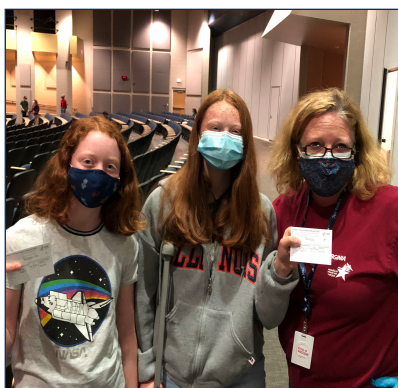
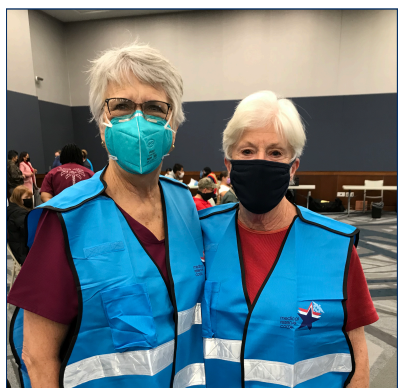


U.S. Department of Health & Human Services
Administration for Strategic Preparedness & Response

Medical Reserve Corps

COVID-19 Report: March 2020 to 2022

November 2022



aspr.hhs.gov/mrc



MRC COVID-19 Report: March 2020 to 2022

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MRC HISTORY: OUR 20TH ANNIVERSARY

Following the events of September 11, 2001, Congress created the Medical Reserve Corps 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 governments.

For the past 20 years, MRC units have continuously recruited volunteers and provided robust training. They have supported numerous emergencies and collaborated with key leaders to build resilience in and prepare their communities for a wide array of disasters. The COVID-19 pandemic provided the greatest opportunity yet for MRC units to support their local communities. At the request of community leaders, credentialed, trained, and skilled volunteers stepped up to perform the many critical tasks, operations, and missions that arose throughout this extended response.

Report scope

The Medical Reserve Corps (MRC) COVID-19 response reflects the largest multi-year engagement across the Medical Reserve Corps in its 20-year history. This report details the MRC's sustained COVID-19 response, beginning March 2020 at the start of the global pandemic through March 2022, when most large-scale responses tapered off. It reflects activities that have been documented on the [national MRC website](#).

Volunteers can be a force multiplier and provide a valuable services that help improve health in the communities they serve. The MRC uses the [Independent Sector](#) volunteer values to quantify the enormous value volunteers provide. The local MRC volunteer efforts for the COVID-19 response yielded an economic value¹ that exceeds 131 million dollars nationally as seen in *Figure 1*.

Voluntary service has a monetary value to the community. The [Independent Sector](#) data is used by the MRC National Program Office to calculate the national hourly wage for non-public health/non-medical volunteers. Health professional hourly wages are obtained from the [U.S. Bureau of Labor Statistics](#). These figures were factored in when determining the total monetary value of MRC service during the pandemic.

COVID-19 MRC fast facts:

- 80% of all MRC units provided volunteers to help protect health in their communities during the COVID pandemic.
- The number of volunteers in the MRC network grew from approximately 179,000 volunteers in early 2020 to over 300,000 volunteers in 2022.
- Nearly 75% of MRC volunteer hours contributed their time to the COVID-19 response since the pandemic began in 2020.

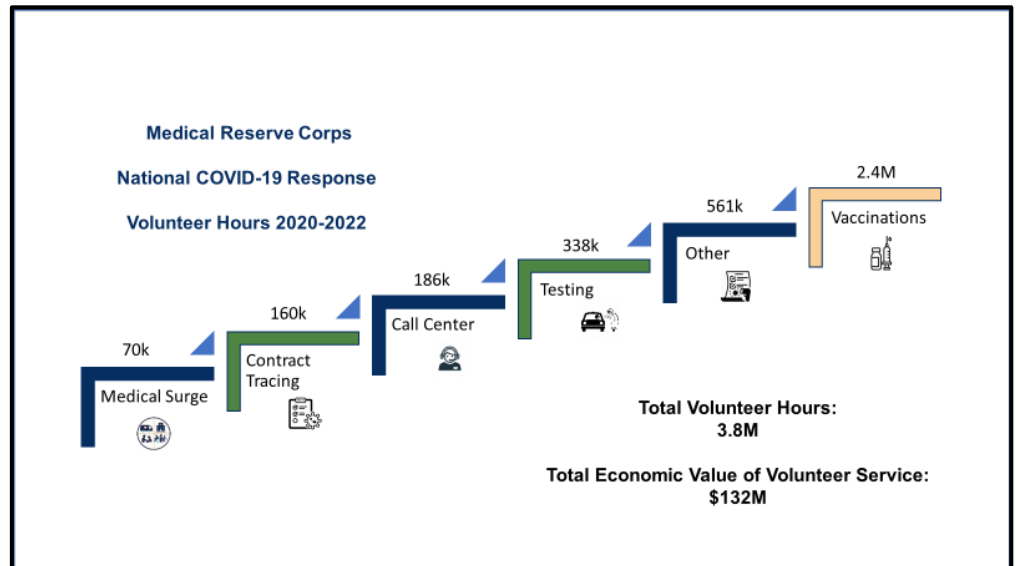


Figure 1: Source: MRC Unit Profile and Activity Reporting System. Data is based on the total number of volunteer services by activity category as reported by MRC Unit Leaders. Data as of March 2022.

