

DEPARTMENT OF THE AIR FORCE

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Mister Chairman and distinguished members of the committee, it is an honor and great pleasure to again represent your Air Force Nursing team. What a dynamic time in the history of our nation! Last year, at this time, our allied forces had toppled the regime of Saddam Hussein and focus had shifted to peacekeeping and humanitarian relief for the Iraqi people. Today, the fighting continues and our soldiers, sailors, marines and airmen continue to make the ultimate sacrifice for their nation. Terrorist organizations continue their campaign of carnage throughout the world, and horror is commonplace on front-page news. This war is far from over.

Our nation has expressed pride and grateful appreciation for the selfless sacrifice of our soldiers, sailors, airmen and marines. The American Soldier is Time magazine's Person of the Year. And the American public holds the nursing profession in very high esteem. In a recent Gallup poll, Nursing was rated the most honest and ethical profession.

As our military men and women fight far from home, they count on great medical support in theater and for their loved ones at home. Nursing plays a pivotal role in Air Force healthcare in both arenas. Lieutenant General Taylor has highlighted the importance of Preventive Health Assessments, Individual Medical Readiness, and post-deployment health assessments. All these programs, in which nursing personnel have key administrative roles, have been integral to the success of deployment

health. The disease non-battle injury rate of 4 percent for this conflict is the lowest ever achieved. That translates to more healthy people ready to execute the mission.

Active duty, guard and reserve Nurse Corps officers and aerospace medical service technicians also serve around the world to provide robust medical support to our combat units, victims of natural disasters, and those who need humanitarian or civic assistance. It is my honor to share some of our activities in support of deployment and training and some of the stories of our everyday heroes.

Our first priority, and our greatest success, is our ability to maintain constant mission readiness for any contingency. We deploy anytime, anywhere at our nation's call. To support Operations ENDURING FREEDOM and IRAQI FREEDOM, 725 nurses and 1603 medical technicians deployed as members of 24 Expeditionary Medical Support units, or EMEDS. Five of these deployed units have been equipped with chemical and biological protection to counter potential threats. Our EMEDS teams have treated more than 171,000 casualties, those injured in combat and those with non-combat injuries and disease. I am very proud to report that six nurses were deployed as EMEDS commanders during the past year. These nurse leaders, in charge of deployed wing medical facilities, were absolutely outstanding in meeting healthcare needs of combined and coalition forces in such diverse locations as Saudi Arabia, Romania, the United Arab Emirates, Bahrain, and Diego Garcia.

Aeromedical Evacuation has had a starring role in Operation IRAQI FREEDOM and continues to be a critical core competency for the Air Force. It is battle tested and it works, providing state-of-the-art in-flight medical care for transport of US and coalition forces. The system has exceeded all expectations in providing life-saving care during transport of the sick and injured from battlefields to their home units. Since last spring, we have flown over 3,200 missions and supported more than 40,000 patient transports without a single in-flight combat-related death. We have transformed the aeromedical evacuation system from one relying on specific aircraft and dedicated missions, to an integrated multiplatform capability, which uses available aircraft and prepositioned aeromedical evacuation crews. Through the vision and ingenuity of our leadership, we have overcome numerous challenges and have continued to move forward, demonstrating flexible, timely support to combat operations.

Our Flight Nurses and Aeromedical Evacuation Technicians are seamlessly integrated with Medical Service Corps Officers, front-end aircrews, maintenance crews, and ground medical units in areas of operations. Combining the capability of the Critical Care Air Transport Teams (CCATT) with Aeromedical Evacuation crews has brought definitive care closer to the point of injury, faster than ever before. The additional capabilities of the CCATT makes it possible to safely transport stabilized patients by air, reduces the requirement for in-theater beds, and gets injured troops to definitive care in hours rather than days.

Major Dan Berg was a member of the Critical Care Air Transport Team that cared for a 19-year old soldier whose convoy had been hit by rocket-propelled grenades. Major Berg provided care to the critically injured patient throughout the 10-½ hour flight. Only able to communicate by writing on a notepad, the young soldier wrote that he never expected such care so far from home. Maj Berg showed the young man his flight suit patch, which bore the promise, “Committed to the Wounded Warrior.”

