
ARMY NURSE CORPS

NEWSLETTER

“Ready, Caring, and Proud”

Volume 03 Issue 02

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Message from the Chief



In last month's AN Newsletter, I presented information on how the Army Nurse Corps is addressing nursing issues at the Army Nurse Corps senior leadership level. This month, I want to take an opportunity to tell you about how nursing issues are being addressed at the Federal level and about the collaboration and cooperation among the Federal nursing agencies. As you are aware, many of the issues we face today in nursing are not unique to Army nursing, so it is vitally important that the Army Nurse Corps continue to support the proactive efforts of other Federal and national nursing agencies and organizations to affect the changes that are necessary in support of the nursing profession.

The primary forum that addresses Federal nursing issues is the Federal Nursing Services Council (FNSC). The FNSC is comprised of the principal nurse executives and deputies of the U.S. Army, U.S. Army Reserve, U.S. Army National Guard, U.S. Navy, U.S. Naval Reserve, U.S. Air Force, U.S. Air Force Reserve, U.S. Air National Guard, American Red Cross, U.S. Department of Veterans Affairs and the U. S. Public Health Service. Formally chartered in 1993, the purpose of the FNSC is to provide for discussion of nursing

issues common to Federal nursing organizations. In addition, the FNSC provides the necessary information to the Department of Defense and other national agencies with regard to Federal nursing and healthcare related considerations. The FNSC brings together its collective leadership and experience to advance and strengthen professional nursing practice among Federal agencies and the American Red Cross.

Originally called the Council of Federal Nursing Services, the FNSC was

organized informally in 1943 during the apex of World War II. At that time, the Council was used to “provide a means for easy exchange of information, to provide mutual assistance in the consideration of nursing issues and to formulate recommendations concerning agency nursing problems” during a national time of war. Successful in that endeavor, the FNSC continued to function after the war and today is the primary representative agency addressing Federal nursing issues.

Currently chaired by COL Deborah Gustke, our own Assistant Chief of the Army Nurse Corps, the Council has established a firm strategic planning framework and has embarked on a plan to have multi-service workgroups address pertinent issues impacting today's practice of nursing. What follows is a brief overview of each of the four workgroups. I will continue to share the successes of these workgroups with all of you in future newsletters and at our many educational opportunities.

The clinical skills sustainment workgroup is identifying potential opportunities to enhance clinical sustainment training through the development of Federal nursing partnerships. The workgroup will identify any current Federal or DOD partnership successes in the area of clinical training and will explore ideas for possible future Federal nursing partnerships. Additionally, the workgroup will have knowledge on the Joint Service and Federal partnership processes and the resources required that will assist us in developing training partnerships in the future.

The civil service processes workgroup is addressing the opportunity to build a new personnel system responsive to expeditious hiring of nursing personnel across the country. This workgroup will focus on making progress in developing new hiring, qualification, and classification standards as well as developing new pay rates for nursing personnel. This workgroup is directly involved in the legislative actions that impact such activities as direct hire authority. As you may know, our progress in this area has resulted in a decrease in hiring time from 107 days to approximately 27 days for civilian nurses. What a huge positive impact this has had on our ability to better perform our mission!

The third workgroup is working on the development of a consistent policy governing Prescriptive Authority for Advanced Practice Nurses throughout the Federal healthcare system based on the Federal Supremacy standards. Currently,

Office of the Chief, Army Nurse Corps

Fort Sam Houston Office

COL Deborah Gustke
LTC Yolanda Ruiz-Isales
MAJ Laura Feider
Office of the Army Nurse Corps
AMEDD Center and School
ATTN: MCCA-CN, ROOM - 275
2250 Stanley Road
Fort Sam Houston, Texas 78234
210-221-6221/6659
DSN 471
Fax: 210-221-8360
yolanda.ruiz-isales@amedd.army.mil
(substitute name for all others)

Washington D.C. Office

LTC Kelly Wolgast
Headquarters, DA
Office of the Surgeon General
6011 5th Street, Suite #1
Fort Belvoir, VA 22060-5596
703-806-3027
DSN 656
Fax: 703-806-3999
kelly.wolgast@belvoir.army.mil

AN Web Site:

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

ANC Branch PERSCOM:

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

ANC Newsletter Article Submissions

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 Laura Feider. The deadline for all submissions is the last week of the month prior to the month you want the item published. All officers are eligible to submit items for publication. We reserve the right to review and edit any item submitted for publication after their nursing chain of command reviews the article.

the active duty services (Army, Navy, Air Force) have established policies regarding APN licensure different than those established by VHA (Veterans Health Administration) and USPHS (United States Public Health Service). A recent Department of Defense instruction (DODI) mandates that all APNs will be licensed by a state to practice as an APN in military facilities. The service's ability to comply with this directive is challenged by the wide variance in state nurse practice act requirements for licensure/recognition/certification to include different requirements for types of APNs, rules for prescriptive authority, rules for supervision and course requirements. Such variations in scopes of practice and state laws are barriers to effective delivery of care in large systems that cut across geographic boundaries. Furthermore, variations in applications of compliance among the uniformed service and Federal services create conflicting practice issues as the agencies attempt to share resources in the provision of care to all Federal beneficiaries. Obviously, there is room for improvement in these processes and we will continue to work this issue hard in an attempt to bring clarity and consistency to our APN scope of practice.

The fourth group is the senior clinical experts workgroup. This workgroup is exploring the ways and means to influence the development of senior clinical experts with the intent to advance professional nursing practice within the Federal health care system and to increase the participation of senior nurses in clinical practice, resulting in the ability to be recognized and rewarded for remaining in clinical nursing practice. This workgroup intends to produce and define a "Clinical Expert Practice Model" which would be adaptable for all Federal nursing agencies, and will keep all nurses involved in clinical nursing practice at some level, including those in administrative roles.

The FNSC's contributions to Federal nursing, as well as national nursing, are also evident in a variety of Federal programs. The Council is instrumental in the on-going development and current operations of the TriService Nursing Research Program, the Graduate School of Nursing at the Uniformed Services University of the Health Sciences, the Nurse Intern program in Congress as well as a multitude of research, education and professional practice partnership programs. Annually, we participate in national conferences such as AMSUS so that we can continue to market all the innovative programs that nurses develop and lead. We continue to work closely with national nursing organizations to keep abreast of practice and work environment issues that impact our nursing workforce. Our collaborative efforts result in the necessary legislation, policy and program development that keeps the profession of nursing healthy and growing.

It is evident that the Council tackles tough issues, and it is vital that we continuously work in a collaborative manner. Our influence on nursing issues is unparalleled and I expect we will see more great success from the efforts of all four workgroups in the upcoming months.

On a personal note, I'd like to formally thank COL Gustke for her stellar leadership of this group over the past 18 months.

Her abilities to coordinate the development of a strong strategic plan, along with her vast experience in the negotiation of complex nursing issues, are invaluable to this Council and to our profession of nursing. COL Gustke's efforts certainly have led this Council to new heights of success and have embraced the FNSC vision "United to impact tomorrow's health care challenges today."

