

**Enhancing Preparedness, Response and Resiliency Through Volunteerism**  
**CAPT Robert Tosatto, RPh, MPH, MBA**  
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Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. To ask a question during the question and answer session, please press star 1 on your touchtone phone. Today's conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the meeting over to Alycia Downs. Ma'am you may begin.

Alycia Downs: Thank you. Hello and welcome to today's COCA conference call: Enhancing Preparedness, Response and Resiliency Through Volunteerism. We are very excited to have the Director of the Office of the Civilian Volunteer Medical Reserve Corps, Captain Robert Tosatto speaking with us today.

We are using a PowerPoint presentation for this call that you should be able to access from our COCA Web site. If you have not already downloaded the presentation, please go to [emergency.cdc.gov/coca](http://emergency.cdc.gov/coca). Again that's [emergency.cdc.gov/coca](http://emergency.cdc.gov/coca). Click on conference call information summaries and slide sets. The PowerPoint can be found under the call in number and pass code.

After this activity, the participants will be able to discuss trends in volunteerism, demonstrate an understanding of the MRC concept, discuss

ways MRC units are involved in public health preparedness and response activities and identify ways to join or partner with local MRC units.

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CDC, our planners and our presenters wish to disclose they have no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services or commercial supporters. This presentation does not involve the unlabeled use of a product or products under investigation use. There is no commercial support.

I will now turn the call over to Captain Tosatto.

Robert Tosatto: Thank you Alycia. And I'd really like to thank my colleagues at CDC for having me on this call today.

You can go to the Slide Number 5 if you're following along and that's going to be the slide titled objective. I'm going to talk today generally about how volunteers can help to improve community resiliency and enhance public health and emergency response capabilities. I'll then provide some information about one specific volunteer group and that's the Medical Reserve Corps or MRC.

I want you to understand what the MRC is and what it isn't. You'll also learn about what kind of activities MRC units are involved in. Dealing with public health, preparedness and response and especially those related to H1N1. I'll

end by talking to you about how you can join, partner with or otherwise support your local MRC.

But I'd like to start with I guess some personal context for this discussion. I first started thinking about volunteerism and emergency preparedness and response really in late 2001 as the events of 9/11 shook us all. I think most of us can remember where we were, what we were doing and how we felt that day. You know that many people showed up at the crash sites wanting to help. For example, they passed out food, water and other supplies to the workers on the pile.

But many who showed up were also healthcare professionals and unfortunately there was not a system in place at that time to make optimal use of these volunteers. I also remember how I felt about a month later when we learned of the anthrax-laced letters that were sent to our elected officials and some media outlets.

I personally was deployed on several missions with the U.S. Public Health Service in response to these anthrax attacks. As a pharmacist I was - I was asked to dispense Cipro and (dcccyclene) to hundreds of Congressional staff members and postal workers. Then as a team leader, I helped to coordinate the activities of PHS officers and other responders.

Now our methods were sometimes inefficient because we were really creating this dispensing system on the fly but it was successful. Ultimately we provided medications to thousands of people. So I clearly remember thinking at the time how completely overwhelmed we would have been if there were more people that needed the medication. What if there were tens or hundreds of thousands or even millions?

After the responses were over and in subsequent conversations and debriefings, I emphasized the need for additional personnel and others did as well. And I think we all recognized that we would absolutely need volunteers in the future.

Now you all know that Americans love to volunteer. In fact it's been observed that one of the defining characteristics of the American people is their commitment to service. In 2008 almost (61) million Americans volunteered over 8.1 billion hours, that's billion hours of service. That's at a value about 162 billion for their service. And when you look at volunteers it's very difficult to put a dollar value. This is using some information on the basics of volunteering. But that is using a very nominal value for those services.

Volunteers can also volunteer professional capacity - in their professional capacity and the value of that service goes up greatly. So the types of volunteer activities vary but if there's a need, there was probably a volunteer ready, willing and able to meet that need.

So I mentioned field based volunteers. That's where a volunteer uses their professional skills such as a lawyer providing, you know, pro bono and legal services or a physician donating services at a free clinic. Volunteers can be affiliated with an organized group or they may just show up for an activity.

Now in an emergency situation, spontaneous unaffiliated volunteers or SUVs can often place a burden on the response coordinators so I definitely recommend if you're interested in emergency response that you join an established or affiliated group.

