

**STATEMENT OF:**

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**BEFORE THE  
U.S. HOUSE OF REPRESENTATIVES COMMITTEE ON HOMELAND  
SECURITY'S SUBCOMMITTEE ON MANAGEMENT, INVESTIGATIONS,  
AND OVERSIGHT  
FIELD HEARING AT FORT McCLELLAN  
ANNISTON, ALABAMA  
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Good morning, Chairman Carney, Ranking Member Rogers and Members of the Committee. I am Dennis R. Schrader, Deputy Administrator for National Preparedness in the Federal Emergency Management Agency, U.S. Department of Homeland Security (DHS). I am pleased to appear before you today. I welcome this opportunity to discuss our Nation's current training capabilities and needs for first responder training, and how the Center for Domestic Preparedness fits into the National Training Program.

## **INTRODUCTION**

The Center for Domestic Preparedness (CDP) is the only Congressionally-chartered Federal training center for advanced hands-on training for incidents involving live chemical / nerve agents. Over the years, the curriculum has expanded to include all-hazards incident management as well as specialized training for hospital and health care workers. The CDP offers training to state, local, and tribal emergency response providers from all 50 states and 6 territories in 10 emergency disciplines, which include, Emergency Management, Emergency Medical Services, Fire Service, Governmental Administrative, Hazardous Materials, Healthcare, Law Enforcement, Public Health, Public Safety Communications, and Public Works.

In addition, the CDP received one-time statutory authority to train Federal, private sector, and international students this year – which has proved to be extremely valuable in creating a learning environment that mirrors real-world operations. The Fiscal Year 2008 Consolidated Appropriations Act (Public Law 110-161) included this specific authority for the CDP:

*Provided further, That (a) the Center for Domestic Preparedness may provide training to emergency response providers from the Federal Government, foreign governments, or private entities, if the Center for Domestic Preparedness is reimbursed for the cost of such training, and any reimbursement under this subsection shall be credited to the account from which the expenditure being reimbursed was made and shall be available, without fiscal year limitation, for the purposes for which amounts in the account may be expended, (b) the head of the Center for Domestic Preparedness shall ensure that any training provided under (a) does not interfere with the primary mission of the Center to train State and local emergency response providers.*

The Center's mission is to train emergency response providers. The CDP brings together students from across the Nation to learn standard concepts and procedures, and exchange experiences and best practices.

## **HISTORY**

The impetus for the CDP can be traced back to the 1995 Sarin nerve agent attacks on the Tokyo subway system. As the event unfolded, public safety officials in New York City and elsewhere began to seek ways in which a similar event could be prevented in their back yard. These officials asked the Department of Defense (DoD) for permission to allow civilian responders to train at Ft. McClellan's Chemical Defense Training Facility

(CDTF). DoD officials granted them access to toxic agent training at the CDTF in 1995 and civilians continued to train at the DoD facility until 1998.

Coincidentally, Ft. McClellan was identified for closure by the 1995 Base Realignment and Closure (BRAC) Commission. Elected officials from across Alabama and local community leaders continued to seek ways to utilize the soon-to-be-decommissioned Army facility. A concept was developed and presented to members of Congress, who recognized the national benefit of having a facility dedicated to training civilian emergency responders under federal government management. Thus, in 1998, a plan to establish a permanent federally-operated site to train civilian emergency responders was put into motion using facilities already in place at Ft. McClellan. This training facility would be called the Center for Domestic Preparedness (CDP). Ft. McClellan officially closed in September 1999.

### **CURRENT CAPABILITIES**

Today, the CDP employs nearly 1,000 personnel, including 50 authorized Federal positions, and manages an annual operating budget of over \$60 million. In its current capacity, the CDP offers 38 courses, on-site billeting and dining capacity for 465 students, and a fully certified, multi-disciplinary instructional staff with an average of 19 years of experience in their chosen field.

Methods of CDP training delivery include resident training (training delivered on campus), nonresident training (regional and mobile training delivery), and indirect training (train-the-trainer). All courses are available as resident training. Select courses are available through non-resident programs to include mobile training teams.

Non-resident training delivery is ideal for rural responders, eliminating the need for the responder to travel away from home in order to benefit from in-person instruction. This is especially beneficial, in that many rural agencies are limited in staff and many responders are volunteers who have a primary occupation other than their volunteer discipline.