Army Nurses are Ready, Caring, and Proud!

Bill Bester
BG, AN
Chief, Army Nurse Corps

PERSCOM UPDATE

Army Nurse Corps Branch Web Page

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

Upcoming Boards

NOV 2002	BG AMEDD
DEC 2002	LTC Command Board
JAN 2003	COL Command Board
FEB 2003	CPT/VI AMEDD
FEB 2003	LTC AMEDD and MAJ Selcon

See PERSCOM Online www.perscomonline.army.mil for MILPER messages and more board information. To access the messages, go to PERSCOM Online, double click "Hot Topics" and then select MILPER Messages.

LTHET Planning: What do you do next?

Officers selected for school should send MAJ Lang a message at langg@hoffman.army.mil via their AKO Account. In the message write the following: "I accept LTHET graduate studies in the following specialty _____. I understand my ADSO will be _____ years plus _____ years remaining ADSO approved in my waiver request for a total of _____ years." Only messages originating from officers' AKO accounts will be recognized. MAJ Lang will reply with two attachments: a congratulation letter and a LTHET Agreement. The officer should print the documents, sign the agreement, and mail a hard copy of the agreement to AN Branch for placement in the Official Military Personnel File. By signing the agreement, the officer confirms an understanding of the selected specialty, tuition cap and Active Duty Service Obligation (ADSO) associated with graduate studies.

Degree/Specialty	Length of Programs	ADSO
MSN	21 months	4 years
CHN/MPH	24 months	4 years
Midwifery	24 months	4 years
FNP	24 months	4 years
Baylor	24 months	4 years
Perioperative NSG	24 months	4 years

Anesthesia	30 months	4.5 years
Ph.D. in Nursing	36 months	5 years
Ph.D. in Sciences	48 months	6 years

The Tuition Cap is \$3000/Semester or \$2250/Quarter

Officers selected to LTHET for FY 2003 can start the process of researching schools for attendance. All officers (excluding CRNA, Baylor, Perioperative and FNP selects) must fax an official letter of acceptance from the school to MAJ Lang NLT Feb/Mar 2003. Officers should plan to start civilian programs in late August or early September 2003. Ask your point of contact at the school to annotate the school's start date (not orientation) on the letter of acceptance. The selected school must have an active Education Service Agreement (ESA) with the AMEDDC&S. Many of the well known public institutions have the ESA, however, once you narrow your choices to one or two schools, contact MAJ Lang and he can give you the school's status. Officers selected to attend Anesthesia programs (UTHHSC & USUHS); FNP & Perioperative programs (USUHS); and the Baylor, Healthcare Administration Program should plan to start classes in June 2003. UTHHSC, USUHS and Baylor selects do not need to submit another letter of acceptance, unless the first letter submitted stated an admission status less than full admission.

Major Lang will generate a Request for Orders (RFO) next April 2003 upon receipt of the officers' letter of acceptance. Officers should plan to report to school 10 days prior to the first day of classes (not orientation). The officer can use the 10 days to get settled into the new area. The 10 days are NOT considered leave or TDY; its free time. If the officer needs additional time and wants TDY and leave, the officer must staff a DA 31 through the Deputy Commander for Nursing, who is the approving authority. If approved, the extra days are NOT annotated in the orders and do not change the report date.

Officers who submitted waiver requests and were approved must satisfy those obligations before attending school (i.e. must attend Officer Advanced Course, accept Regular Army or Voluntary Indefinite status etc.). Failure to comply with the guidelines will result in the officer being ineligible for LTHET.

Short Courses

Many of the course dates have changed. Please check the new dates to see if the changes affected a course you have an officer scheduled to attend. To find out the updated class schedule, please visit the Army Nurse Corps branch web site at https://www.perscomonline.army.mil/ophsdan/anc_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: <https://ccc.apgea.army.mil/>
- HNLDC and ANLDC: www.dns.amedd.army.mil/ANPD/index.htm

Officer Advanced Course

Officers must complete both phases of OAC within two years of phase 1 enrollment. Once an officer has a confirmed seat in the OAC, the officer should access the AMEDDC&S OAC website to obtain a welcome letter, in processing information and more.

CGSC and CAS3 through the Reserves

Phases 1 and 3 of Non-resident CGSC are underway. If you plan to enroll in phases 2 and 4, you must fax a DA 3838 to MAJ Gary Lang at DSN 221-2392, com. 703-325-2392. Many officers request one or more phases of CGSC on one DA 3838 request. Central Management Division will not honor such requests. A separate DA 3838 must be submitted for each phase. Non-resident CGSC phases 2 and 4 are centrally funded, however, funding is limited, so I advise that you submit your request ASAP. Individual facilities can elect to fund an officer for CGSC if central funding is not available. **If you are currently enrolled in another service's CGSC or are contemplating signing up for another service's CGSC, please contact your PMO ASAP to discuss your plan.**

Interested In Selecting Future Army Nurse Corps Officers?

AN Branch is looking for volunteers to serve as USAREC Accession Board Members. This is a fantastic opportunity to learn about the Board process as well as influence the future of the Army Nurse Corps. Board members must hold the rank of Major or higher. Boards meet each month for 3-4 days and are held at USAREC Headquarters at Fort Knox, Kentucky. Upcoming start dates for the Boards are 19 Nov 02, 17 Dec 02, 4 Feb 03, 5 Mar 03, 8 Apr 03, 13 May 03, 17 Jun 03, 22 Jul 03, 26 Aug 03, and 23 Sep 03. If interested in this terrific Board Member opportunity, please contact LTC Flavia Diaz-Hays at PERSCOM, diazf@hoffman.army.mil.

Generic Course Guarantee

Information on GCG is located in our website (https://www.perscomonline.army.mil/ophsdan/anc_profdevt.htm).

AOC/ASI Producing Courses POCs

Critical Care Course, Emergency Nursing Course: LTC Diaz-Hays at diazf@hoffman.army.mil
Psychiatric-Mental Health and OB-GYN Nursing Course Manager: MAJ Agin at agind@hoffman.army.mil

Please check the AN branch web site at www.perscomonline.army.mil/ophsdan/default.htm (click on professional development) for information on application suspense dates to AN branch or contact LTC Diaz-Hays at diazf@hoffman.army.mil or MAJ Agin at agind@hoffman.army.mil.

The next Emergency Nursing Course start date is 7 April 2003. The next Critical Care Nursing course start date is 7 April 2003. Applications being accepted.

The next Psychiatric-Mental Health Nursing course at WRAMC is scheduled for MAR-JUL 03. We are accepting applications for this course. If you are interested, please contact your Chief Nurse and MAJ Agin at agind@hoffman.army.mil.

