
ARMY NURSE CORPS

NEWSLETTER

“Ready, Caring, and Proud”

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Chief's Message



Last month, we announced the names of officers selected to attend Long Term Health Education and Training (LTHET) in 2004. COL Gustke and I want to extend our hearty congratulations to all the officers selected and wish each of them much success as they pursue their areas of study. The LTHET program continues to be a priority for the Army Nurse Corps and the quality of the application packets that appear before the selection board each year keep getting better and better. We attribute this to the fact that we continue to foster excellence in our nurse recruiting programs and, as a result, we observe these outstanding young AN officers clearly demonstrating excellence in both clinical and leadership roles.

In light of the fact that we still have LTHET openings for individuals to pursue certain advanced degrees in the FY04 school year; we have elected to hold a second LTHET Board. This second board is scheduled to offer all of our officers who may have been impacted by the current OPTEMPO or deployments, and who didn't have the opportunity to apply the first time around. This board is currently scheduled to convene from 8-12 December 2003 and its purpose is to choose additional applicants in select areas to include OB/GYN Clinical Masters (5 seats); Medical-Surgical Clinical Masters (2 seats); Family Nurse Practitioner (5 seats); Baylor (3 seats); Anesthesia (10 seats); and Perioperative Nursing (1 seat). We want to ensure that all qualified individuals still wishing to apply for LTHET in 2004 have the opportunity to submit their packets for this second LTHET board. Packets are due to Branch NLT 31 October 2003. This new board will not affect the officers who submitted applications for the 16-20 June 2003 LTHET Board. Again, officers selected by this additional board will attend school in Fall 2004. The LTHET program continues to be a tremendous opportunity to attend school for your advanced education; tuition-free and while collecting your full salary.

I wanted to also give you an update on the Active Duty Health Professions Loan Repayment Program (ADHPLRP). We had over 230 officers apply and we will provide over \$5.5M towards loan repayment for FY 2003 alone. We have additional money for both 2004 and 2005 and we are attempting to program money for the years after 2005. We are very pleased to be able to continue to help our officers with their debt commitments and this is just another way the Army Nurse Corps is attempting to take care of its great officers.

A few months ago, we asked you to submit your feedback regarding the content and format of the monthly AN Newsletter. We had a tremendous response rate from junior and senior AN officers, as well as from our outstanding civilian nurses. In summary, you told us that you rely on this monthly newsletter to keep you informed of key issues and events. Additionally, you asked us to include more information on assignment opportunities, real world stories from AN officers and news from the consultants. You also asked us to make sure we weren't repeating information from issue to issue. We have heard what you told us and plan to transform the newsletter to incorporate the feedback that we received. Thank you for all your great suggestions and comments and remember that we welcome your article contributions at any time. We want this publication to reflect the needs of the Army Nurse Corps and we appreciate your willingness to participate in this effort.

Finally, thank you again for continuing to support our operational efforts worldwide. This year has been challenging for all of us. We should all feel extremely proud of the great service our Army Nurse Corps is providing to our soldiers and their families. We are truly making a significant difference in the lives of soldiers and all of our patients around the world.

Army Nurses are Ready, Caring, and Proud!

Bill Bester

BG, AN

Chief, Army Nurse Corps

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 Jeanne Larson. The deadline for all submissions is typically 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.

Kudos



CPT Jolene Lea, 66B, Community Health Nurse

CPT Lea is a community health nurse that works in the Civil Affairs section of the 28th CSH and has assisted with submitting projects for upgrading some clinics and hospitals in Iraq. The picture of the child was taken outside a health clinic that was renovated by the 1st AD DISCOM and which the 28th CSH recently received funding for addition of air conditioning and fans for the facility. CPT Lea was instrumental in getting this project together. Kudos and keep up the great work!

Submitted by CPT Mark Stipsits, 66H8A, 28th CSH

Publications

Congratulations to **LTC Petra Goodman** who recently graduated from a PhD program in Nursing on August 9th from the University of South Carolina. LTC Goodman received the University of South Carolina Dean's Award for Excellence in Graduate Study which is awarded to the five top graduate (master's and doctoral) students at the university. She also was published in The South Carolina Nurse: Goodman, Petra. (April-June 2003). Nursing's Legacy of Leadership in South Carolina: Mandate for Nursing Leadership in South Carolina. The South Carolina Nurse, Vol. X, No. 2., p. 18.

Congratulations to **MAJ Nicole Kerkenbush**, Deputy Chief of Informatics at Madigan Army Medical Center and **LTC Caterina Lasome**, Deputy CIO for Clinical Operations at Tripler Army Medical Center, on their recent publication, "The Emerging Role of Electronic Diaries in the Management of Diabetes Mellitus." The article can be found in AACN Clinical Issues: Advanced Practice in Acute and Critical Care, 14(3): 371-378; Aug 2003.

LTC Veronica Thurmond is currently assigned as a nurse researcher at Walter Reed Army Medical Center. The follow article was based on her dissertation study conducted at the University of Kansas: Thurmond, V. A. (2003). Defining interaction and strategies to enhance interactions in Web-based courses. Nurse Educator, 28(5), 237-241.

Nursing Spectrum recently published a number of articles about military nurses. You may access the articles on-line at www.nursingspectrum.com. Select magazine articles and then put "army" in the search box.

Tri-Service Nursing Research Program Call for Proposals

The TriService Nursing Research Program (TSNRP) announces the release of its FY 2004-A Call for Proposals. This Call contains information about TSNRP funding opportunities, and includes a new funding category, "Novice Investigator Award."

The FY 2004-A Call for Proposals, and all forms needed to apply for funding, can be accessed online through the TSNRP website at <http://www.usuhs.mil/tsnrp>. Additional information can be obtained by contacting the TSNRP office: Patricia W. Kelley, NC USN TriService Nursing Research Program, Phone: 301-295-7077, Fax: 301-295-7052, E-mail: tsnrp@usuhs.mil

Strategic Studies Institute

Interested in learning more about national security policy and military strategy? Want to know what the senior military leaders know? If so, the Strategic Studies Institute website <http://www.carlisle.army.mil/ssi/pubs.html> is a great resource for you. The Strategic Studies Institute (SSI), located at the Army War College at Carlisle Barracks, PA, is the U.S. Army's think tank for the analysis of national security policy and military strategy.