But did you know that volunteering is not just good for society. It's also good for your health. A report by the corporation for national community service

called the health benefits of volunteering found a significant connection between volunteering and good health. They found that volunteers live longer, have lower rates of depression and less incidents of heart disease. So volunteering also fulfills one of the primary purposes of public health and that's disease preventions.

I'm going to talk a little bit about resiliency and how volunteers also contribute to the resilience of their community. If you're following along, this is Slide 9. Some have described resilience as bounce back ability. The ability to absorb a shock and bounce back into a functioning shape like a rubber band. Others argue that there's more to it, that we don't just bounce back to where we were but that is an adaptive response. We change our behavior, act differently and hopefully learn from the experience.

I like the definition of resilience that was included in the article called resilient nation that came out earlier this year. The author said that resilience is the capacity of an individual, community or system to adapt in order to sustain an acceptable level of function, structure and identity.

So say a community is hit by some sort of threat, could be natural or could be man made. Now most if not all communities will be affected in some way by that stress. I don't think there are too many communities that can boast of being disaster resistant, that they would not be affected by the event at all.

So there's going to be some sort of dysfunction. The question is will that dysfunction be persistent and short-term, or excuse me, persistent and long-term or transient and short-term. And that really depends if the community of vulnerable or if it's resilient.

And I like the four Rs approach to thinking about resiliency. And the four Rs are robustness, redundancy, resourcefulness and rapidity. Robustness is a coherent strength or cohesiveness in a community. It's really an ability to withstand the stress.

You can get this robustness by building strong social networks, getting neighbors to look out for one another, have Government agencies work closely with non-profits and volunteer groups, engage businesses. Right down or reach across the traditional command and control silos.

Redundancy means that you have contingency plans in place. That there are substitutes available in order to continue important functions or services. You need to have some search capacities to support and augment the emergency response personnel. And this is where volunteers can play a critical role.

Resourcefulness is the capacity to identify problems, develop solutions and mobilize resources. Yes, you need to have plans but you also need to be quick on your feet when the situation does not go according to the plan, which as we all know it seldom does.

Rapidity is the ability to decide and act quickly so the community is able to recover sooner. Resilience won't be dictated by any local, state or federal government or agency rules, regulations or policies. It's going to come from the ground up and is really a shared responsibility. Everyone and every organization has a role.

Resilience is an every day activity. It shows up in meetings and conversations, training courses and skills development classes and really in the action. It's talking to your elderly neighbor and offering to help them if the ice storm knocks out power. It's donating blood. It's having preparedness plan and the

necessary supplies to sustain yourself and your family in a disaster. It's learning about potential hazards and knowing what to do if they occur. It's being encouraged to participate and empowered to act.

Now another route that some communities have taken towards resiliency is through the creation of a local Medical Reserve Corps unit. The MRC is a national network of local groups of volunteers committed to improving the health and safety of these communities. The MRC units engage volunteers to strengthen the public health system, improve their response capabilities and really build that community resiliency.

MRC units are not standalone. They're affiliated with a local organization. MRC unit leaders focus a great deal on the management of volunteers to ensure that they are appropriately identified, screened, to make sure that their credentials are verified, to make sure they're trained and organized and finally that they're well utilized to support routine public health activities and to augment the preparedness and response efforts.

As the MRC is a community-based program, each unit is responsible for determining and developing its own missions, goals, organizational structure, composition, policies and procedures. If you look at this map, you'll see a lot of red dots on the, you know, on the surface of the United States. There are currently over 850 MRC units in all 50 states and several territories and almost 190,000 volunteers.

This map shows the geographic scope of MRC units. About 55% of the area of the U.S. and over 70% of the U.S. population is covered currently by an MRC unit. I mentioned that MRC units are community based but there's no one size fits all model for the MRC. Local leaders will determine the model that best fits their community needs based on the population, the geography,

the local community government structure and the health needs of that community.

There's going to be differing laws in local Government structure that will determine how the best Medical Reserve Corps can be established to meet those local needs. Now there are some commonalities. I mentioned the, you know, that there is an organization structure or that they do the pre identification of members, that they do credential verification and they do some training.

