OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

AUG 10 2010

HEALTH AFFAIRS

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report responds to the National Defense Authorization Act (NDAA) for Fiscal Year 2010, Section 525(c), Public Law 111-84, which requests the Secretary of Defense to submit a plan to establish an undergraduate nurse training program under which participants will earn a baccalaureate nursing degree and serve as members of the Armed Forces. The NDAA provides two options: 1) establish a Department of Defense (DoD) School of Nursing, or 2) enter into an agreement with one or more academic institutions to establish and operate an undergraduate program under which participants will earn a Bachelor of Science degree in Nursing and serve as members of the Armed Forces. We apologize that this report was delayed by our extensive coordination process.

The final report provides a description of the DoD's nursing accession programs, background on academic partnerships, and the plan for a Tri-Service Nurse Academic Partnership Program.

Thank you for your continued support of the Military Health System.

Sincerely,

Charles L. Rice, M.D.
President, Uniformed Services University of the Health Sciences
Performing the Duties of the Assistant Secretary of Defense (Health Affairs)

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

AUG 10 2010

HEALTH AFFAIRS

The Honorable James H. Webb
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

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As stated

cc:
The Honorable Lindsey O. Graham
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

AUG 1 0 2010

HEALTH AFFAIRS

The Honorable Daniel K. Inouye
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510

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Charles L. Rice, M.D.
President, Uniformed Services University of the Health Sciences
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Enclosure:
As stated

cc:
The Honorable Thad Cochran
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

AUG 10 2010

HEALTH AFFAIRS

The Honorable Daniel K. Inouye
Chairman, Subcommittee on Defense
Committee on Appropriations
United States Senate
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Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

AUG 10 2010

HEALTH AFFAIRS

The Honorable Ike Skelton
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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President, Uniformed Services University of the Health Sciences
Performing the Duties of the Assistant Secretary of Defense (Health Affairs)

Enclosure:
As stated

cc:
The Honorable Howard P. "Buck" McKeon
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

AUG 10 2010

HEALTH AFFAIRS

The Honorable Susan Davis
Chairwoman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Madam Chairwoman:

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As stated

cc:
The Honorable Joe Wilson
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

AUG 10 2010

HEALTH AFFAIRS

The Honorable David R. Obey
Chairman, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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Performing the Duties of the Assistant Secretary of Defense (Health Affairs)

Enclosure:
As stated

cc:
The Honorable Jerry Lewis
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

AUG 1 0 2010

HEALTH AFFAIRS

The Honorable Norm Dicks
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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Performing the Duties of the Assistant Secretary of Defense (Health Affairs)

Enclosure:
As stated

cc:
The Honorable C. W. Bill Young
Ranking Member

DEPARTMENT OF DEFENSE UNDERGRADUATE NURSE TRAINING PROGRAM

REPORT TO CONGRESS

PREPARED BY:
ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)

IN COORDINATION WITH
FEDERAL NURSING SERVICE CHIEFS
ARMY, NAVY, AIR FORCE
AND
DEAN, GRADUATE SCHOOL OF NURSING, UNIFORMED SERVICES UNIVERSITY

MAY 2010

UNDERGRADUATE NURSE TRAINING PROGRAM

REPORT TO CONGRESS

MAY 2010

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REPORT REQUIREMENTS

The National Defense Authorization Act for Fiscal Year 2010, Section 525, Public Law 111-84, requires the Secretary of Defense to submit a plan to establish an undergraduate nurse training program under which participants will earn a baccalaureate nursing degree and serve as a member of the armed forces. The NDAA provides two options: 1) establish a DoD School of Nursing; or 2) enter into an agreement with one or more academic institutions to establish and operate an undergraduate program under which participants will earn a nursing degree and serve as a member of the armed forces. Report language is at Attachment 1.

> *1)* (c) Undergraduate Nursing Training Program Plan. – *No later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and House of Representatives a plan to establish an undergraduate nursing training program in the Department of Defense in accordance with the authority provided by section 2169 of title 10, United States Code...(p. 100 NDAA 2010 Conference Report)*

EXECUTIVE SUMMARY

The National Defense Authorization Act for Fiscal Year 2010, Section 525, requires the Secretary of Defense to submit a plan to establish an undergraduate nurse training program under which participants will earn a baccalaureate nursing degree and serve as a member of the armed forces. The NDAA provides two options: 1) establish a DoD School of Nursing; or 2) enter into an agreement with one or more academic institutions to establish and operate an undergraduate program under which participants will earn a Bachelor of Science degree in Nursing and serve as a member of the armed forces.

This report provides an overview of the status of qualified nurses in the work force available to meet the needs of our nation and the armed forces, and the new incentives to recruit and retain nurses the three military Nurse Corps have proactively implemented. It provides a brief history of coordination and collaboration taken by relevant military and academic stakeholders. Research presented in this report will address the current relief in the national shortage of nurses due to the current economic environment and its positive effect on military recruitment and retention. It provides expert opinion warnings that this phenomenon is transient. Finally, it provides a detailed plan for the concept of operations and implementation of a Tri-Service Nurse Academic Partnership (TSNAP) program that meets the intent of this Authorization.

Plans outlined in the report include: 1) programming funds to the TSNAP program because otherwise the program cannot be developed, established, or sustained; 2) permitting flexibility and scalability to enable the TSNAP program to best meet Service and academic partners' long-term objectives; 3) a pilot program of academic partnerships between a Service and academic institutions that promotes equitable service accountability for the undergraduate nurse training program.

BACKGROUND AND OVERVIEW

Overview of the National Nursing Shortage

Nursing shortages have evidenced a cyclic pattern over a number of years as the need for nurses has fluctuated between oversupply and drastic shortage. The most recent shortage began in the late 1990s and peaked in 2001, with the nation experiencing a 13% or approximately 126,000 shortfall of prepared nurses. In some geographic areas, the shortage was so acute that hospitals had to close patient care units and limit operations (Buerhaus, Auerbach & Staiger, 2009). This shortage also occurred during a time of increasing demand for nurses due to an aging population and an increasing concern with chronic illnesses. Short-term strategies to counter the nursing shortage were evident (e.g., higher wages, improved nursing work environments and increased enrollments in schools of nursing). However, experts warned that such short-term activities would not be effective in the long run because the pipeline through the educational schools could not accommodate the level needed (Rother & Lavizzo-Mourey, 2009). Despite the demonstrated need for more nurses, schools of nursing have limited their enrollments owing to a relatively dire shortage of nursing faculty; over the past several years, approximately 40,000 students have been denied admission annually due to faculty and resource constraints (AACN, 2009, Attachment 2).

