

Welcome to Your Local Medical Reserve Corps!

- **National MRC Program**
- **Massachusetts MRCs**
- **Our Local Unit**
- **Questions and Answers**





Overview of the Medical Reserve Corps

BACKGROUND AND STATISTICS

- Launched after **9/11/2001**; Natl. initiative **July 2002**
- Currently **760** MRC units; **36** in MA
- Unit sizes range from under 50 to over 2,500
- **218,000** MRC members
- **49** states (not SD) and **7** U.S. protectorates: American Samoa, Guam, Federated States of Micronesia, Marshall Islands, Palau, Puerto Rico, and Northern Mariana Islands
- Transitioned Oct. 2014 from U.S. Surgeon General to "**ASPR**"
- Subset of **Citizen Corps** (counterpart of Peace Corps, Senior Corps, and AmeriCorps)
- "Recovery Act" boosted funding from \$6M to \$100M!

Overview of the Medical Reserve Corps

Current Partner Programs:



Community Emergency Response Team

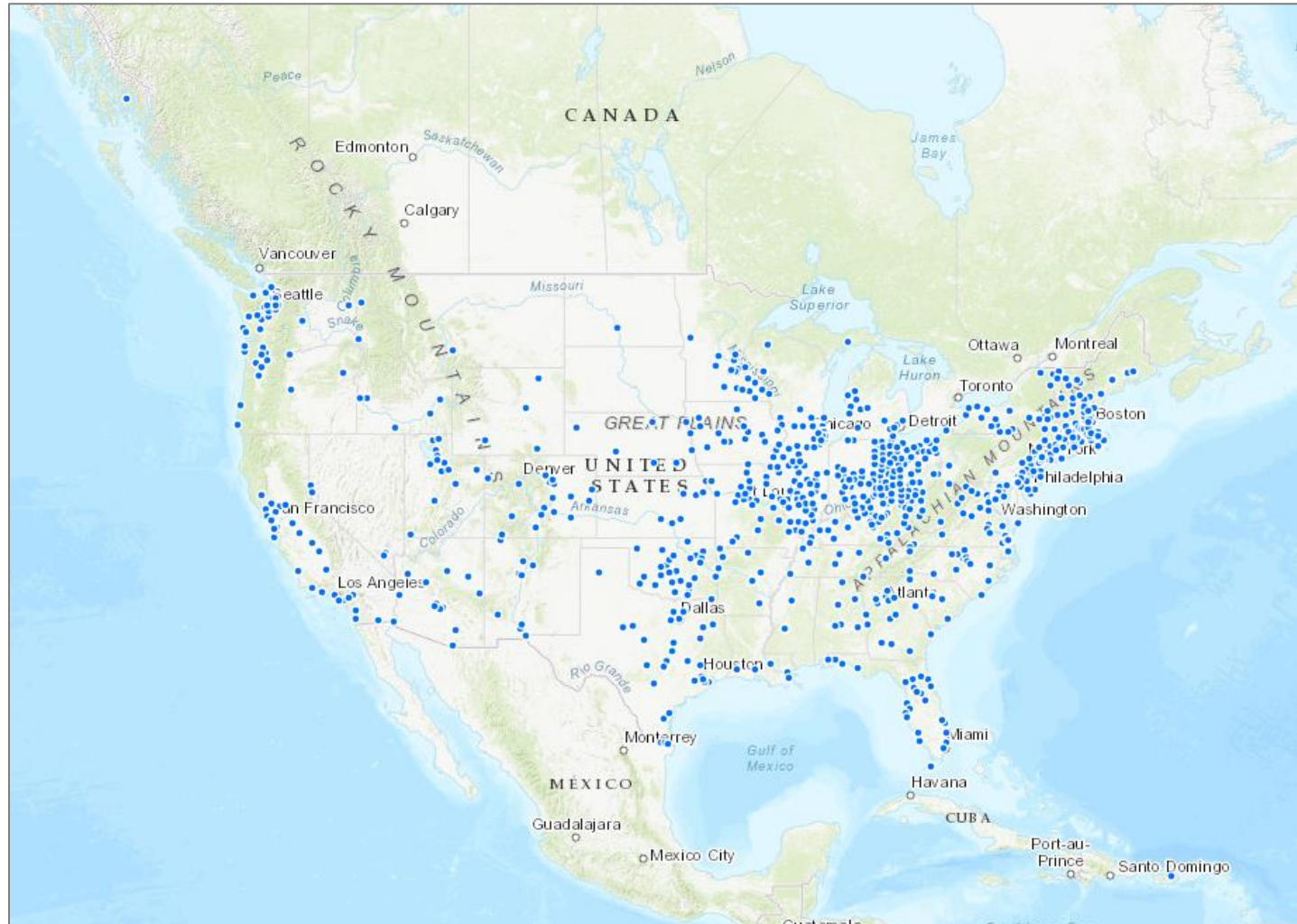
MEMA / FEMA (MA and Federal E. Mgt. Agencies)

