

Chapter Three

Educational Concerns and Career Advancement

The determination to upgrade skills and expand professional knowledge through formal education was a persistent theme in the Army Nurse Corps in the 1970s. Army Nurse Corps officers improved their knowledge and skills by working toward compliance with the 1974 mandate for baccalaureate preparation, participating in continuing education offerings, partaking in specified short nursing courses, attending graduate school, and focusing on advancement through military education.¹

Dating back to post–World War II days, a number of previous chiefs of the Corps had battled to establish the baccalaureate degree as a minimum educational prerequisite for entry into the Army Nurse Corps. The Corps reached that goal in 1974. However, the movement toward an all-baccalaureate Corps entailed progressively implemented steps. In 1971, the Army Nurse Corps procurement efforts assigned priority for granting commissions to baccalaureate graduates. The accessions board selected those with the preferred, stipulated educational background first among potential applicants. As an added incentive, these applicants were commissioned as first lieutenants upon entry to active duty, which entitled them to extra pay, allowances, and status. All others initially served as second lieutenants. Non-baccalaureate Army nurses who wished to serve beyond their initial tour of duty had to show documented proof of working toward completion of a degree.²

An Army Nurse Corps task force met in 1973 to study the issue and develop specific justification for the anticipated change to an all-baccalaureate Corps. Task force members agreed that professional nurses educated at the baccalaureate level were indispensable in performing essential nursing responsibilities expected of an Army Nurse Corps officer, such as “administration, supervision, education, and research.” The working group concluded “that the ANC [Army Nurse Corps] in peacetime must be comprised only of professional nurses prepared at the baccalaureate level . . . [who] would serve as a strong, viable ‘hard core’ from which to

expand in the event of mobilization.”³

At approximately the same time, the Navy and Air Force pondered the same perplexing educational entry-level questions. To facilitate joint resolution of the issues, representatives from all three nurse corps met as a Medical Task Force on Tri-Service Nursing Education. Like the Army, the Navy Nurse Corps preferred “an all baccalaureate Corps.” Some had the erroneous perception that the Air Force Nurse Corps was not striving to achieve the same standard.⁴ However, this was inaccurate. The Air Force surgeon general noted that in the final six months of 1976, the Air Force Nurse Corps (AFNC) raised their “accession of nurses with a baccalaureate degree to 50 percent of the total.”⁵ In 1978, the AFNC set this goal at 75 percent.⁶ The Air Force surgeon general added that the Corps expected “to reach 100 percent” by 1980.⁷ However the Air Force objective was not achieved as expected in 1980. It was not until December 1982 that AFNC first required a bachelor of science in nursing (BSN) for all new accessions. Exceptions were made for critical career fields such as anesthesia.⁸ The actual educational composition of the three nurse corps in the mid-1970s verified that the Army was in the forefront at least in the area of educational credentials. The Army Nurse Corps counted 74 percent of its officers as prepared at the baccalaureate level, while the Navy had 64 percent with a BSN.⁹ Only 32 percent of Air Force nurses claimed the BSN in the mid-1970s. In 1978, 41 percent completed a college education. By 1980, 67 percent of AFNC had earned a baccalaureate degree.¹⁰

At one point, a particular task force member, a non-Army lieutenant, discussed several possible strategies proposed by the Army to achieve the educational goal. This individual believed that using the Reserve Officers’ Training Corps to foster baccalaureate accessions would fail—at least with the Navy—because “the ‘line’ part of the Navy was not too interested in using Reserve Officers’ Training Corps programs.” The lieutenant also discounted the notion of establishing a baccalaureate nursing program at the Uniformed Services University of the Health Sciences, stating “that university is now in troubled waters and cannot be counted on for anything. . . .”¹¹

General Lillian Dunlap encountered powerful resistance from many quarters, questioning the wisdom of striving for an all-baccalaureate Army Nurse Corps. Opponents cited the grave, ever-present shortage of nurses that—they felt—adding a BSN requirement would only aggravate. Among those who fought against the all-baccalaureate standard were staff members at the Department of the Army, Department of Defense, and Office of the Secretary of Defense, Health Affairs—particularly reserve general officers. These individuals argued the obvious. A dearth of Army nurses existed and lowering or maintaining existing standards would facilitate entry into military service by associate degree nurses and diploma school graduates, thus reducing shortages. Their analysis concluded that the influx of diploma and associate degree nurses also would eliminate the need for such expensive programs as the Walter Reed Army Institute of Nursing and the Army Student Nurse Program.¹² Their shortsighted rationale ignored ominous, unintended outcomes that probably would accompany such a course of action. For

example, with the quick fix would come a possible lowering in the quality of care provided and a degrading of professional leadership attributes. Moreover, Army Nurse Corps officers' ability to maintain parity with the rest of the Army's commissioned officer corps, which required officers to have a college degree, would suffer and professional respect and authority would be lost. Army Nurse Corps officers would find themselves consigned to subservient positions and unable to intervene in important realms such as patient advocacy. Similar challenges to the all-baccalaureate policy emerged on a regular basis in the years to follow.¹³

