Happy Nurses Month! I am extremely grateful to all Red Cross Nurses. You quickly adapted to the challenges brought by the COVID-19 pandemic—through safe practices for blood drives and congregate shelters, delivering virtual training, ensuring that client needs were met, and recruiting new volunteers to donate blood, support blood drives and respond to disasters. You reached out to Red Crossers during difficult times to let them know that you care. Along with your colleagues, you provided resilience training virtually to promote wellbeing.

When nursing students were not able to access clinical sites due to the pandemic, you helped engage students in the Red Cross mission through Academic Service-Learning. Students and faculty encouraged blood donation and organized virtual blood drives, provided case management for Service to the Armed Forces and supported local disaster responses.

You worked long hours and found meaningful ways to show care and provide services when you could not meet with a client face-to-face. You helped colleagues and clients understand the importance of wearing masks, social distancing and handwashing to promote health and safety.

As nurses, you understand the importance of making decisions based on evidence. You helped, and continue to help, individuals access information to make informed decisions about COVID-19 vaccination. You advocate for individuals who need assistance due to inequities.

Nurses do not work alone. We are privileged to work with colleagues who have expertise in many different areas and we continue to learn how to better support individuals in need. I am incredibly grateful to partners who work with the Red Cross to serve communities.

We experienced loss and hardship. Managing family needs during school and community site closures, limited opportunities to travel or visit with friends and family have taken their toll. We mourn those who have passed during the pandemic. Our hearts break for lives lost senselessly due to racial violence.

I continue to ask how I can be better and do more to promote healing. I was recently reminded by a wise nurse that we can only care for others as much as we care for ourselves. During Nurses Month I encourage you to care for your whole self. One simple but effective technique is HeartMath’s Quick Coherence® Technique:

**Step 1: Focus your attention in the area of the heart. Imagine your breath is flowing in and out of your heart or chest area, breathing a little slower and deeper than usual.**

**Step 2: Make a sincere attempt to experience a regenerative feeling such as honor or appreciation or care for someone or something in your life.**

Thank you for your wise and caring hearts. Thank you for your dedication and service. Thank you for exemplifying “people first, mission always.” I wish you peace, joy and grace as you celebrate National Nurses Month.
Nurses’ Month Symposium in Four Parts
Nursing and Health leaders are sponsoring a four-part Symposium for all Red Cross Nurses and interested colleagues. The Symposium will take place each Tuesday in May from 3:00 to 4:00 p.m. ET and will highlight nurses serving in each of the Red Cross lines of service. Continuing education will be offered for Red Cross nurses. Feel free to share this information. Please reach out to volunteerresources@redcross.org with questions or for links to the events (also on the Exchange).

COVID-19: How the Red Cross is Helping
Since the onset of the global pandemic a little over a year ago, the American Red Cross is still providing the same support we always have in spite of COVID-19. Our teams are doing everything we can to keep people safe and healthy during this pandemic.

The Red Cross remains focused on the safety and wellbeing of our employees, volunteers, blood donors and recipients, partners and the people we serve. New safety protocols are in place across all operations including face mask requirements, facility temperature screenings, social distancing measures and enhanced cleaning practices.

VACCINATION SUPPORT As COVID-19 vaccination efforts continue, the Red Cross is supporting local communities across the country in their work when requested. Depending on the circumstances, our support may include helping to set up vaccination sites, collecting information from people being vaccinated, and providing water and snacks for medical staff and people waiting to be vaccinated.

As of May 4, the Red Cross has activated 159 vaccine support missions across 33 states. Red Cross volunteers who are medical professionals may also be working with local authorities to help give vaccinations if their state licenses permit them to do so. The Red Cross is also helping to vaccinate U.S. service members on bases around the globe and is active in U.S. veterans’ hospitals.

SUPPORT FOR LOVED ONES More than 578,000 people in the U.S. have lost their lives thus far due to the coronavirus pandemic. Each of these tragic losses leaves behind loved ones who are grieving, and the Red Cross has developed its Virtual Family Assistance Center (VFAC) to support them. Since program began last May, the Red Cross has received an average of about 200 calls each month.

