

DATE: April 2, 2009

TO: American Red Cross Chapter and Medical Reserve Corps Unit Leaders

FROM: Joe Becker, Senior Vice President, Disaster Services, And American Red Cross  
CAPT. Robert Tosatto, Director, Office of the Civilian Volunteer Medical Reserve  
Corps, Office of the Surgeon General, U.S. Department of Health and Human  
Services

SUBJECT: Local Partnerships between American Red Cross and Medical Reserve Corps

The very successful joint responses to hurricanes and other recent events by the American Red Cross and the Medical Reserve Corps (MRC) have highlighted the value of the growing partnership between these two organizations. They also show the importance of working together at all levels throughout the year on training activities and public health initiatives to make communities healthier, safer, and more prepared. We strongly encourage these interactions.

The MRC is a national network of local groups of volunteers committed to improving the health, safety and resiliency of their communities. MRC volunteers include medical and public health professionals, as well as others interested in strengthening the public health infrastructure and improving the preparedness and response capabilities of their local jurisdiction. The MRC Program was founded in 2002 and is housed in the Department of Health and Human Services' (HHS) Office of the U.S. Surgeon General. There are currently over 800 MRC units and more than 175,000 MRC members who may support a number of existing local programs and agencies.

The American Red Cross is a humanitarian organization led by volunteers and guided by its Congressional Charter and the Fundamental Principles of the International Red Cross Movement. The American Red Cross provides relief to victims of disasters and helps people prevent, prepare for and respond to emergencies. Each year, hundreds of thousands of Red Cross volunteers respond to more than 70,000 disasters through over 700 locally supported chapters.

The missions of the MRC and the American Red Cross are complementary and working together will only better prepare and protect our communities to recover from disaster. The leadership of the Red Cross and MRC have held several planning meetings and we have reached a common understanding of how mutually beneficial support activities may evolve in the future. Basically, there are three ways for Red Cross and MRC volunteers to work together:

#### **1. MRC Volunteers working as Red Cross Volunteers**

When MRC volunteers are going to work as Red Cross volunteers, they will be processed through Red Cross volunteer intake systems, which include criminal background checks. As Red Cross volunteers, they must adhere to Red Cross protocols and activity guidance, display Red Cross identification, and work under Red Cross supervision. Local MRC units and chapters should work together to process MRC volunteers through the Red Cross volunteer intake system in advance of any disaster.

#### **2. MRC Volunteers working alongside Red Cross Volunteers (i.e. shelters, emergency aid stations, etc...)**

When MRC volunteers are working as MRC volunteers in a facility where the Red Cross is also working, the MRC volunteers should identify themselves as such (and not as Red Cross volunteers). In this

situation, MRC volunteers will work under MRC or public health agency protocols and supervision.

### **3. Red Cross Volunteers working as MRC Volunteers**

When Red Cross volunteers are going to work as MRC volunteers, they will be processed through MRC volunteer intake systems. As MRC volunteers, they must adhere to MRC protocols and activity guidance, display MRC identification (and no Red Cross identification), and work under MRC supervision. Local MRC units and Red Cross chapters should work together to process Red Cross volunteers through MRC volunteer intake systems in advance of any disaster.

These different ways of working together are covered throughout the following scenarios. Response activities will likely progress in phases as the situation evolves, public health and medical systems degrade, and assets are overwhelmed. Events could be elevated from localized disasters and progress to Catastrophic Incidents. The situations displayed below will help to ensure closer coordination during a disaster at the local and national levels of both Red Cross and the MRC, providing specific considerations that local Chapters and MRC units will need to take into account before establishing a Memorandum of Understanding (MOU). Each situation described below represents an increase in severity and incorporates all of the activities and recommendations that correspond to the situations described previously.

#### **A. Situation: The local public health/medical infrastructure is intact**

##### **Activities at Local Level:**

- Local Red Cross chapters manage local shelter operations and provide Disaster Health Services to include assessment, minor treatment, and referral and disaster mental health to include assessment, supportive counseling, and crisis intervention.
- Local MRC members may supplement local Red Cross shelter staff, working as Red Cross volunteers under Red Cross National Headquarters Disaster Health Services and Disaster Mental Health guidance, protocols and supervision to provide health and mental health services at Red Cross sites.
- MRC unit leaders should inform their MRC regional coordinator of the activity and include a description of the activity on their MRC unit profile.

