



From Your ANA President

Nursing on the frontlines

THIS VETERANS DAY

we will have an opportunity to celebrate the hidden heroes of nursing. Celebrating nurses who serve our country in uniform is more meaningful than ever since, in August of this year, Captain Maria I. Ortiz was buried at Arlington National Cemetery, after being killed in Iraq. She was the first military nurse to die in combat since the Vietnam War. Ortiz was returning from her physical training when she was caught by a barrage of mortar shells and died from the shrapnel injuries.

Many other nurse heroes are in Iraq, Afghanistan, and geographic areas supporting combat, disaster, and humanitarian operations. They make sacrifices leaving family, friends, and current jobs behind while deploying to areas where professional practice requires creativity and innovation under austere and rigorous conditions. And here at home, in military stateside hospitals, nurse heroes care for the soldiers who return from harm's way to face long and difficult rehabilitation with injuries that have spared life but have taken eyesight, limbs, and mental function.

I wanted to learn more about these nurses in the uniformed services, so I accepted an invitation to visit with them at several sites in the national capital area. I spent time touring and meeting with nurses at the Malcolm Grow Medical Center at Andrews Air Force Base, Maryland; Walter Reed Army Medical Center in Washington, DC; as well as the National Naval Medical Center and the TriService Nursing Research Program in Bethesda, Maryland. Everywhere I went I was impressed by these nurses. Their appearance and behaviors were authentic, reflecting the respect they had for each other and immediately eliciting that same respect from me. It was clear that they cared not only for their patients but for our profession as well.

I was also able to see patients who had returned to the U.S. military healthcare system after being injured overseas. With advanced technology enabling faster transport, lives are saved and patients are often back in the United States within a week of being injured. At Walter Reed, a hospital where Ortiz had previously been assigned, I saw my familiar work setting—the operating room—and areas where traumatic amputee patients receive specialized care, such as physical and oc-

cupational therapy and the prosthetics and orthotics lab. At lunch, I was joined by nurses from all the uniformed services—the Army, Navy, Air Force, and U.S. Public Health Service. We discussed ANA's five core issues: the nursing shortage, staffing, workplace health safety, patient safety and advocacy, and workplace rights. I answered a number of questions and explained the proud history and collaborative relationship that ANA has had with federal nurses.

At Bethesda, I toured the Intensive Care Unit (ICU) and Neonatal ICU where Navy nurses use family-focused care for patients and their families and the Mother-Child Unit, where I heard about special programs for mothers whose spouses are deployed. Then I visited a unique unit that treats injured troops with traumatic brain injuries. Clearly, military nurses are at the forefront of evidence-based care. Nursing research has been moved into their practice.

I am very proud of the exceptional nursing care military nurses are providing to those who put their lives in harm's way to defend our great country. I am proud that nurses who work for the federal government have an association, FedNA, which gives them a direct voice in ANA and is open to registered nurses who are members of the active component of the U.S. Army, Navy, Air Force, or U.S. Public Health Service.

This Veterans Day, let us not be silent as we honor military nurses and nurse veterans. This summer I attended a funeral of a nurse friend. I learned after her death that she served in Vietnam and had received the Bronze Star Medal. She never talked nor bragged about it. To hear her, she was just doing her job. She did not feel like she was doing anything special but what all nurses should be doing in what must have been the most difficult times. When nurses deploy from your community, contact their unit or employer and ask what you can do to support them. To hear their stories, invite a nurse veteran to speak to you and your colleagues. It will be worth your time.

A handwritten signature in black ink that reads "Rebecca M. Patton RN". The signature is written in a cursive, flowing style.

Rebecca M. Patton, MSN, RN, CNOR
President
American Nurses Association