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# ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 03 Issue 05

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## Message from the Chief



COL Gustke and I hope all of you had an opportunity to celebrate the 102<sup>nd</sup> Anniversary of the Army Nurse Corps and to remember and highlight the many contributions the ANC has provided to our Nation since 1901. As you know, the CJ Reddy Junior Leaders Conference was held in December 02. During the Award of Excellence Luncheon, we were honored to have COL (Ret.) Terris Kennedy, titled, “*The Future Isn’t What It Use To Be and Sometimes the Past Is What It Should Be.*” I am pleased to highlight excerpts from her speech.

“There are other traits or behaviors that compliment your leadership and enhance your leadership skills that I believe are essential for success. I call them the “4 C’s”—*Clinical Competence; Caring; Compassion & Commitment.* I would like to talk about the 4 C’s as they relate to my past as it should be, and perhaps your future as it can be.

*Clinical Competence*—The amazing thing about professional nurses (no matter what the color of their uniform) is only they can do what it is nurses do—plan the care and care for patients. We can also do what many others on our health care teams can do, but no one else can really do what we do. That

should be our priority and we must do that well, we must be competent.

We are knowledge workers not skilled workers, those around us, our patients, staff and colleagues lean on us to be critical thinkers and capable of making sound evidence based decisions.

Our very credibility is dependent on our ability to be clinically competent and it is incumbent upon you to seize opportunities to gain knowledge and skills. This is a time the world is on edge, when some of you may be asked to answer the call, be deployed to care for

casualties as a result of conflict. You must be competent to do so! Reading the article in Spectrum about Nurse Heroes, it struck me when LTC (P) Patty Horoho spoke about her knowledge and experience with burns and trauma, “her competence” that allowed her to be so effective at the Pentagon on 9/11.

I had the opportunity in a conflict called Vietnam. As a 21-year old Lieutenant I volunteered right out of school and found myself in Japan during the Vietnam War. I had no idea what I was in for. I graduated from a 3-year diploma school and felt competent, but as competent as I was, I had much to learn. I worked permanent nights, 10 on, 4 off (12-14 hours), alone as the nurse with 2 Corpsmen who taught me many things. They helped me gain the knowledge and skills to rise to the occasion. Never be afraid to learn no matter who the teacher may be. There were 120 patients, at least 65% with major orthopedic trauma. In one night, it was not unusual for me to give over 25 units of blood, and have at least 60-70 patients with IVs, 30 patients receiving IV antibiotics and experience at least one crisis per night. You develop a 6<sup>th</sup> sense—like the night a soldier scheduled to leave for the States blew a femoral artery—you develop a sense of who to monitor and more important know what to do—that was the competence piece these patients were counting on.

That two-year experience reinforced for me at a very young professional age the second C—*Caring*. Caring is not a concept unique to nursing alone. It is used in everyday vocabulary. Webster defines it “to feel interest in, bother about; to be concerned; to take care of.” For nursing, Leninger described caring as “the essence of nursing.” As a Second Lieutenant, I had no idea about Leninger, but I did experience caring as a leadership trait. Yes I cared for patients, many of them, thousands in fact, but I also found out what it was like to be cared for and about, and I found out how important it was to care for and about my colleagues and myself. My head nurse, a wonderful man named John Hudock, took the time to mentor, support, teach and care about me as a person—throughout my long career our paths crossed many times and he continued to demonstrate his caring leadership not only towards me but many others. Caring is such an important trait of leadership, it does not imply weakness, but strength. I have been blessed as a result of bosses who cared about me and my professional growth and have allowed me to make mistakes. “There but for the grace of God,” I would say when a colleague did not have the

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ANC Branch PERSCOM:

[www.perscomonline.army.mil/ophsdan/default.htm](http://www.perscomonline.army.mil/ophsdan/default.htm)

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### 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.

benefit of a boss or a supervisor or a commander who would care about them. Cared that they had the opportunity to make a mistake, to learn, to grow, mature and become a leader of the future.

Do not forget, it is also very important to care for yourself. There are times that will be a challenge, but you must show yourself the same care you would show others. Unless you do this, it may be difficult for you to know how to care for others.

Along with caring comes *compassion*—there is some overlap of these C's, Caring & Compassion, but I believe both are crucial leadership traits. There are times the organizations we serve produce outcomes or events we cannot change or influence, often those outcomes can have a significant impact on a friend or colleague and you and I have no control. How we respond or react can make a major difference. Often we are called on to have great compassion and as leaders we must rise to the occasion.

Young in my career, I was so excited when I was retained on active duty and promoted to Captain and assigned to Walter Reed to a head nurse position. In my joy, I failed to realize that the classmate who accepted a commission with me and served side by side me during the challenges in Japan was not promoted or retained. She was devastated. I was confused, but was compassionate in helping her work through this loss.

As a personnel management officer, I would dread the release of promotion board lists. I was always happy for the selects, but I felt it was very important to call non-selects and show compassion for their hurt. As the Assistant Corps Chief, I had two very good close personal friends who were selectively retired. I could not change the outcome or influence the events, but I could be supportive and be available. Listen and show compassion as dear friends were forced to transition. There are times those in leadership positions are very lonely, but I believe if you have compassion and care, your impact at a very difficult time can make a difference.

I have been blessed in a career of success, especially as an Army Nurse Corps Officer, but some of that was also due to the last C, MY *Commitment*. In the past I, like you today and for the future, was totally committed to the organization and the country I was serving. Three researchers, who studied commitment, Mowday, Steers and Porter identified three related factors for commitment. First, have a strong belief in and acceptance of the organization's goals and values. Each of you must believe in the mission of your organization. You are much more alike than different when you consider your organization's values and goals, even if your uniforms differ in color.

Not everyone is meant to serve and not everyone is meant to stay. Many are called, few are chosen. If chosen to stay, you must believe in what you are doing and what your service stands for. There was a point in my career as an LTC (P) that I no longer felt my goals and values were consistent with the Army Nurse Corps. You may experience a similar feeling at some point in your career. I caution you to not make a rash or

hasty decision; think about your commitment, it may be a unique situation, a passing disturbance. There are times personal life events affect your thoughts and feelings. Seek out someone you trust, a mentor, and a confidant. Like I said, I have been blessed and have had people like Col. Charles Reddy to talk to. If I hadn't I would have retired early and I would not have been promoted to Colonel, served as a MEDCOM Chief Nurse and become the Assistant Chief of the Army Nurse Corps.

The second factor for commitment is a willingness to exert considerable effort on behalf of the organization. If you believe in your Corps, you must work hard for the Corps. It is selfless service, it is serving others. You may not always be rewarded, but often you are not seeking rewards; you may be forced to make choices but remember not to have regrets.

Leaders who are committed to the organization and to the service often deny themselves in the best interest of that service. You must take care of yourself and do it wisely but use caution when you are thinking only in your own best interest and not thinking in the best interest of the organization or those with whom you are serving. It is key to remember your colleagues.