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

Please Note Changes to the Next Course Dates: Upcoming **Community Health Nurse courses** include the 6A-F6 Preventive Medicine Program Management Course, 21 JAN-1 FEB 03. This focus of this course is on leadership development of the mid-level officer. The next 6A-F5 Principles of Military Preventative Medicine (Community Health Nurse) AOC Course is scheduled for 17 FEB –18 APRIL 03. The pre-requisite for the CHN AOC Course is the 6H-F9 STD/Communicable Disease Intervention Course scheduled for 2-14 FEB 03. Interested officers should contact the Community Health Nursing Manager: MAJ Agin at agind@hoffman.army.mil.

Please see your facility's Nursing Education Representative or nursing chain of command if you are interested in attending. Please note FY03 AOC/ASI Course dates are listed at https://www.perscomonline.army.mil/ophsdan/anc_profdevt.htm.

Assignment Opportunities for 66F and 66E

Hot Assignments

66E – 212th MASH, Miesau Germany, Summer 03
67th FST, Giebelsdt Germany, Summer 03
2nd FST, Fort Carson, CO, Summer 03
801st (Airborne FST) Ft. Campbell, KY, Summer 03
240th FST, Ft. Stewart, GA, Summer 03

66F – 212th MASH, Miesau Germany, January 03 and Summer 03
67th FST, Giebelsdt Germany, December 03
250th (Airborne FST) Ft. Lewis, WA, Summer 03
Ft. Rucker, AL, Spring 03
Ft. Leavenworth, KS, January 03

Other assignment opportunities are available for 66Fs and 66Es in a variety of locations, please check our website at https://www.perscomonline.army.mil/OPhsdan/anc_assignments.htm. For these and other opportunities, please inquire to LTC Newman ASAP, newmanj@hoffman.army.mil.

*Please contact MAJ Doreen Agin, agind@hoffman.army.mil, for details on 66B, 66G, 66G8D, 66C, and 66C7T openings listed below:

Assignment Opportunities for 66B-All Grades

There are assignment opportunities available for Winter and Summer 03 in Korea. Other Summer 03 openings are available at Ft Bragg, Fort Irwin, Ft Gordon and Ft Benning.

Assignment Opportunities for 66G -All Grades

Assignment opportunities available immediately and Summer 03 for 66G's include Korea; Fort Wainwright, Alaska;

Landstuhl and Heidelberg, GE; Fort Irwin, California; Fort Riley, Kansas; Fort Sill, Oklahoma; Fort Polk, LA; Fort Stewart, GA and Fort Hood, TX.

Assignment Opportunities for 66G8D-All Grades

There is a position opening for Spring 03 for 66G8D at Fort Drum, NY. There are also positions opening for Summer 03 at Fort Belvoir and Fort Knox.

Assignment Opportunities for 66C-All Grades

Assignment opportunities are immediately available for 66C's at Walter Reed Army Medical Center, Landstuhl, Germany and Korea. Summer 03 assignment opportunities include Korea; Walter Reed Army Med Center; Fort Leonardwood, MO; WBAMC, El Paso, TX; 115th FH, Fort Polk, LA; Fort Bragg, NC; DDEAMC, Fort Gordon, GA; Fort Benning, GA and Fort Jackson, SC.

Assignment Opportunities for 66C7T CPT

Assignment opportunity is immediately available for a 66C7T CPT with the 86th CSH at Fort Campbell, Kentucky.

Assignment Opportunities for 66H Lieutenants

Assignment opportunities available for 66H Lieutenants include WBAMC (El Paso, TX), Ft. Polk, LA, Ft. Irwin, CA, Ft. Jackson, SC, Wuerzburg and Alaska. If interested, please contact LTC Diaz-Hays at: diazf@hoffman.army.mil.

Assignment Opportunities for Captains

Summer openings for the White House Nurse, USAREC and ROTC positions are filled. A flight nurse position will be selected this month. The website has been updated with all the latest openings. Contact MAJ(P) Greta Krapohl at krpohlg@hoffman.army.mil.

Assignment Opportunities for MAJ and CPT(P) 66H, 8A, M5 and 66P

Assignment opportunities are available for upcoming winter and summer cycles in a variety of locations, please check our website at https://www.perscomonline.army.mil/OPhsdan/anc_assignments.htm. For those PCSing this Winter, please inquire to MAJ Ahearne, <mailto:ahearnep@hoffman.army.mil>.

ARMY NURSE CORPS HISTORIAN CORNER
Answering the Call to Duty: Native American Nurses
MAJ Jennifer L. Petersen

The people of the United States recognize the month of November as American Indian Heritage Month. Recently, President George W. Bush stated, "The strength of our Nation comes from its people. As the early inhabitants of this land, the native peoples of North America played a unique role in the shaping of our Nation's history and culture." During this month, we are reminded that there is a great deal to learn about the history and heritage of the Native American peoples of our nation. Native American veterans have served and continue to serve their country with pride. Many have heard about Ira Hayes, a Pima Indian, who was one of the men to raise the flag on Iwo Jima or have seen the recent movie

illustrating the story of the Navajo code talkers utilized during WWII. Likewise, Native American nurses have served their nation with honor within the Army Nurse Corps.

As early as the Spanish American War, Native Americans contributed to the defense of their country. In 1898, it is historically documented that four Native American Catholic Sisters from Fort Berthold, South Dakota worked as nurses for the War Department. These nurses began their work at a military hospital in Jacksonville, Florida but were soon transferred to Havana, Cuba. Sister Mary Anthony, one of these four women, died of complications related to Tuberculosis and is buried in Cuba. These nurses were awarded the Cross of the Order of Spanish-American War Nurses for bravery and heroism in the hospital and on the field while ministering to the wants of the soldiers in the Spanish-American War.



On the Right: First Lieutenant Julia Nashannay Reeves

In a comparable spirited manner, Julia Helen Nashannay Reeves served in the Army Nurse Corps. On a scholarship provided by the Daughters of the American Revolution, Ms. Nashannay Reeves, a member of the Potawatomie Indian Tribe of Crandon, Wisconsin, completed her nursing training at the Pennsylvania Hospital in Philadelphia, Pennsylvania. In January 1942, following the bombing of Pearl Harbor, Ms. Nashannay Reeves joined the Army Nurse Corps as a 2nd Lieutenant. She was assigned to the 52nd Evacuation Hospital in New Caledonia. The 52nd was one of the first hospitals activated at the onset of WWII. The unit left in such a hurry that many of the staff were without uniforms or had been issued the incorrect uniforms. The Red Cross on the journey through the Panama Canal supplied the nurses attached to the hospital with summer clothes. Prior to the invasion of Normandy, Julia served several weeks temporary duty on the hospital ship *Solace*. In 1943, she was transferred to England where she served with the 23rd Station Hospital in Norwich. Julia served through V-J Day.

Upon return to the United States, Julia was honorably discharged. She attended Simmons College in Boston, Massachusetts where she studied Public Health Nursing utilizing the GI bill. During the Korean War, Ms. Nashannay returned to active duty and served with the 804th Station Hospital that operated at a hospital in Battle Creek, Michigan. Here she met and married Joseph Reeves, a military officer.

