

SERV-OR Newsletter



Eric Gebbie

Special points of interest:

- > SERV-OR updates
- > Bidding a fond farewell to Alyssa Bostian
- > Looking back at the Camp Rilea exercise
- > Introduction to Trauma Intervention Program (TIP)

Responding to disasters by responding to our volunteers

By: Eric Gebbie, Dr.P.H., M.I.A.

SERV-OR and Oregon's Medical Reserve Corps (SERV-OR/MRC) units were formed because we know that health care professionals will want to help when they see disasters affecting their communities. But as we enter [National Preparedness Month](#) and begin our new project year, we are reflecting on how far our volunteers have brought us and where we can go next.

Like every state, we built the basic volunteer registry so we can have a simple roster of volunteers' names, credentials and contact information — growing from a few dozen five years ago to over two thousand today. It has become a network of energetic and trained professionals and friends. We've seen a few trends that we want to build on:

- Volunteers are hungry for training and field exercises. We can't offer enough, and people regularly drive long distances on their own dime.
- Volunteers love connecting at events with each other, and even more so with the many partners involved in large disaster response, such as the fire, military, emergency management and other personnel.
- SERV-OR/MRC volunteers are terrific team members and team leaders. At the August Operation Pathfinder Minutemen exercise at Camp Rilea, the SERV-OR volunteers worked alongside hundreds of military personnel and first responders. The leadership of the military groups and the Oregon Disaster Medical Teams heard praise for their skill and initiative, as they do at every exercise. Alan Dobrowolski, the lead instructor for the Disaster Life Support series who has instructed the majority of SERV-OR/MRC members, remarks after every class about how engaged and enjoyable the volunteers are.

Last, volunteers want to do more, and regularly ask what else they can do. In response, we've identified new initiatives we need to launch during the coming year. Our goals are to help volunteers be:

- **Connected:** We're going to build on our great partnerships with health departments, hospitals, the Oregon Disaster Medical Team, military, and other disaster health and

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Responding to disasters by responding to our volunteers (continued)

medical partners.

- **Safe, physically and emotionally.** We're examining how to implement new tools like [Emergency Responder Health Monitoring and Surveillance \(ERHMS\)](#).
- **Effective:** We want to help volunteers develop and share their technical and organizational skills. Some volunteers want to build clinical skills, some want to build organizational and leadership roles. We want to empower volunteers and better use their talents – as trainers, team leaders and in key overhead operational roles that we are understaffed to fill: communications, logistics, safety, tracking and many of the other key positions of the [Incident Command System](#). With significant budget cuts in the last year, we're going to build on the train-the-trainer model and ask members to become part of the cadre of trainers around the state on several topics.
- **Active:** We're fortunate to have few disasters and public health crises to respond to, but that does leave Oregon's disaster health care volunteers under-used. We're going



Eric Gebbie and DeWayne Hatcher

to try to involve volunteers in more day-to-day public health problems and initiatives. The Medical Reserve Corps already has the broad national mission to support the Surgeon General's many initiatives. We seek partner organizations that will use the service of our energetic volunteer teams during the year, between disaster exercises and actual response operations. It will help build teamwork and friendship, and it will let volunteers address ongoing public health problems.

- **Enthusiastic and eager to return:** That happens when we do all of the above, plus recruit the right volunteers, respond to their needs, respect their skills and their service, and have fun along the way.

Thank you to all the volunteers, leaders and partners that give so much time and energy, and from which we are learning so much. If you or your colleagues have thoughts or contributions about these initiatives, please drop us a line.

Sincerely,
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"Thank you to all the volunteers, leaders and partners that give so much time and energy, and from which we are learning so much."

Farewell to Alyssa Bostian, VISTA Program Coordinator

By: Eric Gebbie, Dr.P.H., M.I.A.

