



Non-Stop Disasters Keep Red Cross Busy

Molly Dalton

It has been an extremely busy disaster season with hurricanes devastating parts of the Gulf Coast and massive wildfires burning millions of acres across several western states. The American Red Cross mobilized thousands of disaster workers to help people affected by these tragic situations.

Since early August, the Red Cross has been supporting people impacted by the storms making landfall in the U.S. as well as the wildfires out west. As of November 3, Red Cross disaster workers have:

- Provided **more than 1.2 million overnight stays** in emergency lodgings across multiple states all over the country
- With partners, **served more than 2.9 million meals** and snacks
- Distributed **343,900 relief items** with the help of partners
- Provided **117,800 individual care contacts** to help people with medical or disability needs or provide emotional and spiritual support during these challenging times
- Provided **11,800 households with emergency financial assistance** to help them replace essential items and begin to recover

We are also helping people impacted by smaller-scale disasters like home fires every day.

COVID-19 has not changed the Red Cross mission, and we are still providing the same types of support as we have previously. To help keep people safe, we are following guidance from CDC and public health authorities — and have put in place additional precautions. Some of these plans include social distancing protocols, face coverings, health screenings and enhanced cleaning methods.

The ongoing coronavirus pandemic has only

COVID-19: Follow Safety Guidelines, Get a Flu Vaccine, Give Blood

Molly Dalton

More than 12 million people in the United States have now been infected with the coronavirus. Most

compounded the devastation wrought by these disasters. The country is seeing an average of more than 100,000 new cases every day and every state reports an increase in COVID-19 cases.

Responding to disasters is a team effort and no single organization can do it alone. This is particularly true in this current coronavirus pandemic environment.

YOU CAN HELP by making a donation, giving blood or by becoming a Red Cross volunteer.

Please donate to help now by visiting [redcross.org](https://www.redcross.org), calling 800-RED-CROSS or texting REDCROSS to 90999 to make a \$10 donation. Your gift enables the Red Cross to prepare for, respond to and help people recover from disasters big and small.

With the current disasters and the complexities of COVID-19, more help is needed now. Become a Red Cross volunteer today. Review our most urgently needed volunteer positions at [redcross.org/volunteertoday](https://www.redcross.org/volunteertoday).

This fall, wildfires and hurricanes have added new hurdles in collecting lifesaving blood donations and compounded ongoing challenges to maintaining a sufficient blood supply during COVID-19. Every two seconds, someone in the U.S. needs blood, and those needs do not diminish during disasters or pandemics. To help restock hospital shelves, the Red Cross urges eligible individuals in parts of the country unaffected by these disasters to give blood, platelets or plasma for patients in need of transfusions. Please schedule an appointment to donate by using the Red Cross Blood Donor app, visiting [RedCrossBlood.org](https://www.RedCrossBlood.org) or calling 800-RED-CROSS.

states are seeing daily increases in the number of COVID-19 cases during this latest surge of the virus.

Public health officials say it's critical to follow COVID-19 safety guidelines. The American Red Cross offers steps you can take, based on the Centers for Disease Control and Prevention guidance. Be sure to also follow guidelines from your state and local public health officials.

You can donate after getting a flu shot if you are symptom- and fever-free.



Eligibility questions?
1-800-RED CROSS



but are not limited to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea.

10. If you have symptoms of COVID-19 and want to

get tested, call your health care provider first.

Decisions about testing are made

by state and local health departments or health care providers. You can visit your [state](#) or [local](#) health care department for information on testing.

1. Stay home if you are sick. Call your health care provider before you get medical care.
2. Cover your coughs and sneezes with a tissue, then throw the tissue in the trash. Use the inside of your elbow if a tissue isn't available.
3. Continue to frequently wash your hands for at least 20 seconds, especially after you have been in a public place or after blowing your nose, coughing or sneezing. Use hand sanitizer with at least 60 percent alcohol when soap and water aren't available. Avoid touching your eyes, nose and mouth with unwashed hands.
4. Continue to [social distance](#) by staying 6 feet away from others and to wear [cloth face coverings](#) in public, especially if you are at high risk for serious illness from COVID-19 (over age 65 or any age with [underlying medical conditions](#)).
5. Practice social distancing if using public transportation. Limit contact when running errands. If possible, use drive-through, curbside pick-up or delivery services to limit face-to-face contact with others. Maintain a physical distance between yourself and delivery service providers during exchanges and wear a cloth face covering.
6. Stay connected with phone calls, video chats or social media. If attending a small gathering of family or friends, stay at least 6 feet away from people you don't live with.
7. Avoid crowded places and gatherings. If you are in a crowded space, wear a cloth face covering, especially if social distancing will be difficult.
8. In the midst of the ongoing coronavirus pandemic, flu season is here too and both viruses will be spreading over the next few months. It's more important than ever to get your influenza vaccine. A rush of both illnesses in an area could make it hard for doctors and hospitals to care for a sudden surge of sick patients. [The Centers for Disease Control \(CDC\)](#) recommends that all people 6 months and older get their yearly flu vaccine.
9. Know the symptoms of COVID-19, which can appear two to 14 days after exposure. They include,

YOUR DONATION COULD HELP SAVE A LIFE The Red Cross is now testing all whole blood and platelet donations for COVID-19 antibodies which may help coronavirus patients in need of convalescent plasma transfusions. Convalescent plasma contains COVID-19 antibodies that may help the most critical patients actively fighting this virus.

Historically, convalescent plasma has been used as a potentially lifesaving treatment in some situations when new diseases or infections develop quickly, and no treatments or vaccines were available yet. Convalescent plasma is plasma collected from patients who have recovered from an infection and have antibodies that might help fight that infection—in this case patients who have fully recovered from COVID-19.

The Red Cross is not testing donors to diagnose illness, referred to as a diagnostic test. To protect the health and safety of our staff and donors, it is important that individuals who do not feel well or believe they may be ill with COVID-19 postpone their donation.

This new opportunity to help meet the needs of COVID-19 patients is especially critical as the country experiences a new surge in the number of coronavirus cases.

The Red Cross encourages eligible individuals to give blood as we come together to help patients in need. To schedule an appointment to donate, use the Red Cross Blood Donor App, visit [RedCrossBlood.org](https://www.redcrossblood.org) or call 1-800-RED CROSS.

