



**American  
Red Cross**

# Nursing Matters Past and Present

American Red Cross National Nursing Committee

31st Edition  
Summer 2018

## Chief Nurse Initiatives for FY2019

Linda MacIntyre, PhD, RN



Health professionals are a vital part of the American Red Cross [mission](#). According to the Centers for Disease Control and Prevention, “Healthcare is the fastest-growing sector of the U.S. economy, employing over 18 million

workers.” ([CDC, 2018](#)) Health professionals share their expertise throughout the Red Cross, in every business line (Biomedical Services, Disaster Cycle Services, International Services, Preparedness, Health and Safety Services and Service to the Armed Forces).

The Nursing and Health unit is led by the chief nurse and sits in Volunteer Services, National Headquarters. Its purpose is to engage nurses and other health professionals enterprise wide, support volunteerism across the lifespan, and promote health and resilience within our communities. The Nursing and Health unit is comprised of senior nurse consultants, the National Nursing Committee, led by Carmen Kynard, DNP, APRN, FNP-BC, MBA, MEd, PMHRN-BC and the National Nursing Network, led by Donna Dorsey, MS, RN, FAAN. All Red Cross nurses are part of the Nursing Network. Nursing and Health leaders include nurses and other professionals who share their expertise to better leverage health professionals to meet the Red Cross mission.

The Chief Nurse Initiatives outline priorities for Red Cross health professionals across the organization. Senior leaders in each Red Cross business line identified their priorities for health professionals to support goals and metrics for the fiscal year (July 1- June 30).

Nursing Network Regional Nurse Leaders (RNLs) assist regions to integrate health professionals across all business lines of service. This year we will

increase efforts to recruit and engage health professionals across the organization to better serve communities. Filling open RNL positions is critical for success. Approximately one third of RNL positions are currently filled. By the end of FY19, this will be a mandatory position on Regional Volunteer Services teams.

Partnerships address mutual goals for the benefit of individuals, families and communities. We will continue to strengthen partnerships and will conduct the seventh Annual Nursing and Health Leader Diversity Survey. The survey addresses diversity of background and expertise of National Nursing and Health Leaders. Studies have shown that when health professionals represent the communities they serve, there are better health outcomes ([Thomas, 2014](#)).

Training will be provided for Volunteer Services staff on leveraging Nursing and Health to meet organizational needs in each division either virtually or in person by the end of June. We will also provide training for Nursing Network, Disaster Health and Mental Health leaders to increase collaboration and promote One Red Cross by the end of June.

Volunteers comprise 90% of the Red Cross workforce. We will promote workforce well-being through National Nursing Committee work and develop a toolkit by the end of June. Workforce well-being is an essential part of the Red Cross goal to be the organization of choice for volunteers.

Recognition of outstanding nurses and projects to promote nurse and nursing student engagement will continue through the Susan Hassmiller Nursing Award, the Ann Magnussen Nursing Award, the Florence Nightingale Medal and the Jane Delano Student Nurse Scholarship. We need to mentor and support new leaders for sustainable service to communities.

While much has been accomplished to date in educating frontline health professionals about HIPAA and the Red Cross, there is more work to do. We will increase national health professional awareness of HIPAA regulations through presentations, messaging and collaboration with partners.

We will continue to provide resources to support Academic Service Learning (ASL). ASL can be leveraged by students of many different disciplines (education, IT, communication, public health, nursing and more) to meet the Red Cross Mission.

The [Fundamental Principles of the Global Red Cross Network](#) form the foundation for the Chief

Nurse Initiatives, beginning with humanitarian service. The Red Cross is working to ensure a sufficient and safe blood supply, to prepare and respond to disasters, to serve members of the military and their families, to respond to international disasters and promote global health and to train members of the community in CPR, water safety and nurse assistant training. Health professional volunteers are needed in each of these areas. There are concerns in some sectors that there is a scarcity of nurses and mental health professional volunteers. However, with 18 million health professionals, I believe that we can recruit and engage the volunteers needed to meet the mission.

