

DEPARTMENT OF THE AIR FORCE

PRESENTATION TO THE COMMITTEE ON APPROPRIATIONS

SUBCOMMITTEE ON DEFENSE

UNITED STATES SENATE

**SUBJECT: MEDICAL READINESS
AIR FORCE NURSING SERVICES**

**STATEMENT OF: MAJOR GENERAL MELISSA A. RANK
ASSISTANT AIR FORCE SURGEON GENERAL
NURSING SERVICES AND ASSISTANT AIR FORCE
SURGEON GENERAL MEDICAL FORCE DEVELOPMENT**

April 16, 2008

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UNITED STATES SENATE**



BIOGRAPHY

UNITED STATES AIR FORCE

MAJOR GENERAL MELISSA A. RANK

Maj. Gen. Melissa A. Rank is Assistant Air Force Surgeon General, Medical Force Development, and Assistant Air Force Surgeon General, Nursing Services, Office of the Surgeon General, Headquarters U.S. Air Force, Bolling Air Force Base, D.C. As Assistant Air Force Surgeon General, Medical Force Development, she establishes new and appraises existing personnel policy and enhancement actions for more than 34,000 active-duty officer and enlisted medical personnel. She collaborates with Department of Defense agencies and Air Staff directorates to establish and meet future staffing needs. Her directorate is also responsible for all medical force education and training programs. As Assistant Air Force Surgeon General, Nursing Services, she creates and evaluates nursing policies and programs for 19,000 active-duty, Guard and Reserve nursing personnel. She interacts with major commands, the Air Staff, other military services and the Joint Staff on nursing services matters to ensure the highest caliber of nursing care and personnel.



General Rank was born in Frostburg, Md., and earned a Bachelor of Science degree in nursing from the University of Maryland at Baltimore in 1975. While attending the University of Maryland full time, General Rank was employed as a senior registered nurse at Baltimore City Hospitals in the Medical-Surgical Trauma Intensive Care Unit, as a public health nurse at Johns Hopkins Medical Institutions, and clinical nurse researcher at the Center for Disease Control. Her Air Force career began as a staff nurse at Dover AFB, Del., and she has held a wide variety of clinical and supervisory positions at medical facilities in the United States, Germany and Japan.

The general previously served in the Office of the Surgeon General as Executive Management Fellow for Services, Chief of Plans, Policies and Programs for Nursing Services in the Directorate of Work Force Management, and Deputy Assistant Surgeon General for Health Care Operations. She also served for one year as the U.S. Air Force Surgeon Chair to Air University, Maxwell AFB, Ala. General Rank has commanded an aeromedical evacuation squadron in Southwest Asia, a medical operations squadron and two medical groups.

EDUCATION

1975 Bachelor of Science degree in nursing, University of Maryland at Baltimore
1980 Nursing Service Management Course, School of Health Care Sciences, Sheppard AFB, Texas
1982 Flight Nurse School, School of Aerospace Medicine, Brooks AFB, Texas
1984 Squadron Officer School, Maxwell AFB, Ala.
1984 Air Command and Staff College, by seminar
1990 Master's degree in nursing administration, University of Texas at San Antonio

1999 Master's degree in strategic studies, Air War College, Maxwell AFB, Ala.

ASSIGNMENTS

1. February 1978 - February 1982, staff nurse, Obstetrics and Gynecology Unit, and charge nurse, OB/GYN Clinic, Dover AFB, Del.
2. February 1982 - May 1984, charge nurse, Minimal Care Unit; clinical nurse, Intermediate Care Unit; supervisor, Outpatient Nursing Services, Chanute AFB, Ill.
3. May 1984 - May 1987, staff nurse, Pediatric Unit; night supervisor and Chief Nurse, 18th Aeromedical Staging Flight, Wiesbaden Regional Medical Center, Weisbaden, West Germany
4. May 1987 - October 1991, charge nurse, Neurosurgical Unit; clinical supervisor, Surgical Units; and quality improvement and risk management coordinator for the Division of Nursing, Wilford Hall Medical Center, San Antonio, Texas
5. October 1991 - September 1994, officer in charge, In-flight Nursing Care; assistant Chief, Nursing Services; and Chief, Nursing Services, 9th Aeromedical Evacuation Squadron, Yokota Air Base, Japan (October 1992 - January 1993, Commander, 1611th Aeromedical Evacuation Squadron (Provisional), Southwest Asia)
6. September 1994 - September 1996, Commander, 22nd Medical Operations Squadron, and Chief Nurse Executive, 22nd Medical Group, McConnell AFB, Kan.
7. September 1996 - July 1998, Executive Management Fellow for Services, and Chief of Plans, Policies and Programs for Nursing Services, Directorate of Work Force Management, Office of the Surgeon General, Bolling AFB, Washington, D.C.
8. July 1998 - June 1999, student, Air War College, Maxwell AFB, Ala.
9. June 1999 - July 2000, U.S. Air Force Surgeon Chair to Air University, Maxwell AFB, Ala.
10. July 2000 - July 2002, Commander, 20th Medical Group, Shaw AFB, S.C.
11. July 2002 - July 2004, Commander, 99th Medical Group, Nellis AFB, Nev.
12. July 2004 - July 2005, Deputy Assistant Surgeon General for Health Care Operations, Office of the Surgeon General, Bolling AFB, Washington, D.C.
13. July 2005 - present, Assistant Air Force Surgeon General, Medical Force Development, and Assistant Air Force Surgeon General, Nursing Services, Office of the Surgeon General, Headquarters U.S. Air Force, Bolling AFB, D.C.

