



MEDICAL RESERVE CORPS

STRATEGIC MESSAGING GUIDE FOR UNIT LEADERS



NACCHO
National Association of County & City Health Officials

INTRODUCTION

The Medical Reserve Corps (MRC) is more than a collection of people looking for ways to give back and volunteer their time to make a difference in their communities. It is a gathering of people across the country, each with specific skills, training, and experience that makes them invaluable public health resources in the event of emergencies and disasters. Earthquakes. Tornadoes. Disease outbreaks. Whatever the event, they react quickly, decisively and effectively.

The National Association of County and City Health Officials (NACCHO) represents the nation's roughly 2,800 city, county, metropolitan, district, and tribal health departments that work to protect and promote health and well-being. NACCHO has supported the MRC's work through a cooperative agreement since 2006. NACCHO and the MRC collaborate but have unique roles. NACCHO keeps an eye on the big picture while the MRC units fulfill rich and important missions in their respective communities. Roughly two-thirds of MRC units are housed at local health departments. Looking forward, NACCHO wants more MRC units to be closely embedded within local health departments to build even stronger and productive alliances.



This strategic messaging guide was created to provide a roadmap for the approximately 1,000 MRC units as they conduct community outreach and media interviews. It touches on the history of the MRC and shares some of the facts and figures behind this extraordinary organization. You'll see the stories of unit leaders just like you, and you'll receive tools to help you communicate about the MRC with targeted messages to reach diverse audiences. Each section is designed to provide resources so you can tell your story about the importance and significance of the MRC.

CHAPTER 1

BECOMING AN MRC CHAMPION

The MRC units are the boots on the ground. Each unit is autonomous, responsible for determining which particular resources would most benefit their communities and how to deploy them when called upon. Each unit is comprised of a unit leader and a staff of volunteers with diverse expertise.

Every MRC unit leader must also be an MRC advocate. That's what this entire messaging guide is about — arming people with the information and tools they need

to go into their communities to rally the support their unit needs from local policy makers, potential partners, and skilled volunteers.

The goals of an MRC leader speaking in public — whether in a forum or to members of the media — are two-fold.



One

They must explain the reasoning and purpose behind the MRC to demonstrate value to the community.



Two

They must frame their messaging in a way that appeals to potential volunteers with the skillsets that MRC units value. The following guidelines will help you craft messages to meet these goals.

Make it simple

Unless specifically requested, a speaking engagement is not the ideal time or place to go into the full history of the MRC and its many units across the country. Focus on the key takeaways: What your MRC unit is, why it's important to your audience and what your audience can do to help.

Stay on message

You could spend 15 minutes speaking to a reporter, and only 20 seconds might make it on that night's 11 o'clock news. It's up to the media to decide where and how to cut your interview. But they don't have complete control — far from it, in fact. When speaking, be sure that everything you say touches back to the key messages of what the MRC is and why it's vital to a community's ability to respond to emergencies. That way even the smallest snippet of a quote will still convey the entirety of your message.

Make it local

No community is the same as another, but what most communities have in common is the story of a difficult, or sometimes even harrowing, event. These clearly run the spectrum. A California town may have seen an earthquake ravage Main Street, while a city on the Atlantic coast may have suffered devastating flooding in the wake of a hurricane. Then there are emergencies that are more difficult to see, such as influenza outbreaks.

Whatever the history of your area, frame the need for MRC volunteers in relation to specific emergencies and disasters that have affected your community — or possible threats on the horizon. This will help crystallize the need for the MRC in the minds of your audience. And, if possible, give specifics as to how your MRC unit responded — or is ready to respond — to one of these events.

Make it personal

People aren't moved by a list of necessities — they're moved by narratives. There's a reason you joined the MRC and are a unit leader. Maybe you're a retired nurse who wants to keep helping people wherever you can. Maybe you don't have a medical background, but saw a community need and a way to get involved. Or maybe you're a doctor who witnessed first hand the devastation wrought by a disaster. You want to be on the ground when the next one strikes, where you can do the most good.

The point is that when speaking about the MRC you should emphasize the people, not the organization. Tell your audience how the men and women who serve in the local MRC unit are just like them. Tell your story.

