



WACHUSETT
MEDICAL RESERVE CORPS

THE NEWSLETTER

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Winter 2012



Highlights from the Regional Conference November 16th –18th Avon, Connecticut

Susan Katz Coaching: Identify, Focus, Pursue and Succeed.

Plenary Session

In life, you need to identify and focus so you can achieve at your highest level. In business or in a career you grow by achieving specific goals—you pursue and succeed. But sometimes the details of running a business or maintaining a career can have us running in circles.

Determine what makes you unique. People will partnership with you because of perceived value. What value do you provide to your clients/patients? What limiting beliefs are holding you back?

Studies have shown that people who are positive in their outlook tend to have more sustained energy, are healthier, when ill tend to heal quicker, enjoy life more and live longer. So why is it that so many of us struggle to be positive? Are there emotional stories from past ex-

periences that hold you back?

Ask yourself if you're working "in" your career or "on" your career. When you work "in" your career, you're working and crossing items off your list. When you replace the "i" with an "o", you've begun to change you're your focus resulting in benefits for your career and yourself. 95% of our behavior is habitual. What habits can you change that would change your focus and move your career forward?

Disaster Preparedness for Pets **Allison Jones**

At the MRC Training Summit that took place in Connecticut this November, a session was held on Disaster Preparedness for Pets. This is a critical public safety issue during disasters because, as the session pointed out, most people who refuse to evacuate during an impending

Special points of interest:

- Stories from the field
- Year-end messages
- Volunteer opportunities

disaster do so because of a reluctance to leave behind their pets. Likewise, people who try to return to their homes too soon after a disaster, cite concern for their pets as the number one reason.

A large number of people (at least 50%) belie risking human life to save their pets is legitimate. Debating that issue would prove fruitless. That fact exists, and serves to emphasize the necessity of planning for pets in a disaster before disaster strikes. Once a disaster is upon a community it is too late to develop a prudent plan for pets and their owners.

Connecticut has a plan that is working well. There are several models possible; one is co-sheltering pets and their owners at a site, in a separate area. This is Connecticut's approach, and they find many advantages with that model. An example of this approach: if using a school, and people are sheltered in a high school gymnasium for example, the science lab could be used to shelter pets. This model allows for owners to visit and help care for their pets, thus taking some degree of burden off shelter workers, and relieving some stress on pets and their owners, while keeping a distance great enough to protect allergic residents.

Engaging the assistance of local veterinarians is helpful, and Connecticut has two vets who are very instrumental in the success of their Animal Response Team.

Winter storms will be here any day. We should all have a plan for our own pets at the very least, and try to think in terms of developing an Animal Response Team for our area as well.

Deployments

Judie O'Donnell

Deployments that MRC units participate in are of two kinds, emergency response and non-emergency response. Emergency response can be for a disaster, manmade or natural, where assistance can be in search and rescue or in public health as in a pandemic. Non-emergency is working on projects in the area of disaster preparedness, preventive medicine or public health.

There is no such thing as a 'cookie cutter' response so training is essential. Training, like responses, comes in many forms: newsletters, drills, formal and informal gatherings with guest speakers and actual responding to situation. Response and deployments may require 'thinking outside of the box' as unexpected 'once in a blue moon' events occur.

Suggestions that our unit can look at and possibly implement is a *Wheel of Tasks* for responding to requests or need to respond. Another is to develop a list of potential Rapid Response Services that volunteers may be requested to assist. Some units have surveyed their volunteers and developed specialty response teams based on experience such as behavioral health or pediatrics or sheltering. Our unit needs to continue to develop partnerships with, see potential ways to meet a public health need and work to supplement public health programs.

All of the above will make our unit stronger, sustainable and professional in our response whether it is an emergency or a public health program. If anyone is interested in helping develop some of these lists or programs, please call at 978-928-3834, any help is appreciated.

STORIES FROM THE FIELD

Knowing There Is a Safe Place to Go

Carl Rachel, Public Information Officer at the Hunterdon County Department of Health

“Upsetting? You bet it’s upsetting when you have to leave your home. But just knowing there was a safe place to go to made all the difference. It made me think, ‘I can do this.’” —Helen Chiotes, Hunterdon County NJ senior citizen

To evaluate what made a difference for Helen Chiotes, the first Hunterdon County senior citizen to seek shelter at the county regional evacuation site during Hurricane Irene, the public health preparedness division of the Hunterdon County Health Department arranged a home interview with her several weeks after the event. Chiotes’s case provides a prime example of multiple levels of coordination and communication during a crisis that required the resources of several agencies.