CDP training programs address critical topics such as Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE) awareness and response, hazardous materials, emergency response, law enforcement protective measures, incident command, crime scene management, protest events, evidence collection, personal protective equipment, agricultural emergency response, instructor training, medical preparedness, healthcare leadership, and pandemic planning and preparedness.

While every training program is relevant to rural jurisdictions, the Agricultural Emergency Response Training (AgERT) course is specifically tailored for the rural sector. This course provides an overview of agricultural terrorism and CBRNE hazards impacting the agricultural and traditional emergency responder. The course includes a hands-on exercise that places the responder in an agricultural environment where responders can perform tasks to improve response skills in realistic surroundings.

CDP training uses a scenario-based approach that requires responders to train to standard, not time. By visually altering the hands-on training lanes to replicate scenarios that responders may encounter in their every day work, the CDP presents realistic training based upon current and emerging threats. More than 60% of the CDP courses provide hands-on training and practical exercises. This training method provides the rural responder with the opportunity to perform response-related tasks that increase individual readiness. Hands-on training provides rural responders with the experience needed to fulfill their duties in life-and-death situations.

The CDP also uses mockups of clandestine laboratories in both resident and mobile training, to ensure responders recognize equipment and paraphernalia that can indicate a terrorism threat. The CDP's clandestine labs include Sarin, Anthrax, Ricin, infectious diseases, and methamphetamine laboratories.

Some of CDP's programs include the use of human patient simulators that represent the latest in state-of-the-art simulation technology for training responders and healthcare professionals. Sophisticated mathematical models of human physiology and pharmacology automatically determine the "patient's" response to user actions and interventions. The simulators provide real-time feedback to responders as though they were working with a human being. With dynamic coupling of cardiovascular, pulmonary, and pharmacological models along with the ability to replicate physical damage, the simulators are a powerful tool the CDP uses to provide realistic training to responders.

Studies conducted by the Walter Reed Army Institute of Research in 1989 and the Army Research Laboratory in 1994 strongly endorsed the use of toxic chemicals as the only method of providing high levels of confidence in equipment, procedures, and most importantly, individual readiness. Some courses at the CDP thus include training at the Chemical, Ordnance, Biological, and Radiological Training Facility (COBRATF) where live nerve agents are used in the conduct of training. Toxic chemical training reduces fear of the unknown, solidifies personal and operational skills, verifies operational procedures, and creates training "veterans," who then share their knowledge and experience with other emergency responders. The training at the COBRATF may be the only experience with toxic agents a responder may receive prior to being faced with a real event.

In 2007, the Noble Training Facility (NTF) integrated with the CDP. The former Noble Army Hospital was converted into a training site for health and medical education in disasters that include both acts of terrorism and natural disasters. The diverse curriculum includes application of public information skills in a major emergency or disaster situation, leadership, mass casualty exercises, emergency management training, and CBRNE incident management. The facility includes traditional classrooms as well as exercise and simulation areas, resource centers, and two prototype mass casualty decontamination training lanes. It is the only hospital facility in the nation dedicated to training hospital and healthcare professionals in disaster preparedness and response.

The CDP's training for state and local emergency response providers is fully funded by the Department of Homeland Security's Federal Emergency Management Agency, through Congressional appropriation. Transportation, lodging, and meals are provided at no cost to responders, their agency or jurisdiction.

Because the CDP stores and actively uses two forms of nerve agent, the COBRATF facility is managed and controlled as a chemical surety site. The Surety program is a system of special reliability, safety, and security control measures designed to protect the staff, local population, and the environment. This program ensures that only personnel who meet the highest standards of reliability conduct chemical agent operations, that chemical agent operations are conducted safely, and that chemical agents are secure at all times.

The CDP owns or leases 30 buildings on 123.95 acres with 898,244 square feet of space. The Center manages and executes all infrastructure support operations for the extended campus, to include facilities and grounds maintenance, engineering, and site security. Six active dormitories can house 465 responders; an additional 240 rooms are pending renovation. A full-service dining facility provides all student meals and an on-site lounge provides a place for after-class relaxation and networking.

Numerous federal and non-federal training partnerships enable the CDP to take advantage of shared knowledge, to ensure the students receive the most up-to-date training.

