



Winter 2009

## This Issue:

- ★ Ice Storm Response in a State of Emergency
- ★ National Notes
- ★ Unit Focus – DC Metro Area MRCs: Prepping for a Day in History
- ★ News from NACCHO: Preview of Information in MRC-LHD Survey
- ★ MRC Spotlights
- ★ Unit Focus – Eastern Nebraska/Western Iowa MRC
- ★ Unit Focus – NJ: Warren County MRC Volunteers Prove to be Valuable Emergency Responders
- ★ Save the Date
- ★ Monitoring Performance: Reporting with MRC-TRAIN
- ★ Regional Meetings
- ★ New Resources
- ★ Miami-Dade MRC: Building MRC Core Competencies Training Using Local Partnerships
- ★ A Look Ahead
- ★ Integrated Training Summit

# Ice Storm Response in a State of Emergency

In December 2008, Massachusetts experienced catastrophic ice storms that caused Governor Patrick Deval to declare a state of emergency. Millions of residents and businesses lost electricity, leaving citizens in the dark without power and heat.

Local MRC units, the American Red Cross, National Guard, and other organizations responded to the devastation by housing residents in shelters that provided heat, food, and medical care.

**Franklin County (MA) MRC**  
Franklin County MRC volunteers were sent to towns in both Franklin and Worcester Counties that needed their services. However, traveling to these isolated towns proved challenging and dangerous.

“Roads were closed and strewn with downed trees and power lines, which made navigation difficult. At one point, we lost radio contact with another team for a couple of hours before finding out that the team was safe,” says Chet Chin, Unit Coordinator.

More than 250 hours of volunteer service were provided by more than a dozen dedicated individuals.

**Upper Merrimack Valley (MA) MRC**  
The Upper Merrimack Valley MRC (UMV MRC) was among several

units that provided volunteers to staff emergency shelters. This deployment was unusual because the normal call-out systems were inoperable due to the power failures.

Sandy Collins, Director of Healthcare Services, says, “Two of the most striking features about this response were the integration of public health with the MRCs and the collaboration [among] MRC units from across the state. Because of the extensive power outages... volunteers who would otherwise have been available were busy managing the impact of the storm on their own households.”

**“Local MRC units, the American Red Cross, National Guard, and other organizations responded to the devastation...”**

Despite the odds, the UMV MRC provided staffing for 82 shifts.

Due to the high volume of response to the ice storm emergency preparedness, not all MRC unit accounts could be published. However, we would like to recognize Alison Minkoff, 4b (MA) MRC Unit Coordinator and Liisa Jackson, 4a (MA) MRC Unit Coordinator, for their leadership and emergency preparedness that they provided to their communities and units. ★

Volunteers worked at a shelter in Upper Merrimack.



# National Notes



Dear MRC Leaders and Volunteers,

We have just entered a New Year and are now a part of a new Administration. As we proceed through this transition, I think it is a good time to reflect back and to look forward. You can consider this my “State of the MRC” address...

The Medical Reserve Corps is strong! In 2008, we continued

our incredible growth, and we now have almost 800 MRC units and more than 173,000 MRC members. MRC volunteers are involved in an extraordinary number and a variety of activities every day to support and promote the health and safety of their communities. In fact, MRC leaders reported well over 5,000 activities as part of their unit profiles this year. The scope of these activities is very broad, and has included:

- Training on subjects like the National Incident Management System (NIMS), Incident Command System (ICS), and Psychological First Aid (PFA)
- Participating in flu vaccine clinics (which provided both public health and preparedness benefits)
- Conducting community public health initiatives such as promoting healthy eating and exercise choices to combat childhood obesity and detecting preventable diseases like diabetes and hypertension
- Providing personal preparedness information to community members and local organizations
- Responding to hurricanes, tropical storms, flooding events, ice storms, wild fires, and numerous other local emergencies

Through these activities, MRC units are improving the public health resiliency of our nation.

As our MRC unit profile system has expanded and improved over the past year, and with the first group of technical assistance assessments being completed, it has been interesting to note some of the statistics that provide the general “characteristics” of the MRC. For example:

- The average number of volunteers for an MRC unit is 239. It should be noted, though, that there is a very large range (0–8,282). Of the 63 units that currently report zero volunteers, the majority are recently approved MRC units.
- 63% of MRC units have implemented a strategic planning process—with goals and measurable objectives. However, only 34% have an evaluation strategy.
- 91% utilize the MRC Core Competencies, but only 50% utilize MRC-TRAIN.
- 91% participate in training exercises/drills with local partners.
- Although only 45% of MRC units are currently compliant with NIMS requirements, 99% say that they are working towards meeting the requirements.
- 13% are registered as a charitable organization (i.e., 501C-3).
- 90% either currently include, or plan to include, their MRC members in the state volunteer registry (ESAR-VHP).
- 80% of MRC unit leaders are employees, while 20% are volunteers. The majority (~80%) can devote no more than 50% of their time to MRC activities.