Local, Regional, and National Entities

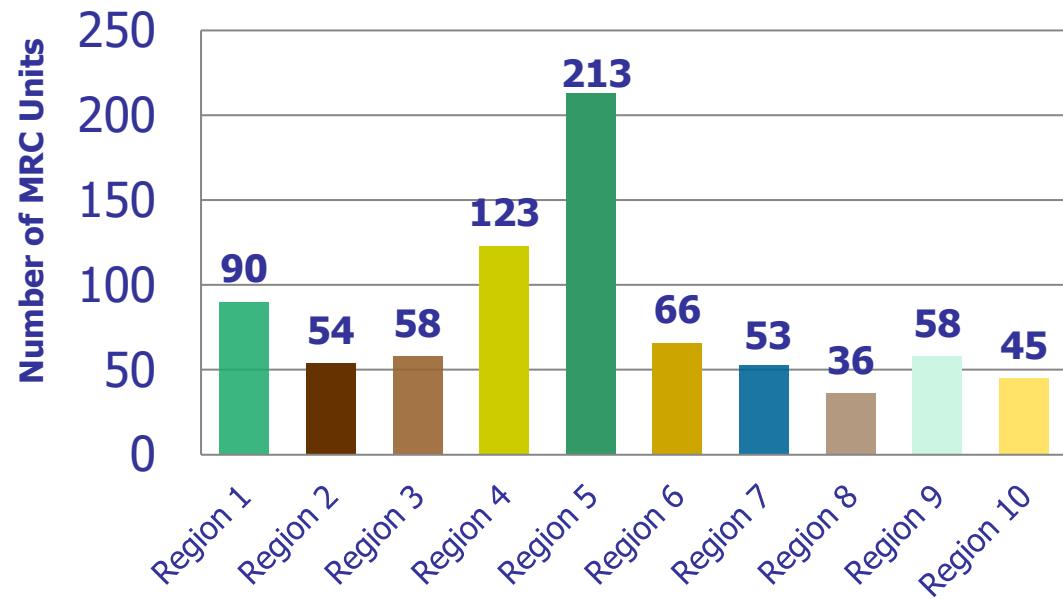
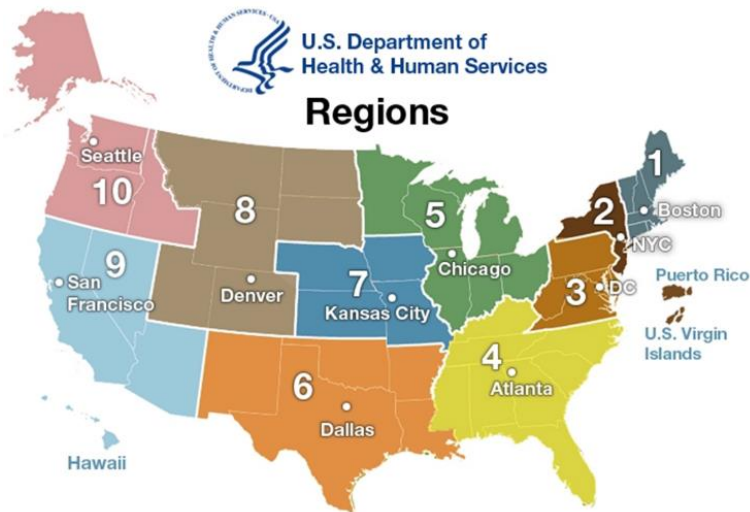
- Councils on Aging / Senior Centers
- Municipal Agencies, Rotary, Faith-based,...
- Private Companies

