



DMORT NATIONAL NEWS

Disaster Mortuary Operational Response Team

FALL 2010

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**2010 NATIONAL DMORT
FIELD TRAINING EXERCISE**

Knoxville, Tennessee

May 17-21, 2010

Preface

The **National Disaster Medical System (NDMS)** is tasked with identifying, developing, and implementing a comprehensive and integrated training initiative, encompassing multiple medical, mortuary, and veterinary disciplines for a wide range of professional response personnel. These training initiatives greatly enhance the knowledge, skills, and abilities of these responders, to prepare them to function safely, effectively, and professionally during **Emergency Support Function (ESF)-#8** missions.

The **Program Development Branch (PDB)** is required to develop a comprehensive, professional, and integrated **Regional Training Initiative (RTI)**, to provide high quality didactic instructions and practical skills, in preparing NDMS responders for their medical and public health missions.

The mission of the PDB is to provide high quality training, education, and development services to meet requirements. PDB facilitates professional and personal excellence, enhances organizational effectiveness, and ensures the preparedness and readiness of the entire NDMS response force.

The PDB **Regional Training Program (RTP)** is a significant part of the overall **ASPR/OPEO ESF-#8** training program (**Assistant Secretary for Preparedness and Response/Office of**

Preparedness and Emergency Operations) and provides the opportunity for NDMS and ESF-#8 medical responders to practice and perform their functions, in a controlled setting, to adequately prepare them in reaching mission goals and objectives.

Another part of the RTI is the **National Specialty Training Program (NSTP)**, which includes the **Disaster Mortuary Operational Response Team (DMORT)** national training. This training provides a positive environment to share ideas among the various professionals on these specialty teams, which enhances the readiness, preparedness, and standardization of the responders.

Exercise Purpose

PDB will conduct a full-scale exercise to include the **Disaster Victim Identification Center (DMORT VIC)**, the **Disaster Portable Morgue Unit (DPMU)**, and the **Family Assistance Center (FAC)**, utilizing NDMS responders from all ten Regional DMORT teams. Also included are the **Family Assistance Center Team (FACT)** and the **DMORT Weapons of Mass Destruction Team (DMORT WMD)** for victim decontamination. The exercise will be supported by the **NDMS Logistics Response Assistance Team (LRAT)**.

This training focuses on the DMORT personnel in the FIRST-EVER full scale National Training Exercise, using cadaver remains, a fully operational DMORT WMD for victim decontamination, an operational FAC, and a functional morgue. Participants will work in as close to real world conditions as possible, using approved DMORT Standard Operating Procedures and local protocols. They will also develop a proficiency in new morgue technology. Additionally, this field exercise will provide the opportunity for the DMORT personnel to train, evaluate, and establish benchmarks for future response operations. Overall, this training will provide an unparalleled educational opportunity.

DMORT Exercise Objectives

Demonstrate the deployment, staging, operation, and demobilization of **HHS (Health and Human Services)/ASPR/OPEO/NDMS** field resources, both personnel and equipment, under disaster response field conditions, using the NDMS modular resource model – **Incident Command System (ICS)** and the **DMORT Standard Operating Procedures (SOP)**

Enhance the knowledge and skills of ESF-#8 responders in the utilization of the DPMU and **Victim Identification Program (VIP)** for victim identification and disposition

Employ integrated field command and control principles (**National Incident Management System – NIMS**) for ESF-#8 personnel, during all phases and levels of the field training exercise
Identify the strengths and weaknesses of the readiness and response of ESF-#8 resources to a major earthquake event, with an added emphasis on morgue operations, victim decontamination, and the management of the family assistance operation

Apply best practices and interpersonal communication skills to enhance the interoperability of ESF-#8 personnel, to provide an effective unified response

Identify, demonstrate, and evaluate best practices for responder safety, during all phases of the exercise

DMORT – FACT Exercise Objectives

Demonstrate the operational processes of NDMS/DMORT field resources, both personnel and equipment, under typical disaster response conditions, using the ICS and the FACT SOP

Enhance the knowledge and skills of FACT members in the utilization of VIP for victim identification and disposition

Employ integrated field command and control principles (NIMS) for FACT personnel, during all phases and levels of the field training exercise

Identify strengths and weaknesses of the readiness and response of FACT resources to a major earthquake event, with an added emphasis on family assistance center protocols, deployment, and **Base of Operations (BoO)** layout

