



The MRC Patriot



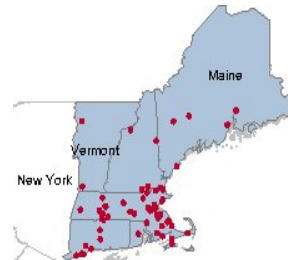
Volume 3, Issue 1

January 2007

Region 1 MRC Units (60) – (*new)

*4b-Subregion 3 – MA
*Agawam - MA
Amesbury – MA
Amherst Health Dept. – MA
Berkshire (formerly Fairview Hosp) - MA
Boston Public Health – MA
*Bridgeport – CT
*Bristol-Norfolk – MA
*Brockton - MA
Brookline Dept. of Health - MA
Cape Cod/Church of the Nazarene –MA
Capitol Region MRC - CT
City of Easthampton - MA
*Duxbury - MA
Eastern Maine Healthcare – ME
Fairfield/Easton - CT
Franklin County MRC – ME
Franklin Regional Council of Govts – MA
*Greater Fall River – MA
Greater Nashua (formerly City of Nashua) - NH
*Greater New Bedford – MA
*Greater Westfield & Western Hamden Cty – MA
*Holyoke – MA
*Kingston – MA
*Martha's Vineyard - MA
Mass. Emergency Response Team – MA
*Mass Region 4a – MA
*Mass Region 4b – MA
Mass Task Force – Beverly MA
Medical Reserve Corps – Derry NH Unit – NH
Medical Reserve Corps - Southwestern VT – VT
*Middleborough Area - MA
Middletown MRC – CT
Mystic Valley MRC – MA
*Naugatuck Valley Health District - CT
Newton Dept. of Health – MA
North Country Health Consortium – NH
*North East Mass – MA
*North Shore/Cape Ann – MA
*Northern Carroll County - NH
*Oxford County – ME
*Pelham - NH
*Plymouth – MA
*Randolph - MA
Rhode Island MRC – RI
South Shore Hospital – MA
*Southern Maine - ME
*Stratford-Trumbull-Monroe – CT
*Town of Grafton – MA
*Town of Longmeadow - MA
UMass Amherst – MA
Upper Cape MRC – MA
Upper Merrimack Valley MRC – MA
*Vermont National Guard - VT
*Wachusett-MA
Waldo County MRC – ME
*Westport-Weston-Wilton – CT
*Wilbraham – MA
*Worcester - MA
Yale-New Haven – CT

5th Annual National Leadership Conference in New England April 17-20, 2007



Providence meaning “hope” – the capitol city of the State of RI, the smallest state in the nation. Providence is the second largest city in New England, second only to Boston, MA (a 45 minute car ride or quick train trip away). It is home to Brown University, is known for its fine culture and diverse foods among other things. Just south in Coventry, RI is the fine home of a single MRC unit co-located with the RI DMAT that unites over 500 volunteers with medical interests to serve its mission in Rhode Island.

“Forging Powerful Partnerships” is the chosen theme by the very active planning committee. This year’s program is new, innovative and responsive to previous year’s suggestions of more “hands-on” and “how-to” programming. There will be experts presenting on current topics that you asked for, including strategic planning, marketing, communications, integration with other federal programs, grant-writing/seeking and more.

Of course there will be plenty of time to network and build relationships with MRC leaders and federal partners from across the country.

Mark your calendars now!
The Westin Hotel - Providence, RI
April 17-20, 2007

What is that?...NACCHO Cooperative Agreement?

A Cooperative Agreement is a flexible "contract" between two parties where one of the two named parties enters into an agreement with the other to provide identified needs, resources, and services of the other due to their proven expertise and capability to provide said needs.

The National MRC Program Office has a cooperative agreement with the National Association of City and County Health Officials to assist program development and capacity building of the MRCs, including but not limited to capacity building mini-grants management, national leadership conference assistance, and the branding and marketing of the MRC program nationally.

