



Office of the Civilian Volunteer Medical Reserve Corps **2009 ANNUAL REPORT**



*2010 MRC Picture of the Year
San Bernardino MRC volunteers participating in a training exercise.*

Office of the Civilian Volunteer Medical Reserve Corps 2009 Annual Report

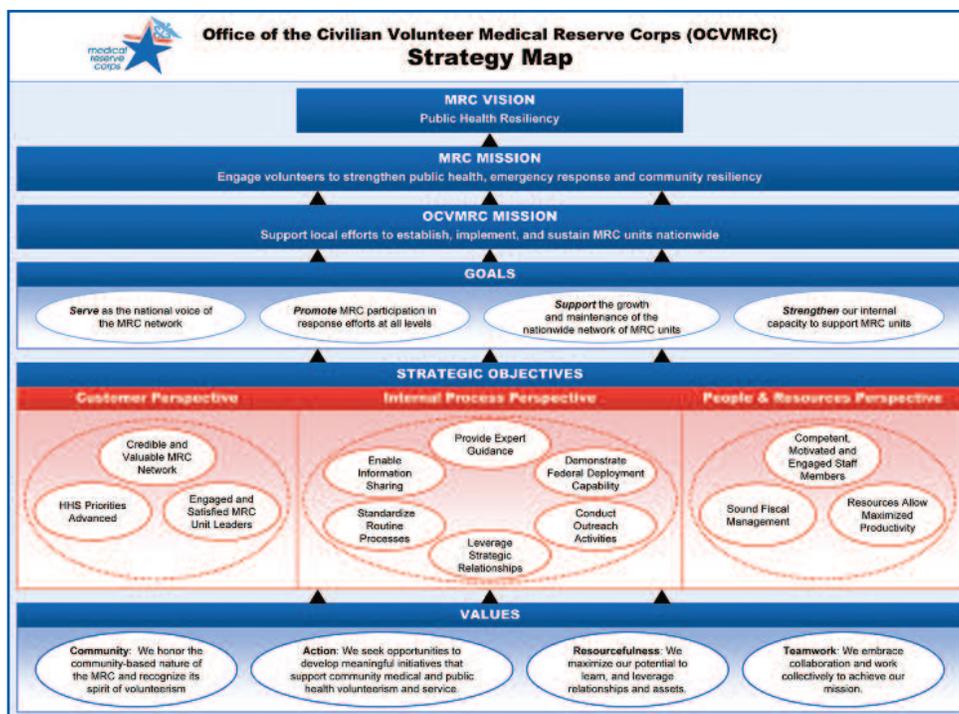
The 2009 Annual Report for the Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC) focuses on its strategic plan, which was finalized in early 2009 with a goal of serving as the way forward for the next 2 years.

The OCVMRC mission is to support local efforts to establish, implement, and sustain MRC units nationwide.

The Medical Reserve Corps (MRC) mission is to engage volunteers to strengthen public health, emergency response, and community resiliency. The OCVMRC and MRC network have a shared vision of public health resiliency.

The OCVMRC is the Federal office that supports the MRC. In order to assist the MRC accomplish its mission, we have established four goals. We will:

- **Serve** as the national voice of the MRC network
- **Promote** MRC participation in response efforts at all levels
- **Support** the growth and maintenance of the nationwide network of MRC units
- **Strengthen** our internal capacity to support MRC units

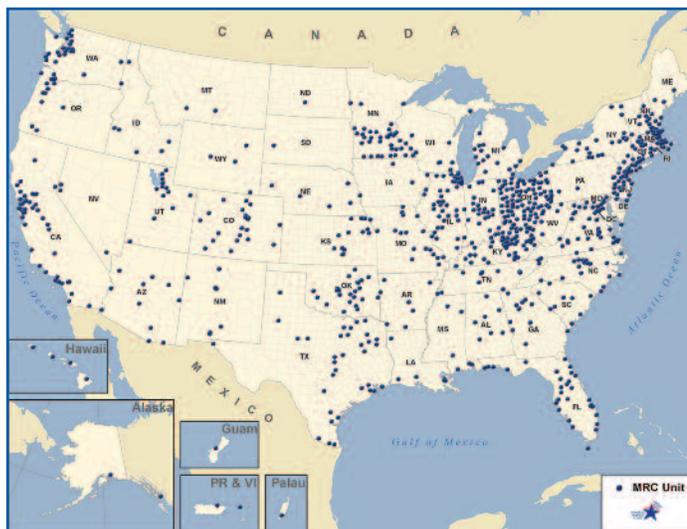


We have twelve strategic objectives (and 29 performance measures) that support the four goals.

