
ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 02 Issue 04

January 2002



Message from the Chief



I hope everyone had a joyous, safe, and relaxing holiday season. We are embarking upon a new year filled with many exciting times and challenges for the Army Nurse Corps. Colonel Gustke and I will be certain to keep everyone abreast of information as it becomes available.

We recently held the Charles J. Reddy Leadership Development Conference in Washington, DC from 10-13 December 2001. This month, I want to share with you some historical facts and highlights about the Colonel Charles J. Reddy Leadership Conference.

The Colonel Charles J. Reddy Junior Leadership Development Program began in 1992 as a pilot program at the request of Colonel Terris Kennedy who was the Assistant Corps Chief, in addition with strong support from Brigadier General Nancy Adams, who was the Chief, Army Nurse Corps. It originally began as a two-week preceptorship program where three junior ANC officers from the Military District of Washington (MDW) worked in the Corps Chief's office. The first week consisted of a general orientation to the Office of the Surgeon General (OTSG) and organizations in the MDW area where ANC officers are assigned. During the second week, the junior nurses shadowed a nurse preceptor in a specific area of interest. At the conclusion of the two weeks, they wrote a two page document articulating their leadership philosophy and presented an oral briefing to the senior leadership.

This program has changed considerably over the years. The program went from two weeks in length to 3.5 days and from three Army nurses assigned in the MDW area to 130 nurses worldwide. At the request of the Air Force and Navy Nurse Corps Chiefs in 1999, their services received a specific quota of seats to attend the conference. This year the Chief Nurse of the Public Health Service requested that some of her officers be invited to attend and, consequently, five of their officers attended and added insights and experiences from the Public Health Services perspective. The attendees also learned how the different services interface with each other.

Although the conference is only 3.5 days in length, the participants receive a wealth of information from dynamic speakers. We are extremely fortunate to have Colonel (Retired) Reddy attend the conference each year and present

on mentoring. This year we were delighted to have Lieutenant Colonel (Retired) Larry Zager, the force that launched this program off the ground, present on the history of the program. Over the years, we have had tremendous line-ups of very talented speakers from each of the services present on topics ranging from “Leadership and Mentoring” to “Humor in the Workplace”.

Each year, one-half day is set aside for the participants to present their results of the group work they have completed addressing issues that we provide to them to work on. These presentations are given to the four Chiefs of the Corps represented at the Conference, along with the Assistant Chiefs of each of the Corps. We use this opportunity to listen and to exchange ideas on topics germane to each of the Services and then discuss possible solutions to each. This exercise is not only beneficial to the junior officers presenting the issues, but the senior leadership also finds this exchange of ideas and information to be extremely helpful and insightful. The last half of the day is spent with each of the Services breaking out into Corps specific groups for presentations and exchange of information specific to each Service.

In addition to the lectures and group presentations, at least one tour to a government agency is scheduled. Usually this tour includes the Pentagon or Capitol Hill but due to the recent event in September, all tours to these facilities are temporarily cancelled. The group toured the Women In Military Service Memorial and learned about the great contributions by women to military service.

Another highlight of the conference that I look forward to each year is to recognize three outstanding junior Army Nurse Corps officers who made significant contributions to nursing

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AN Web Site:

www.armymedicine.army.mil/otsg/nurse/index.htm

ANC Branch PERSCOM:

www.perscom.army.mil/ophsdan/default.htm

Article Submissions for the ANC Newsletter

The ANC Newsletter is published monthly to convey information and items of interest to all nurse corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail the articles to MAJ Feider. The deadline for all submissions is the last week of the month prior to the month you want the item published. We reserve the right to edit and review any item submitted for publication. All officers are eligible to submit items for publication.

and their organizations. I want to again congratulate the 2002 Award of Excellence winners, who are:

Captain Jess Calohan, USAMEDDAC Fort Carson, Colorado
Nursing Director, Mental Health Careline

Captain Elizabeth Pizzuti, Colorado Army National Guard
DET 5, HQ STARC, Clinical Nurse

Captain Thomas Tryon, U.S. Army Reserve, 9th/80th DIV(IT)
5th Health Services Brigade, Delaware
Instructor/Writer



Left to right; BG Bester, CPT Calohan, CPT Tryon, CPT Pizzuti, and COL (Ret.) Reddy

I am very proud of the Colonel Charles J. Reddy Leadership Development program. It is the only conference in existence (from all of the services) dedicated just for junior nurses. I pledge my support to continue this conference because of its importance to the growth and development of our junior nurses. In closing, I would like to share a couple of comments from the participants, which I feel sum up the essence of this conference: "I have never been more proud to be selected to attend a conference of this magnitude. I am truly honored and hope all Chief Nurses understand the value of this conference and allow their nurses to attend"; "I've attended several conferences but this is the best one yet!"; "Great conference, it gave me more leadership tools to add to my tool kit"; "Excellent conference. Please continue to allow all services to attend. I've learned so much from the other services and it's a wonderful networking opportunity"; "This should be a mandatory conference for every junior nurse"; "I truly appreciate the opportunity to be selected and participate in such an energetic course. The addition of the Flag Officers lends credence to the course's overall importance and promotes the belief that the junior officers' voices are important to the future of military nursing."

Happy New Year

Army Nurses are Ready, Caring, and Proud!

Bill Bester
Brigadier General
Chief, Army Nurse Corps

"REMEMBERING ONE OF OUR OWN"

COL Patricia DiMeglio

by COL Theresa Tominey

The Army Nurse Corps lost one of its best and brightest officers with the unexpected death of Colonel Patricia A. DiMeglio on 12 December 2001. Colonel DiMeglio's distinguished career spanned over 22 years of active duty service.



After graduating from Barry University in 1975 with a baccalaureate degree in nursing, Colonel DiMeglio worked as a civilian nurse in spinal cord and intensive care units. After attending the officer basic course in 1979, she reported to WRAMC where she worked in the surgical ICU. A tour in the medical intensive care unit at Fort Jackson from 1982 – 1985 was followed by a nurse counselor position in 4th Region ROTC at Fort Lewis, Washington. During that tour, Colonel DiMeglio applied for and was accepted into the competitive Baylor program in Health Care Administration. After completing her Baylor residency at Fort Hood in 1990, Colonel DiMeglio continued to serve at Darnall Army Community Hospital as a nurse methods analyst. In that capacity, Colonel DiMeglio developed a plan, which was the foundation of the FY 93 gateway to care business plan. She assumed responsibilities as the command's contracting officer's representative for the psychiatric and surgery gateway to care initiatives and was actively involved in all facility space management issues, personnel utilization, productivity, supplies and quality of care issues.