Apply best practices and interpersonal communication skills to enhance the interoperability of FACT personnel in providing respect, dignity, compassion, and confidentiality to families of the deceased, local authorities, and all other involved persons with whom we interact

Identify, demonstrate, and evaluate best practices for responder safety, during all phases of the exercise

DMORT-WMD Exercise Objectives

Demonstrate the operational processes of DMORT-WMD field resources, both personnel and equipment, under typical disaster response conditions, using the ICS and WMD **Standard Operating Guidelines (SOG)**

Employ integrated field command and control principles (NIMS) for DMORT-WMD personnel, during all phases and levels of the field training exercise

Identify strengths and weaknesses of the readiness and response of DMORT-WMD resources to a major earthquake event, with an added emphasis on deployment, BoO layout, and the decontamination of human remains

Apply best practices and communication skills to enhance the interoperability of DMORT-WMD personnel in providing respect, dignity, compassion, and confidentiality to local authorities and all other involved persons with whom we interact

Identify, demonstrate, and evaluate best practices for responder safety, during all phases of the exercise

Disaster Simulation: Exercise Scenario

A 7.5-magnitude earthquake occurs along the **New Madrid Seismic Zone**, extending throughout large sections of the multi-state area, greatly impacting a population of approximately 10 million people. The primary cause of damage is the resultant ground shaking from the fault rupture. Quicksand-like conditions in areas of liquefaction contribute to the destabilization and collapse of numerous buildings, transportation structures, and utilities. The initial shock is followed by an 8.0-magnitude earthquake that causes further damage.

This scenario will create a mass fatality incident that exceeds the capabilities of the local and state government to manage. Federal assistance from NDMS-DMORT is requested by the local Medical Examiner through the local/state Emergency Operations Center.

DMORT personnel are to receive safety briefings, including review of emergency procedures. Once on site, team members receive human remains and provide decontamination services as needed, provide victim identification, establish a family assistance center, and provide for the disposition of remains for families who were impacted by the major earthquake.

The Base of Operations is established at the **Knoxville Fire Academy**, while the Victim Identification Center/Disaster Portable Morgue Unit is located at the **Knoxville Downtown Island Airport**.

Day 1 – May 17, 2010

The training commenced with welcoming statements from the following individuals:

Sterling Owen – Knoxville Police Department Chief

Terry Loveday – Knoxville Fire Department Assistant Chief

Dr. Darinka Mileusnic – Knox County Chief Medical Examiner

Alan Lawson – Knox County Emergency Management Director

Helga Scharf-Bell – NDMS Branch Chief, Program Development

Stephen Allen – NDMS Supervisory Program Specialist Section Chief-Training, Program Development

Jan Simons (DMORT V Training Officer) and **John Frasco, DDS** (DMORT VII Administrative Officer) – Lead Exercise Planners

Earthquake Basics and Seismology

Speaker: Dr. Gregory Baker

Dr. Gregory Baker, from the University of Tennessee, gave a detailed presentation about Earthquake Basics and Seismology. He stressed these major points:

Earthquakes are complex and difficult to predict.

The New Madrid Seismic Zone is complex and difficult to predict.

Hazards associated with the New Madrid Seismic Zone are complex and difficult to predict.

Earthquakes are basically a sudden motion or trembling in the earth, caused by the abrupt reline of slowly accumulated strained plates that are constantly and slowly moving. Over time, this motion will build up stress in an area, resulting in a release of energy.

Seismic Wave is a general term for all elastic waves, generated by an earthquake. Earthquakes are comprised of *Body Waves-Waves* and *Surface Waves*. Body Waves includes *P-Waves* (primary waves) and *S-Waves* (secondary waves). All waves produce various degrees of micro-fractures, as they travel through a stationary object in different speeds and directions. This explains the complexity of earthquakes, and the reason why there is no reliable method to deduce short-range predictions.

Due to the significant range of uncertainty in predicting earthquakes, a new term – *Earthquake Forecasting* – has been adapted. This theory uses probabilities and concentrates on active faults (both exposed and hidden), faults that are located in populated areas, and detailed field observations, to monitor the behavior of these faults.

