

A Fit, Fighting Force

The Air Force Nursing Services Chronology

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Foreword

Since the Air Force Nurse Corps emerged from the Army Nurse Corps in July 1949, Air Force nursing service personnel have excelled in providing dedicated care to their customers. At first these customers were our own Air Force members, families, and retirees. Today we often provide nursing care to other federal employees, Americans in the private sector, and patients in countries around the world.

Nevertheless, over the last fifty-five years the mission of the Air Force Medical Service has basically remained the same, “to provide medical support necessary to maintain the highest degree of combat readiness and effectiveness of the USAF,” or in today’s words, “to maintain a fit, fighting force.” Air Force nurses have contributed to this mission in both wartime and peacetime, providing leadership, caring, and quality care. Air Force nurses think of their customer-focused mission as a combination of “Global Nursing” and “Precision Care.”

As we enter the new millennium, this chronology reminds us of our past and recognizes the tremendous milestones and accomplishments of those who came before us—role models who provided the mentorship and guidance that helped shape today’s Air Force nurses. We are also inspired by our vision for the future—the Total Nursing Force, a seamless interaction of Regular Air Force, Air Force Reserve, Air National Guard, and civilian nurses to provide the best in nursing care. In the future our Total Nursing Force will face many challenges and great opportunities. I am certain we will add exciting new chapters to our story and continue our legacy of devoted service to our nation.

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Highlights and Turning Points

1943

January: The first strategic aeromedical evacuation (aerovac) flight had a medical crew of two: one technician and Lt. Elsie S. Ott (Mandot), an Army Air Forces (AAF) nurse. The mission transported five patients from Karachi, India, to Bolling Field, Washington, D.C., a trip of 11,000 miles which lasted six and one-half days. For this mission, Lieutenant Ott received the first Air Medal ever awarded to a nurse.

February 18: The first class of flight nurses graduated from the AAF School of Air Evacuation, 349th Air Evacuation Group, at Bowman Field, Kentucky. The first flight nurse ever awarded flight nurse wings was Lt. Geraldine Dishroon-Brier.

July 27: AAF flight nurse Lt. Ruth M. Gardiner was the first nurse to be killed in a theater of operations during the war. She was on an aerovac plane that crashed in Alaska while on a mission.

1949

July 1: An independent Air Force Medical Service was established with the Air Force Nurse Corps as an integral part.

1955

October 14: The first male nurse accepted a reserve commission in the Air Force Nurse Corps.

1956

January 20: The Air Force Chief of Staff approved a new distinctive medical insignia to be worn by Air Force flight nurses and flight surgeons. The designs of the first Air Force Medical Service flight insignia from 1949 through 1955 had been based on the insignia created for medics of the AAF in World War Two.

June: Public Law 845, passed by the 84th Congress, permitted appointment of women in the National Guard and in the Air National Guard. Nurses could now be commissioned in the Air National Guard without having had prior military service.

October: The Air National Guard commissioned its first nurse, Capt. Norma Parsons, into the New York Air National Guard's 106th Tactical Air Command (TAC) Hospital, Floyd Bennett Field, Brooklyn, New York.

1961

April: The Regular Air Force began commissioning men in its Nurse Corps.

1966

March 3: A separate Air Force Specialty Code for flight nurses was approved. The new code, 9765, was reflected in the Air Force Manual 36-1, Officer Classification Manual, of September 1966.

June 28: The first two nurses graduated from the aerospace nurse course at Patrick Air Force Base, Florida. The course developer, Maj. Pearl E. Tucker, later received recognition as the first aerospace nurse.

1970

June: American women were allowed to enter Reserve Officers' Training Corps programs in colleges and universities.

June 11: Col. Ethel Ann Hoefly was the first Air Force Nurse Corps chief promoted to the rank of brigadier general. She served as Corps chief from 1968 to 1974.

1971

Capt. Susan R. Struck, a registered Air Force nurse serving in Vietnam, was the first female in the United States armed forces to win the right to remain on active duty after becoming pregnant.

1972

September 1: The Air Force Nurse Corps no longer accepted applicants who had graduated from nonaccredited schools of nursing.

1973

The Air Force accepted its first female medical technician.

1974

Nursing roles were expanded to include obstetrics/gynecology, pediatrics, primary care nurse practitioners, nurse-midwives, environmental health nurses, community health, and educational coordinators.

1977

The leadership of the Air Force Nurse Corps decided to work toward creating an all-college-educated Nurse Corps.

1978

The Air Force planned to increase the proportion of its female medical specialists from 25 percent to 30 percent of the total enlisted medical specialists.

1981

November: A new position—902XX, consultant to the Chief, Air Force Nurse Corps—was added to the Surgeon General’s office.

1982

December: The Nurse Corps began to require a minimum of a Bachelor of Science in Nursing for all new Air Force nurses. The only exception was for career fields deemed critical, such as anesthesia.

1983

The School of Aerospace Medicine established a course in battlefield nursing as part of the Air Force Medical Service’s readiness training initiative. In the first year, 258 nurses attended.

1985

July 1: Col. Beverly S. Lindsey was selected for brigadier general, the first nurse general officer selected from any of the military reserve forces.

1988

July: Col. Gloria Hernandez became the first active duty nurse to be assigned as the commander of an aerovac unit, the 9th Aeromedical Evacuation Squadron, Clark Air Base, Philippines.

1989

March 16: Army, Navy, and Air Force Nurse Corps chiefs, including Brig. Gen. Barbara A. Goodwin, USAF, testified before the Senate Committee on Appropriations regarding nursing issues, the first occasion for military Nurse Corps chiefs to present testimony in the Senate.

1990

April 27: Col. Judith Hunt became the first nurse to be commander of a medical treatment facility—the clinic at Pope Air Force Base, North Carolina.

1991

A new comprehensive clinical career ladder gave Air Force nurses a choice of either maintaining a clinical career track or adopting an administrative career track.

January 11: A new position—Air National Guard Advisor to the Chief, Air Force Nurse Corps—was added to the Surgeon General’s office. The first advisor was Col. Roberta Mills.

1993

July: The Medical Service’s conversion to the Objective Medical Group structure had a major impact on Air Force nursing, opening more avenues for career advancement and leadership for nurses.

October: Nurses began to manage Air Force clinics with physician oversight. Nurse-managed clinics freed doctors to provide more intensive or specialized care.

Air Force nursing began to gain an expanded role under the new Department of Defense TRICARE health benefit program.

1994

May: The Air Force Medical Service initiated a pilot project to develop a Critical Care Air Transport Team.

1995

May 1: Brig. Gen. Linda J. Stierle became the first dual-hatted Air Force Nurse Corps Chief as Director of Nursing Services and Director of Medical Readiness, both in the Office of the Surgeon General.

November: The first Nurse Corps strategic planning conference initiated a Nurse Corps strategic plan. Fifty active duty and reserve nurses, both officers and enlisted, conferred to develop long-range goals.

1997

March: The first Total Nursing Force Executive Leadership Symposium was held for both enlisted personnel and officers from the Regular Air Force, Air Force Reserve, and Air National Guard.

October: All Air Force medical facility and aerovac commander positions became corps-neutral, dramatically increasing the opportunity for Nurse Corps officers to compete for leadership and commander positions.

1998

February: A TopSTAR (Sustainment Training to Advance Readiness) program for Air Force nurses was implemented in a two-week course that utilized actual patients, state-of-the-art mannequins, and computer-based instruction.

June: Col. Barbara Brannon, NC, commanded the first designated Expeditionary Medical Group, the 31st, at Aviano Air Base, Italy, in support of Operation Allied Force.

1999

Col. Linda McHale, USAFR, NC, was selected to be command surgeon of the Air Force Reserve Personnel Center. She was the first Air Force nurse selected to serve as a command surgeon.

October: Brig. Gen. Barbara Brannon became the first appointed Nurse Corps Chief with command experience.

2000

July: Brig. Gen. Barbara Brannon, Director, Medical Readiness and Nursing Services, became the first Nurse Corps officer to command one of the Air Force's five medical centers when she assumed command of the 89th Medical Group at Malcolm Grow Medical Center, Andrews Air Force Base, Maryland.

2002

January: The first Center for Sustainment of Trauma and Readiness Skills (C-STARS) opened in Baltimore, Maryland. The training program included a three-week advanced trauma-care course for Air Force nurses and a pre-hospital, trauma life-support course for Air Force medical technicians.

2003

August 1: Brig. Gen. Barbara Brannon, Chief, Air Force Nurse Corps, was promoted to the rank of major general, the first Nurse Corps officer to achieve that rank.

2005

June: Col. Melissa A. Rank, USAF, NC, the deputy assistant surgeon general for healthcare operations, was promoted to the rank of brigadier general. For the first time in history, two active duty nurses were serving the Air Force as general officers.

The Chronology of Air Force Nursing Services

World War Two and Its Aftermath

1941

December 7: Japanese planes bombed Pearl Harbor, Hawaii. In all, approximately 59,000 nurses served in the Army Nurse Corps in World War Two. More than 200 Army nurses died, 16 from enemy fire. Many of these Army nurses supported the Army Air Forces (AAF), and one of their new specialties was flight nurse.

1942

November 30: The War Department directed the 349th Air Evacuation Group to train flight surgeons, flight nurses, and enlisted personnel for aeromedical evacuation (aerovac) duty aboard troop and cargo carriers. Squadrons consisted of medical personnel but no planes. Headquarters, the housekeeping section, consisted of a commanding officer, chief nurse, and medical administrative corps officer. Each squadron had a headquarters and four flights. A flight surgeon with six flight nurses and six flight technicians headed each flight. A flight team included one nurse and one enlisted technician. Squadrons were assigned to either troop carrier or air transport groups.

December 22: The 77th Congress authorized relative rank for Army Nurse Corps officers from second lieutenant through colonel by passing Public Law 828. Previously, the highest rank a nurse could hold was major. Public Law 828 also provided for pay and allowances approximately equal to those granted commissioned officers who had no dependents.

1943

January: The first strategic aerovac flight had a medical crew of two: one technician and Lt. Elsie S. Ott (Mandot), an AAF nurse. The mission transported five patients from Karachi, India, to Bolling Field, Washington, D.C., a trip of 11,000 miles which lasted six and one-half days. For this mission, Lieutenant Ott received the first Air Medal ever awarded to a nurse.



Lt. Elsie Ott received the Air Medal for the first strategic aeromedical evacuation flight, January 1943.

February 18: The first class of flight nurses graduated from the AAF School of Air Evacuation, 349th Air Evacuation Group at Bowman Field, Kentucky. The first flight nurse ever awarded flight nurse wings was Lt. Geraldine Dishroon-Brier. The first flight nurse on the island of Guadalcanal was Lt. Mae E. Olson.

July 27: AAF flight nurse Lt. Ruth M. Gardiner was the first nurse to be killed in a theater of operations during the war. She was on an aerovac plane that crashed in Alaska while on a mission. She was 28 years old, originally from Pennsylvania, and assigned to the 11th Air Force of the Alaskan Defense Command of the AAF. An Army Hospital in Chicago, Illinois—Gardiner General—was named in her honor.

1944

February 8: The Overseas Replacement Depot for flight nurses was activated at Randolph Field. Nurses reporting overseas were assigned there to ensure that their records, clothing, equipment, health, and training were up to date.

February 12: Female nurse prisoners of war (POWs), including flight nurses, were liberated on Luzon after three years of captivity. They were evacuated to Leyte en route to the United States.

June: For the duration of War World Two all military nurses were given a temporary commission.

Capt. Leontine Stroup, a flight nurse, authored "Aero-Medical Nursing and Therapeutics," one of the first articles published on this topic, in *The American Journal of Nursing*.

June 6: After the invasion of Normandy, Army medics began to cope with many casualties with severed spinal cords, severe head wounds, and pulmonary wounds. With no hospitals ashore, the sick and wounded needed to be evacuated to England, but heavy surf hindered sea evacuation. By June 8 aviation engineers in Normandy completed an emergency landing strip in the mud behind Omaha Beach.

June 9: Flight nurses of the 816th Medical Air Evacuation Squadron (MAES) flew "blood runs" to Normandy, airdropping fresh blood.



These Army Air Forces nurses, imprisoned on Bataan and Corregidor, Philippine Islands, were freed after three years of imprisonment. Manila, Luzon, Philippine Islands, February 1945.

June 11: Official aerovac began on D+5 when 2d Lt. Grace E. Dunham, chief nurse of the 806th MAES, flew into Normandy in a C-47 that was still painted with invasion stripes. Upon landing, she jumped from the airplane wearing her oversized flight suit, provided care to the wounded, and flew with them to England. By the end of the month, flight nurses had helped evacuate about 7,500 patients from France to England.



Flight nurse prepares for takeoff, North Africa, December 1942.



Lt. Reba Whittle after her return to the United States from captivity by the Germans during World War Two.

September 27: Lt. Reba Z. Whittle was the first flight nurse to be imprisoned by the Germans. Her plane was shot down by antiaircraft artillery fire behind German lines near Aachen. Every person on board was injured, but Whittle ignoring her wounds, helped move the medical technician out of the burning plane. Germans soon arrived, provided first aid, and escorted Whittle to Stalag 9C, a prison camp near Frankfurt. When she was not nursing British, American, and Australian prisoners, Whittle, the first female Allied prisoner of the Germans, remained secluded in her prison cell and never saw another woman. She was exchanged in January 1945 for German prisoners held by the Allies.

1945

As the war in Europe ended, more flight nurses were needed for domestic aerovac and duty in the Pacific.

April 14: Flight nurse Wilma (Dolly) Vinsant was killed when her evacuation plane, ferrying wounded Americans to hospitals behind the front line, was shot down over Germany. She was one of three women in the Army Nurse Corps killed by direct enemy action. Buried in the United States Military Cemetery at Margraten, Netherlands, she was the only woman so honored.

1946

Before the AAF separated from the U.S. Army in September 1947 to become the United States Air Force (USAF), it had already acquired its own medical staff, a distinct sector of the Army medical community directed to provide nondefinitive medical care for AAF bases worldwide. Definitive care for AAF personnel, however, was still provided by the Army general hospitals.

1947

April 16: The Army-Navy Nurse Act of 1947 (Public Law 36–80C) provided permanent commissioned officer status for members of the Army Nurse Corps in the grades of second lieutenant through lieutenant colonel, and provided for

the Chief of the Army Nurse Corps to serve in the temporary grade of colonel. The act also established the Army Nurse Corps Section of the Officers Reserve Corps.

1948

February: Air Surgeon Malcolm Grow noted that his monthly memorandum, “Comments for United States Air Force Surgeons,” was not being distributed to nurses in the field stations. He requested special care be taken to insure that copies were made available to nurses. He repeated his request six months later in August.

March: The procurement of new nurses with no previous military experience was beginning to make definite progress. The number of nurses on active duty who were receiving their officer reserve commissions was increasing daily as well.

September: General duty and administrative nurses in Air Force station hospitals who had been trained as flight nurses were given the opportunity of practicing their specialty in aerovac duties with the Military Air Transport Service. They replaced flight nurses who had been on duty with that organization.

1949

May 12: Secretary of Defense Louis Johnson directed the U.S. Air Force to assume responsibility for its own medical support, with the single reservation that the Army would continue to operate the general hospitals. Secretary Johnson created a Medical Service Division within the National Military Establishment (later called the Department of Defense) through which medical activities of the Army, Navy, and Air Force would be coordinated through the Joint Army and Air Force Adjustment Regulation No. 1–11–62 dated May 16, 1949.

June 8: Department of the Air Force General Order No. 35 established the Air Force Medical Service, its six officer corps, and the Office of the Air Force Surgeon General. Air Force Regulation 21–10 described the general principles and organization of the Air Force Medical Service.

July 1: An independent Air Force Medical Service was established with the Air Force Nurse Corps as an integral part. The Air Force Nurse Corps was formed by the transfer of 1,199 Army nurses, most of them already on active duty (307 regular and 892 reserve officers), working in support of the AAF. Of this total, 389 became “joint staff” in Army general hospitals. The Army hospital system continued to provide definitive care for the Air Force, and 30 per-

cent of Air Force medical spaces were assigned to Army hospitals as joint staff to cover the workload created by Air Force patients.

African-American nurses assigned to the AAF transferred to the Air Force as part of the original 1,199 members, making the Air Force Nurse Corps an integrated corps from the very start.

In the new Air Force Surgeon General's office, the Nurse Corps was assigned to the Directorate of Medical Staffing and Education. Its first director was Brig. Gen. Edward J. Kendricks, Medical Corps, and its functions were procurement, classification, assignment, training and education, promotion, separation, and records maintenance of Air Force personnel. The Chief Nurse was assigned to the Medical Support Group along with the Chief, Medical Services Corps, and the Chief, Women's Medical Specialist Corps. The Women's Medical Specialist Corps consisted of dieticians, and physical and occupational therapists.

