Gratitude
I am deeply grateful for Red Cross volunteers, partners and employees. Despite the many challenges brought by the COVID-19 pandemic, disasters, civil unrest and the ongoing need for diverse blood donation, you have exemplified the humanitarian mission.

No one is unaffected by the events of the past two years. Nevertheless, you recruited and engaged volunteers, deployed to disasters and served virtually. You shared your knowledge through teaching and advocated for individuals to support their wellbeing. Not only did you give your time, but you also donated your blood in service of others. You supported individuals where they work, live and play. You comforted and encouraged both individuals in the community, and your colleagues. You took time to encourage youth, young adults and young professionals. You advocated for diversity, equity and inclusion, and are curious to learn more. You told your story and inspired others. You taught and shared resilience techniques.

It is an honor to serve alongside you. Each act of care and compassion has a ripple effect for good. I am inspired by your wise care, tenacity and collaboration. Please accept my heartfelt gratitude and appreciation. You continue to bring light and hope where needed most.

COVID-19 News: Holidays, Travel and More
The Centers for Disease Control and Prevention (CDC) reports the daily number of new cases of the coronavirus in the United States is stable, but parts of the West, Upper Midwest and Northeast are seeing a growing number of people getting sick. There have been more than 46 million cases reported in the U.S. and more than 759,000 COVID-19 deaths as of November 15, 2021.

CASES SURGING IN EUROPE Meanwhile, the World Health Organization (WHO) reports the number of new infections in Europe are at a record high, that the continent was “back at the epicenter of the pandemic” and could see hundreds of thousands of COVID-19 deaths over the next three months.

To maximize protection from the virus and possibly prevent spreading it to others, the CDC asks that you get vaccinated as soon as you can and wear a mask indoors in public if you are not fully vaccinated or if you are vaccinated but in a community with substantial or high transmission. Also, the CDC now recommends that children between the ages of 5 and 11 years of age receive the Pfizer-BioNTech pediatric COVID-19 Vaccine. Learn more about vaccines for children and teens. Visit here to learn the latest on coronavirus vaccines, including how to find them, who is eligible and who can receive a booster.

THE HOLIDAYS The best way to minimize your risk of contracting the coronavirus and keep your loved ones safe is to get vaccinated, according to the CDC. Here are some additional steps from the CDC you can follow to stay safe over the holidays:

• Wear a well-fitting mask over your nose and mouth in public indoor settings if you are not fully vaccinated or if you are vaccinated but in a community with substantial or high transmission.
• Outdoors is safer than indoors. Avoid crowded, poorly ventilated spaces.
• If you are sick or have symptoms, don’t host or attend a gathering.
• Get tested if you have symptoms of COVID-19 or have close contact with someone who has it.
• If you are considering traveling for a holiday or event, visit the CDC’s Travel page to help you decide what is best for you and your family. The CDC recommends delaying travel until you are fully vaccinated.
• Do NOT put a mask on children younger than 2 years old.
TRAVEL People traveling by air into the U.S. need to get tested for COVID-19 (regardless of vaccination status) before entering the country. Full details are available here. If planning to travel internationally, check the CDC’s travel recommendations before making plans to learn about the current coronavirus situation in that country.

RED CROSS AND COVID-19 While the pandemic has weighed heavily on the nation and throughout the world, the Red Cross continues to offer support and care during this difficult time, recognizing the challenges and emotional difficulties people may be experiencing. The Red Cross Virtual Family Assistance Center is available to provide emotional support and help people find the resources they need. If you have questions, contact condolencecare@redcross.org.

DISASTERS COVID-19 has not changed the Red Cross mission. We are providing the same types of support we always have. Ensuring people have a safe place to stay during a disaster is a critical part of the Red Cross mission, but how we support sheltering efforts may be different in each community, depending on local emergency plans and the scale of the disaster. To help keep everybody safe, everyone in Red Cross emergency shelters is required to wear face coverings. In addition, we’re using health screenings, enhanced cleaning procedures and encouraging social distancing as much as possible.

BLOOD DONATIONS The Red Cross also urges individuals to make an appointment to give blood to ensure a sufficient blood supply remains available for patients. Schedule a blood or platelet donation appointment by using the Red Cross Blood Donor app, visiting RedCrossBlood.org or calling 1-800-RED CROSS (800-733-2767). In most cases, those who have received a COVID-19 vaccine can donate. However, knowing the name of the manufacturer of the vaccine they received is important in determining donation eligibility.

RED CROSS CLASSES As the nation actively responds and navigates to this evolving pandemic, we are all having to make difficult decisions to ensure our health and safety. The Red Cross is requiring all participants and instructors attending in-person classes to wear a face mask regardless of their vaccination status.

