

A Career in the U.S. Army Nurse Corps: Rising to the Challenge



Colonel John Beus and Major General Gale S. Pollock, 22nd Chief of the U.S. Army Nurse Corps, at the NSNA 54th Annual Convention Awards Ceremony.

By Larisa C. Mendez

The U.S. Army Nurse Corps has never had to draft members into its ranks, a distinction that its members point to with pride. While men and women have served as nurses since before the nation's inception, the Army Nurse Corps did not officially become a part of the Army Medical Department until 1901 (Feller & Cox, 2001). Since then, nurses have served in every war, supporting the country's troops at home and abroad.

A career in the Army Nurse Corps is challenging, tough, and rewarding, and its practicing nurses speak to the opportunities they've had and the experiences that have shaped them.

"Every day in the Army Nurse Corps is a learning process," says Captain David Allen, a Brigade Nurse Counselor based in Monterey, CA. He has served in the military for twelve years, the last five of those in the Nurse Corps, and served in Iraq from March 2003-June 2003. In his current duties, Captain Allen is responsible for 80 students in four states who are in preparation for joining the Nurse Corps. He mentors them and travels throughout his assigned region to

check in on them to ensure that they're academically and physically ready to join the service.

Making It Happen

To join, students must have completed an associate's degree in nursing, a three-year nursing diploma, or a bachelor of science in nursing (BSN) for the Army Reserve; alternatively, they must have a BSN from an accredited school of nursing for Active Duty.

He notes that the Army Nurse Corps expects a great deal from its lieutenants, the rank given to nurses when they enter the Nurse Corps. "At about one year to eighteen months, they are expected to take on a leadership role,"

Allen states. Nurses in the Corps are expected to think on their feet, be adaptable to changing physical and mental pressures, and continue their education in their field of specialization.

Army Nurse Corps nurses typically start out in med/surg, says Allen, and then follow their specialty passion. Allen, for example, chose to work in the Intensive Care Unit (ICU). "The ICU is an adrenaline rush," he says. "Typically, you have the most unstable patients and as such, you are not only using your nursing skills but your critical-thinking skills. If you're working with a patient who can go south at any moment, you're going to be constantly using your brain."

First Lieutenant Angela Blair agrees that thinking on her feet is vital to her role as an Army Nurse Corps Officer. She served in Iraq from July 2003 to February 2004, where she treated enemy prisoners of war (EPOWs), U.S. and coalition soldiers, the civilian population and a wide range of children. “We became very innovative at times while in Iraq. For example, we would use straight vinegar as an acetic acid solution, and use proportionally mixed bleached-water as a Dakin solution to make wet-to-dry dressings to pack into wounds. We would also use antibacterial sponges and attach them to portable suction devices to make them into wound vacs.”

While there, she treated gun shots, burns, and hygiene-related infections. She remembers that children would often be caught in the cross-fire of internal strife when Iraqis would shoot other Iraqis. Other times, people would get caught in the crossfire when U.S. soldiers were ambushed.

On the Job Cultural Training

Lt. Blair notes that serving in Iraq was a cultural learning experience as well. In Masul, she recalls that children would run alongside the Army vehicles; seeing women in uniform was a very different experience for them, particularly for little girls, who were fascinated by women who were officers.

At the same time, she remembers, it was heart-breaking to think what would happen to some of those she met. She notes that even though she received cultural sensitivity training, some things were difficult to prepare for. “I met so many little girls who were so bright,” she recalls. “You wondered whether they’d be able to live up to their full potential. One little girl I met, her father wouldn’t let her learn to read or write – and this wasn’t necessarily uncommon. Granted, Masul and Balad were not cities, and things were a little different in rural areas, but it was still a little shocking.”

Captain Allen also found the cultural differences sometimes shocking. “I come from a culture where as a health professional, I am given certain trust by patients, but as a man, it was difficult to provide care for Muslim women while in Iraq. It was forbidden for me to see their flesh and so we had to provide female nurses for them.”

