

American Red Cross Nursing: Essential to Disaster Relief

You don't have to be an 'angel on the battlefield' to serve.

More than 40,000 nurses currently serve in the American Red Cross in paid or volunteer capacities, as members of disaster action teams (DATs); blood drive workers; health and safety educators; board members; task force specialists; researchers; and representatives on local, state, regional, and national Red Cross committees.¹ These nurses represent a small fraction of those who could potentially become involved at some level. (There were approximately 2,246,000 RNs and 683,000 LPNs employed in this country in 2003.²)

Since September 11, 2001, *AJN* has published several articles describing how nurses can better prepare themselves to respond to acts of terrorism. Just two have mentioned the Red Cross and its role in disaster relief. Kennedy and colleagues suggested that nurses consider participating in Red Cross DATs,³ which mobilize within minutes or hours of a disaster. The article noted that such participation involves taking several Red Cross courses, including standard first aid, disaster response, damage assessment, family services, shelter operations, mass care, and mental health counseling. Not mentioned, but particularly pertinent for nurses because they already possess many of the requisite skills, are the two disaster health services courses. A nurse may take just the Introduction to Disaster course, which makes her eligible to serve during local disasters, and can decide later whether to take additional courses.

Gebbie and Qureshi described core competencies that nurses need for emergency and disaster preparedness, and listed several agencies that provide information and resources.⁴ The Red Cross was mentioned only as a resource for information on



Photographs: Gene Dailey, American Red Cross

Falling trees can be a major life-threatening hazard during a tornado, such as the one that struck this house in Carbon Hill, Alabama.

developing a family emergency plan. But in most disasters, the Red Cross assumes primary responsibility for providing food, clothing, and shelter for both victims and volunteer relief workers. The only nongovernmental organization mentioned in the Federal Response Plan, it's designated as the lead agency responsible for "Mass Care" (Emergency Support Function #6) and as a support agency responsible for "Information and Planning," "Health Services," and "Food" (Emergency Support Functions #5, #11, and #8, respectively).⁵ Red Cross nurse volunteers are essential to fulfilling these functions.

Like other health care organizations, the Red Cross has felt the impact of the nursing shortage. Nurses are needed to help with relief efforts in the wake of natural and manmade disasters, including hurricanes, floods, forest fires, and earthquakes; and the current "war on terrorism" has increased the demand for nurses with appropriate response skills in all settings. Every nurse should consider obtaining at least the training needed to volunteer at the local level. Nurses who could be available to travel to a disaster site should consider enrolling in the Red

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One Vision Followed by Thousands

Clara Barton turned caring into global call to action.

Nurses have been integral to the success of the American Red Cross since Clara Barton established the organization in 1881. Barton, who never married, disliked and resisted proudly the limitations placed on women in her day, as her book, *The Red Cross in Peace and War*, explains.

Born in 1821 and raised on a farm in North Oxford, Massachusetts, she learned how to handle guns and horses. She became a teacher while still in her teens and in 1852 established a free public school in Bordentown, New Jersey. In 1854 she moved to Washington City (now Washington, D.C.) and became a copy clerk for the U.S. Patent Office, the only government agency in Washington that hired women.

Photograph: Lewis Hine, Wheeling, West Virginia, 1934, courtesy of the American Red Cross.



A 1934 photograph with a caption that read: "A Red Cross Public Health Nurse is recognized by her uniform and Red Cross symbol as a firm friend in time of illness or home emergency."

When the Civil War began in 1861, she was distressed to learn that the Union Army had made almost no medical preparations. The wounded and dead lay exposed on the battlefields while warehouses, churches, and schools were hastily converted into temporary hospitals. Barton turned her attention to helping the soldiers encamped in Washington City. Although she had no formal training in nursing, as a child she had cared daily for an older brother during his serious illness and long convalescence.

