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WHAT INFLUENCED THE DEVELOPMENT OF THE AIR FORCE NURSE CORPS FROM 1969 THROUGH 1983?

by

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Abstract

The purpose of this work is first, to seek out and record events in the history of military nursing that influenced and shaped the Air Force Nurse Corps from January 1969 through December 1983. A second endeavor of this research is to identify factors that influenced the professional and career development of Air Force nurses. The Annual Reports of the Surgeon General were used to compile a chronology of events from 1969 to 1983. An analysis of the chronology revealed at least three important factors influenced the development of opportunities for Air Force nurses during this time frame: the evolution of nurse practitioner programs that expanded the skills and abilities of nurses, the adoption of the total force concept within the Air Force Medical Service and nursing's role in embracing the Air Reserve Components, and the creation of a nurse internship program to ease the transition of initial active duty nurses into the Air Force. This chronology is another step toward development of a complete and relevant Air Force Nursing history.

Chapter 1

Introduction

The purpose of this work is to seek out and record events in the history of military nursing that influenced and shaped the Air Force Nurse Corps from January 1969 through December 1983. The time frame was selected to cover the terms of the fifth, sixth and part of the tenure of the seventh Air Force Chief Nurses.

This inquiry into military nursing is the middle segment of a larger research piece developed in collaboration with two other Air War College nurses. Colonel Jill Baker, nurse graduate of AWC in 1998, captured the history of military nursing from 1947 through December 1968 while Lt Col Kerrie Lindberg, AWC student of the class of 1999, explored the history of Air Force nursing from 1984 to the present.

A database was created to capture the highlights of the Air Force Nurse Corps history in one concise document (Appendix A). It is a chronological timeline constructed by extracting data from files in the Office of the Surgeon General, mostly Annual Reports, located in the Historical Research Agency at Maxwell Air Force Base, Alabama. The criterion for inclusion in the database was to answer the question; “Does this event seem to be relevant to the history of the Air Force Nurse Corps?” Since this is a pivotal step toward writing the Air Force Nurse Corps history, if the answer was maybe, the event was included.

The second purpose was to look for trends in the data and answer the question "What influenced the professional and career development of nurses in the Air Force?" Although there were many influences, three important trends emerged.

The first was the influence of a physician shortage and the creation of nurse practitioner roles to overcome this shortage.

The second trend transpired with the adoption of the total force concept within the Air Force Medical Service and nursing's role in embracing the Air Force Reserve Components and capitalizing on the unique roles and capabilities of Guard and Reserve nurses to meet the mission of the United States Air Force.

The third trend surrounded the need to create a nurse internship program to ease the transition of initial active duty nurses into the Air Force, bolster their nursing skills, and enhance their leadership abilities.

Chapter 2

Influence of the Evolution of Nurse Practitioner Programs on the Air Force Nurse Corps and the Air Force Medical Service

OB/GYN Nurse Practitioners

As a result of the mandatory cancer detection program for women in the Air Force in March 1969, a pilot project was started for the training and utilization of United States Air Force Gynecology (GYN) nurse clinicians. Two Air Force Nurses attended a course at the University of Kansas Medical Center, Kansas City, Kansas, in March 1969 under the direction of Dr. Kermit Krantz, one of the Obstetric-Gynecological (OB/GYN) consultants for the United States Air Force Surgeon General.(1:457) By February 1971, four Air Force nurses had received training. Besides these four nurses, other Air Force nurses were trained on-the-job or in other special courses.(2:192) By November 1971, these nurses greatly increased the service to the community and more efficient utilization of the OB/GYN physician had occurred. These nurses were believed to be able to carry a patient load of approximately 500 patients a month. They would perform cancer prevention, family planning, minor GYN procedures, and premarital education. (3:12)

In 1972, as the Air Force entered the zero draft environment, an even greater shortage of physicians was anticipated. In preparation, Air Force nurses expanded their roles to assume those responsibilities currently being accomplished by physicians that nurses

were capable of assuming with additional training. Amazingly enough, Obstetrical/Gynecological (OB/GYN) Nurse Practitioners had been physician extenders in cancer detection clinics since 1968. Their roles were expanded in 1972 to include family planning, prenatal and GYN screening services. (4:2)

The years of 1973 through 1974 were banner years for OB/GYN Nurse Practitioners. As of 30 June 73, there were 75 nurses practicing as OB/GYN Nurse Practitioners (9756A) throughout the Air Force. (5:153) By November 1973, certification procedures were initiated to assess whether these nurses were professionally qualified as OB/GYN practitioners. (6:137) As 1974 unfolded, the United States Air Force OB/GYN practitioner course was established at the School of Health Care Sciences (SHCS). Six students entered the four-month OB/GYN Nurse Practitioner Course. (7:124) By the close of this same year, there were 126 OB/GYN Nurse Practitioners assigned. Eighty-four of the OB/GYN Nurse Practitioners were United States Air Force certified. All others were graduates of approved programs gaining the required experience to apply for certification. (8:122-123)

In the Pacific Air Forces (PACAF) during the year of 1974 and 1975, OB/GYN Nurse Practitioners demonstrated their worth. OB-GYN Nurse Practitioners at Misawa, Tachikawa, Kadena, Clark, Hickam and Osan saw a total of 23,638 patients during the year. Quarterly consultant visits were made by the nurse practitioner at Clark to the Thailand bases and by the nurse practitioner at Osan to Kunsan Air Base. This practice proved extremely helpful in meeting the medical needs of female personnel in the more remote areas. Utilization of Primary Care Nurse Practitioners was expanded throughout the command with nurses serving effectively in this role at 14 medical facilities.

Guidance and proper utilization of and required physician support for these health care extenders was discussed with each Director, Base Medical Services (DBMS) and Chief Nurse. (9:7)

Pediatric Nurse Practitioners

Brigadier General Ethel A. Hoefly provided insight into the evolution of the Pediatric Nurse Practitioner program during her tenure as Chief Nurse. This role expanded the skills and responsibilities of nurses and was created to assist with the Air Force's physician shortage. These nurses conducted well baby clinics at military treatment facilities where physicians were not assigned. The parents were very responsive, comfortable and less hesitant to ask the nurses questions about baby care. Most families were reluctant to take up the physicians time and were fearful their questions might be dumb or silly. The physician staff was very supportive of the Pediatric Nurse Practitioner program. (10:38-71)

The pilot course for the Pediatric Nurse Practitioner (PNP) was initiated in August 1970 for three nurses per class for four months at Wilford Hall United States Air Force Medical Center, Lackland Air Force Base, Texas. The course was offered twice annually. This course trained nurses in well baby care and minor illnesses of children. (11:199)(2:193)

By January 1971**,** Air Training Command (ATC) had developed a training program at six of its bases for a "Pediatric Nurse Associate" who worked alongside a physician preceptor. This was a four-month program and was comprised of one-week in residence at United States Air Force Hospital Sheppard and fifteen weeks of training with a

preceptor pediatrician at a base of assignment. The second group of three nurses began the Pediatric Nurse Practitioner Course on 22 March 1971. Another group of Air Training Command (ATC) nurses (7 or 8) began in the second training course at ATC bases on 4 October 1971. (7:193)(2:193)

During the years of 1973 and 1974, the PNP Program "came into its own." By 30 June 73, there were 57 nurses practicing as Pediatric Nurse Practitioner's (9756B) throughout the Air Force. (5:153) By November 1973, certification procedures were initiated to assess whether nurses were professionally qualified as Pediatric Nurse Practitioners (PNPs). (6:137) In Fiscal Year 1974, seven Air Force nurses entered a 16-week continuing education program at the University of Virginia for PNPs in May. Air Force nurses were programmed for PNP training at the University of Virginia; University of Rochester, New York; Good Samaritan Hospital, Phoenix, Arizona; and Methodist Hospital, Indianapolis, IN. (5:153) In 1974, a PNP courses was established at the School of Health Care Sciences (SHCS). Ten students entered the four-month PNP Course. (7:1) And, by the close of 1974, there were 107 Pediatric Nurse Practitioners assigned. Seventy-four were USAF certified. All others were graduates of approved programs who gained the required experience to apply for certification. (8:1) Resounding evidence of their hard work and irrefutable benefit to the Air Force Medical Service was seen in the Pacific Air Force in 1974 and 1975, where PNPs assigned to four PACAF medical facilities saw a total of 19,042 patients during that year. (9:7)

In 1983, the Pediatric Nurse Practitioner (PNP) course was reactivated to fill projected losses with 10 nurses selected to participate. (12:10).

Midwives

On 13 November 1970, a letter was prepared by Major General Thomas H. Crouch, Deputy Surgeon General who felt the Air Force Medical Service (AFMS) was in an ideal situation to utilize midwives, not to do home deliveries alone in the slums, but to handle normal deliveries in nice hospitals as a staff member under the general supervision of a chief-of-service. This had obvious advantages for the Air Force Medical Service (AFMS). It meant more gynecological could be done without more doctors and these nurses could carry the present load with fewer physicians. It opened up the AFMS, to an entirely new group for recruitment of personnel.

Major General Crouch showcased the nurse anesthetist program as an excellent example of nurses who are doing what was previously required by a doctor. The much wider use of nurse clinicians at this level of responsibility offered a way to compensate for the reduction of physicians which looked to be inevitable for the Air Force Medical Service.

With these things in mind, Major General Crouch, explored the feasibility of trying a nurse-obstetrician at Langley AFB Hospital. If successful, it would become possible for Tactical Air Command (TAC) to utilize up to 22 midwives and reduce about 10, maybe more, medical officers. If such a program could be started at a few bases, the AFMS could recruit nurses for it. If nurses could be recruited, then the program could be expanded proportionally. (3:1)

In December 1970**, t**he proposal to utilize a qualified midwife as a nurse midwife at United States Air Force Regional Hospital Langley Air Force Base, VA was approved by the Surgeon General. Capt G. B. Ryder reported in February 1971.(3:3)(13:191) Her

responsibilities included: improving medical services to gynecological patients, relieving medical officers to care for patients with more complex problems, acting as an effective screening agent for the physician in detecting abnormalities and improving utilization, morale and retention of professional nurses. (3:8)

By Nov 1971, Major Gen Crouch submitted a request to defer any program to *informally* train Air Force nurse midwives. He felt the need for midwives in the Air Force had been recognized, however, formal training by the Air Force was underway and additional steps had been taken to identify and formally train additional candidates. (3:13)

On 24 Mar 72, Brigadier General Hamilton B. Webb, Tactical Air Command Surgeon General suggested to the Air Force Surgeon General (SG) that it may be easier and quicker to contract with a medical school to teach Midwifery in AFMS hospitals rather than to establish Air Force Medical Service teaching programs. (3:14)

By March 1973**,** the Nurse-Midwife Residency Program was established. The first class of six nurses trained at Malcolm Grow United States Air Force Medical Center, Andrews Air Force Base, Maryland. (14:153) In November 1973, the first nurse-midwives completed their residency studies at Malcolm Grow USAF Medical Center and took their certifying examinations through the American College of Nurse-Midwives (ACNM). An on-site evaluation of the Air Force Nurse-Midwifery residency program was made by ACNM to determine eligibility for accreditation.(6:137)

In 1974, twenty-eight Nurse Midwives were working in their specialty at selected Air Force hospitals. Five nurses were in Air Force Institute of Technology sponsored masters' programs leading to certification in Nurse Midwifery. (8:1) In 1975, the Nurse

Midwifery Residency established an affiliation with Georgetown University and received full accreditation for the program from the American College of Nurse Midwives. (15:125-126)

General Ethel A. Hoefly, Chief of the Nurse Corps, when the nurse midwifery program stood up, reflected on how nicely this program evolved during her oral interview on 13 May 78. This program was developed due to a shortage of obstetricians and the midwifery program was highly successful. (10:38-71)

Certified Registered Nurse Anesthetists

The nurse anesthetist program is an excellent example of nurses who were doing what was previously required by a doctor. One of the primary reasons this practitioner was created was to compensate for the lack of physicians available to care for patients during the Vietnam Conflict. During this conflict, the worth of the Certified Registered Nurse Anesthetist (CRNA) cannot be emphasized enough. These Certified Registered Nurse Anesthetists (CRNAs) provided a critical wartime skill. Thus, the much wider use of nurse clinicians at this level of responsibility occurred because of the great success of CRNAs who blazed the path for other practitioners to follow. (3:1)

In 1973, a projected shortage of 29 nurse anesthetists was alleviated with the following actions:

1. Deferred two nurse anesthetists selected to attend Air Command and Staff College in August until the following year.
2. Removed four nurse anesthetists selected as alternate for AFIT programs from the alternate roster.
3. Requested 13 selected nurse anesthetists with dates of separation during Calendar Year (CY) 73 to extend. Three extended.
4. Tasked Headquarters Recruiting Service with an urgent requirement for nurse anesthetists.

5. Increased the military consultants to the Surgeon General for nurse anesthesia from three to eight.
6. Approved a nurse anesthetist procurement package sponsoring 10 civilian nurses in their last year of anesthesia training.
7. Recalled three reserve nurse anesthetists volunteers to extended active duty. (5:154)

In April 1982, Brigadier General Sarah P. Wells, Chief, Air Force Nurse Corps, chaired a one-day meeting at Bolling Air Force Base to discuss and evaluate nurse education programs and policies. (16:4) The availability of adequate number of nurse anesthetists to meet increasing requirements was also discussed. One of the first issues on the table, was alternatives for training additional nurse anesthetists and plans were established for a senior sponsorship program for these students was begun. (16:4-7)

Primary Care Nurse Practitioner

In 1973, the utilization of Primary Care Nurse Practitioners was considered to maintain patient care capacity with fewer physicians.(5:154)

In Feb 1974, a United States Air Force Primary Care Nurse Practitioner (PCNP) program was established with the enrollment of twelve Air Force nurses in a six-month course at the University of Arizona to spearhead plans for utilization of this new resource. Comparable educational experiences were being developed at the School of Health Care Sciences so that an “in-house” capability for training Primary Care Nurse Practitioners (PCNPs) would be realized during Fiscal Year 75. (7:124)

In October of the same year, twelve Air Force nurses graduated from the University of Arizona and were assigned to specific medical facilities for preceptorship. Twenty-one Air Force nurses entered the first in-house PCNP course at the School of Health Care Sciences. A second class was scheduled for February 1975.(8:124)

In Pacific Air Force (PACAF) in 1974-1975, utilization of Primary Care Nurse Practitioners was expanded throughout the command with nurses serving effectively in this role at 14 medical facilities. Guidance and proper utilization of and required physician support for these practitioners was discussed with each Director, Base Medical Services (DBMS) and Chief Nurse. (9:7)

By 12 May 1975, USAF certification procedures were established for graduates of the Primary Care Nurse Practitioner (PCNP) Course. At the School of Health Care Sciences, the first class of twenty-one students completed Phase I of the course on 12 May 1975 and were assigned to Phase II (Clinical Practicum) sites. The second class of twenty-eight students began in February 1975 and a third class of thirteen students began in June, 1975. (15:125-126)

By July 1975, graduates of the PCNP Course totaled 31 and 65 students were in Phase I or II or training. Future classes were placed on hold pending the results of studies to determine future requirements for primary care providers. (17:156)

In Pacific Air Force (PACAF) in 1975 and 1976, increased utilization of Primary Care Nurse Practitioners (PCNPs) and Physician Assistants impacted favorably on the health care provider manning posture. During this period, Physician Assistants were assigned to every medical facility and certified Primary Care Nurse Practitioners to United States Air Force Clinics in Hickam and Kadena. (18:31)

On 8 Dec 82, the Primary Care Nurse Practitioner (PCNP) Program was discontinued. The program was discontinued because in the eyes of almost everyone around, to include the Surgeon General, the PCNP was exactly the same as a Physician's Assistant. As far as General Claire M. Garrecht was concerned, the Chief of the Air Force

Nurse Corps at the time, if a difference could not be seen between the two, this type of practitioner program should be discontinued. In General Garrecht's view, the PCNP Program was one of the toughest programs nursing offered. (19:59-116)

Trends Identified

The trends identified during the years of 1969-1983, clearly showed an increase in demand for nurse practitioners. (20:212)

By 1972, HQ USAF Consultants Division informed procurement of the identification and requirement for specific specialties within the Nurse Corps to include midwives, pediatric practitioners, and practitioners in the fields of obstetrics and gynecology. These specialists were to fill converted physician positions in the future. As of December 1972, firm information on the conversion of approximately 200 positions had yet to be forwarded. (20:238)

By 31 January 1973, practitioner Air Force Specialty Codes were established to include 9776 for the Nurse-Midwife; the Suffix "A" with Air Force Specialty Code (AFSC) 9756 to identify the Obstetrical/Gynecological (OB/GYN) Nurse Practitioner; and Suffix "B" with AFSC 9756 to identify the Pediatric Nurse Practitioner. (4:2)(20:162)

Fiscal Year 1973, demonstrated the successful utilization of the nurse clinicians/practitioners in Pacific Air Force (PACAF). From January 1973 to April 1973, the Pediatric Nurse Practitioner at Clark Air Base reported a total of 11,836 outpatient visits. During March 1973-April 1973, the OB/GYN nurse clinicians at Hickam AFB

recorded 4,181 visits. Patient acceptance was expressed in open letters to the base commanders which were published in the base paper. (21:7-8)

From June 73-June 74, PACAF increased the use of nurse health care extenders and these positions rapidly expanded as anticipated. Several qualified nurses functioning in nurse practitioner roles in Pediatrics and OB/GYN Clinics were certified in accordance with professional standards established by the Surgeon General, USAF. Nurse midwives were assigned to two medical facilities during the year. Implementation of this program was a significant milestone and the midwives were readily accepted by the military family as well as other members of the health care team. Within a relatively short period of time, the four nurse midwives were delivering 38-43% of the normal births. OB-GYN nurse practitioners at Hickam, Clark, Misawa, Kadena, and Osan collectively saw 16,425 patients. During April 1974, an increased need and utilization of nurses as Primary Care Nurse Practitioners (PCNPs), progressing from a role of merely "screening nurses" to those who were providers of care occurred. By the end of Fiscal Year 74, 16 nurses were functioning as PCNP's at various facilities within the command. (22-VII-1)(6:4)

At the close of 1976, the USAF continued to educate many individuals in nurse practitioner roles. As of Dec 76, there were 330 nurses functioning as practitioners. (Primary Care; OB/GYN; Pediatrics). (23:19)

Chapter 3

Influence of the Air Reserve Components on the Creation of the total Nursing Force

Total Nursing Force

The Air Force Medical Service was far ahead of the nation in realizing the need for a total force policy. This chapter will be devoted to how early the United States Air Force Nurse Corps(NC) identified the need for their Guard and Reserve counterparts to work alongside them to meet the mission of the United States Air Force. It was during the years of 1969-1983, that the trend toward the NC in capitalizing on the unique skills and abilities of the Reserve Components (RC) came to fruition. These trends will be noted in the subsequent paragraphs.