But there are also pretty large differences such as where they're housed, who are they partnering with, the composition of the MRC unit, what's their local mission and the activities that they do to meet that mission. The majority of MRC units as you can see on this graph are based out of local health departments. Now other local organizations can support - can also support MRC units such as emergency management, fire, law and hospitals but you'll see that health departments are the biggest - the biggest sponsors.

What's important is that whoever houses the MRC that there is a champion within that organization. Someone who really wants to see the MRC succeed and will push for the MRC to make sure that they have the resources necessary to meet their mission.

One of the keys to success of the MRC has been that MRC units have many partners. They've partnered with a variety of local health and response organizations. These partners can support the MRC. They can share resources. Provide training opportunities. Provide response opportunities in ways for the MRC to be utilized. And again having a champion at the partner organization can be very beneficial to the MRC unit.

MRCs also vary by their type of jurisdiction. About a third of MRCs are rural - in rural communities and more than a third are in a mixed jurisdiction. So it may be a mixture of suburban, rural and may be a town in there or two.

It's interesting to note that MRC leaders are mostly employees of their housing organization. So the - most of the leaders are a paid position but their role at the MRC is typically only one of the hats that they wear.

As you can see from the graph in the lower right, if you look at the blue and the yellow sections of the pie, about 75% or more of the MRC leaders are half time or less with the MRC. So, you know, their time that they can spend with the MRC is very limited.

What about an MRC volunteers? Well they can be medical or public health professionals. Most MRCs also recruit non-health related volunteers that can help with many of the numerous other activities that the MRC needs such as communications, logistics or administration. Many MRC units are reaching out to these non-health professionals as potential leaders or team leaders within the MRC to be able to assist when they can only spend so little of their time on the MRC activity.

MRC volunteers can be actively practicing clinicians or they maybe professionals with licenses who are not actively practicing. They may be students or they may be retirees. Now I strongly recommend that MRCs take a very wide approach when they're recruiting their volunteers because they really wouldn't want just actively practicing health professionals.

It's likely that those folks will be busy at their normal jobs in the event of an emergency so they want to reach out into others who may not be, you know, working in the hospital or in a clinic at the time of an emergency.

The next chart entitled MRC volunteers gives a break down of the various categories of MRC volunteers. This is aggregate for the entire 190,000 or so MRC volunteers and you can see the largest single category is the non-public health, non-medical volunteers. So the largest group of health professionals is nurses at just over 50,000.

So I would like to spend a bit of time talking about MRC activities because I think this is where the MRC really shows that it is a valuable resource for the community. MRCs are very active in there communities. As you can see by these numbers, MRC units reported almost 6500 activities to us this past fiscal year.

The types of activities range. MRC leaders and volunteers really serve as ambassadors of the U.S. Surgeon General and many of there activities address the Surgeon General's priorities for public health with include promoting disease and injury prevention, eliminating health disparities, improving public health preparedness and overall improving health literacy.

Almost all MRC units have a preparedness and response mission. Many MRC units work on - also work on local and public health activities. In public health MRCs are doing things like health education, immunization, health promotion, disease detection. I'm going to give some examples that have occurred over the past few weeks.

The Ashland County MRC in Ashland, Ohio offered blood pressure screening and promoted healthy lifestyle activities at a local county fair. The Eastern Nebraska, Western Iowa Medical Reserve Corps out of Omaha assisted local medical school by offering school physicals and dental screening to low-income children at an annual youth health extravaganza. They also assisted

the Douglas County health department with STD screenings for local high school students.

The St. Johns County MRC in St. Augustine, Florida participated in an event called paws and claws and this was a rabies vaccination campaign for local dogs, cats and ferrets. The MRC of Southern Arizona based out of Tucson had volunteers assist the local health department with six back to school immunization clinics.

To promote preparedness MRCs are helping with the planning efforts and participating in drills and exercises. Last month was national preparedness month and many MRC units participated by providing preparedness information in their communities.

Some examples include the Richmond City Medical Reserve Corps out of - in Virginia presented on the MRC and public health role in emergency planning and response to first year medical students at the Medical College of Virginia. The Moore County MRC in North Carolina offered information at a local pet preparedness event, which included how to - how to on putting together both personal and pet preparedness kits. Sample kits were put on display and given away as door prizes.