Nurses play a vital role in tailoring the aeromedical evacuation system to meet needs of our forces. The Andrews AFB team converted the base gymnasium into a 100-bed contingency aeromedical staging facility (CASF). Eighty-five medical professionals activated from the 459th Aeromedical Staging Squadron staffed the facility, working with a smaller active duty team from the 89th Medical Group. During peak operations, personnel at the CASF managed up to 6 inbound overseas missions per week with 50-70 patients per mission. Many of the patients were transported directly from the flight line to Walter Reed Army Medical Center and the National Naval Medical Center, but up to 92 patients remained overnight in the CASF for further air transport. Within the past 12 months, the CASF team supported over 850 aeromedical evacuation flights and coordinated over 15,700 patient movements. Great teamwork between our Air Force components and sister services made this mission a resounding success.

Seamless integration with the medical teams of our sister services has been critical in many locations during Operation ENDURING FREEDOM and IRAQI FREEDOM. Major Kathryn Weiss, a nurse anesthetist from Hurlbert Field, deployed with the Army's 10th Special Forces Group to Northern Iraq to provide frontline emergency medical capabilities in an imminent danger area within the range of enemy artillery. The team treated casualties suffering from bullet and shrapnel wounds as well as those injured in motor vehicle crashes. The team was recognized by the award of the Bronze Star for their meritorious achievements.

Major Weiss is just one example of the tremendous capability of our Certified Registered Nurse Anesthetists. They are frequently part of our Mobile Field Surgical Teams, substituting for anesthesiologists. Seventeen of the twenty-seven certified registered nurse anesthetists who deployed in 2003 were filling anesthesiologist taskings and provided top-notch surgical support.

Our Air Force Independent Duty Medical Technicians are linchpins in health care delivery in remote and deployed locations. They are “jacks of all trades” and masters of health care modalities from routine and emergency medical and dental care, to biomedical environmental management. IDMTs are invaluable in the full spectrum of military missions to include Special Operations, EMEDS, Forward Air Controllers, Combat Communications and coalition team activities.

Recently one of our IDMTs, MSgt James Koss from Tyndall Air Force Base, accompanied a coalition force in Iraq and provided support in medical intelligence, personnel and field sanitation, force protection, medical pre-screening and coordination of medical care. His preventive health initiatives were key to a low rate of heat related injuries and disease outbreaks.

In Iraq, Nurse Corps Colonel David Adams, Director of Force Health Operations for the Office of the Assistant Secretary of Defense for Health Affairs, served as Chief of Strategic Planning for the Coalition Provisional Authority in Baghdad. Colonel Adams assisted the Minister of Health in identifying healthcare system needs and then coordinating support from other nations. Colonel Linda McHale, an Air Force Reserve Individual Mobilization Augmentee is mobilized to work with the Iraqi Minister of Health in establishing training programs for nurses and medical technicians.

In French Village, Iraq, a three-member team from the 122nd Indiana Air National Guard Fighter Wing set up a medical clinic to restore health care for the villagers after their civilian clinic had been looted and destroyed by insurgents earlier in the year. Captain (Dr.) Jeff Skinner, Senior Master Sergeant Tommie Tracey and Senior Airman Matt Read collected donations of essential items for the clinic, including children's vitamins and a play set for the waiting room. When all was ready, they assisted with the grand opening of the new facility.

In addition to providing service in Operation ENDURING FREEDOM and IRAQI FREEDOM, Air Force Nursing actively supports Homeland Security and humanitarian relief. Air Force Lieutenant Colonel Linda Cashion, Chief of Air Force Homeland Security Medical Operations, was the first nurse to complete a fellowship with the National Disaster Medical System, part of the Federal Emergency Management Agency. She provided valuable assistance in planning and implementing the Disaster Relief Program and expertly developed the nursing role for Disaster Medical Assistance Teams. Colonel Cashion was also instrumental in coordinating care for 26 critically burned victims in the Rhode Island nightclub fire.