Location of MRC Units

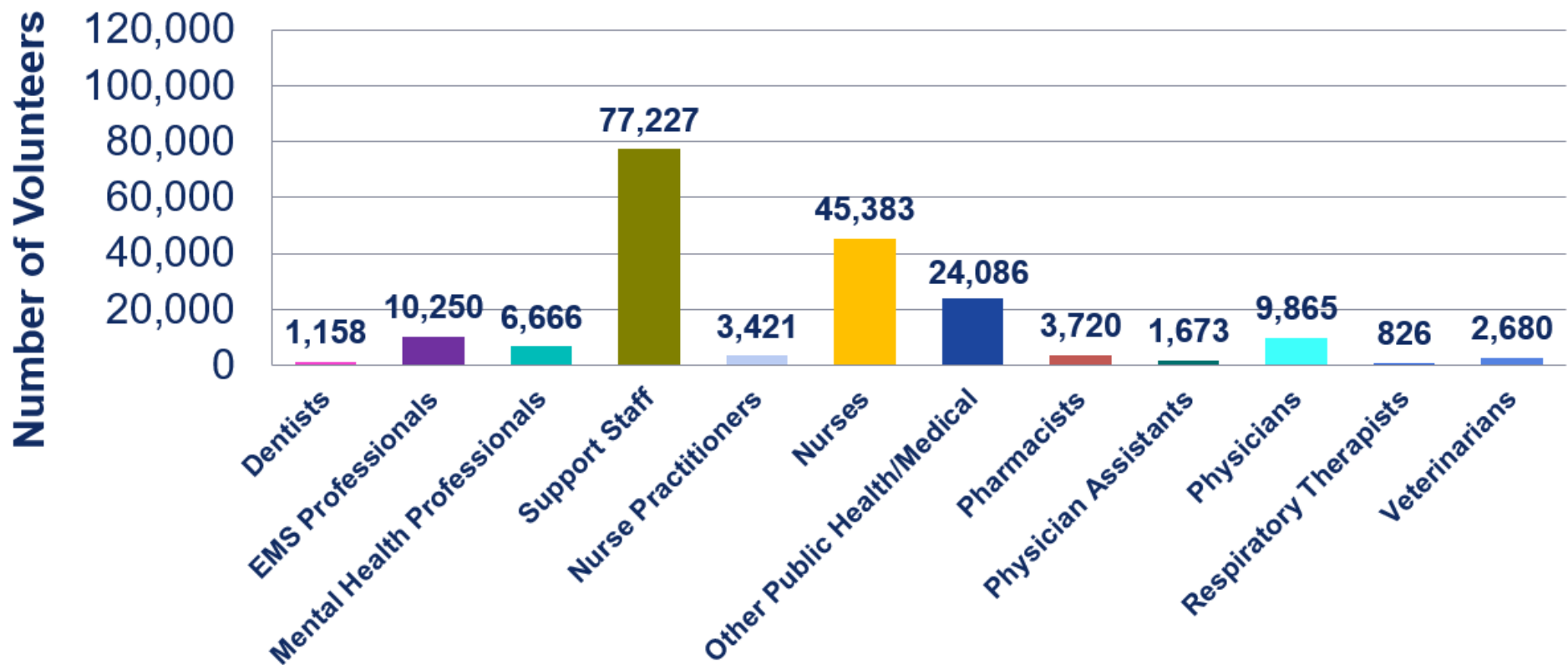
Exact # and location varies as MRC units are merged, added, or removed.