As a refresher, the total force policy as elucidated by President Richard M. Nixon will be highlighted. The Total Force was conceived in 1970 and formally adopted as national security policy in 1973. The concept grew, not only out of the U.S. experience in Vietnam, but with the end of the draft and the decline in Defense budgets.

A common description of the armed forces at the end of the Vietnam War was the hollow force. Not only was the military's reputation in the eyes of the public poor, but real capability also rapidly deteriorated. The quality of recruitment was negatively

affected when conscription ended because educated persons were no longer motivated by the draft to voluntarily join the service and the branch of their choice.

Total Force policy relies heavily on the Reserve components. The designers of the Total Force Policy felt that the fundamental shortfall in Vietnam was a lack of understanding and support for the war among the American people. They recognized to gain that support, they would have to ensure the involvement of community level support. In his article, "Vietnam Baggage," General Michael Davidson wrote, "A Total Force structure, melding the Active and Reserve Component forces would have the effect of making it very difficult, it not impossible, for Americans to go to war again with the broad support implicit in a major National Guard and Reserve call-up."

The Total Force would implement an All-Volunteer concept, reduce the size of the active duty forces, and strengthen the Reserve components. In this manner, Secretary Melvin Laird intended to rebuild public confidence in the military. (25:94-96)

Total Nursing Force Milestones

In August 1967, after coordination with Air National Guard (ANG)/Air Force Reserves (AFRES) and Headquarters United States Air Force, the following change to paragraph 3d, Air Force Manual 36-1 was agreed upon: "A minimum of 12 months assignment to an Aeromedical Evacuation Unit and at least 100 hours flying time with actual patients is mandatory. It is mandatory that experience include all phases of flight nursing techniques and management such as planning for aeromedical evacuation missions and providing for in-flight patient care." These proposed changes were approved, staffed and were printed with the effective date of 1 July 1968. The

standardization of specialty qualification ensured that all nurses awarded the Air Force Specialty Code (AFSC) 9765 shared similar experiences and were equally qualified to perform duties required for in-flight care of actual patients. (25:1)

In April 1971, at the 42nd annual meeting of the Aerospace Medical Association Convention held in Houston, Texas, it was announced that Air Force Reserve Nurses would begin participating in an Air Force “associate program”, which meant that Reserve medical personnel would join Regular Air Force personnel in live aeromedical evacuation missions. The Air National Guard (ANG) was not a participant in the "associate program" at any level which meant that ANG Nurses were missing valuable training and experience. (26:1)

For the first time in the history of the Air Force Nurse Corps, a Reserve nurse was assigned as a mobilization augmentee to the Office of the Chief, Air Force Nurse Corps in September 1975. Colonel Marion E. McKenna, BSN, MEd, EdD, Dean, School of Nursing, University of Kentucky, was selected for this position. (27:29)

The active duty nurse establishment became more aware of the Reserve Component (RC) resource and its potential. Simultaneously, the RC nurses were beginning to feel that they were part of a professional military team. This development over the past 6-12 months was an excellent example of the total force concept in practice. (28:90)

In January 1976, a historic meeting of the Command Nurses and other key nursing personnel was held at Andrews Air Force Base, MD. The goals for the next five years for the Air Force Nurse Corps were presented and accepted. One of the five objectives for the years 1976-1980 was to promote improved utilization of nursing personnel of the United States Air Force Reserves and Air National Guard. (29:30)

At the request of the Air Force Surgeon General's Office, Air National Guard (ANG) Medical units provided direct support to 16 active duty hospitals and clinics in June 1976. This ongoing effect provided critical resources to active duty medical treatment facilities as well as much needed medical personnel. (26:2)

Implementation of the change to Air Force Regulation 35-41, Volume I, requiring that Reserve nurses be actively engaged in nursing, occurred in November 1977. This change enhanced the readiness posture of the Air Force Nursing Services by ensuring that Nurse Corps Reserve forces were qualified and competent. (30:22)

In 1977, programs to promote proper utilization of United States Air Force Reserves and Air National Guard personnel were encouraged. All Medical Treatment Facilities (MTFs) had an active duty nurse assigned as a liaison. (31:46)

In January 1980, Brigadier General Sarah P. Wells, HQ Chief of the Air Force Nurse Corps, United States Air Force/Surgeon General (SG), Nursing (SGN), conducted the first Senior Air Reserve Forces Nurses meeting at Bolling AFB, DC. The purpose of this meeting was to review current nursing issues. Particular emphasis was placed on creating a standardized nursing philosophy in support of the Total Force policy. This meeting was very successful.(32:12)

Headquarters (HQ) Air Force Reserves/SG forwarded a proposal to HQ Air Training Command/Surgeon General Education (SGE) addressing the feasibility on starting an Air Reserve Forces Nursing Services Management Course at the School of Health Care Sciences, Sheppard Air Force Base, TX on 28 February 1980. The primary justification being centered around the inability of Reserve and Air National Guard nurses to attend the course offered to active duty nurses due to the length of the course, which was

approximately three months. Approval for the course was received on 3 September 1980. (32:ii)

In June 1980, the Air National Guard (ANG) supported the Cuban Refugee program at Eglin Air Force Base. Members of the 156th Tactical Clinic, Puerto Rico ANG provided its services to support Eglin. In conjunction with the United States Air Force, the ANG also participated in a new program started by the Surgeon General, Project Keep Each Eligible Person (KEEP). The purpose of this program was to retain all health professionals. (26:3)

In 1980, the Goals of the AFNC included:

- Recognize Total Force Concept.
- Increase promotion opportunities in Category A and ANG units.
- Improve career progression opportunities for the RC.
- Establish a short course in Nursing Administration for RC Chief Nurses.
- Improve communications to and from RC nurses.
- Encourage accomplishment by RC nurses of PME.
- Increase use by RC nurses of Air Force continuing education programs.
- Improve use of RC nursing expertise. (33:13-22)

In January 1981, manpower authorizations were approved under United States Code (U.S.C.) 265, for an Air National Guard nurse position and a medical technician (902XX) Consultant both assigned to work alongside the Chief, Air Force Nurse Corps. Positions were funded in the fourth quarter of 1981. (34:7)

Air Force Regulation 35-41 for Air Reserve Forces (ARF) Nurses (Volume 2, Reserve Training) was reviewed in January, 1981. As a result of this review, the amount of time a Ready Reserve nurse was required to be actively engaged in nursing was changed. The original requirement was two days (16 hours) per month or 64 hours per year. The revisions required two days (16 hours) per quarter. Along with this change, the

total nursing force was investigating the feasibility of a self-assessment program on emergency nursing to prepare Air Reserve Forces nurses to meet readiness requirements. (34:7)

Lt Colonel A Marlene Ausen was selected for and assumed the Statutory Officer Position 10 U.S.C. 265 (Extended Active Duty) as the Air National Guard (ANG) Nurse Advisor to the Chief, Air Force Nurse Corps on 1 July 1981. This had been a commonly filled position for a physician in the Air National Guard, but not among the Nurse Corps. Colonel Ausen was the first nurse in the Air National Guard to be selected for the position. (35:5)

The 1981 Air Force Nurse Corps Objectives included an objective to promote improved utilization of nursing personnel of the USAF Reserves and the Air National Guard (36:5)

On 8 Dec 82, an oral interview of General Claire M. Garrecht was conducted. Her views on the total force concept were enlightening. During the early years of her tour of duty as the Chief of the Nurse Corps, she perceived that the Nurse Corps also felt the Air Reserve Components did not feel a part of the total Medical Service and she made every effort to ensure nurses and technicians in the Reserve and Guard were recognized. Measures were put into place to promote better utilization of these components of the total nursing force. During this time, Guard and Reserve nurses were assigned to locations where they felt more a part of the team. The Nurse Corps capitalized on the Reserve nurses to fill a severe shortage of nurse anesthetists in medical facilities where nurse anesthetists were assigned one-deep. In order for these active duty officers to take Leave, the Reserve Components were used to backfill during absences. Mobilization

augmentees were also capitalized upon and were assigned to the Chief Nurse's Office at the Surgeon General's Office and in most of the command nurse positions. The practice and preparation of the Reserve and Guard was greatly enhanced during General Garrecht's tenure as Chief Nurse of the Corps. Upgrade training requirements for the medical technician (902X0) also took place in the total nursing force to include both the active duty and reserve components. (20:59-116)

On 13 May 78, Brig Gen Ethel A. Hoefly gave an oral interview. Her views on the total force concept were illuminating. As chairperson of the Nursing Career Development Board, she stressed the importance of the proper utilization and the role of Reserve Component forces to include nurses and medical technicians. The Board felt it was imperative that these forces be able to function and be as up-to-date as their active duty counterparts if there was a sudden expansion. The command nurses were directed to institute an orientation program or a liaison nurse in each medical treatment facility to be responsible for Reserve personnel when they were fulfilling their active duty tours. Due to endeavors such as this, the appointment of a full-time active duty nurse to handle the Reserve Program was instituted. General Hoefly was very involved in visiting as many Air National Guard and Air Reserve units as she possibly could while active duty. During the severe flooding in Pennsylvania in the early 70s, she made a trip alongside the Guard to the flood sites. She visited the shelters where the Guard nurses were taking care of the flood victims. It was refreshing to the General to see how the civilian population truly appreciated these military efforts as the general public at the time was terribly anti-military because of the Vietnam War. (10:38-71)

In December 1983**,** significant staffing increases had occurred in the Nurse Corps of the Air Reserve Component Forces in the Guard and Reserves in keeping with the Total Force Policy. While the Fiscal Year 83 end strength was 1664 authorized and 1446 assigned for Air Force Reserves (AFRES), the Air National Guard (ANG) had 601 authorized and 511 nurses assigned. The Fiscal Year 84 end strength authorizations was 1873 for the AFRES and 640 for the ANG Nurse Corps. As of 31 December 1983, 1547 were assigned to the AFRES and 511 to the ANG. Greater numbers of Air Reserve Component Force nurses were involved in Professional Medical Education (PME) during Fiscal Year 83 by correspondence. (70:12)

In closing this chapter on total force, the words of Gen John Shalikashivili were true even then: "Today, the Air Force relies on the Guard and Reserve more than ever. As we look to the future, modernization becomes more critical in maintaining a useful reserve contribution to the total Air Force. The Air Force Reserve and Air National Guard need to be considered in the full spectrum of war fighting requirements from equipment and readiness, to infrastructure, to quality of life considerations. Both Guard and Reserve must be included in every Air Force program that improves weapon system capability, survivability, and safety. The strong partnership between the active and reserve components produces a strong Air Nation Guard and Air Force Reserve that are trained, equipped and ready to carry out any assigned mission". (37:78)

Chapter 4

Influence of Baccalaureate Nursing Program Education and the need for a Nurse Internship Program for new Officer Accessions

Nurse Internship Program

The early warnings for the need of a Nurse Internship Program began when Colonel Ethel A. Hoefly visited Dr. Martha Rogers, Nurse Consultant, in New Your City, 16 June 1970, to discuss the latest trends in nursing and obtain nursing orientation material.(38:231)

During General Hoefly's tour of duty as the Chief of the Nurse Corps, there were serious concerns about initial active duty nurses and their level of experience. Gen Hoefly and the command nurses revitalized the orientation program for new nurses. These key leaders and the Chief Nurses in the medical treatment facilities noticed that nurses were graduating from nursing school lacking the basic nursing skills necessary to provide direct patient care on the units immediately upon entrance into the service. Thus, an in-depth unit orientation program was instituted and each nurse rotated through the unit program before being assigned to a team of patients on their own. During the orientation, they learned how nursing is practiced in the military, what the nursing requirements were, and what clinical skills they needed. Also, the majority of the least trained nurses were

initially assigned to larger hospitals in the continental U.S. initially in order that they could receive a thorough orientation. Nurses with greater clinical experience were sent into the smaller hospitals for their first assignment. (10:38-71)

Unfortunately, the strong orientation program was not enough to prepare new accessions for patient care. Thus, the Air Force Nurse Corps Career Development Board met at Andrews Air Force Base, Maryland, 15-18 March 1977 and recommended an Internship Program for initial active duty nurses be instituted.(39:26-28)

The first meeting regarding the Nurse Internship Program was held on 9 August 1977. The purpose of this meeting was to provide proper coordination and smooth transition into the United States Air Force Internship Program for Initial Active Duty (IAD) nurses. Five medical centers were to be utilized including: Malcolm Grow, Wilford Hall, Wright-Patterson, Keesler and Scott. Two hundred slots were available for the first interns in Fiscal Year 1979. Ten to twenty students would enter each class depending on the medical facility's capability. The program was originally proposed to start in January 1978, however, it began in October 1977 with ten students entering Malcolm Grow in October 1977 and ten students entering Wilford Hall in November of the same year. (40:1)(30:26-28)

A comprehensive Plan of Instruction for the Nursing Internship Program was created by the Nursing Education Branch at the Air Force Personnel Center, Randolph AFB, Texas. The plan of instruction focused primarily on nursing skill practice in the patient care setting. Review and discussion of priority setting in the clinical area was an important thrust of the program. Instruction and experience in unit management, management of patient care, documentation of nursing care using Problem Oriented

Charting, return demonstration of selected nursing procedures and use of specialized equipment and dispensing of medication was included.(41:1-8)

The Internship Program for Initial Active Duty Nurses was activated at four additional Medical centers in 1978. (35:25)

A goal of the Air Force Nurse Corps for 1980 included evaluating the nurse internship program.(33:13-22)

In November 1980, **t**he Air Force-sponsored nurse internship program was initiated at the United States Air Force Regional Hospital MacDill, FL. Five interns were placed into the program. A second Nurse Educational Coordinator was added to the staff as a manpower additive, which was approved by Headquarters United States Air Force/Surgeon General on 3 September 1980. A second Tactical Air Command hospital, Homestead, was selected as a training site and will implement the internship program in 1981. (42:VI-1)

Lieutenant Colonel Winifred Latham, USAF, NC, was assigned in 1981 as project officer for a two year study to evaluate the Nurse Internship Program. (43:7)

During the interview of Brigadier General Claire M. Garrecht, at the end of her tour as the Chief of the Air Force Nurse Corps, her recap of the need for the Nurse Internship Program proved interpretive. The Nurse Internship Program was instituted during the General's tenure. She emphasized that the Nurse Corps realized that with the rapid changes in the methodologies of patient care, the Nurse Corps **had** to provide for the continuing growth of nurses through education and development programs. This program was developed because Chief Nurses were registering their serious concerns with the new nurses coming on active duty who did not have the clinical skills needed to function

independently on a nursing unit. Through the efforts of Colonel Sally P. Wells, the slots for nurse interns and the monies to fund the internship program was received. Dr. Marian McKenna was instrumental in setting up the internship program once it was approved. In the beginning, nurse interns were assigned for a five-month tour to only the medical centers: Wilford Hall at Lackland Air Force Base, TX, Malcolm Grow at Andrews Air Force Base, Wright-Patterson in Ohio, United States Air Force Medical Center at Scott, and David Grant Medical Center at Travis. This blossomed to a total of 15 sites with the addition of: United States Air Force Medical Center Keesler; and Regional Medical Centers at Mather, March, Eglin, MacDill, Earling Burnquist, Homestead, Barksdale, Luke and Maxwell Air Force Bases. The interns were assigned a preceptor who provided direct supervision of the nursing care the interns gave. This program proved its worth in the betterment of patient care. (20:59-116)

The evaluation of the Nurse Internship Program continued with completion targeted for Fiscal Year 85. (13:10)

Chapter 5

Conclusions

The purpose of this work was twofold, to collect events relevant to the history of nursing, and to use the data to identify trends that influenced the professional and career development of military nurses. A chronological timeline was constructed (Appendix A), and effectively used to identify trends that influenced the development of opportunity in Air Force nursing. The timeline is incomplete, covering only the years 1969 through 1983. The timeline raises questions, and reveals opportunities for further research. It provides a stepping off point for further "fact finding" and trend analysis. The timeline can be used as a memory jogger for Air Force nurses who were involved in key events, and are interested in contributing to the writing of a nursing history.