In addition to Capt. Verena Marie Zeller (who was promoted to lieutenant colonel in 1950), three other nurses were assigned to the Office of the Air Force Surgeon General: Capt. Ruth R. Weidner, Assistant Chief; Maj. Inez V. McDonald, Assignment Officer; and Lt. Helen M. Ely, Procurement Officer.

The first Air Force Nurse Corps objective was to procure enough qualified professional nurses. The Surgeon General's office organized a recruitment campaign. Five hundred radio stations in the Keystone Network and thirteen key city radio stations agreed to carry a one-minute announcement. The American Broadcasting Company made its network available for thirteen quarter-hour programs that publicized the work of nurses in the Air Force.

August 4: The first two nurses to be granted direct commissions in the Air Force Nurse Service Reserve from civilian life were Lieutenants D. Kay Cowden and Dorothy Mae Horton.

October 1: The Military Air Transport Service became responsible for most peacetime medical evacuation within the Department of Defense (DOD). In wartime, aerovac was expected to become more important than it had been in the past. The decision to switch to evacuation of the sick and wounded from the three armed services by air was based on recommendations made to the Secretary of Defense by the Joint Chiefs of Staff, the Director of DOD Medical Services, and the Surgeons General of the Army, Navy, and the Air Force. At that time, flight nurses of the Air Force and Navy were trained at the Air Force's School of Aviation Medicine at Randolph Air Force Base, San Antonio, Texas.

The Fifties

1950

January 1: The Air Force Nurse Corps consisted of 90 administrative, 70 operating room, 30 anesthesia, 14 neuropsychiatric, and 925 general duty nurses. Seventy-nine nurses served as flight nurses in aerovac units; 91 others were flight nurses not engaged in aerovac duties. By the end of the fiscal year in July, the number of designated flight nurses was 256.

April 27: Capt. Verena M. Zeller, Acting Chief Nurse, was promoted to the rank of lieutenant colonel. The Air Force Nurse Corps aim was to “provide optimum nursing care for the Air Force personnel and their dependents.” In the midst of a nationwide nursing shortage, active recruitment programs were initiated.

Korean War (June 25, 1950–July 27, 1953): At the onset of the Korean War, only 181 of the 1,170 Air Force Nurse Corps nurses were designated as flight nurses. During the war, however, Air Force nurses in Korea served mainly as flight nurses because fixed Air Force hospitals were few in the Republic of (South) Korea. At the peak of the Korean War, 2,991 Air Force nurses were on active duty.

July 1: Air Force nurses were called up with less than forty-eight hours’ notice for aerovac duty in Korea. Untrained nurses had to be sent to work with nurses who had been to flight training. Briefed as thoroughly as possible, nurses found themselves within hours on planes carrying hundreds of badly wounded soldiers, sailors, airmen, and marines. By mid-July, 200 nurses were actively engaged in the aerovac of patients in the Zone of the Interior and overseas.

September: Ella Best from the American Nurses Association was appointed the first nursing consultant to the Surgeon General of the United States Air Force.

September 26: Flight nurses Lt. Jonita Bonham and Capt. Vera M. Brown received Distinguished Flying Crosses when their C-54 ditched in the Sea of Japan. Captain Brown perished in the crash.

October 16: The flight nurse and medical technician courses of the School of Aviation, Randolph Air Force Base, Texas, moved to Gunter Air Force Base, Alabama. Only the flight nurse class graduated in 1950. The Surgeon General of the Air Force attempted to assign each graduate nurse to flying duty at least once during her career. To qualify for flying duty, each nurse had to graduate from the flight nurse course and be physically qualified for Flying Class III.



Lt. Doris Rataj medicating patients in the C-47 Skytrain during an aeromedical flight from Korea, July 1952.

Kimpo, near Seoul, to safety on Cheju-do, an island sixty miles off the southern Korean coast.

1951

June: With 72.1 percent of all Air Force patients hospitalized in Air Force hospitals, joint staffing was terminated. All Air Force nurses were assigned to duty at Air Force installations.

August: Chief Nurses were assigned to major command headquarters. Charged with the responsibility of supervising nursing activities within the command, and overseeing the professional improvement of nurses under their command, nursing personnel were more effectively utilized.

November: Publicity campaigns were stepped up to attract doctors and nurses. The film *Cargo Critical* depicted patient aerovac. Republic Pictures in Hollywood produced the *Flight Nurse Story*,

December 5: In Korea, Air Force nurses helped evacuate nearly 4,000 wounded Army and Marine Corps patients in one day, a record. The Eighth Army had decided to empty all Korean hospitals, fearing the Chinese would overrun the entire peninsula.

December 20: In Operation Christmas Kidlift, Air Force nurses helped fly over 900 sick and starving orphans from



Flight Nurse Lt. A. Drisdale helps a wounded combat soldier during a flight from Korea to Japan, October 1952.

an account of the Nurse Corps and the numerous advantages it offered nurses. A nurse recruiting brochure, "Career with a Future," was in demand. Recruiting and publicity activities were ongoing.

1952

December: Progress was made toward establishing a career program for Air Force nurses. Five specialty codes were established: administrative, operating room, anesthetist, psychiatric, and general.

1953

Capt. Lillian Kinkela, USAF, NC, one of the most decorated flight nurses of World War Two and the Korean War, served as technical advisor to the 1953 film *Flight Nurse* which starred Joan Leslie and Forrest Tucker.

April 21: The return of American POWs from North Korea began in Operation Little Switch. The 801st MAES accompanied 36 POWs on a C-124 flight to Tachikawa, Japan.

June 1953–March 1954: Nurse Corps losses were 706 against a gain of 399. Losses derived mostly from mandatory release requirements after two years' service or from pregnancy or marriage. The nurse shortage continued as the corps strength steadily declined. A drop in recruitment of about 50 percent led to a declining number of nurses in the face of expanding Air Force needs. Among the actions taken to reduce turnover and make the Air Force more attractive was to shorten overseas tours from thirty-six to twenty-four months. An additional enticement was that professional skills would be better utilized and nonprofessional duties, curtailed. Brookley in Alabama was the first base in the Air Force where all airmen possessing subprofessional nursing skills were assigned to the nursing service, a practice being introduced at other bases. A nurse career program was established for each of five specialty areas: anesthesia, operating room technique and management, nursing administration, neuropsychiatric nursing, and flight nursing. The Air Force Manual of Hospital Administration, AFM 160-20, was published.



Capt. Lillian Kinkela, one of the most decorated Air Forces nurses of World War Two and the Korean War.



An Air Force nurse helps a volunteer in a respirator experiment in the early 1950s. School of Aviation Medicine, Randolph AFB, Texas.

1954

April: Career development in the Nurse Corps was redesignated “career planning,” and career patterns were revised to extend to the grade of lieutenant colonel, rather than to colonel, with a career path of twenty rather than thirty years. The Air Force began to attach nurses as mobilization designees to Air National Guard medical groups requesting them. Designees were reservists especially qualified for a specific job in times of mobilization. According to the National Defense Act, only males could be members of the National Guard; however, the Air National Guard medical group Table of Organization required six nurses. Fifty Air Reserve Centers were organized, and future plans called for a total of 200.

June 30: The active strength of nurses was 2,609; 3,039 were authorized against a required strength of 3,083. Regular Nurse Corps strength was 392 with 549 were authorized.

July: The Air Force Surgeon General submitted bills to Congress to change the laws to authorize certain service credit for nurses and women medical specialists appointed in the Regular Air Force and Regular Army, and to adjust the dates of rank of certain nurses and women medical specialists in the Regular Air Force and Regular Army.

1955

May 2: Colonel Zeller presented a progress report on the Air Force Nurse Corps at the convention of the National League for Nursing. A survey was conducted of all Air Force women to discover areas where improvement was indicated. A nurse was assigned to the Medical Inspectors Group to determine how better utilization and more effective distribution of nurses could be achieved and how better staff education and on-the-job training could be attained.

June 27: A completed staff study outlined the changes in the structure of the medical reserve forces to make reservists immediately available in the event of hostilities. It pointed to the difficulties involved in building a medical

reserve along normal peacetime lines. After years of work with the reserve medical groups in the Air Force Reserve Training Center, only one unit was manned to 60 percent of its authorization. The two barriers identified were the inability to make the usual type of reserve program attractive to medical reservists and the need to be immediately available at the outbreak of hostilities in the event of nuclear war. The medical service needed to be highly mobile and at a high degree of training and readiness. Concerns were that the traditional period to prepare for mobilization was not likely to exist in the future.

August 9: Public Law 294 of the 84th Congress authorized reserve nurse commissions and nurse medical specialist enlistments for males as well as for females, and for those who had declared an intent to become citizens, as well as for citizens if they were otherwise qualified. This law did not originate within the DOD, but the DOD supported it. Regular commissions in these specialties were open only to women. Public Law 294 further changed the name of the Women's Medical Specialist Corps to the Medical Specialist Corps.

October 14: The first male nurse accepted a reserve commission in the Air Force Nurse Corps.

1956

January 20: The Air Force Chief of Staff approved a new distinctive medical insignia to be worn by Air Force flight nurses and flight surgeons. The designs of the first Air Force Medical Service flight insignias from 1949 through 1955 had been based on the insignia created for medics of the AAF in World War Two.

April: Legislation was proposed to the DOD to improve career incentives for nurses and medical specialists in the regular components. Stimulated by President Eisenhower's concerns over the inadequacy of career incentives for military nurses, the Army, Navy, and Air Force in early 1956 drafted their titles to a new bill (DOD 84-285) which would enhance career attractiveness for both nurses and medical specialists. Separate titles were submitted by each service in April 1956. The Air Force proposal would eliminate nonessential distinctions among the various categories of Air Force officers. The aim was to bring nurses and medical specialists under the procurement, promotion, and retirement policies of the Officer Personnel Act and the Army and Air Force Vitalization and Retirement Equalization Act "in so far as that is practicable." Major Air Force features were that the appointment grade for individuals with less than three years of professional experience would be second lieutenant; for individuals with three but fewer than seven years, it would be first lieutenant. Nurses with seven years' professional experience would be appointed

as captains. Appointments were contingent on meeting the age limitations: captains would be limited thirty-nine years of age; first lieutenants, to thirty years; and second lieutenants, to twenty-seven.

June: Public Law 845, passed by the 84th Congress, permitted the appointment of women in the National Guard and Air National Guard. Nurses could now be commissioned in the Air National Guard without having had prior military service. Those with no military service would not be appointed for extended active duty after the age of thirty-five. This would allow completion of twenty years' service before reaching the mandatory retirement age of fifty-five.

The minimum height for female flight nurses was lowered from sixty-two inches to sixty inches because practical experience had shown that this adjustment would not affect an individual's performance on an evacuation aircraft. The height standard for male flight nurses corresponded to that of other male applicants for flight training.

Seventy-nine male nurses were on active duty.

October: The Air National Guard commissioned its first nurse, Capt. Norma Parsons, into the New York Air National Guard's 106th TAC Hospital, Floyd Bennett Field, Brooklyn, New York.

October 31: For the first time since the Air Force came into being, Unit Manning Documents were on file in the Surgeon General's office. Previously, these authorizations had been formulated on estimates. The Air Force Medical Service strength of 52,303 represented 4.3 percent of the total Air Force military strength; it included an Air Force Nurse Corps strength numbering 2,856. Authorized grades for Nurse Corps officers included 1 colonel, 28 lieutenant colonels, 56 majors, 861 captains, and 1,910 lieutenants.

1957

For the first time since the 1949 establishment of the Air Force Medical Service, there was no shortage of doctors and nurses. It was now possible to be selective in offering commissions to reserve or regular officers. Late in 1957 the Air Force Surgeon General's office established procedures for assigning nurses by name to new duty stations. This resulted in an improvement both in the career management of the individual nurse and in the staffing of medical facilities.

January: The Chief of the Nurse Corps cautioned medical facility commanders of the dangers of overworking nurse specialists, such as anesthetists and operating room nurses, who were usually assigned on the basis of only one specialist for each Air Force hospital.



Air Force Surgeon General Dan Ogle and his nursing staff, Washington, D.C., 1950s.

August: Criteria were established to clarify schools of nursing acceptable to the Surgeon General. The age limit on nurses appointed to the Air Force Reserve who were not on active duty was increased to the age of forty.

Congress passed the Career Incentive Act of 1957 (Public Law 85-155) which provided more liberal promotions, greater retirement benefits, and an increased age for appointment of nurses in the Regular Air Force Nurse Corps. One of the most influential changes was the mandatory promotion of all qualified nurses and medical specialists to the grade of permanent major upon completion of fourteen years of service. This was the most significant legislation affecting the Nurse Corps since its creation in 1949.

1958

June: In the Air Force Surgeon General's office, "Chief Nurse" was deleted as an adjunct to the Directorate of Professional Services and established as its own department of nursing under the Directorate of Professional Services.

1959

April: Starting in April, a temporary shortage of nurse anesthetists arose because of unexpected separations. Shortages in obstetrical and pediatric nursing also developed.

June: The Nurse Corps Chief attended the House Armed Services Committee meetings on behalf of Air Force nurses regarding amendments to the Reserve Officer Personnel Act. The desire was to bring promotion and retirement opportunities for reserve nurses in line with the same opportunities offered to Regular Air Force nurses.

July 6: The Air Force Uniform Board approved a distinctive insignia and badge for Air Force nurses. (See page 87 for illustrations.)

October 1: The School of Aviation Medicine, along with its medical training courses, was organizationally transferred from the Air University to Air Training Command and was assigned to the new Aerospace Medical Center at Brooks Air Force Base, in San Antonio, Texas. Instead of reuniting the entire medical branch school at Gunter with its parent organization at Brooks, the Air Force decided to return to Texas only that training which was related to the practice of aerospace medicine: the flight nurse course, physiological training for officers, and aeromedical specialist and technician instruction.

The Sixties

1960

Lt. Dolores (Dee) O'Hara, an Air Force nurse, served several months with space pilots training for the first U.S. launch into outer space. In addition to assisting the space pilots with their many physical examinations, O'Hara also supervised the preparation and serving of their specially prescribed diet. Called the Air Force Nurse for the Astronauts, O'Hara assisted Air Force recruiting by describing her activities to more than 500 nursing officials. For the next few of years, O'Hara was the only nurse working directly with the astronauts.

January 4: The Gunter Branch, School of Aviation Medicine, established in October 1950 and now a part of Air Training Command, became the Medical Service School. The School of Aviation Medicine was assigned to the new Aerospace Medical Center at Brooks Air Force Base, San Antonio, Texas, and renamed the School of Aerospace Medicine. It focused on the medical effects of flight while the Medical Service School at Gunter Air Force Base, Alabama, trained Air Force personnel in nursing and other nonflight aspects of medical care. In an effort to reflect the current austerity of all Air Force training, school materials not directly job-related were deleted from the curricula.

1961

April: On the basis of the Air Force Judge Advocate General's interpretation of existing statutes, the Regular Air Force began commissioning men in its Nurse Corps. However, Congress did not formally authorize DOD to commission male nurses until September 1966.

September 1961–December 1962: When male nurses were finally authorized to apply for the Regular Air Force, thirty-two applied for regular commissions. Because restrictions remained in effect on how many officers could serve at one time in the Air Force Nurse Corps in the ranks of major and above, the newest nurses were not promoted very quickly. This particularly affected male nurses.

October: The Air Force announced its intention to shift the Aerospace Medical Center, composed of the School of Aviation Medicine and the USAF Hospital, Lackland, from the Air Training Command to Air Force Systems Command (formerly, Air Research and Development Command). The Medical Service School at Gunter, which was not actively involved in research, remained under the jurisdiction of Air Training Command.

October: Flight nurses of the 1454th Aeromedical Evacuation Squadron (AES) at Rhein-Main Air Base, Germany, participated in the first use of jet aircraft for the aerovac of patients. Nurses accompanied twenty-four litter patients, twenty-four ambulatory patients, and one Stryker-frame patient in a C-135 Boeing Stratolifter. Less than ten hours after departing Germany, the flight landed at McGuire Air Force Base, New Jersey, the first nonstop transatlantic, jet aeromedical flight. The officer in charge of the medical crew was Isabelle H. Rumianek. Two flight nurses, Lieutenants Delia F. Greer and Elwin Robertson (the first Air Force male nurse) and three aeromedical technicians assisted her.

1962

May 1: Air Force Surgeon General Oliver K. Niess accompanied the first non-stop C-141 jet aerovac flight in the Pacific flying from Yokota Air Base, Japan, to Travis Air Force Base, California. Three flight nurses and four technicians usually constituted the medical crew.