UNIT LEADER PROFILE

BUILT ON A SPIRIT OF HUMBLE VOLUNTEERISM

Julie Looper never had a problem maintaining interest and momentum during her MRC unit's down periods.

"We averaged, I would say, two events every month, — which is actually a lot — so we didn't have a problem keeping volunteers interested because we always had something going on, whether it was training or whether it was an activity," said Looper, formerly an MRC unit leader in Oklahoma City and who is now an MRC senior program analyst at NACCHO.

Even so, Looper knows firsthand the difficulties of keeping a large MRC unit prepared and running smoothly. Looper performed two distinct functions as volunteer coordinator for the local health department's Emergency Preparedness and Response Program. One was the "day-to-day" job of maintaining relationships and ensuring that all records and resources were up to date.





“I feel like a lot of it was just being there and talking and making sure people were happy and feeling fulfilled, honestly, to serve.”



“I feel that a lot of it was just being there and talking to volunteers and making sure people were happy and feeling fulfilled, honestly, to serve,” she said.

The second job was directing the unit’s response when called into action, from making sure the deployed personnel met the emergency’s needs and ensuring all support was in place to assessing the unit’s — and the community’s — response after the emergency.

When thinking about how the MRC has helped Oklahoma City and the surrounding community, her mind turns to Dr. Justin Fairless, who joined the MRC during his first year of medical school. MRC volunteers, including Fairless, supported the 2014 Oklahoma City Memorial Marathon, ready to treat the expected 26,000 runners for ailments such as dehydration and heat exhaustion. When a runner was found collapsed and in cardiac arrest, Fairless led the team that treated him on site, sustaining treatment during an ambulance ride to the hospital before transferring care to the emergency department.

[The runner walked out of the hospital three days later.](#)

“We gave [Fairless] awards ... and he simply stated, ‘I did my job. I wanted to be here. I was volunteering,’” she said. “He was so humble, and I feel like that story shows exactly who the MRC volunteers are. You know, no one wants to take credit for something. They want to share the credit with everyone involved.”

CHAPTER 2

REACHING AND MOVING YOUR AUDIENCE

The MRC's continued success is dependent on its ability to identify new resources and engage in new partnerships, from the local level all the way to the federal level. The potential of what an MRC unit leader can gain through promotion and raised awareness depends on which audience they're addressing: the media, the public, health professionals, or government officials.

Talking Points:

THE MRC

One of the key missions of an MRC unit leader is to grow their flock of volunteers while also advocating the importance of the MRC to their communities. Establishing connections with public health officials is integral to this mission. Just as each MRC unit adapts to its community's needs, how a unit leader speaks about the work of the MRC will vary depending on the audience.

Establishing connections with public health officials is integral to this mission.

The first of the following sections will detail how to speak with the media. The next section offers guidance on what messaging works best when speaking with the public, to health professionals, and to government officials. It's written in a more conversational manner that you can emulate and expand on when speaking with these groups.



HOW TO TALK WITH THE MEDIA

Think of this guide in its entirety as information that you could reference and then share with the media. Though the content and stories of the guide are intended for internal stakeholders, the context within should help you prepare for any media engagements. But what's the best way to prepare for an interview? Here are some tips and tricks on how to interact with media.



- Personalize the interview. Break out of character and make it a conversation, rather than a rote Q&A session.
- Take control of every interview and stay focused on your message. Make sure that everything you say sells the importance of the MRC. Use every interview as an opportunity to deftly and subtly highlight the importance of your work in the community.
- If you're asked a question you don't want to answer or aren't prepared to answer, you can always defer. "That's a great question. Let me get back with you on that." It's a simple defense tactic that sometimes escapes you in the pressure of the moment. Keep it in your back pocket.
- If the reporter gets something wrong or you realize they misunderstood something about the MRC, stop everything and spend the time you need to ensure that they get it right. You can even go back and reinforce it later in the conversation. If not, there's a good chance they'll get it wrong on air or in print.
- Go into every interview with a mental list of the five things you want to discuss. Make sure to check off each box as you speak.
- Expect every interview to end with the question, "Is there anyone else I can talk to?" Be prepared to give the reporter a couple of names of people who can speak knowledgeably and favorably about the MRC. Also be sure they know to expect a reporter's calls. If helpful, sum up for them what you spoke about.
- Familiarize yourself with the local media. Learn who is most likely to cover the MRC, both in down periods and in active periods when responding to an emergency. This will mean getting to know both health and more general assignment reporters.
- Do your own research on the reporter. Google their background, then try to gently mention one or two things about them — professionally, of course — to show you prepared for the interview.
- Have any links or other contextual information at the ready to give to the reporter. Deliver any such requests promptly.
- Reporters are on tight deadlines. Being responsive is a huge asset. Anything you can do to make their jobs easier is going to benefit you and, ultimately, the MRC.
- Give the reporter your cell number. Make them feel like you're an accessible source who's available for follow-up questions or to tie up loose ends.