Objective 1. Credible and Valuable MRC Network

The first objective is to achieve an MRC network that is robust and recognized, where its value and impact are evident and the MRC concept of local volunteer support for public health, preparedness, and response activities is accepted.

One of OCVMRC's roles in the MRC network is to actively promote and encourage growth in the number of MRC units and volunteers. In 2009, the number of MRC units increased by 9 percent, resulting in a total of 856 units. In addition, the number of volunteers increased from 168,996 to 189,245, representing a 12 percent increase. The increased number of MRC units and volunteers demonstrates the continued acceptance of the MRC concept in communities across the country. We also de-register MRC units that no longer meet the registration criteria in order to maintain the credibility of the MRC network. In 2009, 25 units were de-registered.



MRC Unit distribution

The newly-created Geographic Information System (GIS) capability of the MRC Web site will allow us to report the percentage of the population and geography that are covered by MRC units. MRC unit leaders are updating their unit profiles to better reflect the jurisdictions that they serve.

MRC units are active in their local communities daily, and local media outlets frequently publish stories about their activities. In 2009, 73 media coverage items about MRC were captured on the MRC Web site's News and Events page; in contrast, there were only 48 media coverage articles in 2008.

Objective 2. Engaged and Satisfied MRC Unit Leaders

This objective challenges the OCVMRC to provide attentive and responsive leadership to the MRC network. In turn, leaders demonstrate their engagement by conducting local activities and participating in the MRC network.

In 2009, 95 percent of MRC units participated in the MRC network by attending regional or national meetings, serving on work groups, or connecting with other MRC units via listservs and other forums.

In 2009, 84 percent of MRC units reported on activities that they conducted, demonstrating their engagement at the local level.

In 2010, the OCVMRC plans to develop mechanisms to capture our customer's satisfaction with the services and resources provided by OCVMRC, to include focus groups, resource ratings, surveys, and discussions with MRC work groups.

Objective 3. HHS Priorities Advanced

The MRC serves as an important conduit through which the Office of the Surgeon General (OSG) priorities are actively supported and carried out by volunteers throughout the Nation. In fact, MRC members are encouraged to consider themselves as the Surgeon General's "Ambassadors" in their local community. The OCVMRC also advances and promulgates the priorities and goals of the Office of Public and Health Sciences, Office of the Assistant Secretary of Preparedness and Response, and other U.S. Department of Health and Human Services (HHS) divisions.



Volunteers in Kauai, HI

In 2009, MRC units reported 9,120 activities, including 958 administrative, 2,397 public health, 1,862 preparedness, 2,179 training and 1,724 emergency response.

Participation in seasonal influenza clinics is a high priority for HHS and OSG, and MRC units have increasingly participated in these activities over the years. The 2009 H1N1 epidemic provided an added layer of complexity to the average flu season. Local MRC volunteers performed numerous tasks in connection with H1N1 response. Nearly 50,000 MRC volunteers were utilized in more than 2,500 activities related to H1N1. OCVMRC intends to release a comprehensive report detailing the MRC H1N1 response in 2010.



*2010 MRC Picture of the Year
Alexandria MRC (VA) volunteer gives Secretary Sebelius
her annual flu vaccination at an MRC hosted flu clinic.*

Objective 4. Provide Expert Guidance

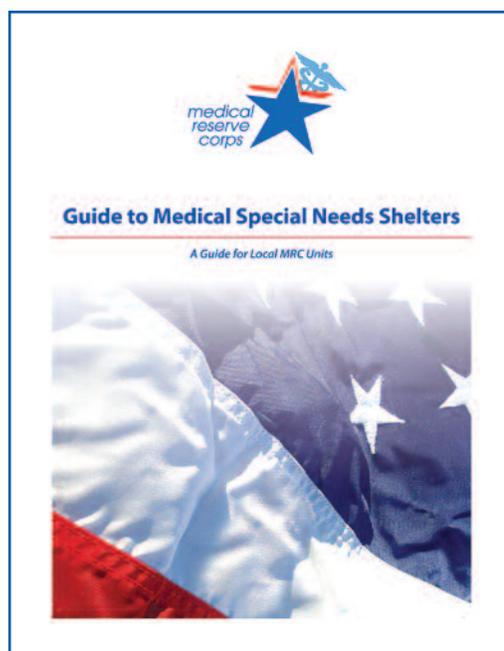
The OCVMRC develops and disseminates relevant technical assistance (TA) and capacity-building resources. In providing expert guidance to local MRC units, nationally-accepted MRC principles are established, promulgated, and evaluated.

