Ira Gunn, who passed away on October 25, 2011, did not set out to be a nurse anesthetist. Born in central Texas in 1927 to parents who were both school teachers, Gunn grew up in an environment where education was valued. At age 16, she enrolled at Hardin-Simmons University in Abilene, Texas, with the intention to go into medicine. Her pre-med schedule, with a major in chemistry and minors in biology and English, set her on the path of clinical knowledge and skilled writing. When she graduated in 1946, she found that there were only a handful of medical school openings available to females due to the number of soldiers returning from World War II who wanted to pursue a career in medicine. So instead of medical school, she took a job as a laboratory technician at Shell Oil Company and decided to go into nursing. From 1948 to 1951, she simultaneously worked toward her nursing diploma at the Lillie Jolly School of Nursing, Houston, Texas, and her master of letters in nursing at the University of Houston. The Korean War broke out while she was pursuing her nursing education, and Gunn decided she would enlist in the Army after graduation.

**Military Career**

In 1952, the Army Nurse Corps (ANC) initially assigned Gunn (Figure 1) to be a staff nurse in the recovery and surgical wards at Camp Chaffee, Arkansas. Later that year, Gunn shipped out to Korea and served as a staff nurse and educational coordinator at both the 25th Evacuation Hospital in Taegu and the 11th Evacuation Hospital in Wonju. It was in Korea that Gunn decided that she wanted to become a nurse anesthetist; seeing the wounded soldiers, she felt that she could apply her science education to anesthesia.1

After 18 months in Korea, the Army transferred her stateside to Brooke Army Hospital at Fort Sam Houston, Texas. There she worked as a staff nurse in the recovery room and the surgical intensive care unit before beginning the ANC’s anesthesia course in 1955. After graduating with her anesthesia certificate the next year (Figure 2), Gunn remained on staff for a year as preceptor in anesthesiology nursing. Many people told Gunn that she would end up in education because of her undergraduate science degree and her master’s degree, something few nurses had at the time.1

Gunn spent 2 years as a staff nurse anesthetist in Munich, Germany, before coming back to Texas and working in that same capacity for 3 years at Fort Hood. In 1963, the Office of the Army Surgeon General selected Gunn to attend a 9-month course in military nursing and research at Walter Reed Army Institute of Research in
Washington, DC. Gunn called it “the most broadening course” she ever took. She gained experience not only in doing research but also in writing, presenting, and defending—skills she would draw upon later in her career. After completing the course, she remained on staff for a year.

With the war in Vietnam causing a need for more nurse anesthetists, the Army sent Gunn to Tripler Army Medical Center in Honolulu, Hawaii, in 1965 to set up a nurse anesthesia program. Seeing the need to move nurse anesthesia education into university settings at a graduate level, Gunn worked to establish a cooperative program between Tripler and the University of Hawaii School of Nursing. This was the first graduate-level nurse anesthesia program. Considering the AANA set a deadline of 1998 for all nurse anesthesia programs to be at the graduate level, Gunn had clearly foreseen the future of nurse anesthesia education.

In 1968, she was called back to Washington, DC, to be the consultant to the Army surgeon general for nurse anesthesia (1968-1973). During this time she put into place a 2-phase program for the ANC anesthesia program at Walter Reed Army Medical Center and served as its director (1968-1970). In 1968, the Army bestowed upon her 2 honors: the Army Commendation Medal for setting up an educational program at Tripler and the A prefix, which is the Army Medical Department’s recognition of the highest degree of professionalism.

While selected to receive promotion to full colonel in 1971, Gunn decided that she would retire at the rank of lieutenant colonel in 1973. At her retirement ceremony on January 31, the Army awarded her the Legion of Merit for her instrumental role in expanding the training and use of Army nurses in anesthesia. When Gunn retired, she had no specific plans for her future. She thought she might pursue her doctorate and was accepted at the University of Texas at Austin, but a phone call from the AANA changed that.

**Accreditation and Creation of the Councils**

In August 1974, the US Department of Health, Education, and Welfare (HEW; now the Department of Education) announced it was enacting major changes to its accreditation criteria, and these changes would have a serious impact on AANA’s accreditation program. While already working on upgrading its accreditation criteria, the AANA now needed to submit a petition outlining compliance with the new HEW criteria by January 1975. Two retired ANC officers, Ruth Satterfield, CRNA, and Mary Cavagnero, CRNA, working as AANA educational consultants, recommended Gunn because of her ability to write for a government audience; as a former program director, Gunn was also familiar with the AANA accreditation process. AANA hired Gunn to be the project director and to work with a task force to craft the petition. In addition, to ensuring quality education, AANA’s accreditation policies and procedures would now also have to encompass, among other things, “public accountability, …due process, avoidance of possible conflicts of interest, self evaluation as a continuous process, [and]…inclusion of the public and members of the communities of interest in the decision making process.” AANA President Mildred Rumpf, CRNA, rightly called it “a massive undertaking.”