2022 COVID-19 response

The 2022 MRC COVID-19 response reflects a larger volunteer network with tangible response experience and lessons learned from the prolonged multi-year engagement. Responses for the first three months of the year supported the following areas as seen in *Figure 2*.

Response facts:

- COVID-19 response efforts waned to just over 60% of MRC total unit activities.
- MRC leaders continue to train and prepare volunteers to support additional pandemic mission assignments that may be needed in future efforts.
- Volunteers stand ready to re-engage as COVID-19 persists.

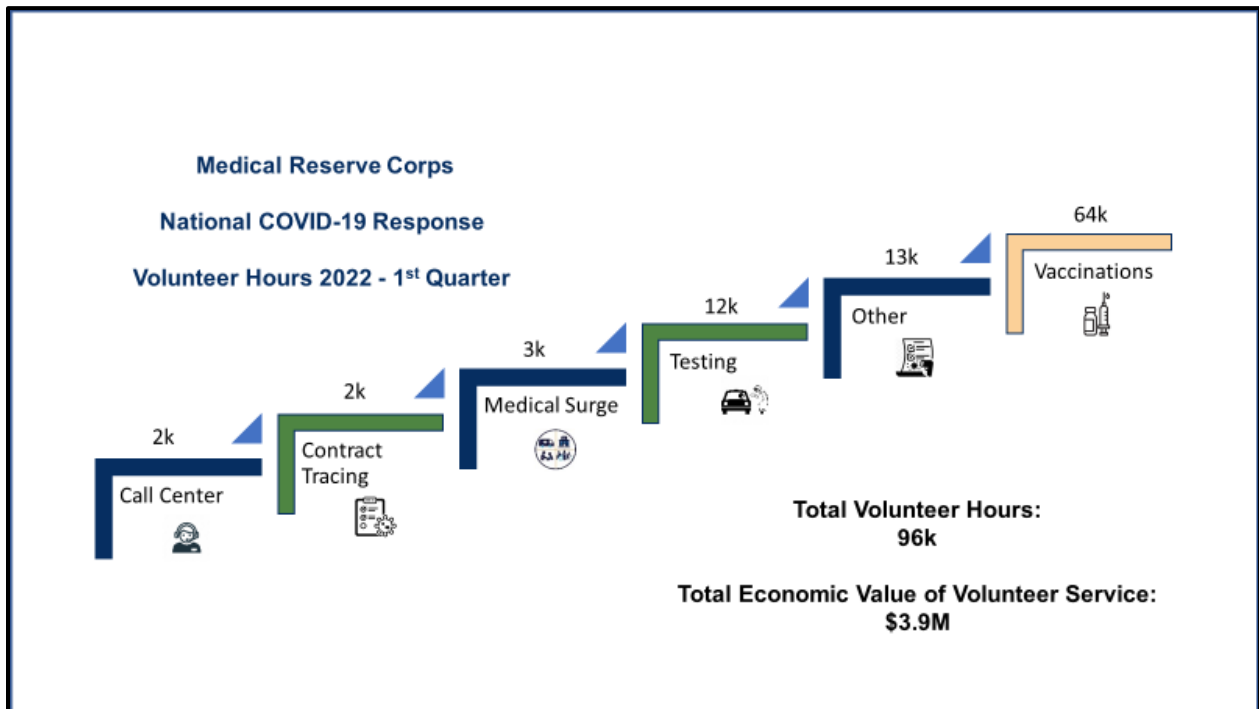


Figure 2: Source: MRC Unit Profile and Activity Reporting System. Data is based on the total number of volunteer services by activity category as reported by MRC Unit Leaders. Data as of March 2022.

Innovative responses in 2022

- MRC volunteers provided mobile testing/vaccination clinics in hard-to-reach communities to promote the availability of the COVID-19 vaccine in diverse and rural populations.
- MRC volunteers supported efforts to provide COVID-19 vaccine information to concerned citizens to help decrease vaccine hesitancy.
- MRC units provided translators or culturally competent volunteers to make information available to diverse communities and to reduce the spread of vaccine misinformation.
- The Omicron surge prompted requests from local hospitals for medical and non-medical MRC volunteers to support emergency departments (ED). Besides having a larger volume of patients, many ED employees were unable to work due to quarantine or becoming ill.

2022 Unit response highlights

Public Health Reserve Corps of Seattle and King County, Washington

Leveraging Volunteer Support

The goals of this MRC Unit are to be:

Flexible and Adaptable

Volunteers are willing and able to support a range of everyday and response activities.

