

## [FACT SHEET]

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# A Brief History of the Medical Reserve Corps





With the 10th anniversary of the Medical Reserve Corps (MRC) approaching in 2012, the National Association of County and City Health Officials (NACCHO) reflects on the tragic events of 9/11, which were an impetus to the development of the volunteer MRC program.

### 9/11 Triggered Volunteerism

Shortly after the planes crashed into the World Trade Center on 9/11, Mayor Giuliani of New York City asked for physicians to volunteer and help victims at Ground Zero. Medical volunteers arrived at the Stuyvesant Triage Center (normally a school filled with students), only to find a chaotic scene with no clear lines of authority. The medical volunteers organized themselves, took control of the situation, and began to triage victims. Two physicians coordinated the volunteer effort—they worked with the other physicians and medical personnel to tend to the injuries sustained by search and rescue workers.

Dr. Richard Hatchett, who was a coordinator at the triage center and is currently the chief medical officer and deputy director for Strategic Sciences and Management at the Biomedical Advanced Research and Development Authority within the Department of Health and Human Services (HHS), said shortly after 9/11, "The human response to the tragedy made you feel like somehow good was going to come out of this. Whoever attacked the towers had failed, if their purpose was to terrorize us. What it did was galvanize us. As soon as I signed off to the federal disaster team, I felt fortunate to be given to opportunity to help out. To be task-oriented was a good thing."<sup>1</sup>

### Creation of the MRC

After the life-altering events of 9/11, the volunteer physicians recognized the need for an organized group of medical volunteers who would be trained and prepared to provide supplemental medical and public health support in response to emergency operations in New York City. The group submitted a proposal to the city, requesting that a cadre of trained medical volunteers be established; the proposal was later expanded to suggest a nationwide group of volunteers be developed—a concept that eventually reached President George W. Bush and Congress.

A second impetus to the MRC's creation was the response to the anthrax letters in October and November 2001, which was limited mostly to Congressional staff and postal workers. The administration realized that, should large-scale mass dispensing/ mass vaccination be required, the United States would need a group of organized volunteers ready to respond.

During President Bush's delivery of the 2002 State of the Union Address, he asked all Americans to volunteer in support of their country. Shortly after this speech, the MRC was formed as a partnership with Citizen Corps, a national network dedicated to ensuring hometown security. NACCHO supports the MRC through a cooperative agreement with the Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC), headquartered within the Office of the Surgeon General.



## A Look at Today's MRC

The events of 9/11 motivated public health, medical, and nonmedical professionals throughout the country to volunteer in their local communities. The OCVMRC establishes, implements, and sustains MRC units—with a ready force of public health, medical, and non-medical volunteers who are ready, willing, and able to support a variety of preparedness, emergency, and public health activities and initiatives.

As of August 2011, the MRC program covered more than 90 percent of the U.S. population through a force that exceeds 200,000 volunteers in more than 950 geographically based units nationwide. These volunteers are actively engaged within their local communities and are committed to strengthening public health, emergency response, and community resiliency throughout the United States.<sup>2</sup>

The OCVMRC Director, Captain Rob Tosatto, leads the MRC. In 2001, Tosatto was deployed on six anthrax mission assignments as part of the HHS/Public Health Service (PHS) response. As a pharmacist, he dispensed medications to Congressional staff and postal workers; as a leader, he created some of the first points of dispensing and led the PHS teams that provided staffing. Tosatto says that he and other responders, "quickly recognized that we could not do this alone in a bigger response. We would need volunteers to assist and augment our efforts. Or, more likely, we would assist and augment their efforts."

MRC units now spend a significant amount of time planning and preparing for both man-made and natural disasters, including hurricanes, tornadoes, anthrax attacks, plane crashes, pandemics, and dirty bombs. MRC units engage in large-scale exercises with community partners, such as local American Red Cross chapters and local fire, emergency medical services, and law enforcement personnel, to ensure efficient and effective collaboration and operations during a real-life scenario. MRC volunteers contribute a variety of public health-related activities to their communities, such as providing flu vaccinations, promoting obesity prevention, and assisting with emergency evacuations. They also responded to recent disasters and emergencies such as Hurricanes Katrina and Rita, the Minnesota Bridge Collapse, the H1N1 pandemic, and Midwest floods and tornadoes.

#### References

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- Office of the Civilian Volunteer Medical Reserve Corps. (Aug. 1, 2011). Office of the Civilian Volunteer Medical Reserve Corps. Retrieved Aug. 25, 2011, from <u>http://www.medicalreservecorps.gov/leaderfldr/leader?path=Lead</u>.

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#### FOR MORE INFORMATION

To learn about MRC volunteers in their communities, read the MRC publications *In Touch* and *In Focus* at <u>www.naccho.org/</u> topics/emergency/mrc/newsletter.cfm.

For more information about the MRC or how to start a unit, visit <u>www.medicalreservecorps.gov</u>.

NACCHO National Association of County & City Health Officials The National Connection for Local Public Health



The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice for local health departments in order to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives.

1100 17th St, NW, 7th Floor Washington, DC 20036 P 202-783-5550 F 202-783-1583

www.naccho.org

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