September: In staff visits to Air Force medical facilities, the Chief of the Nurse Corps and the Medical Specialist Corps noted minor discrepancies in the wearing of medical uniforms. Because no single document gave full instructions on wearing the various nursing uniforms, the Chief of the Nurse Corps issued guidelines in the *USAF Medical Service Digest*.

1963

In the U.S. Congress, the Surgeon General of the Air Force proposed H.R. 1034 to clarify language authorizing the commissioning of male nurses as Regular Air Force Nurse Corps officers. The language would change the present law and clarify this authority.

February 12: Col. Dorothy Zeller met with Army and Navy Nurse Corps Chiefs and the education section of the National League for Nursing in New York City to discuss significant trends in nursing education. Associate-degree programs were on the increase, possibly limiting the sources for qualified Air Force appointments. (Military services did not grant commissions to graduates of associate-degree programs.)

February 27: Lt. Col. E. Ann Hoefly attended the Federal Nursing Council meeting where Mrs. Appolena Adams, U.S. Public Health Service, presented the Report of the Surgeon General's Consultant Group on Nursing. The consultant group recommended that the nursing profession study the present system of education in relation to the responsibilities and skill levels required for high-quality patient care. The study was initiated immediately with funds obtained from private and public sources. The group recommended that the federal government substantially expand and add to its present program of support and assistance to nursing and nursing education.

April 4–6: The 20th Anniversary Celebration of Flight Nursing was held at Brooks Air Force Base, Texas. Colonel Zeller attended. The speaker was the first American military nurse to receive flight wings (in 1943), Lt. Geraldine Dishroon, AAF, who was now Mrs. William Brier and the wife of an Air Force colonel.

April: For the first time, nurses were asked to present at a scientific session of the Association of Military Surgeons. Colonel Zeller attended and made a presentation on Air Force nursing. She recalled, "I remember that very well. I was petrified—all those doctors sitting out there in the audience."

April 12–15: Lt. Col. E. Ann Hoefly began looking for accredited programs that would best meet the needs of Air Education and Commissioning Program candidates. She conferred with Dr. Eleanor Lambertsen, Dean, Division of Nursing Education, Columbia University; Dr. Martha E. Rogers, Chairman, Department of Nurse Education, New York University; and Dr. Rena Boyle, Director of Baccalaureate and Higher Degree Programs, National League for Nursing, Headquarters, New York City.

June 19: The first class of nine Air Force nurses graduated from the nursing service administration course at the Medical Service School, Gunter Air Force Base, Alabama.

June: A command nurse position was established at Air Force Logistics Command. This position was carried on the hospital staff, functioning as the command nurse for the Logistics Command. The first nurse to fill this position was Lt. Col. Haralee Hodgson.

The Air Force nursing procurement objective was nearly met with 606 nurses assigned. In view of the changing trends in nursing education, an intensive

study was made of the three-year diploma program. As a result, the Surgeon General modified the policy to accept students graduating from a National League for Nursing–accredited school of nursing offering a three-year academic or a twenty-seven-month program.

July: The Flight Nurse Section of the Aerospace Medical Association was established.

September 1: The 1086th Medical Service Squadron, 1070th Medical Service Group at Randolph Air Force Base, Texas, was established to provide liaison between the Office of the Surgeon General and the new Air Force Military Personnel Center at Randolph Air Force Base, Texas. In addition, the 1086th Medical Service Squadron was to implement procurement, selection, and staffing and was to establish policies and physical standards for selection, retention, and retirement.

1964

During the first half of 1964, the Air Force planned two specialized courses for nurses. Now that five Air Force hospitals were using radioisotopes as a therapeutic tool, a course was needed to produce 10 to 12 nurses who could identify problems and who were knowledgeable in protective measures associated with the use of radioisotopes.

The Air Force also recognized that “a need exists to prepare a sufficient number of qualified Nurse Corps officers to supply nursing support in Bioastronautics. It is anticipated that two flight nurses could be trained in a 24-week course once a year.”

The Air Force stated that Air Force nurses did not need a doctorate and that no funding would be provided for doctoral studies. With nurse anesthetist requirements being met, the Air Force planned to transfer fourteen nurse anesthetist training spaces to universities for fiscal years 1964, 1965, and 1966 and to delete an additional ten spaces in fiscal years 1966, 1967, and 1968.

University of Maryland courses for Air Force nurses in advanced operating room practices and advanced obstetrics were canceled after the final class that began in February.

March: The Aerospace Medical Division, Air Force Systems Command, began seriously to consider an aerospace nursing course on the basis of a proposal submitted in 1963 by Capt. Pearl E. Tucker, Patrick Air Force Base, Florida.

Manned space flight operations transferred from Patrick Air Force Base to Houston, Texas, where Lt. Dolores (Dee) O’Hara established the Flight Medicine Clinic. She conducted experiments, collected medical research data, and worked closely with astronauts and their families.

May 13: The Flight Nurse Section of the Aerospace Medical Association held its first official meeting and chose Lt. Col. Agnes Arrington, Chief of Nursing Services, Andrews Air Force Base, to be its first elected chairman. The theme of the meeting was “Nursing Problems in an Aerospace Age.” Shortly after the flight nurse section was established, the Aerospace Medical Association selected associate fellows from among its members.

1965

February 7: Vietcong rebels in South Vietnam attacked Pleiku Air Field, producing the first significant casualties in the Vietnam War. As the fighting spread and intensified in Vietnam, and as the casualties rose, the Air Force augmented the 9th AES, Clark Air Base, Philippines, with temporary duty personnel from local sources—four nurses, six aerovac technicians, and one Medical Service Corps officer. As the fiscal year drew to a close, the 9th AES badly needed permanent personnel. Incidents like those at Pleiku produced a sharp increase in the number of aerovac patients processed by the USAF Hospital, Clark Air Base.

April: Clark Air Base increased its bed size from 200 to 250.

July: At Cape Kennedy, Florida, the Air Force inaugurated the aerospace nursing course, a one-year training program in flight medicine, occupational health, and military public health.

August 17: Lt. Helen Glavinovich, an Air Force Nurse, was the first person to receive the Unsung Heroine Award. Lieutenant Glavinovich was stationed at Torrejon Air Base, Spain, and received the award from the Ladies Auxiliary of the Veterans of Foreign Wars at its annual convention in Chicago, Illinois.

1966

Aerovac increased nearly fourfold due to intratheater and intertheater patient moves required for servicepersons in Southeast Asia. Most noteworthy developments were concerned with the support of military operations in Vietnam. Female nurses were again assigned to Osan, Korea, a position formerly filled by male nurses.

Miss Lauretta M. Schimmoler received a citation from the U.S. Surgeon General as the first honorary flight nurse. Although not a nurse herself, she was the founder, in 1936, of the Aerial Nurses Corps of America, an organization that foreshadowed the AAF flight nurse corps created during World War Two.

Female married nurses who had no dependents under the age of eighteen and who would accept worldwide assignments became eligible for commissioning in the Air Force Nurse Corps.

January: Because of the buildup for the Vietnam War, a special Selective Service draft call for male nurses was initiated. Although the Air Force did not participate in this draft, it received an increased number of applications for male nurses. Requirements in Southeast Asia led to an increased procurement objective for Air Force nurses from 769 to 970.



An Air Force nurse in whites performs casualty triage at Cam Ranh Bay, Vietnam, 1966.

February: The first contingent of female nurses was assigned to duty in Vietnam. The first Air Force hospital to be established in Vietnam, the 12th USAF Hospital, Cam Ranh Bay, Vietnam, received thirteen of them.

March 3: A separate Air Force Specialty Code for flight nurses was approved. The new code, 9765, appeared in AFM 36-1, Officer Classification Manual, of September 1966.



Flight nurse checks patients aboard an ambulance bus on their return from Vietnam to the United States. Philippines, 1969.

April: A permanent nurse advisory committee was established in the DOD. Its ten members included its chairman, Shirley C. Fisk, M.D., Assistant Secretary of Defense; the chiefs of each of the military nurse corps; Comdr. Arlene Duerk, USN, NC; and five nondepartmental members.

April: A course in advanced obstetrics/gynecology nursing was established at Wilford Hall Hospital, Lackland Air Force Base, Texas.

June 4: The Medical Service School, Gunter Air Force Base, Alabama, relocated to Sheppard Air Force Base, Texas. The relocation

involved transferring most of the Air Force nurse training to Sheppard. The school's nursing branch, previously part of the Department of Clinical Medicine, now became the Department of Nursing.

June 28: The first two nurses graduated from the aerospace nurse course at Patrick Air Force Base, Florida. The course developer, Maj. Pearl E. Tucker, later received recognition as the first aerospace nurse.



Two captains, residents in the Aerospace Nursing Course, don fully-pressurized suits for their high-altitude indoctrination. School of Aviation Medicine, Brooks Air Force Base, Texas, 1966.

September 30: Public Law 89-609 (legislative bill H.R. 420), signed by the President, authorized appointment of male nurses in the regular components of the military Nurses Corps.

October: Maj. Sarah E. Beard was named Nurse of the Year by the Air Force Association for her research on accomplishing medically safe extravehicular activities in space.

November 28-30: The first Nursing Service Management Symposium was conducted at the Medical Service School, Sheppard Air Force Base, Texas. Thirty attendees, in addition to nurses assigned to nearby Air Force bases, participated. Dr. Hildegard Peplau, nurse consultant to the Surgeon General, addressed the symposium.

1967

The Vietnam War continued to require considerable numbers of professional personnel. In Southeast Asia, many positions formerly limited to males were now filled by females. Female flight nurses were now assigned to in-country aerovac operations. The first three were Captains Lorraine M. Klinghoffer, Louise J. Nichols, and Joanne C. Meier. An urgent need for male flight nurses in overseas areas required waiving the rule that trainees must be career officers before entering the flight nurse course. Realignment of flight nurse slots was effected to provide coverage to fighting units.

An increased number of nurses were assigned to the aerospace research and development programs. One Nurse Corps officer was assigned to test aerovac equipment; another was assigned to the Manned Orbital Laboratory project. Headquarters Aeronautical Systems Division, Wright-Patterson Air Force

Base, Ohio, created a new nurse position to work on a special anthropometric project to determine average sizes for females in the Air Force.

January 31: Lt. Col. Helen Hennessey, the last survivor of the Bataan March still on active duty with the Air Force, and a POW from May 1942 through February 1945, retired at Keesler Air Force Base, Mississippi, after twenty-six years of service.



An Air Force nurse administers blood to patient at the Cam Ranh Air Base Hospital, with Vietnamese nurse at her side. Vietnam, 1968.

April: The Flight Nurse Exchange Program with Canada was initiated with the first nurse, Capt. Catherine L. Farrar, selected to spend twelve months in Trenton, Ontario, Canada, and twelve months in Comox, British Columbia. In turn, the Canadian Forces Medical Service assigned one of their nurses to Scott Air Force Base, Illinois, for a similar length of time. This was a first in Air Force nursing history.

May 12: At the National League for Nursing convention in New York, Maj. Pearl E. Tucker, the pioneer of aerospace nursing, presented a paper, “To an Orbital Hospital.”

June 3: Lt. Col. Alice Bakutis was the first Air Force nurse to earn a PhD in adult education at the University of Texas, Austin. She earned this degree through off-duty education courses. Capt. Leland Bennett was the first Air Force nurse approved under Operation Bootstrap to receive education at the doctoral level. He enrolled at Boston University as a PhD candidate in nursing education.

September: The first female flight nurses were assigned to in-country aeromedical flights in Southeast Asia, formerly restricted to male flight nurses.

December 11: The Air Force Chief of Staff approved distinctive badges for senior and chief flight nurses.

1968

January 15: The Air Force celebrated the twenty-fifth anniversary of flight nursing in conjunction with the Operational Aeromedical Evacuation Symposium and the fiftieth anniversary of the School of Aerospace Medicine at Brooks Air Force Base, Texas. Col. Ethel Kovach participated in the ceremonies.

Spring: Headquarters Aeronautical Systems Division, Wright-Patterson Air Force Base, Ohio, created a new nurse position as a task scientist on a special anthropometric study of Air Force women. The project surveyed 1,900 Air Force women to facilitate the design of clothing and personal equipment.

May 5: The Aerospace Medical Association established the first Flight Nurse of the Year award, which Douglas Aircraft Company sponsored. Maj. Virginia M. Alena, the award's first recipient, was cited for her work as task scientist on a project to improve patient care during aerovac. (The award was later renamed the Mary T. Klinker Award in honor of the Air Force nurse who lost her life in the C-141 crash during Operation Babylift in Vietnam in 1975.)

June 30: The total number of nurses on flying status increased from 314 to 409.

August: The first of eight McDonnell Douglas C-9A aeromedical jets arrived at Scott Air Force Base, Illinois, for service in the 375th Aeromedical Airlift Wing. By July 1970 the Air Force had purchased twenty-one C-9As for use within the continental United States. Designed to carry nurses as part of its standard crew, this jet aircraft reduced the need for aerovac squadrons from four to one. Aerovac squadrons were replaced by detachments, and the number of nurses assigned to aerovac was reduced from 409 to 349. The C-9A Nightingale was named for British nurse Florence Nightingale. Lt. Col. Mary Ann Tonne, Chief Nurse, Military Airlift Command, selected the name. Mrs. Elsie Ott Mandot, who flew the first strategic aerovac mission in 1943, christened the first C-9A.

1969

The Surgeon General's office filled Southeast Asia requirements for male flight nurses without resorting to involuntary second tours. The office filled Southeast Asia requirements for females with volunteers. The total number of nurses on active duty decreased from 4,178 to 3,889. To alleviate a shortage of nurse anesthetists, ten additional slots per class was initiated at Wilford Hall Medical Center, Lackland Air Force Base, Texas. Also, eight nurse anesthetists assigned to duties as aerovac flight nurses were returned to the practice of anesthesia.

The Surgeon General's office developed a pilot plan to train one nurse at each base to perform cancer detection screening examinations for active duty and dependent females throughout the Air Force. Too few physicians were available to perform this function.

March 7: In Southeast Asia, Air Force flight nurses evacuated 711 patients, a record high out of Vietnam, on twelve separate missions that day.

June: A exchange program for an Air Force flight nurse and a British Air Force nurse for one year was finalized.



A Nurse Anesthetist group receiving an education update at Randolph AFB, Texas, 1967.

The Seventies

1970

June: American women were allowed to enter Reserve Officers' Training Corps (ROTC) programs in colleges and universities. Of the schools with ROTC programs, sixty-five had schools of nursing, allowing future nurses to acquire military training while still a student. Beginning in the early 1970s, the temporary rank of first lieutenant was awarded to graduates of baccalaureate-degree nursing programs.

June 11: Col. Ethel Ann Hoefly was the first Air Force Nurse Corps chief promoted to the rank of brigadier general. She served as Corps chief from 1968 to 1974.

August: Maj. Joseph H. Goff, who matriculated at Northwest University, Denton, Texas, in September 1970, was the first Air Force nurse to enter an Air Force Institute of Technology doctoral program.

September: A pilot course for pediatric nurse practitioners (PNP) was initiated at Wilford Hall Medical Center, Lackland Air Force Base, Texas.

November 13: Maj. Gen. Thomas H. Crouch, Deputy Surgeon General, USAF, encouraged the Air Force Medical Service to begin using midwives. He cited the nurse anesthetist program as an example of training nurses to perform work previously done by doctors. The wider use of nurses compensated for the current reduction in the number of Air Force physicians.

1971

Capt. Susan R. Struck, a registered Air Force nurse serving in Vietnam, was the first female in the United States armed forces to win the right to remain on active duty after becoming pregnant. Air Force regulations did not permit women officers or enlisted women to give birth while on active duty, regardless of marital status. Captain Struck won her case after appealing to the U.S. Supreme Court. A Roman Catholic, she refused to abort the fetus she was carrying and arranged for the baby's adoption at birth. The Air Force abandoned its policy of automatically discharging women for pregnancy.

David Grant Medical Center, Travis Air Force Base, California, began a pilot study of community health nursing, which in certain cases designated a nurse to act as an Air Force patient's advocate in finding supplemental community health care. By 1980 the program had expanded to six Air Force medical treatment facilities.

January: Air Training Command began a Pediatric Nurse Associate Program. It required a one-week course at USAF Hospital Sheppard and fifteen weeks training with a preceptor pediatrician at a base of assignment.



Lt. Amy Parish plays with baby who has tracheotomy while in a long-term care unit of the Wilford Hall nursery.

January 12: Lt. Col. Sarah P. Wells presented the commencement address to the first graduating class of the medical technician (vocational nurse) course at Sheppard Air Force Base, Texas.

April: At the 42d annual meeting of the Aerospace Medical Association convention in Houston, Texas, Air Force Reserve nurses learned they

would begin participating in an Air Force associate program. Reserve medical personnel could now join Regular Air Force personnel in live, aerovac missions.