Ready to Respond

Volunteers comply with the vaccine mandate, have fulfilled all baseline training, maintain current contact information with the Corps, and participate in at least one Corps activity every 12 months.

Representative of the Diverse Populations our Jurisdiction Serves
Recruits a diverse corps in terms of race, ethnicity, gender, education, language, immigration status, and lived experiences.

Aligned with every day and emergency roles volunteers are likely to support.

Corps membership is calibrated to include specific classifications of volunteers in specific numbers to staff steady-state activities pre-identified by Public Health programs.

Positive and meaningful experience

Ensures that the nature of the assignment and working conditions are likely to result in a good experience for both the host program and the volunteer. Right sizing the Corps in terms of size and skills allows volunteers who are most engaged to participate regularly in activities that offer a tangible community impact.

The Public Health Reserves Corps of Seattle and King County defines leveraging volunteer support as the public health department's ability to create strategic staffing plans incorporating volunteers; identify potential sources of qualified volunteers; adequately prepare the volunteer workforce for their assigned roles; fulfill pre-deployment logistics needs; mitigate safety and liability concerns; support volunteer workforce during deployment; successfully demobilize volunteers; and, prioritize providing volunteers with a positive experience throughout their service. By leveraging volunteer support, health departments can improve their ability to mount successful vaccination efforts in a number of settings, including high-volume vaccination sites, community-based vaccination clinics, and mobile vaccination clinics.

To be successful in the COVID-19 vaccination operation, the Unit used its tried-and-true best practices to leverage volunteer support.

Create a staffing model

A staffing model outlines the total staff needed to run a clinic, not limited only to roles that volunteers are anticipated to fill. A staffing model should include:

- Anticipated date(s), time(s), and duration staff are needed
- Number of staff needed per shift per role
- Type of staff able to fill each role, whether clinical or non-clinical
- Number of patients who can be served each shift at a certain staffing level

Identify sources of volunteers

Volunteers able to support vaccination operations may come from a variety of sources. For large operations, it may even be necessary to look to multiple sources. Some of these could include:

- Community Emergency Response Teams (CERT)
- Students and preceptors from nearby colleges
- Volunteers from community-based or faith-based organizations and partners
- Volunteer groups from local businesses or organizations
- Individual non-registered volunteers

Factors to consider for getting volunteers for vaccine operations:

- Specific skillsets are required to support vaccination operations. Some volunteer groups may have members with specific skill sets that are helpful or even necessary for vaccination operations.
- Prior training in vaccine administration or clinic operations which may decrease the level of training or supervision needed on-site.
- Pre-registration or onboarding of volunteers in advance of deployment, which may be required for volunteers supporting vaccine clinics with Local Health Jurisdictions (LHJs).
- Contracts or formal agreements may be required before mobilizing volunteers registered with local colleges, businesses, or other entities.
- Liability coverage for volunteers, and who will be financially responsible for volunteers should something happen to them or be caused by them.
- Populations being served and which volunteers may be best prepared to serve specific communities.

Mobilization of volunteers

When mobilizing volunteers to support vaccination clinics, there are fundamental administrative functions to facilitate to ensure positive experiences for volunteers and mount an effective response. These include fulfilling pre-deployment logistics and safety supply, equipment, and training needs; planning for, and providing on-site orientations and training; and, maintaining clear and consistent communication with volunteers before, during, and after deployment. Each of these functions must be built on a foundation of accurate and detailed recordkeeping.

Best practices

Consider volunteer availability

- Allow volunteers to self-schedule on a shift-by-shift basis.
- Avoid establishing hours or shift commitments.
- Keep shifts around or under 6 hours.
- Expect that volunteers may not know their availability far in advance.

Support volunteers during their shift

- Build in additional time and staff to check in volunteers, conduct orientation, and ensure breaks are readily available.
- Ease the financial burden of volunteering wherever possible.
- Ensure volunteers' time is well-spent.

Prioritize consistent clear communication

- Send regular communications about upcoming opportunities.
- Ensure all shift details are available prior to deployment of volunteers.
- Keep open lines of communication with volunteers.
- Create opportunities for volunteers to offer feedback.

Recognize volunteers

- Say 'thank you' often!
- Issue certificates, medallions, challenge coins, or other mementos to honor volunteer service.
- Track donated hours and nominate volunteers for awards as appropriate.

Lowcountry MRC and Pee Dee MRC, South Carolina

Innovative missions to support the COVID-19 pandemic response

Finding solutions that work

MRC Unit Leaders match community needs with volunteer capabilities and resources. Working in partnership with their local communities to identify what the needs are, they help find – or develop – solutions that work. The Low Country and Pee Dee MRC units, both sponsored by the South Carolina Department of Health and Environmental Control, developed innovative operations to meet needs of their partners and volunteers in their regional response to the COVID-19 pandemic.