MRCs are also active when they're needed in emergency responses. They have responded to outbreaks in their communities of hepatitis and measles. They have assisted with special needs shelters following floods, wild fires, ice storms and hurricanes.

Most recently the Fresno MRC in California provided first responder rehabilitation to firefighters after a fire tore through a local recycling facility. The Pike County MRC in Kentucky sent MRC nurse volunteers to a local

clinic to administer tetanus shots after a local flooding. They ended up administering about 2,000 shots.

The Bear River MRC in Utah assisted in staffing a Red Cross shelter when local communities were evacuated from their homes due to a mudslide that killed three people.

As you can probably guess, MRCs are also very active with H1N1 related activities. I'm on slide 24 now and you can see on this graph the results of a recent query we did to find out the different types of activities that MRC units are working on. In a few minutes you'll see also a chart that shows the activities that they expect to be working on if there is wide spread transmission of H1N1.

Providing information is key and that's one of the things that MRCs are doing is sharing information about H1N1 with their community. For example, the South Arkansas MRC had volunteers distributing information about H1N1 to local pharmacies, convenience stores, grocery stores and other locations.

The Southern Allegheny's MRC in Pennsylvania made H1N1 bags to hand out to church members to provide H1N1 information from the CDC. The Pike County MRC in Ohio made an H1N1 aware - outreach awareness posters for all the local schools in Pike County. These posters were passed out at the schools and education was also provided to students for dealing with H1N1 flu.

MRCs are also assisting with local health department - are also assisting the local health department with response activities. For example this (spraying) the Sacramento regional MRC out in California assisted the county health

department with picking up lab specimens from area health facilities and transporting them to the public health laboratory.

In Hawaii the Maui County health volunteers MRC members were part of a strike team that was sent to Malachi to respond to a flu outbreak. The MRC members conducted public education and also surveillance activities.

MRC units are right now assisting officials with planning for a potential H1N1 outbreak; training volunteers and also participating in exercises. In the Burlington County Medical Reserve Corps in New Jersey held a search capacity vaccinator training for 22 MRC volunteers resulting in their certification to participate as vaccinators and medication preparers.

The MRC of El Paso County in Colorado Springs, Colorado participated in an H1N1 escalation tabletop exercise with the local memorial health system. They focused on determining the major shortcomings in medical capabilities and now have a better understanding of how they can work with the MRC.

And members from the Mohave County, La Paz County and Yavapai County in MRCs in Arizona developed and participated in a full-scale tri-county pandemic exercise in coordination with the Ft. Mohave Indian tribe.

Over the past few years many MRCs have used the distribution of seasonal flu vaccine as a dual opportunity to get the vaccine into many people, which is a public health benefit, but also to test mass vaccination procedures, a preparedness and response benefit.

This year was no different. And as you can see in the next slide, there's a picture of Secretary of Health and Human Services Kathleen Sabelius getting her flu shot from an MRC volunteer. This was at the mass vaccination

exercise conducted by the Alexandria, Virginia Health Department and the Alexandria Medical Reserve Corps. This event was conducted on September 11 and also highlighted the new national day of service and remembrance.

The Assistant Secretary of Health, Doctor Howard Koh, also attended the event and received his annual flu shot. I just want to point out Dr. Koh has been a long-time strong supporter of the MRC. And since becoming the Assistant Secretary of Health several months ago has been a great champion for us within HHS.

In a similar activity the Montgomery County MRC in Maryland assisted a local health department and school health services in administering flu mist to 32,000 students in 131 elementary schools in the county.

If there is widespread transmission of H1N1 this fall and winter, almost all MRC units expect to assist. The majority expect to help with mass vaccination clinics. As you can see on the chart on Slide 26, 85% say that they expect to participate in mass vaccination or perhaps it will be at another type of vaccination clinic, perhaps at a school or another location.

Many will continue to provide H1N1 information in their communities either through in person presentations or through call centers and hot lines. Others help - others will help triage patients to provide healthcare services at hospitals, health centers or alternate care facilities.

An example of an expected activity coming up I just heard about is the Marin MRC out in California. They're developing an activity called operation safety net. And this is a partnership between the Marin MRC, the Marin health - the Marin city health and awareness center, the community clinic, the coastal health alliance and the county of Marin. And the purpose of this initiative

operation safety net is to make the H1N1 flu vaccine available to uninsured, under insured and other members of the community.

