



during pregnancy (*MMWR Morb Mortal Wkly Rep.* 2011;60[41]:1424-1426). As an added benefit, mothers who are vaccinated during pregnancy pass protective antibodies to their infants that may help protect them until they are old enough to be vaccinated, Schaffner said.

#### HPV VACCINATION

The ACIP also recommended expanding the use of the HPV vaccine to young males, with routine vaccination at age 11 or 12 years, catch-up vaccinations for those 13 to 21 years old, and vaccination for men between ages 22 and 26 years who are HIV positive or immunocompromised or who have sex

with men. Part of the rationale for extending such vaccinations to boys was that in an environment where coverage among girls remains low—with only about one-third completing the vaccination series—also vaccinating boys becomes a more cost-effective strategy for reducing cervical cancer (*MMWR Morb Mortal Wkly Rep.* 2011; 60[50]:1705-1708). Additionally, the boys benefit directly from an anticipated reduction in HPV-related cancers of the anus, penis, head, and neck.

The ACIP also said that it is gradually adopting a new system that will assign a grade to the evidence supporting each of the committee's recommenda-

tions (Fryhofer SA. *Ann Intern Med.* 2012;156[3]:243-245). The new system will take into account such factors as the quality of the evidence, the potential benefits and risks associated with an intervention, and the values and preferences of the population being targeted for vaccination. The recommendations for HPV vaccination for males and hepatitis B vaccination for patients with diabetes were the first recommendations to be made using this approach. Schaffner said the system will be gradually phased in as older recommendations come up for renewal.

"It brings the system into the 21st century," he said. □

## Medical Reserves Answer Call to Service

Bridget M. Kuehn

**H**ARDLY A WEEK GOES BY THAT DAISY Hite, RN, a retired oncology nurse who once cared for veterans at the Martinsburg VA Medical Center in West Virginia, isn't busy plying her clinical skills to screen homeless individuals for chronic illness, teach patients how to prepare for disasters, or provide other services to her community through her involvement in the US Civilian Medical Volunteer Reserve Corps (MRC).

She is one of more than 200 000 US clinicians and laypersons who are participating in the 979 MRC units in all 50 states and each of the US territories as the program celebrates its 10-year anniversary. The units help extend the capabilities of local public health departments and disaster preparedness programs, providing staff for activities ranging from routine vaccinations to clinical services in disasters.

"It keeps me in touch with my community," said Hite. "It gives me a feeling of self-worth. Although I'm no longer working as a nurse, I'm still able to use my nursing skills."

#### HEEDING THE CALL

The MRC program was launched in 2002 with an announcement during President

Bush's State of the Union speech. It was designed to meet a need identified by emergency responders and public health officials after the attacks of September 11, 2001. The attacks motivated many clinicians and public health workers to volunteer their services at the scene, but emergency response teams often had to turn them away because they lacked the time and resources to verify individuals' credentials, train them, or direct their efforts. The MRC was created to recruit and organize clinical and nonclinical volunteers, train them, and facilitate their deployment by emergency services leaders during fu-

ture disasters. The units were also designed to help local public health departments meet nonemergency needs.

Capt Rob Tosatto, director of the MRC, explained that the program is really community based, with the national office providing guidance and assistance for local units. The local units handle recruitment, credentialing, and training, and they coordinate with local public health departments or emergency managers to deploy the volunteers. The volunteers receive instruction on disaster preparation and response, the chain of command in their communities, and the role they are to serve



In addition to participating in disaster preparedness activities (as pictured here) and responding to disasters, volunteers in the Medical Reserve Corps help meet local nonemergent public health needs.



in an emergency. The units are supported by a combination of federal and local funding.

### DEALING WITH SURGES

For Thomas Ellison, MD, PhD, medical services director of the MRC unit in Birmingham, Alabama, participation in the program was a matter of geography. He explained that evacuation routes for tropical storms and hurricanes that strike farther west along the Gulf coast run through Alabama, often leaving small towns to deal with sudden surges of evacuees. So Ellison and other community clinical and public health leaders, with the support of elected officials, decided to get involved with MRC to build a cadre of volunteers who could boost the region's ability to respond quickly to such demands—and to respond to local disasters, as well.