Over the past decade, however, the U.S. has experienced two economic recessions that have temporarily eased the nursing shortage. The recession in 2001 lasted eight months and the recent one starting in December 2007, has already lasted longer, on average, than all previous such economic situations. Due to these recessions, numerous nurses have converted from part-time to full-time; other nurses have rejoined the work force and an increased number of international nurses have come to the U.S., thus increasing the pool of prepared nurses. While these economic recessions have temporarily mitigated the nursing shortage, experts such as Buerhaus and colleagues (2009) have

warned that the current situation will change quickly when the economy recovers. The majority of the returning registered nurses are over age 50 (77%) and these individuals can be expected to again leave the workforce and retire under a stronger economy. The good news is that a large percentage of the nursing profession is now in the 35 years of age group and younger. However, an even more severe nursing shortage is projected for the next decade (HRSA, 2004; Bureau of Labor Statistics, 2009), due to retiring "boomer" nurses and continued increasing demand for nurses (Buerhaus et al., 2009). Buerhaus and colleagues (2009) estimate the new shortage will occur around 2018 and that the country will be short 260,000 nurses by 2025. This shortage would be more than twice as large as any other nursing shortage experienced.

Overview of the Military Nursing Shortage

The nursing situation for the military Services mirrors historical and projected civilian nursing shortages. Historically, since the establishment of the military Nurse Corps there have been challenges in procuring and maintaining an adequate number of nurses to satisfy Department of Defense (DoD) requirements. The federal healthcare delivery systems (i.e., Veteran's Health Administration, U.S. Public Health Service, Navy, Air Force, Army, and Coast Guard) operate in a market of fierce competition for limited resources to meet their workforce requirements. This growing need for nurses, especially professionally-prepared nurses at the baccalaureate level, coupled with the demands of a Military Health System (MHS) supporting concurrent wars in Iraq and Afghanistan, has created unique challenges for achieving recruitment and retention quotas.

From 2001 to 2006, the active duty military mean nurse vacancy rate in the MHS increased from 4.1% in FY 2001 to 11.1% in FY 2006, with 1,142 unfilled nursing positions in FY 2006. The two primary issues affecting total end-strength continue to be recruitment and retention shortfalls. The House and Senate Armed Services Committees have been instrumental in addressing the nursing shortage within the military Services. Recently, the National Defense

Authorization Act of 2008 authorized the Secretary of Defense to establish an undergraduate school of nursing and required that a report be submitted identifying resources required to support a new nursing school within the DoD. After extensive review, the submitted report recommended that DoD enter into academic partnerships with existing undergraduate schools of nursing rather than the substantial investment in establishing its own independent undergraduate nursing school.

Current workforce and recruitment efforts across the three armed services for registered nurses remain very robust. The Army Nurse Corps was very successful in recruiting and retaining Army nurses in 2009 and has already met its recruitment mission for this fiscal year. The Navy has already achieved Navy Nursing's Active Component (AC) recruiting goal for 2010, for the fourth consecutive year. Recruiting fully qualified nurses continues to be one of the U.S. Air Force's biggest challenges. In FY 2009, USAF accessed 284 nurses against its total accession goal of 350 (81 percent), down 12 percent (Nursing Corps Chiefs Testimony, Attachment 3).

ACADEMIC PARTNERSHIPS BACKGROUND

The NDAA for FY 2008 required the DoD to prepare a report to Congress on the feasibility of establishing an undergraduate school of nursing at the Uniformed Services University of the Health Sciences (USUHS). That report concluded that a Bachelor of Science in Nursing program at USUHS would present multiple complications. Congressional language that set a timeline to graduate nursing students by 2012 was perceived to be unrealistic and inconsistent with the report's recommendation for graduating the first class of students six years after establishment of the school. Furthermore, the Federal Nursing Service Council (FNSC) strongly endorsed the maximization of

current recruitment and retention programs to sustain a robust nursing workforce for the Armed Services. Decisions were reached at the Congressional level to allow the DoD to explore alternative methods before attempting to create a DoD School of Nursing.

As part of that exploration, funding was provided by the Office of the Assistant Secretary of Defense for Health Affairs (OASD,HA) for USUHS to host a conference in Washington, DC in March 2009. The conference, entitled "Academic Partnerships Addressing the Military Nursing Shortage", included Deans or their designated representatives from prominent schools across the country as well as representatives from schools of nursing with currently established relationships with the military Nurse Corps. Leaders from the American Association of Colleges of Nursing, the National League for Nursing, and the American Nurses Association also attended. Conference objectives were to:

- Build collaborative relationships among military Nurse Corps and schools of nursing to foster educational opportunities;
- Explore the types of educational programs in which additional military students can be enrolled; and
- Recommend the types of resources and incentives needed for schools of nursing to be able to accommodate additional students.

The agenda included briefings from the three Service Nurse Corps Deputies providing background information on the status of nursing shortages within each respective Corps as well as current incentive programs each Corps is using to incentivize students to enroll in nursing programs with obligations to serve in the military after successful completion and licensure as a professional registered nurse.

Considerations from the breakout sessions (OASD,HA, 2009) included that schools of nursing would require additional clinical faculty and access to military treatment facilities to accommodate higher student enrollment. Incentives for faculty, academic institutions, and students

were also emphasized. It was determined that faculty partnerships could be facilitated by adding funds to hire new faculty to assist in teaching. Desired experience included leadership, national preparedness in emergencies, humanitarian relief and forensics (OASD(HA), 2009, p. 3). The military would also serve as mentors and role models for the students enrolled in this program.

A key issue for schools of nursing in accepting additional students is the availability of clinical facilities. Sharing the resources of the military medical treatment facilities with academic centers would increase the number of available clinical sites for students and also increase visibility and awareness of military nursing career options. Adding resources that would increase distance learning capabilities and enhance simulation centers to foster more student capacity was an additional conference suggestion. Institutions would also be incentivized by increasing instructional faculty in compliance with national accreditation standards (1 faculty member for each 6 students).

Student incentives to contract for military nursing service in return for their Bachelors' of Science in Nursing (BSN) education were discussed from the perspective of conference nursing leaders and included:

- An emphasis in global nursing careers;
- Exposure to military facilities through partnered clinical sites;
- Open house and weekend military facility visits to stimulate/facilitate campus selection;
- Summer immersion programs at selected military installations;
- Enhanced military nursing scholarships;
- Minimizing military commitments during nursing school that conflict with class schedules and an already abundantly full academic schedule;
- An accelerated baccalaureate program for second career students; and
- Registered Nurse (RN) to BSN programs.