The third and last factor related to commitment is a strong desire to maintain membership in the organization you are serving. You really want to be promoted, you want to serve, and you are seeking opportunities to serve the organization so you stay committed. If you do not believe in your service or are not willing to exert effort on its behalf, my guess is you do not want to retain membership. I have held positions where I have had to ask people to go to tough jobs, experience hardship. There were some who had to choose whether to stay in the organization or leave the organization, whether it was to retire or seek discharge and civilian employment. Commitment to the organization is an essential leadership trait that must work for the future. You cannot be a fair weather friend—stay as long as everything is, as you want it to be. To stay committed, you must be willing to do what the organization asks.

What does all this mean? The Future isn't what it used to be.

Clinical competence is not a leadership trait of the past for success, but an essential ingredient for the leader of the future. You are not credible in the Nurse Corps if you are not able to do what you are needed to do. No one else can do what you do related to care of patients.

Caring is the essence of nursing from the past revitalized as a leadership trait for the future.

We cannot change past events, but as leaders of the future we can adopt compassion as a leadership trait in working with our colleagues and subordinates. The very future of the organization, as it should be, is your commitment, like those in the past who have come before you.

Competence, Caring, Compassion, Commitment—The future isn't what it use to be. As I look out on the strength, competence and commitment of this audience, the Future is As It Should Be!"

Many thanks to COL (Ret.) Kennedy for taking time out from her busy academic schedule, at Duke University, to share her thoughts on leadership with our junior officers. I am always impressed with the talent and professional strength of all Army Nurses—past and present. I wanted to take this opportunity to share the thoughts of one of our great past leaders of the ANC.

**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](http://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**

FEB 2003	CPT/VI AMEDD
FEB 2003	LTC AMEDD and MAJ Selcon
JUN 2003	SSC
JUN 2003	LTHET
JUL 2003	COL AMEDD
JUL 2003	RA
JUL 2003	CGSC
SEP 2003	CHIEF NURSE
OCT 2003	MAJ AMEDD
DEC 2003	LTC COMMAND

See PERSCOM Online [www.perscomonline.army.mil](http://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.

**"A" Proficiency Designator Award**

Congratulations to the Army Nurse Corps officers listed below for being awarded the "A" Proficiency Designator. The "A" Proficiency Designator is awarded for being identified as a leader in a particular specialty and having made significant contributions to the advancement of knowledge through publication and active participation in professional organizations.

LTC John J. Burke, USAR	Nursing Administration
COL Donna M. Diamond	Perioperative Nursing
LTC Caryl J. Dowell	Maternal Child Nursing
COL Roy A. Harris	Nursing Administration

COL Cathy J. Johnson	Nursing Administration
LTC Christine M. Piper	Mental Health Nursing
LTC Laura W. Rogers	Emergency/Trauma Nursing
COL Patricia A. H. Saulsbery	Nursing Administration
COL A. R. Stanley, USAR	Mental Health Nursing
COL Deborah C. Wheeling, ARNG	Nursing Administration
COL Margaret C. Wilmoth, USAR	Medical/Surgical Nursing

**Training with Industry (TWI)**

The Secretary of Defense (SECDEF) has decided that federal organizations no longer qualify as appropriate sites for training with industry. What this means for Army Nurse Corps officers is that the Center for Medicaid and Medicare Services (formally HCFA) can no longer be used as a TWI site. Army Nurse Corps officers can still apply for and participate in the RAND Fellowship and with the Joint Commission on Accreditation of Health Care Organizations (JCAHO). The Army Nurse Corps will have an officer at RAND this year and we are awaiting the outcome for the JCAHO selection.

**LTHET**

The Long Term Health Education and Training Guidelines for academic year 2004 are posted on the Army Nurse Corps Branch website. **Go to:** <https://www.perscom.army.mil>. **Find:** Soldier Services Officer Information (middle of page). **Click:** Branch Newsletters. **Click:** Army Nurse Corps. **Click:** LTHET Guidelines.

The LTHET board is tentatively scheduled for 16 – 20 June 2003. Packets are due 12 May 2003. Officers who intend to apply for LTHET, but have concerns about constructing a packet due to a pending deployment, should contact MAJ Lang to develop a strategy on how to complete the LTHET packet requirements.

**Acceptance Letters:** Officers selected by the 2002 LTHET board should be in the process of applying for and obtaining acceptance to their civil school of choice. Officers should have a letter of acceptance on file at Branch NLT 30 March 2003. Fax a copy of the acceptance letter to MAJ Lang at 703-325-2392. Have the school include, in the letter, the date for the 1<sup>st</sup> day of classes (not orientation).

**Short Courses**

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 (JOMMC): [www.dmrta.army.mil](http://www.dmrta.army.mil)  
 Chemical Casualty Course: <https://ccc.apgea.army.mil/>  
 HNLDC and ANLDC: [www.dns.amedd.army.mil/ANPD/index.htm](http://www.dns.amedd.army.mil/ANPD/index.htm)

**AMEDD Officer Advanced Course**

Officers who are scheduled for a deployment that will prevent them from attending OAC phase 2 within the required two-year window should request a waiver from the AMEDD Center and School. Contact MAJ Anna Corulli 210-221-6295 for information on requesting a waiver.

**CGSC (Reserve Component)**

There is a new process being implemented 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) coordinate approval from your chain of command to attend on the requests dates. Once approved, contact MAJ Gary Lang via email at [langg@hoffman.army.mil](mailto:langg@hoffman.army.mil). Include the following information: **Name, Rank, AOC, Social security Number, Security Clearance, Home Address, UIC, Duty Position, Course Site and Course Date**

Submission of a DA 3838 is no longer required, however, the form will still be accepted until the new process has been widely disseminated. Fax DA 3838 to 703-325-2392.

**CGSC Correspondence Course**

Fort Leavenworth has a new web address for CGSOC 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.

**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 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](mailto:diazf@hoffman.army.mil).

**Generic Course Guarantee**

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

**AOC/ASI Producing Courses POCs**

**Critical Care Course, Emergency Nursing Course:** The next course dates are 6 April-30 July 03 for both courses. POC is LTC Diaz-Hays at [diazf@hoffman.army.mil](mailto:diazf@hoffman.army.mil).

**Psychiatric-Mental Health:** There are still slots available for the 16 MAR- 3 JUL 03 course at WRAMC. The next course is 27 JUL-29 OCT 03. MAJ Agin, [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil).

**OB-GYN Nursing Course:** There are still seats available for the 13 APR-05 AUG 03 course at TAMC. The next course is scheduled for 24 AUG-19 DEC 03. MAJ Agin at [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil)

Interested applicants need to seek support from their chain of command and submit a DA3838, 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](http://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](mailto:diazf@hoffman.army.mil) or MAJ Agin at [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil).