June 7: The Medical Service School, Sheppard Air Force Base, Texas, became known as the USAF School of Health Care Sciences. The School's Department of Nursing, in collaboration with the USAF Regional Hospital, Sheppard Air Force Base, and the USAF Medical Center, Keesler Air Force Base, Mississippi, provided the bulk of Air Force nursing service training.

November: The Air Force Chief of Staff approved the senior and chief nurse badges.

1972

To continue to fill its Southeast Asia requirements, the Air Force Nurse Corps found it had to resort to using many nonvolunteers who had never had a tour in Southeast Asia.

February: The McDonnell Douglas aircraft company delivered the first of four C-9As assigned to the Pacific Air Forces.

March 15: The C-9 Nightingale flew its first operational mission into Southeast Asia, landing at Tan Son Nhut Air Base, South Vietnam. The C-9 had already been used for aerovac for three and a half years within the United States. It replaced the larger C-141 Starlifter in transferring patients within the Pacific Air Forces area. The aerovac crew on this first Pacific flight included Capt. Patricia Kennedy, a nurse, and three medical technicians.

April 24: Authority was granted to recruit nurse graduates of associate-degree, diploma, and baccalaureate-degree nursing programs that had been accredited or were provisionally accredited by the National Professional Nursing Agency and recognized by the National Commission on Accrediting as acceptable to the Surgeon General of the United States Air Force.

May: The Air Force received the first of four C-9As to be operated by U.S. Air Forces in Europe.

June: The Air Force Uniform Board approved distinctive insignia for senior nurses and chief nurses.

July: The first three associate-degree nursing graduates were commissioned as second lieutenants in the Air Force. Forty other associate-degree graduates were on active duty with the Air Force Nurse Corps.

September 1: The Air Force Nurse Corps no longer accepted applicants who had graduated from nonaccredited schools of nursing.

Fall: The Air Staff approved a student nurse financial assistance program to assist Nurse Corps recruiting. Assistance would be provided to students in their final two years of a baccalaureate-degree nursing program. The program was designed to produce 200 first lieutenant nurses per year.

1973

Using Air Force nurses, the National Aeronautics and Space Administration completed a series of tests designed with the idea of putting women in space shuttle flights.

Married Air Force nurses were finding it easier to be stationed with their spouses as a result of increased specialization within the Nurse Corps.

The Air Force accepted its first female medical technician.

February 12–April 1: Flight nurses flew on several Operation Homecoming missions repatriating 591 American POWs from North Vietnam, South Vietnam, China, and Laos. Most POWs were flown in a C-141 (the “Hanoi Taxi”) from Gia Lam air base in Hanoi to Clark Air Base, Philippines, for a debriefing and initial medical evaluation before their final return to the United States.

March: The Air Force Nurse-Midwife Residency Program was established as a nine-month course. The first class of six nurses began training at Malcolm Grow Medical Center, Andrews Air Force Base, Maryland.

June: The Surgeon General of the U.S. Air Force approved the implementation of the nursing prototype study designed to examine, evaluate, and redefine the roles of the various types of nursing service personnel. The study comprised an experimental unit, in which planned changes and nursing roles would occur, and a control unit, in which no role changes occurred.

June–July: Nursing service personnel were involved in implementing the physician extender program. Nurse practitioners cross-trained as C-130, C-141, and C-9 medical crew members.

Flight nurses assigned to the 1st Aeromedical Evacuation Group, Pope Air Force Base, North Carolina, supported the African Disaster Relief Operation in Mali. Reserve encampments of the Eastern Region provided staff assistance visits to Air Force Reserve and Air National Guard units and participated in the annual field training exercises at Fort Bragg, North Carolina.

November: Certification procedures were initiated to qualify nurses as obstetrics/gynecology practitioners and PNPs.

The first nurse-midwives to be graduated from a military training program completed their residency studies at Malcolm Grow Medical Center, Andrews Air Force Base, Maryland. Their certifying examinations were through the American College of Nurse-Midwives.

1974

Nursing roles were expanded to include obstetrics/gynecology, pediatrics, primary care nurse practitioners (PCNPs), nurse-midwives, environmental health nurses, community health, and educational coordinators.

February 4: Air Force obstetrics/gynecology and PNP courses were established at the School of Health Care Sciences. Six students entered the four-month obstetrics/gynecology nurse practitioner course and ten students entered the four-month PNP course.

April: The role of PCNPs progressed from being merely screening nurses to being providers of care. By the end of fiscal year 1974, sixteen nurses were functioning as PCNPs. An Air Force PCNP program was established with twelve Air Force nurses enrolled in a six-month course at the University of Arizona with a follow-on clinical practicum. Comparable educational experiences were being developed at the School of Health Care Sciences so that an in-house capability for training PCNPs would be realized during fiscal year 1975.

October: The Air National Guard Nurses Association was established.

1975

For the first time in the Air Force Nurse Corps, a reserve nurse was assigned as a mobilization augmentee to the Office of the Chief, Air Force Nurse Corps. Col. Marion E. McKenna, BSN, MEd, EdD, Dean, School of Nursing, University of Kentucky, was selected for this position.

April–August: Nurses of the 9th Aeromedical Evacuation Group, Clark Air Base, Philippines, were active in three rescue operations—Babylift, Frequent Wind, and New Life—in response to the rapid deterioration of the South Viet-



Capt. Flo Chesnick, a nurse with the 2d Aeromedical Evacuation Squadron, fires an M-60 machine gun during the Fourth Annual Staff Soldiers Cup, a survival test hosted by the 7th Special Operations Squadron, 1977.



Flight nurses and medical technicians involved in Operation Babylift, spring 1975.

namese government. Babylift evacuated about 2,000 South Vietnamese orphans; Frequent Wind and New Life evacuated South Vietnamese refugees. A similar orphan rescue operation, Eagle Pull, was organized in April in Cambodia, and in May the 9th Aeromedical Evacuation Group assisted in rescuing the crew of the USS *Mayaguez*, captured by Cambodian forces.

April 4: A C-5A Galaxy carrying about 250 Vietnamese orphans as part of Operation Babylift crashed at Ton Son Nhut Air Base near Saigon, South Vietnam. Soon after takeoff, the C-5A experienced a rapid decompression and crashed short of the runway, killing many orphans and two medical crewmembers. Capt. Mary T. Klinker and SSgt. Michael Paget were the first two medical crewmembers in the history of the 10th AES to be killed in the line of duty. The Mary T. Klinker award (formerly the Flight Nurse of the Year award) was named in her honor. She was the last military nurse to die in Vietnam. A survivor, Capt. Regina Aune, a flight nurse, was awarded the Cheney Award for her valor during this mission. Operation Babylift ended on May 6.



Col. Regina Aune. While a lieutenant flight nurse in Operation Babylift, 1975, she became the first woman to receive the Cheney Award.

October: A change to AFM 36–1, Officer Classification Manual, was submitted. This change eliminated Air Force Specialty Code 9766A, aerospace nurse, and established in its place 9786, environmental health nurse.

1976

January: At a meeting of command nurses and other nursing personnel held at Andrews Air Force Base, Maryland, the following goals for the next five years for the Air Force Nurse Corps were presented and accepted:

1. Upgrade educational requirements subsequent to appointment in the Nurse Corps
2. Provide opportunity for professional growth and development
3. Improve utilization of professional skills
4. Stress the team concept within the Air Force Medical Service
5. Promote improved utilization of nursing personnel of the Air Force Reserve and the Air National Guard

This constituted an effort to continue to provide the ultimate in health care to all members of the Air Force community:

March 23: The 100th flight nurse class graduated.

December: The U.S. Air Force continued to educate many individuals in nurse practitioner roles. In December 1976, 330 nurses were functioning as practitioners in primary care, obstetrics/gynecology, and pediatrics.

1977

The leadership of the Air Force Nurse Corps decided to work toward creating an all-college-educated Nurse Corps. To begin this campaign, the Air Force created a four-year program to pay \$3.8 million for 159 nursing baccalaureates and \$847,000 for 31 nursing graduate school degrees.

March 15–18: The Air Force Nurse Corps career development board met at Andrews Air Force Base, Maryland, and made the following recommendations:

1. Institute an internship program for initial active duty nurses
2. Devise staffing patterns to increase the utilization of nursing personnel, especially critical specialists, to improve patient care
3. Promote problem-oriented charting as a better way to document nursing care given

March 27–30: When a Boeing 747 aircraft crashed at Tenerife in the Canary Islands, the 69th AES from McGuire Air Force Base, New Jersey, volunteered a medical crew within three hours to evacuate survivors. Air Force nurses

accompanied survivors of the crash on a C-130 to Las Palmas in the Canary Islands and then continued on a C-141 to the continental United States.

October: At all of its medical centers, the Air Force Medical Service began an internship program for initial-term, active duty nurses. The internship consisted of twenty weeks of instruction for new Air Force nurses under the guidance of experienced clinical nurse preceptors. More than 90 percent of new Air Force nurses were recent graduates of basic nursing programs and, in the past, had often had difficulty adjusting to military nursing routines.

November: Along with nineteen other representatives from the American Nurses Association, Brig. Gen. Claire Garrecht, Chief of the Air Force Nurse Corps, spent eighteen days touring Chinese hospitals, schools, factories, museums, and farms. She later contributed to the article “Medicine Behind the Great Wall” which appeared in the September–October 1978 issue of *USAF Medical Service Digest*.

1978

The Air Force planned to increase the proportion of its female medical specialists from 25 percent to 30 percent of the total enlisted medical specialists. Because the number of women in the Air Force had increased so significantly, female medical specialists were needed to perform both chaperone and medical duties.

At David Grant Medical Center, Travis Air Force Base, California, the relative shortage of physicians and a large retired military population resulted in an expanded role for medical center oncology nurses. Their role in patient education, medical care, and coordination of associated clinical research with the outpatient clinic gradually increased.

February: All Ready Reserve nurses not actively engaged in their profession as civilians had to meet certain professional proficiency and participation standards to remain in the program.

June: By the end of June, the internship program for initial active duty nurses had been implemented at four more Air Force medical centers.

October: At Sheppard Air Force Base, a 1,000-bed dormitory was dedicated in memory of Col. Rosemary Hogan, one of the original Air Force Nurse Corps members and a POW in the Philippines during World War Two.

November 19–21: After the Jonestown massacre in Guyana, reserve flight nurses from the 315th AES at Charleston, South Carolina, moved nine survivors of the Port Kaituma airstrip ambush from Georgetown, Guyana, to Mal-

colm Grow Medical Center, Andrews Air Force Base, Maryland. In that ambush, Congressman Leo J. Ryan of California and others from his party were killed or injured.

1979

May: The Career Development Board approved a program to place a senior medical technician superintendent in the office of each command nurse in the major commands. A 902XX consultant had been assigned to the U.S. Air Forces in Europe, command nurse since 1977, but other commands had only obtained such expertise through additional-duty assignments. Consultants were usually concerned with emergency medical technician training, medical readiness training, and the independent-duty technician program.

August: The Air Force decided to accept baccalaureate graduates into the Air Force Nurse Corps after they had taken their state board exams, even though they may not have received their results. After a two-year test, the program would be reevaluated.

October: The Fraternity of Air National Guard Nurses met in October 1979 in San Diego, California, and changed its name to the Association of Air National Guard Nurses. At the time, its membership consisted of 196 of the 402 Air National Guard nurses. In addition to concerns about standards and evaluation, training, recruiting, goals for the 1980s, career development, and communications, the association continued its efforts to obtain a nurse position in the National Guard Bureau.

November 26–30: The first Medical Red Flag exercise, designed to train medical personnel in battlefield medicine, occurred at Keesler Air Force Base, Mississippi. Medical Red Flag exercises combined classroom instruction and hands-on field medicine. Air Force nurses were active participants in many Medical Red Flag exercises.

The Eighties

1980

The Air Force continued to make progress toward its goal of a college-educated Nurse Corps. In 1980, 67 percent of nurse officers held, minimally, a bachelor's degree, compared with 41 percent who were college-educated in 1978.

April: 2d AES flight nurses evacuated five servicemen injured during the April 25 aborted hostage rescue attempt at the U.S. Embassy in Teheran, Iran.

June: Air National Guard nurses from the 156th Tactical Clinic, Puerto Rico Air National Guard, volunteered to provide nursing support to the Cuban Refugee Program at Eglin Air Force Base, Florida. They diverted from Homestead Air Force, Florida, to Eglin for their annual tour.

1981

January 20: Flight nurses of the 2d AES evacuated the fifty-two American hostages released by Iran after 444 days of captivity. The hostages were flown to Wiesbaden USAF Medical Center, Germany, where they received an interim medical evaluation before returning to the United States.

March 10–13: For the first time, consultants to command nurses with Air Force skill code 902XX (medical service technician) attended the Air Force Nurse Corps career development board at Andrews Air Force Base, Maryland. The 902XX consultants attended many general sessions, and they received special briefings and discussion periods conducted specifically for them.

July 1: A new position—Air National Guard Advisor to the Chief, Air Force Nurse Corps—was added to the Air Force Surgeon General’s office. The first incumbent was Lt. Col. A. Marlene Ausen. The Air National Guard authorization included 533 nurses, and 453 were assigned in July.

October 21–22: The Chief, Air Force Nurse Corps, Brig. Gen. Sarah P. Wells, participated in a two-day meeting sponsored by DOD to develop civilian volunteer programs intended to reduce a predicted nurse shortage in the event of mobilization. A tour of Medical Red Flag V facilities at Andrews Air Force Base, Maryland, helped increase the conferees awareness of medical requirements for wartime.

November: A new position—902XX, consultant to the Chief, Air Force Nurse Corps—was added to the Air Force Surgeon General’s office. Its first incumbent was CMSgt. Garland W. Love.

November 4–7: Medical Red Flag 4N, a combat training course for nurses, concluded at Wilford Hall Medical Center, Lackland Air Force Base, Texas. The program provided a simulated look at combat casualties and field conditions for more than 450 Air Force nurses.

1982

The School of Aerospace Medicine established an advanced development program in chemical warfare defense. Its manager, Lt. Col. Donna L. Gaughan, NC, supervised a casualty transportation study; a systems analysis of the four



Air Force medical personnel assist simulated casualties during a mass casualty evacuation drill at Kadena Air Force Base, Japan. December 1982.

echelons of care; the development of a single patient, gas-operated portable ventilator; development of a vital signs monitor; and a design study of a two-way expandable hardwall shelter.

January 13: After a DC-10 crashed at Malaga, Spain, nurses from the 375th Aeromedical Airlift Wing, Scott Air Force Base, Illinois, assisted with the evacuation of sixty-six patients and family members directly from Malaga to McGuire Air Force Base, New Jersey, on a C-141.

December: The Nurse Corps began to require a minimum of a Bachelor of Science in Nursing (BSN) for all new Air Force nurses. The only exception was for career fields deemed critical, such as anesthesia.

1983

Significant staffing increases occurred in the Nurse Corps of the air reserve forces (the Air National Guard and the Air Force Reserve) in keeping with the Total Force Policy. As of December 31, 1983, 1,547 Nurse Corps members were assigned to the Air Force Reserve and 511, to the Air National Guard. In addition, greater numbers of reserve nurses were involved in professional medical education by correspondence.

The School of Aerospace Medicine established a course in battlefield nursing as part of the Air Force Medical Service's readiness training initiative. In the first year, 258 nurses attended.

May: The Surgeon General of the Air Force proclaimed each May as Air Force consumer health education month. More nurses began to move into positions as health education officers, eventually counting for 90 percent of all Air Force health education coordinators.

June: Lt. Col. A. Mariene Ausen attended the National League for Nursing meeting in Philadelphia, Pennsylvania, where the most attendees voted the BSN as the entry level for the practice of professional nursing.

The Chief Nurse Residency Program was established for any chief nurse who had no prior administrative experience. Six chief nurses completed their residencies at various Air Force hospitals.

June 8-15: Medical Red Flag VII, the final formal Medical Red Flag combat training exercise, was held at Sheppard Air Force Base, Texas. The seven Medical Red Flags exposed more than 4,000 Air Force medical personnel, including nurses, to combat training.

October 23–December 9: After the terrorist bombing of the U.S. Marine barracks in Beirut, Lebanon, 2d AES flight nurses and nursing technicians helped airlift a total of seventy-eight injured Marines to Wiesbaden USAF Hospital and two Army general hospitals in Germany.

October 25–November 19: In Operation Urgent Fury in Grenada, flight nurses and aerovac technicians from the 1st AES, Pope Air Force Base, North Carolina, along with reserve flight nurses from the 37th Aeromedical Evacuation Group, MacDill Air Force Base, Florida, and the 31st AES, Charleston Air Force Base, South Carolina, evacuated 159 injured soldiers to Puerto Rico and the United States in twenty-three missions.