From 1993 – 1996, Colonel DiMeglio served as the chief, transition office, Brooke Army Medical Center (BAMC), which was responsible for planning the move of 150 departments/services from 83 locations to the new hospital campus. Her responsibilities included facilitating the review, approval and planning of hundreds of engineering change proposals; identifying and positioning all equipment/items in the new facility; developing timelines for completion of installation of furniture, monitors, communication systems; and finally, patient occupation of the new facility. She developed and maintained the \$4.5 million transition budget,

tracked over 150 separate transition tasks and responded to the major design changes associated with the previously unplanned bone marrow transplant unit. She ensured the smooth transition of 80 patients from the old facility into the new BAMC. After years of intense work, Colonel DiMeglio was instrumental in planning the dedication ceremony and opening events for the new hospital.

In 1996, Colonel DiMeglio reported to the US Army Health Planning Agency in Falls Church, VA where she served as the senior health system planner and then as chief, project support branch. In those critical roles, she led a team of senior architects, health facility planners, equipment specialists and contract personnel. Her team executed all phases of planning, designing, and constructing over \$600M in health facility projects. Her medical functional design reviews included a \$60M project for the 121 evacuation hospital project in Korea, the \$26M Schofield Barracks clinic project and the \$5M Ft. Monroe health clinic projects. She led the AMEDD's research planning efforts for health and wellness centers, pediatric playrooms, ergonomic requirements and utilization reviews on medical equipment. She resolved systemic issues with research on designs for reverse isolation rooms, tele-medicine suites, signage criteria, and electronic outpatient room status systems. In addition, Colonel DiMeglio led a readiness team as part of the Health Systems Assessment and Assistance Detachment which supported disaster relief missions in numerous countries including Guinea-Bissau, Paraguay, Ivory Coast, Kosovo, Qatar and Bosnia.

In 1999 Colonel DiMeglio returned to BAMC where she became the chief, nursing operations in the department of nursing. Her extensive experiences as a nurse methods analyst, transition officer, and health facilities planner were operationalized as she became the catalyst who developed the business plan for, then implemented a new 10 bed step down nursing unit at BAMC. Through a highly competitive process, US MEDCOM funding was awarded for the new unit. Given the green light, Colonel DiMeglio coordinated with resource management, logistics, pharmacy, nursing, and information management to implement the plan, opening the new unit in record time. Since its opening in 19 November 2001, BAMC closure to trauma has decreased significantly (less than 5% per month). In preparation for the triennial accreditation survey, Colonel DiMeglio worked with head nurses and nursing supervisors to develop and implement a patient acuity based nurse staffing model. The nurse surveyor/team leader was so impressed with Colonel DiMeglio's model, she asked for a copy to share with her colleagues and other hospitals. As a result of Colonel DiMeglio's work, new staffing models are being evaluated which will replace the outmoded models currently used in MEDCOM. As the nurse contract representative, Colonel DiMeglio worked with MEDCOM to develop a new BAMC contract for interim nurses. Her extensive work resulted in an unprecedented 17 bids. Colonel DiMeglio also worked with US MEDCOM on the Automated System Assessment Model which is the model used by MEDCOM to determine staffing requirements for personnel throughout MEDCOM.

Colonel DiMeglio was a graduate of the critical nursing course, the officer advanced course, command and general staff college, and the advanced nurse leadership course. She obtained a second master's degree from Webster University. Her decorations include the legion of merit, 5 meritorious service medals, 2 Army commendation medals, and 2 Army achievement medals. She was a member of the Order of Military Medical Merit.

Colonel DiMeglio was a visionary leader who had the singular ability to develop and operationalize strategic initiatives. She was an exceptional soldier, leader, colleague, and friend; an innovative, self-motivated, selfless officer who contributed greatly to all of the organizations in which she served as well as the U.S. Army Medical Department. Colonel DiMeglio was an officer of great breadth and wisdom who developed cohesive, effective teams that always exceeded expectations. A confident, competent officer and nurse with a wry sense of humor, Colonel DiMeglio will be sorely missed by all of us. She is survived by her husband, John Du Bois, her mother and father, 2 brothers, a sister, two step daughters and many, many friends and colleagues.

“REMEMBERING ONE OF OUR OWN”

COL (Ret.) Ruby Bryant
9th Chief, Army Nurse Corps
by MAJ Debora Cox

It is with great sorrow that we inform you of the death of the ninth Chief of the Army Nurse Corps, Colonel Ruby F. Bryant. COL Bryant died in her sleep at home in Warsaw, Virginia on January 2, 2002. She was 95 years old and is survived by nieces and nephews. A native of Emmerton Virginia, COL Bryant taught in Richmond County public schools for four years before attending the Army School of Nursing, Walter Reed General Hospital, Washington, DC. She graduated in 1932 and later became the school's second graduate to serve as Chief of the Corps. Her overseas assignments included service in Europe, the Philippines, and the Pacific. During her tenure as Corps Chief, 1 October 1951 through 30 September 1955, she presided during the latter half of the Korean War. COL Bryant, upon completion of the statutory four-year term as Chief of the Army Nurse Corps, reverted, by law, to her permanent grade of lieutenant colonel and was assigned as Chief, Nursing Service, Medical Division, Europe. In 1958, she was among the first three women to be promoted to the permanent grade of colonel in the Regular Army. She later served as Director, Nursing Activities, Brooke Army Medical Center, Fort Sam Houston, Texas, until she retired on 30 June 1961. COL Bryant was the recipient of many honors, including the Legion of Merit. She also received an honorary Doctor of Law degree from the Medical College of Virginia, Richmond, Virginia on May 31, 1955.

PERSCOM UPDATE

Army Nurse Corps Branch Web Page

The direct address for our web page is: www.perscom.army.mil/ophsdan/default.htm. Please visit our site to learn more about AN Branch and for matters pertaining to your military career.

Upcoming Boards

05 Feb 02	BG AMEDD
12-22 Feb 02	LTC AMEDD
05-15 Mar 02	CPT AMEDD & VI
04-21 Jun 02	Senior Service College
09-19 Jul 02	COL AMEDD & RA Selection
09-26 Jul 02	Command & General Staff College

See PERSCOM Online (www.perscom.army.mil) for MILPER messages and more board information. To access the messages, go to PERSCOM Online, double click "Hot Topics", then select MILPER Messages. The POC for the below boards to send DA Photos and signed ORB is CPT Bob Gahol, AN Branch, PERSCOM, DSN 221-8124 / 703-325-8124 or gaholp@hoffman.army.mil.

FY02 Brigadier General AMEDD: 05 February 2002

(Milper Message #02-024)

Zone of Consideration:

COL date of rank

01 Feb 01 and earlier

OERs due to OER Branch, PERSCOM: NLT 29 January 02 Promotion Reports (Code 11) do not apply to GO selection boards. Required "Thru Date" for Code 21 Complete the Record OERs: 30 Nov 01. Letters to the President of the Board: due NLT 05 February 2002. Request for microfiche: e-mail: offrcds@hoffman.army.mil or fax: DSN 221-5204 / 703-325-5204. Send DA Photos and signed Board ORB to CPT Gahol NLT 22 January 2002.