**Perioperative Nursing Course Manager:** LTC Newman at [newmanj@hoffman.army.mil](mailto:newmanj@hoffman.army.mil).

**Community Health Nurse Course:** The next 6A-F5 Principles of Military Preventative Medicine (Community Health Nurse) AOC Course is scheduled for 7 SEP –7 NOV 03. The pre-requisite for the CHN AOC Course is the 6H-F9 STD/Communicable Disease Intervention Course scheduled for 24 AUG-5 SEP 03. Interested officers should contact the **Community Health Nursing Manager:** MAJ Agin at [agind@hoffman.army.mil](mailto: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](https://www.perscomonline.army.mil/ophsdan/anc_profdevt.htm).

**Assignment Opportunities for 66F and 66E**

**\*Hot Assignment Opportunities\***

**66E** – 801<sup>st</sup> FST, Ft. Campbell, KY, Summer 03  
31<sup>st</sup> CSH, Ft. Bliss, TX, Summer 03  
47<sup>th</sup> CSH, Ft. Lewis, WA, Summer 03

**66F** –Ft. Rucker, AL, Spring 03  
Ft. Leavenworth, KS, Summer 03  
Ft. Hood, Summer 03  
31<sup>st</sup> CSH, Ft. Bliss, TX, Summer 03  
47<sup>th</sup> CSH, Ft. Lewis, WA, Summer 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](https://www.perscomonline.army.mil/OPhsdan/anc_assignments.htm). For these and other opportunities, please inquire to LTC Newman ASAP, [newmanj@hoffman.army.mil](mailto:newmanj@hoffman.army.mil).

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

**Assignment Opportunities for 66B-All Grades**

There is an immediate assignment opportunity available for Ft Huachuca for an O-4 or an O-5. Summer 03 openings are available at Ft Knox, Fort Drum, Ft Bliss, Korea and Alaska.

**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 Stewart, GA; WBAMC, El Paso, TX and TAMC, HI.

**Assignment Opportunities for 66G8D-All Grades**

There is a position opening for Summer 03 for 66G8D at Fort Drum, NY.

**Assignment Opportunities for 66C-All Grades**

Summer 03 assignment opportunities include Korea; Walter Reed Army Med Center; Fort Leonardwood, MO; WBAMC, El Paso, TX; Fort Benning, GA; and Fort Jackson, SC.

**Assignment Opportunities for 66C7T**

Assignment opportunities are available for a 66C7T with the 98th at Ft Lewis.

**Assignment Opportunities for 66H Lieutenants**

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

**Assignment Opportunities for Captains**

66H8As are urgently needed in Germany and Korea. I can negotiate a follow on assignment of choice for officers that volunteer for Korea. 66Hs are needed at Fort Irwin. The website has been updated with all the openings remaining for this summer. Contact MAJ(P) Greta Krapohl at [krpohlg@hoffman.army.mil](mailto:krpohlg@hoffman.army.mil).

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

Assignment opportunities are available for upcoming summer cycle in a variety of locations, please check our website at [https://www.perscomonline.army.mil/OPhsdan/anc\\_assignments.htm](https://www.perscomonline.army.mil/OPhsdan/anc_assignments.htm). There are a variety of critical TOE opportunities in a variety of locations. Follow on assignments for select locations can be negotiated. For those who are PCS vulnerable for Summer 03, please inquire to MAJ Ahearne, [mailto:ahearnep@hoffman.army.mil](mailto:mailto:ahearnep@hoffman.army.mil).

**THE MIXED BLESSINGS OF COMBAT NURSING ASSIGNMENTS**  
*MAJ Jennifer Petersen*

In the midst of deployments and ominous discussions of further action in Southwest Asia, the Army Nurse Corps celebrated its 102<sup>nd</sup> Anniversary. On 2 February 1901, the Army Nurse Corps was founded as a distinct yet integral branch of the Army and its medical department. As Army Nurse Corps Officers, we have an obligation to connect with our history. Our history is testimony to what the Army Nurse Corps has done and to what we do every day. History provides present day Army Nurse Corps Officers with a framework. The experiences and lessons of our predecessors guide our present day actions. History is truly our link to understanding the past, defining the present and influencing our future. The current focus on deployments encourages a look at past operations that the Army Nurse Corps has supported. The following excerpt, written in 1968, is taken from an orientation letter sent to nurses preparing to deploy to Vietnam. Major Mary C. Quinn, Chief Nurse, 71<sup>st</sup> Evacuation

Hospital, Pleiku, Vietnam, writes in hopes of inspiring the young nurses that will soon staff her hospital. Almost 35 years later, present day military nurses can distinguish countless parallels. This is the value that history offers.

“The following words are part of the orientation presented to newly arrived Army Nurse Corps Officers at the 71<sup>st</sup> Evacuation Hospital. They consist of thoughts, observations, and suggestions gleaned from the many fine nurses who have served on the nursing staff of this installation. Perhaps they will have some meaning for other nurses in country. Perhaps too, they may serve to stimulate others to take pen in hand and share the fruits of knowledge available at each unique medical facility spread throughout this land of South Vietnam.”

*“Nursing in a combat area has many unusual features - some good - some bad. The philosophy of nursing you bring with you will have a lot to do with how this year in the Republic of Vietnam will affect you. You cannot come to your DEROS the same individual you were on the day you arrived in country. You will be either a better or worse nurse—a better or worse person. The outcome will depend primarily upon you.*

*Let us look at some of the plus signs for personal and professional growth and development. One of the biggest blessings encountered over here is that the American soldier who comes under your care is the most wonderful patient in the world. His ability to accept the misfortune that brings him to the hospital and to continue to be combative against the forces of pain, infection, disfigurement and frustrating helplessness is phenomenal. More remarkable, however, is the fact that he will try to make you feel you are “the greatest” because you care for him in his hour of need. That you do care, really care, for him not only as a patient but also as a person is essential if your work is to remain meaningful and satisfying. If you should cease to care you become crippled personally and professionally. It is, then, essential that you do not allow work routines to become monotonous and rob you of this great opportunity to practice the fine “art” of nursing at every bedside day or night.*

*Another facet of life here in South Vietnam is the realization of how much stamina you possess. Long hours, tense days and nights, heavy workloads and close day-to-day contact test your mettle and the moment of reckoning must be faced by all.*

*After the two incidents at this hospital when the dangers of war invaded our compound in the form of exploding 122mm enemy rockets, the most heart warming lesson learned by many was that the concern for the patients was uppermost in their minds even with “bombs bursting in air.” The heroic actions of the men and women on the wards during those terrible moments saved the lives of more than one patient confined to bed and incapable of helping himself. The call “Nurse” brought instant response. Some people were very surprised and, of course, very pleased to realize they had acted so calmly and efficiently under stress. It was a good feeling!*

*The unusual and sometimes awesome task of handling mass casualty situations not just once but time and time again sharpens your ability to organize the available resources and to improve all your nursing skills. With experience comes the knack of differentiating between the routine case and the urgent case. The wound of entrance may appear deceptively minimal to the uninitiated. The need for careful scrutiny and constant attention to vital signs soon becomes second nature to the combat nurse.*