1984

Nurse accessions did not meet the recruiting goal. Lt. Gen. Max B. Bralliar, the Air Force Surgeon General, approved a plan to increase Nurse Corps accessions at the expense of other corps in fiscal year 1984. The major commands were encouraged to continue using Air National Guard and Air Force Reserve nurses, contractors, and civilian overhires to counter the nursing shortage. Nurse anesthetists were at critical manning levels. The BSN requirement for entry into the Air Force was again waived for nurse anesthetists in hopes of increasing accessions.

June 12–14: Col. Beverly S. Lindsey, Nurse Corps, attended the Air Force Reserve objective plan council. She was the first nurse and first female to be represented on this council.

October 25: Lt. Gen. Max Bralliar approved the use of the Army and Navy workload management system for Air Force nursing. The tool introduced “acuity of nursing care” into the manpower management process in hopes of specifically validating Air Force nurses employed in each nursing specialty.

Mid-1980s

The first Air Force Nursing Research Program was developed at Wilford Hall Medical Center, Lackland Air Force Base, Texas, when two doctorate nurse researchers were assigned there. The program quickly became tri-service, with joint annual nursing research conferences held in San Antonio, Texas.

1985

July 1: Col. Beverly S. Lindsey was selected for brigadier general, the first nurse general officer selected from any of the the military reserve forces. In April 1984, she had been the first reserve nurse mobilization assistant to the Chief, Air Force Nurse Corps.

1986

Medical readiness and executive management nursing fellowships were implemented in fiscal year 1987.

March: Lt. Col. Irene Trowell-Harris was appointed commander of the 105th USAF Clinic, Newburgh, New York. She became the first nurse in Air National Guard history to command a medical clinic. Later she was promoted to major general rank and served on active duty as the Air National Guard advisor to the Chief of the Air Force Nurse Corps and as the Air National Guard assistant to the Director of Medical Readiness and Nursing Services in the Office of the Air Force Surgeon General.

August: The Air Force Nurse Corps was included in the group of senior officers eligible for assignment as hospital commanders.

November 1: Air National Guard nurses celebrated their thirtieth anniversary. Col. Norma Parsons Erb (retired), the first nurse commissioned in that organization, was the guest of honor. Colonel Erb had previously been commissioned in the Army Air Corps and Air Force Nurse Corps prior to her National Guard commissioning.



Medics from the 2d Aeromedical Evacuation Squadron treat wounded Afghan freedom fighters who are being transported aboard a C-141B Starlifter aircraft from Pakistan to the United States for treatment. Rhein-Main Air Base, Germany, December 1986.

1987

March: DOD sponsored a National Nursing Executive Conference to address the national nursing shortage and the wartime nursing shortage. As a result, DOD published objectives intended to decrease nursing shortfalls and proposed recruiting incentives, such as a loan repayment program and increasing the age limit for reserve duty.

July: A master's program in nursing for nurse anesthetists was approved by the Air Force Surgeon General. The first class at the San Antonio School of Nursing, University of Texas Health Science Center, enrolled in the fall of 1989.

November 3: The Surgeon General approved a plan to consolidate all environmental health functions into the Biomedical Sciences Corps (BSC).

1988

The three military Nurse Corps, the Public Health Service, and the Uniformed Services University of the Health Sciences (USUHS) began exploring the possibility of a Uniformed Services School of Nursing.

Maj. Carl L. Anderson won the competition for an Air Force Nurse Corps song. The song was the unofficial Nurse Corps song written about nursing services, a morale builder for nurses and medical technicians alike.

February 1: Environmental health was eliminated as a Nurse Corps specialty. Future environmental health personnel were to be accessed through the Bio-medical Sciences Corps.

April 1: The School of Health Care Sciences, Sheppard Air Force Base, Texas, which directed all nursing services training in the Air Force, was redesignated the 3790th Medical Services Training Wing.

July: Col. Gloria Hernandez became the first active duty nurse to be assigned as the commander of an aerovac unit, the 9th AES, Clark Air Base, Philippines.

July 6: Brig. Gen. Carmelita Schimmenti presented the first donation to the Air Force Sergeants Association's Medical Service Technician Scholarship Fund. The fund encouraged enlisted personnel to pursue a career in professional nursing.

September: The Air Force Nurse Corps established an affiliation with Georgetown University's master's program in nurse-midwifery. Clinical training was received at Malcolm Grow Medical Center, Andrews Air Force Base, Maryland.

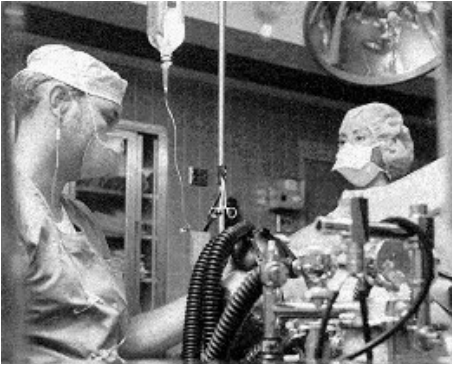
1989

January: Col. Clara B. Wallace, Nurse Education Branch, Air Force Personnel Center, was appointed to the American Nurses Association Board of Accreditation for a two-year term. Her position assured Air Force input in national education and accreditation policies.



A flight nurse and medical technician assigned to the 2d Aeromedical Evacuation Squadron apply medication to a U.S. Navy sailor injured in the Persian Gulf in April 1988.

The National Defense Authorization Act for fiscal years 1990 and 1991 created special pay for nurses. In each twelve-month period, a \$5,000 accession bonus with a four-year obligation to serve was available for nurses. An incentive specialty pay of \$6,000 was available for certified registered nurse anesthetists.



Nurse anesthetists at work in the operating room.

March 16: Army, Navy, and Air Force Nurse Corps chiefs, including Brig. Gen. Barbara A. Goodwin, USAF, testified before the Senate Committee on Appropriations, specifically addressing the nursing shortage and special pay issues. This marked the first occasion that military Nurse Corps chiefs were invited to present testimony in the Senate.

June: The House of Delegates of the American Nurses Association

approved a courtesy seat on that professional body for a representative of the Federal Nursing Service Council.

September: The San Antonio School of Nursing, University of Texas Health Science Center, began its first class leading to a master's degree for nurse anesthetists.

September 21: The Air Force Surgeon General was briefed on the second Air Force medical management engineering team study, which examined the Nurse Corps grade structure. As a result, the Air Staff approved increasing Nurse Corps field grade requirements by 16 colonels, 82 lieutenant colonels, and 296 majors.

October 17: When a major earthquake hit San Francisco, California, Air Force nurses from local bases, including reservists and guardsmen, triaged many civilian casualties.

December 4: An interim progress report on the Uniformed Services School of Nursing was presented to the Federal Nursing Chiefs. The task force evaluated various options for types and levels of programs, curricula, and payback requirements.

December 20: Operation Just Cause in Panama began. Reserve, active duty, and National Guard nurses participated in aerovacs from Panama to Wilford Hall Medical Center and Brooke Army Medical Center.

The Nineties

1990

March 29–30: The associate-degree nurse initiative was underway as a possible answer to the nursing shortage. Phase 1 included soliciting medical technicians who would be prepared as associate-degree nurses to work one year in hospitals at MacDill Air Force Base and Homestead Air Force Base, both in Florida, and to evaluate and refine the methodology and clinical roles of associate-degree nurses in the Air Force. Phase 2 was the actual training of medical technicians at the associate-degree nurse level. The Nurse Corps would also consider non-BSN nurse accessions if recruiting fell below 15 percent of accession goals, with the understanding that non-BSN nurses would work as technical nurses within a limited scope of practice.

April 27: Col. Judith Hunt became the first nurse to be a medical treatment facility commander of the clinic at Pope Air Force Base, North Carolina. This was the first time in the forty-three-year history of the Nurse Corps that a nurse was a commander of a fixed medical treatment facility. (Previously, nurses were commanders of aerovac facilities and units.)

July 11: Lt. Col. Darlene Grubor, head of the Medical Wartime Hospital Integration Office, met with the tri-service nursing group to discuss the development of a training package for Deployable Medical Systems. Training already included basic tasks like erecting tents and triage. The nursing group proposed that the package further include tasks to manage casualties in austere environments, for instance, cardiopulmonary technical assistance, infection control, calculation of intravenous injections, setting up infusions without mechanical infusion pumps, preparing casualties for aerovac, and managing medications without the unit dose system.

August 9: The build-up of Air Force medical deployment for Operation Desert Shield, in response to the Iraqi invasion of Kuwait, began. This deployment was to be the largest since the Vietnam War. Nurses were deployed to four contingency hospitals in Europe and one in the Middle East.



Capt. Brenda Jones, a nurse with the 833d Medical Group, checks a patient at an Air Force field hospital during Operation Desert Shield, 1990.

Fall: Initiation of the Stop Loss program, in which separations, discharges, and retirements of nurses during Operation Desert Shield and Operation Desert Storm were frozen, became necessary.

November 5–6: The civilian nursing consultant of the Air Force recommended replacing the Air Force certification of nurse practitioners with a national certification.

1991

A new comprehensive clinical career ladder gave Air Force nurses a choice of either maintaining a clinical career track or adopting an administrative career track.

The PNP program at Sheppard Air Force Base, Texas, closed, and the Air Force Institute of Technology began to sponsor the program.

For the first time in the history of military nursing, Congress designated \$1 million for “military nurses to conduct clinical nursing research.”

January 11: A new position—Air National Guard Advisor to the Chief, Air Force Nurse Corps—was added to the Surgeon General’s office. The first advisor was Col. Roberta Mills.

January 15: Lt. Col. Joellen de Berg became the first nurse to serve as Congressional Nurse Fellow in Senator Daniel K. Inouye’s (D–HI) office.

April: After Operation Desert Storm, the Stop Loss program terminated for active duty nurses. The program had affected a total of eighty nurses. In September 1991 the program terminated for reservists as well.



Lt. Larry Franklin, center, a nurse with the 146th Aeromedical Evacuation Squadron, California Air National Guard, takes steps to prevent an injured Iraqi prisoner of war from going into shock as medical technicians observe during Operation Desert Storm, 1991.

June: Ten enlisted candidates were selected for the associate degree in nursing program.

Summer and Fall: Air Force nurses in Europe deployed to the air transportable hospital in Silopi, Turkey, in support of Operation Provide Comfort during the summer and fall of 1991.

September 17–18: The joint Graduate Nursing Program in Anesthesia, a collaborative effort between the Air Force and the University of

Texas Health Sciences Center at San Antonio, was awarded full accreditation for four years by the Council on Accreditation of Nurse Anesthesia Education Programs.

1992

Col. Gloria K. Lamoureux was assigned as hospital commander at Loring Air Force Base, Maine. She was the first nurse officer to serve as a hospital commander.

The Air Force's associate-degree nursing program was changed in several ways that offered increased opportunities to earn a bachelor's degree in nursing and a commission.

The Air Force Nurse Corps participated in the Tri-Service Corporate Information Management initiative, a business improvement project for nursing sponsored by the DOD Health Affairs office.

Nurse Corps fellowships for managed care and medical manpower were initiated at Air Staff level.

April 22: Col. Roberta V. Mills, NC, was promoted to the rank of brigadier general, becoming the first female in the Air National Guard to attain the rank of general officer (the Air National Guard Assistant for Nursing to the Chief of the Air Force Nurse Corps).

May 13: Ten medical technicians graduated from Lewis-Clark State College, Lewiston, Indiana, with associate degrees in nursing.

July 22: The nursing career path review, which had been initiated in April, was briefed to the Chief of Staff of the Air Force. Career paths were developed for all nursing personnel, both officer and enlisted, and all education, training, and manpower requirements were formally reviewed.

October: Two fellowships, managed care and medical manpower, were established for the Nurse Corps in fiscal year 1993.

November: The celebration at Brooks Air Force Base, "Fifty Years of Flight Nursing," marked the 75th anniversary of both the Air Force School of Aerospace Medicine and Brooks Air Force Base. Among the 6,000 attendees were flight nurses from seven nations.

November 13: Air Mobility Command dedicated the aeromedical annex of the Edward H. White II Museum, Brooks Air Force Base, Texas. The annex displayed many artifacts from the history of flight nursing.

November: Congress approved \$1 million to plan and implement the master's nurse practitioner program at USUHS, Bethesda, Maryland. Air Force nurses and Public Health Service nurses joined USUHS to develop the graduate nurse practitioner program.

1993

USUHS, Bethesda, Maryland, created its Graduate School of Nursing in response to the increase in advanced-practice nurses in the Air Force and other Services.

January: David Grant Medical Center, Travis AFB, California, began its in-house master's program in medical and surgical nursing in conjunction with California State University, Sacramento.

February: David Grant Medical Center, Travis AFB, California, expanded its test of a nursing automation system. The system's modules supported patient care documentation, workload management, quality assurance, staffing, and scheduling.

July: The Medical Service's conversion to the Objective Medical Group (OMG) structure had a major impact on Air Force nursing, opening more avenues for career advancement and leadership for nurses. OMG reorganized Air Force medical units with the following four goals in mind:

- Align medical units to the Line of the Air Force's objective wing
- Create a squadron structure that was more similar to that of the Line
- Provide a clearer chain-of-command
- Identify and developing leaders

Although the OMG reorganization caused several problems, it successfully met its original objectives.

October: Air Force nurses from the 49th Fighter Wing Hospital, RAF, Lakenheath, United Kingdom, deployed to Camp Pleso, Croatia, to support NATO peacekeeper troops deployed in the Bosnian theater.

Brig. Gen. Sue Turner, Chief of the Air Force Nurse Corps, sought and received an increase in the incentive pay for certified registered nurse anesthetists. The incentive pay increased from \$6,000 to \$15,000 while the accession pay remained at \$5,000. This program was extended through fiscal year 1996.

Nurse Corps job titles were standardized and renamed to more accurately reflect responsibilities under the new OMG. The new titles, similar to those used by the Line of the Air Force, assisted Nurse Corps officers being considered by promotion and selection boards.



Sarajevo, Bosnia. Maj. Judy Young, Nurse, 2d Aeromedical Evacuation Squadron, assists a Norwegian UN medic administer an IV. On Saturday, February 5, 1994, an exploding mortar round hit the Markale market killing more than 63 people and wounding 206 others. Requested by the UN, aircraft from Rhein-Main Air Base, Germany, and the Red Cross were sent in to Sarajevo to airlift the wounded to Ramstein Air Base, Germany.

The Air Force Nurse Transition Program went into effect in response to concern over the national nursing shortage. This program was a two-and-one-half-month course to assist new active duty nurses' transition into military nursing. It allowed the Air Force to double the number of new, inexperienced nurses accessed by decreasing the current training time from five to two and one half months, and to save costs associated with Permanent Change of Station moves. Under this program, most newly accessioned nurses remained at one of the six major medical centers where they had trained, decreasing the likelihood they would have to move upon completion of their training. This program replaced the Nurse Internship Program.

Nurses began to manage Air Force clinics with physician oversight. Nurse-managed clinics freed doctors to provide more intensive or specialized care.

The Graduate School of Nursing Honor Society was formally established to recognize academic excellence of students and the community contributions of nurse leaders.

October 1: TRICARE, a managed care approach to control medical costs while maintaining high-quality service, was formalized and put into effect by the Office of the Assistant Secretary of Defense (Health Affairs). The fifty states were divided into twelve regions with a military medical center serving as the lead agent for all DOD medical treatment facilities in that region. Air Force nursing began to gain an expanded role under TRICARE. Nurses became involved with managed care, utilization management, case management, discharge planning, and health promotion. TRICARE expanded the use of advanced nurse practitioners through cost containment and assisting physi-

cians. Advanced nurse practitioners were involved with patient teaching, primary care, and referrals.

Fall: Senator Daniel K. Inouye (D–HI), through an act of Congress, called for a demonstration program to prepare family nurse practitioners for the uniformed services.

1994

Col. Mary Post, NC, served as the chief of managed health care programs in the Office of the Air Force Surgeon General. She supervised the latest Air Force initiatives in a new field known as utilization management.

March 23: Air Force nurses treated and transported victims of a military aviation crash at Pope Air Force Base, North Carolina. An F–15 crashed and skidded into a C–141 while 200 Army paratroopers were boarding, necessitating that more than twenty severely burned victims be taken to Fort Sam Houston, Texas, for burn treatment.

May: Air Force personnel of the 59th Medical Wing, Lackland Air Force Base, Texas, and the 81st Medical Group, Keesler Air Force Base, Mississippi, initiated a pilot project to develop a Critical Care Air Transport Team (CCATT) which would include a flight nurse and medical technicians trained in critical care. Their goal was to enable the Air Force to perform aerovacs of critically ill patients over long distances with substantial amounts of life support equipment.