WHAT TO SAY IN PUBLIC

One of the things that makes the MRC unique is that our volunteers are also members of the community we work so hard to help. They train and exercise in order to respond to emergencies and disasters that affect their families, friends and colleagues. Volunteers care about the community because they are the community.

The autonomy of MRC units means that the types of people who volunteer depends on the particulars of the community it serves. They can be retired doctors and nurses who have specialized training, know how to administer first aid or can

write prescriptions. They can even be students. Whatever their educational or work background, they share a commitment to giving back to their communities.

The MRC is not like some other public health groups — we're not interested in making blanket calls for volunteers. Yes, unit leaders want skilled people to volunteer whenever they can, but we also want to build awareness about what other members of our community can do to support the local MRC unit, which could be financial donations from small business owners who are also looking to give back, to providing free space for training exercises.



WHAT TO SAY TO COMMUNITY HEALTH PROFESSIONALS

To individuals: We need your help. We need your skills. Volunteering for our MRC unit is a chance for you to give back at the local level. If you have EMT training, you can strengthen our unit. If you're an RN, you'd be invaluable to us — and to the community — during a disaster response. By working with the MRC, you'll be fortifying the foundation of our community's health and ensuring

that we'll be able to meet even the most daunting disaster. Also, please don't think that you have to wait for a disaster to strike before raising your hand to help. Joining during a down period means that when an emergency occurs, we'll already know your skillset and the best way to deploy you in the field.

To local health departments: We have the resources to be your volunteer organization of choice. Roughly two out of every three MRC units are housed within a local health department. By embedding our personnel within your organization, you'll already know exactly who we are and what we can do when a disaster strikes. That means a fast, more effective response.

WHAT TO SAY TO LAWMAKERS AND OTHER GOVERNMENT OFFICIALS

At the local level: The MRC simply isn't possible without your support. Just because we have volunteers doesn't mean we have the resources to train and coordinate these units, both internally and with other units across the country. That costs money. Our MRC unit is an investment in your community's healthy future. We all need to work together to ensure that MRC volunteers are trained and ready to respond at a moment's notice. In addition, when funding for full-time staff is tight, our MRC volunteers can help the local health department augment its staff when there's a need for more boots on the ground.

At the state level: Regional coordination is critical.

Coordinating MRC units at the state and regional levels allows units to work together to respond to emergencies that affect more than one jurisdiction. It is critical that the state invest in the infrastructure required to coordinate so many units.

At the federal level: Financial and political support at the national level are essential so that MRC units can become self-sustaining. Though federal grants often help cover some of the training and start-up costs, more funding would allow the MRC to grow, and continue to succeed, in the years ahead.

FAQs

MRC unit leaders face questions from people both inside and outside the organization. The following is a list of questions you might hear — and no doubt have already heard, in many cases — with guidance on how to respond.

WHAT IS THE MRC?

The Medical Reserve Corps (MRC) is a national network of volunteers, organized locally to improve the health and safety of their communities. The MRC network comprises around 1,000 community-based units and more than 200,000 volunteers located throughout the United States and its territories. MRC volunteers include medical and public health professionals, as well as other community members without healthcare backgrounds. MRC units

engage these volunteers to strengthen public health, improve emergency response capabilities, and build community resiliency. They prepare for and respond to natural disasters, such as wildfires, hurricanes, tornados, blizzards, and floods, as well as other emergencies affecting public health. They frequently contribute to community health activities that promote healthy habits.



