

DEPARTMENT OF THE AIR FORCE

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Mr. Chairman and distinguished members of the committee, it is truly an honor for me to be here for the first time representing Air Force Nursing Services. We employ a diverse group of professionals to ensure a fit and healthy force, prevent casualties, restore health, and enhance human performance.

The vision for my tenure is to strengthen operational nursing currency and clinical expertise. The Air Force Nurse Corps will focus on our continued development as a clinical discipline to sustain nurses and aerospace medical technicians in an ever-changing, joint interoperable environment.

Expeditionary Nursing

Our expeditionary medical capability has been proven and Air Force Nursing Services remains in the forefront supporting the war fighter. Globally since the year 2000, we supported 202 worldwide missions and exercises, treated 1.47 million patients, assisted with 2,700 surgeries, and helped train 4,200 foreign medics. Just this past year, we deployed 2,369 nursing service personnel in support of Operations ENDURING FREEDOM and IRAQI FREEDOM (OEF/OIF). These Total Nursing Force members from the Active Duty (AD), Air National Guard (ANG), and Air Force Reserve Command (AFRC) deployed in support of 5 Aeromedical Evacuation (AE) locations, 10 Expeditionary Medical Support Units (EMEDS), and 2 Contingency Aeromedical Staging Facilities (CASF). We are trained, current and mobile.

Survival rates have improved from 75 percent during Vietnam, DESERT SHIELD and DESERT STORM to 90 percent in OEF/OIF in large part due to forward deployed surgical teams and rapid AE. Total patients evacuated from theater in support of OIF and OEF were 33,615 (10 Oct 2001 to 14 April 2006). Of that total, 6,243 were due to

battle injuries. Key in the clinical transformation of our AE system is the shift from transporting stable patients to rapidly moving patients requiring continuous in-flight stabilization, putting critical care nurses in high demand. Our highly specialized Critical Care Air Transport Teams (CCATT) moved 711 critically ill patients last year.

The 332nd Expeditionary Medical Group in Balad is currently home to 69 nurses and 97 aerospace medical technicians from the Air Force Total Nursing Force, the Army, and multinational auxiliaries. Nine different surgical specialties are on hand to rapidly provide state-of-the-art treatment including care of massive trauma. These teams have responded to numerous mass casualty surges and have many incredible stories to tell.

One story comes from Senior Airman Timothy Woodall, a reservist from the 349th Medical Squadron at Travis AFB California, serving at Balad. One of his most memorable patients is a three-year-old boy who was part of a tragedy that took his mother's life and left him with 30 percent burns to the right side of his body. SrA Woodall, as one of his primary caregivers, delivered some of his medications, assisted with his routine tube feedings, and had the arduous task of changing his bandages. For SrA Woodall, being at Balad has been an enlightening experience, using more of his clinical skills in two months than he has in the past two years. We are delighted to report that the boy has healed very well and gone home.

Gathering wounded service members and transporting them to higher echelons of care are scheduled missions like the ones flown by a Royal Australian Air Force C-130 aircrew with a U. S. Air Force medical team. "The patients we carry on these missions were injured in some way, down range," reports Captain Kristie Harlow, 379th

Expeditionary Aeromedical Evacuation Squadron flight nurse. “Our job is to get them where they need to go for treatment, while providing them the care they need.” Litters are stacked, bunk-bed style, in the cargo aircraft. The crew and medics wear body armor and Kevlar helmets for most of the 15-hour mission days, even while tending to patients. All on board agree that the Australian hosts, part of the Australian Defense Force’s Joint Task Force 633, provide first class accommodations for the patients and the Airmen who care for them.

Some of our personnel have also risked their own lives to save others. Capt. Kevin Polk received the Bronze Star for saving an injured Airman while deployed as a CCATT nurse with the 379th Expeditionary Aeromedical Evacuation Squadron. He had only been in Iraq a couple of days, when the base came under direct mortar attack. Despite being exposed to enemy fire, Captain Polk searched the living quarters for potential victims, where he found an Airman with life-threatening injuries. He stabilized the Airman’s condition and assisted with the medical transport of the Airman to a hospital for emergency surgery. The Airman sustained permanent disabilities, but Captain Polk’s heroic response was credited with saving his life.