Of major concern for Gunn’s task force was the fact that AANA, as a single body, was currently carrying out the accrediting and certifying functions for nurse anesthetists. Gunn identified 9 major tasks to ensure compliance, the first of which was a “major revision of the organizational structure of AANA to ensure there was no conflict of interest,” and to ensure “autonomy in decision making for the accreditation and certification bodies.”

While Gunn and her task force were working on the petition, the American Society of Anesthesiologists (ASA) Ad Hoc Committee on the Anesthesia Care Team filed a formal challenge to AANA’s right to accredit schools of nurse anesthesia, looking for a way to become directly involved with nurse anesthesia education and certification. Under the guidance of Gunn, AANA’s petition was successfully defended, and HEW granted 1 year of continued recognition. Gunn stayed on staff to write 2 subsequent petitions in 1977 and 1979; she remained AANA’s educational consultant until 1982.

The new criteria precipitated a major revision in the AANA bylaws, as members voted in 1975 to approve the creation of the Council on Accreditation of Nurse Anesthesia Educational Programs, the Council on Certification of Nurse Anesthetists, and the Council on Practice, renamed the Council for Public Interest in Anesthesia in 1988, to serve as the appellate body for the other 2 councils. The Council on Recertification of Nurse Anesthetists would be established in 1978. This is why Gunn would later be called “the architect of the AANA Council structure.”

Another consequence of the new accreditation policies was a “greater formalization of the academic requirements…and the enhancement of faculty educational requirements.” These strengthened policies led more nurse anesthesia programs to affiliate with colleges and universities, thereby bringing nurse anesthesia education fully into baccalaureate-level and eventually masters-level settings.

When the American Nurses Association (ANA), along with other national nursing organizations, nursing licensing agencies,
certifying organizations, and accrediting organizations, agreed that there was a need to examine the status of credentialing in nursing, the ANA appointed Gunn to the 1974 Committee for the Study of Credentialing in Nursing, chaired by Margretta Styles, RN, EdD, FAAN. She was the only member of the committee to serve on the follow-up Task Force on Credentialing in Nursing, and many have credited her with greatly influencing the credentialing process adopted by ANA.

**A Need for Collaboration**

Gunn also saw the need to close the divide between nurse anesthesia and the rest of the nursing profession in order to preserve the practice rights of all nurses. The divide had existed since the early 1930s when the ANA had rejected Agatha Hodgins’ application requesting the affiliation of the American Association of Nurse Anesthetists (AANA) with the ANA. While this provided a means for nurse anesthesia to position itself between nursing and medicine as early advanced practice nurses, it also set itself apart from nursing. As the anesthesiologists were attempting to take control of nurse anesthesia credentialing in the 1970s, Gunn felt that medicine might follow suit and gain control of the other advanced practice nursing fields that were beginning to emerge.1 Gunn and AANA President Mildred Rumpf, CRNA, who was active in the Kansas Nurses Association, began talking to the ANA about the situation. As a result, the ANA lent their support to AANA’s accreditation petition along with the National League for Nursing and the Federation for Nursing Specialty Organizations (later the National Federation for Specialty Nursing Organizations), of which AANA had become a charter member in 1973. The spirit of cooperation to advance and to protect the nursing profession continues, as AANA participates in groups such as the Nursing Organizations Alliance, and works along with nursing and medical organizations to advance patient safety and protect patients’ rights.

**Political Advocate and Consultant**

The 1980s saw the continued involvement of AANA in the federal government, and the focus of this decade was reimbursement for CRNA services. This was made possible, as Gunn herself noted, because the autonomy granted to the councils “freed the AANA to take a more vigorous stance with regard to protection of its members’ interests.”6(p12) In 1983, prospective payment system (PPS) legislation was passed to try to control rising Medicare costs. The legislation “provided that all services by providers, other than those with authorized payments under Medicare Part B, would be bundled in the hospital diagnosis-related group payment.”6(p15) This provided economic disincentives for hospitals and anesthesiologists to use CRNA services. AANA needed to act and Gunn became actively involved in the AANA response that sought to create an amendment that would provide “a temporary pass-through of hospitals’ CRNA costs, which would assure they would not lose money on CRNA services” and “a single exception to the unbundling provisions of the law for anesthesiologist-employed CRNAs, because it was questionable whether anesthesiologists could be reimbursed for CRNA services without such a provision.”6(p15) Gunn’s work in analyzing, writing, and defending AANA’s position to Congressional and Administration leaders ensured the success of these vital endeavors and laid the groundwork for AANA’s victory in the passage of the Omnibus and Budget Reconciliation Act of 1986, in which direct reimbursement for CRNAs was enacted.

