A NETWORK CREATED FOR THIS MOMENT: HOW THE MEDICAL RESERVE CORPS HAS MET THE CHALLENGES OF THE COVID-19 PANDEMIC
# A NETWORK CREATED FOR THIS MOMENT: HOW THE MEDICAL RESERVE CORPS (MRC) HAS MET THE CHALLENGES OF THE COVID-19 PANDEMIC

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PURPOSES OF THIS REPORT

The MRC National Program Office created this report to serve three purposes:

1. To provide an interim accounting of the impact of the MRC network in responding to the COVID-19 pandemic, so that all MRC stakeholders can understand the value and impact of MRC units in addressing this public health emergency.

2. To inform MRC unit leaders of the activities of other units so that unit leaders may consider other activities or practices to adopt.

3. To recognize the hard work of MRC units and the importance of their contribution to the COVID-19 response by creating this public record of their activities.

SCOPE OF THIS REPORT

This report covers MRC network activities relating to COVID-19 from January 1, 2020 to December 31, 2020. The MRC National Program Office extracted the activities included in this report from the MRC activity database on January 9, 2021.

In the time since the MRC National Program Office extracted this data, it’s possible that unit leaders have uploaded other 2020 activities into the database. Thus, the data in this report represent a snapshot of what was reported in our system as of January 9, 2021, and may not include all MRC activities relating to COVID-19 in 2020.

As of December 2020, some units were already involved in COVID-19 vaccination efforts, and in 2021, we’ve seen increasing number of units involved in vaccinations.
A NETWORK CREATED FOR THIS MOMENT: HOW THE MEDICAL RESERVE CORPS HAS MET THE CHALLENGES OF THE COVID-19 PANDEMIC

Shortly after the novel coronavirus that causes coronavirus disease 2019 (COVID-19) was detected in the United States in late January 2020, Medical Reserve Corps (MRC) units began preparing to respond. In Washington State, units began assisting at call centers to answer questions from concerned community members. In Tennessee, units participated in state-wide conference calls about the virus. By February, other units across the country were training to respond and even responding to suspected cases.

That units throughout the U.S. quickly responded to the developing public health emergency was by design. Congress created the Medical Reserve Corps shortly after the events of September 11, 2001, to establish local units of medical and non-medical volunteers capable of rapidly responding to public health emergencies in their communities at the request of local and state government.

Over the last 19 years, the network has grown, not only in the total number of units and volunteers, but also in its collective experience and capabilities. For example, in 2009, many units responded to another deadly virus: the novel influenza virus that caused the H1N1 pandemic.

And so, although the COVID-19 pandemic is the greatest public health crisis since the flu pandemic of 1918, the MRC network was created for this very type of challenge, and many of its individual units have been training for this type of emergency for many years.

A local asset within communities across the country

As COVID-19 spread across the country and public health officials responded, the MRC network was available to assist in many communities throughout the U.S.

Comprising more than 200,000 volunteers in roughly 800 community-based units located throughout the United States and its territories, the MRC network has wide coverage, with units in nearly every state and territory. Moreover, because the units and volunteers live within the communities they serve, units can immediately respond to emergencies without needing to deploy from another part of the country.

The MRC network’s response to the COVID-19 pandemic

At the time of publication of this report, more than 500 MRC units in 48 states, the District of Columbia, Puerto Rico, American Samoa, and the Northern Mariana Islands have supported their communities in a wide array of responses to the COVID-19 pandemic.

Common MRC missions in response to the pandemic have included assisting with community screening and testing operations; COVID-19 vaccination administration; medical surge support at long-term care facilities, health care facilities, and alternate care sites; patient case and contact investigations; call center operations; community education and outreach (for example, assisting elderly and vulnerable community members with well check calls, food distribution, errands, and medication pick-up); and logistics support (e.g., inventoring, packing, and distributing personal protective equipment (PPE)).

During the 2020 elections, MRC units also assisted with infection control at election polling stations (for example, ensuring proper sanitation methods and proper use of PPE and maintaining social distancing).