Although many fought against the educational requirement, others supported the move toward an all-baccalaureate Corps. Surgeon generals Lieutenant General Hal Jennings and Lieutenant General Richard Taylor, senior Army Nurse Corps leaders, and civilian professional nursing organizations were among the proponents.¹⁴ In 1965, the American Nurses Association (ANA) position paper advocated the baccalaureate degree as the minimum educational entry level for all professional practice.¹⁵ Thus, the ANA backed an Army Nurse Corps policy that closely reflected its own position. Both the ANA and the National League for Nursing provided valuable assistance in the form of "advice, support, letter writing, phone calling" and other "things that might be needed."¹⁶ For instance, the National League for Nursing shared its brief in support of baccalaureate education for nurses with the Army Nurse Corps, noting that the professional degree developed nurses' "potential as individuals, as citizens, and as professional practitioners." It added that a baccalaureate education prepared nurses to deliver, explain, and demonstrate effectual nursing care; identify patient care needs and plan, direct, and evaluate care; adapt fundamental principles from other sciences to unique nursing situations; and led the nurse with a bachelor's degree to acknowledge "the need for continuing personal and professional development."¹⁷

In the years that followed the 1974 regulation, the Corps accepted only graduates of accredited collegiate nursing schools, and ever-increasing numbers of diploma-graduate Army nurses already on active duty had complied with the new policy. By 1978, over 90 percent of the Army Nurse Corps had bachelor's degrees. Failure to obtain a baccalaureate degree adversely affected Army nurses' military careers. After General Madelyn N. Parks took part in a promotion board in 1978, she reported that "any marginal or poor OER [officer efficiency report] was a deciding factor" that made promotion to the next grade unlikely. The first criterion that usually precluded promotion was obesity. The second most frequent criterion was the lack of a bachelor's degree. Parks disclosed that a rare few nondegree Army nurses were selected for promotion, but only after they had "demonstrated (*many* semester hours') effort towards a degree."¹⁸ About this time, issues about educational qualifications, body weight, and lack of fitness became important as crucial and sensitive discriminators affecting future promotions and career progression.¹⁹

Many Army nurses were placed at a disadvantage and offended—both personally and professionally—by the Corps emphasis on the baccalaureate degree standard. Some simply did not have the ability or stamina to pursue additional education, especially when it involved additional hours attending classes during

off-duty time after exceedingly demanding and arduous workdays. Some of the required classes were lackluster and probably seemed irrelevant to working professionals. Many officers who in the past had made significant contributions to the Corps saw the demands as—at best—extremely ungrateful, and at worst, a major rebuke to their professional self-image. In 1971, Colonel Louise Rosasco, the assistant chief of the Army Nurse Corps, addressed these perceptions, writing that the emphasis on collegiate education

... does not reflect a dissatisfaction with those many highly capable Army nurses who did not attain these academic credentials in the past. It reflects a growing awareness and a conviction that the times in which we live demand this preparation for responsible, innovative leadership in the future.²⁰

Before long, the beneficial effects of the Army Nurse Corps progressive education policy manifested themselves. In 1982, an *Army Times* exposé spotlighted the wounded but “on the mend” condition of Army health care.²¹ Although the series brutally detailed a host of the Army Medical Department (AMEDD) failures, it highlighted Army nurses as invaluable assets of the system. The critique revealed that Army Nurse Corps officers were “distinguished by the quality of care they provide” and added that they “top all other Army medical personnel in surveys of patient preferences.” The newspaper disclosed that one representative patient survey demonstrated that “Army nurses outranked all other medical personnel in courtesy and consideration.” It attributed the high levels of patient satisfaction to “the superior credentials of Army nurses,” noting that approximately 98 percent of all Army nurses were baccalaureate graduates, of whom 19 percent held the advanced preparation of a master’s degree. The article also confirmed that more than 54 percent of Army nurses claimed at least six years of professional nursing experience.²² Whether a scientifically proven causal relationship exists between levels of nurse education/experience and patient satisfaction is debatable. Nonetheless, many would ascribe empirically to the benefits of higher education and a modicum of professional experience. The implementation of advanced educational credentials and the introduction of more rigorous standards for Army nurses arguably enhanced performance, improved measures of patient satisfaction, and probably affected clinical outcomes. Army nurses led the AMEDD health care providers in several parameters of professional performance and also served as an exemplar for professional nursing. This suggests that the choice to mandate the baccalaureate degree as the educational entry level was a shrewd, well-reasoned decision.

During the 1970s, the nursing profession at large was coming to recognize another imperative, that is, the desirability of continuing education as a career-long commitment for professional nurses. The discipline saw education as one strategy to preserve quality of care. Selected states codified the requirement as state boards of nursing established directives requiring proof of continuing education activities as a prerequisite for nursing license renewals.²³ Different states required varying numbers of continuing education units or contact hours of education.²⁴ Army regulations obliged Army nurses to be licensed, but allowed nurses to hold a li-



Pictured is Colonel Louise C. Rosasco, assistant chief of the Army Nurse Corps from 1970 to 1971. Photo courtesy of Army Nurse Corps Archives, Office of Medical History, Falls Church, VA.

cense from any state. Since many maintained their license in jurisdictions that required continuing education, the Army Nurse Corps took responsibility for providing selected continuing education programs for Army nurses to supplement offerings available in the civilian community. On 14 November 1977, the ANA's North East Regional Accrediting Committee endorsed the Army Nurse Corps Continuing Health Education Program (ANC-CHEP) and granted it the authority to approve educational programs at military treatment facilities around the world for credit in the form of contact hours or continuing education units.²⁵ The ANA authorization, which covered a two-year period, was renewed regularly thereafter.²⁶

Educators in the AMEDD facilities worldwide submitted proposed continuing education programs to the ANC-CHEP. A board of Army Nurse Corps officers evaluated the proposed program and either approved it or made suggestions for improvements before resubmission. Once educators in military treatment facilities received approval for the learning activity, they presented the program and awarded attendees credit for participation. In its first year of activity, the ANC-CHEP reviewed 177 planned programs and approved 155 for continuing education units. In all, 4,940 professional nurses in the continental United States, Europe, and Korea attended these approved programs and earned an impressive total of 36,854 contact hours.²⁷ Judging by the numbers alone, the ANC-CHEP was a successful, beneficial endeavor that also likely enhanced the quality of nursing care provided in Army installations.