In 1861 the Union Army appointed one of Barton's contemporaries, Dorothea Dix, as superintendent of women nurses. But female nurses in the military weren't permitted to serve on the battlefield, and Barton didn't join. Instead she rallied women throughout Massachusetts to collect food, clothing,

whiskey, and medical supplies, delivering them directly to soldiers on the battlefield. She began providing basic nursing care as well, to the soldiers of both armies, and her reputation as an independent battlefield nurse grew. One surgeon who served at the Battle of Antietam described her as "the true heroine of the age, the angel of the battlefield."¹

But by 1864 the military bureaucracy had grown larger and more powerful, and independent relief workers like Barton found their services were no longer encouraged. She started helping to locate and label the graves of the nearly 13,000 Union soldiers who had died at the prison camp in Andersonville, Georgia, which would eventually be declared a national cemetery.

The International Red Cross was started in 1863 by a Swiss citizen, Henry Dunant, who'd witnessed the suffering caused by war during the War of Italian Unification, and four others. It called for the first Geneva Convention, an international meeting aimed at finding ways to make war "more humane." Twelve governments signed the original treaty,² which Barton described as providing for the "neutrality of all sanitary supplies, ambulances, surgeons, nurses, attendants, and sick or wounded men, and their safe conduct when they bear the sign of the organization, the Red Cross."³ Others soon followed, with each nation founding its own independent Red Cross.

Although it had sent two delegates to the Geneva Convention, the United States did not initially sign the treaty. Barton was instrumental in achieving this, though it took years. In 1869 she went to Europe to recover from typhoid fever; while there she learned about the International Red Cross. On her return home in 1873, she mounted a prolonged campaign to get the United States to sign the treaty, and she lobbied President Rutherford B. Hayes for support for an American Red Cross. It took years, but in 1881 the American Association of the Red Cross was formed (today its official name is the American National Red Cross) and, at age 60 Clara Barton volunteered to serve as its first president. In 1882, after a visit from Barton herself, U.S. President Chester Arthur signed the Geneva Treaty. (*Editor's note:* in this article and in the accompanying main article, unless otherwise specified, "Red Cross" refers to the American organization.)

During peacetime, schools were established by several European Red Cross organizations to educate women in caring for the sick and wounded on the battlefield and in hospitals. These nurses were



Clara Barton, who served as the first president of the American National Red Cross, in 1906.

released from their civilian positions to serve during times of war. In 1893 the first and only American Red Cross school of nursing, the New York Red Cross Hospital and Training School for Red Cross Sisters was opened.⁴ (The first general training program for nurses in this country was instituted at the New England Hospital for Women and Children, which opened in 1872.) Most Red Cross nurses trained for their profession in civilian hospitals, then volunteered to become Red Cross nurses, as they do today. Red Cross nurses served in military camps and hospitals during the Spanish-American War in 1898; they also cared for victims of the yellow fever epidemic and of natural disasters.

Twelve governments signed the original treaty. During World War I, more than 29,000 American Red Cross nurses served as civilian volunteers with the Army or the Navy Nurse Corps at home and overseas. Many eventually decided to join one of these corps, and as the number of regular military nurses increased, the need for Red Cross nurses in war-zone hospitals diminished. The Red Cross continued to provide nurses' aides, and during World War II the Civil Service Commission hired these aides to supplement nursing staff in military hospitals.

The Red Cross has continued recruiting and preparing nurses as unofficial reservists for service during wars or other emergencies ever since.⁵—Cheryl K. Schmidt, PhD, RN, ANC

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Cross's Disaster Services Human Resources (DSHR) system. Potential enrollees indicate whether they have the training and skills needed to respond to a variety of disasters; those who do have their credentials are cleared in advance. When the Red Cross needs nurses with specialized skills, this information can be accessed through the DSHR system and the nurses can be assigned quickly to disaster sites anywhere in the United States. Nurses who are able and willing to travel outside of the United States can participate through the International Red Cross.

In the past, nurses lacking disaster training have often spontaneously volunteered their services during disasters. Though well intentioned, they have contributed to the chaos, as some who have had to organize large numbers of volunteers have attested; a few nurses have even been injured or killed because they failed to assess the safety of the disaster scene. These assessment skills are taught in the standard first-aid course required of all Red Cross Disaster Services volunteers.