*War in Vietnam is not only bloody wounds and broken bones. It is also a battle against diseases such as malaria and hepatitis. You as the nurse can be a lifesaver for the patient who develops the insidious symptoms of cerebral malaria. You must be alert to the clinical manifestations warning of this dangerous complication. Your astute observations, carefully recorded and related to the medical officer, are of the utmost importance if treatment is to be of any avail.*

*The opportunity to take an active part in medical and nursing research is always just around the corner if you are willing to look in that direction. The wealth of material available for those who have the urge to write for publication is tremendous. A little perseverance and encouragement from friends and neighbors goes a long way.*

*Interest in Civic Action Programs among the local population also provides an outlet for satisfying professional and personal growth. Even though limited in many respects, the little that can be done in teaching and guiding Vietnamese and Montagnard students in the fundamentals of care of the sick and wounded is a worthwhile undertaking. Many times you may be hampered in this work by enemy activity, curfews or disinterest among the people you would like to help. By doing what you can, when you can, you will leave something worthwhile behind you when your tour is up.*

*You may find yourself developing ambivalent feeling about the patient load as the weeks and months progress. If the hospital is busy the time passes faster and after a hard day's work you can go to your hooch tired but with the feeling you are needed and being here is really necessary and worthwhile. However, this means men are facing the enemy in frightful conflict and for some, release from battle will only come with death. If the wards are quiet time drags, boredom sets in and tempers grow short but then you are aware that during these quiet times there is a respite from the fighting and people are not being brutally wounded or killed.*

*Now, when those 365 "short" days are completed and you come to that long awaited DEROS it is hoped you will be able to look back and be satisfied that you:*

- D: Demonstrated clinical competence*
- E: Experienced professional growth*
- R: Rendered service with skill and compassion*
- O: Obtained greater insight into your personal strengths and weaknesses*
- S: Succeeded in becoming a better nurse and a better person."*

Mary C. Quinn began her military career in 1950 as a general duty nurse at Fitzsimmons General Hospital in Denver, Colorado. She served in Korea with the 8055<sup>th</sup> MASH from February 1951 until May 1952. After multiple assignments that took her to Germany, Japan and many stateside posts, she served in South Vietnam from June 1967 until August 1968. She retired from active duty at the rank of Colonel in November 1976. Col (R) Quinn, after 26 years as an Army Nurse Corps Officer, believes that nursing in a combat zone hospital can never be forgotten. At a memorial ceremony honoring military nurses in Weymouth, Massachusetts in November 1987, COL Quinn stated, "The nurse must be armed to fight just as the soldier, sailor, or marine. The nurse's weapons are knowledge and skills that can be employed to wage war on disease and injury wherever these calamities have laid low a man, woman, or child."

As we celebrate our 102<sup>nd</sup> Anniversary and prepare for an uncertain future, take a moment to capture strength and inspiration from the rich heritage that the Army Nurse Corps proudly embraces.

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

**BLACK HISTORY MONTH**  
**Proud to Serve: African American**  
**Army Nurse Corps Officers**  
**MAJ Jennifer Petersen**

As a nation, we recognize the month of February as Black History Month. African American contributions to the nation should be recognized not only as black history, but also as a vital part of American history. Dr. Carter G. Woodson, a black scholar who accepted the challenge of writing Black Americans into the nation's history, founded the Association for the Study of African-American Life. Dr. Woodson launched Black History Week in 1926 as an initiative to bring national attention to the contributions of black people throughout American history. The Army Nurse Corps shares in the celebration of Black History Month and honors the legacy of African American Army Nurse Corps Officers.

African American nurses have served throughout our nation's history. During the Civil War, Black nurses such as Sojourner Truth, an emancipated slave, worked in Union hospitals caring for the sick and wounded. Similarly, Harriet Tubman, when she was not serving as a laundress, cook, scout, spy or guide for the Union Army, also nursed soldiers. Like all Civil War nurses, Tubman did not receive a pension until 30 years after the end of the war. As many as 181 Black nurses both female and male served in convalescent and U.S. government hospitals in Maryland, Virginia, and North Carolina during the Civil War.

During the Spanish-American War, African American nurses served as contract nurses. Mrs. Namahyoke Curtis, wife of the Superintendent of the Freedmen's Hospital in Washington, DC, worked as a contract nurse combating yellow fever and

typhoid epidemics that plagued the military during this war. Contracted by the Army, as many as eighty other black women were hired to serve as nurses. These nurses, who were often erroneously considered “immune,” handled the worst of the epidemics. Many of these nurses actually served in Santiago, Cuba caring for patients infected during the epidemics. Two of these African American nurses who served overseas died from typhoid fever.



One of the first African American nurses in the Army Nurse Corps  
Mrs. Aileen Cole Stewart, 1918

The performance of nurses during the Spanish American War led to the establishment of the Army Nurse Corps on 2 February 1901. However, African Americans continued to fight for acceptance as nurses both in civilian and military venues. At the onset of World War I, administrative barriers existed within the Army Nurse Corps and the American Red Cross that prevented African American nurses from joining the war efforts. With political and public pressure building for acceptance of African American nurses for the war cause, plans were made to permit them to apply to the Army Nurse Corps. It was not until the last months of World War I, during the influenza epidemic of 1918, that the Army and the Red Cross began accepting these nurses who were so willing to serve.

As the nursing shortage became critical, the War Department consented to the authorization of 18 African American nurses into the Nurse Corps. They were assigned to duty in December 1918 at Camp Sherman, Ohio and Camp Grant, Illinois. One of these pioneering women, Aileen Cole Stewart, served at Camp Sherman, Ohio. The difficulties these nurses experienced did not prevent them from serving with great honor. Stewart recalled, “The story of the Negro nurse in World War I is not spectacular. We arrived after the Armistice was signed, which alone was anticlimactic. But each of us contributed quietly and with dignity to the idea that justice demands professional equality for all qualified nurses.” Greater than eighteen hundred African-American nurses were certified by the American Red Cross to serve with the Army Nurse Corps during World War I, yet only a handful were allowed to actually serve. None of those who served received benefits or pensions as they did not serve in wartime.



African American nurses outside their quarters at  
Camp Sherman, Ohio, WWI, 1918

Although African American nurses were fully qualified and prepared to serve within the military nursing community at the onset of World War II, racial segregation and discrimination lingered. Mabel K. Staupers, the executive secretary of the National Association of Colored Graduate Nurses, lobbied for a change in the discriminatory policies of the Army Nurse Corps. Recognizing the need for action, First Lady Eleanor Roosevelt urged the Army Surgeon General to recruit African-American nurses for service in the Army Nurse Corps. While the Army did comply, it did so unwillingly. In 1941, the Army Nurse Corps began accepting African American nurses. Due to a quota system only a small number, fifty-six, were allowed to join. Slowly, African American nurses pierced the barriers within the military system. By April 1941, forty-eight African American nurses were assigned to Camp Livingston, Louisiana and Fort Bragg, North Carolina. Della Raney Jackson, a graduate of Lincoln Hospital School of Nursing in Durham, North Carolina, became the first Black nurse to be commissioned in the U.S. Army. Jackson reported to duty at Fort Bragg.

