
ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 03 Issue 08

May 2003



Message from the Chief



On 30 April, I had the pleasure to represent each of you during testimony on the state of the Army Nurse Corps before Senator Daniel K. Inouye (D-HI), Senator Ted Stevens (R-AK) and the United States Senate Committee on Appropriations, Subcommittee on Defense. This year, we focused our testimony on the tremendous accomplishments of Army Nurses in our effort to meet and exceed the challenges of the past year. Specifically, I focused on five important concerns that relate to our ability to serve this great Nation. They include our manning posture, both military and civilian; the impact of operational deployments; medical treatment facility success stories; nursing research; and the importance of the graduate level education programs at the Uniformed Services University of the Health Sciences.



L-R: BG Bester, LTG Taylor, BG Brannon, RADM Lescavage, LTG Peake and LTG Cowan

I was truly honored to relate the many significant accomplishments of Army Nurses in the Global War on Terrorism, Operations Enduring Freedom and Iraqi Freedom, numerous other deployments around the world, our hundreds of Nursing personnel who have maintained our peacetime healthcare mission by caring for our soldiers, families and retirees, and our continuing positive impact on clinical practice, education and nursing research. In fact, we

commented to the Senators that “what we ask of and receive from our nurses in today’s uncertain world is nothing short of amazing.” I wish to personally thank all of you for contributing to the success of this year’s testimony.

I had an opportunity recently to visit the fine folks at 18th MEDCOM and the 121st General Hospital in Yongson, Republic of Korea. It is both impressive and heartening to see the spirit of collegiality and teamwork that is truly evident between our American military personnel and the Republic of Korea military personnel. Many thanks to COL Carol Pierce, Chief Nurse, 18th MEDCOM and 121 General Hospital, and her fine staff, for their hospitality.

Finally, I want to extend my well wishes to each of you in recognition of National Nurses Week 2003. This year’s theme of “Nurses: Lifting Spirits, Touching Lives” certainly reflects the significant impact and outstanding contributions that you have provided in support of all the challenging missions that we have faced this past year. Your continued hard work, dedication, and commitment to excellence have been vital in maintaining the high standards of quality healthcare that are the hallmark of the Army Nurse Corps. Thanks for all that you are doing no matter where in the world you are providing quality Nursing care to our great soldiers and their families.

Army Nurses are Ready, Caring, and Proud!

Bill Bester
BG, AN
Chief, Army Nurse Corps

Office of the Chief, Army Nurse Corps

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AN Web Site:

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

ANC Branch PERSCOM:

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

ANC Newsletter Article Submissions

The ANC Newsletter is published monthly to convey information and items of interest to all nurse corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail the articles to MAJ Laura Feider. The deadline for all submissions is 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

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

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

LTHET

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.

Important Dates:

Action	Due Date	Board Date
Apply to UTHHSC	Prior to 1 May 03	1 May 03
Apply to USUHS	NLT 15 May 03*	6 June 03
Apply for LTHET	NLT 26 May 03*	16-20 June 03

***Date Change**

AN Branch has received 123 LTHET notices of intent to apply for school. This number is about 30 less than what Branch normally has at this point in the process. Branch needs your help to increase the numbers. If you know strong candidates who want to apply, please encourage them to do so. This year presents an especially good opportunity for the competitive officer to apply for the CRNA and Med/Surg specialties. If you know a civilian nurse who is interested in the Direct Accession CRNA Program, have them contact LTC Diaz-Hays ASAP. The candidate must have critical care experience and be eligible to access on to active duty.

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/student. 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.

Fellowships

Army Nurse Corps Branch is accepting nominations for the "A" Proficiency Designator Award Board. Nominations are due at Branch (ATTN: LTC Diaz-Hays) NLT 16 July 2003. AN Branch has posted an Information Paper on its website that explains the "A" Proficiency Designator nomination process and guidelines. If you have questions about the nomination process, call LTC Diaz-Hays at 703-325-2398.

PERSCOM is opening the nomination process for the White House and Congressional Fellowships. AN Branch has posted a memo on its website that explains the White House and Congressional Fellowships. If you have questions about the nomination process, call LTC Diaz-Hays at 703-325-2398.

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

Chemical Casualty Course: <https://ccc.apgea.army.mil/>.

HNLDC and ANLDC:

www.dns.amedd.army.mil/ANPD/index.htm

If you have questions about these course, call LTC Diaz-Hays at 703-325-2398.

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 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 LTC Diaz-Hays a DA 3838 at diazf@hoffman.army.mil.

Residence CGSC

MAJ Lang has input all the RFOs for those officers scheduled to attend residence CGSC. Nurse Corps officers report on 16 July 2003 for the Special Branch Pre-course. The CGSC course starts 18 August 2003.

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.

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 22 Jul 03, 26 Aug 03, and 23 Sep 03. If interested in this terrific board member opportunity, please contact LTC Flavia Diaz-Hays at PERSCOM, diazf@hoffman.army.mil.

Generic Course Guarantee

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

AOC/ASI Producing Courses POCs

Critical Care Course, Emergency Nursing Course: The next course dates are 24 August-19 December 03. POC is LTC Diaz-Hays at diazf@hoffman.army.mil.

Psychiatric-Mental Health: The next course is 27 JUL-29 OCT 03. POC is MAJ Agin, agind@hoffman.army.mil.

OB-GYN Nursing Course: The next course is scheduled for 24 AUG-19 DEC 03. POC is MAJ Agin 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 your 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 Diaz-Hays at diazf@hoffman.army.mil or MAJ Agin at agind@hoffman.army.mil.

Perioperative Nursing Course Manager:

There are changes taking place with the Perioperative courses for May 2003. Because of all the deployments, we are consolidating the available students from four sites into three sites. The courses at Walter Reed Army Medical Center, Brooke Army Medical Center, and William Beaumont Army Medical Center will continue as scheduled. The course at Madigan Army Medical Center will be delayed, but will resume when officers re-deploy. For any questions, please contact LTC Jane Newman at PERSCOM @ 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.

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

Assignment Opportunities for 66F and 66E

66E – 47th CSH, Ft. Lewis, WA, Summer 03
Korea, Fall/Winter 03

66F – Ft. Rucker, AL, Spring 03
Ft. Hood, Summer 03
31st CSH, Ft. Bliss, TX, Summer 03
47th CSH, Ft. Lewis, WA, Summer 03
160th FST, Landstuhl, Germany, Summer 03
212th MSH, Miesau, Germany, Summer 03

Other assignment opportunities are available for 66Fs and 66Es in a variety of locations on our website or contact LTC Jane Newman at newmanj@hoffman.army.mil.

Please contact MAJ 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.

Assignment Opportunities for 66H Lieutenants

Assignment opportunities available for 66H Lieutenants include WBAMC El Paso, TX; Ft. Polk, LA; Ft. Irwin, CA; Ft. Jackson, SC; Wuerzburg and Alaska. **I can negotiate follow on assignments for officers that volunteer to select locations, i.e. Ft Polk, Ft Irwin.** If interested, please contact LTC Diaz-Hays at: diazf@hoffman.army.mil.

Assignment Opportunities for Captains

Please view the website for current openings or contact MAJ(P) Greta Krapohl at krapohlg@hoffman.army.mil.

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

Assignment opportunities are still available for the upcoming summer cycle in a variety of locations, please check our website at https://www.perscomonline.army.mil/OPhsdan/anc_assignments.htm. There are still a variety of critical TOE opportunities available. **I can negotiate a follow on assignment for officers that volunteer for select locations, (Fort Irwin and Fort Polk).** If you are PCS vulnerable for Summer 2003 and do not have an assignment, please contact MAJ Ahearne, ahearnep@hoffman.army.mil.