MAJOR AWARDS AND DECORATIONS

Legion of Merit with oak leaf cluster
Meritorious Service Medal with four oak leaf clusters
Aerial Achievement Medal
Air Force Commendation Medal with oak leaf cluster
Air Force Achievement Medal with two oak leaf clusters
Air Force Outstanding Unit Award with two oak leaf clusters
Combat Readiness Medal
Southwest Asia Service Medal

PROFESSIONAL MEMBERSHIPS AND ASSOCIATIONS

Sigma Theta Tau International
American Nurses Association
Kansas Nurses Association
Association of Military Surgeons of the United States

EFFECTIVE DATES OF PROMOTION

Captain Feb. 1, 1980
Major May 1, 1987
Lieutenant Colonel May 1, 1993
Colonel March 1, 1999
Brigadier General Jan. 1, 2005
Major General Oct. 1, 2005
(Current as of December 2005)

Mister Chairman and distinguished members of the committee, it is an honor and gives me great pleasure to again represent your Air Force Nursing team. As we vigorously execute our mission at home and abroad, Air Force nurses and enlisted medical technicians are meeting the increasing challenges with notable professionalism and distinction. The Total Nursing Force is comprised of officer, enlisted, and civilian nursing personnel with Active Duty, Air National Guard (ANG), and Air Force Reserve Command (AFRC) components. Serving alongside Brigadier General Jan Young of the ANG and Colonel Laura Talbot of the AFRC has been my distinct pleasure. I look forward to serving with Colonel Anne Manly who was recently appointed in the AFRC Corps Chief position replacing Colonel Laura Talbot. Together we are a powerful total force nursing team directly supporting the Secretary and the Chief of Staff of the Air Force's top priorities to Win Today's Fight, Take Care of our Airmen, and Prepare for Tomorrow's Challenges.

Expeditionary Nursing

Air Force Nursing is an operational capability and Air Force Nursing Services remain at the forefront in support of the warfighter. A heightened demand has been placed upon military nursing for highly complex clinical skills and our total nursing force is meeting this challenge. Every member of the Total Nursing Force team has told me that their deployments, caring for America's most precious sons and daughters, has been the most professionally rewarding experience of their lives. For instance, Captain Shelly Garceau is an emergency room nurse at the 332nd Expeditionary Medical Group (EMDG) in Balad Air Base, Iraq, one of the busiest trauma centers in the world. The emergency room treats 23 patients a day on average, 11 of which are trauma cases. In a 24 hour cycle, the facility's operating room staff typically handles more than a dozen cases and performs more than 60 procedures. In the past year, nursing was critical to the successful treatment of over 10,000 injuries. The hospital currently holds a 98 percent survivability rate for wounded Americans who arrive at the 332nd EMDG. Colonel Norman Forbes, 332nd EMDG Chief Nurse, states, "In a four month period, the facility's statistics match or

exceed activities at the R. Adams Cowley Shock Trauma Center in Baltimore, where many of our staff nurses were trained.”

Behind every case and helping every patient who arrives at their doorstep, is the nursing staff of the 332nd EMDG. From the moment a wounded soldier arrives at the hospital to the time the patient lands in Germany or is medically evacuated to the United States, a nurse and technician are there to care for the wounded patient. The pride that erupts from the members of this medical group is felt and seen when you look at even just one situation: Two Marines were transferred out of the Balad Air Base emergency room with partial thickness burns to the face as a result of an explosion; Captain Garceau (332nd EMDG) stated, “That guy couldn’t even see me. He wouldn’t be able to show you who I am if he saw me. But he’d recognize my voice. And when he said thank you to me, it was like nothing else. There’s nothing like the ‘thank-you’s’ you get here—nothing at all.”

Bringing wounded warriors home is mission #1 for our fixed-wing aeromedical evacuation (AE) system. AE is a unique and significant part of our Nation’s renowned mobility resources. Its mission is to rapidly evacuate patients under the supervision of qualified AE crewmembers by fixed-wing aircraft during peace, humanitarian, noncombatant evacuation operations, and joint/combined contingency operations. The Air Force Reserve Component owns approximately 88 percent of the total AE force structure, with the remaining 12 percent distributed among four active duty AE squadrons. During November 6-7 2007, active duty and reserve subject matter experts met to hold a capabilities review and risk assessment on the AE system. As a result of this meeting, the Air Force AE patient care information management and in-transit visibility modernization plan evolved. The recommendations for a new electronic patient medical record and the ability for combatant commanders to know where, when, and how their injured troops are doing, will bring AE to the leading edge of technology.

