

**National Commission on Children and Disasters  
November 15, 2010 Meeting**

**Minutes**

**Participants**

Michael Anderson, M.D., FAAP*	Irwin Redlener, M.D., FAAP*
Merry Carlson, MPP*	Christopher Revere, MPA
Victoria Johnson, MS	Juliana Sadovich, RN, Ph.D.†
Hon. Sheila Leslie*	David Schonfeld, M.D., FAAP*
Bruce Lockwood, CEM*	Mark Shriver, MPA*
Graydon “Gregg” Lord, MS, NREMT-P*	Lawrence Tan, J.D., NREMT-P*

\*Commission Member

† Full-time Federal employee

The meeting was open to the public and held at the offices of the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), 7<sup>th</sup> Floor East Multi-Purpose Room, 901 D Street SW, Washington DC, 20447. Approximately 40 members of the public attended; three presented oral statements.

**Proceedings of November 15, 2010**

CAPT Juliana Sadovich, Designated Federal Officer to the Commission, called the meeting to order at 9:30 a.m. Randall Gnat, the Commission’s Senior Policy Advisor was designated as recording secretary. CAPT Sadovich introduced Chairperson Mark Shriver, who welcomed the Commissioners and the public attending the meeting.

Mr. Shriver welcomed the attendees and mentioned that at the last meeting, the Commission approved its October 2010 report containing over 100 recommendations for federal, state and local governments, and non-governmental partners. However, he remarked that the Commission’s work is far from finished and that the day’s meeting would focus on implementation of the recommendations.

Mr. Shriver mentioned a recent nationwide poll conducted by the Children’s Health Fund (CHF) and the American Academy of Pediatrics (AAP) that demonstrated that Americans believe children should be given highest priority in disaster planning and response. Commissioner Irwin Redlener expanded upon Mr. Shriver’s comments, explaining that the six question survey confirmed that Americans in large numbers – about three-quarters – say that when resources are limited in disasters, children should be given a higher priority than adults. Roughly the same percentage said that if a tough decision needs to be made between providing medical treatment for an adult or a child, priority should be given to the child. He added that 90% of individuals surveyed felt that the country should make the same medical treatments available to children that are available to adults. He said that those realities should bolster the Commission’s recommendations to the President and Congress and put an end to doubt about where priorities should be placed.

Commissioner David Schonfeld added that these figures are fairly conservative reports of the findings.

Dr. Redlener noted that the results of the poll were distributed by AAP and have garnered media coverage. He said that the success of the Commission will require a variety of efforts to improve the bar for kids, including working with media as well as government.

### ***National Resource and Information Center on Children and Disasters***

Mr. Shriver stated that Congress charged the Commission with developing a recommendation on the need for planning and establishing a national resource center on children and disasters. Although the Commission did not include a recommendation in the October 2010 report, today the Commission would review a draft letter to the President and Congress recommending that such a center be established. Dr. Schonfeld reviewed the contents of the letter, which recommends that the Obama Administration and Congress fund the establishment of a National Resource and Information Center on Children and Disasters. He stated that information on children and disasters is currently available through a variety of web-based Federal and non-Federal resources. The Commission reviewed on-line resources currently available. Often children in disasters was a secondary focus and many sites were simply repositories for information. In addition, he said there are a variety of audiences for this information and sites often don't meet all the needs of all audiences. For instance, Dr. Schonfeld cited Lessons Learned Information Sharing (LLIS.gov), the Federal Emergency Management Agency's (FEMA) web site, which contains valuable information on children and disasters and even recently established a children and disasters page. However, because LLIS.gov contains sensitive information, it is not available to the general public and only accessible to professionals who are registered and approved to join. He said that the sites that currently exist address some of the information needs of some of the audience, but collectively there are still gaps. He explained that linking these sites or aggregating information in a "disaster wiki" could do more harm than good since the result would be a collection of information of uneven quality.

Dr. Schonfeld asserted that a new resource center should be supported by staff or qualified personnel who can evaluate the quality of information and identify gaps in the knowledge base. Through partnerships with professional organizations and government agencies that have expertise, the resource center would help create necessary resources such as guidance, technical assistance etc. Finally, he said the Resource Center should be equipped to answer inquiries from the public, drawing expertise from partner organizations, and should feature a social networking capability to connect experts with the public and provide opportunities for the sharing of ideas and discussions.

In response to a question from Dr. Redlener, Dr. Schonfeld indicated the letter did not specify where the resource center should be housed. Dr. Redlener expressed concern regarding how the site would coexist with other sites that currently exist, asking if the intention was to market this resource center as *the* site for children and disasters. For example, he wondered whether the Centers for Disease Control and Prevention (CDC) or

AAP, which has developed a page on children and disasters, would defer to the resource center. He voiced concern that the resource center would become just another site and that individuals would have to go to 15 different sites for information. Dr. Schonfeld noted that the letter calls for the resource center to partner with other organizations and the resource center and other sites should work together to integrate information into each other's sites. He opined that if the resource center was a comprehensive well-developed site, professional organizations would likely defer to it. He noted that with CDC's flu.gov site, CDC partnered with the AAP in its development, and the AAP subsequently deferred to it.

Commissioner Bruce Lockwood asked about the likelihood and advantage of funding the creation of a new resource center on children and disasters given the current fiscal climate. Mr. Christopher Revere said that of the currently existing resource centers that the Commission researched, some have been funded through agencies' discretionary funds while others have been funded through earmarks placed in the budget by members of Congress. Often the work to be done in setting up the resource center is contracted out to a professional organization. The recently announced National Autism Resource and Information Center will be contracted out to a nonprofit that focuses on families with autism and there will be an advisory group that will oversee its development. He said that Congress and agencies could go about creating the resource center many different ways, which is why the letter avoids being overly prescriptive regarding how it should be established. In response to a question of whether the Commission should recommend that AAP develop the resource center, Mr. Revere responded that the resource centers researched have been competitively bid, and warned against trying to deviate from this accepted practice. He added that the opportunity for competition can also bring exciting new ideas to the process.

Commissioner Merry Carlson asked whether any cost-benefit analyses have been performed on existing resource centers or whether there is any other evidence that shows they are a good use of funds. Mr. Revere said he is not aware of any such evidence. Dr. Schonfeld reiterated that the recommendation is for a resource center with a staff that would continue to identify gaps for children and be more proactive than just a website. He said that while the AAP site does focus on several important areas, there are many areas that it does not cover. Ms. Carlson pointed out that the resource center could become a tool to perpetuate the work of the Commission. She asserted that this point could be more explicitly stated in the letter. Mr. Revere countered, stating that some would take that to mean that the Commission's work is done and we are recommending the resource center to take its place, when in reality the Commission's future has yet to be determined.