Air Force nursing support of humanitarian missions reaches around the globe. Chief Master Sergeant Virginia Thompson, an Air Force aeromedical technician at Randolph Air Force Base, participated in a two-week mission to El Salvador last year where the team of eleven medical personnel treated 3,000 patients. This humanitarian mission not only advanced host-nation health, but also afforded our military medical personnel valuable experience applicable to future humanitarian missions.

During another humanitarian effort, First Lieutenant Lynn Zuckerman, Master Sergeant Baron Stewart and Staff Sergeant Patricia Fernandez from the 375th Medical Group, Scott Air Force Base were part of an eight person team that participated in a U.S. Southern Command sponsored mission to Guatemala. The team provided medical care to the under-served Guatemalan population in the isolated villages of San

Sebastian, San Jose Caben, Rincon and Chim. During this mission, 5,600 patients received treatment for a wide range of conditions including gastrointestinal illnesses from parasitic infection and chronic debilitating disease from arthritis and heart disease

Air Force nursing vigorously supports international partnerships. Personnel from the 435th Medical Group, Ramstein Air Base, participated in EUCOM-directed multinational mass casualty exercise. Nurses and medical technicians trained over 100 medical students in Georgia, the independent state of the former USSR, on a variety of skills to include moulage, self-aid buddy care, and advanced trauma management. The team also improved medical support in the community by training 30 local civil defense authorities in mass casualty and disaster management. The U.S. Ambassador to Georgia praised the team's tremendous support in providing much-needed training.

Skills Sustainment

Air Force medics could not succeed in our expeditionary deployments without targeted training to ensure clinical currency. The Readiness Skills Verification Program (RSVP) continues to ensure that our personnel are trained in the wartime skills they need and that they stay current in those skills. The training is accomplished at home station and at multiple off site locations. As I mentioned last year, at our Centers for Sustainment of Trauma and Readiness Skills (C-STARS) programs, we partner with civilian academic centers to immerse our nurses, medical

technicians, and physicians in all phases of trauma management to sharpen combat casualty care skills.

We now offer this terrific program at three locations: The Shock Trauma Center in Baltimore, The University of Cincinnati Medical Center, and Saint Louis University Hospital. By expanding the program, we have been able to train more medics each year. Over the last 2-½ years, 334 nurses and medical technicians have completed the training; almost half of these were trained in 2003.

First Lieutenant John Cleckner, a critical care nurse preparing to deploy on an EMEDS validated the program's importance by saying, "This experience allowed me to significantly update and hone my trauma skills. Now I'm confident that I am ready."

As part of the C-STARS program, nurses complete an Advanced Trauma Life Support Course, and medical technicians complete the Pre-Hospital Trauma Life Support course. Both courses teach aggressive trauma care techniques and how to adjust standard treatment when projectiles and velocity impact the victim. These competencies are essential to care of wartime casualties.

Recruiting and Retention

We have a robust recruiting program, which is essential to keeping the Nurse Corps healthy and ready to meet the complex challenges in healthcare and national security. Numerous incentive programs have been instituted to prevent a nursing shortage in the Air Force, but shortfalls

continue to be an enormous challenge both nationally and internationally. Last year, the Bureau of Labor Statistics reported that registered nurses are at the top of ten occupations with the largest projected job growth through the year 2012. One positive sign is that the number of enrollments in entry-level baccalaureate programs increased by 16.6 percent last year, although there were an additional 11,000 qualified students 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.

Quality of life and career opportunities, coupled with other incentives, are critical recruiting tools for Air Force Nursing. Fiscal year 2003 was our most successful recruiting year since 1998. Although we have recruited approximately 70 percent of our goal each year since FY99, we have seen an increase in the number of new accessions each year. Last year, we recruited 16 percent more nurses than in FY02, and I attribute the increase largely to our educational loan repayment program. In order to compensate for our current shortfall and projected separations, our FY04 recruiting goal is 394 nurses. Funding is available to offer new accessions either a \$10K accession bonus or up to \$28K for educational loan repayment. We have \$5.2M available to fund these initiatives in FY04 and are hopeful that our accession numbers will exceed last year. As of 31 March 04, we have brought 108 new nurses onto Active Duty – on par with last year and about

27 percent of goal. We attract some of the best nurses in the job market today, although most are very junior with respect to experience level.