FY02 Lieutenant Colonel AMEDD: 12-22 February 2002

(Milper Message #02-010)

Zones of Consideration:

Above the Zone	<u>MAJ date of rank</u> 31 Jan 96 and earlier
Primary Zone	01 Feb 96 thru 30 Jun 97
Below the Zone	01 Jul 97 thru 01 Sep 98

OERs due to OER Branch, PERSCOM: NLT 05 February 02 Required "Thru Date" for Promotion Reports (Code 11) is 07 December 01. Required "Thru Date" for Code 21 Complete the Record OERs: 07 December 01 (BZ eligible officers are not eligible for "Complete the Record" OER). Letters to the President of the Board: due NLT 12 February 2002. Request for microfiche: e-mail: offrcds@hoffman.army.mil or fax: DSN 221-5204 / 703-325-5204. Send DA Photos and signed Board ORB to CPT Gahol NLT 22 January 2002.

FY02 CPT AMEDD: 5-15 March 2002 (Milper Message # 02-059). Officers must have 12 months or more AFCS before the board convene date to be eligible for this board

ILT date of rank

Above the Zone	31 Mar 00 and earlier
Primary Zone	01 Apr 00 thru 31 Mar 01

OERs due to OER Branch, PERSCOM: NLT 26 Feb 02 Required "Thru Date" for Promotion Reports (Code 11) is 28 December 01. Required "Thru Date" for Code 21 Complete the Record OERs: 28 December 01. Letters to the President of the Board: due NLT 05 March 2002. Request for microfiche: e-mail: offrcds@hoffman.army.mil or fax: DSN 221-5204 / 703-325-5204. Send DA Photos and signed Board ORB to CPT Gahol NLT 22 February 2002.

FY02 AMEDD VI BOARD: 5 -15 March 2002 (Milper Message # 02-058). Officers must have entered active duty by 05 March 2000 and completed 24 months or more continuous AFCS as of 05 March 2002 to be eligible for this board

OERs due to OER Branch, PERSCOM: NLT 26 Feb 02 Complete the Record OER is not authorized for VI selection board. Letters to the President of the Board: due NLT 05 March 2002. Request for microfiche: e-mail: offrcds@hoffman.army.mil or fax: DSN 221-5204 / 703-325-5204. Send DA Photos and signed Board ORB to CPT Gahol NLT 22 February 2002.

Congratulations to following officers on selection to ROTC and USAREC positions:

ROTC

- CPT Jennifer Bannon
- CPT Katherine Frost
- CPT Kelly Longenecker
- CPT Jennifer Schmaltz

USAREC

- CPT Robert Davis
- CPT Harriet Davis
- CPT Tamara Durham
- CPT Laura Espino
- CPT Vivianna Mestas
- CPT Kathleen Richardson
- CPT Michael Watson
- CPT Brian Weisgram
- CPT Rhonda Whitefield
- CPT Rebecca Yurek

LTHET

The Long Term Health Education and Training Guidelines (FY2003) are available on the Army Nurse Corps Branch Web site. To access: Go to www.perscom.army.mil. Click Officer Management. Click Army Nurse Corps. Scroll down and click Baylor HCA, Nurse Anesthesia, or MSN/Ph.D.

LTHET Report Dates:

Program	Report Date	Start Date
Baylor (HCA)	1 June 2002	11 June 2002
USUHS (CRNA & FNP)	29 May 2002	10 June 2002
U.S. Army (CRNA) Program	7 June 2002	17 June 2002

Officers selected to attend (FY02) LTHET must complete the OAC prior to the start of school. Officers scheduled to attend the AMEDD Officer Advanced Course en-route to the U.S. Army Anesthesia Nursing and Baylor, HCA Programs report 12 March 2002 as a PCS move. These officers are not entitled to TDY funding to attend the OAC, since they will remain at Fort Sam Houston.

Requests For Orders (RFOs) have been generated for those officers scheduled to attend Baylor HCA; FNP, USUHS; Anesthesia Nursing, USUHS; and the U.S. Army Anesthesia Nursing Program. Contact your local PSB for orders.

Officers selected for LTHET at civilian schools are encouraged to begin the application and acceptance process. Letters of acceptance are due to AN Branch NLT 28 February 2002. The school selected for attendance must have an Education Service Agreement with the AMEDDC&S. Major Lang, AN Branch has a list of approved schools. **The tuition cap for FY2002 is \$3,000/semester or \$2,250/quarter.** Officers may attend higher cost schools but must arrange with the college or university to pay the difference between the cost and the tuition cap. AN Branch will generate a Request for Orders (RFO) when the officer forwards an official letter of acceptance from the university or college.

Transcript Updates

Officers should have transcripts mailed directly to AN Branch:

COMMANDER, PERSCOM
TAPC-OPH-AN, (Attn: MAJ Lang)
200 Stovall Street, Rm. 9N47
Alexandria, VA 22332-0417

Short Courses

To find out the updated class schedule, please visit the Army Nurse Corps branch web site at
<http://www.perscom.army.mil/ophsdan/profdevt.htm>

To find the latest course schedules for military short courses check the following web sites:

Combat Casualty Care Course (C4) and Joint Operations Medical Management Course (C4A): www.dmrta.army.mil
Chemical Casualty Course: www.ccc.apgea.army.mil
HNLDC and ANLDC:
www.dns.amedd.army.mil/ANPD/index.htm

Preparation for TDY Courses

Just a friendly reminder, it is the responsibility of each unit to ensure that all officers going TDY are able to meet the Army's height/weight and APFT standards. For any course that generates an AER, officers must be able to pass these standards to pass the course.

Officer Advanced Course

MAJ Lang at AN Branch schedules officers for Phase II of OAC. Officers must complete Phase I prior to enrollment in Phase II. The projected FY 2002 OAC class dates can be located at

<http://www.perscom.army.mil/ophsdan/profdevt.htm>. **OAC dates have been revised:**

6 January - 12 March 2002
24 March - 24 May 2002
14 July - 13 September 2002

CGSC and CAS3 through the Reserves

Taking **CGSC** and **CAS3** through the **Reserves** is very popular and classes do fill quickly at the more popular locations and times. Please plan early. Send your completed 3838s, signed by your respective chain of command, and fax to **LTC Jane Newman** at **DSN 221-2392**, com. **703-325-2392** (newmanj@hoffman.army.mil). The web address is WWW-CGSC.army.mil. If you have ATRRS CGSC & CAS3 related questions, the contact is Ms Jennifer West **DSN 221-3159**

Information for the Reserve Component (RC) CAS3 can be found on line. The information pertains to AD officers attending Reserve Component CAS3. Points of contact for specific reserve component regions are listed. Please do not attempt to register on-line. Registration for CAS3 and CGSC must be processed through your respective local training chain of command. LTC Newman is the AN Branch POC. Ms Jennifer West (DSN 221-3161) is an additional POC for specific questions.