Biological specimen courier transport on weekends and holidays

MRC volunteers were recruited early in the pandemic to transport biological specimens to the state public health laboratory in Columbia, SC for testing. The state lab developed training on how to safely transport “infectious substances” following applicable state and federal regulations, and trained volunteers were then scheduled for weekend and holiday shifts, picking up specimens at hospitals, coroners offices, long term care facilities, mobile test sites, and other locations. Volunteers supported this need for several months as the response continued to evolve.



Regional medical director support

Medical professional volunteers assisted the Regional Medical Directors, who were inundated with information and tasks as the response stretched from weeks to months. Both retired and practicing physicians who were idled due to the impact of the pandemic on their active practices, joined this effort. Volunteer physicians sat in on conference calls for both external partners and internal staff to help with information sharing to DHEC personnel. External partners were seeking information and guidance for critical decision making for operational strategies for compliance in keeping employees and the public safe. Volunteer physicians also supported the needs of weekend COVID testing team operations. Other professionals pitched in, as well, including advance practice registered nurses, attorney at law subject matter experts for COVID, and mental health subject matter experts to support both staff and volunteers.

Facility surveys for vaccine administration or testing

The need for multiple community sites serving rural communities mushroomed as the vaccine became widely available in the Spring of 2021, which led to a need to identify additional sites across a broad geographical area. A condensed version of the facility survey form for vaccination and testing sites was created, and a pool of volunteers was recruited, trained, and deployed to conduct site surveys. This activity provided a means for engaging volunteers who were unable to work at the crowded vaccine sites.

Vaccine ancillary kit assembly and Operation Snowball

With the approach of the holidays in 2020, the nation awaited the release of the vaccine, and public health professionals prepared for mass vaccination campaigns. Volunteers assembled thousands of vaccine kits across the Lowcountry and Pee Dee regions. A warehouse in the Pee Dee and the North Charleston Coliseum in Lowcountry staged the assembly operations. The State Public Health logistics warehouse sent box trucks of supplies out to these sites, and volunteers worked tirelessly to perform the critical task of assembling the kits.



Engaging volunteers and partners through Operation Snowball
This was another opportunity to engage community partners and willing volunteers who had been unable to help before. *Operation Snowball* was launched to transfer cotton-balls from large bags to smaller 100-count packets, a perfect job for many homebound MRC volunteers. Volunteers from Joint Base Charleston Fire Department support the warehouse operations in the Lowcountry, and volunteers with Palmetto Health Tourney assisted in Pee Dee. The MRC's partner HOSA (Future Health Professionals) provided 23 students to volunteer on the weekend in the Lowcountry to help build kits and to support *Operation Snowball* during the week.

Developing innovative missions
To effectively match community needs with volunteer capabilities, MRC leaders actively look for great opportunities to align with their volunteers' skills and interests.

- **Identify gaps:** MRC leaders strive to see where the MRC can meet an otherwise unfilled need.

- **Engage with partners:** Recognizing the importance of community, MRC leaders collaborate to conduct the mission, utilize resources wisely, and prevent duplication of effort.
- **Training:** MRC leaders consider how much training will be needed, who will provide it, and how it can be efficiently delivered. This was especially important when social distancing made web-based learning the preferred method for delivering information.
- **Think outside the box:** MRC leaders try to make the best use of all the skillsets they have on hand. Retired and practicing physicians would not normally provide back up to public health medical directors, but they were willing to pitch in and provide critical communications to all stakeholders, and many skillsets were used to relieve overburdened staff in other roles.
- **Consider the needs of the volunteers:** Importantly, MRC leaders consistently prioritize the health and safety of their volunteers. Some volunteers were not able to participate in public testing and vaccination activities, which left a pool of untapped talent for them to draw on to address other needs. Everyone had an opportunity to contribute in a safe way.
- **Evolve with changing needs:** As the response continues, MRC leaders are prepared to alter existing missions or develop new ones to meet the current operational need(s).

2021 COVID-19 response

MRC units continued with many of the efforts that they supported during the first year of the pandemic, and the tempo of over 22,000 activities in 2021 slightly outpaced their previous record-setting volunteer service in 2020. Volunteer activations were concentrated on the following areas as seen in *Figure 3*.

Response facts:

- MRC leaders reported about 80% of their activities were focused on providing COVID-19 services.
- When vaccines became more widely available to the public, MRC dedicated over 2 million volunteer hours to supporting vaccine clinics in their communities.