She was discharged as a First Lieutenant. Ms. Nashannay Reeves supported her husband through his military career. They raised four children and retired in the Suffolk, Virginia area. Julia Helen Nashannay Reeves died on the 9th of May 1998 at her home in Suffolk. Her husband recalls that at one time, Julia received an eagle feather from the Potawatomie Indian Tribe as recognition of her service as a warrior for her nation.

These are just two brief historical examples of contributions that Native American Army Nurse Corps officers have made. Certainly, countless more documented stories of Native American nurse patriotism and self-less service exist. The Army Nurse Corps Historical Collection has other information and pictures regarding the service of Native American Nurses within the Corps. LTC (Ret) Brenda Finnicum, a former Army Nurse Corps Officer and a Native American, has completed significant research on Native American nurses. Since her retirement she has continued her documentation and research of American Indian women in the military. LTC (Ret) Finnicum has contributed multiple publications and presentations on this subject. Her website (Dogweaver2@aol.com) contains a variety of information regarding the military service of Native American women.

From the Spanish American War to the current War on Terrorism, Native American people have contributed to our nations defense as members of the Army Nurse Corps. Taking the time to learn about the unique legacy of the Native American Nurse benefits all Army Nurse Corps Officers. The Army Nurse Corps draws strength from its members just as our nation's strength comes from its people.

Historical Data located at the Army Nurse Corps Collection, United States Army, Office of Medical History, Office of the Surgeon General, Washington D.C.

**A SALUTE TO ONE OF OUR OWN
LTC (Retired) AN, Harriet Helen Werley
12 October 1914 to 14 October 2002**



Nursing history contains a virtual collage of faces, names and events. From the classic contributions of nurses such as Florence Nightingale, Lillian Wald and Lavinia Dock to the modern leadership of nursing theorists such as Virginia Henderson, Martha Rogers and Mary Adelaide Nutting, nursing visionaries have continually broadened the scope of

nursing. Harriet H. Werley, one of the Army Nurse Corps own, joins the ranks of this elite group. Werley served her nation as an Army Nurse Corps officer from 1 August 1941 through 31 January 1964. After her retirement, she continued her pursuit of the advancement of nursing research and education within the civilian nursing community. Werley's life-long contribution to the promotion of nursing research and excellence in clinical and academic nursing deserves tribute.

Born in Berks, Pennsylvania on 12 October 1914 to Thomas G. and Cora Werley, Werley experienced the challenges of growing up during the depression of the 1930's. At age 12, Werley's father died. Her family struggled financially, however, she was able to graduate from high school and eventually saved enough money to enter nursing school. Her father's untimely death motivated her to pursue a nursing career. She graduated from the Jefferson Hospital School of Nursing in Philadelphia in 1940. Commissioned in the Army Nurse Corps in 1941, Werley served with the 7th Station Hospital in the Mediterranean theater during World War II. She served overseas for 37 continuous months. As a young nurse corps officer in a wartime environment, Werley gained valuable insights that would fuel her future endeavors. During a break in service from 1946 until 1948, Werley completed her Bachelor of Science in Nursing Education at the University of California School of Nursing at Berkeley. She returned to active duty and served as Assistant Chief Nurse and Chief Nurse of the station hospital located in Camp Stoneman, California. Answering an internal need for greater knowledge, Werley completed her Master's degree in Nursing Administration in 1951 at Teacher's College, Columbia University, New York under Army sponsorship. Werley's future endeavors would be grounded by this education that she held as invaluable.

From 1951 to 1955, Werley became a member of the career guidance and planning section of the Army Nurse Corps, located at the Office of the Surgeon General. Werley felt strongly regarding nursing education. During this four-year tour, she was instrumental in guiding the ANC to an all Bachelor prepared Corps. It was also during this tenure that she developed the ANC Career Planning Program. This program would provide career guidance to Army Nurse Corps officers. Werley had the opportunity to examine the opportunities available to Nurse Corps officers. She was dismayed by the lack of recognizable positions in the field of research. Werley had found her calling. Her future work would concentrate on nursing research.

In July 1955, Werley began work in the Department of Atomic Casualties Studies at Walter Reed Army Institute of Research (WRAIR). As a result of her work with this project, Werley identified the importance of nursing involvement in disaster preparedness training and programs. She worked on clinical short courses and published findings related to the topic of mass casualties and disaster preparedness. Her involvement with WRAIR activities forced her to examine why nurses were not more involved in studies. She wondered why nurses were not examining their practice as other professions did.

Utilizing a staff study that outlined her ideas for a department of nursing research, Werley advocated for the entrance of nursing into the Walter Reed Army Institute of Research (WRAIR). She submitted the study to the director of the Institute of Research and it was approved. On February 25, 1957, a WRAIR nursing research department with Werley at the helm came into existence. This was only the second such entity in the country. Werley served in the capacity of Chief, Department of Nursing, WRAIR until August 1962. She was instrumental in developing a productive and relevant nursing research program. Her efforts resulted in numerous completions of nursing research projects, identification of talented nursing researchers, inclusion of nurses in medical research and an overall implementation of a scholarly nursing research program.

In September of 1962, Werley completed her military career with a tour as the chief nurse of the U.S. Eighth Army. She was stationed in Seoul, Korea. At the conclusion of this assignment, Werley decided to leave the military and pursue a doctoral program. Werley retired on 31 January 1964 as a Lieutenant Colonel. She acquired her doctorate in June 1969 at the University of Utah.

Within civilian nursing, Werley's career had numerous milestones. After completing her doctorate, several universities benefited from her promotion of nursing research. From September 1969 until the early 80's, Werley held various faculty and administrative positions at Wayne State University College of Nursing, the University of Illinois at Chicago, the University of Missouri-Columbia and the University of Wisconsin-Milwaukee. Werley supplied these faculties with enthusiasm, energy and focus in order to promote nursing research development. During this time, Werley was the founding editor of *Research in Nursing and Health* and the series *Annual Review of Nursing Research*. She also was instrumental as a leader in the nursing informatics arena with her development of a Nursing Minimum Data Set (NDMS). Werley completed her illustrious academic career as a distinguished professor at the University of Wisconsin-Milwaukee. Although she formally retired in 1991, Werley continued mentoring and guiding research programs at the school until 1997.

Werley's nursing career spanned over a 50-year period. Her legacy to the profession of nursing is enormous. The Army Nurse Corps and the profession of nursing recognize, with great honor, the passing of a nursing icon. We salute, Harriet Helen Werley, who died on October 14, 2002 at the age of 88 years.

"Nursing is a profession through which one can go in many different directions and have satisfying careers. If what you are doing does not suit you completely you do not need to be stuck with it. You can branch out into being a nurse clinician or a nurse practitioner, an educator, an administrator, a researcher, a consultant, and so on. Nursing provides many, many rich opportunities." Harriet Helen Werley (1991)

Historical Data located at the Army Nurse Corps Collection, United States Army, Office of Medical History, Office of the Surgeon General, Washington D.C.