By May 1943, 183 African American nurses held commissions in the Army Nurse Corps. This represented approximately 0.6 % of the total strength of the Army Nurse Corps. During World War II, African American nurses served in all theaters of the war including Africa, Burma, Australia, and England. At the conclusion of World War II, approximately 600 African American nurses had served. One of these nurses, Margaret E. Bailey, accepted a commission in June 1944. Bailey served in the Army Nurse Corps for 27 years. In 1964, Bailey became the first Black nurse to attain the rank of Lieutenant Colonel. Bailey’s promotion to full Colonel in 1970 was also a first. After an illustrious career that took her to numerous assignments around the world, Bailey retired in 1971 as a Colonel. In 1972, COL (R) Margaret E. Bailey became a Consultant to the Surgeon General to promote increased participation by minority group members in the Army Nurse Corps recruitment programs.



**Margaret E. Bailey, first African American nurse promoted to Lieutenant Colonel and Colonel, 1970**

In recent years, the missions of Army nurses have expanded. Army nurses served throughout the world in support of armed conflict and humanitarian endeavors. The nurses discussed in this piece are but a handful of the countless African American nurses who have served for the continuance of freedom and liberty within our borders and abroad. As of September 2002, the Army Nurse Corps has 557 African American nurses, which represents eighteen percent of the entire Corps. These nurses serve with great distinction and honor. African American Army Nurse Corps officers are assigned to all specialties within the Army Nurse Corps. They vigilantly care for the Army's beneficiaries without barrier to race, color, religion, gender or culture. They do so admirably. In recognition of Black History Month, the Army Nurse Corps salutes the African American nurses that have served and those who currently serve as members of the Corps.

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

**PERIOPERATIVE NURSING CONSULTANT**  
*COL Keith Essen*

Immense progress for African American nurses and the Army Nurse Corps marked the end of World War II. Yet, it was not until July 1948 that Executive Order 9981 issued by President Harry S. Truman eliminated blatant discrimination in the armed forces. Executive Order 9981 states, "there shall be equality of treatment and opportunity for all persons in the armed services without regard to race, color, religion or national origin."

The Korean War was a turning point in the reception of African American nurses in the Army Nurse Corps. The passage of Executive Order 9981 triggered the Army as an organization to eliminate 300 segregated units. African American nurses were finally able to serve in integrated hospitals in Korea, Japan, Hawaii, and in the continental United States. African American nurses cared for wounded frontline soldiers and combat evacuees without the constraints of a segregated environment. They did so with great merit.

Amidst a civil rights battle on the home front, African American nurses upheld their exemplary performance throughout the Vietnam War. African American nurses served in all positions capitalizing on their acceptance within the Corps. In July 1970, First Lieutenant (LT) Diane Lindsay received the Soldier's Medal for heroism during her service in Vietnam. While on duty with the 95<sup>th</sup> Evacuation Hospital, LT Lindsay assisted in physically restraining a confused patient who was preparing to pull a pin on a grenade within the hospital area. LT Lindsay's actions prevented numerous casualties. LT Lindsay was the first African American nurse to earn this honor.

During the last three decades, the Army Nurse Corps has been privileged to have three African American Corps Chiefs. BG Hazel W. Johnson, the first African American woman to attain the rank of General, served as the 16<sup>th</sup> Chief of the Army Nurse Corps from September 1979 until August 1983. BG Clara L. Adams-Ender served as the 18<sup>th</sup> Chief of the Army Nurse Corps from September 1987 until August 1991. BG Bettye H. Simmons served as the 20<sup>th</sup> Corps Chief of the Army Nurse Corps from 2 December 1995 until 31 January 2000. These trailblazers paved the way for current African American Army Nurse Corps officers.

The 6th Annual Tri-Service Perioperative Nursing Symposium in Chicago, Illinois is right around the corner. The Henry Jackson Foundation continues their great support. You can register at [www.hjf.org](http://www.hjf.org) then click on educationally offering, then click TriService Symposium. **The fee is \$125 dollars and 7.5 CEU's will be awarded.**

The symposium will be March 22, located in the Hotel Allergo, 171 W Randolph Street (1-800-643-1500). The symposium is scheduled from 0800 to 1600. Registration and continental breakfast will start at 0700. The keynote speaker this year is former AORN president Jane Rothrock. BG Bester will speak during the afternoon breakout. Other presentations include -- the Tri-Service Perioperative Masters Program and perioperative information management, updates from branch, and a perioperative consultant update.

Special Note: We are pleased to announce that **LTC John Eiland**, Assistant Chief, Department of Surgery at Ft. Campbell, Kentucky, was selected as an AORN representative for the Disaster Preparedness Task Force for the 2003-2004 term. **Congratulations LTC Eiland!**

**Perioperative Clinical Nurse Specialist Program**  
*LTC(P) Linda Wanzer*

What began as an idea in June 2001 has come full swing with the development of the Tri-Service Perioperative Clinical Nurse Specialist (PCNS) Masters Program at USUHS. The program curriculum was built around the American Academy for Colleges of Nursing guidelines that outline the *Essentials of Masters Education for Advanced Practice Nursing*. The specifics regarding perioperative specialty content were developed through a comprehensive process of blending field research and clinical expert interviews with the Federal

Nursing Chiefs' program goals. Validation of the programs content/curriculum was accomplished through the process of merging program content with the published Association of Operating Room Nurses PCNS competencies. After minor adjustments, a "content map" was presented to key senior leaders within the perioperative specialty both in the military and civilian sectors for fine-tuning to ensure program needs of all Services were met. Key to the success of the curriculum design was the "leveling" of course content to ensure compliance with current curricular threads and strands consistent with the Graduate School of Nursing (GSN) terminal objectives. We have mobilized our faculty and are prepared to welcome our first class of 2005 of eight new students (3 Army, 2 Navy, 3 Air Force).

**WRAMC NURSING SERVICES  
At the Epicenter of the Smallpox  
Vaccination Response**

Since September 11<sup>th</sup>, the threat of a biological terrorist attack has become an issue that has been met head on. In dealing with the risk of smallpox as a possible biological weapon, the staff of Walter Reed Army Medical Center (WRAMC) Nursing Services has provided research, education, organization, and direct nursing care to ensure that health care providers are well prepared to meet the threat of a biological attack.

Just weeks after a very successful JCAHO, WRAMC's visionary Deputy Commander for Nursing, COL Patricia A. H. Saulsbery directed her senior nursing leadership to support all initiatives related to smallpox. At the DoD level, the Smallpox Response Plan was drafted and the DoD Conference on Smallpox was held during late October 02. Nurse researcher, LTC Wayne Combs was already assisting WRAMC's Vaccine Health Center staff and COL Renata Engler, the Allergy/Immunology Consultant to the Surgeon General and Chief, WRAMC Allergy/Immunology Department, on a scannable screening tool to determine which soldiers could or could not receive the smallpox vaccination. This tool was successfully pilot tested in November 02.

