At this year’s Nurse Anesthesia Annual Congress, Lieutenant General Patricia Horoho, ANC, USA(ret), gave a stirring account of working through crises. She recounted her experiences during the Pentagon on 9/11 and dealing with an accident at Pope Air Force Base in North Carolina. Her presentation highlighted the critical role that military healthcare workers, especially CRNAs, play during crises both at home and abroad.

During her presentation, Horoho spoke with admiration about the crucial role CRNAs play in military as well as civilian healthcare. “Nurse anesthetists, working independently or part of a team, save lives, change lives, and push the envelope of what’s possible,” she said.

To illustrate the vital role CRNAs play in the combat arena, Horoho told the story of Matthew Welder, DNP, CRNA, who, while deployed in Abu Ghraib, Iraq, was instrumental in saving the life of a young military sniper who was shot in the head, chest, arm, and groin. Welder, who retired as a Lieutenant Colonel after 20 years in the Army, was in the audience and received a standing ovation from attendees.

“There is no greater mission than to provide the right medical care, at the right time, by the right clinician, to young Americans that are willing to pay the ultimate sacrifice to defend our freedoms,” said Horoho, thanking the military nurse anesthetists in the audience.

Welder exemplifies the commitment to care that military CRNAs practice every day, and he’s not alone. Military CRNAs graduate from one of two programs—the United States Army Graduate Program in Anesthesia Nursing, San Antonio, Texas, trains CRNAs primarily for the Army and Veterans Administration. Uniformed Services University of the Health Sciences, Bethesda, Md., sees its CRNAs go into the Navy and other public services. There are 251 active Army nurse anesthetists, 12 of whom are currently deployed. Of the 251, 200 have deployed at least once, and 89 have deployed multiple times. The Navy currently has 140 active CRNAs in its inventory and 82 in reserve.

Bruce Schoneboom, PhD, CRNA, FAAN, AANA senior director of Education and Professional Development, spent over 29 years as an officer in the U.S. Army. During his service, he was commander of a small surgical hospital on the Afghanistan-Pakistan border.

In the past 25 years, Army CRNAs have supported humanitarian and combat missions in Kuwait, Iraq, Afghanistan, Pakistan, the Balkans, West Africa, North Africa, Horn of Africa, Haiti, Central America, South America, and at home in the United States.

“There is no greater privilege than to use your talents and skills as a CRNA to save the lives of the men and women who fight and sometimes pay the ultimate sacrifice for the freedom that we have as a right in the United States,” said Schoneboom.

“I loved serving my country as a soldier in the military, to be a part of something that was bigger than myself with a common purpose of defense and patriotism,” he continued. “I was never a better anesthetist than when I was deployed.”

Debra Diaz, DNP, APRN, CRNA, was a Navy Reservist stationed at Landstuhl Regional Medical Center in Germany. While there, she helped care for all the casualties coming from Iraq and Afghanistan.

“When people tell me ‘thank you for your service,’ besides the fact that I swell with pride, that gratitude humbles me. I usually answer by saying, ‘It is my privilege,’” said Diaz. “The reason why I answer that way is because it is a privilege to take care of the brave men and women who put their lives on the line for me. I feel that I have done little because I am in the comforts of an operating room, and these service members may not have had a bed to sleep in since who knows when.”

She said that, while working in Landstuhl, she felt honored to be part of a team that provided the best care possible to military personnel.

“I felt love for every one of these service members, and I loved the work that I did,” continued Diaz. “For me, this is not a profession, but this was a calling.”
The U.S. military and the nurse anesthesia profession have a long history together. Nurse anesthetists first provided anesthesia to wounded soldiers during the Civil War and have been the main providers of anesthesia to military personnel on the front lines since World War I. And, since the AANA’s recent progress toward securing full practice authority for CRNAs in the Veterans Health Administration, the profession will continue to care for the nation’s armed services both on the battlefield and after they return home.

This Nov. 11, Veterans Day, the AANA would like to thank all military CRNAs for their service to the country and for being outstanding examples of the profession. The association encourages all nurse anesthetists to reach out to these remarkable CRNAs, and to any and all veterans, and thank them for their service to the country.

Note: The NewsBulletin would like to thank LTC Jennifer Coyner, PhD, CRNA, director, U.S. Army Graduate Program in Anesthesia Nursing, for providing information about the USAGPAN.

On May 7, 2006, Matthew Welder, DNP, CRNA, was supporting the 1st Marine Battalion at Abu Ghraib, Iraq, when two casualties were rushed into base. The first was ruled killed in action, and the second was U.S. Marine Sgt. Sean DeBevoise, a young sniper who was mortally wounded in combat.

“He had a bungee cord wrapped around his left arm that was, for all purposes, disarticulated,” recalled Welder. “He was almost unrecognizable as human.”

DeBevoise had been wounded multiple times by weapons fire; medical personnel later found damage that had been caused by 50-caliber bullets. Welder began securing DeBevoise’s airway, but, due to the amount of mud the wounded soldier was caked in, didn’t see that he had sustained a massive head wound. As Welder worked, DeBevoise’s brain began herniating out of his head. Welder quickly held the brain in while other medical experts began re-attaching his arm and worked on his stomach. He was not expected to survive.

“That was kind of a pivotal moment,” said Welder, remembering the decision to not give up on DeBevoise.

After many hours of surgery, the Abu Ghraib team got DeBevoise in good enough shape so that he could be transported to Baghdad and then onto Landstuhl Regional Health Command, Germany. Eventually, surgeons replaced the hole in his head with plastic, repaired the rest of his body, and DeBevoise recovered. He went on to earn both bachelor’s and master’s degrees.

Several years later, DeBevoise’s father wrote to Welder and said that his son would like to meet him. Welder agreed. He was the first combat patient he’d met whose life he had saved. He would only meet two more in his career.

“There was like this immediate bond, that we were like family,” said Welder. He later invited DeBevoise to vacation with his family in Virginia, and the two have remained close friends since. DeBevoise attended Welder’s retirement party last year.

“It was like we had been brothers for life,” said Welder of man whose life he literally held in his hands. He recalled that, immediately following his lifesaving episode with DeBevoise, he began having nightmares about running out of blood while treating patients. After the two met, those nightmares stopped.

Welder’s actions, and the actions of his entire team, exemplify the incredible devotion that military medical professions have to saving lives. Welder said that, after saving DeBevoise’s life, he never looked at crisis situations the same way.

“It changed my ability to realize that triage categories are simply that—categories,” he said. “At the end of the day, with advanced medical technologies, those categories go out the window.”

“If you are alive when you get to me, I will keep you alive,” Welder continued. “Military CRNAs have the ability to adapt and overcome almost any environment. They have the unique ability to save lives anytime, anywhere.”

Welder is currently an assistant professor at Uniformed Services University where he is training future healthcare providers how to save lives in austere conditions. He has been heavily involved in training unique eight-person surgical, resuscitative, critical care transport teams designed to provide extended, en-route, critical care. The first of these teams is currently being employed in the Horn of Africa.

Member Spotlight: The Lifesaving Work of Matthew Welder

Matthew Welder, DNP, CRNA (left), stands next to the man whose life he saved, U.S. Marine Sgt. Sean DeBevoise.