

**DEPARTMENT OF THE AIR FORCE**

**Presentation to the Committee on Appropriations**

**Subcommittee on Defense**

**United States Senate**

**SUBJECT: Fiscal Year 2006 Medical Program**

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UNITED STATES SENATE**

Mr. Chairman and distinguished members of the committee, it is an honor and great privilege to again represent your Air Force nursing team. This year marks my sixth report to you and I am amazed how quickly the years pass by. It has been an honor to support and care for so many heroes - military men and women ready to sacrifice their lives for the cause of freedom, national security and a safer world.

Our Air Force Medical Service has persevered in providing outstanding healthcare in a very dangerous world. Terrorist organizations continue to challenge our peace and security and natural disasters have taken a huge toll in death and devastation. Air Force Nurses and Aerospace Medical Technicians are trained, equipped and ready to respond anytime, anywhere at our nation's call.

### Expeditionary Nursing

In support of Operations ENDURING FREEDOM and IRAQI FREEDOM, 2,160 nurses, and technicians deployed this past year as members of 10 Expeditionary Medical Support Units, two Contingency Aeromedical Staging Facilities (CASF), and five

Aeromedical Evacuation (AE) locations. Three nurses commanded expeditionary medical facilities and provided outstanding leadership. Today, Air Force nursing personnel are serving in a large theater hospital in Balad, smaller hospitals at Kirkuk and Baghdad International Airport, and in other deployed locations.

The 332nd Expeditionary Medical Group at Balad is currently home to 70 nurses, 6 licensed practical nurses and 99 medical technicians. This multi-national group includes 148 nursing personnel from the Air Force active duty team. During this current rotation, they have already supported 3,800 patient visits with 1,600 hospital admissions and 1,550 surgeries. Some patients with massive trauma require surgical teams that include up to seven different surgical specialties simultaneously. They have responded to at least 10 mass casualty surges and have many stories to tell. They provided lifesaving surgery and cared for a 65-year-old Iraqi woman who triggered an explosive device when she answered her front door. Her daughter was a translator for U.S. Forces. They cared for a young mother, her two-year old child, and her two-month old baby, all badly burned when a grenade was thrown into their home. Her husband is an Iraqi policeman. The team in Balad is our largest

group of Air Force medical “boots on the ground,” providing life-saving surgery, intensive care and preparation for aeromedical evacuation.

I have had the opportunity to watch our tremendous Air Force nursing team in action as they provide world-class healthcare to wounded soldiers, sailors, marines and airmen. Military medics are saving the lives of people with injuries that would have been fatal in other wars. During World War I, 8.1 percent of the wounded died of their wounds. Today, lifesaving medical capability is closer to the battlefield than ever before, and in Iraq only 1.4 percent of the wounded have died.

Aeromedical Evacuation has proven to be the critical link in the chain of care from the battlefield to home station. The availability of aircraft for patient movement is fundamental to the Aeromedical Evacuation system. Patient support pallets and additional C-17 litter stanchions have increased the number of airframes that can be used for aeromedical evacuation.

In 2004, our Air Force nursing AE crews have flown 2,866 missions supporting 28,689 patient movement requests around the world. The majority of our AE missions are crewed by members of

the Air National Guard and Air Force Reserve; it is a seamless, total nursing force capability.

The synergy of combining aeromedical evacuation crews with critical care air transport teams (CCATT), additional high-technology equipment, advances in pain management and more extensive crew training has enabled us to transport more critically-ill patients than ever before. In 2004, CCATT teams were used in 486 patient movement operations. For example, Major Gregory Smith from Wright-Patterson Air Force Base was deployed as the nurse on a three-person CCATT. The team cared for nine casualties who required intensive care and were wounded during the Battle for Fallujah. Six of these patients had lifesaving surgery within six hours of injury and were evacuated from the field hospital within 48 hours of injury. Eight of the nine patients required mechanical ventilation during the flight. CCATT capability makes early air transport possible, reducing the requirement for in-theater beds and delivering injured troops to definitive care within *hours* rather than days.

There are many, many examples of the tremendous capability and endurance of the AE crews. In one instance, Major Marianne Korn, a reserve flight nurse from the 452<sup>nd</sup> Aeromedical Evacuation

Squadron, March Air Force Reserve Base, and her AE crew transported 82 patients from Ramstein Air Base to Andrews Air Force Base in response to Operation PHANTOM FURY. Overall, during this time the squadron surged to support a 35 percent mission increase and transported more than 1400 patients between the CENTCOM, EUCOM and NORTHCOM theaters.

