



**American  
Red Cross**

# Nursing Matters Past and Present

**American Red Cross National Nursing Committee**

Tenth Edition  
Spring 2013

## Changemaking

One of the best things about staying in DC is the incredible access to people and places. I can catch free concerts, wonderful museums, an array of education and wander in and out of our national monuments at any time. And, I remain like a kid in a candy shop. Every time I drive over a bridge across the Potomac from Virginia, I gawk at the DC views with thanks.

I recently had an up close and personal view of the latest Benjamin Franklin Creativity Laureate, Bill Drayton. The annual award is given to honor extraordinarily creative thinkers and innovators. Its recent recipients include musician Yo-Yo Ma, Supreme Court justice Sandra Day O'Connor, and physiologist Eric Kandel. In the small Warner Brothers Theatre of the Smithsonian's National Museum of American History, Bill lit up his life's work: being a changemaker as a social entrepreneur.

It was especially timely given the changes that our beloved American Red Cross is going through. We have a President and CEO who is at her fifth year of leadership. Our leader, Gail McGovern, is, simply put, a changemaker. Gail has fiercely wonderful skills in this area, although it's not always comfortable to be caught in the throes of this changing organization within a changing world. Bill Drayton would say "get used to it."

Dr. Drayton pointed out that we no longer live in a world of repetition and that changemaking is the *now* skill along with mastery of empathy. If you need a hard example, look towards Detroit.

So, I was asked to tell the story of the latest reorganization for Red Cross nurses. That story, too, is one of almost continuous change since

Sharon Stanley, PhD, RN

2009 when I started as chief nurse. In a 130+ year-old organization that must become flexible and responsive to our new world stage for survival, nurses can do no less. Thus, we must configure in ways that allow our service support to adjust on the fly.

I keep getting asked for organizational charts. "Can I see who is reporting to whom?" is a common request. "If you could just graph it out!" is a continuing plea.

My friends, welcome to the flattened world in real time. Today's American Red Cross is comprised of divisions, regions, and units across multiple business lines. Blood regions are different from Preparedness Health and Safety Services (PHSS) regions. Humanitarian Services divisions cross over some of the former areas, and encompass yet different delivery areas. It's a big, moving, **changemaking** cloud. It is the aliveness of 2013.

We must be ready for constant change and empathetically provide service to both our



organization and our communities. To do that, the nurse network leadership currently includes

the National Nursing Committee, the RN Network, Office of the Chief Nurse, and our Nurse Consultants. We operate across all Red Cross business lines.

The Regional Nurse Network (RN Network), a part of the nursing network, has formal appointments that support our organization which will continue to change. There are division nurse leaders (DNLs) to assist at the division level of Red Cross; there are state nurse leaders (SNLs) to assist at the state level, especially helpful in the areas of licensure, nursing organization, and state boards; and there are regional nurse leaders (RNLs) to work at the field level where things really get done in our Red Cross. These are the ingredients. *How the organization uses the ingredients at the field level is up to them!* If you need a “picture” think of lots of interlocking circles in a blur of collaboration. This blur only comes into focus at the field level where it is grabbed and configured for local or regional use. One size does NOT fit all.

There is one Nurse Consultant for each business line (Blood, SAF, PHSS, DS, and International) as well as a Nurse Consultant for various focus areas (nursing education, communication, grants and research). These individuals work within the nurse network to provide expertise and advice as well as directly with the Red Cross leadership at the regional, state, division, and NHQ levels. Requests for Nurse Consultant services are “on demand” and consultants remain ready to assist and support prn.

There are parallel helpers available in various business lines, as well. Disaster Health Services, for example, is currently configured to provide a state-level DHS Advisor (usually a nurse, but not always) to provide technical expertise and advice to the field in the Disaster Services (DS) business line. Ditto for Disaster Mental Health. The nurse network considers these advisors as close internal partners. These advisors are collaboratively led by their respective activity managers (i.e., the DHS and DMH manager). This too, though, may change in the future within the Disaster Re-Engineering transformation.

If you want some concrete examples of how nurses work in the current Red Cross within the nursing network or their relationship with other delivery mechanisms within the Red Cross, I encourage you to regularly visit our [Nursing Neighborhood](#).

