

13-06

## STATEMENT OF POLICY

### Medical Reserve Corps

#### **Policy**

The National Association of County and City Health Officials (NACCHO) supports the full integration of the Medical Reserve Corps (MRC) into local public health emergency readiness, response, and recovery activities to support community resiliency. This is in keeping with the National Health Security Strategy Implementation Plan 2015–2018 that recommends the integration of trained, competent, and skilled volunteers with local public health, healthcare, and emergency management systems to meet the increased requirements or demands during the mitigation, response, and recovery phases of an incident life cycle.<sup>1</sup> NACCHO urges local health departments to sponsor or partner with an MRC unit, build their capacity, and integrate MRC in public health emergency readiness, response, and recovery planning efforts, as well as activities to support the day-to-day public health activities. Maintaining sufficient federal funding is necessary to continue this level of response capacity at the local level and build community resiliency.

#### **Justification**

The MRC program is a national, community-based corps of medical and non-medical volunteers that strengthen public health, emergency response, and community resiliency. The National MRC Program is housed within the Office of the Assistant Secretary for Preparedness and Response with support from the Office of the Surgeon General. The program has more than 198,000 volunteers in almost 1,000 units across the United States. The MRC Network covers 91% of the US population and have the following capabilities:

- 96% of the MRC units verify credentials of medical volunteers
- 83% have some type of liability coverage
- 74% perform criminal background checks
- 93% offer in-person CPR/first aid/AED training
- 91% offer ICS training
- 80% offer Psychological First Aid Training

MRC units are trained and ready. Units train their volunteers to meet core competencies, developed by NACCHO, that align with the National Center for Disaster Medicine and Public Health core competencies. Continuing efforts to support the integration of local MRC units into public health emergency readiness, response, and recovery activities further advances a



unified and systematic approach to improve the health, safety, and resiliency of local communities, states, and the nation and reduce disaster risks by maximizing the whole of the community approach and all available resources.<sup>2</sup>

Successful integration engages the MRC volunteers and provides them with an opportunity to make a difference in the health and safety of their communities, while also filling gaps in both public health initiatives and local preparedness efforts. This enables local communities to achieve a higher degree of resiliency and reduced dependence on the state and federal government before, during, and while recovering from public health emergencies.<sup>2</sup>

MRC units engage in activities such as increasing disease and injury prevention, improving health literacy, eliminating health disparities, promoting healthy living, and enhancing public health preparedness. MRC volunteers across the country participate in public health-related events such as providing back-to-school physical examinations and vaccinations; providing flu shots, blood pressure screenings, and foot care to the homeless; holding diabetes detection and kidney disease screening clinics; and, conducting health education programs at health fairs and schools. Conducting these types of activities serves to improve public health resiliency.<sup>3</sup>

As federal, state, and local emergency preparedness funding becomes more competitive and increasingly scarce, the ability to leverage community-based partnerships will be critical to maintaining essential public health services and ensure public health emergency readiness, response, and recovery. MRC units are well positioned to provide necessary and valuable services to communities by helping sustain and extend activities conducted by local health departments.<sup>4</sup> MRC units provide the additional staffing resources required to meet the CDC guidelines for Public Health Preparedness Capabilities, specifically Capability 15- Volunteer Management requirements.

MRC volunteers contribute to building a strong public health system, capable of responding to any emergency, be it manmade, a weather-related natural disaster, or an emerging infectious illness, to better able to respond to emergencies. MRC units support and supplement existing emergency and public health resources in the community. These volunteers are critical emergency response resource to address public health challenges more quickly and efficiently.

The Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) of 2013, Section 203 reauthorized the Medical Reserve Corps to provide for an adequate supply of volunteers in the case of a public health emergency. In addition, it cites local response capabilities to be coordinated with local Medical Reserve Corps.

The concept and necessity of integrating volunteers and community professionals as partners into planning and public health preparedness is also supported by the Centers for Disease Control and Prevention (CDC).<sup>5</sup> The following capabilities and priorities are required by the CDC of all jurisdictions that receive and utilize Public Health Emergency Preparedness (PHEP) funding:

- Local plans should create and implement strategies for ongoing engagement with community partners that may be able to provide services to mitigate identified public health threats or incidents (e.g., the concept of a “strategic advisory council” or joint collaborative).

- Local plans should include a protocol to encourage or promote medical personnel (e.g., physicians, nurses, allied health professionals) from community and professional organizations to register and participate with local MRC units or health services during and after an incident.
- Local plans should include documentation of community partners' roles and responsibilities for each phase of the health threat.
- Local plans should include a process for providing mechanisms to discuss public health hazard policies and plans of action with community partners.

Public health preparedness and resiliency practices require that communities prepare for, withstand, and recover from public health incidents. Public health and emergency response officials can further strengthen and augment their existing capabilities by engaging their local MRC units to help keep the public both safe and healthy.

### **References**

1. HHS, ASPR. (2014). *National health security strategy 2015–2018*. Retrieved from <http://www.phe.gov/nhss>
2. Department of Health and Human Services. (2012). *Public health and social services emergency fund: Justification of estimates for appropriations committee*.
3. Public Health Service Commissioned Officers Foundation for the Advancement of Public Health. (2010). *Public Health Emergency Preparedness and Response: Principle and Practice*
4. National Association of County and City Health Officials. (2008). *The value of partnerships: Understanding the link between local health departments and medical reserve corps units*. Washington, DC: National Association of County and City Health Officials.
5. Centers for Disease Control and Prevention, Office of Public Health Preparedness and Response. (2011). *Public health preparedness capabilities: National standards for state and local planning*.

### **Record of Action**

*Proposed by NACCHO Medical Reserve Corps Workgroup  
Approved by NACCHO Board of Directors May 15, 2013  
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