In the pages that follow, we report MRC responses to COVID-19 in each U.S. Department of Health and Human Services Region, revealing the approximate total number of responses and highlighting select activities.
A SNAPSHOT OF REGION 1 ACTIVITIES IN RESPONSE TO COVID-19:

To increase the availability of face masks, the Cape Cod Medical Reserve Corps (Barnstable, MA) made masks, collected masks made by other volunteers, and helped distribute over 8,000 masks to more than 70 organizations, including hospitals, long-term care facilities, group homes, grocery stores, hospice programs, food banks, Meals On Wheels, and public transportation workers. Members of the Cape Cod Medical Reserve Corps devoted at least 3,285 hours to this activity. The Cape Cod Medical Reserve Corps also partnered with a group that used 3-D printers to manufacture face shields. The MRC members picked up and delivered supplies to this group and then distributed the resulting face shields to local hospitals and long-term care facilities.

The Greater River Valley MRC (Andover, MA), the Topsfield Regional Medical Reserve Corps (Newburyport, MA), and the North Shore-Cape Ann Emergency Preparedness Coalition MRC (Peabody, MA) helped operate a Spanish-language call center that provided information about COVID-19. In addition, the North Shore-Cape Ann Emergency Preparedness Coalition MRC (Peabody, MA) assisted at another call center that answered calls in nine different languages.

The Seacoast Medical Reserve Corps (Raymond, NH) assisted the COVID Alliance Senior Support Team with their efforts to prevent COVID-19 outbreaks in senior residential facilities in New Hampshire.

Members of NEK South (St. Johnsbury, VT) provided COVID-19 screening for all staff entering Northeastern Vermont Regional Hospital.

Medical volunteers with the Torrington Area Health District MRC (Torrington, CT) assisted with operations at Charlotte Hungerford Hospital by taking overflow shifts in the ER and at the hospital’s drive-through COVID-19 testing site.
A SNAPSHOT OF REGION 1 ACTIVITIES IN RESPONSE TO COVID-19:

The Burlington County Medical Reserve Corps (Westampton, NJ) supported testing sites and assisted with contact tracing.

Volunteers with the Union County Medical Reserve Corps (Westfield, NJ) helped operate a testing center and supported the Union County Office of Health Management, assisting with public phone calls and test result notifications.

The Orange County Medical Reserve Corps (Goshen, NY) supported epidemiological investigations, notifying individuals that they had tested positive and inquiring of potential contacts. MRC members also provided information on the virus and began 14-day isolation tracking.

A team of 20 health professionals with the Medical Reserve Corps of Puerto Rico (San Juan, PR) tested first responders for COVID-19. Their efforts helped the Puerto Rico Department of Health make decisions regarding which first responders could respond to calls.

Members of the Dutchess County NY Medical Reserve Corps (Poughkeepsie, NY) staffed a call center, answering thousands of calls.

The Rensselaer County DOH MRC (Troy, NY) operated a call center, supported fit testing, and helped with contact tracing.

Members of the Passaic County Medical Reserve Corps (Paterson, NJ) supported testing of staff members and residents of a long-term care facility.
A SNAPSHOT OF REGION 3 ACTIVITIES IN RESPONSE TO COVID-19:

The Montgomery County Medical Reserve Corps (Silver Spring, MD) provided staffing for community-based testing of asymptomatic individuals for COVID-19. The unit also supported a COVID-19 call center and the health department’s operations center and assisted with case investigations. In addition, in response to closures and the economic effects of COVID-19, unit volunteers provided leadership support for the county’s food security task force, which helped ensure access to food for Montgomery County, MD, residents.

The Loudoun MRC (Leesburg, VA) helped operate a COVID-19 call center.

Virginia MRC volunteers across the state deployed to election polling stations to serve as COVID-19 Infection Control Ambassadors. Volunteers helped with proper sanitation of polling booths and encouraged appropriate use of PPE and social distancing. The Allegheny County Health Department (Pittsburgh, PA) helped with contact tracing.

The Mid Ohio Valley MRC (Parkersburg, WV) helped with data collection relating to cases.

Pharmacists with the MD Responds MRC (Hanover, MD) packaged medical assets, as well as remdesivir, for distribution to Maryland Hospitals.

In response to a patient surge at the Anne Arundel Medical Center (AAMC), a variety of medical and non-medical volunteers, including physicians, occupational therapists, social workers, and nurse practitioners, from the Anne Arundel County MD Responds (Annapolis, MD) MRC unit worked shifts at the hospital.

The Delaware County Medical Reserve Corps (Media, PA) assisted with COVID-19 testing.

The DC Pediatric MRC (Washington, DC) staffed a pediatric drive-through testing site for multiple months, testing approximately 2,300 patients under the age of 22.

The New Castle County MRC (Newark, DE) supported COVID-19 community testing operations in Wilmington, DE, at nine high-rise apartment complexes.