A planned survey will explore prospective students' opinions of what would incentivize them to consider military nursing careers. For example, what incentives would be valuable enough for

them to commit to an obligation of military service in return for their nursing education? This survey will clarify strategies to successfully recruit students into nursing programs followed by a commitment to military service. Additionally, in 2009 the Corps Chiefs approved a TriService Nursing Research Program funded research study titled "Factors Associated with Retention of Army, Navy and Air Force Nurse." The purpose of the study is to survey Army, Navy, and Air Force Nurses to explore factors influencing decisions to maintain their active duty status.

THE PATH FORWARD

The three military Nurse Corps Chiefs have been proactive in establishing new incentives to recruit and retain nurses. In an effort to address the projected military nursing shortage, the Nurse Corps Chiefs, in cooperation with the USUHS Graduate School of Nursing (GSN), have been reviewing solutions to address projected military nursing shortages.

A Tri-Service Nursing Academic Partnership (TSNAP) program is a way to build capacity and capability within existing schools of nursing and create a new accession portal within the three military Nurse Corps. These partnerships, if feasible, would expand the number of students graduating with a BSN who would be committed to serving in one of the military nursing services in the Active Component or Reserve Component.

Value of TSNAP Program

The major goal of the TSNAP program is to explore the formation of partnerships between the military Services and academic schools of nursing. The proposed program for ensuring BSN graduates for the military forces is valuable for two reasons: 1) It counters the nursing faculty shortage problem, and 2) it addresses the challenges of dealing with the cyclic nature of nursing shortages. The major difficulty in enhancing nursing education and enrolling students is the drastic

shortage of doctorally-prepared faculty required by the accrediting bodies for leadership in Schools of Nursing. By collaborating with existing schools, the TSNAP program utilizes the existing administrative structure such as the doctorally-prepared faculty already in place for leadership, administration, and teaching functions and plans to add clinical civilian faculty for practice educational experiences. The TSNAP program is also valuable because it provides flexibility to the military Services for increasing or decreasing the number of students enrolled/accessed to the program per year, depending on their need to build capacity and capability within existing schools of nursing. It also creates a new accession portal within the three Services' Nurse Corps. The NDAA specifies the capacity to graduate 100 students per year by the third year of operation.

CONCEPT OF OPERATIONS AND IMPLEMENTATION PLAN

TSNAP Program Office

The concept of operations for implementing the TSNAP program begins with the establishment of a Program Office under the direction of the Service Nurse Corps Chiefs. This Office would be staffed by a program director, military nursing officers from all three Services, and program support personnel. This Program Office would be responsible to implement, oversee, and evaluate the academic partnership pilot program. In addition, the mission for recruiting students into the academic partnership program should be directed to each Service's recruiting/accession command. The Office would have oversight from the Military Nursing Corps through the establishment of an Executive Board of Directors.

Strategic Sites for the TSNAP Program

The NDAA 2010 specified several criteria for the selection of military/academic partnerships for the education of BSN graduates for the military Services. The NDAA stated that the academic

institution must establish the undergraduate nurse training program at or near a military installation: 1) that is one of the ten largest military installations in the U.S., in terms of the number of active duty personnel assigned to the installation and family members residing on or in the vicinity of the installations, and 2) have a military treatment facility with the inpatient capability designated as a medical center located on the installation or within 10 miles of the installation. The partnering academic institutions need to be within the vicinity of the military installations.

To ensure quality and credibility, it is important to define and establish objective measurable academic criteria. Criteria would include (but not necessarily be limited to) the following:

- Accreditation by National League for Nursing Accrediting Commission (NLNAC) and/or the Commission on Collegiate Nursing Education (CCNE).
- Academic institution licensure exam pass rate at or above the national mean for that academic year.
- Desired faculty / Student ratios of one instructor for each six students.
- Other preferred quality indicators that are in call for proposal as developed by the Executive Board of Directors.

The Office of the Assistant Secretary of Defense for Health Affairs compiled a list of ten military installations that meet the first criteria. Of these ten, seven also have designated medical centers within ten miles. Each of the seven installations has one to three academic institutions within a reasonable distance as well. Detailed information on the possible sites for the TSNAP program are in Attachment 4.

Community Sensitivities

It is important to consider the potential broader policy impacts of an undergraduate program in nursing. There are over 600 undergraduate nursing programs in the United States. Each of these competes for a relatively static set of resources. These resources include federal, state and local

public support, as well as competition for qualified faculty and clinical education and training sites. It is important to consider these issues when contemplating establishing a federal program. To be successful, such a program must not threaten existing civilian programs, but be seen as clearly addressing the larger public policy issues of increasing the military nurse workforce but not at the expense of the private sector workforce.

Service Accession Plans

Army

Accession programs for the Army Nurse Corps (ANC) include the Reserve Officers' Training Corps (ROTC) and the U.S. Army Recruiting Command (USAREC) programs: a) the Army Medical Department (AMEDD) Enlisted Commissioning Program (AECP), b) the Army Nurse Commissioning Program (ANCP), c) the Funded Nurse Education Program (FNEP), and d) direct commissions. The direct accession mission is supported by an accession bonus and the Active Duty Health Professions Loan Repayment Program (ADHPLRP). Currently, ROTC is the main accession portal for new, entry-level nurses into the ANC.

Accession Programs

- **ROTC:** Undergraduate nursing students enrolled in ROTC benefit from leadership experience, critical thinking, and military training. ROTC programs provide two-, three-, or four-year scholarships for undergraduate nursing students. The scholarship pays for tuition and provides allowances for books and fees, and a monthly living allowance based on the student's level in the ROTC program.
- **AECP:** The AECP program provides eligible enlisted Soldiers of the Active and Reserve Components the opportunity to complete a BSN, become a licensed registered nurse in the ANC and be commissioned as a 2LT. All Soldiers in the program receive their current pay and allowances during school, plus up to $10,000 annually for tuition, fees, and books.

- **ANCP:** The ANCP program is open to undergraduate junior and senior students pursuing a BSN from an accredited nursing program. It provides a $10,000 bonus in split disbursement and a monthly stipend of $1,000 during the months the student is enrolled in the school.
- **FNEP:** Army officers on active duty are eligible to become Army nurses while receiving full pay and benefits. The FNEP program provides the opportunity to obtain a BSN or entry-level MSN. Participants must be able to complete all degree requirements in 24 or fewer consecutive months. The program provides up to $11,500 per year for tuition, books and fees and provides full pay and allowances at the participant's current grade.
- **Direct Commissions:** A direct accession into the ANC may be eligible for a sign-on bonus of $20,000 for a three-year commitment and $30,000 for a four-year commitment. In addition, the individual may qualify for up to $120,000 to repay his/her nursing school loans. Under this three-year program, you could receive up to $40,000 annually for qualifying educational loans. The individual may opt to accept both the accession bonus of $10,000 and the ADHPLRP for a six-year commitment.