Another educational venture that proved advantageous was the Army Nurse Corps panel of professional postgraduate short courses. Since the post-World War II period, the Army Nurse Corps had sponsored an increasing variety of short-term courses to improve professional nurse proficiencies. In most cases, these classes were classified as temporary duty courses, intended to last no longer than 179 days. In 1973, for instance, the Army Nurse Corps sent various officers to the AMEDD Officer Basic, the Army Nurse Corps Clinical Head Nurse, the Chief Nurses Orientation, and the Community Health Nursing courses and others such as the Basic Operating Room, Environmental Hygiene, and Army Installation Management courses and the Nurse Methods Analyst Short course.²⁸

Affirming the never-ending importance of improving nurse provider skills and knowledge, the Army Nurse Corps had long recognized and authorized a nursing role to support educational endeavors in Army hospitals.²⁹ By the mid-1970s, this role was designated as chief, nursing education and training service, and in 1986 it became known as chief, nursing education and staff development service.³⁰ The change of name precipitated little if any change in the unit's structure or function. The size and scope of education and staff development in each military treatment facility were based on the learning needs of military, civilian, officer, and enlisted staff and also was influenced by quality-of-patient-care issues and hospitals' requirements.³¹ The service managed continuing education programs focusing on such topics as "reading electrocardiograms, diagnosing ventricular fibrillation, and initiating medical action in emergencies." Other responsibilities involved "orienting new employees, training nurses' aides and technicians, and

developing leadership qualities in nursing personnel.”³² The AMEDD considered these duties essential in the contemporary environment of stringent downsizing and personnel shortages that dictated every staff member be versatile, optimally productive, and competent. Nurse educators also oriented, trained, and counseled all department of nursing personnel. Furthermore, they apprised junior officers in particular “of the career options and alternatives available and of the expectations of professional performance and continued personal development which the AMEDD” required.³³ The Army nurse assigned to this educational role also assessed “educational needs and skill levels” and acted as a liaison with other local or distant civilian or military educators.³⁴

The Army Nurse Corps, however, did not restrict its educational venues to the military setting. It also took advantage of courses offered in civilian institutions of higher learning. In the early 1970s when the Army Nurse Corps was promoting the goal of all-baccalaureate status, it channeled the bulk of its civilian education funds into the bachelor’s degree completion or similar programs, thus providing support for nondegree nurses’ academic endeavors. After only a few years, however, the percentage of Army nurses with a bachelor’s degree steadily increased, and the Army Nurse Corps sought to promote and subsidize graduate education.³⁵ In 1973, the Army Education Review Board validated 571 Army Nurse Corps positions as requiring master’s degrees and another 16 for doctoral degree preparation. One year later, the Surgeon General’s Professional Education Review Board recommended that in fiscal year 1974, 908 Army Nurse Corps positions be validated for the master’s level and 39 for the doctorate.³⁶ This paved the way for greater numbers of Army Nurse Corps officers to attend graduate school under the Army’s Long Term Civilian Training sponsorship program every year. During fiscal year 1973, the Army Nurse Corps projected that a total of 42 Army nurses would complete their graduate education in civilian institutions and another 70 Army Nurse Corps officers would enter school full-time in programs leading to a degree in various civilian academic institutions.³⁷ By fiscal year 1984, 120 Army nurses’ graduate and doctoral educations were either fully or partially funded by the Army. Following graduation, these advanced degree nurses returned to duty positions validated for their educational levels, such as clinical practice roles, administrative jobs, education assignments, or research responsibilities.³⁸

Military education level was another component gaining in importance for career progression. Promotion boards expected field grade (major and above) officers Army-wide competing for promotion to have successfully completed Command and General Staff College, either in residence or by correspondence, and the expectation also quickly became applicable to rising Army Nurse Corps officers. Lieutenant colonels Doris S. Frazier and Connie L. Slewitzke opened the doors for women in the traditional Army schools. Frazier became the first Army nurse to attend the Command and General Staff College in 1967 as a resident student. In 1973, Frazier was again a pioneer when she graduated from the Army War College at Carlisle Barracks, Pennsylvania. Frazier later recalled that she “was thrilled and honored to be selected for each [school]. I learned much and met

many outstanding and wonderful officers who went on and did great things for our country.” That same year, Slewitzke became the first woman officer to serve as class president of the Command and General Staff College at Fort Leavenworth, Kansas.³⁹ Most of the student body, Slewitzke remembered, was supportive of her appointment with a few exceptions. Those few were anything but pleased. Medical Service Corps students wrote a letter of protest to Surgeon General Lieutenant General Charles Pixley. Slewitzke’s appointment also riled a British officer, who commented that “women didn’t belong in these kinds of schools and definitely should not be Class President.” Slewitzke found the class director, a faculty member, “interesting.” His remarks strengthened her resolve to accept the challenging assignment. He told Slewitzke, “Well, you know, you don’t have the background, and you are going to have all of this work to do, and maybe you really don’t want it.” She responded, “Look, my Corps would never forgive me if I didn’t accept the job.” Slewitzke decided that if the commandant, “a very nice man,” accepted her, she would serve as the class president. She recalled:

So I went in to see the Commandant. . . . He made the decision to accept me. . . . I told him that I didn’t know about a lot of command stuff. As you see, we didn’t have the experience background as we weren’t allowed to command. But I certainly had management background from my experiences and he said, “Don’t worry about it. You are fine with me.”⁴⁰

Frazier and Slewitzke broke new ground for all women in the Army.