A typical day at the CASF in Balad consists of recovering two to three aerovac missions from the AOR with patients ranging from routine to critical. In addition, approximately 125 patients are prepared weekly for aerovac missions that transport patients from the CASF to Ramstein Air Base Germany, and then back to the United States. Patient support pallets and additional C-17 litter stanchions have increased the number of planes available for AE. The CASF at the 435th Medical Group, Ramstein Air Base, Germany, continued its high operational tempo, safely moving 15,093 patients

between 1 January 2005 and 31 December 2005 to Landstuhl Regional Medical Center (LRMC) for admission and treatment until they are scheduled to travel stateside. Time and again the heroic efforts of the integrated healthcare team at LRMC come together to save the lives of the wounded Soldiers, Marines, Sailors, Airmen, coalition forces, DoD contractors, and members of the Press Corps. In fact, one Marine said, "I knew that if I got to Landstuhl, I would make it." Countless others share this sentiment.

A talented, multiservice nursing leadership team keeps this smooth running engine moving forward, always poised for the next potential wartime patient surge. Senior Air Force nurses are in leadership roles at LRMC. Col Sherry Cox is the imbedded Air Force Chief Nurse, providing guidance and direction to a team of outstanding nurses in various roles in both inpatient and outpatient roles. Her team found that there is a compelling impact on those who care for wounded Americans, allies, and even the enemy. As a consequence of prolonged exposure to caring for those traumatically injured, healthcare workers are at risk for burnout including feelings of detachment, loss of compassion, significant physiological stress symptoms and reduced morale. LRMC has established a formal program to support the staff and encourage the use of healthy stress coping methods. The major aim of the program is to increase awareness at all levels to the potential risk posed by repeated exposure to combat trauma with early identification and intervention.

The Theater Patient Movement Requirements Center (TPMRC) is the pivotal "behind the scenes" agency facilitating the AE of combat injured troops. As part of the TPMRC team, the Senior Flight Nurse Clinical Coordinator, expedited the transfer of six critically burned service members after an Improvised Explosive Device (IED) struck

their Bradley Fighting Vehicle. Working around-the-clock with the Joint Patient Movement Requirements Center (JPMRC) and multiple European agencies, the TPMRC expeditiously synchronized the transport of these severely wounded troops by a specialized burn team from Brooke Army Medical Center (BAMC), Texas. In less than 48 hours from the time our heroes landed at Ramstein AB Germany, they were receiving definitive treatment at the Military's "Center of Excellence" for burns, BAMC in San Antonio, Texas.

Hurricanes Katrina and Rita

The hurricane evacuations of 2005 uniquely challenged our aeromedical evacuation crewmembers (AECMs). AE units and EMEDS from Air Force Total Nursing Force supported the evacuations from Hurricanes Katrina and Rita while MAJCOM-level staff worked around the clock to coordinate and execute the missions. The ANG represented 25 percent of all military medical personnel deployed to the disaster areas with 901 medics for both hurricanes. Despite complex challenges, the teams ensured the safe evacuation of 2,609 Hurricane Katrina patients. On 3 September 2005, the teams moved 580 litters and 300 ambulatory patients, the largest single day of transports since WWII. Over 1,200 patients were moved in 24 hours before Hurricane Rita made landfall. A tremendous amount of orchestration was required between our AE mission coordinators and civilian counterparts to ensure the needs of a massive number of displaced people were met. AECMs worked extraordinarily long hours and loaded patients until they could practically no longer physically carry a litter.

There are many heroes from Hurricane Katrina and the staff of the 81st Medical Group, Keesler AFB is among them. Lt Col Maureen Koch, Flight Commander of the

ICU, and her family were among the thousand or so military, family members, and patients who sheltered in the 81 MDG during Hurricane Katrina. Lt Col Koch's focus was on caring for two ICU's ventilator patients and a pregnant woman requiring an emergency caesarean section. Personnel quickly converted one ICU room into a makeshift operating room and the baby was delivered safely. In addition, the medics accomplished many other unprecedented actions. They saved 130,000 medical records, erected a portable bedded facility, accounted for thousands of personnel after the disaster, built new staffing requirements, and re-opened limited primary care services in less than one month after the hurricane.