Dr. Baker discussed the “*New Madrid Sequence*” of the 1811-1812 Earthquake. He recounted three factors:

The “Zone” produced four of the largest North American earthquakes in recorded history (greater than an 8.0), all occurring within a 3-month period between December 1811-February 1812.

Many of the published accounts describe the cumulative effect of all the earthquakes (known as the “New Madrid Sequence”) as extremely damaging.

Aftershocks followed over a period of several years, resulting in numerous hazards – ground motion, liquefactions, and river fluctuations

University of Tennessee Department of Anthropology: The Greatest Gift of All

Speaker: Lee Meadows-Jantz, PhD, Coordinator of the Forensic Anthropology Center and DMORT-WMD Team Member

Dr. Jantz delivered a compelling appeal to team members, reminding them that the remains, to be used in the training, were graciously loaned by the University of Tennessee, Department of Anthropology. She reinforced that the utmost respect and diligence need to be observed when working with these remains. The realism of the training’s simulated morgue exercise was due

largely to Dr. Jantz's influence and the university's generosity.

DMORT-WMD Chemical Spill Scenario

Speaker: Hank Ellison, DMORT-WMD Training Officer

In considering the scenario for the training exercise, **Hank Ellison** delivered a comprehensive review of diverse chemicals and solvents, and their dangerous implications, when inadvertently inhaled, ingested, or skin absorbed. Hexane, acetonitrile, methyl isocyanate, chlorine, phosgene, and methomyl are among the numerous chemicals, commonly found in industrial and agricultural facilities, which could pose hazardous conditions to humans, when released.

Introduction to ICS – Incident Command System

Speaker: Franklin Sebastian, DMORT X Commander

Franklin Sebastian defined the Incident Command System as a standardized, on-scene, incident management concept, encompassing all hazards. The primary purpose of the system is to keep responders safe and achieve tactical objectives, with an efficient use of resources. He detailed the National Incident Management System (NIMS), concentrating on preparedness and communication. The organization of the Incident Action Plan, including Chain of Command, Unity of Command, and Transfer of Command was also outlined.

Practical Application of the Incident Command System and Safety Briefing

Speakers: Michael O'Neil, DMORT I Commander

George Watson, AL-3 DMAT Safety Officer

Michael O'Neil explained the practical application of ICS, while working the Haiti mission. He noted that although all missions have their differences, a standardized incident management system allows for organization, even in a remote area such as Haiti.

George Watson reviewed safety issues for the upcoming training exercise, including safety at the training site, member accountability, potential injuries, environment concerns (extreme temperatures, weather hazards), and personal protective equipment.

Morgue Operations Series: May 18-20, 2010

Morgue Operations followed the guidelines of FOG and SOP. The Operations Section Chief established the process of storage and movement of remains. Trailer management, victim tracking, and escort procedures were identified and practiced. The National Response Framework (NRF) and Incident Command System (ICS) were used in the organizational structure.

The Incident Commander, chosen each day, made position assignments and developed the daily structure for the operation. Forensic positions were adequately staffed, including Mortuary

Services, Admitting and Processing, Refrigerated Storage, Body Escort, Triage, Photography, Personal Effects, Radiology, Fingerprinting, Dental, Pathology, Anthropology, Mental Health, Information Resources, Data Entry, Technical Support (IR Commuter System), Filer Manager, Logistics, Supply Unit, Facilities Unit, Communications, and Telecommunications.

The DPMU was set up, and Section Leaders followed accountability procedures for equipment and supplies, including the use of necessary forms.

Human remains were processed through the DMORT-WMD area and decontaminated beforehand.

FACT developed antemortem information and provided it to the DMORT Information Resource Group (IR), where comparisons of antemortem and postmortem data were conducted.

The LRAT was challenged with the task of assuring that all stations were fully stocked and completely cleaned at the end of each day.

Lecture Series: May 18-20, 2010

DMORT Operations Review: Readiness, Alert, Morgue Operations- Deployment Assignments

Speaker: Chuck Smith, DMORT VI Acting Commander

Chuck Smith provided a comprehensive presentation about DMORT: its inception, underlying mission, significance, and evolution over the years.

In 1992, **Tom Shepardson's** vision of DMORT, as a national public service resource during emergency events, became reality. Currently, over 1,200 team members, with various skills and expertise from around the country, have adapted the same selflessness and dedication.

Components of equal significance that contribute to the success of DMORT include: Site Recovery, FACT, Morgue Operations, and Information Resources (part of Morgue Operations).