I look forward to seeing many of you at the 2009 Integrated Medical, Public Health, Preparedness and Response Training Summit in Dallas, Texas, April 4–8, 2009. This summit will be a great opportunity to meet and interact with other MRC leaders as well as participants from the National Disaster Medical System (NDMS), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), and the U.S. Public Health Service.

All of you give of yourselves every day. Without your efforts at the local, state, regional, and national levels, this program would not succeed. Thank you! ★

Kind regards,

/CAPT Rob Tosatto/

CAPT Rob Tosatto  
Director  
Office of the Civilian Volunteer Medical Reserve Corps



## Unit Focus – DC Metro Area MRCs: Prepping for a Day in History

On January 20, 2009, all eyes were on the nation's Capitol to see Barack Obama sworn in as the 44th President of the United States. Concern lingered in the air regarding emergency preparedness; therefore, emergency departments and volunteers, including the local MRC units in surrounding states, were on call both day and night for emergency preparedness.

Dianne Quebral, Unit Coordinator of the Fairfax (VA) MRC says, "More than 200 Fairfax MRC volunteers were on call to provide staffing at a Quick Distribution Center or at an Area Command as part of our Cities Readiness Initiative (CRI) non-medical dispensing plan."

To prepare for the big day, the Fairfax MRC created a roster for the 3 days surrounding Inauguration Day to provide for on-call staffing if needed. Only volunteers who had completed their orientation and attended a CRI training drill were credentialed to staff these positions.

The city was prepped with about 50 medical aid stations to assist individuals who sought medical attention. Trained staff from the Department of Defense, the National Park Service, and volunteers from the Washington, DC MRC unit also provided assistance.

Mark Bailey, Maryland MRC State Coordinator, says "The Maryland Professional Volunteer Corps (MA MRC) provided nursing and mental health support at three shelters operated by the Maryland State Department of Human Resources. One shelter was opened the Saturday before the Inauguration when the President-Elect made a stop in Baltimore, and a total of 22 nursing professionals and 9 mental health professionals worked the shelters during these 4 days."

What concerned the local MRC units was the potential for issues and problems to arise due to the high volume of visitors who were in the Washington, DC metropolitan area. Bailey says that the great concern was whether the resources available would be adequate to address a true catastrophic event.

To ensure that the Maryland MRC units were prepared for Inauguration Day, the units worked closely with the state Department of Human Resources and Behavioral Health Disaster Services to guarantee that the services were coordinated with these agencies. Unit representatives were also in contact with multiple agencies coordinating inaugural support preparation activities. ★

## News from NACCHO: Preview of Information in MRC-LHD Survey

A key focus area for the National Association of County and City Health Officials (NACCHO) is to learn how and what MRC units can do to provide ongoing support to the local health department (LHD) in their area. NACCHO contracted with a private marketing research consulting firm and delved into the partnerships between LHDs and MRCs. Research including online surveys, focus groups, and a discussion group were conducted with key constituents in the MRC and LHD communities.

The final report, now available at [http://www.naccho.org/topics/emergency/MRC/resources/upload/MRCLHD\\_Report\\_0209.pdf](http://www.naccho.org/topics/emergency/MRC/resources/upload/MRCLHD_Report_0209.pdf), also includes discussion segments that address the examples of core public health services that an MRC unit can help an LHD provide (emergency and day-to-day). In addition, specific examples of recent unit activities are included. ★

## MRC Spotlights

### Volunteer Spotlight

Ramon Perez, MD, is an infectious disease specialist with the Anaheim Memorial Hospital of Anaheim, California. He has been a volunteer with the Orange County (CA) MRC for nearly 4 years. Dr. Perez has primarily dedicated his time with the MRC to the production of the unit's quarterly newsletter. MRC Coordinator Peggy McCormick says, "Dr. Perez is a great asset to the Orange County MRC." She also described his work on the newsletter as key to communication for volunteers. His other activities with the Orange County MRC include participating in the Orange County Regional Joint Criminal and Epidemiological Investigation Workshop and volunteering at vaccination clinics.

