

# That Was Then, This Is Now

## Transcript: U.S. Army Directorate of Prevention, Resilience and Readiness Outreach Webinar

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### **Presenter:**

Barrye L. Price, Ph.D., Major General, US Army, Retired

**Lyteria Walker:**      [00:04](#)

Welcome to the Directorate of Prevention, Resilience and Readiness Outreach Webinar for January. At this time, all participants are in listen-only mode. However, you may ask questions at any time by placing them in the Q&A box. There will be several opportunities for questions throughout the webinar, and we should have some time at the very end as well. Today's webinar has been approved for one hour of live continuing education units. Participants must obtain CEU certification through their local commanders by downloading the webinar presentation slides as attendance verification. The slides will be posted in the chat box at the end of the webinar and emailed to registered participants as well. Please note that the views of DPRR Outreach Webinar presenters are their very own and are not endorsed by the Department of the Army or the Department of Defense. This month, our guest is Major General (retired) Barrye L. Price.

**Lyteria Walker:**      [01:06](#)

Major General Price is the president and CEO of Community Anti-Drug Coalitions of America, also known as CADCA, and the 1985 Distinguished Military Graduate of the University of Houston's College of Business Administration. He holds an MA in History from Texas A&M University (1994), a PhD in History from Texas A&M University (1997), and an MS in National Security Strategy from the National Defense University (2004), with 31 years of service in the United States Army. His career highlights include commanding the 5th Replacement Company at Fort Polk, serving as Regimental Adjutant in both Kuwait and Germany, and as assistant professor of military history at West Point. He has held key positions such as White House Fellow Battalion Commander at Fort Corson, Brigade Commander at Great Lakes Naval Station, and Deputy Chief of Staff at Fort Bragg. Major General Price, sir, thank you so much for joining us this morning. Please take it away.

**Barrye L. Price:**      [02:27](#)

Thank you for that wonderful introduction. My mother would be proud. Thank you for inviting me for this great opportunity.

Good morning everyone, it's an honor to join each of you today. My topic is "That was then, and this is now." Sometimes if we don't know the history from whence we've come, we'll make the same mistakes again. Our focus then, just fifteen years ago in 2011, was exclusively on Soldiers, though we now know that the challenges can be even more prevalent within the families of those Soldiers. Our focus was on services and training for our Soldiers. These Soldiers might move out of the Army to civilian roles, oftentimes qualifying them for jobs with resumes, but not investing in their training.

Barrye L. Price: [03:33](#)

I'm really pleased that this continuing education opportunity exists today. We had the worst suicide rates in the Army's history in 2011. We connected the dots of why almost 100% of the time after the fact. The Army solution in those days was to get General Officers involved: they couldn't solve it. And the reality is the problem, and the solutions were really more localized than that, that you needed the squad leader involved. You needed platoon sergeants involved. You needed platoon leaders involved. You needed Company Commanders and First Sergeants involved. And so we started moving in that direction. Movies were made to highlight the rampant sexual assaults within the Department of Defense. I actually had to go to the Secretary of the Army to override the Chief of Staff's decision not to show the movie *The Invisible War* to All General Officers during a SHARP Conference.

Barrye L. Price: [04:45](#)

I believe that movie really created empathy within senior leaders and moved them from, "it's not so bad," to "we got a problem, and we need to deal with it," because that movie forced them to not only look at themselves and their formations, but to consider their daughters, their wives, their sisters, and it really had that effect. We fused all the catalyzing traumatic events that were symptoms of suicide together under one Directorate, and I led that Directorate. We even got the Army G-3 to give up its hold on Resilience to G-1. And I was on the ground, and in fact created the Ready and Resilient Directorate. During my comments, I'd like to give you the "why" for what was done, as I am the person in most cases who actually did it, and I have the scars to show for it.

Barrye L. Price: [06:01](#)

So then, our focus was almost primarily on Soldiers, not really their families. These are all of the contributing factors that we had to deal with, and some of them we didn't know the challenges of. There was a belief that PTSD wasn't real. In fact, the Army in its infinite wisdom dropped the D and just called it PTS. I'm married to a psychiatrist, and I remember my first briefing with the Vice Chief of Staff, and I asked him, "Where did

you get your medical degree from?" He said, "I don't have a medical degree," and I said, "Well, why did you just drop the D? It's a real disorder. There are symptoms and signs that validate that." But we were buying into the myth that it was just a syndrome, not really a disorder. With deployments, we didn't fully understand all the challenges that it put on the Soldiers, not to mention the families.