The second purpose was to use the data to answer the question "What influenced the career and professional development of nurses in the Air Force?" Analysis revealed that the evolution of the nurse practitioner programs, the creation of the total nursing force, and the establishment of a nurse internship program for initial active duty nurses were key factors in the development of opportunities for Air Force nurses.

The evolution of nurse practitioner programs decreased the stress on a declining physician base, guaranteed a reduction in active duty lost productivity, and ensured the Air Force Medical Services could provide medical care pivotal to assuring our war-

fighting capability. Our practitioners are trained in health assessment, diagnoses, planning, intervention, evaluation, and treatment of patients and their stressors. Thus, they play a crucial role in readiness. The expanded use of nurse practitioners across the continuum of care, with minimal supervision, proved invaluable, not only during the years encompassed in this research paper, but its implications for the future would be significant in the areas of preventive health care versus treating illness.

With implementation of the total force concept into nursing's domain, the Air Force Medical Service signaled its commitment to maintaining the highest readiness levels possible by exploiting the outstanding capabilities of the Air National Guard and Air Force Reserves. Even then, it demonstrated that nursing considered readiness "Job Number One" and joining hands with our Air Reserve Component counterparts shaped us into being fully combat ready for the future. The Air Force Medical Service as a total force, then and now, bears the distinct privilege and role of providing unfailing support to our war fighters.

The creation of the Nurse Internship Program proved to be the linchpin in maintaining nurses who were ready to use their clinical skills in time of peace or combat. Nursing has made its greatest advances and notable achievements in connection with wars. As a result, nations tend to recognize, respect and value nurses. Hence, nurses are raised to a position of national stature. A symbiotic relationship between nursing and the military results when Air Force nurses are clinically competent, combat ready, and show leadership acumen when faced with treating, caring and managing casualties as a result of war or disaster. Nurses who have these skills, that are honed in the Air Force Medical Service Nurse Internship Program, have faced and will continue to encounter nearly

insurmountable tasks in time of war, These nurses trained in the internship program will rise magnificently to the meet the occasion.

This paper is a small example of the insight and knowledge that can be gained by recording and analyzing events that are relevant to Air Force nursing. The timeline needs to be completed and shared with the Air Force nursing community. It can serve as a skeleton, ready for others to fill in the rich details. This work is a start in the process of documenting and publishing a relevant and compete Air Force Nurse Corps history.

Appendix A

A Chronology of American Air Force Nursing

1965-1968. Aeromedical airlift by jet aircraft became routine. Evacuation on C-135's and later C-141's resulted in a one percent death rate. The C-141's revolutionized strategic/inter-theater aeromedical airlift. Ninety-two percent of the injured personnel were able to return to duty. The high rate of recovery was once again attributed to rapid evacuation from the field, good medical and nursing care and appropriate hospitalization. (1:4)

1966. Miss Lauretta M. Schimmoler was the founder of the Aerial Nurses Corps of America. She was the forerunner of the flight nurse and received a citation from the U.S. Surgeon General as the first honorary flight nurse. (2:1)

1967. Congress passed legislation to remove the restrictions on the careers of female officers in the military services. Prior to that time, the highest rank allowed a nurse was that of Colonel. (3:1)

The Pacific Air Forces (PACAF) Aeromedical Evacuation (AE) System was expanded to encompass major responsibility in South Vietnam, with a group headquarters in the Philippines, three squadrons (one in the Philippines, one in Vietnam and one in Japan) and 17 operating locations throughout the Pacific. Three squadrons became responsible for aeromedical evacuation in intra-Vietnam, intra-Thailand and offshore requirements from Vietnam, Thailand and also for Korea, Japan, Okinawa, Taiwan, and the Philippines. Concurrent with these changes, Pacific Air Forces introduced the C-118 aircraft into the in-country aeromedical evacuation system. In January 1968, the C-118 was placed into service to release the C-130 for cargo and passenger use. The C-118 was scheduled for missions four times a week, originating out of Cam Ranh Bay and serving Pleiku, Qui Nhon, Nha Trang, Tua Hoa, Phu Cat and Phan Rang. During the period Jan-Mar 1968, the Viet Cong besieged the Marine base at Khe Sanh to such an extent that the only way to resupply and evacuate the wounded was by air. By early Feb 1968, however, landing became hazardous for both the Jet-equipped K-Series C-123 Providers and the larger, C-130 Hercules. The suspension of landings of the C-130 on 12 Feb 68, forced the resupply of Khe Sanh by air drop. The C-123's continued to land on the battered Khe Sanh runway, but the hazardous conditions kept their ground time to an average of three minutes, thus making it virtually impossible to reconfigure the aircraft for aeromedical

evacuation purposes and enplane stretcher patients in so short of a time. To compensate for this contingency, empty C-123's configured for aeromedical evacuation and with medical crews, landed at Khe Sanh permitting air evacuation personnel to use the entire ground time to enplane stretcher and ambulatory patients. As the Khe Sanh conditions worsened, patients were evacuated by helicopter. During the same period of time, the Viet Cong unleashed the 1968 Tet Offensive with such intensity that the entire South Vietnam nation was all but paralyzed. Unprecedented patient airlifts for the entire conflict was generated. On February the 3rd, 688 patients were processed in a single day within the Military Airlilft Command (MAC) Pacific Aeromedical Evacuation System. Additionally, MAC evacuated 6112 patients out of Vietnam and 12,894 within the Pacific area while the Pacific Air Forces processed 10,770 patients during this period. In March 1968, MAC began scheduling regular evacuation flights from Tan Son Nhut, Cam Ranh Bay and Da Nang for patients destined for the United States or Japan. An in-country scheduled aeromedical evacuation service was needed to bring the patients in from the outlying areas to one of three staging points. PACAF C-130 missions were flown into forward sites such as Dong Ha, Quang Tri, and Hue/Nang. Occasionally, after the second round robin the mission further evacuated the patients to Qui Nhon, Phu Hiep, Nha Trang, or Cam Ranh Bay when Da Nang was saturated. Other PACAF aircraft such as the C-7A, C123 and C-118 operated in the central and southern portion of South Vietnam. In May 1968, the Viet Cong May Offensive erupted just as violently as did the 1968 Tet Offensive. This time, the PACAF and MAC Aeromedical Evacuation System were better able to cope with the situation. Due to better scheduling, the impact of moving 12,138 casualties within the MAC system, and 11,595 patients within the PACAF system was considerably lessened. Although 154 MAC missions were required, only 29 were special missions as opposed to 82 during the 1968 Tet Offensive, while PACAF operated 74 scheduled mission and 145 unscheduled missions. Based upon the experience gained from direct Vietnam - United States aeromedical evacuation missions, it was learned that many patients could not tolerate such long distance travel. Beginning August 1st, 1968, a dual stage Aeromedical Evacuation concept was initiated. Under this concept, patients were transported from the combat zone to the offshore islands of Okinawa, Japan and the Philippines, for further hospitalization and stabilization. Once sufficiently stabilized, they were either returned to duty, if their condition warranted, or aeromedically transported to the United States for long term intensive treatment, as appropriate. Three Vietnam mission were flown daily - one from each of the Vietnamese stations served by MAC - to Japan. An exchange of patients was accomplished in Japan, and the mission continued onto either the east or west coast of the United States. Additionally, five "Da Nang Turn-Around" missions were scheduled, each servicing the Philippines. Again, an exchange of patients was accomplished in the Philippines, and the missions continued onto the west coast via Guam and Hawaii. This was the start of the MAC two-staged aeromedical evacuation concept. The first eight months of 1969 proved to be the most intensive period of hostile activity in the entire Vietnam conflict, regarding American involvement. During this period (Jan-Aug 1969), an average of almost 11,000 casualties per month were evacuated by MAC. On March 7th, 1969, a record high of 711 patients were moved out of Vietnam by MAC. This required 12 separate missions, also an all time high. In addition, MAC moved a record high of 6,436 patients out of Vietnam and

13,820 out of the Pacific area during that month. This took 259 separate C-141 missions, of which 51 were special missions. In the closing months of 1969, the Vietnamization program was beginning to take effect. Patient movement requirements initially tapered off at approximately 11,000 to 10,000 monthly and subsequently to less than 7500 by December 1969. The immediate impact was the steady decline in patient movements. To that end, continuing studies were implemented to determine when and where scheduled aeromedical mission could be permanently discontinued. As a result of these studies, two weekly Yokota-Travis missions were discontinued on November the 1st, 1969 and one weekly Yokota-Elmendorf-Scott-Andrews mission was cancelled on January the 1st 1970. More than 400,000 people including approximately 160,000 battle casualties, were aeromedically evacuated from Vietnam to the United States between 1964 and 1973. At the height of hostilities in 1969, about 11,000 casualties per month were moved. (4:20-27) (5:1420-1423)

18 August 1967. After coordination with Air National Guard (ANG)/Air Force Reserves (AFRES) and Headquarters United States Air Force (USAF)/(AFPDPCC), the following change to paragraph 3d, Air Force Manual (AFM) 36-1 was agreed upon: "A minimum of 12 months assignment to an Aeromedical Evacuation Unit and at least 100 hours flying time with actual patients is mandatory. It is mandatory that experience include all phases of flight nursing techniques and management such as planning for aeromedical evacuation missions and providing for in-flight patient care." These proposed changes were approved, staffed and have gone to print with the effective date of implementation being 1 July 1968. The standardization of specialty qualification will ensure that all nurses awarded the Air Force Specialty Code (AFSC) 9765 share similar experiences and are equally qualified to perform duties required in in-flight care of actual patients. (6:1)

1968-1974. Colonel Ethel A. Hoefly was **t**he first Chief Nurse promoted to the rank of brigadier general (11 June 1970). She served in the capacity as Chief Nurse of the USAF Nurse Corps form 1968-1974. (7:1-2)

May 1968. One Aeromedical Air Service Group and two Tactical Fighter Groups of the ANG were federalized for the Vietnam conflict. (8:3)

August 1968. For the first time in history, an aircraft was designed and constructed to provide quality patient care in an airborne environment. It offered the best in medical and aeronautical technology. It was able to carry 30 or 40 stretcher patients, more than 40 ambulatory patients or a combination of the two, together with two nurses and three aeromedical technicians. The interior included a special-care compartment, with separate atmospheric and ventilation controls. Galleys and lavatories were in the fore and aft of the aircraft. There were three entrances, two with a hydraulically operated stairways. The third had an access door 6 ft. 9 in. high and 11 ft. 4 in. wide, with hydraulically operated ramp, to facilitate the enplanement of stretcher patients. On 10 August 1968, the McDonnell Douglas Corporation delivered the first of twelve C-9A Nightingales to Scott AFB, Illinois. (1:5) (4:26)

March 1969. As a result of the mandatory cancer detection program for women in the Air Force, a pilot project was started for the training and utilization of the USAF Gynecology (GYN) nurse clinicians. Two Air Force Nurses attended a course at the University of Kansas Medical Center, Kansas City, Kansas, in March, 1969 under the direction of Dr. Kermit Krantz, one of the Obstetric-Gynecological (OB/GYN) consultants for the USAF Surgeon General. (9:457)

June 1969. The exchange program for a USAF flight nurse and a British Air Force nurse for one year was finalized in June, 1969. Captain Kathleen Casey, USAF, Nurse Corps (NC) and F/O Sandison, Royal Air Force (RAF), were participants.(9:457)

July 1969. Manning in the AFSC 9736, Operating Room Nurse, with experience to qualify as Operating Room Supervisors, became short. In order to counteract this trend, nurses in this status who were assigned duties as flight nurses were returned to their primary AFSC of 9736. The manning for Nurse Anesthetist also was short. In order to alleviate this shortage, the class slots for student nurse anesthetists at Wilford Hall USAF Medical Center, Lackland Air Force Base (AFB), Texas, were increased by 10 per class. Another measure taken was to bring eight nurse anesthetists assigned to Aeromedical Evacuation duties as Flight Nurses back to the field of Anesthesia. At the same time, this gain to USAF Hospitals was negated by the requirement for eight nurse anesthetists to be assigned to South Vietnamese in-country hospitals.

Nurses initially entering active duty with an entry level AFSC indicating less than one year of experience in their field, were assigned only to one of the thirteen medical enters or regional hospitals. This reason for this is to enhance adjustment to Air Force life, to promote closer supervision, and to provide a wider scope of initial professional experience. This will be followed up in one year by a study of how well these nurses have adjusted and progressed versus the group that was initially assigned in the category to small and isolated medical facilities. The total number entering on active duty was 295. (10:17-18)

1969-1970. The 1st Aeromedical Evacuation Group (AEGp) through the years of 1969-1970, when the United States was besieged by internal unrest, was on constant alert to provide support to military forces assigned to suppress civil disorders. In July 1970, the 21st and 22nd Aeromedical Evacuation Squadron were deactivated with all personnel being assigned to the 1st Aeromedical Evacuation Group. The reorganization, which eliminated the two squadrons, did not diminish the operational capability of the 1st AEGp, but served to streamline the span of control of the Group. (11-1)

11 June 1970. Colonel Ethel A. Hoefly attended a ceremony at the Pentagon in which Colonel Anna Mae Hays, Chief, Army Nurse Corps, and Colonel Elizabeth P. Hoisington, Director, Women's Army Nurse Corps became Brigadier Generals - the first women in the armed services to become Generals. (12:229)

The 375th Aeromedical Airlift Wing, which utilizes C-9 aircraft, created an "Associate" unit, the 93rd Military Airlift Group (Assoc.) (12:229)

Women could now enter the Reserve Officer Training Programs (ROTC). Approximately 65 of the schools with ROTC programs had schools of nursing. (12:230)

8 May 1970. Brig Gen Harold Funsch, MAC Surgeon, and Lt Col Sarah Wells and Major Charlene Dean (members of his staff), escorted by Jack Ericsson, St. Louis Representative Douglas Aircraft Company, visited the McDonnell Douglas Aircraft Corporation, St. Louis, Missouri, to survey the prototype of the Special Airborne Medical Care Unit. A flight nurse was scheduled to return to McDonnell Douglas for taking pictures of the prototype. (13:1-2)

June 1970 ANG Regulations were changed to permit married female officers who became pregnant to remain on active duty. (8:3)

An important factor that influenced nurse staffing was the fact that 21% of the initial active duty nurses accepting appointment resigned before reporting to active duty. This trend increased, causing difficulties in staffing medical facilities. Most of the increased authorizations for Nurse Coordinators in Recruiting Services (formerly called Nurse Advisors) were filled in an effort to help decrease the resignation rate of initial active duty nurses through more direct nurse-to-nurse contact. Southeast Asia (SEA) requirements for females continued to be filled with volunteers, but a large decrease in the number of volunteer statements was noted. Flight nurse requirements for males in SEA are being met without resorting to involuntary second tours. (12:19-20).