Another integral part of the aeromedical evacuation system is the Aeromedical Staging Facility (ASF) that serves as both an inpatient nursing unit and passenger terminal for patients in transit. They are staffed primarily by nursing personnel from the reserve, guard and active component of the Air Force. The level of activity is tied closely to the intensity of the conflict. ASF nurse Lieutenant Karen Johnson and her team cared for 296 patients from 13 separate missions within a three-day period following fierce fighting in Operation PHANTOM FURY.

About that same time, Colonel Art Nilsen, Chief Nurse of the Air Force Squadron at Landstuhl Regional Medical Center, wrote to me and highlighted the tremendous accomplishments of the Army and Air Force team working together in that hospital. He invited me to visit and, in early December, barely three weeks later, I landed at

Ramstein Air Base in Germany. My first stop was the 435<sup>th</sup> CASF at Ramstein, celebrating its first anniversary. Major Todd Miller, Chief Nurse, shared the amazing successes of the CASF over the past year. Deployed personnel have staffed the CASF on a rotational basis; a total of 391 nursing personnel from 55 Air National Guard, Air Force Reserve and active duty units. The team cares for every patient that transits Ramstein, a total of more than 22,000 in 2004. In the CASF, an empty bed is a welcome sight and means another patient is a step closer to home.

It was already dark when I went out to the aircraft with the CASF team. I had a chance to talk with each patient as they were transferred from the aircraft to the waiting ambulance bus. It had been a long and uncomfortable flight, but it was obvious that they had been well cared for and were anxious to continue their journey home. Many talked about the wonderful medical care they had received and gave special praise to the Air Force team at the theater hospital at Balad Air Base and to the AE crews.

I met many of these young men again when I visited Landstuhl Regional Medical Center. My visit was shortly after the battles in Fallujah, and the hospital and AE system were at surge capacity, as

busy as in the early months of war. I will never forget the wounded marines and soldiers at Landstuhl. I was humbled by their acts of courage, their unwavering loyalty and sense of duty to their buddies. The nursing team on the units looked tired but energized. Everyone was working long hours and extra days. But when word came that an aircraft was arriving from Iraq, they came in to help - on days off and even after finishing a long shift. Many said they thought this would be the sentinel experience of their lives and careers. Those who had worked in large civilian trauma centers said they had never before cared for patients with injuries as severe.

Two days later, I was headed home on a C-17 with eighteen litter patients, another twenty who were ambulatory and an AE crew from the 315<sup>th</sup> Reserve Squadron at Charleston, SC and the 94<sup>th</sup> Reserve Squadron at Dobbins, GA. The medical crew director was Major Joyce Rosenstrom, a reserve nurse with the 315th. There was also a critically wounded marine on board who was accompanied by an active duty CCATT from the medical center at Keesler Air Force Base, MS., led by pulmonologist, Col Bradley Rust. The other team members were critical care nurse, Capt Erskine Cook and cardio-pulmonary technician SrA Laarni San-Agustin. The ten-hour flight

was relatively uneventful with the medics working non-stop to ensure each patient received great care with particular attention to pain management. At the Andrews Air Force Base flight line, medical personnel from the Air Force hospital, Walter Reed Army Medical Center and Bethesda Naval Medical Center transferred patients to waiting ambulance buses. The patients' journey from the battlefield back to the United States was complete.

The success of deployed medical care depends on having specialty providers available when needed. Anesthesiologists are key members of surgical teams, but significant shortages on active duty have left gaps on deployment packages. Certified Registered Nurse Anesthetists (CRNAs) have filled deployment requirements for anesthesia providers forty-seven percent of the time and have ably met all mission and patient care requirements.

Lieutenant Colonel Bonnie Mack and Major Virginia Johnson are CRNAs deployed to Tallil Air Base in Iraq as the only anesthesia providers for over 20,000 US and coalition forces, and civilian contract personnel. During their deployment, a terrorist bomb ignited an Italian police compound just 10 kilometers from their facility. Colonel Mack and Major Johnson provided anesthesia during the

surgeries of six severely wounded Italian soldiers, working continuously for almost 24 hours. These men survived because emergency surgical intervention and anesthesia were there to support them.