Commissioner Gregg Lord expressed concern about the potential extended timeline associated with creating a new resource center. He pointed out that it took about five years from the point when the creation of LLIS.gov was first discussed to when it finally went live. He asserted that LLIS.gov is a very good site and there are some discussions around creating an open source side of LLIS.gov, making many resources accessible to the public. He suggested that it may be quicker to pursue that course of action rather than

the creation of a completely new site. Mr. Revere mentioned that when there is a directive by Congress in the appropriations process, the timeline can be rather accelerated, citing the National Autism Resource and Information Center, which first appeared in the FY 2010 budget and is now being set up. However, he said if an agency is acting on its own volition with its own funds, it may take longer for the agency to put together the plans and funds necessary.

Mr. Lockwood asked if the Commission should specify which agency would house the resource center. Mr. Revere responded that the Congressional process would determine through which agency the funds would flow. He said the Commission would put the recommendation in the hands of the advocacy community and Congress, who would be in a better position to determine the appropriate agency to lead the process. If a member with influence over HHS took up the recommendation, it could lie in HHS, or on the other hand, a different member could prefer it be housed within the Department of Homeland Security (DHS) because of his or her particular jurisdictional pull. He said either agency would be appropriate.

Mr. Shriver asked the Commissioners whether they were comfortable moving the letter forward for a vote, noting that most of the discussion has revolved around suggestions for implementation of the recommendation, but not about changes to be made to the letter itself. Dr. Schonfeld agreed and suggested moving the letter forward for a vote unless there was dissent or additional suggestions. Mr. Shriver moved to vote on the letter and it was approved by unanimous vote.

### ***Implementation Strategies for 2010 Report Recommendations***

The Commission next discussed implementation strategy for the recommendations in the 2010 Report. Vice Chairperson Michael Anderson remarked that he is looking forward to moving the recommendations forward. He mentioned the importance of a strategy for implementation and continuation of the partnerships that the Commission has developed. Before moving to a discussion, Mr. Shriver provided a status update on the future of the Commission. He mentioned that the Commission's authorization is set to expire in April 2011. The House of Representatives passed a bill to extend the Commission's authorization for two years and the Senate Labor-HHS appropriations bill for FY 11 contains \$1.5 million in funding for the Commission. He added that Senator Christopher Dodd is pushing for the Commission's reauthorization, attempting to include the issue in either an omnibus appropriations bill or a continuing resolution.

Turning to a discussion on implementation strategies, Mr. Shriver stated he preferred to hear a status update on each chapter of the 2010 report, prioritize the recommendations, and then discuss implementation strategies. Mr. Revere added that the update would include meetings Commissioners and staff have had with agencies regarding recommendations in the 2010 report. He said the Commission is currently in a period during which it has been directed to feverishly work on getting its recommendations implemented. With input from commissioners, staff will prioritize the recommendations according to the probability of short-term success, considering the Commission may only

have a few remaining months. He said if Congress does extend the Commission, at that point it will be able to focus more on long term goals.

Mr. Revere began the discussion by providing an update on Recommendation 1.1. He mentioned that FEMA and HHS have established children's working groups to look across the agencies, identify gaps, consider the recommendations of the Commission, and craft corrective action plans to address those gaps. He said the Commission has regular communications with FEMA on the status of recommendations they are moving forward and monthly conference calls with HHS' Assistant Secretary for Preparedness and Response, RADM Nicole Lurie, who co-chairs the HHS working group with Acting Assistant Secretary for ACF David Hansell. The HHS working group formed four subcommittees that mirror priority areas of the Commission: disaster mental health, medical countermeasures, evacuation and transportation of children, and child care, child welfare and early childhood development. He added that the working group will deliver a report to Dr. Lurie and co-chair David Hansell by the end of the year and it will be reviewed by HHS leadership. He indicated that Mr. Shriver requested the opportunity to be debriefed and has made HHS leadership aware that the Commission is willing to play any role needed to move the recommendations forward.

In the near term, Mr. Revere stated that the Commission may be interested in developing recommendations for the reauthorization of the Pandemic and All-Hazards Preparedness Act (PAHPA). He explained that the HHS Assistant Secretary for Preparedness and Response (ASPR) is considering ideas to improve the Act and it may be beneficial for the Commission and ASPR to share ideas. Dr. Anderson noted that the Commission has already recommended that children be decoupled from the list of vulnerable populations in PAHPA, instead treating children as their own distinct population. He suggested convening the Commission's Pediatric Medical Care subcommittee to consider other potential changes to PAHPA.

Regarding FEMA, Mr. Revere noted FEMA created a permanent position to oversee children's issues. He said that FEMA currently has plans to more fully integrate children into their media and communications strategies, and that the Commission will continue to work with FEMA to come up with useful ideas and areas of emphasis. He added that the Commission and Administrator Fugate share the same sensibility that schools can be a very effective environment to deliver messaging on preparedness, response and recovery. He mentioned the Commission is working with FEMA on incorporating children's needs throughout the Homeland Security Grant Program (HSGP) guidance for FY 11, which is still under review while the agency awaits its budget. In addition, the Commission worked with FEMA on revising the Comprehensive Preparedness Guide (CPG) 101, to incorporate children and child-serving systems throughout the document.

Mr. Revere mentioned that FEMA is planning the National Level Exercise (NLE) for 2011. The NLE will be a regional exercise involving eight states, centered on an earthquake scenario along the New Madrid fault. The Commission recommended the NLE incorporate children's needs such as reunification, speedy recovery of schools and child care, medical surge, and the role of children's hospitals. Mr. Revere noted that the

Commission would also like FEMA to test shelter capabilities, including operations and the availability of adequate supplies. Finally, Mr. Revere added that FEMA will be consolidating its several web-pages that relate to children into a single site. He indicated that a group of organizations, including the Commission, will work with FEMA on the redesign.

Mr. Shriver asked about priorities, specifically whether the Commission wanted to make the reauthorization of PAHPA a priority, to which several Commissioners responded affirmatively. Dr. Redlener provided some additional thoughts on PAHPA, asserting that children were originally slated to have their own classification in the Act, but at the last minute they were classified with other vulnerable populations. He stated that to classify children with other vulnerable populations, when children make up 25% of the general population, is not acceptable. He added that it would be important to have children and their unique needs identified on their own and suggested that the Commission draft a letter outlining its position on this issue. Additionally, he stated that PAHPA should require states receiving funds under the Act to document how they are including children as a condition of receiving funds.