Chuck highlighted some of the considerable aspects of several DMORT classifications:

Site Recovery – safety concerns, documentation, and respect for human remains

FACT – fully operational family center, call center, family issues, collection of ante-mortem information and reference DNA

Information Resources (IR) – operates under morgue operations, interacts with all three operational areas, communicates with private and public sectors

Morgue Operations – Reception, Photography, Personal Effects, Full Body X-rays, Pathology, Dental, Fingerprinting, DNA, Anthropology, Embalming and Casketing

Trailer Management – mapping of trailers, release of remains, maintenance of the trailers

Employee Responsibilities, Travel, and Travel Cards

Speakers: Sue Atwood, DMORT V Administrative Officer

Cindy Mathews, DMORT VI Administrative Officer

John Frasco, DDS, DMORT VII Administrative Officer

Barbara Salazar, DMORT IX Administrative Officer

Bill Devir, MWG and OH-5 DMAT Training Officer

Cindy Mathews reminded team members to constantly keep their Regional Team Administrative Officer updated with contact information, current phone numbers, email addresses, bank information, place of residency, licensure, name changes, etc. She also reviewed the stages of deployment: Advisory, Alert, Activation, Deployment, and Demobilization. It is critical to be aware of potential deployment, and alert family and employers. Cindy strongly emphasized that team members need to be honest with themselves when committing to deployments – this includes, work obligations, family situations, and personal health status (mental, emotional, and physical). While on deployment, it is imperative that all team members adhere to the *DMORT Code of Conduct* and watch out for each other.

Dr. John Frasco reviewed Federal Travel Regulations (FTR), Travel Policy and Reimbursement, USERRA, Stafford Act, Government Travel Cards, Code of Conduct, Special Government Employee/Intermittent Federal Employee, Required Immunizations (*Tdap*, annual Influenza, Hepatitis B, and annual PPD), Voucher Worksheets, and Receipt Submissions for Reimbursement. Always refer to your team's Administrative Officer as the first source of contact on deployment and demobilization. The second source of contact is the **NDMS Operations Center** (1-800-USA-NDMS) or (1-800- 872-6367).

Sue Atwood discussed deployment packing. Team members should have a basic pre-packed bag (2 weeks worth) ready to go. Conditions that need to be considered when packing include: type of disaster, regional weather, and lodging accommodations. It is always best to be prepared for the *worst case scenario*. Some of the items in the basic deployment pack are clothing, financial needs, basic personal items, medications, immunization card, first aid kit, garbage bags, flashlight, and batteries. DO NOT pack valuables, laptops, or cameras. Sue also explained how to access *My Pay*, in order to change personal information and check deposit activity. Call your Administrative Officer with any problems or call 1-888-DFAS-411.

HYPERLINK "<http://mypay.dfas.mil/mypas.aspx>" <http://mypay.dfas.mil/mypas.aspx>

Operational deployed NDMS Response Teams are covered under the Uniformed Services Employment and Re-Employment Rights Act (USERRA), receive Federal wages, workers' compensation coverage, and licensure reciprocity. **Barbara Salazar** emphasized the importance of submitting updated professional licenses to your Administrative Officers. Valid professional licenses are accepted for practice in all states when team members are activated. Team members are required to update their licenses directly with *Credential Smart*. She also commented on the "Do's and Don'ts" of when to wear the NDMS identification badge, which is considered a federal document. The badge needs to be accountable (report to your Administrative Officer, if it is lost or stolen), and it is not to be used as identification in official travel.

Bill Devir reviewed uniform protocol – clearly outlined in the DMORT SOP’s. He informed members that because changes can occur in these protocols, patches and tapes should not be discarded when removed from the uniform.

Hazmat Terminology

Speaker: Hank Ellison, DMORT-WMD Training Officer

Hank Ellison explained material classifications considering physical and chemical properties – gas, liquid, solid, volatility, solubility, persistence, and degradation. Types of hazardous materials can be characterized by toxicity and routes of exposure, flammability, reactivity, and radioactivity. Monitoring systems are available for air and liquids. Based on the chemical hazard, Personal Protective Equipment (PPE) levels are determined, from Level A (highest level of protection to Level D (no respiratory protection requirement). Level C protection (protection against corrosive and dermal exposure) is the most commonly seen and will be utilized during the exercise scenario. Hank then reviewed the decontamination zones – red, yellow and blue, cleaning agents, decontamination vs. disinfection, and waste disposal.