NURSING RESEARCH NEWS

Senator Daniel K. Inouye was honored on 26 September 2002 at the State of the Science Nursing Conference in Washington, DC. This biennial national nursing research conference, showcasing the latest developments in nursing science, was a fitting venue to honor the Senator for his outstanding and unwavering support of military nursing research. The award, an engraved glass sculpture, was presented by BG Barbara Brannon, Chief, Air Force Nurse Corps, BG Bill Bester, Chief, Army Nurse Corps and RADM Nancy Lescavage, Director, Navy Nurse Corps at Senator Inouye's office earlier in the month and videotaped for viewing at the conference.



Senator Inouye was instrumental in the development of both the National Institute for Nursing Research and the TriService Nursing Research Program. Over the past ten years, his support resulted in \$47 million appropriated for military nursing research. In his comments at the award presentation, he relayed a story of his injury in World War II and stated, "It was a nurse who looked after me, encouraged me . . . I wouldn't be here today if it were not for military nurses." Regarding the funding over the years, the Senator replied, "I can't say 'no' to nurses."

MATERNAL CHILD HEALTH UPDATE
LTC Ramona Fiorey

Back in April, I wrote about the National Defense Authorization Act (NDAA) for 2002 and legislation that will eliminate the requirement for military healthcare beneficiaries to obtain non-availability statements prior to seeking obstetric care in civilian hospitals as early as April 2003. This legislation has the potential to produce attrition of 30-50% of obstetric patients from Army MTFs and has been the basis of a significant challenge to the military services as they have recognized the impact of this on military healthcare. Since April much work has been done in this area. The issues surrounding the "OB Challenge" as it has been referred to, are receiving high-level recognition and response with resources.

LTG Peake has lobbied Congress to increase the financial disincentives for beneficiaries to disenroll from TRICARE Prime to seek obstetric care (currently beneficiaries would pay the same as they do for care in military facilities. LTG Peake advocates a 20% co-pay). He has also lobbied for delay of the implementation of NDAA 2002 until October 2004 in order to allow the services to make improvements. In FY 02, the Army invested \$10M to expand obstetric ultrasound capacity, hire additional staff, purchase equipment and initiate facility renovations. Over the next five years, approximately \$60M will be spent in facility renovation and \$10M to optimize women's health services. It is important for all obstetric nurses working in MTFs that provide obstetric care to be aware of the issues, progress in addressing them, and what future plans may be. Although these events present significant challenges, they can also be viewed from the perspective that they provide the best opportunities military obstetrics has ever had to implement premier services for women and newborns.

Each of the military services has a plan to address the challenges and improve obstetric care, but an Integrated Project Team with representatives from all services is coordinating development of an ideology for a uniform, family centered product line designed to keep military beneficiaries in the Military Health System. Although not new to nursing, the shift to family centered care is a cultural change to military health care that requires definition of goals and measurable minimum standards with accountability at the MTF level in order to succeed. "Uniform" means that the approach to obstetric care delivery by military services or between MTFs will be the same for all. It has been recognized that we can no longer have "haves" and "have nots" related to resource distribution among MTFs. It has also been recognized that cosmetic changes are insufficient. Real change is required to create the caliber of services that our beneficiaries will see as preferable to civilian obstetric care. Some of the short and long term goals already identified include:

- Access to Care: self-referral appointments to OB/GYN providers via TRICARE On-Line or directly into the clinic. Clinic hours and locations more convenient for patient population; follow-up appointments made before patients leave the clinic; designated "stork" parking close to the clinic/hospital.
- Continuity of care: obstetric patients have at least 75% of prenatal visits with the same provider or a team consisting of no more than 3 providers (this has been a consistent complaint of patients).
- Routine ultrasound at 16-20 weeks gestation.
- Promotion of family support: allow attendance of children at OB/GYN appointments; private rooms for postpartum patients to allow support person to stay overnight; allow attendance of siblings at birth; admission and discharge administration done at bedside.
- Labor and delivery in the same room; improved pain management (uniform provision of epidural services); improved lactation support, especially within 48-72 hours after delivery.
- Coordination of postpartum and two-week newborn check-up.

- Optimization, provider education and competencies: focus on customer service with training, defined practice guidelines and standards, and individual/MTF accountability for customer service.
- Consistent quality and content of patient education. (fielding of the DoD/VA Clinical Practice Guideline for the Management of Uncomplicated Pregnancy is expected early in 2003. There will be a satellite broadcast on 10 December 02 from 1300-1500 EST. To access, visit www.qmp.amedd.army.mil/pregnancy/uncompreg.htm.)
- Decisions involving expansion, divesting, partnering with civilian hospitals and building facilities (OTSG will be evaluating some MTFs during the next six months to determine whether their current approaches to obstetric service delivery is the best business practice).
- Marketing of services.

Each Army MTF that offers obstetric services has a Maternal-Infant Working Group whose responsibility is to spearhead changes identified by the Integrated Project Team, garner Command support and implement improvements they identify as important to their particular obstetric populations. Obstetric nurses in the MTFs have an important part to play in identification and implementation of those improvements, particularly those that involve the inpatient component.

Surveys of obstetric patients repeatedly reveal that the quality of nursing care is a critical source of satisfaction during the childbirth experience. This is something that should not get lost as global and local initiatives are undertaken. With the increased emphasis on LDR/LDRP, it is more important than ever for implementation of cross training programs in Maternal-Child nursing. This requires adequate staffing, educational resources, and a concerted effort by nursing to articulate these needs. Funding for new programs now requires submission of business case analyses and proposals. Nurses need to learn to write them and provide input into facility obstetric department business initiatives. I urge you to find out about the Maternal-Infant Working group in your facility and volunteer to participate if you aren't already. Obstetric nurse leadership should insist on being a member of these groups. Your input is not only valuable, it's imperative to achieve the results that will be required to "hold our market share."

PERIOPERATIVE CONSULTANT UPDATE
COL Keith Essen

Good News! Forthcoming Perioperative web page is on the horizon. LTC Julia Adams and MAJ Karen Dunlap, both Perioperative Course Directors, are spearheading the development of a web page for the Perioperative Community. MAJ Bonnita Wilson from OTSG is assisting this process. Please forward ideas and issues that you would like to see posted to LTC Julia Adams or LTC Karen Dunlap.

Mark your calendars for the forthcoming AORN Congress 23-27 March 03 to be held in Chicago. We will have a Tri-Service symposium on Saturday 22 March the day preceding AORN Congress Opening Ceremonies. LTC Hortense Britt

and MAJ Brian Kondrat, among others, will assist in organizing the event. This year the symposium is hosted by the Air Force; next year the Army will host this event.

The recent Surgical Services Management Journal October 2002 Vol 8, No 5 was guest edited by COL(Ret) George Nussbaum. This edition featured several articles authored by members of the Army Perioperative Community including LTC Carolyn Chase, LTC Tom Winthrop, MAJ Betsy Vane and COL Keith Essen.