My forays in and out of DC have been going on since age 18 when I had the great luck of joining the U.S. Army and their nursing education opportunity at the Walter Reed Army Institute of Nursing (WRAIN). Forty years later, I still move in and out of the city, yet grounded in my



Appalachian roots in Ohio. It is a wonderful world and I know that I am a fortunate recipient of its many lessons. I only hope that when the dance stops, I will have been a changemaker. How about you?

## American Red Cross Nursing Organization in History Marjorie DesRosier, PhD, RN

In a 1915 book, “Under the Red Cross Flag”, an early 20<sup>th</sup> century institutional history of the American Red Cross authored by long-serving Central Committee Secretary Mabel Boardman, one sentence encapsulates her views on studying the history of the organization’s workings. “Organization is a dry subject but there can be no clear comprehension of the Red Cross without some knowledge of its

construction and its methods.” Indeed, organization can be a dry subject. And few would search the archival files for ancient copies of organizational charts to learn more. But the history of Red Cross organizational structure is both interesting and informative and often speaks to the present day. Particularly now, as the 2013 reorganization of the American Red Cross nursing network goes into effect and

change is afoot. As a nurse historian, I followed Boardman’s advice and searched through our organizational past for that compelling bit of historical knowledge that might speak across the decades. What I found is worth a look. In fact, the structure of the new RN Network—7 division nurse leaders (DNLs), 52 state nurse leaders (SNLs) and regional nurse leaders (RNLs) in 106 field level regions—calls to mind the earliest days of Red Cross organizing.

Looking back almost 100 years into the offices of Red Cross headquarters in Washington, D.C., we can see grinding wheels portending a monumental organizational change. In the spring of 1917, a momentous year in American history, top Red Cross officials were staggered by the U.S. Congress’s declaration of war. They weighed the uncertainties of a nation going to war and wisely predicted that the impending expanding scope of work would crush the inflexible, centralized, Red Cross operational structure. Change came quickly. Implementing the organization’s first massive nationwide reorganization, Red Cross leaders rapidly rolled out a flattened, decentralized administrative structure. Cross-continental regionalization was the key to efficiency. U.S. states were partitioned into 13 geographic clusters marked off by boundary lines into separate Red Cross divisions. Departments and bureaus in each division were placed under divisional directors; state and local leaders reported to directors and service heads linked horizontally across the structure. Red Cross nurses across the U.S. suited up for the top-down reorganization. As history later would show, adoption of the regional structure would be all to the advantage of their own large-scale, wartime expansion.

Under the directives of the National Committee on Nursing Service, headed by Jane Arminda Delano, 13 nurse leaders took command of 13 regional divisions, expanding the Washington committee’s administrative reach from coast-to-coast. Major gains in efficiency and structural capacity ascended upward from the field via the networked structure of pre-existing national, state and local Red Cross committees. All across the U.S during the blazing emergency of war, a scattered army of Red Cross nurses sewed together new state level committee structures and grouped them geographically under the supervision of the 13 nursing division directors. Heads of nursing service sectors pulled together

their cross-continental networks and hammered out horizontal links with state and regional division leaders. Soon, however, the Committee on Nursing Service was stretched beyond administrative capacity. In December 1917, the Red Cross instituted a Department of Nursing and the committee moved to an advisory role, further decentralizing the nursing structure. Throughout the wartime era unpredictable variations in the national and international scope of Red Cross nursing work continued to warrant additional structural changes. Nurses responded quickly.

Although the systems on paper never precisely aligned with systems in the field, rudimentary structures functioned and held. Great things were done. Red Cross nurses carried the U.S. domestic population through a devastating war and influenza pandemic; they mounted a military nursing reserve for General Pershing’s American Expeditionary Force in France; they shared their expertise with other nations and, post-war, provided leadership in the reconstruction of communities throughout Europe.



The Thirteen Divisions Which Make Up the Nation-Wide Organization



Above: 1917 divisions; Below: 2013 divisions

Courtesy of the American Red Cross

Equally historically remarkable was the speed and acumen with which the nation's Red Cross nurses embraced the wartime challenge of full-scale reorganization—and every incremental change that followed. No dry subject, really, this is history worth remembering. It tells us who we were—and who are—when organizational change comes calling. As the years following World War

I and those of subsequent decades reveal, these stories of grand and visible historical accomplishments are always proof of the unseen work of those who organize... Be assured, today's Red Cross nurses can take on a monumental reorganization and know that they are part of history in the making.