IRCT/DMORT Relationship

Speaker: Melissa Sanders, Office of Preparedness and Emergency Operations

Melissa Sanders delivered a thorough explanation regarding the elements of **HHS/NDMS Command and Control**.

ASPR Structure:

ASPR is organized around four program offices which implement ASPR’s responsibilities, with an Immediate Office of the Assistant Secretary, which provides leadership and ensures managerial operations are carried out. The four program offices are:

OPEO – Office of Preparedness and Emergency Operations

BARDA – Office of Biomedical Advanced Research and Development Authority

OMSPH – Office of Medicine, Science, and Public Health

OPSP – Office of Policy and Strategic Planning

DMORT is categorized with the OPEO, whose responsibilities include:

Ensure preparedness through developing operational plans and analytical products

Develop and participate in training exercises

Ensure ASPR has needed systems, logistical support, and procedures to meet emergency response needs

Lead interagency preparedness and response for public health and medical under ESF-#8 and Homeland Security Presidential Directive (HSPD)-#10

Manage the Secretary’s Operation Center (SOC)

Trains and manages the Incident Response Coordination Team (IRCT)

Plans, implements, and evaluates HHS readiness response exercises
Manages HHS Continuity of Operations (COOP) and Compliance Program Guidance (CPG)
Manages the NDMS and Federal Medical Stations (FMS)
Integrates mass casualty preparedness activities, consistent with NIMS and the National Response Plan (NRP) Catastrophic Annex
Primary liaison with Health Resources and Services Administration (HRSA) on hospital preparedness

The **Incident Response Coordination Team (IRCT)** provides the necessary linkage between the national level strategic planning provided by the **Secretary's Operation Center (SOC)/Emergency Management Group (EMG)** and the Teams in the field that provide tactical direction and resources. The IRCT communicates the EMG concept and goals for the employment of health and medical resources, in support of the **SOC/EMG Incident Coordination Plan (ICP)** through the **IRCT's Incident Action Plan (IAP)**, which contains general control objectives reflecting overall incident strategic and specific action plans for the next operational period.

NDMS Logistics

Speaker: Jimmy Phillips, Office of Preparedness and Emergency Operations

Jimmy Phillips defined the ICS (Incident Command System) and where the Logistics Section was positioned in the organization chart. NDMS response teams use ICS during the time of team readiness and deployment. The number of positions within ICS can be expanded or scaled back as needed. The **Incident Commander (IC)** is responsible for all incident activities – development of strategies, tactics, and requests release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

The **Logistics Section** is responsible for providing facilities, services, and materials for the incident. Subsections of Logistics are the Service Branch (Communication Unit, Medical Unit, and Food Unit) and Support Branch (Supply Unit, Facilities Unit, and Ground Support Unit). The ASPR goal is to have personnel and equipment on-site at the deployment location within 12 hours. Not only is logistics essential at the time of activation, but it is also critical during recovery after an incident – a complete inventory needs to be conducted, and equipment is decontaminated and checked for operability or serviced.

Medical Deployment Issues

Speaker: Joe White, M.D., DMORT-WMD Medical Director

Dr. White stressed that team members should be at their best physical and mental condition possible and maintain current health records. Standard immunizations are the Hepatitis B series,

Tetanus booster, Flu vaccine, and Annual TB (Tuberculin) Skin Test. Other immunizations, such as Hepatitis A, Typhoid, Pertussis, Diphtheria, and Pneumonia are dependent on specific area or place of deployment. It is interesting to note that foot problems are the most prevalent health problem on deployment; therefore, keeping feet dry and reducing friction within foot covering should be considered.

Safety and Security Issues

Speaker: George Watson, AL-3 DMAT Safety Officer

George Watson addressed tactical principles: personal awareness and common sense, in regards to Base of Operations emergencies. It is important to designate someone (Safety Officer), when setting up an operation, to oversee safety and security issues. Some of the situations which need to be accounted for are fires, immediate evacuation plans, contaminated patients, bomb threats, and armed patients.

