, and Suriname, to name only a few.

Master Sergeant Jeffrey Stubblefield, an IDMT assigned to the 3rd MDG in Alaska, had the unique opportunity to deploy to Laos on a mission to recover remains of two Raven Intelligence Officers whose plane crashed after taking enemy fire during the Vietnam Conflict. As a medic assigned to Recovery Team One, he provided medical support to 51 team members traversing treacherous terrain to reach our fallen comrades and enable the repatriation of their remains.

Major Susan Perry, a CRNA assigned to Wright-Patterson AFB, Ohio, was part of JTF-Bravo, a medical element surgical team partnering with civilian surgeons in Comayagua, Honduras. Her team was pivotal in responding to and saving the lives of 30 civilians injured in a motor vehicle collision.

Captain Troy Mefferd and First Lieutenant Ranjodh Gill deployed aboard the U.S. Naval Ship Mercy in support of joint humanitarian mission, Pacific Partnership 2008. Through this endeavor, medical care was provided to nearly 8,000 patients as well as 1,200 receiving dental care through Operation Smile.

Lieutenant Colonel Tandra Yates, Flight Commander of Women's Health Services at Elmendorf AFB, was the first women's health provider to accompany a Family Practice Team to three remote Alaskan villages as part of Alaska Taakti Top Cover. She treated 32 patients, diagnosing three with cancer which required immediate surgery. As a result of her many contributions, future Taakti missions will include a Women's Health Service Provider as part of the team.

Seven members of the 43rd AES participated in a historic mission which brought home three American contractors who'd been held captive for over five years by leftist Revolutionary Armed Forces of Colombia after their plane crashed in February 2003. The 43rd AES crew, along with 17 Airmen from Charleston AFB, South Carolina cared for and delivered them safely back to the United States on July 2, 2008. The close proximity to July fourth gave an all new meaning to "Independence Day" for these former captives.

Recognition

It was a banner year as Air Force nurses and medical technicians were recognized for outstanding performance by a variety of professional organizations. Technical Sergeant David M. Denton captured the Airlift/Tanker Association's "General P.K. Carlton Award for Valor." This annual award is presented to an individual who demonstrates courage, strength, determination, fearlessness, and bravery during a combat, contingency, or humanitarian mission. Technical Sergeant Denton was also named as the AFMS "Outstanding Non-Commissioned Officer AE Technician of the Year."

Every year the Commemorative Air Force (CAF) recognizes one exceptional flight nurse who engaged in live aeromedical evacuation missions and contributed significantly to in-flight patient care, by awarding them the "Dolly Vinsant Flight Nurse Award." This award pays tribute to Lieutenant Wilma "Dolly" Vinsant who was killed in action over Germany during an AE mission on August 14, 1946. This year the CAF recognized Captain Bryce Vanderzwaag of the 86th AES at Ramstein AB, Germany. Captain Vanderzwaag provided direct AE support to 651 sick and injured patients, including two K-9 military working dogs injured by IEDs, during his deployment.

Lieutenant Colonel Mona P. Ternus, an AFRC nurse, was recognized by the Tri-Service Nursing Research Program, Federal Nursing Section, as she was awarded the "Federal Nursing Service Essay Award" for her research and essay entitled, "Military Women's Perceptions of the

Effect of Deployment on their Role as Mothers and on Adolescents' Health." These are but a few examples of the stellar work our nurses and medical technicians perform every day.

Our Way Ahead

Nursing is a profession vital to the success of our healthcare system. Our top priorities include, first and foremost, delivering the highest quality of nursing care while concurrently staging for joint operations today and tomorrow. Secondly, we are striving to develop nursing personnel for joint clinical operations and leadership during deployment and at home station, while structuring and positioning the Total Nursing Force with the right specialty mix to meet requirements. Last, but not least, we aim to place priority emphasis on collaborative and professional bedside nursing care.

Mister Chairman and distinguished members of the Committee, it is an honor to be here with you today and represent a dedicated, strong Total Nursing Force of nearly 18,000 men and women from our Active Duty, Air National Guard , Air Force Reserve, civilian, and contract forces. Our warriors and their families deserve nothing less than skilled and educated nurses and technicians who have mastered the art of caring. It is the medic's touch, compassion, and commitment that often wills the patients to recovery and diminishes the pain. As our Air Force Nurse Corps celebrates its 60th Anniversary, I look forward to working with our Sister Services and our Federal Nursing Team, as we partner to shape the future of our profession.