



The Medical Reserve Corps Wants You!

by Debbie Bunch

RTs have a unique role to play in community-based volunteer program

Between the World Trade Center/Pentagon attacks and Hurricanes Katrina and Rita, America has learned the value of being prepared. The federal government is helping communities do just that through the all-civilian, all-voluntary Medical Reserve Corps.

When the 9/11 disasters hit in 2001, people all over the country wanted to help, and they did — opening their pocketbooks to support organizations like the American Red Cross, collecting food and water for the emergency workers, and yes, rushing to the various attack sites to provide aid to those who were injured. Many of them were health care professionals who, by their very nature, could not stand idly by when they could see a need for their services. Unfortunately, most of these individuals could not be utilized. Due to a lack of resources and processes in place, the officials organizing

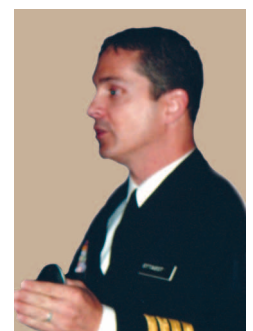
the response efforts were unable to identify, credential, or manage so many individuals during the chaos of the moment.

Tosatto calls this getting hit by an “SUV” — a “spontaneous unaffiliated volunteer” — and says it’s one of the biggest reasons why the federal government decided to form the voluntary, civilian-based Medical Reserve Corps (MRC) in 2002. SUVs “are folks who are very, very well intentioned and probably very well skilled too,” said the MRC director, who traveled to the AARC’s International Respiratory CongressSM last December specifically to inform RTs about the Corps and enlist their support as members. “But if they are not known to the system in advance ... if they are not identified, if it’s not known what their credentials are, or what their level of training is, they can become part of the problem or they can get hurt themselves.”

Emergencies and more

Speaking during the “Disaster Preparedness” symposium, Tosatto told his audience that the MRC’s mission is to make sure that the problems that SUVs can raise are avoided in the future by working now, on a community-by-community basis, to bring qualified health professionals and others who want to respond in the event of an emergency to a local MRC unit. These locally based groups —

Last December at the AARC Congress, respiratory therapists learned how and why they should get involved in the Medical Reserve Corps from the director of the program, U.S. Public Health Service Capt. Robert J. Tosatto, RPh, MPH, MBA.



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not to be confused with the Department of Health and Human Services’ effort to recruit health professionals, including 200 RTs, for disaster response — go far beyond emergency response, however, by getting involved in public health activities year round.

“The MRC is ... unique from a lot of programs, because not only is it getting ready for emergencies but is used all year long in communities,” he explained. “Respiratory therapists can have a lot of roles.” He sees therapists serving as:

- 1 Consultants to their local public health agencies
- 2 Advisors on issues pertaining to respiratory care
- 3 Policy developers for these teams and those who can provide training to fellow team members and others within the community
- 4 Health educators throughout the year on different public health issues.

Custom-made for communities

That ongoing public health — not just disaster response — role of the MRCs is an important part of the program and also shows why these are community-based entities. “One thing to get out from the start is that there is no ‘out of the box’ MRC,” explained Tosatto. Each community is charged with setting up its MRC to meet its own specific needs, and that can range all the way from emergency response to helping out with annual influenza vaccination programs or offering smoking-cessation classes.

“All MRCs are different because they are community based,” he said. “They are designed to meet the needs of that local community.” MRCs may be organized by a variety of community entities, including the local public health department, an emergency management agency, or even a local hospital. “Where it is housed does not matter as much as the fact that it’s supported within that agency and that it has a champion in there — somebody who really takes on the MRC mission, helps make sure it gets the support that is needed,” Tosatto pointed out. “Private partners are just as important, if not more so. For example, the MRCs can partner with local businesses to provide in-kind re-

sources so they’re less reliant on grants and county and state funding.”

The configurations of the units vary too, depending on the community. Tosatto said the federal government is urging communities to recruit a broad base of volunteers — including not just health professionals but others who can handle the logistical issues that invariably arise during any event — but communities can use any configuration they choose. Who to target in the medical field runs the gamut, he said, noting that working health professionals aren’t the only people on the list of possible recruits. Students, credentialed individuals who may not be in current practice, and retirees are all good possibilities. “Getting folks from active practice is great, but understanding that many people in active practice have jobs that they would be involved in during an emergency ... we need to look outside that as well,” he stressed.

Training, deployment vary

MRCs are involved in many public health activities, including emergency response, and training is an important aspect of the MRC. Although there is no standard training program in place, Tosatto said the federal government does want to ensure at least a baseline level of knowledge and understanding, which it does by asking all volunteers to meet eight core competencies — very basic things that every MRC member should know, such as understanding the Incident Command System and the member’s role in responding to any event, how to handle requests for information from the media and communications with other departments, basic disaster-related mental health issues, and the like. The program also supports a system called “MRC Train,” which offers more than 1,000 courses communities can choose from to help train their volunteers. “We encourage the MRCs to use that,” he said, and a link can be found on the MRC web site at www.medicalreservecorps.gov.

Even though MRCs are local, and thus will mainly deploy in the event of a local public health event, some unit members have been called upon to deploy by the federal government as well. During the 2005 hurricanes, for example, MRCs were asked to travel outside of their



For information on how to volunteer for an MRC in your area of the country, visit the MRC web site at www.medicalreservecorps.gov

local areas to assist, and several did. Mississippi's Lee County MRC — which includes dozens of respiratory therapists — spent several weeks triaging more than 3,000 evacuees during Katrina and Rita.

However, Tosatto emphasized that no MRC volunteer is ever required to deploy. In the event of a large-scale disaster, the government simply asks who is qualified to respond and who is available, and volunteers make their own decisions. Liability protection is generally handled locally or on the state level, although MRC members who deploy through the federal government become temporary federal employees and are covered as such.

Prepared communities = prepared nation
Since 9/11 everyone has come to under-

stand that preparing for the worst isn't an option, it's a necessity. Tosatto urged his audience at the AARC Congress to first assess their own personal preparedness to ensure their own families will have what they need in the event of an emergency, and then step up and help their communities do the same by volunteering for their local MRCs.

"Ultimately, what we want to do is have prepared communities — have a community that is resilient, that is able to stand on its own if something happens," said the director. "It's a cascading effect — you have a prepared community, you have a bunch of prepared communities. You have a prepared state, you have a bunch of prepared states. You have a prepared nation." ■