People can visit the Virtual Family Assistance Center (VFAC) and find a support hub for those struggling with loss and grief due to the pandemic. A virtual team of trained volunteers:

- Work with federal, state and local partners to identify available services and identify gaps in needed services
- Offer condolence calls and help families access appropriate services
- Provide resources and support for virtual memorial services for families and the local faith-based community
- Conduct Psychological First Aid and Coping In Today’s World training to foster resilience and facilitate coping skills

RED CROSS LINES OF SERVICE: DISASTER CYCLE SERVICES The Red Cross continues to provide support for those devastated by disasters, although our service delivery at times looks different. Starting in spring 2020, the Red Cross began prioritizing hotel rooms over large, group shelters for those displaced by emergencies.
Meals were left outside hotel rooms or provided at locations where community members could safely pick up food. Volunteers worked both on the ground and virtually to connect families with support and resources to aid their recovery efforts. Despite the pandemic, the Red Cross and our partners provided more than 1.3 million overnight stays in emergency lodging during 2020, more than in any of the previous ten years.

BIOMEDICAL SERVICES Early in the pandemic, the Red Cross experienced a record number of blood drive cancellations as businesses and organizations closed or restricted public access. The Red Cross worked closely with government partners to ensure that blood donations remained classified as an essential service, allowing critical blood collections to continue. This coordinated effort, combined with new blood drive partnerships and the generosity of volunteer blood donors, helped the Red Cross overcome a severe blood shortage in March 2020. We are supplying blood products for patients in need of transfusions, including trauma victims and those who need surgery or cancer treatments.

TRAINING SERVICES The Red Cross continues to provide lifesaving training during this critical time. Essential courses have been modified to include social distancing, face masks, virtual training and certification extensions. Online courses include new COVID-19 training for safe work practices and psychological first aid. We’ve also provided responder guidance for companies and hospitals to adjust their training during COVID-19 to maintain their ability to save lives.

SERVICE TO THE ARMED FORCES Red Cross teams are providing relief and helping to vaccinate U.S. service members on military installations, in treatment facilities and in veterans’ hospitals in the U.S. and around the world. Volunteers supported military and veteran hospital staff, assisted the military overseas to help map and contain the spread of COVID-19, provided online stress-relieving virtual workshops for military families and caregivers and distributed $6.7 million in emergency financial assistance to nearly 5,000 military families on behalf of the Military Aid Societies. There has also been an increase in emergency messages between deployed service members and loved ones at home. Red Crossers also sewed more than 120,000 face coverings that were distributed to military and veteran communities.

INTERNATIONAL SERVICES Just as the American Red Cross fights COVID-19 in the U.S., our teams also battle the virus around the world. The American Red Cross has deployed nine disaster responders in a remote capacity and contributed more than $11.2 million to the global fight against the coronavirus. The funds are being used for health and hygiene promotion, case detection, surveillance and contact tracing, among other activities. Livelihood projects funded by the Red Cross have pivoted from making clothing to sewing masks.

DON’T LET YOUR GUARD DOWN According to government figures, as many as 148 million people have received at least one dose of a COVID-19 vaccine and more than 107.3 million have been fully vaccinated in the U.S., but officials are seeing an increase in cases of the coronavirus and urge everyone to stay the course.

PLEASE CONTINUE TO
- Wear your mask;
- Social distance;
- Avoid crowds and poorly ventilated spaces.

Measles and Rubella Initiative Educational Presentation
For a glimpse of International Services’ latest efforts to ensure children all over the world can get vaccinated, check out the 30-minute Measles & Rubella Initiative educational presentation, brought to you through the collaboration of the American Red Cross Measles & Rubella Initiative and Red Cross nurses.
COVID-19 Pandemic: Steps to Help Cope

More than 576,000 people have died from COVID-19 in this country since the pandemic began and as many as 32,448,000 have become infected. As efforts to vaccinate everyone continue, officials are seeing an increase in cases of the coronavirus and urge everyone to stay the course.

STRESSFUL TIMES The pandemic has been particularly stressful for everyone. Millions of people are still out of work, masks have become the norm and we have all learned how to social distance.

All of this can lead to strong emotions and anxiety. For instance, social distancing and staying home can make you feel lonely and isolated. Your financial situation or loss of employment can lead to fear and worry. Many of us are concerned about our own health and that of our loved ones.

