Nation Facing Worst Blood Shortage in More Than A Decade: Give Blood Now

The American Red Cross is facing a national blood crisis – its worst blood shortage in over a decade, posing a concerning risk to patient care. Amid this crisis, doctors have been forced to make difficult decisions about who receives blood transfusions and who will need to wait until more products become available. Blood and platelet donations are critically needed to help prevent further delays in vital medical treatments.

The Red Cross asks the country to roll up a sleeve to help ensure people receive the care they need. Make an appointment to give blood or platelets as soon as possible by using the Red Cross Blood Donor App, visiting RedCrossBlood.org or calling 1-800-RED CROSS (1-800-733-2767)

All types are needed now to help reverse this national blood crisis, especially types O positive and O negative, as well as platelet donations. If there is not an immediate opportunity available to donate, donors are asked to make an appointment in the days and weeks ahead to ensure the Red Cross can replenish and maintain a sufficient blood supply.

The Red Cross appreciates the patience of blood donors and blood drive hosts. As the nation faces the latest challenges of this pandemic environment, there may not be an immediate appointment available or an individual may be asked to reschedule an appointment — but the Red Cross still needs donors. The Red Cross is grateful for donors’ understanding as the organization works tirelessly to meet the needs of patients.

COVID-19 Safety Protocols
Each Red Cross blood drive and donation center follows the highest standards of safety and infection control. Individuals who have received a COVID-19 vaccine are still eligible to donate blood and platelets. Knowing the name of the manufacturer of the vaccine they receive is important in determining blood donation eligibility.

About Blood Donation
A blood donor card or driver’s license or two other forms of identification are required at check-in. Individuals who are 17 years of age in most states (16 with parental consent where allowed by state law), weigh at least 110 pounds and are in generally good health may be eligible to donate blood and platelets. Knowing the name of the manufacturer of the vaccine they receive is important in determining blood donation eligibility.

Blood and platelet donors can save time at their next donation by using RapidPass® to complete their pre-donation reading and health history questionnaire online, on the day of their donation, before arriving at the blood drive. To get started, follow the instructions at RedCrossBlood.org/RapidPass or use the Blood Donor App.

Nursing Is the Most Trusted Profession For the 20th Year, Gallup Poll Finds
For details, read the related article on Nursing.org. You can also review the Gallup Honesty and Ethics of Professions poll results ranking on Gallup's website.
From the Chief Nurse: Appreciation and a Request

Thank you for your continued support of the Red Cross humanitarian mission! Whether in person or virtually, your compassion and presence have a positive ripple effect. As I increase my resilience, I am better able to serve. Through service, my needs are also met, and I better understand that we are more connected than separate.

Needs are growing with the blood shortage, the increased number of disasters and the ongoing pandemic. More Red Cross vaccinated volunteers are needed for in-person work. Please share the opportunity to become a Red Crosser with your friends, family and networks, and encourage them to discover the volunteer role that fits best. We can’t do it without you: Become a Volunteer!

Become a Red Cross Volunteer and Help Others

The American Red Cross needs volunteers now.

We need help responding to disasters, engaging with blood donors at blood drives, delivering blood products from our facilities to hospitals and so much more. All of this important work is made possible through the support of our dedicated volunteers. We ask you to consider helping others by joining our volunteer ranks today.

There are many different ways to volunteer. Below are a few of our most critical positions.

**DISASTER ACTION TEAM** Winter’s cold weather increases the risk of home fires. In fact, more home fires occur during the winter months than at any other time of year.

As of mid-February, the Red Cross has responded to more than 10,000 home fires, providing help to more than 37,000 people. Our trained Red Cross Disaster Action Team (DAT) members responded to these emergencies and more of these dedicated volunteers are needed now so no one faces this heartbreaking situation alone.

DAT volunteers help families with their immediate needs after a home fire and offer support during a very difficult time. As a DAT team member, you will provide emotional support, access to financial assistance and information to help families begin to recover. DAT team members respond either on the scene or remotely to provide immediate compassion and care.

**BLOOD SERVICES VOLUNTEERS NEEDED**

The Red Cross also needs volunteers to support blood collections as the country faces an ongoing critical need for blood products and platelets.

**BLOOD DONOR AMBASSADORS** Blood donations are essential to the health of our communities and blood donor ambassadors are a vital part of this work. Volunteers in this role engage with blood donors by greeting, registering, answering questions, providing information and supporting them through the recovery process at the refreshments table. Learn more here.