Army Nurse Corps Accession Program Results FY 09

Accession Program	**FY09**	
	#	%
Army ROTC	127	27.6
AMEDD Enlisted Commissioning Program	72	15.7
Army Nurse Commissioning Program	19	4.1
Funded Nurse Education Program	1	0.2
Direct Commissions	241	52.4
TOTAL	**460**	**100%**

Navy

The Navy accesses Nurse Corps officers through a myriad of programs including: a) the Naval Reserve Officer Training Corps (NROTC), b) the Seaman to Admiral-21 Program, c) the Medical Enlisted Commissioning Program (MECP), d) direct accessions, and e) the Nurse Candidate Program (NCP). The Commander at the Naval Recruiting Command notes that, for the second consecutive year, they are on course to meet their annual recruiting goal for nurses despite ongoing deployments and the national nursing shortage. Retention rates vary predictably depending on such factors as length of service since entry as a nurse and the time in service when commissioned as a nurse.

Accession Points

- **NROTC – Nurse Option:** The NROTC Nurse Option allows motivated students to study nursing in a ROTC program.
- **STA-21:** The STA-21 program targets highly motivated sailors for commission as a Nurse Corps Officer. The student maintains current rate pay and allowances and receives a $10,000 allowance for tuition, books, and fee plus current rate pay and allowances. Participation in NROTC activities is required.
- **MECP:** The MECP targets highly motivated sailors for commission as a Nurse Corps Officer. Students maintain current rate pay and allowances and are required to pay for school themselves using the GI Bill or other qualified scholarships.

- **Direct Accession:** Direct accession targets new graduates and experienced BSN prepared Registered Nurses who are eligible for a Nurse Accession Bonus $20,000 for a 3- year commitment and $30,000 for a 4-year commitment.
- **NCP:** The NCP targets nursing students in their junior or senior year of nursing school. Students receive a $10,000 bonus and $1,000 per month stipend for the length of the program.
- **Reserve Recall:** Allow Reservists to return to active duty with indefinite or definite recalls.

Navy Nurse Corps Accession Program Results FY 09-10

Accession Program	FY09*	FY10**
NROTC – Nurse Option	14.0%	15.0%
Seaman to Admiral-21	7.6%	4.1%
Medical Enlisted Commissioning Program	20.1%	17.6%
Direct Accession	28.4%	35.6%
Nurse Candidate Program	28.4%	23.6%
Reserve Recall	1.1%	3.7%
Inter-Service Transfer	0.0%	0.4%
TOTAL	**100%**	**100%**

*Actual; **Projected EOY as of Feb 2010

Air Force

The Air Force accesses most Nurse Corps officers through the following five accession routes: 1) direct commission, 2) Direct Enlisted Commission (DEC), 3) Air Force Reserve Officers' Training Corps (AFROTC), 4) Nurse Enlisted Commissioning Program (NECP), and 5) Airman Education and Commissioning Program (AECP). Without exception, all officer candidates must

attend or have graduated from a NLN- or CCNE-accredited college/university. For all accession routes, the member is commissioned after both graduating with a BSN degree and passing the NCLEX-RN examination. The member attends Commissioned Officer Training (COT). In addition, nurses with fewer than 6 months of nursing experience participate in an 11-week Nurse Transition Program.

- **Direction Commission**: The direct accession route is intended for new graduates and experienced registered nurses. Nurses who commit to serve for 4 years are eligible for a $30,000 Nurse Accession Bonus (NAB). Nurses who accept Active Duty Health Professions Loan Repayment assistance, are eligible for a $20,000 NAB and incur a 6-year service obligation.
- **DEC**: The DEC accession route is targeted to active duty enlisted members who earned a BSN degree on their own time.
- **AFROTC**: The AFROTC accession route is targeted to civilian sophomore or junior nursing students. AFROTC students may be eligible for a scholarship.
- **NECP**: The NECP accession route is targeted to active duty enlisted members who have completed at least 59 semester hours of college coursework and have been accepted into a civilian School of Nursing. Members receive their current military pay (minimum of E4 pay), attend a college/university with an AFROTC detachment or a college/university with a "cross-town agreement" with a host AFROTC detachment, attend school year-round for 24 consecutive months, and incur a 4-year active duty service commitment. Tuitions/fees and a book stipend is paid; members are not allowed to use personal or scholarship funds to pay for their education.
- **AECP**: The AECP accession route is targeted to active duty enlisted members who have completed at least 30 semester hours of college coursework and have been accepted into a

civilian School of Nursing. Members receive their current military pay, attend a college/university with an AFROTC detachment or a college/university with a "cross-town agreement" with a host AFROTC detachment, attend school year-round for 12-36 consecutive months, and incur a 4-year active duty service commitment. Tuitions/fees and a book stipend is paid; members are not allow to use personal or scholarship funds to pay for their education.

Air Force Nurse Corps Accession Results FY 2009

Accession Program	**FY09** **# (% of goal)**
Recruiting Service Direct Commission	
Fully Qualified	120 (77%)
Nurse Transition Program	110 (92%)
AFROTC	28
Nursing Enlisted Commissioning Program	5
Airman Education and Commissioning Program	3
TOTAL	**266**

Implementation Plan

Three military installations would initially be selected for the pilot program, one for each Service, Army, Navy and Air Force, if consistent with the statutory specifications regarding pilot program locations. To provide 25 BSN graduates from Phase I (the first classes) the three pilot military installations will need to contract with their academic school of nursing partners to enroll a total of 30 students, thus allowing for attrition. For Phase II, year two of the pilot, with two

additional military/academic partnerships for a total of five such partnerships, each partnership will need to enroll 11 to 12 students to account for attrition and achieve the graduation of 50 BSN nurses. In Phase III, when a total of eight military/academic partnerships have been established, each pair will need to enroll 14 students to account for attrition and graduate 100 BSN nurses. Phase III represents the consistent number of military/academic partnerships and enrolled students needed for each following year to satisfy the NDAA 2010 requirement for annual graduates.

SERVICE-SPECIFIC PROPOSALS

Overall, the TSNAP program would be similar to existing accession programs in various ways. The program would stipulate similar student eligibility criteria and prerequisites. Student provisions such as accession bonuses, monthly stipends, and payment for tuition, books, and fees would be modeled in accordance with existing programs. However, each Service would retain the responsibility for accession strategies to include specific marketing and recruitment initiatives.

Recruitment and Marketing

Each Service will dictate their specific marketing and recruitment strategy. Marketing and recruitment by the same agency facilitates consistency of message and assurance that the most current and correct information is being utilized.

