

## Civilian Volunteers Building Public Health Resilience

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All disasters are local. When an event is large enough, a local community's resources can be quickly and completely overwhelmed. Even when professional emergency health and medical resources are stretched to their limits, a community must be able to continue to provide essential public health service functions in the aftermath of a large-scale event. For this reason, many communities are working with their local Medical Reserve Corps (MRC) units to strengthen health and medical surge capacity for times of extraordinary need.

### HISTORY OF THE MRC

Immediately following the events of September 11, 2001, thousands of health and medical volunteers arrived at the various attack sites to assist in the response efforts. The complexities of utilizing these spontaneous, unaffiliated volunteers became immediately apparent. Local responders, already overtaxed, found it almost impossible to address issues regarding credentialing, legal protections, management, and supervision following such a large influx of volunteer personnel. Given the lack of existing mechanisms to identify and manage spontaneous volunteers, many of these highly skilled people were turned away.

The anthrax mailings of October 2001 and the subsequent mass medication dispensing responses further highlighted the need for a system of volunteer medical and public health professionals. If the population of exposed individuals was much larger, then the need for more workers for prophylactic or treatment pharmaceutical "point of distribution" sites, including many more health professionals, would have been far greater. Without an organized means of coordinating volunteer efforts, such needs likely would have gone unmet.

After-action reports from both of these events identified the need for a more organized approach to utilizing medical and public health volunteers during catastrophic disasters. They also identified many of the issues that needed to be addressed, including preidentification, registration, credentialing, training, liability, and activation of these volunteers. As a result, the MRC was established to provide a format for the recruitment, training, and activation of health and medical professionals to respond to community health needs, including disasters. Formally launched in July 2002, the MRC program ([www.medicalreservecorps.gov](http://www.medicalreservecorps.gov)) is housed within the US De-

partment of Health and Human Services' Office of the Surgeon General.

The MRC was originally established as a demonstration project to test the feasibility of the concept of whether communities could establish preidentified and precredentialed teams of medical and public health volunteers. A total of 166 communities participated in the MRC demonstration project from 2002 to 2006. The project quickly showed that medical and public health professionals would be willing to serve and that the public health response capability in communities could be strengthened through the establishment of MRC units.

The Office of the Civilian Volunteer Medical Reserve Corps was formally established to expand upon the early work of the demonstration project. Its mission is to support local efforts to establish, implement, and sustain MRC units nationwide. In addition, it functions as a clearinghouse for community information and best practices, and helps communities achieve their local visions for public health, including emergency preparedness and response.

As of September 2008, the MRC has grown to include more than 780 units and more than 168,000 MRC volunteers in 49 states, Washington, DC, Puerto Rico, Guam, Palau, and the US Virgin Islands.

### MRC CONCEPT

The MRC is a community-based civilian volunteer program that engages volunteers to strengthen public health, emergency response, and community resilience. MRC units work with key response partners to address local health needs and build community resiliency. Local units participate in a variety of activities ranging from public health education in schools to supplemental immunization clinics to disaster response, depending upon the needs of the community.

MRC units are encouraged to engage in activities that support the surgeon general's priorities for public health, which include supporting disease prevention efforts, improving health literacy, eliminating health disparities, and enhancing public health preparedness. This also supports the MRC vision of public health resilience. For example, during the summer of 2008, MRC volunteers across the country spon-

sored and participated in many public health related events, including the following:

- Yuma County, AZ, MRC volunteers provided back to school vaccinations for 500 area students.
- Portland, OR, MRC volunteers participated in Project Homeless Connect, providing immunizations, triage, blood pressure screenings, and foot care to those in need.
- Boyle County, KY, MRC partnered with the National Kidney Foundation to hold screenings for kidney disease.

MRC units and volunteers also are called to action in response to a broad variety of public health emergencies. In 2005, MRC volunteers made a huge impact on the response and recovery efforts after hurricanes Katrina, Rita, and Wilma. An estimated 6000 MRC volunteers supported the response and recovery efforts in their local communities. In the hardest hit areas, and as the storms forced hundreds of thousands of residents to flee the affected areas, MRC volunteers were ready and able to help when needed, and assisted as evacuees were welcomed into their communities. These volunteers spent countless hours helping people whose lives had been upended by these disastrous events.

In addition to this local MRC activity, more than 1500 MRC members were willing to deploy outside their local jurisdiction on optional missions to the disaster-affected areas with their state agencies, the American Red Cross, and the US Department of Health and Human Services. Of these, almost 200 volunteers from 25 MRC units were activated by Health and Human Services, and more than 400 volunteers from more than 80 local MRC units were deployed to support Red Cross disaster operations in Gulf Coast areas.