A major advancement in aeromedical evacuation system of the Afghan National Army (ANA) Air Corps is the work being done by individuals like Major Mical Kupke, Captain Marilyn

Thomas, Master Sergeant Brian Engle, and Technical Sergeant Janet Wilson who opened a flight medicine clinic in Kabul, Afghanistan. These Airmen are using all local resources available to perform work, including loading patients onto MI-17 helicopters, coordinating with the Czech Republic field hospital and working with the medevac unit located nearby at Bagram Air Base, Afghanistan. As Sergeant Engle stated, "The ultimate goal is for us to be able to step away as the ANA becomes self-sustaining." Sergeant Wilson stated, "The fact that we're able to bring something to their Air Corps and help the Afghan National Army build up their structure is very positive; it makes me proud that I can contribute just a tiny portion to that."

Our aeromedical staging facilities (ASF) provide critical support to the aeromedical system. The 79th ASF at Andrews AFB, Maryland is the busiest in the continental United States. Since January 2007, the staff has launched and recovered 699 missions, and facilitated the transport and care of 7,895 patients to Andrews, Walter Reed Army Medical Center and the National Naval Medical Center. The 79th ASF staff includes 31 permanent and 33 deployed active duty and reserve nursing and administrative nursing personnel. Army, Navy and Marines liaisons also work in the ASF assisting their patients with transition back to the United States. The patients have a wide variety of injuries and illnesses, including those from improvised explosive device (IED) blasts, gunshot wounds, traumatic brain injuries, post-traumatic stress disorder, and extremity fractures.

In this calendar year, the 79th ASF received a \$4.8 million grant to renovate and expand, increasing the bed capacity from 32 to 45. Nutritional Medicine from the 79th Medical Group implemented "The Burlodge," a program that provides every patient returning from theater a homemade hot meal. Dedicated American Red Cross volunteers are on hand to welcome every patient upon their return. These volunteers offer their assistance in many ways to meet the needs of the patients, providing toiletries, clothing, email assistance, and more. Major Leslie Muhlhauser and Captain Christopher Nidell of the ASF staff recall these patient encounters:

- One of the administrative technicians sat with a patient all night talking and watching movies, because the patient expressed not wanting to be alone and not being able to sleep.
- A security forces patient wanted to take a hot shower and wash her hair and was unable to do so on her own due to leg and arm injuries. Three of the ASF staff worked together to protect her wounds and help her shower.
- One of the nurses sat with a 19-year old soldier from Kentucky suffering from migraines related to an IED blast exposure. He stayed with the soldier to help him relax until the medication he received began to relieve his pain.
- The staff coordinated with veterinary services for the care and lodging of two canine battle wounded heroes, one who received a Purple Heart.
- On one mission, the wind and weather prevented a C-17 and C-130 from landing at Andrews AFB Maryland. The ASF flightline crew quickly realigned the organizational plans and met the aircraft at a commercial airport in the National Capital Region (NCR).
- The nurses watched a mother's face as she and her family waited for the arrival of her son; seeing them together was a privilege.

Skill Sustainment

Nursing skill sustainment has never been more important than it is during our steady state of deployment. Air Force critical care nurses have played an instrumental role in the care of wounded and ill patients in Operations IRAQI FREEDOM and ENDURING FREEDOM. Critical care nursing is a nursing specialty and both civilian and military sectors are dealing with a shortage of experienced critical care nurses. In an effort to ensure the needs of the critically ill are met, the Air Force Nurse Corps partnered with our sister services and initiated a fellowship training program in the NCR. During this fellowship nurses develop critical care skills at the National Naval Medical Center at Bethesda, Maryland, where many wounded patients are

admitted to the intensive care unit. This fellowship program began in January 2007, and recently graduated the first qualified critical care nurses. The program produces deployment-ready nurses in eight months. Captain (select) Jonathan Criss joined his fellow classmates Lieutenant Amy Tomalavage and Captain Dillette Lindo for graduation via video-teleconference from Iraq, where he deployed in November. Lieutenant Colonel Loreen Donovan, Balad Air Base Intensive Care Unit flight commander, praised the preparedness and skills of Captain (select) Criss. Lieutenant Colonel Donovan has since taken over as the director of the fellowship program, and will incorporate her deployment and clinical experiences into the curriculum. The program is designed to graduate 10 nurses annually and complements a similar program initiated by the Air Force in San Antonio, Texas, in collaboration with the Army.

The Critical Care Technician Course (CCTC) began in early 2007, as a result of the high demand for our critical care technicians. The program is conducted at Eastern New Mexico University-Roswell and presents 40 hours of didactic and hands-on education. The 59th Medical Wing, Wilford Hall Medical Center, located at Lackland Air Force Base, Texas, took the lead with this program, holding three classes in fiscal year (FY) 2007 for 36 technicians. The program has now been expanded for FY08 into a five-year contract anticipating four classes for 56 technicians per year. The 96th Medical Group, located at Eglin Air Force, Florida, has contracted with ENMC-R for the CCTC and has two classes scheduled in FY08 educating a total of 60 medical technicians. We anticipate pushing the possibilities of teaching over 400 critical care medical technicians over the next five years.