Collaboration with the Nurses on Boards Coalition

The American Red Cross is pleased to announce a new collaboration with the Nurses on Boards Coalition (NOBC). The mission of NOBC is “to improve the health of communities and the nation through the service of nurses on boards and other bodies.” NOBC recently hosted a webinar, “Volunteering with the American Red Cross, Serving Your Community and Beyond” for their members. Laurie Benson, NOBC Executive Director, Pam Rudisill, NOBC Board President, Donna Meyer, NOBC Board Member and Dr. Martha Dawson, NOBC Board Member, were instrumental in facilitating the collaborative efforts. Dr. Dawson shared her connections and volunteer roles with the Red Cross over many years.

The presenters were Linda MacIntyre, Chief Nurse of the American Red Cross and Posie Carpenter, American Red Cross National Nursing Network Director. The webinar began with the HeartMath Quick Coherence® Technique. The objectives were: • Describe Red Cross programs and services that address social determinants of health (SDoH).

Linda MacIntyre, PhD, RN, PHN

• Discuss Red Cross volunteer roles, including volunteer leadership positions.
• Identify two Red Cross activities that support the Future of Nursing 2020-2030 Report recommendations.

The Red Cross mission intersects with several Healthy People 2020-2030 Objectives that focus on the social determinants of health: Increase the proportion of adults who have an emergency plan for disasters — PREP-D04; Increase the proportion of people who donate blood — BDBS-D01; Increase the rate of bystander CPR for non-traumatic cardiac arrests — PREP-01 and Increase the rate of bystander AED use for non-traumatic cardiac arrests in public places — PREP-02; and Maintain the elimination of measles, rubella, congenital rubella syndrome, and polio — IID-0.

Red Cross nursing and health professional volunteer roles are often focused on public/community health. There are many different volunteer roles, including leadership positions.
Mark Whelchel, DNP, ACNP-BC, Director of Healthcare and Prehospital Education for the American Red Cross, spent six years working in emergency care at Baltimore’s Shock Trauma, and in the cardiac ICU at the Penn State Heart and Vascular Institute. During this time, thanks to advances in response and care, hospitals saw more cardiac arrest patients survive to hospital discharge. Yet when those in the profession examined this key success metric, they began to question whether it was the right benchmark.

“We may have saved their lives, but there is a long-term critical care need beyond the hospital because these patients’ hearts are severely damaged,” said Whelchel.

A person who suffers cardiac arrest often requires comprehensive, multidisciplinary support services to thrive. Being healthy means managing emotional and mental health needs for the patient and the family, who are thrust into the unexpected role of caregivers.

To better reflect these realities, the Red Cross has updated its cardiac arrest chains of survival to add a “recovery” step. Survival rates from cardiac arrest – whether in-hospital or out-of-hospital – are now simply one measure of success.

The chain of survival concept originated from the International Liaison Committee on Resuscitation in the early 2000’s. Originally it consisted of four steps, in this order: early access to emergency medical care, early CPR, early defibrillation and early advanced cardiac life support. The addition of a recovery step is the first change to the cardiac arrest chain of survival since integrated post-cardiac arrest hospital care was added in 2010.

Whelchel points to strides made by hospitals in recent years that enable patients to be discharged as close as possible, functionally and neurologically, to their pre-admission status. Building on the desire for a holistic approach to cardiac arrest, the sixth step of recovery aids in ensuring that progress continues after the hospital stay concludes.

For cardiac arrest, the recovery step begins as soon as the patient wakes up after the life-altering event. As part of the process, hospitals assemble teams that patients and their families meet with before discharge to discuss dietary, lifestyle and physical changes. The patient may see a dietician or get introduced to a therapist (physical, occupational and/or speech) and a family counselor. A survivorship plan is developed that identifies

The collaboration is mutually beneficial. Together we can address social determinants of health and NOBC members can apply to volunteer for many different positions, including leadership roles. Volunteers assist the Red Cross in meeting its mission: “The American Red Cross prevents and alleviates human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors.” Ninety percent of the Red Cross workforce is comprised of volunteers.

Through this collaboration, we will also address Future of Nursing 2020-2030 report recommendations regarding wellbeing and diversity, equity and inclusion; ensuring that nurses are prepared to address the social determinants of health; and addressing “workforce development in disaster nursing and public health emergencies.” It is an honor to work with NOBC leaders and members. We can better support individuals and communities to promote health and wellbeing through working together.
holistic health requirements and resources for that time when the patient is able to leave the hospital.

“The idea is to answer the question, ‘So he survived, but now what?’” summarized Whelchel. “The recovery link is illustrative of patient-focused multidisciplinary care.”

Montana Red Cross Nurses Say It's a Blessing Helping Others  Matthew Ochsner

Judy and Ken Miller
Eighteen months ago, as Judy and Ken Miller were planning a trip to visit their daughters in northern California while wildfires burned across that state, Judy had an idea. “I said, ‘Hey, why don’t we stop and help out at some of these fires,’” she said. “Let’s volunteer with the Red Cross.”