Also late last week I heard from contacts with the Rhode Island MRC that they have been asked to participate in the vaccination of all school children in Rhode Island. That's about 158,000 students. Now they expect the compliance rate to be somewhat less than that 158,000 but there are 35 school districts in Rhode Island that they expect to hit.

This will involve the participation of about 1000 volunteers from many different types of categories, doctors, nurse, EMTs, pharmacists and others. They will probably also involve many non-health professionals who are going to assist with the logistics and the flow of folks through those sites.

The training for this is ongoing. They're going to make sure everybody is familiar with the (infinite) command system. And also ensure that they meet the necessary competencies for providing the immunization.

So MRC leaders have also identified that there are barriers to the participation of volunteers in H1N1 response activities and in MRC activities in general. The most common barriers reported are seen on the chart on Page - on Slide 28.

The number one thing we heard about is the availability of volunteers. This is the concern that volunteers may not be available during their normal work hours. And again this is why I emphasize that broad recruitment of volunteers. People that are actively working and folks that are, you know, perhaps not working in their professional capacity, you know, looking at retirees and others who can assist.

One of the biggest concerns we continually have heard about since the - since the initiation of the MRC program is the liability concerns about legal liability. And really due to the patchwork of legal protection provided to volunteer health professionals in each state, MRC coordinators and MRC volunteers really don't have a clear understanding of, you know, whether they will be protected from liability during training and exercise activities as well as during the responses to H1N1.

One of the other barriers that comes up is staff time. As I mentioned earlier, most MRC units report that the unit leaders spend 50% or less of their time working on the MRC. Some MRC unit leaders find that this limits their ability to adequately recruit, train and manage the volunteers. So that is seen as a potential barrier.

Another concern is illness or perhaps the fear of illness. Just as with paid staff, there is concern that volunteers or their family members will become ill during the outbreak and that those volunteers won't be available. There's also concern that the volunteer turnout will be affected by the fear of illness or coming into contact with individuals who are contagious.

And finally, funding is often raised as a barrier as well. MRC units have expressed that the lack of funding for staff positions, recruiting materials, volunteer training, personnel protective equipment, or PPE and other items maybe a barrier to there participation in an H1N1 response.

So I'm going to switch gears a little bit and talk a little bit about why really I'm on this call today and that's ultimately I would like everybody listening to get involved in some way with the local MRC. Perhaps you may want to join the local MRC unit. Maybe you want to support the MRC. As I mentioned, we

need champions of the MRC in the housing organizations and, you know, perhaps with the partner organization.

If there's not a local MRC in your area, you may want to talk to your local leaders about starting one. Talk to the board of health, health director or the emergency planner. Let them know about the MRC. Get them to understand why it is necessary to make sure your community is covered and why it's important really to have the MRC available.

Couple ways to get information about the MRC is to contact my office the office, the Office of the Civilian Volunteer Medical Reserve Corps. You can go to or Web site [www.medicalreservecorps.gov](http://www.medicalreservecorps.gov) or you may want to contact one of our regional coordinators whose information is available on our Web site.

These are all great ways of getting, you know, information about the MRC. Information about how you may be able to support an MRC or how you may want to start an MRC unit. You can also get information from other MRC units that are in your - in your area or perhaps one of the MRC state coordinators who are available. I'll provide some information about that in just a few minutes.

Right now I want to talk a little bit about how to find your local MRC unit. As you see on Slide 29 on the left panel of the MRC web site, you'll see an area that is called find MRC units. If you click on that, you will come up with a screen that shows a map of the Unites States.

And here you can browse by region or state or type in your address or zip code and the nearest MRC units will show up. What you can do is click on the

name of the MRC unit that you want to find out about and you'll see the MRC unit profile.

As you can see on the next slide, the unit profile includes information about the jurisdiction and community that's served. Contact information for the unit and for the unit leader. It gives a description of the MRC unit and a breakdown of the types of volunteers that are currently in the MRC. Finally I'll some of the activities that MRC - that that MRC have been doing recently.

(Unintelligible) event on 9/11 Secretary Sebelius announced a call to action. And what she did she asked all Americans to volunteer or to support the Medical Reserve Corps. You can view this call to action on the flu.gov PSA page that's located at the bottom of the slide.