Mr. Revere reiterated Dr. Anderson's suggestion that the Commission utilize its subcommittee process to come up with a list of recommendations for the PAHPA reauthorization. He stated that staff had a preliminary briefing with relevant subcommittees in Congress and his sense was that there is time to generate recommendations, while the next Congress decides whether it will take up the reauthorization and possibly hold hearings, which may provide an opportunity for the Commission to testify.

Speaking generally about implementation strategy, Dr. Schonfeld questioned whether the Commission should seek oversight from a higher authority rather than attempting to approach each agency to get them to change behavior. Mr. Revere replied that oversight can come from Congress. However, he suggested that the immediate work of the Commission will be better served by a focus on agencies, and will shift more toward Congress in a few months when the new Congress is convened. Dr. Redlener said that improvements to bring more emphasis to children in PAHPA would be a major accomplishment.

Regarding the strategy behind prioritizing some recommendations, Mr. Lockwood expressed concern over identifying a few recommendations as priorities for fear that it will diminish the weight of the other recommendations. Dr. Anderson replied that he understands Mr. Lockwood's concern, but believes it is necessary to prioritize since the Commission may only have a few months remaining to work on implementation. Mr. Lockwood agreed, but recommended avoiding using the word "priority" and instead use "focus." He said that some of the issues that would be deemed "priorities" are more accurately described as current opportunities for progress and not of highest importance to the Commission. Dr. Redlener interjected that with over 100 recommendations, the Commission needs to give priorities to provide some direction. Dr. Schonfeld suggested that an alternative approach is to identify internal priorities to help staff determine what

to pursue the most if their time is limited. Mr. Revere agreed that the point of this conversation is to link specific recommendations to any current opportunities available for moving them forward.

Dr. Anderson asked about the status of the National Disaster Recovery Framework. Mr. Revere stated that it his understanding that agencies have reviewed a draft document and that there are efforts underway to work on the Recovery Support Functions that will accompany it. He said there may be an opportunity to review both the Framework and Recovery Support Functions, at the appropriate time.

Dr. Schonfeld reviewed the status of Recommendation 1.3 regarding information sharing. He said that some progress had been made and that staff would continue to work on its implementation. He suggested steady pursuit of the recommendation but asserted that it did not need to be a priority area. With respect to recommendation 1.4 regarding the creation of interagency agreements to make FEMA resources and support available to other child serving agencies and systems, Dr. Schonfeld said that while important, he would not elevate the recommendation to a higher level of prioritization. Staff has had discussions with FEMA and other agencies and will continue their pursuit of the recommendation, he added.

Dr. Schonfeld next discussed recommendation 2.1, which calls for HHS to lead the development of a disaster mental and behavioral health Concept of Operations (CONOPS). He reported that ASPR is forming an internal working group to begin the development of a CONOPS and is requesting representatives from various staff divisions. He noted that since this recommendation is moving forward, it will not require a lot of additional staff prioritization.

Regarding recommendation 2.2, which calls for HHS to enhance the research agenda for children's disaster mental and behavioral health, Dr. Schonfeld reported that Commissioners and staff recently briefed the National Institutes of Health (NIH) and was informed that NIH is considering an expedited research funding mechanism to allow investigators to study effectiveness of interventions during the response phase of a disaster. Dr. Schonfeld also mentioned that he will speak at an upcoming Emergency Medical Services for Children (EMSC) meeting on the renewal of the Interagency Committee on EMSC Research (ICER) Program Announcement on Research Opportunities to provide insights on the need for research in children's disaster mental and behavioral health. He said that the implementation of this recommendation will not require additional concerted effort from the staff within the next four months.

For recommendation 2.3, which focuses on enhancing training in disaster mental and behavioral health for professionals who work with children, Dr. Schonfeld reported that Head Start is revising its performance standards which may include disaster mental health training requirements for staff. The regulations are currently under HHS review. In addition, the Commission has facilitated an upcoming meeting with several education groups and the Red Cross to move this recommendation forward. Again, he felt that the

current level of staff activity in this area is sufficient, and that there is no need to elevate this recommendation to a priority area.

Regarding recommendation 2.4, which concerns improvements to the FEMA / Substance Abuse Health and Services Administration (SAMHSA) Crisis Counseling Program (CCP), Dr. Schonfeld indicated that a meeting is scheduled with FEMA and SAMSHA in December to discuss implementation. He also mentioned that the Commission has been waiting to review an internal CCP document outlining recommended program enhancements that the Commission requested several months ago. He recommended that staff, with a sense of urgency, repeat the request to review this document.

Dr. Schonfeld stated that there is no update with respect to recommendation 2.5, which requests the establishment of a funding mechanism to support the delivery of mental health treatment services. He noted that the recommendation was directed toward Congress and stated that it is unlikely that staff will be able to move this recommendation forward in the next 3-4 months given the new Congress and current fiscal climate. He believes this recommendation is important, but should not be an urgent focus of the Commission because it can't be implemented within the next few months, as successful implementation requires a number of other steps first. Mr. Revere stated that it may be helpful to have a discussion around disaster mental health within the PAHPA reauthorization.

Dr. Anderson led the discussion around updates on status of the recommendations in Chapter 3. Regarding recommendation 3.1 on medical countermeasures, Dr. Anderson mentioned the Pediatric Roundtable on Medical Countermeasures (MCM) hosted by ASPR in Orlando last month. He said the meeting was a good start, but next steps are important. He mentioned that he believes PAHPA may be a mechanism to establish the recommended standing advisory body to advise the HHS Secretary and provide expert consensus on issues pertaining to pediatric MCM. He asserted that MCM remain a priority of the Pediatric Medical Care subcommittee and use PAHPA to facilitate improvements in MCM may be a good next step.

With respect to recommendation 3.2 related to enhancing pediatric capabilities of HHS and DoD disaster medical response teams, Dr. Anderson reported that the National Disaster Medical System (NDMS) has signed up 30 pediatric specialists for Medical Surge Enhancement Teams. He thanked Dr. Andrew Garrett, Deputy Chief Medical Officer for NDMS for this progress. He also acknowledged the National Association of Children's Hospitals and Related Institutions (NACHRI) for setting up a task force to look at regionalization and increasing the number of pediatricians in the process. As for progress in ensuring that health professionals who may treat children during a disaster have adequate pediatric training (Recommendation 3.3), Dr. Anderson reported that the Federal Education and Training Interagency Group (FETIG) is holding a stakeholder meeting to identify approaches for core competency identification and curriculum development, and Dr. David Siegel (NIH) is leading a FETIG effort to ensure that additional pediatric training is provided. When asked if he had any update to provide



regarding FETIG training, Mr. Lord said that the good news is that children are on their radar.