The Bucks County Medical Reserve Corps (Doylestown, PA) supported the Bucks County Department of Health’s COVID-19 response activities, including call center operations and case investigations.
“As a doctor and a veteran, I know what it means to serve. And I know how vital it is to have the necessary personnel on the front lines. That’s why in March I called upon the Virginia Medical Reserve Corps to assist in our COVID-19 response efforts and help ensure we were prepared to meet the anticipated medical and logistical surge in every region of our Commonwealth. Since that call, 8,000 people have joined the MRC. And today we have more than 12,000 volunteers, ready to serve. The courage and commitment that Virginia MRC volunteers have shown over these last six months has been nothing short of astounding. I want you to know that Virginia is deeply grateful for your ongoing service to our communities and our Commonwealth.”

— Virginia Governor Ralph Northam

(from VA MRC Video Appreciation Message from Governor Ralph Northam - September 2020, https://www.youtube.com/watch?v=DqCKPsbdFX4)
A SNAPSHOT OF REGION 4 ACTIVITIES IN RESPONSE TO COVID-19:

In late February and early March of 2020, the PROJECT H.E.L.P. USA MRC (AL) provided COVID-19 information from the Centers for Disease Control and Prevention to those who came to Selma, AL, for the Selma Bridge Crossing anniversary. The unit also offered workshops on COVID-19 prevention, mitigation, and safety.

The Madison County MRC (Jackson, TN) offered drive-through COVID-19 testing.

Members of the Central Mississippi Medical Reserve Corps (Jackson, MS) provided wellness checks and staffed an emergency operations center.

The MRC GEM (Dacula, GA) supported the local health department's COVID-19 response, assisting with contact tracing and translation.

The Martin County Medical Reserve Corps (Stuart, FL) helped operate a call center.

Recently graduated epidemiology students who are part of the Southwest Florida Medical Reserve Corps (Fort Myers, FL) assisted with contract tracing and surveillance support as well as additional epidemiological support relating to local COVID-19 clusters.

The MidCarolina SMAT (Chapel Hill, NC) supported various local activities relating to COVID-19.

The Mountain Regional Medical Reserve Corps (Flat Rock, NC) arranged for PPE deliveries and organization; packaged PPE materials for agency requests; and deployed and set up a medical support shelter.

The Lowcountry Public Health Reserve Corps (North Charleston, SC) and HOSA-Future Health Professionals students at a local high school made COVID-19 hygiene kits that included face masks and hand sanitizer for university students.

The Mercer County Medical Reserve Corps (Harrodsburg, KY) contacted all local businesses and healthcare providers as well as long-term care facilities to provide guidance, PPE, and/or support.
A SNAPSHOT OF REGION 5 ACTIVITIES IN RESPONSE TO COVID-19:

The Butler County Medical Reserve Corps (Hamilton, OH) supported the Butler County General Health District in contact tracing investigations related to COVID-19. The Pickaway County MRC (Circleville, OH) also devoted significant hours to supporting contact tracing.

Volunteers with the MRC of Morgan County, IN (Martinsville, IN) assisted the Morgan County Health Department’s Division of Preparedness and Emergency Response with answering phones and distribution of PPE to first responders and medical facilities in Morgan County. This work included inventorying and unloading Strategic National Stockpile supplies from the state health department.

Lake County Medical Reserve Corps (Waukegan, IL) members with various medical backgrounds assisted with contact tracing in Lake County, Illinois.

The Kane County Medical Reserve Corps (Aurora, IL) supported a call center, helped with contact tracing, monitored symptoms in quarantined patients, and delivered essential items to patients under home isolation.

The Newaygo County MRC (White Cloud, MI) went to the Region 6 Medical Coordination Center and helped with calls and data entry. Other volunteers worked at a Strategic National Stockpile distribution site.

The Medical Reserve Corps of Ramsey County (Saint Paul, MN) provided staff for drive-through COVID-19 testing for residents at the Open Cities Health Center.

After 118 residents of the Park Glen apartments in Taylorville, IL, were placed under quarantine for 14 days in response to three residents testing positive for COVID-19, the Christian County Medical Reserve Corps (Taylorville, IL) helped address life-sustaining needs for residents, including delivering meals and prescriptions; providing wellness checks; and facilitating transportation to medical facilities.
A SNAPSHOT OF REGION 6 ACTIVITIES IN RESPONSE TO COVID-19:

The Galveston County Medical Reserve Corps (Texas City, TX) assisted with testing and contact tracing.