Treating Sickle Cell Disease—The Role of African American Blood Donors

Yvette Marie Miller, M.D.

(Reprinted from the Summer 2020 *NBNA News* with permission of the National Black Nurses Association.)



Dr. Yvette Marie Miller is currently the Executive Medical Officer for the American Red Cross Donor and Client Support Center. Her areas of interest include donor eligibility, donor recruitment in the African American community, donor education and equitable access to healthcare in underserved communities.

Overview

Sickle cell disease (SCD) is the most common inherited blood disorder in the United States, affecting an estimated 100,000 Americans, the majority of whom are African American. The C-shaped red blood cells (RBC), hence the term sickle cell, become inflexible and clump together in small blood vessels and block the flow of blood and oxygen to the body, leading to the complications of SCD such as repeated episodes of severe pain, organ damage, acute chest syndrome, stroke

and even premature death. Additionally, these abnormal cells die prematurely leading to anemia. For many patients with SCD, blood transfusion is the primary method to treat or prevent the complications of the disease by reducing the hemoglobin S (HbS) level.¹ But for African American patients, blood transfusion itself can lead to complications. To avoid this, the best blood product match is likely to be identified in African American blood donors or donors of the same race or ethnicity. Now superimposed on this chronic medical condition, is the threat of the COVID-19 pandemic which has disproportionately affected the African American community, particularly those aged 65 years and older and those with underlying health conditions, specifically, cardiovascular disease, chronic lung disease and diabetes.² Patients with SCD often have underlying cardiopulmonary co-morbidities that may predispose them to poor outcomes if they become infected with COVID-19. The primary objectives of clinicians and healthcare providers of patients with SCD are to maintain their health and wellness by continuing their usual transfusion treatment plans and to prevent emergency room visits which can expose these vulnerable patients to COVID-19.

Treatment of SCD with Blood Transfusion Therapy

Blood transfusion therapy is a primary treatment

for patients with SCD and is increasing due to expanded clinical indications, increased availability of RBC exchange and access to oral iron chelators to treat transfusion iron overload. A dreaded complication of multiple transfusions is alloimmunization. Patients with SCD have the highest incidence of RBC alloimmunization than any transfused patient population for reasons that are not completely understood. However, one explanation of the high rates of alloimmunization is the disparate distribution of RBC antigens between donors primarily of European ancestry and patients with SCD primarily of African ancestry. Relatively large transfusion burdens, in combination with the inflammatory component of SCD, are thought to play a role. RH genetic diversity in patients with SCD is an additional risk factor, with the majority having at least 1 RH allele that differs from those found in individuals of European descent. For this reason, the best blood product match for African American patients is likely to be identified in donors of the same race or ethnicity. The use of phenotype-matched RBC does not prevent all Rh alloimmunization, but the frequency is lower.^{3,4}

The Need for African American Blood Donors

In the U.S., African American blood donation rates are 25-50% lower than that of the Caucasian population. The majority of U.S. blood donors are Caucasian. Reasons for these differences are multifactorial and include fear and distrust of health care institutions, increased deferral rates for low hemoglobin and inconveniently located donation sites. As the transfusion needs of patients with SCD increase, the demand for matched blood products from African American donors will also increase. When there is an adequate inventory of blood from African American donors, there will be a greater likelihood that a phenotype match will be found. Focus on donor recruitment and retention, addressing the historical lack of access to donation and enhancing community engagement and education may lead to higher donation rates.⁵

The Impact of COVID-19

The COVID-19 pandemic has also had a profound impact on the presentation of African American

blood donors. In some areas, the presentation rate decreased in excess of fifty percent. Even though blood donation was deemed an essential service, great concern over the high rates of infection and mortality in the African American community and following the CDC recommended guidelines to prevent exposure to the virus, will likely continue to have an impact on donor presentation. However, addressing the longstanding lack of trust in health care institutions, increasing access to donation and focusing on community engagement and education may ultimately lead to higher blood donation rates.

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Why I Help: Ross Ogden, Six Decades and Counting

(Reprinted from The Exchange.)

“Start early, be open to new challenges, and never lose sight of what is our core mission, which is helping people at a time when they need it most.” This is the advice Ross Ogden shares with anyone who is considering becoming a Red Cross volunteer. These words of wisdom come from six decades of service through the Red Cross.



Ross Ogden, Red Cross Nurses celebrate your service!

Ogden started his Red Cross career as a sophomore in high school, when a new dentist in town approached Ogden and his friends and offered to teach them a first aid course. Ogden and his classmates thought it sounded like fun, and quickly moved through basic and then advanced first-aid training. Once they finished their courses, that's when his Red Cross journey really got underway.

“The dentist said, ‘now you have all this training so I'm going to form for the local Red Cross what today we call a FASB Team, a first aid standby team, and we'll be going to public events and we'll offer first aid,’ and that transitioned us from a training mode into a service mode,” said Ogden.

Recalling an early experience as part of the first aid team, Ogden said, “One night I got a call that there was a residential house on fire. I put on my gear and drove to the site of the fire. When I got there the chief directed me immediately over to a physician

who was the town medical examiner but was there providing emergency care. I was asked to set up a triage center because there were a number of firemen who were going down as a result of injuries like smoke inhalation.”

“The fire happened in the late afternoon the last week of my senior year in high school. I was blowing off the faculty dinner because I was at the fire scene. The next Monday when I arrived in school the head of the school called me into his office and he said I'm very disappointed ... and I said, well you know I have a good excuse. But he didn't want to hear it. Later that afternoon the newspaper came out and on the front page in the center of the paper was a picture of me administering oxygen to a fireman. The next morning, I got summoned back to his office and he issued an apology.”

Over the years, the Red Cross would remain a consistent and important part of Ogden's life. He wore many different hats and volunteered countless hours for the organization including deploying to some of the biggest tragedies of our time: 9/11 and Hurricane Katrina.

“I think one of my favorite things, and I think it's true for just about anybody who has been out on a disaster deployment, is getting to know the other people deployed with you and getting to know what

Flynn Jebb

their backgrounds are, where they came from, and why they are there,” said Ogden.