### **METRICS FOR SUCCESS**

According to an April 2002 report entitled "Rural Communities and Emergency Preparedness" conducted by the Office of Rural Health Policy, Health Resources and Services Administration, U.S. Department of Health and Human Services, 65 million Americans live in rural areas. A follow-on report entitled "Rural Emergency – the Safety and Health Safety Net" by Dr. Gary Erisman, Department of Health Sciences, Illinois State University, indicated that 29 states have at least 1/3 of their population classified as 'rural'.

While "*rural*" is not typically a student population that we track at the Center for Domestic Preparedness (CDP), for the purposes of this testimony, rural refers to "other than Urban Areas Security Initiative (UASI) jurisdictions." This category is sometimes referenced to as balance of State or in the aggregate as balance of Nation. Over the past eight years, nearly half—48 percent—of the CDP's responders have been from rural jurisdictions. In the CDP's first decade, more than 161,000 rural responders have benefited from the CDP's training opportunities.

Total *rural* responders trained through CDP training programs are as follows.

<u>RURAL RESPONDERS</u>	<u>TOTAL</u>	<u>% OF TOTAL</u>
• FY07: 25,342	65,832	38.5%
• FY06: 27,112	61,680	43.95%
• FY05: 30,124	60,296	49.96%
• FY04: 23,453	55,262	42.43%
• FY03: 13,096	25,294	51.77%
• FY02: 9,521	14,862	64.06%
• FY01: 1,586	2,522	62.88%
• FY00: 1,412	N/A	N/A
• FY99: 642	N/A	N/A
• FY98: 350	N/A	N/A

In fiscal year 2008 thus far, more than 28,000 rural responders—nearly 32%—of the total responder population that exceeds 79,000, participated in CDP training programs. At the current rate, we anticipate that the total number of rural responders benefiting from CDP training in 2008 is expected to exceed 31,000. We anticipate that the total population reached through CDP training programs in this fiscal year will exceed 100,000.

**TRAINING AMERICA’S RURAL FIRST RESPONDERS**

Training for rural first responders poses unique challenges as compared to those in urban areas. For instance, 90% of law enforcement agencies across the nation consist of departments of 50 officers or less. In a survey of rural law enforcement officers conducted by the Federal Law Enforcement Training Center (FLETC), the two most cited hindrances were freeing up the officer to attend training and the cost of training itself. Additionally, in a 2003 nationwide survey of rural law enforcement, officers listed terrorism training as the fifth most imminent training need in their jurisdictions, ranking it after drug offenses, computer/internet crime, physical assaults, and property offenses. In order to address these challenges as well as the significant numbers of volunteers in various emergency response disciplines, FEMA’s National Preparedness Directorate (NPD), with funds provided by Congress Fiscal Year 2005, established the Rural Domestic Preparedness Consortium (RDPC). In conjunction with the Emergency Management Institute (EMI), the Center for Domestic Preparedness (CDP), and the network of over 50 National training partners, the RDPC began providing effective

training and technical assistance to rural jurisdictions, which are delivered regionally in a variety of formats.

The RDPC is comprised of academic partners with extensive experience and unique capabilities in serving the rural emergency response community.

- East Tennessee State University, Johnson City, Tennessee
- Eastern Kentucky University, Richmond, Kentucky
- Iowa Central Community College, Ft. Dodge, Iowa
- NorthWest Arkansas Community College, Bentonville, Arkansas
- The University of Findlay, Findlay, Ohio

### **STRATEGIC APPROACH**

On December 17, 2003, the President issued Homeland Security Presidential Directive 8 "National Preparedness" (HSPD-8). The purpose of HSPD-8 is to "establish policies to strengthen the preparedness of the United States to prevent and respond to threatened or actual domestic terrorist attacks, major disasters, and other emergencies by requiring a national domestic all-hazards preparedness goal, establishing mechanisms for improved delivery of Federal preparedness assistance to State and local governments, and outlining actions to strengthen preparedness capabilities of Federal, State, and local entities."

The National Preparedness Goal (now National Preparedness Guidelines) just mentioned helps to guide federal departments and agencies, state, territorial, local and tribal officials, the private sector, non-government organizations and the public in determining how to most effectively and efficiently strengthen preparedness for terrorist attacks, major disasters, and other emergencies.