The Missoula, Mont. couple contacted the Montana Red Cross, completed their training, learned some new software, and before they knew it, were on their way to Eureka, Calif., to help people driven from their homes by fire. Ken assisted with feeding operations while Judy, who’s retired after a long career in the medical field, served as a Red Cross nurse – an extremely important position that’s often hard to fill. She tended to clients’ basic medical and first aid needs and helped clients replace lost prescriptions and items like walkers and eye glasses that were left behind during a hasty evacuation. Red Cross nurses also connect clients with spiritual care and mental health counseling.

Red Cross covers the cost of a volunteer’s deployment, and the Millers decided to drive their RV to Eureka rather than fly. “We got to meet some wonderful people and travel around northern California on our days off and just loved it,” she said. “It’s an opportunity to travel, to use your skills to really help out and to serve people.” From that point on they were hooked. “Once you get into it, Red Cross hangs on to you pretty tight,” she said. The Millers continue to serve Red Cross back home in Missoula, helping families impacted by home fires and other disasters. Much of Judy’s work is done virtually as she helps families across Montana and Idaho. “[I simply talk to the person, they tell me what meds they’ve lost, I call the pharmacy and check on the availability of refills, maybe call the doctor and make sure those meds are replaced],” she said. “[It’s just heartwarming to feel like you’re helping someone. It also brings you back to the realization that ‘Oh my gosh, this could be me.’”

Before she retired, Judy Miller worked in hospice care in Missoula, and prior to that, in cancer and pharmaceutical research in Billings, Mont. Her Red Cross volunteerism allows her to continue to fill her need to help others.

And while they’ve been staying closer to home lately, come December, the Millers are planning to hit the road again in their RV and maybe help out more folks impacted by disaster along the way. “Giving here and there feels so good, and you get so much back,” Judy Miller said. “The clients are wonderful and so grateful. It makes me feel good.”

Barbara Gumbert
Much like Judy Miller, the desire to continue helping others post retirement also drew Barbara
said. That’s when she discovered the opportunity to volunteer as a Red Cross nurse.

Since signing on five years ago, Gumbert, who lives in Kalispell, Mont. has deployed three times following major national disasters and has helped out during emergencies in Montana.

Her first deployment took her to Louisiana in 2016 during spring flooding. “We had tornado warnings and thunderstorm warnings and flood warnings while I was there, but I enjoyed it immensely, taking care of the people who were in the shelter,” she said.

Three years later, while living in Ohio, she helped families in the Dayton area after several tornadoes ripped through the region. Red Cross had shelters open for a month, and because she lived there, she was able to help the entire time. “That was an absolute joyful blessing that I was able to be there for that long,” she said.

One of the shelters Gumbert was working in closed Gumbert to the Red Cross. After a 35-year career as an operating room nurse, it didn’t take long for Gumbert to begin looking for an opportunity to put her compassion and her talents to good use once again. “I still had so much to give, and I still cared so much about people that I needed to do something,” she said.

Gumbert said many of the clients she tended to during that deployment had serious medical issues including diabetes and heart problems. She remembers one client who needed daily insulin shots but was unable to do it himself. His daughter had always done it for him but wasn’t with him now. “He would bring me his insulin and know how much he needed, and I would give him the shot, and he was just as delighted as could be,” she said. “How easy is that to give someone some happiness?”

Gumbert says she’s gotten so much in return as a Red Cross nurse helping clients through difficult times and encourages others – especially those who have retired from the medical field – to raise their hand, roll up their sleeves and give it a try. And with extremely active hurricane and wildfire seasons underway, there are plenty of opportunities to help. “The clients are very warm and very grateful to you just for sitting and talking with them,” she said. “They know they are being cared for, and they know that a person cares. They feel the love there … that it’s not just me doing my job of having to take care of you. It’s because I want to take care of you.”

Nursing Network Volunteer Spotlight: Pacific Division Nurse Leader

Ryland Hamlet

An internationally recognized recruitment leader for technology, biotech and healthcare technology organizations, Ryland Hamlet joined the Nursing Network in April of 2021 as the Pacific Division Nurse Leader. Hamlet began his career as a U.S. Air Force independent duty medical technician working side by side with pararescuemen (a.k.a. “PJs”) during conflicts in the Falkland Islands, Panama, Nicaragua and El Salvador. In his nine years of military service, he also served as an emergency room supervisor, medical/surgical supervisor and nursing supervisor. Following his military service, Ryland went on to challenge and pass both the California LVN and RN boards – not an easy feat.

From 1988 to 1993, Hamlet worked at a variety of California community hospitals as an emergency department and ICU nurse. With the completion of a Bachelor
The American Red Cross recently celebrated its six outstanding federal and civilian nurse nominees for the 2021 Florence Nightingale Medal. Nominations were endorsed by each nominee’s chief nursing officer. Every two years, each of the 192 Red Cross and Red Crescent societies may submit Florence Nightingale Medal nominations to the International Committee of the Red Cross (ICRC) for consideration. In the ICRC call for nominations, it was noted that,

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.

We believe that 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.