And in this call to action the Secretary rightly says that the Medical Reserve Corps volunteers are critical to our preparedness and response effort to fight the flu. I hope that all of you will consider supporting the Medical Reserve Corps in some way. I think this is something that everybody can do to help make your community more resilient.

The next slide has the contact information I spoke of earlier for the - for my office OCVMRC as well as for our regional coordinators, the state coordinators. But again one of the best sources of information you can get is by contacting your local information.

Now I'm going to close my remarks by looking back over our objectives. And I believe that I have covered all of these; that we talked a little bit about the trends in volunteerism. I hope all of you now have an understanding of the MRC. You all understand some ways that MRC units are involved in public

health preparedness, response activities and how they're assisting in H1N1 and how they may assist in H1N1 this coming fall and winter.

And finally I hope you know how you can contact your local MRC unit and how you might be able to join or support. Thank you and at this point I'm happy to take any questions that you might have.

Coordinator: Thank you. If you would like to ask a question please press star 1 and record your name. To withdraw your question, press star 2. Again to ask a question, please press star 1 and record your name. One moment please.

Please stand by for the first question. Your first question, your line is open.

Question: Good day. Thank you very much for the presentation. I am the Medical Director for an MRC in New Mexico. And I have opted to get my own malpractice coverage as an added layer of protection. You did briefly mention the liability issues

Is there any further discussion either through the MRCs as individuals or through the MRC at the Federal level about appropriate protection for either the medical components or the many non-medical components that the MRCs due?

Robert Tosatto: Absolutely. I - this is usually the first question that comes up any time I present. And it's justifiably so because it is - liability protections are a very important issue for the MRC.

As you know, legal protection, the legal liability protection is just one piece of a risk management profile for MRCs. And so doing the numerous activities to reduce risk I think is one of the first places to start. Doing the proper

screening, the proper identification, making sure that Medical Reserve Corps volunteers know their role, know their kind of their scope of practice I think is the first layer of protection.

But having some sort of legal protection is necessary as well. Many MRC units are looking towards their local housing organization or their partner organizations to provide some of that protection during their activities.

So for instance, some MRCs around the country are provided that protection through their local health department or their local housing organization because they are deemed as employees even though they're volunteers, they're deemed as employees for the purposes of those legal protections.

But those are very few and far between. More MRC units rely on state legislative protection for those protections. But those - oftentimes those are only provided during a declared emergency. Some MRCs rely on volunteer - the National Volunteer Protection Act or state Good Samaritan laws. But most of the time those don't go far enough to provide that specific legal liability protection that especially the healthcare volunteers are looking for.

Some MRCs have purchased insurance policies for their volunteers both for health professionals and for others. At the national level, this is something I have been raising since I took on the job as Director of the MRC in late 2003. I have raised it at most of the meetings I go to with policymakers. I currently have a legislative proposal in the works to look at the legal protection for volunteers.

But because MRCs are local community-based organizations the Federal Government is reluctant to provide broad Federal legal protection for volunteers who are acting in a local capacity. This is something that I continue

to promote and continue to work on but it's also something that I have been called on, all MRC leaders and their volunteers to also take up in their local community to talk to their elected officials about how this might come about.

Question cont'd: Okay. Thank you very much for your time.

Robert Tosatto: You're welcome.

Coordinator: Next question. Your line is open.

Question: Hi Captain. I did enjoy the presentation as well. And my question was literally the same as his. We are all wondering about the liability and workers comp issues.

Robert Tosatto: Sure. I don't know what else to tell you. It is - it is something that is obviously a very high priority for local MRC units, for their state counter parts as well. There has been some movement within the states to come up with a uniform law that would provide legal protection to healthcare volunteers. That has not been enacted in all the states.

And again it does not - I think one of the shortcomings of that is again is during emergencies. And many of the MRC activities are not necessarily during emergencies. It maybe during a training activity or it may be for a, you know, a non-emergency public health activity. And I think those activities are important as well.

And this is something that we will continue to work on at the national level but again I encourage all MRC units but then also their housing and partner organizations to work to address this as well because it's probably one of the

biggest, if not the biggest, roadblocks to recruitment of volunteers, especially the healthcare related volunteers.

Question cont'd: I thank you very much.

Robert Tosatto: Thanks.

