The Medical Reserve Corps Response to the 2005 Hurricanes
Final Report
March 13, 2006

“When you offered to volunteer in the wake of Hurricane Katrina, you demonstrated a terrific willingness to help your fellow Americans during a time of great need. That dedication to service is commendable.”
-- Vice Admiral Richard H. Carmona, United States Surgeon General

Executive Summary

More than 70,000 individuals nationwide have volunteered to help their fellow Americans as members of the Medical Reserve Corps (MRC). During the 2005 hurricane season, many of these public health, medical, and other volunteers provided health care and support services for the victims and evacuees affected by Hurricanes Katrina, Rita, and Wilma.

An estimated 6,000 MRC volunteers supported the response and recovery efforts in their local communities. In the hardest hit areas and as the storm forced hundreds of thousands of Americans to flee the affected areas, MRC volunteers were ready and able to help when needed, and assisted as evacuees were welcomed into their communities. These volunteers spent countless hours helping people whose lives had been upended by these disastrous events by:

- Establishing medical needs shelters to serve medically fragile and other displaced people
- Staffing and providing medical support in evacuee shelters and clinics
- Filling in for others who were deployed to the disaster-affected regions at local hospitals, clinics, and health departments
- Immunizing responders for the disaster-affected regions prior to their deployment
- Staffing various response hotlines created after the hurricanes hit
- Raising funds for those affected by the hurricanes
- Teaching emergency preparedness to community members
- Recruiting more public health and medical professionals who can be credentialed, trained, and prepared for future disasters that may affect their hometowns or elsewhere

In addition to this local MRC activity, more than 1,500 MRC members were willing to deploy outside their local jurisdiction on optional missions to the disaster-affected areas with their state agencies, the American Red Cross (ARC), and the U.S. Department of Health and Human Services (HHS). Of these, almost 200 volunteers from 25 MRC units were activated by HHS, and more than 400 volunteers from more than 80 local MRC units were deployed to support ARC disaster operations in Gulf Coast areas.

The MRC National Program Office conducted two post-deployment surveys to obtain feedback related to the 2005 hurricane response. The office hopes to use the collected information to improve future MRC response activities. One survey was distributed to MRC leaders, and the other was distributed to volunteers who deployed outside their local jurisdiction during the response. A slight majority (51.52%) of the 38 unit leaders who responded to the survey thought that the activation process was unclear and not understandable, although a strong majority (84.85%) indicated that the MRC liaison desk personnel were helpful. Additionally, 97.66% of the 133 respondents who deployed outside their local jurisdiction stated that they would activate with the MRC unit again.

These dedicated and determined volunteers are members of more than 380 MRC units in 49 states, the U.S. Virgin Islands, Guam, and the District of Columbia. This report provides details of the MRC program’s role in the response to the 2005 hurricane season.
**Background**

The Medical Reserve Corps (MRC) concept was forged in the flames of the September 11th attacks, tempered in the interim through the development of organizational structures and regular public health and preparedness activities, and was honed to a fine edge in the aftermath of Hurricanes Katrina, Rita, and Wilma. The MRC was established as a national system of local, community-based teams of volunteers—medical and public health professionals and others without health backgrounds—who are identified, credentialed, trained, and prepared in advance of an emergency. Through their work, MRC units strengthen their local public health infrastructures and improve the response capabilities of their communities. Because the MRC program has grown in size and reputation since its establishment 3 years ago, it has become recognized as a potential resource in national emergencies. With the overwhelming MRC response to the 2005 hurricane season, this recognition has grown, and the importance of the MRC has been confirmed.

MRC members responded locally in the disaster areas and in other parts of the country by caring for hurricane victims and evacuees. They recruited additional MRC members who can be pre-identified, pre-credentialed, trained, and prepared for the next disaster. They encouraged emergency preparedness, substituted for other medical professionals who were deployed to the Gulf Coast region, and helped with fundraising activities. MRC members also responded outside of their local jurisdictions through a partnership with the American Red Cross (ARC), through activation by the U.S. Department of Health and Human Services (HHS), or through other mechanisms such as state-to-state mutual aid agreements and the Emergency Management Assistance Compact.

Five months have passed since Hurricane Katrina made landfall on the Gulf Coast, and it has been four months since Hurricanes Rita and Wilma hit. The following is a sampling of the activities that MRC units participated in to supplement resources for the hurricane response and recovery efforts.

**MRC Unit Activities**

**Region I** (Regional Coordinator: Jennifer Frenette, jennifer.frenette@hhs.gov)

- **Connecticut** (State Coordinator: Mary Grace Duley, mary.duley@po.state.ct.us)
  - The Yale New Haven MRC asked its volunteers to be prepared to activate if evacuees came to their area so that they may provide necessary medical assistance.
  - The Capitol Region MRC identified 28 volunteers to support the national American Red Cross (ARC) and U.S. Department of Health and Human Services (HHS) response missions. Four volunteers deployed to the Gulf Coast region to support the HHS response mission. MRC membership has more than doubled in the past 5 months to 150 members. One MRC volunteer was featured on the Oprah Winfrey Show, which honored Hurricane Katrina and Rita responders.
  - The Middletown MRC sent 1 nurse to Louisiana as part of a team that deployed through Middlesex Hospital.

**Massachusetts** (State Coordinator: Regina Villa, reginavilla98@yahoo.com)

- The Cape Cod MRC received many new volunteer applications since Hurricane Katrina hit and activated administrative personnel to staff the Otis Air Force Base (“Operation Otis”) medical clinics set up to care for evacuees.
- The City of Easthampton Board of Health MRC deployed 1 volunteer under the auspices of Massachusetts Emergency Management Association (MEMA).
- The Fairview Hospital MRC (Great Barrington, MA) activated 1 volunteer to help MEMA answer telephones. Two volunteers helped staff the “Operation Otis” medical clinics, and two volunteers
were deployed to New Orleans to support the national ARC response mission.

- The **Upper Merrimack Valley MRC** deployed 11 volunteers to support the national ARC response mission. They also activated 11 volunteer to staff the “Operation Otis” medical clinics.
- The **Upper Cape MRC** deployed 2 volunteers locally to assist with Hurricane Katrina evacuees.
- The **Boston Public Health Commission MRC** deployed 5 volunteers to support the national ARC and HHS response missions. They observed a heightened interest in the MRC from local volunteers and recruited 113 new volunteers.
- The **Amherst MRC** deployed 2 volunteers to support the national ARC response mission and activated 1 volunteer to staff the “Operation Otis” medical clinics.
- The **Brookline MRC** activated 4 volunteers to staff the “Operation Otis” medical clinics.
- The **Franklin Regional Council of Governments MRC** recruited 60 new volunteers in recent weeks.
- The **Massachusetts Task Force MRC** sent 46 volunteers to Waveland, MS for 8 days as part of an Urban Search and Rescue Task Force Light. Twenty-four members volunteered locally to answer telephone calls and provide support to members who deployed to Mississippi and Louisiana. Six members worked in New Orleans as part of the Federal Emergency Management Agency (FEMA) recovery effort during September. In addition, the Massachusetts Task Force MRC raised more than $500 to support the St. Claire School in Waveland, MS.

**New Hampshire** (State Coordinator: Arlene Magoon, amagoon@nhcem.state.nh.us)

- The **Nashua MRC** recruited volunteers, worked with the ARC on local volunteer activities, and networked with other New Hampshire MRC units.
- The **Littleton MRC** created a news release for all New Hampshire MRC units to use for recruiting new volunteers.
- The **Derry MRC** deployed 4 volunteers to support the national ARC response mission. They also coordinated volunteer medical teams to prepare for the arrival of evacuees in Derry and Portsmouth, NH.

**Rhode Island**

- The **Rhode Island MRC** provided medical support to 106 evacuees. They also received 500 telephone calls from individuals wanting to help and processed more than 250 new volunteer applications.

**Region II** (Regional Coordinator: Bruce Marganoff, bmarganoff@osophs.dhhs.gov)

**New Jersey** (State Coordinator: Sally Flanagan, Sally.Flanagan@doh.state.nj.us)

- The **Hudson Regional Health Commission MRC** supported the national ARC response mission and deployed 1 EMT to Montgomery, AL.
- The **Camden County MRC** volunteers supported the national ARC response mission.
- The **Bergen County MRC** was asked to identify an MRC physician with emergency room experience to support a Law Enforcement Team as part of a New Jersey Emergency Management Assistance Compact (EMAC) deployment to New Orleans.
- The **Somerset County MRC** deployed 4 volunteers to Baton Rouge, LA, in support of the national ARC response mission and recruited 20 new volunteers as a result of activation requests.

**New York** (State Coordinator: Judith LeComb, jcl01@health.state.ny.us)

- The **Central New York MRC** supported the national ARC response mission and deployed 1 volunteer to Lafayette, LA.
- The **NYU Hospital Centers/Emergency Preparedness MRC** supported the national ARC response mission and deployed 1 volunteer to the disaster-affected region.
• The Westchester County MRC supported the national ARC response mission and deployed 5 volunteers to Louisiana and Mississippi.
• The S2AY Public Health Network MRC identified 25 volunteers to support the national ARC response mission.
• The New York City MRC deployed 20 volunteers to support the national ARC response mission and 8 volunteers to support the HHS response mission. They also sent volunteers to the disaster-affected region with the Humane Society, Disaster Corps International, Disaster Mortuary Operational Response Team (DMORT), and Disaster Medical Assistance Team (DMAT). Several volunteers helped locally by staffing the New York City Family Assistance Center operated by the Salvation Army.
• The Monroe County MRC supported the national ARC and HHS response missions and continued to coordinate with the local ARC chapter.
• The Nassau County MRC activated 2 volunteers to support the national ARC response mission and sent 2 volunteers to the disaster-affected region with a DMORT.

Region III (Regional Coordinator: Carla Holder, cholder@osophs.dhhs.gov)

Delaware
• The Christiania Care MRC fielded an influx of telephone calls from local healthcare professionals interested in volunteering their services.