Captain Harriet H. Werley and later Lieutenant Colonel Ida Graham Price developed and then formalized the concept of career planning for Army Nurse Corps officers. Werley originated the system during her assignment in the Office of The Surgeon General’s Career Guidance and Planning Office from 1951 to 1955.⁴¹ Career planners typically operated in collaboration with the assignment officers in what then was referred to as the Army Nurse Corps Branch. Later in 1972, this umbrella agency became the Career Activities Office (CAO) with two components: (1) an Assignment Branch and (2) a Career Planning Branch. A senior Army nurse served as chief of the Army Nurse Corps branch and oversaw and coordinated all the branch’s activities.⁴² The intent of career planning was to identify and prepare the best-qualified person for the job at hand and to develop future Corps leaders. The process in part involved setting up a logical progression or a master plan for officers to follow throughout their careers. The blueprint was not rigid or firmly set but had flexibility based on individual differences and other contingencies. The individual Army Nurse Corps officer and the career planning officer ideally worked together to develop the blueprint, considering personal preferences, individual abilities, past assignments, and educational background. In short, career planning officers identified those Army nurses who demonstrated promise and nurtured their potential by carefully advising on assignments and encouraging these individuals in educational pursuits.⁴³ The career planners then made recommendations to the assignment officers for certain individuals who might best fill specific positions.

Around this time, other non-Army nurse AMEDD officers regularly asked why



Doris S. Frazier, right, was the first Army nurse to attend the Command and General Staff College in Fort Leavenworth, Kansas, in residence in 1967. Several years later, Frazier was the first Army Nurse Corps officer to graduate from the Army War College at Carlisle Barracks, PA. Here Frazier is pictured sometime after she was promoted to colonel, standing next to, left to right, General Lillian Dunlap, chief of the Army Nurse Corps and Colonel Edith J. Bonnet, the assistant chief of the Corps. Photo courtesy of Colonel Doris Frazier and Colonel Barbara Davis, Evans, GA.



Major Ida Graham Price, portrayed here in 1958, followed Major Harriet H. Werley in the Office of The Surgeon General's Career Guidance and Planning Office. She helped to refine the Army Nurse Corps career planning process.

Photo courtesy of Army Nurse Corps Archives, Office of Medical History, Falls Church, VA.

Army nurses—who were in such short supply—should be assigned as staff to monitor career planning and assignments in CAO or, as it was formerly known, the Army Nurse Corps Branch. They recommended that Medical Service Corps officers fill these positions instead. However, most Army Nurse Corps officers wanted their assignments and careers guided by another Army nurse, one who could fully appreciate their unique wants and needs. When Dunlap served as chief of the Army Nurse Corps in the 1970s, she responded to these unsolicited and unwelcome proposals by asking, “. . . could someone other than a nurse do that [job]? Would that person have the understanding, the appreciation of that assignment?” Dunlap’s answer to these questions was “I don’t think so.”⁴⁴ Over the years, virtually all have agreed that the best person to guide careers and make assignments for Army Nurse Corps officers also needed to be an Army nurse.

For a number of years, CAO was located in the Forrestal Building on Independence Avenue in southwest Washington, D.C. However, in the spring of 1978, CAO had to seek other accommodations when the newly formed Department of Energy took over the Forrestal office space. CAO subsequently moved to Buzard’s Point in southeast Washington, D.C. As sometimes happens during a move, two boxes of documents were lost in the hasty relocation. Those missing boxes became an Army Nurse Corps legend. A personnel management officer, Major Nickey McCasland, recalled that “from then on whenever anything couldn’t be found, we were able to say that whatever it was, . . . [it] probably [was] in one of the two boxes that were lost in the move.”⁴⁵ CAO faced another metamorphosis in 1985. At that time, its contingent of assignment officers began operating under the jurisdiction of the Military Personnel Center. Professional development officers became part of a field operating agency “incorporating the Education and Training Division of [Army Medical Department Personnel Support Agency] AMEDDPERSA.”⁴⁶

In that same timeframe, Congress enacted the Defense Officer Personnel Management Act (DOPMA) that generated a paradigm shift and resulted in considerable repercussions in the Army Nurse Corps. DOPMA was a career management tool that applied to all the military services.⁴⁷ Its concepts originated in the 1970s, and the law had a wide range of implications for Army Nurse Corps officers for decades. DOPMA legislation was first introduced into Congress in 1974, signed into law in 1980, and became effective in September 1981.⁴⁸ Its goals were threefold: (1) to create a management system common to all services; (2) to make available better career opportunities for the individual servicemember; and (3) to improve the services’ flexibility of management.⁴⁹ Thus, DOPMA sought to “improve the Army’s management of officers” and accordingly to “retain more highly educated and technically trained officers.” DOPMA set the stage for a single promotion system that was applicable Army-wide. Before DOPMA, an officer initially received a temporary promotion to the next higher grade, and later on a permanent basis to that same grade.⁵⁰ With DOPMA, all officers were placed on only one “Active Duty List” for single promotions. DOPMA also set promotion guidelines. It directed that promotion boards select 80 percent of all captains who

had served the requisite time in grade to be promoted to major. It mandated that 70 percent of all eligible majors be selected for promotion to lieutenant colonel and 50 percent of eligible lieutenant colonels be promoted to colonel.⁵¹ Furthermore, DOPMA decreed that all officers were to be integrated into the Regular Army at the 11-year mark in service, ideally at the field grade level. DOPMA also mandated that all officers had to serve for three years in grade to be eligible for retirement in that grade. Moreover, the upper limit for involuntary separation (severance) pay increased from a lump sum of \$15,000 to \$30,000. DOPMA also set “uniform, general constructive credit rules for prior service, experience and education.”⁵²