MRC Units By Region



Types of MRC Volunteers

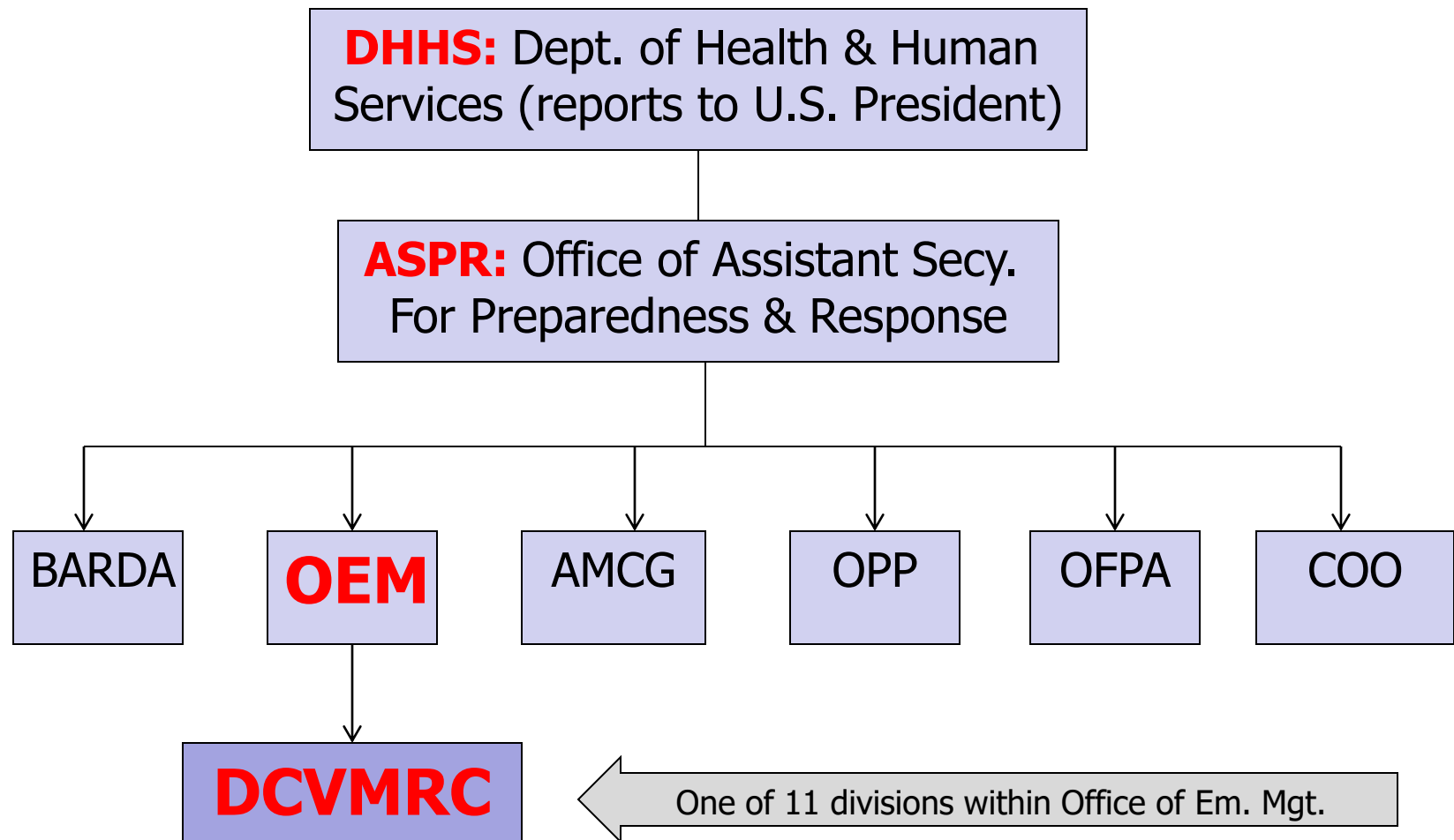




MRC and National Offices

- **DHHS: Dept. of Health and Human Services**
 - Cabinet-level office – reports directly to the **U.S. President**
 - Principal agency for protecting the health of all Americans
 - Led by HHS Secretary Alex Azar
- **ASPR: Assistant Secretary for Preparedness & Response**
 - Led by Robert Kadlec, M.D.
 - *Mission: Lead the nation in preventing, responding to, and recovering from the **adverse health effects** of public health emergencies and disasters.*
- **OEM: Office of Emergency Management**
 - Comprised of 11 divisions, including MRC
 - **DCVMRC: *Division of Civilian Volunteer Medical Reserve Corps***

National Org. Chart





Why 760 *Local* MRCs?