Colonel Terrell Cunningham, a nurse with the Reserves, is the Emergency Preparedness Liaison Officer (EPLO) assigned to the Air Force National Security Emergency Preparedness Agency (AFNSEA) and was deployed to the Louisiana Joint Field Office in support of Hurricane Katrina. He located and identified available Air Force assets, monitored the status of Aerial Spray missions, tracked mission assignments of Louisiana Civil Air Patrol, and coordinated the delivery of EMEDS packages from the Air Force to the Federal Emergency Management Agency (FEMA). He states that he was part of a highly effective TEAM...One TEAM, One MISSION.

ANG personnel assisted with the setup of an EMEDS at Charity Hospital in New Orleans and training of the civilian staff. Additionally, medical professionals from the Mississippi, Alabama, Kansas and Delaware Air National Guards erected an EMEDS in Hancock County, MS. Forty-nine percent of the patients treated were from military organizations (AD, Reserve, Guard) and 56% were Non-DoD personnel. The ANG provided 68% of all immunizations given in the surrounding area.

Hurricane Rita operations, staged out of Beaumont, Texas were confronted with preparing and transporting a large number of elderly patients with a Category five storm scheduled to make land-fall in less than 24 hours. Chief Master Sergeant Rodney Christa, a reservist, from the 433 AES, Lackland AFB TX, was appointed to the on-scene Command Element for both hurricane evacuations. Chief Christa stated, "Although the number of patients we had to transport was greater for Hurricane Katrina, Hurricane Rita was more stressful because the storm was bearing down upon us. Time was critical. Hospitals, nursing homes and private citizens were literally driving up by the busload to our doorstep. We had no idea what to expect; we received patients on ventilators, those needing dialysis and newborns. All needed medical care. At one point, I thought we were going to have to leave medics behind to remain with patients and ride out the hurricane. The patients were arriving faster than we could airlift them to safety. With teamwork, we were able to get everyone on the last aircraft available before the winds were too strong to allow us to take-off."

On 22 September 2005, an ANG crew from the 167th AES led by flight nurse, Major Jay Sandy, from Andrews AFB, MD, launched a C-5 Galaxy to Beaumont, Texas, to evacuate 117 incapacitated nursing home and hospitalized patients. During the flight to Dobbins AFB, they experienced several medical emergencies that were rapidly stabilized in-flight due to the highly experienced medical team. The Georgia Civil Defense Team of 100 volunteer physicians, nurses, and other personnel assisted with the offload and management of the evacuees. This mission was successful due to the superior leadership, professionalism, teamwork, and medical expertise of all involved.

Clinical Successes

Air Force Nursing Services is globally engaged, at stateside and overseas locations, in the enhancement of patient care outcomes through outstanding initiatives. In FY 05, we supported 1.2 million TRICARE Prime enrollees and over 66,000 TRICARE Plus enrollees throughout the world. Currently, we have 19 Air Force hospitals and medical centers and 56 clinics. We would like to share some of our home station clinical successes.

As you well know, the Family Advocacy Program's purpose is to prevent and treat family maltreatment. Mrs. Mary Fran Williamson, a civilian Family Advocacy Nurse at Offutt AFB, led the development of nursing practice guidelines to use for the care of family maltreatment cases and in the prevention of abuse. These guidelines recommend appropriate nursing interventions and were incorporated into the Air Force Parent Support Program, accessible via the internet-based Family Advocacy website.

Our partners in the Reserves spearheaded the first-ever DoD-wide video teleconference on Sexual Assault Response. Lt Col Susan Hanshaw, a Reserve nurse assigned to the Armed Forces Institute of Pathology (AFIP), serves as the consultant to the Assistant Secretary of Defense for Health Affairs. In this role, she co-authored the DoD policy for sexual assault and directed the AFIP-sponsored Sexual Assault Response Team (SART) Training Program.

In one of our overseas locations, at Kaiserslautern Military Community (KMC), Germany, they are overhauling their primary care services. A unique feature of this endeavor is the establishment of a Women's Health Center, spearheaded by a Women's Health Nurse Practitioner, Major Elizabeth Decker. The goal of the Center is

to improve access to care for women throughout the KMC, including active duty, dependents, DoD's teachers and civilian contractors. One highlight will be a specially designed "Comfort Room", specifically to support sexually assaulted victims. It will provide a soothing environment away from the emergency room for privacy and counseling.