This year we continue to recruit nurses up to the age of 47 to boost our ranks. We commissioned 25 nurses over age 40 last year, and although they are not retirement eligible, they provide tremendous support during their time on active duty. They have the critical skills and clinical leadership we need to meet our peacetime and wartime readiness mission, as well as years of clinical experience to share with our novice nurses.

Our slogan, “we are all recruiters,” continues to rally support as we tackle the challenge of recruiting. I have fostered more effective partnering with recruiting teams to maximize recruiting strategies and success. Among other activities, we have increased nursing Air Force ROTC quotas from 29 in FY03 to 35 in FY04, and 100 percent of our quotas have been filled.

I take advantage of every 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 to market quality of life and professional opportunities as an Air Force Nurse. This has proven to be a powerful recruiting tool.

We have also expanded media exposure of the outstanding accomplishments of our people and their support of troops in Operation IRAQI FREEDOM. This past fall, Secretary of Defense Rumsfeld’s visit with our aeromedical evacuation teams in Baghdad was highlighted in print

media, and Major Keith Fletcher, an Air National Guard Nurse from the 379th AES Mobile Aeromedical Staging Facility, was featured in a photo with the Secretary. Air Force Reserve nurse Major Tami Rougeau was selected as one of the "Heroes Among Us" by the National Military Family Association, and she rode in the Rose Bowl Parade with other honorees. Another Air Force Nurse Corps star, Captain Cynthia Jones Weidman of Scott Air Force Base, Illinois, was awarded the American Red Cross Florence Nightingale Medal, one of the highest honors in the nursing profession. She was the first Air Force Nurse to receive the medal, and the first military nurse since 1955. Air Force nurses present very positive images in the news.

Retention is the other key dimension of force sustainment. Our retention remains strong at 93 percent and, despite not meeting our recruiting goal for five successive years, we were only 143 nurses under our authorized end strength of 3,862 at the end of FY03.

Lieutenant Colonel John Murray, one of our doctorally-prepared Nurse Corps officers, developed a standardized, web-based officer assessment tool to identify what influences officers to remain on active duty or separate from the Air Force. The pilot study began in January 2004 with a sample of Nurse Corps officers. The assessment tool will help identify targets of opportunity to enhance quality of life and professional practice. We continue to recommend Reserve, National Guard, and Public Health Service transfers for those who desire more stability in their home

base but wish to continue military service and can meet deployment requirements.

Research

Air Force nurse researchers stay on the cutting-edge of advancing the science and practice of nursing. I am proud to say that twenty-one Air Force nurses are actively engaged in TriService Nursing Research Program (TSNRP) funded initiatives.

Air Force researchers are leaders in the Department of Defense and the Nation in operational nursing research. In FY03, nursing research at Wilford Hall Medical Center continued to focus on care of the war fighter in military unique and austere environments. A study on the thermal stresses onboard military aircraft led to evaluation of products designed to maintain body temperature in critically injured patients during aeromedical evacuation. This will identify devices that are effective in maintaining temperature control to improve support and survivability of casualties.

The TSNRP-funded Air Force Combat Casualty Aeromedical Nursing research study describe the experiences of AE crewmembers in providing combat casualty care to gather information that can be used to improve AE nursing practice. The study also aims to pilot a research instrument to measure characteristics of casualties in different locations and the nursing care required. This study will influence AE combat casualty care and future training.

Another study, “Recruitment Decision Making for Military Nursing Careers” is being conducted collaboratively by military nurse researchers at Keesler AFB and nursing researchers at the University of South Alabama. The goal of this study is to describe factors that influence nursing students in considering military nursing careers. This study will help identify the characteristics of individuals interested in military service and guide recruiting services in deploying recruiting initiatives.