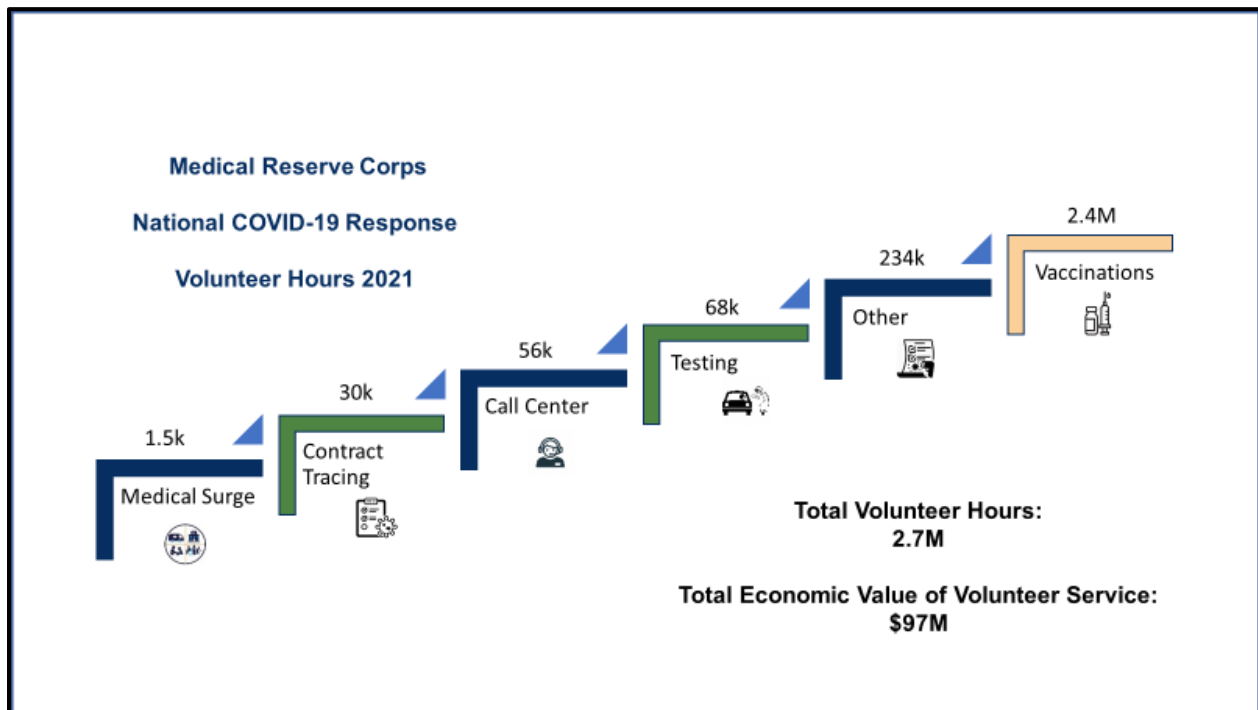


Figure 3: Source: MRC Unit Profile and Activity Reporting System. Data is based on the total number of volunteer services by activity category as reported by MRC Unit Leaders. Data as of March 2022.

Innovative responses in 2021:

- Following the FDA's approval of several COVID-19 vaccines, MRC volunteers served at multiple vaccine sites nationwide, providing COVID-19 vaccinations to protect people in the communities they served.
- MRC volunteers supported local public health departments by conducting home visits to provide wellness checks for the homebound, complete COVID-19 tests, provide vaccinations for homebound individuals, and also assisted local public health epidemiologists with contact tracing with disease investigation efforts. MRC estimates that the total services that volunteers provided were valued at more than \$97 million dollars.

- As monoclonal antibody therapeutics became more widely available, MRC volunteers deployed to support local hospitals by delivering life-saving treatments to COVID-19-positive patients to reduce the severity of the disease and help them recover more quickly.
- When vaccines became available to children five and older, MRC volunteers stepped up to offer first and second doses to children and teens. Many MRC units partnered with local schools to conveniently provide vaccinations to students onsite.

2021 MRC unit response highlights

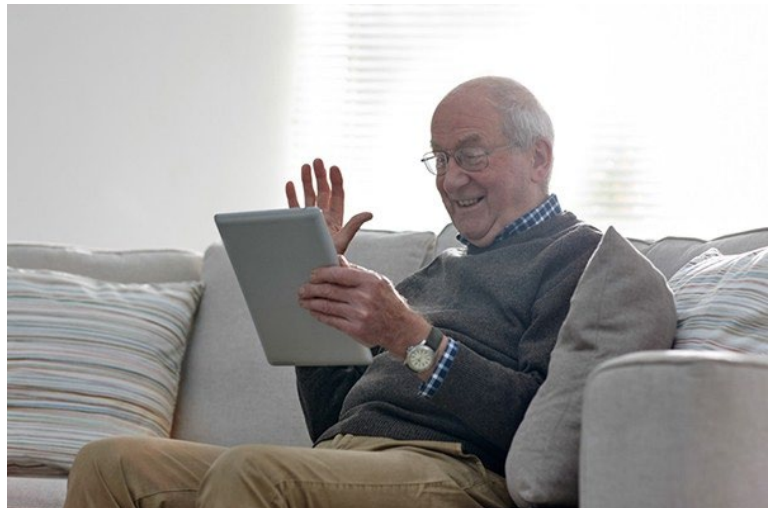
Franklin MRC, Western Massachusetts

Helping senior citizens to build resilience

Located in Western Massachusetts, Franklin Medical Reserve Corps (MRC) is a unit with about 325 volunteers. Since March of 2020, the MRC has on-boarded and trained over 250 volunteers and responded to COVID-19 through support of vaccination clinics, medical care sites for COVID-19 positive homeless individuals, hospitals, and food distribution. They continue to staff clinics and conduct weekly pooled testing at several county schools. In the community the Franklin MRC serves, approximately 25% of the population is over the age of 65—a group that saw new levels of isolation and loneliness because of the COVID-19 pandemic. To improve quality of life and health outcomes during this challenging time, the unit developed its [Senior Citizen Resilience Mission Set](#).