Concerning recommendation 3.4 on regionalization, Dr. Anderson said that if the Commission is reauthorized, the Pediatric Medical Care subcommittee will need to delve deeper into regionalization. He noted that potential enhancements to the Hospital Preparedness Program and NACHRI's creation of a task force on regionalization are both good steps.

Regarding recommendation 3.5, the recovery of pediatric health care delivery systems, Dr. Anderson mentioned that Mr. Lord attended the National Health Security Strategy Implementation Planning meeting in October to represent the Commission and pediatric needs. Dr. Anderson said that the reauthorization of PAHPA may provide an opportunity to move this recommendation forward. Dr. Schonfeld reported that the American Medical Association is moving forward to approve Current Procedural Terminology (CPT) codes to reflect disaster medical care. However, he said that approving the code is just a first step. If approved, there will need to be an effort to ensure the codes will be reimbursed. He asserted that if Medicare and Medicaid were to recognize the code in their reimbursement practices, perhaps private insurers would follow.

Concerning recommendation 3.6, Dr. Anderson stated that the Commission has established a strong relationship with the Environmental Protection Agency (EPA) and the Senior Steering Committee of the Children's Environmental Health Task Force, and he believes that the EPA is committed to acting on the recommendation. He added that PAHPA might provide some additional opportunities to discuss when it is safe for children and families to return to their homes after a disaster.

Mr. Lord led the discussion related to the recommendations in Chapter 4 of the 2010 Report, which focus on Emergency Medical Services (EMS). He said the Commission has been working diligently to move forward the primary recommendation on the need for the federal government to create or designate a lead EMS agency within the federal government to ensure that there is capability to manage the EMS needs of children in disasters nationwide. He reported that he and staff briefed the National Highway Traffic Safety Administration's Office of EMS, who were supportive of the recommendations. He added that the Office of EMS will be helping the Commission to work with Federal Interagency Committee on Emergency Medical Services (FICEMS), which will hopefully help the Commission drive some of the recommendations across the federal spectrum. He reported that the Commission had the opportunity to provide specific EMS-related input to the HSGP grant guidance for FY 10, which will hopefully be reflected in the grant applications for DHS/FEMA funds and thereby improve programs for children at the local and state levels.

Mr. Lord added that the Commission has also been invited to participate in upcoming advisory committee meetings. He said HHS has been good at including the Commission in health preparedness in general and integrating children's issues into disaster preparedness. He also mentioned that Dr. Schonfeld will be presenting to the Interagency

Committee on EMSC Research the following day. Mr. Lord expressed that the Commission remains concerned about how to move large volumes of pediatric patients that are critically ill or injured in disasters within the current federal construct, while keeping them safe and tracked, stating that this will be an issue to further address if the Commission is reauthorized.

Mr. Lord indicated that the Commission has had some conversations with the American College of Emergency Physicians (ACEP) about a citation from 2006 that was used in the 2010 report speaking to the preparedness of hospital emergency rooms for children. He said there is movement by EMSC to update that study so that there is better data on the preparedness of emergency rooms to handle children across the country. Finally, Mr. Lord noted that the Commission is attempting to work with the Centers for Medicare & Medicaid (CMS) regarding tying reimbursement for EMS providers to being appropriately equipped for children. He said he believes the Commission is finally making headway in reaching the right people in CMS that can help with this issue.

Mr. Revere asked how the Commission can make an appreciable difference in EMS in the next 4-5 months. Commissioner Lawrence Tan said that the Commission is facing the same challenges as the EMS community. He said that trying to establish policy for EMS is very difficult because there is no lead federal agency for EMS, but rather policy-making “by committee.” Mr. Revere suggested that there should be a role for Congress and pointed out that there are EMS provisions within PAHPA. He suggested the Commission could include its EMS recommendations within a larger set of recommendations for PAHPA’s reauthorization. Dr. Anderson asserted that if there was a lead federal agency for EMS, many other issues might fall into place. Accordingly, he said the designation of a lead EMS agency should be a priority recommendation. Mr. Lord agreed that PAHPA may provide an opportunity to make headway on this issue, as passing a stand-alone bill on it may prove impossible.

Mr. Lord suggested that another area to focus efforts in the short term is the work with CMS, which has the ability to accomplish the most in that it could ensure that a standard list of equipment was present on each ambulance throughout the country. He said if ambulances are required to carry certain equipment to get their Medicare reimbursement, they will procure that equipment overnight. Mr. Lockwood agreed. Ms. Victoria Johnson asked whether an act of Congress would be preferred, since the regulatory change process could be very long. Mr. Lord agreed that the regulatory process could prove frustrating but that he is not averse to trying both.

Mr. Revere asked whether there is a willingness within the EMS advocacy community to integrate these recommendations into their legislative agenda. Mr. Tan said there is a movement in the community to push for a lead agency from multiple different angles. He said the International Association of Emergency Medical Service Chiefs (IAEMSC) has had some discussions with White House national security staff and they have asked for a briefing paper on the issue, which will be delivered by mid-December. He said the organization is using the Commission’s recommendations to buttress its case and there may be some opportunities in the new Congress to make headway. Mr. Revere found

this encouraging, as the Commission's position is important from the standpoint of children, but he sees the need for a broader effort to accomplish this goal.

Dr. Redlener review recommendation 5.1, disaster case management. He commented that the relationship between HHS and FEMA is complex and asked about the status of the research that was being done to determine the best case management model going forward. Mr. Revere noted the FY11 budget request for ACF contained a justification for \$2 million to build case management capacity. He said FEMA and ACF currently have an Interagency Agreement (IAA) to deploy the ACF model. The agreement expires December 1, 2010.