On another continent, Independent Duty Medical Technicians (IDMTs), TSgt Steven Yates and TSgt John Strothenke from Eielson AFB, Alaska deployed in support of the Joint POW/MIA Account Command (JPAC) mission, which recovered the remains of 19 service members in the last calendar year. In addition, IDMTs supported forward-stationed detachments in Laos, Vietnam, Thailand and Cambodia by providing influenza vaccines, conducting Self Aid and Buddy Care classes, and giving Avian Flu awareness briefings. JPAC IDMTs assisted active duty physicians in Laos and Cambodia in conducting Medical Civic Action Programs (MEDCAP) for local villagers assessing and treating a wide variety of jungle ailments.

As the Department of Defense expanded its global reach, it became evident that understanding other cultures and languages is paramount. For several years, the Air Force Nurse Corps supported the development of cultural awareness and linguistic expertise through various humanitarian relief and military operations. Through the International Health Specialist (IHS) Program we gained access to countries that are otherwise somewhat inaccessible. Major Stephanie Buffet, an IHS nurse, currently working for the CENTCOM Surgeon General, played a pivotal role in the Air Force's response to medical issues in the ongoing Pakistan earthquake relief efforts. She advised the Task Force commanders on building healthcare capacity with the Pakistan

medical system and served as a liaison with the civilian and host nation response agencies.

A1C Stella Bernard, a medical technician in the Pediatric Clinic, from the 9th Medical Operations Squadron, Beale AFB CA, was a member of a 13-person medical team sent to Asuncion, Paraguay. She served as a Spanish interpreter as well as a medic. During their 10-day mission over 7,800 Paraguayans were treated with medical, dental, and preventive health services. A1C Bernard described this experience as “priceless”.

Lt Col Diep Duong, a graduate of an AF-sponsored doctorate degree, directly supported multiple international medical missions. She established personal and professional relationships with senior medical leaders and US defense attaches in Vietnam, Cambodia, and Laos. She led a 5-member multi-service medical team to Phnom Penh, Cambodia. Team members screened and treated 1,205 patients, delivered six babies, completed 263 prenatal visits, filled 2,378 prescriptions and distributed over 2,000 bed nets. An important component of this mission was collaboration between the US, Cambodian and Cham Muslim health care providers to ensure appropriate and culturally sensitive delivery of health services to local women and children.

Air Force Nursing Services made an impact at the national-level as well. In May 2005, the American Association of Critical Care Nurses (AACN) recognized the CCATT nurses at the 59th Medical Wing for Excellence in Clinical Practice, Non-Traditional Setting. This award reflects the contributions of the entire team from the field medic to the tertiary care centers. In March 2006, the American Academy of Ambulatory Care

Nurses presented national level awards to two AF nurses at their annual conference. Major Christine Taylor, from Dyess AFB won the Outstanding Nurse/Clinical Excellence Award and Lt Col Carol Andrews, from Randolph AFB won the Outstanding Nurse/Administrative Excellence Award. The Air Force Affiliate of the National Nursing Staff Development Organization (NNSDO) was awarded the prestigious NNSDO 2005 Affiliate Excellence in Quality Program and competed as a finalist for the Chief of Staff Team Excellence Award.

Our influence is also evident at the state level. A clinical nurse, Captain James Gabriel, received the Governor's Alaska Council on Emergency Medical Service (EMS) Award/Melissa Ann Peters Memorial Award. He orchestrated a benchmark Emergency Medical Technician (EMT) training program, which is now a model for the Interior Alaska Region Emergency Medical Council. Lt Col Roseanne Warner, a Family Nurse Practitioner from Cannon AFB, was the recipient of the American Academy of Nurse Practitioners New Mexico State Award for Excellence.

Recruiting and Retention

As you can see, Air Force Nursing Services is globally engaged, making recruiting and retaining nurses one of our top priorities especially with the national nursing shortage. On the civilian-nursing front, the Bureau of Labor Statistics reports that jobs for registered nurses will grow 23 percent by 2008. Nurses are entering the workforce at an older age with new graduates averaging 31 years old.

In FY 05, we accessed 69 percent (245) of our total recruiting goal of 357. We use a number of venues to attract nurses into the Air Force. These include direct accession, ROTC scholarship, Health Profession Scholarship Program (HPSP), and

enlisted to BSN program. Direct accessions included those taking advantage of the recruiting bonus or loan repayment program and accounted for 82 percent (200) of the 245 accessed. Only 16 percent (38) were from ROTC scholarships, and approximately 1 percent each resulted from HPSP (3) and enlisted to BSN (4) programs.