## Red Cross Nurse Advocates Continue to Work Towards a World Without Measles and Rubella

James Noe, Red Cross Program Officer, Measles & Rubella Initiative

The relationship between the American Red Cross Nursing Network and the Measles & Rubella Initiative (M&RI) continues to grow. Building upon the successful pilot in 2017, the Nurse Advocacy Project for M&RI was expanded in 2018 to once again mobilize senior nurses to conduct outreach to congressional offices and encourage stable funding for the Initiative’s activities within the Centers for Disease Control and Prevention (CDC).

Following the successful completion of training, and with support from the Measles & Rubella Initiative team and American Red Cross regions and chapters, Red Cross nurses activated to successfully engage with the offices of eleven senators. Targeting specific members of the Senate Health, Education, Labor, and Pensions (HELP) Committee, which oversees CDC’s Measles and Rubella elimination programs, the nurse advocates urged support for level funding of \$50 million in fiscal year 2019, provided information on the work of the M&RI and explained how continued support for vaccinations abroad is essential for protecting citizens in the



A child is vaccinated at a health clinic in an informal settlement, Nairobi, Kenya in May, 2016. Children showed off their marked fingers, a sign that they had been vaccinated. Niki Clark/American Red Cross.

U.S. from these potentially deadly diseases. Accompanied by regional and chapter staff during some of the visits, the nurses were able to not only address questions related to vaccination programs but to also touch upon the domestic work of the American Red Cross in disaster relief, blood services and other areas.

Due in no small part to the Red Cross nurses’ advocacy with the Senate HELP Committee, an appropriations bill which includes continued support of the CDC’s Measles and Rubella elimination programs at \$50 million for the next fiscal year is under consideration by both the House and the Senate. This is fantastic news which will help the partnership continue to make progress towards the elimination goals. Once again, all of the M&RI partners would like to convey their sincere thanks to the Red Cross

nurses. We are grateful for all of the hard work from each and every one of the volunteer nurses in their efforts to protect children around the world from vaccine- preventable diseases.

## Red Cross Home Fire Campaign Saves 453 Lives

Molly Dalton

The American Red Cross Home Fire Campaign is now credited with saving 453 lives since it began in October of 2014. The campaign was launched to reduce the number of home fire deaths and injuries in this country by 25 percent.

Every day, seven people are killed and another 36 are injured because of home fires. Tragically, most of these deaths occur in homes that don't have working smoke alarms.

Since 2014, Red Cross volunteers and partners have installed more than 1.4 million smoke alarms and reached more than 1.1 million children through preparedness programs. Working with local fire departments and community groups across the entire country, the Red Cross installs smoke alarms in homes in neighborhoods at high risk for home fires.



Smoke alarm installation, Sound the Alarm event, Oxon Hill, MD, April, 2018. Michelle Frankfurter/American Red Cross.

This past spring, more than 30,900 volunteers and thousands of partners from across the country



Sound the Alarm event in Oxon Hill, MD. Michelle Frankfurter/American Red Cross.

joined the Red Cross to *Sound the Alarm* against home fires by installing 122,000 free smoke alarms in just weeks in communities at high risk for fires. The effort involved 50,000 home visits in 120 major cities across the country.

**GET KIDS INVOLVED** More than a million children have learned about emergency preparedness since the campaign began. They learn through the Red Cross Pillowcase Project, a free emergency preparedness for 3rd-5th grade youth sponsored by Disney. It is designed to increase children's awareness and understanding of natural hazards and empower them to take preparedness actions.

The program was originally created in New Orleans, inspired by university students who carried their belongings in pillowcases during Hurricane Katrina evacuations. Students receive a pillowcase to decorate and use as a personal emergency supplies kit. Students are encouraged to work with the adults at home to create a household emergency plan and supplies kit.



American Red Cross volunteers present the Pillowcase Project to third graders at Tioga Center Elementary School. Chuck Haupt /American Red Cross.

Trained Red Cross staff and volunteers present the program in communities nationwide. People interested in requesting a presentation or helping deliver the program should [contact their local Red Cross chapter](#).

**WHAT YOU CAN DO** There are two simple steps people can take to be prepared for a home fire. They can practice a home fire drill with members of their household to make sure everyone can get out in two minutes, and they can test their smoke alarms every month to make sure they are working.

