



Medical Reserve Corps

Frequently asked question

These FAQs have been modified from the National [Medical Reserve Corps homepage](#) to be specific to the Capitol Region MRC.

What is the mission of the MRC?

The mission of the Medical Reserve Corps is to allow local volunteer medical and health professionals to contribute their skills and expertise throughout the year as well as during times of community need.

- Medical Reserve Corps units are made of locally-based, medical and health volunteers who can assist their communities during emergencies, such as an influenza epidemic, a chemical spill, or an act of terrorism.
- The Capital Region MRC has the specific mission of supporting the disaster preparedness plan for the Capitol Region by providing medical care at the site(s) of large-scale emergencies in the region.

Why was the MRC created?

There was an outpouring of support for the emergency relief efforts after the terrorist attacks on September 11, 2001. Many Americans asked, “What can I do to help?” Medical and public health professionals were among those who wanted to volunteer their services, but many were not able to do so. Using public health and medical volunteers in emergencies requires an organized approach and these individuals were not known to the emergency management system. While they may have had very necessary skills and knowledge, they could not be used because they were not identified, credentialed or trained in advance.

To help meet these needs, the Medical Reserve Corps Program was formed in 2002 as a specialized component of [Citizen Corps](#), a national network of volunteers dedicated to making sure their families, homes, and communities are safe from terrorism, crime, and disasters of all kinds. Pre-identifying, training and organizing medical and public health professionals to strengthen their communities through volunteerism is at the core of the MRC concept. MRC volunteers work in coordination with existing local emergency response programs.

Who is responsible for the program?

The program was developed by the Department of Health and Human Services (DHHS) and operates nationally under the Office of the Surgeon General. In March 2002, OSG established a demonstration project under which grants of up to \$50,000 were awarded to 42 eligible community-based organizations in 27 states. In 2003, that number grew to 167

communities in 44 states, and today more than 200 MRCs are in various stages of development throughout the country. Sponsoring organizations include governmental offices, faith-based groups, public health offices, hospitals, and other non-governmental organizations. The Capital Region MRC in Connecticut is a component of the Capital Region Emergency Response Committee (CREPC), a consortium of agencies and programs that have developed a detailed plan for responding to a bioterrorism attack or other crises in the region.

Are there already programs like the Medical Reserve Corps in operation? If so, why is The Medical Reserve Corps necessary?

Similar programs do already exist, with and without the support of the federal government. This includes, for example, the Disaster Medical Assistance Teams (DMAT). There are, however, only 23 DMAT teams in the United States. Also, these teams are "federalized" during large-scale emergencies and may not be available to assist in their home communities in the event of a large-scale national emergency. MRC Units, on the other hand, are created by communities for local use, and can only be activated by their local communities.

Who can volunteer for the Medical Reserve Corps?

- Practicing, retired or otherwise employed medical professionals, such as doctors, nurses, emergency medical technicians, physician assistants, pharmacists, and others.
- Public health professionals. Even community members without medical training are encouraged to volunteer in order to assist with administrative and other essential support functions.

United States citizenship is not required to be part of the Medical Reserve Corps. Non-citizen, legal U.S. residents are also welcome to volunteer and contribute their time, knowledge and skills to protecting and improving

What do MRC volunteers do?

It varies, depending on the nature of the emergency and the ongoing need for community health outreach and education.

What we do know is that major emergencies can overwhelm the capabilities of our first responders, especially during the first 12 to 72 hours. Medical and other health volunteers can provide an important "surge" capacity during that critical period. They can also augment medical staff shortages at local medical and emergency facilities.

The Capitol Region MRC is expected to be among the first responders to the site of a medical emergency to provide medical services until casualties can be evacuated. The MRC may also be called upon to assist in dispensing pharmaceuticals and administering vaccines.

What training will 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.

You may already know how to perform some of the medical and health functions we so desperately need. In most cases, your training as a MRC volunteer will focus primarily on learning your local emergency and health procedures, trauma response techniques, use of specialized equipment, and other methods to enhance your effectiveness as a volunteer.

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

Extensive instruction and training materials have been developed to assist MRC volunteers. These are largely available through computer downloads for self-study.

What is the time commitment?

The most important commitment is to participate competently in an organized response to a local emergency. The training needed for this varies according to the training of each individual, and entails quarterly training meetings, each lasting 1.5 hours, self study from CDs and internet downloads, averaging 8 hours per year, and participation in half-day drills per year.

How is the liability issue covered?

Coverage is provided by specific state statute and by the Federal Volunteer Protection Act (VPA). Like other official emergency organizations, MRC volunteers are afforded immunity from liability for harm caused by an act of omission on the part of the volunteer working on behalf of the MRC. This protection begins upon activation by an incident commander in the region or State (ordinarily the Governor). Protection is also afforded by the VPA (codified at 42 U.S.C. § 14501 et. Seq., which provides qualified immunity from liability for volunteers and, subject to exceptions, preempts inconsistent state laws on the subject, except for those that provide protections stronger than those contained in the VPA.

Under the VPA, a volunteer of a nonprofit organization or governmental entity is immune from liability for harm caused by an act or omission on the part of the volunteer working on behalf of the organization or entity if: (1) the act or omission was within the scope of the volunteer's responsibilities within that organization or entity; (2) if required, the volunteer was properly licensed, certified, or authorized by the appropriate state authorities for the activities or practice giving rise to the claim; (3) the harm was not

caused by "willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious flagrant indifference to the rights or safety of the individual harmed by the volunteer;" and (4) the harm was not caused by the volunteer's operation of a motor vehicle, vessel, aircraft , or other vehicle for which the state requires the operator to possess a license or to maintain insurance.

Workingman's compensation and travel to and from an official emergency are not covered.

In cases where the scope of practice requires the direct supervision of a physician, as in the case of physician assistants, volunteers will be deployed only to sites and situations where physician supervision is available.