Creating Prepared and Resilient Communities:  
*The History of the Medical Reserve Corps Program*

The Medical Reserve Corps (MRC) is a national network of volunteers—medical and public health professionals and others—who help make their communities stronger and healthier during disasters and every day. Trained as part of a team, local MRC volunteers work within their community’s health, preparedness, and response infrastructures to help meet local medical and public health needs during emergencies, and to build resiliency through preparedness, prevention, and public health activities.

The MRC network has evolved to more than 200,000 volunteers in roughly 800 units nationwide.

The idea for the MRC was initiated following the September 11, 2001, terrorist attacks when spontaneous volunteers, many of them health-care professionals, offered their services in support of response and recovery efforts. Unfortunately, many of these volunteers could not be utilized because emergency managers did not have the capability at the time to verify their backgrounds, training, or credentials. The anthrax incidents that occurred in October and November of that same year further confirmed that health and medical volunteers could be instrumental in assisting with large-scale disaster or public health emergency responses.

In 2002, President George W. Bush’s State of the Union Address called on all Americans to volunteer in support of their country. From that call to action, the MRC Demonstration Project was created. The project began with 42 community-based units of medical, public health, and other volunteers.

In 2006, Congress passed the Pandemic and All-Hazards Preparedness Act, which authorized the Medical Reserve Corps program.

Since those early beginnings, the MRC network has evolved to more than 200,000 volunteers in roughly 800 units nationwide. Throughout its history, the mission has remained the same—to engage volunteers and communities across the country to improve local emergency response capabilities, reduce vulnerabilities and public health risks, and build community preparedness and resilience.
The U.S. Department of Health and Human Services announces the MRC as a demonstration project with 42 community-based units.

Congress passes the Pandemic and All-Hazards Preparedness Act (PAHPA), which formally establishes the MRC “to provide for an adequate supply of volunteers in the case of a Federal, State, local, or tribal public health emergency.” The MRC reaches 500 units nationwide.

Nearly 50,000 MRC volunteers respond to the H1N1 influenza outbreak, assisting with immunization and flu care activities.

MRC volunteers serve over 36,000 hours in response to Hurricane Sandy. Volunteers staff shelters; provide surge staffing to local hospitals, emergency management agencies, and public health departments; and assist with emergency communications support and community health education.

During the domestic Ebola response, more than 150 MRC units serve more than 14,000 hours, assisting with case screening and surveillance support, health education, and call center operations.

MRC units support Zika virus response efforts. In Puerto Rico, where Zika was declared a public health emergency, MRC volunteers conduct community outreach to raise awareness of the Zika virus and provide prevention and public health information to more than 17,000 individuals.

Approximately 100 MRC units step forward to respond to Hurricanes Harvey, Irma, and Maria. Units provide behavioral health, medical, and supportive care; dialysis support; veterinary transport and care; support services to shelters, call centers, and evacuation centers; emergency operations center support; and a wide range of recovery services.

MRC units respond to the devastating wildfires in California by providing medical care at shelters, veterinary care, reception / evacuation center support, and emergency communications support.

During the COVID-19 pandemic, more than 500 MRC units engage in response efforts in local communities. MRC volunteers support a myriad of response roles depending on community need, including testing, epidemiology and surveillance, medical surge, community screening, behavioral health, mass vaccination, and more.