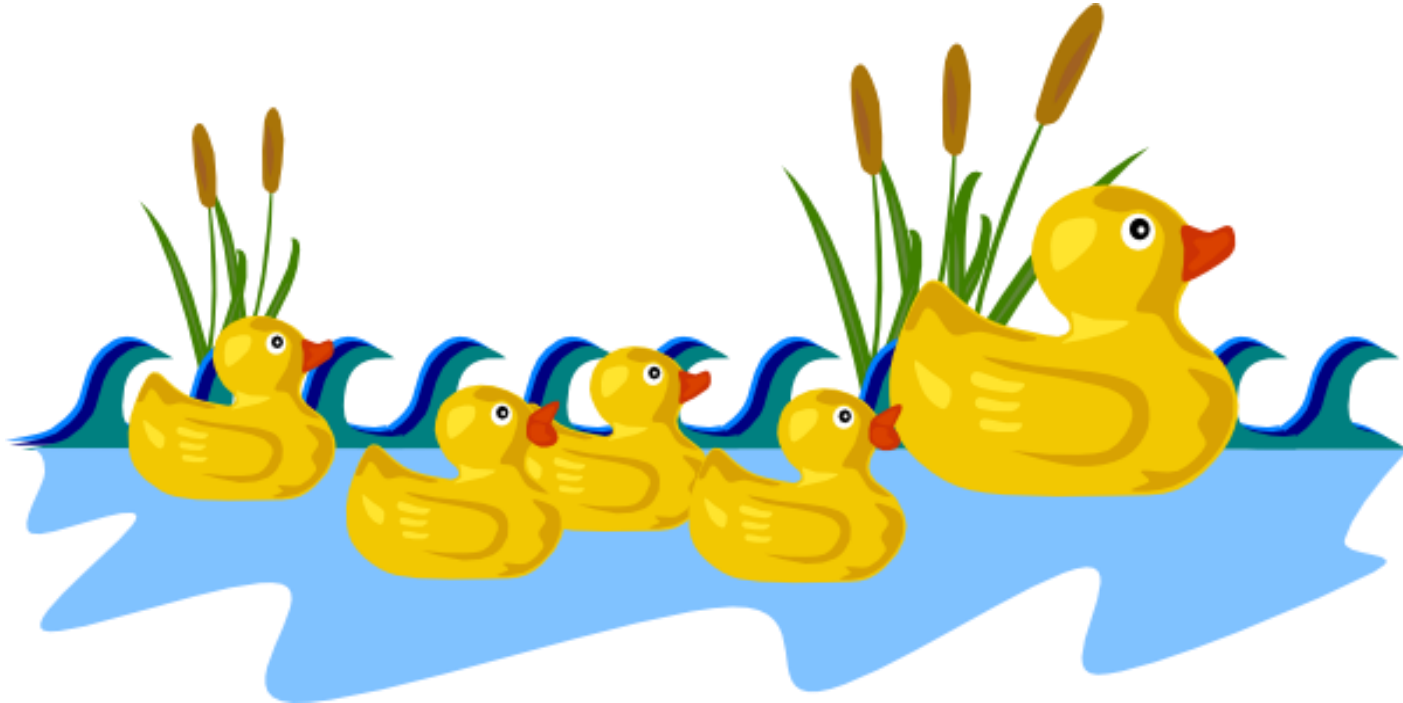


KABOOM

**By the time disaster strikes,
*it's too late to get ready!***

Why 760 *Local* MRCs?

**Smart, prepared communities
line up their ducks ahead of time.**



Learn your needs and *plan* for them!

Advantages of *Local* MRCs

MRC Mission is determined at the local level

- Gaps identified through **needs assessments**
- MRC can help to **address gaps** with *resources*

“Never enough staffing in a disaster!”



