

## Servants of a great idea

# The Gray Ladies of the American Red Cross

*Much has been heard of the valuable help given, through the American Red Cross, by those voluntary aids known as "Gray Ladies", in hospitals, sanatoria, rest homes, clinics and convalescent centres in the United States. Qualified volunteers of all ages undertake these missions (in some cases men also help these services), especially for people who are incapacitated through illness for long periods.*

*As the author points out in the following article, Clara Barton, the foundress of the American Red Cross, can in fact be considered to have been the first "Gray Lady". We are therefore publishing her photograph, one which she herself sent Henry Dunant in 1905, together with a dedication<sup>1</sup>.*

*Under the sign which is common to us all, this movement of volunteers was also to develop in other countries and in other fields. There are many National Societies in which women's committees play a rôle in cases of disaster. They deal with the preparation of parcels, the distribution of relief and of reception services. We will return later to this aspect of active female action on behalf of the unfortunate.*

*The International Review has already mentioned the activity of "Gray Ladies"<sup>2</sup>. We are however now pleased to make better known their daily problems and their practical work, which is based on a great idea, that of fellowship and service to others. (Ed.)*

\* \* \*

---

<sup>1</sup> *Plate.*

<sup>2</sup> See *Revue internationale*, April 1955, February 1960.

*Gray Ladies are the connecting link between the patient and the outside world.*

It all began in Washington D.C., at Walter Reed Army Hospital. The first world war was reaching its murderous crescendo in 1917. Sanatorium and hospital wards were filling up with the sick and the maimed being returned from the battle-fields beyond the Atlantic. Red Cross nurses were with the troops overseas and they served in the hospitals of the armed forces in the United States, but as the casualty lists grew and as the number of convalescents increased, it became evident that there was other work that could be done—needed to be done—by Red Cross volunteer women who, although not nurses, were ready and willing to attend to patients' needs beyond the mending of their broken bodies. Confined to his cot, between and after treatments, operation ! amputation ! the patient thinks; he longs for the ones he is separated from ; he worries, he frets ; he impedes his own recovery.

The quotation above answers in part the question which the reader may ask after glancing at the title of this article. The words were spoken by the Surgeon General at the hospital where the Gray Lady idea had its genesis. Like many other Red Cross tasks it stemmed from a war-created necessity. Its value was apparent to some, but by no means to all. Just as birth is accompanied by pain and struggle, so is the inception of many a good idea. The Gray Lady program was no exception.

Altruistic-minded people often find it easier to offer and to get acceptance of tangible, material THINGS, rather than personal service. When the American Red Cross first offered its assistance in connection with patients and convalescents—other than nursing—the Army did not want it nor understand it.

The offer of a Red Cross convalescent house, however, was not only immediately accepted, it became the subject of a War Department order to the effect that such a house be built forthwith at Walter Reed Hospital. Ground was broken in February, 1918, and in May of the same year Red Cross volunteers moved in, readied the building for occupancy, and furnished the rooms with donations including small bedrooms for members of families of very ill patients, making it possible for the latter to have their kinfolk in close proximity. When the house was completely furnished it was formally turned over to and accepted by the War Department.



Very respectfully, Clara Barton,  
146 TREMONT ST.  
BOSTON.

*Ruby*

COPYRIGHT  
1905  
J. R. PERRY  
BOSTON  
MASS.

Clara Barton's tribute to Henry Dunant (1905)

To The Honorable Mr. Henri Dunant  
Hochstrasse Suisse.

Dear Mr. Dunant!

Last July, 1955.

I was induced by my friends to sit  
for a photograph, which has seemed to  
have given some measure of satisfaction.

In the hope that I may be permitted  
to regard Mr. Dunant as a friend, I  
take the liberty of sending this to him,

With great respect.

Clara Barton:

Seventy-five interested volunteer women of the Red Cross signed up and took their tasks very seriously. They and three paid staff members were on hand when the doors opened and convalescents flocked to the HOUSE in large numbers. The first uniform worn by the volunteers was a light blue apron over a white dress, topped by a dark blue veil. But almost at once this uniform was changed by orders of national Red Cross headquarters to the effect that all lay people working in hospitals were to wear gray. A long gray apron was adopted with a large red cross on the breast ; a long gray veil completed the uniform. The description may sound drab, but the pioneers in this field thought their attire was becoming. And so did the patients who, right from the beginning, called these friendly workers by the affectionate nickname : Gray Ladies.