Barrye L. Price: [07:15](#)

If you looked at the deployment cycle, the report that we G-1s would do, we had a majority, 75% of the Army deployed. In reality, it was the same Soldiers going over and over again, three or four times, because they were in special tactical units. We had tremendous challenges when those units would come back, and they would break up those units. That was the tribe in which behavioral health and care was coming because those units had a shared experience, and then they would break up those units. Disability evaluation was a tremendous challenge in those days. It could take upwards of a year and a half for Soldiers to go through a disability evaluation so they could get out.

Barrye L. Price: [08:19](#)

We had a lot of Soldiers committing suicide who were within that system. Suicide has always been a challenge. Sexual harassment and assault were at their all-time worst because leaders were deploying and leaving their commands to surrogates. Transition to civilian life has always been very difficult for Soldiers. All of these things impact their relationship. All of these things are stressors on the Force. We worked with the University of Pennsylvania to develop resilience training because we knew that resilience has tremendous properties. When faced with stress or adversity, resilience is a key factor in the mental, emotional, and behavioral ability to cope with and recover from hardship and hard experiences.

Barrye L. Price: [09:28](#)

They (the University of Pennsylvania) achieved positive outcomes. They helped Soldiers adapt to change and to grow from those varied experiences. We began to infuse resilience training into our formations. This was the purpose of the Ready and Resilient Directorate, to bring life to the Army. When we traveled throughout the Army, not just domestically but abroad as well, to all of our installations, we began to introduce Ready and Resilient, and why it was very important that all our Soldiers take resilience training. These are some of the remedies that we've found with resilience training. Those of you who have been through the training know the importance of hunting for the good stuff. Naturally, our minds tend to go to

the negative, but when you hunt for the good stuff we can put a positive spin on it.

Barrye L. Price: [10:35](#)

We saw the impacts of assertive communication. We taught Soldiers problem solving skills, taught them how to put things in perspective. We helped them avoid those thinking traps and to detect icebergs. With these icebergs, what you see above the surface is beautiful, but what's below the surface will kill you. We taught them to see their own strengths and the strengths in others, and how to identify challenges, thoughts, and consequences. We found that this was a game changer. PT scores improved. Marksmanship scores improved. Soldiers became better husbands and fathers, better friends, better members of their platoons, more accountable for themselves and more responsible.

Barrye L. Price: [11:48](#)

So that was Then, and now I want to show you Now. This is a real-life incident that embodies why Ready and Resilient is important. There's a tool that you use now called the Commander's Risk Reduction toolkit, and the idea was that it would help condense a lot of things together and help you solve a situation like this. In this situation, a person shot and killed 13 people and wounded another 15. Look at all of these conditions. He was on psychotropic medications. He had a confidential relationship with the chaplain, so he couldn't say anything.

Barrye L. Price: [12:54](#)

His grandmother died and he couldn't go to the funeral. He was divorced once and remarried, and now his current wife had cancer. He was bankrupt but couldn't afford the \$250 fee to process for bankrupt. He was reclassified and moved from Fort Bliss, Texas to Fort Hood. As he went to Fort Leavenworth he was reclassified from armor to being a truck driver. PCS to Fort Hood had just arrived. There was no concern with getting his family settled: he was told, "you're going to deploy, you're going to deploy in 10 days." His family wasn't set. No warm handoff from any of these things.

Barrye L. Price: [14:01](#)

All of this stuff, all of these risk factors are in the room with this kid. Who knows all of this stuff? The only somebody that knows all of this stuff is this Soldier. As it turned out, his rampage in the last Fort Hood shooting was suicide by cop. He had all those pressures on him. Imagine if somebody had known. That's why we built this thing that leaders now have at the Company and the Battalion level. While I was the director, we found many impediments and roadblocks to information sharing. The law enforcement people and legal services had their stuff and wouldn't share it with anybody.