Eligibility Criteria

With the condition that each Service Nurse Corps may augment eligibility criteria to meet mission needs, the following criteria for student eligibility will be consistent across the Services:

- Be a U.S. citizen.
- Be between 19 and 40 years of age (exceptions granted for prior service applicants).

- Be able to meet qualifications for appointment as a commissioned officer in the Active or Reserve Component IAW service-specific regulations.
- If the student is a prior enlisted Service member, have completed all mandatory service obligations and have less than 10 years active federal service at the time of commissioning.
- Be accepted to an accredited nursing program at a designated civilian educational institution that has an academic partnership with a minimum of one of the military Service Nurse Corps.
- Be able to complete a BSN degree within 24 months.
- Maintain a minimum GPA of 2.75 for the first two years of the baccalaureate degree program.
- Maintain full-time student status while in the program.
- Have an unconditional letter of acceptance no less than 60 days prior to the term start date.

N.B.: Passage of the NCLEX-RN examination is necessary prior to commissioning as an officer.

Student Agreement

Each Service will retain responsibility for stipulating student agreement requirements, and each student will execute a written agreement acknowledging the following:

- Agreement to fulfill graduation requirements within specified 24-month timeframe.
- Agreement that, upon acceptance of the agreement, the student will enter inactive obligated status in a Reserve Component of the armed forces.
- Agreement that the student will accept an appointment in one of the three Service Nurse Corps upon graduation from the nursing degree program.
- Agreement that the student will fulfill an active or reserve component service obligation as mandated by the respective Corps.

Student Repayment

The student shall be subject to repayment provisions if eligibility requirements are not met to include:

- Does not complete the nursing degree program in which he/she is enrolled in accordance with the agreement.
- Having completed the nursing degree program, does not become an officer in one of the military Service Nurse Corps.
- Does not complete the period of obligated active service required under this agreement.
- Fails to satisfy other eligibility requirements as determined by the Secretary concerned.

OBJECTIVES

Research and analysis on the development, implementation, and sustainment of the TSNAP program by the Services indicate the following objectives:

- Program funds to the TSNAP program because otherwise the program cannot be developed, established, or sustained;
- Permit flexibility and scalability to enable the TSNAP program to best meet Service and academic partners' long-term objectives; and,
- The pilot program of academic partnerships between a military treatment facilities and academic institutions must promote equitable service accountability for the undergraduate nurse training program.

CONCLUSION

The TSNAP program, if supported and funded, could be a viable means of addressing nursing requirements for the armed forces. The program will leverage the leadership and

administration of doctorally-prepared faculty already in place. Moreover, it can provide flexibility to the military Services for increasing or decreasing the number of students enrolled/accessed to the program each year. These academic partnerships would expand the number of students graduating with a BSN degree who would then be commissioned into one of the military Nurse Corps with an Active or Reserve Component service obligation to be determined by each respective Service. Finally, an indirect—but nonetheless significant—benefit of the TSNAP program would be the opportunity to enhance the knowledge and understanding of our academic partners on the unique dedication and commitment that is required to provide professional nursing services to our Nation's heroes and their families.

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ATTACHMENTS

Attachment 1 – NDAA 2010, Section 525

Attachment 2 – AACN 2009 White Paper

Attachment 3 – Military Services' Nursing Corps Chiefs Congressional Testimony, 10 March 2010

Attachment 4 – Catchment Area

Attachment 1

NDAA 2010, Section 525

SEC. 525. DEPARTMENT OF DEFENSE UNDERGRADUATE NURSE TRAINING PROGRAM.

(a) REVISION OF CURRENT SCHOOL OF NURSING AUTHORIZATIONS.—

(1) REPEAL OF ESTABLISHMENT WITHIN UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES.—Section 2117 of title 10, United States Code, is repealed.

(2) ESTABLISHMENT AS DEPARTMENT OF DEFENSE SCHOOL.—Chapter 108 of such title is amended by adding at the end the following new section:

"§ 2169. School of Nursing: establishment

"(a) ESTABLISHMENT AUTHORIZED.—The Secretary of Defense may establish a School of Nursing.

"(b) DEGREE GRANTING AUTHORITY.—The School of Nursing may include a program that awards a bachelor of science in nursing.

"(c) PHASED DEVELOPMENT.—The Secretary of Defense may develop the School of Nursing in phases as determined appropriate by the Secretary.".

(3) CLERICAL AMENDMENTS.—

(A) CHAPTER 104.—The table of sections at the beginning of chapter 104 of such title is amended by striking the item relating to section 2117.

(B) CHAPTER 108.—The table of sections at the beginning of chapter 108 of such title is amended by adding at the end the following new item:

"2169. School of Nursing: establishment.".

(b) AUTHORITY TO ESTABLISH UNDERGRADUATE NURSE TRAINING PROGRAM.—

(1) IN GENERAL.—Chapter 101 of title 10, United States Code, is amended by adding at the end the following new section:

"§ 2016. Undergraduate nurse training program: establishment through agreement with academic institution

"(a) ESTABLISHMENT AUTHORIZED.—(1) To increase the number of nurses in the armed forces, the Secretary of Defense may enter into an agreement with one or more academic institutions to establish and operate an undergraduate program (in this section referred to as a 'undergraduate nurse training program') under which participants will earn a nursing degree and serve as a member of the armed forces.

"(2) The Secretary of Defense may authorize the participation of members of the other uniformed services in the undergraduate nurse training program if the Secretary of Defense and the Secretary of Health and Human Services jointly determine the participation of such members in the program will facilitate an increase in the number of nurses in the other uniformed services.

"(b) GRADUATION RATES.—An undergraduate nurse training program shall have the capacity to graduate 25 students with a bachelor of science degree in the first class of the program, 50 in the second class, and 100 annually thereafter.

"(c) ELEMENTS.—An undergraduate nurse training program shall have the following elements:

"(1) It shall involve an academic partnership with one or more academic institutions with existing accredited schools of nursing.

"(2) It shall recruit as participants qualified individuals with at least two years of appropriate academic preparation,

as determined by the Secretary of Defense.

''(d) LOCATION OF PROGRAMS.—An academic institution selected to operate an undergraduate nurse training program shall establish the program at or near a military installation. A military installation at or near which an undergraduate nurse training program is established must—

''(1) be one of the ten largest military installations in the United States, in terms of the number of active duty personnel assigned to the installation and family members residing on or in the vicinity of the installations; and

''(2) have a military treatment facility with inpatient capability designated as a medical center located on the installation or within 10 miles of the installation.