Maryland (State Coordinator: Joan Lawrence, jlawrence@dhmh.state.md.us)
• The Prince George’s County MRC deployed 1 volunteer with the Maryland Department of Health and Mental Hygiene to provide medical assistance at West Jefferson Hospital, 10 miles outside of New Orleans, LA, as part of “Operation Lifeline.”
• The Maryland Department of Health and Mental Hygiene MRC deployed more than 200 volunteers to provide medical support in the disaster-affected area through the state’s participation in the EMAC system-sponsored “Operation Lifeline.”
• The Frederick County MRC activated 10 nurses to assist its local health department with providing health assessments for locally sheltered evacuees, in addition to supporting the national ARC response mission with 1 nurse and the HHS mission with 1 nurse. They also organized a team deployment of 20 MRC/Southern Baptist Disaster Response Team members, who coordinated repair operations to damaged homes in the Gulf Coast region.
• The Maryland Defense Force (MDDF)-Baltimore County Emergency Medical Volunteers MRC activated 5 MRC volunteers to travel with the 30-member MDDF command contingent to Jefferson Parish, LA, as part of “Operation Lifeline.”
• The Montgomery County MRC assisted with providing medical support at the National Guard/ARC-administered DC Armory that housed more than 300 evacuees. They also deployed 4 volunteers to support the national ARC response mission in Pineville, LA; Picayune, MS; and the Houston Astrodome.

Pennsylvania (State Coordinator: Dr. John Bart - jobart@state.pa.us)
• The Allegheny County Health Department MRC supported the Pennsylvania Department of Health and Emergency Management hurricane response efforts and deployed 5 volunteers to support the national ARC and HHS response missions.
• The Erie Regional MRC deployed 13 volunteers to Mississippi as part of the National Disaster Medical System (NDMS)/U.S. Department of Homeland Security DMAT program and 3 volunteers to support the HHS response mission.
• Several members of the Hanover Hospital MRC volunteers were activated by FEMA as Disaster Assistance Employees. Two volunteers were deployed to support the national ARC response mission.
• The Lancaster MRC shared its Web-based “Health Passport” (www.mrcpassport.org) with MRC members nationwide to help assure that critical information regarding their health histories was available to them as they responded to a disaster. More than 300 MRC volunteers nationwide created MRC Health Passports.
• The Southern Alleghenies EMS Council MRC deployed 3 volunteers to support the national ARC response mission. They also activated 14 volunteers to staff and support HHS special needs shelters and immunization and primary care strike teams in the Gulf Coast region as part of the HHS response mission. Three of these volunteers were “recruited” by ARC greeters at the airport and assisted with the ARC mission.

Virginia (State Coordinator: Judith Marston, Judith.Marston@vdh.virginia.gov)
• The Rappahannock-Rapidan MRC deployed 3 volunteers to support the national ARC response mission, and an additional 25 volunteers were available to support the HHS response mission.
• The Eastern Shore MRC identified several volunteers to support the HHS response mission. Two volunteers were deployed to the Gulf Coast area; 1 to Gulfport, MS, to assist the local Agency on Aging with sheltering; and 1 in support of the national ARC response mission.
• The Rappahannock MRC staffed a clinic and provided immediate medical needs, assessments, and school physical examinations for 29 evacuated families who relocated to the area. They provided medical and pharmaceutical referrals for 450 evacuees in 139 families. They also developed a medical referral system with 30 Rappahannock MRC participating physicians, who offered to accept evacuees as new patients, providing them with pro bono health care services. The unit also conducted a post-clinic “Lessons Learned” workshop and presentation.
• The Alexandria MRC deployed 1 volunteer to Louisiana in support of the national ARC response mission and brought 1 person to the health department to work part-time in support of evacuees.
• The Chesapeake MRC deployed 5 volunteers to support the national ARC response mission in Montgomery, AL, and Baton Rouge, LA, and activated 18 volunteers to assist its local ARC chapter.
• The Fairfax MRC deployed 4 volunteers to support the national ARC response mission and deployed 3 volunteers to support the HHS response mission. They presented courses on family disaster preparedness that increased the number of participants due to the recent hurricanes.
• The Hanover Health District MRC provided medical support to local organizations receiving evacuees. In addition, 2 volunteers were deployed to the Gulf Coast to support the national ARC response.
• The Virginia Beach MRC deployed 6 volunteers to Montgomery, AL, through the SENTARA Health System and the national ARC response mission. Since Hurricanes Katrina, Rita, and Wilma, more than 20 nurses contributed at least 200 hours of support to the local ARC for processing evacuees.
• UVAMRC volunteers helped to process approximately 30 evacuee families. They prepared a medical volunteer team to assist at Fort Picket, an evacuee housing center set up for evacuees in Virginia. Two volunteers were deployed to the Gulf Coast region.
• The Southwest VA MRC deployed 5 volunteers to support the national ARC response mission and 1 volunteer to support the FBI response in Biloxi, MS, and Mobile, AL.
• The Roanoke MRC deployed 19 volunteers to support the national ARC response mission.
• The Loudoun County Health Department MRC deployed 5 MRC volunteers to support the national ARC response mission.
• Southside Health District MRC volunteers collected donations in their local community and transported them to the disaster-affected region in mid-September. Three volunteers from the Southside MRC were deployed to the Gulf Coast region.
• The Western Tidewater MRC identified several volunteers to support the HHS and ARC response missions. One volunteer was deployed in November, via HHS, to Baton Rouge, LA, to work in a free clinic. Another volunteer was accepted to the Virginia State DMAT team.
Washington, DC
- The **MSDC MRC** and its **National Capitol Region MRC partners** provided medical support at the National Guard/ARC-administered DC Armory that housed more than 300 evacuees.

West Virginia (State Coordinator: Rose Anne Michaels, roseannemichaels@wvdhhr.org)
- The **Wheeling-Ohio County MRC** deployed 100 volunteers through the local ARC chapter to the affected areas and to Camp Dawson, WV to help evacuees. In addition, the unit has 140 ARC-trained volunteers; 62 of whom were on stand-by for deployment.
- The **Northern Panhandle MRC** sent 2 nurses to Camp Dawson, WV, to help evacuees. They also sent 1 EMT to Mississippi to assist the local volunteer fire department unit.

Region IV (Regional Coordinator: Elizabeth Fitch, efitch@osophs.dhhs.gov)

Alabama
- The **Birmingham MRC** (hosted by Project H.E.L.P.) provided staff for three medical needs shelters in Alabama and 1 in Mississippi. It also provided triage and assessments at intake centers in Louisiana, Alabama, Mississippi, and Georgia. Seventy-six volunteers were involved in these efforts.
- The **Black Belt MRC** provided support at local medical needs shelters.

Florida
- The **Rural NW Florida MRC** provided care to evacuees in the Health Services Center set up by the ARC and screened and vaccinated evacuees at the Panama City Civic Center. Volunteer physicians and nurse practitioners also provided patient care for evacuees in their offices. Overall, seventy-six Rural NW Florida MRC volunteers gave more than 700 hours of their time.
- The **Palm Beach MRC** supported a medical needs shelter in their local area and prepared more than 100 physicians for activities activate if needed. Twenty-eight local physicians provided care to displaced persons, and 6 activated to support the national ARC mission.
- The **Lake County MRC** activated 3 volunteers who provided 24 service hours to the local ARC evacuee-processing center and identified a 4-person team to support the HHS response mission.
- The **Duval County MRC** asked volunteers to temporarily accept evacuees as patients without compensation. Five Duval MRC volunteers assisted 21 evacuees in this manner.
- The **Medical Reserve Corps of Sarasota County** planned to provide backfill for deployed nurses in local clinics.
- The **Southwest Florida MRC** deployed 5 volunteers to the Gulf Coast region for Hurricane Katrina, Rita, and Wilma relief. Nineteen volunteers provided assistance locally through the ARC Processing Center after Hurricane Katrina and local shelters after Hurricane Wilma. These 19 volunteers provided 338 service hours.
- The **Broward County MRC** provided 4 physicians to staff the mobile health clinics provided by the Department of Health after Hurricane Wilma.

Georgia
- The **Dekalb County MRC** activated 12 volunteers to provide health information at the evacuee processing center in Lithonia, GA. One volunteer deployed to support the national ARC response mission.
- The **East Central Health District MRC** activated 23 volunteers to set up and staff a clinic for evacuees housed in a hotel in Augusta, GA. Forty-eight volunteers were identified to support the national ARC and HHS missions, and 10 volunteers were deployed.
- The **Fulton County MRC** activated 14 volunteers who served evacuees in the disaster relief centers and shelters in Atlanta, GA, and outlying areas.
- The **Gwinnett County MRC** deployed 1 volunteer to serve evacuees in the ARC Disaster Relief
Center in Lawrenceville, GA.

- The **Chatham County MRC** sent 18 medical volunteers (with its Citizen Corps volunteers) to Louisiana to deliver nearly 10 tons of medical supplies.

**Kentucky** (State Coordinator: Rebecca Rogers, Rebecca.L.Rogers@ky.gov)
- The **Paducah-McCracken MRC** referred MRC volunteers to a local free clinic to assist with evacuees and maintained a roster of new volunteers on file to be used as the unit becomes more established.
- The **Ashland-Boyd Catlettsburg MRC** identified a 10-person team of volunteers, which was deployed to Gulfport, MS, to support the HHS mission.
- The **Bullitt County MRC** activated 3 physician volunteers to support the HHS mission.
- The **Green River MRC** activated 14 volunteers to gather and distribute donated items and complete paperwork related to the support of evacuees to the local area.
- The **Woodford County MRC** volunteers staffed the citizen hotline for the District Operations Center. Two team members also activated as FEMA Disaster Assistance Volunteers, and 1 deployed to Mississippi to assist with disaster pet relief.
- The **Louisville MRC** deployed two volunteers with the ARC.