Some nurses will already be committed to their own agencies during disasters, but that doesn't necessarily preclude participation in Red Cross relief efforts. And nurses may be able to serve their own agencies and their communities better if they've taken Red Cross disaster courses. For example, nurses who are military reservists or National Guardsmen can serve as Red Cross volunteers if their units aren't mobilized. Retired nurses, educators, and part-time or unemployed nurses can serve. The DSHR system also accommodates volunteers with disabilities to function actively on DSHR assignments, depending on the type and severity of the disability.

My involvement in the Red Cross has given me a variety of community service opportunities. As a child, I had often watched my mother don her white uniform, cap, and Red Cross pin as she prepared to volunteer at local blood drives. I soon followed her lead, assisting with blood drives in 1969 while still a student nurse and, beginning in 1974, teaching first aid and cardiopulmonary resuscitation to nursing students and members of the communities I've lived in.

In June 1999, I became involved in disaster services when I learned that nurses were needed to respond to the crash of American Airlines flight 1420 in Little Rock. The plane had been attempting a landing in high winds with 145 people aboard when it skidded off the airport runway and caught fire, killing 11 and injuring 80. Because I had been an Army Nurse Corps reservist for 20 years and knew how to care for patients in field environments, I was assigned to the care of civilian and government personnel working at the crash site. I monitored them for heat-related injuries (a real risk in the hot, humid Arkansas climate) and provided first aid



This "Safe Room" was the only part of this house left standing when the tornado ripped through this neighborhood in Alabama.

as the need arose during the cleanup activities. A year later, I was one of 10 Red Cross volunteers providing counseling to the flight survivors and their families during a private viewing, authorized by the National Transportation Safety Board, of the burned, twisted remains of the plane.

Since then, I've become certified in areas such as disaster health services, shelter operations, damage assessment, family services, and mass care. When tornadoes hit central Arkansas in January 1999 and in April 2000, I served as a Red Cross nurse, assessing the health status of families living in the shelters and determining the needs of those who were hospitalized. In December 2000 severe winter storms blanketed much of Arkansas in ice, leaving some families without electricity for as long as two months. As an expert in community nursing, I answered hotline calls, directing callers from around the state to community resources for food and shelter. When the air conditioning system failed in a Little Rock high-rise building in the summer of 2001, I helped open a shelter at the state fairgrounds for the elderly and disabled residents, who had been enduring the 100°F-plus temperatures in their apartments for three days, and monitored their health status.

Since 2000 I've served as a camp nurse each summer for a program called Rapid Response Team Training, in which students from high schools statewide learn first aid and disaster response and leadership skills under the guidance of Red Cross staff. The students return to their schools prepared to form teams capable of responding rapidly to potential natural and manmade disasters by providing first aid while awaiting emergency personnel. The students are also taught to assess the safety of

the scene before acting, so they don't become victims themselves.

At the University of Arkansas for Medical Sciences, where I teach community nursing, I incorporate disaster relief into clinical coursework whenever possible. For instance, when the 1999 tornadoes struck Arkansas, my students and I helped staff a Federal Emergency Management Agency warehouse and organized the dispensation of donated food and clothing to displaced families and relief workers. Nursing students can also gain clinical experience by teaching Red Cross health or safety courses. In my experience, students who become involved in the Red Cross tend to continue that involvement after graduation.

In 2002 I chaired a statewide coalition of nursing associations and organizations, including the Central Arkansas Chapter of the American Red Cross, aimed at preparing nurses throughout Arkansas to respond to bioterrorism. We developed a course on bioterrorism recognition and response that was approved by the Arkansas Nurses Association for continuing education credit and presented to nurses statewide. In July 2002 I and other Red Cross leaders from across the nation participated in a "Weapons of Mass Destruction-Terrorism Workshop" at the Clara Barton Center in Pine Bluff, Arkansas. The center was established to provide response training in collaboration with the Office of Homeland Defense and the United States military. I was also the only nurse appointed to the Arkansas Department of Health Bioterrorism Advisory Committee that year. I continue to travel statewide providing education about bioterrorism and other public health emergencies, and I always include information about the American Red Cross.

The Arkansas Nurses Association has formed a partnership with the Red Cross chapters in Arkansas to provide continuing education credit for nurses who enroll in Red Cross disaster courses. I encourage all nurses to register as Red Cross volunteers in their communities and to obtain disaster training. For more information, see www.redcross.org/services/nursing. ▼

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