Although Ogden cannot pinpoint the moment he knew he would be a lifelong Red Cross volunteer, he does say the many opportunities the organization presents ensure “you can’t get bored because there’s always something different and interesting to do.”

These last four years, Ogden has worked as an executive volunteer partner in Biomedical Services where he has been instrumental in supporting biomedical volunteer workforce engagement.

“I spend a lot of my time thinking about how we can make that job more productive, more satisfying and enable the Red Cross to collect more blood and be more efficient in the way that it does so that we’re sustainable. It isn’t as dramatic as deployments, but it’s still a wonderful opportunity to work with a great

group of people and enable other volunteers to achieve their objective of delivering the mission,” said Ogden.

After seeing the organization through many changes, including serving on the national Board of Governors, Ogden is most proud that during his sixty years with the Red Cross he has really touched every line of service, from frontline service delivery to the board of governors, from management at the local level to management at the national headquarters level.

“There is a richness in diversity that absolutely I find energizing, empowering and just enormously uplifting,” Ogden said about the organization.

And still, his work continues today.

For Ogden, it’s all about people – helping people when they need it most and building lifelong friendships with fellow Red Crossers.

“There’s nothing more memorable than that. Those moments just stick with you because you feel like you are really caring about the humanitarian mission.”

“Volunteer Services, the National Nursing Committee and the Nursing Network celebrate Ross Ogden for his 60 outstanding years of volunteer service and leadership. His commitment to diverse individuals served through the Red Cross mission is evident across the organization.

While appreciating the historical significance of Red Cross nurses, Ross is a champion of the Red Cross of today. He actively works to engage Red Cross nurses and other health professionals in promoting health and resilience in our communities. Working with Biomedical Services, Ross has disseminated nurse-developed presentations to increase awareness about the need for diverse blood donors. He is an advocate for Academic Service Learning across lines of service. He understands the impact of engaging youth and young professionals in the mission while they’re receiving course credit. He showed his commitment to wellbeing by organizing HeartMath resilience training for Biomedical employees.

Ross’s work to develop the Workforce Wellbeing Toolkit for volunteers was incredibly helpful. As a former EMT and family caregiver, he provided practical advice with a heart of compassion. Along with Gail McGovern and Rick Schofield, Ross holds the distinction of having received an honorary Red Cross Nursing pin. Thank you, Ross, for challenging and supporting us. Serving with you is both an honor and a joy.”
Linda MacIntyre, PhD, RN, PHN, American Red Cross Chief Nurse

“Ross Ogden is one of those rare individuals who is so smart and strategic and yet as compassionate and caring as they come. He has been my Red Cross mentor for a few decades now and has never steered me wrong. His strategy is always to keep his eye on the mission and his heart with the people we serve. We are so fortunate to have him serving as one of our greatest volunteer leaders that ever served in our great organization.”
Susan B. Hassmiller, PhD, RN, FAAN, Red Cross Senior Ambassador for Nursing and Health

“When I remember Ross Ogden, I think about all of the good in the American Red Cross. He simply IS an embodiment of the Red Cross: always there in times of need and consistently turning compassion into action - for 60 years now. I could not have performed my duties as chief nurse without his guidance and volunteerism. There was many a day (and night) that I called on his wisdom and savvy knowledge of a complex organization where the mission still comes first for its thousands of volunteers. Thank you, Ross, for your past service and its impact into the future. If it were up to me, I'd commission another Tiffany window in your honor!”
Sharon Stanley, PhD, RN, American Red Cross Chief Nurse, 2009 – 2013

My gratitude for Ross Ogden's leadership and support of me when I was National Chair of Nursing is beyond description. He is one of my role model leaders and teachers. He leads with the Red Cross mission as a guide, recognition of the expertise and skills of those he leads, compassion and wisdom for all, volunteers and Red Cross staff. He became a partner with me to propose re-instating a Chief Nurse position because of his understanding of the contribution that nurses and a nurse leader could bring. I want to join Sharon Stanley in wishing we could commission a new Tiffany window in Ross's honor. Ross would know how to get this done! Thank you Ross for your 60 years of service!
Vivian Littlefield, PhD, RN, FAAN, National Chair of Nursing, 2003 – 2012

Keeping Key Leaders Informed on COVID-19 Impact through Situational Awareness

I worked in Emergency Management for many years and responded to disasters at all different levels. One of the things I became aware of that was very important in managing a disaster response was situational awareness. Any event that stresses the system can be considered a disaster. For the Red Cross, we have many areas of disaster response that we deal with on a daily basis. Recently, one of the big areas of concern that has impacted how we provide our services is the COVID-19 pandemic.

Situational awareness can be defined as being aware of what is happening around you and what that information means to you now and how you plan for the future. In this pandemic, COVID-19 has a direct impact on how we do our job and situational awareness should play a primary role in the leadership decision-making process. The role of Disaster Health Services (DHS) should be to provide that situational awareness to key leadership so they can see current threats that can affect volunteers and their safety and can adapt the response accordingly.

As a member of DHS, I felt the six chapters in the El Paso-Central and South Texas Region (El-CSTR) needed to have situational awareness specific to what the pandemic is doing in their area. El-CSTR covers 83 counties which is approximately 1/3 of the state of Texas (about the size of the state of Montana). Most of the region is rural except for three significant urban areas. I felt

Ron Hilliard, MSN, RN, Regional Nurse Lead, El-CSTR regional staff and key chapter leadership needed to have that situational awareness in order to see the impact in their areas and to see where hotspots were in the transmission of the COVID-19 virus.

The Texas Department of State Health Services (DSHS) has a COVID-19 dashboard that shows many aspects of the pandemic data and breaks down the data into many categories. I started looking at reported cases and fatalities by county for each of the six chapters in our region. I figured this would give them a sense of how COVID-19 was impacting their area. DSHS then added active cases by county which provided a better picture of where we were in the transmission rate. This was added to the report. After Texas increased testing across the state, there was a significant surge in the number of reported cases. There were several discussions with other health care providers and interested parties addressing the surge, to evaluate whether it was a true picture of transmission. The conclusion was to follow three trends that should better show how the transmission rate and preventive measures were affecting the spread of COVID-19: the number of fatalities, the number of hospitalizations, and the positivity rate on the testing. It was thought that these key trends would be good indicators of whether COVID-19 transmission was increasing or decreasing.