The OCVMRC has provided guidance documents and training to assist with strategic planning and has encouraged all MRC units to engage in strategic planning processes. In 2009, 68 percent of MRC units reported that they participated in strategic planning efforts.

TA Assessments provide an opportunity, at least once per year, for OCVMRC staff to speak with local MRC units to discuss their strengths and weaknesses and determine plans for improvement. In 2009, 509 TA Assessments were completed and 64 percent of MRC units in existence for more than 6 months completed a TA Assessment.

The OCVMRC has provided guidance to MRC unit leaders to dispel confusion about National Incident Management System (NIMS) requirements. Ninety-seven percent of MRC units now report that they currently meet, or are working towards meeting the NIMS requirements.

Ninety percent of MRC units reported that they are using the MRC Core Competencies. The competencies define a standard set of activities that each MRC member would be able to perform. They also provide a framework for the program's training component and assist in describing what communities can expect of their MRC units.



Objective 5. Enable Information Sharing

Multiple resources and forums are provided to allow members of the MRC network to learn from each other about challenges and promising practices.

The OCVMRC provides multiple listservs to facilitate information-sharing among members of the MRC network. In 2009, the MRC two-way listserv had 700 subscribers, who posted a total of 682 messages.

As a way to share information with MRC leaders and other important customers or stakeholders, the OCVMRC supports meetings, workshops, and trainings. In 2009, the OCVMRC supported 21 meetings, workshops, and trainings.



RADM Williams and CAPT Tosatto with Unit Leaders

The MRC Web site (<http://www.medicalreservecorps.gov>) is an important source of information for MRC leaders, volunteers, partners, and the public. The MRC Web site is heavily used, and in fiscal year (FY) 2009, a more robust and accurate filter was added to count the number of visitors. Data on the number of visitors will be available in our 2010 report.

Objective 6. Standardize Routine Processes

Consistent processes are developed and used in order to improve reliability and enhance credibility.

The OCVMRC has developed a timely and rigorous process for MRC unit registration. In 2009, in-process units remained in the registration queue for an average of 40 days. In 2010, the OCVMRC plans to modify the registration procedure to expedite the process for those units that are ready to move forward with registration.

Objective 7. Leverage Strategic Relationships

Mutually beneficial relationships are developed and formalized to bring value to the MRC network.

The OCVMRC has established a strong partnership with the Public Health Foundation in order to offer a "Learning Management System" (MRC-TRAIN) free of charge to MRC units and members. In 2009, MRC-TRAIN had 13,031 users.

The OCVMRC has developed guidance regarding integration with the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) and has encouraged all MRC units to coordinate and integrate with their state ESAR-VHP registries. In 2009, 93 percent of MRC units indicated that they are integrated with their state ESAR-VHP registry or are working towards integration.



On Thursday, April 2, 2009, CAPT Rob Tosatto, Director of the OCVMRC and Joe Becker, Senior Vice President of Disaster Services for the American Red Cross (ARC), signed a Joint Letter to ARC chapter and MRC unit leaders, which solidified the relationship between the organizations. This letter addressed the complementary missions of the MRC and ARC and how the organizations can work together to better prepare and protect communities to recover from disaster

Objective 8. Conduct Outreach Activities

In order to increase awareness and understanding of the MRC program, the OCVMRC presents and exhibits at a variety of conferences and meetings and contributes to articles in a variety of newsletters, journals, and other print media.

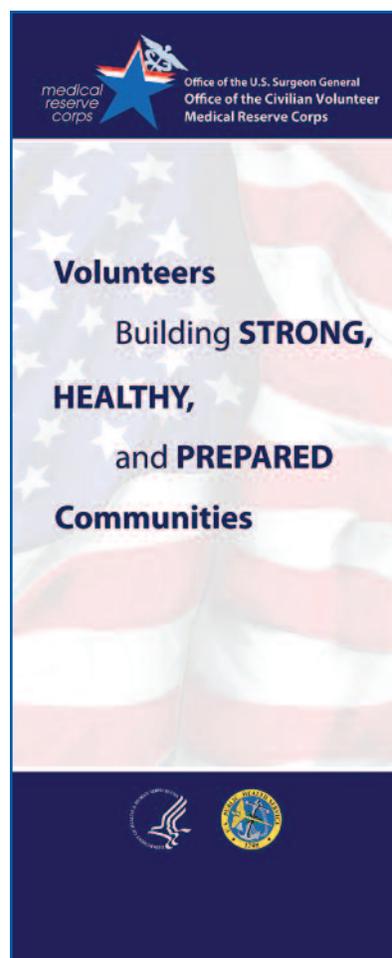
In 2009, the OCVMRC presented or exhibited at 50 conferences and contributed to three articles. We plan to significantly increase the number of article contributions in coming years.