WHAT DOES A “TYPICAL” UNIT LOOK LIKE?

There is no “typical” MRC unit. Each unit organizes in response to their area’s specific needs. A region’s hazard threats, health concerns, and the organization in which the unit is established (health department, faith-based organization, etc.), will dictate what an MRC “looks like.” With community resources and partners that span a spectrum from local voluntary organizations to private corporations, the “face” of each MRC community is unique. However, the goals of the MRC are similar; units work toward improving their local area’s public health infrastructure and strengthening their response capabilities in the event of an emergency. The differences exist in how each community reaches these goals.

HOW ARE UNITS FUNDED?

MRC units nationwide are funded through various sources from agencies such as the Centers for Disease Control, state and local health departments, and Citizen Corps funding through the Department of Homeland Security. A “one-stop shop” for federal grants can be found at [Grants.gov](https://www.grants.gov). Others are obtaining funds from state and local agencies and organizations. Some are even receiving money from private organizations.

WHY SHOULD I BECOME A VOLUNTEER?

Communities benefit from having MRC volunteers ready to respond to emergencies. People volunteer for many reasons, but some volunteer for the MRC because:

- It’s a way to offer their skills that might not have been used before because they were not adequately prepared to be part of the response effort.
- It’s a chance to give back to the community. Skilled volunteers offer services during the year to augment existing public health efforts or provide emergency backup that would not otherwise be available.
- It’s a chance to belong to a group with a strong sense of mission and purpose.
- It’s a chance to qualify for special incentives (e.g., free training).
- Volunteers are at the very heart of the MRC. The existence of this nationwide, community-based movement is due to the willingness of volunteer medical and public health professionals to serve their communities in times of need. Without that generous offer of service, there would be no MRC.





IS THERE TRAINING AVAILABLE? WHAT TYPE?

All volunteers need to undergo some form of orientation to the MRC, which includes an overview of the MRC unit's activities occur, which includes public health, emergency preparedness, and emergency response.

Support/administrative volunteers receive guidance on how to perform their particular functions, which vary depending on the needs of their communities. All volunteers participate in practice drills in preparation for a potential emergency response. Overall, the training includes support skills training, communications, public speaking, and Incident Command System, or other local command systems.

Training requirements for front-line/direct-service volunteers is typically extensive and specialized. Generally, these volunteers receive training in primary emergency response and public health procedures, including basic life support and CPR; Community Emergency Response Team training; identifying the signs, symptoms, and treatment of hazardous materials (including nuclear, biological, and chemical agents); and basic first aid skills to deal with emergencies such as shock, allergic reactions, bleeding, broken bones, burns, chemical splashes, choking, eye injuries, skin wounds, dislocations, head trauma, heat exhaustion, stroke, and poisoning.

Training courses, including those produced by NACCHO, are available on [MRC-TRAIN](#).

WHEN MIGHT I BE CALLED UPON?

Although the MRC volunteers are ready to respond to disasters or emergencies, part of the MRC program's mission is to foster disaster preparedness. MRC volunteers also are also called to help even when there is no emergency.

During non-emergency times, MRC volunteers strengthen the overall health of communities by participating in general public health initiatives such as flu vaccination clinics, diabetes detection programs, and disaster risk reduction efforts.

WHAT IS REQUIRED OF A VOLUNTEER? WHAT SORT OF BACKGROUND DO I NEED?

Emergency preparedness and response is a highly coordinated effort that allows communities to maximize their capabilities during times of extraordinary disorganization and stress. Volunteers may already know how to perform some of the necessary medical and health functions. In most cases, training as an MRC volunteer focuses primarily on learning local emergency and health procedures, trauma response techniques, use of specialized equipment, and other methods to enhance volunteer effectiveness.

Perhaps the most important part of training is learning how to work as a team member. An organized, well-trained MRC unit is familiar with its community's response plan, knows what materials are available, knows its response partners, and knows where its skills can be put to best use in a coordinated manner.

UNIT LEADER PROFILE

COMING TOGETHER BEFORE, DURING, AND, AFTER AN EMERGENCY

Wally Burden is the Health Commissioner of the Pike County General Health District in Columbus, Ohio. He's also kept busy as the unit leader of the region's MRC committee.