SSI's primary function is to provide direct analysis for Army and Department of Defense leadership, and serve as a bridge to the wider strategic community. SSI is composed of civilian research professors, uniformed military officers, and a professional support staff all

who have extensive credentials. The website contains full versions of publications on a wide variety of topics that you may download directly or you may request a hard copy version. Topics range from Regional Studies, Strategic Futures and Emerging Concepts, Terrorism, Defense Transformation, Leadership and the Military Profession, National Security Policy and Military Strategy, and Strategic Theory.

The Junior Officer's Corner

From the desk of the Army Nurse Corps Fellow. . .

Each month I will feature a non-traditional role for an Army Nurse and interview that officer for the newsletter. I recently interviewed MAJ Jennifer Petersen, the Army Nurse Corps Historian. MAJ Petersen works in the Office of Medical History at the Office of the Surgeon General in Washington, DC. The interview below reveals many interesting aspects about her job. If you want to find out more about Army Nurse Corps History just visit the website at <http://history.amedd.army.mil/ancwebsite/anchhome.html>

Army Nurse Corps Historian Interview: MAJ Jennifer Petersen in the Spotlight

1. What were your first thoughts when you found out about your current position?

Honestly, I really didn't even know that the Army Nurse Corps (ANC) had a dedicated "historian." When PERSCOM came to visit my Command and General Staff College (CGSC) class at Fort Leavenworth, my branch manager mentioned the history position. The position held a certain amount of curiosity for me as I look for new and challenging experiences and roles. During CGSC, you have the opportunity to read and study military history and I have to admit that I enjoyed this opportunity and had an interest in learning more about my profession's history. Although I was concerned about leaving the clinical arena (that I truly love), I was excited about a new opportunity.

2. What was the process for getting selected for this position?

The Army Nurse Corps Historian position is a nominative position. PERSCOM presents officers files to the Corps Chief and the Assistant Corps Chief; the position is then filled after reviewing eligible records.

3. What has been the most challenging aspect of your job so far?

Without a doubt the most challenging part is actually defining the job along with stepping out of my "nursing" comfort zone. There are many aspects of this position that are concrete such as answering the Corps Chief's historically related questions or assisting with research for speeches. However, many parts of the job are quite ambiguous. This position emphasizes the ability to establish goals and work independently to achieve them. For me, capturing the Army Nurse Corps role in current military operations has played a large role in my day-to-day duties. I feel that capturing current Army Nurse (AN) involvement in OEF and OIF has to be a priority. Additionally, making this position more visible and accessible to the field, answering inquiries from all types of public and military sources, improving the history website and increasing the historical collection have been main objectives. I have to admit that I truly lacked historical knowledge related to my profession both as a nurse and a soldier. This position has demanded that I increase this knowledge level by reading books, monographs, and oral histories regarding the Army Nurse Corps and the military.

4. Of the skills that you have developed in your career so far, which ones do you rely on the most in your current position?

Undeniably, the skills that have been most useful center on communications. The ability to read and synthesize information and then to use the written and verbal word to communicate this information to others is an absolute for this position. Additionally, research skills that I mastered in undergraduate and graduate nursing programs have been very useful. I honestly believe that AN officers can apply their problem solving, organizational and communication skills to most any type of job!

5. Has your perspective toward your career in the Army Nurse Corps changed based on holding this position?

Every position that I have had from staff nurse to Officer in Charge (OIC) of a clinic has provided me with different perspectives and experiences. This position has allowed me to see the "bigger" picture as related to the Army Medical Department and Department of Defense in general. I think that living in the National Capital Region does bring the working mechanisms of our government closer to you. In regards to the ANC and this position, it has been a wonderful privilege to meet and work with many active and retired ANC officers and to dig deep into the history of the Army Nurse Corps along with capturing the history that is currently being made.

6. What career advice do you have for someone interested in getting assigned to a position like yours?

Write me an email! We can talk about this position and your personal career aspirations. Completing a wide variety of assignments from TDA or TOE to staff positions allows an officer to have a varied perspective of all the roles of the AN. I also think that all AN officers should take an active role in their professional history. This can be accomplished through an active military reading program, participation in the ANC Oral History Program, keeping deployment journals, or forwarding photographs to the history collection. There are many appealing books regarding our history that are straightforward reads and provide a unique insight regarding your profession as an Army Nurse. If you travel or are stationed in the Washington, DC Area stop by the Office of Medical History at the Office of the Surgeon General for a tour of our archives. It is a truly pleasurable experience!

Every good Army story, true or false, starts, "So there I was..."
CPT Michael Wissemann, 86th CSH

So there I was, somewhere north of Kuwait City. At the time, we were at the northern-most base and in range of Iraqi artillery. We had set up a 168 bed facility, Echelon III care. This means we had an ER, OR, ICUs, ICWs (Intermediate Care Wards), X-ray (no CT), lab, a sick call/ fast track area, and physical therapy. We were capable of providing general, orthopedic and urologic surgery. We also had an OB doctor and a cardiothoracic surgeon along with internists, family practitioners and board-certified emergency medicine doctors. We had hot meals two times a day, showers 3 or 4 times a week, porta-johns and phones. We were set.

Then the air strikes started. A few hours prior to that, my slice element was sent to a tactical assembly area. We shuffled north over the next 96 hours, and passed the Marines and the front lines on the third night. Author's note: That's not supposed to happen! We were headed to a little known town called Al Nasariyah. This was to be home to some of the toughest fighting in the war, and our slice element was the most complete medical unit in the area.

As the head nurse of a 10 person Advanced Trauma Life Support (ATLS) section, it was my task to become the first operational part of the hospital. We arrived at about 2300 hours, dropped the tailgate and grabbed jump packs to do 'tailgate medicine.' Choppers roared overhead firing rounds, but we received no casualties. The next day, after clearing a building, we set up our base of operations inside. My ATLS section had our two beds operational within an hour, and the first surgery was conducted 2 hours after that.