The county regional evacuation site was a hybrid shelter made possible only through the combined efforts and resources of departments and organizations including the local and county offices of emergency management, public health, human services, local school district, Medical Reserve Corps, Red Cross, Community Emergency Response Team (CERT), and Community Animal Response Team (CART). Such a combined-services shelter is an appropriate fit for residents with specific needs beyond just emergency sheltering. For Chiotes, who has limited mobility, it was a perfect fit. She needed the help of many local teams in order to evacuate to the shelter and function successfully while there. But that was only the beginning of what would turn out to be a longer ordeal requiring a trip back to the shelter. Returning home only to find that the area’s widespread power outage affected her neighborhood, Chiotes got a double dose of stress from the uncertainty of what to do and where to go next. The very shelter she just returned from — after a positive experience—proved the most viable option.

So, there it is—an essential to opening of a successful shelter: Convincing fretful people who are on the run during an emergency that going to a community shelter where they are welcomed is in their best interest. Yet, for any organization, this is a tall challenge—especially today as continuous rounds of aggressive budget cutting lay waste to the emergency response capabilities of so many local government agencies. More than ever, there is a growing need for cooperative plans among local agencies. Pooling limited resources among multiple organizations requires extensive planning, collaboration, and practice. What’s more, the public needs to hear about such local team play among agencies and understand before a crisis arrives how response “teams” may now comprise personnel from different agencies. This way, when a true emergency happens, residents will already know that teams from various groups may be working together to present a well-coordinated response in the community. Getting people out of their homes and out of the line of danger requires giving them a sense of confidence that the community is “together” on how to handle the crisis—especially the emergency response community.

From Chiotes’s experience, it is clear that a calming effect is achievable if local organizations pool their expertise and resources as seamlessly as possible during a high-stress time. In describing the chain of events during those two anxious days, Chiotes said that seeing the outstanding teamwork among rescuers gave her comfort and confidence. Considering this insight, it may be worthy to note the possible effects of an opposite scenario in which evacuees witness arguing, debating, and ill-coordinated activities among responders. Any of these displays—which could understandably erupt considering the pressures that mount during a disaster—will almost certainly unnerve already tense evacuees.

From ***The Preparedness Brief***, NACCHO’s bi-monthly public health preparedness e-newsletter, featuring announcements, events, resources, and stories from the field, relevant to today’s public health preparedness professional. The full article and other articles can be accessed on the web:

<http://www.naccho.org/topics/emergency/brief.cfm?c=1323990930658>

STORIES FROM THE FIELD

Hilltown MRC/HEART Responds to October's "Winter" Storm

During the rare October 29th snowstorm, the Hampshire Emergency Animal Response Team (HEART), a sub-group of the Hilltown MRC (MA), received a volunteer deployment request from the health director of the city of Northampton. Volunteers were asked to deploy to a regional shelter and co-located animal shelter opened by the city and the American Red Cross (ARC).

Within an hour and a half of receiving the deployment request, both HEART volunteers and members of Berkshire Disaster Animal Response Team (DART) deployed to the animal co-shelter, located at a local high school. The shelter was staffed by American Red Cross personnel, MRC volunteers, and kitchen and facility managers from the school. A total of eight HEART volunteers and two Berkshire DART volunteers staffed the animal shelter.

The volunteers worked 12-hour shifts for five days at the animal shelter, providing administrative and sheltering functions to the 40 animals staying at the shelter, including medical oversight of a veterinarian HEART volunteer.

In addition, Michael Nelson, County Coordinator of the Western Massachusetts MRC, organized 20 volunteers from other Hampshire County MRC units. These volunteers provided medical support at the regional shelter along with ARC personnel, and kitchen and facility managers from the school.

Larry Holmberg, Director of the Hilltown MRC/HEART says, "The snowstorm was the third multi-day deployment for the team in the last six months and each incident has provided needed practical experience for our members. A key point in companion animal sheltering is that our clients are both human and animal. Disasters are stressful for both groups and being able to be together lowers the stress level for each, which also eases the stress for shelter staff. Our experience also shows that people were reluctant to evacuate without their pets, which could have put their health and life in jeopardy." to evacuate without their pets, which could have put their health and life in jeopardy."

From the **MRC In Touch** newsletter

Local Seniors Receive Backpacks

Lisa Chaves, manager of the Senior Housing In Hubbardston, arranged a safety day for the residents. The Wachusett MRC members Kerry Thompson, Marge Rostedt and Judie O'Donnell presented a short talk about having a backpack with some personal items ready to grab in case of a need to evacuate their residence. In each backpack was a crank flashlight, a luggage tag and a folder with a medication list and contact list. The residents were encouraged to add to the backpack such items as extra clothes, personal hygiene products and copies of important papers. Following the talk, the fire department showed the residents how to handle a fire extinguisher. The program was enjoyed by all with many positive comments. The hope is to bring this program to other Senior groups and other Senior housing in North Worcester County this winter and spring. Interested in setting up a program in your town? Call 978-928-3834.