In addition, LTC Tom Winthrop, Chief, Central Material Services (CMS), received a shipment of 7,000 bifurcated needles that needed to be individually wrapped so they could be sterilized. The CMS team of MAJ Betsy Vane and SSG Colleen Thompson, under LTC Winthrop's leadership, began sorting a veritable "haystack" into separate sterile needle packages.

The Chief, Nursing Education and Staff Development, LTC (P) Victoria Ransom identified an interdisciplinary team and planned a two-day Smallpox Conference for the Walter Reed Health Care System (WRHCS) and the North Atlantic Regional Medical Command (NARMC). COL Dallas Hack, Chief, Preventive Medicine Services, and COL Renata Engler provided the medical leadership for the conference. In December 02, 154 planners, care providers, vaccinators, and subject matter experts--representing all WRHCS medical

treatment facilities (MTF) as well as the Navy, Air Force, federal and civilian sectors participated in the conference. Conference topics included the pathophysiology, diagnosis, and treatment of smallpox and vaccinia, infection control, risk communication, smallpox vaccination, vaccination clinic set up, and a vaccination practicum. Especially well-received was the vaccination clinic set up and vaccination practicum taught by MAJ John Nerges, Critical Care Clinical Nurse Specialist, and MSGT Ray Anspach, USAF, Allergy/Immunology Technician. Every conference participant was sent home with a project to jumpstart the development of each MTF's Smallpox Response Plan. The Smallpox Response Plan Activity Matrix, developed by the Chief, Ambulatory Nursing Service, LTC Sherie Haga-Hogston, distilled the 430-page DoD Smallpox Response Plan into 27 key activities with appropriate references identified.

Simultaneously, work was begun to identify the first group of health care workers to be vaccinated. Following DoD and CDC guidance, preliminary plans for a smallpox vaccination program, to include policies for the smallpox vaccination clinic and post-vaccination site surveillance were being developed. The Chief, Infection Control, Ms. Bernie Friedman, RN, MSN wrote policies regarding dressing changes, linen handling, and home care instructions.

On 18 December 02, 5 days after the Presidential approval, WRAMC prepared to vaccinate 150 personnel. A total of 169 personnel were vaccinated that first week. Ms. Norma Veltri, Head Nurse, Allergy/Immunology Clinic, and her staff rose to the challenge.

Prior to receiving the vaccination, all candidates attended a briefing on the purpose of the smallpox vaccination, risks and precautions to take after vaccination. After a screening interview with a Licensed Independent Provider (LIP), the candidates were vaccinated. Because patient flow and tracking through this process was critical, MSG Thomas White, NCOIC, Preventive Medicine Services, established a system specifically designed to track data and ensure that the data could then be linked to the database used by OTSG.

Because close follow-up of all vaccinated health care workers is necessary to protect and prevent autoinoculation and secondary contact infections, a Vaccination Assessment Station (VAS) was established. The VAS, with the help of nurse volunteers, has successfully remained open daily since 19 December 2002 under the medical direction of LTC(P) Lisa Black, Chief, Occupational Health and nursing direction of both Ms. Ruth Callaghan, Head Nurse, Occupational Health and 1LT T.J. Law, 66H, AN.

On 9 January 2003, the second group of WRAMC staff was vaccinated. Due to the multitude of questions asked during the day-to-day activity in the VAS, nurses from the Allergy/Immunology Clinic, Vaccine Health Center, Community Health Nursing, Nursing Research, and Ambulatory Nursing developed a standardized education exit checklist. Every vaccinee met with an exit nurse after being vaccinated to discuss site care and safety procedures.

Vaccinees made numerous comments about this helpful process. They were especially appreciative to have the opportunity to ask some very sensitive questions.

WRAMC has had a very successful smallpox vaccination experience and through this process many lessons have been learned. 1) Identify the planning team members through the use of the Smallpox Response Plan Activity Matrix or the DoD Smallpox Response Plan. 2) Make sure that all team members have clearly delineated roles and understand their role. 3) Communicate via regularly scheduled meetings with all personnel involved in the planning and execution of the vaccination process. 4) Train for and practice all critical functions including the clerical and logistical processes. The final and most important lesson is—to work together, using all of the services at your facility. Teamwork is the key to success! For more information, contact LTC Sheri Haga-Hogston at [sheri.haga-hogston@amedd.army.mil](mailto:sheri.haga-hogston@amedd.army.mil).

**COMMUNITY HEALTH NURSING  
CONSULTANT  
Graduate School Decisions-MPH or MN  
COL Sandra L. Goins**

Congratulations on your selection for Long Term Health Education and Training! You have completed at least one year of compiling packets, requesting letters of recommendation and writing goals and objectives. But now you are at the point of selecting a graduate program that meets the requirements of the Army Nurse Corps as well as your professional and personal goals.

Community Health Nurses (CHN) can elect between obtaining an advanced degree in Public Health or a degree in Nursing. Does it matter? Well, I believe it does and I challenge you to understand the impact of that decision on your professional career. The following information is presented to assist you in your decision making process.

**The Facts:**

The Army Nurse Corps will fund a degree in public health or nursing (community or public health) for community health nurses. Other alternatives include Community Health Education and Administration. The ANC does not support a specialty in Occupational Health Nursing at this time.

The American Nurses Credentialing Center offers certification as a CHN Clinical Nurse Specialist with evidence of completion of graduate studies in Community/Public Health Nursing or Public Health with a nursing specialty. Nursing programs offer specialization in Community Health Nursing and Public Health Nursing.

Public Health programs offer specialization in Community Health Education, Health Information and International Health.

**Thoughts to Ponder:**

Graduate nursing programs prepare advance practice nurses - clinical nurse specialists, nurse practitioners and nurse anesthetists. ANC guidance is that completion of a nurse practitioner program will result in an AOC change (66P) to family nurse practitioner. CHNs should elect the clinical nurse specialist if preparing for an advanced practice nurse role.

According to the Council on Education for Public Health, the MPH program prepares for entry level careers in public health. The curriculum emphasis is on the core functions of public health assessment, policy and access. Studies may include epidemiology, biostatistics, environmental science, industrial hygiene, social and behavioral science, disease prevention and health promotion, health education, occupational health, international health and maternal child health and other public health related areas. MPH programs are multidisciplinary and target physicians, nurses, dietitians, lawyers, dentists, engineers and laboratory technicians - to name a few.

MN programs with specialty in community/ public health nursing offer a curriculum that includes nursing and public health studies. In addition to many of the studies noted in the MPH programs, other requirements may include physical assessment, pharmacology, case management, nursing theory and research methods- to include completion of a thesis. Clinical practicums are often done in the community setting such as public health departments, community centers, shelters, schools and homes.

**Funding:**

MPH or MN programs are funded for 21 months according ANC policy.