In August 2008, MRC units began responding to Hurricane Gustav and Tropical Storm Hanna. Not long after, units also started to prepare for Hurricane Ike. Although the numbers are still coming in, units are reporting their activities and continuing to provide great support in their communities, including

- 16 Kentucky MRC units assisted or are assisting in staffing the Federal Medical Station that is sheltering Hurricane Gustav evacuees with medical needs.
- Miller County MRC in Texarkana, AR, was activated and is supporting special needs sheltering operations. Approximately 1440 individuals were processed through the SW Center in Texarkana. Of these, 167 underwent medical evaluation, 67 had prescriptions delivered, and 10 patients were transferred to the inpatient medical team. This unit reported shortfalls in staffing physicians and midlevel providers in all of the places that they were needed.
- Craighead County (AR) MRC has been involved in the local effort to help evacuees from Hurricane Gustav. They have set up a clinic at the local shelter to assist evacuees with their medical needs. To date they have seen a total of 46 people.

- Northwest Louisiana MRC in Bossier City is responsible for state-run first aid medical stations and for staffing assistance at the 2 Red Cross general shelters. The MRC coordinator for this unit is designated as medical liaison to all of the shelters and hospitals in the area and stayed in the shelter with evacuees for the entire week. This unit's activity was profiled by the local television news media.
- Oklahoma MRC was activated in response to Hurricane Gustav to support medical, public health, mental health, and pharmacy operations in the Oklahoma City Lucent Center Evacuee Shelter. They were operational from August 31 to September 5, 2008. In all, 110 Oklahoma MRC members participated in this response, working 1100 total hours.
- Denton County (TX) MRC activated 90 volunteers to support sheltering operations.

These are just a few examples of the activities MRC units are engaged in to respond to and recover from recent hurricanes. It is evident that volunteers are making a huge impact on recovery efforts within affected communities, and in accordance, more resources are being used locally to assist each area affected, allowing towns and cities to bounce back from tragedy more quickly.

## HOW TO GET INVOLVED

Because local MRC leaders are encouraged to evaluate resources needed to carry out their missions and then match these needs to potential local resources, individuals and local organizations who are interested in working with the MRC should contact their local MRC to determine what activities the unit is participating in and how they can help.

Individuals wishing to volunteer should contact the nearest MRC to find out more about the local unit and to obtain a volunteer application. Key community stakeholders (eg, public health, emergency management, hospitals, business) are strongly encouraged to partner with and support their local MRC units. If there is no local unit in the area, then individuals should contact local health and response agencies and encourage them to start one in the community.

Those wishing to establish an MRC in their local community are encouraged to talk to all of their community partners (eg, public health, emergency management, hospitals, city government, police, fire) to fully integrate the MRC and obtain buy-in. In addition, individuals who feel strongly about the MRC concept should speak with their organizational leadership about sponsoring a unit in their community. An MRC unit could supplement that organization's existing resources and also work in cooperation with other organizations to meet the needs of their local area.

The MRC Program Office has created the Technical Assistance Series, with specific steps to assist communities interested in establishing an MRC unit. It can be found on the MRC Web site ([http://www.medicalreservecorps.gov/File/TASeries/0\\_Getting\\_Started\\_\(FINAL\).pdf](http://www.medicalreservecorps.gov/File/TASeries/0_Getting_Started_(FINAL).pdf)).

## CONCLUSIONS

Local MRC units are providing a host of services to their communities. Participating in these activities gives MRC members an opportunity to be proactive in making their communities safer and healthier. It also provides their communities with a valuable health and medical surge resource.

In the event of a large-scale disaster, local communities must rely on their own resources until state and federal help can arrive, and help could be days to weeks away. A local MRC unit can help the community by having preidentified and trained volunteers ready to supplement and support the overwhelmed local responders.

To help MRC leaders with the process of planning, developing, and sustaining an MRC unit, as well as building partnerships in their community, the MRC Program Office provides the MRC Technical Assistance Series (an action steps-oriented guide). In addition, the MRC Program Office has developed guides for MRC leaders on pandemic influenza and hurricane response planning. Visit the MRC Web site for more on these guides, information on lessons learned and promising

practices, and other pertinent resources. MRC leaders and others interested in the program are encouraged to contact the MRC Program Office at [MRCcontact@hhs.gov](mailto:MRCcontact@hhs.gov) or (301) 443-4951. Alternately, MRC regional coordinators (<http://www.medicalreservecorps.gov/Coordinators/Regional>) or the nearest MRC unit (<http://www.medicalreservecorps.gov/FindMRC.asp>) can be contacted for expert advice and more detailed information.

## About the Author

Grace Middleton is a senior associate with Z-Tech and serves through a government contract as Public Information Officer for the Office of the Civilian Volunteer Medical Reserve Corps.

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## Author's Disclosure

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