Capt. Holy A. Matkewicz, Nurse, 2d Aero-medical Evacuation Squadron, Ramstein Air Base, Germany, places ID tags on all patients aboard the aircraft.

1995

The Office of the Chief, Air Force Nurse Corps distributed two surveys to the field, the first to Regular Air Force, Air Force Reserve, and Air National Guard chief nurses and senior enlisted members, and the second to chief nurse executives and operating room nurse supervisors. Results indicated that the field wanted increased career potential for nurses, mentorship, educational training, equity, and increased management training for middle managers.

The Air Force developed a separate Air Force specialty code for family nurse practitioners. Family nurse practitioners had a broader scope of practice than did primary care/adult health nurse practitioners; their responsibilities extended to all age groups.

April 14: Brig. Gen. Sue Turner provided congressional testimony to the Senate Appropriations Subcommittee on Defense. This requirement for the Air Force Nurse Corps Chief to testify was due to the work of Senator Daniel K. Inouye (D–HI), a strong and active supporter of military nursing.

April 24-27: The Air Force Professional Executive Symposium, traditionally a meeting of nurses, invited Major Command medical service managers and other officer specialties to attend.

May: Requests went out to all major commands to develop a list of nursing initiatives. More than seventy initiatives were collected, which resulted in millions of dollars worth of savings in the medical treatment facilities. Brig. Gen. Linda J. Stierle used the data in her congressional testimony to illustrate how the Nurse Corps was cost-effective for the Air Force Medical Service.

May 1: Brig. Gen. Linda J. Stierle became the first dual-hatted Air Force Nurse Corps Chief as Director of Nursing Services and Director of Medical Readiness Plans and Programs, both in the Office of the Surgeon General.

Education with Industry fellowships were initiated for three nurse corps officers. The nurses worked in two health maintenance organizations and the Joint Commission on Accreditation of Healthcare Organizations.

November: The first Nurse Corps strategic planning conference initiated a Nurse Corps strategic plan. Fifty active duty and reserve nurses, both officers and enlisted, conferred to develop six long-range goals:

1. Develop and Support Strong Leaders
2. Champion Customer Driven Nursing Practice
3. Be a Full Partner in Building Healthy Communities
4. Champion an Integrated Ready Force
5. Effectively Use Our Resources
6. Foster the Appropriate Employment of Technology

1996

Advanced practice nurses with current licenses and national certifications were awarded “regular” privileges and appointed to the medical staff.

Col. Aleda J. Ahlgren, Chief Nurse Executive of the Air Force Academy, Colorado, championed a package that allowed Air Force Academy cadets to attend a bachelor’s or master’s program in nursing at Vanderbilt University, Nashville, Tennessee, after graduating from the Academy. Upon completion of the program, graduates were to enter the Nurse Corps. Implementation was projected for fiscal year 1997.

The Certified Registered Nurse Anesthesia Program at the USUHS was underway. Nurses received academic training at USUHS with a clinical phase at a military treatment facility.

February: The Graduate School of Nursing at USUHS was given official approval and recognized as a Graduate School of Nursing by the Office of Health Affairs in the DOD.

June: The first class of ten family nurse practitioners graduated from USUHS.

June: The Air Force successfully concluded its CCATT pilot project with the decision to incorporate CCATT units into the aeromedical system in fiscal year 1998.

August–September: Nurses who were health care providers, had a master’s degree in a nursing clinical specialty, and were board-certified in their specialty became eligible for board certification pay.

November 10–15: The Total Nursing Force (TNF) Strategic Plan was formally deployed during the Association of Military Surgeons of the United States conference. Brig. Gen. Linda J. Stierle provided opening remarks. Members from each “goal and breakthrough area” discussed their objectives and progress. Brig. Gen. Irene Trowell-Harris from the Air National Guard and Brig. Gen. Sharon Mailey from the Air Force Reserve shared their visions and expectations.

1997

The Tri-Service Nursing Research Program increased the dissemination of research findings by chief nurse researchers. In 1997 more than thirty Air Force nurses presented fifteen research posters at national conferences, presented three papers at research conferences, and submitted five manuscripts for publication in professional journals. From 1996 to 1997, twenty-two nursing research studies were approved. Of these,

11 were completed by lieutenants or captains,
14 were by first time researchers,
6 were studies supporting Air Force Institute of Technology students,
7 were related to medical readiness,
9 related to prevention,
3 related to treatment, and
3 related to utilization management.

January: Eleven nurses were selected as medical group commanders. Nine were new to their positions, and the two incumbents were selected for greater responsibility at military treatment facilities providing higher levels of care. One-third of the new commanders were selected to command an intermediate-size facility rather than a small-size facility, the traditional career path.

March: The first TNF Executive Leadership Symposium was held for both enlisted personnel and officers from the Regular Air Force, Air Force Reserve and Air National Guard.

May 27-30: The first Air Force Medical Service Integrated Forecast Board met to determine personnel training requirements. Air Force Institute of Technology and fellowship opportunities were projected for Nurse Corps members.

July: Regular Air Force, Air National Guard, and Air Force Reserve nurses were involved in the reengineering of the contingency hospital systems into the new Air Force Theater Hospitals. This change responded to the need for both flexibility and larger inpatient facilities needed in the new modular, deployable Medical Service.

Fall: Two Air Force Academy graduates entered the bridge program at Vanderbilt University to obtain a bachelor's or master's degree in nursing. The Nurse Corps was attempting to develop a generation of nurses who would be serious competitors for the position of Surgeon General of the Air Force. This was the first year that Air Force Academy graduates were allowed to choose nursing as their career field.

October: All Air Force medical facility and aerovac commander positions became corps-neutral, dramatically increasing the opportunity for Nurse Corps officers to compete for leadership and commander positions. Eighteen of the fifty-eight selectees at the commanders' board were nurses.

November: The first TNF Day was held at the Association of Military Surgeons of the United States' meeting. Nursing leaders—active duty, reserve, and National Guard—discussed many professional topics and reviewed a modeling of nursing uniforms, past and present.

November 10-14: The Air Force Medical Service participated in the Central Professional Military Education Board. This was the first opportunity for the Medical Service to participate with the Line of the Air Force and other non-line categories in a central board format. Two nurses (of eight students selected from each school) were selected to attend Air War College and Air Command and Staff College.

December 12: The Air Force closed its Nurse-Midwifery Education Program, partly because of increased outsourcing of obstetrical services.

1998

An informational video on the TNF Strategic Plan was distributed, reinforcing the importance of the plan and its link to operations. An implementation guide provided the field with a detailed report of the plan's tasks and subtasks in support of goals and objectives.

The revised Nurse Corps career progression path was deployed. This product integrated operational, staff, and executive leadership tracks under the OMG reorganization, aligning it with a format utilized by the Line of the Air Force. It facilitated realistic career planning for Nurse Corps officers.

A requirement for a nurse on the staff of the Office of Preventive Health Services Assessment was established. This position provided on-site nursing input and expertise on Building Healthy Communities and provided a point of contact within the Preventive Health office.

The Surgeon General's office required medical treatment facilities to establish health care integrator positions to ensure that nurses were allowed to expand their duties in "disease management, critical pathway development and implementation, case management, informatics, call centers, plus telephonic nursing and nurse managed clinics."

Senior Nurse Corps leadership made the corporate decision to limit recruiting of novice BSN nurses and to recruit ROTC and enlisted members who had completed their BSN. Entering nurses now were required to have both a BSN and a minimum of one-year acute care experience.

A CCATT course was implemented at the Nursing Department of the School of Aerospace Medicine, Brooks Air Force Base, Texas.

The Integrated Forecast Board approved nurse fellowships in executive nursing, risk management, and medical readiness planning. Competition for these fellowships was open to all components of the Nurse Corps.

February: A TopSTAR (Sustainment Training to Advance Readiness) program for Air Force nurses was implemented in a two-week course using actual patients, state-of-the-art mannequins, and computer-based instruction. Lackland Air Force Base, Texas, and Travis Air Force Base, California, hosted the training.

June: Col. Barbara Brannon, NC, commanded the first designated Expeditionary Medical Group, the 31st, at Aviano Air Base, Italy, in support of Operation Allied Force.

June: At the Executive Leadership Symposium, the TNF Executive Team adopted the following standalone logo that could not be confused with other programs or initiatives:



The TNF marketing team then developed a commemorative coin. One side of the coin was engraved with a C-9A aircraft flanked by the nurse corps officer and medical enlisted badges. The opposite side of the commemorative coin had the TNF logo. The team selected the C-9A aircraft because it is the only active aircraft in the Air Force inventory solely dedicated to aerovac. Although other aircraft support that system, the C-9A was readily associated with Air Force nursing. The coin, back and front, is shown below:



The TNF Executive Team established an Association of the Total Nursing Force, a nonprofit organization to foster fellowship, promote activities that increase job satisfaction and quality of life, and provide a venue for recognition of individual and group achievements. The following is the TNF Strategic Plan that they developed for 1998:

Goals

- Goal #1:** Cultivate, Identify, and Advance Strong Leaders
(Leadership)
- Goal #2:** Spearhead Customer-Driven Nursing Practice
(Practice and Prevention)
- Goal #3:** Forge Ahead as a Full Partner in AFMS Building
Healthy Communities
(Practice and Prevention)
- Goal #4:** Champion an Integrated Ready Force
(Ready Force)
- Goal #5:** Effectively Use AF Nursing Resources
(Resources)
- Goal #6:** Employ and Integrate Technology and Research
(Research and Technology)

Vision

“Global Nursing...Precision Care...Maintain a fit fighting force by collaborating with the total force to engineer a customer-focused, affordable health care system emphasizing disease prevention and promoting healthy life styles. Develop leaders who maximize readiness through effective use of resources, education, training, research, and technology.”

Mission

“Air Force Nursing...A ready total force engaged in customer-focused global care.”

Core Values

Integrity First
Service Before Self
Excellence in All We Do

November: Col. Regina Aune was inducted in the American Academy of Nursing as a Fellow, the only active duty nurse awarded this title.

1999

The Air Mobility Command vice-chief of staff chartered an Aeromedical Evacuation Tiger Team to review the entire aerovac system. The team evaluated how the transition to an expeditionary aerospace force, the growth of TRI-CARE, and the pending retirements of the C-141s and C-9s affected flight nurses.

By 1999 more than 60 percent of all medical treatment facilities had established nursing health care integrator positions.

The nursing staff in the Air Force Surgeon General's office developed a mentoring guide to incorporate into each facility's leadership training program.

An ambulatory care working group began to standardize the role of ambulatory nurses.

The TopSTAR training platform was established at David Grant Medical Center, Travis Air Force Base, California, that increased training capability by approximately 400 slots per year for nurses and technicians. A module to provide post-decontamination care to casualties of biological attack was developed and incorporated into all TopSTAR curriculums.

Col. Linda McHale, USAFR, NC, was selected to be command surgeon of the Air Force Reserve Personnel Center. She was the first Air Force nurse selected to serve as a command surgeon.

Forty-seven nurses served in Operation Southern Watch/Joint Guard in Southwest Asia. Nine nursing personnel were assigned in Europe to aerovac liaison teams, mobile staging facilities, and support cells. Six nursing personnel were deployed to Incirlik, Turkey, to augment nursing care for deployed forces.

January: The Air Force Medical Operations Center in the Pentagon, Washington, D.C., started assigning two nurses to its operations team.

February: The Maj. Gen. Irene Trowell-Harris Mentoring Award, 105th Airlift Wing, Newburgh, New York, was the first mentoring award named for a nurse in Air National Guard history.

April–June: Nurses from U.S. Air Forces in Europe were active in Operation Allied Force in Kosovo and later in the humanitarian operation, Operation Shining Hope, for ethnic Albanian refugees fleeing Kosovo to Albania and Macedonia. The approximately 300 Air Force medics deployed to the Balkans included many nurses assigned to the new Expeditionary Medical Support units.



Capt. Terry McDaniel, operating room director; and Lt. Mark Kenna, a nurse, clean a surgical area at Al Jaber Air Base, Kuwait, during Operation Southern Watch, 1998.

April: Air Force Nurse Corps officers commanded 25 percent of Regular Air Force medical facilities, 37 percent of Air Force Reserve medical units, and 12 percent of Air National Guard medical units.

June: The Federal Nursing Association was created with Col. Terri Page serving as the Air Force representative.

July: Nursing personnel served as observer controllers in a feasibility study for a Military Trauma Fellowship program at Ben Taub General Hospital, Houston, Texas. The fellowship included a thirty-day training program for Air Force Nursing personnel assigned to Expeditionary Medical Support.

August: Brig. Gen. Verna Fairchild advanced to the rank of major general in the capacity of Assistant to the Director of the Air National Guard.

September: Lt. Col. Donna Lake, NC, served as commander of the Mobile Aeromedical Staging Facility, Skopje, Macedonia. She also performing important nonmedical duties. The Air Force Surgeon General later awarded her a Bronze Star for her distinguished service in support of Operation Shining Hope (April–July 1999).

October: Brig. Gen. Barbara Brannon became the first appointed Nurse Corps Chief with command experience.

The New Century

2000

Active duty nurses commanded 29 percent of Regular Air Force medical groups, 29 percent of Air Force Reserve medical squadrons, and 15 percent of Air National Guard medical squadrons.

July: A survey of the entire Nurse Corps revealed that 89 percent of its members worked in medical treatment facilities and 4 percent held aerovac positions. The remainder served as executive officers or worked full-time in positions such as clinical informatics, infection control, medical readiness, or quality.

July: Brig. Gen. Barbara Brannon, Director of Medical Readiness and Nursing Services, became the first Nurse Corps officer to command one of the Air Force's five medical centers when she assumed command of the 89th Medical Group at Malcolm Grow Medical Center, Andrews Air Force Base, Maryland.



Critical Care Air Transport Team unloading patients from the bombing of the USS Cole, Aden, Yemen, October 14, 2000.

October: Crews from the 75th Airlift Squadron and the 86th AES earned the 2000 Mackay Trophy for evacuating survivors from Europe across the Atlantic Ocean to Norfolk, Virginia, after a terrorist attack in the Middle East. The twenty-eight casualties were victims of the attack on the U.S. Navy warship, the *USS Cole*, on October 12 while it was docked at Aden, Yemen. The attack left six dead and a 20-by-40-foot hole in the ship's hull.

2001

June: When a disastrous flood struck Houston, Texas, Air Force nurses and other medics responded as part of a 25-bed Expeditionary Medical Support team that deployed from Wilford Hall Medical Center, Lackland Air Force Base.

September 11: Terrorist attacks on the Pentagon and the World Trade Center in New York City prompted immediate action by Air Force nurses and other medics in Operation Noble Eagle. Air Force nurses from various continental U.S. units helped respond to the New York City attack by deploying to augment the 305th Medical Group, McGuire Air Force Base, New Jersey. The medics at McGuire prepared to provide backup medical support for the first responders in Manhattan, but the low injury rate at the World Trade Center resulted in a speedy standdown by September 18. At the Pentagon, an Air Force Reserve nurse in the DiLorenzo TRICARE Health Clinic, Capt. Bernetta Lane, helped rescue and treat casualties, as did Surgeon General Paul Carlton along with several members of his staff and medics from the Air Force Flight Medicine Clinic.



Flight nurse assisting a patient, Operation Enduring Freedom, Afghanistan, 2002.

October 6: In Operation Enduring Freedom, Air Force nurses deployed to Afghanistan in support of the campaign to eradicate the Taliban and other terrorist organizations in that country. To support this operation, Air Force doctors and nurses of the 376th Expeditionary Medical Group deployed to Manas, Kyrgyzstan, where they jointly staffed a hospital alongside medics from the 924th Medical Group, Republic of Korea. Over 300 nurses deployed as members of Expeditionary Medical Support units.

2002

January: The first Center for Sustainment of Trauma and Readiness Skills (C-STARS) was opened at the R. Adams Cowley Shock Trauma Center in Baltimore, Maryland. This training program included a three-week advanced trauma-care course for Air Force nurses and a pre-hospital, trauma life-support course for Air Force medical technicians. By April 2003 more than 200 Air Force personnel had been trained at the C-STARS.

November 6: The Chief of Staff of the Air Force directed the creation of a development team for the Nurse Corps. Its charter was to provide the best developmental experience to future leaders of the Nurse Corps career field and the Medical Service and to provide advanced professional development and a rewarding career to qualified officers choosing not to pursue command path opportunities.

December: Twelve nurses and technicians from Yokota Air Base, Japan, deployed to Guam to assist in medical support in the aftermath of the devastating typhoon Pongsona. Arriving in the middle of the night, they established initial medical capability to triage and treat casualties within twenty-four hours.

2003

Eight Air Force Academy graduates chose nursing as their career field, the largest number since the option was initially offered in 1997.