We are proud to note that MAJ Vane was recognized as a distinguished alumnus from Winonan State University. She received the University Presidential Medallion and her name now adorns the "Awards of Distinction Wall." Congratulations MAJ Vane.

LTC Linda Bauer and LTC Carolyn Chase orchestrated the recent Tri-Service Endoscopy conference held at USUHS. The conference was well attended and was well received. The next conference will be sponsored by the Navy at the San Diego Naval Air Station 5-6 December 02. POC for military attendees is LTC Carolyn Chase and LTC Linda Bauer at 202-782-6478.

We are pleased to announce the graduation of the first class of students from the Walter Reed Army Medical Center Perioperative Nursing Course. Kudos to LTC Julia Adams for this effort.

LTC Linda Wanzer is overseeing the curriculum development for the Graduate Perioperative Clinical Nurse Specialist Program at USUHS. This looks to be a stellar program for our future graduate students.

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

This month I have more information on the IMA program, specifically, how do you find a slot and how do you get assigned?

Good news! Vacancies are now posted on the ARPERSCOM web site: <https://www.2xcitizen.usar.army.mil/>. Search: IMA. Scroll down to the IMA program and click on [IMA vacancies list](#) in the paragraph. The list is in Excel format.

To transfer into the IMA Program, you must first transfer to the IRR. All IMA assignments are made from either IRR or another IMA position. To transfer to an IMA position, submit a DA Form 4651-R (which you can [download in PDF format](#) from the site) to AR-PERSCOM. REFRAD soldiers and new accessions must contact your career manager ([Enlisted Officers](#), [Health Services](#)) at AR-PERSCOM, 800-325-4729.

You can reach me for questions at carolswanson@us.army.mil or phone AR-PERSCOM at 1-800-325-4729, extension #2.

BRAGG'ANS**A New Twist on an "Old" Program****LTC Christine Schiller and CPT Laura Coppola**

What is a "Junior Officer Council" and what is its purpose? Depending on where you have been or if you have been part one, the definition will vary. A Junior Officer Council (JOC), is made up of a core group of energetic Lieutenants and Captains who provide the means for other officers to meet, socialize and develop skills. The JOC offers an avenue in which information can be given and received regarding career development, leadership opportunities, community projects and overall professional officer development. Although the JOC is open to all Corps, in many instances, the majority of officers are from nursing. Regardless of the make up of your organization's council, it has the ability to provide a wonderful avenue for mentorship, officer development and ultimately retention.

Taking the preface of the above, COL Marilyn Brooks, Deputy Commander for Nursing at Womack Army Medical Center, Fort Bragg, NC decided to add a "new twist." Fort Bragg is a breeding ground for dynamic and spirited nurses who are looking to fulfill all the qualities of an Army Nurse. Many who come to Bragg want to be a FORSCOM nurse, be part of a Forward Surgical Team (FST) and deploy around the world. Because of the OPTEMPO and the high number of FORSCOM nurses integrated within the Fort Bragg community, a program similar to a JOC was needed. COL Brooks' vision was a program based on the needs of the company grade officer; focusing on mentoring, coaching and teaching that could be provided by the senior field grade officers. This vision encompasses all of the nursing assets available on Fort Bragg who will guide young officers towards a rewarding career within the Army Nurse Corps.

To launch the group, LTC Christine Schiller, Deputy Director, Hospital Education and Staff Development, hosted a reception attended by about 50 AN officers. COL Brooks presented her vision and guidance and group officers were elected, including CPT Laura Coppola who was elected president. Since its inception, BRAGG'ANS (Bragg Army Nurses) has evolved into a viable program which meets monthly and offers a variety of presentations aimed at the development and needs of the junior officer. In many cases, the information provided at the meetings comes from nurses assigned to Fort Bragg, creating a pool of knowledge that can be tapped instantly by the younger officers.

Topics and events addressed included: the ANC life cycle model, deployments, generic course guarantees, LTHET, masters programs, Pentagon disaster and social gatherings. The addition of purely social gatherings, especially with family members, allows others to get a glimpse of our personal worlds. This glimpse often enables us to work closer and better with each other.



LT Van Fossen, MAJ Novak, LT H. Simmons, CPT Speers, LT Tinch, LTC Schiller, COL Brooks, MAJ Carlson, MAJ Green, CPT Coppola, MAJ(P) Horne, CPT Heib, LTC Williams, CPT Romeo, and LT W. Simmons

Upcoming presentations include *A Nursing Perspective on Operation Enduring Freedom* and JRTC: FORSCOM and PROFIS perspective. The outlook for 2003 is very encouraging and participation through all the AN ranks is growing. As new faces enter Womack and Fort Bragg, potential for the group increases. Senior AN officers participation is key to this group and the challenge set before the planning committee will be to utilize their experience and talent to meet the developmental needs of the junior officer. LTC Schiller is the senior advisor, providing the day-to-day guidance and input necessary to ensure a lively, timely and enjoyable program. It has been exciting to see the group evolve and the possibilities for the next year are limitless. The JOC thanks COL Brooks for extending this vision and applauds the junior officers who continue to challenge us every day both clinically and professionally. If you would like any more information on the group, please contact us through the offices of the Senior Advisor to the Bragg'ANS, LTC Christine Schiller, at (910) 907-6262, or COL Brooks' office at (910) 907-8819.

TOUCHING THE LIVES OF STRANGERS**LTC Dennis D. Doyle**

LTC Leana Fox-Johnson, an Army Nurse Corps officer and U.S. Army War College student, provided the breath of life recently in responding to a heart attack victim in New York City. During the intermission for a Broadway show on 10 October 2002 at the Majestic Theater, I overheard a woman asking a theater attendant for medical assistance for her husband. She seemed very distraught so after the attendant left, I asked her if there was anything I could do. She replied that her husband was having a heart attack, his second, and that he had already taken his nitro medication. I called for LTC Fox-Johnson to provide medical assistance since she was nearby. LTC Fox-Johnson immediately took control of the situation, obtained vital information from the spouse and began speaking to the distressed man in a calm and reassuring manner while seated next to him and holding his hand. Although initially conscious, the man quickly lapsed into unconsciousness and slumped over in his seat. LTC Fox-Johnson directed that I assist her in moving him into a horizontal position across the seats so that she could begin CPR. LTC Fox-Johnson conducted single rescuer CPR for

approximately five minutes with no response. A physician then arrived and the three of us carried the gentleman down to a flat open surface where the doctor and LTC Fox-Johnson continued dual rescuer CPR for another five minutes. Several other doctors and nurses then arrived and relieved LTC Fox-Johnson of CPR duty. LTC Fox-Johnson moved quickly back to the spouse and again tried to calm her and explain what was being done to help her husband. LTC Fox-Johnson then left the area to search for an automatic external defibrillator (AED) and returned shortly with the paramedics. The paramedics took control of the scene and LTC Fox-Johnson again returned to the spouse to provide her information and assurance. The paramedics used the AED several times before the gentleman responded. After stabilizing the patient, they transported him to a hospital. LTC Fox-Johnson volunteered to accompany the family to provide any assistance possible and to act as a liaison with the emergency medical personnel. I firmly believe that this gentleman survived as a result of LTC Fox-Johnson's quick, decisive and appropriate medical treatment that night. Moreover, LTC Fox-Johnson recognized that this was both a medical and emotional emergency as she capably and remarkably provided compassionate care to both the patient and his family.