If you are currently enrolled in another service's CGSC or are contemplating signing up for another service's CGSC, please contact your PMO to discuss your plan.

Generic Course Guarantee

As you may know, the Generic Course Guarantee is a wonderful program offered to junior officers (those who qualify when they access to Active Duty) to receive specialized training in the Critical Care, Psychiatric-Mental Health, OB-GYN or Perioperative Nursing course within their initial tour of duty (first 3-4 years on Active Duty). While it is very much encouraged for junior officers to take advantage of this super opportunity and attend one of the courses, there may be a misperception among some who have the Generic Course Guarantee, that in order to remain competitive for promotion and career progression, they **MUST** accept the Generic Course Guarantee and attend one of the above listed courses. This is a misperception! Please keep in mind, the elements that make an officer's record competitive: good performance, meeting AR 600-9 standards, passing APFT, meeting career gates (i.e. AOC, CGSC, LTHET etc), diversity of positions (TDA, TO&E, clinical, staff etc). If you have any questions or concerns regarding the Generic Course Guarantee, please speak with your nursing chain of command (head nurse, section supervisor, chief nurse, etc) or hospital education POC or contact LTC Hough, AN Branch at houghc@hoffman.army.mil.

Specification of a generic course guarantee must take place within one year of the officer coming on active duty (time starts when officer reports to active duty). Officers who enter active duty with no prior nursing experience, must have a minimum of **one-year nursing** experience before attending an

AOC producing course. Officers who have prior nursing experience, must have at **least six months** Army nursing experience before specifying a course and must have at least one year remaining on active duty at the completion of the course. The courses available for attendance through the Generic Course Guarantee program are Critical Care, Psychiatric-Mental Health, OB-GYN, and Perioperative Nursing Course. Officers who desire to attend the Emergency Nursing course (M5) or Community Health Nursing course, must decline their Generic Course Guarantee.

AOC/ASI Producing Courses POCs

Critical Care Course, Emergency Nursing Course, Psychiatric-Mental Health and OB-GYN Nursing Course Manager: LTC Hough at houghc@hoffman.army.mil. **There are still seats available for the Feb 02 OB-GYN Course in Hawaii.** If you are interested, please contact your chain of command.

Perioperative Nursing Course Manager: LTC Newman at newmanj@hoffman.army.mil.

Community Health Nursing: LTC Ross at rossa@hoffman.army.mil

Please see your facility's Nursing Education Representative or nursing chain of command if you are interested in attending. Please note FY02 AOC/ASI Course dates are listed at <http://www.perscom.army.mil/ophsdan/profdevt.htm>.

66F/66E Assignment Opportunities

Assignment opportunities are available for 66Fs at Ft. Bragg, Ft. Campbell, Ft. Gordon, Ft. Hood, Ft. Leonard Wood, Ft. Leavenworth, Ft. Polk, Ft. Riley, Ft. Stewart, Tripler, WRAMC, Europe and Korea for summer 2002. Assignment opportunities for 66Es include Ft. Sill, Tripler, Europe and Korea. For these and other opportunities please inquire to LTC Newman, newmanj@hoffman.army.mil.

Assignment Opportunities for 66H Lieutenants

Invest in AMERICA!!! TO&E assignments available for motivated 66H LT's at Ft. Hood, Ft. Bragg, Ft. Campbell, Ft. Carson for Spring/Summer 02. Being TO&E assigned is a wonderful opportunity to experience a different kind of nursing, enjoy career diversity (not to mention TO&E assignments are career enhancing and can make records more competitive) and travel. If interested, please contact LTC Charly Hough, PMO for 66H LT's and new accessions, email houghc@hoffman.army.mil

Assignment Opportunities for Captains

Happy New Year! Summer assignments are underway. Officers who volunteer for a tour in Korea can negotiate their follow-on assignment. Additional assignment opportunities are on the website. If interested in any of the assignments please notify your Chief Nurse and contact MAJ Greta Krapohl at krpohl@hoffman.army.mil

AN BRANCH PERSONNEL E-MAIL ADDRESSES

Please note that our e-mail addresses are not linked with the MEDCOM e-mail address list. We continue to receive numerous calls from the field about "undeliverable" messages when you try to send us e-mail messages. Our e-mail addresses are as follows:

- | | |
|--|--|
| COL Feeney-Jones
feeneys@hoffman.army.mil | MAJ Krapohl
krpohl@hoffman.army.mil |
| LTC Haga-Hogston
hagas@hoffman.army.mil | MAJ Lang
langg@hoffman.army.mil |
| LTC Newman
newmanj@hoffman.army.mil | CPT Gahol
gaholp@hoffman.army.mil |
| LTC Hough
houghc@hoffman.army.mil | Ms. Bolton
boltonv@hoffman.army.mil |
| LTC Ross
rossa@hoffman.army.mil | Mr. Shell
shellj@hoffman.army.mil |

Smart Tips From The Future Readiness Officer

By CPT Bob Gahol

Happy New Year to everyone! I hope that you all had a wonderful Holiday Season and New Year celebrations. We have several selection boards coming up in a couple of months, and I encourage all officers in the zone for consideration to start getting ready for the board. Below are some tips that you might want to try to ensure that your record is ready for the board.

If you want to find out if your OER and/or DA Photo have reached PERSCOM, you may check it through the **OER INTERACTIVE VOICE RESPONSE SYSTEM (IVRS)**. The Interactive Voice Response System (IVRS) allows individuals to call PERSCOM anytime and determine the receipt date of the last OER and DA Photo. To use the system, callers must have touch tone telephone access and dial the following number: DSN: 221-2OER (2637) or COML: (703) 325-2OER. IVRS will process up to five inquiries per phone call. All that is needed is the officer's SSN; follow the instructions you receive.

IVRS provides officers and personnel officials the dates of the last processed OER and/or date of the last official photo received at PERSCOM. As of 1 January 1999, AER information is also available, although no AER information for reports received before 1 January 1999 is available. IVRS will help personnel officials keep their records up to date and enhance the rating officials' ability in the field to batch reports and maintain proper profiles.

MERGING DOCUMENTS IN THE OFFICIAL MILITARY PERSONNEL FILE (OMPF)

We receive numerous calls from officers with prior reserves time, enlisted, and transferees from other branches about missing documents on their OMPF. If you have the same problem with your records, here is what you need to do to get the documents added in your current OMPF (microfiche).