“Isolation and loneliness really impact mental and physical health,” said Berkshire MRC/Franklin MRC Director Corinne McKeown. “This mission is popular because it’s meaningful.”

The mission was initially modeled on the Berkshire MRC “We Read Stories” program which paired seniors with MRC volunteers who would read a story weekly to their partner. While eight Franklin MRC volunteers still read a story, ranging from poetry, to short stories, to other works that match a senior’s interest, the unit expanded the program to include other ways to engage community members.



Volunteers with a theatrical background have compiled a list of free online resources like museum tours, concerts, and shows. Community members who want to engage in this program element can view an event online and then discuss it via zoom or phone with their partner MRC volunteer.

Volunteers who are professional singers collect song requests from community members using a Google form and then record a video of a song along with a personal greeting – which is then forwarded to the requester.

The Franklin MRC has also partnered with the Greenfield Community College OASIS program (Older Adults Seeking, Inspiring, and Serving) to record COVID stories of resilience, challenge, or personal lessons learned. As part of the project, 22 MRC volunteers received special training in storytelling.

While each of these activities was developed to address COVID, the pandemic created its own challenges around implantation. For example, MRC volunteers were trained to use recording equipment

in the community college's new podcast studio, however, health concerns have transitioned those recordings to Zoom. Early-on, the pandemic also made identifying those that could benefit from the program more challenging, as those local senior-serving organizations that the MRC would typically partner with were busy themselves dealing with COVID.

"We're not giving up," said McKeown. "Arts and creative engagement really have a positive health impact."

In addition to serving the community, this program has attracted new volunteers to the Franklin MRC and served as a new avenue to get the word out about its mission. It has also allowed volunteers to take on leadership positions, including the coordination of volunteers within the storytelling project.

For those units wishing to implement similar programming, Franklin MRC lists a number of resources as part of its [mission set](#). One new resource that McKeown recommends is [The Creative Center](#) in New York City. The nonprofit offers a month-long training on how to be an art and health practitioner, bringing art to people who need it with specific art activities that are population appropriate.

2020 COVID-19 response

MRC programs capitalized on 18 years of collective experience in supporting local public health programs and were ready to engage and support when their communities needed help. The MRC response varied by the community but was characterized by major efforts as seen in *Figure 4*.

Response facts:

- MRC local unit leaders onboarded and trained an influx of new volunteers.
- Nationally, over 550 units reported that approximately 60% of their combined 17,500 unit activities were COVID-19 focused.
- Volunteers provided over 840,000 hours to support critical activities that are captured as 'Other', including but not limited to:
 - COVID-19 screening at healthcare and government facilities and other venues,
 - personal protective equipment assembly/distribution, and
 - providing services such as behavioral health, and food and medication delivery.