Whether at war or home station, these critical clinical skills remain relevant. Consider this story told by the 39th Medical Group Chief Nurse, Lieutenant Colonel Rebecca Gober, from Incirlik Air Base, Turkey. "Staying late catching up on access due to an increased exercise schedule, the personnel of the 39th Medical Group at Incirlik Air Base, Turkey, suddenly found themselves with four local national gunshot victims at their doorstep! Shouts of "Code Blue" were heard throughout the building. Within a matter of minutes, this small, outpatient clinic staff transformed

into an emergency triage/treatment team rivaling a large trauma medical center. Past training kicked in and many were grateful for their recent training at the Center for Sustainment of Trauma and Readiness Skills. While lives were being saved by the clinical staff, ancillary support teams coordinated administrative needs to help identify patients, secure personal effects, and arrange transport to outside medical facilities. Resuscitative efforts were successful for three of the four victims. Only four hours passed from the entry of the first victim until every supply item was replaced, every cart returned and every room was ready for normal operations again. With the number of staff present at that time of day, training and teamwork truly were keys to their success." I am so proud of our nursing team for their performance that day!

Operational Currency

In response to BRAC integration, additional opportunities to maintain operational currency in complex patient care platforms is critical. This year we gained 25 training affiliation agreements specific to officer and enlisted nursing personnel. This number is triple what we reported last year, a fact that assures me of the continued clinical readiness of our great Total Nursing Force. Our biggest gains were in agreements with civilian facilities. I am pleased to inform you that we partnered with nine civilian facilities to pursue skills sustainment in critical care, complex medical-surgical care, emergency/trauma, and ambulance services. Our Medical Treatment Facilities (MTF) remain an ideal training platform for many civilian nursing programs as well. In 2007, we added 33 training affiliations for civilian nursing programs awarding degrees at baccalaureate, masters, and doctoral levels.

In addition to our civilian training affiliations, I recently sent a team to conduct a site visit at the University Hospital in Cincinnati, Ohio. This visit was initiated to examine the possibility of centralizing an internship Nurse Transition Program (NTP). The program allows new graduates the opportunity to transition into clinical care with nurse preceptors closely at their side. NTP is currently offered at nine Air Force MTFs, but centralizing the program into one site would optimize clinical education. The University Hospital offers a larger patient population, diverse illnesses,

and medical/surgical cases including an increased opportunity to care for higher level trauma patients. Time management and complex inpatient nursing are the number one skill sets required for deployment. NTP is currently a 12-week program, but with the offerings at this facility, the program may be pared down to nine weeks. The University Hospital offers an ideal environment for a successful civilian NTP program and we look forward to the possibility of partnering with them to enhance Air Force NTP education.

We now face the emergence of a new set of issues specifically related to our current “steady state” of deployment. These include: 1) The need to maintain a high level of personal and professional readiness; 2) The inner resilience to sustain the mission despite daily wartime tragedies and prolonged exposure to secondary trauma; and 3) The ability to rejuvenate oneself upon return from deployment, and ultimately regain a sense of personal and professional balance. Readiness—Resilience—Rejuvenation (R3): Acknowledging and understanding the need to address the complexities these three concepts represent will pave the way to a vital, stable future for our Total Nursing Force. Our military nurse researchers are advancing understanding of issues related to R3. Their research data shows a common emerging theme: the positive impact of strong wing and unit reception upon return from deployment and periodic team debriefings. We look forward to additional data and findings in the very near future.

Research & Education

Through your ongoing support of the TriService Nursing Research Program (TSNRP), Air Force Nurse Researchers continue to conduct innovative research with wide-ranging implications for the care of troops injured on the battlefield. Not only are these Nurse Researchers at the forefront of state-of-the-art-military research, they are involved in initiatives ensuring their research is translated into practical application, improving the clinical care delivered to our wounded warriors.

Since the start of Operation ENDURING FREEDOM in 2001, over 48,000 patients have been transported by the United States Air Force Aeromedical Evacuation system. Critical Care

Air Transport Teams (CCATT) provide care for 5-10 percent of the injured or ill service members who are transported on military cargo aircraft to definitive treatment facilities. Through Air Force Institute of Technology sponsorship, Colonel Peggy McNeill attended the University of Maryland doctoral program in nursing and conducted research to determine the effect of two stressors of flight--altitude-induced hypoxia and aircraft noise. Col McNeill also examined the contributions of fatigue and clinical experience on cognitive and physiological performance of CCATT providers. This was accomplished using a simulated patient care scenario under aircraft cabin noise and altitude conditions. The findings from this research demonstrated that the care of critically ill patients is significantly affected by aircraft cabin noise and altitude. Safety and quality of care may be positively impacted with training and equipment better designed to assist in monitoring and assessment during aeromedical transport.

Air Force Nurse Researchers play a critical role in deployments as well. Lieutenant Colonel Marla De Jong, Director of Nursing Research at Wilford Hall Medical Center, deployed to Baghdad, Iraq, for 10 months. As the first Air Force Program Manager for the Joint Theater Trauma System (JTTS), Lieutenant Colonel De Jong used her research and leadership expertise to manage data from 15 separate locations for 9,000 battlefield casualties, author clinical practice guidelines, launch a new electronic joint trauma registry, improve trauma documentation and the electronic medical record, direct process improvement initiatives, educate clinicians, and promote in-theater research, pioneering contributions that transformed care on the battlefield. Clinical focus areas included administration of recombinant coagulation factors, fresh frozen plasma, and fresh whole blood; resuscitation of patients with severe burns; assessment for traumatic brain injury; use of tourniquets and HemCon bandages; and prevention of hypothermia and ventilator-associated pneumonia. Of particular importance, Lieutenant Colonel De Jong authored an intratheater air transport guideline that improved safe MEDEVAC transport of critically injured casualties. Finally, she helped infuse JTTS priorities into a North Atlantic Treaty Organization led

hospital in Kandahar Airfield, Afghanistan. Collectively, these activities have saved lives and limbs and improved trauma care throughout the joint combat theater of operations.