**Mississippi**
- The **Mississippi MRC** activated 27 volunteers to serve 140 medically fragile and approximately 1,000 other displaced people in a medical needs shelter in Biloxi, MS. Two nurses also worked in the ARC shelter in Jackson, MS, and two Amateur Radio operators assisted with communications for those volunteering elsewhere in the state.
- The **Lee County MRC** staffed a triage and first aid station at the local ARC shelter with nurses, respiratory therapists, social workers, and counselors. They also staffed an off-site medical clinic with physicians, nurses, pharmacists, and administrative support. They processed more than 2,000 evacuees through the triage/first aid area and treated more than 500 evacuees at the off-site clinic.

**North Carolina**
- The **Mountain Triad MRC** deployed 6 volunteers to support the national ARC response mission and identified 1 nurse to support the HHS mission.
- The **Orange County Public Health Reserve Corps** deployed 3 volunteers to support the ARC mission in the Gulf Coast region and 4 MRC members to Raleigh, NC, to assist in the shelters.

**Tennessee**
- The **Middle Tennessee MRC** opened a warehouse in their community to collect donations of personal and medical items in support of the Hurricane Katrina response. Two physicians deployed through their Urban Search and Rescue (USAR) team, and 2 nurses assisted locally in Nashville shelters. This unit deployed 305 volunteers who gave more than 3,000 service hours.
- The **Memphis/Shelby County MRC** activated 30 volunteers to support local donation sites and 63 volunteers to staff a local ARC evacuee shelter. They also deployed 2 volunteers to support the national ARC response mission.
- The **Knoxville MRC** partnered with the **Middle Tennessee MRC** to deploy volunteers through FEMA.
- The **Memphis/Shelby County MRC**, **Middle Tennessee MRC**, and **Chattanooga-Hamilton County MRC** sent 55 nurses and 8 physicians to the ARC evacuee shelter in Memphis and set up a telephone bank to collect evacuee information and donations. It received more than 3,000 telephone calls.
- The **Chattanooga-Hamilton County MRC** provided 50 volunteers to staff a warehouse for donations of items for evacuees.
Illinois

- The **Chicago MRC** activated volunteers locally to staff and provide medical support to the evacuees being housed in the Fosco Center.
- The **Kane County MRC** deployed 3 volunteers to the affected area and assisted locally with setting up an intake center in Elgin, IL, housing 31 evacuees, 4 dogs, and 1 cat. The MRC also was involved with setting up the county command post that convened the responding agencies in recent days.
- The **Douglas County Health Department MRC** deployed 5 MRC volunteers to Montgomery, AL, and to Baton Rouge, LA, to support the national ARC response mission. In addition, they activated 5 MRC members to assist the local Community Emergency Response Team and emergency management agency, filling a truck with supplies to be delivered to a community with few resources in Louisiana.
- The **McHenry County MRC** deployed 1 nurse, 1 dental hygienist, and several firefighters to the Gulf Coast region. Upon their return the unit held a discussion panel at a local college to share the volunteers’ experiences in the hurricane response.
- The **Evanston MRC** coordinator was deployed to Gulfport, MS, to staff the Emergency Support Function #8 Unified Command Center for Health, Medical, and EMS Recovery. The MRC also deployed additional volunteers to staff many of the Federal clinics and mobile units located in the disaster-affected region.

Indiana

- The **Boone County Health Department MRC** deployed 2 physicians to Louisiana as part of a faith-based organization mission and identified 22 physicians, 46 nurses, and other volunteers who were available to offer their services.
- The **Porter County MRC** worked with the local ARC chapter, emergency management, and social service organizations to provide services to evacuees. The MRC also provided Centers for Disease Control and Prevention-recommended vaccinations to relief workers traveling to the Gulf Coast region.

Michigan

- The **Detroit MRC** increased membership to 53 volunteers. They activated volunteers to provide medical support in the affected area through the state’s participation in EMAC. Two nurses were deployed to Louisiana to assist victims of Hurricane Katrina. One nurse provided assistance at the Detroit City Airport evacuee processing center.
- The **NCCS Volunteer Resource Center MRC** deployed 2 volunteers to Georgia to support the FEMA response.

Minnesota (State Coordinator: Lisa Pogoff, Lisa.Pogoff@state.mn.us)

- The **University of Minnesota MRC**, with the Mayo Clinic and the National Refugee Committee, deployed more than 30 volunteers to support the Minnesota “Lifeline Mission” in response to a request from the Louisiana State Health Department. The 60-day mission provided primary care services to 35 shelters in a designated geographic area operating from Baton Rouge to Lafayette, LA. In addition, the MRC deployed 5 volunteers to support the national ARC response mission.
- The **Steele County Public Health MRC** activated 2 volunteers to provide support to the local Steele County ARC chapter.

Ohio (State Coordinators: Forrest W. Smith, M.D., fsmith@odh.ohio.gov and David O’Reilly David.O'Reilly@ocsc.state.oh.us)

- The **Northeast Ohio MRC** deployed 4 volunteers to support the national ARC response mission.
• The Montgomery County MRC deployed 3 physicians, 5 nurses, and 2 other health care professional volunteers to the Gulf Coast. Locally, they have provided medical support to 150 evacuees.

• The Scioto County MRC deployed 7 volunteers to support the national ARC response mission and anticipate deploying more than 20 additional volunteers to the Gulf Coast region.

Wisconsin (State Coordinator: Billie Bayou, bayoubl@dhfs.state.wi.us)
• The Wisconsin Technical Rescue Operations Team MRC deployed 2 teams of search and rescue personnel to New Orleans, LA, to conduct flood rescue operations and was involved in 120 evacuee rescues. These volunteers were members of the K-9 Emergency Response Teams and Wisconsin Technical Rescue Operations Team. Three non-medical MRC volunteers supported the response.

Region VI (Regional Coordinator: Stacy Sayre, ssayre@osophs.dhhs.gov)

Arkansas
• The Arkansas River Valley MRC assisted the National Guard with running a medical clinic for evacuees at Fort Chaffey. More than 400 MRC physicians and nurses cared for 9,000 people at the clinic for the initial Hurricane Katrina response. After the initial response, they cared for more than 1,500 additional evacuees housed at Fort Chaffey.

• The Polk County MRC activated 20 medical professionals to work with the local department of health to triage more than 300 Hurricane Katrina and Rita evacuees who came to their community.

Louisiana
• The Shreveport-Bossier MRC (hosted by the Institute for Human Services and Public Policy) provided medical support in the Louisiana State University shelter.

New Mexico
• The Albuquerque Area MRC developed a strong relationship with the local ARC chapter and staffed their local shelter 24 hours a day, 7 days a week with physicians, nurses, and EMTs for 2 weeks. Once the shelter closed, the MRC continued to work with the ARC chapter by staffing a 24-hour nurse hotline that was established to provide assistance for evacuees in the Albuquerque area.

Oklahoma (State Coordinator: Lisa Pearson, pearsonl@emsa.net)
• Oklahoma activated more than 650 MRC volunteers to staff clinics and shelters for evacuees. MRC members served as the primary staff at Camp Gruber, caring for 1,500 evacuees. The Oklahoma MRC units provided staffing support for three HHS special needs shelters in Louisiana. More than 30 physicians, nurses, pharmacists, social workers, mental health professionals, and safety officers staffed this mission in support of HHS.

• The Mayes County MRC activated 5 volunteers to assist the local ARC and Oklahoma Emergency Management in running a shelter in Muckogee, OK.

Texas
• The Dallas County East MRC provided medical staffing assistance at Reunion Arena in support of their local health department. More than 3,000 hours of volunteer service was recorded by physicians, nurses, mental health counselors, and support staff.

• The Fannin County MRC volunteers staffed shelters in rural north Texas in support of their local county emergency management.

• The Harris County MRC, which grew to more than 2,500 volunteers in the weeks that followed the hurricanes, was activated under their county emergency management plan to assist with the medical needs in the clinics at the George R. Brown Convention Center, ARC shelters, and other community
facilities set up in response to Hurricane Katrina. They assisted with serving more than 25,000 sheltered evacuees and 75,000 other displaced people living in hotels, staying with friends, and residing at other non-profit shelters in surrounding areas. The MRC also supplied support to the 24 hours a day, 7 days a week triage service called Ask Your Nurse to augment its ability to respond to increased volume.

- The Texas Medical Rangers MRC augmented the staff for the Chief Medical Officer in Dallas, TX, with 44 medical and support personnel. Twenty-three volunteers provided medical care to patients in Tyler, TX.
- The Capitol Area MRC activated 20 volunteers to support local Austin shelter activities, including a special needs shelter housed at the convention center. The volunteers also worked with the Austin County Health and Human Services through the Travis County Medical Society.
- The Corvell MRC provided medical support in the Killeen and Copperas Cove shelter system for more than 4,000 evacuees. Six volunteers assisted more than 400 evacuees in Gatesville, TX, in preparation for Hurricane Rita. The volunteers also provided immediate support in Waco, TX at a special needs shelter for Hurricane Rita evacuees.
- The Denton County MRC activated 75 medical and non-medical volunteers to staff Camp Copass, Denton County’s largest evacuee shelter. A full clinic was staffed 24 hours a day, divided into 6-hour shifts. Volunteers provided additional staffing at 5 other locations, providing initial triage and medical evaluation.
- The F.O.R.C.E.S. MRC activated 4 volunteers to work in the Corpus Christi area to assist with nursing home evacuations in the wake of Hurricane Rita, moving patients to the buses and unloading them once they returned. They also worked with the Harris County MRC to provide further support in Houston.
- The Galveston County MRC recruited 12 members in 6 weeks. One member of the MRC volunteered in the Conroe shelter in Galveston, TX, and they continued to work with the local population affected by Hurricane Rita.
- The Tarrant County MRC recruited 404 volunteers and activated 150 volunteers to support 8 shelters opened in response to Hurricane Katrina and 15 shelters opened in response to Hurricane Rita. Combined, the volunteers served more than 3,000 evacuees.