Albuquerque Healthcare Coalition MRC (Albuquerque, NM) volunteers screened for COVID-19 at the entrance to a homeless shelter.

The Harris County Medical Reserve Corps (Houston, TX) supported two stationary testing sites and three mobile testing units.

Medical and scientific volunteers with the New Mexico State Defense MRC (Santa Fe, NM) participated as integral members of the Joint Forces Epidemic Intelligence Team. In addition, MRC members with expertise in logistics/supply disaster management played significant roles in managing New Mexico’s central PPE warehouse, tracking and predicting PPE needs for the entire state.

The OKMRC Stress Response Team (Oklahoma City, OK) developed a tele-behavioral health program for first responders and families responding to the pandemic. The program teaches skills for psychological resilience via a cloud-based telehealth platform.

The River City Ministry of Pulaski County MRC (North Little Rock, AR) medically screened homeless and other at-risk populations.

The Calcasieu Medical Reserve Corps (Lake Charles, LA) helped with gathering and delivering testing supplies.

A volunteer with the OKMRC Tulsa County MRC (Tulsa, OK) helps answer questions at a COVID-19 call center.
“The COVID-19 pandemic has brought unprecedented challenges to the people of our state. The over 5,000 New Mexico Medical Reserve Corps volunteers who stepped up to help provide the services needed to keep our communities as safe as possible have put themselves at risk to serve thousands of New Mexico families, and deserve our gratitude.”

-- U.S. Senator Martin Heinrich (N.M.)
A SNAPSHOT OF REGION 7 ACTIVITIES IN RESPONSE TO COVID-19:

The Medical Reserve Corps of Greater Kansas City (Independence, MO) staffed multiple testing sites and supported contact tracing. The unit also provided medical care for a homeless shelter; phone support for the city of Independence, MO; cleaning support for long-term care facilities; and PPE supply management.

The North Iowa CERT & MRC (Mason City, IA) helped set up a drive-through testing site for the hospital; delivered PPE and medical supplies to first responders and long-term care facilities; delivered meals to those confined to their homes or without transportation; and staffed the county emergency operations center and call center.

The Eastern Nebraska MRC (Papillion, NE) assisted the Three Rivers Public Health Department in Fremont, NE, with contact tracing and phone calls relating to COVID-19.

Members of the Grundy County (IA) Medical Reserve Corps (Grundy Center, IA) made face masks to help address the PPE shortage, donating the masks to long-term care and assisted living facilities as well as a local hospital and clinics.

The Northeast Missouri Medical Reserve Corps (Kirksville, MO) supported COVID-19 testing.

The Southeast Nebraska Medical Reserve Corps (Crete, NE) helped with contact tracing.

A member of the Southeast Nebraska Medical Reserve Corps (Crete, NE) sews face masks.
“As Missouri continues to confront the COVID-19 pandemic, we are proud and very grateful for the tremendous work volunteers with Medical Reserve Corps across the state have accomplished. Coordinated through local health departments, these volunteers have contributed countless hours helping individuals, employers, schools, hospitals, and nonprofits deal with the impacts the pandemic has had on their communities. Without the Medical Reserve Corps volunteers — who have been actively involved in contact tracing, administering flu vaccines, packing and delivering food, staffing call centers, assisting with homeless population needs, coordinating volunteer reception centers, sewing and distributing masks, sharing PPE supplies and sharing volunteers across regions — our local and state efforts to combat this novel disease would be significantly diminished. Their tireless work and the countless ways MRC volunteers contribute cannot be overstated.”

— Randall W. Williams, MD, Director, Missouri Department of Health and Senior Services
A SNAPSHOT OF REGION 8 ACTIVITIES IN RESPONSE TO COVID-19:

The Salt Lake County Medical Reserve Corps (Salt Lake City, UT) provided medical support at quarantine and isolation facilities, performing patient assessments and other medical care. In addition, the unit supported testing operations in the area and contact tracing. As the unit fulfilled these roles, it grew from 140 volunteers to nearly 600.