In turn, Lt. Blair found similar conditions that required that she adapt to her new environment and that required that she act appropriately.

“I dealt with several prisoners who expected that they be fed even when they were capable of performing the act themselves,” she remembers. “It’s one thing if you’re helping a patient eat because they aren’t able to do so, but this was culturally expected of women. When some of these men received visitors, for instance, their female visitors would feed them.

“I found it very challenging at times,” she continues. “These men would throw the food down, and would not listen to the translator as I explained that they were able to feed themselves and it was not the nurses’ job to do so if they were capable of it.”

Captain Allen also found caring for EPOWs difficult, but noted that it was part of his job as a dedicated health professional. “As nurses we are taught to do good regardless of circumstances, and we provide care for our patients, no matter what. But this can be challenging when you’re treating prisoners of war, some of

whom may have been enemy fighters who were shooting at our troops. But you have to distance yourself from that and provide care.”

Lt. Blair agrees, noting that part of being a nurse is about adaptability and innovation. She adds that treating U.S. soldiers and helping them made the experience worthwhile, “It was so important to make such a big difference. We brought people back from the brink of death to see them make full recoveries. Knowing that someone you treated is going home is very rewarding.”

Constantly Learning

Lt. Blair was in an ICU unit while in Iraq and is now States-side in the ER unit at Fort Knox, Kentucky. She notes that in the ER unit in Fort Knox, she sees a wider range of traumas, and she’s constantly learning since circumstances are constantly changing.

The ability to pursue different specialties is one of the Army Nurse Corps’ benefits. Currently, as a Nurse Corps Officer, you can specialize in a range of fields including as an: Advanced Practice Nurse; Community Health Nurse; Critical Care Nurse; Certified Registered Nurse Anesthetist (CRNA); Emergency Room Nurse, Family Nurse Practitioner; Medical-Surgical Nurse, Nurse Anesthetist, Nurse Midwife; OB/GYN Nurse; Operating Room Nurse; Perioperative Nurse; and Psychiatric/Mental Health Nurse.

“Through mud and mire, through the mark of campaign and battle, wherever the fight leads, [the Army Nurse] patiently—gallantly—seeks the wounded and distressed. Her comfort knows no parallel. In the heart of all fighting men, she is enshrined forever.”
General Douglas MacArthur, December, 1944

Lt. Colonel Debra D. Mark, for example, has had the opportunity to practice in a variety of fields while with the Army Nurse Corps, noting that early on she developed a passion for intensive care nursing. “My passion for intensive care was kindled in my first job as a practical nurse in the neonatal intensive care unit at Fizzsimmons Army Medical Center in Denver, CO. I’ve worked in cardiothoracic, coronary, and surgical intensive care units and have also spent time working in telemetry and post-anesthesia care units.”

Colonel Mark also notes that learning and developing leadership skills are a crucial part of being an Army Nurse. “Unique to military nursing, my professional career is really two-pronged,” she notes. “First and foremost, I am an Army Nurse and continually develop my nursing knowledge through experience and education. By way of clinical, education, administrative,

and research positions, as well as graduate programs in nursing, I have learned about my profession and have developed a variety of skill sets. Secondly, and equally important as the first, I am an Army officer. This second prong demands that I develop as a leader. The Army has invested a great deal of time and money to teach me how to be an officer through a variety of experiences in hospital and field settings and through coursework.

“I have also learned a lot about me,” she continues. “I never really envisioned myself as being capable of, much less actually, doing some of the things that I’ve done over my career. From rappelling down a 100-foot tower to completing a doctorate in nursing to presenting at national conferences to moving all over the globe, the Army Nurse Corps has provided the vehicle for all of these opportunities. I have learned that I am capable and look forward to new adventures.”

All three officers are enthusiastic about the opportunities they’ve had to serve in the Army Nurse Corps. They are just a sampling of the type of nurse currently in the Army Nurse Corps: they continue to learn, adapt, and pursue their passion while serving their country, even when in hostile conditions. ☺

references

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