This is how it began 46 years ago. Today there are thousands of Gray Ladies serving in all types of hospitals, in mental institutions, in nursing homes, in clinics, in homes for the shut-ins and for the chronically ill. A Gray Lady today may be 17 years old or 70 years young, and now there are even Gray MEN who perform special services. What some of these services are and how volunteers are recruited and trained to render them is the subject we shall concern ourselves with in the ensuing pages. The reader will wish to know the answers to several questions : What is it that Gray Ladies do ? How are they selected ? What type of persons are they ? What kind of training do they need ? What keeps them on the job ? The answer to the first question could be a lengthy list ; the type of institution in which the volunteer serves determines the nature of the task he or she performs. A word picture, featuring a typical day's work by a Gray Lady, assigned to the community hospital of a medium-sized town, will perhaps serve to illustrate the activities of these Red Cross Volunteer workers.

Mrs. Martin is the wife of a city employee. She is 42 years old, has been married to John Martin for 20 years. The couple have two children, a sixteen year old boy in high school and a daughter, 19, in her first year in college. Their home is about ten minutes by car from the center of the city. When the couple married in 1942 John was in military service. Like many young brides during those years, she volunteered with the Red Cross chapter where she lived, putting in long hours at the Blood Center assisting nurses during the blood drawings. She also served refreshments to the

donors in the Red Cross canteen and occasionally drove some of them back to their places of work after completion of their blood donation. Perhaps the fact that Emma Martin had been active in Junior Red Cross when she was a school girl had something to do with her readiness to become a volunteer.

The war ended, John came home, the babies arrived in due time and Mrs. Martin devoted all her time to home-making. But as the youngsters became teen-agers and the duties of the house-wife became lighter, she felt once again that part of her time might be devoted to some form of community service. Red Cross leaders remembered her as a cheerful, friendly, and dependable person, so they logically turned to her when it had been decided to offer Gray Lady service to the Community Hospital. A training class for the new recruits was organized and Mrs. Martin joined it. We shall presently see what the training program consisted of ; suffice to say for the moment that Mrs. Martin completed it, was given her cap and her pin and, wearing the simple but well-cut uniform she had made herself, she reported for duty early this year. By now, after several months of service—she and three other Gray Ladies report every Monday morning to the chief nurse who coordinates volunteers at the Community Hospital—Mrs. Martin is a seasoned worker, familiar with her tasks and performing them to the entire satisfaction of all concerned, including her own.

Now it is Monday morning. Mrs. Martin rises at 6.30, does what is necessary about the house, sees her husband and youngsters off to work and school and she stands at the corner as the bus pulls up. The other three women are already aboard. In a few minutes the bus stops at the hospital gate. Regularly, whether it rains or snows or the sun shines hot in the summertime, the women walk through the door, minutes before nine, every Monday.

During the ride the volunteers checked on each other's uniform and appearance : the garment freshly washed and neatly pressed ; no ornaments or handkerchiefs showing ; no jewelry and just the right amount of make-up. Good appearance, they had been told, was important. And indeed they " look good " in their tailored simplicity with their flat-heeled, white, sensible shoes. The latter detail is vital : much walking to be done today, maybe two or three miles. . . .

The chief nurse with a friendly but also professionally scrutinizing glance suggests the assignments for today : " Mrs. Martin,

would you take wards A and B on the ground floor, and in the afternoon wing E, Pediatrics? Please do not go near patient in bed 9; he was in surgery yesterday and must not be disturbed. Mrs. Y. will probably talk an ear off you; she does not approve of our rules, wants a different diet and expects to go to the tea party in the recreation room. We know how tactful you are, Mrs. Martin; you can be of great help to us, because whenever you talk with her she is more tractable afterwards—for a day or two anyway. Yes, and Mr. Z., you know him. He is eating his heart out because none of his children writes to him; you know he lost his wife six months ago. His leg is not too bad, but if he made an effort . . . well, you know what to do. We have some extra flowers out in the kitchen, maybe you could. . . .”!