Region VII (Regional Coordinator: Gary Brown, gbrown2@osophs.dhhs.gov)

Kansas
- The Sedgwick County Health Department MRC deployed 1 physician to the affected area. In addition, unit volunteers helped to prepare locally for the arrival of 1,800–2,000 expected evacuees. The unit recruited 14 new volunteers as a result of hurricane response and recovery efforts.
- The Shawnee County Health Agency MRC engaged several medical and non-medical volunteers to participate in an exercise of their evacuee health screening process. Six MRC volunteers assisted with medical evaluation, triaging, process “flow,” and paperwork.
- Three Reno County MRC volunteers deployed to the hurricane-affected area with other partner agencies; namely, the ARC Great Plains Chapter, the Kansas Army National Guard, and the United Methodist Church Disaster Services.

Missouri
- The Mid-America MRC set up a page for Hurricane Katrina on their Web site and secured spots on local television and radio, which recruited many new volunteers. They also sent notices to all MRC volunteers to ask for their assistance with an evacuee service center and in local ARC shelter staffing assignments. Two pharmacists from the Mid-America MRC provided support for a local shelter for hurricane evacuees, helped set up the pharmacy in the service center clinic, and obtained pharmaceuticals to stock it. Three pharmacists helped relocate the clinic in the ARC service center
when the center changed locations. A psychiatrist from the Mid-America MRC also volunteered at the clinic, working with evacuees needing mental health assistance.

- The Northeast Missouri MRC deployed 1 volunteer to Baton Rouge, LA, and 1 volunteer to Montgomery, AL, to support the national ARC response mission. One volunteer deployed via the Peace Corps. Volunteers in the local area offered mental health assistance to evacuees entering the region.
- The Columbia Boone County MRC activated 13 volunteers to support a local ARC shelter and service center operation for evacuees. One volunteer was deployed by FEMA as a rescue specialist with a USAR team.

Nebraska

- Metropolitan Omaha MRC volunteers conducted health assessments for 169 evacuees at an Omaha ARC shelter. An MRC pharmacy group worked with a Walgreen’s drugstore to dispense medications. The MRC also provided behavioral health counseling for evacuees, along with the ARC. Seven MRC volunteers were deployed to the hurricane-affected region.

Region VIII (Regional Coordinator: Gail Newell, gnewell@osophs.dhhs.gov)

Colorado (State Coordinator: Leslie Williams, trutmor@earthlink.net)

- The MRC of Southern Colorado deployed 2 volunteers to Baton Rouge, LA, in support of the national ARC response mission and activated 2 volunteers to work with the local ARC chapter on the intake of volunteers. Thirty-three new MRC volunteers were processed.
- The Mesa County MRC deployed 24 volunteers with the national ARC mission to the Gulf Coast region. Three volunteers worked regularly to help process applications at the local ARC chapter, and 64 new volunteers joined the MRC. Twenty-one MRC volunteers assisted locally with the deployment applications, totaling 300 service hours. The MRC also partnered with the St. Mary’s Critical Incident Team to facilitate debriefing for returning volunteers.
- The Larimer County MRC volunteers helped the local ARC answer telephones and offer training to volunteers deploying to the disaster. One veterinarian who could not deploy volunteered at the local animal shelter, while other members helped in the disaster areas. One nurse practitioner deployed to Baton Rouge, LA, and 2 physicians were deployed as part of the national ARC response mission.

Montana

- The Yellowstone County MRC deployed 1 physician assistant and 1 nurse to the Gulf Coast region.

South Dakota

- The Western South Dakota MRC saw an increased interest in the MRC program. The unit coordinator was deployed by the U.S. Coast Guard to support a FEMA mission in Dallas, TX.

Utah

- The Cache County MRC deployed 5 volunteers to the Gulf Coast region, and their unit roster increased by 10 volunteers.
- The Weber-Morgan MRC received growing interest in the MRC program, and at least 25 prospective volunteers contacted the unit to join.

Wyoming

- The Natrona County MRC deployed 6 volunteers to support the national ARC response mission and 2 volunteers to support the HHS mission. Its unit director held a press conference and a meeting to recruit new members; 16 new volunteers joined. Five additional Natrona County MRC volunteers deployed to Mississippi to work in a medical clinic.
**Region IX** (Regional Coordinator: Jill Littlefield, jlittlefield@osophs.dhhs.gov)

**Arizona**
- The **Yavapai County MRC** submitted 79 applications to the ARC; of these, at least 41 were deployed. The unit also helped to recruit and manage individuals who wished to volunteer, but did not have an MRC in their community. Since Hurricane Katrina, they have increased their enrollment from 762 volunteers to 833.
- The **Maricopa County MRC** deployed 11 volunteers to support the national ARC response mission and 19 volunteers to support the HHS response mission. They recruited more than 650 new volunteers—mostly health professionals—and received more than 24,500 telephone calls as a result of Hurricanes Katrina and Rita. Locally, volunteers offered debriefing and counseling to other volunteers who supported evacuees at shelters in their county. They also were tasked by county emergency management personnel to develop a shelter plan for disaster victims with medical needs in their county.
- The **MRC of Southern Arizona** fielded an unprecedented number of prospective volunteer inquiries and processed 177 MRC applications subsequently. In addition to deploying 16 volunteers to support the national ARC response mission, the MRC referred 49 medical professionals to the Tucson Shelter Clinic operated by the Pima County Health Department.

**California** (State Coordinator: Sheila Martin, Sheila.Martin@EMSA.CA.GOV)
- The **Sacramento MRC** prepared and credentialed 18 volunteers to deploy through the MRC partnerships with the ARC and HHS. The unit also participated in two Hurricane Katrina fundraising events, a telethon on KCRA, and an ARC fundraiser during a ball game at Raley Field. Eight members deployed to support the Hurricane Katrina effort through other partnerships in their local community. Overall, awareness and membership increased, and 60 new members joined the unit.
- The **Palo Alto MRC** deployed 6 mental health volunteers through various organizations, including the Veterans Health Administration and the National Center on Post-Traumatic Stress Disorder. Many of these volunteers provided mental health training and services to evacuees and responders in Houston, TX.
- The **Tahoe MRC** collected more than 1,000 backpacks, filled them with school supplies and other necessities, and sent them to New Orleans and Truckee’s sister city Bayou Le Batre, AL. The MRC also sent 150 medical crisis kits to a hospital in New Orleans and gave 6 humidifiers and 5 cases of Pedialyte® to Bay Saint Louis Hospital in Mississippi. The MRC also flew to New Orleans in January (and plans to travel again in April) with supplies and equipment needed to rebuild homes. In addition, they submitted a roster with 10 volunteers available to support the HHS mission assignment.
- The **San Diego MRC** activated 17 physicians, 12 nurses, 3 pharmacists, and 8 additional volunteers to provide medical support to the county, which sheltered 80 evacuees. The San Diego MRC was instrumental in creating the flow diagrams for the shelters and examining 35 of the 80 evacuees. They also deployed 6 volunteers to support the HHS response mission and 4 volunteers to support the national ARC response mission.
- The **Marin County MRC** identified volunteers to deploy in support of the ARC and HHS missions. Ten volunteers completed the deployment application.
- The **City of Stockton MRC** recruited for and hosted two ARC Health Service/Family Service courses in the city hall; 25 volunteers attended. Eight members of the MRC were deployed through the ARC.
- The **Fresno County MRC** deployed 18 volunteers to the Gulf Coast to support the national ARC response mission.
- The **Beach Cities MRC** deployed 2 volunteers to support the national ARC response mission. The MRC unit received 55 telephone calls from prospective MRC volunteers and completed 14 applications as a result. The local newspaper contacted the MRC volunteers planning to deploy before
they departed for their mission and gathered MRC information to be included in a local response article. Two MRC volunteers assisted locally by collecting and sorting clothes that were transported to the affected areas. More than 18 volunteer hours were accumulated for this project.

- The **Orange County MRC** identified 3 volunteers to deploy through the HHS/MRC partnership and deployed 1 volunteer support the national ARC response mission.
- The **Volunteer Center of Riverside MRC** deployed 1 member to Monroe, LA, for 1 week to work at the United Way 211 Call Center.

**Nevada**

- The **Clark County MRC** deployed 2 volunteers through the HHS response mission to provide support to evacuees being housed on a cruise ship in New Orleans, LA. One MRC physician volunteer relocated to Houston, TX, to assist with the response and recovery efforts. Three volunteers assisted the local ARC chapter in processing firefighters from New Orleans who arrived in Las Vegas for rest and recuperation. The unit also activated a nurse volunteer to conduct daily medical screenings at the Fertitta Center, which was set up to process self-evacuees. They also created and mailed recruitment postcards to develop their response capabilities.

**Region X** (Regional Coordinator: Jesus Reyna, jreyna@osophs.dhhs.gov)

**Alaska**

- The **Anchorage MRC** identified 5 EMT volunteers to support the HHS mission.

**Idaho** (State Coordinator: Tanisha Townsend, ttownsend@bhs.idaho.gov)

- The **MRC of North Idaho** sent 270 letters to volunteers about the national ARC response mission. The unit submitted 17 applications for deployment consideration. Eleven volunteers were deployed to support the national ARC response mission, and 6 volunteers were deployed to support the HHS mission. The Panhandle Health District provided immunizations for Tetanus and Hepatitis B for all MRC volunteers deployed to the disaster-affected area.
- The **Boise MRC** volunteers supported the national ARC response mission and provided needed immunizations for volunteers deployed to the affected region. The unit’s volunteer roster increased by 100 volunteers in the aftermath of Hurricanes Katrina and Rita. The MRC planned to use its volunteers to assist evacuees if Idaho were to receive them following the disaster.
- The **Southeast Idaho MRC** deployed 1 volunteer to Dallas, TX, to support the national ARC response mission. They also sent a Health Alert Network message to health care professionals and MRC volunteers to start a volunteer registry that would respond to Gowan Field if Idaho received additional evacuees.
- The **Southwest Idaho MRC** contacted their licensed volunteers (108) in support of the National ARC response mission and sent a media alert requesting more volunteers. Seven volunteers were deployed.