"As an MRC unit commander, I spend time planning and determining how best to support our community during a disaster," said Burden.

In particular, he's a resource for the incident commander for health-focused volunteers such as physicians, nurses, and even clerical workers tasked with addressing the emergency.

Burden was invited to join the MRC several years ago and "I've been proud to be a part of the MRC ever since." He said he wanted to be a part of the MRC because of the critical role they play in disaster preparedness and response. And that's for any emergency in the region — from infectious diseases and tornados to earthquakes and radiological threats. It's during

these times of emergency that the MRC often sees the greatest interest from the community and potential volunteers.

NACCHO supports the MRC effort by acting as the coordinator of information, providing leadership for both statewide and local efforts, Burden said. He's confident that with the continued efforts of MRC volunteers, NACCHO's ongoing support, and the backing of community leaders, MRC will continue to be an integral part of his community's response to emergencies.



"The MRC makes a difference through collaboration with our partners and synergy, because the more hands you have, the less heavy lifting there is to do."

When asked what he's most proud of during his time as an MRC unit leader, his thoughts turn to a 2007 disaster preparedness effort, when the local health department and the MRC vaccinated 34,000 people against H1N1 in just three weeks. That sort of accomplishment shows what the people who make up the MRC can do when called upon by their communities.



CHAPTER 3

WHO WE ARE: THE STORY OF THE MEDICAL RESERVE CORPS

This chapter provides background information about the MRC from a national perspective. When speaking about the MRC, this information can be used to cement the idea that though the MRC is a collection of individual units, there is a reason why it is a national network. Rather than attempting to tell the whole story of the MRC, use the background information in this chapter to help reinforce and support your main talking points.

The Beginning

The idea for the Medical Reserve Corps emerged out of the tragic events of the 9/11 terrorist attacks. Thousands of medical and public health professionals, eager to volunteer in support of emergency relief activities, found that there was no organized approach to channel their efforts. Local responders were overwhelmed and did not have a way to identify or manage these spontaneous volunteers. As a result, many highly skilled people were turned away.

The overwhelming desire to lend a hand that day and in the months that followed revealed the need for a network to provide the infrastructure to organize and train people who wanted to volunteer their time and skills to benefit their communities.

In his 2002 State of the Union Address, President George W. Bush asked all Americans to volunteer for their community; by July 2002, U.S. Department of Health and Human Services Secretary Tommy G. Thompson had officially launched the MRC. The MRC offered a way to train and track medical professionals to serve in the event of

another man-made or natural disaster while strengthening public health at the local level. Congress allocated funds to establish the MRC Program Office in the Office of the U.S. Surgeon General to initiate an MRC demonstration project and to provide technical assistance to MRC units around the country.

Since those early days, units have formed in every state, and tens of thousands of people have signed up to volunteer. Local leaders nationwide have also worked diligently and creatively to establish the foundation of community support and planning necessary for their units to function effectively.

The MRC program office is today housed within the Office of Emergency Management (OEM), Assistant Secretary for Preparedness and Response (ASPR), U.S. Department of Health and Human Services (HHS).



Timeline

HOW WE'VE GROWN



2002

The Office of the Surgeon General (OSG) announces a demonstration project to establish the MRC, a program for medical, public health, and other volunteers interested in local health and preparedness.

More than 6,000 MRC volunteers from more than 150 MRC units supported response and recovery efforts in the wakes of Hurricanes Katrina and Rita. These tireless volunteers spent countless hours helping people whose lives had been upended by these disastrous events.



2005

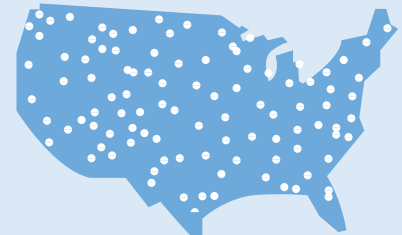
MRC

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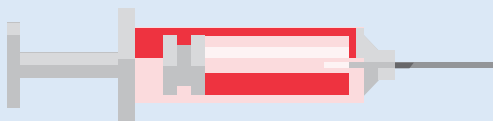
2006

The MRC Program Office joins forces with NACCHO through a cooperative agreement to promote, support and build capacity within the MRC network.