Write a memorandum to officer records stating the problem. If you have copies of the documents, send a copy of the documents from your prior service time. You may send an old

microfiche that contains the documents that are missing and officer records can merge your file using that microfiche.

The mailing address is:

Commander, PERSCOM
Attn: TAPC-MSR-S (Misty Dove)
200 Stovall Street, RM 5N63
Alexandria, VA 22332

You may also fax any documents that are missing to Ms. Misty Dove at (703) 325-5204 / DSN 221-5204. Her phone number is (703) 325-3216 / DSN 221-3216.

DEPARTMENT OF NURSING SCIENCE NEWS

91D Short Course

The 91D Short Course, officially known as the Surgical Support Postgraduate Course, will be held at Ft. Sam 9-13 June 2002. This course is designed for NCOICs and the information should be disseminated once they return back to their duty stations.

Attendance and central funding is limited with priority being given to NCOs that have not been previously funded for the Short Course. Any additional slots and/or available funding will be awarded on a first come first served basis upon receipt of a signed DA3838. Paperwork should be faxed to (210) 221-0675 (DSN 471-0675). POC for the course is SSG Walling at (210) 221-1582 (DSN 471-1582) or email louis.walling@amedd.army.mil. Additional information can also be obtained on the 91D Website at www.dns.amedd.army.mil/91d.

Request for attendance **MUST** be sent no later than 60 days before the start date, (11 April 2002) for the Surgical Support NCO Short Course.

Active Component soldiers apply by submitting DA3838 to: DEPT OF HEALTH ED & TNG, ATTN MCCS HEI, CDR AMEDDC&S, 1750 GREELEY RD STE 205, FT SAM HOUSTON, TX 78234-5075.

Army National Guard soldiers apply thru SSG Walling, on National Guard Bureau (NGB) Form 64, or contact MSG Eisenbart, NGB Surgeon's Office at DNS 327-7145, (703) 607-7145, FAX (703) 607-7187, or e-mail richard.eisenbart@ngb-arng.ngb.army.mil.

Army Reserve soldiers apply through unit training channels on DA Form 1058 to: ARPERSCOM, ATTN ARPC HS OPS MR KOSITZKE, 1 RESERVE WAY, ST LOUIS, MO 63132-5200. Phone (314) 592-0444, 1-800-325-4729 option 7, FAX (314) 592-0433, or e-mail donald.kositzke@arpsl.army.mil. Contact: Project Officer or AMEDDC&S Program Manager, DSN 471-0144, (210) 221-0144, FAX DSN 471-2832, (210) 221-2832, or e-mail dale.turner@amedd.army.mil.

In order to hold seats, a copy of the form must be faxed to SSG Walling. Fax them to: ATTN SSG WALLING, DNS 471-0675, (210) 221-0675 or email louis.walling@cen.amedd.army.mil.

Opportunity Knocks For Experienced AMEDD Soldiers

With the transition of 91B to 91W and 91C to 91W M6 comes a unique opportunity for active duty and reserve component AMEDD soldiers. When the AMEDD Center and School implements the new 91W course, inputs for the early 2002 91W/M6 (91C) classes are anticipated to be lighter than usual. **Class 01, beginning on 4 FEB**, will receive students from the initial 91W classes which are smaller pilot training classes. AMEDD enlisted personnel may take advantage of this "one time" training seat availability and apply for training. This is an outstanding opportunity for those holding or having previously held 91B (91WY2) MOS to attend a training course that allows a soldier to take a national exam for licensure as a practical nurse (LPN) upon completion. The course is fifty-two weeks in length with the first six weeks at FT Sam Houston. The classes cover anatomy & physiology, microbiology, nutrition, pharmacology, math and the role of the M6 in the AMEDD. Phase II for class 01-02, 46 weeks, will be conducted at DDEAMC or MAMC. It includes 700 hours of didactic instruction in nursing fundamentals, documentation, pharmacology and an in-depth study of the cardiovascular, respiratory, musculoskeletal, GI/GU and reproductive body systems and associated disease processes. Over 900 hours of training are spent in the clinical arena and include medical-surgical, pediatrics, obstetrics, mental health, ICU and ER rotations. A field-nursing component is included in order to apply the skills to the TO&E environment. It is recommended that you contact the 91C Branch NCOIC, DSN 471-8454, to determine at which site you may be assigned before making arrangements to move household goods and/or family.

The role of the M6/LPN is an essential component of military healthcare and also has prominence in the civilian sector. The Practical Nurse Course is an excellent foundation for further study and many graduates have pursued advanced nursing degrees after completing this program. Check with your Hospital Education Department and they will assist in the application process.

Maternal Child Health Nursing Consultant **LTC Ramona Fiorey**

This month LTC(P) Mittelstaedt is a guest author for the OB/GYN Consultant corner. The safety of child passengers in motor vehicles is gaining momentum. Most Mother-Baby units in our MTFs require parents to show nursing staff their infant car seats prior to discharge, and some units require an inspection and fit of the car seat to the infant. This needs to be done routinely for every infant, including those discharged from neonatal intensive care units. Nursing staff members who normally complete this task need to be competent to inspect and fit the car seats and provide parent education.

LTC(P) Mittelstaedt has established a Child Passenger Safety Team at Madigan Army Medical Center. This article and those that will follow during the next couple of months are the result of her experiences and knowledge in this area.

Infant and Child Car Seat Safety
LTC(P) Mittelstaedt

Did you know that approximately 80-90% of all infant/child car seats are improperly installed (Eby & Kostyniuk, p. 555)! In an attempt to familiarize readers with basic information regarding car seats, a series of articles will be provided in upcoming editions of the newsletter. This edition of the newsletter describes guidelines from the American Academy of Pediatrics regarding discharge of infants from the hospital setting. The second article will provide information regarding web sites, phone numbers and resources for car seat safety and the third article will provide basic information regarding the development of a hospital-based car seat safety program.

In 1996, 653 children (newborn to 4 years of age) died and 305,000 were injured as occupants in motor vehicles. Fifty-two percent of those who died were unrestrained (American Academy of Pediatrics Policy Statement, p. 986). When properly used, child safety seats may reduce serious injury by as much as 67% and mortality by 71% (Stokes et al, p. 875) In October 1999, the American Academy of Pediatrics (AAP) developed a policy statement (volume 104, number 4) regarding car seat safety. The policy states "All hospitals should set policies that require the discharge of every newborn in a car safety seat that is appropriate for the infant's maturity and medical condition". Here are the key points of the policy statement:

- Hospitals should provide information about car seat safety during prenatal classes, OB visits and pediatric visits.
- At least one individual at each facility should be designated responsible for the implementation of policies and procedures related to the discharge of infants in car safety seats.
- An individual or team should be trained to assess the needs of infants with special health care needs.
- To monitor for possible apnea, bradycardia, or oxygen desaturation, hospitals should develop a policy to ensure provision of a period of observation in a car safety seat before the discharge of each infant born at < 37-weeks gestation.
- Staff working with infants and children should receive education regarding the use of car seats. Those providing staff education should have completed the 4-day National Highway Traffic Safety Administration (NHTSA) Course entitled "Standardized Child Passenger Safety Training Course".
- Only car seat information that is current, relevant and accurate should be distributed to parents and guardians of newborns and children.
- Car seats should be available to parents if they are unable to provide their own car seat or if the infant

has a specific medical condition (i.e. requires a hip spica cast).

