

## We'll Do Whatever We Can

As I write this, the world is in the midst of coordinating help following the devastating January earthquake in Haiti. I find myself alternately watching scenes of an impoverished people searching for basic needs and medical care and reaching for the phone to volunteer for a medical team. Haiti's healthcare infrastructure, long maintained by relief organizations, has literally crumbled. Thousands of injured Haitians are awaiting surgery, and those hospitals that were left standing are overwhelmed with patients. At *L'Hopital General*, there are no antibiotics left and patients are enduring terrible pain because analgesic supplies have been exhausted. As a nurse, I find these reports and pictures intensely disturbing. Unrelieved pain and suffering go against every fiber of my being. Yet the pictures keep coming. A plane filled with water, medical supplies, tents, and communication equipment recently left from my home city of Chicago, IL, bound for Port-au-Prince. Accompanying the pallets of water and supplies was a team of trauma nurses volunteering their time and expertise to help triage and provide medical care. One nurse said it all, "We'll do whatever we can."

That's what nurses do: whatever we can. Faced with life's tragedies, we accept the challenges and do whatever is necessary to make things better. Sometimes that's by giving medical care; sometimes, it's by holding a hand and providing comfort. Globally, regionally, and within our own hospitals and clinics, nurses are among the first responders when there's a call for help. Faced with shortages and underserved populations, we find resources where none seems to exist. I watch these scenes unfold and think back to 2005—Hurricane Katrina. The same question: "Can you help?" And the same response: "We'll do whatever we can." In response to Katrina, oncology nurses around the United States volunteered to coordinate the care of hurricane victims who were in the midst of cancer treat-

ment. Doing whatever we can . . . rising above adversity.

What does it take to rise above adversity? What makes it possible for nurses to deal with adversity day after day? Resilience. Luthar, Cicchetti, and Becker (2000) defined resilience as a "dynamic process encompassing positive adaptation within the context of significant adversity" (p. 543). The ability to transform disaster into a growth experience

**Faced with life's tragedies, nurses do whatever is necessary to make things better. Nurses are among any disaster's heroes and heroines, providing assistance wherever needed.**

and move forward defines the concept of resilience in our personal and professional lives. Resilience involves the ability not only to cope with stressful situations but to learn from them, adapt, and thrive while successfully facing such challenges. In our everyday lives, nurses adapt, transform, and cope. We are resilient.

Not every nurse can travel to disaster areas and serve on frontline medical teams. There's a lot of nursing work to do at home. Every nurse can volunteer in some way. Ask human resources staff about your facility's policies related to volunteer service in the United States or elsewhere. Offer to cover for fellow nurses who are traveling to Haiti. Ask whether your facility will allow nurses to donate paid time off hours to nurses who are volunteering without pay. The American Red Cross (ARC) is not deploying medical teams to Haiti at this time; the International Red Cross is coordinating medical volunteers. Nurses are needed for stateside ARC Haitian relief projects. Two groups of ARC nurses in Chicago recently began helping Haitian refugees settle into a repurposed convent

a few blocks from my home, giving them clothing, food, a safe place to rest, and essential medical checkups and medication before they are relocated with host families. ARC and other aid organizations can use your help to make phone calls for fundraising, donating essential materials, or locating host families. Donate to legitimate aid organizations; money will be needed for many years to come. Realistically consider what you can offer and when it might be needed.

Nurses are among any disaster's heroes and heroines, providing assistance wherever it's needed. If there is any hope that the Haitian people are going to recover from this crisis, they are going to need nurses. Lots and lots of nurses. If you're considering serving in Haiti, take a look at the Project HOPE Web site ([www.projecthope.org](http://www.projecthope.org)) for current needs and requirements for volunteer medical teams traveling to Haiti. The emergent relief efforts in Haiti will move forward and so will the nursing community. Each of us will find our own high water mark about how we respond to calls for help. International and U.S. support initiatives eventually will surpass medical services as civil engineers, military personnel, relocation experts, and aid workers focus on providing safe housing and teaching displaced Haitian families how to care for themselves in their newly reordered world. But don't forget the nurses, because we'll do whatever we can.

Susan Moore, RN, MSN, ANP, AOCN®, is an oncology nurse practitioner and consultant in Chicago, IL. No financial relationships to disclose. Moore can be reached at [smoore46@yahoo.com](mailto:smoore46@yahoo.com).

Digital Object Identifier: 10.1188/10.ONF.117

### Reference

Luthar, S.S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71, 543–562.