DEPARTMENT OF NURSING SCIENCE NEWS

On 14 April 03, the staff of the Department of Nursing Science, AMEDD Center and School, were honored to represent a "link to the present" in the LZ Reunion of CPT Donna Rowe and Kathleen Cord-Epps. Donna Rowe, ANC in Vietnam and a DUSTOFF crew, rescued an infant from her dead mother's arms in a Vietnam village. The infant had shrapnel wounds to the abdomen and chest. According to Donna, the policy at the time was that Vietnamese citizens fell

way down to the bottom of the priority list for transport. If they were transported, they were taken to the Vietnamese hospital which was severely lacking in medical capability. The infant would have died. However, due to actions by the crew and Donna, this child received the medical care she needed and survived. The infant was adopted by a Navy Nurse and raised in the U.S. Now, 33 years later, that infant (Kathleen) met Donna, the nurse who helped rescue her. As Donna stated so well “When Americans go into combat, they take their values with them. Not one of these people had to do this. The infantry could have walked away. The DUSTOFF could have refused. The hospital was in the middle of a wave of casualties. That baby could have died and no one would have ever known. But we were Americans. We bent the rules to do what was right. We made it work. Because that’s what we did. That’s who we were.”

successfully complete the program can expect long, productive careers providing life-saving anesthesia nursing care to military beneficiaries. Interested AN officers should explore <http://www.dns.amedd.army.mil/crna/index.htm> for information and application guidelines.

**A SALUTE TO ONE OF OUR OWN
BG (Retired) Lillian Dunlap
14th Chief, Army Nurse Corps
20 January 1922 to 3 April 2003
MAJ Jennifer Petersen**



Donna Rowe speaking with staff from DNS, AMEDDC&S
L-R: COL Harris, CPT McInnis, MAJ Cianci,
CPT Hewitt, MAJ Schanck and LTC Anderson



News from the Officer Advance Course Nurse Liaison
Officers must arrive in good physical condition, able to pass an APFT and must meet height weight standards IAW AR 600-9. **Officers who arrive unable to pass an APFT, are not in compliance with AR 600-9, or are on a temporary profile or a recovery phase of a temporary profile will be dis-enrolled from the course.** Pregnant officers may attend Phase II if the pregnancy does not extend beyond 20 weeks at any time during Phase II. Pregnant officers must fax a physician’s statement verifying they have no medically related complications to the Deputy Director, OAC, Department of Health Care Operations, AMEDDC&S at DSN 471-6456 or com (210) 221-6456. AR 40-501 governs policies regarding pregnant officers. Officers with valid permanent profiles will be tested for the APFT IAW their profiles.

“As I draw to the end of 33 years as an Army Nurse Corps Officer and a professional practitioner, it is reassuring to know that there are those among you and members of my Corps who have the potential and the leadership to direct future actions in nursing. Nobody can do everything, but everybody can do something. It is that something that each of you will do that will improve upon and give direction to the nursing profession.” An excerpt from a commencement address given by BG Lillian Dunlap at the University of Kentucky School of Nursing, Lexington, Kentucky 10 May 1975

US Army Graduate Program in Anesthesia Nursing
Congratulations to the US Army Graduate Program in Anesthesia Nursing (USAGPAN). They were recently named the best military anesthesia nursing program and the second best anesthesia nursing program in the country by *US News and World Report*.

Born in Mission, Texas on 20 January 1922, BG (Retired) Lillian Dunlap, 14th Army Nurse Corps Chief, served over 33 years in the United States Army Nurse Corps. As the eldest of five daughters born to Mary and Ira Dunlap, BG (R) Dunlap was the only nurse in the family. She received her nursing education at Santa Rosa Hospital, San Antonio, Texas. After three years of training and classes, she graduated as a registered nurse in November 1942. The military buildup, resulting from the bombing of Pearl Harbor the previous year, prompted Dunlap’s decision to join the Army Nurse Corps. Her career as an Army nurse began on 16 November 1942 with an initial assignment as a general duty nurse at Brooke General Hospital. Within a month of her initial assignment, at her own appeal, Dunlap’s name was assigned to the list of nurses that would join the 59th Station Hospital in support of overseas troops during World War II. After activation of the

This recognition comes at a time when the program is seeking qualified applicants for its 2004 class. The program is both rewarding and challenging and only the brightest, most motivated officers need to apply to become Army Nurse Anesthetists. Applicants who are accepted and

59th Station Hospital at Camp Young, California and training at Camp Chaffee, Arkansas, the unit served in the Southwest Pacific Area of New Guinea, Admiralty Islands and the Philippines. In field hospitals made of tarpaper and thatching, she cared for patients that had diseases unheard of in her training, diseases such as jungle rot, malaria and typhus.

Dunlap redeployed to the United States in November 1945. During this time, she was assigned positions as a general duty nurse and head nurse at Brooke General Hospital, San Antonio. Demonstrating early potential for leadership, she was appointed a Chief Nurse position at Camp Chaffee, Arkansas. Subsequent assignments included almost every position available in the Army Nurse Corps from staff duty nurse to Army Nurse Corps counselor to Chief Nurse First US Army during Vietnam; from director of nursing activities to assignments with the Office of the Surgeon General. Additionally, BG Dunlap served as an instructor and later Director of Nursing Science at the Academy of Health Sciences. In 1971 when she was sworn in as the 14th Corps Chief of the Army Nurse Corps, BG Dunlap was the second female in the history of the Army Nurse Corps to attain the rank of general, and the fifth female general in all of the military branches.

Service and leadership are two words that describe BG Lillian Dunlap's tenure as Chief of the Army Nurse Corps. BG Dunlap's thirty-three year career encompassed three wars; her term as Corps Chief would see the last of more than five thousand nurses depart from the Republic of Vietnam. Her contributions to clinical nursing, nursing research and nursing education prevail today. Under BG Dunlap's careful guidance the Army Nurse Clinician Program was designed and implemented along with the establishment of multiple Army postgraduate programs for advanced practice nursing. These postgraduate programs included courses to prepare pediatric, obstetric-gynecology, midwifery and ambulatory care nurses.

Without a doubt, one of the most lasting and powerful achievements initiated and supported by BG Dunlap was the elevation of the educational level of the Corps. BG Dunlap's guidance assured the success of the baccalaureate degree as a standard for entry into practice for Army Nurses. The raising of the educational level of the Corps impacted the role of the Army Nurse not only as professional nurses, but also as professional military officers.

She served her country not only in times of peace, but also in times of conflict. Her career as an Army Nurse was marked by numerous "firsts." BG Dunlap was the first Army Nurse to be appointed an assistant professor at the graduate school in Baylor. She was the first Army Nurse to be a nominee for the College of Hospital Administrators. She was the first female general to serve as president of a DA promotion board. BG Dunlap was a firm believer in leadership by example and constantly stressed the need to be aware of the influence that leaders have on those they serve. She opened doors and broke down ceilings, providing selfless service and steadfast leadership to the Army Nurse Corps.

At her Corps Chief swearing-in ceremony, held on 1 September 1971, BG Dunlap related a story in which she described how the Nurse Corps, under her guidance, was going to face the challenges of the future and how she would provide leadership to the nurses. BG Dunlap stated, "I think a dear friend of mine gave me the answer to this leadership question when I asked her how she made such delicious apple pies...pies that were never too tart or too sour as many pies are. My friend smiled and said, "Lil, when I make apple pies I put in all the sugar I think I can afford, and then I shut my eyes and put in a handful more." BG Dunlap went on to say: "I smile to myself when I remember that "handful more" than is required...to give more than is asked. I believe that if each of us gives "one more handful" this habit will benefit not only the Corps, but more so those who receive our services. As Chief, I pledge for the Army Nurse Corps, to give one more handful." And in her remarkable manner, she always did just this.