### Unit Spotlight

The primary focus of the Harrison County WV MRC is being able to support the emergency management community in the event of a mass casualty event. The unit also focuses on public health and hopes to promote health education by providing demonstrations at local schools. Carla Holder, Region III Coordinator, says, "The unit has taken great steps to become integrated into the local community. The MRC Coordinator is also a very committed and dedicated leader." Recently, the Harrison County WV MRC assisted the health department with providing Hepatitis A vaccinations to at least 200 children. The unit plans to start a formalized training program that will utilize Web-based and small group training on the National Incident Management System and the MRC Core Competencies. ★

## Unit Focus – Eastern Nebraska/Western Iowa MRC

The Eastern Nebraska/Western Iowa MRC unit encompasses a seven-county area with more than 500 volunteers that represent various health professionals and community responders. The MRC unit volunteers at both the River City Roundup and the National Multiple Sclerosis Society Bike Ride each year, and during this past year, they also helped out at the 28th Annual National Veterans Wheelchair Games.

The River City Roundup is an annual celebration of Omaha's traditions and heritage. It was held at the Qwest Center area, where 16 volunteers provided 66 hours of service in a period of 4 days. The volunteers set up an MRC-staffed station and took the blood pressure readings of more than 200 people. In addition, volunteers provided first aid coverage at a parade, road race, and a BBQ cook-off. Volunteers stayed in communication with one another via walkie-talkies. Tom McMahon, Eastern Nebraska/Western Iowa MRC Coordinator, says, "In July, MRC volunteers helped staff water stations along a 75-mile bike ride fundraiser event for the Nebraska Chapter of the National Multiple Sclerosis Society. The nurses and paramedics evaluated and treated patients who needed first aid or assistance with heat-related issues."

In July, 10 volunteers from the MRC unit worked with many public and private agency staff to assist the participants of the 28th Annual National Veterans Wheelchair Games held in Omaha. Veterans from across the country competed in numerous athletic competitions. The MRC volunteers assisted with lifting and escorting the wheelchair-bound veterans as needed. ★

## **SAVE the DATE!**

### 2009 Integrated Medical, Public Health, Preparedness, and Response Training Summit

**April 4–8, 2009 • Dallas, Texas**

This will be a joint conference, including the following Department of Health and Human Services program offices: the National Disaster Medical System, Medical Reserve Corps, Emergency System for Advance Registration of Volunteer Health Professionals, and the Office of Force Readiness and Deployment. This conference is replacing the MRC National Leadership and Training Conference. ★

<http://www.hhstrainingsummit.org/>

## Unit Focus – New Jersey: Warren County MRC Volunteers Prove to be Valuable Emergency Responders

Several members of the Warren County Health Department (NJ) MRC unit participated in a full-scale exercise, "The Return of Harvey," on September 26, 2008. The exercise was designed to simulate an outbreak of tularemia.

MRC volunteers reported to the county Receipt, Staging, and Storage Site to assist with the packing and distributing of prophylactic mock medications received from the Strategic National Stockpile to the county's first responder community. County agencies working with the MRC volunteers during the exercise included the health department, prosecutor's office, Office of Emergency Management, the sheriff's office, public health nursing, the road department, local hospitals, the American Red Cross, and CERT volunteers. When the exercise was over, an evaluator from the New Jersey Department of Health and Senior Services' Exercise Support Team held a "hotwash" for the volunteers. The evaluator expressed to the volunteers how impressed he was with their performance during the exercise and thanked them for their valuable contribution to the county and state emergency preparedness and response effort.

The Return of Harvey is the fifth full-scale exercise the Warren County MRC has participated in, and each time, the volunteers have proven that they are very important members of the emergency response team. ★



Volunteers participated in "The Return of Harvey" exercise.

# Monitoring Performance: Reporting with MRC-TRAIN

MRC units use MRC-TRAIN to post announcements, advertise onsite trainings and courses, and perform various other functions. But have you ever wanted to evaluate how your volunteers are utilizing MRC-TRAIN? By utilizing the *Reports* module, you can!

Under the *Reports* menu item, there are two sections: *Report Console* and *Ad-hoc Reports*. The *Report Console* provides a list of pre-made reports divided into narrowed data (*Reports*) and raw data (*Exports*). For example, the report “Participation by MRC Competency” can show that 14 courses were listed in 2008 under MRC Core Competency #1. Meanwhile, the “Learners” export will display data on all learners in your jurisdiction.