The MRC reaches 500 units nationwide, including all 50 states, Washington, D.C., Guam, Palau, Puerto Rico, and the U.S. Virgin Islands.



2006



2009

Pandemic flu preparedness plans are called into action for MRC units during the H1N1 influenza outbreak. Nearly 50,000 MRC volunteers in 600 units serve in over 2,500 immunization, flu prevention and flu care activities related to H1N1.

The MRC and American Red Cross issue a joint letter to improve coordination and cooperation between their organizations in order to better prepare and protect communities.



2009

Timeline

CONTINUED



2010

The number of MRC volunteers reaches 200,000.

New York's and New Jersey's health departments call on the Medical Reserve Corps to help in the response to Hurricane Sandy. Volunteers from 37 MRC units contributed more than 18,000 hours in community service.

2012



2014

During the 2014 domestic Ebola response, 169 MRC units volunteer more than 14,000 hours to conduct suspect-case screening support, Ebola-related health education, staffing call centers, and providing general surveillance support.

MRCs supported medical stations, first aid tents & family reunification centers during the Papal visit.

2015



2016

MRCs Prepared for and supported the Zika Virus response. In Puerto Rico, where it was declared a public health emergency, over 140 MRC volunteers reached about 17,000 individuals.

Over 200,000 MRC Volunteers in almost 1,000 units nationwide, including the District of Columbia, Guan, the U.S. Virgin Islands, Palau, American Samoa, Common Wealth of the Northern Mariana Islands, Federal States of Micronesia, and Puerto Rico.

Today



Fast Facts:

MRC BY THE NUMBERS

UNITS

1,000

Approximately 1,000 units in
49 states and territories

67%

67% of units are housed within
their local health department

>200K

More than 200,000 volunteers

211

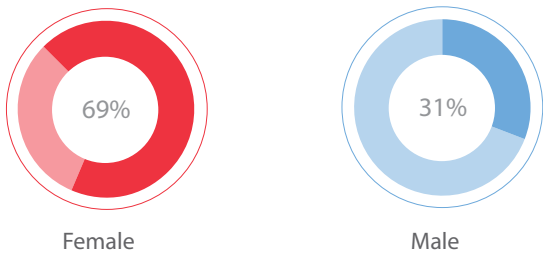
Average number of volunteers
per unit is 211 — but they
range from a low of 2 to a high
of more than 7,000