More questions answered:
[www.medicalreservecorps.gov/File/MRC
C Cooperative Agreement FAQ.pdf](http://www.medicalreservecorps.gov/File/MRC_Cooperative_Agreement_FAQ.pdf)

TMF THE MEDICAL FOUNDATION

Continuing to Assist New England MRCs and beyond...

Steve Ridini and Susan Downey are two very talented team members of the Boston-based Not-for-Profit Training Organization,

The Medical Foundation. They have provided educational seminars for the MRCs in New England and the Mid-West over the past 2 years and are continuing to do so now during the National Leadership Conference in April, 2007.

Their programming continues in New England with some unit and/or state based strategic planning. Using their strengths in leadership, sustainability, communications, and outcomes they are individualizing this training to the needs of the units so that strategies for long-term volunteer organizations can be created. This type of training can be coordinated through the Regional Coordinator and the Regional Health Administrator's office.

S.3678, Pandemic and All- Hazards Preparedness Act signed by President Bush

On December 19, 2006, President Bush signed S. 3678, the "Pandemic and All-Hazards Preparedness Act," into law (Public Law No.109-417). This act authorizes appropriations to improve bioterrorism and other public health emergency planning, preparedness and response activities. Of particular significance to the MRC program is Section 303 of the Act, which codifies the MRC program. For more information go to: <http://thomas.loc.gov/cgi-bin/query/z?c109:S.3678>



MRC Success in 2006

As a positive in Homeland Security, HHS Secretary, Michael Leavitt mentioned the Medical Reserve Corps specifically as something that went right in his 2006 end of year report. See the recognition under Vision 4 Secure the Homeland.

HTML:

<http://www.hhs.gov/500DayPlan/2006majoraccomplishment.html>

PDF:

<http://www.hhs.gov/500DayPlan/2006MajorAccomplishments.pdf>

Congratulations are in Order!

2006 promotions included:

Captain Robert Tosatto, formerly Commander
and

Admiral Michael Milner, formerly Captain

The MRC also welcomed *Lt. Andrea Brooks*
and *Melissa Watts* to the National and
Regional Program Offices in 2006



Resources, Events, and Opportunities...

2007 Local, State and Federal Public Health Preparedness Summit. February 19-23, 2007 in Washington, D.C. Sponsored by the National Association of County and City Health Officials (NACCHO). For more information, visit the conference website at www.phprep.org

State Contacts for New England

ME: None at the present time

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***The Medical Reserve Corps Mission:
"To serve citizens and communities
throughout the United States by
establishing local teams of volunteers to
strengthen the public health
infrastructure and improve emergency
preparedness."***



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Website: www.medicalreservecorps.gov



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NEWLY RELEASED:

The long anticipated, newly released IS 100 HC Introduction to the Incident Command System for Healthcare/Hospitals <http://www.training.fema.gov/EMIWeb/IS/is100HC.asp> and IS 200 HC Applying ICS to Healthcare Organizations <http://www.training.fema.gov/EMIWeb/IS/is200HC.asp> courses from the Emergency Management Institute. The materials at these locations are currently designed for on-line, self-paced student activity.

The following is extracted from the EMI website, and are their words verbatim.

Course Overview

Incident Command training is being developed and offered for a variety of disciplines, including Federal Disaster Workers, Public Works, Law Enforcement, Healthcare/Hospitals and Public Health. All of the ICS training offered through these courses is consistent. However, the various versions include examples and exercises specific to each of these disciplines.

ICS 100, Introduction to the Incident Command System for Healthcare/Hospitals, introduces the Incident Command System (ICS) as it applies to the healthcare/hospital environment and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of the Incident Command System. It also explains the relationship between ICS and the National Incident Management System (NIMS).

ICS 200.HC is designed to enable healthcare/hospital personnel to operate efficiently during an incident or event within the Incident Command System (ICS). ICS-200 provides training on and resources for personnel who are likely to assume a supervisory position within the ICS.

Reminder: All MRC Units should be NIMS Compliant or working towards that goal.