Mr. Revere reported that ACF and FEMA are working on a new Memorandum of Agreement (MOA) to replace the one that is expiring December 1 and the intention is to have that in place before the current agreement expires. In response to a question from Dr. Redlener, CAPT Sadovich stated that her staff and FEMA are currently working on the agreement, and she would check into whether the Commission can review the MOA before it is finalized. Mr. Revere said that the Commission was provided the IAA that the agencies entered into last year, but was not a part of the negotiation between the agencies in putting the document together. He said that since then, some program evaluation was performed by ACF with feedback provided from the field with recommendations on how to strengthen it. He said that going forward, it is his understanding that the new agreement will have some additional flexibilities. He explained that the MOA that FEMA and ACF are currently working on lays out the process for deploying the ACF model, but that a different document describes the ACF program model. Dr. Redlener remarked that the implementation of case management programs has been problematic in the past and as such he believes the Commission should request to review the MOA and the criteria for implementation and eligibility. Dr. Schonfeld asserted that the issues Dr. Redlener is concerned about may not appear in the MOA. He said the MOA likely only addresses issues between the two agencies that are not germane for the Commission, such as how the two agencies will share funds. He instead suggested asking to review the implementation guidelines and criteria for eligibility under the program.

Mr. Shriver asked for clarification on the issue from CAPT Sadovich and Lauralee Koziol from FEMA, who was in attendance in the audience. CAPT Sadovich said that the MOA is related to how ACF and FEMA work together in implementing the model. Paulette Aniskoff, National Individual and Community Preparedness Division Director for FEMA, said they are currently looking into how to implement the program in all of the regions. She said the model is set and they are working on a process for FEMA to coordinate with ACF on the ground in implementation, which will be contained in the MOA. Ms. Koziol added that the agencies' goal is to have the MOA finished by December 1. Mr. Shriver asked whether the Commission could review the MOA between FEMA and ACF and the appropriate document on the ACF model, noting that the Commission could write a letter to Administrator Fugate and Bill Corr, HHS Deputy Secretary, formally requesting same. Ms. Aniskoff stated she did not think that sharing the MOA would be a problem.

Mr. Revere led the discussion on Chapter 6, Child Care and Early Education. Regarding recommendation 6.1, which speaks to the need to improve disaster preparedness capabilities for child care, he reported that staff has briefed the Office of Child Care within ACF. He stated that the Office of Child Care has been working with FEMA to develop guidance for state child care administrators on developing strong and comprehensive child care disaster plans for their states. He said the Commission and other child care stakeholders are providing feedback on a draft of the document that was recently shared. He added that the Office of Child Care's plan is to finalize the guidance near the end of the year or the beginning of 2011.

With respect to recommendation 6.2 on improving capacity to provide child care services following a disaster, Mr. Revere reported that the Commission has had a number of briefings with FEMA and the child care community to ensure that there is a clear message to states that FEMA will reimburse expenses for the provision of emergency child care services during the emergency sheltering period. He said that the Commission will continue to work with FEMA, the Office of Child Care and the National Voluntary Organizations Active in Disasters to make sure that FEMA's policy is understood. He added that the reauthorization of the Child Care and Development Block Grant Act (CCDBG) may provide an opportunity for Congress to include a funding mechanism to support disaster child care and the rebuilding of damaged facilities.

Mr. Revere next discussed recommendation 6.3, which recommends that HHS require disaster preparedness capabilities for Head Start Centers and basic mental health training for staff. He explained that the Office of Head Start (OHS) is working on revising its regulations internally, but has not announced a public comment period. OHS is looking to incorporate disaster preparedness standards for Head Start centers and the Commission briefed OHS on the recommendation and its possible inclusion in the regulation. Dr. Schonfeld asked whether the language provided regarding mental health training for staff was included in the OHS revisions. Mr. Revere responded that it is his understanding that that language has been included at this stage, but he does not know if it will make it into the final revisions. Dr. Schonfeld suggested the Commission keep a watchful eye on the regulations, as they could have implications for school children of all ages by setting an important example.

Mr. Shriver mentioned that there were child care provisions in Senator Landrieu's Child Safety, Care, & Education Continuity Act (S. 2898) and wondered if there is a plan for moving these provisions forward since the bill appears to be stalled. He asked if this can become a priority in conversations with Congressional staff. Mr. Revere said they will have to get an indication from Senator Landrieu if she plans to reintroduce the bill in the next Congress and an indication from the Senate Health, Education, Labor and Pensions Committee of whether it intends to move the bill out of committee. He added that the Commission can make it a priority item in briefings with Congressional leadership next year. Finally, in response to a question from Mr. Shriver, Mr. Revere indicated that the CCDBG reauthorization would not be considered by this Congress.

Just before the lunch break, Dr. Anderson took time out to acknowledge Commission staff and publicly thank Ms. Johnson, the Commission's Policy Director, for her hard work and a job well done, noting it would be Ms. Johnson's last Commission meeting.

Following the lunch break, Dr. Schonfeld led the discussion on Chapter 7, Elementary and Secondary Education. Regarding recommendation 7.1, Dr. Schonfeld explained that the Department of Education (ED) is considering pilot programs through the Readiness and Emergency Management for Schools (REMS) program that would provide funding to States Education Agencies to lead statewide preparedness programs, but this is contingent on the REMS program receiving the full amount of funding in the President's FY11 budget request, which is currently under consideration.

Dr. Redlener asked what level of funding is sufficient for the REMS program. Mr. Revere explained that funding for FY10 was \$30 million, and the FY 11 request is similar, however, there is concern the request could be cut by Congress. Therefore, maintaining level funding leaves little opportunity for increases in funding. Dr. Redlener expressed doubt that level funding is sufficient, and suggested the Commission recommend increased funding for the REMS program. Mr. Shriver asked if the Commission specified a level of funding for REMS in the 2010 report, to which Dr. Schonfeld replied that it did not. He added that the Commission did not recommend specific dollar amounts for the vast majority of recommendations in the report.

In response to a question from Dr. Redlener, Dr. Schonfeld stated that the number of children served by REMS funding as estimated by ED is generous, though this is probably the best that can be expected with its current resources. Dr. Redlener stated that maintaining level funding for school preparedness initiatives through REMS demonstrates a lack of conviction regarding the need in this area. He said that the Commission should make a stronger statement by recommending a significant increase in funding to support preparedness in every school across the country, which he estimated could cost as much as \$1.5 billion. He added that the lack of school preparedness has a major negative impact on community preparedness, and suggested the Commission make a strong written statement on the need in this area.

Dr. Schonfeld said that the REMS program may not even receive the full amount of funding in the President's FY11 budget request, and the Commission should work at ensuring that it does. Dr. Redlener suggested discussing this issue with White House staff. Mr. Revere added that school preparedness is a shared responsibility, in which DHS/FEMA also play a role, which is why the Commission has recommended closer work between DHS/FEMA and ED. He added that billions of dollars for preparedness planning flows to states through DHS/FEMA, and the Commission has consistently argued for a greater focus on school preparedness in these initiatives. Dr. Schonfeld explained that the second bullet under recommendation 7.1 focuses on this. He added that currently, REMS grants are competitive, and it is unclear whether increased funding for school preparedness would be best served through REMS or through other preparedness grant programs, such as those provided through DHS/FEMA.