READY OR NOT? 2011

Ready or Not? Protecting the Public from Diseases, Disasters, and Bioterrorism finds key programs that detect and respond to bioterrorism, new disease outbreaks and natural or accidental disasters are at risk due to federal and state budget cuts.

The report, supported by the Robert Wood Johnson Foundation (RWJF), identifies some key programs at risk due to continued cuts to federal public health emergency preparedness funds include:

51 of the 72 cities in the Cities Readiness Initiative are at risk for elimination; the Initiative supports the ability to rapidly distribute and administer vaccines and medications during emergencies;

All 10 state labs with "Level 1" chemical testing status are at risk for losing top level capabilities, which could leave the U.S. Centers for Disease Control and Prevention (CDC) with the only public health lab in the country with full ability to test for chemical terrorism and accidents;

24 states are at risk for losing the support of Career Epidemiology Field Officers - CDC experts who supplement state and local gaps to rapidly prevent and respond to outbreaks and disasters, such as during the H1N1 flu pandemic and responding to the health impact of the Gulf Oil Spill in 2010; and the ability for CDC to mount a comprehensive response to nuclear, radiologic and chemical threats as well as natural disasters is at risk due to potential cuts to the National Center for Environmental Health. All 50 states and Washington, D.C. would lose the support CDC provides during these emergencies.

"We're seeing a decade's worth of progress eroding in front of our eyes," said Jeff Levi, PhD, Executive Director of TFAH. "Preparedness had been on an upward trajectory, but now some of the most elementary capabilities - including the ability to identify and contain outbreaks, provide vaccines and medications during emergencies, and treat people during mass traumas - are experiencing cuts in every state across the country."

Combined federal, state and local budget cuts mean public health departments can no longer sustain a number of basic elements of preparedness. In the past year, 40 states and Washington, D.C. cut state public health funds - with 29 of those states and D.C. cutting their budgets for a second year in a row and 15

states for three years in a row. Federal funds for state and local preparedness declined by 38 percent from fiscal year (FY) 2005 to 2012 (adjusted for inflation) - and additional cuts are expected under budget sequestration.

"Americans expect the public health system to have the capability to competently protect their health during emergencies. This is not an optional service," said Mel Kohn, MD, MPH, State Health Officer and Public Health Director of the Oregon Health Authority. "We will be unable to absorb reductions of this magnitude simply by finding efficiencies. We have reached the point where our ability to do this work will be seriously compromised, with life and death consequences."

"During the anthrax attacks and Hurricane Katrina, we witnessed what happens when public health doesn't have the technology, resources, workforce or training needed to respond to emergencies," said James S. Marks, Senior Vice President and Director of the Health Group of RWJF. "The old adage is that it's better to be safe than sorry. Unfortunately if we ignore preparedness now, we'll be sorry later when the next emergency strikes."

The report includes a series of recommendations that will be important for improving America's preparedness, including:

- Assuring dedicated funding and strengthening the public health preparedness core capabilities;
- Improving biosurveillance to rapidly detect and track outbreaks or attacks;

- Improving research, development and manufacturing of vaccines and medications;
- Enhancing the ability to provide care for a mass influx of patients during emergencies;

- Providing better support to help communities cope with and recover from disasters; and

- Coordinating food safety with other preparedness efforts through the strategic implementation of the FDA Food Safety Modernization Act of 2011.

For more details state by state:

<http://healthyamericans.org/report/92/>

YEAR END MESSAGES

Dear MRC Leaders, Volunteers and Colleagues,

The year-end holidays are always a good time to reflect and focus on gratitude and giving. All of you give of yourselves every day, and your efforts at the local, state, regional and national levels make this program a true success. Your efforts are recognized and appreciated...as you can see in the attached letter from Dr. Regina Benjamin, our Surgeon General. I strongly encourage you to share this letter from her with your MRC volunteers.

MRC volunteers are involved in an extraordinary number and variety of activities every day to support and promote the health and safety of their communities. This past year, MRC leaders reported over 9,300 activities as part of their unit profiles! The initiatives supported, promoted and hosted by MRC units this year have positively affected countless lives. Through the actions of MRC leaders, volunteers, and partner organizations, public health in this country was strengthened, local vulnerabilities were reduced and communities grew more resilient.

I am truly thankful for all that you do! I am also very proud of, and honored to represent, the MRC. I wish you safe and happy holidays, and the best for the New Year.