**TRANSPORTATION SPECIALISTS** There is a high need for volunteer transportation specialists who support hospital patients by delivering blood from our facilities to local hospitals. If you have a little free time, love driving, and enjoy meeting new people, the Red Cross has a great volunteer spot waiting for you. More information is available here.

Vaccination verification required for in-person roles. Note: this does not apply where contrary to current state or local regulations. Make a difference by turning tragedy into hope by donating your time and skills. Visit redcross.org/volunteertoday to get started today.
Red Cross Month a Time to Honor Our Volunteer Heroes

March is Red Cross Month, and the American Red Cross would like to recognize and thank our volunteers and blood donors who step up every day to make sure people needing help receive relief and care.

WHAT DO RED CROSS VOLUNTEERS DO?
They respond to as many as 60,000 disasters each year — helping home fire victims in their community or deploying to major emergencies across the country. They give 4.5 million blood donations and nearly one million platelet donations to help patients receive the critical care they need. They train more than 4.6 million people a year in lifesaving skills such as first aid and CPR. They help provide nearly 550,000 services to support members of the military, veterans and their families. They help reconnect almost 9,000 families around the world separated by war and disaster.

JOIN US — VOLUNTEER
The Red Cross is looking for new volunteers. We need help responding to disasters, engaging with blood donors at blood drives, delivering blood products from our facilities to hospitals and so much more. There are many different ways to volunteer. Visit redcross.org/volunteertoday to review our most-needed positions and local opportunities. Volunteers must be fully vaccinated for in-person assignments. Virtual positions are also available.

HOW YOU CAN HELP
• Give blood. Roll up a sleeve and help ensure blood is available for patients who need it. Make an appointment to give blood or platelets by visiting RedCrossBlood.org.
• Donate. Support Red Cross disaster relief efforts at redcross.org/givingday. Your donation will be part of our annual Giving Day on March 23. A gift of any size makes a difference to provide shelter, food, relief items, emotional support and other assistance.
• Take a class. Learn lifesaving skills like CPR and first aid to help when it matters most at redcross.org/takeaclass.

Hats Off to Our Heroes – Our Volunteers

“Vous must never think of anything except the need, and how to meet it.” – Clara Barton

These words spoken years ago by the founder of the American Red Cross still ring true today. And nowhere is this spirit more evident than in the faces and actions of our Red Cross health volunteers.

Following are stories from some of our volunteers who responded to the devastating tornadoes in Kentucky in December 2021:

BARB WHARTON has been in the business of providing medical care for over half a century, having started as a hospital candy striper as a teenager. Between then and now, she has served her community as a nurse for over 50 years, including six years as an Army officer at Walter Reed National Military Medical Center in Bethesda, Maryland.

So why did she join the American Red Cross in 2017? Because disaster relief was on her bucket list. Why? Adventure. This was her 24th deployment, having worked most of the recent storm-related disaster responses, including two deployments to Hawaii — one hurricane and one volcanic eruption. What has been her most memorable moment working with the Red Cross? In Hawaii — when a patient referred to her as “Auntie,” a term of affection and respect rarely offered to strangers. She was honored.

MARY ROSE BAUER has been a clinical nurse specialist at a level one trauma center at the University of Kentucky for 27 years. She joined the Red Cross over three years ago and is now the team leader in Kentucky for health services. She loves the work because she gets to make a difference.

While helping in Kentucky she recounted her most memorable moment working with the Red Cross. It came after
responding to the Eastern Kentucky floods where a dam had broken near a town and she was able to talk one-on-one with residents. It was a heart-wrenching experience speaking with residents “who not only lost their homes but their ancestry as well.” She says she loves this work because she gets to make a difference by connecting with people. “I have been lucky in life to be able to define my roles and jobs, and this is the best way to give back to the people of Kentucky.”

RICKEY PORTER, an emergency medical technician, joined the Red Cross nine years ago because he saw a need in his community — there were no other EMTs in Ohio County, Kentucky, not far from where the tornado passed through the state.

Upon arriving in Kentucky, his 20th deployment, he was able to provide emergency medical care to a man who was walking around with glass in his arm. He also cared for several Red Cross volunteers who traveled to the region to provide assistance. Like many volunteers, Rickey is proud to wear multiple hats. On one occasion, he recalls caring for parents who lost a daughter and grandchild in a home fire. When he saw that the couple had outdated smoke alarms in their own home, he worked to have new ones installed in their home and the homes of their extended family members.