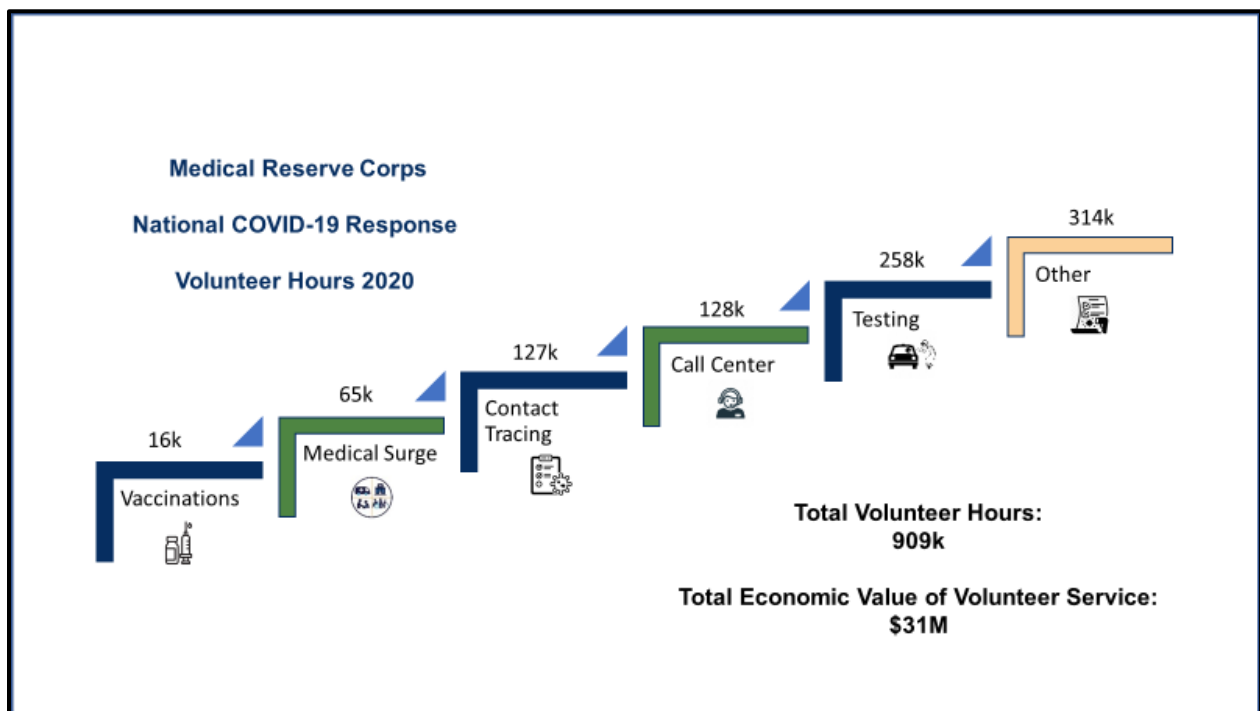


Figure 4: Source: MRC Unit Profile and Activity Reporting System. Data is based on the total number of volunteer services by activity category as reported by MRC Unit Leaders. Data as of March 2022.

Innovative responses in 2020:

- In the early phases of the pandemic, contact tracing was invaluable and MRC volunteers were quickly trained by local public health programs to help identify and reach out to individuals who had been exposed to the virus.
- MRC volunteers supported public health call centers across the country, answering questions and providing current information to the public and health care professionals, including where to obtain tests and find other local resources. Volunteers also completed daily virtual wellness checks for people quarantined at home.

- MRC volunteers served as COVID-19 screeners at local municipal buildings, taking temperatures and providing direction about where to obtain COVID tests for those who were symptomatic. This support allowed local voting to take place, judicial proceedings to resume, high school graduations to occur, and/or other business to resume in many local communities.
- MRC volunteers provided medical support to COVID-19-positive people and those experiencing homelessness, who did not require hospitalization but were isolated in local hotels or shelters, to help limit exposure and reduce the spread of the virus in their respective communities.
- MRC units grew substantially as the public saw them in action and wanted to know how they could help.

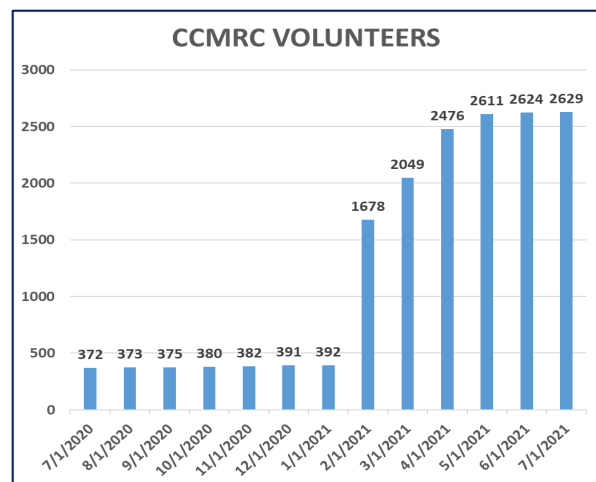
2020 MRC unit response highlights

Cuyahoga County MRC, Ohio

From strategic planning to a call to action

With the MRC unit's goal to provide staff to assist local public health departments during a mass immunization or prophylaxis campaign, the Cuyahoga County MRC put its pre-pandemic strategic planning into action. They attribute their success in helping to vaccinate over 50,000 members of their local community to:

Leveraging relationships. As part of their strategic planning, the Cuyahoga County MRC built critical relationships with local community partners pre-pandemic. It was in building the relationship with their local emergency management agency that they were able to collaborate with them to utilize their web scheduling software.



Asking for volunteer coordination help early. Pre-positioned additional volunteer coordination staff assisted with onboarding and scheduling hundreds of volunteers in a very short time. In a 12-month period from 7/1/2020 to 7/1/2021, their MRC volunteer cadre grew from 372 volunteers to 2,700.



Clearly describing roles and qualifications of volunteers needed.

The unit determined it needed vaccinators, post-vaccination monitors, and volunteers to draw up the COVID-19 vaccine. Up to 48 medical volunteers were scheduled for nearly 50 large vaccination clinics across the county. The categories of volunteers vetted for the unit were physicians, physician's assistants, nurses, pharmacists, pharmacy interns, emergency medical technicians, dentists, dental hygienists, optometrists, respiratory care professionals, and veterinarians.