My main focus was the overall operations of the ATLS section. We had six medics, one doctor and another RN. We worked 12 hour shifts with one RN and three medics. The doctor, Captain Rob B pretty much slept there. It's incredible; I don't know how he kept going for those 2 weeks 24 hours a day until our relief arrived. We saw many casualties over the next few days and expanded to four beds. At night, we watched the air strikes and artillery.

The 27th of March 2003 will always remain engrained in my mind. It began with a trauma bus pulling up. Thirteen casualties: all local nationals, some enemy combatants, some civilians. It was not for me to decide who was and wasn't an enemy combatant. My responsibility was to decide who was the most severely injured and who needed treatment first. The medic that had accompanied the patients said the 6 year old with the gun shot wound to the head had been showing signs of improvement. She came off and went inside first.

I triaged on the bus, military police standing over the enemy prisoners of war, or EPWs. I triaged them as immediate, delayed minimal or expectant with a red, yellow, green or black tag. Then a team of two carried them off of the bus to the appropriate staging area in front of the hospital. We saw gunshots to arms and legs and shrapnel to head and torso; most of them were delayed injuries. Slowly the bus emptied out. It was about that time that things got worse.

We heard them first, the WHOOP-WHOOP of two twin-rotor Navy CH-46 Sea Knights in a landing zone a half-mile away. My handheld radio crackled to life: "There're casualties on those birds." With a fist full of triage tags and two jump bags, Doctor B, SFC Louis Bruneau, my NCOIC, and I speed off to the landing zone on a 4x6 ATV type vehicle called a gator. We arrived to find about 60 patients thrown on the chopper floor on ponchos. Civilians and soldiers, US and enemy, were strewn about. I shouted above the whine of the helicopters for 20 to 30 personnel along with all the litters not in use and about a half dozen vehicles.

Soldiers began to run to the landing zone, carrying litters. When they arrived, I had them drop the litters in a central location and then would wait until I had two capable bodies. They would then grab a litter and move to alternating choppers to off-load a patient. Some injured walked off and after a quick look over, most were triaged as minimal. As others were carried off, I began separate areas for patients and told litter teams where to place patients. We even used some patients to carry litters in the staging areas.

Around this time, the vehicles began to arrive to transport injured to the hospital. We loaded five-ton flat bed trucks with 6 to 8 litter casualties and uncounted ambulatory casualties. Field litter ambulances, or FLAs carried 4 litter or 8 ambulatory patients. Immediate patients were transported to the hospital without delay on the gator, along with any walking wounded that could fit. I put a sergeant in charge of each triage area and tasked them to load patients to their assigned vehicles.

We were busy. SFC Bruneau would search all the locals who had arrived before they were put in triage categories. Doc B did the majority of the triage, with me assisting when freed from other duties. With the rotors still turning it was impossible to talk when the person was next to you, let alone 20 to 30 feet away. I would look at Doctor B, he would look at me, and we developed an impromptu sign language. I would tap on a body area to show where the injury was, make a breaking motion or a cutting motion, and make an explosion or shooting sign to indicate the mechanism of injury. I could check my own pulse and give a thumbs-up to indicate good pulses distal to a fracture on the patient. After a while, Doc B, SFC Bruneau and I could just LOOK at each other, know what was going on with the patient, and how severely injured he or she was.

It was at this point two UH-60 Blackhawk helicopters landed on the road way. The Blackhawk can only hold 6 litter or 7 ambulatory patients, so we knew at most, there were only 14 more casualties. I assigned 6 personnel with a senior medic in each group to go check out the bird. They moved all the casualties to our area, 50 meters from the road way where they were triaged and put with the others. Trucks would drop off and return almost as regularly as busses. The choppers took off leaving us with . . . silence? No. That was just my ears readjusting. Then I heard the women and children crying out in an unknown language, the grown men shouting "ALLAM! (pain in Arabic)." I instantly wished for the sound of the choppers to come back and drown it all out.

When things settled down, Doctor B returned to the hospital where he was needed most. Those who had not already been transported to the hospital began to receive treatment from SFC Bruneau, some medics and me. I rode one of the last transports back to the hospital and was amazed by what I saw. Our imbedded reporter was also moved as evidenced by the tears in his eyes. There were well over 100 additional people who had come to help. They were cooks, chemical specialists, and military intelligence officers. People with no medical training were wetting lips, carrying litters and holding hands with soldiers and civilians. When I asked for a litter team, I had ten volunteers. It was the strongest display of humanity I have ever been a part of, and suspect that I will never be a part of again.

Two of the six medics I work with in the ATLS area are a year out of high school and are so young they can't even get into nightclubs, let alone drink. The other three, besides my NCOIC, are under 24. They had been taught how to care for wounded, but had never experienced something as traumatic as losing a six year old girl. They had never seen 81 battle-injured patients in 60 minutes. Their strength and performance go beyond words and I feel honored to have been a part of that day.

Summer Vacation in Northern Iraq with the 21st CSH, A Company
By Christopher Imes, 1LT/AN

The previous ANC Newsletter featured the pre-deployment and the initial set-up of the other Combat Support Hospitals in Iraq. This article will give you insight to the uniqueness of the 21st CSH, A Company.

The 21st Combat Support Hospital (CSH), based out of Ft Hood, TX, is comprised of organic FORSCOM personnel and is supplemented by PROFIS personnel. The PROFIS personnel are from various installations to include: Ft Bliss, Ft Hood, Ft Leonard Wood, Ft Sam Houston, and Ft Sill. Additionally, personnel from the 10th CSH currently augment the staff.