BG Dunlap retired from the Army Nurse Corps in 1979. Upon her retirement, BG Dunlap returned to her hometown, San Antonio, TX. In her retirement, she remained dedicated to make a difference in some way. BG Dunlap served as the first woman on the Board of the National Bank of Fort Sam Houston. She also served as a member of the Board of Trustees of Incarnate Word College where she took a personal interest in the nursing curriculum, particularly the Master of Science in Nursing program. It is significant to note that Incarnate Word College's first endowed chair, dedicated to the promotion of excellence in nursing education, was named the BG Lillian Dunlap Professional Chair in Nursing. Perhaps the project nearest to her heart was the completion of the Army Medical Department Museum at Fort Sam Houston. Designated by the Surgeon General as an official museum, work began in 1979. BG Dunlap was a founding member and president for 24 years of the Army Medical Department Museum at Fort Sam Houston. On 3 April 2003, at the age of 81, BG Dunlap died at Brooke Army Medical Center in San Antonio. The Army Nurse Corps salutes the dedication, accomplishments, and self-less service of our 14th Corps Chief, BG (Retired) Lillian Dunlap.

Historical Data located at the Army Nurse Corps Collection, United States Army, Office of Medical History, Office of the Surgeon General, Washington D.C. February 2003

NATIONAL NURSES WEEK
MAJ Jennifer Petersen

"Nurses: Lifting Spirits, Touching Lives" is this year's theme for National Nurses Week, celebrated May 6-12 each year. National Nurses Week begins May 6 and ends on May 12, Florence Nightingale's birthday. These permanent dates enhance planning and position National Nurses Week as an established recognition event. As of 1998, May 8 was designated as National Student Nurses Day, to be celebrated annually, as well. Starting in 2003, National School Nurse Day will be celebrated on the Wednesday within National Nurses Week (May 6-12) each year. Previously, the fourth Wednesday in January had been set aside for the recognition

of school nurses by the National Association of School Nurses (NASN).

A Brief History of National Nurses Week

Since 1953-1982, numerous efforts to establish a National Nurses Day were initiated, but it was not until President Ronald Reagan signed a proclamation on March 25, proclaiming "National Recognition Day for Nurses" to be May 6, 1982.

1990-The ANA Board of Directors expanded the recognition of nurses to a week-long celebration, declaring May 6 - 12, 1991, as National Nurses Week.

1993-The ANA Board of Directors designated May 6 - 12 as permanent dates to observe National Nurses Week in 1994 and in all subsequent years.

1996-The ANA initiated "National RN Recognition Day" on May 6, 1996, to honor the Nation's indispensable registered nurses for their tireless commitment 365 days a year. The ANA encourages its state and territorial nurses associations and other organizations to acknowledge May 6, 1996 as "National RN Recognition Day."

1997-The ANA Board of Directors, at the request of the National Student Nurses Association, designated May 8 as National Student Nurses Day.

Reprinted from the Nursing World: National Nurses Week Website-
www.nursingworld.org/pressrel/nnw.

CRITICAL CARE CORNER
AACN's National Teaching Institute
and Critical Care Exposition
17-22 May San Antonio, Texas
COL Juanita Winfree

The American Association of Critical Care Nurses (AACN) hosts the annual NTI Conference in San Antonio, Texas from 17-22 May. The conference brochure is available online at <http://www.aacn.org/nti>.

This year, General (Retired) Clara Adams-Ender will receive the prestigious Marguerite Rodgers Kinney Award for a distinguished career, in recognition of her contributions to nursing and critical care on 19 May from 0900-1145 at the Henry B Gonzalez Convention Center during the opening session of the AACN National Teaching Institute & Critical Care Exposition. AACN has reserved seats for Army Nurses in the front rows during the opening session. If you plan to attend this conference, please wear your Class A Uniform to the Opening Session to support the "sea of green."

AACN will issue complimentary day passes for ANs who are not attending the NTI, but may be in the local area and would like to attend the Opening Session. The day pass entitles the person to sit in on any of the afternoon education sessions, but

unfortunately CE credit cannot be awarded unless the person actually registers.

AACN is requesting several Army Nurses to assist with a recruiting tour of high school students on **22 May from 0830-1300** to talk about nursing, tour the Critical Care Exposition and have lunch. For more information on these events, please contact MAJ Laura Feider at laura.feider@amedd.army.mil or 210-221-6221/6659.

ANESTHESIA NURSING NEWS
U.S. Army Graduate Program in Anesthesia Nursing
LTC Nate Apatov

Applications for the anesthesia nursing program are now being taken. If you would like to apply for the U.S. Army Graduate Program in Anesthesia Nursing, now is the time to act. The U.S. Army Graduate Program in Anesthesia Nursing is a challenging graduate-level education program that is 30 months in duration. Graduates earn a Masters of Science in Nursing degree from The University of Texas Health Science Center at Houston, and are eligible to take the national certification examination to practice anesthesia. The Army's Nurse Anesthesia Program was recently ranked the number two anesthesia nursing program in the nation by *US News and World Report*. Contact your Chief of Nursing Education of your facilities, Chief Certified Registered Nurse Anesthetist (CRNA) or log onto the Nurse Anesthesia web site at <http://www.dns.amedd.army.mil/crna/index.htm> for more information and application guidelines.

USAREC NEWS
COL Ann Richardson

COL Kathleen Simpson and I recently attended the National Student Nurses Association Convention in Phoenix, Arizona. It was an honor to represent the Army Nurse Corps at this annual event, attended by nearly 3000 nursing students and faculty members throughout the United States.

Our recruiting efforts were supported by healthcare recruiters from the 2nd and 6th AMEDD Detachments: CPT Frederick Davidson, CPT Brian Weisgram, CPT Vincent Gales, SFC Wayne Williams and SFC Yolanda Ramos. Our logistical support was provided by SFC Robin Maes from the U.S. Army Recruiting Support Battalion. We had an outstanding team and made numerous contacts with young and energetic nursing students who will hopefully decide to join the Army Nurse Corps.

In addition to recruiting future leaders of the Army Nurse Corps, we also attended the Annual Awards Ceremony. The Spirit of Nursing (SON) Award Program is a joint program between U.S. Army Recruiting Command, the Army Nurse Corps and the National Student Nurses Association. The SON Award is given to an exceptional nursing student.

Nominations are submitted by deans or program directors from nursing schools around the nation. A board is convened

at USAREC and looks at community involvement, academic achievement, professional involvement and leadership experience. The winner of this prestigious award is recognized at the Annual Awards Ceremony at the NSNA. The 2003 SON winner is Amanda Hoffman, a senior nursing student at the Mississippi University for Women. This highly motivated young woman will graduate in May with a cumulative grade point average of 3.98. Although Amanda won't be joining the ANC, she will begin her nursing career in critical care at the North Mississippi Medical Center in Tupelo, Mississippi. She eventually wants to pursue a Master's Degree in Anesthesia Nursing.

Following the Awards Ceremony, USAREC sponsored a gala reception for all attendees. The National Student Nurses Association and its annual convention continue to be an important recruiting venue for the Army Nurse Corps.

NURSING RESEARCH
Issues and Challenges in Working with
Large Health-Related Databases
MAJ (P) Caterina Lasome

Individuals working in today's healthcare environment collect a myriad of data, from patient care information to administrative and financial data to research data. Most of these data are collected either by paper and pencil or electronically. Eventually, most data are housed in a database that allows the data to be manipulated into reports. The goal of this data collection is to provide useful information to aid in making decisions.

Accessing these databases can be a complex and time-consuming task. Further, not all nursing personnel will have a sufficient degree of knowledge of personal computers, basic file handling techniques, spreadsheets and databases, and statistical software packages to be adequately prepared to obtain data from these types of databases. Fortunately, there are several key individuals within our military treatment facilities that can assist with this task. The purpose of this column is to provide nurses with a basic understanding about some of the issues and challenges in working with large healthcare databases, their potential uses, and resources available to support their information needs.

What is a Large Healthcare Database?

Quite simply, large healthcare databases are nothing more than a collection of data points that are obtained from patients, providers, and/or healthcare facilities and placed into some type of structured file format (table, spreadsheet, or database). These data exist in both the public and private sectors and are collected for a variety of reasons; patient care, research, administrative, financial (billing), claims, and mandatory compliance reporting to name a few. It is important to understand exactly what data is stored in a particular database. The best resource for this information is called the data dictionary or documentation file. It is not uncommon to need data points from multiple databases to answer specific

questions, so knowledge of what data is contained in each particular database is very valuable.