Objective 9. Demonstrate Federal Deployment Capability

While the MRC program primarily strives to aid communities with local resiliency efforts, some MRC members may be willing and able to assist with regional and national-level efforts as well. MRC units have been encouraged to track their volunteers who are willing to deploy outside their local community. In 2009, 78 percent of MRC units tracked volunteers who are willing to assist communities in need throughout the nation.

The OCVMRC is developing mechanisms, policies, and procedures to identify, activate, and deploy MRC members who are willing, able, and approved to participate in a Federal response. In 2009, the Federal deployment demonstration project was initiated; the Federal Deployment Cadre currently consists of 118 MRC volunteers.

Federal Deployment Cadre training is also being developed and implemented by the OCVMRC. In 2009, 142 MRC members participated in Federal training opportunities, such as OCVMRC Deployment Training and combined training sessions with the Office of Force Readiness and Deployment at Fort A.P. Hill in Virginia.



MRC volunteers and PHS officers at the Fort A.P. Hill training

An MRC volunteer triaging a patient

Objective 10. Competent, Motivated, and Engaged Staff Members

The OCVMRC believes that its staff members are vital to its successful accomplishment of the mission and goals. It is important for OCVMRC leadership to engage and empower staff and to stay abreast of their concerns and challenges. OCVMRC leadership conducts quarterly one-on-one conversations with staff and conducts the Gallup Q12 survey biannually. The survey provides feedback on staff engagement, organizational strength, and areas for needed improvement. The OCVMRC strives to achieve a response of 4+ (on a 5 point scale) on all questions. In 2009, OCVMRC staff reported a combined, average score of 4.06, using the Gallup Q12 survey to measure overall satisfaction.

OCVMRC staff must be skilled at their tasks and able to cross train in order to backfill other staff members when necessary. In 2009, a list of OCVMRC common staff skills was developed; in 2010, we will track the number of common skills attained by each OCVMRC staff member.

OCVMRC staff should also be recognized for their efforts. In 2009, OCVMRC staff received three individual awards and three group awards.

Objective 11. Resources Allow Maximized Productivity

OCVMRC staff is expected to be able to perform essential job duties when they are outside the office. At least once a year OCVMRC leadership will conduct a test of staff members' capability to perform tasks off site. A mechanism for testing off-site capabilities was in development during 2009 and is expected to be implemented in 2010.



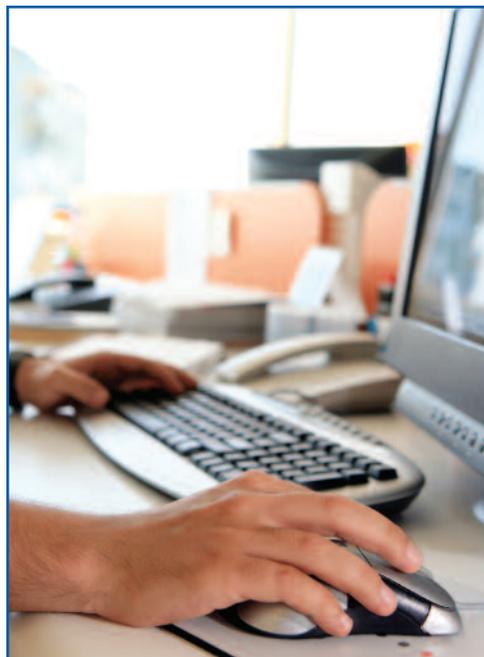
RADM Williams and CAPT Tosatto present a certificate to Gail Newell, MRC Regional Coordinator for Region VIII.



LT Samuel Schaffzin receiving an award from OSG Chief of Staff, RADM Robert Williams

Objective 12. Sound Fiscal Management

The OCVMRC seeks to allocate funds appropriately and stay within projected budgets. Each year the variance between expenditures and budgeted amounts are calculated and reported. The OCVMRC strives to have a less than one percent variance, and in 2009, the OCVMRC met this target.





Volunteers Building Strong, Healthy, and Prepared Communities