The American Red Cross Celebrates its 2021 Florence Nightingale Medal Nominees

Linda MacIntyre, PhD, RN, PHN and Posie Carpenter, RN, MSN, MPH

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.

Nominations for the Florence Nightingale Medal must fall into at least one of two categories: exceptional courage and devotion to the wounded, sick or disabled or to civilian victims of a conflict or disaster; and exemplary services or a creative and pioneering spirit in the areas of public health or nursing training.

Twenty-five nurses from 18 countries were selected to receive the 2021 Florence Nightingale Medal. To be nominated is a great honor. To be endorsed by the highest nursing officer in one’s organization is impressive. In support of the humanitarian nursing service of Amy Lawson, U.S. Navy Captain Susanne E. Blankenbaker (Retired), U.S. Army Colonel Hope M. Williamson-Younce, U.S. Army Colonel...
Dr. Liz Dietz Inducted as a Fellow of the American Academy of Nursing

Posie Carpenter, RN, MSN, MPH

In last quarter’s newsletter, it was reported that Elizabeth (Liz) Dietz, EdD, RN, CS-NP, CSN, FAAN had been selected as a Fellow in the American Academy of Nursing. As you can see, that credential has now been officially added to her name. At the American Academy of Nursing’s annual Health Policy Conference, on October 7-9, 2021, Dr. Dietz and 224 other distinguished nurse leaders representing 38 states, the District of Columbia, and 17 countries were inducted into the 2021 class of Fellows of the American Academy of Nursing (FAAN). As the ceremony was conducted in a hybrid format in which attendees could participate virtually or in person, Dietz was inducted in person at the Washington, D.C., event held at the Marriott Marquis.

More than 2,900 nursing leaders strong, the American Academy of Nursing is comprised of nursing experts in practice, academia, administration, research, and policy. In the Academy’s August 4, 2021 press release, Academy President Eileen Sullivan-Marx, PhD, RN, FAAN stated, “The Academy aims to improve health and achieve health equity through nursing leadership, innovation, and science. The Academy’s Fellows embody our values of equity, diversity and inclusivity, inquiry, integrity, and courage, which enable us to achieve new heights of impact that advance health policy across the globe.” Candidates are chosen by the Academy’s Fellow Selection Committee based on contributions to advance the public’s health. The Academy considers induction as a FAAN to be a significant milestone in a nurse leader’s career,
whereby their accomplishments are lauded by the professional community.

Dietz holds a Bachelor of Science in Nursing from Cornell University NY Hospital’s School of Nursing, a Master of Science in Nursing from Boston University, and an EdD from the University of San Francisco. A registered nurse since 1969, Dietz began her nursing career as a Lieutenant Junior Grade in the US Public Health Service. During her nursing career, Dietz has practiced clinically in the public health arena and has been an avid educator. Additionally, Dietz has served as an officer with the American Nurses’ Association and the California American Nurses Association, is a long-time Red Crosser and summer camp nurse. She is now also working as a part-time school nurse for a large school district in San Jose, CA. She is a dedicated leader of, and advocate for, nurses and the improvement of healthcare policy and health services. Congratulations, Dr. Dietz on your induction as a FAAN and thank you for your leadership and commitment to the nursing profession!

**Hassmiller Becomes AAN Living Legend**

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Andrew Benedict-Nelson

Talk about the future of the profession with any nursing school dean or chief nursing officer, and there’s a name that is likely to come up: Susan B. Hassmiller, PhD, RN, FAAN.

One reason why: Hassmiller is one of just a few people to play a major role in both major “future of nursing” reports issued by the National Academy of Medicine (formerly the Institute of Medicine). Those reports are at the heart of the mission of the Future of Nursing: Campaign for Action, the national initiative of AARP Foundation, AARP and the Robert Wood Johnson Foundation that Hassmiller directs.

But that’s just where things start. Many nursing leaders go on to point out the dozens of programs, trainings, speeches and other initiatives where Hassmiller has played a leading role, building the future of nursing instead of just talking about it.

Now to that long list of accomplishments is added one more: the American Academy of Nursing Living Legend award, one of the greatest distinctions in the field.

“I have worked with Sue for more than two decades in various roles,” said Susan C. Reinhard, PhD, RN, FAAN, senior vice president and director of AARP Public Policy Institute and chief strategist of the Center to Champion Nursing in America, who co-leads the Campaign for Action with Hassmiller. “She is a visionary leader and role model for all nurses. Over the course of her career, she has led an unprecedented effort to galvanize the nursing profession and all who envision an ever-growing role for nursing in ensuring that everyone has a chance to be as healthy and well as possible.”

Reinhard, who was one of Hassmiller’s nominators for the award, continued: “Sue embodies the core commitment to place individuals and their families in the center of our science and practice, which is also a central idea of the Campaign for Action,” she said.

Antonia M. Villarruel, PhD, RN, FAAN, Margaret Bond Simon Dean of Nursing at the University of Pennsylvania School of Nursing, agreed that it is Hassmiller’s ability to create and then enact a national agenda for nursing that makes her unique. “That’s what has been a game-changer for the profession,” she said.