- The degree of compliance with the policies and procedures regarding car seat safety should be assessed by quality assurance surveillance and hospital staff. Staff should take appropriate actions to correct deficiencies when present.
- Admission orders for newborns should include an order written by a physician for parent instruction about the use of child safety seats. This should also be included as a part of standard admission orders to ensure it is complete before discharge.
- Discharge policies of newborns should include: determination of the most appropriate car seat for each newborn, provision of information for the parents and a "return demonstration" (since the installation of the car seat is the responsibility of the parents). (This does not mean that nursing personnel need to go to the vehicles to install the car seat...it means that you need to assess the car seat and then the infant in the car seat and teach the parents how to place the child in the car seat).

February 11-17 is National Child Passenger Safety Week

I encourage you to participate in an activity related to child passenger safety. Find a car seat inspection in your local area (go to www.nhtsa.gov and click on "child seat inspections"). Spend a few hours helping a child passenger safety technician inspect an infant or child car seat and you'll be "hooked" on child safety after that eye-opening experience!

*Complete references for statistics used in this article are available from Elizabeth.mittelstaedt@amedd.army.mil.

DIRECTOR, HEALTH PROMOTION AND WELLNESS, USACHPPM
LTC(P) Gemryl L. Samuels

The US Army Center for Health Promotion and Preventive Medicine (USACHPPM), Directorate of Health Promotion and Wellness (DHPW) completed sending out the funding awards for the Health Promotion and Prevention Initiatives (HPPI) FY 02 in early December 01. The request for proposals focused in the areas of injury prevention, mental health/stress management, population health and women's health. A total of 112 abstracts were received and of those, 46 were approved for submission of a Project Application; however, two people declined and did not submit the Project Application. Army nurses submitted 16 (14%) abstracts, four of which were selected to receive HPPI funding for FY02. Thirteen (30%) projects concentrated in the area of injury prevention, 28 (64%) population health, one (2%) women's health and two (5%) mental health.

Following experts review of the applications 25 (57%) were funded, eight of which received the full funding requested. Due to limits in overall funding availability, the maximum amount of funding given to any one project was \$90,000.00.

USUHS NEWS
President, GSN Class of 2002
CPT Curtis Aberle

Potential investigators with a high clinical focus were encouraged to submit their project idea to the TriService Nursing Research Program. The main purpose of HPPI is to discover best practice in health promotion. The following is a breakdown of the funded projects by region.

RMC	Focus Area	# Funded	# Submitted
GPRMC	3 Population Health 4 Injury Prevention	7(58%)	12
Western	2 Population Health 2 In- jury Prevention	4(57%)	7
North Atlantic	4 Injury Prevention 2 Mental Health	6(46%)	13
South East	3 Injury Prevention	3(75%)	4
European	3 Population Health, 1 Women's Health	4(57%)	7
Pacific	1 Population Health	1(100%)	1

One of the primary goals of the HPPI Program is to be able to replicate elsewhere the successes of funded proposals. Five previously successful HPPI projects were also funded for a total of \$629,500. Replication sites were requested for the Personal Responsibility, Pregnancy/Postpartum Physical Training and Dental Health Protection programs. The Personal Responsibility Program will be replicated at Ft. Sam Houston, Korea, Europe, Ft. Benning and the Oregon National Guard. Replication sites for the Pregnancy/Postpartum Physical Training Program are Ft. Benning, Ft. Bragg, Hawaii, and for the Mouth Protection Program, Ft. Benning, Ft. Knox, Ft. Leonard Wood, Ft. Polk and Ft. Sill. HPPI total funding for FY 02 was \$1.4 million.

Injuries are major medical problem in both the civilian and military population. Injury rates are high in the military due to the vigorous nature of military training and operational activities. Injury prevention is currently on the radar screen of The Army Surgeon General and the Commander, USACHPPM, thus injury prevention applications, most of which followed the application guidelines and received favorable consideration.

Do you have a health promotion idea that may significantly improve the health of the population in your catchment area? Could it be packaged so that another installation could implement? You might want to consider applying for HPPI funding, a very painless process, when the call comes later this year. Learn more about HPPI by visiting the HPPI web page at <http://chppm-www.apgea.army.mil/dhpw/> then click on the link for HPPI. The web page also contains other application resources such as program evaluation information, Healthy People 2010 guidelines and leading health indicators.

I am a second year Family Nurse Practitioner (FNP) student at the Uniformed Services University of the Health Sciences (USUHS), one of the best-kept secrets in the military. USUHS offers the best education, training and clinical experiences available. Like many Army Nurse Corps officers, I had very little knowledge of USUHS or the Graduate School of Nursing (GSN) before starting the program.

USUHS is the University for Army Nurse Corps officers to earn advanced degrees as Family Nurse Practitioners (FNPs) and one of two sites preparing Nurse Anesthetists (NA). USUHS is located on the campus of the National Naval Medical Center (NNMC) in Bethesda, MD. The GSN educates approximately 30 uniformed nurses per year as FNPs and NAs from the Army, Air Force, Navy and the Public Health Service.

The University houses the Graduate School of Nursing and the School of Medicine, with multiple masters and Ph.D. programs in the biomedical sciences. Being located within the same campus as the medical school affords the GSN access to top uniformed and civilian medical instructors, clinicians and leaders. Students have access to a state of the art medical library, which includes online access to over 4000 thousand journals and textbooks. The faculty and staff of the GSN are expert civilian and military clinicians, researchers and educators; they are true mentors and care a great deal about educating nurses in uniform.

The GSN has been training FNPs and NAs since 1993. It is fully accredited by the National League for Nursing Accrediting Commission, the Council on Accreditation of Nurse Anesthesia Educational Programs and pending accreditation from the Commission on Collegiate Nursing Education. The FNP program is 24 months in length and includes nearly 1000 hours of clinical experiences. The NA program is 30 months long, with didactic instruction during the first year at USUHS followed by 18 months in a clinical setting. Both programs start in mid June, with the first semester focused on core knowledge of anatomy, (including cadaver lab), neuroscience and health assessment. The full course outline and course descriptions are available at <http://www.usuhs.mil/gsn/gsmenu.html>.