## Committed Nurse Assistant Training Instructors are 20-year Red Cross Nurses

Vivian Littlefield, PhD, RN, FAAN

An early leader in Nurse Assistant Training (NAT), the American Red Cross of Eastern Massachusetts (formerly known as the Massachusetts Bay chapter) graduated 1,500 students from its program in 2012. The success of the program is due to some 40 full- and part-time instructors who are committed to the program



Some of the dedicated Eastern Massachusetts NAT instructors

and to the students' success. Program Director Marianne Mastrangelo shares that "these instructors are dedicated to students and the program" and are a "source of pride" to her and to the community. Today the program is one of the oldest and largest of the many NAT programs at over 100 sites across the country. Twenty-four years ago the Red Cross of Eastern Massachusetts' program was one of four programs that served as a model for others.

Three instructors, Deb Adam, Kathy Gloster and Susan Crepeau have taught in the program for 20 years. Mastrangelo has been with the program for 19 years, having initially started as an instructor. She states that consistency and longtime experience as well as strong collaboration with clinical partners have brought success to program graduates by providing opportunities for careers in health care. Many students like the hands-on role of providing direct service and seek employment as

nursing assistants. Some go on to become nurses. Red Cross Nurse Assistant Training is frequently sought by future nursing students so they can be employed while attending school and gain valuable experience at the same time. Also, some Schools of Nursing require that their new students become trained as Nurse Assistants prior to starting their nursing courses.

Because of the Red Cross of Eastern Massachusetts' close partnership for 20 years with Clifton Healthcare and its various care facilities, including long-term care, rehabilitation, and hospice care, in 2013 the owners of Clifton Healthcare were awarded the American Red Cross Hometown Hero Award. The third generation owners of Clifton Healthcare, Andrea Greenwood-Syron and Eric Greenwood, noted that students of the NAT program have the "best skills", the "highest standards" and "demonstrate compassion for the patients." Instructor Deb Adam, who has been teaching students there from the beginning, said that Clifton Healthcare provides opportunities to "fulfill every aspect of the students' training".

Thanks in part to early leaders like the Red Cross of Eastern Massachusetts who assisted other chapters in establishing their own programs, in 2012, 11,000 students became graduates of Red Cross Nurse Assistant Training programs in 18 states. It is a pleasure to recognize this program, its dedicated instructors and the important leadership role they have played over the years. They are Red Cross Nurses par excellence!

## Eileen Hadbavny: Doing What's Needed, Wherever It's Needed

Elizabeth Kazmier, BSN, RN

Eileen Hadbavny began her long record of service to the Red Cross as a Navy wife assisting with blood drives in 1989 or so. After her husband retired, they moved to Blacksburg, Virginia, where she joined the Montgomery County Chapter. There she worked for Blood Services, and took Disaster training, as well as Armed Forces Emergency Services (AFES) caseworker training, eventually becoming an AFES caseworker and Chair (AFES is now known as Service to the Armed Forces, or SAF). She registered the chapter as the first in the state of Virginia to partner with DoD for the 50th Anniversary of the Korean War. She brought many Korean veterans together and enjoyed hearing of their experiences. She became involved with International Services (IS) after taking their classes in the 1990's, and became an International Instructor in 1999.



Courtesy of The Post and Courier

Eileen and her family relocated to Charleston, South Carolina in 2003, where she connected with the Carolina Lowcountry Chapter and with SAF/IS. She recalls inquiring who the Health Services Lead was, and the Disaster Director said they didn't have one. That summer she was asked to staff the Health Services phone at the Chapter Operations Center, as the county emergency management had placed the chapter on alert for a tropical storm. She agreed to do it, but thought to herself: "Me and who else in Health Services?" Shortly after that solo experience she reached out to Carolyn James, the State Nurse Liaison, but decided that she needed to recruit others to help out, in order to cover the health needs of the single family fire clients according to policy.