The Living Legend award recognizes “extraordinary contributions to the nursing profession, sustained over the course of their careers,” according to AAN. In the words of one recipient of the reward, professor and chair of the Department of Nursing at Lehman College of the City University of New York, Catherine Alicia Georges, EdD, RN, FAAN, the award is really about recognizing a “body of work.” “There is an old Negro spiritual that says, ‘My work speaks for me,’ and that is how I see the AAN Living Legends,” she said. “Their work has spoken for them.”

When asked about the qualities that enabled Hassmiller to achieve such a body of work, Georges praised her consistent focus on the good of the
nursing profession in the long term. “She is somebody who is in it for the long haul,” Georges said. “She’s not a candle that goes in and out; she’s an eternal light that is constantly there.”

That light was originally kindled for Hassmiller by her work with the International Red Cross. Gail J. McGovern, MBA, president and CEO for the American Red Cross, marveled at the many roles Hassmiller has played with the group over the years. “There is literally nothing that Sue Hassmiller can’t or won’t do for the American Red Cross and the people we serve,” McGovern said.

That work began when Hassmiller volunteered with the Red Cross in college after the group helped locate her parents after an earthquake in Mexico. But the work soon became intertwined with her professional development as a nurse who focused on community health and disaster response.

In time, she became a member of the American Red Cross’s national board of governors. In 2009 she received the Florence Nightingale Medal, the highest international honor given to a nurse by the International Committee of the Red Cross.

McGovern attested to the personal difference Hassmiller made in her time as leader of the American Red Cross. “Sue was one of the first people I met when I joined the Red Cross more than 13 years ago,” she said. “She has been a wonderful source of comfort and guidance to me over the years. Like our founder Clara Barton, she has the heart of a humanitarian, but she also has incredibly high standards, and I always strive to live up to them in every decision I make.”

Hassmiller’s national policy work began when she served as executive director of the U.S. Public Health Service Primary Care Policy Fellowship at the Health Resources and Services Administration. In 1997, she joined the Robert Wood Johnson Foundation, another organization where she made a generational impact.

Risa Lavizzo-Mourey, MD, who served as CEO of RWJF from 2003 to 2017, said that she and Hassmiller’s relationship was characterized by “a deep mutual respect.” “Sue is tireless and tenacious,” she said. “She led the charge on every effort RWJF undertook in nursing, from expanding the nursing ranks to faculty development to developing a national blueprint and the call to action to implement it. She taught a generation of program officers how to get things done using all the tools available to a large foundation.”

One grantee who worked closely with Hassmiller, Patricia Pittman, PhD, argued that Hassmiller’s vision enabled a new kind of analysis of nursing and its impact.

“Sue really breathed life into the role of interdisciplinary research and policy analysis of nurses and where they fit into a broader system,” said Pittman, the Fitzhugh Mullan Professor of Health Workforce Equity at the Milken Institute School of Public Health, George Washington University. “Not all nurses have that perspective and open-mindedness.”

But one project in particular would influence the course of the next decade in Hassmiller’s life as well as the profession of nursing: the 2010 report The Future of Nursing: Leading Change, Advancing Health. Supported by a grant from RWJF, the Institute of Medicine (now the National Academy of Medicine) drew on the perspectives of an array of experts from inside and outside the nursing field. Hassmiller served as study director.

Bill Novelli, MA, who served as CEO of AARP from 2001 to 2009, was one of the committee members who worked on the report. What he remembers most about Hassmiller was her determination to produce a report that would lead to real change for nurses and their patients. “She was the one who kept saying, ‘We can’t let this thing be a shelf document. We need a way to implement these recommendations,’” Novelli said.

In the following years, Hassmiller and others at RWJF partnered with AARP Foundation and AARP to design that plan for implementation: the Campaign for Action, which she leads with Reinhard.

The Campaign has pursued the objectives of the Future of Nursing report in all 50 states and the District of Columbia, making significant progress in areas such as increasing the number of nurses with
advocated for the inclusion of nurses as equal members of the healthcare team, but that was not always the case,” Lavizzo-Mourey said. “It took many years and a myriad of changes implemented in a strategic and concerted way. More often than not, Sue Hassmiller was a force in making those changes happen and in changing the face of nursing.”

In 2019, Hassmiller was named a senior scholar in residence and advisor on nursing to the president of the National Academy of Medicine. In this role, she guided the development of a second major nursing report, Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity.

While the first report focused on building capacity in nursing, this report was meant to explore how that capacity could best be used to eliminate health disparities, said Mary Wakefield, PhD, RN, FAAN, one of the co-chairs of the new report committee. As such, it involved an extraordinary range of evidence and perspectives. Furthermore, the committee decided it needed to take extra time to account for the extraordinary circumstances of the COVID-19 pandemic.