Nurses receive readiness skills training at Wilford Hall Medical Center's TopSTAR program which was initiated February 1998.

Six Air Force nurses deployed as Expeditionary Medical Support commanders.

USUHS expanded its Graduate School of Nursing to include a PhD program in nursing science.

January: A second C-STARS program opened at Saint Louis University, Missouri, primarily for Air National Guard team training. A third C-STARS program for Air Force Reserve teams opened at the University of Cincinnati Medical Center, Ohio.

April: In Operation Iraqi Freedom, Air Force nurses deployed in support of the invasion of Iraq and removal of its leader, Saddam Hussein. More than 400 Air Force nurses and nursing technicians deployed in Expeditionary Medical Support facilities; hundreds more were prepared and awaiting orders to deploy.

August 1: Brig. Gen. Barbara Brannon, Chief, Air Force Nurse Corps, was promoted to the rank of major general, the first Nurse Corps officer to achieve that rank.

2004

April: A three-member CCATT from Wilford Hall Medical Center, Lackland Air Force Base, Texas, completed the first CCATT mission to Antarctica. The team evacuated three patients, one of whom required critical care, from the

National Science Foundation's McMurdo Station to more advanced medical care in New Zealand.

May: The 375th AES at Scott Air Force Base, Illinois, participated in an exercise with the Department of Homeland Security, responding to an assumed chemical weapons attack in Gulfport, Mississippi. When the local hospital and medical system were overwhelmed, military flight nurses and other medics helped move more than 700 patients out of the city during the course of two and a half days

2005

January: Col. Melissa A. Rank, USAF, NC, the deputy assistant surgeon general for healthcare operations, was promoted to the rank of brigadier general. For the first time in history, two active duty nurses were serving the Air Force as general officers.

Appendices

Air Force Surgeons General

The Air Force has had eighteen Surgeons General since Air Force General Order No. 35 of June 8, 1949, created the Air Force Medical Service, effective July 1, 1949.

1. Maj. Gen. Malcolm C. Grow, July 1, 1949–November 30, 1949
2. Maj. Gen. Harry G. Armstrong, December 1, 1949–June 31, 1954
3. Maj. Gen. Dan C. Ogle, July 1, 1954–November 30, 1958
4. Maj. Gen. Oliver K. Niess, December 1, 1958–December 1, 1963
5. Lt. Gen. Richard C. Bohannon, December 2, 1963–November 30, 1967
6. Lt. Gen. Kenneth E. Pletcher, December 1, 1967–April 30, 1970
7. Lt. Gen. Alonzo A. Towner, May 1, 1970–July 31, 1972
8. Lt. Gen. Robert A. Patterson, August 1, 1972–July 31, 1975
9. Lt. Gen. George E. Schafer, August 1, 1975–July 31, 1978
10. Lt. Gen. Paul W. Myers, August 1, 1978–July 31, 1982
11. Lt. Gen. Max B. Bralliar, August 1, 1982–July 31, 1985
12. Lt. Gen. Murphy A. Chesney, August 1, 1985–July 31, 1988
13. Lt. Gen. Monte B. Miller, August 1, 1988–July 31, 1991
14. Lt. Gen. Alexander M. Sloan, August 1, 1991–July 11, 1994
Maj. Gen. Robert A. Buethe (Acting), July 12, 1994–September 25, 1994)
15. Lt. Gen. Edgar R. Anderson, Jr., September 26, 1994–November 14, 1996
16. Lt. Gen. Charles H. Roadman II, November 15, 1996–October 10, 1999
Maj. Gen. Michael K. Wyrick (Acting), October 11, 1999–October 30, 1999)
17. Lt. Gen. P. K. Carlton, November 1, 1999–October 14, 2002
18. Lt. Gen. George P. Taylor, October 15, 2002–Present

Air Force Nurse Corps Chiefs



Col. Verena Zeller Pettoruto
1949–1956



Col. Frances I. Lay Wilson
1956–1960



Col. Dorothy Zeller
1960–1963



*Col. Ethel R. Kovach Scott
1963–1968*



*Brig. Gen. E. Ann Hoefly
1968–1974*



*Brig. Gen. Clare Garrecht
1974–1978*



*Brig. Gen. Sarah P. Wells
1978–1982*



*Brig. Gen. Diann A. Hale
1982–1985*



*Brig. Gen. Carmelita Schimmenti
1985–1988*



*Brig. Gen. Barbara A. Goodwin
1988–1991*



*Brig. Gen. Sue E. Turner
1991–1995*



*Brig. Gen. Linda J. Stierle
1995–1999*



*Maj. Gen. Barbara Brannon
1999–Present*

Mobilization Assistants to the Chief of the Air Force Nurse Corps

Reserve

1985–1989	Brig. Gen. Beverly Lindsey
1989–1994	Brig. Gen. Marcia Clark
1994–2000	Brig. Gen. Sharon Mailey
2000–Present	Brig. Gen. Linda Hemminger

Air National Guard

1991–1993	Brig. Gen. Roberta Mills
1993–1998	Brig. Gen. Irene Trowell-Harris
1998–2001	Brig. Gen. Ruth Wong
2001–Present	Brig. Gen. Marie T. Fields

Outstanding Air Force Nurse of the Year

Awarded by the Office of the Chief, Air Force Nurse Corps, to recognize and reward the outstanding individual achievement of active duty nurses and their contributions to the Air Force Medical Service and the profession of nursing.

2003

Company Grade: Capt. Kristin L. Kalina
Field Grade: Lt. Col. Joanne Henkenius-Kirschbaum

2002

Company Grade: Lt. Kimberli A. Goodner
Field Grade: Lt. Col. Judith I. Rosen

2001

Company Grade: Capt. Brenda Morgan
Field Grade: Maj. Lista Benson

2000

Company Grade: Capt. Bonnie Stiffler
Field Grade: Lt. Col. Sandra Bruce

1999

Company Grade: Capt. Christine S. Taylor
Field Grade: Maj. Debra L. Doty

1998

Company Grade: Maj. (S) Allison W. Bowden, AFMC
Field Grade: Lt. Col. (S) Dorothy L. Carter, PACAF

1994

Company Grade: Capt. John S. Murray
Field Grade: Maj. Karla Herres

1993

Company Grade: Capt. Catherine Mary Younker,
Field Grade: Lt. Col. (S) Lee Ann J. Harford

1992

Company Grade: Capt. Susan L. Heglar
Field Grade: Maj. Patricia L. Davis

Sarah P. Wells Outstanding Medical Technician of the Year

*Awarded by the Office of the Chief, Air Force Nurse Corps, to an outstanding technician who has demonstrated exceptional duty performance and professionalism while working in the health care field.**

2003

Senior NCO: MSgt. Lewis H. Sutton III
NCO: SSgt. Kent A. Willette
Airman: SSgt. Kelsi L. Basom

2002

Senior NCO: SMSgt. Robert Bradley
NCO: TSgt. John C. Yun
Airman: A1C Daniel Hoffman

2001

Senior NCO: MSgt. David R. Nordel
NCO: TSgt. Lori K. Lucas
Airman: SrA Yarnily Cruz-Soto

2000

Senior NCO: CMSgt. Tony Weary
NCO: TSgt. Anthony Weary
Airman: SrA Kenneth Beadle

1999

Senior NCO: MSgt. Jerold A. Maynard
NCO: TSgt. David L. Martin
Airman: SrA Heidi J. Michat

1998

Senior NCO:	MSgt. Mark L. Withers	USAFE
NCO:	TSgt. Daryl E. Webb	AFSPC
Airman:	SrA Yolanda J. Pratt	USAFE

*In the years 1983–1990 there was only one award. From 1990 to 1994 an NCO and an Airman Award existed; after 1995 there were three awards when the first official Senior NCO Award was added.

1997

Senior NCO:	SMSgt. Danny E. Corprew	PACAF
NCO:	TSgt. David R. Nordel	ACC
Airman:	SrA Paul W. Bott	AFSPC

1996

Senior NCO:	MSgt. Rodney L. Bright	AETC
NCO:	SSgt. Alexander Hunt	ACC
Airman:	A1C Jennifer J. Bowles	AFMC

1995

Senior NCO:	SMSgt. Peggy J. Kennedy	AFMC
NCO:	SSgt. Tyrone W. Clarence	ACC
Airman:	SrA Joey L. Gilbar	PACAF

1994

NCO:	TSgt. Corey E. Weber	AETC
Airman:	SrA Jennifer A. Watkins	AETC

1993

NCO:	TSgt. James V. Suttles	PACAF
Airman:	SrA David J. Barnum	USAFE

1992

NCO:	SSgt. Robert A Spencer	AETC
Airman:	SrA Jacqueline K. Foster	PACAF

1991

NCO:	SSgt. Fredrick W. Grimes	USAFE
Airman:	SrA John L. Dolan	SAC

1990

NCO:	MSgt. Stuart T. Eberle	TAC
Airman:	Sgt. Robert C. Murphy	SAC

1989

NCO:	SSgt. James E. Lee, Jr.	USAFE
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1988

NCO:	TSgt. Fred D. Campbell	USAFE
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1987

NCO:	Sgt. Mark L. Withers	TAC
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1986

NCO: TSgt. Herman M. Hertog Classified

1985

NCO: TSgt. Glenn L. Moffat AFSC

1984

NCO: TSgt. Richard Tenace TAC

1983

NCO: TSgt. Robert Ortega TAC

Air Force Association Juanita Redmond Award

The Juanita Redmond Award is presented in memory of former Army nurse Juanita Redmond Hipps who served on Bataan and Corregidor in World War Two. She wrote I Served on Bataan, a bestseller in 1943 and impetus for the subsequent movie So Proudly We Hail, a story of Army nurses. She was noted as among the first to earn Golden Flight Wings, and she assisted in establishing the Army Air Corps Flight Nurse Program.

Criteria

Presented to a junior Air Force nurse—company grade officer with less than six years...who provided significant contributions to the health care of an Air Force individual or family, demonstrated excellence in clinical nursing, or accomplished a special achievement resulting in improvement of nursing care.

Recipients

2003	Capt. Scott Sanders	Lackland AFB, Tex.
2002	Capt. Christie Lennen	McChord AFB, Wash.
2001	Capt. Denise J. Roberts	Lackland AFB, Tex.
2000	Capt. Thomas G. Fevurly	Lackland AFB, Tex.
1999	Capt. Judy Stoltman	Robbins ARB, Ga..
1998	Capt. Virginia C. Johnson	Yokota Air Base, Japan
1997	Capt. Mary Ellen Tucker	F.E. Warren AFB, Wyo.
1996	Capt. Mona P. Mayrose	Pope AFB, N.C.
1995	Capt. Cynthia Wright	Travis AFB, Calif.
1994	Capt. Melanie J. Nelson	Bitburg Air Base, Germany
1993	Capt. Julie M. Stola	Wiesbaden, Germany
1992	Capt. Linda J. Cashion	48th Medical Group, USAFE
1991	Capt. Judith M. Daly	9th AES
1990	Capt. Michael Bagwell	USAF Reg Hosp, Elmendorf AFB, Alaska
1989	Capt. Jean M. Bell	Andrews AFB, Md.
1988	1Lt. Laurie J. McMullin	Clark Air Base, Philippines
1987	1Lt. Vennessa J. Hagan	Clark Air Base, Philippines
1986	Capt. Glory N. Gill	Davis-Monthan AFB, Ariz.
1985	Capt. Cynthia L. Murray	USAF Reg Hospital, MacDill AFB, Fla.
1984	Capt. Janet S. Barber	Sheppard AFB, Tex.
1983	Capt. Carol P. Major	USAF Reg Hospital, Carswell AFB, Tex.
1982	Capt. Susan A. Brokish	Pease AFB, N.H.
1981	1Lt. Christy Henderson	Cannon AFB, N. Mex.

Dolly Vinsant Flight Nurse of the Year Award

The Dolly Vinsant Award was established by the Confederate Air Force (renamed the Commemorative Air Force on December 7, 2001) to pay tribute to Lt. Wilma (Dolly) Roland Vinsant who was killed in action over Germany during an aerovac mission on April 14, 1945.

Criteria

“The type of person we should be seeking for the award...would put patient care above self; who will volunteer at great personal risk, to fly missions in order to bring caring help to ill or injured military personnel.” The nurse must be a flight nurse (46F3), on active duty, a reservist, or a member of the National Guard, who is engaged in live aerovac missions. The individual must have contributed significantly to in-flight patient care within the past calendar year: He or she must possess the highest military and professional standards.

Recipients

2003	Capt. Jeffrey T. Combalecer
2002	Capt. Michael McCarthy
2001	Capt. Karey Dufour
2000	Lt. Michael McCarthy
1999	Capt. Darin J Gunnick
1998	Maj. Laurie A. Hall
1997	Maj. Cynthia D. Coles
1996	Capt. Rose Anne Skirtich
1995	Capt. Robin L. Schultze
1994	Maj. Judy A. Young
1993	Capt. Barbara J. Lippard
1992	Maj. Farley J. Howell
1991	Capt. Marion F. Myron
1990	Capt. Nima D. Reavis
1989	Capt. Diane Rauschenbach
1988	Capt. Marjorie Graziano
1987	Lt. Jan Rhoads
1986	Capt. James K. Nickerson

Aerospace Medicine Association Awards

Mary T. Klinker Award

The award is named in honor of Mary T. Klinker, who lost her life in the crash of the C-141 Babylift mission. It is given to an Aerospace Medicine Association member.

Mary T. Klinker Flight Nurse of the Year Award Recipients

Sponsored by CIBA Pharmaceutical Company

1968	.Maj. Virginia M. Alena, USAF, NC
1969	.Maj. Helen D. Kopczyński, USAF, NC
1970	.Lt. Col. Pearl E. Tucker, USAF, NC
1971	.Capt. Gertrude M. Campbell, USAF, NC
1972	.Capt. Anne R. Spurlin, USAFR, NC
1973	.Capt. Mary K. Littlejohn, USAF, NC
1974	.Capt. LaDonn B. Cramer, USAF, NC
1975	.Lt. Col. Patricia A. Farrell, USAF, NC
1976	.Lt. Col. Dorothy R. Novotny, USAF, NC
1977	.Lt. Col. Mary M. Thomas, USAF, NC
1978	.Brig. Gen. Claire M. Garrecht, USAF, NC
1979	.Lt. Col. Phyllis N. Goins, USAF, NC
1980	.Lt. Col. Margaret M. Korach, USAF, NC
1981	.Lt. Col. Melba M. Gillane, USAF, NC
1982	.Lt. Col. Norma Jean Butler, USAF, NC
1983	.Col. Mary Lou Havens, USAF, NC
1984	.Maj. Karen D. Kimmel, USAF, NC
1985	.Lt. Col. Maragret A. Seibold, USAF, NC
1986	.Capt. Grady F. Allen, USAF, NC
1987	.Maj. Sandra L. Stanley, USAF, NC
1988	.Maj. Patricia A. Land, USAF, NC
1989	.Lt. Col. Sharon L. McConnell, USAF, NC
1990	.Capt. Nancy M. Chaloult, USAF, NC
1991	.Maj. George A. Tirabassi, USAF, NC
1992	.Maj. Gail Parker, USAF, NC
1993	.Lt. Col. Marian B. Sides, USAFR, NC
1994	.Lt. Col. Linda L. Brickley, USAF, NC
1995	.Lt. Col. Eileen S. Hadbavny, USAFR, NC
1996	.Maj. Judy Read, CAF
1997	.Lt. Col. Sheila Millette, USAF, NC
1998	.Lt. Col. Kirk Nailling, USAF, NC
1999	.Maj. Virginia Schneider, USAF, NC

- 2000Jillian R. Barclay, RN, MEd
(Maj. Royal Australian Air Force Reserves)
- 2001Lt. Col. Charles R. Tupper, USAFR, NC
- 2002Maj. Lisa Dedecker, USAFR, NC
- 2003Lt. Col. Diane L. Fletcher, USAF, NC

Brig. Gen. E. A. Hoefly Award

*Nominations from the Flight Nurse Section of Aerospace
Medicine Association. Award is given to an Aerospace Medicine
Association member.*

Brig. Gen. E. A. Hoefly Award Recipients

Sponsored by SmithKline Beecham Pharmaceuticals

- 1976Maj. Bettie J. Vierra, USAF, NC
- 1977Lt. Col. Mary Lou Havens, USAF, NC
- 1978Maj. Sue E. Turner, USAF, NC
- 1979Lt. Col. Suzanne A. Bayley, USAF, NC
- 1980Maj. Rosa Lee Cook, USAF, NC
- 1981Lt. Col. Betty K.M. Green, USAF, NC
- 1982Maj. Kathleen M. Gardon, USAF, NC
- 1983Lt. Col. Monica Messer, USAF, NC
- 1984Lt. Col. Patricia A. Clark, USAF, NC
- 1985Lt. Col. Lynn A. Francis, USAF, NC
- 1986Maj. Glenda L. Bruce, USAF, NC
- 1987Maj. Nancy B. Bjerke, USAF, NC
- 1988Maj. Jane M. Holtz, USAF, NC
- 1989Maj. Marian B. Sides, USAFR, NC
- 1990Lt. Col. Arthur Don Johnson, USAFR, NC
- 1991Col. Phyllis A. Luttman, USAF, NC
- 1992Col. Georgia Hale, USAF, NC
- 1993Lt. Col. Patricia C. Ravella, USAF, NC
- 1994Lt. Col. Patricia M. Moss, USAF, NC
- 1995Col. Maryann Cardinali, NC
- 1996Capt. S. Lynn Taylor, USAF, NC
- 1997Oi Saeng Hong, PhD, RN
- 1998Lt. Col. Charles R. Tupper, USAF, NC
- 1999Col. Penny F. Pierce, USAF, NC
- 2000Capt. Mona Ternus, USAFR, NC
- 2003Capt. Tammy L. Smith, USAF, NC

Hans Krakauer Award for Nursing Excellence

Honors a junior nurse for outstanding accomplishments in aerospace, clinical practice, education, management, or research.

