

**Training America's Emergency Responders:
A Report on the Dept. of Justice's Center for Domestic
Preparedness and The U.S. Public Health Service's
Noble Training Center, Fort McClellan, Anniston, Alabama
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Dr. Joseph J. Collins, CSIS Project Director

Many people in Washington are talking about helping emergency responders to cope with complex terrorist incidents, but some dedicated folks in Alabama are actually doing something about it.

The Department of Justice's (DoJ's) Center for Domestic Preparedness (CDP) at Fort McClellan in Anniston, Alabama is the nation's premier emergency responder training facility and the only one whose graduates have all been trained in a toxic-agent environment. The emergency responder designation includes police officers, fire fighters, emergency medical technicians, etc. The CDP comes under DoJ's Office for State and Local Domestic Preparedness Support, the main conduit for federal training and assistance on terrorism that involves weapons of mass destruction (WMD).

The Center's mission is to prepare emergency responders, managers, and state and local officials to respond to terrorist acts involving WMD and handle incidents involving hazardous materials. The CDP includes chemical, ordnance, biological, and radiological (COBRA) weapons or devices in its definition of potential weapons of mass destruction.

The CDP hosts only "train the trainer" classes. To date, the Center has trained roughly 3,000 people from 753 jurisdictions throughout the United States. There are as many as 5,000 students on state and local waiting lists to attend the CDP courses.

The Center has the capacity to train 10,000 personnel per year, a goal that it hopes to meet in the 2003-2004 timeframe. The current budget (FY 2000) of the Center is approximately \$13 million per year, supporting a training effort at about a fourth of full capacity. It would require roughly \$30 million per year to operate at full capacity.

The CDP's facilities mostly inherited from the Army include modern indoor classrooms, a COBRA toxic agent training facility, and the use of a "Responder City" facility for advanced practical exercises. The toxic agents GB and VX, deadly nerve agents, are both used at the CDP, which has, as you might expect, exceptional, redundant safety systems. The only other comparable facility in the United States is the Army facility at Fort Leonard Wood, Missouri, which is primarily a military training facility.

The CDP's staff and faculty is drawn primarily from former military personnel, retired and serving emergency responders, and former Army civil servants at Fort McClellan. Instructors are nationally recognized experts with a minimum of 10 years experience in these fields. Only six of the Center's personnel are DoJ employees, while the balance work for five major contractors. While this might seem to be a recipe for coordination problems, the operation is virtually seamless and cooperation among the contractors appears to be superb. In all, management of this complex training center appears to be highly efficient and very effective.

Seldom in 3 decades in the military have I seen the enthusiasm on the part of both faculty and students that I witnessed at the Center. I recently shadowed a class of emergency responders going through their third and fourth day of their weeklong course. Both the classroom training, 50 percent hand-on, and the toxic agent portion of the course in the "COBRA Training Facility" were well presented and enthusiastically received. The words of one Philadelphia police lieutenant who

attended an incident commander course a year ago summarize the general tenor of student comments:

"I have been with the Police Department in Philadelphia for 20 years. In those years, I have received a lot of training. The COBRA training was by far the VERY BEST TRAINING I have ever received inside or outside the Department."

Recently, the CDP at Anniston had a cousin move into the neighborhood. The U.S. Public Health Service has recently instituted the Noble Training Center (NTC) at the former Army hospital at Fort McClellan. This 100-bed, functional hospital facility will be the only hospital-sized facility in the United States dedicated to medical training for WMD incidents. When fully functioning, this facility will have courses for hospital health care providers and for emergency medical personnel. It will have 3 fixed mass casualty decontamination stations, a mobile decon system, and many other modern facilities to help selected health care providers learn to cope with a WMD incident. When fully functioning, the CDP and the NTC will make Anniston a national training hub for WMD-related issues.

The Scale Problem

The biggest problem with the CDP is that even if it achieves its 10,000 per year training goal it will not make a dent in the emergency responder demand for training. There are nearly 9 million emergency responders, over 3 million of whom are police, fire, 911 operators, EMT, and public utility personnel. There are another 4 million health care providers who require training.

CDP is not alone in the training field. Interagency training teams led by DoD's Soldier Biological and Chemical Command (SBCCOM) have traveled to the nation's 120 largest cities under the auspices of the Nunn-Lugar-Domenici legislation of 1996. Moreover, fire and hazmat courses exist across the nation, and the National Fire Academy is also a leading trainer in this field. There is also a newly formed National Domestic Preparedness Consortium (NDPC) that will help fill the training gap. The NDPC includes several leading universities: Texas A&M, New Mexico Tech, and Louisiana State University.

All told, however, from 1996 to the end of 1999, only 134,000 responders have been trained to cope with terrorism and weapons of mass destruction. Only 2 percent of the 134,000 trained have had the benefit of instruction from the highly professional staff of the Center for Domestic Preparedness.

While there is, as the GAO recently pointed out, significant overlap and discoordination among and within the various agencies involved with training emergency responders, the overwhelming impression that I have is not one of inefficiency, but one of numerical inadequacy. All told, the DoD, DoJ, and interagency programs are not training enough people fast enough. As noted above, far too few have had the benefit of real toxic agent training.

In the near term, the following actions appear to be minimal fixes to this training problem:

- Fund the CDP at Anniston to allow it to achieve full capacity of 10,000 trainers per year. Also, continue to fund the NDPC and the USPHS's Noble Training Facility.
- Encourage departments who use the CDP to assign all of its graduates to training roles within the local departments.
- Coordinate with the U.S. Army to use any excess capacity of the Army's Chemical Corps facility at Fort Leonard Wood, Missouri to train emergency responders, hazardous material specialists, and incident commanders.
- Continue, at a minimum, the same level of interagency effort at mobile training after the Domestic Preparedness Program goes under DoJ control in October of this year.

In the long term, the federal government should:

- Continue to reassess equipment and training needs across the country.
- Determine the steady state number of people that will have to be trained to deal with terrorism and weapons of mass destruction.
- As initial needs are met, gradually abolish mobile training teams and replace them to the greatest extent possible with multilevel institutional training at full capacity CDP(s), other fixed training institutions, or Fort Leonard Wood, Missouri. The focus of this institutional training should be to train local trainers and officials.
- Develop a WMD "training and doctrine command" in Anniston, Alabama, the home of the CDP and the USPHS's Noble Training Center, or some other suitable facility.
- Establish a second CDP, probably in the western United States, to allow a greater number of responders to be trained in a toxic agent environment.

Dr. Joseph J. Collins is the director of CSIS's centerwide project on homeland defense. He solicits comments and input on this report or the associated recommendations. He can be contacted at jcollins@csis.org or 202-775-3170.