DOPMA was based on the premise that all officers were due course officers, that is, all entered the Army as second lieutenants and their careers progressed in line with specified DOPMA guidelines.⁵³ This was not the case with many Army Nurse Corps officers. Before DOPMA, the Corps recruited and welcomed professional nurses with various and advanced “levels of experience, graduate education and specialty training” to maintain high patient care standards. The Army awarded these nurses, as well as Medical Corps, Dental Corps, Medical Service Corps scientists, and Judge Advocate General officers, all with advanced education or experience, constructive credit (increased rank) upon entering the Army. As a consequence, many joined the Army as captains or majors with several years in grade for promotion and pay purposes. DOPMA’s career template frequently did not fit or adequately support the career progression of these non-due course Army nurses. Because the grade structure of the Army Nurse Corps did not allow direct commission officers “a reasonable career progression” for promotion to lieutenant colonel and colonel, these talented officers suffered, became disillusioned, and resigned their commissions.⁵⁴ DOPMA also imposed an ironclad year group strength management system that forced the Army Nurse Corps “to refuse voluntary indefinite (VI) status to highly qualified officers” who were on active duty for three to four years. At the same time, the Corps was “unable to get enough second lieutenants to replace them numerically, much less qualifications-wise.” Such predicaments were the unintended outcomes of DOPMA, which imposed “a rigid, arbitrary grade structure designed for West Point graduates” on the entire Army officer corps.⁵⁵ In the 1980s the AMEDD initiated a major structure study to rectify these inequitable situations.⁵⁶ However, in the interim, a personnel management nightmare existed. The prevailing personnel system essentially rejected highly qualified officers.

Another DOPMA problem involved non-due course Army Nurse Corps officers who entered service as majors and were quickly promoted to lieutenant colonel and, when first eligible, to colonel. Thus, these officers serving as colonels had significantly less time in service than the due course officers, and many stayed in the service for 20 years (retirement). With their high rank, they monopolized senior positions and created a logjam in the upper echelons of the grade structure, slowing the rate of promotions for upcoming officers who were as well qualified and had longer active duty tenures.

An illustration of the consequences of the slow-moving promotion lists appeared in 1984 when those selected for promotion to colonel had to wait two years or longer for their actual promotion. LTC (P), Gus N. Alexander and Fredrick Phelps were each in key positions as chief nurse, Army Recruiting Command, and chief nurse, Training and Doctrine Command, respectively. Their relatively low rank put them at a disadvantage in conducting routine duties, particularly coordination with high-ranking officers at battalion and brigade levels and with the Reserve Officers' Training Corps Professors of Military Science. To circumvent the grade inequities and to facilitate professional interactions, the chief of the Army Nurse Corps requested approval for both of these Major Army Command chief nurses to be frocked and allowed to pin on the insignia of colonel.⁵⁷ Although the Department of Army approved both of these requests, only Alexander was frocked. The Training and Doctrine Command commanding general "did not believe in frocking" and the Training and Doctrine Command surgeon did not support the action. Consequently, Phelps did not pin on his eagles until his promotion sequence number moved to the top of the list.⁵⁸ Less than a decade later, these rank structure difficulties were partially rectified by several measures, such as the AMEDD Officer Structure Study and the controversial and draconian Selective Early Retirement Board, which undertook to force officers in the upper ranks to retire. As will be discussed later in this book, the Selective Early Retirement Board ultimately proved effective in its organizational aims but deleterious on a personal level.

A number of Army Nurse Corps leaders foresaw the serious difficulties that would ensue for the Army Nurse Corps with the implementation of DOPMA. Dunlap wrote:

... I didn't function under DOPMA, but as it was presented in briefings, we were led to believe that DOPMA was the savior coming. It was going to cure all of our ills. But some of us anticipated some problems for the Army Nurse Corps promotion-wise. Thank goodness, I wasn't there.⁵⁹

Notes

1. Department of the Army, AR 601-100, paragraph 2-61, October 1974. Department of the Army, DA Circular 601-68, "Army Nurse Corps Active Duty Program Fiscal Year 1977 through 15 January 1978," 13 October 1977, Army Nurse Corps Collection (ANCC), Office of Medical History (OMH).

2. Office of the Surgeon General, U.S. Army, Technical Liaison Office, "ANC Requirements Changed," News Release, 2 June 1971; and U.S. Department of the Army, "Army Nurse Corps and Army Medical Specialist Corps Active Duty Program, FY 1977," DA Circular 601-68, 1 October 1976 (both in ANCC, OMH). "Army Nurse Corps Raises Commissions for Applicants with Bachelor's Degrees," *HSC Mercury* 1 (18 February 1974): 8.