**Oregon**

- The **Multnomah County MRC** worked with the County Health Department to prepare a shelter for up to 1,000 evacuees and recruited approximately 65 new volunteers to support the mission. Although this shelter was not needed, the MRC activated 20 volunteer physicians to support a local ARC Intake Center. The volunteers staffed the clinic for 16 days and donated more than 100 hours of volunteer time. Once opened, the clinic saw more than 200 patients needing health care services.
- The **Lane County MRC** promoted the national ARC and HHS missions to its volunteers and prepared to provide assistance to evacuees entering their area.
- The **Josephine County MRC** volunteers supported the national ARC response mission.
Washington (State Coordinator: None currently identified)

- The Clark County MRC deployed 5 volunteers to various states as part of the relief effort and recruited 15 new volunteers.
- The MRC of Seattle/King County Public Health was responsible for non-emergency medical intake, evaluation, and health assessment, provided that evacuees arrived in their jurisdiction. The unit recruited volunteers to staff medical screening and evaluation teams.
- The Washington Region 3 MRC deployed 3 volunteers to support the national ARC response mission and 3 volunteers to New Orleans as part of the Seattle disaster medical team. Thurston County held two emergency orientation sessions to accommodate the large number of prospective volunteers and tripled its volunteer force through this effort. The Operation Evergreen Welcome Center in Washington State had a medical triage unit that was staffed by 8 MRC volunteers.
- The Snohomish County DEM MRC deployed 3 volunteers to support the national ARC response mission and deployed 5 volunteers to support the HHS response mission.

Case Study: Tracking Volunteer Hours Shows the Cost Savings of Using MRC Volunteers in Oklahoma

In the volunteer management field, it is common practice to track volunteer hours served in an activity and to attach a monetary value to them. It is important to track this information, because it can be used to help promote the MRC in the local jurisdiction and show how much of a difference the unit can make.

The Oklahoma MRC provided support at several sites around the state. The 651 MRC volunteers activated in the state worked 12,947 hours at a monetary value of $364,233. The following analysis is for the hours logged as a result of these in-state responses. The wage determination was based on the hourly rates used by FEMA/NDMS (i.e., GS rate) for the specific position the volunteer staffed.

### CAMP GRUBER
- Site staffed for 23 days (divided into 3 staffing phases)
- Number of MRC volunteers: 368
- Volunteer hours: 8,260 ($254,356.44 saved)
  - Clerk/Admin: Total hrs: 2,326 ($30,656.68)
  - Nurses: Total hrs: 4,102 ($121,419.20)
  - Physicians: Total hrs: 1,832 ($102,280.56)

### FALLS CREEK
- Site staffed for 3 days
- Number of MRC volunteers: 102
- Volunteer hours: 2,500 ($72,809.04 saved)
  - Clerk/Admin: Total hrs: 654 ($8,619.72)
  - Nurses: Total hrs: 1,482 ($43,867.20)
  - Physicians: Total hrs: 364 ($20,322.12)

### TULSA/LAWTON SHELTERS
- Number of MRC volunteers: 17
- Volunteer hours: 608 ($16,256.80 saved)
  - Clerk/Admin: Total hrs: 336 ($4,428.48)
  - Nurses: Total hrs: 128 ($3,788.80)
  - Physicians: Total hrs: 144 ($8,039.52)

### TELEPHONE BANK
- Site staffed for 29 days
- Number of MRC volunteers: 132
- Volunteer hours: 1,359 ($17,911.62 saved)

### NDMS Support
- Number of MRC volunteers: 40 (divided into 3 teams)
- Volunteer hours: 220 ($2,899.60 saved)

MRC National-level Response Activities

Most Medical Reserve Corps (MRC) response and recovery assignments were delegated by local and state channels, and this is how the MRC program was designed to operate. Although there were opportunities for MRC volunteers to leave their local jurisdictions to help in the affected areas, all MRC leaders were encouraged to ensure that local needs were met prior to making any decisions for national-level deployments. MRC leaders were asked to coordinate with all local and state response partners to ensure they were aware of MRC activities and any potential activation plans at the time.
Sheltering operations. Special needs shelters, hospitals and/or clinic-based medical operation, strike teams, etc.

Licensed volunteers only provide basic health services. Non-licensed volunteers fulfill various sheltering roles. Licensed volunteers practice in the scope of their discipline. Non-licensed volunteers fulfill various support roles.

The MRC program was built on a partnership with the American Red Cross (ARC), initiated during the 2004 hurricane season. Prior to Hurricane Katrina’s landfall, the ARC disaster operations staff requested MRC support for their sheltering operations (which they predicted would be extensive and longstanding). Policies and processes were developed to identify, assign, and activate MRC members who were willing, able, and authorized to respond to this mission. ARC provided transportation, logistical support, and supervision for the deployed MRC members who provided support for ARC health services and mental health and shelter operations. By the end of September 2005, the MRC Liaison Desk at the ARC Disaster Operations Center received more than 700 applications. Approximately 400 of these applicants were deployed or approved for travel. Recruitment for this mission ended at the beginning of October 2005.

Members from more than 80 MRC units applied for the national mission to support ARC operations and to help victims of Hurricanes Katrina, Rita, and Wilma. However, the strong partnership between the MRC and ARC worked at the national and state levels, as evidenced in the MRC Unit Activities section of this report.

MRC members also participated in response activities outside of their local jurisdiction through a mission to support U.S. Department of Health and Human Services (HHS) response and recovery efforts. The first Federal activation of MRC volunteers occurred on September 15, 2005, when HHS needed staffing support for three special needs shelters in Louisiana. More than 50 physicians, nurses, pharmacists, social workers, mental health professionals, safety officers, and others were needed to complete this mission. MRC volunteers from Oklahoma and Pennsylvania met the challenge and filled the roster. Subsequent mission assignments allowed MRC members to fill positions in a Community Health Center and health clinics on cruise ships housing evacuees in Mississippi and perform health assessments in Texas. Almost 200 volunteers from 25 MRC units were activated by HHS.

MRC National Program Office Communications

The Medical Reserve Corps (MRC) National Program Office communicated regularly with MRC leaders and others interested in the MRC program during this national catastrophic event. Following the hurricanes, there were regular communications on all levels to keep those involved as informed and aware of current situations as much as possible.

MRC Listserv

The MRC Program Director used the MRC Listserv as a tool to provide regular updates and current information about the MRC response. The MRC Listserv is available to all MRC leaders, volunteers, and others interested in the MRC program. Subscribe to the Listserv by typing your name and e-mail address and clicking on the “join the list” button. The MRC Listserv also can be reached through the MRC Web site.
### Hurricanes Katrina, Rita, and Wilma Response and Recovery-Related Listserv Messages: 36

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Hurricane-Related Messages Sent</th>
</tr>
</thead>
<tbody>
<tr>
<td>August</td>
<td>3</td>
</tr>
<tr>
<td>September</td>
<td>25</td>
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<tr>
<td>October</td>
<td>5</td>
</tr>
<tr>
<td>November</td>
<td>1</td>
</tr>
<tr>
<td>December</td>
<td>2</td>
</tr>
</tbody>
</table>

Number of Listserv Subscribers Prior to the 2005 hurricanes: 661  
Number of New Listserv Subscribers following the 2005 hurricanes: 785  
Number of Listserv Subscribers as of December 31, 2005: 1,479

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of New Subscribers</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 29–31</td>
<td>27</td>
</tr>
<tr>
<td>September</td>
<td>717</td>
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<tr>
<td>October</td>
<td>85</td>
</tr>
<tr>
<td>November</td>
<td>40</td>
</tr>
<tr>
<td>December</td>
<td>48</td>
</tr>
</tbody>
</table>

### MRC Message Board

MRC staff, leaders, volunteers, and others interested in the program use the MRC Message Board to network and share information. On the Message Board, users discuss topics within various forums, including emergency responses and training. To register, visit the MRC home page, click “register” in the left-hand frame, and complete the corresponding form.

Number of Message Board Users Prior to the 2005 hurricanes: 2,590  
Number of New Message Board Users from August 29–December 31, 2005: 974  
Number of Message Board Users as of December 31, 2005: 3,564  
Number of Posts to the Message Board from August 29–December 31, 2005: 158

### MRC National Program Office Operations

Even when disaster strikes, usual Medical Reserve Corps (MRC) National Program Office functions must continue. Although there was a dramatically increased load on staff members, the MRC National Program Office continued to process new unit registrations, provide technical assistance (TA), and conduct regular end of fiscal-year activities. The Public Health Service officers at the MRC National Program Office (CDR Tosatto, LCDR Kidd, and LT Hoard) were deployed during the hurricane response (e.g., LT Hoard deployed to the American Red Cross disaster operations center for 5 weeks and with the U.S. Department of Health and Human Services [HHS] in Louisiana for 4 weeks).

### New Unit Registrations

In the aftermath of the hurricanes, many communities recognized the value and benefits of the MRC, and created new MRC units in areas where they did not already exist.
Number of Newly Approved Unit Registrations following the 2005 hurricanes: 48

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of New Unit Registrations Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>August</td>
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<tr>
<td>September</td>
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<tr>
<td>October</td>
<td>10</td>
</tr>
<tr>
<td>November</td>
<td>17</td>
</tr>
<tr>
<td>December</td>
<td>3</td>
</tr>
</tbody>
</table>

Technical Assistance

TA played a critical role in facilitating MRC unit/volunteer involvement in Hurricane Katrina, Rita, and Wilma response activities. The MRC National Program Office and the Regional Coordinators (RCs) located in the 10 HHS regions, provided TA to more than 325 MRC units on all matters related to MRC unit activity to support the constantly growing MRC program. TA is offered to new and existing units seeking resources, best practices, and the latest information. This information may be accessed through speaking with RCs or staff in the MRC National Program Office, using the MRC Web site, and the Technical Assistance Series. The Technical Assistance Series, a document created by the MRC National Program Office to explore and address topics viewed as most critical to MRC units, offers guidance to MRC units on forming and organizing a unit, coordinating partnerships in a community, developing volunteer relations, and sustaining an MRC unit.