As a result of considering all these factors and their indication of transmission, I began reporting the following data in daily reports to the key leadership

at the regional and chapter level: number of reported cases, number of active cases, and number of fatalities with the change noted from the day before. I included the key trends of number of fatalities, number of hospitalizations and the positivity rate of the testing for each day. In addition to providing the national and state number, I felt this would give a pretty good picture of how COVID-19 was impacting Texas and our region.

One of my responsibilities with another agency is to listen to the DSHS weekly COVID-19 update call and provide a summary of key issues addressed. I will include important information and trends from this call in my daily El-CSTR COVID-19 report. I also stress the need to be diligent in following the prevention measures that are in place as a means of protecting our volunteers and clients and flattening the curve in transmission. I include observations on the status of the pandemic and measures taken to

flatten the epidemiological curve and prevent the spread of COVID-19.

This is actually a simple process of collecting data and formulating a report format that addresses the needs of the leadership. State health authorities, and even local health authorities, gather this information and post it on their web pages. The data can be tracked easily on an Excel spreadsheet. The one I developed auto-calculates the totals and differences as I input the data. All I have to do is plug it into the report format and email it to a distribution list of key leaders.

Overall, I have received positive comments about providing the report and that it has been beneficial to leadership. I feel it is part of my responsibility as a nurse and member of DHS to provide information that is pertinent to the pandemic and what we do so we keep everyone safe and healthy.

Red Cross Reasons Why



CAPT Carrissa Nandlal,
DNP, MS, RN, CCM

My earliest childhood memories of images of what a nurse looked like to me were the images I saw in the old Red Cross poster pictures of the Red Cross nurse with her white uniform on, her blue cape, cap and donning the Red Cross patch on her arm. Those images of American pride in the service of those who suffer were so awe-inspiring and powerful for me to behold at that time in my life as a young girl. Those images beckoned to my spirit at a much deeper level than my youth could comprehend at the time.

As a 12-year-old, I went on to become a volunteer candy striper at my local hospital, aspiring to be like that Red Cross Nurse in the posters. Forty-three years later, thirty-one years of experience as a licensed registered nurse, and over twenty years of uniformed nursing in the Army Nurse Corps, I am now a Senior Nurse Officer in the United States Public Health Service. I can reflectively acknowledge and say that those Red Cross poster images beckoned me to my calling and into my career of service in nursing.

CAPT Carrissa Nandlal, DNP, MS, RN, CCM

I remember embracing an additional fondness for the Red Cross, when as an Army ROTC Scholarship student at Howard University's College of Nursing. I learned about Clara Barton (whose actual name is Clarissa by the way), her service to soldiers during the Civil War, and her founding of the Red Cross. I walked the halls of the old Freedman's Hospital across the street from the College of Nursing at Howard, where Frances Elliot Davis worked and walked and where her picture was hanging prominently in the building. I learned that she was the first African American Red Cross nurse. This once again warmed my heart toward the Red Cross organization as an inclusive organization and one that rightfully deserved my fondness, praise and support.

I have always had a fondness for the Red Cross organization. I have always felt drawn to the positive Red Cross mission, its national and international reach and its mission to serve those who suffer. During this global pandemic, there is a renewed importance of mindful human behavior. We face the realities of disparities in healthcare. There are strains on families with children and elderly family members. These realities have influenced the reason why I volunteer and those reasons are now clearer than ever. My natural

desire, as a nurse, has always been to answer the call to provide support, comfort, knowledge and reassurance to family members, friends and community members facing disease, personal life traumas or discomfort. The reason why I serve “under the banner of the Red Cross, which is

New Independent Learning Activities

Interest in Academic Service-Learning (ASL) with the American Red Cross has increased during COVID-19. Many hospitals and primary care clinics have limited student presence during the pandemic. Nursing students and other health professional students need community opportunities to complete required hours. The Red Cross has volunteer opportunities that help meet course requirements while delivering needed services in the community.

Red Cross ASL opportunities vary by location and there are both in-person and virtual volunteer positions available. The college or university representative determines if Red Cross volunteer opportunities meet course or service requirements. A few examples include Service to the Armed Forces casework, virtually teaching children about disaster preparedness and participating in blood drives as a Blood Donor Ambassador.

There are five new independent learning activities in the ASL Toolkit that help increase understanding about blood donation. These activities can be completed individually or in a small group. The learning activities are available to all Red Cross volunteers on The Exchange (Red Cross Intranet).

Red Cross Resuscitation Education Courses Gain Traction with Healthcare Providers

While the American Red Cross has been serving healthcare professionals for many years with a Basic Life Support (BLS) course, it introduced two courses in 2019 that round out a full resuscitation education program – Advanced Life Support (ALS) and Pediatric Advanced Life Support (PALS). These courses, known collectively as the Resuscitation Suite, provide an innovative and scientifically equivalent education solution to

symbolic of the finest instincts of man,” as stated in the Red Cross Nurse Creed, is that it is a unique and incomparably rich opportunity to participate in service to humanity. I do find fulfillment and encouragement in “helping to animate the spirit of kindness and mercy” in today’s world.

Linda MacIntyre, PhD, RN, PHN

The activities begin with a Pre-presentation questionnaire. A recorded presentation is the next step, followed by a Post-presentation questionnaire that is self-scored. All answers are provided in the presentation. There are four more activities: Participating in a Blood Drive; Blood Donation Deferrals; Blood, Diversity and Community Assessment and Diverse Blood Group Donation. Each activity has objectives. For example, objectives for the Blood, Diversity and Community Assessment activity are:

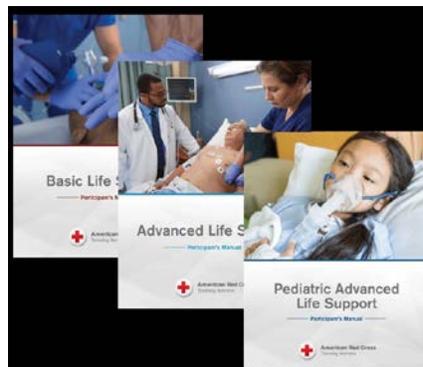
- Explain the need for a diverse blood donor population.
- Assess the need for diverse blood donors for specific recipient populations.
- Assess potential barriers of blood donation in a specific community.