If you are considering LTHET for either FNP or NA, I encourage you to visit the GSN web site or visit the USUHS campus. The students currently in the program will be happy to give you a tour or answer any questions you may have. If you would like to contact me for more information please e-mail me at caberle@usush.mil or curtis.aberle@us.army.mil

RESERVE IMA NEWS
DIMA, Assistant Chief, ANC
COL Carol Swanson

In an effort to assist in the seamless integration of Active Component (AC) and Reserve Component (RC), this month I will provide some information on RC terms that might be unfamiliar to AC nurses and on the RC retirement system.

There are many RC training categories. **A Troop Program Unit (TPU)** is a unit of "drilling RC soldiers" who perform 48 Unit Training Assemblies (UTA), usually on weekends, and 2 weeks of annual training (AT) per year. USAR Medical units are a part of the US Army Reserve Command (USARC) and Regional Support Commands (RSC). **Army National Guard (ARNG)** are assigned to a TPU under the Adjutant General (TAG) of each state. These RC soldiers perform two weeks AT and 48 UTA per year. Guardsmen have two missions - A state mission responsible to the governor for state emergencies including flooding, fires, riots and natural disasters. Secondly, they have a federal mission responsible to the president. Upon mobilization they become federal assets. **National AMEDD Augmentation Detachment (NAAD)** soldiers are Army Reservists assigned to a TPU in the USARC, regardless of geographical area, to fill critical shortages anywhere in that Command. They are permitted flexible drills and annual training but must perform AT every other year with their RC unit of assignment.

An Individual Ready Reserve (IRR) is an RC soldier assigned to the Army Reserve Personnel Command (AR-PERSCOM) and is eligible for active training, if training dollars are available. This soldier may be assigned to a unit or command (up to three organizations) "for points only" to accumulate retirement points. **An Individual Mobilization Augmentee (IMA)** is a soldier managed by AR-PERSCOM, assigned to an AC unit or command. These soldiers may also be assigned to up to three organizations "for points only training". This assignment would make them eligible for SGLI. It would also aid them in earning a "good" retirement year. **A Drilling IMA (DIMA)** is an IMA authorized two weeks AT and 48 "drills" per year. There are very few DIMA nursing positions. They are usually authorized at headquarters level or at MEDCENs. These are senior nurse leadership positions. I am currently serving in a DIMA position to the Assistant Chief, Army Nurse Corps.

RC soldiers are eligible for Reserve Retirement. To be eligible for retirement pay at age 60, they must have completed 20 "good" years of military service. A "good" year is one in which a soldier earns 50 points or more within their retirement year. A retirement year is not the calendar or fiscal year, but the anniversary of a soldier's entry into military service (oath of office). When a USAR soldier completes 20 years of qualified service, they are given a "20 year letter." This is important documentation of eligibility for retired pay when they reach their 60th birthday.

There are many ways to earn retirement points. Fifteen points are earned annually just for being in the RC! One point is given for each day of active duty. This includes AC service, AT orders, as well as funding for CHE courses (5 days allowed per year). One inactive duty (IDT) point is given for each paid UTA (maximum 2 per day). One point for each three correspondence course credits. One IDT point is given for each four hours of duty in a "points only" category. RC soldiers may perform duty for points only. They can earn one retirement point (no pay) for four hours of duty with a maximum of two points per day. To receive credit for these points, they must be assigned, on orders, "for points only" to any organization with a UIC. The number of points earned is subject to the cap for inactive points. The soldier may be assigned to multiple organizations (up to three).

When soldiers **REFRAD** from AC they are eligible to complete their career in the RC with all active duty time converting to retirement points (one for each day of active duty up to 365 per year). Regular Army (RA) officers can transition to RC. Medical personnel separating from active duty should be referred to the Personnel Management Officer (PMO) at AR-PERSCOM: 800-325-4729, extension 2 for Nurse Corps, extension 4 for enlisted. Also, information for RC is on the AR-PERSCOM web site www.2xcitizen.usar.army.mil.

Next month I will cover reserve training categories and funding. I can be reached for suggestions, questions and comments by e-mail at carol.swanson@us.army.mil

TASK FORCE MED FALCON V
Camp Bondsteel, Kosovo
CPT Judith Hany Federigan, 86th CSH

September 20, 2001, members of the 86th Combat Support Hospital, Ft. Campbell, KY, along with other Army Nurse Corps PROFIS officers from Fort Gordon, Fort Knox, Fort Benning, Fort Bragg and others deployed to Camp Bondsteel, Kosovo and Camp Able Sentry, Macedonia. We deployed to join other units as part of Task Force Medical Falcon V (TFMF V) in support of Operation Joint Guardian.



On our arrival to Camp Bondsteel, we were greeted with an incredible sight of the new US Army Hospital Camp Bondsteel (USAHCBS), a bilateral integrated hospital. The

previous Task Force was operational in DEPMEDS and had just moved into the new facility when we arrived. This new facility surpassed our expectations of a deployed environment. It was an appreciated decision. The new facility is constructed of a combination SEAHut and modular building. It has more capability than the DEPMEDS hospital. We have a fully functional EMT, 20 bed intermediate care ward, a 12 bed intensive care unit, two operating theatres as well as a pharmacy, laboratory, xray with CT scanner and ultrasound. We have combat stress, optometry, physical therapy and dental clinics. We are able to provide Level III care with the same standards as any small stateside MEDDAC.

The Department of Nursing is an integrated team comprised of AN officers and United Kingdom RN officers. We practice to the highest standard of care and therefore we have adopted some of the UK standards of care. The same also holds true for the UK nursing contingent. Our Chief Nurse, MAJ Janet Pilgrim is from the Queen Alexandra's Royal Army Nurse Corps and has ensured that the US/UK integration has been smooth and seamless.

Presently, we have 10 nurses in TFMF V at Camp Bondsteel. LTC Marquez is the 86th CSH Chief Nurse who for this deployment is the Hospital Commandant. The other 86th CSH nurses are MAJ McCormick, CRNA, CPT Devine, ICU, LT Duchemin, ICW, LT Wisseman, EMT, LT Tibbetts S-5 and CPT Federigan, OIC of ICW. The PROFIS nurses are CPT Cashion, OIC of the O.R., who joins us from Fort Knox, KY. CPT Reilly from Fort Gordon, GA, is the OIC of the ICU. MAJ Slack, who is the OIC of the EMT Section, hails from Fort Stewart, GA.

Our experience has been both varied and exciting at times. We are the Level III facility for MNB-E and MNB-C serving KFOR soldiers from the US, UK, Norway, Sweden, Finland, Spain, Italy, Russia, Poland. We also provide care to local contractors, DOD employees and local civilians on an emergent basis. The ages and backgrounds of our patients are as diverse as one can imagine, ranging from pediatrics to the older adult. While the language barrier exists in many cases, the US/UK nursing care we provide is second to none.