In the midst of these complex and challenging circumstances, Wakefield (also an AAN Living Legend) found herself impressed by Hassmiller’s determination to “get to yes” — an essential skill for a report that is meant to be based on scientific consensus. “She could negotiate international treaties!” Wakefield said.

Several of Hassmiller’s colleagues described this latest report as the culmination of a lifetime commitment to improving the health of everyone in the nation. “What Sue has really done for the nation and the profession is lead the way in terms of thinking about how we might really address the issues of health disparities through nursing,” said Linda Burnes Bolton, DrPH, RN, FAAN, vice chair of the first Future of Nursing committee and a Robert Wood Johnson Foundation board member.

Burnes Bolton, also a Living Legend award recipient, emphasized Hassmiller’s inclusivity. “She is committed to uplifting nursing for all people, all races, all colors, all attitudes,” she said. “She understands the many different types of nurses and what they bring to the table.”

Mary Jo Jerde, MBA, RN, FAAN, who heads up UnitedHealth Group’s Center for Clinician Advancement, said she is always impressed by Hassmiller’s ability to bring together many different interests together around a common cause. “She gets the fire going,” Jerde said. “She makes people want to rally around her because of her passion and commitment, whether it’s about patient care, policy change or changes that are needed in nursing practice.”

Hassmiller received her Living Legend award at AAN’s Health Policy Conference in October. This year’s other honorees are Betty Ferrell, PhD, RN, FAAN; Terry Fulmer, PhD, RN, FAAN; and Marla Salmon, ScD, RN, FAAN.

**Remembering the “Mercy Ship” Nurses**

The SS Red Cross “Mercy Ship” demonstrated the ability of the American Red Cross to fulfill the humanitarian principle of neutrality during the Great War (World War I). The Mercy Ship surgical teams practiced humanitarian aid to injured combatants regardless of which nation they fought for or against. The nurses who provided this humanitarian aid were brave, innovative and resilient in their service.

The American Red Cross immediately acted in August 1914 as the Great War in Europe began. Mabel Boardman, Red Cross Executive Committee Secretary, coordinated the war-relief fundraising with the intent to send a
nurses signed a six-month renewable contract and were paid $60 per week. The nurses were called “Sister” followed by their first name to avoid the use of “distinctly European” surnames; concealing ancestral background of the nurses that may align with the belligerent nations was done to reinforce the Red Cross’ neutrality.

Throughout the voyage to Europe, the nurses utilized their time to train for the work ahead of them. Nurses attended daily lectures given by the surgeons on various topics to include first aid, public hygiene in the military camps, war medicine, contagious and infectious diseases, anatomy, nervous system, anesthesia, field and emergency surgery, use of military surgical equipment and the metric system. Between lectures, the nurses practiced bandaging and nursing techniques. Additionally, nurses studied the European languages of French, German and Russian. Helen Scott Hay, the superintendent of nurses on the Mercy Ship, led moral instruction of the nurses every evening with Bible readings and hymns. When not participating in training, the nurses engaged in physical exercise and many documented their experiences in diaries.

The Mercy Ship’s nurses were recruited from the nearly 5,000 enrolled nurses on the American Red Cross roster. Dr. Marian Moser Jones provides us specific details of the requirements for the Mercy Ship nurses in her 2021 article titled, The American Red Cross “Mercy Ship” in the First World War: A pivotal experiment in nursing-centered clinical humanitarianism. Under Jane Delano, the Red Cross roster only included nurses who graduated from a reputable hospital-based nursing school, supplied character references attesting to “good moral character,” were a registered nurse if their state required registration, and were white because the Red Cross was unable to ensure segregated quarters. Additionally, to serve with the Mercy Ship, the nurses had to pass a physical examination and show proof of receiving, or agree to receive, the typhoid and smallpox vaccinations; those who could speak a European language were preferred. Nurses who were not born in the United States and who were male were excluded. The exclusion of immigrants was due to potential logistical concerns related to passports. The exclusion of male nurses was due to social prejudices, as the nurses had to belong to a female professional nursing organization and the male nurses may have been suspected as spies by the belligerent nations. The

The Mercy Ship transported a total of ten surgical teams tasked with creating war hospitals across Europe. Each team included three surgeons, with one serving as the director, and 12 nurses, with one serving as the supervising nurse. To maximize familiarity and thus workflow, nurses and surgeons from the same
geographical area and when possible, school or hospital were placed together on a team. The evening of September 23, 1914, the Mercy Ship lowered anchor in the Bay of Falmouth, England dispatching the first teams.

Upon the teams’ arrivals to their posts, the nurses and surgeons were welcomed and then quickly went to work to transform the designated, often unfitting, structure provided by the community into a war hospital. The nurses and surgeons creatively adapted schools, casinos, theaters and private estates into working hospitals to care for the combatants. The American Red Cross war hospitals established by the ten surgical teams of the Mercy Ship were in Paignton, England; Pau, France; Kiev, Russia; Kosel and Gleiwitz, Germany; Budapest, Hungary; and Vienna, Austria.