Being exposed to the virus can lead to its own set of problems. Having COVID-19 is stressful as is the monitoring that goes with it. It is stressful to be separated from others and you may be frustrated because friends or loved ones are afraid you will give the virus to them. You may worry about being re-infected or feel guilty about not working or taking care of your children.

Homeschooling your children is yet another stress factor during the pandemic. Parents try to work from home and still see to their youngster’s education. Children are upset that they can’t see their friends or engage in their extracurricular activities.

During these worrisome days, the Red Cross has information people can use to cope with the pandemic.

STEPS TO HELP COPE People may be experiencing many different emotions like fear, anger, sadness, confusion and disbelief. These are all normal feelings in this type of situation. Their reactions appear in different ways, not only in the way they feel, but in the way they think and what they think about; their sleeping habits; how they go about daily living; and the way they interact and get along with others. Here are a few steps to help people cope:

- Stay informed through trusted resources like the Centers for Disease Control and Prevention (CDC).
- Take breaks from watching, reading, or listening to news stories, including those on social media. Hearing about the pandemic repeatedly can be upsetting.
- Maintain social connections through phone calls or video chats to feel less isolated.
- Take care of your emotional health.
- Call your healthcare provider if stress gets in the way of your daily activities for several days in a row. Free and confidential resources can also help you or a loved one connect with a skilled, trained counselor in your area.
- Take care of yourself. Eat healthy, drink plenty of water and get enough rest.
- Be patient with yourself and others. It’s common to have any number of temporary stress reactions such as fear, anger, frustration and anxiety.
- Encourage children to express their feelings and thoughts. Reassure them about their safety.
- Relax your body often by doing things that work for you—take deep breaths, stretch, meditate or pray, or engage in activities you enjoy.
- Pace yourself between stressful activities and do something fun after a hard task.

If you find yourself or a loved one experiencing some of the feelings and reactions listed below for two weeks or longer, this may be a sign that you need to reach out for additional assistance.

- Crying spells or bursts of anger
- Difficulty eating
- Difficulty sleeping
- Losing interest in things
- Increased physical symptoms such as headaches or stomachaches
- Fatigue
- Feeling guilty, helpless or hopeless
- Avoiding family and friends

If you are feeling overwhelmed with emotions such as sadness, depression, anxiety, or feel like you want to harm yourself or someone else, call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).
COVID-19 Questions and Answers

DONATING BLOOD

Q: If I receive a COVID-19 vaccine, am I eligible to give blood?
A: According to the eligibility guidelines by the Food and Drug Administration (FDA), it is critical that potential donors know the name of the manufacturer of the vaccine they received. In most cases, there is no deferral time for individuals who received a COVID-19 vaccine as long as they are symptom free and feeling well at the time of donation. The following eligibility guidelines apply to each COVID-19 vaccine received, including the second dose administration:

- There is no deferral time for eligible blood donors who are vaccinated with a COVID-19 vaccine manufactured by AstraZeneca, Janssen/J&J, Moderna, Novavax or Pfizer.
- Eligible blood donors who received a live attenuated COVID-19 vaccine or do not know what type of COVID-19 vaccine they received must wait two weeks before giving blood.

Q: How long should an individual wait to give blood if they experience symptoms (fever, body aches, etc.) from the COVID-19 vaccine?
A: The Red Cross only collects blood from individuals who are healthy and feeling well at the time of donation. If an individual is experiencing any symptoms from the COVID-19 vaccine, the Red Cross asks that they postpone their donation until they are feeling better.

Q: Does giving blood after receiving a COVID-19 vaccine reduce a donor’s protection from the virus?
A: Donating blood after receiving a COVID-19 vaccine does not reduce a donor’s protection from the virus. Similar to other vaccines such as measles, mumps or influenza, the COVID-19 vaccine is designed to generate an immune response to help protect an individual from illness. A donor’s immune response is not impacted by giving blood.

Q: If an individual didn’t receive an FDA authorized COVID-19 vaccination, are they eligible to donate?
A: An individual’s blood donation eligibility is based on the type of vaccine they received. If they were vaccinated with a non-replicating, inactivated or RNA based COVID-19 vaccine and have no symptoms there is no waiting period to donate blood. However, if the vaccine was a live attenuated COVID-19 vaccine or the individual does not know what kind of vaccine it was, they must wait two weeks before giving blood.