With a mix of sadness and excitement, the Oregon Health Authority AmeriCorps VISTA program says goodbye to Alyssa Bostian. Alyssa has accepted a job with the Corporation for National and Community Service (CNCS) in Seattle, Washington, as a state program specialist. CNCS is the largest grant-making entity in the United States and funds AmeriCorps, Senior Corps and VISTA.

Alyssa Bostian



Alyssa started her national service career with the Corporation for National and Community Service by serving as an AmeriCorps VISTA member in Bozeman,

Farewell to Alyssa Bostian, VISTA Program Coordinator (continued)



Alyssa Bostian

Montana, where she developed an adaptive recreation program for wounded warriors returning home from the wars in Iraq and Afghanistan. During her first service year, she took the veteran program from concept to reality, including a sustainable funding stream and an advisory board. The program continues to thrive today.

Alyssa continued with national service by joining the Oregon Health Authority VISTA Partnership Project as a VISTA Leader for 16 national service members. During her first year with the program, an expansion project was funded, nearly doubling the size of the OHA VISTA team. After her service year was complete, OHA hired Alyssa to coordinate the VISTA program.

The OHA VISTA team currently has 25 members. It continues to see increased support from OHA leadership, stakeholders, and nationwide partners. During Alyssa's time with OHA, more than 95 VISTA members have served with the VISTA program, with a nearly 100 percent retention rate. Alyssa's attention to detail and commitment to continuous quality improvement has streamlined the VISTA team's recruitment, training, reporting, evaluation and other processes.

The leadership and the entire team in the OHA VISTA Partnership Program are grateful for the years of service, talent and enthusiasm Alyssa brought to the program. She built countless sustainable processes and program elements that, in true AmeriCorps VISTA fashion, will be sustained for years to come. The grateful staff and VISTA alumni of the program wish her the best of luck in her exciting new position.

“Alyssa’s attention to detail and commitment to continuous quality improvement has streamlined the VISTA team’s recruitment, training, reporting, evaluation and other processes.”

Welcoming the fall 2014 VISTAs

By: Jocelyn Lang

This fall, the Oregon Health Authority/AmeriCorps VISTA Partnership Project welcomes 15 new volunteers, bringing the full team to 26 members. These VISTAs came from around the country to serve in Oregon at the state's Public Health Division, local nonprofit organizations, county health departments and health equity coalitions.

Tom Joseph, VISTA Fall 2014



Each team member focuses on a unique project, yet every one of these projects encompasses the program's three priorities: building an organization's capacity, addressing public health issues and approaching service with an anti-poverty perspective. Projects include document collection for accreditation processes, conducting program assessments from a climate and health perspective, implementing an oral health program, identifying underserved populations for a housing nonprofit, and much, much more.

During this time of transition, members of the program's spring team are making impressive progress at their sites. Kayla Warner, who is serving at Clatsop County's Public Health Department, says: "My year, thus far, has been a steady and opportunist experience. I've attended more community meetings and conferences than I can count, and have learned so much about how the health web is made up of more than just providers." Acadia Osborne, another spring team member, began her VISTA service with Emergency Medical Services for

Welcoming the fall 2014 VISTAs (continued)

Children only two days after graduating from Pepperdine University. She says, “I can’t think of a more hands-on, worthwhile way to experience the post-grad real world and public health than serving at the Oregon Health Authority.”



Lindsay Deal, OHA VISTA Leader, Fall 2014

**“Thus far my VISTA year has been incredibly fulfilling. It has brought joy, challenges, numerous learning experiences, and a peek into the real world and life beyond college.”
- Chelsa Greene**

The program has two teams that run concurrently – one team begins service in the spring, the other in the fall. Although this means ongoing transition, it also allows incoming members time to learn from team members who are already serving. Huiling Pan, a spring team member serving in Roseburg, explains: “It’s really remarkable that we are each fully immersed in the local context and challenges of the communities we serve, but we also have our Oregon Health Authority-VISTA network to lean on for support and experience-sharing. Although I will miss being able to reach out to the fall 2013 team for project advice when I feel a tad lost, I look forward to sharing my lessons-learned with the incoming team.”