''(e) LIMITATION ON FACULTY.—An agreement entered into under subsection (a) shall not require members of the armed forces who are nurses to serve as faculty members for an undergraduate nurse training program.

''(f) MILITARY SERVICE COMMITMENT.—The Secretary of Defense shall encourage members of the armed forces to apply to participate in an undergraduate nurse training program. Graduates of the program shall incur a military service obligation in a regular or reserve component, as determined by the Secretary.''.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end the following new item:

''2016. Undergraduate nurse training program: establishment through agreement with academic institution.''.

(c) UNDERGRADUATE NURSE TRAINING PROGRAM PLAN.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and House of Representatives a plan to establish an undergraduate nurse training program in the Department of Defense in accordance with the authority provided by section 2169 of title 10, United States Code, as added by subsection (a), section 2016 of such title, as added by subsection (b), or any other authority available to the Secretary.

(d) PILOT PROGRAM.—

(1) PILOT PROGRAM REQUIRED.—The plan required by subsection (c) shall provide for the establishment of a pilot program to increase the number of nurses serving in the Armed Forces.

(2) IMPLEMENTATION AND DURATION.—The pilot program shall begin not later than July 1, 2011, and be of not less than five years in duration.

(3) GRADUATION RATES.—The pilot program shall achieve graduation rates at least equal to the rates required for the undergraduate nurse training program authorized by section 2016 of title 10, United States Code, as added by subsection (b).

(4) IMPLEMENTATION REPORT.—Not later than 270 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and House of Representatives a report on the pilot program, including a description of the program selected to be undertaken, the program's goals, and any additional legal authorities that may be needed to undertake the program.

(5) PROGRESS REPORTS.—Not later than 90 days after the

end of each academic year of the pilot program, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and House of Representatives a report specifying the number of nurses accessed into the Armed Forces through the program and the number of students accepted for the upcoming academic year.

(6) FINAL REPORT.—Not later than one year before the end of the pilot program, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and House of Representatives a report specifying the number of nurses accessed through the program, evaluating the overall effectiveness of the program, and containing the Secretary's recommendations regarding whether the program should be extended.

(e) EFFECT ON OTHER NURSING PROGRAMS.—Notwithstanding the development of undergraduate nurse training programs under the amendments made by this section and subsection (d), the Secretary of Defense shall ensure that graduate degree programs in nursing, including advanced practice nursing, continue.

(f) EFFECT ON OTHER RECRUITMENT EFFORTS.—Nothing in this section shall be construed as limiting or terminating any current or future program of the Department of Defense related to the recruitment, accession, training, or retention of nurses

Attachment 2

American Association of Colleges of Nursing Report

American Association of Colleges of Nursing

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Nursing Faculty Shortage Fact Sheet

Faculty shortages at nursing schools across the country are limiting student capacity at a time when the need for professional registered nurses continues to grow. Budget constraints, an aging faculty, and increasing job competition from clinical sites have contributed to this crisis.
To minimize the impact of faculty shortages on the nation's nursing shortage, the **American Association of Colleges of Nursing** (AACN) is leveraging its resources to secure federal funding for faculty development programs, collect data on faculty vacancy rates, identify strategies to address the shortage, and focus media attention on this important issue.

Scope of the Nursing Faculty Shortage

According to AACN's report on *2007-2008 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*, U.S. nursing schools turned away 40,285 qualified applicants from baccalaureate and graduate nursing programs in 2007 due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints. In 2006, a total of 42,866 students were turned away from these nursing programs as well. Almost three-quarters (71.4%) of the nursing schools responding to the 2007 survey pointed to faculty shortages as a reason for not accepting all qualified applicants into entry-level baccalaureate programs. ***www.aacn.nche.edu/IDS***

According to a *Special Survey on Vacant Faculty Positions* released by AACN in July 2007, a total of 767 faculty vacancies were identified at 344 nursing schools with baccalaureate and/or graduate programs across the country (55.4% response rate). Besides the vacancies, schools cited the need to create an additional 43 faculty positions to accommodate student demand. The data show a national nurse faculty vacancy rate of 8.8% which translates into approximately 2.2 faculty vacancies per school. Most of the vacancies (86.2%) were faculty positions requiring or preferring a doctoral degree. ***www.aacn.nche.edu/IDS***

Worsening faculty shortages in academic health centers are threatening the nation's health professions educational infrastructure, according to a report by the Association of Academic Health Centers released in July 2007. Survey data show that 94% of academic health center CEOs believe that faculty shortages are a problem in at least one health professions school, and 69% think that these shortages are a problem for the entire institution. The majority of CEOs identified the shortage of nurse faculty as the most severe followed by allied health, pharmacy and medicine.
www.aahcdc.org/policy/reports/AAHC_Faculty_Shortages.pdf

According to a study released by the Southern Regional Board of Education (SREB) in February 2002, a serious shortage of nurse faculty was documented in all 16 SREB states and the District of Columbia. Survey findings show that the combination of faculty vacancies (432) and newly budgeted positions (350) points to a 12% shortfall in the number of nurse educators needed. Unfilled faculty positions, resignations, projected retirements, and the shortage of students being prepared for the faculty role pose a threat to the nursing education workforce over the next five years.
www.sreb.org

Factors Contributing to the Faculty Shortage

Faculty age continues to climb, narrowing the number of productive years nurse educators can teach.

According to AACN's report on *2007-2008 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing*, the average ages of doctorally-prepared nurse faculty holding the ranks of professor, associate professor, and assistant professor were 59.1, 56.1, and 51.7 years, respectively. For master's degree-prepared nurse faculty, the average ages for professors, associate professors, and assistant professors were 58.9, 55.2 and 50.1 years, respectively. ***www.aacn.nche.edu/IDS***

A wave of faculty retirements is expected across the U.S. over the next decade.

According to an article published in the March/April 2002 issue of *Nursing Outlook* titled "The Shortage of Doctorally Prepared Nursing Faculty: A Dire Situation," the average age of nurse faculty at retirement is 62.5 years, and a wave of retirements is expected within the next ten years. In fact, the authors project that between 200 and 300 doctorally-prepared faculty will be eligible for retirement each year from 2003 through 2012, and between 220-280 master's- prepared nurse faculty will be eligible for retirement between 2012 and 2018.
www.us.elsevierhealth.com/product.jsp?isbn=00296554

According to the report *Oregon's Nursing Shortage: A Public Health Crisis in the Making* prepared by the Northwest Health Foundation in April 2001, 41% of the faculty in baccalaureate and higher degree programs in Oregon were projected to retire by 2005 with an additional 46% projected to retire by 2010. This retirement pattern will likely be experienced in other parts of the country as well. ***www.nwhf.org***

Higher compensation in clinical and private-sector settings is luring current and potential nurse educators away from teaching.