The *Ad-hoc Reports* module allows you to create a report on nearly every piece of data in MRC-TRAIN. For example, a report on registration statistics shows

7,118 course registrations by MRC-TRAIN learners in 2008.

Utilizing the robust *Reports* module provides MRC leaders with extraordinary benefits. With all MRC-TRAIN data being traceable, MRC leaders can see overall unit data and the training that each volunteer has completed.

## Important Links

MRC-TRAIN Support Desk: [mrcsupport@train.org](mailto:mrcsupport@train.org)  
MRC Web site: <http://www.medicalreservecorps.gov/TRAINResources>

The MRC-TRAIN Web site (<https://www.mrc.train.org>) provides MRC leaders with an invaluable toolbox regarding training and tracking volunteers. Remember, MRC-TRAIN is free (including many CEUs), available 24/7, and on track! ★

## Regional Meetings

Across the United States, MRC units gathered for the MRC regional meetings. The seven meetings that were held in 2008 and early 2009 include:

- Region I – New Castle, NH
- Regions II and III – Atlantic City, NJ
- Region IV – Jacksonville, FL
- Region V – Columbus, OH
- Region VI – El Paso, TX
- Regions VII and VIII – Kansas City, KS
- Regions IX and X – Ketchikan, AK

With similar goals and objectives in mind, these meetings could not have been more different, with each region bringing their own ideas, knowledge, and flavor to the meetings.

Newly formed and seasoned units can learn from each other and start building great partnerships within their region and across the country through networking events. This year, unlike years in the past, many of the regional conferences held after-hour events to promote greater networking opportunities.

The City of Ketchikan Fire Department hosted a fish bake with amazing food and entertainment. The local tribe performed native dances for the attendees. At the Region VI conference in El Paso, Texas, a Mariachi band serenaded conference attendees during the networking event.

Another valuable part of the conferences was the “New Leader Workshop,” a very popular and informative way for new leaders to receive guidance and instruction about the MRC. The MRC New Leader Workshop was developed to provide a forum for new MRC leaders (6 months–1 year) to explore the key principles of the MRC program and review

the fundamentals that surround establishing and operating strong, viable, and sustainable units that serve as active entities of the overall MRC network.

As unique and diverse as each conference was, there was an underlying and unifying goal across the country: to build, teach, and support MRC units as MRC volunteers choose to support communities nationwide. ★



A mariachi band entertained attendees in El Paso, Texas.



A local tribe performed for attendees in Ketchikan, Alaska.

# Deployment Training

The Pandemic and All-Hazards Preparedness Act (PAHPA) authorizes the Secretary of Health and Human Services to deploy willing, able, and approved MRC volunteers as part of the federal response to a public health or medical emergency. PAHPA also stresses the importance of drills and training in relation to MRC volunteers.

To address the need for training, the Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC), in cooperation with the National Association of County and City Health Officials, developed the 2008 MRC Fall Deployment Training. The goal of the training is to prepare a select group of MRC volunteers and coordinators to respond to a medical or public health emergency outside of their local jurisdiction.

Only 21 of 250 applicants were selected to participate in the 2008 MRC Fall Deployment Training.

Linda McCash and Pat Santucci were pleasantly surprised when they found out that they were the recipients of the MRC Deployment Training Scholarship.

McCash says, “The first day was filled with technical information about disaster response and a trip to the Hubert Humphrey Building in Washington, DC, to see the Operations Center in action... We were then greeted by [members of] the Office of the U.S. Surgeon General. It was especially heartwarming to hear how appreciative they were of the MRC and their acknowledgement of the outstanding work that is being done by our volunteers. For being such a relatively new organization, it certainly instilled pride into each of us.”

The training began with disaster preparedness and response-related lectures and hands-on activities facilitated by subject matter experts from the Centers for Disease Control and Prevention (CDC), the Assistant Secretary for Preparedness and Response, and OCVMRC. It culminated

with participants participating in a large-scale mass casualty exercise and a disaster conference.

McNash says that bringing volunteers together is important not only for networking, but for the enthusiasm and inspiration it generates. In addition, volunteers can take back many of the things they learned such as the CDC PowerPoint presentations, interactive teaching techniques, and more. If you want to see this MRC experience first-hand, there will be a video released in the near future.

There is a tremendous amount of interest in federal deployment within the MRC community. Although it is unlikely that OCVMRC will be able to provide face-to-face training to entirely accommodate this demand, options such as “Train the Trainer” are available. Train the Trainer is a program in which participants are taught the basics of federal deployment and disaster response. Participants are provided tools to pass on this knowledge to others, and Web-based training is being considered for future training programs.