Robert J. Tosatto, RPh, MPH, MBA
CAPT, USPHS
Director, Division of the Civilian Volunteer Medical Reserve Corps
Office of the Surgeon General

REGINA M. BENJAMIN MD, MBA
SURGEON GENERAL

December 20, 2011

Dear MRC Leaders, Volunteers and Partners:

During this Holiday Season, I would like to express my appreciation for the time, and skills you have devoted to volunteering with the Medical Reserve Corps (MRC). Your service has had a direct impact on the health, preparedness, and resilience of communities across our country.

I'm continually impressed with the number of public health events supported by our MRC units, including blood pressure screenings, Let's Move! activities, fire fighter fitness exams, and Influenza vaccination clinics. This year marked the release of the first ever, National Prevention Strategy, which recognizes that health does not occur only in the doctor's office and hospitals, but also where we live, work, play and pray. This includes clean air and water, safe outdoor spaces for physical activity, safe worksites, healthy foods, violence-free environments and healthy homes. The MRC is playing a major role in making the National Prevention Strategy come to life.

2012 will mark the 10th anniversary of the inception of the MRC and we have a lot to be proud of. We have seen the program grow from a fledgling (but enthusiastic) 42 units in 2002, to a robust network of over 970 units across the country--with more than 200,000 volunteers. We look forward to continued growth and the opportunity to strengthen as a network of dedicated leaders, committed volunteers, supportive housing organizations, and resourceful partners.

I want you to know and understand how much of a difference you are making. With each public health activity, preparedness exercise, and response to crisis, you make America stronger and more resilient. I am inspired by each of you, and look forward to your continued dedication and commitment as we serve our communities and our nation in 2012.

Sincerely,
Regina, Benjamin MD, MBA
Surgeon General
Vice Admiral, US Public Health Service

ANNOUNCEMENTS/VOLUNTEER OPPORTUNITIES

Do you have supplies for winter emergencies? Are you ready?

We have several opportunities for community service:

1. We have purchased some backpacks that we would like to distribute to seniors. Inside each backpack we will provide a crank flashlight. We are looking for volunteers to contact and work with the seniors of community senior housing to educate and assist seniors to have an emergency kit. There have been scattered reports about senior housing that needed to be evacuated because of a storm or the aftermath of a storm. Seniors have come to shelters without some important papers such as medication lists or contact lists. And what about basic needs like hygiene products like toothbrush, soap, and Depends? We will provide the backpacks and the information, what we need are volunteers to contact the Senior Center or the Senior Housing in your hometown to set up a time and place to meet with the residents. Please call 978-928-3834 if you can help.

Trainings

2. Additional trainings are being planned. I have been given a name for a program on pet care during a disaster. Also have a couple of short fun 'disaster drills' that give participants a chance to understand some of the planning and administration decisions in a disaster. Anyone wanting to help or if you have an idea or speaker name, give us a call. Under the Board of Registration for Nursing regulations, CEUs can be given by Wachusett MRC for renewal of your license. So come and join us!! Notification of trainings will be by email, and if we don't have your email, send it along. Thanks, judie



PUBLIC HEALTH PREPAREDNESS
SUMMIT 2012

ANAHEIM
FEBRUARY 21-24

Judie O'Donnell will be attending this conference. The Wachusett MRC was awarded a travel scholarship for the leadership to attend. 60 scholarships for MRC leaders were awarded across the country.



Upcoming training opportunity: May 21-25
Nashville, Tennessee

The 2012 Integrated Medical, Public Health, Preparedness and Response Training Summit is sponsored by the U.S. Department of Health and Human Services (HHS). This training summit brings together HHS partners including the National Disaster Medical System (NDMS), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), and the United States Public Health Service (USPHS).

This forum permits coordination, collaboration and interaction amongst the target audience—the leaders and members of these preparedness and response partner organizations. The Integrated Training Summit will enhance the knowledge, skills and abilities of participants, which in turn will improve their capability to deliver public health and medical care services during disasters of any origin.

If interested in attending, please call 978-928-3834



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January 17th, Working with the Deaf and Hard of Hearing

Jonathan O'Dell from the Massachusetts Commission for the Deaf and Hard of Hearing, spoke to 65 members of the Grafton, Worcester, and Wachusett MRCs on January 17th at the Chocksett Inn, Sterling. The program was so full of information that it went well over the allotted time.

Everyone went home with a piece or used to help themselves or someone ilies, in their neighborhoods or at program can be found on the website:

more of information that can be with a hearing loss in their fam-work. Slides used during the www.wachusettmrc.org.