- Barrye L. Price: [15:18](#) The medical people had HIPAA, so Family Advocacy Defense couldn't get information on anybody because they didn't want to violate HIPAA. With financial situations, Army Community Service sometimes knew if the commander signed for it, but oftentimes they didn't know about it, or they signed for it, believing it was a one-time occurrence, and never really thought about it. In the personnel system, all of these systems that were in place on sexual assault, nobody was sharing their information. Imagine that kid, Lopez, if his command had access to all of the things that were going on in his life. They could have channeled him to help seeking behaviors.
- Barrye L. Price: [16:29](#) They could have helped him to get his family settled. Told him, "You're not going to deploy. We need to get somebody else to deploy." They could always get somebody from a different unit to deploy in this place. Oh, by the way, he was not very well conversant in English. There was a language barrier as well. We decided that we needed a system to identify high risk factors in Soldiers. That would be in one site to analyze Soldier's risk, and what's the possibility? What are those impediments to that Soldier's life? We put all of this into a Commander's Risk Reduction Dashboard that was designed to give commanders three to six months before the transfer so that the leaders in the unit can look at that Soldier and see him or her on this toolkit.
- Barrye L. Price: [17:58](#) Within the toolkit, they can put in their name and see all of the issues that this Soldier might be facing, so that when you in-process the Soldier, you can channel them to help-seeking behavior. There's no secrets. One of the things that most people do is when there's something bad in their life, they suppress it. This is really for the program managers. As I said at the beginning, when I was a lieutenant, the Army sent me to a basic course to teach me how to be a lieutenant.
- Barrye L. Price: [19:00](#) When I was a captain, they sent me to an advanced course that taught me how to be a captain; when I was a major, they sent me to Command General Staff College where I learned out to be a major; when I was going to be a professor at West Point they sent me to get a PhD so I could learn how to be a professor of history; when I was a lieutenant colonel and a colonel they sent me to the War college to teach me how to be a colonel; when I was a battalion commander and brigade commander, they sent me to school to teach me how to be a battalion and a brigade commander; and when I was a General Officer, they sent me to all kinds of training to equip me to be a General Officer, one star and two star and beyond.

- Barrye L. Price: [19:47](#)
- We don't do that with our civilian treasures. You qualify for the job based on past experience, based on what you write on your resume, and then it's basically on the job training. What you guys are doing now, they didn't do it during my day. I lead an organization called CADCA, which is the premier prevention organization in the world, not in the United States, but in the whole world. We train people in the art and science of prevention in the varied disciplines that you all are dealing with. We have three main areas that we focus on. The first is education. If you all came to us, we would send you on an 18-month long training, with three weeks of in-person training and then asynchronous learning in between where you would develop documents and assess your environment. Every organization, every installation is very different. The challenges that beset one installation may not be the challenges that beset another. We teach you how to do an environmental scan to assess the norms in your particular community, to look at things like what are your commercials like, what is signage like? If you live on an installation, and they have a shop with cigarettes or miniature alcohol bottles right at the checkout register, that would be a part of the environmental scan.
- Barrye L. Price: [21:46](#)
- We would help you to create a logic model that would show the way you're going to deal with the issues in your community. It looks at all the issues, and then it comes up with solutions and ways to go about solving those things. We help you to develop a strategic plan that's focused on your unique community. It's not a one size fits all endeavor. Then we help you develop an evaluation plan, and then finally we teach you how to sustain it over the course of time. The second line of effort is training.
- Barrye L. Price: [22:41](#)
- We have two training events annually. One of them is the National Leadership Forum is always in National Harbor, in Oxon Hill, Maryland, right outside of DC. At that event you are exposed to thought leaders, latest innovations, emerging topics, and tools and devices. We learned at this event about a product called Deterra from a company called Verde, where you can put unused pills, especially opioids, benzodiazepine, stimulants, and hypnotics; put them in this bag, put hot water in it, seal the bag, shake it, and then you can throw it in the garbage.
- Barrye L. Price: [23:58](#)
- It's biodegradable, and it makes the pills irretrievable and inert. It even works on CS capsules for the Army. And that's just one of the things. There was a thing called SOLVD, which is a DNA test. You can do a swab of your gums and your saliva can tell you whether you are at moderate or high risk for a substance use disorder. Think of what a game changer that can be. Our midyear is a deeper training. It's half-day trainings, and it's

really designed to make you experts in the science and art of prevention.