Dr. Hans Krakauer Junior Flight Nurse Award

Sponsored by Dr. Hans Krakauer

1991	.....	Capt. Angela M. Whinnery, USAFR, NC
1992	.....	Capt. Irene Benson, USAF, NC
1994	.....	Lt. Shari L. Taylor, USAFR, NC
1995	.....	Capt. Lisa Fuentes, USAF, NC
		Capt. Beverly J. Coyner, USAF, NC
		Capt. Robert Marks, USAF, NC
1999	.....	Capt. Joyce M. Rosenstrom, USAFR, NC
2001	.....	Capt. Danney R. Roper, USAF, NC
2002	.....	Capt. Healthier L. Rogerson, USAF, NC, ANG

Brig. Gen. Claire E. Garrecht Award

Sponsored by Educational Enterprises Incorporated

1988	.....	Maj. Michele M. Brady, USAF, NC
1989	.....	Lt. Col. Joan B. Burke, USAFR, NC
1990	.....	Capt. Michaela Schafer, USAF, NC
1991	.....	Maj. Garye Jensen, USAF, NC
1992	.....	Maj. Sarah Wright, USAF, NC
1993	.....	Maj. Marion K. Nailling, USAF, NC
1995	.....	Ms Jill Barclay
1996	.....	Penny F. Pierce, RN, PhD, Col, USAFR, NC
2000	.....	Capt. Mona P. Ternus, USAFR, NC
2001	.....	Lt. Col. Pat Ravella, USAF, NC

Edward R. Iverson, Sr., Allied Health Professional of the Year Award

Sponsored by the Iverson Family

2001	.....	SMSGt. James McCormick, USAF
2002	.....	SrA Doran Kolasa, USAF
2003	.....	TSgt. John Hammer, USAF

AMSUS Clinical Excellence Award for Nursing

*Established in 1989 to recognize and honor accomplishments and work performance in clinical nursing, resulting in contributions of an outstanding and sustained nature by a nurse, which has had substantial impact on the mission of a Federal Health Agency.
First award given in 1990.*

Criteria

Any professional nurse whose current duty assignment is in clinical practice in the Federal Nursing Services is eligible to compete for this award. All nominees must be members of or eligible for membership in the Association of Military Surgeons of the United States. The recipient should be one who:

Evidences resourcefulness and dedication in helping to accomplish the mission of the Federal Health Agency.

Demonstrates professional and technical skills and competence raising the quality of nursing.

Shows evidence of exceptional ability to apply nursing standards of practice.

Remains involved in continuing education as a participant, organizer, or sponsor.

Is of such excellence as to merit AMSUS recognition.

Air Force Recipients

1990Capt. Michaela Rae Shafer, USAF, NC
1994Maj. Susan B. Connor, USAF, NC
2002Lt. Col. John S. Murray, USAF, NC

All Recipients

1990Capt. Michaela Rae Shafer, USAF NC
1991Maureen O'Keefe Doran, VA
1992Maj. Kathy Marie Graham, MS, RN, AN, USAR
1993Shirley M. Pfister, RN, MS, RRT, CCRN, VA
1994Maj. Susan B. Connor, USAF, NC
1995Mary Ann Morgester, RN, VA
1996Joanne M. Krumberger, RN, MSN, CCRN, VA
1997Patricia L. Brown, MSN, RN, CNS, VA
1998Lt. Col. Pamela J. Hildreth, AN, USA

1999Lt. Col. Elizabeth A. Mittelstaedt, AN, USA
2000Marilyn Lynn, MSN, VA
2001Col. Linda H. Yoder, AN
2002Lt. Col. John S. Murray, USAF, NC
2003Lt. Comdr. Mark Martineau, USPHS

Tri-Service Research Awards (Air Force Recipients)

1999

Janice Agazio, Lt. Col., USA

Evaluation of a Virtual Reality Simulator in Sustainment Training
Walter Reed Army Medical Center, Washington, D.C.

Laura Brosch, Lt. Col., USA

Preventable Hospitalization in Older Military Retirees
Madigan Army Medical Center, Tacoma, Wash.

Catherine Cox, Comdr., USNR

Training Grant: The Lived Experience of Nurses Stationed Aboard Aircraft Carriers
George Mason University, Fairfax, Va.

Karen Dorn, Lt. Col., USANG

Dietary and Exercise Intervention to Improve Readiness
Augustana College, Sioux Falls, S.Dak.

Diep Duong, Maj., USAF

Management of HTN Patients by CNS in Military Settings—A Supplemental Study
81st Medical Group, Keesler Medical Center, Biloxi, Miss.

Joann Hollandsworth, Lt. Col., USA

Effects of Telehealth Augmentation of a Home Nursing Care Program for Women with Children at Risk for Child Abuse and Neglect
Tripler Army Medical Center, Hawaii

Michael Jorden, Maj., USA

Outcomes from a Nurse-Managed COPD Rehabilitation Program
Brooke Army Medical Center, Fort Sam Houston, Tex.

Caterina Lasome, Maj., USA

E-mail as a Communication Tool in Army Nursing Management
Walter Reed Army Medical Center, Washington D.C.

Paul Lewis, Maj., USA

Community-Based Smoking Prevention in Military Schools
Brooke Army Medical Center, Fort Sam Houston, Tex.

Stephen Mazer, Maj., USAF
Skin Interface Pressure Associated with the NATO Litter
Wilford Hall Medical Center, Lackland Air Force Base, San Antonio, Tex.

Deborah Messecar, Lt. Col., USANG
Virtual Health and Wellness Center for the Oregon Air National Guard
Oregon Health Sciences University, Portland, Oreg.

Carol Pierce, Col., USA
Identification of Trauma Skills for Nursing Personnel
Army Medical Department Center and School, Fort Sam Houston, Tex.

Kathy Prue-Owens, Maj., USA
Effectiveness of Telenursing in Managing the Heart Failure Patient Population
Tripler Army Medical Center, Hawaii

Laura Rice, Maj., USA
Training Grant: "Telenurse" Service in a Military Managed Care Setting
William Beaumont Army Medical Center, El Paso, Tex.

Kimberly Smith, Maj., USA
Evaluation of Staff's Retention of BCLS and ACLS Skills
Brooke Army Medical Center, Fort Sam Houston, Tex.

Mary Smolenski, Col., USAFR
A History of the U.S. Air Force Nursing Services
American Nursing Association, Washington, D.C.

Nancy Staggers, Col., USAR
Validating Mobilization Competencies for AF Clinical Nurses
University of Utah, Salt Lake City, Utah

Catherine Sykes, Maj., USAF
Wartime Competencies for the USAF Nurse: Training for Sustainment
59th Medical Wing, Lackland Air Force Base, San Antonio, Tex.

Linda Yoder, Lt. Col., USA
Longitudinal Outcomes from a Military Burn Center
United States Army Institute of Surgical Research, Brooke Army Medical Center, Fort Sam Houston, Tex.

1998

Diep Duong, Maj., USAF

Management of Hypertensive Patients by CNS in a Military Setting
81st Medical Group, Keesler Medical Center, Biloxi, Miss.

Penny F. Pierce, Lt. Col., USAFR

Air Force Women's Health Surveillance Study
University of Michigan, Ann Arbor, Mich.

Marilyn Ray, Col., USAFR

Impact of TriCare/Managed Care on Mirror Force Readiness
Florida Atlantic University, Boca Raton, Fla.

Joseph Schmelz, Lt. Col., USAF

Preventing Suctioning-Induced Hypoxemia at Altitude
Wilford Hall Medical Center, Lackland Air Force Base, San Antonio, Tex.

1997

Arthur Don Johnson, Col., USAFR

Effects of 3 Fluids on Hydration During MOPP Training
The University of Texas Health Science Center at San Antonio

Arthur Don Johnson, Col., USAFR

Effects of Chest Tube Position on Drainage and Pressure
The University of Texas Health Science Center at San Antonio

Darla Topley, Capt., USAF

Critical Care Nursing Expertise During Air Transport
Wilford Hall, Lackland Air Force Base, San Antonio, Tex.

Delores Turner, Col., USAF

Experience of Chief Nurses in Military Operations Other than War
University of Minnesota

1996

Marilyn Anne Ray, Col., USAFR

Econometric Analysis (I,II) of the Nurse-Patient Relationship
Florida Atlantic University, Boca Raton, Fla.

Sarah Elizabeth Wrenn, Lt. Col., USAF

Effects of a Model-Based Intervention on Breastfeeding
The University of Texas Health Science Center at San Antonio

James Patrick Ronan, Maj., USAF
Preventive Services: Role of the Nurse Practitioner
University of Arizona

Penny F. Pierce, Lt. Col., USAFR
Health of Persian Gulf War Veteran Women
University of Michigan, Ann Arbor, Mich.

Michaela Rae Shafer, Maj., USAF
Nurses During Deployment to Croatia: A Grounded Theory
Henry M. Jackson Foundation for the Advancement of Military Medicine,
Rockville, Md.

Cheryl E. McRae-Bergeron, Col., USAFR
Assessment of Health in First-Increment Medical Personnel
Henry M. Jackson Foundation for the Advancement of Military Medicine,
Rockville, Md.

Joseph Otto Schmelz, Lt. Col., USAF
Prenatal Care of Women in and out of the U.S.
Henry M. Jackson Foundation for the Advancement of Military Medicine,
Rockville, Md.

1995

Marilyn Ray, Col., USAFR
Nurse-Patient Relationship Patterns: An Economic Resource
Florida Atlantic University, Boca Raton, Fla.

Arthur Don Johnson, Col., USAFR
The Effects of Culturally Sensitive Messages and Health Beliefs
The University of Texas Health Science Center at San Antonio

Margaret Murphy, Maj., USAF
Lung Sounds as Indicators for Endotracheal Suctioning
Boston College

1994

Penny F. Pierce, Lt. Col., USAFR
Readjustment of Gulf War Veteran Women: A Follow-Up
University of Michigan, Ann Arbor, Mich.

Patricia Chamings, Col., USAFR
Flight Nursing and the U.S. Air Force Nurse Corps
University of North Carolina at Greensboro

Barbara Nelson, Lt. Col., USAFG
Activation Experiences During the Persian Gulf War
Vanderbilt University, Nashville, Tenn.

1993

Victoria Slater, Col., USAFR
The Effect of Healing Touch on Postoperative Pain
Tennessee State University, Nashville, Tenn.

Susan Hall, Capt., USAF
Impact of Storytelling on Burnout and Nursing Expertise
David Grant Medical Center, Travis AFB, Calif.

Arthur Don Johnson, Col., USAFR
The Effects of a Health Belief Teaching Strategy
The University of Texas Health Science Center at San Antonio

Stephanie Condron, Capt., USAF
Cancer Prevention and Early Detection in Military Nurses
Duke University Medical Center, Durham, N.C.

Deborah Messecar, Maj., USAFG
Family Stress Associated with Wartime Separation
Oregon Health Sciences University, Portland, Ore.

Brenda Mueggenborg, Lt. Col., USAF
Thrombus Prevention in Tunneled Central Venous Catheters
Wilford Hall Medical Center, Lackland Air Force Base, San Antonio, Tex.

1992

Penny F. Pierce, Lt. Col., USAFR
Health and Psychosocial Readjustment of Gulf War Veteran Women
University of Michigan, Ann Arbor, Mich.

Flight Nurse's Creed

As a Flight Nurse...

I will use my knowledge, skill and energy in the best interest of the persons entrusted to my care.

I will maintain and preserve the dignity of the patients using all the means available to me.

I will be mindful of the trust placed in me and do nothing to diminish that trust.

I will accept my responsibilities as an aeromedical team member and acknowledge the contributions of each member toward successful mission accomplishment.

I will hold faith with those Flight Nurses who have preceded me, and endeavor to bring honor and respect to the Air Force Nurse Corps.

This I will do. I will not falter in peace or in war.

Flight Nurse Wings



The Air Force flight nurse wings, approved in 1956, are similar to those that the Army adopted on August 13, 1943. The Air Force Medical Service adopted the Army flight nurse wings with the two-snake, or caduceus, design and later changed the single snake, or staff of Asclepius, design to match other Air Force medical insignia. The original flight nurse wings of the Army were gold colored, two inches wide, with the letter *O* superimposed upon the Army Nurse Corps badge. In 1944 the color of the wings was changed to oxidized silver; later, the Air Force nurse insignia replaced the Army Nurse Corps insignia and the *O* was eliminated. Today the wings are shiny silver. Basic flight nurse wings are awarded upon graduation from flight nurse school. Senior flight nurse wings and chief flight nurse wings carry the senior and chief nurse corps badges at their centers.

Air Force Nurse Corps Badge



All Air Force medical badges have a unifying design, a snake coiled around a staff, the staff of Asclepius, a mythical Greek physician. The staff of Asclepius has been the symbol of medicine and the healing arts for more than 2000 years.

The Air Force Nurse Corps insignia and badge was approved July 6, 1959, and authorized for wear by all Air Force nurses. It is worn above the row of ribbons on all uniforms. The silver shield, which is taken from the coat of arms of the U.S. Air Force, bears the staff of Asclepius and the burning lamp of Florence Nightingale. The snake-entwined staff crosses the center of the lamp with the serpent's head and burning spout of the lamp facing the wearer's right. Senior nurse badges and chief nurse badges carry an additional single star and a star surround, respectively.

Bibliographic Note

Many significant events have occurred during the fifty-five years of Air Force nursing. The Nurse Corps and enlisted nursing technicians have made many valuable contributions to the Air Force in terms of leadership, health prevention and promotion, readiness, personnel and resource management, and integration of technology and research into nursing care. During the decades documented in this chronology, Regular Air Force, Air Force Reserve, and Air National Guard nurses worked side by side, leading to the formal recognition of the Total Nursing Force.

Identifying the truly significant highlights in this chronology is difficult because nearly all the events recounted here contributed in some way to create the proud historical foundation of the Air Force Nursing Services. However, this short history, even in its abbreviated form, can begin to help identify solutions to the challenges that Air Force nursing personnel will face in the new millennium.

This chronology was extracted from many historical documents, but the most relevant among them were three research papers completed in partial fulfillment of Air War College requirements:

Baker, Jill V., Col., NC. "What Influenced the Development of the Air Force Nurse Corps through 1968 and a Chronological List of Historical Events in Nursing from the American Revolution through 1968." A research paper submitted to faculty of Air War College, Air University, Maxwell Air Force Base, Alabama, April 1998.

This paper highlights the influences of war, the creation of a separate Air Force Medical Service, and other key events through 1968.

Rank, Melissa A., Col., NC. "What Influenced the Development of the Air Force Nurse Corps from 1969 through 1983." A research paper submitted to faculty of Air War College, Air University, Maxwell Air Force Base, Alabama, April 1999.

This paper highlights the influence of the nurse practitioner movement, the influence of the Air Force Reserve on the creation of the Total Nursing Force, the influence of baccalaureate-degree nursing programs, and the need for a nurse internship program for new officer accessions.

Lindberg, Kerrie G., Lt. Col., NC. "The History of the Air Force Nurse Corps From 1984 to 1998." A research paper submitted to faculty of the Air War College, Air University, Maxwell Air Force Base, Alabama, April 1999.

This paper highlights the influence of the nursing shortage, the retention problem, Operations Desert Shield and Desert Storm, military operations other than war, and the influence of the Objective Medical Group.

Many thanks go to these individuals for their hard work and dedication in capturing this history from a variety of sources. Many other compilations documenting individual accomplishments and specific events could be made from these same sources. The possibility of further historical work in this field is apparent.

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