Chelsa Greene, a departing member, says of her VISTA service year: “Thus far my VISTA year has been incredibly fulfilling. It has brought joy, challenges, numerous learning experiences, and a peek into the real world and life beyond college.”

Updates about individual member’s projects will be shared throughout the year – stay tuned! For more information about becoming a VISTA with this program, please contact VISTA Leader Zach Fund at 971-673-0032 or Zachary.Fund@state.or.us.

In the field: Disaster medical surge exercise at Camp Rilea

By: DeWayne Hatcher, SERV-OR Systems Coordinator

Operation Pathfinder Minuteman

On August 4–5, 2014, SERV-OR volunteers participated in a multi-agency exercise called Operation Pathfinder Minuteman at Camp Rilea near Warrenton, Oregon. Participants included medical teams from the National Guard and Air Guard; Oregon Disaster Medical Teams; Oregon Public Health Division’s Health Security, Preparedness and Response (HSPR) Program; and the State Managed Volunteer Pool (SMVP) and Medical Reserve Corps volunteers and leaders.

On day one, agencies conferenced to discuss capabilities and barriers to respond to a Cascadia Subduction Zone (CSZ) earthquake. According to Dr. Jon Jui of Oregon Disaster Medical Teams (ODMT), it is critical for partnering agencies to collaborate because each agency brings assets to the table that no one else has. There is immense value in building these relationships.

Colonel Gentry of the Oregon National Guard said one goal of the exercise was for multiple agencies to have the experience of learning how to work with each

Integrated squads triaging volunteers during the exercise



A BIG SHOUT OUT OF APPRECIATION AND THANKS!

Thank you to the 14 volunteers from across the state who participated in the Operation Pathfinder Minuteman exercise.

They include volunteers from:

- State Managed Volunteer Pool (SMVP)
- Clackamas County Medical Reserve Corps
- Nehalem Bay Medical Reserve Corps
- Eastern Oregon Medical Reserve Corps

Your participation contributed greatly to the success of this exercise.

Disaster medical surge exercise at Camp Rilea (continued)

other. Getting stakeholders together in one room to share what they bring to the response and developing relationships helps to make a joint response much more successful. Collaborations bring an amazing synergy.

During the second day of the event, agencies were able to put these relationships to the test in a full-scale training exercise of disaster medical surge response under unified command. A team of trained State Managed Volunteer Pool (SMVP) members were deployed to the exercise through the SERV-OR system and were added to the ODMT medical team rosters to manage surge capacity. Some SERV-OR volunteers were integrated in squads of military search and rescue teams to conduct field triage of live victims in the training village at the camp.

For the exercise, the military reserve medical teams and Oregon Disaster Medical Team, reinforced by State Managed Volunteer Pool members, triaged hundreds of people with physical injuries and emotional trauma. Dr. Jui stated that SMVP and Medical Reserve Corps volunteers add tremendous value because of their surge capacity. He added that volunteers also help bring public health to the table, as well as add the perspective of community members.

**“Collaborations
bring an amazing
synergy.”**

To be eligible for this advanced exercise, volunteers had to have completed all the basic volunteer requirements, as well as Basic and Advanced Disaster Life Support. Those trainings ensure that the participating volunteers understand shifting standards of care, triage and field operations under the Incident Command System. Volunteers also learn the importance of working with any and all partners on scene.

AmeriCorps VISTA service snapshot: alcohol and substance abuse in Marion County

By: Julia Humphreville, member of the Oregon Health Authority AmeriCorps VISTA team

Julia Humphreville



I am a Marion County AmeriCorps VISTA focusing on healthy futures. I created a health profile that will be used in health care organizations to encourage the public to gain a better understanding and heightened awareness of alcohol substance abuse. This profile will provide information about the population health at a local level while reporting general health indicators and their determinants. My intent was not only to educate individuals, but to break down the various elements that surround the concept of alcoholism. Alcohol is a public and legal substance that can cause physical and mental problems. It is important to understand the long-term effects and how alcohol can directly affect your and your community's health. It was imperative that this research be a science-based voice that could

Alcohol and substance abuse in Marion County (continued)

target a wide range of audiences.