The nurses’ experiences varied based on location of the war hospital. Some nurses were afforded leisure time with the opportunity to explore their new environment, while others were challenged with minimal leisure time or few recreational activities to pass time when waiting for patients to arrive at the hospital. Relationships developed within the teams and with the community, ranging from close and positive relations to those incurring internal and interpersonal conflicts. The American nurses were diligent to focus on their neutral service mission despite the nature of relations encountered. The nurses overcame the difficulties of working with people who spoke different languages and followed different cultural customs. In some areas, nurses made a concerted effort to be recognized as neutral guests and tried to speak the native language of the country when out in the community to avoid suspicions.

Due in part to the distance of the war hospitals from the front, combatants arrived at the hospitals in deplorable condition with devastating infections. The muddy trenches at the frontline meant the combatants did not bathe or change clothes for weeks and arrived at the hospital exhausted, filthy, and vermin infested. They arrived with wounds undressed or with dressings many days old because of the distance and time between the initial injury at the frontline and receiving care within the war hospital. For many combatants, several days passed and many miles were traveled to reach the war hospitals. In some areas, the cold weather further complicated the condition of the combatants upon arrival, some with frozen extremities that fell away as the patient was undressed. Hygiene and sanitary practices were adapted to the amenities available in the make-shift war hospitals; however, these practices were implemented first and foremost with every patient upon arrival. As the infections grew in severity, more aggressive, at times even experimental approaches to controlling infections were implemented. At some of the war hospitals there was a long wait before any patients arrived, whereas in others, the patient turnover was rapid: a nurse at a war hospital in Germany reported 65 patients were discharged in two hours and within one hour 68 new patients arrived. The types of physical injuries the combatants experienced ranged from scratches and contusions to bullet wounds and major facial and bodily trauma. The medical, surgical and nursing care the combatants required was challenging, but it provided valuable experience for the surgeons and nurses, and advanced war medicine, modern hospital organization, surgical techniques and aseptic practices in operating rooms and wound dressing.

Nurses recorded that the patients were appreciative of the care they received. They noted the physically and mentally exhausted combatants to be lonely, longing for contact with loved ones, yet accepting of the need to fight and the possibility of dying. Despite the patients’ hardships, the nurses admiringly noted their patients’ lack of complaints and display of courage and endurance during their treatments. In France, two nurses and one surgeon attended the funeral of every soldier who died, illustrating the compassion and respect they held for the patients. The conditions and care of the combatants physically and mentally strained the nurses; one nurse, presumably referring to the war, noted she was “heartily sick of this endless cruelty and wickedness” (Dock et al., 1922, p. 149). Yet, despite the difficult work, the nurses’ work was also rewarding. A nurse described her simple tasks of
bathing and caring for the combatants as “the most soul-satisfying work I have ever done” (Dock, et al., 1922, p. 166). The fact that many of the nurses renewed their six-month contract, transferred to other war hospitals as needed, and remained to serve as a nurse in the war zone for a year or more further illustrates the fulfillment nurses received through their Red Cross Mercy Ship service. Even when the Red Cross had to recall all units in October 1915 because of funding constraints and a blockade of Germany that would not allow medical supplies to pass through, many nurses remained in Europe and served with other Red Cross societies or militaries, or with the American Ambulance, a Paris war hospital supported by the American expatriate community.

From the generous private donations received by the American Red Cross, which totaled more than one million dollars before the end of 1914, to the humanitarianism displayed in the nurses’ and surgeons’ care of all combatants, the Mercy Ship demonstrated the commitment and ability of the Red Cross to provide neutral aid in times of war. Valuable experiences were gained by the individual nurses and collectively by the Red Cross through the brave, innovative and resilient nurses who traveled across the globe and provided neutral humanitarian aid where they were needed.

Americans’ involvement in the Great War started with the neutral humanitarian aid provided by the nurses and surgeons of the American Red Cross Mercy Ship and ended on November 11, 1918 at 11:00 a.m. when the war ended for all countries involved. This final day when fighting ceased became known as Armistice Day. In 1921, an unknown World War I American soldier was buried in Arlington National Cemetery and has become the focal point of reverence for American veterans. Veterans Day, on November 11, is now a national holiday to honor veterans of all wars. As we remember the care the Mercy Ship Red Cross nurses provided to combatants during the Great War, let us also take a moment to remember and honor all veterans who have served our country.

References:


Four Paws. Two Handlers. One Mission. How Our Furry Friends are Serving the Red Cross in the Northwest Region

When he’s not working, Teddy Jenkins is ‘just a regular dog’ according to his owners. Teddy enjoys belly scratches, swimming and playing with his favorite red ball. But he knows when his work bag comes out and his bandana goes on, it’s time to get to work.