Air Force Nurse Researchers are also on the cutting edge of putting research into practice on the battlefield. In collaboration with colleagues from the Army, Navy and civilian professional nursing community, Colonel (Select) Elizabeth Bridges, U.S. Air Force Reserve Nurse Corps, IMA Director at the Clinical Investigations Facility at Travis Air Force Base, California has developed a Battlefield and Disaster Nursing Pocket Guide. This guide was funded by a grant from the TSNRP Resource Center. In the coming months, this guide will be shared with the Department of Veterans Affairs and Public Health Service colleagues. It is a goal of the Services to provide a copy of this guide to all military nurses and enlisted personnel who deploy in support of the war.

We are making incredible progress with our Center for Sustainment of Trauma and Readiness Skills (CSTARS). One of our 3 teaching affiliations is with the University of Cincinnati College of Medicine. This University is a tertiary referral center for a three-state region and is a verified level I trauma center. It is a 495-licensed bed facility holding 90 adult critical care beds, 51 of which are surgical. In 2007, the University trauma registry volume was 2,464 patients, with an average injury severity score (ISS) of 15.73 percent. This ISS is a measure of acuity and is used as a standard in all trauma centers. The ISS is to ensure our personnel are training to the level of care they would be providing during a deployment. The course provides 92 continuing education contact hours in just 11 training days. This consists of 30 hours of lecture material, five hours of lab, 48 hours of clinical time, eight hours of simulator time, and 22 hours in flight operations. In addition to the Cincinnati site, we have CSTARS located in Baltimore, Maryland and St. Louis, Missouri. The CSTARS program is open to Active Air Force, ANG, AFRC, Navy, Army, and Department of Defense medical employees. In FY07, the CSTARS program graduated 685, a 10 percent increase from FY06 (614), and we are actively engaged in increasing that percentage in FY08.

Recently, I had the opportunity to visit our medical readiness training center located at Sheppard Air Force Base, Texas. This site provides primary deployment preparation for over 5,000 students annually. Approximately 3,400 enlisted personnel receive their basic medical readiness training as part of their initial skills curriculum. This provides consistent baseline knowledge for all subsequent deployment preparation training they will receive throughout their Air Force careers. Another 1,600 medics are trained in one of the four advanced courses:

1. Contingency Aeromedical Staging Facility (CASF)
2. Aeromedical Evacuation Contingency Operations Training (AECOT)
3. Expeditionary Medical Support (EMEDS)
4. Medical Readiness Planners Course

These courses provide training for Air Force Medical Service (AFMS) deployment unit type codes. The CASF, AECOT, and EMEDS courses are five day field-condition, scenario-based training platforms that simulate the actual environment medics will live and function in during their deployment. Students attending one of these medical readiness courses are certified deployment ready with AFMS knowledge and skills required to be fully functional upon arrival in theater. The site's 32 instructors cover a total of 12 Air Force Specialty Codes.

During my visit to this incredible training center, I received overwhelming positive feedback from previous deployed Airmen attesting to the value of this unique, realistic training opportunity that now exists and the profound impact it will make on future deployers.

Joint Endeavors

Air Force nurses have a unique opportunity to participate in a historical Military Health System process directly shaping health care delivery for future generations. On September 14, 2007, it was announced that the Department of Defense (DoD) would establish the Joint Task Force National Capital Region Medical Command (JTF/CAPMED) in Bethesda, Maryland, to oversee healthcare delivery services for the Air Force, Army and Navy. This new medical command is tasked with the responsibility for world-class military healthcare in the NCR,

integrating healthcare services across the entire region reporting directly to the Secretary of Defense. This is the first Command of its kind in the history of DoD! The NCR is the most complex area the military has due to the number of military services, medical facilities and patients, many of whom are casualties returning from the war. As America's primary reception site for returning casualties, the number one priority of this new Command is casualty care. This new medical establishment has several senior leadership positions ranging from specialties such as manpower and personnel to clinical operations, plans and policy, and education, training and research. Colonel Sally Glover and Chief Master Sergeant Joey Williams of the 79th Medical Wing are vital members of the JTF/CAPMED J3 nursing cell that is currently chaired by Air Force Nurse Corps Colonel Therese Neely. Partnering with the senior nursing leadership from all the MTFs in the NCR, this group has made tremendous strides in creating a joint nursing platform that will apply not only to the Walter Reed National Military Medical Center but to all the MTFs in the NCR. The perioperative nursing group was the first to integrate adopting national Operating Room Nursing standards across the board. In addition, clinical ladder development, clinical leadership position selection, and clinical performance metrics are being established with a focus towards Magnet Status. Chief Williams' leadership in the enlisted group has been critical to ensure the appropriate scope of practice for our medical technicians in this joint environment. He provides a strong focus on clinical skills sustainment for wartime readiness. Most recently, we announced Colonel Barb Jeffs and Major Raymond Nudo to join the Joint Task Force for DoD in the Washington D.C.