NEWS FROM AROUND THE AMEDD NEWS FROM AROUND THE AMEDD

AMSUS 2002 Conference

The 108th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) is in Louisville, Kentucky **10 - 15 November 2002**. The poster sessions will be held Monday, 11 November 2002.

AMEDD Army Enlisted Commissioning Program (AECP)

Do you know an AMEDD Soldier who wants to become a registered nurse? If so, the AMEDD has a fantastic program designed to help soldiers achieve that goal. The Army Enlisted Commissioning Program (AECP) allows active duty enlisted soldiers to obtain a scholarship to attend college in a full-time student status while still receiving full pay and benefits in their current grade. Upon earning their Bachelor of Science in Nursing degree and successfully completing the National Council for Licensure Examination-RN (NCLEX-RN), these soldiers are commissioned Second Lieutenants in the Army Nurse Corps (active component). The Active Duty Service Obligation is 3 years. Application to the AECP is open to all active duty army enlisted soldiers, regardless of Military Occupational Specialty, who are able to gain acceptance as a full time student to an accredited nursing program with an academic and clinical curriculum in English; and graduate within 24 calendar months. This program funds academic costs of up to \$3,000 per semester or \$2,250 per quarter. More information and the program application

ARMY NURSE CORPS NEWSLETTER NOVEMBER 2002

guidelines are located at www.armymedicine.army.mil/otsg/nurse or www.usarec.army.mil/aecp/.

The USAREC AECP Program Manager is SFC Charles Bradshaw at 1-800-223-3735 extension 60381. The FY03 AECP guidelines can be found on www.goarmy or the ANC Homepage, click on professional development. There is also an AECP power point presentation you may download for NCOOP and ODP at your facility from USAREC.

16th Annual Pacific Nursing Research Conference

The 16th annual Pacific Nursing Research Conference is co-sponsored by the Tripler Army Medical Center and the University of Hawai'i at Manoa School of Nursing and Dental Hygiene. This conference is dedicated to sharing nursing research findings and to fostering the utilization of research findings by clinicians. The conference will be held at the Hilton Hawaiian Village in Honolulu, Hawaii, **March 7 and 8, 2003**. The POC is LTC Hyacinth Joseph at (808) 433-2753.

AAACN Call for Abstracts

The Tri-Service Military Special Interest Group that is part of the American Academy of Ambulatory Care Nurses (AAACN). They are hosting a pre-conference **9 April 2003** in Tampa, FL in conjunction with the **AAACN Conference 10-13 April**. See the abstract guidelines on page 13.

13TH Annual Asia-Pacific Military Medical Conference

The U.S. Army Pacific (USARPAC), USARPAC Surgeon, MG Joseph G. Webb and Royal Thai Army (RTA) are sponsoring the 13th Annual Asia-Pacific Military Medicine Conference (APMMC) in Bangkok, Thailand, at the Plaza Athenee' Hotel, **11 - 16 May 03**. The theme of this conference is "Good Health - Great Soldiers." Other topics include the military aspects of humanitarian deployments, environmental medicine, infectious diseases, psychiatry, combat medicine, including medical strategies for low intensity battles, technological advances in telemedicine, and others military relevant medical topics. Over 30 foreign countries will be invited to present and exchange medical information.

Interested U.S. Military medical personnel are invited to attend. Category 1 continuing medical education and continuing nursing education contact hours will be awarded for attendance at this conference. The current per diem for Bangkok is 182\$ U.S. dollars, 125\$ Lodging plus 55\$ MI and E.

The POC for this conference is COL Stephanie Marshall at Tripler AMC, who may be reached via email @ stephanie.marshall@haw.tamc.amedd.army.mil.

**The American College of Healthcare Executives
(ACHE)**

Interested in pursuing additional information or professional certification on health services management and healthcare policy? The American College of Healthcare Executives (ACHE) is an international professional society of nearly 30,000 healthcare executives. ACHE is known for its prestigious credentialing and educational programs. In addition, ACHE's annual Congress on Healthcare Management draws more than 4,000 participants each year. ACHE is also known for its journal, *Journal of Healthcare Management*, and magazine, *Healthcare Executive*, as well as groundbreaking research and career development and public policy programs. ACHE's publishing division, Health Administration Press, is a major publisher of books and journals on all aspects of health services management in addition to textbooks for use in college and university courses. Through its efforts, ACHE works toward its goal of improving the health status of society by advancing healthcare leadership and management excellence. The ACHE website, <http://www.ache.org/>, provides much more information on the college and the opportunities which are available to members. MAJ Bill Moran, AN, is a Fellow in ACHE and serves as an advocate for nursing issues on the ACHE Army Regents Advisory Council. If anyone is interested in joining or would like additional information, please contact MAJ Bill Moran, FACHE, at william.moran@us.army.mil or LTC Kelly Wolgast, CHE at kelly.wolgast@belvoir.army.mil.

MAMC's Pediatric Short Course

MAMC will be holding a Pediatric Short Course **8-14 March 03**. They will be able to take 8 students. Please contact LTC Christine Pires for further information and questions at Christine.Pires@nw.amedd.army.mil, (253) 968-1364.

Uniformed Nurse Practitioner Association

MAJ (P) Maureen A. Storch is the new Army Director for the Uniformed Nurse Practitioner Association. Please feel free to contact her at maureen.storch@cen.amedd.army.mil with any questions or suggestions regarding UNPA. UNPA needs your support!

Organization: UNPA is a private, not-for-profit association of nurse practitioners, certified nurse midwives, and others who are serving in, working for, or have an interest in the US Air Force, US Army, US Navy, and the US Public Health Service. UNPA is a corporate member of the American Academy of Nurse Practitioners.

UNPA is the only organization solely dedicated to providing US military and US Public Health Service nurse practitioners and certified nurse midwives with learning and networking opportunities, and is the voice of its members. UNPA is working to improve the health of active duty military families, retired military families, and all eligible beneficiaries.

Membership: You can get a concise and professional UNPA Membership Brochure for yourself or other potential members by going to the UNPA Home Page: <http://www.unpa.org> and choosing the printable membership brochure and application or you may request brochures by email at unpahq@aol.com or call 800-759-2881 and leave mailing information.

- You will receive 12 issues of the excellent "Nurse Practitioner Journal," a \$50.00 value.
- You are eligible for the discounted members' rate for the Annual Education Conference, a \$25 value.
- You may list your name in the Job Bank at no charge (contact Mike Monahan, unpahq@aol.com for further information about the job bank).
- You will receive the "Shared Insights" UNPA Newsletter approximately three times each year.
- You are eligible for a \$10.00 discount on [American Academy of Nurse Practitioners \(AANP\)](#) membership.