Gunn’s legislative knowledge poured over into the legal arena as she participated in 3 antitrust cases involving nurse anesthetists in the 1980s. She served as an expert witness in *Bhan v NME Hospitals, Inc.* and in *Oltz v St. Peters Hospital; she

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**Figure 2.** Ira Gunn (second from left) with her 1956 nurse anesthesia graduating class at Brooke Army Hospital, Fort Sam Houston, Texas.
also was the major contributor to the writing of AANA’s amicus curiae brief to the US Supreme Court on the Jefferson Parish Hospitals v Hyde case.

During the 1980s and 1990s she worked as a consultant on issues concerning education, credentialing, and legislation with the AANA, Council on Accreditation, Council on Certification, ANA, Texas State Board of Nursing, the US Air Force surgeon general, state nurse anesthesia associations, colleges and universities, and hospitals. Gunn participated in AANA’s National Commission on Nurse Anesthesia Education in 1989, contributed a chapter on the history of nurse anesthesia education to the commission’s report, and was later appointed to the Commission on Nurse Anesthesia Education Task Force in 1993.

During these 2 decades, Gunn somehow found the time to serve in leadership roles in the AANA and the Texas Association of Nurse Anesthetists (TANA). She served on AANA’s Long Range Planning Committee and was elected as Region 7 Director in 1994. Her commitment to state association involvement continued with her election to the TANA Board of Directors and cochairing its government relations committee. Gunn had earlier served in leadership roles in the Hawaii Association of Nurse Anesthetists and the District of Columbia Association of Nurse Anesthetists.

The 1980s also saw Gunn returning to her role as educator when she founded the masters-level nurse anesthesia program at the State University of New York at Buffalo. She served as codirector of the program until 1984 and remained as an educator and consultant until 1990. Her contributions to that program were recognized in 1997 when the program dedicated its new patient simulation center in her honor (Figure 3).

**Prolific Author and Lecturer**

Gunn could little know that taking a high school journalism class and working on her college paper would be the first step in becoming a respected author. In addition to the writing she did on behalf of the AANA and the ANA, she also contributed journal articles and book chapters in the nursing and nurse anesthesia fields. From her first article on tracheostomy to her last on nurse anesthetist and ANC...
Chief COL Mildred Clark, CRNA, her writing career spanned more than 30 years. While much of her writing focused on education and credentialing, she also wrote about the relationship between nurse anesthetists and anesthesiologists and between the AANA and the ASA. Gunn’s knowledge of contemporary issues led her to become the editor of CRNA Forum (1985-1992) and Specialty Nursing Forum (1988-1991). She was also a contributing editor to CRNA: The Clinical Forum for Nurse Anesthetists (1998-2000). Her first article on issues and perspectives affecting CRNA practice turned into a regular column that addressed topics such as evidence-based practice, professional identity, and patient safety.

Her wide-ranging knowledge also made her a sought after speaker for local, state, and national nursing and nurse anesthesia meetings, as well as for hospitals and universities. She spoke not only on topics of education, credentialing, and government relations, but also on history, research, risk management, and healthcare reform.

**Professional Recognition**

Accolades for Gunn’s influence on nursing and the nurse anesthesia profession continued well after her military career ended. The AANA presented her with its highest honor, the Agatha Hodgins Award for Outstanding Accomplishment, in 1983 (Figure 4). A resolution brought forth by AANA members in 2000 established the Ira P. Gunn Award for Outstanding Professional Advocacy, and Gunn was named the first recipient. In 1981, she was the first CRNA to be named a Fellow of the American Academy of Nursing (FAAN), and, in 2003, the American Academy of Nursing recognized her as a Living Legend for her lifelong contributions to nursing (Figure 5).

In 2001, she received yet another military honor: the Order of Military Medical Merit. ANC Chief Brigadier General William T. Bester, CRNA, MSN, presented the award that recognizes those considered to be in the top 10% of their corps and field and have demonstrated the highest standards of integrity, an outstanding degree of professional competence, and sustained contributions to the betterment of Army medicine.

In the simplest terms, Ira Gunn dedicated her life to the nurse anesthesia profession in a way few have. Her impact and influence is measured not only by the accomplishments listed on her lengthy curriculum vitae but also on the number of lives she touched as an educator, as a mentor, and as a friend. She truly is a legend. More research and writing needs to be done on Gunn, as this article just scratches the surface. We still have much to learn by examining the life of this extraordinary leader.

**REFERENCES**


**AUTHORS**

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