##### **Activities at the National Level:**

- Red Cross National Headquarters Activity Leads, as well as HHS and Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC) staff, should be aware of the activities, but are not likely to be directly involved.

##### **Recommendations:**

- Partnerships between local Red Cross chapters and local MRC units should be developed as soon as possible so as to be in place prior to disasters or emergencies.

#### **B. Situation: The local public health/medical infrastructure is somewhat degraded**

##### **Activities at Local Level:**

- All activities for the previous situation are incorporated.

- The local health department may seek to set up a temporary infirmary within a Red Cross shelter in a clearly marked area which is separate from the general shelter population. Red Cross shelter managers must contact Disaster Health Services and Mass Care at National Headquarters before agreeing to the placement of an infirmary in a shelter.
  - The infirmary operates under the local health agency's protocols.
  - The responsibility and liability for the operation of this temporary infirmary rests solely with the local health department or the organizing entity.
  - Red Cross volunteers will refer persons requiring levels of care outside Red Cross Disaster Health Services Protocols to the temporary infirmaries or other appropriate medical facilities.
- The local health department may call upon local MRC volunteers to provide supplemental support/staff for these temporary infirmaries and this work performed is delivered under the MRC and health department protocols and liability protections.
- Red Cross has no role in the medical care provided at these temporary infirmaries and assumes neither responsibility for these infirmaries nor any liability arising from them.

#### **Activities at the National Level:**

- Red Cross Shelter Managers, Disaster Health Services Disaster Relief Operation (DRO) Leads and Disaster Mental Health DRO Leads should be in contact with their respective Activity Leads at Red Cross National Headquarters regarding placement of a temporary infirmary in the shelter.
- HHS and OCVMRC staff should be aware of the activities, but are not likely to be directly involved.

#### **Recommendations:**

- All recommendations for the previous situation are incorporated.
- If a local MRC intends to support infirmaries established by public health agencies, they should work with and through those agencies. Agreements should be developed as soon as possible so as to be in place prior to disasters or emergencies.

#### **C. Situation: The local public health/medical infrastructure is degraded and local response assets are overwhelmed**

##### **Activities at the Local and State Level:**

- All activities for the previous situations are incorporated.
- If the local health department operates any infirmary at a Red Cross shelter, it should be in a clearly marked area, separate from the general population of the shelter.
- The responsibility and liability for the operation of a temporary infirmary may remain with the local health department or the State may assume the responsibility and liability.
- If necessary, the State may call upon MRC volunteers from other jurisdictions within the State to provide supplemental support/staff for these temporary infirmaries, working under either state or local health department protocols and liability protections.
- Red Cross volunteers (e.g., health and mental health professionals) may be performing as MRC volunteers as the situation evolves. Red Cross volunteers working under the MRC system are working as MRC volunteers and subject to MRC protocols, policy, and liability protection.
- Local/Regional Red Cross chapters may request additional Red Cross Disaster Services Human Resources (DSHR) staff to meet the needs of the disaster response.

##### **Activities at the National Level:**

- All activities for the previous situations are incorporated.
- Red Cross Shelter Managers, Disaster Health Services Disaster Relief Operation (DRO) Leads and Disaster Mental Health DRO Leads will provide National Headquarters with situational awareness regarding the temporary infirmary adjacent to the shelter.
- Red Cross Regional Chapters may be providing additional support to chapters engaged in operational response.
- MRC Regional Coordinator may be in contact with local MRC units regarding their activities

**Recommendations:**

- All recommendations for the previous situations are incorporated.
- Local MRC Units and Red Cross Chapters are encouraged to engage with their local and state health officials to develop mechanisms for state and regional support of local health department disaster services and temporary infirmaries as soon as possible. These relationships and their concurrent operational understanding need to be completed as soon as possible (i.e., in advance of future disaster or emergencies).
- Processes for local MRC units to request and utilize MRC members from outside of their local jurisdictions should be developed by the MRC and local/State public health officials.