Where are these data sources located?

Notable examples of public sources of healthcare data sets can be found at the National Institutes of Health (NIH), Agency for Healthcare Research and Quality (AHRQ), Center for Medicare and Medicaid Services (CMS, formerly known as HCFA), and the Department of Health and Human Services (DHHS). Of most import for nurses working in the Army environment, however, are those databases that contain our patient and personnel information. Examples are the Composite Health Care System (CHCS), Medical Expense Performance and Reporting System (MEPERS), Uniform Chart of Accounts Personnel System (UCAPERS), and Military Health System (MHS) Management Analysis and Reporting Tool (M2) to name a few. The Executive Information and Decision Support (EI/DS) Program Office provides decision support information and tools used by MHS managers, clinicians, and analysts to manage the business of healthcare within the MHS. To learn more about available databases that may be helpful in your environment, visit the following website: <http://testportal.ha.osd.mil/>

It is important to know that access to some of these databases may be limited to a few individuals within a facility. Although one may not be able to directly access data and create reports, there are individuals that can support your data and information needs. An excellent place to start is your local or regional Nursing Research Service. Nurse researchers at these facilities are often well versed in accessing these databases, but more importantly, they are knowledgeable about the data definitions so one gets the correct data for the question at hand. Another helpful resource at your facility may be the Nurse Methods Analyst (NMA). NMAs have specialized training in data collection, retrieval, and analysis at the department, facility, and AMEDD level and can provide useful guidance and assistance to those nurses who may ask questions such as, "What are the top ten DRGs for my unit or section?" "How does my length of stay for this DRG this compare to X facility?"

Advantages and Limitations in Using Large Healthcare Data Sets

Large healthcare databases offer nurses many advantages. Because much of the data is collected as part of normal work efforts as well as automatic reporting features at the end of the month, there are significant cost and time savings associated with using available databases rather than attempting to collect your own information for a particular need. Further, these data are the very ones used by other key decision-makers within one's facility, so knowledge about how these data are collected and subsequently reported, as well as some of their limitations, will allow nurses to be more informed about the decision-making process at higher levels within the facility. Finally, these data serve as excellent opportunities to explore clinical, administrative, and research issues as part of process action teams and school-related research projects (thesis/dissertation).

These large databases are not without their limitations. Individuals considering using these data should be aware that data accuracy and quality may be suspect and should be verified. It is not uncommon to have variations in things such as data entry procedures and coding requirements between departments or facilities that may impact the ability to make comparisons. Further, there is often a time lag between when data are collected and when they are available in the database. Consequently, these databases may not be the best resource for time-sensitive information needs. There may also be data collection gaps that could yield valuable clinical information such as comorbid conditions and severity of illness. It is important to review the documentation files (data dictionary) to ensure you fully understand the data that is housed in each database and whether they are suitable for your concern. While this list is not all-inclusive of limitations, it does serve as a reminder that significant consideration must be given to data analysis when using large healthcare databases.

Individuals interested in using large healthcare databases to support their clinical, administrative, or research practices are encouraged to seek assistance from facility nurse researchers or NMAs. They will be invaluable in helping to determine the appropriateness and suitability of the data for the issue or question(s) at hand. To learn more about issues to consider with large databases, see those articles referenced below.

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ADVANCING NURSING PRACTICE
Putting Evidence Into Nursing Practice
LTC Deborah Kenny, PhD

Evidence-based protocols are finding their way into the clinical areas in many of our MTFs. Several nurses have volunteered information about the evidence-based protocols they are developing or implementing in their facilities and they are presented here for this month's column. This listing is not exhaustive, but it is a sample of some of the initiatives in the military arena. The POCs below would be more than happy to share both the protocols and their experience with development.

Brooke Army Medical Center is currently working on developing a protocol to decrease the incidence of ventilator-acquired pneumonia. POC for this is COL Cynthia Abbott at cynthia.abbott@cen.amedd.army.mil. Also at Ft. Sam Houston, COL Stacey Young-McCaughan, MEDCOM, is developing several clinical guidelines to cover various healthcare and disease entities. She can be contacted at stacey.young-mccaughan@cen.amedd.army.mil.

At Tripler Army Medical Center, LTC Patricia Wilhelm has spearheaded the development of an evidence-based protocol for venous access devices. LTC Wilhelm can be contacted at patricia.wilhelm@haw.tamc.amedd.army.mil.

Nursing Research Service at Walter Reed Army Medical Center (WRAMC) is working on several protocols with Performance Improvement Chief, Dr. Suzie Miltner. Currently, WRAMC has completed a evidence-based protocol for animal visitation and one on tracheostomy care is under development. POC for these protocols are LTC Deb Kenny at deborah.kenny@na.amedd.army.mil or Dr. Miltner at rebecca.miltner@na.amedd.army.mil.

The TriService Nursing Research Program initiated a plan for advancing evidence-based projects across the Army, Navy and Air Force. While most of these projects are just beginning, some Navy and Air Force facilities have already developed and implemented evidence-based projects. Navy CDR Denise Boren at Portsmouth Naval Medical Center is working on several evidence-based protocols that she is willing to share. These include bladder scanning to determine the need for catheterization, umbilical cord care in neonates and standardization of Keep Vein Open (KVO) rates for intravenous lines. Her contact information is dmboren@mar.med.navy.mil. Air Force nurse, Lt. Col. Liz Bridges has been instrumental in development of protocols for air transport of patients. Her work includes measurement of skin pressure of patients on NATO litters and environmental temperature differences within transport aircraft. She can be contacted at elizabeth.bridges@59mdw.whmc.af.mil.

I am certain there are other protocols either completed or in various stages of development throughout the AMEDD. If you are willing to share one you are developing or have implemented, I would encourage you to send me your information so that it can be publicized for others' use or benefit. If anyone has any questions about the process of putting new knowledge into practice, please e-mail me at deborah.kenny@na.amedd.army.mil or contact me at DSN 662-7025 and answers can be discussed in a future column.

GOVERNMENT LIAISONS
COL Melissa Forsythe, PhD

Are you an active researcher or interested in research? Have you or are you planning to submit a grant proposal for funding? Have you ever wondered what scientific peer review sessions are like? If you answered 'yes' to one or more of these questions, read on! Opportunities are now open for active duty officers and federal civilians to serve as Government Liaisons providing oversight during upcoming peer review panels reviewing breast, prostate, and ovarian cancer, neurofibromatosis, and tuberous sclerosis complex research program proposals for the Department of Defense. This year, at least 50 panels will convene over ten three-day sessions to review the scientific merit of an anticipated 2700 proposals submitted to these programs.

As the government's official representative during these peer review proceedings, Government Liaisons are literally the 'eyes and ears' of the panel, observing interactions among panel members, ensuring that appropriate procedures are adhered to and controversial issues are recorded, and monitoring conflicts of interest. During the proceedings, there are opportunities to meet and interact with some of the nation's top scientists and clinicians, as well as survivors of these diseases who are members of each panel.

Government Liaisons serve a single panel for a period of two to three days. All panel sessions are held at hotel conference centers in the greater Washington, DC metropolitan area. The government reimburses Government Liaisons for travel, hotel, per diem, and other reasonable allowable costs. An information package is sent to each liaison before the meeting and an orientation session is held on site to discuss specific responsibilities. No prior experience is needed. Preference is given to those having or studying for a masters or doctoral degree, although other interested personnel will be considered on an individual basis.

Previous Government Liaisons have found the peer review process not only interesting and informative, but also useful in providing insight into how scientific proposals are reviewed. Thus, the experience can really benefit anyone thinking of submitting a grant proposal to any funding organization. Others serving as Government Liaisons have found the experience invaluable for the opportunity to meet and interact with other Federal and civilian employees.