Moving ahead to recommendation 7.2, which concerns enhancing the ability of schools to support mental health needs, Dr. Schonfeld explained that the Commission has received consistent feedback from the American Federation of Teachers (AFT) and other stakeholders that it would be very difficult to require mental health support training for teachers through certification/licensure or to insert this type of training in curricula in schools of education. Education stakeholders instead recommended that training to teachers and school personnel be provided through continuing education and professional development initiatives. The Commission will facilitate a meeting with key partner educational organizations to continue discussion on this subject.

On recommendation 7.3, which concerns the availability of financial resources to reopen and restore schools after a disaster, Dr. Schonfeld stated that some efforts are currently ongoing, while other efforts, like the Child Safety, Care and Education Continuity Act (S. 2898), have failed to move forward. He added that reauthorization of the Elementary and Secondary Education Act (ESEA) may provide another avenue for funding, though Mr. Revere stated that if ESEA is taken up, it will not be until the next Congress. Dr. Schonfeld suggested that the Commission can work with the next Congress to recommend the inclusion of such funding through ESEA and other opportunities that may arise.

Mr. Revere then led a discussion on implementation strategies for Chapter 8, Child Welfare and Juvenile Justice. On recommendation 8.1, Mr. Revere brought the Commission's attention to bullets two and three.<sup>1</sup> The Commission will set up a briefing with ACF Acting Assistant Secretary David Hansell and Bryan Samuels, the ACF Children's Bureau to discuss an implementation strategy. He added that it has been 8 months since the Commission originally met with Mr. Samuels. Mr. Shriver expressed frustration about the length of time and lack of interest from the Children's Bureau.

Mr. Revere then directed the Commission's attention to the second bullet under recommendation 8.2, which recommends that FEMA and the Department of Justice (DOJ) support disaster planning for juvenile justice agencies and facilities by providing funding, technical assistance and training. He stated that work in this area has been the focus of a children's working group established by DOJ, on which the Commission and other agencies, such as FEMA, ASPR and ACF participate. The working group has been developing preparedness guidelines for juvenile justice facilities. These guidelines should be completed by April 2011. A rollout strategy will be developed to distribute the document to juvenile justice facility personnel and national and regional meetings will provide additional opportunities to disseminate the guidelines. He indicated that DOJ is also considering providing training to 8-10 facilities and is discussing opportunities for

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<sup>1</sup> 1) "HHS should develop detailed disaster planning criteria by regulation or other formal policy guidance to supplement the basic procedures mandated in CFSIA"; 2)" Within each ACF regional office, child welfare staff and the region's emergency management specialist should collaboratively review and evaluate the State child welfare disaster plans required by CFSIA and assist States in developing comprehensive plans and meeting their statutory obligations."

collaboration and mutual support with FEMA. He said this project is a priority for DOJ, and has also become a priority for FEMA.

On recommendation 8.3, Mr. Revere explained that Commission staff has talked with Court Improvement Program leadership, and there are some opportunities to embed disaster preparedness within that program, including potential revisions of the program instruction that would coincide with the program's reauthorization in 2012. They have also committed to including preparedness training as part of their annual meeting in May 2011 and information has been sent out to the dependency community reminding them of the importance of disaster preparedness and the ability to use program funds on preparedness initiatives. Additionally, Mr. Lockwood recently participated in the disaster preparedness training session for judges at the Model Courts All Sites Conference hosted by the National Council for Juvenile and Family Court Judges (NCJFCJ), who are interested in making disaster preparedness a priority area. NCJFCJ has also committed to including a session on disaster preparedness as part of its annual meeting in March 2011.

Mr. Lockwood then led the discussion on Chapter 9, Sheltering Standards, Services, and Supplies. He described the first two bullets under recommendation 9.1 on developing standards for mass care shelters and ensuring age-appropriate supplies are available as two of the Commission's biggest successes. The current priority is continuing to work with organizations involved in sheltering to ensure implementation of the standards and age-appropriate supply list.

Regarding the third bullet under 9.1, Mr. Lockwood explained that the Commission recommended NVOAD convene a group of stakeholders to discuss the development of consensus national standards on criminal background checks for shelter workers and volunteers. Mr. Shriver asked if the Commission was comfortable with allowing the NVOAD to develop such standards without continued leadership from the Commission. Mr. Revere explained that the Commission considers NVOAD as the convening entity to bring together all government and non-government organizations that play a role in sheltering to identify areas of concern and create common standards. In response to Mr. Shriver's inquiry regarding the timeframe, Mr. Revere stated that the issue will be assigned to the NVOAD Mass Care subcommittee, and the Commission would recommend the issue be placed on the agenda of the next national NVOAD meeting in May 2011.

Dr. Schonfeld asked if the Commission had actually addressed what it considered would be minimal standards, or if the Evacuation, Transportation and Housing subcommittee would be able to come up with a set of minimal standards which could be provided to NVOAD and its member organizations. Ms. Johnson expressed doubt that the right subject matter expertise is present on the subcommittee to suggest a set of standards. Mr. Lockwood stated that the subcommittee could provide suggestions to NVOAD. Dr. Schonfeld stated that the Commission could request that NVOAD develop standards and present them to the Commission. Mr. Shriver expressed concern that there are not already national standards in place and suggested that the Commission really needs to push on this. After a suggestion from Mr. Shriver, Mr. Lockwood stated that on behalf of the

Commission he could facilitate a conversation with subject matter experts, including NVOAD members, who could help develop recommendations for minimal standards for background checks, similar to the process undertaken in developing shelter standards.

Mr. Revere then discussed Chapter 10, Housing, explaining that much of the work in this area has taken place through the National Disaster Housing Task Force, on which the Commission participates. The Commission has contributed to and reviewed drafts of the Practitioner's Guide and CONOPS, which will be released for public comment in the near future. Draft versions of these documents include the integration of children's and families' needs along the continuum of disaster housing.