3. Billie Barcus "Report of Ad Hoc Committee Meeting on Educational Preparation of ANC," Memorandum for Record, 1 June 1973; Edith M. Nuttall, "DOD Study on Nursing Education," Memorandum for Record, 15 September 1975 (both in ANCC, OMH).

4. Edith M. Nuttall, "DOD Study on Nursing Education," Memorandum for Record, 15 September 1975, ANCC, OMH.

5. George E. Schafer, "Budget Constraints Occupy Air Force," *U.S. Medicine* 13 (15 January 1977): 38.

6. George E. Schafer, "Austerity Marks Air Force's Year," *U.S. Medicine* 14 (15 January 1978): 54.

7. George E. Schafer, "Budget Constraints Occupy Air Force," *U.S. Medicine* 13 (15 January 1977): 38.

8. "Plan Would Lower Nurse Education Standards," *Army Times* (10 July 1989): n.p., Newspaper Clipping; and Clara L. Adams-Ender, Interview by Virginia Ruth Cheney, 90, 1992, Project 92-3, U.S. Army Military History Institute, Senior Officer Oral History Program (both in ANCC, OMH). Mary C. Smolenski, Donald G. Smith, and James S. Nanney, *A Fit, Fighting Force, The Air Force Nursing Services Chronology* (Washington, DC: Office of the Air Force Surgeon General, 2005), 39.

9. In 1970, 48 percent of Navy nurses had a baccalaureate degree. Susan H. Godson, *Serving Proudly: A History of Women in the U.S. Navy* (Annapolis: Naval Institute Press, 2001), 240.

10. Edith M. Nuttall, "DOD Study on Nursing Education," Memorandum for Record, 15 September 1975, ANCC, OMH. Mary C. Smolenski, Donald G. Smith, and James S.

Nanney, *A Fit, Fighting Force, The Air Force Nursing Services Chronology* (Washington, DC: Office of the Air Force Surgeon General, 2005), 37.

11. Edith M. Nuttall, "DOD Study on Nursing Education," Memorandum for Record, 15 September 1975, ANCC, OMH.

12. Lillian Dunlap, *33 Years of Army Nursing* (Washington, DC: U.S. Army Nurse Corps, 2001), 229–38. Mary E. Viehdorfer Frank and Robert V. Piemonte, "The Army Nurse Corps: A Decade of Change," *American Journal of Nursing* 85 (September 1985): 986.

13. Responses to Lewis Letter titled "Best Nurses," Letters to the Editor by Connie L. Slewitzke, Julie M. Johnson, Charly L. Hough, and Catherine M. Olinik, *Army Times* (18 August 1986): 24.

14. Lillian Dunlap, *33 Years of Army Nursing* (Washington, DC: U.S. Army Nurse Corps, 2001), 230–34.

15. American Nurses Association, "Education for Nursing," *American Journal of Nursing* 65 (December 1965): 106–11. Rosemary Donley and Mary Jean Flaherty, "Revisiting the American Nurses Association's First Position on Education for Nurses," *Online Journal of Issues in Nursing* 7 (31 May 2002): 1–17. http://www.nursingworld.org/ojin/topic18/tpc18_1.htm (accessed 22 June 2005).

16. Lillian Dunlap, *33 Years of Army Nursing* (Washington, DC: U.S. Army Nurse Corps, 2001), 236.

17. National League for Nursing, "Characteristics of Baccalaureate Education in Nursing," Code Number 15-1319, 1968, attachment to Typewritten Letter, Dorothy McMullan to Lillian Dunlap, 24 November 1974, ANCC, OMH.

18. Madelyn N. Parks, "Information for All ANC Officers," Memorandum 3-78, 1, 5 July 1978, ANCC, OMH.

19. Clare Thomas "Army to Weigh HSC Soldiers," *HSC Mercury* 4 (January 1977): 1, 8. Ann M. Ritchie Hartwick, *The Army Medical Specialist Corps, The 45th Anniversary* (Washington, DC: Center of Military History, United States Army, 1993), 40.

20. Louise C. Rosasco, "Progress Report: The Army Nurse Corps and Army Nursing," 16 June 1971, with Inclosure, "Criteria for Appointment as ANC Officer in the US Army Reserve and Regular Army," 3, ANCC, OMH.

21. Another widely read, scathing article appeared in 1985 chronicling military medicine's "shocking malpractice, flagrant cover-ups and even corruption." It reported on the "slum conditions" in military hospitals. This depiction had little to say about military nurses except to characterize the shortage of nurses as "much worse" than that of physicians. Donald Robinson, "The Mess in Military Medicine," *Reader's Digest* 126 (February 1985): 49–53.

22. Neil Roland, "Army Nurses Rated Tops by Patients They Serve," *Army Times* (6 December 1982): 3, 10, 30, 39, 66.

23. For instance, California required 30 contact hours of continuing education within a two-year period to renew a professional nurse license.

24. Rosemary T. McCarthy, "ANC-CHE Update," Inclosure 3, in Madelyn N. Parks, "Memorandum 1-78, Information for All ANC Officers," 10 January 1978; and Marcie Lee Thomas, "CE Fact Sheet," Clipping from *California Nurse*, May 1978, Inclosure 3, in Madelyn N. Parks, "Memorandum 4-78, Information for All ANC Officers," 18 October 1978 (both in ANCC, OMH). By the summer of 1978, 10 states required continuing education for relicensure. They were California, Colorado, Florida, Iowa, Kansas, Kentucky, Massachusetts, Minnesota, New Mexico, and South Dakota. "ANC-CHEP Update," Inclosure 15, in Madelyn N. Parks, "Memorandum 4-78, Information for All ANC Officers," 18

October 1978, ANCC, OMH.