Coordinator: Next question comes, your line is open.

Question: Thank you. I have been trying to find a way to volunteer since 9/11 when my wife's company lost seven floors of offices in New York and later when my wife became one of the targets for anthrax and the FBI set up an office at her location, she works for the Wall Street Journal. But this still seems somewhat limited. I'm five miles from a regional trauma center and the area's major medical center. And I can't get on staff even as a volunteer because I don't carry malpractice insurance.

I have a current license and (DEA) number. I was looking for the Government to set up a legal liability program for doctors who are volunteering who are not being paid for their services. Thank you.

Robert Tosatto: Thank you. Again it comes back to the legal protection. Now one of the things you mentioned was that you're trying to volunteer for your local hospital it sounds like. Again, I don't know if you have reached out to your local Medical Reserve Corps but that may be a way that you - that you could volunteer your services. Again, go to the Medical Reserve Corps Web site [www.medicalreservecorps.gov](http://www.medicalreservecorps.gov) and put in your address or your zip code and see if there is an MRC nearby and see if they are able to have you join.

Coordinator: Next question. Your line is open.

Question: Good morning. My question is I'm a (PNA). I'm calling from Florida. I want to know if there would be a qualification as a home healthcare to be (registered) in the MRC?

Robert Tosatto: I would absolutely encourage you to contact your local MRC unit to see what their - what their needs are at the local level. As I mentioned, you know, the MRCs are community based so they determine their local composition, their local, you know, their local needs.

As I said earlier though, most MRCs are recruiting widely. So they're looking for a wide variety of healthcare professionals. And so I strongly encourage you to reach out to your local MRC. See if - well first of all see if there is a local MRC in your community or nearby. And see if the - and see what it takes to join them. If there is not a local MRC - to your local health department or local emergency manager or emergency planner to (help) get one started in your (unintelligible).

Question cont'd: Thank you.

Robert Tosatto: You're welcome.

Coordinator: Next question. Your line is open.

Question: Hi. I'm a Director of Clinic Operations at a volunteers of medicine clinic. And I guess I just wanted to add to the medical malpractice questions that have been coming in. We utilize the Federal TORT Claims Act. And I guess I'm wondering if this hasn't come up at all, if the MRC utilizes this program and if there are limitations that I'm not aware of. I've reviewed the Federal TORT

Claims Act thoroughly and as long as somebody is volunteering, they are covered under this act?

Robert Tosatto: Oh. We have - we have looked very closely at the Federal TORT Claims Act. And the program you're mentioning is with - when the volunteers are associated with a Federal - Federally recognized health center or health clinic, one of the free clinics. It does not apply broadly to volunteers.

Now one of the things we have encouraged are Medical Reserve Corps units to partner with their - their health clinics and the free clinics. And perhaps when they're working in that capacity they're - they would have those TORT Claims Act protections.

But for other activities outside and unrelated to the work with the clinic, those would not be covered. And so - but we are very much looking at the Federal TORT Claim Act and seeing how or if MRC units and MRC volunteers could be protected under that. But again, as I mentioned, there is, you know, there is quite a bit of reluctance from the Federal Government that needs to be overcome.

Question cont'd: Thank you.

Coordinator: Next question. Your line is open.

Question: Yes. I'm the Medical Director for the local Medical Reserve Corps and just to dovetail into that last comment Rob, is there a difference on liability or should - if a person is looking to join an MRC, is one supporting agency going to be better than another with respect to liability. For example if it's the local health department or the board of health versus the medical (unintelligible) or the local hospital?

Robert Tosatto: Doctor (Canton), it's really going to depend on that local community. I think it's a discussion to have with all of the organizations you mentioned. Again, the laws and the regulations are going to differ in pretty much every different community, depending if they're a, you know, home rule state, if the health department is, you know, centralized or decentralized. It's just really going to depend on the given situation.

I would reach out to, you know, every organization possible and put, you know, the concerns about legal protection as the number one priority. Now it's not a showstopper, you know, because as I mentioned, the legal liabilities are just one piece in the whole risk management kind of program for the MRC.

But it is a very big piece of the concern, you know, especially when it comes to recruitment. And if you cannot say up front to a volunteer, you know, your back is covered and your legal, you know, you're protected legally then I think their often times reluctant to join us.

Question cont'd: Thanks.