There are more suggestions and information. Mrs. Martin welcomes them, even from the orderly who is just getting ready to go home after the second night shift. “Got a new one down there in the corner, come in last night, burnt his hands he says, was fussing all night, talks about having to sign some papers. Maybe you can calm him down—sure gave me a bad time. . . .” And the resident physician: “Ah, Mrs. Martin, good to see you! Say, the patient in bed ten is having difficulties; had to use a new drug which throws her a bit off the track. If she starts in on you, just listen for a while, let her blow off steam; will do her good. Don’t worry about what she says. She’ll be here for a long time, but I think we’ll get her straightened out.”

And so the rounds begin. In her basket, Mrs. Martin finds some new items, brought in on Saturday by high school students who had made them in their arts and crafts classes: bedside bags to hold small, personal belongings, for those patients who need such containers; ashtrays, writing tablets, and so on. The first patient she approaches is having her bed straightened by a student nurse. “Don’t go away Mrs. Martin, she’ll be through in a minute! Don’t go away, I have been waiting for you all week; I simply got to tell you about my sister. You know, she . . .” and a lengthy story unravels into the ears of the Gray Lady while her eyes look understandingly at the animated, slightly flushed face of the sick woman. Five minutes of listening, nodding, smiling. Then: “Well I am glad your sister managed to get that deed cleared. This must be quite a load off your mind. Fine, fine, I’ll see you again, soon.”

The next bed—a young girl about the age of her own, with a

congenital hip deformity, recently operated on. "I asked the doctor whether I could ever walk straight; he said he would tell me later. Would you ask him, Mrs. Martin, please, and tell me what he said?" "I am certain, dear, that the doctor is doing all he can for you. He has already told me that you are very brave, more courageous than most patients he knows. Keep up your courage, that's the best way you can help the doctor do his work." And on to the next, and the next. Then patient Y. "Oh, you here again? Don't mind me, I am not the complaining type you know, but have you ever seen such a mess? So many rules, can't do this and can't do that . . . and the food they give you . . . and why can't I go downstairs where the men are playing cards . . .?!" "Now, now Mrs. Y. you know how it is when there are so many patients to be taken care of" says Mrs. Martin. "The doctors and the nurses are all here to help you, but they have many others to look after, too. I know how tiresome it gets, this being in bed; I have gone through it myself. But you know what I did when I was hospitalized? I took up knitting and now I have a new hobby. Did you see the sweater my daughter wore when she came in last Monday evening? I knitted that, and many other things. Would you like me to bring you some yarn and needles and get you started? Now, for instance, you could . . ." A new look on Mrs. Y's face. "Yes", she is saying, maybe I'd like that!"

And so the morning passes, bed after bed, patient after patient, young people, old folks, cheerful ones, despondent ones, people with hope and people who have lost it. Each one with his own problem, his own anxiety, pain, boredom, impatience . . . each one with his own needs. A light, pleasant remark may be all that is needed for one, while compassionate silence may be what another values most. For a third, the mere suggestion of something to do with his hands may be sufficient, while yet another may require a personal service he cannot himself perform, such as writing a letter or giving him a book to read.<sup>1</sup> And so on. The needs of the blind are different from those of the languishing tuberculosis patients; the preoccupations of the mentally disturbed need different treatment from those who are incurably ill. The ray of sunshine that enters the ward or the sick room in the person of the Gray Lady (or the Gray Man) must be adapted to the prevailing atmosphere. A Mrs.

---

<sup>1</sup> *Plate.*

Martin, or any other woman her age or younger, or older ; any man or boy who wishes to be of service to the sick, anyone who has the desire to undertake such a task must know what he is doing in addition to having a feeling for it. The prospective hospital volunteer must be prepared for what is in store for him ; anyone imbued with the fervor to serve his ailing fellow-man in this fashion must be trained.

Mrs. Martin took the Red Cross training course for Gray Ladies, passed it, and went on to take the special course given the candidates by members of the hospital staff. Sounds simple, and in a way it is. Some trainees—upon finding out what they are in for—sometimes have to drop out. It can be an unexpected shock when coming face to face with one of life's grimmest realities, sickness, and often impending death. One can learn to cope with the situation, but even for the best qualified candidates conditioning and training are indispensable. A preliminary test visit to a hospital is recommended.