25. One continuing education unit equaled 10 contact hours.

26. Mary E. Viehdorfer Frank and Robert V. Piemonte, "The Army Nurse Corps since Vietnam, 1974-1984," Unpublished Manuscript, 4, n.d.; and "Nursing Continuing Education Update," October 1979, Inclosure 3, in Madelyn N. Parks, "Memorandum 4-79, Information for All ANC Officers," 16 November 1979 (both in ANCC, OMH).

27. Rosemary T. McCarthy, "ANC-CHE Update," 19 October 1978, Inclosure 6, in Madelyn N. Parks, "Memorandum 1-79, Information for All ANC Officers," 29 January 1979, ANCC, OMH.

28. Major Moore, "History of Professional Postgraduate Short Courses," Information Paper, 20 December 1996; Edith M. Nuttall, "Army Nurse Corps Short Courses Involving TDY," Disposition Form, 31 January 1973; and Katherine F. Galloway, "To Discuss Purpose and Educational Objectives for the Nurse Methods Analyst Short Course, 10-14 Sep 73," Disposition Form (all in ANCC, OMH).

29. Army Regulations first validated the unique role of "nursing instructor" in 1954 in AR 40-20. By 1969, the position title became "educational coordinator." Rosemary T. McCarthy, "Parallels and Paradoxes: Differentiated Nursing Practice," in *Differentiating Nursing Practice into the Twenty-first Century*, ed. I.E. Goertzen (Kansas City, MO: American Nurses Association, American Academy of Nursing, 1991), 361-81.

30. Academy of Health Sciences, U.S. Army, "Nursing in Army Hospitals," Study Guide 310, 29, November 1974; Connie L. Slewitzke, "Memorandum from the Chief, US Army Nurse Corps," 4, July 1986 (both in ANCC, OMH).

31. "Army Nurse Corps Goals, Requirements, and Programs," 3, Typewritten Document (TD), n.d., Box 9, Army Nurse Corps Papers, Archives, U.S. Army Military History Institute, Carlisle Barracks, PA.

32. "Nursing Forecast, Education & Training Forecast," TD intended to develop the position using a Delphi methodology, 5, July 1973, ANCC, OMH. This document predicted with great accuracy the technological changes and quality measures that would ensue in the 1980s. It prophesized that "nurses . . . would occupy line positions as a matter of course." It foretold the advent of unit dose medications and predicted that "sophisticated electronic sensors and recording devices which monitor vital patient signs will be adopted on a larger scale and computers may even be used to interpret data. . ." 12.

33. Doris Frazier, "Major Items of Interest, FY 1973," Disposition Form, 6 January 1972, ANCC, OMH.

34. Headquarters, Department of the Army, "AR 40-6, Army Nurse Corps," 6, 26 October 1977, ANCC, OMH.

35. Edith Nuttall, "Presentation to First HSC's Chief Nurses' Conference, Gunter Hotel, San Antonio, Texas, 19 April 1974," Typewritten Text of Speech, 13, ANCC, OMH.

36. "Army Nurse Corps Goals, Requirements, and Programs," TD, 5, n.d., Box 9, Army Nurse Corps Papers, Archives, U.S. Army Military History Institute, Carlisle Barracks, PA.

37. "Army Nurse Corps Goals, Requirements, and Programs," TD, 5, n.d., Box 9, Army Nurse Corps Papers, Archives, U.S. Army Military History Institute, Carlisle Barracks, PA. Edith Nuttall, "Presentation to First HSC's Chief Nurses' Conference, Gunter Hotel, San Antonio, Texas, 19 April 1974," Typewritten Text of Speech, 13, ANCC, OMH.

38. Mary E. Viehdorfer Frank and Robert V. Piemonte, "The Army Nurse Corps: A Decade of Change," *American Journal of Nursing* 85 (September 1985): 986-87.

39. Madelyn N. Parks, "Information for All ANC Officers," Memorandum 3-78, Inclosure 7, 4, 5 July 1978, ANCC, OMH. Lillian Dunlap, "Military Education Selectees," *U.S.*

Army Medical Department Newsletter 3 (Summer 1972): 22; and Doris Frazier to Author, E-mail Correspondence, 21 January 2002 (both in ANCC, OMH). Carolyn M. Feller and Debora R. Cox, *Highlights in the History of the Army Nurse Corps, 100th Anniversary Edition* (Washington, DC: U.S. Army Center of Military History, 2000), 41, 46. Clara L. Adams-Ender and Amelia J. Carson, "Capabilities of Army Nurse Corps Officer Graduates of the United States Army War College," *Medical Bulletin of the US Army*, Europe 43 (September/October 1986): 27–29.

40. Connie L. Slewitzke, Interview by Beverly Greenlee, 167–69, 1988, ANCC, OMH.

41. Harriet H. Werley, "Shared Responsibilities for Career Planning for Army Nurse Corps Officers," *Military Surgeon* 115 (December 1954): 436–41.

42. Among those who served in the ANC Branch or in CAO in the 1960s and 1970s were Colonel Edith Nuttall and lieutenant colonels Cassandra Smith, Lillian Dunlap, Katherine Galloway, Edith Knox, and Rose Straley. Lillian Dunlap, *33 Years of Army Nursing* (Washington, DC: U.S. Army Nurse Corps, 2001), 243, 247. Lillian Dunlap, "Changes in ANC Branch," *U.S. Army Medical Department Newsletter* 3 (Winter 1972): 29; and Edith Nuttall, "Presentation to First HSC's Chief Nurses' Conference, Gunter Hotel, San Antonio, Texas, 19 April 1974," Typewritten Text for Speech, 4 (both in ANCC, OMH).