The 21st CSH, Alpha Company has been seeing patients in theater since 28 April 2003. Initially, experiences were similar to the 28th CSH and the 21st CSH, Bravo Company. Our soldiers encountered windstorms, a long and at times unnerving convoy from Kuwait, and an overall austere environment. The emergency medical treatment (EMT), operating room (OR) and post-op/intensive care (ICU) sections were set up and ready to provide medical care within 48 hours of our equipment hitting the ground. We deployed chemical protective (CP) DEPMEDS in our patient care areas and established a chemically protective positive pressure unit (PPU) for receiving patients exposed to chemical agents. When we arrived at the location there were only 500 to 1000 troops living in the camp. The population flourished to 14,000 soldiers and may expand to about 20,000 soldiers, airmen, Marines, and DoD civilians.

As the major medical asset in the area, we have seen over 7000 patients, which include approximately 1000 inpatients, since our mission began. In coordination with the Air Force, we have jointly evacuated approximately 600 patients to higher echelon medical treatment facilities. These numbers include the 21st CSH, Alpha and Bravo Companies through late June. The CSH provides sick call for the soldiers on the installation and is the referral site for medics, physician assistants, and physicians throughout Northern Iraq. The CSH currently has 64 beds to include a medical holding area that accommodates patients awaiting return to duty.

We have rendered care to patients requiring medical, surgical, and traumatic interventions, which include combat casualties, disease and non-battle casualties, wounded Iraqi nationals, enemy prisoners of war (EPWs), and contracted government workers. We have treated everything from gunshot and shrapnel wounds to acute myocardial infarctions.

Pre-deployment training proved crucial to the success during a 26-patient mass casualty situation in May. Soldiers from an Ordinance Company, were exposed to an unknown agent that preliminary tests revealed as a nerve agent. Some of the soldiers experienced nausea, vomiting, and light-headedness. The hospital prepared its chemical protective (CP) DEPMED system, selected its essential personnel for the situation, and moved its non-essential personnel to a safe area. The remaining staff members went into MOPP 2 while the EMT staff members and some Nutritional Care Division and Laundry and Bath personnel proceeded to MOPP 4. Our staff decontaminated all the patients before they entered the hospital. Only a few patients were admitted for treatment, and all the soldiers remained in the hospital that night for observation in the medical holding area. The unknown agent was discovered to be a pesticide, and all of the soldiers were returned to duty within 24 hours of the event.

As part of the hospital's overall mission, we have treated 80 Iraqi Nationals as of late June; three fourths of these patients were adults with the majority of the injuries from gunshot wounds and burns. Due to the large number of Iraqi patients, the 21st CSH, A Company has developed a relationship with the Iraqi hospital located less than 20 miles from our location. Since May we have stabilized and transported over thirty patients to this Iraqi hospital. This relationship allows our soldiers to visit the hospital and only volunteers transport patients. "The nurse is the most critical element of transport," said COL Lyons, a plastic surgeon and the hospital's DCCS. "The nurse monitors the patient and maintains his or her safety," he said. The transfers allow for cultural exchange and interactions with Iraqi civilians in a relatively safe environment. Several Iraqi physicians have visited the CSH to view DEPMED operations and to establish a collegial rapport with our physicians. The Iraqi hospital itself is a one story 1950s building with very little advanced technology.

In order to accommodate the significant number of Iraqi patients, the CSH has an all-Iraqi unit. Originally ICU #2, the ward provides everything from pediatric to adult intensive care until the patients are stable enough for transportation to the local hospital or another facility. In order to help facilitate communication between the patients and the healthcare providers, the CSH has employed two interpreters who primarily work in the EMT and ICU #2 sections. "The Iraqi patients present a specific challenge to the nurses and physicians due to the language and cultural barriers," said MAJ Gorrell-Goode, Head Nurse of ICU #2. "However, the nurses are accepting the challenge by working closely with the interpreters to learn to speak the Arabic language."

The 21st CSH, A Company continues with our mission and prepares for any future missions. We will continue to overcome the challenges that we face everyday in order to provide the best possible care for our troops in this austere environment. Although we may be tired and miss our families and loved ones, we know that we are helping to save lives and provide peace of mind for our troops while supporting Operation Iraqi Freedom.

Reserve Component News
COL Carol Swanson, USAR

With so many of our Reserve Component nurses being mobilized and learning about Active Component education incentives, there have been lots of questions on education incentives for RC. Information is at www.usar.army.mil. Click on 2xCitizen, go to soldier services, pay/incentives, and then medical incentives list. The Incentives Program Manager is MAJ Carol Pasco, 1-800-325-4729.

Student Loan Repayment Program (SLRP)

SLRP is an incentive program that helps you pay off your student loans. SLRP is an optional benefit that is available for your selection when you enlist. You must select SLRP at the time you sign your contract and execute SLRP Addendum (DA Form 5261-4-R). Without the addendum, you don't have SLRP. SLRP money is not distributed in a lump sum. Each year, 15 percent of the original amount of your student loans plus the accrued interest are repaid. The minimum payment per year is \$500 plus the accrued interest. The maximum payment is \$1500 plus interest. SLRP is taxable income. You receive a W2 at the end of the year.

Specialized Training Assistance Program (STRAP)

STRAP is designed to obtain an adequate number of health care professionals who are qualified in critically needed specialties during wartime. Congress authorized a program to provide financial assistance to persons training in such specialties. The critical wartime specialties are adjusted each Fiscal Year. STRAP offers a monthly stipend to Reserve officers engaged in specialized training, in return for their future service in a Selected Reserve (SELRES). If a full stipend is drawn (currently \$1131.00/month adjusted annually 1 July), participation in the Selected Reserve (TPU, NAAD or IMA) is required after completion of training.

Health Professional Loan Repayment Program (HPLRP)

HPLRP was established by Congress to repay designated loans secured by eligible AMEDD commissioned officers assigned to the Selected Reserve (SELRES). HPLRP is open to any specialty included in the published list of reserve component wartime health care specialties with critical shortages (currently 66F and 66H8A). The government repays \$20,000 for the first two years and 10,000 the last year after each year of satisfactory service in the SELRES, up to a maximum of \$50,000. To be eligible, an AMEDD commissioned officer must serve in the SELRES satisfactorily each year for which loan repayment is requested. Reminder: *APPLICANTS are responsible for initiating request for Payment; it is not automatic.*

Tuition Assistance

Currently there is no tuition assistance (TA) for RC except as available through DANTES distance learning. That information is available through the post education center. RC nurses are authorized the GRE and other educational incentives through the center. Your POC is the education officer.