Weapons of Mass Destruction (WMD)

Speakers: Dale Downey, DMORT-WMD Commander

Nathan "Steve" Tinder, DMORT-WMD Deputy Commander

Leonard Parker, DMORT-WMD Deputy Commander

Doug "Digger" Nobles, DMORT-WMD Logistics Chief

Dale Downey and his team delivered a comprehensive presentation about the evolution of DMORT-WMD and its current status.

They demonstrated how the DMORT-WMD team sets up their cache and work area, independent of the DMORT DPMU for the incident morgue. They also detailed the process of decontaminating human remains, prior to being delivered to the morgue admitting/storage section, to reach a level that is safe and not pose a hazardous effect on DMORT team members. If the remains cannot be effectively cleaned, they will not be released into the incident morgue, and other decontamination procedures will be used to process the remains.

Family Assistance Core Team (FACT)

Speakers: Jennie Thommen, FACT Commander

Don Bloom, FACT Deputy Commander

Arbie Goings, FACT Administrative Officer

Jennie Thommen and her team gave an overview of the FACT and its role in DMORT deployments. The purpose of the FACT is to offer support and assistance to people most affected by the disaster. The team generally provides a wide range of services, including ante/post-mortem victim identification, social, psychological, and spiritual services, with the objective to help the

affected population return to normalcy as soon as possible. The objective is to establish a FACT, which is a loose coalition of federal, state, and private employees and volunteers, who function under the unified command system. Jennie described the infrastructure necessary to perform the tasks of operating a FACT Center.

There are many factors that influence the data collection process. Family briefings, family site visits, scheduling, and family arrival dates will impact the outcome time frame. Emphasis was placed on the need to collect accurate antemortem data, and how this is accomplished. The size of the team and how it is assembled was also discussed.

Don Bloom informed the team of the current updates to the Victim Identification Program (VIP) and the ongoing changes and improvements necessary to maintain its accuracy and proficiency at deployments.

Haiti Panel

*Speakers: Michael O'Neil, DMORT I Commander
Cotton Howell, DMORT IV Commander
Franklin Sebastian, DMORT X Commander
Don Bloom, FACT Deputy Commander*

The panel discussed the DMORT Response in Haiti, following a 7.0 magnitude earthquake, which occurred on January 12, 2010. They presented an overview of the mission, including IRCT, DMORT's role, morgue set up, FACT operation in Miami, and the conditions in Haiti.

The 2010 Haiti earthquake affected approximately three million people. The Haitian Government reported that an estimated 230,000 people had died, 300,000 had been injured and 1,000,000 made homeless. They also estimated that 250,000 residences and 30,000 commercial buildings had collapsed or were severely damaged.

Many countries responded to appeals for humanitarian aid, pledging funds and dispatching rescue and medical teams, engineers and support personnel. Communication systems, air, land, and sea transport facilities, hospitals, and electrical networks had been damaged by the earthquake, which slowed the rescue and aid efforts. Confusion over who was in charge, air traffic congestion, and problems with prioritization of flights further complicated early relief work.

Port-au-Prince's morgues were quickly overwhelmed with tens of thousands of bodies having to be buried in mass graves. As rescues lessened, supplies, medical care and sanitation became priorities. Delays in aid distribution led to angry appeals from aid workers and survivors, and looting and sporadic violence were observed.

Guest Speaker: Dr. William Bass

Dr. Bass of the Forensic Anthropology Center in Knoxville, Tennessee chronicled the founding and creation of the *Body Farm* in 1980. Three acres of land, located behind the University of Tennessee Hospital was the ideal area to study the human body as it undergoes an active decaying state. Blow fly life cycles, growth periods of the fly larvae (maggots), and maggot trails are examples of what researchers are documenting in the field.

Overall, this was a very instructional and informative training.

Be sure to mark your calendars now and save the date!

The 2011 Integrated Medical, Public Health, Preparedness and Response Training Summit will be held May 1-5, 2011 in Grapevine, Texas. Pre-training workshops will take place May 1-2, 2011 and the Main Training Summit will be held May 3-5, 2011.

This Integrated Training Summit is co-sponsored by the U.S. Department of Health and Human Services (HHS) and the Chesapeake Health Education Program, Inc. The Training Summit brings together HHS partners including the National Disaster Medical System (NDMS), the Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), and the Office of Force Readiness and Deployment (OFRD).

For additional information, please go to www.integratedtrainingsummit.org. Registration for the training summit and hotel information will be posted on this website this December.

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