Teddy is a five-and-a-half-year-old yellow Labrador Retriever and four-legged Red Cross volunteer in Washington state. He’s one of two therapy dogs serving within the Red Cross Northwest Region. Teddy and his owners, Clint and Tamara Jenkins, make regular visits to Madigan Army Medical Center on Joint Base Lewis-McChord, visiting with wounded or ill military members and their families.

Teddy seems to be smiling while enjoying some perks of being a therapy dog in the Human Bonding Program: belly scratches.
‘Team Jenkins’ has a goal of visiting the hospital and Fisher House once a month, along with the Soldiers Recovery Unit once a week, and for the last year have been working through challenges brought on by the pandemic to still bring Teddy’s calming presence to military families. If there’s an opportunity to lift spirits and bring a smile to someone’s face, they make sure to show up.

“Especially on a military base, we are inspired by ‘believing in a cause greater than yourself’ and what it means to serve others,” said Tamara Jenkins. “It’s just very rewarding to train a therapy dog, and it’s very rewarding to serve others.”

The reward is worth the years of work and training that Clint and Tamara have put into Teddy. His training started when he was a puppy. Teddy went through a vigorous training program with five trainers, multiple certifications, concluding with an intense Therapy Dogs International test. Still today, Clint and Tamara work with him daily on obedience and commands that will make him safer and more useful when in a hospital and Soldier Recovery Unit setting. “You can’t put it into words,” said Clint Jenkins as he discussed what it was like to take Teddy into hospitals and other facilities. “You just see a parent relax as they see their kid being a kid for a minute, or even just seeing someone smile, it’s very rewarding.”

Yaleidy Torres heads up the Human Animal Bonding Program within the Red Cross Northwest Region. Just in July of this year, volunteers were able to make 175 animal visitations to serve up smiles for military families. “It’s a very solid program,” said Torres, who planned an expansion of the program when she stepped into her role in February of 2020. The pandemic has created challenges, but Torres is still determined to grow this program throughout the Northwest Region to bolster support for service members. “I see the benefits of this program,” said Torres, drawing from personal experience. “I don’t have a therapy dog, but once we got a dog in our house it helped my husband as he was transitioning out of the military with PTSD. I saw his demeanor and overall humor change.”

Right now, due to COVID-19 guidelines, Red Cross volunteers like Teddy are limited on what facilities they can visit. Torres, however, says she’s working right now to expand Red Cross animal visits and is working with veteran’s hospitals, state homes and even military transitional housing to see where the calming presence of pups like Teddy can benefit our troops. “My overall goal is to have more participants in the therapy dog program so we can have people who go to all of those places,” said Torres.

Although there is extra certification and testing for therapy dogs before they can work on a base like Joint Base Lewis-McChord, Torres says she would love to talk with anyone who might be interested in joining the Red Cross Service to the Armed Forces. “Anybody who has a certified therapy dog, we are willing to work with them and get them going with the SAF program,” she said. Torres can be reached at yaleidy.torres@redcross.org for questions regarding the Human Animal Bonding Program.
Consider a Year-End Gift to the Red Cross

With the end of 2021 fast approaching, many of us are thinking about charitable giving. For Red Cross supporters, this planning often involves making a year-end gift that will fund the humanitarian mission and trim taxes at the same time. Here are some year-end gifts to consider.

Gifts of Cash
The simplest ways to donate to the American Red Cross is to write a check, use a credit card or transfer funds electronically. For individuals, cash gifts can also bring tax benefits. First, you are entitled to a charitable income deduction. Second, as part of new legislation, you may deduct up to 100% of your adjusted income for the 2021 tax year. Ordinarily, the income tax deduction for cash gifts is limited to 60% of your income. If you do not itemize your deductions, you can reduce your taxable income by up to $300 ($600 for couples) for cash contributions to charity. These incentives are scheduled to expire at the end of the 2021.

Giving Appreciated Securities
You may be able to double your tax benefit 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 full market value of the securities at the time of your gift, and you will avoid the capital gains tax on the appreciation that you would owe if you sold them. Gifts of securities are easy to make. For detailed instructions on making a gift of appreciated stock or mutual funds please see redcrosslegacy.org/donatestock.

IRA Qualified Charitable Distribution
If you are 70 1/2 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. If you are required to take an annual distribution, a QCD can help meet this distribution without increasing your taxable income.

Other Ways to Make Year-End Gifts to the Red Cross
Use a life insurance policy that is no longer needed to make a gift to the Red Cross and deduct the fair market value of the policy.

Arrange a charitable gift annuity that makes fixed payments for life to you or perhaps to another relative. It is an effective way to assist both the American Red Cross and family members, with favorable tax results for donors and annuity recipients.

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 arrangements mentioned please contact Candace Roosevelt, Gift Planning Officer, at 617-306-3875 or Candace.Roosevelt@redcross.org.

AMERICAN RED CROSS National Nursing Committee
Heritage Sub-Committee Members: Vivian Littlefield, Chair; Elizabeth Kazmier, Editor; Molly Dalton; Bill Darr; Donna Dorsey; Linda MacIntyre; April Mathias; 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!