Last year, LTC Nancy Soltez, Chief of Education at Irwin Army Community Hospital (IACH), Ft. Riley, Kansas, was searching for creative ways to maintain the skills of the hospital's 91Ws, nurses, and doctors. Through a contact she made as a Government Liaison, LTC Soltez was introduced to a researcher at the Army's Medical Research & Materiel Command who enrolled IACH as a Beta site for a research protocol studying the effectiveness of using human simulators to train hospital staff. As a result, IACH acquired a human simulator to use while participating in the study. Thus, opportunities to Government Liaisons extend far beyond just the actual peer review sessions.

Peer Review panels are run by the Congressionally Directed Medical Research Programs (CDMRP), which administers the Department of Defense's Breast, Prostate, and Ovarian Cancer, Neurofibromatosis, and Tuberous Sclerosis Research Programs, and other disease specific research programs. CDMRP's mission is to find and fund the best research that will lead to the complete eradication of these cancers and other select diseases. All monies used to fund this research are provided by congressional appropriations in response to requests from advocacy groups. For FY03, the CDMRP is administering a total budget of over \$350 million dollars that will be awarded to scientists and clinicians submitting the most meritorious scientific research proposals. Specifically, Congress appropriated \$150 million for Breast Cancer, \$85 million for Prostate Cancer, \$12 million for Ovarian Cancer, \$20 million for Neurofibromatosis, and \$2 million for

Tuberous Sclerosis Complex research this year. Awards will be made for proposals that are evaluated during this year's peer review panels.

Peer Review panels are organized around the types of proposals submitted, and can vary from Behavioral Science to Pathobiology, Physical Imaging to Radiation Oncology. A number of panels still have openings for Government Liaisons. There's no limit to the number of panels in which an individual can serve and signing up for consecutive sessions is definitely permitted. In addition, interested individuals residing or stationed in the National Capitol Area are needed who can serve in an 'on-call' status to fill unanticipated vacancies. Dates of the upcoming panels are:

Prostate Cancer Session 1 (8-10 June 03)
Prostate Cancer Session 2 (11-13 June 03)
Ovarian Cancer Session (11-13 June 03)
Breast Cancer Session 1 (20-22 July 03)
Breast Cancer Session 2 (23-25 July 03)
Breast Cancer Session 3 (27-29 July 03)
Breast Cancer Session 4 (30 July-1 Aug 03)
Breast Cancer Session 5 (17-19 Sept 03)
Neurofibromatosis & Tuberous Sclerosis Complex (14-16 Oct 03)

Interested personnel who have the approval of their supervisor are asked to send the following information to Mr. Paul Porreca, Government Liaison Coordinator at the CDMRP by calling 301.619.7071 or via email at porrecap@det.amedd.army.mil. Needed information includes:

Name, Rank, Title:
Panel Preference:
Social Security Number:
Military Mailing Address:
E-mail Address:
Phone Number (Commercial & DSN if available):
Fax Number:
Point of Contact for the TDY Fund Cite:

Questions about the Government Liaison program can be directed to Dr. Richard Kenyon, Breast Cancer Research Program Manager, or COL Melissa Forsythe, AN, PhD, Deputy Director, both at the Congressionally Directed Medical Research Programs, by calling 301.619.7071, by email at rkenyon@det.amedd.army.mil or mforsythe@det.amedd.army.mil.

**AUTOMATED STAFFING ASSESSMENT MODEL
(ASAM) UPDATE
COL Aida Perez**

One of the MEDCOM Manpower Division's important mission is to determine the manpower resources to meet the mission requirements of a Medical Treatment Facility (MTF). Currently we use the Automated Staffing Assessment Model III (ASAM III). The standards and formulas used in previous versions of this model were based on historical workload. As

a result, the manpower requirements reflected the work done by the present workforce, not the work that should be done by the workforce needed to serve the patient population. The current version of this model is population based for Primary Care and Specialty Care Services. The other functional areas are based on patient acuity, workload, and forecasted demand.

Every two years, as part of the planning, programming, budgeting and execution process, the MEDCOM Manpower Requirements Branch conducts a Manpower Assessment of all MTF's with the exception of Korea and Japan. Manpower Assessment is the virtual or onsite application of the Automated Staffing Assessment Model. The schedule for the ASAM assessments is listed as follows:

SITE	MONTH
FT Bliss, FT Benning, FT Carson, MAMC, FT Stewart,	MAY
FT Campbell, DDEAMC, FT Jackson	JUNE
FT Belvoir, FT Meade, WRAMC	JULY
FT Polk	AUG

Tips on preparing for a manpower assessment process:

1. **Know your Baseline Requirements:** Request a copy of the TDA from your Resource Management Office and review the document. Prepare a list of assigned personnel in your unit including over hires, temporaries, borrowed military, and contractors. Information regarding assigned personnel will be needed when you are asked to fill out the Data Call Sheet provided by the Manpower Assessment Team Leader.

2. **Know your Mission:** Your mission is documented in your TDA. Ensure the service you are providing is listed in the mission statement. If it is not, bring it to the attention of the Team Leader. Also address any unique missions.

3. **Be familiar with the organizational structure within your department/service:** Know your unit organizational structure and your unit's scope of service. Does your unit provide multispecialty care e.g. Medical/ Surgical Ward, recovery room care after duty hours? Does your unit have observation beds?

4. Know the System Source for your Population and Workload Data:

a. **Population Data Sources:** Defense Eligibility Enrollment System (DEERS), Standard Ambulatory Data Record (SADR), Standard Inpatient Data Record (SIDR), U.S. Army Training and Doctrine Command (TRADOC)

b. **Patient Acuity Data Source:** Workload Management System for Nursing (WMSN)

c. **Workload Data Sources:** (minutes of service, APV procedures): Medical Expense & Performance Reporting System (MEPRS)

d. **Staff Scheduling Data Sources (availability time, non-available time):** Uniform Chart of Accounts Personnel Expense Reporting System (UCAPERS)

5. **Participate in the ASAM Review Process:** Bring up issues related to manpower and staffing determination and participate in issue resolution. Provide feedback to improve the manpower assessment process and staffing models. Automated Staffing Assessment Model (ASAM) is a Headquarters, Department of Army-certified manpower requirements determination model. It enables The Surgeon General to meet the regulation, AR 570-4, manpower management responsibilities. In addition, ASAM assists commanders in business planning to meet local market requirements. Finally, ASAM accurately depicts Army medical requirements necessary to support peacetime healthcare delivery and medical operational readiness. For questions the POC is COL Aida Perez, DSN 471-7210 or aida.perez2@cen.amedd.army.mil.

USAA MAGAZINE
“How To Survive Double Deployment”

Twelve-year old Chris Newman looked at the family photo on his nightstand every evening. Although seeing it sometimes made him sad, it also helped him remember what his mom and dad looked like. For his brother, William, 7, it was being tucked in at bedtime that he missed the most. “It was hard to live without my mom and dad for all those days. I missed them a bunch,” the second-grader says. Having both parents deployed at the same time for five and a half months called for a lot of adjusting from the Newman brothers-not to mention a few others.

Just as thousands of troops are deploying now to the Middle East, Chris and William's parents knew right after September 11 that they both might be deployed. Army LTC Carol Newman is assistant chief nurse at Blanchfield Army Community Hospital at Fort Campbell, KY. Her husband, Chief Warrant Officer Ryan Newman, is a Black Hawk helicopter pilot and aviation safety officer for 6th Battalion 101st Aviation Regiment, there. The couple had discussed the possibility of deployment with their children ever since the boys were young, Carol says, and the boys were used to one parent or the other being gone several weeks or months at a time for training. But this was different.

Notified in October 2001 about an impending deployment, Carol had only seven weeks to prepare her children for her departure in December as deputy commander for nursing with the 86th Combat Support Hospital. Located in Uzbekistan, it was the only level 3 trauma hospital in the Afghanistan area of operations. Carol wouldn't return until the following summer. Meanwhile, in February 2002 Ryan had the opportunity to command the airfield in Kandahar, Afghanistan when the former airfield manager had a medical emergency. Even though it was difficult to leave his sons behind, Ryan notes that wartime is what being a soldier is all about. “Forty-eight hours later, I was on an airplane headed for Afghanistan.” While it was hard to be apart, the family kept in touch through letters, e-mails and weekly phone calls.