We are investigating a robust Nurse Enlisted Commissioning Program, mirroring the Navy's success, and similar to the Air Force Physician Assistant program. Our goal is to produce 50 Nurse Corps officers from our enlisted force, allowing them to attend accredited BSN or entry-level MSN programs. This will enhance our ability to "grow our own" and establish a more reliable nursing development career path for our enlisted.

In FY 2005, our Nurse Corps inventory was at 90 percent of authorized positions. Currently, we are at a concerning 87 percent. We continue to monitor our attrition rates, particularly those at the first decision point after completion of initial obligated service (4 years of commissioned service). To ensure we retain those experienced nurses, we plan to offer a critical skills retention bonus near the end of their initial commitment. We are also partnering with our sister services and the Veterans Administration (VA) to expand our training platforms as a method to increase our nurse inventory.

Skill Sustainment

Col Florence Valley, Chief Nurse at the 332nd Expeditionary Medical Group, Balad AB, Iraq, stated, "when the Air Force Nurse Corps goes to war it brings inpatient nursing and aeromedical evacuation skills. These are our primary contributions to the war fighter." Great strides have been made to ease the transition from home station to warfront nursing care. For example, Wilford Hall Medical Center (WHMC) and the Air Force Theater Hospital (AFTH) in Balad have similar nursing requirements, which

minimizes spin-up time. We credit this to the nurses' current inpatient care experience and to the continuous improvement of pre-deployment training.

I agree that the best way for nurses to maintain currency and to be effective in deployed settings is to have recent hands-on experience as inpatient clinical nurses. Maintaining our basic technical skills while working in areas where the skills are not used regularly, led to an updated policy on nurse utilization. Recently, I released a policy mandating that nurses working in outpatient and non-clinical roles will be required to complete a minimum of 168 hours annually on the inpatient units annually to maintain their skills. We believe that bringing seasoned clinicians back to the bedside will not only provide a more robust technically-ready force, but will also provide a setting of mentorship for our less experienced nurses.

Our senior leaders are already engaged, emphasizing clinical operational currency and expertise. Numerous VA Training Affiliation Agreements (TAAs) allow nurses to rotate to inpatient wards, maintaining their clinical skills. According to Lt Col Martha Johnston, Chief Nurse at the 377 MDG at Kirtland AFB, "The nurses love it!" The 377 MDG plans to expand the program to include the aerospace medical technicians.

Due to the unique missions at Balad, WHMC added the Defense Medical Readiness Training Institute's (DMRTI) Emergency War Surgery Course to their pre-deployment training to familiarize nurses with Balad-specific surgical procedures and care. Additionally, the nursing staff attends the Emergency Nurse's Association's Trauma Nurse Core Course (TNCC), which standardizes the approach to patient assessments. Finally, WHMC nurses attend a burn management course at BAMC.

The criticality of patients seen in deployed areas significantly changed our definition of skills sustainment training requirements. To meet the needs of our deploying nurses, we are increasingly using the Center for Sustainment of Trauma and Readiness Skills (C-STARS) training platform. The goal of C-STARS is to produce medics ready to respond to any peacetime or wartime contingency through intense clinical immersion. Training is augmented by participation in trauma scenarios based on actual wartime medical missions using high-tech human patient simulators programmed to respond realistically to medical care. Not surprisingly, nurses who attend advanced training platforms such as C-STARS report an easier transition to the deployed environment. One of our deployed nurse anesthetists, Major Brent Mitchell believed that without C-STARS training, he wouldn't have been nearly as effective.

The Uniformed Services University of the Health Sciences (USUHS) Graduate School of Nursing (GSN) Master Programs developed academic initiatives for the enhancement of “Go-to-War” Skill Sets of Advanced Practice Nurse. Some of these courses include Advanced Trauma Care for Nurses (ATCN), preparing students to function in operational environments and a Registered Nurse Surgical First Assistant, optimizing surgical outcomes.

The GSN Masters Program 2005 fall enrollment was at an all time high of 140 students. Over the past twelve years, Air Force nurses comprised 41 percent of the overall enrollment and specifically contributed to 43 percent of the Peri-Operative Clinical Nurse Specialist track. Since 1996, 62 percent of the CRNAs were Air Force graduates and we are proud that our Nurse Anesthetists once again had a 100% pass rate on the National Certification Exam. The three Air Force Doctoral Studies students

are currently preparing for qualifying exams and grant proposals. Colonel Lela Holden, a part time doctoral student, is also moving into the dissertation phase of her program.