Robert Tosatto: Sure thing.

Coordinator: Once again, if you would like to ask a question, please press star 1 and record your name. Please stand by for the next question. Next question. Your line is open.

Question: Oh. Hello. My name is (Katherine Hubbard). I'm a registered nurse. I've worked in a variety of settings. But my question is we already have this wonderful existing database of nurses, doctors, CNAs, anybody that gets a professional license through a health department.

Is there some way that we can reach out to all these people that are - maybe don't even have the current - a current license but we have thousands of people who are already registered in these databases state by state.

Why aren't we accessing them and trying to recruit via the state health department databases so that every doctor, every nurse, every CNA, every respiratory therapist can be contacted and say if you're interested in volunteering, please contact us? Thank you very much.

Robert Tosatto: That's an excellent idea and in fact in some states and in some areas the Medical Reserve Corps units have done just that. It's not done across the board I don't believe but in many areas the MRCs are working with their state professional board to do just that. To make sure that all the licensed professionals know about the Medical Reserve Corps and that they are given the information on how they might join up.

Now there's a related program also based out of HHS called the ESAR-VHP program for the emergency system for advanced registration of volunteer health professionals. And what this is is a state based registry of volunteer health professionals. We are working closely with the ESAR-VHP program to integrate so that MRC volunteers can be included in this state based registry.

That would provide a benefit to the state of having the MRC members within this database and it provides a benefit to the local MRC units in that the state can then through this database provide the credentials verification service.

So as these ESAR-VHP systems come on board and they're not always called ESAR-VHP. They often have state branded names as well. But as these systems come on board, they are oftentimes going to those state boards that

you mentioned for physicians, for nurses, for pharmacists, for veterinarians, for others and giving them the information about how to sign up for the registry, how to sign up for the MRC program.

So that's something that is occurring in some states but we hope to see this expand to all states soon.

Question cont'd: Thank you very much.

Robert Tosatto: You're welcome.

Coordinator: Next question. Your line is open.

Question: Hi. Good afternoon. This is (Paul Herrera). I'm a Director of the Retired and Senior Volunteer program here in Midland, Texas. And I just wanted to follow up regarding the conversation about insurance and all that kind of stuff.

In RSVP programs across the nation are insured, the volunteers are insured while they volunteer. It is on an accidental and personnel liability insurance but it is - does give some sort of coverage for those people that are looking for groups, there are several groups nationwide of RSVP programs. Our group (unintelligible) about 800 volunteers and we have recently participated in a flu vaccination with the city health and human services.

Robert Tosatto: Now (Paul) is this - is this protection is it something that you're local RSVP purchased and provided or is it something through the national program?

Question cont'd: It's through the national program. We're required to insure every one of our volunteers that enrolls and becomes active to our program. So they are covered while they are volunteering.

Robert Tosatto: Okay. Well I was not aware of that and that is something that I can look into with my colleagues over at RSVP.

Question cont'd: Thank you.

Robert Tosatto: Great. Thank you very much for the information.

Coordinator: There are no questions in queue at this time.

Alycia Downs: Well I would like to thank Captain Tosatto for providing our listeners with this information. I would also like to thank our participants for joining us today. If you have any additional questions you can send an email to [coca@cdc.gov](mailto:coca@cdc.gov). Again that email address is [coca@cdc.gov](mailto:coca@cdc.gov).

There were quite a few questions today regarding some legal issues and I just wanted to let all the listeners know that COCA has had two conference calls in the last six months relating to some of these issues; one on April 28 entitled Federal public health emergency law implications for state and local preparedness and response as well as the COCA call on June 9, legal issues related to H1N1. Those calls and audio and transcripts are all posted to our COCA call Web site on the archives page.

And again, the recording of this call and the transcript will be posted to our COCA web site at [emergency.cdc.gov/coca](http://emergency.cdc.gov/coca) within the next week. You have one year to obtain continuing education for this call. All continuing education credits and contact hours for COCA conference calls are issued online through the CDC training and continuing education online system, [www2a.cdc.gov/tceonline](http://www2a.cdc.gov/tceonline).

I would like to thank Captain Tosatto one more time for participating and I hope everyone has a wonderful day. Thank you.

Robert Tosatto: Thanks all.

Coordinator: This conference call has concluded.

END