COL Swanson can be reached at 210-221-7097 or at carolswanson@us.army.mil.

IMPROVING EMT LEARNING USING A PC-BASED TRAINING SIMULATOR

COL Eileen A. Hemman, Ed.D, RN,BC

Nancy Allison, Program Director

Have you ever wondered whether technology really makes a difference? Is it really worth the cost? For the past year, a study at the Joint Medical Training Center (JMTC) and Madigan Army Medical Center used a computer-based Emergency Medical Training (EMT) simulator to augment EMT training for 91W transition to determine whether learning could be improved.

Why was this so important? The future Force XXI combat medics form the core of the AMEDD mission and provide the first response on the battlefield. They also care for disease and non-battle injuries and maintain the strength of the American Warfighter. They must have a high degree of competency in a broad array of emergency care skills and be capable of resuscitating and monitoring casualties during prolonged and difficult transport without medical supervision (Peake, 2001). When we began this project in 2001, the first time pass rate for transitioning soldiers was 63% as compared to the national average of 70% (Miller, 2001). That meant 37% of the soldiers we trained were not passing national certification on their first try and, thus, were not competent in the required medical skills and therefore incapable of providing far-forward medical care to the American Warfighter! We also estimated the minimum cost to train one combat medic was approximately \$5,000 (not including instructor time, lost time away from duty, time to repeat instruction and retake the EMT exam for those who fail, or fixed costs). We definitely needed to improve the return on our educational investment.



The purpose of our study, therefore, was to see if technology could be used to increase the pass rates of the 91Ws on the National EMT Registry exam and be cost-effect. The software selected was STATCare (Simulation Technologies for Advanced Trauma Care). It was developed and funded for use by the Army by Research Triangle Institute and the U.S. Army Medical Research and Material Command.



STATCare has several combat scenarios from which the student could select. With mouse clicks, the student interacted with the virtual casualty having it talk, sit up, and turn from side to side. Heart rate, respiration rate, blood pressure and other vital signs to determine their patient's hemodynamic status could be assessed through digital read outs and/or wave forms displayed on the computer screen. Even breath sounds were audible. Medical devices, instruments, and supplies toolkits could be selected from an icon-based toolbar and applied to the casualty with a mouse click. Depending on the decisions for emergency patient care, the patient's condition either improved or deteriorated.

Usual procedure in a research study is to randomly assign students to one of two groups. This is done to increase the chance that students with different

levels of skills, experience, and other pertinent variables are distributed equally throughout the groups in the study. Out of fairness, however, how could we let one student use the simulator and deny another student the use of the simulator in the same class? We, therefore, elected to randomize the assignment of the simulator to the classes as a whole. Half of the EMT-B courses conducted at the JMTC in the past year were given the opportunity to use the simulator in addition to their standard EMT instruction; the other classes did not have the opportunity. During the skills stations, the selected groups were given the opportunity to practice on the simulator as one of the stations through which they rotated. The computer automatically recorded the time each student spent on the simulator through the assignment of unique passwords. At the end of the class, the students rated their satisfaction with the software and agreed to let us have the results of their National Registry Exam Scores. Individual informed consent was obtained before the study started.

To date we have 223 students that have participated in this study. Unfortunately, all the NREMT scores are not available, so data analysis can't be completed at this time. Preliminary results, however, indicate that the technology did not have any significant impact on improving NREMT scores.

New technologies for learning systems have enormous resource investment in the development stages, but scarce attention is paid to validating learning outcomes. More hands on field-testing by soldiers should be done to determine if technology is a viable tool for improving educational outcomes, is cost-effective and, how best to integrate technology into our educational programs.

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ADVANCING NURSING PRACTICE
Putting Evidence Into Nursing Practice
LTC Deborah Kenny

Searching the Literature for Evidence

The reason for doing a literature search to develop an evidence-based clinical protocol may be obvious. It is carried out to gather the evidence from work that has already been done in the area of interest. However, less obvious is that the literature search may also reveal gaps where evidence is lacking and identify areas where further research must be done. It may also help to prevent duplicating work that has already been done in protocol development. The literature search is a process rather than a product and, if done carefully, can result in the information you need.

How to Search

Often, the most difficult part of searching the evidence is knowing where to begin. Given the amount of information and the many forms through which it is available, this can seem overwhelming at first. You want to get a good representation of the evidence in your area of interest, but you don't want (or have time) to read through every article ever written on, for example, intravenous catheter care. The following are steps to aid in refining your search:

- 1) Define the scope and limit of your topic
- 2) Make a list of keywords you will search
- 3) Determine search strategies (library, internet, interlibrary loan)
- 4) Determine which internet search engines you will use (OVID, MEDLINE, ProQuest, CINAHL)
- 5) Keep records of your search results (you may want to go back and will need to know what keyword you used)
- 6) The librarian is your friend!

Where to Search

The best place to begin is with your local medical librarians. They are skilled at using specific keywords for searching and can help you narrow down your terms to get the information you need. They can also provide help with both online and print searches. They can tell you which articles are in the library holdings and help with interlibrary loans for those that are not.

The Internet is a powerful tool for searching for literature using one of the medical literature search engines. OVID is an engine that is comprised of CINAHL, MEDLINE and others. It will search the medical literature using keywords and has the ability for general or very focused searches. An excellent online tutorial of OVID can be found at www.mclibrary.duke.edu/respub/guides/ovidtut. The Internet will also provide information on literature reviews that have already been done in many areas. www.cochrane.org contains the Cochrane collaboration reviews of clinical trials in many areas of healthcare. While primarily done for medicine, some contain

information very useful to nurses. McGill University Health Center in Quebec as a website for evidence-based nursing resources at www.muhc-ebn.mcgill.ca.