43. Harriet H. Werley, "Harriet H. Werley," in *Making Choices, Taking Chances, Nurse Leaders Tell Their Stories*, ed. Thelma M. Schorr and Anne Zimmerman (St. Louis, MO: Mosby, 1988), 366. Lillian Dunlap, *33 Years of Army Nursing* (Washington, DC: U.S. Army Nurse Corps, 2001), 242–43.

44. Lillian Dunlap, *33 Years of Army Nursing* (Washington, DC: U.S. Army Nurse Corps, 2001), 242–45, 248.

45. Nickey McCasland to Author, E-mail Correspondence, 16 July 2002, ANCC, OMH.

46. Connie L. Slewitzke, "Memorandum from the Chief US Army Nurse Corps," 1, December 1985, ANCC, OMH. "AMEDD Officers Join Army System," *HSC Mercury* 13 (January 1986): 12.

47. Senator Sam Nunn, Democrat of Georgia and chair of the Senate Armed Forces Committee, introduced S. 1918, the DOPMA bill, whose official title was "An original bill to amend title 10, United States Code, to revise and make uniform the provisions of law relating to appointment, promotion, separation, and retirement of regular commissioned officers of the Army, Navy, Air Force, and Marine Corps, to establish the grade of commodore admiral in the Navy, to equalize the treatment of male and female commissioned officers, and for other purposes." P.L. 96-513.

48. Senator Sam Nunn held up DOPMA for six years, objecting to its up-or-out promotion policy, which the committee felt forced out of the service too many knowledgeable officers who failed to be promoted. The committee also thought that DOPMA allowed for too many middle- and upper-range officers. The legislators and Department of Defense finally compromised, agreeing to more separation pay for departing officers and fewer officers than DoD preferred. The Senate finally passed DOPMA in 1980. <http://www.defense-and-society.org/vandergriff/rha/sld040.htm> (accessed 22 June 2005).

49. "Defense Officer Personnel Management Act," Information Paper, 24 November 1980; Hazel W. Johnson, "Information for all ANC Officers." Typewritten Memorandum, 9 February 1981 (both in ANCC, OMH).

50. The first, temporary promotion was referred to as an AUS (Army of the United States) promotion. It potentially could be reversed. When an AUS promotion occurred, the insignia of rank was pinned on and pay for the new rank was awarded. Several years later, the permanent promotion in the Regular Army (RA) or USAR took effect. Nickey McCa-

sland to Author, E-mail Correspondence, 30 July 2002, ANCC, OMH. Karl E. Cocke and others, *Department of the Army Historical Summary, Fiscal Year 1981* (Washington, DC: Center of Military History, United States Army, 1988), 92.

51. "Officer Personnel Management," Typewritten Document, 4, n.d.; and Lieutenant Colonel Harrington, "Defense Officer Personnel Management Act (DOPMA)," Information Paper, 1, 15 May 1981 (both in ANCC, OMH). Richard V.N. Ginn, *The History of the U.S. Army Medical Service Corps* (Washington, DC: Office of the Surgeon General and Center of Military History, United States Army 1997), 382–83.

52. "DOPMA Brings Major Changes," *HSC Mercury* 8 (February 1981): 3.

53. DOPMA excluded Medical and Dental Corps officers from grade limitations in all grades up to O-6 because "of the unique problems of obtaining and retaining physicians and dentists." Thus, these branches did not experience the difficulties that the Army Nurse Corps faced. DOPMA allowed physicians and dentists to be eligible for "accelerated promotion as a retention incentive." "Officer Personnel Management," TD, 2–4, n.d.; "Defense Officer Personnel Management Report on the Committee on Armed Services, to Accompany S. 1918," TD, 4, 13 November 1980; and Lieutenant Colonel Harrington, "Defense Officer Personnel Management Act (DOPMA)," Information Paper, 1, 15 May 1981 (all in ANCC, OMH).

54. Connie L. Slewitzke, "Nurse Corps Can Be Proud," *Army Times* (3 July 1989): n.p., Newspaper Clipping, ANCC, OMH.

55. Nickey McCasland to Author, E-mail Correspondence, 30 July 2002, ANCC, OMH.

56. Connie L. Slewitzke, "Nurse Corps Can Be Proud," *Army Times* (3 July 1989): n.p., Newspaper Clipping, ANCC, OMH.

57. Frocking was an Army-wide practice that required prior approval from DA level. It involved the wearing of rank insignia of a higher grade on the uniform after a promotion board had selected an officer for promotion to that grade but before that officer had actually been promoted. Frocked officers did not receive the pay and benefits of the higher grade until the actual promotion took place. Edward J. Juycke to Deputy Chief of Staff for Personnel, DA, "Frocking for Army Nurse Corps (ANC) Officers," Action Memorandum, 22 August 1984; Bobby B. Porter to The Acting Surgeon General, "Frocking for Army Nurse Corps (ANC) Officers," Memorandum, 17 September 1984 (both in ANCC, OMH).

58. Fredrick Phelps to Author, E-mail Correspondence, 27 March 2003, ANCC, OMH.

59. Lillian Dunlap, *33 Years of Army Nursing* (Washington, DC: U.S. Army Nurse Corps, 2001), 311.