Q: How can I find a location to get a COVID-19 vaccine?
A: To get a COVID-19 vaccine, there are several places you can look for vaccination providers near you:

- Visit VaccineFinder.org to find vaccination providers near you. In some states, information may be limited while more vaccination providers and pharmacies are being added.
- Check your local pharmacy’s website to see if vaccine appointments are available. To find out which pharmacies are participating in the Federal Retail Pharmacy Program visit the Centers for Disease Control and Prevention (CDC) Federal Retail Pharmacy Program website.
- Contact your state health department to find additional vaccination locations in the area.
- Check your local news outlets, they may also have information on how to get a vaccine.

Q: Are there things I shouldn’t do before I go to get my vaccine?
A: DO NOT take over-the-counter medicine, such as ibuprofen, aspirin or acetaminophen, before vaccination to prevent vaccine-related side effects. DO NOT take antihistamines before getting a COVID-19 vaccine to try to prevent allergic reactions. If you take these medications regularly for other reasons, you should keep taking them before you get vaccinated. After getting vaccinated you can take over-the-counter medicine, such as ibuprofen, acetaminophen, aspirin, or antihistamines, for any pain and discomfort you may experience.
The American Red Cross depends on its more than 300,000 volunteers who give their time to support the organization’s lifesaving mission. These selfless men and women make up more than 90 percent of our workforce. Without them, we couldn’t help those who need our comfort and assistance.

These heroes help staff blood drives, volunteer at veterans’ hospitals, teach people lifesaving skills such as First Aid and CPR, respond to large disasters and tens of thousands of home fires, and so much more.

Volunteers enable the Red Cross to respond to an average of more than 60,000 disasters every year. They help train more than 4.5 million people in Red Cross lifesaving skills; help provide more than 513,000 services to military members, veterans and their families; and reconnect more than 11,000 families separated by war or disaster around the world. In addition, as many as 2.6 million volunteer donors give blood every year.

Please consider becoming a Red Cross volunteer to help families in need. Visit redcross.org/VolunteerToday to learn more, including about our most-needed volunteer positions:

- **Blood donor ambassadors and transportation specialists**: Blood donations are essential to the health of our communities, and blood donor ambassadors serve a vital role in this work by welcoming visitors and taking their temperatures before entering Red Cross facilities and blood drives. Visitors could include potential blood donors, people seeking help, training course participants, and Red Cross employees and volunteers. We also have a high priority need for transportation specialists to help deliver blood from our facilities to local hospitals.

- **Disaster Action Team**: Each day, people are forced from their homes due to fires, storms and other disasters. Join the team that responds to more than 60,000 emergencies every year — the vast majority of which are home fires. Our volunteers help families with their immediate needs, ensuring they don’t face tough times alone. If you are team-oriented and want to make a difference, please consider joining the Disaster Action Team and apply now. We supply all the training you need.

- **Volunteer from home (other virtual positions)**: Help from the comfort of your own home through a wide range of virtual opportunities. Learn more.

**Q: How long after I get my vaccine until I am considered fully vaccinated?**

A: You are considered fully vaccinated two weeks after your second shot of the Pfizer-BioNtech or Moderna COVID-19 vaccine, or two weeks after the single-dose J&J/Janssen COVID-19 vaccine.

**Q: Now that I am vaccinated, what should I do?**

A: After you’ve been fully vaccinated against COVID-19, you should keep taking precautions in public places like wearing a mask, staying 6 feet apart from others, avoiding crowds and poorly ventilated spaces, and washing your hands often. You may be able to start doing some things that you had stopped doing because of the pandemic. Learn more about what you can do when you have been fully vaccinated. If you travel, follow all CDC recommendations before, during and after travel.

**Q: I am now fully vaccinated. What does this mean I can now do?**

A: The latest information from the CDC is available here.

**MASKS**

**Q: Do I need to wear a mask at a Red Cross blood drive?**

A: In alignment with CDC guidelines, the Red Cross continues to require face masks to be worn by both donors and staff at donation centers and blood drives.