The [Home Fire Campaign](#) is made possible through the generosity of hundreds of local partner organizations and volunteers, along with corporate partners Fred Meyer, Kidde, Motorola Solutions Foundation and Nationwide Insurance. As of June 30, 2018, the Red Cross and more than 4,500 partners have reached over 1.5 million people through home visits, replaced more than 66,000 smoke alarm batteries and helped with almost 498,000 home fire emergency plans.

**HOW TO HELP** Join the Red Cross effort to save lives, reduce injuries and cut down on needless losses from home fires by making a financial donation by visiting [redcross.org](http://redcross.org), calling 1-800 RED CROSS or texting FIRE to 90999. A gift to Home Fires enables the Red Cross to provide critical services to people impacted by home fires along with the lifesaving tools and information to support home fire prevention efforts.

Learn more about [home fire safety](#) at [redcross.org](http://redcross.org), or [contact your local Red Cross](#) to find the location of smoke alarm installation events or to volunteer.

## Red Cross Pilots Academic Service Learning with Samuel Merritt University

Linda MacIntyre, PhD, RN

Academic Service Learning (ASL) is a teaching method that combines meaningful service to the community with curriculum-based learning. Universities partner with communities and local agencies to foster environments where students learn about themselves and the community by taking action through service. In 1998, the PEW Health Professions Commission recommended that community-based service learning become an integral part of nursing education ([Callister & Hobbins-Garbett, 2000](#)).

The Samuel Merritt University (SMU) team had a vision for nurse scholars (NS) in their RN to BSN program, of learning about community health nursing while serving the community with the Red Cross. The ASL pilot with SMU began in the fall of 2017 and concluded in the spring of 2018. The purpose of the pilot was to test the model of engaging a larger number of ASL volunteers in regions to increase service and mission delivery. Generally, a chapter or region might engage one to three ASL volunteers per term.

The ASL-NS completed 90 hours over two semesters and ASL-NS who completed one semester helped mentor the next group of ASL-NS. This model supported new ASL-NS and helped optimize Red Cross supervisor and Volunteer Services staff time. Occasionally, other ASL-NS were onboarded for additional hours, special programs and/or training. The Gold Country Region had as many as 12 regularly assigned ASL-NS at one time and the Northern California Coastal Region had as many as six at one time. The ASL pilot resulted in an estimated 4,650 hours of volunteer service.

### OUTCOMES

Despite many challenges to the initial plan, modifications were made, training and access improved and ASL-NS volunteers were flexible during deployment of many of their supervisors to respond to the disasters in fall 2017. Many of the challenges found in the pilot are like those found across the organization (e.g. hours reporting, supervisor availability during disasters).

The ASL-NS worked across business lines,

addressed Service to the Armed Forces open cases, supported the Home Fire Campaign (special outreach to seniors in Modesto), Pillowcase Project, Sound the Alarm, closed 78 Disaster Health Services Oroville Dam cases, promoted blood donation and established an annual blood drive with Kaiser Permanente in Oakland. The ASL-NS volunteers recruited RNs placed at other agencies to support additional Red Cross volunteer positions needed to serve communities.



ASL nurses at the blood drive at Kaiser Permanente.

One of the best indicators of the pilot's success is that both regions will continue to engage RNs from SMU in ASL roles. Overall, the most significant outcomes are the positive stories and impact on the community. RNs learned about the communities that they serve in their hospitals and members of the community received Red Cross programs and services across three business lines.

Examples include:

- Volunteered in shelters (Cal-Expo & Turlock Fairgrounds)
- Attended Red Cross Disaster training offered during the disaster
- Conducted 100% of the client follow-up assessments and recovery coaching for 78 DR 205-17 cases.
- Restocked disaster trailers at the warehouse.
- Conducted follow-up casework for Disaster Action Team responses
- Participated in Home Fire and Sound the Alarm Campaigns
- Attended Disaster classes
- Established an annual blood drive at Kaiser

Recommendations:

- Recruit and maintain consistent ASL volunteer coordinators. This is clearly a critical position in achieving good outcomes for all, including the community. If ASL volunteer issues are addressed quickly, they have a better experience and are more effective in providing Red Cross

programs and services to the community.