Research

Air Force nurses continue to remain at the forefront of operational research. Their work expands the state of nursing science for military clinical practice and infuses research into evidence-based practice. Lt Col Laurie McMullan, a nurse anesthetist forward deployed with the 447 EMEDS, employed the findings of a Navy research article on the “Effect of Needle Size on Success of Transarterial Block”. She performed this short-needle regional anesthetic block on five Army soldiers requiring upper extremity surgical procedures, offering alternative anesthesia with a successful post-operative pain relief. We thank the Navy for their research, which allowed this Air Force nurse anesthetist to provide outstanding combat anesthesia to Army soldiers.

Other crucial areas of research being examined by Air Force nurses include Deployment Health, Sustaining Competencies, Military Practice Outcomes and Recruitment & Retention. Lieutenant Colonel Theresa Dremsa, a nurse at WHMC, is one of the Air Force’s leading operational researchers and her current focus is to measure CCATT nurses’ preparation for deployment. Her study examines the experiential knowledge of CCATT nurses in the care of critically ill or injured patients in a high-risk deployed setting. The results will be used to guide clinical practice in the future.

As large numbers of deployed members return home we must remain adequately prepared to help these veterans and their families with reintegration. Though return from deployment can be a happy occasion, homecoming can turn into a stressful event for

troops and their families who are not alert to the impact of changes that occurred during separation. Unidentified and untreated PTSD puts them at higher danger for maladaptive responses to stress such as alcoholism and domestic violence. Colonel Deborah Messecar, from the Portland ANG, is conducting a study to explore the experiences of ANG military families with reintegration and identify resources and strategies to assist them.

Disasters around the world over the past year have also emphasized the need to find ways to help affected military families. Research by Colonel John Murray, Consultant to the Air Force Surgeon General for Nursing Research, helped explain the consequences of disasters on children and provided the field with a framework to guide further research and clinical practice.

Our Way Ahead

Several major events continue to shape our future. The Air Force transitioned to an expeditionary mission and now deliberately prepares our Airmen through aggressive Force Development policies and programs. In his 2004 letter “Developing Expeditionary Medics – A Flight Path,” former CSAF, Gen John Jumper tasked the AF SG to “complete a comprehensive review of the medical group structure for our garrisoned and expeditionary medical groups.” We have since developed a new Flight Path to guide our organizational structure and the development of our clinical discipline. The Flight Path guides more deliberate development for Nursing Services, placing the member in the right job at the right time, setting them up for career success and personal satisfaction while maintaining expertise at the frontlines of patient care.

The results of the BRAC mark a dramatic shift in DoD and Air Force healthcare capitalizing on multi-service markets, joint and interagency facility use, and civilian healthcare agreements. Air Force Nursing Services is already preparing for the many BRAC-related challenges by finding alternate inpatient platforms to train and sustain nursing personnel and by determining the right composition of active duty “blue suit” nursing requirements. We continue to evaluate our bottom-line deployment-driven Critical Operational Readiness Requirements (CORR) and use market availability along with cost data to recommend appropriate civilian conversions. The Nurse Corps plans to target company grade outpatient and maternal-child care positions for potential conversion while maintaining active duty nurses for inpatient platforms and other key career development positions.

Along these lines, the results of the 2001 Air Force Surgeon General-directed Nurse Corps Top Down Grade Review (TDGR) continue to guide our actions as we strive to balance our company grade and field grade authorizations. We remain optimistic that our course of action will help improve overall promotion opportunity therefore increasing the retention of our experienced nurses. We’ve successfully increased field grade requirements for deploying nurses and are taking steps to lay-in more senior clinicians at home station.

Mister Chairman and distinguished members of the Committee, it is an honor and a privilege to lead the men and women of our active, reserve and guard Nursing Services. My objective for this presentation was to provide you with a glimpse of the extraordinary men and women that make up Nursing Services and the exceptional work they are doing daily in the service of their country. I look to the future optimistically and

desire your continued support during the exciting times ahead for nursing and our Air Force. Thank you for inviting me to tell our story.