These activities complement the Blood Donor Ambassador volunteer experience and have a population focus. Kathryn Booth, MSN, RN, CNL is an ASL volunteer working on her Advanced Public Health Nursing (APHN) Doctor of Nursing Practice (DNP) at Rush University and helped develop the activities. Questions may be sent to RedCrossNurse@redcross.org with ASL Independent Learning Activities in the subject line.

Marie Manning, APR

employers in the healthcare field.

The fully integrated program comes at a time when, despite rising costs of training, resuscitation rates have stayed stagnant over the past decade. Red Cross Resuscitation Suite BLS, ALS, and PALS courses follow the ILCOR Consensus with Science on Treatment Recommendations guidelines, and they leverage the latest learning technologies and multiple evidence-based



standards to improve skills retention.

“Our courses stress clinical decision-making and team dynamics and incorporate techniques and interventions that encourage the learner to act and make the best decisions,” says Ryan Wallace, RN, RN-BC, AEMT-P, IC, healthcare product director for Red Cross Training Services. “Our courses amplify provider confidence by showing the evidence-based rationale behind clinical decisions.”

As part of the innovative learning methodology advances, these BLS, ALS, and PALS courses offer online adaptive learning. This allows participants to customize their learning path and save up to 50 percent of instruction time by using pre-assessments to test out of content already mastered. Additionally, the videos and simulations feature actual physicians, nurses and other healthcare staff in hospital settings.

“The Red Cross curriculum reduces instruction time, organizational costs and improves resuscitation outcomes while satisfying The Joint Commission resuscitation education requirements for an evidence-based training program,” said David Markenson, MD, chief medical officer of Red Cross Training Services.

The Red Cross BLS, ALS and PALS courses are gaining traction across U.S. hospital networks via the HealthStream workforce platform, including HCA Healthcare, Memorial Sloan Kettering, Community Health Systems and Air Methods air medical transport service. The Military Training

Review of the Science Update from Scientific Advisory Council

The American Red Cross announces the release of *The American Red Cross Focused Updates and Guidelines 2020*. This focused update summarizes results of the scientific evidence evaluations and guideline reviews overseen by the American Red Cross Scientific Advisory Council (ARCSAC) in 2019 and 2020 on topics related to First Aid, Basic Life Support, Advanced Life Support, Pediatric Advanced Life Support, Neonatal Life Support, Aquatics, Education, Disaster Health, and COVID-19. Evidence summaries are provided that include data, reviews and guidance from numerous sources, including ARCSAC, the International Liaison Committee on Resuscitation (ILCOR), the World Health Organization, the Society for Critical

Network, which exclusively uses Red Cross resuscitation and First Aid training, has been conducting advanced resuscitation courses for more than a year with medical professionals across the globe and has issued more than 215,000 Red Cross Resuscitation Suite certifications.



Advanced resuscitation courses from the Red Cross are taught to military students in their third year of medical school at the Uniformed Services University of the Health Sciences. Photo courtesy of the Uniformed Services University.

“The collaboration with the Red Cross is beneficial to the Military Health System,” said Brigadier General Sharon Bannister, MD, Deputy Assistant Director, Education and Training, Defense Health Agency, Defense Health Headquarters. “Partnerships have and will continue to be key to our strategy and vision to remain on the leading edge of enhanced provider readiness and quality patient care.”

All proceeds from Red Cross training, including Resuscitation Suite courses, support our lifesaving mission, including disaster relief, blood collection and service to the military, veterans and their families. If you work for an employer who might be interested in training with Red Cross BLS, ALS and PALS, let us know. You can find more details and a way to contact us at www.redcross.org/healthcare.

Care Medicine, the Surviving Sepsis Campaign, the Stop the Bleed campaign, and the Committee on Tactical Combat Casualty Care Committee among others. This document can be downloaded from the American Red Cross Learning Center [Focused Updates and Guidelines page](#).

On that same site you can register to view *The Evidence Behind the American Red Cross Focused Updates and Guidelines 2020*, an on-demand science presentation by members of ARCSAC. It provides an overview of the science covered in the focused updates, includes ARCSAC’s guidance and reviews, and describes how it uses guidance from other science organizations.

Found Time, Saw a Need, Volunteered, Served

CAPT John Mallos (Rtd.), MSN, RN

CAPT John Mallos (Rtd.),
MSN, RN

Why do I volunteer with the Red Cross? After a life of public service, and since my retirement as a nurse officer in the United States Public Health Service (USPHS), I needed a way to stay engaged in my community and feel relevant in my field. I am filling these needs as a Red Cross volunteer.

I started my life of volunteerism at a young age volunteering in my church community visiting the elderly, doing odds and ends around their homes or just sitting and talking to them. Also, while I was in high school, I volunteered in the greater community as a member of the Key Club and learned important lessons about leadership, character, caring and inclusiveness that carried over to my professional life. I found that the more I gave of myself, the better I felt and the more I grew as a person. This led to my personal mantra of, “Do for the right reasons, and you will be well rewarded.” I was rewarded well in my career in the USPHS. In the USPHS, I served in numerous assignments, including the Indian Health Service (IHS), Office of the Surgeon General (OSG), Immediate Office of the Secretary of Health and Human Services (HHS), Department of State (DoS), and HHS/Health Resources and Services Administration (HRSA). Many of the “doors” that were opened for me were directly related to some activity I volunteered for or pursued because I saw an unfilled need.

With IHS, outside my duties as a pediatric clinical nurse, I saw the need to stretch the limited resources available so I volunteered to develop patient care policies and innovative care plans that increased access to health care for vulnerable populations on the Navajo Reservation. During this tour of duty, I volunteered to deploy to Houston, Texas in the aftermath of Tropical Storm Allison in 2001. It was during this deployment that a colleague and I witnessed an accident and delivered a baby in the backseat of a Monte Carlo. These good deeds were noticed by USPHS leadership, and I was transferred to headquarters in Washington, D.C. where I was quickly promoted and served in a number of senior executive leadership positions.