- Ensure that supervisors are actively engaged with ASL volunteers and that there is a back-up plan if supervisor changes or is deployed.
- Ensure quick access to all resources to accomplish the roles (e.g. Client Assistant System training for casework, IDs to log into

the system).

- Continue to explore ways to ensure accurate hours reporting.
- Pair students in groups of two and provide them with independent projects in addition to scheduled activities.
- Celebrate successes!

## Northwest Regional Disaster Training Institute (Nursing View)

Denise Smith, RN, Tina Piaskowski, RN

A record number of Disaster Health Services (DHS) volunteers, including over 25 nurses, a few EMTs and an ER physician from across Washington, Oregon and Idaho gathered in Wenatchee, WA in July to attend the Northwest Regional Disaster Training Institute. DHS volunteers attended classes and simulations focused on Concept of Operations (CONOPS), supporting and supervising volunteers, logistics and other topics and connected with Disaster Cycle Services volunteers and employees from across the region.

The strongest draw for DHS volunteers this year was a series of workshops developed and presented by John Jonckers, RN of Spokane. John is a highly experienced critical care and disaster response



John Jonckers, RN presenting at the NW Regional Disaster Training Institute.

nurse who has worked as a flight nurse, paramedic and emergency responder in civilian and military settings. Since joining Red Cross

three years ago, John has been deployed seventeen times and has served in most DHS roles including DHS supervisor in mega-shelters during the Texas and Louisiana hurricane response.

John's five workshops: "CAS [Client Assistance

## We Need Nurses! The Mobilization Centennial: Red Cross Nurses Combat the Influenza Epidemic on the Homefront

Jean Shulman, RN

In early August 1918, as World War I raged in Europe, Surgeon General William Gorgas, United States Army, issued a call for "1,000 nurses a week" to meet the demands of the military service. Clara Noyes, director of the Red Cross Bureau of Nursing, described conditions in Washington, "The work at National Headquarters has never been so difficult

System] for Disaster Health Services," "Disaster Health Services Forms," "Disaster Health Services on a DRO [Disaster Response Operation]," "Disaster Health Services Working in a Mega Shelter" and "Infection Control in ARC Shelters" provided a clear and comprehensive overview of the DHS role in a disaster response. John's easy presentation style, clear and comprehensive content and willingness to share the experiences from his vast Red Cross deployments were a gift to all in attendance.

Diane Hermanson (Disaster Mental Health) and Patty Yedinak (DHS) presented instruction on the Integrated Care Condolence Team (ICCT) which is a team of professionals from Spiritual Care, Disaster Health Services, Case Work and Disaster Mental Health.

Also offered at the Institute were "[Disaster] Health Services Fundamentals," "Care Assistance Fundamentals" and "Staff Wellness," in addition to many other useful courses. The annual DHS meeting featured presentations from Lisa Arellano, Northwest Region Disaster Program Manager and Susan Denavit, RN, Pacific Division Nursing Network Nurse Leader. All instructors, attendees and behind-the-scenes workers are to be congratulated for their contributions to making the Northwest Regional Disaster Training Institute a great success.

and now is overwhelming us...there will be no nurses left in civil life if we keep on at this rate." Despite the intense summer heat, overcrowded conditions, and the lack of clerical workers, the American Red Cross Nursing Service accepted this challenge.

No one could have imagined the significance of a second call on September 14, 1918 when the United States Public Health Service requested Red Cross nurses for the Quarantine Station at Boston Harbor. Requests for help continued from across New England as the first influenza cases arrived in Washington, D.C. Within weeks, the devastating epidemic spread from military cantonments to towns and cities across the country.



Above, wearing masks at a demonstration at the Red Cross Emergency Station in Washington, D.C. Below, an emergency hospital in Brookline, MA. Red Cross photos from the Library of Congress.

Surgeon General Rupert Blue, U.S. Public Health Service and W. Frank Persons, American Red Cross Director of Civilian Relief, shared responsibilities for a cooperative plan to combat the epidemic. The Red Cross War Council approved \$575,000 for pandemic relief. Additionally, the Red Cross immediately agreed to the following recommendations of the Surgeon General:

1. "That the Red Cross assume charge of supplying all the needed nursing personnel, and pay the salary and other expenses connected with the detail of such personnel for work during the present epidemic.
2. That the Red Cross furnish emergency supplies, when it is found that local authorities are unable to furnish such supplies with the promptness required by existing circumstances."