My data primarily focused on gender, age and alcohol-related mortality rates over the past few years. Data that compared Marion County to Oregon indicated an ongoing trend. For example, in 2002, nine out of every 100,000 people died of excessive alcohol consumption in Marion County. By 2012 the Marion County rate had increased to approximately 18 people while Oregon’s estimated death rate was 14 people. Other research showed that men were 2.5 times more likely to binge drink than females.

When people get information about their community’s current health status, they may be motivated to improve their everyday behavior. This Marion County public health profile may encourage the community to make better life choices, drink responsibly and strengthen the community with knowledge.



Julia Humphrevile

Do you know there is a national Disaster Distress Hotline?

The number of federally declared disasters in the United States increased by 39 percent from 2001 through 2011. The psychological impact these events have on a significant proportion of people who experience them illustrates the need for a hotline network to provide immediate disaster crisis counseling in any part of the country.

Comprised of a network of crisis centers across the country, the national Disaster Distress Helpline (DDH) is a program of the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) that provides 24/7 crisis counseling and support via a multilingual hotline (1-800-985-5990) and texting service (text “TalkWithUs” to 66746).

For more information about the DDH:

- <http://disasterdistress.samhsa.gov>
- Or contact Christian at:
cburgess@mhaofnyc.org or 212-614-6346
- www.fema.gov/news/disaster_totals_annual.fema

While most people affected by disaster – survivors, victims’ loved ones, and first responders, rescue and recovery workers – are able to bounce back fairly quickly, others may have a more difficult time moving forward on the path to emotional recovery.

“From a stressful evacuation to separation from loved ones, disrupted access to health care providers

to exposure to potentially traumatic scenes of loss and devastation – all disasters have the potential to cause significant levels of distress among those that experience them, with the severity and extent influenced by pre-disaster levels of functioning, degree of exposure to distress during the event, and post-disaster access to care,” says Christian Burgess, DDH director. “The national Disaster Distress Helpline exists to provide supportive, confidential counseling to mitigate the psychological effects of disasters, educate about distress symptoms and healthy coping, and foster connections with local and state behavioral health resources for follow-up care and support, including during the long-term recovery.”

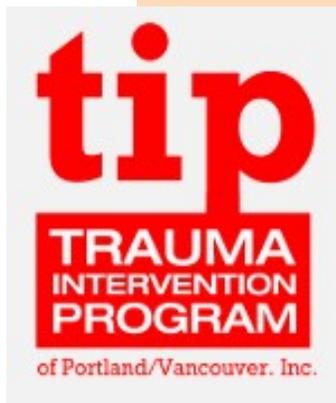
Disaster Distress Hotline



Norris, F.H., Friedman, M.J. and Watson, P.J. 60,000 disaster victims speak: part II. Summary and Implications of the disaster mental health research, *Psychiatry* 65(3) Fall 2002, 240.

Featured partner program: Trauma Intervention Program

By: Jennifer Crow, TIP volunteer



TIP logo

What happens when there is a tragedy? Most often, when someone calls 911, emergency responders are immediately dispatched and all attempts are made to prevent the worst case scenario.

But what if that worst case scenario happens anyway? In the Portland/Vancouver area, first responders call TIP. The Trauma Intervention Program (TIP) of Portland/Vancouver is ready for this request, 24 hours a day, 365 days a year. These volunteers, extensively trained to handle crisis situations, quickly arrive on the scene to guide those affected through their shock and grief. The support they provide is both practical and emotional. Perhaps most importantly, this support is offered at the exact time when it is most needed. In a crisis situation, we are often left to experience not only the cutting pain of loss, but also a kind of isolation — even when we are surrounded by well-intentioned people.