The clinical experiences have varied as well. The backgrounds, training and experience of our Army nurses, combined with that of the UK nurses, have helped to care for patients with a wide range of illnesses and injuries, ranging from simple appendectomies to rule out MI's and acute trauma. Because of the number of personnel and close proximity in which we work, the team feeling of the clinical staff extends beyond individual units or sections. The staff at USAHCBS is always willing to help out in other units as the need arises. But this willingness to help extends beyond the walls of this hospital.

Task Force Medical Falcon is also responsible for Medical Civilian Assistance Programs (MEDCAPs). LT Tibbetts, an AN Officer, serves as our S5 (Civil Affairs). He has coordinated almost daily visits to local areas to provide on-site medical care and consultation. These visits by our physicians

and nurses have been a great success with not only providing basic medical care, but also has helped foster relations with NATO forces and the local populace. We are truly helping in winning the hearts and minds of the Kosovar people. The three months that we have been here have flown by. Our time is filled not only with patient care, but with all the other duties that accompany any hospital. We have initiated a risk management team, infection control, pharmacy and therapeutics, and are working our way through revising or rewriting all the Department of Nursing SOPs. Overall, the effect is that of a CONUS Level III facility in a deployed environment, or what we call working in 'hardened TEMPER'. It is a challenge to us, but we are meeting it with enthusiasm.

TASK FORCE MED FALCON V
Camp Able Sentry, Macedonia
CPT Thomas Weichart

The 240th FST from Ft Stewart, GA, deployed to Camp Able Sentry, Macedonia, as part of Task Force Medical Falcon V headed by the 86th Combat Support Hospital (CSH), Ft Campbell, KY, in support of the 10th Mountain and 3rd Infantry Divisions and Operation Joint Guardian. Camp Able Sentry is the gateway to the Balkans. It provides a U.S. military presence in Macedonia, and is also the entrance and exit to Kosovo. Equipment and personnel entering this theater of operations pass through this small camp nestled in a ridgeline of mountains.

Currently our unit has 25 members, and is augmented with medics and nurses from the 86th CSH, Ft Campbell, 445th Vet Detachment Reserves, Independence, Missouri, 61st Preventive Med, Ft Gordon, 32nd Med Log, Ft Bragg and PROFIS physicians from Ft Belvoir, Ft Jackson, and Ft Benning.



Assigned ANC Officers to the 240th are: MAJ Joe Gollasch (Chief Nurse, E.R./O.R. nurse), MAJ Barry Vance (Jan-Apr rotation/nurse anesthesia), CPT Dottie Shackelford (Sep-Jan rotation/nurse anesthesia), CPT Tom Weichart (Head Nurse Clinic, ICU/O.R. nurse). Augmented ANC officer is MAJ John Buckwalter, Ft Campbell, KY.

Our mission is to provide outpatient primary care (sick-call) and resuscitative surgery to injured patients, to save life, limb

or eyesight. We also have two ICU/Recovery beds with ventilators and monitors. We are able to recover post-op patients and manage critical patients for a period of time.

The winter in Macedonia can be harsh and can impede all means of transportation. Prior to our arrival, all traumas or surgeries were life-flighted to Camp Bondsteel, Kosovo. The 240th FST was deployed to overcome the hindrance of these winters. We are able to surgically stabilize and monitor critical patients until evacuation is possible to higher levels of care.

One of our physicians, Dr. M. Meyer developed our website, which is www.geocities.com/casaidstation

Together as TFMF V, we are happy to make a difference in Kosovo and with our US, UK and NATO forces. Both the US and the UK nursing personnel want to wish everyone a safe and healthy new year.

lum'tur Krishtli'ndje (translated: Happy Christmas)



LTC (P) Patty Horoho was honored by Time Life publications for her heroic actions on 11 SEP at the Pentagon. Time Life Publication held an event on December 3, 2001 that honored 15 individuals across the United States for heroic actions. The event was titled "Heroes among us - a celebration of the human spirit." Five of the individuals had no affiliation with the events of 11 September and 10 individuals were directly related to the 11 September attack on the world trade center and the pentagon. The event is an annual event that recognizes individuals that People magazine covers throughout the year. The President wrote the following to describe the 15 individuals that were recognized this year - "Some of them are ordinary people whose lives are charged by an extraordinary purpose -people who have made a deliberate choice to live their lives, day after day in a way the enriches others. Some are ordinary people who have found themselves caught in a moment when the extraordinary was asked of them --people who found unexpected greatness within themselves and acted boldly. But each of them put other people before themselves and their mere presence among us today is truly a gift."

Congratulations to LTC Ramona Fiorey from Madigan Army Medical Center, who was recognized by the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) with an award of excellence in nursing education.

Congratulations to CPT Carie Bussey from Madigan AMC for winning the AWHONN Army Section Junior Nurse of the Year.

PUBLICATIONS

LTC Debbi Spencer and **MAJ Karen Whitman** from WRAMC recently published: Spencer, D., Whitman, K., and Morton, P. "Inhalational Anthrax", MEDSURG Nursing, Dec 2001:10(6); 308-312.

MAJ Colette McKinney, AN, OIC for Urgent Care Center, Bassett Army Community Hospital, Ft. Wainwright, Alaska published a chapter in the book, "Fluids and Electrolytes," Chapter titled, "Health Care Problems of Adolescents", 2002 by Saunders, Inc. edited by Chernecky, Macklin, and Murphy-Ende.

MAJ Veronica Thurmond, a doctoral student at University of Kansas Medical Center, recently published **Thurmond VA**. Considering theory in assessing quality of web-based courses. Nurse Educator. 2002; 27(1):20-24.

CPT Beverly Morgan, a FNP at Evans USAMEDDAC, Ft. Carson, CO recently published in the December 2001 issue of Military Medicine. Her manuscript is titled, "Evaluation of an Educational Intervention for Military Tobacco Users".

NEWS FROM AROUND THE AMEDD NEWS FROM AROUND THE AMEDD

Dr. Anita Newcomb McGee Award Nominations

The Dr. Anita Newcomb McGee Award recognizes professional and military nursing excellence and is sponsored annually by the Daughters of the American Revolution (DAR). Dr. McGee, known as the "Founder of the Army Nurse Corps," was the author of the bill to establish the Corps (female). This bill became Section 19 of the Army Reorganization Act of 1901 and established the Nurse Corps as a permanent corps of the Medical Department effective 2 February 1901. The DAR initiated the Dr. Anita Newcomb McGee Award in 1967. This award is presented annually at the DAR Continental Congress in Washington, D.C. at Constitution Hall. **Dr. Anita Newcomb McGee** nominations are due to MAJ Feider **NLT 22 FEB**. A memorandum and LOI were sent to all Chief Nurses in early JAN via email.

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