Ms. Johnson then led the discussion on Chapter 11, Evacuation. On recommendation 11.1, regarding the ability to reunite children and families separated after a disaster, Ms. Johnson explained that FEMA is currently in the process of drafting a cooperative agreement with the National Center for Missing and Exploited Children (NCMEC), under which FEMA will provide funding and other forms of support to NCMEC for their role in family reunification. She stated that FEMA is also considering the development of a national unaccompanied minors registry, but this initiative is not currently funded. The Department of Defense (DoD) project on patient and evacuee tracking is currently at a standstill, as there is no funding for the project and they have not been able to develop MOUs with other Federal agencies. She added that FEMA made changes to its National Mass Evacuation Tracking System based on recommendations of the Commission. However, few states are currently using the system, and she suggested that the Commission should continue to monitor progress on this initiative. Mr. Revere added that Administrator Fugate has indicated that reunification of unaccompanied minors is a top priority.

Mr. Shriver asked if the Commission should send a letter regarding the lack of funding for and movement on the Unaccompanied Minors Registry to Administrator Fugate prior to a meeting. Dr. Redlener added that the Commission currently has the capacity to be assertive and write some strong letters, suggesting that such letters point out problems that the Commission feels would manifest immediately should another disaster strike.. Mr. Lockwood asked to whom letters on reunification projects would be directed, stating that the FEMA projects are underway, while the DOD project is the one without funding. He suggested that if a letter is sent on this issue, it needs to be directed to whoever has the money to fund such projects. He added that the Commission has had many conversations about the DOD project, and while he thinks it is a worthy endeavor, he is still uncertain about the Commission recommending full funding for the project. Dr. Schonfeld suggested that perhaps the Commission should be sending a letter to FEMA stating that these issues are under their purview and are not being addressed, though not specifying any particular projects. Mr. Revere responded that the Commission's time and effort would be best spent focusing on the FEMA initiatives, including the cooperative agreement with NCMEC and the development of an Unaccompanied Minors Registry, which could benefit from Commission support.



On recommendation 11.2, Ms. Johnson reported that Commission staff had briefings with disabilities leadership within DHS, and will facilitate a briefing with disability leadership from other Federal agencies. The briefing will help inform the Commission and agencies about steps taken to improve disaster planning for children with disabilities and special health care needs.

With the conclusion of the Federal agency status updates, the discussion turned to implementation strategies with key national associations and states. Mr. Shriver explained that while the Commission reports to the President and Congress, it has also attempted to create recommendations that can apply to all levels of government, as well as non-government partners. In this effort, the Commission has worked closely with several non-governmental organizations and presented its findings and recommendations at national conferences and meetings of such organizations.

Mr. Shriver asked Commissioners if it is a good use of Commission time to seek out or accept invitations in the remaining months. Mr. Lord responded that presuming the Commission expires in April, he believes continuing to pursue these opportunities to spread the Commission's work to broad audiences becomes even more important. Mr. Shriver asked if the Commission should contact other organizations. Mr. Revere replied that staff can compile a list of organizations that the Commission briefed or addressed, including organizations the Commission may wish to brief or address. Mr. Lockwood added that the audiences have continually grown at events at which he has presented, and there is a growing demand for information on the Commission's work. He agreed with Mr. Lord that the commission should use whatever time it has left continuing to spread the Commission's message to broad audiences.

Dr. Schonfeld stated that while he has found presentations to these large groups to be helpful, following up with organizational leadership afterwards also takes time. Because there may only be limited time for the Commission to pursue these endeavors, he asserted that such presentations may be a less than optimal approach. He instead suggested focusing on meeting with organizational leadership, which would help inform strategies for implementation moving forward. Mr. Shriver agreed, stressing the importance of following up with the leadership of such organizations and working to promote change. He added that Massachusetts Senator Richard Moore had sent out a letter to 1,200 state legislators encouraging them to review their laws addressing the needs of children and disasters, especially in schools and child care. Mr. Shriver asked staff to follow up with the National Conference of State Legislatures to ask if they or Senator Moore received responses. Mr. Lockwood stated that the State of Connecticut may host a one day workshop that focuses on the Commission's recommendations, including an overview of the report and break out sessions on creating a strategic plan at the state level.

Dr. Anderson stated that with the recent elections, there will also be a fresh audience of new governors with whom to discuss the Commission's work. Mr. Revere stated that the National Governors Association and the National Emergency Management Association will play key roles in making progress at the state level. He added that once the staff of incoming governors are in place, Commission staff will make requests to provide

briefings on the Commission's work, as new governors will be looking for issues to consider. Dr. Redlener disagreed, stating that states are cutting back funds to address economic crises and therefore Governors will not be looking for new issues. He suggested a multi-pronged approach, including letters from the Commission to Governors pointing out specific priority issues that states can address and targeted advocacy efforts from relevant stakeholder organizations.

Mr. Lockwood feared that in the state government transitions, the Commission's report may not be a priority simply because many will be unaware of its existence. He asserted that the Commission needs to take steps to ensure that new state governments are made aware of the report. Mr. Revere stated that staff will work to spread the word to states. He suggested identifying and focusing on states that may have more of an interest in taking up the Commission's recommendations, for reasons such as geographic location and threat assessment. Dr. Redlener suggested that each transition committee will likely have someone overseeing preparedness issues, and it may be useful to identify these people and write directly to them as well as the governor-elect. Mr. Revere said staff will try to identify these people. Mr. Shriver suggested also sending out the draft Executive Order considered by Governor Rendell of Pennsylvania.

Moving ahead on the agenda, Mr. Shriver asked if subcommittee members will be engaged for ideas on the Commission's focus over the next four months. He also asked if there was anything else the Commission should be looking at from a research perspective. Dr. Schonfeld suggested that the Commission may want to start researching costs of implementing recommendations. He added that he would be hesitant to focus on any new areas of research with the future of the Commission uncertain, stating that any current research should be in the interest of implementation. Mr. Revere asked if there are specific areas that the Commissioners would like cost estimates. Dr. Schonfeld responded that the Commission should not only focus on cost estimates, but also on seeking additional methods of funding. Dr. Anderson suggested the Commission address additional research, pending the the future of the Commission.

Returning to the issue of presentations to stakeholder organizations, Dr. Schonfeld asked for protocols for responding to invitations to present at events that take place after the Commission is set to expire, stating that he would hate to miss opportunities because of current uncertainties. He suggested that there needs to be a mechanism in place to ensure that the Commission does not miss out on opportunities to move its work forward. Mr. Revere stated that he will try to attain guidance on this.