Why *Local* MRCs?

Some units *specialize* or develop sub-groups:

Veterinary



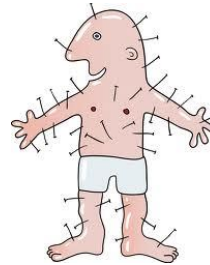
Radiologic



Behavioral Health



Acupuncture



Public Health *only*



All-Hazards



Public Health
Prevent. Promote. Protect.

Local needs → MRC cultivates its mission & goals

All-Hazards Response

Public Health Emergencies

- Influenza (Coronavirus!) Pandemic
- Smallpox Outbreak
- SARS/Hepatitis/Diseases (infection, isolation/quarantine)
- Bioterrorism Response
 - **SNS:** Strategic National Stockpile
 - **MCM:** Medical Counter Measures (ex: Cipro for anthrax)
 - **EDS:** Emergency Dispensing Site (**POD:** Point of Distribution)



All-Hazards Response

Mass Casualty Incidents

Large-scale crises → caring for those at risk

- Natural or man-made disaster
 - Flooding, heat emergencies
 - Snow and ice storms
 - Fires, toxic plumes, explosions
- Chemical spill
- Terrorist attack
- Building collapse



Displaced residents at emergency shelters

All-Hazards Response

Non-Emergency Contributions

- Health fairs, BP clinics, first aid at events
- Educational programs and PH/EP initiatives
- Outreach → Community awareness and support





Massachusetts: Disasters

MRC not only for dramatic events (9/11/01, Katrina), but for ANY bread-and-butter stress on resources!

- **Spanish Flu** (from Boston) 1918; COVID-19 (global) 2020
- **Tornado** in Worcester in 1950s; Western MA 6/1/2011
- **Blizzard** of 1978 (**SUV** involvement was helpful!)
- **Hepatitis A** outbreaks (including Symmes 2004)
- Rash/active **TB** in same week: Dracut 2004

Emergency shelters / Warming centers

- Floods 2006 & 2007: Greater Lowell and other communities
- Ice storm Dec. 2008, Oct. Storm 2011, Hurricane Sandy 2012
- Fires and gas leaks: Lowell, Lawrence
- Danvers chemical plant explosion (Nov. 06)
- Numerous weather emergencies throughout!



Massachusetts MRCs

MA units (x36): leverage efforts

- Meetings and e-mails w/ regional MRCs
- Shared training, badging, DB protocols
- Steering committee, work groups
- Primary goal: *Statewide surge capacity!*
- MA Responds
Each state has an **ESAR-VHP**: Emergency System for Advance Registration of Volunteer Health Professionals, such as SERV-NY, MN Responds. Formerly MSAR: MA System for Advance Registration

MA MRC Connections

- State DPH Liaison: Liz Foley (2nd from right)
- State Coordination: Regina Villa Assoc.
(Regan Checchio and Sarah Paritsky; middle)
- Region I / New England Coordinator:
Jennifer Frenette (left)
- MA Responds / Mass Medical
Society: Johnna Coggin (right)



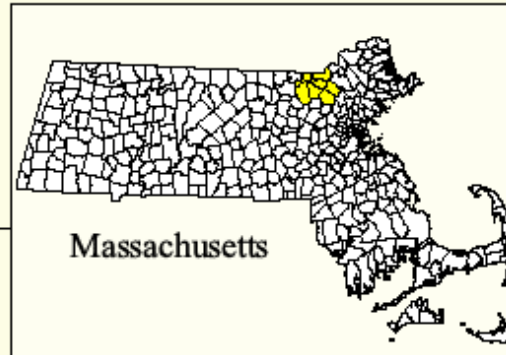


About Our Unit

- Lead agency and grant manager:
Local Health Department
- Diverse members (some fluctuation)
- Wide range of skills, backgrounds, locations
- Covers multiple towns: *294,098 residents
 - Billerica (43,673) Chelmsford (35,973)
 - Dracut (32,415) Lowell (116,143)
 - Tewksbury (30,826) Tyngsboro (11,979)
 - Westford (23,089)

*Data from MDPH 4/6/2021 for UMV MRC – one of 36 units in MA

Upper Merrimack Valley



Map Design: Town of Westford GIS Department, May 2004



UMV MRC Focus

Our unit is one of many **All Hazards** units.