Fortunately, the Newmans began preparing for a possible double deployment right after September 11, and they keep their plan updated today. Carol ordered a Deployment Guide and the couple reviewed their legal and financial issues, as well as their Family Care Plan. The military services require dual-career couples, as well as single parent service members, to complete a Family Care Plan. "We asked a civilian family we knew through Boy Scouts here in Clarksville to take care of the boys," Carol says. "We wanted to keep our children here so they could stay in the same school system. We felt it would be the least disruptive for them." While it's complicated and time-consuming for couples to prepare a Family Care Plan that addresses every contingency, Ryan says, "When you need it, you'll be glad you've got one that really works."

Regarding their financial and legal issues, the Newmans set up automatic electronic payments for their insurance policies and other bills. They opted to use debit cards to avoid generating bills while they were gone. They also set up a special bank account that the care-giving family could access to provide for ongoing expenses for their children and pets. The Newmans put their cars and storage and reduced their auto insurance coverage until they returned. They also updated their wills, powers of attorney and other legal documents, and set up a home security system, since their house would be unoccupied.

When Carol returned Jul 14, 2002, it didn't take long to become a family again, says Chris. "Mom was in such a good mood, nothing made her mad!" he recalls with a grin. "She would bake cakes and cookies and brownies. She was just so happy to be back." The family was pleasantly surprised by Ryan's early arrival a week later on July 21. "We're back to normal," say Carol smiling. "I'm yelling at them to take our the trash. You know, all those little things that family life is all about." "But we are so proud of the boys," she continues. "They both maintained straight A's while we were gone. They also did very well in scouting. Christopher just received his Life award, so he's one step away from Eagle Scout."

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NURSING SPECTRUM ARTICLE
"Army Nurses Make Historic Jump
Into Northern Iraq: 250th FST"
Janet Boivin, RN

On a dark, moonless night in March, Army nurses Maj. Brad West, Capt. Glen Carlsson, and Sgt. First Class Robert C. Novak made military nursing history by parachuting into a war zone in northern Iraq.

A week after the start of Operation Iraqi Freedom, the three nurses, part of the Army's 250th Forward Surgical Team (FST) Airborne, were among a thousand paratroopers of the 173rd Airborne Brigade who loaded into 15 Air Force C-17 airplanes in Italy and headed toward Iraq.

Once over the drop zone near the city of Bashur, 30 miles from the Turkish border, the paratroopers made the largest parachute assault since World War II. It was only the 29th combat jump in US Army history.

The Army Nurse Corps (ANC) does not have a record of other nurses who have jumped into combat but is now collecting that data, says a spokesperson for the ANC. However, it is clear West, Carlsson, and Novak joined an exclusive club when they jumped into Iraq. The three nurses are now eligible to receive a gold star on their combat parachutist badge that is awarded to soldiers who jump into combat. "Mass tactical combat jumps are extremely rare," says West, a certified registered nurse anesthetist and chief nurse of the 250th FST based out of Ft. Lewis in Washington state. "This type of airborne assault happened mostly in World War II when nurses were not allowed to jump into a combat zone."

Although there are other airborne nurses in the 250th FST, only West, Carlsson, and Novak were selected as members of the Alpha team. "We are part of the Alpha team that is able to do life or limb surgery on a limited basis until the Bravo team is able to fly the remainder of our equipment into the area," says West. "We prepared two of our vehicles in Italy with medical equipment to be parachuted out of planes ahead of our arrival on the drop zone."

Long, Tense Ride to Drop Zone

Getting to the drop zone was an uncomfortable and tense five-hour journey for all the paratroopers.

"Most guys try to get some rest, reflect, pray, and that sort of thing during the flight," says West. "You are packed in like sardines and moving is nearly impossible; so your legs fall asleep, and you do your best to try to find a comfortable position and hope the guy next to you doesn't move. With all your gear and the harness attached very tight, it gets to be a very uncomfortable experience."

During the flight, Carlsson, an ED nurse, found he had too much time to think about what could go wrong. "Prior to the flight, we were pretty busy, so there was little time for me to think about the actual jump," Carlsson says. "But during the flight, you have little else to do but think. I had three main worries. My first worry was about getting shot or wounded in the drop zone. I have a 2-year-old son and a baby on the way. Next, I was worried about getting hurt when hitting the ground. And last, I was concerned about getting lost."

About 20 minutes before arriving at the drop zone, the pensive mood in West's aircraft changed. "Everyone was pretty quiet up until the jumpmaster yelled out, '20 minutes,'" says West. "Then he yelled, 'Are you ready to kick some a**?' and the whole plane was filled with a loud roaring 'YES.' The next commands were '10 minutes;' 'get ready;' 'outboard personnel, stand up;' 'inboard personnel, stand up;' 'hook up;' 'check static lines;' 'check equipment;' 'sound off for equipment check;' 'stand by;' and then finally when the red light changed to green —'GO.' And we were out the door."

Jump Brings Relief

Despite any trepidation the men had about jumping into enemy territory, they were happy to leave the aircraft.

“I think one good thing comes from all the physical discomfort: you will do just about anything to get that gear off, and if that means jumping into hell, you would do it,” says West.

The 173rd didn’t jump into hell, but it was a night time assault with the potential for danger. The soldiers could have been shot at or injured during the fall. Prior to the flight, all the paratroopers practiced parachute landing falls by jumping off a raised platform in several directions to make sure they were able to land without getting hurt.

Fortunately, there were only minor injuries during the real event. Novak, a critical care LPN and team first sergeant, sustained a head concussion during his landing. “He was dazed and came to his senses a few moment later only to realize he was lying in a pool of ice-cold muddy water,” says West. “Sgt. First Class Novak is an experienced paratrooper, so he immediately knew he needed to get back to the team and change his wet gear before becoming a casualty of hypothermia,” says West.

Carlsson says of his jump experience, “It felt good to be out of the aircraft; but it was a dark night with little moonlight, so I couldn’t see the ground at all. This meant I couldn’t tell when to lower my equipment on its 15-foot line or prepare to land. So when I figured I had been in the air long enough, I lowered my equipment. It was just in time because right after I pulled the release, I hit the ground. It was one of my softer landings, but that was because I landed in calf-deep mud.”

The mud also softened West’s fall to earth. “Jumping from the loud turbulence of the aircraft, you get the jerk of your life as the parachute opens, and then it is totally silent until you hit the ground,” says West. “I pulled my quick release, which allowed my gear to hang below me about 15 feet so I would not be so heavy when I hit the ground. I knew the ground would come fast, so I kept my feet and knees together the whole way down. It was a pretty hard landing, but the ground was muddy and absorbed a lot of the impact. “We got everyone to put on some dry clothes and then started looking for shelter,” West says. “We didn’t have our tents, and it was a very cold, wet night; so we decided to lay down some ponchos and let most of the guys get some rest and try to get warm by lying close together on the road.”

War Winds Down, but 173rd Remains in Iraq

The 173rd Airborne had been sent to Iraq to secure an airfield in which to drop equipment and supplies. The military also wanted to gain a foothold in the northern part of the country controlled by Kurds and fraught with ethnic tensions. West, Carlsson, and Novak, along with two surgeons and two OR techs, were assigned to the brigade to provide medical care.

“Our role with the 173rd is to provide it with a forward surgical capability that will allow soldiers who have been

injured, but who otherwise may not survive their wounds without immediate treatment, to make it to a rear area for definitive care,” says Novak.

Soldiers of the 173rd have since moved to Kirkuk, a city further to the south located near many of Iraq’s oil fields. West, Carlsson, and Novak, along with other members of the FST, set up their medical equipment and supplies on an airfield in the area. Their surgical accommodations consist of three new tents — one for the ED, one for the OR, and one for the ICU.