Won't you consider supporting UNPA? For the cost of a dinner or two you get real tangible value in return. Perhaps more importantly, **your membership adds value to the voice of the Association.** Our ability to attract corporate sponsors, influence other associations and attract new members comes from having a large base of support. Even if you do not plan to attend the Annual Education Conference, **your membership directly improves the practice of your colleagues, serves your patients, and enhances the image of nurse practitioners!** Just print out and fill in the application, mail it today and we'll immediately forward your newsletter and start or renew your "Nurse Practitioner" Journal subscription for 12 issues.

Textbook of Military Medicine

The *Textbook of Military Medicine* is a comprehensive, multivolume treatise on the art and science of military medicine. The series is designed to show how military medicine has built on the lessons learned in past wars and, based on this historical context, lays out the scientific and factual basis upon which the practice of military medicine is grounded.

Military medicine as a recognized academic discipline is threatened. Critics might say that the all-encompassing advances in civilian medicine have eclipsed military medicine. But these critics don't understand the nature of the battlefield and the particular requirements of far-forward, echelon-based combat casualty care. Military medicine constitutes a unique body of knowledge. The *Textbook of Military Medicine* is more than a repository for this knowledge; it is a valuable teaching tool that preserves our hard-won wisdom for future generations of medical officers.

Published volumes of the *Textbook of Military Medicine*:

- TMM1 Medical Consequences of Nuclear Warfare
- TMM2 Conventional Warfare: Ballistic, Blast and Burn Injuries
- TMM3 Occupational Health: The Soldier and the Industrial Base
- TMM4 Military Psychiatry: Preparing in Peace for War

TMM5 War Psychiatry
TMM6 Military Dermatology
TMM7 Anesthesia and Perioperative Care of the Combat Casualty
TMM8 Medical Aspects of Chemical and Biological Warfare
TMM9 Rehabilitation of the Injured Combatant, Volume 1
TMM10 Rehabilitation of the Injured Combatant, Volume 2
TMM11 Medical Aspects of Harsh Environments, Volume 1

NOTE: These texts are written for the medical officer. As such, they are not available to enlisted personnel. **EACH AN, MD, PA officer can order their own copy of the above books FREE.** Just complete the online form below and mention you want all volumes and for justification mention your AOC (ex 66H) <http://das.cs.amedd.army.mil/nri.htm>.

KUDOS

CORRECTION from the October Newsletter: LTC Debra Spencer from the 228th CSH and MAJ Karen Whitman from WRAMC won the **2002 Medical-Surgical Nursing Writer's Award** in Clinical Scholarship for their manuscript "Inhalation Anthrax" published in *Med-Surg Nursing Journal* in Dec 2001.

Publications

CPT Steven Studzinski, a FNP at General Leonard Wood Army Community Hospital, recently published an article in the Oct issue (Vol. 10 No. 10) of Advance for Nurse Practitioners, Patient Education Trends; The Main Tool is Cyberspace. The article included research conducted as a Family Nurse Practitioner student at the Uniformed Services University of Health Sciences, Bethesda.

LTC Richard Ricciardi, Adjunct Assistant Professor at USUHS, recently published an article Disaster preparedness-the courage to respond in the Journal of Pediatric Health Care, 2002 Sep-Oct;16(5):211-2. He also served as a Guest Editor for a disaster preparedness/bioterrorism focused issue of the Journal of Pediatric Health Care.

MAJ Jennifer L. Robison, Head Nurse ICU at MAMC has published an article in Military Medicine, Vol 167, October 2002, 812-816, entitled Army Nurses' Knowledge Base for Determining Triage Categories in a Mass Casualty.

Congratulations to the Perioperative Nursing Section staff at Walter Reed Army Medical Center for their three recent publications in the Surgical Services Management, October 2002, Volume 8 No 5:

LTC Carolyn R. Chase, Perioperative Performance Improvement and Education Coordinator, Corporate Politics: The Business of Healthcare.

LTC Thomas Winthrop, Chief of Central Material Services and **MAJ Elizabeth Vane**, Head Nurse Central Material Services, Building a Bridge Between the OR and SPD.

COL Keith E. Essen, Chief Perioperative Nursing Section and Perioperative Nursing Consultant to the Surgeon General, Establishing a Patient Safety Culture.

Tri-Service SIG Military Pre-Conference

9 April 2003

Call for Abstracts

The co-chairs for the Tri-Service Special Interest Group of the American Academy of Ambulatory Nurses (AAACN) are pleased to announce that we are planning a terrific pre-conference day on **9 April 2003**. We are currently requesting abstracts for lectures, panel discussions and poster presentations. Below is a list of suggested topics:

Lectures

- Pain Management in the Ambulatory Setting
- Telephone Triage-Trial and Error
- Deployments/Humanitarian missions-Lessons Learned
- Cultural competence as a JCAHO competency potential
- Case management specific to the outpatient setting
- JCAHO survey and what they target in ambulatory care
- Population Health
- Open Access Appointing Systems
- Clinical Practice Guidelines

Panel Discussions

- Nurse Managed Clinics--Diabetes, Hypertension, etc.
- Staffing Models
- Nursing Competencies in the Ambulatory Setting

Poster Presentations

- Any of the above or additional topics

The purpose of this conference is to provide a forum to discuss the challenges encountered in military ambulatory care and guide nurses in the ambulatory setting. This will be accomplished through formal paper presentations, poster sessions and panel discussions.

If you are interested in submitting a clinical abstract for the Tri-Service Military Pre-Conference, now is the time to start your preparations. The pre-conference will be held 9 April 2003 at the Tampa Marriott Waterside Hotel in Tampa, Florida in conjunction with the American Academy of Ambulatory Nursing Annual Conference 10-13 April 2003.

Guidelines for Submission: Please submit an electronic proposal/abstract using Microsoft Word. Lectures are to be no longer than 50 minutes (to include time for questions). State title, author(s), address, institutional affiliation, phone number/e-mail address/fax number and indicate whether it is for paper, poster or panel discussion. If more than one author is listed, indicate which one is the contact person. Selections will be based on merit.

Abstracts Must Include: Purpose, rationale and significance, descriptions of methodology of any research, identification of major primary and secondary sources, findings and conclusions.

Abstract Preparation: Margins must be one and one-half inches on left, and one inch on right, top and bottom. Center the title in upper case and single-space the body using 12 point font.

Submission date: Abstracts must arrive on or before 29 November 2002.

E-mail to:

AIR FORCE: Carol Andrews, Lt Col, USAF, NC

Email address: Carol.Andrews@lakenheath.af.mil

ARMY/NAVY: Sara Marks, CDR, NC, USN

Email address: markss@nwdc.navy.mil

Selected presenters will receive further instructions and guidelines. For questions or concerns please contact Lt Col Andrews or CDR Marks.