A unique aspect of the RDPC is that it addresses preparedness activities for a broad scope of stakeholders within rural jurisdictions. Though the traditional emergency response disciplines play a pivotal role in HSPD-8, RDPC will also address equally important activities performed by stakeholders across the emergency support functions, as specified in the National Response Framework. This will include local elected officials, critical infrastructure owners/operators and others.

The program is organized to enable both internal networking among RDPC partners in coordination with National training partners and, through the advisory board, and extensive external outreach mechanism to capture inputs from the entire stakeholder community on rural domestic preparedness training and relevant information sharing activities. The Advisory Board consists of members from the following groups and associations: Adjutants General Association of the United States, Fraternal Order of Police, International Association of Chiefs of Police, International Association of Directors of Law Enforcement Standard and Training, International Association of Emergency Managers, International Association of Fire Chiefs, National Association of Counties, National Association of EMS Physicians, National Emergency Management Association, National Association of Emergency Medical Technicians, National Association of State EMS Officials, National Governors Association, National Rural

Health Association, National Volunteer Fire Council, and the North American Fire Training Directors.

In the summer of 2006, the Department of Homeland Security released the latest version of the Target Capabilities List (TCL), which is comprised of 37 core capabilities. The TCL describes and sets targets for the capabilities required to achieve the four homeland security mission areas: Prevent, Protect, Respond, and Recover. It defines and provides the basis for assessing preparedness for all-hazards events. Capabilities are delivered by appropriate combinations of properly planned, organized, equipped, trained, and exercised personnel. In 2006, the RDPC conducted its first comprehensive training requirements survey that was modeled to ensure alignment with TCL to support the National Preparedness Guidelines. The survey, published as “Assessing the Needs of Rural Emergency Responders: National Training Needs Assessment 2006,” was circulated across a wide array of community profiles in rural America to capture input from the appropriate stakeholders. Additional focus groups were conducted to ensure the training initiatives are appropriately aligned with the overarching goals of the states’ homeland security strategies and cognizant of the evolving needs of particular regions of the nation. The focus groups served to augment the results of the survey. The RDPC analyzed the data for trends and gaps and prioritized the results in a report of findings. RDPC used this report to develop an annual training agenda of balanced investments to meet critical training needs with limited resources.

Important findings from the report are:

- Every discipline has significant unmet training needs – for no target capabilities has the training need been completely satisfied.
- Substantial numbers of target capabilities were selected by a majority of rural respondents in each discipline as areas of training need in the next two years:
  - Law enforcement – 25 target capabilities
  - Fire service – 27 target capabilities
  - Emergency medical service – 23 target capabilities
  - Health care – 24 target capabilities
  - General government – 28 target capabilities.
- “Planning” (for terrorism events) was the target capability that the greatest proportion of all rural respondents indicated as a training need for their agencies within the next two years.
  - Each discipline had a different target capability rated as its greatest training need from the standpoint of the number of personnel needing the training:
    - Law enforcement – responder safety & health
    - Fire service – citizen preparedness & participation
    - Emergency medical care – CBRNE detection
    - Health care – planning for terrorism events
    - General government – WMD/hazardous materials response & decontamination.

The RDPC is currently planning its next assessment due out in 2009.

## **ADDITIONAL TRAINING PROVIDERS**

In order to avoid duplication of effort, the RDPC has forged partnerships with academic institutions which have developed FEMA-certified training products and services in niche areas which directly align with the emergency preparedness training needs of rural communities. Agreements are in place with the University of California-Davis to provide training in food safety and agro terrorism issues, Telecommunications for the Deaf and Hard of Hearing Inc, training for working with Special Needs Populations, and with West Virginia University to deliver certified training on homeland security issues for campus and university executives.