Some schools offer dual degree programs- you take classes in nursing and public health programs and receive two degrees (MN/MPH) upon completion of both tracks. The ANC will fund this program for 24 months.

**What To Expect After Earning The Degree:**

What challenging positions will I be offered upon completion of this degree? Currently there is no distinction in CHN positions based on MPH or MN degree. The knowledge and critical thinking skills that you acquire as a result of graduate school will help to better qualify you for assignment as Chief, CHN, Chief, Preventive Medicine, and CHPPM/POPM staff and other leadership positions.

Again congratulations and best wishes in your studies! I can be reached at DSN 236-7410 for additional information. When in doubt, contact MAJ Lang, DSN 221-2397, PERSCOM – that’s what I did!

**TRIPLER ARMY MEDICAL CENTER**  
**Army Community Health Nursing**  
*LTC Francine LeDoux*

The TAMC Community Health Nursing section was instrumental in coordinating health and medical support for the 25<sup>th</sup> Infantry Division (Light) Safety Stand Down and Fair, sponsored by Major General Olsen, Commander, 25<sup>th</sup> Infantry Division (Light) and United States Army, Hawaii (25<sup>th</sup> ID(L) & USARHAW), on December 18, 2002 at Schofield Barracks, Hawaii. The fair focused on industrial safety, occupational health, and family safety and wellness.

The CHN section provided the coordination of set up, placement, and attendance for 9 TAMC hospital assets. They included physical therapy, psychology, nutrition, Tricare services, pulmonary, cardiology, gastroenterology, occupational health, and adult medicine clinic /diabetic screening.

The CHN/Health Education and Promotion section conducted 5-minute chair massages, alcohol awareness, body fat testing, biorhythm (stress) dots, and holiday eating tips. The soldiers particularly liked the stress dots, the chair massages and walking the simulated drunk driving line. We received several invitations and request from units for information on conducting a CHN health fair. Over 5000 25<sup>th</sup> ID soldiers attended the event as well as family members and DoD civilians. Community Health Nurses lead the way.

**JOINT SPECIAL OPERATIONS TASK FORCE**  
**Philippines In Support Of Operation Enduring Freedom**  
*CPT Roger Horne*

Greetings from the Joint Special Operations Task Force-Philippines (JSOTF-P) medical personnel! The 8<sup>th</sup> Forward Surgical Team (FST) (-) deployed to Camp Navarro Zamboanga, Philippines, in support of Operation Enduring Freedom. Our Chief Nurse/CRNA is MAJ Daryl Magoulick, the Emergency Room Nurse is CPT James Hacker, the ICU Nurse is CPT Michelle Held, and the Operating Room Nurse is CPT Roger Horne.

The last 45 days have been quite busy to include patient care, providing medical training, receiving tactical force protection training, and supporting the local healthcare system in mass casualty situations. The services we provide our troops include primary care, a surgical capability, and a patient holding area for Casualty Evacuation (CASEVAC).

Our primary mission is to provide medical treatment and care to US Forces serving in the Philippines. We accomplish this mission by providing 24-hour medical care to include routine sick call for disease non battle injuries (DNBI) to emergent mass casualty situations. One of our major tasks involves primary care where we provide education on the health hazards of the local area; administer necessary immunizations

to prevent disease transmission, and aiding and assisting the local medical personnel at Camp Navarro General Hospital.

During our time here thus far we have assisted the Filipino medical personnel with care for their battlefield casualties. We have responded to two MASCAL situations requiring treatment for upper and lower extremity gun shot wounds, multiple body lacerations, open and closed fractures, acute respiratory distress patients, and near drowning victims. One of these involved a plane crash off the coast of Zamboanga City in which all 13 passengers survived.

A secondary mission we undertook was to provide medical training to both American and Filipino forces. Our group has conducted weekly Combat Life Saver (CLS) classes to American forces in order to improve stabilization of potential trauma victims before reaching definitive care at the 8<sup>th</sup> FST(-).

We have also provided numerous training events to the Filipino forces and local university nursing students. Classes we provided include infection control, rapid sequence induction/intubation, advanced cardiac life support, and care of an intubated patient. Currently, we are planning a three-day seminar for Filipino corpsman, military nurses, civilian nurses, and nursing students. Topics that will be presented include pharmacology, pulmonary anatomy and physiology, and wound management.

The 8<sup>th</sup> FST(-) received tactical force protection training from American Special Forces personnel here in the Philippines. We received training from Operational Detachment Alpha (ODA) 145 which included weapons training on the M16, M9, and the MP 5, Level 1 anti-terrorism training, convoy command training, tactical driving familiarization, vehicle security and bomb searching, and live fire reaction to ambush drills.

We developed a plan to provide medical assistance to the local hospitals in the event of a bombing incident or any event where the local health system would need our assistance. Fortunately, we have not had to utilize the plan. Our plan calls for light, medium, and heavy response teams that would rapidly deploy to local Zamboanga City hospitals in the event that assistance is requested. We re busy here in the Philippines, but our all proud to be serving our Nation.

**NURSING RESEARCH UPDATE**  
**Evidenced-based Practice: What's in it for you and your patient?**  
*LTC Della Stewart, PhD*

Evidence-based practice is not new to the health care arena. It evolved as a result of attempts to reduce the cost of health care by establishing ways to treat patients that were cost effective, expedient, and of high quality. The initial idea behind the quest was to decrease cost by standardizing and streamlining care of individuals with chronic illnesses. Additionally, there was a push for individuals to take a more active role in their

own health care and to become more informed consumers of health care. These advancements resulted into what is now known as evidence-based practice or best practice.

Evidence-based practice is “a decision-making approach based on integrating clinical expertise with the best available evidence from systematic research” (Kim, 2000). It is not merely using research findings to support the current practice. Evidence-based practice is not practice that is derived by local clinicians based on their own experiences. It is not based on intuition or unsystematic clinical expertise. Evidence-based practice incorporates knowledge of patient preferences and clinical expertise with research findings (Pravikoff & Donaldson, 2001). Patient preferences are elicited, options are presented based on research, and selections are made which individualized the care plan.

There are different types of “evidence” upon which practice can be based. There are research findings, basic science knowledge, clinical knowledge, and knowledge gained from expert opinion (Youngblut & Brooten, 2001). Research findings are considered the best basis for practice especially when the studies have been replicated in different groups in different geographic areas. Caution must be employed when there are limited studies available on the topic or when there is no consensus in research findings. Knowledge gained from basic science research is a source of information; however, before basing a protocol on the information, clinical research with human patients is needed. Information based on experience, anecdotal accounts, case histories, and expert opinion should be used with caution. According to Youngblut and Brooten, this type of information is not usually the best upon which to base practice because it is subject to memory and involves extreme cases.

There is a research initiative currently in the Great Plains Regional Medical Command that has developed a protocol based on evidence for the care of patients on ventilators. The intent of this one-year study is to implement and measure an evidence-based clinical practice guideline with the expressed purpose of decreasing the ventilator acquired pneumonia rate in the participating facilities. If the pneumonia rate declines with compliance of the staff with the new guideline, policy will be instituted that will use this protocol in the care of future patients on ventilators.