Manning in the 9736 field for experienced Operating Room nurses, especially to qualify as Operating Room Supervisors, continued to be short. Manning in the 9746 field (Nurse Anesthetist) remained short in our Air Force medical facilities. Insufficient applications were received to fill the class slots for student Nurse Anesthetists a Wilford Hall USAF Medical Center, therefore, the major commands were asked to encourage applications for this field. Manning in the 9755 field (General Duty Nurse) was approximately 200 below authorizations. Many of the problems in this area stemmed from the high number of initial active duty nurses accepting appointments and then not reporting for active duty as scheduled. For example, during this reporting period, there was a ceiling of 348 nurses that could be brought on active duty. Three hundred and ninety-four nurses were assigned but only 277 actually came on active duty. Since July 1970, this trend had increased to an average of 30% of the initial active duty nurses assigned not reporting to active duty. This caused difficulty in staffing medical facilities and had an adverse effect on the morale of the nurses already on active status. In order to counteract this trend, nursing worked very closely with Headquarters Recruiting Service and the nurse coordinators in the field to coordinate assignments to improve the integrity of the application. Southeast Asia requirements for females continued to be filled with volunteers, however, a decreasing number of volunteers was noted. Flight nurse

requirements for males for Southeast Asia were met without having to resort to involuntary second tours. (14:100-102)

Colonel Ethel A. Hoefly visited Dr. Martha Rogers, Nurse Consultant, in New Your City, 16 June 1970, to discuss the latest trends in nursing and provide her with additional nursing orientation material.(12:231)

At the request of the RAF, the US is not participating in the flight nurse exchange program even though the RAF is sending a nurse for flight nurse training and experience to the U.S. (14:198)

August 1970. Joseph H. Goff, Major, who entered Northwest University, Denton, Texas in September, 1970, was the first Air Force nurse to enter an Air Force Institute of Technology (AFIT) sponsored doctoral program. The pilot course for the Pediatric Nurse Practitioner (PNP) was initiated for three nurses for four months at Wilford Hall USAF Medical Center, Lackland AFB, Texas. (14:199)

13 November 1970. A letter was prepared by Major General Thomas H. Crouch, Deputy Surgeon General who felt the Air Force Medical Service (AFMS) was in an ideal situation to utilize midwives, not to do home deliveries alone in the slums, but to handle normal deliveries in nice hospitals as a staff member under the general supervision of a chief-of-service. This had obvious advantages. It was a means to get more GYN done without more doctors and to assist with carrying the present load. It opened up to the AFMS an entirely new group for recruitment of personnel.

He cited the nurse anesthetist program as an excellent example of a nurse who is doing what was previously required by a doctor. The much wider use of nurse clinicians at this level of responsibility offered a way to compensate for the reduction of physicians which looked to be inevitable for the Air Force Medical Service.

With these things in mind, Major General Crouch, explored the feasibility of trying a nurse-obstetrician at Langley AFB Hospital. If successful, it would become possible for Tactical Air Command (TAC) to utilize up to 22 nurse obstetrician (midwives) and reduce about 10, maybe more, medical officers. If such a program could be started at a few bases, it could be established and nurses recruited for it. If nurses could be recruited, the program could be expanded proportionally. (15-2)

21 November 1970. Dr. Martha Rogers, Nurse Consultant to the Air Force Surgeon General, participated in a symposium on In-Service Education at David Grant USAF Medical Center, Travis AFB, California. (14:201)

17 December 1970. The proposal to utilize a qualified midwife as a nurse clinician (obstetrics) at Langley was approved by the Surgeon General. Capt G. B. Ryder reported in February 1971. (15:3)

The responsibilities of this clinician included: improving medical services to gynecological patients, relieving medical officers to care for patients with more complex problems, acting as an effective screening agent for the physician in detecting abnormalities and improving utilization, morale and retention of professional nurses. (15:8)

July 1970 - June 1971 Two Apollo missions were supported by the USAF Hospital, Patrick Air Force Eastern Test Range, FL. (16:1)

Preparation of the Intensive Care Unit for Apollo Mission 16 on 16 April 1972 resulted in the most streamlined arrangement of any previous missions as verified by the Apollo Team Chief. (17:1)

12 January 1971. Lt Colonel Sarah P. Wells presented the commencement address to the first graduating class of the Medical Service Technician (Vocational Nurse) Course at Sheppard AFB, Texas. (18:24)

1971. The recognition of tactical aeromedical evacuation importance was underlined by the assignments of a tactical AE mission to 23 Air Force Reserve and Air National Guard units. The 1st AEGp was assigned as gaining command with the responsibility to train and advise the new units in tactical aeromedical evacuation procedures. On 1 September 1974, the Tactical Air Command directed the establishment of two sub-elements of the 1st AEGp, Operation Location (OL) at Little Rock Air Force Base and an Operating Location at MacDill Air Force Base. The establishment of these OLs was to increase the capability of tactical aeromedical evacuation by providing 100% manning to the Group. On 1 December 1974, the 1st Aeromedical Evacuation Group was transferred from the Tactical Air Command to the control of the Military Airlift Command's 375th Aeromedical Airlift Wing as a part of the organization of a one-command worldwide aeromedical evacuation. On 1 July 1975, to coincide with all Military Airlift Command aeromedical evacuation units, the 1st Aeromedical Evacuation Group was redesignated as the 1st Aeromedical Evacuation Squadron, without loss of mission or personnel. Also, on 1 July 1975, the operating locations were deactivated and relocated at Scott AFB, IL, as Det 1, 1st Aeromedical Evacuation Squadron with a secondary mission to support the domestic aeromedical evacuation mission. On 1 October 1979, personnel and equipment were relocated to Pope AFB when Det 1, Scott AFB, IL, was inactivated. A major test of the keen readiness posture of the 1 AESq was made when the unit was tasked to support Operation Urgent Fury during October-November 1983. Throughout this operation, the 1 Aeromedical Evacuation Squadron (AESq) aeromedically evacuated 167 patients. The 1 AESq day-to-day peacetime mission is to train for its wartime role. As such, 1 AESq has no peacetime patient movement mission. (11:2)

January 1971. ATC developed a training program at six of its bases for a Pediatric Nurse Associate working with a physician preceptor. This is a four-month pilot program which was initiated in January, 1971. The second group of three nurses began the Pediatric Nurse Practitioner Course 22 March 1971. (19:193)

February 1971. Captain Clare B. Ryder, certified nurse midwife, was assigned to the USAF Regional Hospital, Langley Air Force Base, Virginia, to practice midwifery. (19:191)

18-19 March 1971. Dr. Martha Rogers, Sc. D., R.N., National Consultant to the Surgeon General, USAF, for Nursing, participated in the Clinical Nursing Symposium. She also met with Major Leland R. Bennett, USAF, NC, Special Research Project Officer, USAF School of Aerospace Medicine, Brooks AFB, Texas, who is undertaking a study of current and future nurse requirements for the active and reserve forces, as directed by the Secretary of the Air Force. (1:194)

April 1971. At the 42nd annual meeting of the Aerospace Medical Association Convention held and Houston, Texas, it was announced that Air Force Reserve Nurses would begin participating in an Air Force "associate program", which meant that Reserve Medical personnel would join regular Air Force personnel in live aeromedical evacuation missions. The ANG was not a participant in the "associate program" at any level which meant that ANG Nurses were missing valuable training and experience. (8:11)

1971. The policy of denying commissions to women with dependents was rescinded. The temporary rank of first lieutenant would now be awarded to graduates of a baccalaureate degree nursing program. (20:103)

Four Air Force nurses have received training as GYN Nurses Clinicians at the University of Kansas with Dr Kermit K. Krantz, OB/GYN Consultant to the Air Force Surgeon General. This program was conceived because of the mandatory cancer detection program for the Air Force women in uniform. Besides these four nurses, other Air Force nurses have been trained on-the-job or in other special courses. (20:192).

During this period, emphasis was placed on developing Nurse Clinicians in Cancer Detection and Family Planning, Pediatrics and General Therapy Services. A pilot program in the utilization of Nurse Midwife started at Langley in March 1971. (21:VI-1)

The Air Force began its four-month course for Pediatric Nurse Practitioners in September, 1970 with three students per class. This course trained nurses in well-baby care and minor illnesses of children. It was conducted twice yearly with three students per class. ATC began its pediatric Nurse Associate program in January, 1971. This program was comprised of one week in residence at USAF Hospital Sheppard and fifteen weeks of training with a preceptor pediatrician at a base of assignment. Seven nurses have trained in this program. Another group of ATC nurses (7 or 8) began in the second training course at ATC bases 4 October 1971. (20:193)

ATC may well be the only command which gave the Air Force the impetus for utilizing the nurse for patient screening. The Clinics Nurse, who conferred with the

physician when indicated, has the responsibility for educating the patient regarding his/her disease. Although this type of nursing was noted at numerous Air Force hospitals, one nurse at USAF Regional Hospital Sheppard conducted typical clinics for diabetics and patients requiring anti-coagulant therapy. (20:193-194)

June 1971. Nurse Anesthetist manning remained short in the Air Force medical facilities. Applications for Anesthesia School at Wilford Hall USAF Medical Center, Lackland AFB, Texas, continued to fall short of requirements. Commands were asked to encourage applications for this field. The Anesthesia Course was a residency program, the Active Duty Service Commitment was only 18 months. (19:81) (24-211)

The field of General Duty Nursing remained the AFNCs most critical field. During this reporting period, the Air Force Nurse Corps averaged a shortage of 175 nurses below Unit Detail Listing (UDL) authorizations. Much of this problem was the result of the high number of initial active duty nurses accepting commissions and then not reporting for active duty as scheduled. For example, during this reporting period, 441 were assigned initially and only 395 reported. (19:81-82)

Eight psychiatric nurses and 14 general duty nurses were identified for Temporary Duty (TDY) assignment to the Drug Abuse Center (ATC), Lackland AFB, Texas. By 30 June 1971 only five had been assigned in accordance with nurse requirements. Five additional nurses were assigned to Cam Ranh Bay and 24 flight nurses were needed for 90 days at Clark AFB, Philippines, in support of this center. (19:82)

August 1971. A C-131 "Samaritan" completed its last aeromedical evacuation mission for the 2nd Aeromedical Evacuation Group, Headquarters U.S. Air Force Europe (USAFE), stationed at Rhein-Main AB, Germany. This was the last time a propeller-driven aircraft would fly aeromedical evacuation as its primary mission. On 1 July 1975, the group was assigned to the 375th aeromedical airlift wing and became the 2nd Aeromedical Evacuation Squadron as it joined the world-wide Military Airlift Command operation. This consolidation had a big impact on the mission of the 2nd AES, as medical people, already qualified in C-130 and C-9 had to be certified in the C-141 "Starlifter." (22:1)

November 1971. The Chief of Staff approved the senior and chief nurse badges. These two badges provided recognition for experience and education as do the similar badges worn by member of the five other corps in the Air Force Medical Service. (20:194)

1 Nov 1971. A request was submitted by Major Gen Crouch, Deputy Surgeon General, to defer any program to informally train Air Force nurse midwives. The need for midwives in the Air Force is recognized, however, those being sponsored in training by the AFMS should be formally certified. (15:13)

9 November 1971. In planning the OB/GYN Service of the future, to include a proportion of nurse midwives, the AFMS considered programming in the nurse

gynecology associate. A nurse so trained, as now at Travis, would greatly increase the service to the community, and the efficient utilization of the certified OB/GYN MD. Approximately 500 patients monthly was recommended as a good workload for this nurse. These associates would do cancer prevention, family planning, minor GYN, and premarital education. The nurse was unique from the role of nurse midwife. (15:12)

1971. In keeping with the total force concept, continued emphasis was placed on the fact that the USAFR medical forces are an essential and vital part of the USAF Medical Service. The active duty nurse establishment became more aware of the Reserve nurse resource and its potential while the Reserve nurse force was beginning to feel that it is part of a professional military team. This development over the past 6-12 months was an excellent example of the total force concept in practice. (23:88-90)

1 Jan 1972. As part of an organizational test of the feasibility of consolidating all MAC units at Clark AB into a single organization, the 57 Aeromedical Evacuation Squadron (AES) was completely absorbed by the 1600th Support Group, and existed thereafter, until deactivation on 1 Aug 72, merely as a paper unit. During its operation at Clark, the unit was awarded the outstanding unit citation on six occasions. The 57th Aeromedical Evacuation Squadron was activated at Scott Air Force Base, Illinois, on 15 Aug 73, by MAC Special Order (S.O.) G-480 dated 31 Jul 73. The current mission of the 57th AES is to plan, organize, direct and provide the expeditious and medically acceptable air movement of sick, injured, and wounded within the United States and near offshore areas, including Canada and Mexico. (24:1) (25:1)

24 Mar 72. Brigadier General Hamilton B. Webb, TAC Surgeon General suggested to the AF Surgeon General (SG) that it may be easier and quicker to contract with a medical school to teach Midwifery than to establish AFMS teaching programs and it would save manpower spaces. (15-14)

June 1972. During massive flooding in the wake of Hurricane Agnes, members of the 171st USAF Dispensary, Pennsylvania ANG, were called to duty for two weeks. Personnel provided medical relief to flood victims and performed countless deeds of mercy which won praise from all levels. (8:3)

July 1972. The first three Associate Degree graduates were commissioned as 2d Lieutenants and there were forty other Associate Degree graduates on active duty with the Air Force Nurse Corps. (26:162)

7 July 1972. General Hoefly flew to Wilkes-Barre, Pennsylvania with the Air National Guard to observe and inspect three emergency Air National Guard Dispensaries activated for the flood emergency. (26:163)

July 1972. Manning in the 9755 field of General Duty improved but so did the demands for specialty areas increases such as trained Pediatric Nurse Practitioners, GYN Nurse Practitioners, Midwives, Public Health Nurses and General Therapy Clinicians. (26:212)

Southeast Asia requirements continued to be filled; however, it was necessary to resort to many non-volunteers who never had a tour in Southeast Asia. (26:213)

The 9th Aeromedical Evacuation Group became a single unit with the disestablishment of the 902nd Aeromedical Evacuation Squadron at Clark AB, Philippines, and the 903d Aeromedical Evacuation Squadron at Tan Son Nhut, Republic of Vietnam (RVN). In October 1972, after more than one year of negotiations, all sections of the 9th Aeromedical Evacuation (AE) Group (AE Control Center, administration, medical material, etc.) were co-located in the flight line building with the 20th Operations Squadron immediately adjacent to the C-9 aircraft parking area. In November 1972, four special C-9 missions were flown to move 160 Republic of Korea patients from Phu Cat and Nha Trang to Taegu, Korea. Noteworthy praise was received by the medical crews for their performance of a job well done. These patients were a "combat surge" which exceeded the existing Republic of Korea Air Force (ROKAF) aeromedical evacuation capability. In January 1973, with the cease-fire signed, increased activities and events occurred with Project Homecoming (formerly Egress Recap). A special Aeromedical Evacuation mission using the C-9 was requested and phone for the movement of 40 Republic of Korea patients from Nha Trang, RVN, to Taegu, Korea. These were part of the last ROK patients from RVN. In February 1973, nearly all activity centered around the support of Homecoming. The 9th Aeromedical Evacuation Group's first participation in Homecoming and evacuated 26 returnees from South Vietnam on 1200, using the C-9 Mission #270. (27:9-11) (5:1423)

July-October 1972 . Authority was granted to recruit nurse graduates of associate degree, diploma and baccalaureate nursing programs which were accredited or provisionally accredited by the National Professional Nursing Agency and recognized by the National Commission on accrediting as acceptable to the Surgeon General, USAF. On 31 July 1972, a proposed change to Air Force Manual (AFM) 36-5, para 6-8 was received from Headquarters United States Air Force (HQ USAF)/ Directorate of Plans and Hospitalization. It stated that provisional accreditation was not a part of the accrediting procedure. The change was: The nurse must be a graduate of a school of nursing that is accredited by national professional agency recognized by the National Commission on Accrediting and acceptable to the Surgeon General, USAF. Change 2, 27 October 1972 to AFM 36-5 reflected this change. The requirement for the National League for Nursing accreditation offered a universal standard of measurement for quality of selection and the reduction of this criteria was deemed mandatory. Any reference to age was deleted from the criteria and a judgment regarding age was made at the time of selection. (26:237)

July 1972. HQ USAF Consultants Division informed procurement of the identification and requirement for specific specialties within the Nurse Corps to include midwives, pediatric practitioners, practitioners in the fields of obstetrics and gynecology and nurse anesthetists. These specialists were to fill converted physician positions in the future. As of December 1972, firm information on the conversions of approximately 200 positions

had yet to be forwarded. Only eight positions were converted from anesthesiologist positions to nurse anesthetist positions. (26:238)

July-August 1972. Four C-9A Aeromedical Evacuation replaced the C-118 and C-131 in the USAFE Aeromedical Evacuation system during this period. The four C-9As were delivered one each in June and July 1972 and two in August 1972. They became the prime USAFE Aeromedical Evacuation aircraft in September 1972.(28:19)

1 September 1972. Registered nurse graduates of a National League of Nursing accredited Associate Degree nursing programs became eligible for appointment as commissioned officers in the Air Force Nurse Corps. Previously, graduates of nursing schools with less than a three-year basic curriculum were not eligible. (29:154)