MRC units cover
populations from
less than 10,000
people to more
than 1 million

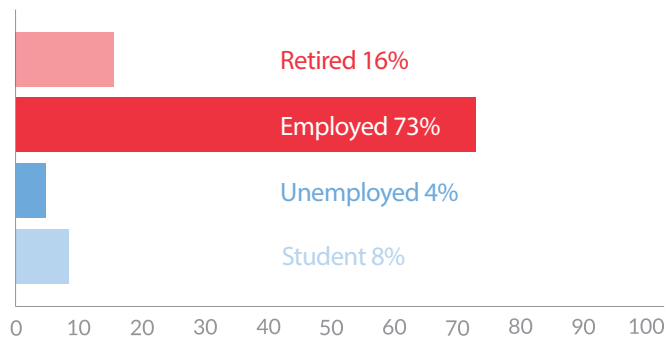


UNIT VOLUNTEERS

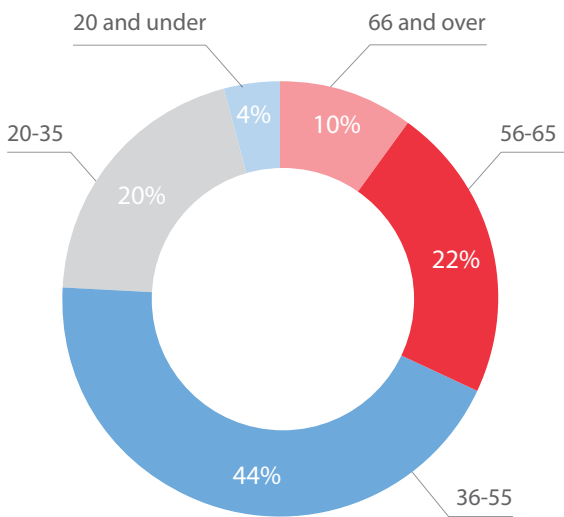
Gender



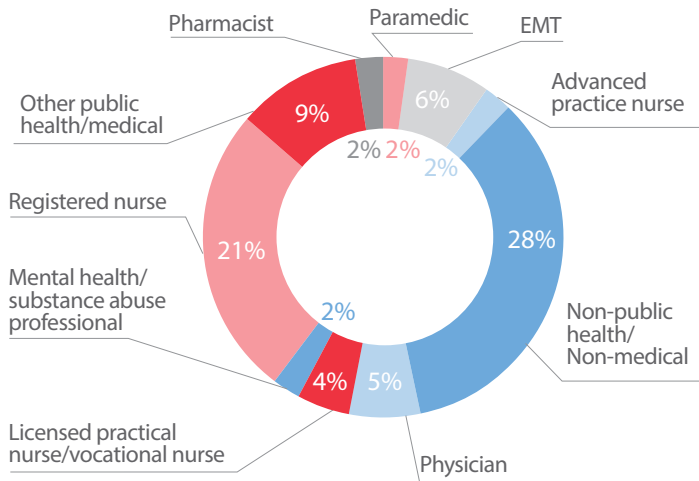
Work Status



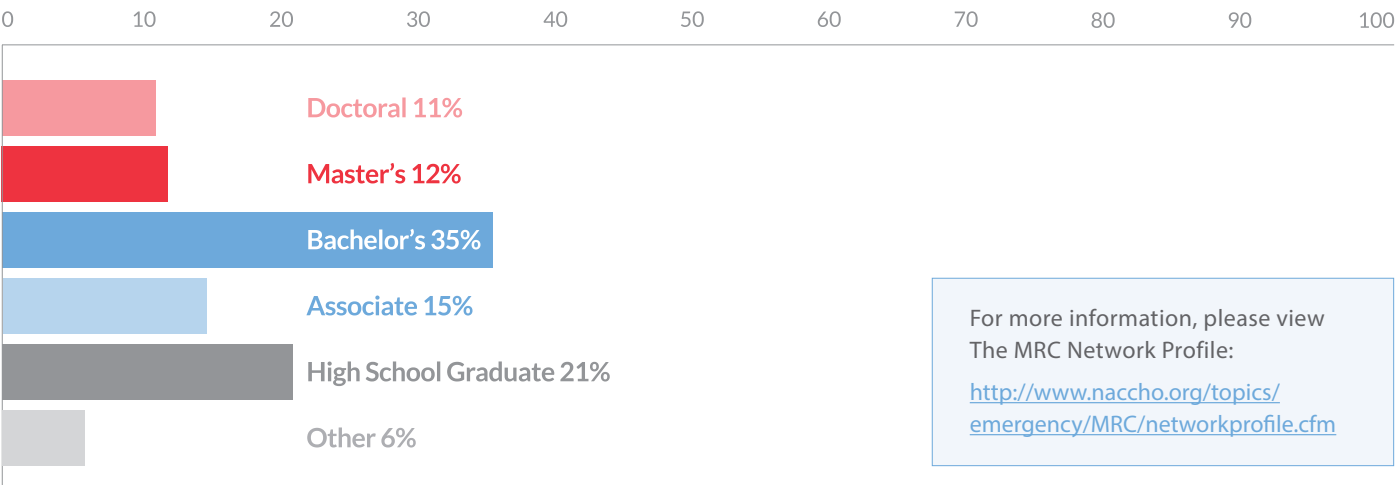
Age



Experience



Education



For more information, please view
The MRC Network Profile:
<http://www.naccho.org/topics/emergency/MRC/networkprofile.cfm>

UNIT LEADER PROFILE

A PASSIONATE APPROACH TO MRC GROWTH

September McAdoo, the Emergency Preparedness Coordinator for Clinton County Health Department in Illinois, also wears a second hat as her region's MRC unit leader. It's a post McAdoo relishes.

"I'm involved in recruiting new volunteers for the MRC, as well as the education and motivation they need," she said. McAdoo is also responsible for emergency preparedness education for the community, a role she says is critical to guaranteeing a strong and effective response when warnings are issued in an emergency.