**Q: Do I need to wear a mask if I travel?**

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In her twentieth year serving our country as a United States Navy Lieutenant Commander, Reynalda McBee, MBA, BSN, RN, CSSM, CPPS, CNOR chose to extend her service to others by becoming a Red Cross volunteer. That occurred in August of 2020. McBee says she was drawn to the Red Cross because of the value placed on unity and neutrality. The humanity displayed by Red Crossers to their clients and each other also appeals to McBee. She believes that with its seven roots at Naval Hospital Bremerton, Washington.

As a Navy nurse, McBee chose to specialize in surgery. In 2007, she applied for and was asked to attend a highly selective and intense surgical nurse training program in which she learned all aspects of surgical patient care, including pre-operative patient evaluation, circulating, scrubbing, sterilization and post-anesthesia patient recovery. The operating room has remained her area of nursing practice to the current day. But the operating room has not been McBee’s only focus as a Navy nurse. An avid advocate for patient safety and quality care, she became a Certified Professional in Patient Safety (CPPS), a Lean Six Sigma Green Belt, a Master Trainer in TeamSTEPPS, and a Certified Surgical Services Manager (CSSM). She has successfully used these credentials to improve teamwork, systems, processes, patient safety and quality. Leveraging her interest in staff advocacy and wellness, McBee served as program coordinator for Naval Combat Operational Stress Control with a focus on stress induced illness and as a sexual assault forensic nurse examiner.

Just as McBee has been stationed both nationally and internationally, she has also been deployed throughout the world for months at a time. Her deployments took her to: Camp Arifjan, Kuwait, in support of Operation Iraqi Freedom and Operation
Enduring Freedom; the USS Boxer for three months to provide humanitarian assistance to Latin America; the USS Kearsarge for four months for disaster relief to Haiti; the Amphibious Ready Group including the USS New Orleans, USS Harpers Ferry, and USS Boxer in a West Pacific Operational Rotation; and the USNS Mercy for six months for a humanitarian mission as part of the “Pacific Partnership.” While she was serving in Haiti, McBee had the opportunity to see Red Cross operations up close, was impressed and determined that one day she would join the organization as a volunteer. The opportunity came in August last year when she signed on as a general volunteer. Several months later, she stepped into the regional nurse leader position for the Northwest Region.

As a regional nurse leader, McBee partners with her regional volunteer services officer to recruit, engage, and recognize nurses and other health professionals in her region. During the pandemic, she has been active with the Service to the Armed Forces staff in her region to assist with their programming, because many local volunteers stopped volunteering due to COVID, leaving a void in the region. When she is not serving her country or volunteering in her community and region, McBee enjoys spending time with her husband, her loyal four-legged canine companion, and gardening. During National Nurses month, let’s salute Lieutenant Commander Reynalda McBee and all of the nurses who have served our country and its residents in so many different and selfless ways this past year.

**Emory Nursing Students ASL Clinical Experience with Service to the Armed Forces**

During an Academic Service-Learning (ASL) clinical class at Emory University School of Nursing, undergraduate nursing students overseen by Lisa Raman, DNP, RN, M Ed., N-Ed., LOC had a unique opportunity to work as case workers with military families. Students worked under the direction of Maria Najils, the Regional Program Manager of the Service to the Armed Forces (SAF) and International Services of the American Red Cross of Georgia. The SAF program provides vital service to veterans, those who are currently enlisted in the military and their families. These services include emergency communication messages (ECM), financial assistance, disaster response and suicide intervention.

When a case is assigned to an SAF caseworker, the bulk of the work has been completed. Students follow up with the client on the service they requested, verify the service was completed, ask and address needs if any further service is required and then close the case. The students were trained to ensure service members had been in contact with their loved ones and to provide a needs assessment or other requested assistance. The troops and their families told the students how much it meant to them to know through these interactions that people were looking out for them, especially during the exceptional challenges posed by the COVID pandemic.

Maria Najils expressed to Dr. Raman that she truly enjoyed working with the students. She added, “We were grateful for the support of Emory’s future nurses in delivering critical Red Cross services to military families state-wide. Their compassion for people in need and desire to provide helpful resources made a difference in hundreds of lives.”