1972. As the Air Force entered the zero draft environment, a shortage of physicians was anticipated. In preparation, Air Force nurses expanded their roles to assume those responsibilities currently being accomplished by physicians that nurses were capable of assuming with additional training. Hence, in 1972, the Pediatric Nurse Practitioner program was established. Likewise, in 1973, Air Force nurses entered the Nurse Midwifery field. Amazingly enough, OB/GYN nurse practitioners have been physician extenders in cancer detection clinics since 1968, and their roles were expanded in 1972 to include family planning, prenatal and GYN screening services. (3:2)

The specialty codes of the Air Force Nursing Services have always included administration, mental health, operating room, anesthesia, clinical, and flight nursing. Nursing roles were expanded in 1974 to obstetrics/gynecology, pediatrics, primary care nurse practitioners, nurse midwives, environmental health nurse, community health, and educational coordinators. (3:2)

A nurse who did not elect to serve on active duty during peacetime, but would be available in the event of national emergency, could become a member of the Air Reserve Component, i.e., the Air National Guard or Air Force Reserve medical programs. Members were required to maintain their professional competency, keep abreast of changes in the military, and to train enlisted members in nursing procedures and techniques. Regardless of the component in which Air Forces nurses chose to serve, a career in the Air Force offered personal and professional growth, an opportunity to serve their country, and a truly unique experience. (3:2)

In 1971, Captain Susan R. Struck, a registered nurse from McChord AFB, Washington, was the first female in the United States Air Force to challenge the Department of Defense regulations to allow her to remain on active duty after becoming pregnant. Air Force regulations did not permit officer or enlisted women to give birth while on active duty, regardless of marital status. The case made it to the Supreme Court, and she was successful at winning suit to allow today's women the opportunity to bear children and remain in the military. (3:2)

1972. Colonel Ethel Ann Hoefly, the fifth Chief Nurse of the Air Force, became the first Nurse Corps (NC) officer promoted to Brigadier General. (3-3) (26:162)

1973. The National Aeronautics and Space Administration (NASA) completed a series of tests with Air Force nurses, aimed at putting women in space shuttle flights, scheduled to start in 1978. (3-3)

31 January 1973. Practitioner AFSCs were established to include 9776 for the Nurse-Midwife; the Suffix "A" with AFSC 9756 to identify the OB/GYN Nurse Practitioner; and Suffix "B" with AFSC 9756 it identify the Pediatric Nurse Practitioner. (26:162)

January 73-April 73. FY 73 demonstrated the successful utilization of nurse clinicians/practitioners. From January 1973 to April 1973, the pediatric nurse practitioner at Clark Air Base reported a total of 11,836 outpatient visits. During March 1973 through April 1973, the OB/GYN nurse clinicians at Hickam AFB recorded 4, 181 visits. Two nurses assigned to the Hickam General Therapy Clinic logged a total of 11, 202 patient visits. Patient acceptance was expressed in open letters to the base commanders which were published in the base paper. (27:7-8)

12 Feb-4Apr 1973. All facets of the 375th AAW were employed to ensure that the returning prisoners-of-war from Vietnam received the best possible care. In the U.S., C-9As and C-141s transported the returnees to medical facilities near their families. Operation HOMECOMING brought 367 former American prisoners home. (30-2)

March 1973. The Nurse-Midwife Residency Program was established. The first class of six nurses began training at Malcom Grove USAF Medical Center, Andrews Air Force Base, Maryland. (29:153)

10 May 1973. Six students entered the Nurse Midwifery Residency program at Malcolm Grow USAF Medical Center in March, 1973. A two-phase 16 week continuing education program (8 week didactic at the University of Kansas, 8 week clinical experience in an Air Force Medical Facility) for OB/GYN nurse in practitioners began on 29 January 1973. Three classes of eight students each graduated between January and June. Six classes were programmed for FY 74. Seven Air Force nurses entered a 16 week continuing education program at the University of Virginia for PNPs in May. Air Force nurses were programmed for PNP training at the University of Virginia; University of Rochester, New York; Good Samaritan Hospital, Phoenix, Arizona; and Methodist Hospital, Indianapolis, IN during FY 74. As of 30 June 73, there were 75 nurses practicing as OB/GYN Nurse Practitioners (9756A) and 57 nurses practicing as PNP's (9756B) throughout the Air Force. (31:153)

A projected shortage of 29 nurse anesthetists as of December, 1973 was alleviated with the following actions:

(1) Deferred two nurse anesthetists selected to attend Air Command and Staff College in August until the following year.

(2) Removed four nurse anesthetists selected as alternates for AFIT programs from the alternate roster.
(3) Requested 13 selected nurse anesthetists with dates of separation during Calendar Year (CY) 73 to extend. Three extended.
(4) Tasked Headquarters Recruiting Service with an urgent requirement for nurse anesthetists.
(5) Increased the military consultants to the Surgeon General for nurse anesthesia from three to eight.
(6) Approved a nurse anesthetist procurement package sponsoring 10 civilian nurses in their last year of anesthesia training.
(7) Recalled three reserve nurse anesthetists volunteers to extended active duty.

The utilization of primary care nurse practitioners is being considered to maintain patient care capacity with fewer physicians.(31:154).

June 1973. The Surgeon General approved the implementation of the Nursing Prototype Study. This study was designed to examine, evaluate, and redefine the roles of the various types of nursing service personnel. The implementation of this study required an "experimental unit" in which planned changes and nursing roles would occur, and a "control unit" in which no role changes occurred. (31:153)

June-July 1973. Nursing service personnel were involved in the planning or the implementation of the following programs:

a. Physician Extender Programs (Nurse Practitioners).

b. Ground cross-training program for the C-130, C-141 and C-9 airframes. (32:27)

Jun 73-Jun 74. The AFNC increased the use of nurses and medical technicians as health care extenders and this position rapidly expanded during the year as anticipated. Several qualified nurses functioning in nurse practitioner roles in Pediatrics and OB/GYN Clinics were certified in accordance with professional standards established by the Surgeon General, USAF. Nurse midwives were assigned to two medical facilities during the year, implementation of this program was a significant milestone and the midwives were readily accepted by the military family as well as other members of the health care team. Within a relatively short period of time, the four nurse midwives were delivering 38-43% of the normal births. OB-GYN nurse practitioners at Hickam, Clark, Misawa, Kadena, and Osan collectively saw 16,425 patients. During April 1974, an increased need and utilization of nurses as Primary Care Nurse Practitioners (PCNP), progressing from a role of merely “screening nurses” to those who are providers of care occurred. By the end of FY 74, 16 nurses were functioning as PCNP’s at various facilities within the command. (33:VII:1)(34:4)

Flight nurses assigned to the 1st Aeromedical Evacuation Group, Pope AFB, supported the African Disaster Relief Operation in Mali and reserve encampments of the

Eastern Region, provided staff assistance visits to Reserve/ANG units, and participated in the annual field training exercises at Fort Bragg, NC. Administrative responsibilities of nursing services at each facility were expanded to include implementation of standards proposed by the Joint Commission on Accreditation for Hospitals. These included methods for improving inpatient care through development of nursing care plans and preparation of nursing histories. Emergency care carts were procured and contents standardized on inpatient care units and nursing personnel became involved in conferences related to fire safety in hospitals. One nurse was a subject in a 5-week NASA-sponsored Weightlessness Pilot Program. (33:VII-2)

November 1973. Certification procedures were initiated to determine nurses professionally qualified as OB/GYN practitioners and pediatric nurse practitioners. The first nurse-midwives to be graduates from any military training program completed their residency studies at Malcolm Grove USAF Medical Center in November, 1973 and took their certifying examinations through the American College of Nurse-Midwives (ACNM). An on-site evaluation of the Air Force Nurse-Midwifery residency program was made by ACNM to determine eligibility for accreditation. (35:137)

4 Feb 74. USAF OB/GYN and PNP courses were established at the School of Health Care Sciences (SHCS) on 4 February 1974. Six students entered the four month OB/GYN Nurse Practitioner Course and ten students entered the four month PNP Course. A USAF Primary Care Nurse Practitioner (PCNP) program was established with the enrollment of twelve Air Force nurses in a six month course at the University of Arizona to spearhead plans for utilization of this new resource. Comparable educational experiences were being developed at the SHCS so that an "in-house" capability for training PCNP's would be realized during FY 75. (36:124)

10 Feb 74. Aircrews and medical personnel from the 11th Aeromedical Airlift Squadron (AAS) and 57th AES airlifted the astronauts of the last NASA Skylab mission from San Diego, CA, to NASA Headquarters, Houston, Texas. The 375th AAW continued to support space recovery operations. (30:2)

April 1974. Colonel (Brigadier General Selectee) Claire M. Garrecht reported to the Office of the Surgeon General in April to become Chief, Air Force Nurse Corps, replacing Brigadier General E. Ann Hoefly who retired 1 May 1974. (36:124)

October 1974. The Air National Guard Nurses Association was established in October 1974. The association was initially the Fraternity of Air National Guard Nurses. The first meeting was held 29 October 1974 in San Diego, California, in conjunction with the 81st annual Association of Military Surgeons of the United States conference. The association was established to stimulate activity and motivate nursing personnel in their areas of interest. The first President was Major Julle Eszlinger, MNANG, NC, 109th AEF, Minnesota ANG, Minnesota, St. Paul. (8:2)

31 December 1974. There were 126 OB/GYN and 107 Pediatric Nurse Practitioners assigned. Eighty-four of the OB/GYN and seventy-four of the Pediatric Nurse Practitioners were USAF certified. All others were graduates of approved programs who had gained the required experience to apply for certification. In October, twelve Air Force nurses graduated from a six- month Primary Care Nurse Practitioner (PCNP) Course at the University of Arizona and were assigned to specific medical facilities for preceptorship. Twenty-one Air Force nurses entered the first in-house PCNP course at the School of Health Care Sciences. The second class was scheduled for February. Twenty-eight Nurse Midwives were working in their specialty at selected Air Force hospitals. Five nurses were in AFIT sponsored Masters' programs leading to certification in Nurse Midwifery. (37:122-123)

January 1975. The Military Airlift Command became the Department of Defense single manager for airlift worldwide. With this transition, the separate aeromedical evacuation systems managed by MAC, PACAF, Tactical Air Command (TAC), and the United States Air Forces in Europe (USAFE), were all unified and placed under the single management of MAC's 375th Aeromedical Airlift Wing located at Scott Air Force Base, Illinois. (4:27)

31 Mar 1975. The 2nd Aeromedical Evacuation Squadron was redesignated as a MAC asset. (38:1)

April 1975. MAC medical crews from the 9 Aeromedical Evacuation Group (AEG), 10 AES, 57 AES and the 1AEG flew with each other during Operation Baby Lift and Operation New Life. The missions, with mixed medical crews, operated without a single flaw and the different orientation of several subsystems did not detract from the effectiveness of the crews. During Operation Babylift, there were 85 orphans and two attendants moved from South Viet Nam through the aeromedical evacuation system. On 4 Apr 1975, an ill-fated mission airlifting 330 Vietnam orphans from Saigon to Clark AB, Philippines crashed. Shortly after takeoff, the C-5A experienced a rapid decompression and crashed killing numerous orphans and two medical crew members. Capt Mary T. Klinker and SSgt Michael Paget were the first two medical crew members in the history of the 10th AES to be killed in the line of duty. A survivor, Capt Regina Aune, Flight Nurse, was awarded the Cheney Award for her valor and self-sacrifice during this mission. (1:7) (39:38) (5:1420-1423)

30 Apr 1975. Operation New Life evacuated Americans and South Vietnamese from Southeast Asia to points throughout the Pacific and the USA. There were 332 refugee patients and 902 attendants moved to CONUS in the aeromedical evacuation system. (1:7) (39:38)

1 April 1975. Capt Regina C. Aune was selected to receive the Cheney Award for exceptional performance as the Medical Crew Director on the C-5A aircraft that crashed near Saigon on 1 April 1975. To qualify for the award one must have "performed act of

valor, extreme fortitude, or self-sacrifice in a humanitarian interest performed in conjunction with an aircraft." (40:44)

12 May 1975. USAF certification procedures were established for graduates of the Primary Care Nurse Practitioner (PCNP) course. At the School of Health Care Sciences, the first class of twenty-one students completed phase I of the course on 12 may 1975 and were assigned to Phase II (Clinical Practicum) sites. The second class of twenty-eight students began in February 1975 and a third class of thirteen students began in June, 1975. The Nurse Midwifery Residency has established an affiliation with Georgetown University and received full accreditation for the program from the American College of Nurse Midwives. (41:125-126)

July 1975. The 375 Aeromedical Airlift Wing (AAW) Deputy Commander for Aeromedical Evacuation became the single point manager for worldwide aeromedical evacuation and with that responsibility, the detachments of the 57 AES were transferred to the Wing. In 1983, the 57 AES transported nearly 78,000 patients. (25:1) (39:38)

July 1975. Graduates of the Primary Care Nurse Practitioner Course totaled 31 and 65 students were in phase I or II of training. Future classes have been placed on hold pending the results of studies to determine future requirements for primary care providers. (342:156)

July 1974-June 1975. The utilization of nurse practitioners and other health care extenders has proven successful throughout PACAF. OB-GYN Nurse practitioners at Misawa, Tachikawa, Kadena, Clark, Hickam and Osan saw a total of 23, 638 patients during the year. Quarterly consultant visits were made by the practitioner at Clark to the Thailand bases and by the practitioner at Osan to Kunsan Air Base. This practice was extremely helpful in meeting the medical needs of female personnel in the more remote areas. Pediatric nurse practitioners assigned to four PACAF medical facilities saw a total of 19,042 patients during this year. Utilization of primary care nurse practitioners was expanded throughout the command with nurses serving effectively in this role at 14 medical facilities. Guidance and proper utilization of, and required physician support for, the health care extenders (nurses and medical technicians) was discussed with each Director, Base Medical Services (DBMS) and Chief Nurse. (43:7)

Nursing services personnel actively participated in Operation Babylift, Operation Frequent Wind, Operation Newlife, Operation Eagle Pull and in the Mayaguez Affair. To support the above and continue to fulfill their primary mission, nurses, medical technicians and volunteers worked long hours with minimum complaint. The 655th Tactical Hospital from Tachikawa provided medical support to the refugees being processed through Guam. (43:9)

July 1975-December 1976. Increased utilization of nurse practitioners and physician assistants in PACAF impacted favorably on the health care provider manning posture. During this period, physician assistants were assigned to every medical facility, certified primary care nurse practitioners to USAF Clinic Hickam and Kadena. The addition of

these fully trained personnel in combination with the OB-GYN nurse practitioner/pediatric nurse practitioner resources enabled PACAF to delete the Non-Certified Extender Program as of November 1996. Environmental Health (EH) nurses were authorized for Yokota, Osan and Hickam. The effectiveness/productivity of the one assigned EH nurse at Clark generated this action. A total of ten initial active duty nurses, the first ever assigned to the command, joined the nursing staffs of USAF hospitals Clark and Yokota. The overall smooth adjustment/integration of these nurses was made possible through the individualized, meaningful orientation programs provided by gaining unit personnel. (44:31)

September 1975. Colonel Olive Y. Burner began an exploratory study to evaluate the adequacy of current experience and education standards for commissioning in the AFNC in terms of actual nursing service requirements and assignment procedures. The study is an integral part of continuing effort to identify factors that may interfere with provision of high quality nursing care and Air Force Medical Facilities. The study was completed in February 1976. (42:157)

October 1975. A change to AFM 36-1 Officer Classification Manual was submitted. This change eliminated AFSC 9766A, Aerospace Nurse and substituted AFSC 9786, Environmental Health Nurse. The new specialty description was designed to more appropriately define the environmental and community health role of this emerging member of the Air Force Health Care Team. (42:156)

For the first time in the history of the Air Force Nurse Corps, a Reserve nurse has been assigned as a mobilization augmentee to the Office of the Chief, Air Force Nurse Corps. Colonel Marion E. McKenna, BSN, MEd, EdD, Dean, School of Nursing, University of Kentucky, has been selected for this position. (45:29)

12 December 1975. The first annual meeting of the Fraternity of Air National Guard Nurses was held in Washington, DC. For the purpose of discussing similar concerns, the meeting was separated into two groups; the flight nurse section and the Hospital/Clinic Section. Therefore, the full meeting considered and adopted four resolutions: to award Chief Nurses in ANG medical units who were serving as Nursing administrators the Air Specialty code 9716; to review the rank structure and recommend changes providing upward mobility for ANG nurses; to recommend changes providing upward mobility of ANG nurses; and, to recommend that the nurse position in the National Guard Bureau be staffed by a nurse. (8:7)

January 1976. A meeting of Command Nurses and other nursing personnel was held at Andrews AFB, MD. The goals for the next five years for the Air Force Nurse Corps were presented and accepted in an effort to continue to provide the ultimate in health care to all members of the USAF community:

Objectives of the nurse corps career development program*
1976 - 1980

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 USAF Medical Service.
5. Promote improved utilization of nursing personnel of the USAF Reserves and Air National Guard. (45:30)

23 March 1976. The 100th Flight Nurse class graduated. (46:47)

June 1976. At the request of the Air Force Surgeon General's Office, ANG Medical units provided direct support to 16 active duty hospitals and clinics. This ongoing effect provided critical resources to the active duty medical facilities as well as much needed medical personnel. A medical unit self-inspection checklist was developed and provided to all ANG hospitals, clinics and medical elements. This checklist was a valuable management tool for self-evaluation and self-inspection. (8:2)

November 1976. Emergency Medical Technician training in accordance with AFM 168-4 was initiated at all medical facilities. (44:32)

December 1976. The USAF continued to educate many individuals in nurse practitioner roles. As of Dec 76, there were 330 nurses functioning as practitioners. (Primary Care; OB/GYN; Pediatrics). (47:19)

December 1976. General David C. Jones, Air Force Chief of Staff, presented the Cheney Award to Captain Regina Aune, USAF, NC for her outstanding performance as a Flight Nurse in the C-5A aircraft accident during "Operation Babylift". Captain Aune is the first woman to receive the Cheney Award since at was established in 1927. (40-2) Captain (then First Lieutenant) Regina C. Aune distinguished herself by conspicuous acts of valor at Saigon, Vietnam, on 4 April 1975. On that date, Captain Aune was serving as Medical Crew Director aboard a United States Air Force C-5A aircraft performing a humanitarian mission airlifting Vietnamese orphans and United States civilians from Saigon, Vietnam, to the United States. Shortly after take-off from Tan son Nhut Airport, while climbing through 23,000 feet and the aircraft experienced rapid decompression. Although the flight made a valiant effort to get the aircraft back to Saigon, it crash landed approximately two miles short of the runway in a marshy rice paddy area. Of the 330 passengers on board, 176 lived through the ordeal. Captain Aune was performing her normal duties in the troop compartment when the rapid decompression occurred. She went to the assistance of those needing oxygen. She organized efforts to prepare the passengers for the ride back to Saigon and the eventual crash landing. Her performance after the impact was outstanding. She egressed immediately and began assisting in the evacuation of the orphans. It was only after most of the survivors had been evacuated that she showed any indication of being injured. She gave absolutely no thought to the danger she was in or to the pain she was suffering. It was later discovered that she had a broken

foot, broken leg, and a broken bone in her back, as well as deep lacerations in her left leg, left hand, and left elbow. In a true and magnificent spirit of courage, dedication, and humanitarianism, she remained in the rescue effort until she reached the point of losing consciousness. Only then did she request permission to be relieved. Captain Aune played a great part in the survival of 176 people who did live. (47:20, 246, 248-249)

27-30 Mar 1977. The 375th AAW, 69 AES and 72 AES of the Air Force Reserve provided aeromedical evacuation for one of the Nations' worst accidents. Two civilian Boeing 747 jumbo jets collided on the ground at Tenerife, Canary Islands. One hundred and twelve persons survived the crash. Patient survivors of the crash were airlifted from Tenerife aboard a C-130 to Las Palmas, also in the Canary Islands. All patients, except for one litter patient which was held in Las Palmas, were transferred to an waiting C-141 Starlifter for the trans-Atlantic flight to the United Stated. (30:2) (48:41)

15-18 March 1977. The Air Force Nurse Corps Career Development Board met at Andrews Air Force Base, Maryland, 15-18 March 1977. Recommendations included:
- An Internship Program for initial active duty nurses by instituted.
- A continuing effort be made to devise staffing patterns which improve the utilization of nursing personnel, especially critical specialists, to improve patient care.
- Problem Oriented charting be promoted as a better way of documenting nursing care given. (49:26-28)

9 August 1977. A meeting was held regarding the Nurse Internship Program. The purpose of this meeting was to provide proper coordination and smooth transition into the USAF Internship Program for Initial Active Duty (IAD) nurses. Lt Col Plott said five medical centers are being utilized including: Malcolm Grow, Wilford Hall, Wright-Patterson, Keesler and Scott. There will be 200 slots available for fiscal year 1979. Ten to twenty students will enter each class depending on the medical facility's capability. Wilford Hall can accommodate twenty per class. Lt Col Plott said the program was originally proposed to start in January 1978; however, it will begin in October 1977 with ten students entering Malcolm Grow in October 1977 and ten students entering Wilford Hall in November 1977. (50:1) (51:23)

1977. Colonel Ethel A. Nelson, USAF, NC, continued to serve as Vice Chairman of the American Nurses' Association's Annual Accreditation Board for Continuing Education in Nursing and attended meetings in August and October, 1977. Nursing provided consultation to the United States Public Health Service (USPHS) Nursing Services for the development of an approval program for continuing education for nursing in the USPHS. (51:23-24)

November 1977. Implementation of the change to AFR 35-41, Volume I, requiring that Reserve nurses be actively engaged in nursing, continued throughout the reporting period. This change enhanced the readiness posture of the Air Force Nursing Services by insuring that our Reserve forces are qualified and competent. (51:22)

1977. All three of the AFMS' medical centers as well as several of the smaller facilities established student nurse and LPN affiliate agreements with local universities and schools of nursing. (48:45)

Programs to promote proper utilization of USAF Reserves and Air National Guard personnel were encouraged. All facilities assigned an active duty nurse as a liaison to work alongside the Reserve Component nursing personnel. (48:46)

The Health Education Program (HEP) for military personnel and their families was implemented in accordance with the guidance received from the Surgeon General, USAF. The Directors of Base Medical Services (DBMS) appointed a member of their staff to serve as the Health Education Coordinator (HEC). Each HEC attended an area workshop/seminar, sponsored by the central office of HEP, the School of Health Care Sciences. The major emphasis of this program was health education, prevention of illness and injury, and management of minor discomfort and illness. (52:VI-3)

25-26 Feb 1978. The 57th AES and 11th AAS crews airlifted, in two urgent C-9A missions, 14 patients were burned during the train derailment disaster at Waverly, TN. (30:2) (53:2)

February 1978. IMC 77-1 to AFR 35-41, Vol. I, Table 3-1 and Table 5-1 was corrected in February 1978 to include Category D Ready Reserve nurses. All Ready Reserve nurses not actively engaged in their profession in civilian had to meet certain professional proficiency/participation standards in order to remain in the program. (54:102)

15 Apr 1978. When civilian hospitals at Clovis, N.M., could no longer cope with the number of botulism patients, the 375th AAW was requested to assist. A C-9A flew 11 victims to Albuquerque, N.M. medical facilities. (30:2) (53:2)

1978. The initial qualification training at the 57 AES, Scott AFB, IL, of nurses and medical technicians assigned to overseas units began in August 1978. Ten nurses and three A902X0's completed the program. Other feedback has been received from overseas units regarding the initial qualification program. Aeromedical Evacuation Crew Members (AECMs) could now clear their base and began flying in the basic crew position immediately. A C-141 Cross Training Program was organized at the 31 AES, Charleston AFB, SC, and Travis AFB, CA, to train 57 AES personnel rather than sending the 57 AES personnel to overseas units for this type of training. A C-9A Cross Training Program for Air Reserve Forces (ARF) strategic personnel was started at 2 AES, Rhein-Main AB, GE, and 9 AES, Clark AB, PI. The C-9A Cross Training Program for tactical AE continued at Scott AFB, IL. A change in procedures for AECM's already qualified in the C-9 and C-141 became effective March 1978. The C-130 qualification requirements for these individuals were met by a minimum of four hours ground training with an instructor followed by a two-hour flight evaluation. Tapes, slides, and static displays were used to the maximum in this program. This allowed domestic AECMs to receive C-130 qualification in the CONUS. (53:1)

1978. The Internship Program for Initial Active Duty Nurses was activated at four additional Medical centers. (54:25)

The United States Air Force Nurse Corps, Nurse Education Branch, was accredited by the Mountain Regional Employment Accrediting Committee of the American Nurses' Association as an approver of continuing education (which meant the AFNC could award continuing education units (CEU's) which will then be reciprocally recognized by other approver groups. (54:26)

19 Nov 1978. The Command Center at MAC, asked the Pacific Air Command (PAC), 375th AAW, for aid in finding a pathologist for an aeromedical evacuation mission to Georgetown, Guyana. Following this request, Colonel Spoor learned from the MAC senior controller that there had been a shooting incident involving Americans in Guyana. Several followers of the Reverend Jim Jones, leader of the religious group known as the People's Temple, fired on Representative Leo J. Ryan and his party. A C141 Starlifter from the 437th MAW and an aeromedical crew from the 31st AES moved nine survivors of the Jonestown airstrip ambush from Georgetown, Guyana, to the U.S. (30:2) (53:2) (55:54)

Jun 1978. Captain Jacquelyn D. Reid, a nurse assigned to the 123 TAC Hospital, received the Kentucky Medal for Valor (For Heroism) Reid was presented this award from the Commonwealth of Kentucky on 17 May 1978 for her conspicuous acts of courage, gallantry, and valor above and beyond the call of duty on 20 November 1977. Captain Reid waded through icy water and climbed a snow embankment and fence to reach the trapped occupants of a crashed car. She comforted the dying mother, administered first aid to the child, and remained beside them in frigid weather until emergency services arrived. (56:148-151)

27 March 1979. C-9A tail number 10875 was the first C-9A to fly a mission to the People's Republic of China. The aircraft landed at Hung Chiao Airport, Shanghai, to pick up two patients (U.S. Embassy staff) for movement to the USAF Hospital Clark AB. According to Major Elpedio Basa, Chief, Operations, 9th AES, the Air Force personnel "received a very warm welcome" from the Chinese representatives at Hung Chiao Airport, and the medical personnel from Hundow Hospital in Shanghai." Major Basa and Capt Anthony Mosmiller, the Medical Crew Director, gave the Chinese attendant physician, Dr. E. V. Wong, and his staff a tour of the C-9A. Other crew members from the 9th AES were SSgt Danny Vaughn and Sgt George Cofresis. The aircraft commander was Lt Col Fred D. Galley, Commander, 20th Aeromedical Airlift Squadron, based at Clark. (55:56)

25 May 1979. Responding to a U.S. State Department request, a C-9A Nightingale aircrew from the 435th TAW and a medical crew from the 2nd AES, flew 18 injured members of an Italian folk dancing group, who had been injured in a bus accident in Greece to their home country. The accident killed seven people and injured 23. Because

of the close relationship between the civilian community and Aviano Air Base, the Mayor of Aviano, Luigi Gant, had asked Col James W. Dearborn, the U.S. Air Force Commander at Aviano AB, for assistance. (30:2) (55:56)

2 Sep 1979. When Hurricane David threatened the southern portions of Florida, the 1st AES was tasked to evacuate 20 elderly and paraplegic patients from the civilian Fisherman's Hospital to Miami International Airport where they were transported via ambulances to the Miami General Hospital. A C-130 Hercules from the 437th MAW flew this mission. (30-3)

19-20 Oct 1979. On 19 Oct 79, the 375th AAW received information 44 Marines were injured when a 5,00 gallon fuel storage tank ruptured during a typhoon and ignited their barracks near Mt. Fuji, Japan. Thirty-eight of the most severely burned Marines required aeromedical evacuation to the Burn Unit at Brooke Army Medical Center, Fort Sam Houston, Texas. Two C-141s assigned to Norton AFB, CA, were with the 9th AES providing the medical crews for this historic burn mission. (30-3) (38:6)

October 1979. At the fifth annual meeting of the Fraternity of Air National Guard Nurses, revisions to the bylaws were presented to the membership which approved and implemented a name change for the association. The "Association of Air National Nurses" was approved as the new name. (8:8)

25 Oct 1979. A class action suit was filed in San Francisco by a group of Reserve Nurses charging the Air Force with unfair labor practices and discrimination against females. One allegation concerned a requirement for active engagement in nursing. The judge dismissed the case in May, 1980. (57:12)

1979. Health Education Coordinators (HECs) were active at all bases. This additional duty was assigned to a hospital or clinic staff nurse at 17 facilities and to physical therapists at the other 2 facilities. Several HECs routinely published weekly articles in the base newspaper. In addition, the HECs were appointed to the Health Advisory Council at each base. This action created another channel of communicating to the military community what programs and services are available. (58:VI-1)

Colonel Barbara A. Goodwin and Colonel Mary M. Lofstrom served as Air Force representatives to a Federal Nursing Service Task Force to revise qualification standards for GS 621 series Nursing Assistant and Licensed Practical Nurse. A separate series was developed for each category. (57:12-13)

January 1980. Brigadier General Sarah P. Wells, HQ USAF/Surgeon General, Nursing (SGN), conducted the first Senior Air Reserve Forces Nurses meeting at Bolling AFB, DC. The purpose of this meeting was to review current nursing issues. Particular emphasis was placed on creating a standardized nursing philosophy in support of the Total Force policy. This meeting was very successful.(59:12)

28 Feb 1980. HQ AFRES/SG forwarded a proposal to HQ ATC/Surgeon General Education (SGE) addressing the feasibility on starting an Air Reserve Forces Nursing Services Management Course at the School of Health Care Sciences, Sheppard AFB, TX. The primary justification being centered around the inability of Reserve and Air National Guard Nurses to attend the course offered to the active duty nurse due to the length of the course, approximately three months. Approval for the course was received on 3 September 1980. (59:ii

June 1980. The Air National Guard supported the Cuban Refugee program at Eglin Air Force Base. Members of the 156th Tactical Clinic, Puerto Rico ANG volunteered its services to support Eglin. In conjunction with the USAF, the ANG participated in a new program instituted by the Surgeon General, Project Keep Each Eligible Person (KEEP). The purpose of this program was to retain all health professionals. (8:5)

1980. Brigadier General Sarah P. Wells had been the Chairman of the Federal Nursing Services Council since February, 1979. (57:13)

1980 Goals of the AFNC included:

Maintain or exceed present FY 79 procurement objective of 80% BSN accessions.
Integration of Doctoral level education into AF Nurse Corps.
Attain 100% BSN Accessions and Attain all BSN Corps.
Evaluate the nurse intership program.
Emphasize the importance of 30 Continuing Education contact hours annually.
Meet the needs of USAF medical mission.
Meet needs of assigned USAF nurses.
Expand the use of nurse consultants
Expand the role of nursing into the community.
Establish a 90299 consultant program.
Establish a Clinical Nurse career ladder.
Increase knowledge of Air Force Mission.
Actively support medical readiness.
Recognize Total Force Concept.
Increase promotion opportunities in Category A and ANG units.
Improve career progression opportunities.
Establish a short course in Nursing Administration for ARF Chief Nurses.
Improve communications to and from ARF nurses.
Encourage accomplishment by ARF nurses of PME.
Increase use of Air Force continuing education programs.
Improve use of ARF nursing expertise. (57:13-22)

October 1980. A study to determine staffing requirements based on an "Acuity of Care" classification system was implemented at selected medical treatment facilities in October, 1980. The study continued until July, 1981 and the results were evaluated by the Air Force Medical Management Engineering Team (AFMEDMET) for possible inclusion in the nursing unit manpower standards. (60:12)

November 1980. The AF-sponsored nurse internship program was initiated at the USAF Regional Hospital MacDill in November 1980. Five interns were placed into the program. A second Nurse Educational Coordinator will be added to the staff as a manpower additive, which was approved by HQ USAF/SG on 3 September 1980. A second TAC hospital, Homestead, has been selected as a training site and will implement the internship program early next year (1981). (61:VI-1)

Nurse Corps Career Development Board (November 1980). Colonel Beatrice Goodwin, New York Air National Guard (NYANG), NC, represented the ANG at the USAF Nurse Corps Career Development Board. Of the five objectives of the Board, the fifth was to improve the use of nursing personnel in the ANG and AFRES. (8:5)

20 Jan 1981. Two C-9A's decked with yellow ribbons, from the 435th TAW with medical crews from the 2nd AES flew to Algiers, Algeria, to airlift the 52 American hostages released by Iran after 444 days of captivity. The 375th AAW also airlifted the 14 Americans released by the Iranian students on 19-20 Nov 1979 and 11 July 1980 as well as the 5 servicemen injured in the 25 April 1980 aborted hostage rescue attempt. (30-3) (38:6)

January 1981. Manpower authorizations have been approved for a United States Code (U.S.C.) 265 Air National Guard nurse position and a 902XX Consultant to the Chief, Air Force Nurse Corps. Positions were funded in the fourth quarter 1981. (62:7)