In the aftermath of Hurricanes Katrina, Rita, and Wilma, the MRC National Program Office and the RCs in the field offered regular TA and specific guidance to the network of MRC units participating locally, statewide, regionally, and nationally in the response. The MRC National Program Office worked diligently to collect information on MRC unit involvement at all levels and made a concerted effort to disseminate the most current and accurate information on response activity. RCs worked with local partners and leaders to promote the MRC, connect units with volunteer activities, and share information.

Initial Lessons Learned and Recommendations

The following lessons learned and recommendations were identified in the first 2–6 weeks (10/05) into the hurricane response:

- The Medical Reserve Corps (MRC) response in the areas directly affected by Hurricane Katrina, in the evacuation path, and throughout the nation, has proven the validity and strength of the MRC.

- Local MRC units provided a key source of supplemental volunteer personnel to the response and recovery efforts. The MRC National Program Office coordinated the national-level response and recovery efforts and facilitated local efforts.

- In general, MRC units performed remarkably well in their local areas. One important factor that contributed to this success was that these teams of volunteers were identified, credentialed, trained, and prepared in advance of the emergency.

- One barrier was that local MRC units are not eligible for Federal Emergency Management Agency (FEMA) reimbursement for services rendered in an emergency (American Red Cross [ARC] and Salvation Army are currently eligible). The U.S. Department of Health and Human Services (HHS) should engage the U.S. Department of Homeland Security (and Congress) to allow MRC units that are registered with the Office of the Surgeon General to become eligible for FEMA reimbursement.
• MRC unit coordinators should always ensure that local needs are met prior to any involvement in the national-level activations. This entails communicating with both local and state response partners (public health and emergency management). Many states have established plans for deploying MRC units through emergency management processes, so they should ensure that the MRC deployment does not impair the needs of the local jurisdiction or state.

• The national-level deployment of MRC members (with the ARC and HHS) was generally successful, but there were opportunities for improvement. During the coming months, MRC leaders and volunteers were surveyed about their experiences and their lessons learned and were asked to assist with the development of standard operating procedures for local, state, and national activations; credentialing guidelines; and core competencies.

• The interaction between the MRC and the ARC has been extraordinary. However, there are processes and policies that need improvement. Some of the MRC medical professionals who chose to activate with the ARC, upon their return from deployment, expressed frustration that they were unable to practice at their normal high levels of care. The MRC National Program Office informed volunteers in advance—through the frequently asked questions, other documents, and in the pre-travel briefings—that this was a mission in support of ARC sheltering operations and that only a very basic care level would be allowed. ARC shelters are not meant to provide medical needs, and the ARC corporate liability policy does not provide for the provision of medical care beyond the basic level. One way to improve this situation is for HHS to engage ARC in discussions about how to better provide medical care for sheltered individuals. This discussion should include consideration for the use of MRC volunteers to provide such care.

• Volunteers should be advised to be patient with the deployment process. It is important to: 1) make no promises (even implied) about where or when volunteers will be deployed; and 2) emphasize that during any disaster, part of the process is to “hurry-up and wait.” Patience with the system is essential to reducing stress for all participants in a response activity, particularly for volunteers deployed in the field.

• MRC volunteers were deployed in teams from the same unit for HHS assignments; this was widely accepted and worked well. The MRC program should consider adopting this practice for future assignments.

• MRC units interested in participating in emergency response should consider partnering with the many volunteer and response agencies in their communities. One such partnership could be with the ARC to include joint basic disaster training courses; the ARC has several already developed.

• More MRC volunteers would be interested if deployments of less than 2 weeks are allowed.

• The MRC program—with the National Incident Management System (NIMS) Integration Center—should develop NIMS resource typing definitions for MRC units/volunteers.

• The National Emergency Management Association and the Emergency Management Assistance Compact should be further involved, particularly regarding the potential deployment of volunteers and establishing relationships between local MRC unit leaders and state points of contact prior to the next national disaster. The points of contact should be identified, and the legal protections, practice standards, etc. for each state should be determined.
One barrier for the MRC National Program Office was the inability to receive timely updates and reports from all MRC units. Some MRC unit coordinators were successful in updating their unit profiles on the MRC Web site, including providing emergency contact information and reports on their unit activities. However, many updated information or provided reports infrequently. Inconsistent updating/reporting posed a challenge for the national-level activation, as many of the mission assignments were delegated after normal business hours or on weekends when the MRC National Program Office was unable to contact the unit coordinators. Because this is a community-based program, the MRC National Program Office cannot mandate reporting. MRC unit coordinators should update their unit profiles—including their emergency contact information—on the MRC Web site quarterly, at a minimum.

MRC program staffing and funding need to be adjusted. At least two additional staff members are needed to coordinate activities and plan for future MRC activations. Additional staff increases may be needed if the individual volunteers and groups of volunteers solicited by HHS will be managed by the MRC program. Funding for MRC units is needed so they can complete some of the basic requirements (e.g., identification, credentialing, badging, training, coordination, etc.).

Communication is essential. Communications from the MRC National Program Office worked well. Regular updates were provided via the MRC Listserv, and the MRC “hurricane response” Web page was created to better share information. The interim reports on MRC activities were provided early into the response. Action reports at all levels (local, state, regional, and national) are useful, as they ease MRC unit coordinators’ concerns when RCs and the MRC National Program Office have and share the most up-to-date information.

An MRC Public Information Officer is necessary.

The MRC program generally interacted well with other HHS agencies and offices (i.e., the Health Resources and Services Administration’s Emergency System for Advance Registration of Volunteer Health Professionals [ESAR-VHP] program and the Office of Public Health Emergency Preparedness). However, one aspect that was not well coordinated was the development and launch of the HHS Web site for medical and support volunteers. This project greatly complicated the relationships the MRC program developed with state and local response partners. Many wanted to know why a new system was being developed and promoted by HHS when the MRC and ESAR-VHP programs were in place and functioning well. Despite this complication, interactions with state and local officials were positive. Many sent messages indicating that they have appreciated the MRC National Program Office’s level of communication and information sharing.

The MRC National Program Office has attempted to disseminate information about the MRC into the public media as much as possible, but most outlets were uninterested in reporting success; they were mostly seeking to highlight unsuccessful Federal programs. For future responses, MRC should capitalize on the relationship with the ARC and use their public relations mechanisms to disseminate information. ARC public relations staff members were willing to promote the MRC program and to “share the spotlight.”

The MRC program should encourage all who signed up to support the HHS mission to join local MRC units.
Summary Report—MRC Unit Leader Survey

Thirty-eight Medical Reserve Corps (MRC) unit leaders responded to the survey and provided feedback on their 2005 hurricane response experience. The MRC National Program Office’s goal is to use this feedback and lessons learned and suggestions to help make future MRC response activities as well coordinated as possible.

Survey Results

<table>
<thead>
<tr>
<th>Question</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many volunteers were activated (in any capacity) to assist with the 2005 hurricane response activities?</td>
<td>50% 11–20 volunteers</td>
</tr>
<tr>
<td></td>
<td>7.89% 31–40 volunteers</td>
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<tr>
<td></td>
<td>7.89% 41–50 volunteers</td>
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<tr>
<td></td>
<td>5.26% 200+ volunteers</td>
</tr>
<tr>
<td>Which volunteer assignments were supported (some respondents listed more than one assignment)?</td>
<td>65.79% National American Red Cross (ARC) Mission</td>
</tr>
<tr>
<td></td>
<td>34.21% Local Evacuation Centers</td>
</tr>
<tr>
<td></td>
<td>34.21% Local Medical Shelters</td>
</tr>
<tr>
<td></td>
<td>28.95% National U.S. Department of Health and Human Services (HHS) Mission</td>
</tr>
<tr>
<td></td>
<td>28.95% Local ARC Shelters/Outreach</td>
</tr>
<tr>
<td>Who is responsible for activating the MRC?</td>
<td>60.53% Local Health Department</td>
</tr>
<tr>
<td></td>
<td>31.58% Local Emergency Management</td>
</tr>
<tr>
<td></td>
<td>18.42% State Health Department</td>
</tr>
<tr>
<td></td>
<td>18.42% State Emergency Management</td>
</tr>
<tr>
<td>Who were important local program partners (pre-identified and non-pre-identified) during the response activities?</td>
<td>63.16% Health Department</td>
</tr>
<tr>
<td></td>
<td>57.89% ARC</td>
</tr>
<tr>
<td></td>
<td>52.63% Emergency Management Agency</td>
</tr>
<tr>
<td></td>
<td>26.32% Hospital/Health System</td>
</tr>
<tr>
<td></td>
<td>10.53% Colleges/Universities</td>
</tr>
<tr>
<td>Which sources were timely, helpful, and clearly communicated?</td>
<td>97.37 % MRC National Program Office</td>
</tr>
<tr>
<td></td>
<td>55.26% Regional Coordinator</td>
</tr>
<tr>
<td></td>
<td>36.84% Local (health department or emergency management)</td>
</tr>
<tr>
<td></td>
<td>23.68% State (state MRC coordinator, health department, or emergency management)</td>
</tr>
<tr>
<td>Were MRC volunteers generally supportive of the unit’s local volunteer activities?</td>
<td>65.79% Very Supportive</td>
</tr>
<tr>
<td></td>
<td>31.58% Supportive</td>
</tr>
<tr>
<td></td>
<td>2.63% Neutral</td>
</tr>
<tr>
<td>Were MRC volunteers generally supportive of volunteer activities outside the local jurisdiction?</td>
<td>34.21% Very Supportive</td>
</tr>
<tr>
<td></td>
<td>26.32% Supportive</td>
</tr>
<tr>
<td></td>
<td>23.68% Neutral</td>
</tr>
<tr>
<td></td>
<td>15.79% Less Supportive</td>
</tr>
<tr>
<td>How prepared did MRC volunteers feel when participating in response activities?</td>
<td>34.21% Neutral</td>
</tr>
<tr>
<td></td>
<td>31.58% Prepared</td>
</tr>
<tr>
<td></td>
<td>15.79% Very Prepared</td>
</tr>
<tr>
<td></td>
<td>13.16% Less Prepared</td>
</tr>
<tr>
<td></td>
<td>5.26% Unprepared</td>
</tr>
<tr>
<td>The following responses applied to MRC units that participated in the ARC and HHS support missions.</td>
<td></td>
</tr>
<tr>
<td>Was the activation process clear and understandable?</td>
<td>48.48% Yes</td>
</tr>
<tr>
<td></td>
<td>51.52% No</td>
</tr>
<tr>
<td>Were liaison desk (ARC or HHS) personnel helpful?</td>
<td>84.85% Yes</td>
</tr>
<tr>
<td></td>
<td>15.15% No</td>
</tr>
</tbody>
</table>
MRC Leader Lessons Learned and Best Practices—Some Common Themes

Be Flexible/Open Minded/Willing to Sacrifice
• Ensure volunteers are flexible and are prepared to expect the unexpected.