In 2005, with the loss of the Carolina Lowcountry chapter building, the Director of Military/IS staff position was eliminated and Eileen was asked to step up to the plate. She managed the Department as a volunteer until October, 2011, when they hired a full-time staff person. But Eileen still provides full-time support to the Charleston office for SAF/IS, including: overseeing the emergency

communications; conducting family follow-ups and presentations for the active duty, reserve and National Guard units as they deploy and return from deployments; and continuing to provide support to the families as she has done for the past 10 years. Being a retired Air Force Reserve

nurse, Eileen understands the stresses of family separation, so she involved mental health volunteers to support the military family meetings. She also was instrumental in encouraging them to train as facilitators for the resiliency programs the Red Cross offers to the military – *Coping with Deployment* and the Reconnection Workshops. Some of her many Red Cross credentials include:

Instructor: International Humanitarian Law and Restoring Family Links; Disaster Services Instructor—including Health Services Response Workshop; Red Cross Veterans Affairs Voluntary Service Representative appointed in 2005 to the VA Medical Center, Charleston, SC; Chapter Health Reviewer and Staff Wellness Lead; SAF and IS Caseworker.

One additional highlight that she shares: she was selected as the Presidential Greeter in October 2008 when President George Bush arrived at Charleston AFB, on his last trip to Charleston. On that occasion, Eileen was honored with the

President's Call to Service Award for her more than 4000 lifetime hours of volunteer service. She deserves recognition as well for the breadth and depth of her service.



At a Veterans' Day parade

Jim Schumann



Eileen Hadbavny receiving the President's Call to Service Award on October 10, 2008

Alan Hawes / Courtesy of The Post and Courier

## Mim Schofield

As a 16-year-old, Miriam “Mim” Schofield’s aunt encouraged her to become a nurse and to go to Brown University, where her aunt had received an excellent education. Mim followed her aunt’s advice; she received a full scholarship to Brown and, in 1945, a Bachelor of Science of Nursing. When she graduated, World War II was still in progress and there was a nursing shortage. Mim began teaching at the Rhode Island Hospital School of Nursing and joined the American Red Cross as most nurses did in those days. She worked for several years in the United States as a nurse and clinical instructor. During this time, she married and had three children.

Mim’s life became increasingly demanding and exciting throughout the 1960’s and 70’s. She worked as a Nursing Instructor and then as a Red Cross Instructor while raising her family. During her time with the Red Cross, she also did home nursing. She lived in Nigeria with her family. They moved to Tehran, Iran, where she was Coordinator of School Health Services for the Teheran American School.

The family moved back to the United States in the mid 1970’s. Mim went back to school and received



a Masters of Arts in Guidance and Counseling from the University of Alabama in 1978. For the next 10 years, Mim held supervisory positions for the Dade County Department of Public Health in Miami, Florida. From 1989 to 1991 she was the Project Director for the Perinatal HIV Reduction and Education Demonstration Activities research project for the Centers for Disease Control and the Dade County Department of Public Health in Miami. When Hurricane Andrew landed in Florida in 1992, Dade County asked her to supervise four medical clinics.

Mim Schofield’s experience has inspired her children, who have each followed in her footsteps in their own ways. The one we know the best is Rick Schofield, who has worked for the Red Cross in various Disaster leadership roles for the last 34 years. For years he has been a champion of Red Cross Nursing. In 2010, Rick received the Red Cross National Nursing Committee Honorary Nursing Pin due to his outstanding and extensive support of Red Cross Nursing and the State Nurse Liaison Network.

Mim is proud of the many years of service that she and her family have dedicated to the American Red Cross, Red Cross Nursing and communities worldwide.

## National Student Nurse Program in action in Baltimore

Sixteen graduating seniors of the Helene Fuld School of Nursing of Coppin State University in Baltimore, Maryland recently received student nurse pins and certificates of completion for two initiatives of the American Red Cross National Student Nurse Program. *Disaster Health and Sheltering* enables students to assume roles as disaster volunteers upon licensure and fulfills American Association of Colleges of Nursing disaster preparedness curricula content requirements. *Protecting Lives, Promoting Health* gives student nurses in-depth review of Red Cross Biomedical Services and prepares them to promote blood donation in their communities.

The students comprised two sections of Community Health taught by Coppin Assistant

Debra Williams, MSN, RN, CS

Phillip E. Bovender, BSN, RN, CCRN

Professor Kathi Pendleton, RN, MS and Red Cross State Nurse Leader for Maryland, Phillip Bovender, RN, BSN, CCRN. Pam Evans, LCSW-C, MSW, Red Cross Disaster Mental Health Advisor for Maryland, taught *Psychological First Aid* in the semester-long collaboration held at the Chesapeake Region Chapter in Baltimore. The students also took *Client Casework*, focused on clients with functional needs, went on Disaster Action Team calls and toured the Greater Chesapeake and Potomac Blood Services facility.