L-R: MAJ West, CPT Carrlson, and SFC Novak

The FST’s equipment was recently upgraded and includes new fluid warming systems, ventilators, two forced-air warming devices, portable SPO2 monitors, portable ultrasound, and new IV pumps, says West. The newer equipment is partly the result of recommendations made when the 250th FST was in Kandahar, Afghanistan, last spring. West says the 250th FST is the first FST to field the Magellan 2200 anesthesia machine. The Magellan 2200 has a ventilator built into the system and has an air compressor to run the ventilator. The FST normally uses an Ohmeada drawover anesthesia machine that relies on patients to breathe on their own or the provider to manually ventilate the patient.

“We are set up on an airfield with no utilities, so we have to keep two generators fueled and running for electricity,” says Carlsson. “All of our drinking water and food has to be picked up and brought back to the area, along with any other form of medical or other supply.

“We also are on a constant lookout for anything of use to us, such as tables and chairs,” Carlsson says. “For example, we had no running water for bathing or washing clothes. But we were able to scrounge around and find enough pipe to tap into a water source several hundred yards away. Nothing is better for morale than to be able to wash yourself and your clothes when you can no longer stand your own odor.”

Fortunately, the team has not had many patients since major combat ended relatively swiftly in the war. The team members are not allowed to say how many patients the team has treated or the nature of their injuries.

“Although most of the fighting may be over, that doesn’t mean no one is going to get shot or injured,” says Carlsson. “Even with no fighting going on, the Army works with a lot of dangerous machinery and material, such as heavy equipment, fuel, weapons, and vehicles. Accidents are possible, and the soldiers deserve to have the best medical care possible available to them in the field.”

Janet Boivin, RN, is editorial director of Nursing Spectrum. Reprinted with permission from Nursing Spectrum 2003.



Dr. Anita Newcomb McGee Award Nominations

The Dr. Anita Newcomb McGee Award recognizes professional and military nursing excellence and is sponsored annually by the Daughters of the American Revolution (DAR). Dr. McGee, known as the “Founder of the Army Nurse Corps,” was the author of the bill to establish the Corps (female). This bill became Section 19 of the Army Reorganization Act of 1901 and established the Nurse Corps as a permanent corps of the Medical Department effective 2 February 1901. The DAR initiated the Dr. Anita Newcomb McGee Award in 1967. This award is presented annually at the DAR Continental Congress in Washington, D.C. at Constitution Hall. **Dr. Anita Newcomb McGee award nominations are due to MAJ Laura Feider NLT 16 MAY via email, fax or hard copy to:**

AMEDD C&S
 ATTN: MCCS-CN, Suite 275 (MAJ Feider)
 2250 Stanley Road
 Ft. Sam Houston, TX 78234-6100
 Email: laura.feider@amedd.army.mil
 Phone: 210-221-6221/6659
 Fax: 210-221-8360

Office of Medical History Seeking Historical Information Regarding Operation Iraqi Freedom, Operation Enduring Freedom and Other Recent Deployments

The Army Nurse Corps (ANC) Historian, Office of Medical History, Office of the Surgeon General, is actively collecting documents, journals, photographs and oral histories regarding the Army Nurse Corps support of recent operations. These items will be archived in the Army Nurse Corps Historical Collection. Additionally, oral histories will be conducted. If you are interested in participating in this program, please contact the ANC Historian. Please forward any pertinent documents or photographs (digital or hardcopy) to the following address:

Office of Medical History
Attention: DASG-MH
Army Nurse Corps Historian
5109 Leesburg Pike
Suite 401B
Falls Church, VA 22041
jennifer.petersen@OTSG.AMEDD.ARMY.MIL
 ANC History Website:
<http://history.amedd.army.mil/ancwebiste/anchhome.html>

If you have questions regarding this history collection or making donations to the Army Nurse Corps Historical Collection contact the ANC Historian: (703) 681-2849 or DSN 761-2849 or send email inquiries to MAJ Jennifer Petersen, ANC Historian.

Advanced Nurse Practitioner Symposium

The Second Annual Advanced Nurse Practitioner Symposium will be held at Brooke Army Medical Center **15-16 May 2003**. This program is designed to provide advance practice nurses in primary care with practical information for patient care. The course format allows for significant and free exchange of ideas. Contact CPT Curtis Aberle at curtis.aberle@amedd.army.mil.

2003 Summer Institute on Evidence-Based Practice

You're invited to take part in the 2003 Summer Institute on Evidence-Based Practice "Best Practice: Improving Quality" **July 10-12 2003**, Adam's Mark Hotel in San Antonio, Texas

Summer Institute

During this 2½-day interdisciplinary institute, experts will present a coordinated curriculum on EBP. Major topics include response to the current mandate to 'cross the quality chasm' in health care through evidence-based practice, team building for EBP, integrating best practice into systems of care, and the role of clinical associations in EBP. This Institute has been approved for 15.75 hours in AMA Category 1 Credit and 17.7 Nursing Contact hours. For more information, please visit the website:

www.acestar.uthscsa.edu/institute/su03.html or to receive a brochure, send your postal address to acestar@uthscsa.edu.

Graduate Courses in EBP Pre- and Post-Masters and Pre- and Post-Doctoral Courses in EBP

Formal graduate coursework in evidence-based practice is offered in conjunction with the 2003 EBP Summer Institute. Coursework is provided through the School of Nursing of The University of Texas Health Science Center at San Antonio. Two courses are offered sequentially: one in July and the second in Fall, 2003, totaling 6 semester credit hours. For the first course, attendance at the Institute is requisite and students pay course tuition. For more information, please contact Kathleen Stevens at 210-567-3135 or stevensk@uthscsa.edu.

Force Health Protection- A Military Imperative 11-17 August in Albuquerque, New Mexico

The Sixth Annual Force Health Protection Conference will be held 11 – 17 August 2003, at the Convention Center in Albuquerque, New Mexico. The theme for the conference is Force Health Protection – A Military Imperative. The U.S. Army Center for Health Promotion and Preventive Medicine, Aberdeen Proving Ground, MD, will host this premier preventive medicine conference.

The conference will provide the multidisciplinary military and civilian force health protection community with the opportunity to increase knowledge and awareness of current issues, attend short courses for professional development, mentor, network, and earn CEUs or CMEs.

The conference begins on Monday 11 August and runs through 14 August. Several post-conference courses will be offered 15-17 August. The core conference will consist of 9 specialty tracks: **VA Veterans' Health, Ergonomics, Environmental Sciences, Advanced Sciences, Occupational and Preventive Medicine, Health Physics and Radiological Sciences, Industrial Hygiene, Population Health and Well-being, and Behavioral Health.**

The conference will include both plenary and breakout sessions designed to provide an exchange of hands-on information that has a wide application within the DoD community in the areas of homeland security/homeland defense, environmental health, population health, behavioral health, injury prevention and other areas of preventive medicine. This is the broadest based conference we have developed, and it is hoped that all specialties will benefit from the wide range of topics and courses being presented. Technical presentations or papers and technical posters are being solicited through a link on the conference website. Commercial and military exhibits will be an integral part of this conference providing state-of-the-art materials to assist professionals with their jobs at installations and units.

Information on the conference including the call for papers, call for posters, and exhibitor prospectus will be found on the FHP website at: <http://chppm-www.apgea.army.mil/fhp>. The website is currently available for registration. For additional information you may contact: LTC (P) Michael Custer, Conference Director, DSN 584-6250/410-436-6250 or Ms. Jane Gervasoni, Deputy Director, 584-5091/410-436-5091.

AMSUS 2003

The Federal Nursing Section of AMSUS 2003 will be accepting abstracts for the Federal Nursing Poster Session to be held on Monday, 17 November 2003. For more information and submission details please see the attached call for posters attached to this newsletter.

17th Annual Military Medicine Conference

The 17th Annual Military Medicine Conference will be held at USUHS on **2-6 Jun 2003**. The conference flyer is attached to this newsletter. All RNs are welcome to attend, although the target audience is the APN as the content will focus on provider specific information. POC for this information is MAJ(P) Reynold L. Mosier, CFNP, Assistant Professor, GSN, Uniformed Services University of the Health Sciences, (301)295-1116, rmosier@usuhs.mil.