Through such an intensely horrific time, TIP volunteers do everything within their power to ease, comfort and assist survivors, bystanders and loved ones.

TIP is, in its origins, the solution to a problem. Wayne Fortin, a mental health professional, founded TIP after observing that emotional needs were often not met immediately following a tragic loss.

TIP fills this gap in the emergency response system and facilitates long-term recovery by addressing short-term needs, such as housing and funeral arrangements. Additionally, because TIP offers emotional and social support, the emergency responders are better able to address and resolve the emergency at hand.

TIP serves the entire population of several counties in the Portland/Vancouver region. For more than 20 years, TIP volunteers have supported the mission of “citizens helping citizens in crisis.” This nonprofit organization is an accessible community resource that addresses the health and well-being of those recently traumatized. Tragedy knows no socioeconomic boundaries. It occurs under bridges, on rural highways, as well as in business offices, private homes, parking lots, rivers and recreational areas, and even high school locker rooms.

TIP volunteers bring comfort, sharp minds and practical skills to a crisis. They also provide preventive care for each individual’s mental health. In a culture that often shies away from helping others deal with grief, tragedy and death, the Trauma Intervention Program of Portland/Vancouver runs toward it. TIP is something that you don’t need ... until you really do.

Please visit www.tipnw.org for more information.

SERV-OR

State Emergency Registry of Volunteers in Oregon

WHEN DISASTER STRIKES,
CAN WE COUNT ON YOU?

Are you ready? www.serv-or.org

Licensed medical volunteers needed
for disaster preparedness.

- **Roles:** Acute, chronic and long-term medical care, infectious disease and alternative care, behavioral health, ancillary services.
- **Liability coverage:** Oregon provides unique practice liability coverage for volunteers.
- **Continuing education:** CE is available!

Interested or have questions?

Call 1-877-343-5767 or email
serv.or@state.or.us.

How do you fund your MRC unit when federal grants disappear?

By Anne Parrott, M.S., The Public Health Foundation of Columbia County

The Columbia County Citizen Corps Council consists of representatives from Community Emergency Response Teams, Medical Reserve Corps, Search and Rescue, Volunteers in Partnership with the Sheriff, Fire Corps, Red Cross, Auxiliary Communications team Amateur Radio Emergency Service/Radio Amateur Civil Emergency Service (ARES/RACES), Emergency Management and Public Health Emergency Preparedness.

Approximately two years ago we began discussing alternate funding options. We knew our volunteer groups' federal funding would eventually be more difficult to access or would no longer be available. After tossing around several different ideas we came back to the concept of the Council becoming a private nonprofit. This option would not only open the door to different grant opportunities but would allow us to accept



Anne Parrott

donations from businesses and community members. We began our homework with a local CPA known for his expertise in applying for 501(c)3 status. After our first meeting, we began pulling the documentation together. This included the Council's history and bylaws, volunteer group descriptions including their mission statements, Council directors' names and addresses, and budgets for the past three years.

We submitted the documentation to the CPA. He outlined the anticipated time frame for the application process as follows:

- Once the Articles of Incorporation and IRS Employer Identification Number (EIN) applications are completed, we should receive follow-up information within a few weeks.
- If the applications are approved we begin the waiting period for the IRS's final approval of our 501(c)3 application. This could take from 45 days to two years.
- In the meantime, we can begin functioning as a 501(c)3 when we receive the EIN.

On Aug. 20, one and one-half weeks after our documents were submitted, we received copies of our Articles of Incorporation and the IRS Employer Identification Number!

Our CPA generously donated his time assisting us with the informational meetings as well as application completion and submission. In addition, he volunteered to be the registered agent for our nonprofit and will complete the annual IRS reporting at no cost.

We have been very fortunate to have such tremendous support and encouragement throughout this endeavor from community experts, partners and the housing agencies for our Citizen Corps volunteer groups.