During her deployment, Colonel Mack also served on a Critical Care Expedient Recovery Team assembled at Tallil to provide medical care on combat search and rescue missions when a para-rescue team is not available. Their role is to provide care during transport of recovered crew members to a medical facility. A mission can take the team into dangerous territory, but she willingly volunteered. In her words “it is a great honor to be involved in the safe return of even one airman.” Her team flew training missions and launched in response to a bombing in Karbala, but fortunately did not have to respond to a downed airman.

Major Delia Zorrilla, a perioperative nurse, was awarded the Bronze Star in recognition of her tremendous service while deployed to Manas Air Base, Kyrgyzstan in support of Operation MOUNTAIN STORM. She served as the Chief Nurse of the facility and established a resupply system that ensured critical surgical supplies were available 24/7.

Our mental health nurses have played an important role in caring for patients during Operation IRAQI FREEDOM and Operation ENDURING FREEDOM. Sixteen mental health nurses deployed to Ramstein Air Base to support Army troops returning from Iraq. They first interact with patients in the CASF and screen for Post-Traumatic Stress Disorder. They also provide patient education and strategies for coping with emotional distress and life-altering injury. Having this capability far forward enables early intervention and can ameliorate long-term emotional effects and, in some cases, even facilitate return to duty in theater.

In the last sixteen months we have recognized the importance of mental health nurse practitioners and inserted the capability into deployment packages. They can also substitute for psychiatrists and psychologists in the deployed setting. We currently have five working in our facilities and five more will begin their practitioner programs this summer.

In addition to providing service in Operation IRAQI FREEDOM, Air Force Nursing supports humanitarian relief around the world. Lieutenant Colonel Diana Atwell from Beale Air Force Base, CA led a team of 14 Air Force and 30 Salvadorian military and Ministry of

Health medics in a humanitarian mission to San Salvador. The team planned and set up healthcare at five sites in impoverished districts within the city. They provided primary care, internal medicine, pediatric, optometry and dental services to more than 8,000 patients. Patients lined up for hours and more than 11,000 patient care services were provided, double what the team had anticipated. General Carlos Soto Hernandez, military Chief of Staff, visited one of the sites and praised them for their dedication and commitment.

In another humanitarian effort, Major Tina Cueller, a reservist and Professor at the University of Texas, launched an initiative to assist Iraqi nurses. During her annual tour at Ramstein AB, Maj Cueller learned that over the years, looting in Iraq had stripped nursing schools of all textbooks. When she returned to the University of Texas, she arranged a book drive, collecting over 3,000 nursing textbooks. They were delivered through the aerovac system from Lackland AFB, Texas, to Ramstein Air Base Germany, to their final destination, Kuwait City. Major Cheryl Allen, an Army nurse, received the books in Kuwait and forwarded them to Baghdad where Colonel Linda McHale, deployed to work with the Iraqi Ministry of Health, coordinated their distribution.

Humanitarian relief is not confined to far-away places, and the Air Force has been called to lend a hand in support of Homeland Medical Operations. Capt Ron Leczner from the 81<sup>st</sup> Aeromedical Staging Facility (ASF) at Kessler, MS coordinated the transfer of 47 local nursing home patients after the governor of Mississippi declared a mandatory evacuation of the Gulf Coast in anticipation of Hurricane Ivan. A skeleton crew at the ASF, including medical technician students, moved 41 non-ambulatory and six ambulatory geriatric patients to Keesler Medical Center during 69 mile per hour winds. The nursing home residents were returned to their facilities by ASF staff and local ambulances within 12 hours after the hurricane passed.

### Skills Sustainment

Lessons learned from the field and after-action reports have led us to reevaluate clinical currency and sustainment training for our nursing personnel. Our Readiness Skills Verification Program has been refined and is web-based with embedded links to specific training materials. Units are encouraged “to think outside the box” and establish training agreements as needed with Army, Navy, VA or civilian institutions to keep their members clinically current.

Air Force nurse and medical readiness officer Major Lisa Corso from the 704<sup>th</sup> Medical Squadron at Kirtland, NM, found new ways to improve the readiness skills of her reserve unit. For their annual field training and mass casualty exercise, Major Corso invited the local Army reserve unit to participate. Both groups were part of the planning process and the Army medics had a wealth of first-hand experience from members previously deployed. They provided expert instruction on skills that were identified for refresher training. The exercise was a huge success, and both units look forward to more joint training exercises in the future.