At 41, Mrs. Martin thought of herself as a mature woman, familiar with life's facets and vicissitudes. Had she not received a sound education ? Was she not a successful wife and mother ? Had she not nursed her parents until they died ? Had she not learned to know what it means to be alone in those early days when her husband was a pilot overseas ? Anxiety, hope, despair, yes and ecstasy—she had experienced them all. And yet when she attended that first lecture, the one given, right after the warm welcome to the Gray Lady novices, by the professor from the history of medicine department of the university, she felt uncertain. That evening she sat up late with her husband. Should she really expose herself to all those emotional situations he spoke of ? Was she equal to the task ? “ What was it he said that was so startling ? ” He wanted to know. From her notes she related the following :

“ Cure and care are not necessarily synonymous ; even the savants of antiquity knew that. Sometimes the temples of the various gods became the “ hospitals ” of those days ; the sick were treated there, but organized nursing was not known. Remarkably highly refined techniques were developed in treating the body, but the patients' mental and spiritual needs were hopefully alleviated through the sufferers' proximity to benevolent gods.

“ For centuries the skills and sciences of the ancients were suppressed and forgotten in the West. Illness became regarded as a

salutary mortification of the flesh, necessary to the perfection of the spirit, God-sent and ordained ! Plagues were looked upon as justly deserved punishment for wrong-doing on the part of individuals or nations. The sick were taken to holy places where they received " care " in the form of incantations—tunes and words sung over the prostrate body of the stricken mortal. Prayers, admonitions, consolation, sanctification, faith, love, these were the prominent features in hospital life, rather than skill and science. Relief from suffering was given when possible and when it did not interfere with the higher aim : refreshment of the soul. Well into the 19th century and beyond, the " Hôpital Dieu " was the place where people went to die. The concept of going to the hospital when the need arises, and to get well, to go there willingly and with the conviction that it is the best solution to the problem of illness, is not more than a hundred years old."

At this point Mr. Martin interrupted : " Interesting historical data, but I can hardly see how the knowledge of all this can make you doubt your ability to perform the work you Gray Ladies are asked to do. What is the problem ? " " My problem is not familiarity with historical facts, but rather my apprehension as to whether I am able to live up to what is expected of me. You see, the professor led up to a conclusion we lay people take for granted until we become involved in it. I cannot say it as well as he did, but this is what I think he meant : Today modern medicine encompasses more than scientific methods for curing body ailments ; it includes what the professor termed psychosomatic considerations. He said that the discoveries by Pasteur, Lister and Roentgen have their counterparts in those of men like Freud and Jung and Bodelschwing. Physiology and psychology—maybe he said psychiatry—run parallel. People can and do get bodily sick because of what happens to their mind, also referred to as " psyche ". To treat one without the other is no longer considered sufficient. Although our life expectancy has been lengthened, there are many more sick people than there are, proportionately, professionals to give them all the attention they need. Our Community Hospital is bursting at the seams. That is why our chapter was asked to provide Gray Lady service."

" But, will I be able to do a good job ? I know little about psychology, let alone psychiatry. I want to be helpful and useful, but I want to be able to do it right ! " Mrs. Martin's concern was real ;

perhaps she had something like stagefright which so often precedes good performance.

### **Outline of the Gray Lady Service**

Good performance, truly valuable service are, of course, the aim of the Gray Lady program. A quick look at the content of the " Guide " for Gray Lady Chairmen, now seems in order. The Guide from which these excerpts are taken also features specifications regarding uniforms, resource material regulations and descriptions of scientific assignments <sup>1</sup>.

#### *What is Gray Lady Service?*

These volunteers give friendly, personal services that contribute to the comfort and recovery of the sick, the injured and the handicapped. The work done by Gray Ladies ranges from writing letters, reading and shopping for patients, to serving as guides to visitors and entertainers, acting as hostesses in recreation rooms, or staffing hospital information desks.

Gray Ladies (and Gray Men) often fill individual assignments by bringing bedside recreation to patients, tutoring, translating, and interpreting. Under the direction of trained therapists, they also work with patients who are doing simple exercises.

The program is carried on in civilian and military hospitals, mental hospitals, in nursing homes and other institutions, in clinics, and in the homes of shut-ins and chronically ill.

In times of natural disaster, Gray Ladies join forces with other Red Cross workers to help carry out the National Society's responsibility for the welfare of disaster victims.

#### *How is a Program developed?*

First : ascertain the needs for service ; then find the volunteers and train them. Aim at an efficient program, expand it if necessary.