## **LEVERAGING THE NATIONAL DOMESTIC PREPAREDNESS CONSORTIUM**

The RDPC currently participates in the National Domestic Preparedness Consortium's (NDPC) quarterly meetings. This collaboration helps facilitate the sharing of ideas and experiences of both consortium groups, which adds value for each on a regular basis. The NDPC is comprised of seven organizations: (1) the Center for Domestic Preparedness; (2) the National Energetic Materials Research and Testing Center, New Mexico Institute of Mining and Technology; (3) the National Center for Biomedical Research and Training, Louisiana State University; (4) the National Emergency Response and Rescue Training Center, Texas A&M University; (5) the National Exercise, Test, and Training Center, Nevada Test Site; (6) the Transportation Technology Center, Incorporated, in Pueblo, Colorado; and (7) the National Disaster Preparedness Training Center, University of Hawaii. The mission of the NDPC is to identify, develop, test, and deliver training to State, local, and tribal emergency response providers, provide on-site and mobile training at the performance and management and planning levels, and facilitate the delivery of training by the training partners of the Department.

In January 2008, a strategy document entitled "The National Preparedness Directorate's Strategic Plan for the National Domestic Preparedness Consortium (NDPC)" was submitted to Congress. This strategy describes how the National Domestic Preparedness Consortium (NDPC) supports the tenets of national preparedness doctrine and effectively addresses states' evolving training needs. The strategy also provides direction for coordinating NDPC's programs with similar training programs throughout the Nation, including those provided by other federal agencies.

The RDPC and NDPC are working together to leverage activities being conducted by both entities (i.e., State and local outreach, training needs assessments, and data analysis) to meet the goals of the strategy. Goals such as: design and deliver courses to meet training priorities as defined in State Homeland Security Strategies and other forecasts of training needs; ensure training is consistent with homeland security doctrine; and adapt capacity to meet training demand.

The RDPC has received the following funding:

FY 2005, \$5,000,000  
FY 2006, \$6,103,000  
FY 2007, \$11,640,000  
FY 2008, \$8,549,000

FEMA/NPD's Training Operations Branch currently offers 134 courses through 54 training partners nationwide. These courses are offered to all State and local jurisdictions including those located in rural areas.

### **FUTURE/INTEGRATION - NATIONAL TRAINING PROGRAM**

The terrorist attacks of September 11, 2001, and the devastation experienced during Hurricane Katrina in the September 2005, reemphasized the critical importance of training federal, state, tribal, local, private sector, and non-governmental responders in integrated planning, decision making, and coordination processes. Training is necessary to prepare for, prevent, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, to reduce the loss of life, property, and harm to the environment.

Public Law 109-295, the Post-Katrina Emergency Management Reform Act (PKEMRA) of 2006, Section 648, tasks the Administrator, Federal Emergency Management Agency (FEMA) to "... *carry out a national training program to implement the National Preparedness Goal, National Incident Management System, National Response Plan (now National Response Framework), and other related plans and strategies.*" The National Training Program (NTP) is a major component of the National Preparedness System. Public Law 110-53, Implementing Recommendations of the 9/11 Commission Act of 2007, also calls for measures to improve the Nation's preparedness through increased emphasis on training programs. Additionally, the Hurricane Katrina lessons learned and after action report offer numerous recommendations to improve various aspects of training for the Nation's responders.

Collectively, these documents mandate strengthening the all-hazards preparedness of the United States and establish the need for more focused coordination, planning, and progressive development of capabilities-based training designed to ensure that the Nation's responders can effectively execute their responsibilities under any combination of emergencies that might occur.

The National Preparedness Directorate is currently drafting an NTP which, as a part of the national preparedness system, will create a premier national homeland security training enterprise by providing an integrated, capabilities-based method of aligning training with the National Preparedness Guidelines, the National Incident Management System, the National Response Framework, as well as other related plans and strategies. Additionally, this dynamic enterprise will be designed to achieve the greatest value of limited resources for all key stakeholder groups, of which one is most certainly rural responders. This approach enables the clear identification of training needs and provides

opportunities to realize the greatest return on investment for rural responders, urban area responders, and other key stakeholders to the greatest degree possible.

The resultant NTP will provide the architecture to improve the coordination and synchronization of training of the Nation's responders to prepare for, prevent, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life, property, and harm to the environment.

The NTP's vision and mission statements are linked to Department of Homeland Security and Federal Emergency Management Agency mission and vision statements, and emphasize an all-hazards approach to training which is consistent with the intent of Public Law 109-295, Public Law 110-53, Vision for New FEMA, several Homeland Security Presidential Directives, and Executive Branch guidance.

The vision of the National Training Program is: A Nation trained to prepare for, prevent, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life, property, and harm to the environment.