We participate in international joint endeavors every day. One example of this occurred at Hickam Air Force Base, Hawaii. Five Airmen from the 18th Aeromedical Evacuation Squadron (AES) at Kadena Air Base, Japan, teamed up with 11 members of the Royal Australian Air Force's (RAAF) Health Services Wing in Hawaii. The training focused on how the Air Force utilizes the C-17 Globemaster III for medical evacuations. Wing Commander Sandy Riley (RAAF) stated, "We've got expertise in AE, but not on the C-17. The C-17 was rapidly introduced into the

Australian service so this is invaluable training for us to see the expertise of the Pacific Air Forces and the 18th AES.” This small investment is likely to yield tremendous results. Bolstering the RAAF’s AE capability means one of America’s staunchest allies in the Pacific is now equipped with expanded latitude.

The Air National Guard provided five medical groups for humanitarian events throughout the world including Panama, Guatemala, Nicaragua, Bolivia, and El Salvador. State Partnership Programs link the United States with partner countries’ defense ministries and other government agencies for the purpose of improving international relations. Under this program, three medical groups combined efforts with the State Partnership Program to provide humanitarian support to the partner countries. The medical personnel provided assistance in Azerbaijan, Morocco, and Armenia working and exchanging knowledge with each country’s counterparts. Recently the 144th Medical Group sent approximately 30 medics to Santa Teresa, Nicaragua for the Medical Readiness Training Exercise (MEDRETE) for New Horizons Nicaragua 2007. This program was a joint military humanitarian and training exercise which provided new medical clinics and schools to rural communities in Nicaragua. Other locations assisted were in Huehuetenango, Roman Esteban, and Nandaime, Nicaragua. The last exercise took place in Diriamba, Nandaime, and La Conquista. The total number of patients cared for by medics was 7,899. According to the Camp Commander, Lieutenant Colonel Aaron Young, the team “did an outstanding job.” He went on to say, “It was a great joint training opportunity to work with our good friends in the Nicaraguan military and the Ministry of Health.” At the final day of the MEDRETE, a ceremony was held with the Mayor of Thomas Umana, Nicaragua, Mr. Augustine Chavez. He presented the troops certificates in appreciation of their medical care. Mr. Chavez commented, “I could never repay you for the gift you’ve provided to our community.” This heartfelt expression of gratitude is exactly why we do what we do.

Our Air Force Reserve is doing incredible work as well. In 2007, Air Force Reserve nurses and technicians showed a continued zest in volunteerism as Airmen. A total of 144

reserve nurses and 230 medical technicians deployed in support of the Global War on Terrorism which included a combination of nurses specializing in flight nursing, mental health, critical care, emergency care and medical/surgical nursing. The reserve clinical training platforms trained 752 medics in sustainment of critical wartime nursing skills. One of our Reserve nurse deployers, a very experienced obstetrics nurse, Colonel Laura Saucer, participated in a Provincial Reconstruction Team teaching 57 midwives and midwifery students in a rural Afghanistan town. The team commented, “the courage of the students was inspiring.” The team reported that female providers in rural areas of Afghanistan are in critical demand, and 16 of every 1,000 women die in childbirth largely due to no access to healthcare. Colonel Saucer described the students as “wonderful.” After years of oppression, they are so excited to learn and are like sponges soaking everything up. This is only one story of good will among many from our deployers. Additionally, 133 multi-discipline Airmen were key participants in the Air Force International Health Specialist (IHS) Program over the past year. The organization of IHS medical staff journeyed around the world in support of humanitarian missions and exercises to include the countries of Vietnam, Morocco, Guatemala, Belize, El Salvador, Senegal, Oceania, and Sri Lanka. An impressive 34,000+ patients were treated. These small teams of healthcare professionals delivered expert medical care and brought good will to disenfranchised people of the world while building on their own expert skill level. As you can see, our ANG and AFRC are providing world-class care, leadership and mentoring across the globe.

Quality Care

Our Air Force Inspection Agency (AFIA) ensures our patient care is first-rate. AFIA conducted over 62 inspections covering active duty medical treatment facilities, aeromedical evacuation and clinics served by the Air Force Reserve and Air National Guard. Nursing programs were evaluated by the Joint Commission and the Accreditation Association for Ambulatory Health Care. All programs were reviewed to meet compliance with national standards in conjunction with Air Force directives for Air Force MTFs and units in FY07. We have

engaged with our Chief Nurses and Senior Aerospace Medical Service Technicians to lead the way, ensuring continued world-class medical care is provided to all of our DoD beneficiaries. Overall, our nursing programs did exceptionally well and will continue to do so in years to come with your continued support.

Recruiting, Retention, and Force Development

Just as with the civilian sector, at the top of our list of concerns is what has become a chronic struggle with increasing nursing requirements and the growing national nursing shortage. Human resources are the single greatest influence on health care. The latest estimates developed by the Bureau of Labor Statistics indicate that the U.S. will require an additional 587,000 registered nurses (RNs) by 2016 to meet the nursing needs of the country

The Air Force is not immune to these statistics. Over the next three fiscal years, 28.6 percent (953) of our nurse inventory will be eligible to retire. Over the last 10 years, 54 percent of the Nurse Corps separated as Captains and 19 percent left as Majors. In FY06, 161 nurses retired and 195 separated for a total loss of 356 (10.4 percent total attrition rate). Our loss rate has increased slightly in FY07, with a total loss of 404--178 to retirement and 226 to separation (12 percent total attrition rate). Almost half of Nurse Corp officers who have separated have less than 8 years of military service.