Requests from hospitals for this service may be received ; if hospital staffs know nothing about the service, it may be offered to them. At any rate, discussions must take place in which explanation is given mutually as to the type of work that is expected of the

---

<sup>1</sup> This work, which has appeared under the title *Guide for Gray Lady Chairmen*, has been published by the American National Red Cross, Office of Volunteers, Washington, 6 D.C.

Gray Ladies as well as the appropriateness ; how volunteers are selected, and the plans for training and supervision that must be developed by the Red Cross and the hospital.

*In selecting volunteers*, consideration must be given as to how well prepared each applicant is by life experience and by personal qualifications. Applicants must be chosen above all for their maturity and common sense.

Applicants must be willing to :

Help people without regard to racial, religious, political, or other affiliation.

Give at least a reasonable minimum number of hour of service.

Accept the minimum 12 hours of training, a 10-hour practice period, and any other preparation required to do the job well.

Observe Red Cross and hospital regulations and accept direction in fulfilling assignments.

Furnish—before starting training—a physician’s statement of a recent physical examination indicating ability to perform the required duties.

### *Training the Volunteers*

Training requires the cooperative efforts of both Red Cross and hospital. Volunteers must have a general understanding of the work they will be doing. It must be the foundation for continued learning on the job.

Training includes the following :

Introduction to the Red Cross	minimum 2 hours
Introduction to Gray Lady Service	” 2 hours
Introduction to the Hospital	” 6 hours
Review Session	” 2 hours

Any Additional Training as needed.

Volunteers must complete a minimum 10-hour practice period before they are eligible to receive a certificate.

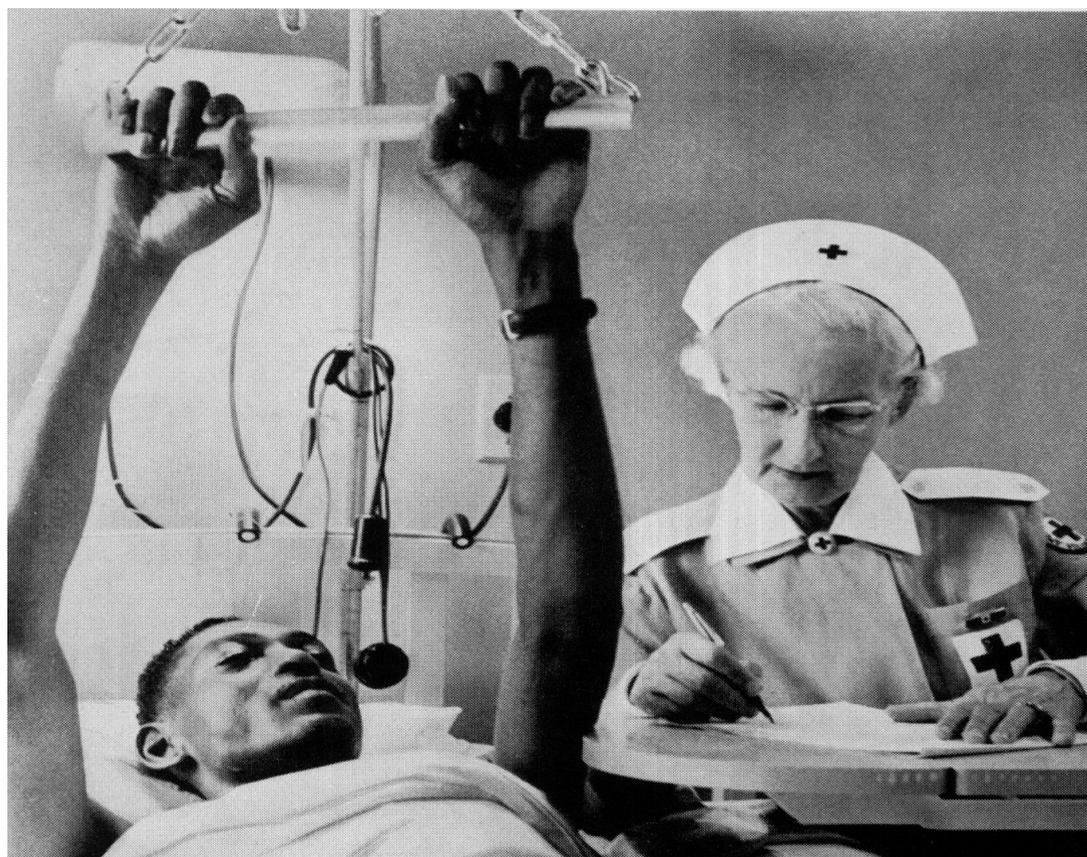
“ Introduction to the Red Cross ” gives the volunteers the information they should have in order to represent the organization well.