JESSICA AND MICHAEL CRAIG When this couple first met, they were both interested in dedicating their lives to philanthropic pursuits. She was a nurse and he was an orthopedic surgeon. When they joined the Red Cross in 2019, they were already involved in several other charitable organizations and were about to retire to pursue philanthropy full time. Then COVID hit and they ended up staying at their jobs for another year and half. When their local Red Cross chapter called and asked if they were willing to be deployed, they were ready.

Kentucky was their third deployment, caring for residents impacted by the tornadoes. When asked to recount their most memorable moments working with the Red Cross, Michael points to when he realized just how many people were committed to the Red Cross mission — he had no idea how many active volunteers there were. Jessica recalls their first deployment at a disaster shelter in Louisiana. She was nervous and realized that an older and more experienced volunteer named Dottie, whom they did not know, was looking out for them, “a stranger, looking out for us. Red Cross volunteers look out for each other,” she said.

DANIELLE (RODGERS) WINTERS As nurse with 30 years of experience, Danielle is used to working in a Red Cross shelter caring for individuals who were forced from their homes by storms or other disasters during deployments. Instead, her work in Kentucky focused on caring for the hundreds of Red Cross volunteers who were caring for the community. What does that involve? Responding to any medical condition that could arise without notice on a “normal” day, and add to that any condition brought on by the added stress of responding to a disaster.

She considers it a privilege to care for fellow Red Crossers under these circumstances. When asked to recount her most memorable moment working with the Red Cross, she immediately described the time that she had deployed to one of the California wildfires. She was having lunch with another volunteer (now her husband), when a woman sat down beside her, put her arm around her and explained how she had just lost everything in the fire except her motor home, but that she was thrilled that the Red Cross was there because she knew that everything would be okay. “And the three of us sat there and cried,” Winters said.

LOUISE O’DONNELL “We are not the hospital nurse who administers your intravenous drugs,” explained Louise O’Donnell from disaster response headquarters in Kentucky one week after the
CONNIE ERWIN joined the Red Cross four years ago after working as a nurse for 40 years because she wanted to continue helping others. But this time she wanted to do it without any expectation of getting something in return.

As she explained, she just wanted to connect with people. She loves being present and just listening to people who want to talk, and she loves being able to say things like, “you lost your medication during the storm? Allow me to take this burden off your shoulders.” Interestingly, her most memorable moment with the Red Cross thus far has nothing to do with delivering medical care. On deployment as a nurse assigned to a disaster relief shelter, she once began singing and dancing the “Hokey Pokey” with several of the children in the shelter. When she looked up towards the end of the song, she saw that everyone in the shelter was singing along and dancing. “This is all about connecting with people.”

JONATHAN O’NEILL was an emergency medical technician in both high school and college and went on to study nursing. In 2016, he deployed with the Red Cross to a large shelter in Louisiana, several months before starting his first job as an ICU nurse.

As a Red Cross nurse volunteer, he feels that he is helping people, doing good things for them and seeing immediate results. What advice does he have for other nurses who may be thinking about joining the Red Cross? He says it is a good way to give back; it is different than a day job as a nurse, and it is refreshing and fun to meet other people. “And you are using different parts of your brain,” he adds.

There are many different ways to volunteer. Training is free, but the hope you provide is priceless. Visit redcross.org/volunteertoday to get started today.

Photos of volunteers by Marko Kokic/American Red Cross.

American Red Cross Nurse Frances Reed Elliott Davis: A Pioneer Crossing Racial Boundaries

Frances Reed Elliott Davis was the first Black nurse officially registered as an American Red Cross nurse on July 2, 1918. Davis held positions as a private-duty, hospital and public health nurse, nurse
Frances Reed Elliott Davis was born on April 28, 1882, near Shelby, North Carolina. Her father, Darryl Elliott, was part Cherokee and part Black sharecropper and her mother, Emma Elliott, was the White daughter of a Methodist minister and plantation owner. Davis’ paternal grandmother worked as a slave for Emma’s family plantation in Asheville, North Carolina where she assumed ‘Elliott’ as her last name, which is why Davis’ parents had the same last name. Davis’ father, Darryl, fled the area for his safety because interracial marriage and cohabitation were illegal and he was at risk of being lynched. He died three years later. Davis’ mother, Emma, moved to Tennessee for she was ostracized for getting pregnant with a Black man. She lived in poverty for years and died of tuberculosis in 1887 when Davis was only five years old.