While assigned to the OSG as disaster response manager, I coordinated over 83 USPHS missions and played an instrumental role for the USPHS during Hurricane Katrina. In the aftermath of Katrina, I was rewarded for my tireless service above and beyond my duties by the Office of the Secretary of Health and was asked to “volunteer” for a detail as the Aide de Camp to the Secretary. This led to my participation in the successful planning and implementation of the Secretary’s priorities such as the Pandemic Preparedness Strategy throughout the U.S.; roll-out of the Medicare Part D program; first Strategic Economic Dialogue with the Peoples Republic of China; G-8 Health Summit in Moscow, Russia; European Union Health Minister’s Meeting in Vienna, Austria; World Health Assembly meetings in Geneva, Switzerland; Central American Ministers of Health meetings in Panama; and U.S. Delegations to major world events. And if this wasn’t rewarding enough, during one of the trips to Tanzania for the President’s Emergency Plan for Aids Relief (PEPFAR), the motorcade I was traveling with witnessed a truck versus bus collision in a rural area. I volunteered to stay on the scene with minimal supplies to treat the injured. Well, I guess I was rewarded again, by being asked to establish the first Health Attaché office in the Western Hemisphere in Brazil. After this assignment, I went back to USPHS headquarters to train new officers in the USPHS. For my next assignment, I served at HRSA as a Senior International Health Officer, Deputy Director for Office of Global Health Affairs, and Senior Advisor to the Associate Administrator of the Healthcare Systems Bureau until my retirement.

In addition to my assigned duties, I found time to volunteer as a mentor to senior and junior nurse officers, participated on nurse accession boards, and served as a member of the PHS Nurse Category Counseling Program. I nearly forgot to mention that I voluntarily deployed on 18 USPHS public health missions and still found time to volunteer as a camp nurse for my home church in Oregon during my vacations.

Although I have been awarded the Distinguished Service Medal and received numerous other honors and awards pinned to my uniform, what I hold

closest to my heart was the opportunity to serve. Now that I am retired, I am fulfilling this need to serve as a Red Cross volunteer. As a Red Cross volunteer, I serve on the National Nursing and Health Leaders Group, assisting in the implementation of the Chief Nurse Initiatives, specifically with Service to the Armed Forces. In my Alabama/Mississippi region, I saw a need to reach out to the veteran population and to assist them in receiving services that will enhance their quality of health and life. I am also training to be an SAF Caseworker. When the training is complete, I look forward to assisting active duty members of the military and their families with emergency communication messages, which involve an illness/injury, death or birth announcement. They are usually initiated by a family member, doctor, nurse, social worker, or anyone who has the information needed to start a case and can give a

Disaster Health Services Volunteers Provide Critical Services

When disaster strikes a community, the American Red Cross provides help to people with medical or disability needs or provides emotional and spiritual support during these challenging times. This includes replacing prescription medications, eyeglasses or other medical equipment. These services are provided by Red Cross health and mental health volunteers.

Here are two stories about our Disaster Health Services volunteers:

Nurse Helps Family Get Vital Medical Supplies

Jessica Alvarez received a text warning to evacuate her home. Flames from the Creek Fire in California were bearing down on her neighborhood. A few minutes later, the air around the Alvarez home was filling with smoke. Her young, chronically ill daughter began to cough and experience shortness of breath.

“It seemed as if everything was moving in warp speed,” Alvarez recalls. “I immediately carried my weak daughter into the car with her two sisters following close behind. I started the car with the air conditioning running to help her breathe easier, then I ran back to get a few things as the fire was approaching our home.”

verification source so that the message can be verified. Once it has been verified and delivered to the service member’s command, the case will be sent to local regions to follow up with the family contact. Another area of SAF I am finding rewarding is International Humanitarian Law. I have trained to be a Basic Level Instructor, and I have found that my life experience in the uniformed services has been very helpful with my presentations. I look forward to gaining more expertise in the field of international humanitarian law and advancing my instructor status.

So, why do I volunteer? The Red Cross is giving me a venue to be relevant in my community, a way to stay connected professionally as a nurse leader, and to continue to give back to the world that has given so much to me over my lifetime. This is why I volunteer!

Cindy Huges, Public Affairs Volunteer and Molly Dalton

But Alvarez forgot to pack her daughter’s critically needed medical equipment and medications. Alvarez was able to get to a Red Cross evacuation center, where she was provided with a hotel room and other essentials like food and emotional support. Desperate to replace her daughter’s medical equipment and medications, she turned again to the Red Cross. She explained her predicament to a Red Cross volunteer and was quickly connected with Red Cross nurse Debby Dailey.

“When Nurse Debby called me back,” admits Alvarez, “I was crying hysterically. But she remained calm and reassured me that I wasn’t alone in this and that together we would get this figured out.”

Nurse Debby quickly tapped into her knowledge of available resources to provide overnight shipment of the lifesaving medications and equipment for

Alvarez’s 7-year-old daughter. Jessica Alvarez could



The Alvarez family holding the handmade quilts gifted to them from Red Cross Nurse, Debby Dailey. Photo by Cindy Huges, Red Cross Public Affairs Volunteer.

not hold back the tears as she thanked Nurse Debby over and over for helping her little girl. Behind all the masks there were big smiles from the entire family as Jessica Alvarez tearfully shared, “I am so very, very thankful for the help and support from the American Red Cross.”

One Nurse’s Journey to Care for Others

It is in a nurse’s nature to help others during their time of need. Louise Kolar, RN, Kern County & Eastern Sierra Chapter in California, has touched thousands of lives through her work as a nurse and Red Cross volunteer.

After a family experienced a home fire, Louise waited alongside a worried mother at a local hospital where her son was receiving critical care in the burn unit. Had it not been for her extreme kindness and compassion, this mother would have been alone until family could arrive later in the day. That’s just what nurses do.

Louise has been an active volunteer for many years. She has brought her talents to a number of leadership positions that include serving as a Disaster Health Services manager; Advanced Instructor, teaching numerous Red Crossers and government employees; Disaster Action Team supervisor; territory coordinator for Disaster

Health Services; as well as a member of her chapter’s Leadership Committee.

Because of her expertise, you will find her on many national and divisional Red Cross work groups to advance the mission of the Red Cross. Louise is also a member of the Central California Region’s Integrated Care and Condolence Team, a specialized group of Red Cross volunteers consisting of nurses, mental health professionals, faith leaders and experienced case managers that meet with families who have experienced significant trauma due to home fires and other disasters.