In addition, the Red Cross distributed educational pamphlets from the Public Health Service through schools, newspapers, churches, post offices and county health departments. Camp Fire Girls and Boy Scouts volunteered to deliver the messages to their neighborhoods. The pamphlets, with information to prevent the spread of the disease, were available in eight languages.

While Jane Delano met with all American Red Cross department directors about the challenges ahead, Clara Noyes wired the division directors of nursing to mobilize Home Defense nurses for emergency relief work. These nurses were not available for military service due to age, physical disability, marriage and other reasons but wished to serve their country. In September 1918, the total

enrollment in the Nursing Service reached 27,731 with 15,741 assigned to the military. For a short time, Canadian nurses volunteered until the epidemic reached their own cities. Red Cross nursing leaders Fannie Clement, Lucy Minnigerode, Elizabeth Fox, and Mary Lent assisted Noyes in recruiting personnel, opening emergency hospitals, and obtaining supplies.

By late September, the Red Cross announced the formation of the National Committee on Influenza. The Motor Corps, Canteen Service, and Production Corps responded with transportation, mobile kitchens and the very important face masks needed for all to control the spread of the disease. In addition, each division

and chapter created a local Committee on Influenza. Mobile units of 10 to 15 nurses were ready for immediate assignment to influenza hospitals. Most of these hospitals were converted schools, railroad stations, town halls and even masonic temples. The D.C. Chapter equipped and maintained an influenza hospital on F Street and quickly needed a second at 18<sup>th</sup> Street and Virginia Avenue provided by the Public Health Service.

New York City first reported 31 cases in Brooklyn. Six weeks later, the numbers reached over 93,000 patients and over 20,000 deaths. Reports from California and Arizona to Alabama and Tennessee followed. The Central Division required 1,000 nurses and students to cover the Midwest states. On September 29, Camp Dodge, Iowa, listed 1,264 patients and 245 nurses. By October 16, the numbers changed to 5,100 patients and 595 nurses. Major Frank Burch wrote, "I know of no method by which an adequate supply of nurses could be summoned in so short a time except through the perfect organization of the Red Cross. We have trebled our nursing force in two weeks and practically all of them have been assembled by your organization."

The month of October tested the Nursing Service beyond expectations. Hundreds of nurses were still scheduled to sail for Europe with hundreds more

waiting in cantonments. Many nurses contracted influenza, and several died from influenza complications. Divisions reported a total of 2,456 Home Defense nurses available to supervise practical nurses, student nurses, aides and lay women graduates of Red Cross Home Hygiene and Care of the Sick classes. The value of those classes cannot be ignored, especially for nursing care in rural areas. As schools closed, teachers volunteered for clerical work to assist the nursing staff. In addition to meeting civilian needs, nurses were called to the coal fields and munition plants supporting the war effort.

Student nurses were eager to respond. Presbyterian Hospital student nurse Dorothy Deming, later editor of *Public Health Nursing* and director of the National Organization for Public Health Nursing, wrote an excellent memoir about her six-week assignment in a “flu ward” for women, working twelve hours a day. “Patients came first...This was nursing as I had dreamed of it; this was nursing at its most demanding. We grew to full professional stature in those dark nights.” She was one of the few in her school to escape the disease. She and her fellow student were “fanatics about handwashing, and we both did our best to get extra sleep and plentiful meals.”

African American nurses called into service received praise for their work in camps and communities, often performed under extremely difficult circumstances. Several were assigned to Lumberton, Gulfport, and Mississippi College in Clinton, Mississippi. The Public Health Service sent two nurses to Alexandria, Louisiana. Five nurses joined the staff at Camp Stuart, Virginia. Student nurses from Tuskegee helped staff at Camp Sheridan, Illinois. The Birmingham Chapter sent fifteen students to Camp McClellan under nurse Minnie Moore. Camp Sevier, Greenville, South Carolina welcomed 12 nurses.