Upon her mother’s death, Davis was cared for by various neighbors until she entered the foster home of a Black family in Pittsburgh, Pennsylvania. While she was under the care of this family, they pulled her from school to provide childcare and domestic help, so her education was sporadic. In 1896, at the age of 14, Davis was permitted to work outside the home. She worked for two years providing domestic help to a wealthy White family, the Reeds. The foster parents took all her earnings for that period and then demanded that she quit working for the Reeds. Upon Davis’ plea for help to escape the abusive foster family, the Reeds helped her to flee to Knoxville, Tennessee and promised to pay for the boarding school until she could graduate from normal school training at Knoxville College. She did so in 1907 at the age of 25.

Davis desired to be a nurse to help little children. The Knoxville College built a Black only hospital, where Davis worked as a practical nurse for a year after she graduated from Knoxville College. She aspired to go to a training school for nursing, but Mrs. Reed advised her to pursue a teaching career because of the physical demands of nursing. Davis became ill, so she decided to follow Reed’s advice. She secured a job teaching 3rd and 4th graders at Henderson Normal Institute in Henderson, North Carolina, and worked there while still dreaming of becoming a nurse. In 1910, when she had saved enough money to apply and pay for nursing school, she applied to Freedman’s Hospital Training School in Washington, D.C., an accredited school of nursing with highly competitive admissions. She was afraid she would be rejected because of her age, so she changed her birth year on the application to April 28, 1889. Lying about one’s age by adding or subtracting years to one’s birth year to match the desired age for admission frequently occurred on applications for highly competitive schools. She was accepted and completed her training in 1913. During this time, Washington, D.C. had two unique graduate nurse exams, one for White graduate nurses and one for Black graduate nurses. The White graduate nurse exam was known to be more rigorous, so Davis demanded to take it. She was granted the opportunity and became the first Black nurse to pass the White graduate nurse exam in Washington, D.C.

Immediately after graduation, Davis entered private-duty nursing. Between 1913 and 1916, she worked as a private-duty nurse, a nursing supervisor at the all-Black Provident Hospital in Baltimore, Maryland, and as a camp nurse for a summer community-based camp for needy mothers and young children in Washington, D. C. In 1916, she applied to be an American Red Cross nurse. She was not officially registered as a Red Cross nurse at that time, but she was approved to enroll in the one-year rural nursing training program and received $500 from the Red Cross to pay the tuition. The advanced training course was at Teacher’s College, Columbia University in New York where M. Adelaide Nutting
served as director. Davis was the first Black nurse accepted into the program. As part of her training, to obtain nursing experience in the public and rural health areas, she completed field experiences at Lillian Wald’s Henry Street Settlement House in New York City in July, 1917. Upon completion of the training, her first American Red Cross Town and Country Nursing Service assignment was to Jackson, Tennessee. They specifically requested the services of a Black nurse. Davis exercised her midwifery skills and taught classes in preventive health care such as basic sanitation and prenatal care.

Davis had applied for the Army Nurse Corps in 1917, but was denied based on her race because of the segregation laws in place coupled with lack of provisions for Black nurses. Although she was not accepted into the Army Nurse Corps, she had an indirect nursing involvement in the war. During the influenza pandemic in 1918, she nursed soldiers in training and their families near Chickamauga, Tennessee. Black nurses were assigned to nurse White soldiers for the first time during the pandemic. Davis also cared for White and Black community members stricken with the influenza virus. Davis contracted influenza, leaving her heart permanently damaged. However, a personal victory occurred this same year, when Davis received her official Red Cross pin with “1A” inscribed on it, indicating she was the first African American Red Cross nurse officially accepted on July 2, 1918.

In 1919, Davis served as director of nursing training at the John A. Andrew Memorial Hospital in Tuskegee, Alabama. Later that year, she accepted a position at the Dunbar Hospital in Detroit, Michigan to organize the first training school for African American nurses in Michigan. The following year she accepted a staff nurse position with the Detroit Visiting Nurses Association and remained affiliated with them for many years. She took a leave of absence to marry William A. Davis, a professional musician, on December 24, 1921. In 1922, she gave birth to her only child who was stillborn. Subsequently, Davis returned to nursing in 1923.