Online searching for articles through OVID, CINAHL, or MEDLINE will usually produce one of two things, either no articles or so many that you get inundated with references. If you get very little, try using a different keyword. If you get too many, it is best to start with a few recent papers related to your topic and look at references at the end of the paper. You will soon find that there are some papers that cited frequently. These are the ones that will provide the most useful information. As a rule, you would want the most up-to-date information, but there may be classic articles in your area of interest. For example, some of the best articles about evidence-based practice were written in the 1970's. Searching for the literature you need may at times feel like you're trying to go down many roads all at once, but with diligence and sometimes a little help, you will be able to adequately represent the body of evidence for your topic area.

Next month's column will focus on culling and reviewing the literature for developing evidence-based protocols. Anyone having specific questions they would like to see answered in the column by evidence-based nursing practice experts, or those wanting to share stories of implementation successes, tips or lessons learned can submit them to me at deborah.kenny@na.amedd.army.mil or contact me at Com: (202) 782-7025 or DSN 662-7025.

***Perioperative Nursing Consultant
COL Keith E. Essen***

At long last, it appears that the perioperative community will have an information management tool for scheduling and data collection. Dr. Paul Cordts, COL Donna Diamond, and Mr. Kamal Pope are leading an effort to productize the TAMC Surgical Scheduling System also known as S3. This project is moving forward at an unprecedented rate with support from USAMISSA. S3 is currently installed at TAMC, WBAMC and at Fort Hood. Although it does not have the functionality of the Operating Room Management Application (ORMA) currently deployed at some of our facilities, it does have a robust scheduling and data generating capability that can abet business process decisions. S3 will be initially deployed in two settings that reflect a complex multi-facility implementation and a more simple deployment at a stand-alone MTF. Successful implementation from these initial sites will likely result in a rapid timeline deployment to those facilities in need of a scheduling system. This will be an interim solution pending the Tri-Service sponsored Enterprise Wide Scheduling System.

***Identifying with Your Profession: Professional Reading
MAJ Jennifer Petersen, Army Nurse Corps Historian***

As military leaders and professionals it is important to identify with one's history. The Army Nurse Corps has a rich heritage that is readily accessible in numerous books that are based on actual experiences of military nurses. This is the first in a series of book reviews that celebrates military nursing. This book provides the reader with inspiration, motivation and a tremendous sense of pride for the nurses who went before us. Enjoy!

**We Band of Angels: The Untold Story of American Nurses' Trapped on Bataan by the Japanese
by Elizabeth Norman**

Hailed by *The New York Times* Book Review as a "grippingly told" story of "power and relevance," this is the true, untold account of some of the first American women to prove their spirit under combat conditions. Elizabeth Norman presents a war story in which the main characters are military nurses who are captured and imprisoned in the Philippines by the Japanese during World War II. These nurses never kill the enemy or even shoot at them, still the reader will discover true heroes in this story.

Stationed in the Philippine Islands in 1941, these nurses lived in a virtual paradise. Only months after their arrival, the Japanese Imperial Navy launched its surprise attack on Pearl Harbor and almost concurrently struck American bases in the Far East, to include the Philippines. This attack led to the first major land battle for America in World War II and ultimately to the largest defeat and surrender of American forces; among these forces, ninety-nine Army and Navy nurses.

From the jungle hospitals of Bataan to the internment camp at Santo Tomas, these nurses honed their ability to survive. Battling dwindling to nonexistent supplies and diseases from malaria to dysentery to beriberi, these nurses feared for their lives yet fought for their



Manila, February 1945. US Army Nurses from Bataan and Corregidor are liberated after nearly three years of imprisonment in the Santo Tomas Internment Compound.

survival. They created a hospital on the floor of the jungle with a canopy of trees for a roof. Within this jungle hospital, the nurses diligently cared for thousands of soldiers suffering horrendous wounds and nameless diseases.

When it became evident that they would be taken prisoner, the nurses outwitted their captors by changing the labels on precious medications in order to safe keep them for their patients. As the Japanese gained more control over the Americans, the Japanese herded the nurses into internment camps. Within the internment camps, the nurses continued their mission, establishing a working hospital with few supplies and great ingenuity and tremendous effort. These nurses of Bataan were smart, adaptable and determined. They fought many enemies-the Japanese, jungle disease, infestations and starvation. Nevertheless, they bonded together and often sacrificed for the good of the entire group. The joy of the liberation of the prisoners of war in Baatan will touch even the most reluctant reader.



The valiant nurses of Bataan were led by 1LT Josephine Nesbitt, CPT Maude Davidson and 2LT Helen Hennessey, all Army Nurses.

The author tells the story of these nurses using letters, diaries, and interviews with aging survivors. Norman intensely recounts the story of how these nurses survived for nearly three years of fear, starvation, disease and oppression. Yet, continuing to provide nursing care to their patients.

“But every day they reported to work. They worked because they were nurses and the sick called them to duty. It was good work, honorable work, especially here among the dying, where they were needed most, and especially now, when their own existence hung in the balance. In a way the work sustained them, for it gave them something most of the others in camp did not have -- a mission, a reason to get up in the morning and struggle through the hunger, want and sorrow of another day” (page 200, We Band of Angels).

At the conclusion of this book, the reader closes the cover and is left in awe of these remarkable nurses who truly survived against all odds. This is a must read for all military nurses and medical professionals.

(We Band of Angels: The Untold Story of American Nurses’ Trapped on Bataan by the Japanese is available at most major bookstores. It can also be ordered from the Women in Military Service for America Website: <http://www.womensmemorial.org/>)

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

SEP 2003	CHIEF NURSE
OCT 2003	MAJ AMEDD
NOV 2003	BG & AN CORPS CHIEF
DEC 2003	LTC COMMAND
DEC 2003	COL COMMAND
FEB 2004	LTC AMEDD

See PERSCOM Online www.perscomonline.army.mil for MILPER messages and more board information.