Plans are currently underway for the 2009 MRC Spring Deployment Training. At the time of this publication, the dates and location for this training have not been confirmed. ★



Acting Deputy Surgeon General, Acting Chief of Staff, and OCVMRC staff with participants of the 2008 Fall Deployment Training.

## New Resources

The Public Health Foundation launched the Community Health Status Indicators Web site, which includes county-level data comprising Healthy People 2010 targets as indicators. The data is available online; users can download free reports at: <http://www.communityhealth.hhs.gov/homepage.aspx?j=1>.

The National Center of Health Marketing funded the National Public Health Information Coalition Pandemic Influenza Resource Library, which contains pandemic influenza communication materials from various state and local health departments. The library is located at: <http://www.nphicpanflu.org/>.

The Federal Emergency Management Agency released a new disaster assistance Web site as part of the Disaster Assistance Improvement Plan to establish a clearinghouse of aid programs and to ease the funding application process. Programs will be added over the upcoming months. The Web site is available at: [http://www.disasterassistance.gov/daip\\_en.portal](http://www.disasterassistance.gov/daip_en.portal).

The RAND Corporation recently released a report highlighting the ways to measure and assess preparedness. The report also provided background information on the national preparedness system and response reliability. An Adobe PDF version of the report can be downloaded for free at: [http://www.rand.org/pubs/occasional\\_papers/2008/RAND\\_OP234.pdf](http://www.rand.org/pubs/occasional_papers/2008/RAND_OP234.pdf). ★

# Miami-Dade MRC: Building MRC Core Competencies Training Using the Strength of Local Partnerships

The Miami-Dade (FL) MRC has developed a unit of more than 700 volunteers and has achieved a solid position in the community. The unit has successfully established several ties with diverse institutions and government programs.

In April 2007, the Office of the U.S. Surgeon General released the MRC Core Competencies Guidelines Matrix, which represents a baseline level of knowledge and skills for any MRC unit and a standard set of activities that each MRC volunteer should be able to perform.



Volunteers attended a workshop about MRC Core Competencies.

The Miami-Dade MRC incorporated the Core Competencies as their basic training for volunteers in 2007, providing a fundamental set of competencies before volunteers could participate in any exercise or be deployed in a real event. The Miami-Dade MRC unit established a pilot initiative to implement a

Core Competencies training plan for their volunteers based on the Core Competencies Matrix. This course is standardized 4-hour training based completely on the Core Competencies Matrix and is fully customized for the MRC. In 2008, the Miami-Dade MRC created an online DVD course based on the pilot initiative. The alternative of a live course is still offered for volunteers who prefer formal instruction or do not have access to a computer or the Internet.

The online DVD MRC Core Competencies training was presented to the MRC coordinators of Florida in 2008. A peer-review evaluation was conducted with the help of MRC coordinators of Florida and funding from the Florida Department of Health. The training is in the process of becoming a standard training option for all MRC volunteers in Florida. This MRC Core Competencies training is free, offers free continuing medical education units, and is available online for MRC units.

“In order to build strong, healthy, and prepared communities, volunteers must have the right knowledge and skills. The Core Competencies represent the elements necessary to foster those capabilities,” says Claudio Micieli, MPH; Miami-Dade MRC Coordinator.★

## ★ ★ ★ A Look Ahead ★ ★ ★

### March

15–21 National Inhalants and Poisons Awareness Week

24 American Diabetes Alert Day

### April

National Donate Life Month

4–8 Integrated Training Summit  
<http://www.hhstrainingssummit.org/>

7 World Health Day

### May

10–16 National Women’s Health Week  
<http://www.womenshealth.gov/whw>

20 National Employee Health and Fitness Day



Acting Surgeon General Steven K. Galson with MRC Coordinator, Claudio Micieli, of the Miami-Dade MRC.



Volunteers registered attendees at the Miami-Dade MRC Conference.

### We Want to Hear from You!

We need your help to make this newsletter informative, interesting, and beneficial to MRC units nationwide. Share news, ideas, interesting stories, and best practices, or tell us about outstanding volunteers.

### Submittal Guidelines:

- Please include contact information (e-mail and telephone number) for followup.
- If you include photos, please send as a **high-resolution** JPEG, TIF, or EPS attachment.
- Digital cameras should be set for a high-quality image using the maximum megapixel setting available.
- Photo submissions also should include a caption or description of the event.

E-mail us at: [MRCnewsletter@naccho.org](mailto:MRCnewsletter@naccho.org)