Three students shared their perspectives about working with military families. Despite the outcomes not always being happy ones, the students felt that their efforts made a positive impact on the community, and they personally benefitted from the opportunity to help others through their efforts.

Kiara Hibbler, BSN student, reflected on her experience, “As simple as this may sound, I found that no two cases were alike....

There was a particular follow-up that I had with a service member whose father was terminally ill in the hospital. The service member wanted to visit his father before his father died. Unfortunately, [another family member] refused to allow the father’s sons to visit him. Until this interaction, I never saw an issue with the medical power of

![LCDR McBee volunteering in Washington](image-url)
attorney policy. The American Red Cross repeatedly attempted to get permission from the [family member/POA], but [the person] continuously refused and the Red Cross had limited influence. I chose to follow up on the case to tell the service member the unfortunate news and expressed my condolences. The service member was distraught and angry at the [family member] for keeping the service member and his brother away from their father. In a stroke of luck, the service member received a call from [another member of his family] before I closed the case. I believe that, in the end, that [family member] was able to help him get the permission he needed to go home to see his father before he passed away.” This experience has broadened Kiara’s knowledge about end of life legal and ethical issues and will help her personally and professionally.

Kayla Coque, BSN student, reflected, “I feel that I was able to make an impact for many service members and their families. Not only are they having to go through the hardships of this pandemic, but they also have had to go through other hardships. I am proud to have participated in such an amazing program, so that I can extend a helping hand to them.”

Kayla also shared the following story: “Throughout my time in the program, I have had many touching experiences. One that really moved me involved a service member’s wife. The service member’s [family] had contacted the service member and requested his return, because his pregnant wife was in the hospital in critical condition. He received the message. When I made my call, I asked if the service member was able to return home and if they needed any other assistance from the Red Cross. His [family member] politely declined any assistance and stated that the husband was able to come home and stand by his wife’s bedside. [The family member] sadly reported that his wife passed away, but was very thankful that her husband was able to be at her side. With a shaky and emotional voice, [the family member] ended the call by thanking me many times for the work that we are doing, and the help that we are providing the families and the service members.”

Karla Lima, BSN student, beautifully and succinctly closed the reflective moment by saying, “This was a great learning experience in many different ways. I learned how to address delicate matters and how to be more empathetic. I know that these new skills will be fundamental for my nursing career, as they will help me build a trusting connection with my patients. With SAF we were helping families, one call at a time, providing relief and comfort during the times they needed it the most.”

The Emory School of Nursing community and public health clinical team, led by Quyen Phan, DNP, APRN, FNP-BC continues to nurture the relationship with the Red Cross and SAF and looks forward to helping more families through ASL, while simultaneously nurturing the development of our nursing students. After all, that is what community is all about.

**Red Cross ASL School Partnerships Can Help Students, Communities**

Molly Dalton

The American Red Cross is partnering with colleges and universities through Academic Service-Learning (ASL) programs that combine curriculum-based learning with students giving meaningful service to the community.

Colleges and universities partner with the Red Cross to foster an environment where students learn about themselves and their communities by taking action through service. While providing volunteer service in their communities, students improve their academic skills by applying what they learn in school to the real world.

ASL is a common requirement in nursing and public health curricula; however, students of any discipline can engage in and benefit from ASL. At the Red Cross, ASL relationships are led by the Office of the Chief Nurse, but students from all disciplines are welcome. For instance, Human Resources students can assist their local Red Cross chapter with organizing welcome/informational sessions for new volunteers. Marketing and Journalism students can participate in volunteer recognition events and write articles for the chapter’s website. Education majors can participate in the Red Cross Pillowcase Project, leading preparedness education workshops in local elementary schools.
American Red Cross National Nursing Committee Page 10

“Academic Service-Learning benefits all involved,” said Linda MacIntyre, Chief Nurse for the American Red Cross. “Students receive course/program credit while serving communities. Academic institutions can offer continued meaningful opportunities for their students through partnering with the Red Cross. ASL volunteers help the Red Cross achieve its mission. Most importantly, communities benefit from ASL volunteer engagement.”

ASL can be implemented in any region of the country, either in person or virtually. Faculty or the academic institution contacts the Red Cross to determine if Red Cross activities meet service or course requirements. While the Red Cross does not require an affiliation agreement, many academic institutions do.