As the Board process continues to evolve, the AN Corps must upgrade its preparation process to ensure our records are seen in the best possible light. Board members view three items; the ORB, Photo and Microfiche. These items are at your finger tips via the following links using your AKO USERID and PASSWORD:

Officer Record Brief: <https://isd15.hoffman.army.mil/SSORB/>

DA Photo (only if your photo was taken after 1 OCT 02. Earlier photos will be in hard copy here at branch until the board file is prepared by the DA Secretariat): <https://isd15.hoffman.army.mil/dapmis/execute/ImageAcceptProlog>

Official Military Personnel File (OPMF previously know as your Microfiche): <https://ompf.hoffman.army.mil/public/news.jsp>

LTHET

Officers scheduled to start school this fall should access the AMEDD Student Detachment website to get information on inprocessing: www.cs.amedd.army.mil/hrbc/studet. The site will include an inprocessing checklist and the student handbook. If you have questions about school, call LTC Diaz-Hays at 703-325-2398.

Officers selected for school should send message to LTC Diaz-Hays at diazf@hoffman.army.mil via AKO account. The message should include the following: "I accept LTHET graduate studies in the following specialty_____. I understand my ADSO will be _____ years plus _____ years remaining on previous ADSO (if any).

LTC Diaz-Hays will reply with a congratulations letter and a LTHET agreement. Officers 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. For more information on ADSO and tuition cap, please visit our web site at www.perscomonline.army.mil/ophsdan/anc_profdevt.htm.

Reminder that we are accepting packets for LTHET 2004 Supplemental Board. See the ANC website for more details or contact LTC Diaz-Hays at (703)325-2398.

Fellowships

PERSCOM has opened the nomination process for the White House and Congressional Fellowships. See the AN Branch website for more details. Also accepting nominations for TWI. See the AN Branch website for more details.

AMEDD Officer Advanced Course

The next available course is the January- March 2004 course. Contact your hospital education officer for enrollment.

CGSC (Reserve Component)

There is a new process for officers to apply for CGSC RC:

CGSC Phase 1 and 3

Contact Jennifer West at 703-325-3159 to apply for Command and General Staff College (Phases 1 and 3).

CGSC Phase 2 and 4

To apply for Command and General Staff College (Phases 2 and 4) fax to LTC Diaz-Hays a DA 3838 at 703-325-2392.

CGSC Correspondence Course

Fort Leavenworth has a new web address for CGSC correspondence information and course requests -

<https://cgsc2.leavenworth.army.mil/nrs/cgsoc/application/application.asp>. You must have an AKO password to enter the site.

Generic Course Selection Process

Information on GCSP 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: The January 04 Critical Care and Emergency Nursing Course rosters are published. Officers selected to attend the JAN 04 courses should receive notification and welcome letters with information on how to enroll in Phase I from the course site directors. Applications for the MAY 04 Critical Care and Emergency Nursing Courses must be submitted by 1 December 03. Course dates for 2004 are: 18 Jan- 27 Apr 04; 23 May-31 Aug 04; 26 Sep 04- 21 Jan 05. POC is LTC Corulli at PERSCOM, corullia@hoffman.army.mil.

Psychiatric-Mental Health:

The 2004 Course Dates are: 5 Jan- 27 Apr '04; Contact MAJ(P) Agin ASAP, agind@hoffman.army.mil.

OB-GYN Nursing Course:

The 2004 Course Dates are: 5 Jan- 27 Apr '04; Contact MAJ (P) Agin, ASAP at agind@hoffman.army.mil

Interested applicants need to seek support from their chain of command and submit a DA 3838, a recent HT/WT/APFT memo and a preference statement (for follow on assignment). 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 Corulli, corullia@hoffman.army.mil or MAJ(P) Agin at agind@hoffman.army.mil.

(66G) OB/GYN Duty Locations- This is a list of all the MTF's that have OB/GYN services-please use this list when filling out preference statements:

Korea-121 Gen Hospital; Tripler AMC, Hawaii; Heidelberg, Germany; Landstuhl, Germany; Wuerzburg, Germany; Anchorage, Alaska; Ft Irwin, California; Madigan AMC, Washington; Ft Carson, Colorado; Ft Hood, Texas; Ft Leonard wood, Missouri; Ft Polk, Louisiana; Ft Riley, Kansas; Ft Sill, Oklahoma; William Beaumont AMC, Texas; Ft Belvoir, Virginia; Ft Bragg, North Carolina; Ft Knox, Kentucky; Ft Benning, Georgia; Ft Campbell, Kentucky; and Ft Stewart, Georgia

Perioperative Nursing Course Manager:

The delayed course at Madigan Army Medical Center will start 24 August 2003 and run through 19 December 2003. Madigan will not hold the October 2003 course. The other three sites will hold their October 2003 course as scheduled. All four sites will be back in synchronization starting with the 14 March 2004 class. For any questions, please contact LTC Jane Newman at PERSCOM @ newmanj@hoffman.army.mil.

Community Health Nurse Course:

The next 6A-F6 Preventative Medicine Program Management Course is 19-30 January 2004. Please send a DA3838 and a Chief, Community Health recommendation letter to MAJ(P) Agin NLT 1 OCT 2003.

6H-F9 STD/Other Communicable Disease Intervention Course (pre-requisite for the 6A-F5 Course): 2-14 Feb 04; 24 Aug- 5 Sep 04

6A-F5 Principles of Military Preventive Medicine: 16 Feb- 16 Apr 04; 6 Sep- 9 Nov 04

Contact MAJ(P) 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

66E – Please check our website at https://www.perscomonline.army.mil/OPhsdan/anc_assignments.htm.

66F – Ft. Rucker, AL, now.

Ft. Hood, Summer 04

31st CSH, Ft. Bliss, TX, now.

47th CSH, Ft. Lewis, WA, now.

160th FST, Landstuhl, Germany, now.

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, newmanj@hoffman.army.mil.

66B, 66G, 66C

I can guarantee a follow on assignment for officers that volunteer for Korea, Ft Polk, Ft Irwin. Please contact MAJ(P) Doreen Agin, agind@hoffman.army.mil, for details on **66B, 66G, 66G8D, 66C, and 66C7T openings** or check our website at https://www.perscomonline.army.mil/OPhsdan/anc_assignments.htm.