The Medical Reserve Corps of Boulder County (Boulder, CO) assisted the epidemiology team of Boulder County Public Health with surveillance and epidemiologic investigations, including COVID-19 case and contact investigations. Unit members also served at a COVID-19 Recovery Center (CRC) for unhoused individuals. The center seeks to replicate for unhoused individuals the experience a housed individual would have if told to rest and quarantine at home. The CRC volunteers, all volunteer nurses or physicians, perform daily wellness checks for CRC residents, checking temperatures and other vital signs, thereby helping to determine whether a resident might need additional care or should be transported to the hospital. Other members of the Medical Reserve Corps of Boulder County trained at a hospital to serve as surge staff.

Medical volunteers with the Medical Reserve Corps of El Paso County (Colorado Springs, CO), including physicians, nurse practitioners, and physician assistants, maintained a telehealth line 24 hours per day, 7 days per week, to assist long-term care facilities with their response to COVID-19. Other volunteers with the unit helped with contact tracing.

The Weber County Medical Reserve Corps (Ogden, UT) supported active monitoring of positive COVID-19 patients and suspected cases awaiting test results.

The Pueblo Medical Reserve Corps (Pueblo, CO) assisted with contact tracing.

The Southwest Colorado Regional MRC (Durango, CO) supported testing at assisted-living facilities.

Members of the Southwest Colorado Regional MRC (Durango, CO) help at a COVID-19 testing center.
A SNAPSHOT OF REGION 9 ACTIVITIES IN RESPONSE TO COVID-19:

The Sonoma County Medical Reserve Corps (Santa Rosa, CA) has responded in four principal ways:

- Answering calls on the COVID-19 hotline at the Sonoma County Emergency Operations Center;
- Assisting at the Sonoma County Public Health Lab, including entering lab data and handling specimens in the biosafety cabinet;
- Answering calls to a behavioral health "warmline" from callers anxious about the pandemic; and
- Supporting contact tracing.

The ALCO MRC (Oakland, CA) coordinated and set up testing sites throughout Alameda County and assisted at call centers.

The Maricopa County Public Health Medical Reserve Corps (Phoenix, AZ) supported a call center, answering inquiries related to the COVID-19 outbreak from the public, healthcare professionals, and businesses.

The Ventura County Medical Reserve Corps (Oxnard, CA) deployed in mid-March to support Ventura County Emergency Medical Services with the distribution of PPE to medical facilities within Ventura County, CA. In addition, unit members supported mobile COVID-19 testing of both staff and residents in two skilled nursing facilities.

The Western Nevada Medical Reserve Corps (Carson City, NV) assisted with multiple drive-through testing sites, carried out contact tracing, and supported antibody testing for a Community Assessment for Public Health Emergency Response (CASPER).

Several MRC units in Hawaii also responded to the pandemic:

- The Oahu Medical Reserve Corps (Honolulu, HI) supported a call center, assembled PPE, and provided outreach and education.
- The Maui County Health Volunteers (Wailuku, HI) helped with contact tracing and staffed a screening tent outside of a nursing home.
- The Kauai Medical Reserve Corps (Lihue, HI) assisted with a CASPER that was designed to help the Kauai District Health Office assess the impact of the COVID-19 pandemic and direct limited resources to Kauai residents’ greatest needs.
A member of the Maricopa County Public Health Medical Reserve Corps (Phoenix, AZ) answers calls at a call center.

Volunteers with the Ventura County Medical Reserve Corps (Oxnard, CA) assist with testing operations.
A SNAPSHOT OF REGION 10 ACTIVITIES IN RESPONSE TO COVID-19:

The Region IV Medical Reserve Corps (Southwest Washington) (Vancouver, WA) supported contact tracing and facility outbreak investigations.

Members of the Pierce County Medical Reserve Corps (Tacoma, WA) played several roles: assisting with case investigations, contact tracing, outbreak investigations, and facility infection prevention consultation; staffing phone lines; and monitoring symptoms.

The Multnomah County Medical Reserve Corps (Portland, OR) supported contact tracing and case investigations.

The Central District Health Medical Reserve Corps (Boise, ID) supported a call center.

Volunteers with the Snohomish County Medical Reserve Corps (Everett, WA) screened patients and visitors coming into a local hospital.

The Public Health Reserve Corps of Seattle and King County (Seattle, WA) assisted with a COVID-19 antibody study of the spread of COVID-19 in King County, Washington. MRC members helped with project coordination and volunteer vetting/scheduling; data analysis and management; and study participant recruitment and registration.

The Grays Harbor Medical Reserve Corps (Aberdeen, WA) helped at test sites by directing traffic; packing up test kits; confirming patient and test kit information; and driving tests to laboratories. Unit volunteers also supported case investigations and contact tracing.