### Recruiting and Retention

The nurse shortage continues to pose an enormous challenge nationally and internationally. This year, the Bureau of Labor Statistics projected registered nursing would have the largest job growth of any occupation through the year 2012, and it is now estimated that job openings will exceed the available nurse pool by 800,000 positions. The crisis is complicated by an increasing shortage of masters and doctoral-prepared nursing faculty across the country. Although the number of enrollments in entry-level baccalaureate programs rose 10.6 percent last year, the National

League for Nursing reported that more than 36,000 qualified students were turned away due to limitations in faculty, clinical sites, and classrooms. Employer competition for nurses will continue to be fierce, and nurses have many options to consider.

**A robust recruiting program is essential to sustain the Nurse Corps;** our FY05 recruiting goal is 357 nurses. As of 22 March 05, we have brought 110 new nurses onto active duty, 31 percent of our goal and more than at the same point last year. The Air Force continues to fund targeted incentive programs to help us attract top quality nurses. We have increased our new accession bonuses from \$10K to \$15K for a four-year commitment and our highly successful loan repayment program was again available this year. Last year we awarded 134 loan repayments, and this year funds were available for 26. Both of these programs have been very successful in attracting novice nurses but not as successful in attracting experienced nurses, particularly in critical deployment specialties. To further support recruiting, we have increased nursing Air Force ROTC quotas for the last two years and filled 100 percent of our quotas. We added additional ROTC scholarships for FY05, increasing our quota from 35 in FY04 to 41.

We continue to advertise our great quality of life, career opportunities and strong position on the healthcare team. I also take advantage of any occasion to highlight the tremendous personal and professional opportunities in Air Force Nursing. I encourage nurses to visit their alma mater and nursing schools near their base. Our slogan, “we are all recruiters” continues to reverberate, and active duty nurses enthusiastically tell our story and encourage others to “cross into the blue”. We have also expanded media coverage of Air Force Nursing activities and accomplishments to attract interest in the civilian nurse community. The cover of the December 2004 Journal of Emergency Nursing featured Air Force nurse Major Patricia Bradshaw and Technical Sergeant Patricia Riordan, respiratory therapist. They deployed to the 379<sup>th</sup> Expeditionary Aeromedical Evacuation Squadron and were shown caring for a wounded IRAQI FREEDOM soldier. The article showcased the unique role of critical care nurses in the aeromedical evacuation environment. Nursing Spectrum magazine honored Lieutenant Colonel Cassandra Salvatore as the Greater Philadelphia/Tri-State Nurse of the Year and Capt Cherron Galluzzo, Florida Nurse of the Year for 2004 and Air Force Company Grade Nurse of the Year.

**Retention is the other key dimension of force sustainment. While monetary incentives play a key role in recruiting, quality of life issues become very important considerations when making career decisions. We continue to enjoy excellent retention in Air Force nurses and ended fiscal year 2004 close to our authorized end strength of 3,760.**

We conducted a survey in 2004 to identify positive and negative influences on nurse corps retention. The top two factors influencing nurses to remain in the Air Force were a sense of duty and professional military satisfaction. Our nurses clearly enjoy the unique opportunity to serve our country and to care for our troops. Local leadership and inadequate staffing were the two primary detractors identified. We are clarifying their concerns and are providing better leadership development programs. We are also putting senior, experienced nurses back at the bedside to guide and mentor our junior nurses and support their professional development and satisfaction.

It has been three years since we initiated our Top Down Grade Review to correct our imbalance of novice and expert nurses. We have identified a number of company grade authorizations for

conversion to field grade based on requirements and continue to pursue adjustments of authorizations among other career fields. We also identified the significant positive impact civilianizing a larger percentage of company grade positions would have on grade structure and career progression. Serendipitously, the services were directed by the Office of the Secretary of Defense to identify military positions not wartime essential that could be converted to civilian jobs. In our initial evaluation we identified 305 Nurse Corps and 75 enlisted Aerospace Medical/Surgical Technician billets to convert to civilian authorizations over the next three years. These changes will primarily be in the outpatient setting, concentrating our military personnel in our more robust patient care areas to maintain clinical currency in wartime skills. We will continue to identify nurse positions which do not provide expeditionary capability or support our wartime training platforms for civilian conversion.