66H Lieutenants

Assignment opportunities available for 66H Lieutenants include WBAMC El Paso, TX; 115th Field Hospital, Fort Polk, LA; Ft Sill, OK; Ft Riley, KS; 121 General Hospital, Korea; and Walter Reed Army Medical Center positions are available for winter 2004. I can negotiate follow on assignments for officers that volunteer to select locations, i.e. Korea. If interested, please contact LTC Corulli, corullia@hoffman.army.mil

Company Grade 66H, 66H8A and 66HM5

As I complete my first month in this position, I thank you in advance for giving me the opportunity to assist you with your career. We have needs for 66H at 115th Field Hospital, Fort Irwin, Fort Carson, and Korea. We need 66H8A needs at Fort Sill, Fort Carson, Wuerzburg, and 67th CSH. We need 66HM5 at Heidelberg, Fort Stewart, Fort Benning, and Fort Knox. We also have two openings at the AMEDD C & S now. Finally, we also have immediate needs for three Division Nurse positions at Fort Hood, Fort Polk, and Fort Riley. Please call me or email MAJ (P) Gordon at gordonv@hoffman.army.mil

MAJ and CPT(P) 66H, 8A, M5 and all ranks 66P

There are still a variety of critical TOE opportunities available. I am looking for someone to fill a 66H MAJ Slot at the 115th Field Hospital at Polk. I can negotiate a follow on assignment for officers that volunteer for select locations, (Fort Irwin and Fort Polk). I have an urgent requirement for 66Ps at Fort Irwin and Fort Bragg. Assignment opportunities are still available for upcoming winter cycle in a variety of locations, please check our website (https://www.perscomonline.army.mil/ophsdan/anc_assignments.htm).

If you are PCS vulnerable for the upcoming Winter Cycle and do not have an assignment, please contact **MAJ Ahearne**, ahearnep@hoffman.army.mil.

Office of the Chief, Army Nurse Corps	
Fort Sam Houston Office COL Deborah Gustke LTC Yolanda Ruiz-Isales MAJ Jeanne Larson AMEDD Center and School ATTN: MCCS-CN, Room 275 2250 Stanley Road Fort Sam Houston, TX 78234 210.221.6221/6659 DSN 471 Fax: 210.221.8360 yolanda.ruiz-isales@amedd.army.mil jeanne.larson@amedd.army.mil	Washington, DC Office LTC Kelly Wolgast Headquarters, DA Office of the Surgeon General 6011 5 th Street, Suite #1 Fort Belvoir, VA 22060-5596 703.806.3027 DSN 656 Fax: 703.806.3999 kelly.wolgast@belvoir.army.mil AN Website: http://armynursecorps.amedd.army.mil/ AN Branch PERSCOM: www.perscomonline.army.mil/ophsdan/default.htm

SEVENTEENTH ANNUAL PACIFIC NURSING RESEARCH CONFERENCE

“Addressing Issues in Health Care Disparities through Research and Practice”

March 19 & 20, 2004

Hilton Hawaiian Village (Waikiki) Honolulu, Hawaii USA

Call for Abstracts

The 17th annual Pacific Nursing Research Conference is co-sponsored by the Tripler Army Medical Center and the University of Hawaii 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. Nurses are invited to submit abstracts for poster or podium presentation for the conference to be held at the Hilton Hawaiian Village in Honolulu, Hawaii, March 19 and 20, 2004.

ABSTRACT SUBMISSION DEADLINE: 17 OCTOBER 2003

Presentation Formats

- Each PODIUM presentation will be 15-20 minutes in length
- The POSTER session will consist of visual displays

Abstract Requirements

- All research topics are welcome.
- Research must have been initiated and/or completed within the past five years.
- Research must be completed by the time of submission to be eligible for podium presentation.
- In-progress or completed research or projects are eligible for poster presentation.
- Abstracts must include names, addresses, phone numbers, and e-mail addresses of all authors/investigators.
- Funding sources should be noted on the abstract.
- Clinical applications and projects are eligible for poster presentation.
- Abstracts must be received by deadline, **17 October 2003**
- Submit an original abstract as an e-mail attachment in MS Word or WordPerfect.

Selection of Abstracts

- A blinded-review of abstracts will be conducted by a committee.
- Selection will be based on clarity, logical consistency, and coherency of research.
- All abstracts will be reproduced in a book of proceedings. Submission implies approval to reprint the abstract in the proceedings book, and title and author on announcement of conference.
- Unless otherwise specified, the first author is expected to be present at the conference.
- Attendees are responsible for conference registration fees as well as travel and lodging costs.

Abstract Preparation

- Abstracts must be limited to a single page. Abstracts longer than one page will not be considered.
- Indicate on the author form whether abstract is to be considered for podium or poster presentation.
- Abstract must address the following areas:
 - Aims/objectives of the research
 - Theoretical framework (if applicable)

Research design, study sample, methodology
 Statistical analysis
 Study findings
 Discussion and implications for nursing
 Funding sources should be noted on bottom of abstract.

Margins set to 1 inch.

Minimum font size is 12-point type.

Study title centered at the top.

Names of investigator(s) and institution(s) centered under the title.

Please specify author contact information on separate page:

1. Specify whether abstract is to be considered for poster or podium presentation.
2. Presenter Contact Information (Specify name, title, affiliation, address, phone and e-mail):

Name	_____
Title	_____
Affiliation	_____
Address	_____
Phone	_____
e-mail	_____
fax	_____

3. Other authors (Name, title, affiliation, address, phone, and e-mail).
4. Two learning objectives, content outline for each objective and presenter's curriculum vitae **MUST** accompany each submission.

Please submit the original abstract with author contact information, two learning objectives, content outline for each objective and presenter's cv as an E-mail attachment in MS Word or WordPerfect to:

e-mail: onrsondh@hawaii.edu

Charissa R. Raynor, RN, MHSA
 University of Hawaii at Manoa
 School of Nursing and Dental Hygiene
 Office of Nursing Research
 2528 McCarthy Mall, Webster 329
 Honolulu, HI 96822

Notification of acceptance and further instructions will be sent no later than 30 November 2003.

For further information please contact:

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