A pivotal time. Between January 2021 and May 2021, nearly 800 Cuyahoga County MRC served in nearly 50 mass vaccination clinics. Volunteers served nearly 6,700 hours administering almost 50k vaccinations.

About the Cuyahoga County MRC. The MRC unit was established in 2006 to support the local public health departments in their emergency preparedness initiatives. The MRC serves the City of Cleveland and the surrounding 58 municipalities/villages/townships in the County.

The MRC program is administered by the Cuyahoga County Board of Health and now includes more than 2,600 medical and non-medical professionals who volunteer their time and expertise during emergencies in the County.

Veterinarian MRC Volunteers

Veterinarian volunteers across the country helped vaccinate America!

As the COVID-19 pandemic expanded, so too did the list of healthcare provider types who were eligible to vaccinate. Among the list were veterinarians. As of March 12, 2021, the 7th [amendment to the PREP Act declaration](#)² allowed veterinarians licensed or certified to practice under the law of *any* state to administer COVID-19 vaccines in *any* jurisdiction where the PREP Act applies, in association with a COVID-19 vaccination effort by a state, local, territorial, or tribal authority or by an institution in which the COVID-19 vaccine is administered.

Veterinarians administer and see the benefits of vaccines every day. Vaccination against respiratory disease in herds of cattle prevents pneumonia from spreading and disrupting the food supply. Parvovirus vaccinations and rabies vaccinations protect people and pets from those deadly diseases.

Veterinarian Medical Reserve Corps Units across local communities combined expertise and answered the call and created new ways of delivering COVID-19 vaccinations into human arms at an unprecedented response scale.

Near Southwest MRC, Virginia

Dr. Rachael Carpenter, a licensed veterinarian serving with the Near Southwest Medical Reserve Corps experienced a "Wait, what? How did we get *here*?" moment when one day she was giving shots to horses and the next day giving the Pfizer-BioNTech COVID-19 vaccine to kids in the community becoming known as "vaccinator mom", a parent armed with a hypodermic needle full of lifesaving COVID-19 vaccine.



As part of the Near Southwest MRC, Dr. Carpenter worked among other licensed practitioners vaccinating many people throughout the county. Many were eager, some scared but determined, and others were a little hesitant. Dr. Carpenter volunteered once a week at the state's mass vaccination sites where shifts lasted the entire day. All the coffee, snacks, and lunches were donated by local businesses who knew vaccines would help stores reopen and help friends and family members maintain jobs. Thousands of vaccines were administered each day at local churches, universities, and on football fields in this unprecedented vaccination campaign to save lives.

Dr. Carpenter logged more than 50 hours across seven deployments as a COVID-19 vaccinator. She said "yes" because as a veterinarian she knows that vaccines work. Veterinarians are central to promoting herd health, and for years they have been administering vaccines to protect the herds of livestock and populations of pets. Now they vaccinated people to protect the human "herd" of which we are all part.

² The [Public Readiness and Emergency Preparedness Act \(PREP Act\)](#) authorizes the secretary of health and human services to issue a declaration to provide liability immunity to certain individuals and entities against any claim of loss caused by, arising out of, relating to, or resulting from the manufacture, distribution, administration, or use of medical countermeasures against COVID-19. As authorized by President Biden and the U.S. Department of Health and Human Services and under certain conditions.

Share with us:

Hear the stories of the MRC

MRC volunteers have stepped up to keep their family, friends, and neighbors safe and healthy through a multitude of emergencies and most recently during the COVID-19 pandemic.

[Watch videos](#) that reflect the important service of the Medical Reserve Corps.

Share your story

Are you an MRC Network Volunteer and have a story to share?

Contact us at MRCcontact@hhs.gov

A network still at work

The MRC supports local community preparedness, response, recovery, and resilience through numerous public health activities in collaboration with their local partners, stakeholders, and sponsor agencies. The work of the MRC is only made possible with the support of these valuable partners! The MRC Program Office recognizes and extends a sincere **thank you** to all local unit leaders and volunteers, sponsoring agencies, and partners and stakeholders at the local, state, regional, and national levels for their collaborative work that supported this extraordinary and sustained response to this pandemic.

COVID-19 is the largest and longest global pandemic in modern history and, as of the development of this report, is still a threat to the current and future health of billions of people in the United States and worldwide. The MRC remains poised to support local communities as the pandemic continues and other competing public health priorities emerge. Lessons learned from this pandemic are already being put into practice to strengthen response capabilities today and ensure the MRC continues to build community resilience in preparation for tomorrow.

Become part of the Medical Reserve Corps

This national network of nearly 800 MRC Units with more than 300,000 volunteer medical professionals, public health experts, and others helps make communities stronger and healthier during disasters and every day. Local MRC volunteers are trained as part of a team and work within their community's health, preparedness, and response infrastructures to help meet local medical and public health needs during emergencies. MRC volunteers also promote preparedness in their communities to improve everyday health and reduce potential public health risks and vulnerabilities. Join today! Find a [local MRC Unit](#) near you.