Education

The Graduate School of Nursing at the Uniformed Services University has demonstrated tremendous flexibility and capability in meeting the needs of uniformed nurses. They began a clinical nurse specialist master’s program at the request of the Federal Nursing Chiefs and also inaugurated a PhD nursing program. The Perioperative Clinical Nurse Specialist program is the only one in the nation and includes special preparation for operating in a field environment so graduates are ready for deployment challenges. Three Air Force nurses are in the inaugural class.

The PhD program was established to meet the evolving need for nursing research relevant to federal health care and military operations. It affords federal nurses the opportunity to study in a unique environment and gain exceptional qualifications to lead in research, education, and clinical practice. Although the program is in its first year, the response has been overwhelming, and twelve nurses are enrolled either full or part time.

Nursing Force Development

Nursing has vigorously embraced the Force Development initiative launched last summer by Air Force Secretary James G. Roche and our Chief of Staff, General John P. Jumper. General Jumper describes the construct as making sure “we place the right technical and leadership skills in the right places with the right people who are educated and trained for success”.

Each officer career field has a dedicated Development Team (DT) to guide the assignments and educational opportunities for each officer. Our Nurse Corps DT has already played a substantial role in selecting chief nurses for our facilities, best assignments for our Colonels on the move and educational programs and candidates we will sponsor.

We continue to work on opportunities to capitalize on the knowledge and experience of our enlisted force, and provide them more avenues to acquire advanced training and credentials. Eight medical technicians will graduate from the Army’s Licensed Practical Nurse training course in April 2004 and we are looking at ways to increase LPN numbers. The Air Force Reserve is piloting an initiative to send new enlisted nursing personnel to a civilian LPN program. We have reviewed Navy enlisted baccalaureate scholarship programs and are reviewing similar opportunities for our enlisted personnel to earn a bachelor’s degree and a commission in the Nurse Corps. This has great potential to reduce our recruiting deficit by “growing our own” nurse corps officers from our enlisted ranks.

The global war on terrorism and a resource constrained environment has driven us to look even harder at efficiencies in nursing force utilization. Recent research has shown that a more educated nurse force, implementation of higher nurse-to-patient ratios, and better nursing work environments contribute to improved patient safety and lower patient morbidity and mortality. The Air Force Medical Service chartered Product Line Analysis and Transformation Teams to study civilian healthcare industry staffing models and best practice benchmarks. The new models they identified for nursing are being used to adjust staffing requirements.

The Nurse Corps Top Down Grade Review mentioned in my testimony last year is progressing, and we have identified the need to rebalance Nurse Corps grade authorizations to better meet readiness and in-garrison healthcare requirements, and provide healthy career progression and promotion opportunities more in keeping with those of line officers and other medical service corps. Another aspect of our grade review was to determine the number of active duty nurses required for deployment and other military unique requirements. With this process, we have identified opportunities to civilianize many nurse positions. The methodology employed in the Nurse Corps study is being applied to all other career fields in the Air Force Medical Service to determine force structures and appropriate civilian/military mix.

This has been an extraordinary year by all measures, and our Nurse Corps also reached two big milestones in our history. The nomination of

Colonel Melissa Rank to Brigadier General marks the first selection of a nurse corps officer by an “all corps” promotion board. It is a testament not only to her outstanding performance but also reflects the magnitude of leadership and talent we have in our Air Force Nurse Corps. I was also promoted on the first of August to Major General, another Air Force first. It is a great honor and very humbling. I am grateful to have the opportunity to continue to serve. For the first time in history, we will have two active duty nurses concurrently serving the Air Force as general officers.

Mister Chairman and distinguished members of the Committee, it has been a joy and great honor to lead the 19,000 men and women of our active, guard and reserve total Air Force Nursing team. Thank you for your tremendous advocacy and stalwart support to our great profession of nursing and for inviting me to share the accomplishments of Air Force Nursing once again.