If you are a faculty member or administrator of a college or university and are interested in partnering with the Red Cross to provide ASL opportunities for your students, please email us at RedCrossNurse@redcross.org.

For more information, visit our website.

The Future of Nursing 2020-2030: Report Release Webinar on May 11, 2021

The National Academy of Medicine is hosting a webinar on May 11, 2021 at 3:00 p.m. ET to discuss findings and recommendations from *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*.

Nurses play a key role in the health of Americans. Tapping into their unique combination of skills, knowledge and dedication constitutes an important opportunity to address health inequities and improve health and well-being for all. This long-awaited report will explore how nurses can work over the next decade to reduce health disparities and promote equity, while keeping costs at bay, utilizing technology and maintaining patient and family-focused care.


Registration for the event is through the National Academy of Medicine’s [web site](#).

Honoring Clara Barton and Jane Delano During Nurses Month

The American Red Cross and professional nursing, as we define it today, established roots in America in the late 19th century. In honor of Nurse’s Month, let us examine the nurse role of two prominent figures in the American Red Cross, Clara Barton and Jane Delano, within the context of the evolution of professional nursing in America.

Clara Barton as a Nurse

The [American Red Cross](#) describes its founder, Clara Barton, as having initially gained public renown as an “amateur nurse who provided aid to soldiers during the Civil War.” Referring to Barton as a nurse is appropriate for this time as the term “nurse” was not yet a protected, professional title.

Women throughout the 18th and 19th centuries were expected to assume the role of nurse as a practical necessity for the family’s survival. A woman supported her family’s health with the nursing and medical knowledge she acquired through oral sharing, family recipe books, and mere exposure and experience. Some women who committed themselves to gain advanced knowledge and skill in nursing were considered expert nurses by their community. The expert nurses were called upon when the care required moved beyond the domestic medicine and nursing knowledge and skill known to the women in the household.

During this time, the task performed often defined the use of the title “nurse.” Barton participated and organized volunteers to operate field hospitals and care for soldiers, care for civilians suffering from a severe yellow fever outbreak, provide supplies, food and hope for people surviving disasters such as wars, floods and hurricanes, and founded and led the American Red Cross for 23 years. These actions,
grounded in her leadership ability and her compassionate desire to care for others and help others care for themselves by providing them what they needed, reflected the actions, qualities and characteristics of a nurse. Barton’s benevolent concern for others in society was also a reflection of the changing role of women during her time.

The American Industrial Revolution and the resultant development of urban cities shifted the role of women in American culture from one strictly within the domestic sphere to one involving the public sphere. The Civil War provided women from middle and upper socioeconomic levels who were focused on benevolence and moral reform of American society an opportunity to expand the organization and systematization of reform and relief. They provided supplies to the army, trained and sent nurses to the frontlines, and established local and regional centers. The United States Sanitary Commission, a private relief agency, was also established at this time through the efforts of benevolent workers. During the Civil War, Barton provided food, clothing and supplies to sick and wounded soldiers on behalf of the United States Sanitary Commission yet was never formally affiliated with this or another group at that time.

Transition to Nursing as a Profession in America

Medicine transformed into a learned profession in the 19th century, claiming authority over medical care and nurses’ work within public hospitals. The learned male physicians and their medical students, accompanied by untrained nurses, provided the care in many public hospitals. The benevolent women of New York, prompted by their concern for the sick and poor within their community, established the New York State Charities Aid Association. They developed a system of visitation to state-aided charitable institutions to ensure the public institutions were administered well and provided good services. This included visitation to the public hospitals, to ensure they were providing good care to the community’s sick and poor.

The women assigned by the Association to visit the Bellevue Hospital in New York discovered filthy and inhumane conditions resulting in poor patient outcomes despite the excellent medical care provided. Through their benevolent work during the Civil War, the Association women gained knowledge of Florence Nightingale’s nursing success in the Crimean War and witnessed the success of the women trained and sent to nurse Civil War soldiers. Their exposure and experience with trained nurses influenced the Association’s determination that there was only one solution to improve hospital conditions and patient outcomes. They wanted to establish a nurse training school to supply trained nurses to care for the patients alongside the physicians. After difficult negotiations with the male physicians and raising funds so the school could be financially independent of the hospital and city, the Bellevue Training School for Nurses opened on May 1, 1873. It was one of the three Nightingale-modeled training schools that opened in the U.S. that year. The students supervised by the trained nurse superintendent of the training school improved the conditions of the hospital, patient care and patient outcomes as anticipated.