One of the students, Michelle Haywood, had experienced the Disaster Action Team first-hand after a house fire two winters ago - she escaped with her textbooks. After graduation, she wants to volunteer as a Red Cross Nurse.

## 2013 Florence Nightingale Award Winners Announced

On May 12, the International Committee of the Red Cross published a list of 32 nurses and nursing aides around the globe who are the 2013 Florence Nightingale Award recipients. Five of the recipients are in the United States, three of whom are current or recent members of the National Nursing Committee. Congratulations to all the 2013 award winners.



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**Dr. Sharon A. R. Stanley.** Registered nurse. Chief Nurse of the American Red Cross. Active in disaster situations and in the areas of public health and nursing education.

**Dr. Tener Goodwin Veenema.**

Registered nurse. President and CEO of Tener Consulting Group, LLC. Active in disaster situations and in the areas of public health and nursing education.

**LCDR Deborah Redman.** Registered nurse. Family nurse practitioner (U.S. Navy Reserves and Cardiology Department). Active in conflict situations and in the area of nursing education.

Below is information about each US recipient from the ICRC web site [announcement](#):

**Dr. Marie O. Etienne.** Doctor of nursing practice. Professor in the School of Nursing at Miami Dade College. Active in disaster situations and in the areas of public health and nursing education.

**Dr. Vivian M. Littlefield.** Registered nurse. Business Line Lead for Biomedical, American Red Cross, Volunteer Senior Nurse Leader. Active in the areas of public health and nursing education.



Pictured above, L to R: Marie Etienne, Vivian Littlefield, Sharon Stanley, Tener Goodwin Veenema and Deborah (Lynn) Redman

## The High Cost of *Not* Planning Your Estate

Candace Roosevelt

Last January Congress passed a permanent federal estate tax exemption of \$5.25 million – indexed for inflation – leading some people to conclude: “I don’t need estate planning; my estate will never have to pay any tax.”

Most professional advisers would respond that there’s a lot more to estate planning than just estate taxes. In fact, anyone who has investments, savings, a home, retirement accounts, life insurance and personal possessions needs estate planning, and failure to plan can result in considerable “estate shrinkage” from probate costs, taxes, debts and estate expenses.

An estate planning attorney can recommend ways to reduce probate costs, including trimming the size of your “probate estate” so it qualifies for fast-track, low-cost procedures.

With prior planning, an executor might agree to serve without fee, and your will can provide for waiver of any bond requirement. Attorney’s fees often are negotiable. Being prepared now can avoid leaving a time-consuming situation for your executor.

We encourage all of our friends to take time in 2013 to review their wills, trusts and other estate planning arrangements. In the process, we hope you will consider making or augmenting a thoughtful bequest to the American Red Cross. Special opportunities exist for tax-wise gifts from IRAs and other retirement plans, life insurance and financial accounts.

***For more information about making a legacy gift to the Red Cross please contact Candace Roosevelt, Gift Planning Officer, at 617-274-5247 or by email at [Candace.Roosevelt@redcross.org](mailto:Candace.Roosevelt@redcross.org)***

American Red Cross  
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In case you missed this important message from the National Nursing Committee during Nurses' Week:



*Thank you!*

This Nurses Week we want to thank nurses and those who support nursing for all you do for the American Red Cross and our communities.

—The National Nursing Committee



AMERICAN RED CROSS National Nursing Committee Heritage Committee Membership: Vivian Littlefield, Chair; Elizabeth Kazmier, Editor; Donna Jensen, Associate Editor; Committee Members/Contributors: Marjorie DesRosier; Donna Dorsey; Marie Etienne; Candace Roosevelt; Cheryl Schmidt; Jean Van Voorhis



**Help us get in touch with other current and former Red Cross Nurses!**

Please send the email, phone, and address of your friends and colleagues to us at [RedCrossNurse@redcross.org](mailto:RedCrossNurse@redcross.org). We have contact information for only a small fraction of Red Cross Nurses. And share this newsletter via email, Facebook, Twitter and any other social media: link to <http://www.redcross.org/support/get-involved/heritage-program>; on that page click on the “Nursing Matters – Past and Present” link. Thank you!