Davis returned to the Dunbar Hospital in Detroit with hopes of improving the training program for nurses. She was able to secure funding from Senator Hames Couzens, a significant individual in the development of General Motors, but the hospital refused to accept money that would only benefit nurses. Frustrated, Davis resigned from the Dunbar Hospital in 1927 and focused her efforts on the vulnerable members within her community. With help from the Red Cross, she began working for the child welfare division of the Detroit Health Department where she directed the prenatal, maternal and child health clinics. In 1929, she was awarded the Julius Rosenwald Fellowship to return to Teachers College, Columbia University to earn her baccalaureate degree in nursing, but unfortunately, ill health forced her to withdraw before attaining that goal. She and her husband returned to Detroit, and she worked for the Detroit Health Department, helping the poorest and neediest people in the Black community of Inkster.

During the Depression, Davis devoted all her time to run a commissary for the unemployed of the Ford Motors plant. She petitioned Henry Ford to sponsor the commissary; with his patronage it helped the unemployed pay for clothing, utility bills and home repairs. In 1935, she returned to work for the Detroit Visiting Nurses Association and remained there for five years. During this time, she established a day nursery, or childcare facility, at the Carver School for Inkster residents. First Lady Eleanor Roosevelt helped Davis plan and solicit funding to support the nursery. In 1940, Davis left the day nursery and returned to hospital nursing. She worked at Eloise Hospital in Wayne County, Michigan until 1951 at the age of 69 when her husband became ill. She never returned to her nursing career, nursing her husband until his death in 1959. Davis passed away on May 2, 1965 at the age of 83, just days before she was to be formally recognized by the American Red Cross at a national convention.

Frances Reed Elliott Davis’ nursing career illustrates her life-long commitment and competence to help those in need and care for the most vulnerable. She was able to cross racial
boundaries, many times as the first, to practice as a nurse where she was needed most and could have the greatest impact on the community. Let us honorably remember and celebrate Frances Reed Elliott Davis, recognizing her life’s work and leadership, the racial barriers she surmounted, and the multitude of people she positively impacted with her nurse’s heart, mind, and hands. She was a pioneer for nursing and a stellar American Red Cross nurse.

References:
American Red Cross (February 1, 2022). Black History Month: Honoring Frances Reed Elliott Davis. Red Cross Chat. https://redcrosschat.org/2022/02/01/black-history-month-honoring-frances-reed-elliott-davis/

Boundaries, many times as the first, to practice as a nurse where she was needed most and could have the greatest impact on the community. Let us honorably remember and celebrate Frances Reed Elliott Davis, recognizing her life’s work and leadership, the racial barriers she surmounted, and the multitude of people she positively impacted with her nurse’s heart, mind, and hands. She was a pioneer for nursing and a stellar American Red Cross nurse.

Save The Dates: Spring Webinar and Symposium, Plus Continuing Education on Exchange

Red Cross National Headquarters Volunteer Services Nursing and Health is sponsoring a Spring Continuing Education Series which kicks off in February and will conclude with a four-part Symposium in May. Each session is approved for 1.0 nursing continuing education contact hour approved through the California Board of Registered Nursing. Save the dates for:

Spring Continuing Education Series:

**Monthly Sessions**

- **February 23, 2022 (4:30 – 5:30 pm ET)** – *Meeting the Transfusion Needs of Patients with Sickle Cell Disease – It’s About More Than Blood* – [Session Link](https://example.com/session)
- **March 22, 2022 (3:00 – 4:00 pm ET)** – *Red Cross Intersections with the Social Determinants of Health and the Future of Nursing 2030 Report* – [Session Link](https://example.com/session)
- **April 6, 2022 (4:30 – 5:30 pm ET)** – *Vaccines and Immunizations for Red Cross Health Professionals* – [Session Link](https://example.com/session)

The sessions will be on Teams and will be recorded. Recording and contact hour links will be placed on the [Health Professional Community page](https://example.com/community) on The Exchange following each session. Contact hours will be available through July 31, 2022. For more questions or more information, email **RedCrossNurse@redcross.org**.

Red Cross Nurse Part of Rescue Mission in Mediterranean Sea

In late 2021, American Red Cross staff member Jenele Eli deployed on behalf of the International Federation of Red Cross and Red Crescent Societies (IFRC) to work alongside SOS MEDITERRANEE and help rescue people in distress from the waters of the central Mediterranean Sea. Joining Eli was Arja Savolainen, a midwife and Red Cross nurse from Finland who was responsible for providing psychosocial and medical support to both the crew and those rescued.