Budget cuts are reframing the MRC and how McAdoo does her job. As the Red Cross is restructuring and closing more offices, the MRC is likely to take on more of the role of setting up and manning emergency shelters. However, in any type of emergency event, the MRC's role is always going to be managing volunteers, which includes credentialing to manning a volunteer reception center, says McAdoo.



“Anything that we can do to get the word out — whether it’s presentations at libraries or schools or professional groups — we do.”



McAdoo has embraced the challenge of recruiting, even buttressing her outreach toolkit with a series of PowerPoint presentations, a video from the MRC website, newsletters and a dedicated Facebook page for the unit.

To help with community education — which can spur volunteerism — McAdoo’s team writes weekly news articles on emergency preparedness for the area’s newspapers. The MRC also hosts a health literacy library, which includes a lending library for young people on health topics “Anything that we can do to get the word out — whether it’s presentations at libraries or schools or professional groups — we do,” she said.

McAdoo’s unit recently applied for a grant to bring a Community Organizations Active in Disasters group to their community. They were elated when the grant was awarded.

“We started that group last year and have brought together faith-based organizations and businesses and emergency management, fire and the MRC. Everybody has a different role to play in a disaster and in a response.”

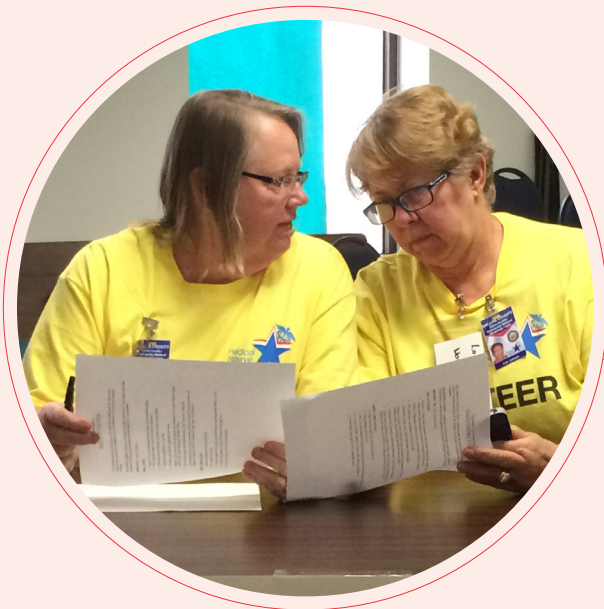
“I am just really passionate about the MRC,” she said. “This provides such a great service to our communities, and I think we need to do a better job educating the community and potential volunteers about the MRC’s role.”

ONLINE RESOURCES

FOR UNIT LEADERS

In addition to this messaging guide, MRC units can look to a myriad of online resources for information and guidance. Some supplemental resources:

- [MRC Program Office website](#) – Familiarize yourself with the site and its reporting. You should also sign up for the listservs.
 - [One-Way Listserv](#) — The MRC Program Office offers two types of listserv options. First is a one-way listserv (medicalreservecorps-l), which is used by the DCVMRC to share information on upcoming events, new resources, changes to the Web site, and major announcements.
 - [Two-Way Listserv](#) — The two-way listserv allows for those active in the program to share ideas, resources, best practices and lessons learned. This listserv is conversational and allows for great interaction between units, the MRC Program Office and others involved in the program. Visit [MRCLeaders-l](#) Rules to review and agree to the two-way listserv rules and subscribe. To unsubscribe from the two-way listserv, go to this [link](#).
- *If you join this listserv, please unsubscribe from the one-way listserv. Messages from the MRC Program Office will also be cross-posted on the two-way listserv.



- MRC Stories from the Field at NACCHOstories.org: <http://www.nacchostories.org/category/medical-reserve-corps/>
- 2015 Network Profile of the Medical Reserve Corps: <http://archived.naccho.org/topics/emergency/MRC/networkprofile.cfm>
- Information on MRC Training: <https://www.mrc.train.org>
- [MRC Toolbox](#): The NACCHO MRC Toolbox offers free online tools produced by MRC stakeholders.
- [Points of Light](#) and [Energize, Inc.](#) – Volunteer management resources with valuable information you can apply to your MRC work.