National Advisory Committee on Children and Terrorism

Congratulations to LTC(P) Richard Ricciardi, Adjunct Assistant Professor, USUHS, for his appointment by Health and Human Services Secretary Tommy Thompson to serve on the National Advisory Committee on Children and Terrorism. The purpose of the Committee is to make recommendations to the Secretary on matters related to bioterrorism and its impact on children. For more information please review the web site <http://www.bt.cdc.gov/children/index.asp>.

Nurse Advise-ERR Premier (April 2003) Issue

This journal focuses on medication safety and nursing practice. The first issue of Nurse Advise-ERR, published by the Institute for Safe Medication Practices. The April 2003 issue may be accessed through a link to our website: <http://www.ismp.org/NursingArticles/issues/NurseAdviseERR200304.pdf>

Textbook of Military Medicine

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

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

NOTE: These texts are written for the medical officer. **Each AN, MD, PA officer can order their own copy of the above books FREE.** Just complete the online form below and mention you want all volumes and for justification mention your AOC (ex 66H) <http://das.cs.amedd.army.mil/nri.htm>.

KUDOS

CPT Timothy Hudson, White House Nurse, was the recipient of the 2002 White House Military Office Outstanding (WHMO) Member of the Year Award (company grade). He competed against other company grade officers throughout WHMO, to include the Marine HMX-1 helicopter detachment, Presidential Air Force Airlift Group, White House Communications Agency, White House Mess and Camp David. Selections were made based on outstanding duty performance, leadership qualities, military bearing, self-expression, general military knowledge and potential. The ability for an Army Nurse to successfully compete against such a high caliber of non-medical officers from all services is truly noteworthy.

PUBLICATIONS

MAJ Cathy Martin, Brooke Army Medical Center, PACU Head Nurse and **LTC Janis Rice**, 5501st Reserves will present their abstract "Using Dimensional Analysis to Improve Drug Dosage Calculation Ability of Critical Care Nurses" at AACN's NTI 19-22 MAY, San Antonio, Texas.

MAJ Louis Stout, Head Nurse, Burn Intensive Care Unit at USAISR-BAMC will present "Medical Myths: Abdominal Pain and Analgesia" at AACN's NTI 19-22 MAY in San Antonio, Texas.

LTC(P) Michelle Janosik, Critical Care Product Line Director, Tripler AMC will present "Oxygenation, Perfusion and Gas Transport" at AACN's NTI 19-22 MAY in San Antonio, Texas.

FEDERAL NURSING SECTION POSTER SESSION

AMSUS 2003 - "Partnerships In Preparedness, Prevention and Public Health: Protecting the Nation"

Call for Posters

Registered nurses in the federal services and the American Red Cross are invited to submit a poster abstract for the Federal Nursing Section Poster Session to be held during the 109th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) in San Antonio, Texas 16-21 November. The poster session will be held Monday evening, 17 November 2003.

The Federal Nursing Section Poster Session is sponsored by the Federal Nursing Service Chiefs and is dedicated to sharing professional nursing knowledge and improving the delivery of health care services.

This program is different from the Karen Rieder Nursing Research Poster Session. Research is not required. Below are some examples of topics which relate to the theme of the 2003 conference.

Educational Technology	Joint Medical Training	Innovative Clinical Practice Issues
Patient Safety	Preventing Medication Errors	Joint Operational Exercises
Clinical Pathways	Joint Service Initiatives	Health Promotion Initiatives
Nurse/Patient Ratios	Deployment Issues	Put Prevention into Practice
Medical Preparedness	Biological Warfare	Multidisciplinary Approach to Care

Requirements

- * The principal poster presenter must be a registered nurse in the federal service or the American Red Cross.
- * Posters must fit on a table approximately three feet by six feet.
- * Abstracts must be limited to two typed pages. Abstracts longer than two pages will not be considered.
- * Abstracts must include names, addresses, phone numbers, and e-mail addresses of all authors.
- * Submit an original abstract in hard copy or as an e-mail attachment in MS Word.
- * Abstracts (hard copy or e-mail) must be received by the deadline: **11 July 2003.**
- * Abstracts must address the following:
 - Aims/objectives of the poster
 - Findings and/or implications for nursing

Selection of Abstracts for Presentation

- * Abstracts will be reviewed and selected by Federal Nursing Section representatives from each service.
- * The selection committee will consider diversity of topics and exhibition space in making selections.
- * Unless otherwise specified, the principal presenter on the abstract will be expected to present at the session. Presenters must make their own funding arrangements.

ABSTRACT SUBMISSION DEADLINE: 11 July 2003

Please submit an original abstract in hard copy or as e-mail attachment in MS Word to:

LCDR Lisa Marunycz
 National Institutes of Health
 9000 Rockville Pike
 Bldg. 10 Room 7D50
 Bethesda, MD 20892
 (301) 496-2259 or (301) 496-2987
 Email: lmarunycz@mail.cc.nih.gov

Notification of acceptance and further instructions will be sent no later than 31 July 2003.

Seventeenth Conference on Military Medicine

June 2-6, 2003

Theme: Military Medical Humanitarian Assistance

In the mid 1980s, USU alumni and other professionals in the Military Health System identified a requirement for an annual continuing education activity that focused specifically on current challenges facing military medicine. The military medicine conferences are planned for physicians, nurses, and other healthcare professionals on active duty and in the reserves, and for healthcare professionals in the federal sector.

At the Military Medicine Conferences in 2001 and 2002, experts looked 25 years into the future to determine what the military medical environment will look like, and began to consider how military medical education needs to be modified to meet the needs of the military in the future. The 17th Military Medicine Conference will focus on a Military Unique Curriculum, originally outlined in the late 1980's and revised in the 1990's, that identifies subject matter and skills that are essential for military health care professional training to provide optimal care in operational settings. The conference offers a suite of Military Medical Humanitarian Assistance Courses developed by the CDHAM that prioritize personnel and resources in austere environments, assist in setting up effective, secure medical care facilities in refugees camps, instruct sanitation and public health measures, and recognize key causes of morbidity and mortality essential for the elements of the Military Unique Curriculum. The curricular elements can be integrated into the training of physicians and nurses, incorporating distance learning, simulation, and virtual reality, as well as addressing outcome measures and certification in operational medicine.

The conference will consist of a plenary session with lectures provided by subject matter experts in the fields of humanitarian and disaster assistance medicine followed by work groups covering the listed program topics.

Content, Learning Methods, Outcome Measures, and Certification in Humanitarian Assistance Medicine Workgroups will receive lectures, discuss topics, and engage in breakout sessions in:

- | | | |
|------------------------------|----------------------------|--|
| Internal Medicine | Dermatology | Pediatric Medicine |
| Emergency Medicine | Preventive Medicine | Veterinary Medicine |
| OB/GYN Medical Topics | Psychiatry | Operational Telemedicine
Annlications |

Meeting Location: Jay P. Sanford Auditorium, Uniformed Services University of the Health Sciences, Bethesda, Maryland. If you will be driving, please visit the USU website at www.usuhs.mil for driving and parking instructions, which can be found within the information box located at the bottom of the web page.

Uniform: The Washington, D.C. area uniform of the day during the conference is: Army – Class B Uniform, Air Force – Duty Uniform, Navy – Summer Whites/Khakis, and Public Health – Summer Whites. Please do not wear utility uniforms or BDUs.

Registration and Funding: There is a registration fee of \$250.00/\$350.00 for non-DoD affiliates.

Accreditation: USUHS is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. USUHS is also accredited to provide continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Accommodations: A block of rooms has been reserved at the **Holiday Inn Bethesda, 8120 Wisconsin Avenue, Bethesda, Maryland. Make your reservations as soon as possible and not later than May 16, 2003. Please reserve your room under the "Military Medicine Conference" block of rooms. The room rate is \$150 per night. Reservations can be made by calling (301) 652-2000. Unexpected early departures from the hotel will be charged \$50.00.**

IF YOU REQUIRE ADDITIONAL INFORMATION, PLEASE CALL 301-295-0962.