Developing evidence-based practice can be time consuming and requires that it be implemented with an understanding of the clinical phenomena, research methods, and principles of change. There are excellent sources of information available that can help to understand the process and integrate evidence into practice. These sources include Internet sites, nursing journals, specialty organizations, commercial organizations, and governmental organizations. The quality of the information varies and must be carefully scrutinized (Youngblut & Brooten, 2001). The most important thing to remember is that evidence-base practice prevents or reduces the level of risk of injury to patients (C. B. Stetler, personal communication, January 31, 2003). This risk is reduced because evidence-based practice standardizes patient care,

**ARMY NURSE CORPS NEWSLETTER FEBRUARY 2003**  
decreasing the need for trial and error  eliminates useless and dangerous practices, and permits nurses  to keep pace with new advances in patient care. For additional information, please feel free to contact LTC Stewart, Nurse Researcher, at Brooke Army Medical Center. The telephone numbers are DSN 429-7159 or commercial (210) 916-7159. E-mail address: [Della.Stewart@cen.amedd.army.mil](mailto:Della.Stewart@cen.amedd.army.mil)

#### References

- Kim, M. (2000). Evidence-based nursing: connecting knowledge to practice. *Chart*. 97 (9), 1, 4-6.  
Pravikoff, D., & Donaldson, N. (2001). Online journals: access and support for evidence-based practice. *AACN Clinical Issues*. 12 (4), 588-596.  
Youngblut, J. & Brooten, D. (2001). *AACN Clinical Issues*. 12 (4), 468-476.

## NEWS FROM AROUND THE AMEDD NEWS FROM AROUND THE AMEDD

### ANC Website Update

The ANC Homepage **NEW URL** is <http://armynursecorps.amedd.army.mil/> effective **9 JAN 03**. Please change your bookmarks in the favorites section. The Phone Roster and Consultant List sections have been moved to the AKO secured server per OTSG compliance regulations for all Army medicine web sites, effective 1 OCT 02. **This content is now only available to users with a valid AKO username and password.**

### The Army Nurse Corps Association (A.N.C.A.) Advanced Military Practice Award Winner

Each year the Army Nurse Corps Association (A.N.C.A.) awards a field grade officer, below the rank of Colonel or Lieutenant Colonel (P), who has made a significant contribution to the practice of nursing during the previous two years. This annual award is separate and distinct from any other that may be given for particularly outstanding duty performance. The award is intended to honor a middle-range ANC officer who has contributed significantly to the practice of nursing, and to enhance the image of the Army Nurse Corps active and retired, within the profession of nursing. This year there were 14 candidates for this prestigious award, all of who were very deserving. The ANC officer selected was LTC Robert Bowman for his accomplishments while serving at Brooke Army Medical Center from January 2001 – January 2003.

During this period LTC Bowman spearheaded the innovative initiative that resulted in a “one stop” cardiac catheterization unit, led a post-wide effort to identify, collect and treat soldiers who had not yet received critical vaccinations, conserved valuable financial resources by converting 11 RN and 7 LPN positions into GS positions, led a “Tiger Team” responsible for implementing the Soldier Self-care Program at Ft Sam Houston, was selected to champion the DoD/VA post-deployment health Clinical Practice Guidelines (CPG), and was instrumental in fielding the Women’s Health Study

# PUBLICATIONS

nursing research project. An extraordinary visionary and leader, his efforts resulted in significant demonstrable improvements in the quality of care. LTC Bowman is a highly motivated leader who thrives on multiple and simultaneous challenges.

## **Congratulations to LTC Bowman and all the nominees for their terrific contributions!**

LTC John Eiland  
 LTC Diana Ruzicka  
 LTC Susan Smith  
 MAJ Carlton Brown  
 MAJ Roland Cabiad  
 MAJ Linda Fisher  
 MAJ Colleen Hart  
 MAJ Colette McKinney  
 MAJ Maginia Morales  
 MAJ John Nerges  
 MAJ Virginia Thomas (USAR)  
 MAJ Shirley Tuorinsky  
 MAJ Elizabeth Vane

**LTC Sherie Haga-Hogston**, Chief Ambulatory Nursing, WRAMC, was featured in an article entitled "Military Nurses, Physicians Share Early Smallpox Vaccination Lessons" in the Jan 13, 2003 edition of *Nursing Spectrum* (Washington, DC/Baltimore Metro Edition).

**Ordinary People, Extraordinary Lives**, is a coffee table book highlighting nurses who have made outstanding contributions in extraordinary ways as caregivers in the community. Scheduled for publication in Summer 2003 by Sigma Theta Tau, this book will feature a story on CPT Michael Mullan, the firefighter and Army Nurse in the USAR who was killed at the World Trade Center in NYC on 11 Sep 01. Authors are Carolyn Hope Smeltzer and Fran Vlasses.

## **NURSING SPECTRUM NEWS**

Please visit *Nursing Spectrum* at [www.nursingspectrum.com](http://www.nursingspectrum.com) to sign up for free nurse e-zine (electronic newsletter). There are 8,000 archived articles, a current array of self-study continuing education, and thousands of new job listings for nurses reentering the civilian workforce.

## **Upcoming Pediatric Short Courses**

Madigan Army Medical Center 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](mailto:Christine.Pires@nw.amedd.army.mil), (253) 968-1364.

Walter Reed Army Medical Center will hold a Pediatric Short Course from **07 April to 2 May 2003**. The POC is LTC Victoria Ransom.

## **AAACN Military Special Interest Group**

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

DEPARTMENT OF LEGAL MEDICINE, AFIP  
Nursing Risk Management Publications

Publications

Nursing Risk  
Management 2002

[Journal of  
Nursing Risk  
Management  
2000](#)

[Journal of  
Nursing Risk  
Management  
1999](#)

[Journal of  
Nursing Risk  
Management  
1998](#)

**Armed Forces Institute of Pathology  
Nursing Continuing Education Online**

These continuing education offerings are accredited by the Maryland Nurses Association for up to **14.5 Contact Hours** in continuing education in nursing.

Contact hours in nursing continuing education are **free** to full-time military and DoD federal health care providers. The cost to non-federal providers is \$10.00 for each annual publication.

The Nursing Risk Management journal (formerly the Journal of Nursing Risk Management) is a peer reviewed journal located at the Department of Legal Medicine's Internet address:

<http://www.afip.org/Departments/legalmed/jnrm.html>.

The contact hours in nursing continuing education can be earned online by following the instructions in each issue. Each Issue contains valuable clinical practice tips, case studies, and references.

Authors and editorial board members are needed for the Nursing Risk Management. An honorarium of \$500.00 may be paid to authors of articles accepted for publication.

DLM also publishes [Legal Medicine](#) annually. Physicians may earn continuing medical education credits online by following the instructions in each issue.

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