For many years now, lives have been needlessly lost on the long and treacherous Central Mediterranean route between Libya and Europe — the most dangerous migration route in the world. Last year more than 1,200 people are known to have died...
trying to flee desperation via small wooden boats or inflatable rafts. While these are the officially recorded numbers, it is believed that many more have perished at sea. During Eli’s deployment, the crew was able to rescue 314 people, some of whom were women and children. This is an ongoing effort in the Mediterranean.

**NURSE TELLS HER STORY** Red Cross nurse midwife Arja Savolainen was responsible for providing psychosocial and medical support to both the crew and those rescued. She said the mission touched her very deeply. Savolainen reported, “I have been on many missions — in refugee camps, disaster and earthquake areas, but it has never been this clear. To see the boat full of small children and mothers in very dangerous circumstances, in the middle of the night, in the dark. It’s so concrete.”

“I think how those we were able to save had to leave their homeland and family, all the important things. It hasn’t been an easy choice and maybe not even a choice at all,” she said. “I heard many stories of how they didn’t have other choices.”

Here is her story of her time as a Red Cross volunteer during this critical rescue mission:

“We typically patrol international waters outside of Libya because people leave Libyan shores in rubber boats with improper equipment. The SOS Mediterranée team searches for people in distress at sea and brings them to our bigger ship, where the Red Cross provides health care.

“I am a nurse and a midwife. As a nurse, I took care of all kinds of patients rescued at sea. I treated the flu, headaches, skin problems and pain after sitting for long periods in the rubber boats. They experienced very bad conditions in Libya. They needed emotional support after a very long, tiring and emotionally demanding trip. This was especially true for the women and children who traveled alone. Some of the women faced terrible situations.

“We monitored pregnant women, did post-labor monitoring, and gave health care to small children. There were also a few young babies on board. They were very tired and, understandably, very shocked. Some were crying. Some were in good condition if they had spent just a short time on the sea, but some of them spent days on the boats.

“Their clothes were wet and they may not have had a chance to use a toilet. Some hadn’t eaten. The children sensed their parent’s alarm and confusion. We had a lot of children who were around a year old and 5-12-year-old schoolchildren who were interested in what was going on, a lot of which we tried to prevent them from seeing. There was also a lot of extra monitoring work because of COVID-19.

“I met a Nigerian woman who had a child a little over a year old. It was just the two of them. She told me that her husband and two older children had stayed home. I wanted to ask how she had the courage to leave and take the baby with her but she didn’t talk about it so I didn’t ask. This mother was very aware, and she too very good care of the baby. Hopefully they have a future. I hope that the whole family meets one day together.”

**SHE WANTED TO HELP** When an influx of people fleeing war and persecution started entering Europe years ago, Savolainen started to think that something should be done for them. “I wanted to help because over the years the situation has become even more challenging,” she said. “Even more people are taking these dangerous routes to reach Europe.” She reported that many on the small boats have never
Most of the articles that appear in this blog describe the contributions of those who volunteer with the American Red Cross. More than 90 percent of Red Cross workers are volunteers, and without them the organization could not carry out its mission of caring for disaster victims.

Sadly, this article reports the passing of one of the most deeply committed volunteers in the Red Cross Northwest region — Joanne Kellie. A veteran nurse, Kellie was regional program lead for Red Cross Disaster Health Services (DHS).

Since she first volunteered at the Red Cross in 2018, Kellie had deployed to some very demanding disasters. When I interviewed her last summer, she had already responded to wildfires near Grand Coulee and Wenatchee, Washington and to a cooling center in Wenatchee.

The mission of the Red Cross goes beyond sheltering the victims of fires and floods and the like. There are also the health needs of those being sheltered to be considered. The job of tending to those medical needs falls to Disaster Health Services, staffed for the most part by medical professionals.

During our interview, I asked Kellie how DHS volunteers serve Red Cross clients. “We respond whenever there are health care needs, whatever the disaster,” she explained. A client might arrive at a shelter with a serious medical condition, but with all medications left behind at the disaster scene. The stress of fleeing a fire and being lodged in a shelter might worsen an existing health issue.

Once disaster victims have been brought to safety, a Red Cross intake worker will ask about health issues. “Do they have allergies we should know about, for instance,” Kellie explained. “Do they need oxygen? Did they have medications that were lost in the disaster? Once we know what they need, we can make a plan on how to provide it.”