“ Introduction to Gray Lady Service ” should help the volunteers to understand the nature of the service, what is expected of them by the hospital, such as :



## GRAY LADIES OF THE AMERICAN RED CROSS

Writing letters for the sick...





A gray Lady reading to them...

... and an other offering her services to held Head Matron.



Familiarity with the institution where they serve and ability to interpret its policies to the public.

Understanding and acceptance of necessary supervision. Ability to work with others.

Discretion in conversation with patients and about them. Skill in performing duties and adjusting to new assignments and situations.

“ Introduction to the Hospital ” gives the volunteers understanding how to work with patients and the hospital staff.

“ Review Session ” gives the volunteers an opportunity to clear up any questions they may have and to give them assurance as they start to work.

“ Additional Training ” means knowledge of any field the volunteers may enter which may require special study, such as work with the blind, paraplegics, tuberculosis patients or the mentally ill, etc., wherever specific skills or techniques are required.

#### *On-the-Job reminders*

People work best when they believe that what they are doing is worthwhile.

Workers must learn to distinguish between public and private information as applied to what they do.

Gray Ladies should be familiar with other Red Cross services in order to relate their own service to them.

As far as possible volunteers should be entrusted with responsibility ; it makes them work harder and better. Volunteers like to be kept busy.

As a rule volunteers do not covet coddling ; they like to be treated the same way as staff members.

Like all staff they need guidance, especially in difficult situations, such as working with the emotionally disturbed. An occasional job discussion with colleagues and supervisor is valuable. Recognition of good service, faithfully rendered should be given the volunteer from time to time.

Just a century ago Henry Dunant cried out to the world that those wounded in battle should be treated as brothers. About the same time, but then unaware of the lesson of Solferino, an American schoolteacher offered her services to the military leaders engaged in

the war between the States. She wanted to comfort the sick and the wounded. The idea of a "pettycoat" in army installations was rejected as an absurdity. But the little woman, Clara Barton, prevailed. With a special permission, given her by the great Abraham Lincoln, she was admitted to field hospitals and convalescent centers. In a very true sense, she who later founded the American Red Cross, was the first Gray Lady.

Today many a Mrs. Martin spends a day or two each week doing for others what she surely would appreciate having done for her, were she to be ill and lonely and languishing. A true application of the Golden Rule.

### **Gray Ladies in other National Societies**

Some time ago members of the Ladies' Committees of the Red Cross Societies in the Central American countries and Panama met in Guatemala. Among the many topics they discussed, they considered the possibility of introducing Gray Lady service in their respective countries. One society, the Costa Rican Red Cross, had already done so several years ago and very successfully; in Costa Rica the service is called that of "las Damas Blancas".

A request was addressed to the American Red Cross to offer a Gray Lady course. The society gladly complied with the request and organized a two-weeks course at Gorgas Hospital in the Panama Canal Zone. Eighteen ladies, i.e. three from each country, took the course which in this case was extended beyond the usual time, thus permitting the participants to prepare themselves, not only as Gray Ladies, but also as instructors. They all graduated; they were capped, pinned and certificated after successful completion of their studies. Since then, courses are being given in several Central American countries by the graduates and the promotion of this service is under way from Panama to Guatemala.

### **Values in Voluntary Services**

During the one hundred years of its existence, the Red Cross which now encircles the globe, has found myriad ways by which men, women and young people of goodwill may serve their fellow human beings who need help. Henry Dunant recognized and proclaimed the necessity for an organized, concerted effort to assist

the neighbor in distress, be he next door or in the adjacent country, or on the other side of the world. Many public services now taken for granted as if they had always existed, had their beginning in the voluntary labors of altruistically-minded individuals who, inspired by the message from Geneva, joined ranks to war against human distress. Some services—voluntary at their inception—have remained so to this day, and it is hoped that they will always remain voluntary. The Gray Lady Service is one of them.

**Fred G. SINGER**

International Relations Officer  
in charge of Latin American Affairs,  
American Red Cross.