Louise Kolar, RN

BE A RED CROSS VOLUNTEER In the midst of this extremely active disaster season, thousands of Red Cross volunteers are helping people across the country. With the current disasters and the complexities of COVID-19, more help is needed now. Will you be a true hero and help your community? Become a Red Cross volunteer. Visit [redcross.org/volunteertoday](https://www.redcross.org/volunteertoday) to learn about our most-needed volunteer positions.

Susan Denavit: The Face Behind the Email Box

Posie Carpenter, RN, MSN, MPH

Did you ever wonder who reviews and processes those emails you send to the RedCrossNurse@redcross.org mailbox? Well, I certainly did. Over the last two years, I’ve been fortunate enough to draw back the curtain and come to know the mystery nurse behind the email box. Her name is Susan Denavit, BSN, RN, and she’s been a Red Crosser for more than 30 years. With the variety of requests that come to her through the RedCrossNurse box, Denavit’s vast experience within the Red Cross is invaluable in terms of making sure all communications are directed to the right person.



Susan Denavit, BSN, RN

Other positions Denavit filled while in Denver include State Nurse Liaison and Staff Wellness Consultant. In 2011, Denavit moved to Vancouver, WA, and continued to serve as a Red Cross volunteer in the roles she had filled while in Denver. At one point, she signed on to be a Red Cross employee for five months, acting as interim Disaster Director for the Southwest Washington Region. As the years have progressed, Denavit has expanded her Red Cross portfolio of positions, serving in the Nursing Network as a Regional Nurse Lead and Division Nurse Leader, Academic Service Learning Volunteer Coordinator, and Regional Promotions Coordinator for the Disaster Workforce Engagement Team. She has been a member of the National Nursing Committee and has served on its Service to the Armed Forces, Biomedical Services, and Awards sub-committees. She also has engaged with Congressional staff as a Nurse Advocate,

Living in Denver, Susan Denavit began volunteering for the Red Cross in 1987 by serving in Disaster Health Services. Over time, she became the Disaster Health Services Chapter Lead, Client Services Lead, and even a Government Liaison. In those capacities, she participated in more than 35 disaster responses.

encouraging key lawmakers to support continued funding for the Measles & Rubella Initiative. Denavit is a collaborator – she started a monthly Nursing Leaders group in the Cascades Region for their Nursing Network to help support Disaster Health Services and Staff Wellness. The work of this group resulted in plans to better engage DHS volunteers and to build an infrastructure to meet the client's and staff needs. A believer in the value and importance of storytelling, Denavit used her platform as Division Nursing Leader to facilitate her team's sharing about best practices in their regions. She found that this practice helped team members to build trust and gain knowledge about each other and to feel comfortable reaching for assistance and ideas.

As if all of that Red Cross activity was not enough commitment to volunteerism, when her children were young, Denavit volunteered at her children's schools and with their Boy Scout and Girl Scout troops.

Susan Denavit's volunteerism has had its rewards. Denavit was recognized in 2006 by her Denver Red

Cross colleagues as Disaster Preparedness and Response Volunteer of the Year; the following year they honored her with the Leadership Award. Her significant contributions to Red Cross Nursing were lauded in 2017 when she was chosen as recipient of the Ann Magnussen Award, the highest recognition for a nurse in the American Red Cross.

As I have gotten to know Susan through her leadership as the Pacific Division Nurse Leader, her quiet wisdom, compassion for her fellow man, incredible work ethic, and fun sense of humor have shown brightly. She has shared her love of her grandchildren, her commitment to dragon boating and her dragon boat friends, her enjoyment of reading, and her skill with jigsaw puzzles. It was somewhere in that two-year journey of getting to know Susan, that I found out that not only was she a Division Nurse Leader, she is also the face behind the RedCrossNurse email address. One day she told me, "I want to set a date to retire as Division Nurse Leader," there was a pause, and then she said, "But I want to keep the email box." She did, indeed, retire as the Pacific Division Nurse Leader in July of 2020, and she is still the face behind the email box.

Florence Nightingale Medal: Deadline for Nominations is 12/7/20

Nurses and nursing aides perform extraordinary acts to help the injured and sick in times of armed conflict and in the wake of natural or man-made disasters, including pandemics. It is important to celebrate the contribution that nurses and nursing aides make to the work of the International Red Cross and Red Crescent Movement and to humanitarian work in general. By ensuring that vulnerable people receive medical care in some of the most difficult circumstances, nurses and nursing aides embody the spirit of humanity, one of our fundamental principles.



to the wounded, sick or disabled, or to civilian victims in such crises. It will also be awarded in recognition of exemplary services or a creative and pioneering spirit in the areas of public health or nursing education. Recipients will be announced by the ICRC on May 12, 2021.

The American Red Cross is calling for nominations of qualified individuals for the medal. If the ICRC selects a candidate submitted by the American Red Cross, the medal will be presented at an event in Washington, D.C. at a future date.

Application forms and detailed instructions can be found on [The Exchange](#). All documents must be submitted by close of business December 7, 2020 to nationalawards@redcross.org. Questions should be directed to National Awards.

In recognition of this, the Florence Nightingale Medal will be awarded by the International Committee of the Red Cross (ICRC) to individuals who have shown exceptional courage and devotion

Why is 2020 Designated the “International Year of the Nurse and Midwife?”

Posie Carpenter, RN, MSN, MPH

It is often said that hindsight is 20/20, but the World Health Organization (WHO) was truly prescient in early 2019 when it decided to proclaim the year 2020 as the “International Year of the

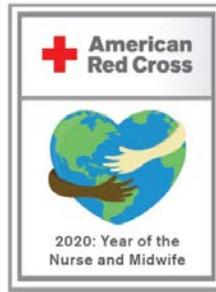
Nurse and the Midwife.” Who would have known that a global pandemic, the likes of which the world has not seen in a century, would erupt in 2020, spurring 22 million nurses and 2 million midwives

into action? Even at this number world-wide, the WHO projects that the nurse and midwife ranks are 9 million shy of meeting the global target of achieving and sustaining universal health coverage by 2030. That the WHO considers nurse and midwife contributions to be critical to global health was the primary reason for placing the spotlight on these professions by

proclaiming 2020 the International Year of the Nurse and the Midwife. The hope is that a world-wide celebration of nurses and midwives will stimulate much-deserved recognition of the individuals doing this important work, while also highlighting the value of the profession to society with an eye toward advocacy for increasing investment in the nursing and midwifery workforce. The WHO seeks to have this year's world-wide celebration educate the public about the challenging conditions nurses and midwives often face while caring for clients and patients, a fact that has been on daily display since the pandemic began early this year.