Red Cross health workers can’t prescribe medications, but they can help get prescriptions filled. And they can help provide medical gear to replace what has been left behind. When clients are evacuated from a disaster scene, they must go with whatever they can grab. Not only are medications likely to be left behind, but so are eyeglasses, hearing aids and wheelchairs.

Often the client merely needs to be reminded when to take medication, but sometimes the need for on-scene care becomes urgent. Kellie said she had aided clients who arrived at a shelter seriously ill from cancer. “We have had clients who had strokes in the past,” she said. Clients with chronic medical conditions must be watched closely while under Red Cross care. Beyond tending to the physical needs of clients, DHS workers work with Red Cross mental health professionals.

There are also Red Cross disability integration specialists who provide whatever is needed to allow shelter residents to function as they did before the disaster. That could mean finding a replacement for a lost wheelchair to assist a client who otherwise would be bed-bound.

There are also the Red Cross workers staffing the
It was being able to help people when they needed help the most that kept her a committed Red Cross volunteer. When I interviewed her, she talked about her work earlier in the summer at the Wenatchee cooling center, opened during last June’s record heatwave. “Most of our clients at the cooling center were homeless, and they were so appreciative of all we did,” she said. “That’s what makes our work so worthwhile. We see so much gratitude from the people we help. It is that gratitude from clients that keeps us going.”

So, what brought Kellie to the Red Cross? “I was interested in helping others and I was very impressed with the Red Cross,” she explained. With the Red Cross, she could build on her first experience as a healthcare volunteer at a disaster scene. The 2004 Indian Ocean tsunami found her aiding victims on Sri Lanka in the Indian Ocean.

Kellie had an obvious hankering for adventure, and much of her career was spent in overseas postings. She spent more than six years at a Cleveland Clinic facility in Abu Dhabi. “My two children were born in Saudi Arabia,” she told me.

Full-fledged Disaster Health Services workers need to be medical professionals — doctors, nurses, nurse practitioners and physician assistants, trained paramedics, and emergency medical technicians. But there is also a need for ancillary care volunteers — not licensed professionals, but certified as having healthcare skills.

If you have the requisite requirements, and if the Joanne Kellie story inspires you to serve, you can volunteer for Red Cross Disaster Health Services. Go to redcross.org/volunteertoday to learn how to put those skills to good use — not only in the Red Cross Northwest Region, but anywhere in the world where disaster victims need medical help.

Red Cross Nurses, Then and Now: We’ve Come a Long Way

Historic American Red Cross posters from the Library of Congress, https://www.loc.gov/

Current American Red Cross Nursing and Health pages at www.redcross.org/nursing. Also, in case you missed it earlier and prefer fine print: Volunteer!
Supporting the Red Cross

There’s no substitute for an up-to-date Will to make certain your estate is distributed exactly as you wish. However, by Designating the American Red Cross as a beneficiary of certain financial accounts or assets you own, you can make a gift to support the Red Cross without making changes to your Will.

A “beneficiary designation” is one of the simplest ways to make a gift to a qualified charity. It’s usually as easy as filling out a form. A beneficiary designation is flexible and can be changed at any time. You may name a charity as the sole beneficiary of your account or as one of several beneficiaries.

Following are accounts and assets you could consider Designating for the American Red Cross:

Retirement accounts: These include IRAs and most other “Qualified Retirement Plans” such as 401(k) and 403(b) plans. Your plan administrator will provide you with a beneficiary form you can use to designate the American Red Cross to receive either a percentage of your retirement assets or a specific dollar amount at the end of your lifetime. Since these assets are subject to income and possibly estate taxes at death, funds in your retirement plan may be the most tax-advantageous gift you can make.

Life insurance policies: By completing a simple beneficiary change form from your insurance company you may designate the American Red Cross to receive all or a portion of the death benefit from your life insurance policy.

Bank account: You can instruct your bank to pay to the American Red Cross all or a portion of what remains in your checking or savings account at the end of your lifetime. Your bank will provide you with the appropriate forms.

Investment account: You can instruct your investment company to transfer to the American Red Cross some or all the investments remaining in your account at the end of your lifetime. Your broker or agent can help you with the process for doing this.

Your gift to the Red Cross will help support the humanitarian mission. For more information on how to make a planned gift please contact Gift Planning Officer, Candace Roosevelt at 617-306-3875 or Candace.roosevelt@redcross.org.

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!

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