### Research

Air Force nurse researchers continue to excel at expanding the science of military nursing practice thanks to the strong support from the TriService Nursing Research Program (TSNRP). This year, Air Force nurses are again leading the way in advancing our

understanding of the effects of wartime deployment on today's military force. Twenty-five Air Force nurses are currently engaged in research covering priorities from clinical practice and training to recruitment and retention issues.

Colonel Penny Pierce is an Air Force Reserve Individual Mobilization Augmentee assigned to the Uniformed Services University of the Health Sciences (USUHS) Graduate School of Nursing (GSN). She is conducting research to determine the effects of deployment experiences and stressors on women's physical and mental health, and their likelihood to remain in military service. Colonel Pierce received the 2004 Federal Nursing Services Award at the 110<sup>th</sup> Annual Meeting of the Association of Military Surgeons of the United States for her pioneering research on factors that influence the health of military women.

Colonel Candace Ross, a reserve nurse at Keesler Air Force Base in Biloxi, Mississippi is heading up a TSNRP-funded study on the Impact of Deployment on Nursing Retention. The study is designed to identify factors associated with retention of nursing personnel in the military service in hopes of identifying actionable areas for retention efforts.

Colonel Laura Talbot, an Air Force reservist with the 440<sup>th</sup> Medical Operations Squadron at General Mitchell Air Reserve Station in Milwaukee, Wisconsin, and nursing faculty member at USUHS, is conducting research to test two different approaches to prosthetic rehabilitation for soldiers with below-the-knee amputations. This research is vital because 2.4 percent of all wounded-in-action during Operation IRAQI FREEDOM and ENDURING FREEDOM have suffered traumatic amputations. This is almost double the 1.4 percent during the Korean Conflict. Her research may promote accelerated rehabilitation for amputees and facilitate return to active duty for those who are able.

### Education

The Graduate School of Nursing at the Uniformed Services University (USUHS) supports military clinical practice and research during war, peace, disaster, and other contingencies. The PeriOperative Clinical Nurse Specialist program will graduate its first class of six in May 2005. The students are conducting research to identifying organizational characteristics that promote or impede medication errors across the surgical continuum of care. Fewer medication errors will save lives and shorten hospital stays. They will

be presenting their work at the National Patient Safety Foundation Conference later this spring.

The graduates of the Nurse Anesthesia Program in 2004 once again scored significantly higher than the national average on their certification examination. Nine of the 13 CRNA graduates scored the maximum score of 600 and three scored 595 or higher, well above the national average of 551.5.

In addition, the Air Force is currently funding two full-time students and another Air Force nurse is enrolled part time in the USUHS PhD program.

#### Nursing Force Development

The USAF Nurse Transition Program (NTP) marked its 27<sup>th</sup> year in 2004. The NTP is an 11-week, 440-hour course designed to facilitate the transition of novice registered nurses to clinically competent Nurse Corps officers. The program provides clinical nursing experience under the supervision of nurse preceptors and training in officership and leadership. There were several key changes this year, among them the addition of our first overseas NTP training site at the 3rd Medical Group, Elmendorf Air Force Base, Alaska. Last November, under the guidance of NTP Coordinator,

Major Deidre Zabokrtsky, we successfully graduated our inaugural class of four nurses from the program.

Our nurses provide outstanding leadership in the expeditionary environment, in military treatment facilities, and in positions not traditionally held by Nurse Corps officers. We currently have 16 nurses commanding Medical Treatment Facilities and 45 nurse Squadron Commanders. Col Laura Alvarado is the first nurse to serve as a Vice Wing Commander, and is at the 311<sup>th</sup> Human Systems Wing, Brooks City Base, TX. Maj Kari Howie is a CRNA and the first nurse to serve as the Deputy Chief of Clinical Services for a major command headquarters.

This year, for the first time in history, two active duty nurses are serving concurrently as general officers in the Air Force. Brigadier General Melissa Rank joins me, and was promoted to her current grade on 1 January 2005.

Colonel John Murray was the first military nurse to be appointed full professor at the Uniformed Services University of the Health Sciences. Colonel Murray was also selected by the Assistant Secretary of Defense for Health Affairs to serve on the National Advisory Council for Nursing Research.

Mister Chairman and distinguished members of the Committee, it has been my tremendous honor to serve our nation and to lead the more than 19,000 men and women of our active, guard and reserve total Air Force Nursing team for the last five years. I have increasingly treasured your support and advocacy during this challenging time for nursing and for our Air Force. Thank you for inviting me to tell our story once again. No one comes close!