The program helps cut through some of the logistic and legal challenges of handling clinical volunteers, he said. In accordance with federal, state, and local laws, local MRC units have established policies for handling liability insurance and other practical considerations for clinicians.

"Most providers want to help, but there are liabilities," Ellison said. "But through MRC, most of that is eliminated."

Having such a cadre of skilled individuals working together to meet both emergency and nonemergency health needs is a great strength of the program, according to Ellison. The more than 4000 volunteers in the Birmingham unit staff free community health clinics in 38 counties in Alabama, where there are unmet medical needs. But the units also play a huge role in promoting community preparedness. One of the challenges facing clinicians in the aftermath of Hurricane Katrina was patients with diabetes or cardiovascular diseases who had lost their medication, Ellison said. He explained that patients showed up saying, "I take a white pill 3 times a day," and responding clinicians didn't have access to the patients' medical records. To prevent such situations in future disasters, volunteers at the clinics work with patients who have chronic diseases to make sure they have written down their medication names and doses and have shared that information

### How to Get Involved

The US Civilian Medical Volunteer Reserve Corps (MRC) is always seeking volunteers, according to Capt Rob Tosatto, its director. Tosatto hopes to expand the number of MRC units and bolster the ranks of volunteers, particularly in rural areas. Clinicians in training, those with active licenses who are not practicing, retirees, and actively practicing clinicians are all needed, and such health professionals make up two-thirds of the program's volunteers. The other third consists of nonclinicians who may help with communications and other tasks. Individuals who are interested in volunteering can locate the nearest unit and find more information about participation at <http://www.medicalreservecorps.gov/>.

with another individual so they can retrieve it easily in case of a disaster.

"A prepared community is a more resilient community," he said. "We preach prevention, preparedness, and resiliency," Ellison said.



Regular training sessions help prepare participants in the US Medical Reserve Corps to respond in the event of an emergency.

Additionally, when a disaster strikes, the units can be quickly deployed to the site to set up clinics. When tornadoes tore through parts of Alabama last spring, killing about 200 individuals, injuring scores of others, and severely damaging homes and infrastructure, 19 MRC units and 1200 volunteers were called in to respond to the devastation.

### PROMOTING PUBLIC HEALTH

In addition to being ready to meet emergency needs, MRC volunteers play an important role in extending their local public health departments' resources to enable them to address national and local public health priorities. MRC units plan and host local events to promote national efforts such as the Million Hearts campaign, which aims to reduce the number

of heart attacks and strokes by 1 million by 2017, and First Lady Michelle Obama's Let's Move campaign to combat childhood obesity. For example, in a local effort to support the Let's Move campaign, the MRC unit in Clinton County, Illinois, developed a cookbook of healthy recipes and is selling it to raise money to help area seniors and youth join gyms.

In partnership with local public health authorities, volunteers are also deployed throughout the year to meet local public health needs—for instance, by staffing clinics that provide free health screenings, immunizations, or back-to-school physicals, Tosatto said.

Hite noted that her local MRC has so far concentrated mostly on such community-focused public health efforts. For instance, she has helped with a program that provides medical assessments for homeless individuals at local soup kitchens and churches. The homeless are one of the most vulnerable populations in the community, she explained: "If we had an outbreak, they would be affected most." The volunteers give these individuals general health assessments, screenings for high blood pressure and glucose levels, and influenza immunizations.

Additionally, Hite's unit frequently provides health education at community events. Hite said these opportunities to help fellow community members have been among the most rewarding. As an example, she can reassure mothers that influenza vaccination is protective and won't harm their children. "That gives me satisfaction if I can give one bit of wisdom to a mother with a couple of children who is frightened about what is going to happen," she said. □