Revisions to Regulations for Air Reserve Forces (ARF) Nurses. Air Force Regulation 35-41 (Volume 2, Reserve Training) was reviewed in January, 1981. As a result of this review, the amount of time a Ready Reserve nurse was required to be actively engaged in nursing was changed. The original requirement was two days (16 hours) per month or 64 hours per month. The current changes require two days (16 hours) per quarter. Along with this change, the feasibility of a self assessment program on emergency nursing was investigated to prepare Air Reserve Forces nurses to meet readiness requirements. (62:7)

10-13 March 1981. Twenty-five senior nurses and, for the first time 902XX (Medical Service Technician) Consultants to Command Nurses attended the Career Development Board. (62:6)

1 July 81. Lt Colonel A Marlene Ausen was selected for and assumed the Statutory Officer Position 10 U.S.C. 265 (Extended Active Duty) as the ANG Nurse Advisor to the Chief, AFNC on 1 July 1981. This had been a commonly filled position for a physician in the Air National Guard, but not in the Nurse Corps. Colonel Ausen was the first nurse in the Air National Guard to be selected for the position. (63:5)

30 Sep 1981. Air Force Nurse Corps Objectives continued on the trajectory set in 1976:
Upgrade educational requirements prior and subsequent to appointment in

the NC
Provide opportunity for professional growth and development
Improve use of professional skills
Stress the Team Concept within the USAF Medical Service
Promote improved utilization of nursing personnel of the USAF Reserves and the Air National Guard (64:1)

1981. The Phase I completion date for data collection of the "Patient Classification System" Study, was extended from December,1981 to April, 1982 due to technical problems. (63:6)

21-22 October 1981. HQ USAF/SGN participated in a two-day meeting with the professional nurse community that was sponsored by DoD to develop volunteer programs to reduce the nurse shortage in the event of mobilization. Attendees included executives of the American Nurses Association, American Association of Nurse Anesthetists, Association of Operating Nurse Operating Room Nurses, Association of Critical Care Nurses, American Association of Colleges of Nursing, and the American Red Cross. (63:5-6)

1981. Lieutenant Colonel Winifred, USAF, NC, was assigned as project officer for a two year study to evaluate the Nurse Internship Program. (65:7)

1981-1982. Peacetime airlift adapted to urgent movements as well as aircraft during wartime contingencies. The case histories speak for themselves. The U.S. Embassy hostages, released by Iran in 1981, were brought back on a C-9A. In 1982, at the request of the Spanish Government, the 375th AAW assisted the patients and families involved in the crash of a DC-10 in Malaga, Spain. Sixty-six patients and family members were flown direct from Malaga to McGuire AFB, NJ, via C-141 aircraft. (66:1)

5 April 1982. Brigadier General Sarah P. Wells, Chief, Air Force Nurse Corps, chaired a one-day meeting at Bolling Air Force Base to discuss and evaluate nurse education programs and policies. (67-4)

Authorizations for 32 clinical nurse specialists and 97 community health nurses were funded for fiscal years 85 and 86. Plans to ensure adequate numbers of qualified nurses to assume these positions were discussed. A survey was conducted to determine numbers of interest and/or qualified individuals for Community Health Nurse positions. Records were reviewed to determine the Nurse Corps inventory of clinical specialist and results were compared to requirements. The availability of adequate number of nurse anesthetists to meet increasing requirements was also discussed. Options for training additional anesthetists were determined and plans were made to establish a senior sponsorship program for these students was begun. Topics pertaining to preparation for managerial/administrative positions were addressed and recommendations made to establish a Chief Nurse Residency Program and a selection board for Chief Nurses. The

Residency program is planned for fiscal year 83. No firm decision was made regarding a selection board at this time. (67:6-7)

June 1982. The FY 82 recruiting goal of 670 nurses was achieved in June of 1982. The Achieving of this goal was significant because of the restrictions in constructive service credit permitted under the Defense Officer Personnel Management Act (DOPMA) enacted 15 September 1981. (67:5)

7-9 July 1982. The first annual meeting of the 902 command consultants was held at the School of Health Care Sciences, Sheppard AFB, Texas. The conference agenda items discussed were:

a. Presence and future 902 former training programs.
b. Independent Duty Medical Technician areas of concern.
c. Career enhancement opportunities for nursing services personnel. The conference was a great success. Plans are being formulated for a 1983 conference at Scott AFB, Illinois. (68:8)

20 Sep-5 Oct 1982. Medical personnel from the 2nd AES assisted in the airlift of the survivors of the commercial DC-10 crash at Malaga, Spain. On 20 Sep 82, 23 patients, most with first and second degree burns, were flown to the U.S. by a C-141 Starlifter. The remaining survivors were moved to Wiesbaden, West Germany, by a C-9A on 5 Oct 82, where their conditions were stabilized. (30:3)

28-29 October 1982. Brigadier General Diann A. Hale participated in a Defense Health Affairs Meeting entitled "National Initiatives: Implications for Nursing." The conference was hosted by Dr. June John F. Beary III, Acting Assistant Secretary of Defense for Health Affairs DoD(HA). Attendees included the Chief Nurse/Director of Army, Navy and Air Force Nurse Corps, and president and/or executive director of American Nurses Association (ANA), National Student Nurses' Association (NSNA), American Association of Nurse Anesthetists (AANA), Association of Operating Room Nurses (AORN), American Association of Colleges of Nurses (AACN), American Association of Critical Care Nurses (AACCN), American Red Cross (ARC), the Chief Nurse of Public Health Service and Deputy Director of Veterans Administration Nursing Services. The conference was in part a follow-on meeting from a similar one held in October, 1981 with briefings and reports of ensuing activities. National Health initiatives with implications for nursing were briefed and discussed. Recommendations for joint task forces among military and civilian nursing groups resulted. The meeting was very productive and well received by civilian attendees. (68:8-9)

30 September 1982. Brigadier General Sarah P. Wells, USAF, NC, retired as Chief, Air Force Nurse Corps, with the retirement ceremony and party on 24 September 1982. On 1 October 1982, Brigadier General Diann A. Hale, USAF, NC, was promoted to that rank, and assumed the position of Chief, Air Force Nurse Corps. (68:6)

December 1982. The decision was made and implemented to require a minimum of a Bachelor of Science in Nursing (BSN) for all accessions. The only exceptions to this requirement are those career fields deemed critical. Currently, Nurse Anesthesia is the only specialty designated critical. To insure that the AFNC continued to recruit sufficient nurse anesthetists to meet Air Force requirements, a sponsorship program was funded for senior nurse anesthesia students (SNASP). Selected students began in September, 1983. (68:7)

8 December 1982. Interview of Brigadier General Claire M. Garrecht: Colonel Claire Garrecht was promoted to the grade of brigadier general effective 1 September 1974, with the date of rank of 27 August 1974. She retired from the United States Air Force on 1 Jan 1979.

During General Garrecht's tour of duty, the educational requirements subsequent to appointments in the Nurse Corps occurred. The requirement was established in 1977 that every nurse coming on active duty would have a minimum of a baccalaureate degree. The Nurse Corps also realized that with the rapid changes in the methodologies of patient care, the Nurse Corps had to provide for the continuing growth of nurses through education and development programs. They continued to improve the utilization of the professional skills of nurses and stressed the importance of the team concept with the Medical Service. The Nurse Corps also felt the Air Reserve Components did not feel a part of the total Medical Service and made every effort to ensure nurses and technicians in the Reserve and Guard were recognized. Measures were put into place to promote better utilization of these components of the total nursing force. During this time, every effort was made to place Guard and Reserve nurses in places where they felt more a part of the team. The Nurse Corps capitalized on the Reserve nurses to fill a severe shortage of nurse anesthetists in medical facilities where nurse anesthetists were assigned one-deep. In order for these active duty officers to take Leave, the Reserves were used to backfill during absences. Mobilization augmentees were also capitalized upon and were assigned to the Chief Nurse's Office at the Surgeon General's Office and in most of the command nurse positions. The practice and preparation of the Reserve and Guard was really enhanced during General Garrecht's tenure as Chief Nurse of the Corps. Upgrade training requirements for the 902X0 also took place across the total nursing force - active duty and reserve components. It was during this time, that the Nurse Corps paved the way for nurses to be sent to doctoral programs in nursing. The continuing education of nurses moved along under General Garrecht's leadership. The Continuing Education Approval and Recognition Program (CEARP) was implemented in 1976. Nursing Education Coordinators came into being as well. These coordinators oversaw nursing continuing education, in-service education programs, and nursing licensure requirements in order to meet the stipulations and accreditation standards of the Joint Commission on Accreditation of Hospitals (JCAH) The Nurse Internship Program was instituted during the General's tenure. This program was developed because Chief Nurses were registering their serious concerns with the new nurses coming on active duty who did not have the clinical skills needed to function independently on a nursing unit. Through the efforts of Colonel Sally P. Wells, the slots for nurse interns and the monies to fund the internship

program were received. Dr. Marian McKenna was instrumental in setting up the internship program once it was approved. In the beginning, nurse interns were assigned for a five month tour to only the medical centers: Wilford Hall, Malcolm Grow at Andrews AFB, Wright-Patterson in Ohio, USAF Medical Center at Scott, and David Grant Medical Center at Travis. This blossomed to a total of 15 sites with the addition of: USAF Medical Center Keesler; and Regional Medical Centers at Mather, March, Eglin, MacDill, Earling Burnquist, Homestead, Barksdale, Luke and Maxwell Air Force Bases. The interns were assigned a preceptor who provided direct supervision of the nursing care the interns gave. This program proved its worth in the betterment of patient care. The title of Aerospace Nursing was changed to Environmental Health Nursing. Nurses who entered the Environmental Health Nursing Program received a Master's in Public Health from the University of Texas in San Antonio. The Primary Care Nurse Practitioner (PCNP) Program was discontinued. The program was discontinued because in the eyes of almost everyone around to include the Surgeon General, the PCNP was exactly the same as a Physician's Assistant. As far as General Garrecht was concerned, if a difference could not be seen between the two, this type of practitioner program should be discontinued. The PCNP Program was one of the roughest programs nursing had. Another significant achievement was the rewriting of the Flight Nurse Creed. The creed now accurately reflects the feelings of flight nurses today. The Nurse Foundation was also established in 1973 to honor, present, past and future Nurse Corps officers. The foundation, accepted, disbursed and administered contributions. It fostered and maintained the honor and integrity of the nursing profession and sponsored the study of nursing and the education of nurses. It consisted of a Memorial Scholarship Fund and the Chief Nurse Portrait Fund. The foundation was managed by a Board of Directors. The membership included active duty nurse officers, a retired nurse officer and a general counselor. Also developed during General Garrecht's tenure was the requirement for nurses in the field to receive education counseling from their Chief Nurse, the AFIT office and the Nurse Education Coordinators at each medical treatment facility. This measure was adopted to ensure the nurse thoroughly understood the program they were considering entering. This endeavor also ensured the needs of the Nurse Corps were known by the officer and how their personal education needs matched or did not match the current nursing education needs of the Air Force. (69: 59-116)

13 May 1978 . Interview of Brigadier General Ethel A. Hoefly**:** Colonel Hoefly was the first Chief Nurse promoted to the rank of brigadier general (11 June 1970). She served in the capacity as Chief Nurse of the USAF Nurse Corps form 1968-1974. (7: 1-2)

General Hoefly conducted the first command nurses' meeting since Dottie Zeller was the Chief Nurse. She set up a career development board, brought all those people together, pooled their ideas and tapped all the potential of the membership. The General established a meeting with the Command Nurses to set Air Force Goals. She also recognized the importance of becoming an "all degree Corps." Nursing was the only group of officers in the Air Force that a degree was not a prerequisite for a commission. General Hoefly viewed it as being important to keep their status as an officer. She set forth the goal for those on who desired a baccalaureate degree, a mechanism to do so. A

main objective of the Career Development Board was the establishment of the Airman Education Commissioning Program (AECP) This program encouraged many of the Air Forces' corpsman, interested and dedicated to patient care, to go into the AECP and become a member of the Nurse Corps. The requirements were that they had to have a year or year-and-a-half of college credit and there were age restriction limitations. Another objective of the Development Board was the team concept of esprit de corps. This endeavor was established to enhance the cooperative working relationship between nursing and the Line of the Air Force as well as colleagues in the Air Force Medical Service. Another key goal of the Career Development Board, was urging nurses to participate in base activities. Nurses were encouraged to become active members of the Junior Officers Council, wives clubs and volunteer programs. During General Hoefly's tenure, the educational upgrading of nurses was incentivized by encouraging them to participate more in the Extension Course Institute (ECI) courses. The orientation program for new nurses was also revitalized. Nurses graduating from nursing school were lacking basic nursing skills necessary to provide direct patient care on the units immediately upon entrance into the service. Thus, an in-depth unit orientation program was instituted and each nurse rotated through the unit program before being assigned to a team of patients on their own. During the orientation, they learned how nursing care is practiced in the military, what the nursing requirements are, and what clinical skills they need. Also, the majority of the least trained nurses were assigned to larger hospitals in the continental U.S. initially in order they could receive an in-depth orientation. Nurses with greater clinical experience were sent into the smaller hospitals for their first assignments. The evolution of the Pediatric Nurse Practitioner program was also established during Gen Hoefly's tour as the Nurse Corps General. This role expanded the skills and role of nurses and was created to assist with the Air Force's physician shortage. These nurses conducted well baby clinics at military treatment facilities where physicians were not assigned. The parents were very responsive, comfortable and less hesitant to ask the nurses questions about baby care. Most families were reluctant to take up the physicians time and were fearful their questions might be dumb or silly. The physician staff very much supported the Pediatric Nurse Practitioner program. These nurses assisted them in carrying a very full, hectic workload. The other program that got off the ground nicely was the midwifery program which stood up at about the same time as the pediatric nurse practitioner program. This program was developed due to a shortage of obstetricians. The program began under the auspices of Dr. Krantz at the University of Kansas. Later on, only the didactic portion of the course was completed in a civilian institution and the internship portion of the program was provided in military hospitals. The midwifery program was highly successful. The role of Reserve nurses and how to increase utilization of these officers transpired during General Hoefly's tour as well. The Career Development Board stressed the importance of the proper utilization and the role of the reserve forces to include nurses and medical technicians. The Board felt it was imperative that these forces be able to function and be as up-to-date as their active duty counterparts if there was a sudden expansion. The command nurses were directed to institute an orientation program or a liaison nurse in each medical facility to be responsible for Reserve personnel when they were fulfilling their active duty tours. Due to endeavors such as this, the appointment of a full-time active duty nurse to handle the Reserve Program was instituted. General

Hoefly was very involved in visiting as many Air National Guard and Air Reserve units as she possibly could while active duty. During the severe flooding in Pennsylvania in the early 70s, she made a trip alongside the Guard to the flood sites. She visited the shelters where the Guard nurses were taking care of the flood victims. It was refreshing to the General to see how the civilian population truly appreciated these military efforts as the general public at the time was terribly anti-military because of the Vietnam War. Of note, the spouse of a military female was not afforded the same privileges that a wife of a military husband received. A male spouse was not eligible for dependent's privileges such as use of the post exchange, commissary or medical care. He could not accompany his wife on an overseas assignment unless he paid for it himself, and a married female officers was regarded as a bachelor officer and received the housing allowance of a single officer. These problems were resolved by the Air Force in due time. (7:38-71)

June 1983. Lt Colonel A. Mariene Ausen attended the National League for Nursing (NLN) meeting in Philadelphia, Pennsylvania, June 1983. At this meeting, the majority of NLN members voted the BSN Degree as the entry level or the practice of professional nursing. (70:9)

During FY 83, six Mobile Aeromedical Staging Facilities (MASFs) were funded and assigned to six aeromedical evacuation flights. These MASFs were the first to be assigned to ANG. (8:6)

1983. The Chief Nurse Residency Program was established in FY 83 for any Chief Nurse without prior administrative experience. Six chief nurses completed their residencies at USAF Regional Hospital Eglin, Eglin AFB, AF Hospital Homestead AFB, FL, USAF Hospital Luke AFB, Arizona, Malcolm Grow USAF Medical Center, Andrews AFB, MD, USAF Regional Hospital March, March AFB, CA, and USAF Hospital Pease, Pease AFB, New Hampshire. (70:9-10)

The evaluation of the Nurse Internship Program continued with completion targeted for FY 85. (70:10)

The first Chief Nurse Selection Board was convened at Randolph Texas, October 1983. (70:10)

The Pediatric Nurse Practitioner (PNP) course was reactivated in FY 84 to fill projected losses with 10 nurses selected to participate. (70:10)

July-August 1983. Lt Colonel Sue Turner, Associate Chairperson, Department of Nursing, Malcolm Grow USAF Medical Center, Andrews AFB, Maryland, developed the QA/RM program for nursing during a temporary duty (TDY) tour to HQ USAF/SGN in July and August 1983. (70:8)

The Association of Military Surgeons of the United States (AMSUS) 90th Annual Meeting in San Antonio, Texas, October 1983, provided two open programs on QA/RM.