"On Aug. 20, one and one-half weeks after our documents were submitted, we received copies of our Articles of Incorporation and the IRS Employer Identification Number!"
- Anne Parrott

Public Health Foundation of Columbia County



From classroom to field exercise: Basic and Advanced Disaster Life Support

By Sophie Grimm, AmeriCorps VISTA



ADLS participants

Have you ever witnessed a crime or accident? Did you respond by freezing, panicking or acting decisively to deal with the situation? Most people hope to fall into the last category, but without proper training and practice your gut reaction may be a hindrance rather than an asset.

To help health care providers prepare for a mass casualty incident, the Public Health Division's emergency preparedness department sponsored three Basic Disaster Life Support (BDLS) classes across the state and one Advanced Disaster Life Support (ADLS) class. In

total, 118 people were trained to manage high volumes of injuries and illnesses. Partners in Pendleton, Seaside, Brookings and Coos Bay hosted the courses.

The course instructors used local hazards — pandemic, terrorism, building collapses — to teach participants different components of the response process: identifying needed agencies, desired resources, additional hazards, means of information sharing and reporting, at-risk populations, and intervention techniques. However, the classes' primary focus was to teach the providers how to triage patients.

At times, the number of people injured will overwhelm the health care system. Examples include a multi-vehicle crash or a virus that infects a large portion of the population. If the number of casualties exceeds available resources, a shift from individual-based care to population-based care takes place and triaging is used to ensure that the most good is done for the greatest number of individuals.

In everyday practice, providers hope to have enough time and resources to assess and treat each patient. However, when there is a large influx of casualties, providers may have to break from their daily routines and only perform triage — conduct an assessment, but not

The Public Health Division's emergency preparedness program expects to sponsor the same number of BDLS and ADLS courses over the next 12 months.

treat. Once everyone has been assessed, the individuals who are most likely to die without immediate attention receive priority treatment. Those with non-life threatening injuries receive delayed treatment. Triage is systematic and standards for prioritizing treatment are in place, but it's still difficult, so hands-on practice is crucial.

Practice during class



In the advanced class, a full-scale mass casualty exercise was conducted to give health care providers the opportunity to practice triage and to apply all of the knowledge and skills they had gained throughout the basic and advanced courses. Community members volunteered to act as bombing victims. They were covered with fake burns, protruding bones, and deep lacerations, and placed throughout the building to await rescue.

The exercise ran three different times, and each time the instructors increased the level of complexity. Despite these challenges, with each round the response time quickened; communications between the response personnel improved; and, ultimately, more people were triaged, received treatment and survived!

State Emergency Registry of Volunteers in Oregon

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www.SERV-OR.org



SERV-OR volunteers

State Emergency Registry of Volunteers in Oregon (SERV-OR)

SERV-OR is a statewide registry system to help pre-credentialed health care professionals volunteer their services during emergencies with significant health impacts.

The registry is sponsored by the Oregon Public Health Division in partnership with the Medical Reserve Corps. It utilizes a secure database to register, credential, and alert volunteer health providers.

What does SERV-OR do for you?

The time and expertise of volunteer health professionals is invaluable during a disaster or public health emergency. By registering with SERV-OR, your credentials and qualifications will be verified in advance so that you are able to serve on a moment's notice – within your state and across state lines – to provide needed help during an emergency.

With a volunteer registration program, volunteers and emergency response officials alike are free to spend more time contributing to the cause-at-hand and less time verifying volunteers' identity and credentials.

Other benefits include:

- Health professional personnel – including doctors, veterinarians, dentists, nurses, physician assistants, technicians, technologists, social workers and others – are all integrated in the registry.
- This registry does not obligate you to volunteer in the event of an emergency. It does, however, store and ensure your credentials are current so they are verified in advance to assist those in need when you are ready to volunteer.
- There is no registration fee and you can withdraw your registration at any time.
- Your participation helps to improve Oregon's level of preparedness.

If you have any questions please email serv.or@state.or.us or call 1-877-343-5767.

Register today! www.serv-or.org