According to the 2007 salary survey by *ADVANCE for Nurse Practitioners*, the average salary of a master's prepared nurse practitioner is $81,517. By contrast, AACN recently reported that master's prepared faculty earned an annual average salary of $66,588.
http://nurse-practitioners.advanceweb.com and ***www.aacn.nche.edu/IDS***

Master's and doctoral programs in nursing are not producing a large enough pool of potential nurse educators to meet the demand.

According to AACN's *2007-2008 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing* report, enrollment in research-focused doctoral nursing programs were up by only 0.9% from the 2006-2007 academic year. ***www.aacn.nche.edu/IDS***

Efforts to expand the nurse educator population are frustrated by the fact that thousands of qualified applicants to graduate nursing programs are turned away each year. In 2007, AACN found that 3,048 qualified applicants were turned away from master's programs, and 313 qualified applicants were turned away from doctoral programs. The primary reason for not accepting all qualified students was a shortage of faculty. ***www.aacn.nche.edu/IDS***

Strategies to Address the Faculty Shortage

In March 2008, Senator Richard Durbin (D-IL) introduced the Troops to Nurse Teachers Act of 2008 (TNT) which would permit active duty and retired Nurse Corps Officers to serve as faculty in schools of nursing. Modeled after the Department of Defense's Troops to Teachers program, TNT would create a fellowship program for Commissioned Officers with a graduate nursing degree; a scholarship program for Commissioned Officers who have served at least 20 years of active duty as a nurse; a transitional assistance program for Nurse Corps Officers who have served at least 20 years and are already qualified to teach; and a program for retired Nurse Corps Officers who can serve as full-time faculty in a accredited school of nursing.
www.aacn.nche.edu/Media/NewsReleases/2008/TNTAct.html

In February 2008, AACN and the Johnson & Johnson Campaign for Nursing's Future announced the first scholarship recipients for the newly created Minority Nurse Faculty Scholars program. Created to address the nation's shortage of nurse educators and the need to diversify the faculty population, this program provide financial support to graduate nursing students from minority backgrounds who agree to teach in a school of nursing after graduation.
www.aacn.nche.edu/Media/NewsReleases/2008/J&JScholars.htm

In February 2008, AACN held its annual inaugural Faculty Development Conference in Nashville, TN aimed at helping nurses transition to faculty roles in baccalaureate and higher degree programs. More than 250 new and future faculty attended this event titled "Transforming Learning, Transforming People." AACN plans to repeat this program in 2009.
www.aacn.nche.edu/Conferences/08FacDev.htm

Many statewide initiatives are underway to address both the shortage of registered nurses and nurse educators. In October 2006, AACN released an Issue Bulletin titled *State Legislative Initiatives to Address the Nursing Shortage* that describing dozens of these efforts, including comprehensive programs in Maryland, Kansas, Colorado, Illinois, and Utah. Specific strategies to address the faculty shortage include loan forgiveness programs, faculty fellowships, and salary supplements.
www.aacn.nche.edu/Publications/issues/Oct06.htm and
www.aacn.nche.edu/Government/StateResources.htm

In January 2007, Reps. Nita Lowey (D-NY), Peter King (R-NY), and Lois Capps (D-CA), introduced the Nurse Education, Expansion and Development Act (NEED Act) in the House and a companion bill was introduced in the Senate by Senator Richard Durbin (D-IL). The NEED Act would amend Title VIII of the Public Health Service Act to authorize Capitation Grants (formula grants) for schools of nursing to increase the number of faculty and students. Capitation grant programs have been used to effectively address past nursing shortages.
www.aacn.nche.edu/Government/pdf/CapGrants.pdf

In February 2006, AACN and the California Endowment launched a scholarship and mentorship program to increase the number of minority nursing faculty in California. Through this program, nursing students from underrepresented backgrounds are eligible to receive up to $18,000 in funding support to complete a graduate nursing degree. In exchange, students engage in leadership development activities and commit to teaching in a California nursing school after graduation.
www.aacn.nche.edu/Media/CAEwinners8-06.htm

In August 2005, the U.S. Secretary of Education designated nursing as an "area of national need" for the first time under the Graduate Assistance in Areas of National Need (GAANN) program. As a result of this AACN led lobbying effort, a new funding stream for PhD programs in nursing was created. In April 2006, $2.4 million in grant funding through the GAANN programs was awarded to 14 schools of nursing. ***www.ed.gov/programs/gaann/index.html***

In June 2005, AACN published an updated white paper titled *Faculty Shortages in Baccalaureate and Graduate Nursing Programs: Scope of the Problem and Strategies for Expanding the Supply*. This publication summarizes the faculty shortage issue, identifies factors contributing to the shortfall, and advances strategies for expanding the current and future pool of nursing faculty. The white paper includes an appendix with examples of successful strategies to address the faculty shortage suggested by schools at an AACN Hot Issues Conference.
www.aacn.nche.edu/Publications/WhitePapers/FacultyShortages.htm

In June 2005, the U.S. Department of Labor (DOL) awarded more than $12 million in grant-funding through the President's High Growth Job Training Initiative, $3 million of which will help to address the nurse faculty shortage. This latest round of funding brings the DOL's commitment to health care workforce through the High-Growth program to more than $43 million.
www.doleta.gov/BRG/Indprof/Health.cfm.

In March 2004, AACN launched an online resource to support nurses considering full- or part-time teaching careers called Faculty Career Link. This information clearinghouse features a nurse educator career profile, academic programs that prepare faculty, financial aid opportunities, and links to faculty development programs. Faculty Career Link also includes the most comprehensive list available of faculty vacancies in U.S. nursing colleges and universities.
www.aacn.nche.edu/CareerLink

In February 2004, Nurses for a Healthier Tomorrow (NHT), a coalition of 43 leading nursing and health care organizations, launched a new public awareness campaign to generate interest in careers as nurse educators. The campaign consists of four print advertisements and a flyer that may be downloaded for free from the NHT Web site; a career profile on the nurse educator that has been posted online; and a national public relations effort. For more information on the campaign and how you can support this work, see ***www.nursesource.org/campaign_news.html.***

In April 2003, a joint task force of the University HealthSystem Consortium and AACN released a white paper that examined how schools and practice partners can work together to address common concerns, including the shortage of faculty. The paper, titled *Building Capacity through University Hospital and University School of Nursing Partnerships*, recommends sharing clinical faculty, preceptor training, and increasing access to clinical sites among various long- and short-term faculty shortage solutions. ***www.aacn.nche.edu/Publications/WhitePapers/List.htm***