One program, hosted by Air Force, ANG, and United States Air Force Reserves (USAFR) Nurse Corps, was titled "Quality Assurance." It's purpose was to provide the conceptual framework for the Air Force Medical Service's QA/RM program (Air Force Regulation 168-13). The second program was titled "Quality Assurance: Implementation in the ANG Nurse Corps. Its purpose was to share the existing functional programs within each of the ANG gaining commands. (70:8)

The Nurse Anesthesia (9646) and Operating Room (9736) career fields continued to be classified as critical and were the exception to the requirement of a BSN Degree for all Nurse Corps career field accessions. (70:8)

23 Oct-9 Dec 1983. Within hours of notification of the bombing of the Marine barracks in Beirut, Lebanon, which killed 241 Marines, a C-9A Nightingale from the 435th Tactical Airlift Wing (TAW) with a medical crew from the 2nd AES was diverted to Beirut and airlifted the first group of injured Marines to hospitals in Germany. Over the next few days, the 2nd AES flew a total of seven missions into or near Beirut airlifting the injured. In all, 78, injured Marines were airlifted. The bombing resulted in the highest number of American casualties in a single day since the Vietnam Conflict. (30-3) (5:1420)

25 Oct-19 Nov 1983. On 24 Oct 1983, the 1st AES was alerted to deploy in support of Operation Urgent Fury - the U.S. invasion of Grenada after a leftist take-over in that country. Deploying with the 1st AES were personnel from the 37th AEG and 31st AES. Using C-130s and C-141s, aeromedical personnel airlifted 159 of the injured in 23 missions. (30-3) (38:7)

November 1983. The Military Woman's Corridor in the Pentagon was dedicated. This permanent exhibit pays tribute to military women for their contributions beginning with the American Revolutionary War extending into the future. (8:6)

December 1983. Significant staffing increases occurred in the Nurse Corps of the Air Reserve Forces (ANG/AFRES) in keeping with the Total Force Policy. Fiscal Year 83 end strength was 1664 authorized and 1446 assigned for AFRES, the ANG at 601 authorized and 511 nurses assigned. The fiscal year 84 end strength authorizations are 1873 for the AFRES and 640 for the ANG Nurse Corps. As of 31 December 1983, 1547 were assigned to the AFRES and 511 to the ANG. Greater numbers of Air Reserve Forces (ANG/AFRES) nurses were involved in Professional Medical Education (PME) during fiscal year 83 by correspondence. (70:12)

10 October 1982. The 9 AES evacuated General Baek Lee, Chairman, Joint Chiefs of Staff for the Republic of Korea (ROK) and Honorable Wook Lee, Deputy Minister of Finance for ROK. They were evacuated from Rangoon, Burma to Clark Regional Medical Center after a terrorist bombing incident was directed against the President and government officials of the Republic of Korea. (71:1)

Appendix B

List of References for Appendix A

1. Cannistraci Leslie W., Capt and Riley, Sandra J., Captain, *Aeromedical Evacuation*, (57th Aeromedical Evacuation Squadron, Scott AFB, IL, Date Unknown)
2. Skinner, Robert E., 1923-1984 *Lauretta M. Schimmoler*, (Dayton Ohio Inquirer, Dayton, OH, 24 Jan 1981) 168-7248-1
3. Bernier, David M. Capt, *Highlights in the History of Air Force Nursing*, (Headquarters Air Force, Office of the Surgeon General, Washington D.C. Date Unknown)
4. *A Concise History of the USAF Aeromedical Evacuation System,* (U.S. Government Printing Office, The Department of the Air Force, Office of the Surgeon General, Washington D.C., August 1976) K141.28058-1
5. Schimmenti, Carmelita and Darmody, Maureen, The American Journal of Nursing, *Taking,* (November 1987)
6. Talbot, John M., Brig Gen, *Proposed Change to Specialty Qualification of AFSC 9765,* (Department of the Air Force, Office of the Surgeon General, Washington D.C., 20 Feb 1968) K141.281-92
7. Oral History of Brigadier Gen Ethel A. Hoefly, (United States Air Force Historical Research Center, Office of Air Force History, Headquarters USAF, 13 May 1983) K239.0512-1723 C.1)
8. Air National Guard, (1 Jun 955-31 Jul 1993) K169.744-1
9. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarter Air Force, Office of the Surgeon General, 1 Jan 1969-30 Jun 1969). K141.28
10. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarter Air Force, Office of the Surgeon General, 1 Jul 1969-30 Dec 1969) K141.28
11. *1st Aeromedical Evacuation Squadron Unit Fact Sheet,* Date Unknown
12. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarter Air Force, Office of the Surgeon General, 1 Jan 1970-30 Jun 1970) K141.28
13. Funsch, Harold F. Brig Gen, *Special Airborne Medical Care Unit*, (Department of the Air Force, Headquarters, MAC, Scott AFB, IL, 13 May 1970)
14. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., 1 Jul 1970-30 Dec 1970) K141.28
15. Webb, Hamilton B., (Department of the Air Force, (Department of the Air Force, Tactical Air Command, Langley AFB, VA, 1 Nov 1970-31 Mar 1972) 168-7039-6

16. Alpern, Alan S., Capt, *History of the USAF Hospital Patrick*, (AF Eastern Test Range, Patrick AFB, FL, 1 Jul 1970-6 Jun 1971) K241.740
17. *History of the USAF Hospital Patrick*, (AF Eastern Test Range, Patrick AFB, FL), Jul 1971-Jun 1972 K241.740
18. Connor, Joseph A. Jr., *History of the Military Air Command*, (Department of the Air Force, Headquarter, MAC, Scott AFB, IL, 1 Jul 1970-30 Jun 1970) K300.740
19. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jan 1970-Jun 1970) K141.28
20. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jul 1971-Dec 1971) K141.28
21. History of the Tactical Air Command Medical Activities, (Department of the Air Force, Tactical Air Command, Langley AFB, VA, 1 Jul 1970-30 Jun 1971) K417.740
22. Airevac, *2nd Aeromedical Evacuation Squadron*, (News Article: Location and Date Unknown)
23. Office of Air Force Reserve, (Office of the Command Surgeon, HQ AFRES, Robins AFB, GA1 Jan 1971-6 Jun 1971) K132.3
24. *57th Aeromedical Evacuation Squadron (57 AES) Unit Fact Sheet*, (Department of the Air Force, Headquarters, MAC, Scott AFB, IL, Date Unknown)
25. *History of the 57th Aeromedical Evacuation Squadron (57 AES)*, (Department of the Air Force, Headquarters, MAC, Scott AFB, IL, Date Unknown)
26. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jul 1972-30 Dec 1972) K141.28
27. History of the Pacific Air Forces Medical Services, (Department of the Air Force, PACAF, Hickam AB, HI, 1 Jul 1973-6 Jun 1974) K717.40
28. History of the Office of the United States Air Forces in Europe Surgeon, (Department of the Air Force, Ramstein, GE, 1 Jul 1973-6 Jun 1974) K570.740
29. History, A Semi-Annual History of the Office of the Surgeon General, Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jan 1972- Jun 1972) K141.28
30. Fact Sheet USAF, 375th Aeromedical Airlift Wing (MAC), (Public Affairs Division, Scott AFB, IL, March 1985)
31. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jan-Jun 1973) K141.28
32. Medical History of the Military Airlift Command, (Department of the Air Force, Headquarters, MAC, Scott AFB, IL, 1 Jul 1973-30 June 1974) K300.740
33. History of the Tactical Air Command Medical Activities, (Department of the Air Force, TAC, Langley AFB, VA, 1 Jul 1973-30 Jun 1974) K417.140
34. History of the Pacific Air Forces Medical Services, (Department of the Air Force, PACAF, Hickam AB, HI, 1 Jul 1973-6 Jun 1974) K717.40
35. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jul-Dec 1973) K141.28
36. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jan-Jun 1974) K141.28

37. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jul-Dec 1974) K141.28
38. Trezza, Anthony, Jr., Col, *Request for 2 AES Unit Fact Sheet,* (Department of the Air Force, Headquarters 375th Aeromedical Airlift Wing, Scott AFB, IL, 28 Feb 1980)
39. Medical History of the Military Airlift Command, (Department of the Air Force, Headquarters, MAC, Scott AFB, IL, 1 Jul 1975-30 June 1976) K300.740
40. Medical History of the Military Airlift Command, (Department of the Air Force, Headquarters, MAC, Scott AFB, IL, 1 Jul 1973-30 June 1974) K300.740
41. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jan Jul 1975) K141.28
42. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jul-Dec 1975) K141.28
43. History of the Pacific Air Forces Medical Services, (Department of the Air Force, PACAF, Hickam AB, HI, 1 Jul 1974-6 Jun 1975) K717.40
44. History of the Pacific Air Forces Medical Services, (Department of the Air Force, PACAF, Hickam AB, HI, 1 Jul 1975-6 Jun 1976) K717.40
45. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jan-Jun 1976) K141.28
46. History of the Aerospace Medical Association, (Brooks AFB, TX, 1 Jan-31-Dec 1976) (K237.01, V.1.) K237-01
47. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jul-Dec 1976) K141.28
48. Medical History of the Military Airlift Command, (Department of the Air Force, Headquarters, MAC, Scott AFB, IL, 1 Jan-31 Dec 1977) K300.740
49. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jan-Jun 1977) K141.28
50. Lorzing, Katheryn, Major, *Meeting on Internship Program,* (Department of the Air Force, Headquarters, Air Training Command, 9 Aug 1977)
51. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jul-Dec 1977) K141.28
52. History of Tactical Air Command Medical Activities, (Department of the Air Force, TAC, Langley AFB, VA, 1 Jan 1977-31 Dec 1977) K417.740
53. Spoor, Daniel, H., *Medical History Report,* (Department of the Air Force, Headquarters, 375th Aeromedical Wing (MAC) Scott AFB, IL, 15 Mar 1979) K318.7-375
54. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., 1 Jan-30 Jun 1978) K141.28
55. History of the 375th Aeromedical Airlift Wing, (Department of the Air Force, Headquarters, MAC, 1 Jul 1978-30 Jun 1979) K318.7-375
56. Tactical Reconnaissance, (123rd Tactical Reconnaissance Wing, 123rd Tactical Hospital, 1 Apr 1978-30 Jun 1978) K169.011-123 TRW
57. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., 1 Jan-30 Jun 1980) K141.28
58. History of Tactical Air Command Medical Activities, (Department of the Air Force, TAC, Langley AFB, VA, 1 Jan 1979-31 Dec 1979) K417.740

59. Medical History Air Force Reserve, (Office of the Command Surgeon, HQ AFRES, Robins AFB, GA, 1 Jan 1980-31 Dec 1980) K419.740
60. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., 1 Jul-31 Dec 1980) K141.28
61. History of Tactical Air Command Medical Activities, (Department of the Air Force, TAC, Langley AFB, VA, 1 Jan 1980-31 Dec 1980) K417.740
62. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., 1 Jan-30 Jun1981) K141.28
63. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., 1 Jul-31-Dec 1981) K141.28
64. Air Force Nurse Corps Objectives, (Headquarters Air Force, Office of the Surgeon General, Air Force Nurse Corps, 30 Sep 1981)
65. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., 1 Jan-30 Jun 1983) K141.28
66. Acker, Michael Capt, Crockett, Bruce Capt, and Blueitt, Pauletta D., Capt, Medical Service Digest, *Aeromedical Evacuation: A Vital Link in Total Medical Care*, (Vol. XXXV, No. 3, Winter 1984)
67. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., 1 Jan-30 Jun 1982) K141.28
68. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., 1 Jul-31 Dec 1982) K141.28
69. Garrecht, Claire M., Oral History Interview , (United States Air Force Historical Research Center, Office of Air Force History, Headquarters USAF, 8 Dec 1982) K239.0512-1710 C.1 and K239.0512-1723 C.2
70. History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., 1 Jul-31-Dec 1983) K141.28
71. Unit Fact Sheet USAF, 9 Aeromedical Evacuation Squadron, Clark AB, PI, Feb 86)

Bibliography

History, A Semi-Annual History of the Office of the Surgeon General, (Headquarter Air Force, Office of the Surgeon General, 1 Jan 1969-30 Jun 1969). K141.28

History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jul 1971-Dec 1971) K141.28

Webb, Hamilton B., (Department of the Air Force, (Department of the Air Force, Tactical Air Command, Langley AFB, VA, 1 Nov 1970-31 Mar 1972) 168-7039-6

Bernier, David M. Capt, *Highlights in the History of Air Force Nursing,* (Headquarters Air Force, Office of the Surgeon General, Washington D.C. Date Unknown)

History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jan-Jun 1973) K141.28

History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jul-Dec 1973) K141.28

History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jan-Jun 1974) K141.28

History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jul-Dec 1974) K141.28

History of the Pacific Air Forces Medical Services, (Department of the Air Force, PACAF, Hickam AB, HI, 1 Jul 1974-6 Jun 1975) K717.40

Oral History of Brigadier Gen Ethel A. Hoefly, (United States Air Force Historical Research Center, Office of Air Force History, Headquarters USAF, 13 May 1983) K239.0512-1723 C.1)

History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., 1 Jul 1970-30 Dec 1970) K141.28

History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., 1 Jul-31-Dec 1983) K141.28

History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jan 1971-Jun 1971) K141.28

History, A Semi-Annual History of the Office of the Surgeon General, Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jan 1972- Jun 1972) K141.28

History of the Pacific Air Forces Medical Services, (Department of the Air Force, PACAF, Hickam AB, HI, 1 Jul 1975-6 Jun 1976) K717.40

History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jan-Jun 1982) K141.28
History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jul-Dec 1975) K141.28
History of the Pacific Air Forces Medical Services, (Department of the Air Force, PACAF, Hickam AB, HI, 1 Jul 1975-6 Jun 1976) K717.40
Garrecht, Claire M., Oral History Interview , (United States Air Force Historical Research Center, Office of Air Force History, Headquarters USAF, 8 Dec 1982) K239.0512-1710 C.1 and K239.0512-1723 C.2
History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jul 1972-30 Dec 1972) K141.28
History of the Pacific Air Forces Medical Services, (Department of the Air Force, PACAF, Hickam AB, HI, 1 Jul 1973-6 Jun 1974) K717.40
History of the Tactical Air Command Medical Activities, (Department of the Air Force, TAC, Langley AFB, VA, 1 Jul 1973-30 Jun 1974) K417.140
History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jul-Dec 1976) K141.28
Meyer, Mark P., Col, "Influence of the National Guard on National Security Policy.
Talbot, John M., Brig Gen, *Proposed Change to Specialty Qualification of AFSC 9765*, (Department of the Air Force, Office of the Surgeon General, Washington D.C., 20 Feb 1968) K141.281-92
Air National Guard, (1 Jun 955-31 Jul 1993) K169.744-1
History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jan-Jun 1976) K141.28
Office of Air Force Reserve, (Office of the Command Surgeon, HQ AFRES, Robins AFB, GA1 Jan 1971-6 Jun 1971) K132.3
History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jan-Jun 1976) K141.28
History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jul-Dec 1977) K141.28
Medical History of the Military Airlift Command, (Department of the Air Force, Headquarters, MAC, Scott AFB, IL, 1 Jan-31 Dec 1977) K300.740
Medical History Air Force Reserve, (Office of the Command Surgeon, HQ AFRES, Robins AFB, GA, 1 Jan 1980-31 Dec 1980) K419.740
History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., 1 Jan-30 Jun 1980) K141.28
History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., 1 Jan-30 Jun1981) K141.28
History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., 1 Jul-31-Dec 1981) K141.28
Air Force Nurse Corps Objectives, (Headquarters Air Force, Office of the Surgeon General, Air Force Nurse Corps, 30 Sep 1981)
Shalikashivili, John M., Gen, "The Guard, the Reserve, and a New National Strategy.

History, A Semi-Annual History of the Office of the Surgeon General, (Headquarter Air Force, Office of the Surgeon General, 1 Jan 1970-30 Jun 1970) K141.28
History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., Jan-Jun 1977) K141.28
Lorzing, Katheryn, Major, *Meeting on Internship Program*, (Department of the Air Force, Headquarters, Air Training Command, 9 Aug 1977)
Plan of Instruction-Nurse Internship Program(Department of the Air Force, Air Force Manpower and Personnel Center, Randolph AFB, TX)
History of Tactical Air Command Medical Activities, (Department of the Air Force, TAC, Langley AFB, VA, 1 Jan 1980-31 Dec 1980) K417.740
History, A Semi-Annual History of the Office of the Surgeon General, (Headquarters Air Force, Office of the Surgeon General, Washington D.C., 1 Jan-30 Jun 1983) K141.28

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