- Barrye L. Price: [25:01](#) The third line of effort is membership. We like to say that like American Express our membership has its privileges. It provides you and your installation with online training so you can stay current on germane topics. It provides you access to coalitions throughout the United States, provides you with webinars like Research and Action, and provides you with data driven documents that we have, like on electronic nicotine devices or the legalization of marijuana and how that affects you. I'll use that one as an example, where it shows you how you can opt out in your particular communities even though a state passes legislation that has legalized it. That document tells you how to deal with distributors. We have another one on fentanyl and opioids, and one on methamphetamines, which are all very topical issues within our country.
- Barrye L. Price: [26:42](#) The first line of effort brings certification. We certify and validate you as a prevention specialist. The second line of effort is about currency. It keeps you current in the latest and the greatest. Our organization is an international organization that was formed to look at substance use, abuse, misuse, and prevention. But we do suicide, we do Alzheimer's training. We're embracing the entire spectrum of prevention. Our training is designed to bring you currency, so it's not a one-and-done. We usually have about 78 topics that we deal with out of a pool of about 300 submissions that come from thought leaders.
- Barrye L. Price: [27:53](#) The final focus, membership, is the connection. It connects you to like-minded people and to prevention specialists throughout the United States. Those specialists aren't just people who are doing work within the Department of the Army, but also people who are working on the outside.
- Lytaria Walker: [28:35](#) Thank you, sir. We will now take a few questions from the audience. If you would like to ask a question, please type your question in the Q&A box at this time and we will read them aloud. There will be a short delay before the first question is announced. Are you doing any coordination with Army IPS?
- Barrye L. Price: [30:33](#) The answer is yes.
- Lytaria Walker: [30:36](#) Do you integrate financial readiness into your model?

Barrye L. Price:	<a href="#"><u>30:42</u></a>	As we build our academies we would have a discussion with each academy about what are the needs of each academy, and we could certainly integrate financial readiness. We do train on financial readiness, but that's mostly for youth.
Lytaria Walker:	<a href="#"><u>31:19</u></a>	What is your response to Commanders who state they don't have time to access the Command Risk Reduction Dashboard?
Barrye L. Price:	<a href="#"><u>31:29</u></a>	I did a briefing a year ago with the Special Forces Command. They didn't realize that the Dashboard is really an intelligence device that acts as a sensor that empowers them to know what's going on with their treasure even before they get there. It's not something that you need to check every day. You can set the parameters on it where it'll ping if there's something new. It's really designed to take the guesswork out. Like I showed with the Lopez story, there were individuals who knew parts of what was going on, but they weren't sharing it with anybody. The reality is that we have to get commanders to use the tool. It doesn't take a lot of time to use, and it's a remarkable tool that empowers commanders to channel their Soldiers to help-seeking behavior.
Lytaria Walker:	<a href="#"><u>33:31</u></a>	Based on what you did previously for G-1, where do you see our gaps, and how can we partner with you?
Barrye L. Price:	<a href="#"><u>33:49</u></a>	I came back to the Army when I saw they were establishing a prevention specialist, knowing that they'd be building the aircraft while it's in flight and using Kentucky Windage: nothing that really tells them how to do the job and what people have done before. My organization has an opportunity to empower this new force to be an expert in what they do, to be certified in what they do, and then to be agents of change on those installations. The major gap is that we don't train. We haven't invested in our civilian treasure to equip them to do the jobs.
Lytaria Walker:	<a href="#"><u>35:17</u></a>	Do you have any thoughts on team resilience versus individual resilience? Can units be resilient as an organization?
Barrye L. Price:	<a href="#"><u>35:33</u></a>	Resilience is a building block. Individual resilience teaches people to overcome hardships and to look at challenges as opportunities. It's a growth model that teaches them the ability to bounce back and recover, to grow and thrive from setbacks. It helps them and enables them to think accurately about causes and problems. It helps to strengthen relationships and bonds. It is healthy and it helps individuals so that they are less likely to get sick. At the end of the day, I think it's a force multiplier for units. I think that as the individual becomes more resilient the unit absolutely does.