Hospital training schools were established across America and became the educational pathway to become a trained nurse. The trained nurse eventually became the registered nurse and the training schools evolved into the quality hospital-based diploma programs that served as the most prominent educational pathway to become a registered nurse until the mid-20th century. It is important to note that it was not easy to establish nursing education quality standards within the schools and a system of registration for the trained nurses, to protect the professional title “nurse” and to professionalize the nurse role.

Professionalization efforts of nurse leaders at the turn of the 20th century were challenged by physicians and hospital administrators, who gained control of the hospital schools and exploited the students’ nursing labor. In addition to the
opposition posed by hospital leadership, untrained and under-trained nurses also challenged nurse leaders’ efforts, for they competed with trained nurses for private-duty nursing work and wanted to maintain their identity as nurses. Despite these challenges, nurse leaders like Jane Delano worked consistently to provide quality nursing care by educated nurses to those in need.

Jane Delano the Trained Nurse
The congressional charters of 1900 and 1905 formalized the role of the American Red Cross in wartime and peacetime to include carrying out specific national society responsibilities under Geneva Conventions, providing relief to disaster victims, and providing services to the United States Armed Forces. The National Committee on Red Cross Nursing Service was created in response to the latter responsibility. Jane Delano, a trained nurse who graduated from the Bellevue Training School for Nurses in 1886, was appointed as the Red Cross Nursing Service chair in 1909.

Delano first encountered the American Red Cross in 1888 when she served as nurse superintendent of a Jacksonville, Florida hospital treating patients during the yellow fever epidemic. She later cared for typhoid fever patients at a copper mine in Bisbee, Arizona for 3 years. It was there that she recognized the important need for health education and social services for rural communities. She began her association with the American Red Cross in 1898 by becoming a member of the New York Chapter, and served as secretary for the enrollment of nurses. She served as superintendent of nurses at the University of Pennsylvania in Philadelphia for a short while before returning to Bellevue Hospital in 1902 as superintendent of the nursing school. She was appointed as both the superintendent of the Army Nurse Corps and chair of the Red Cross Nursing Service in 1909.

Delano created the plan for the first volunteer nursing unit, or the American Red Cross nurses’ reserve, preparing for nursing service with the military in wartime. In 1912, she resigned as superintendent of the Army Nurse Corps so she could volunteer full-time for the Red Cross Nursing Service to increase recruitment and enrollment of trained nurses with a minimum of three years’ hospital education. This education requirement aligned with nurse leaders’ desired educational standards in their professionalization efforts for the role and title “registered nurse.” Delano’s efforts yielded more than 8,000 nurses immediately available for duty when the United States entered World War I in 1917. Tens of thousands of reserve nurses served in wartime before the American Red Cross recruitment efforts for the reserve ended in 1947 when the Army and Navy Nurse Corps became a permanent part of the Armed Forces.

Delano co-authored a textbook and developed educational programs in home nursing and first aid. She also prepared courses for the training of nurses’ aides, who later became instrumental in assisting nurses in wartime and in peacetime. The American Red Cross Nurses Assistant training program continues today.

Delano also established the Red Cross Town and Country Nursing Service for nurses to deliver health care to medically underserved, rural communities.

In 1918, the Town and Country Nursing Service became the American National Red Cross Public
Health Nursing Service and is now deemed a successful contribution to the nation’s health care system. Delano’s recognition of the need and her efforts to provide education and health care to rural communities with well-educated, trained nurses aligned with the public health nursing movement of this time.

College courses for graduates of training schools and eventually, baccalaureate nursing programs were developed, in part, to meet the educational needs for the public health nurse role. Public health nurses needed an expanded, liberal studies education to understand civic problems and use community resources to effectively organize, teach and work with diverse individuals and groups. Delano’s desired educational level for the Red Cross nurse, her focus on providing care and education to the community, and her forward vision to train

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