Clara Rollins, Aileen Cole and Sue Boulding, Freedmen Hospital graduates, went to an embarkation station in Charleston, West Virginia. After the epidemic slowed, the camp director said, “It was a fine thing for you nurses to come from Washington to help us. I understand you have done a magnificent job here in Charleston ...Now I need your help desperately over in these areas...The miners are dying like flies. We’ve got to save their

lives to keep the transports moving. Miss Rollins, will you go to Quick?” Nurses Boulding and Cole agreed to go to Bretz. Once there, Cole wrote, “Red Cross nurses proved to be a magic password to courtesy, respect and friendliness. For the first time we understood the part the miner played in the war effort. He was as important in his way as the soldier.”

The nurses at Camp Sherman, Ohio and Camp Grant, Illinois, included the first 18 African American Red Cross nurses to enroll in the Army Nurse Corps. Clara Rollins, Aileen Cole and Sue Boulding left the West Virginia coal fields to join this group. They served all soldiers in the wards, regardless of



Aileen Cole, far left, and other Red Cross nurses at Camp Sherman in 1918. Photo courtesy Armed Forces Institute of Pathology.

race. Sherman’s chief nurse wrote about Rollins. “She was so well loved by the boys in a surgical ward that I never changed her from her first position...A request signed by every man in the ward was sent to my office begging that Miss Rollins not be taken from them. The boys always called her “the Major” and the day before she left camp they had a special ceremony and made her a “Lieutenant Colonel.” At Camp Grant, the chief nurse said the nurses were “serious-minded, quiet, business-like young women, well qualified to take charge of the wards.”

Hundreds of Catholic nursing and teaching sisters volunteered for cantonment and local duty in several states, including Kentucky. In Ohio alone, 400 nuns from the Sisters of Charity, Ursuline Sisters, Sisters of St. Francis and Sisters of St. Joseph offered their services.

The nurses’ aides and Home Hygiene graduates became indispensable in every state. One statement speaks for many. “I shall always feel that it was a privilege to work for ten days, 7 to 7, beside trained nurses doing all I could do of the common duties to leave them free to administer to higher things.”

From September 14, 1918 to November 7, 1918, 15,000 women responded to the initial call for duty. The story of one nurse describes the dedication of these women. “Mrs. Williamson was

most anxious to help in the epidemic, in fact, wanted to be sent to one of the cantonments as soon as the great need for nurses became known, but on account of being married and her husband awaiting call, she could not be accepted. When the epidemic became so serious and the call came from Camp Fremont, California for nurses, whether married or single, we sent her down and after taking care of several cases, she contracted the disease and died. Mrs. Williamson was a Home Defense Nurse.”

Over 25,000,000 Americans experienced influenza symptoms during the pandemic and 675,000 died from the disease.

Official reports list the names of 207 nurses who died in the epidemic, including 24 Army nurses overseas, 15 Navy nurses and three each with the Public Health Service and Dietitian Service. They are among the 296 nurses, including Jane Delano, remembered in the garden at the American Red Cross National Headquarters.

## Charitable Gift Annuity—Higher Payout Rates Mean More Income for You

Candace Roosevelt, MAN, MBA

You may be particularly interested in an opportunity to take advantage of the new higher gift annuity rates.

Why the increase in rates? Like many nonprofit organizations nationwide, the American Red Cross follows the payout rates recommended by the American Council on Gift Annuities, which has recently announced higher rates reflecting current market conditions, the first increase in rates since 2011.

Cash and appreciated securities are customary funding assets. As an added benefit, when you fund an annuity with appreciated securities you also save on capital gains tax. The minimum amount to establish a charitable gift annuity with the Red Cross is \$5,000.

If a gift annuity sounds right for you, we'll be

happy to provide specific information on the payments you would receive. We would also be glad to talk with you about gift options that can provide other benefits that might fit with your needs, allowing you to best align your charitable, financial and estate planning goals.

For information on establishing a charitable gift annuity please contact **Candace Roosevelt, Gift Planning Officer, at 617-306-3875 or at [candace.roosevelt@redcross.org](mailto:candace.roosevelt@redcross.org)**.

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**Thank you!**