

# Health Care Volunteers and Disaster Response — First, Be Prepared

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The human suffering that followed the devastating earthquake in Haiti, and the many survivors in urgent need of life-saving care, brought an outpouring of support from the U.S. health care community. Many providers looked for effective ways to help, and many were frustrated by their inability to connect with a system that could immediately take advantage of their skills. Unfortunately, such spontaneous volunteerism can overwhelm a response system and, unless coordinated, can make things worse instead of better. Health care volunteers can enhance their effectiveness by preparing for a disaster before it occurs and thinking critically about their ability to respond. Here we provide an overview for health care professionals about how to volunteer to help in public health emergencies and disasters.

Planning and training are critical to optimal emergency response; health care providers can be more quickly identified and used in a disaster if they take a few simple steps in anticipation of helping in a future crisis. First, they can register with existing volunteer organizations, many of which provide advance verification of credentials and licensure to facilitate rapid deployment. The Department of Health and Human Services coordinates three programs that maintain registries of health care volunteers: the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), the Medical Reserve Corps (MRC),

and the National Disaster Medical System (NDMS). The ESAR-VHP is a national network of state-based systems that registers and supports volunteer health care professionals so that they can respond to public health emergencies. ESAR-VHP can be reached through state public health departments or at [esarvhp@hhs.gov](mailto:esarvhp@hhs.gov). The MRC ([www.medicalreservecorps.gov](http://www.medicalreservecorps.gov)) is a national network of groups of community volunteers committed to improving the health and resiliency of communities. Volunteers assist with emergencies and community outreach. The NDMS ([www.hhs.gov/aspr/opeo/ndms](http://www.hhs.gov/aspr/opeo/ndms)) provides disaster-relief training and coordinates relief efforts using several teams, including Disaster Medical Assistance Teams (DMATs). DMATs, which are made up of civilian volunteers hired by the Department of Health and Human Services as intermittent federal employees, can be activated for rapid response to a disaster. Numerous humanitarian nongovernmental agencies (NGOs), both secular and nonsecular, are also active in disaster response, depend on health care volunteers, and may be more accessible than some federal agencies. A list of NGOs that meet strict financial and policy standards is maintained by National Voluntary Organizations Active in Disaster ([www.nvoad.org](http://www.nvoad.org)). The World Health Organization ([www.who.org](http://www.who.org)) is also a resource for information about international NGOs. Several health care professional associations coordinate

member-based volunteer repositories and partner with relief agencies.

Formal training in disaster medicine can enhance a health care professional's ability to be useful in an emergency. Disaster medicine involves the delivery of care under austere conditions, often with limited resources. It recognizes the acute care and public health consequences of disasters, including occupational health, environmental health, and mental health. Health care professionals are most likely to be selected if they have competency based on previous disaster-relief experience. Although many providers may not wish to undergo extensive training, short courses are available through multiple organizations, among them the American Medical Association ([www.ama-assn.org](http://www.ama-assn.org)), the American Red Cross ([www.redcross.org](http://www.redcross.org)), the American College of Surgeons Committee on Trauma ([www.facs.org/trauma/disaster/dmep\\_course.html](http://www.facs.org/trauma/disaster/dmep_course.html)), and the Federal Emergency Management Agency ([www.fema.gov](http://www.fema.gov)).

An effective initial response to a major catastrophe depends on the rapid execution of well-prepared contingency plans. This demand generally presents a significant challenge to the immediate incorporation of a spontaneous volunteer effort. Potential health care volunteers can, however, be quite valuable in augmenting the capacity of response organizations once a reliable environment of command and control as well as logistic support is established.

Before committing to a relief effort, the volunteer should have a clear understanding of what working in a disaster area will entail: the nature of the work site, level of security, local weather, and living conditions. For example, the average temperature in Haiti is currently 85°F, work-site conditions are considered dangerous, security is classified as high-risk, and volunteers have no assurance of sanitation, adequate food and water, or access to medical evacuation if illness or injury occurs. Underlying medical conditions or the inability to safely store medications may prevent some volunteers from functioning in such an environment. Emotional challenges are also important to consider, since the pain and suffering volunteers witness can cause extreme psychological distress.

Health care providers also need to determine whether immunizations or prophylactic medications are required. Some immunizations or medications administered just before deployment may not confer immediate immunity or protection. At present, plausible high-risk hazards for volunteers traveling to Haiti include malaria, tuberculosis, human immunodeficiency virus infection, hepatitis A, leptospirosis, dengue, typhoid, and H1N1 influenza. Health requirements and information on hazards are routinely maintained by the Centers for Disease Control and Prevention ([www.cdc.gov/travel](http://www.cdc.gov/travel)) and updated for specific disaster situations.

Overlap exists, but potential

volunteers should also determine at what point in the disaster cycle (early response or recovery and reconstruction) their particular skills will be most needed. During the response phase, the immediate needs at a disaster site usually receive substantial attention, since many people want to assist where the devastation is most severe. However, large numbers of patients may be rapidly relocated to mass-migration sites, where medical needs can be tremendous, with high rates of violence, dehydration, and death.

Once immediate needs are addressed, the recovery phase begins, and there is often a prolonged delay before local health care systems can function even minimally. Health care volunteers are often less numerous during this time, although the need for medical assistance remains vast.

As health care professionals decide where in the disaster cycle they would most like to help, it is important that they partner with an organization that can match relief needs with volunteer capabilities. Well-established organizations with expertise in disaster medicine and public health determine this information through an accurate needs assessment. Ideally, volunteer efforts throughout the disaster cycle should be mission-based, support members of the affected community, and strengthen the existing health care structure. Volunteers should integrate themselves into the coordinated response effort and respect the requests of the af-

ected community regarding where their services are most needed.

Medical volunteerism is challenging, but it can be personally and professionally rewarding as communities recover and rebuild. Resilient communities respond to a disaster and recover quickly. This resilience requires the ability to mobilize a rapid local response, including assistance from health care volunteers. Rather than assisting only in early response, potential volunteers should consider making a long-term commitment and partnering with an established organization that responds to a variety of events (catastrophic and minor, short term and long term). Prior planning at the personal level, including advance registration as a volunteer, not only affords health care providers opportunities to serve in a disaster but can also help to build resilience in their own communities.

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