Communication is Important
• Provide each MRC volunteer with a telephone number for when they need assistance or are in a dangerous situation. Volunteers could initiate communication more directly and would have a “safety net” or someone who could provide assistance.
• Verify that all e-mail addresses are updated and tested.
• Provide clear and concise communication, particularly during the activation process.
• Know partners’ response plans, and communicate often with them.

Better Credentialing/Vetting System
• Develop a standard checklist for screening potential volunteers for national activation.

Scope of MRC/Professional Expertise—ARC deployment
• Deploy volunteers through HHS, rather than the ARC. The MRC program prefers to have its own deployment practices in place, and using another agency might leave the MRC vulnerable to other practices.
• Ensure each volunteer understands that they will only be performing a limited care through the ARC; many MRC volunteers were not allowed to work through to their scope of practice, which adversely affected their experiences.

Follow the Incident Command System
• Develop a Concept of Operations that includes a deployment guide.

Partnership/Teamwork/Collaboration
• Secure a prior relationship with response partners, which would enable MRC units to deploy locally and assist the ARC. MRC members were familiar with the mission of the ARC, and some had received ARC training, so they knew what to expect.

Rewarding Experience/Made a Difference
• Ensure all MRC volunteers are willing and able to respond outside of their local jurisdiction.

Pre-event Training/Planning is Important
• Pre-identify and designate members interested in deploying outside their local area.
• Staff hotlines and telephone banks—volunteers/staff should be educated regarding the most frequently asked questions.
• Create an understanding of what a volunteer can and cannot do before they are activated.

Recommended Practices
• Maintain a clear, bulleted timeline of events from the beginning of an event. This will help with the after-action process.
• Understand that customer service becomes more important during a crisis.
• Provide potential volunteers with complete information about deployment conditions.
• Avoid sending too many MRC volunteers outside their jurisdiction when there might be developing situations at home.
• Provide more guidelines—procedures must be outlined before emergencies occur so all involved are understand the procedures.
Comments/Suggestions for Improvement

- Brief ARC on-site staff on the MRC/ARC partnership if MRC volunteers are deployed through the ARC.

- Submit application submissions and approvals to the local MRC unit coordinator rather than the volunteer preparing to deploy. Many MRC units were unaware their volunteers were selected and deployed, because the unit coordinator was not informed. This could present problems if a local response is needed and the coordinator is missing volunteers.

- Streamline the paperwork processes.

- Inform MRC unit coordinators when the volunteers from their MRC unit were contacted and subsequently deployed.

- Decrease the amount of telephone numbers and contacts.

- Develop written procedures and details.

- Post the information for the MRC unit leaders on a Web site, rather than have them rely on e-mail messages. Some found it difficult to keep up with the enormous amount of e-mail messages.

- Adjust the way concrete information regarding flights and the general deployment process are provided to volunteers.

- Invite local MRC units to participate in a daily 800-information telephone call to receive the most current information. A periodic conference call with participating MRC units involved in the activation should be held with MRC/ARC/HHS staff.

- Send volunteers their travel arrangements when flights have been confirmed and paid for, thus negating the “final” telephone call.

- Provide clearer deployment and travel arrangements to volunteers. Provide MRC volunteers with an emergency MRC telephone number or instruct MRC volunteers to call the liaison desk if they have problems.

- Develop a standardized set of deployment application documents in advance so that MRC volunteers can prepare for a national deployment and have some expectations as to what they may be asked to do, how long they will be deployed, or what conditions to expect.

- Simplify the application process. Many MRC volunteers completed a local application and were screened and credentialed previously.

- Develop a deployment protocol and communicate it to the local MRC units for inclusion in volunteer orientation.

- Staff a hotline (available 24 hours a day, 7 days a week) to answer MRC unit questions during a national deployment. Contact MRC units in close proximity to the MRC National Program Office to assist with this task.
• Station an MRC contact at each state EOC to assist MRC volunteers on the ground.

• Indicate more clearly which vaccinations volunteers need; the deployment process and the health of the MRC volunteers must come first.

• Provide information regarding liability and workers compensation issues in advance. Who is responsible for payment if injuries occur while volunteers are deployed?

• Distribute as much information as possible to MRC unit leaders. Many were concerned about receiving too much information, but it is not an immediate concern. MRC unit leaders can decide which information is sent to the volunteers. The more information MRC coordinators have, the more they can better prepare for and equip volunteers to respond to a situation.

• Consider changing the service commitment from 2 weeks to 1. Some MRC volunteers could not make a 2-week commitment to serve outside the community, but wanted to help.

• Enhance the Emergency System for Advance Registration of Volunteer Health Professionals program and the Emergency Management Assistance Compact to ensure agreements are clear.

• Send a group of volunteers (or at least two) from the same MRC unit so that they can work in the same location once deployed.

• Include a medical release stating the anticipating working conditions to be signed by the volunteer’s personal physician in the application process.

• Ensure volunteers are trained in Incident Command System and have access to proper equipment.

• Maintain a consistent schedule regarding communications and updates.

**Summary Report—MRC Volunteer Survey**

Of the volunteers who were deployed through the Medical Reserve Corps (MRC)/American Red Cross (ARC) and the MRC/U.S. Department of Health and Human Services (HHS) partnerships, 133 **volunteers** responded to the survey and provided feedback on their 2005 hurricane response experience. The MRC National Program Office’s goal is to use their lessons learned and suggestions to help make future MRC response activities as well coordinated as possible.

**Survey Results**

<table>
<thead>
<tr>
<th>Question</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your profession?</td>
<td>34.59%  Registered Nurse</td>
</tr>
<tr>
<td></td>
<td>18.80%  Physician</td>
</tr>
<tr>
<td></td>
<td>18.05%  Other</td>
</tr>
<tr>
<td></td>
<td>10.53%  EMT/Paramedic</td>
</tr>
<tr>
<td></td>
<td>7.52%   Nurse Practitioner</td>
</tr>
<tr>
<td>Were you an MRC volunteer prior to the hurricane</td>
<td>59.4%   Yes</td>
</tr>
<tr>
<td>response?</td>
<td>40.6%   No</td>
</tr>
<tr>
<td>If no, are you likely to continue as an active member of your local MRC?</td>
<td>96.88%   Yes</td>
</tr>
<tr>
<td></td>
<td>3.13%   No</td>
</tr>
<tr>
<td>Was this your first disaster-response experience?</td>
<td>73.48%  Yes</td>
</tr>
<tr>
<td></td>
<td>26.52%  No</td>
</tr>
<tr>
<td>Question</td>
<td>Yes (%)</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Did you deploy once you: 1) completed the ARC or HHS application process; and 2) were contacted to deploy?</td>
<td>92.06%</td>
</tr>
<tr>
<td>In which state(s) did you perform volunteer duties?</td>
<td></td>
</tr>
<tr>
<td>LA</td>
<td>52.71%</td>
</tr>
<tr>
<td>MS</td>
<td>20.16%</td>
</tr>
<tr>
<td>TX</td>
<td>17.83%</td>
</tr>
<tr>
<td>AL</td>
<td>3.88%</td>
</tr>
<tr>
<td>FL</td>
<td>1.55%</td>
</tr>
<tr>
<td>Other</td>
<td>3.88%</td>
</tr>
<tr>
<td>What deployment role/activity did you assume?</td>
<td></td>
</tr>
<tr>
<td>HHS Medical Service (Clinic, Special Needs Shelter, etc.)</td>
<td>25.58%</td>
</tr>
<tr>
<td>ARC Health Services</td>
<td>24.81%</td>
</tr>
<tr>
<td>ARC Shelter Services</td>
<td>8.53%</td>
</tr>
<tr>
<td>HHS Fieldwork/Outreach (Strike Team, Health Assessment Team, etc.)</td>
<td>6.2%</td>
</tr>
<tr>
<td>ARC Mental Health</td>
<td>5.43%</td>
</tr>
<tr>
<td>Other</td>
<td>25.58%</td>
</tr>
<tr>
<td>What were your communication sources prior to your deployment?</td>
<td></td>
</tr>
<tr>
<td>MRC Unit Coordinator</td>
<td>54.89%</td>
</tr>
<tr>
<td>MRC/ARC Liaison</td>
<td>39.85%</td>
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<tr>
<td>MRC National Program Office</td>
<td>35.34%</td>
</tr>
<tr>
<td>ARC Logistics/Travel</td>
<td>26.32%</td>
</tr>
<tr>
<td>MRC/HHS Liaison</td>
<td>17.29%</td>
</tr>
<tr>
<td>HHS Logistics/Travel</td>
<td>12.78%</td>
</tr>
<tr>
<td>Other</td>
<td>25.58%</td>
</tr>
<tr>
<td>Was your role (while deployed) clearly defined prior to the deployment?</td>
<td></td>
</tr>
<tr>
<td>Not Defined</td>
<td>24.03%</td>
</tr>
<tr>
<td>Neutral</td>
<td>22.48%</td>
</tr>
<tr>
<td>Minimally Defined</td>
<td>17.83%</td>
</tr>
<tr>
<td>Defined</td>
<td>14.73%</td>
</tr>
<tr>
<td>Well Defined</td>
<td>11.63%</td>
</tr>
<tr>
<td>Did you receive information about the mission prior to your deployment?</td>
<td>71.88%</td>
</tr>
<tr>
<td>What written information was received prior to your deployment?</td>
<td></td>
</tr>
<tr>
<td>E-mail</td>
<td>73.68%</td>
</tr>
<tr>
<td>FAQs</td>
<td>36.09%</td>
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<tr>
<td>MRC Web site</td>
<td>31.58%</td>
</tr>
<tr>
<td>Listserv Messages</td>
<td>12.78%</td>
</tr>
<tr>
<td>Other</td>
<td>18.05%</td>
</tr>
<tr>
<td>How were mission details communicated to you during the deployment process?</td>
<td>42.11%</td>
</tr>
<tr>
<td>E-mail</td>
<td>42.11%</td>
</tr>
<tr>
<td>Pre-deployment conference call</td>
<td></td>
</tr>
<tr>
<td>MRC Unit Coordinator</td>
<td>36.09%</td>
</tr>
<tr>
<td>MRC/ARC Liaison</td>
<td>24.06%</td>
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<tr>
<td>MRC Web site</td>
<td>9.77%</td>
</tr>
<tr>
<td>Listserv Messages</td>
<td>7.52%</td>
</tr>
<tr>
<td>Other</td>
<td>21.8%</td>
</tr>
<tr>
<td>To what extent were the documents helpful (if you received mission details prior to the deployment)?</td>
<td>30.36%</td>
</tr>
<tr>
<td>Helpful</td>
<td>29.46%</td>
</tr>
<tr>
<td>Neutral</td>
<td>12.5%</td>
</tr>
<tr>
<td>Very Helpful</td>
<td>11.61%</td>
</tr>
<tr>
<td>Not Very Helpful</td>
<td>8.04%</td>
</tr>
<tr>
<td>Not Helpful</td>
<td>8.04%</td>
</tr>
<tr>
<td>Did you participate in a pre-deployment telephone conference call briefing with the ARC or HHS MRC liaison?</td>
<td>62.79%</td>
</tr>
<tr>
<td>If yes, was the pre-deployment telephone conference call helpful?</td>
<td></td>
</tr>
<tr>
<td>Helpful</td>
<td>40.74%</td>
</tr>
<tr>
<td>Very Helpful</td>
<td>19.75%</td>
</tr>
<tr>
<td>Neutral</td>
<td>17.28%</td>
</tr>
<tr>
<td>Not Very Helpful</td>
<td>9.88%</td>
</tr>
</tbody>
</table>
MRC Member Lessons Learned and Best Practices—Some Common Themes