In FY06, Air Force nurse recruiting was reported at 62 percent of 357 with a slight increase in FY07 to 63 percent. Our recruiting services forecast places our risk for nurse recruiting at 'high' for FY08 and 'severe' for FY09. We are currently offering an accession bonus to our nurse recruits in exchange for a four-year commitment; this bonus will increase FY09. In addition to our recruiting services, we also bring novice nurses into the Air Force through several programs. Utilizing the Air Force Reserve Officers' Training Corps (AFROTC), Airmen Education & Commissioning Program (AECPP), and the Enlisted Commissioning Program (ECP), we brought in 47 nurses in FY06 and 61 in FY07.

In FY09, we plan to support the nurse incentive special pay with \$12.5 million. We anticipate that offering the nurse incentive special pay will retain approximately 31 percent (1,000 nurses of 3,262 as of 11 January 2008) of our current inventory for an additional two to four years beyond their current active duty service commitment. Additionally, we currently offer incentive special pay to Certified Registered Nurse Anesthetists (CRNAs) at variable rates dependent on active duty service commitment. The annual average for this incentive special pay is approximately \$35,000 per CRNA. Air Force Nurse Practitioners receive board certification pay at varying rates that are dependent upon the amount of time served in the specialty. Both the CRNA incentive special pay and the Nurse Practitioner board certified pay will continue to be offered in FY09.

In this time of increasing nursing shortages, the need to grow our own has become evident. Since my last testimony, we have launched our Nurse Enlisted Commissioning Program (NECP). NECP is an accelerated program for enlisted Airmen to complete a full-time Bachelors of Science in Nursing (BSN) at an accredited university while on active duty. This program will produce students completing their BSN and obtaining their nursing license in just 24 months. Airmen who successfully complete this program will be commissioned as second lieutenants. Our goal is to select 50 candidates per year by FY10 for this new commissioning opportunity. On a recent trip to Ramstein Air Base, Germany, I spoke with Staff Sergeant "Rae" Amaya who is stationed at Ramstein with the 86th Aeromedical Evacuation Squadron. She has been serving her country for nine years and expressed her desire of becoming a nurse with this statement, "The vision of getting back to the 'True North' (which is bedside nursing) was inspiring, especially since I'm trying to become a nurse. I have been fortunate to be mentored by some very awesome nurses who have made me the technician I am today. When I become a nurse-- whenever that might be--I will do my best to remember, pass on and enforce this vision." With the NECP program in full swing, we can make dreams like this come true.

In addition, we have continued robust advanced practice nursing educational programs through the Uniformed Services University in Bethesda, Maryland Graduate School of Nursing, the Air Force Institute of Technology, Civilian Programs and the Army-Baylor Master's Program. This year we anticipate the graduation of 49 advanced practice degrees such as, Family Nurse Practitioners, CRNAs, and PhDs. Enrollment for FY08 includes 45 advanced practice nurses. Opportunities such as advanced degrees foster an environment of professional growth and leadership. This further supports retention, recruitment and a bolstered force development.

Recognition

General T. Michael Moseley, our Air Force Chief of Staff, developed the "Portraits in Courage" series to highlight the honor, valor, devotion, and selfless sacrifice of America's Airmen. Two of our medical technicians were highlighted this last year, one in each category. The first was Staff Sergeant David Velasquez, a technician from Langley Air Force Base, Virginia. Sergeant Velasquez was one of 13 Airmen recognized in the "Portraits in Courage." He volunteered for a 365-day tour to Afghanistan as a medical technician and completed more than 90 convoys and numerous missions with the Provincial Reconstruction Team and Quick Response Forces. His team was fired upon virtually every mission and survived eight serious attacks to their convoys. In one instance, Sergeant Velasquez's convoy was enroute to the U.S. Embassy when it was hit by an improvised explosive device. The vehicle directly in front of his was heavily damaged and two of its passengers were killed. His vehicle's turret gunner fell into the vehicle on fire and suffered severe shrapnel wounds to his left arm. Sergeant Velasquez quickly extinguished the flames, stopped the bleeding, and administered life-saving medical aid. This was just one of his many heroic acts. He was quoted as saying, "I was only doing my job, nothing special." Those who have received life-saving medical attention in the heat of battle from him would argue otherwise.