Help during **1st 72 hours** – but NOT first responders!

Involvement is **100% voluntary**.

Offer **surge capacity** in support of PH / E. Mgt.

MRC does not *run the show*

We provide support – think ‘guests’

Volunteers have lead-time to schedule shifts

MRCs: Incorporated into regional response plans

***Invaluable* resource in this capacity!**

Develop skills & training *between* disasters.



Why A *Regional* Unit?

HUGE ADVANTAGES!

Economies of Scale

Cross-trained, diverse 'labor pool'
Members from numerous towns support our unit!
Think "staffing agency"

Centrally Managed and Coordinated

Consistent Processing, ID, Deployment

Addresses a Known Statistic:

*In a disaster, only 25% of the members in any
volunteer organization will be available to respond!*

Proven value during week-long disaster:

Concurrent shelters across the region!

MRCs In Action



Provide AHA
CPR and First
Aid training.
Photos show
class w/ 28
K-2 teachers.



MRC In Action

Practice shelter skills



MRC In Action



Support flu clinics and cholesterol screenings



MRC In Action



Staff Health & EP Fairs



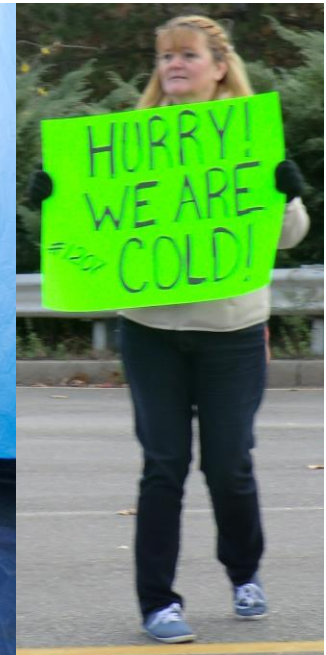
MRC In Action

Drill for EDS



MRC In Action

Staff Sporting Events



MRC In Action

Constant Training!



MRC In Action: COVID-19!



COA Staff Screening



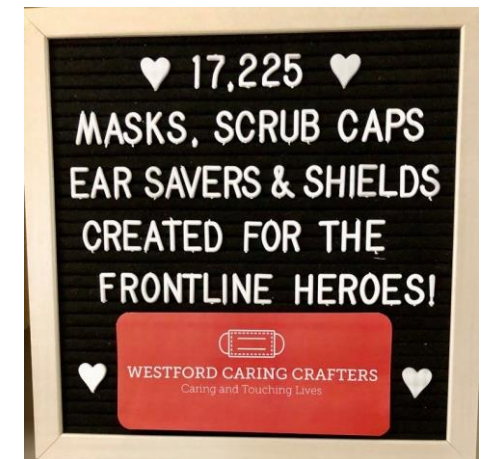
Drive-through test sites



Outdoor Town Meetings



Food Insecurity Responses



PPE Deliveries



Welcome New Members!

“As much or as little time as you choose!” Essentials:

1. **Contact** information (up to date)
2. **Background** check (CORI, SORI, license verified)
3. **ID** (badge and uniform materials supplied by MRC)

Note: *These items belong to the unit!*

Members who move are asked to return them.

4. **Training** – basic and optional:
 - New Member Orientation (required)
 - Incident Command: ICS-100, NIMS-700 (complete asap)
 - Triage, Stress Mgt/CISM/PFA, specialty training
 - DPH Classes: Mass Dispensing Clinics, Sheltering
 - CPR/AED and First Aid (both med/non-med members)



Keep in Touch!

MRC Contact information

MRC Director:

Email: _____

MRC Coordinator:

Email: _____

Local Health Department

Host agent name and address,
main and unit phone #s

www.xxxMRC.org ← Local MRC's web site

www.MaMedicalReserveCorps.org ← MA web site

<https://PHE.gov/mrc> ← National MRC web site

Supporting **your** community in a disaster!