Be Flexible/Open Minded/Willing to Sacrifice
- Ensure volunteers are flexible and willing to perform the activities that are asked of them. Disaster responses are very fluid, and personnel that deploy should be mindful that needs can and will change rapidly. Personnel should try not to become frustrated; they might not be performing the activities that they prepared for, but all activities are important in disaster situations.
- Remind volunteers that the Federal government is learning how to respond to disasters and to initiate deployments of this magnitude.
- Ask volunteers to “think outside the box.”
- Expect situations to be chaotic, but realize that the chaos is organized.
- Be prepared to address the unexpected; each disaster is different. Be creative, reasonable, open-minded, and patient.
- Ensure volunteers do not perform activities that they are not qualified for. Mission tasks changed daily, and volunteers were asked to perform necessary functions regardless of their professional training.
- Encourage highly trained individuals to be willing to perform various tasks.
- Prepare for changing situations. The hurricane victims had many different needs, and volunteers needed to adjust accordingly when dealing with different situations and needs.
- Be willing to perform the activities required to complete the mission. Volunteers needed to address various roadblocks to meet the victims’ needs. Investigate other available options.
Communication is Important
- Provide daily briefings on the status of the disaster so volunteers can see how they have contributed to decreasing the emergency phase of the disaster.
- Plan communication more effectively among shelters/services/agencies needs on site.
- Provide reliable communication systems for the most optimal functioning level.
- Understand that communication—regardless of how far in advance it is planned—might be challenging in an emergency.

Better Credentialing/Vetting System
- Develop national credentialing and training for all volunteers who want to participate in disaster response activities.
- Establish a more effective vetting service.
- Ensure all volunteers are credentialed.

Scope of MRC/Professional Expertise—ARC Deployment
- Re-evaluate ARC health facility staff. Some MRC volunteers thought that ARC does not need physicians to staff their health facilities because they did not permit medical care beyond first aid.
- Affiliate with the Public Health Service (PHS). ARC performs effective shelter work, but from a medical standpoint, affiliating with the PHS is a more effective way to use talent and experiences for the majority of MRC personnel.
- Inform MRC volunteers about how ARC uses medical staff. Some MRC volunteers thought that ARC did not use the talents of nurses and other medical staff and did not always make the best choices regarding to medical/nursing supervision.
- Better prepare MRC volunteers for the types of activities they will perform if deployed through the ARC. Many MRC volunteers found it difficult to volunteer with ARC if they could not use their professional expertise. Some MRC volunteers thought it was rewarding to help wherever needed.

Follow the Incident Command System
- Establish a well organized incident command structure and the follow the chain of command.
- Set up the Incident Command System (ICS) immediately.

Personal Preparedness/Volunteer Health and Well-Being
- Recommend that volunteers bring sleep aids, earplugs, eye covering, comfortable pillows, and anything else that will help them sleep in a room full of others.
- Ensure volunteers understand that personnel safety is paramount to the staff feeling comfortable about completing their mission.
- Train relief personnel in high-stress situations, its direct effect on them, and various mechanisms that can be used to help them during and subsequent to an operation.
- Encourage volunteers to be personally prepared for an emergency near their homes.

Teamwork/Collaboration
- Follow directions, “let go” of the civilian role, and think in terms of the “greater good.”
- Try to appreciate others’ efforts, including the Federal Emergency and Management Agency (FEMA) and the ARC.
- Understand that chaos will abound in a disaster. This is a given, and nothing can prepare one for the waiting. ARC did an excellent job ensuring that all volunteers were safe and had a shelter with food.
Rewarding Experience—Making a Difference

- Provide clearly defined missions. Professional healthcare personnel, when given a clearly defined mission, will “get the job done!”
- Affect people and their lives in dramatic ways.
- Ensure volunteers know that their help, even in small ways, is important. The mission was very rewarding personally and professionally. Volunteers had the opportunity to help the people of New Orleans in small ways and meet other volunteers from other parts of the country.

Pre-event Training/Planning is Important

- Include specific training in disaster mental health for all volunteers.
- Include ARC training programs for MRC volunteers so they can better understand ARC rules and regulations.
- Train volunteers prior to an event happening. Establish local and national face-to-face time and relationships, which are important prior to deployment.

Recommended Practices

- Understand the organization’s mission.
- Provide appropriate medical supplies and equipment in disaster areas and shelter facilities.
- Assess local resources and coordination with the local medical systems in the disaster region.
- Be prepared for any type of condition. Bring food and water to last for several days.

Provide More Guidelines/Criteria

- Provide more information on the exact conditions of the local area volunteers are deployed to.
- Develop referral manuals specific to the local areas.
- Write basic fact sheets for civilians on the role of the PHS during disaster pre-deployment.
- Outline what should be packed for the mission; pre-preparation is essential.

Raise Program Awareness

- Increase awareness of the MRC program. The HHS or FEMA personnel did not understand the MRC program’s role in disaster relief.

Comments/Suggestions for Improvement

- Follow the ICS—it was successful.
- Provide all assignments prior to deployment. Most of the conflicts witnessed during the 2 weeks developed when people arrived and found themselves not being used in the role they came to fill.
- Complete credentialing, applications, etc., prior to the next disaster so volunteers are not questioning one another’s qualifications during a disaster.
- Explain the MRC mission to those handling deployed MRC volunteers. These personnel should be more aware of what MRC is and what MRC can do as federalized volunteers.
- Update MRC training to include job descriptions for different professionals. Volunteers should have extensive training in various disaster care areas; their training locally has been limited to the basics.
- Incorporate training for providers to operate safely and confidently in a field environment.
• Ensure volunteers are aware that there is a limited scope of practice permitted under the ARC. Many were disappointed that as physician assistants, nurses, etc., that their scope of practice protocols were limited to basic first aid.

• Permit volunteers to travel and work with teams they are familiar with.

• Identify points of contact at the MRC so that volunteers can check in with them to ensure that “things are OK.” Identify someone that can contact and debrief volunteers upon their return.

• Establish a policy that requires deployed volunteers to have daily contact with their MRC units.

• Provide volunteers with the same pre-deployment information, which should be updated weekly. Job assignments should be made prior to departure to avoid long lines and wait times.

• Disperse administrative (non-medical) staff throughout the group to allow the maximum talent of the healthcare personnel to be used. Mental health professionals were needed in each group.

• Ensure the referral manuals are complete.

• Update requirements so that they are identical and filter them to the local level. The joint effort at the national level between ARC and MRC should be commended. ARC should provide all MRC volunteers with shelter management training or offer basic ARC training (at a minimum) to the MRC coordinators to be more prepared for the next emergency.

• Educate key stakeholders about the MRC program; the MRC was not widely recognized.

• Prepare volunteers for what to expect, and stress flexibility and patience.

• Update the suggestion list of what to bring according to the volunteers’ most current needs and requirements.

• Verify that professional and personal records are available to the staging centers.

• Encourage the ARC to train MRC volunteers so they can learn what to expect.

• Critique the deployed volunteers immediately after they return. Each volunteer should be required to submit the critique after their deployment.

• Develop standing support agreements with the PHS or attempt to provide support through the states’ Emergency Management Association agreements.

• Establish a clearer command structure with better communication at all levels, including in the field.

• Provide identification for all MRC volunteers.

• Raise awareness of the MRC program.

• Determine clearer missions with duties and goals, rather than just placing MRC volunteers into missions where they are not needed.
• Consider using medical personnel apart from the ARC.

• Include more on-site direction from the MRC (i.e., a local MRC liaison). A daily local area briefing involving staff from other shelters and agencies would be helpful in locating resources and solving common problems.

• Provide a handbook of basic knowledge including updated numbers, procedures, and checklists to assist when deployed.