Barrye L. Price:	<a href="#"><u>36:35</u></a>	If you've ever been a part of a unit that's had a suicide it doesn't just affect the individual who committed suicide. It affects the squad, it affects the platoon, it impacts the company, and to a lesser degree it does impact the larger battalion formation. Sometimes, we relax and forget about our training when we're going through it, but that's where your battle buddy comes in to remind you. And then everybody's resilient. It helps the tribe to become more resilient.
Lytaria Walker:	<a href="#"><u>37:41</u></a>	Does this training also incorporate spiritual fitness?
Barrye L. Price:	<a href="#"><u>37:45</u></a>	Yes. The interesting thing is the spiritual component really permeates through everything that we do. If you don't have faith or belief in something, then how do you get out of things? If you have nothing to fall back on, how do you come out of crisis?
Lytaria Walker:	<a href="#"><u>38:33</u></a>	Is there a repository of best practices for us to draw from? Do you contribute to prevention.mil?
Barrye L. Price:	<a href="#"><u>38:46</u></a>	No. I wasn't aware of the prevention.mil website. And there is not a single repository. You have a lot of organizations that are prevention-lite and then you have my organization that's prevention-centric. There are things on our site that are the result of lessons learned, but it's not a Q&A center. We're getting ready to do an evidence-based report on psychedelics because there is a fervor within our country on what mushrooms and psychedelics might do that could be positive.
Barrye L. Price:	<a href="#"><u>39:56</u></a>	We did the one on marijuana because one of the things that they weren't doing is talking about was how it was affecting kids. Kids are going to find a way to get after anything that's legally on the market. The marijuana that we see now is far more potent than the marijuana from the 80s, 90s, and early 2000s. We know a lot more now about your DNA, body chemistry, and brain. In our documents you'll see the science of it, but it's written in lay language so that the common user understands and can apply it.
Lytaria Walker:	<a href="#"><u>41:19</u></a>	How often are statistics gathered from Ready and Resilient to measure its effectiveness with problem identification and problem solving?
Barrye L. Price:	<a href="#"><u>41:33</u></a>	When I was in HRPD, which is what Ready and Resilient was called before, we were doing a suicide report every month to Congress. We would just get lambasted every month because the suicides were so high. I was new to the job, and I said, "Why

am I asking for this butt whooping from Congress every month by sending this report?" And it was because that's what they had always done. So I said, "Next month, I'm not going to send it!" I didn't send it, and I waited for 60 days, then for 90 days, and then I never sent it again. They'd read it if I sent it, but they weren't asking for it.

Barrye L. Price: [42:53](#)

The reality is, we couldn't focus on the fight ahead of us because we were always fighting the fight that was behind us. The Army doesn't do a lot of statistics on things that may not be going as well as they'd like them to, so I don't know if they have any statistical data that supports how it's working. I know that we had anecdotal data from units, and we saw clearly that units who had gone through resilience training had better marksmanship, PT, and better integrated women. At the time we had just opened all these specialties to women in the Army. Resilience training was really about greater self-awareness, and that's what it provided. I don't think they had any specific data that spoke to it.

Lytaria Walker: [44:11](#)

What approaches do you believe have the biggest ROI for service members with limited time and budgets? Where do you feel is the best application of these limited resources?

Barrye L. Price: [44:26](#)

One of the things that's problematic with the Army is that we're too command-centric. The commander is like the king or the queen. And all of these people talk to the commander and they're just trying to survive the meeting. We need a more collaborative approach, and that's what we teach. We're prevention specialists who provide the commander with insights that will help them to make better and more informed decisions. One of the things that prevention training does is that it helps reduce stigma within those organizations. One of the things that you really want is for people to talk about what's going on with them so they can funnel themselves towards more help-seeking behavior.

Lytaria Walker: [45:38](#)

What has been the Army's history with certified Substance Abuse Prevention specialist? Is the Army considering supporting this professional development and credentialing process for their prevention SMEs?

Barrye L. Price: [45:56](#)

They've never had them. What we'd like to do is to actually help them to do what they're supposed to do. We have the skill and the training, and we can teach them how to do that throughout the installations within the Army. This is an opportunity, I believe, where the audio of what it's supposed to do can match the video of what it will do.