**D. Situation: The local public health/medical infrastructure is degraded and Local and State response assets are overwhelmed**

**Activities at the Local and State Level:**

- All activities for the previous situations are incorporated.
- The affected State may call for support from other States (i.e. through Emergency Management Assistance Compact (EMAC) and mutual aid agreements) to provide supplemental support/staff for any temporary infirmaries.
- The affected State may also request supplemental support/staff for any temporary infirmaries from the Federal government, through Emergency Support Function (ESF)-8 (Public Health and Medical Services) in the National Response Framework (NRF).
- The response to this request may include assistance from MRC volunteers who have been identified to activate outside their local jurisdiction as part of a Federal response.
- During a significant public health event such as Pandemic Influenza it is likely that assistance from outside the local and state regional jurisdictions will be severely limited.

**Activities at the National Level:**

- All activities for the previous situations are incorporated.
- HHS, through the Assistant Secretary for Preparedness and Response (ASPR), has the lead for ESF-8, and will coordinate all health and medical response activities.
- Red Cross National Headquarters may request supplemental support/staff for Red Cross shelters from the Federal government through ESF-6 and ESF-8. Requests for MRC support will be coordinated by HHS.
- OCVMRC will work closely with ASPR regarding requests for MRC volunteer support.
- HHS could establish a Federal Medical Station (FMS) in the vicinity of Red Cross shelter(s). Coordination of FMS activities would be through HHS and Local or State governments.

**Recommendations:**

- All recommendations for the previous situations are incorporated.

- Processes for local jurisdictions to request and utilize MRC volunteers from outside of their local areas and across state lines should be delineated in advance of an emergency.

**E. Situation: CATASTROPHIC INCIDENT. The local public health/medical infrastructure is not intact; Local, State and Regional assets are overwhelmed.**

**Activities at the Local and State Level:**

- All activities for previous situations are incorporated.

**Activities at the National Level:**

- All activities for previous situations are incorporated.
- Red Cross may request assistance from HHS to augment the provision of the customary level of health and mental health services in Red Cross shelters.
- Red Cross may use additional resources during catastrophic events in order to provide medical services.
- This will only occur at the express direction of the Senior Vice President, Disaster Services at Red Cross National Headquarters.

**RECOMMENDATIONS**

In order for the relationships to function smoothly and effectively in emergencies, it is important that local Red Cross chapters, public health departments and MRC units begin to develop functional relationships now. Some local Red Cross chapters and MRC units have already begun this process and are increasingly collaborating in many communities across the country.

We strongly encourage local Red Cross chapters and MRC unit leaders to join together now to improve the health and safety of their local communities. To this end, we encourage them to enter into Memorandum of Understanding, using the attached template, to document their collaboration.

**Contacts:**

American Red Cross, Disaster Health Services – April Wood, [wooda@usa.redcross.org](mailto:wooda@usa.redcross.org)  
 American Red Cross, Disaster Mental Health - Rob Yin, [yinr@usa.redcross.org](mailto:yinr@usa.redcross.org)  
 American Red Cross, Mass Care – Lynn Crabb, [crabbl@usa.redcross.org](mailto:crabbl@usa.redcross.org)  
 OCVMRC – CAPT Robert Tosatto, [robert.tosatto@hhs.gov](mailto:robert.tosatto@hhs.gov)  
 HHS/ASPR – Dr. Daniel Dodgen, [daniel.dodgen@hhs.gov](mailto:daniel.dodgen@hhs.gov)

**Signatures:**

\_\_\_\_\_/Joe Becker/  
 Joe Becker  
 Senior Vice President, Disaster Services  
 American Red Cross

4/2/09  
 Date

\_\_\_\_\_/Rob Tosatto/  
 CAPT Robert J. Tosatto  
 Director, OCVMRC  
 HHS, Office of the Surgeon General

4/2/09  
 Date