Six Airmen received the new Air Force Combat Action Medal on June 12, 2007. This medal was created to recognize Air Force members who engaged in air or ground combat off

base in a combat zone. This includes members who were under direct or hostile fire, or who personally engaged hostile forces with direct and lethal fire. One of those six warriors was Staff Sergeant Daniel L. Paxton, an aeromedical technician school instructor, who was assigned to the 42nd Aeromedical Evacuation Squadron at Pope Air Force Base, North Carolina at the time. He is now assigned as a flight instructor using his critical experiences from March 28, 2003. Sergeant Paxton was part of a mission to establish a series of tactical medical units along the border of Kuwait and Iraq. His convoy came under enemy fire from mortars, rocket-propelled grenades, machine guns and small-arms fire. Without the benefit of intra-vehicle communications, Sergeant Paxton and his team reacted to the ambush and returned fire, successfully defending their assets as they executed a coordinated withdrawal. Under the cover of darkness and using night vision devices, the convoy embarked and the enemy again opened fire. During the next 18 hours, the convoy came under fire five subsequent times and Sergeant Paxton successfully engaged the enemy with return fire, defending himself and the convoy as they progressed on their mission.

In addition, I offer these amazing acts of heroism by our Independent-Duty Medical Technicians (IDMT): Staff Sergeant Jason Weiss smiled as he thought of Holly. It was just a year ago he had asked her to marry him. On December 4th they were to be wed. There was only one problem--he was not going to be there. As an IDMT, from the 36th Rescue Flight out of Fairchild Air Force Base, Washington, he was going out to search for three individuals who had been hiking in the mountains when the weather made a sudden change causing an avalanche. Two of them were swallowed up by the snow and the third hiker sustained a shattered limb and had the onset of hypothermia (body core temperature of 93.5 degrees). Weiss and his team arrived to find a critical situation. "Visibility was so poor that I couldn't see a thing out of my side of the Huey," said Sergeant Weiss. The Huey crew found a hole in the trees and lowered Weiss to the ground, roughly 80 yards from the victim. "When I stepped off the rescue hoist, I sank up to my chest in snow. I then crab-crawled for about 40 yards and was able to walk the last 40 yards in waist deep snow." Sergeant Weiss knew before he left the helicopter that there was no

time to waste. Low on fuel, with the weather worsening, Sergeant Weiss raced to the victims and placed the 176-pound man over his shoulders in a fireman's carry, and trudged 40 yards through waist deep snow pushing himself to his limits. He then dragged his patient across the snow like a sled for another 40 yards, finally reaching the extraction point. On his hands and knees, huffing and puffing, with steam rising from his sweaty brow, Weiss's head and shoulders suddenly slumped. He could hear the distinctive whir of the Huey's engines, indicating his crew was leaving them behind to refuel. By this time Sergeant Weiss and the victim were in a full-blown whiteout blizzard, and then suddenly he heard the rhythmic sound of "whop, whop, whop," denoting the Huey was returning for another pass. The crew skillfully placed the forest penetrator (hoist) right next to Weiss. He then secured his patient for the ride up to the Huey, and once inside the helicopter, began treating the 38 year-old man for hypothermia, dehydration and a broken leg. He then went on to spend the next three days on alert, but on December 7th, Sergeant Weiss and Holly finally exchanged vows. Holly said admiringly, "He does such amazing things that I have to share him."

During a recent outing on the lake with his family, Senior Master Sergeant Michael Stephenson-Pino, Superintendent of the IDMT Course, witnessed a father and son launched 10-12 feet in the air as the cigar shaped tube they were being pulled on behind the boat buckled. This situation was further complicated with both of them being launched in opposite directions 20 feet apart and disappearing simultaneously under the water. As Sergeant Stephenson-Pino immediately sprang into action swimming towards the victims, the 10 year old boy surfaced screaming as the father laid motionless face down in the water. Upon reaching the father, Sergeant Stephenson-Pino rolled the victim over onto his back, opened and maintained the airway effectively restoring his breathing. With the unconscious adult in tow, he swam towards the child who was panicked and struggling to stay afloat in a life preserver which was too large for him. Without losing control of the unconscious adult, Sergeant Stephenson-Pino positioned himself behind the child and neutralized him as a drowning hazard. Now finding himself stranded

in 30 feet of water and with two near drowning victims in tow, Sergeant Stephenson-Pino started swimming towards shore. After having traveled 30 yards while swimming on his back to the point of near exhaustion with both victims, he succeeded in loading them into the boat and then utilized his 11 years as an IDMT to stabilize their injuries. He put into action what he and his staff teaches our enlisted physician extenders and through his advanced training, a humanitarian effort was instrumental in preventing the loss of life for the father and child.

These are just a few stories of many, reflecting the versatility of our medical technicians and the dynamic energy they bring to every situation.

Our Way Ahead

Nursing is the pivotal health care profession, highly valued for its specialized knowledge, skill and care of improving the health status of the Airmen in our charge and ensuring safe, effective, quality care. Our profession honors the diverse population we serve and provides officer, enlisted and civilian leadership and clinical proficiency that creates positive changes in health policy and delivery systems within the Air Force Medical Service. Our five year top priority plan includes, first and foremost, delivering the highest quality of nursing care while concurrently staging for joint operations today and tomorrow. Secondly, we are striving to develop nursing personnel for joint clinical operations and leadership during deployment and in-garrison, while structuring and positioning the Total Nursing Force with the right specialty mix to meet the requirements. Last, but not least, we aim to place priority emphasis on collaborative and professional bedside nursing care.

Mister Chairman and distinguished members of the Committee, it is an honor to be here with you and to represent a dedicated, strong Total Nursing Force of nearly 18,000 men and women. United we will win today's fight, provide world-class care for our Airmen, and prepare for tomorrow's challenges.