Lytaria Walker:	<a href="#"><u>46:39</u></a>	Is this integrated with or available to the DCSA's Insider Threat Program?
Barrye L. Price:	<a href="#"><u>46:58</u></a>	The answer to the question is absolutely. One of the things that all prevention specialists can gain from us is that we equip you to do your job. We teach you the art and science of prevention. We teach you a prevention framework called the Strategic Prevention Framework. We teach you protective factors and risk factors that are both individual and environmental and then how to navigate that space. We teach you how to assess the environment and to see the things that are wrong in your environment. We teach you how to create a logic model that helps you to solve those problems. We help you to create a strategic prevention plan that's unique to your particular organization and then we teach you how to evaluate how well it's working.
Barrye L. Price:	<a href="#"><u>48:11</u></a>	It's not one and done, it's continuous. The environment continues to change, and risk factors continue to change. We teach you how to sustain, we teach you what we call our Factors of Community Change and that's what makes us different. We don't have a program; we have a strategy. We don't solve any of your problems, we teach you how to solve your problem.
Lytaria Walker:	<a href="#"><u>48:56</u></a>	What solutions to cultural obstacles do you see will have short term success? And how do we resolve sociopolitical obstacles over the long term?
Barrye L. Price:	<a href="#"><u>49:14</u></a>	I'd be a billionaire if I could answer that question. I was watching a program a couple years ago about the migration of wildebeest across the Serengeti. Stick with me, I'm making a point. Well, I'm watching this program, and a baby wildebeest found itself mixed in with a herd of zebras. And the sire zebra, which is usually a docile and nonviolent animal, stamped that baby wildebeest to death. Now, why did he do that?
Barrye L. Price:	<a href="#"><u>50:37</u></a>	Because he was different. There is no issue with being different, the challenge is acknowledging and accepting those differences. The political landscape is changing every single day. How do we change the culture? Top down is the way it has to work. When you have new ideas, and when leaders see that they work, and they begin to see the change that's taking place within their formations, they embrace it.
Lytaria Walker:	<a href="#"><u>51:27</u></a>	What would be the best way to get a command team into your training?

Barrye L. Price: [51:36](#) They just need to sign up for it. and one of the things that we're working on with G-9 and Renee Johnson and others, is to set the conditions so that we can take our training to, to all the installations within the Army. We'll bring it to you and so that way you can go through it, and then what we'll do is we'll connect you even with each other so that you can talk to each other. But, but I think wholly it will really create a database for the Army to measure how it's doing on its own, just with us just being trainers. And the thing that I would tell you after the training is that you only attend the Academy once. So the first line of effort that I showed you all about certification is just once you only do that one time. but the two events that we do annually we would want you to continue to come to those, because that keeps you current, and then membership is what keeps you connected with others.

Lyteria Walker: [52:59](#) Do you think resilience training has lived up to its initial promise in the Army?

Barrye L. Price: [53:12](#) I had a Soldier when I was a battalion commander who was the best Soldier in my formation, and the week after, he was a pallbearer in my wife's funeral. My first wife died when I was a battalion commander. He tried to kill himself, and I couldn't understand why he would, what he was going through, how it compared to how I had just lost everything that mattered to me. I just wonder what could be so wrong in his life. I got involved in his life. I went to his sessions with his therapist.

Barrye L. Price: [54:30](#) And I went with him because if he had fooled me he could certainly fool the therapist. I went to help hold him accountable, and he became an expert trainer for resilience. I know it works; I've seen it work. I use techniques from the training all the time. It works because it really changes the framework in which you see things.

Lyteria Walker: [55:35](#) How are we able to use your program as a resource for our SAPR survivors?

Barrye L. Price: [55:53](#) I think that resilience training is more appropriate for a SAPR survivor than what I'm offering here. I think that what I'm offering here is great for coordinators for sexual violence, for people who work in SHARP. It's great for them and it'll give them tools to help survivors better. Resilience training is really more appropriate for survivors.

Lyteria Walker: [56:37](#) Thank you, sir. It looks like we're out of time and we will need to conclude this morning's webinar. I do want to extend a very gracious thank you to Major General Price for taking the time to

provide this great presentation for us today. Thank you listeners for joining today's webinar. Once the webinar concludes, you will be prompted to complete a survey. We appreciate your feedback as this helps us to improve upon future webinars. If you'd like to receive invitations for DPRR webinars and receive the latest news and information from the Directorate of Prevention, Resilience and Readiness, please go to DPRR's website at [armyresilience.army.mil](http://armyresilience.army.mil), and sign up for notifications there. Again, thank you very much for joining us today and have a wonderful rest of your day.

Lytaria Walker:

[57:51](#)

We will stay on the line a bit longer so that participants can download the slides. We're dropping them in the chat box at this time. If you're viewing this webinar from a mobile device, you will not be able to download the slides. You should be viewing it from a desktop in order to download. But we will email the presentation slides to all registered participants today.