The WHO's year-long celebration was planned to coincide with the 200th anniversary of the birth of Florence Nightingale, founder of modern nursing. A nursing pioneer who advocated for healthcare improvements particularly related to infection during the Crimean War, Nightingale is credited with authoring more than 150 health-related books, pamphlets and reports on health and making hospitals clean and safe for their patients. Interestingly, Florence Nightingale paved the way for evidence-based nursing. Due to her skill with data and numbers, which served to significantly improve the health of the British Army, she was elected as the first woman member of the Royal Statistical Society and is credited as the creator of the first versions of pie charts. Florence Nightingale legitimized a profession that was not respected in her day. For her significant contributions, she and nurses everywhere are celebrated yearly on her birthdate, May 12th, now designated International Nurses Day. Two years after her death in 1910, the International Committee of the Red Cross created the Florence Nightingale Medal, given every two years to reward excellence in nursing.

As part of the International Year of the Nurse and the Midwife events, the WHO released its first [State of the World's Nursing Report](#). The report provides



evidence and policy options for the global nursing workforce. It makes a case for strengthening the nursing workforce through investment in resources for nursing education, nursing jobs and nursing leadership. The report ends with a call to the WHO member states and other stakeholders to commit to the suggested agenda.

Culminating during the International Year of the Nurse and the Midwife is the work of a three-year global campaign by [Nursing Now](#), a collaboration between the WHO and the International Council of Nurses. Also championed by Kate Middleton, Duchess of Cambridge, the campaign has five focus areas: nurse and midwife engagement in health policy-making; investment in the nursing workforce; recruitment of nurses into leadership positions; research to determine where nurses can have the most significant impact; and best nursing practices sharing. Nursing Now has groups in more than 100 countries globally and encourages individual nurses to participate in their local or regional areas. To celebrate the Year of the Nurse and the Midwife, Nursing Now is sponsoring the [Nightingale Challenge](#) with a goal to equip and empower the next generation of nurses and midwives as leaders, practitioners and advocates in health. Through this challenge, every health employer world-wide is being asked to provide leadership and development training for a group of their young nurses and midwives with the hope of having at least 1,000 employers providing this benefit to 20,000 nurses and midwives aged 35 and under.

To encourage involvement in the International Year of the Nurse and Midwife, the WHO published a [Toolkit](#), containing opportunities, ideas, tools and resources to assist in the development of initiatives that would support nursing and midwifery and to highlight the importance of taking this opportunity in 2020 to get involved and to demonstrate broad public and political support for more nurses and midwives. Clearly, the WHO and its partner organizations have created an outstanding vision for the future of nursing and midwifery. I for one believe that, more than one hundred years after she last walked the halls with her lamp, Florence Nightingale would be pleased and proud to see the global importance placed on this profession that was her life's work.

Tax-Savvy Year-End Giving Tips

Candace Roosevelt, MAN, MBA

This is the time of year when many of us think about charitable giving as a part of our busy holiday to-do list. Your year-end charitable contributions can bring tax benefits—and there are some special opportunities for 2020—so now is a good time to refresh your memory on some of the tax-smart options available to you.

Outright Giving

The simplest ways to contribute to the American Red Cross is to write a check or use your credit card. Your cash gift is tax deductible if you itemize deductions. If you do not expect to itemize each year, you may be able to strategically “bunch” your contributions—for example, making both this year’s and next year’s contributions in the same year in order to maximize your tax benefits.

Special tax incentives for 2020 only

Your outright contribution may be eligible for special tax savings in 2020. Charitable contributions of cash are deductible up to 100% of your adjusted gross income (“AGI”) in 2020. Ordinarily, these contributions are limited to 60% of AGI. And, for 2020 only, if you do not itemize your deductions you can reduce your taxable income by up to \$300 for cash contributions to charity.

Giving Appreciated Securities

You may be able to double your tax benefits by contributing stocks, bonds, or mutual funds that are now worth more than you paid for them a year or more ago. You will receive an income tax charitable deduction for the share price at the time of your gift, and you avoid the capital gains tax that you would

have owned if you sold them. Most gifts of securities can be electronic transfer but be sure to direct that the securities themselves be transferred to the Red Cross. For detailed instructions on making a gift of appreciated stocks or mutual funds please go to redcrosslegacy.org/donatestock.

IRA Qualified Charitable Distribution

If you are age 70½ or older, a Qualified Charitable Distribution (“QCD”) allows you to contribute up to \$100,000 from your IRA each year directly to charitable organizations with no tax on the withdrawal. Although most Required Minimum Distributions (“RMD”) have been suspended for 2020, it may still be a tax-wise way for you to make a gift. And, if you are subject to an RMD, a QCD can help meet the required distribution without increasing your income taxable income. For detailed instructions on making a QCD please go to redcross.org/qcd.

As always, your own advisors are in the best position to help you determine what would be most appropriate for you. We are available to work with you and your advisors as you consider gift options. For information on any of the gift options mentioned, contact *Candace Roosevelt, Gift Planning Officer*, at 617-306-3875 or Candace.Roosevelt@redcross.org.

AMERICAN RED CROSS National Nursing Committee Heritage Committee Members: Vivian Littlefield, Chair; Elizabeth Kazmier, Editor; Committee Members: Molly Dalton; Bill Darr; Donna Dorsey; Marie Etienne; Linda MacIntyre; Candace Roosevelt; Cheryl Schmidt



Help us connect with and recognize 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. Share this newsletter via email, Facebook, Twitter and your preferred social media. Go to <http://www.redcross.org/about-us/our-work/nursing-health/nursing-network> and select a link under “View Previous Issues.”

Thank you!