In February 2003, Congress appropriated $20 million in funding for new programs created under new Nurse Reinvestment Act. Designed to address the nursing shortage, this legislation includes $3 million for a Nursing Faculty Loan Program that provides loan forgiveness for students in graduate programs who agree to work as nurse faculty upon graduation. Funding through this program will be dispensed by schools of nursing to students pursuing a faculty career.
www.aacn.nche.edu/media/nraataglance.htm
Last Update: March 26, 2008

Attachment 3

Nursing Corps Chiefs Testimony

The following comments are excerpts from testimony presented to the U.S. Senate Committee on Appropriations, Hearing on DoD Health Programs, on March 11, 2010. Full transcripts from the Military Nurse Corps Chiefs can be found at: http://www.appropriations.senate.gov/ht-defense.cfm?method=hearings.view&id=829c332e-6ce2-4d5a-8679-9332c7a37262

U.S. Army - Testimony of Major General Patricia Horoho:

The Army Nurse Corps was very successful in recruiting and retaining Army Nurses in 2009. Research, like that being done by LTC Breckenridge-Sproat, AN, titled "Factors Associated with Retention of Army, Air Force, and Navy Nurses" will survey Active Duty Army, Navy and Air Force nurses to explore factors influencing decisions to maintain their active duty status. In the history of military nursing research, there has never been a retention survey using a validated instrument conducted across all three services. Considering the changing market for registered nurses in the US and the complex factors that influence decisions to remain on active duty, it is important to obtain data to support appropriate strategies to retain military nurses in the Army, Navy and Air Force (p17-18).

U.S. Navy - Testimony of Rear Admiral Karen Flaherty:

Today's Navy Nurse Corps Active Component (AC) is manned at 91.2% with 2,837 nurses currently serving around the world. We have already achieved Navy Nursing's Active Component recruiting goal for 2010, for the fourth consecutive year. Reserve Component (RC) recruiting is currently at 16.4% of the FY10 mission and requires our continued focus (p3).

U.S. Air Force - Testimony of Major General Kimberly Siniscalchi:

Recruiting fully qualified nurses continues to be one of our largest challenges and our historical and present statistics tell us this will be an issue for years to come. In Fiscal Year 2009, we accessed 284 nurses against our total accession goal of 350 (81 percent), down 12 percent from what I reported the previous year. National competition to access nurses will continue as many professional employment opportunities exist (p13-14).

Attachment 4

Catchment Area Sites

Top Catchment Areas for Active Duty and Family Members

INSTALLATION & LOCATION	POPULATION (*Catchment*)	MEDICAL CENTER	BSN SON within 25 mile radius (NCLEX pass rates %)	BSN SON within 30 mile radius	BSN SON within 50 mile radius (NCLEX pass rates %)
NAVY REGION MID-ATLANTIC, NORFOLK, VA & JOINT BASE LANGLEY-EUSTIS, VA	241,765	Naval Medical Center Portsmouth (633RD Medical Group, USAF Langley Hospital – not a medical center)	Hampton University-5 mi. (70-93% based on campus location) Old Dominion University-2 miles (91.4%) Norfolk State University-2 miles (84.2%) Sentara College of Health Professions (recently added BSN track, diploma, NCLEX pass rate 95%)	N/A	
NAVY REGION SOUTHWEST, SAN DIEGO, CA	141,227	Naval Medical Center San Diego	National University-1.1 mi (79.7%) Point Loma Nazarene University-5 mi (100%) San Diego State University-6 mi (92%)	N/A	California State University at San Marcos-35 mi (95%)
FT. BRAGG, NORTH CAROLINA	132,163	Womack Army Medical Center (WAMC)	Fayetteville State University-2 mi (88%)	N/A	N/A
FT. HOOD, TX	125,515	Darnell Army Medical Center (DAMC)	University of Mary Hardin-Baylor-18 mi. (91%) Texas A&M University-Central Texas-4 mi. (N/A)*	N/A	N/A
FT SHAFTER, HICKHAM AFB, PEARL HARBOR	111,169	Tripler Army Medical Center	University of Hawaii at Manoa-11 mi. (99%)	N/A	N/A

NAVY BASE, HONOLULU, HI		(TAMC)	Hawaii Pacific University-5 mi (94%)		
MARINE CORPS BASE CAMP LEJEUNE, NC	106,930	Not within range of MEDCEN	None within 25 mile range	N/A	N/A
FT. LEWIS, WA	93,530	Madigan AMC	University of Washington-Tacoma 20 mi (90%) Pacific Lutheran University-20 mi (86%)		Seattle Pacific University-50mi (86%) Seattle University-50 mi (90%) University of Washington-Seattle-50 mi (90%) Olympic College-48 mi (86%)

MARINE CORPS BASE CAMP PENDLETON, CA	89,531	Not within range of MEDCEN	California State University-16 mi (95%)		National University-39 mi (79%) Point Loma Nazarene-39 mi (100%) San Diego State Univerisity-39 mi (92%) UC-Irvine-45 mi (N/A)**
FT. SAM HOUSTON, 59TH MED WING – LACKLAND AFB TX	87,908	Brooke Army Medical Center (BAMC) & 59th Medical Wing, Wilford Hall Medical Center (Note: per BRAC recommendation on BAMC and Wilford Hall Medical Center will be consolidated into the San Antonio Military Medical Center, SAAMC)	University of Texas Health Science Center at San Antonio -8 mi (86%) University of the Incarnate Word-3 mi. (86%) Wayland Baptist University-3 mi	N/A	N/A
NATIONAL CAPITAL REGION, WASHINGTON DC	86,335	Walter Reed National Military	Catholic University-3.5 mi (100%)	N/A	Coppin State University-34 mi (69%)

		Medical Center (JTF CAPMED)	Georgetown University-2.2 mi (100%) Howard University-2.1 mi (70%) Trinity University-2.9 mi (N/A)** Bowie State University-18 mi (77%) Washington Adventist University-1.44 mi (84%)		Johns Hopkins University-34 mi (90%) Stevenson University-38 mi (86%) Towson University-45 mi (77%) University of MD- Baltimore-34mi (92%)
FT. CAMPBELL, KY	77,153	Not within range of MEDCEN	None within 25 mile range	N/A	Murray State University, Murray – 50 mi., (92%)
FT. CARSON, CO	70,585	Not within range of MEDCEN	None within 25 mile range	N/A	Beth-el College of Nursing, University of Colorado, Colorado Springs, 50 mi., (93%)

Source:
Data as of 30 September 2009 (FY09, FM12) Ben Cat Common 1 and 4, PSA = Y, Catchment Areas only, Source M2 (21 October 2009)