The mission of the Homeland Security National Training Program is to: Develop, implement, and maintain a Homeland Security National Training Program that creates a premier national preparedness training enterprise providing an integrated, capabilities-based method of aligning training with National Preparedness Guidelines (NPG) and National Exercise Program (NEP), as well as capturing and incorporating lessons learned from exercises and real world events. On January 26, 2007, the Homeland Security Council's Deputies Committee unanimously reached agreement on the NEP Charter and on April 11, 2007, the President approved the NEP Implementation Plan. This plan establishes the NEP under the leadership of the Secretary of Homeland Security.

The NEP provides a framework for prioritizing and coordinating Federal, Regional and State exercise activities, without replacing any individual department or agency exercises. The NEP enables Federal, State and local departments and agencies to align their exercise programs.

The NTP also lays out specific strategic goals and objectives which must be accomplished if we are to achieve our stated mission. The five major strategic goals of the NTP are:

**Goal 1:** Partner with federal, state, tribal, and local governments and with private sector and non-governmental organizations to build training capabilities nationwide to prepare for, prevent, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life, property, and harm to the environment. The NTP will accomplish this goal through a series of major objectives designed to improve relationships and foster cooperation within the responder community.

**Goal 2:** Align emergency responder training with the National Preparedness Guidelines (NPG). This goal will be accomplished by ensuring that responder training at all levels of government is consistent with the NPG. A critical part of aligning training to the NPG is ensuring that training is aligned with the Target Capabilities List (TCL).

**Goal 3:** Coordinate the integration of all hazards training and exercise programs. A key component of integrating training and exercise programs will be management and upkeep of the National Incident Management System and the National Response Framework.

**Goal 4:** Optimize management practices. The NTP establish meaningful performance metrics, measures, and outcomes and also be measured in accordance with the President's Management Agenda and Program Assessment Rating Tool.

**Goal 5:** Develop a closer link between training and exercises. Experience has shown that exercises are the best method of evaluating training effectiveness. Because the TCL includes specific, measurable preparedness and performance measures of the 37 capabilities needed to address a broad range of man-made and natural disasters, it becomes the primary tool to link training and exercises.

The NTP will also address several key training policy issues. Addressing these policy issues is vital to establishing the framework which will allow the Nation's response community to work in an integrated and coordinated process to achieve the NTP strategic goals.

Some of these key policy issues include:

- Who needs to be trained?
- What specific skills do responders need and what tasks should they be trained to perform?
- How can the nation best increase training capabilities?
- Standardize training. Section 647, Public Law 109-295, PKEMRA 2006, requires FEMA to "Support the development, promulgation, and regular updating, as necessary, of national voluntary consensus standards for training."
- How can we best establish an all-hazards core curriculum, standardize instructor qualification and certification, and streamline course development and approval?
- How do we utilize the TCL in establishing a closer linkage between training and exercises?
- What resources are required and available to accomplish NTP?  
Which authorities are required for federal training centers and organizations to train private sector, non-governmental organizations, private citizens, and international responders?

As the National Preparedness Directorate begins to implement the NTP, senior officials at all levels will want to know what progress is being made. While the number of responders trained provides an indication of progress towards meeting established objectives, data on the quality and effectiveness of the training is also important. The TCL provides specific, measurable preparedness and performance measures for evaluating and improving capabilities as part of the National Preparedness Cycle. The effectiveness of training delivered will be evaluated using the Kirkpatrick's four levels of evaluation to effectively measure success of the program.

My staff is currently drafting a charter for the NTP. Once the charter has been drafted and approved with input from the training partners and key stakeholder groups, we will develop an implementation plan.

## **CONCLUSION**

The 2007 integration of the Noble Training Facility and the CDP suggests a need to review the healthcare curriculum in order to ensure the needs of healthcare response providers and receivers are served across the nation. The threats within the medical community—to include events such as pandemic flu, healthcare facility decontamination following an incident, serving the special needs population, mass prophylaxis, and mass casualty events—are ongoing threats that must be addressed in the CDP's healthcare curriculum.

As you've heard here today, the CDP's training programs have continued to grow, expand, and adapt to the needs of the Nation's responder population. As we have grown, we have not lost sight of the responders' needs—both rural and urban.

I look forward to answering any questions you may have.

Thank you.

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