Mr. Revere stated that he wanted to make sure that all of the areas of higher priority have been captured, and again asked for guidance on the role of subcommittees. He stated that PAHPA reauthorization presents a major opportunity and work will be led through the Pediatric Medical Care subcommittee. Dr. Schonfeld suggested that each subcommittee should look at relevant areas of PAHPA. Mr. Shriver asked what other areas identified today should be worked on by the subcommittees over the next 3-4 months. Dr. Redlener stated that it would be good to have an analysis of particularly relevant areas of PAHPA. In addition, he asserted that there should also be a focus on the development of state

strategies and how the Commission wants to communicate with states going forward. He added that a third priority area of focus should be the issue of surge capacity of hospitals in treating children.

Mr. Shriver noted that Commissioners suggested writing letters several times and asked for thoughts on what letters should be sent out. Mr. Revere suggested writing letters to each Federal agency focusing on 2-4 priority areas in each. Dr. Redlener suggested that there were three priority areas for focus that must be included in letters: 1) case management, and the Commission's desire to review and comment on draft documents; 2) the need for additional funding for school preparedness; and 3) the issue of tracking children in disasters. He suggested that letters should be strong, short and to the point, and should be directed to agency Secretaries and perhaps relevant members of Congress.

In regard to a question from Mr. Shriver on the future of the CCDBG, Mr. Revere stated that the Commission will monitor Congress and the Child Safety, Care, & Education Continuity Act (S. 2898). Dr. Redlener asked whether the Commission wants to weigh in on the bill, as it could have some influence on getting the bill passed. Mr. Revere responded that the Commission is an advisory body and can not advocate for specific legislation. He added that there is certainly a role for the advocate community in expressing a need for the bill. The bill does contain language based on recommendations of the Commission. He suggested that the National Coalition on Children and Disasters can continue to be very active with Senator Landrieu and Congress in requesting that they move the bill.

Dr. Redlener asked about permissible interaction with the Coalition, and suggested that the Coalition should hold an annual meeting in Washington to review progress made on all fronts. Mr. Revere responded that the Coalition conducts monthly meetings. Mr. Shriver stated that if the Commission terminates, Commissioners can join the Coalition and play an active role. The Coalition may assume certain roles performed by the Commission. Dr. Schonfeld stated that the Commission would be briefing the Coalition at the beginning of December, and at that point, they may have a better idea regarding the future of the Commission.

Mr. Revere noted the importance of sending implementation priorities in writing to Federal agencies and members of Congress, as they will be public documents that can be used by the advocacy community to help reinforce the Commission's work. Mr. Shriver added that with the current uncertainty regarding the Commission's future, there needs to be a sense of what is important moving forward in the short term. Of note, he added, are creating strategies for engaging states and following up on Senator Moore's letter.

Regarding the creation of a letter on PAHPA reauthorization, Ms. Johnson stated that there are several areas that the Commission could recommend be included in PAHPA. She asked if Commissioners wanted staff to work on this internally, perhaps bringing in select subcommittee members to assist in the process. She suggested that getting full subcommittees together before January would likely be difficult. Dr. Schonfeld suggested that a fair amount of research should take place first. He felt that full subcommittee

meetings may not be needed, but suggested that staff circulate ideas to subcommittee members via e-mail. Mr. Revere stated that staff can immediately begin to distill items from the final report that would fit within the current PAHPA legislation, and seek feedback from subcommittee members. Phone calls may be scheduled as appropriate.

Mr. Revere concluded that from today's conversation, it seems as though the primary focus of Commission work in terms of major policy over the next four months will be on PAHPA reauthorization. Additional focus could be put on the Child Safety, Care, & Education Continuity Act or CCDBG reauthorization should either be reintroduced.

### ***Public Comments***

Cindy Pellegrini, Assistant Director, Department of Federal Affairs, American Academy of Pediatrics (AAP) submitted a letter in support of the national resource and information center recommendation. In summary, she stated, AAP has been a long time supporter of the creation of a national clearinghouse on children and disasters, and is pleased that the Commission issued a recommendation in support. She suggested that a clearinghouse should be geared toward a general audience, and offered AAP's assistance in pursuing this goal.

Dr. Redlener asked if such a resource center were to be created, how AAP would interact with another resource center. Ms. Pellegrini replied that there are currently dozens of clearinghouses and resource centers available, and AAP interacts with many of them, usually providing two-way links between AAP's own site and these other sites. Dr. Redlener asked how Ms. Pellegrini would see a new site organized, to which she responded it could provide a short description of each issue and list all the types of resources available. She added that there could be multiple ways of going about organizing a site. Dr. Redlener expressed concern that during a crisis, it would not be helpful to have a resource that points you to multiple other resources, stating he instead envisions a center that provides a definitive guide. Ms. Pellegrini replied that a resource center could serve as a comprehensive site for attaining information on a daily basis, while information needed for real-time answers during an emergency could be separated into a different part of the site.

Dr. Redlener said he feels it would be worth creating a new resource center if the resource center included all of the definitive information in one place, but if it was a distribution center that directs people to other sources, it would be less useful. He contended that a useful resource center would be so comprehensive that other sites would direct people looking for resources to it. Dr. Anderson agreed stating that the goal is to have the central site be the definitive source for trusted information, but questioned how. Dr. Redlener agreed that this is the challenge. Mr. Lockwood stated that practitioners at all levels will likely go to sites they already know and use. For example, EMS professionals likely would not go to the AAP site for information. He expressed concern over difficulty in becoming the definitive site stating that there would need to be a large marketing component.

In response to a question from Dr. Schonfeld, Ms. Pellegrini said that the Commission's resource center recommendation letter and AAP's recommendations are highly consistent. In response to Dr. Redlener's concerns, Dr. Schonfeld believes it will be challenging to create "the" definitive site. He said it will be important to make sure that stakeholders are providing subject matter expertise from the onset and that they become part of the site, but that no one organization will be able to create a definitive resource for all areas related to disasters. Dr. Redlener expressed concern that the creation of a resource center will require significant funding and staff. Dr. Schonfeld stated that if there is quality consensus information available through the resource center, multiple sites will link to it. Dr. Schonfeld added that although quality sites currently exist, like AAP's children and disasters site, they may not continue due to lack of funding. Thus, he asserted that it is important to develop a comprehensive site.

Libby Nealis of the School Social Work Association of America (SSWAA) next addressed the Commission. She requested that the Commission continue to recognize schools as a focal point for the community where parents are in familiar and trusted surroundings. She stated that school-based mental health professionals are trained in addressing the mental health needs of children and likely have an understanding of the needs of children affected by a disaster in the community.

Additionally, she said that organizations representing these school-based personnel have developed and are continuing to develop materials on addressing mental health needs in disasters that are generally available through organizations' websites. Ms. Nealis said she will provide the Commission with references. She asked that the Commission acknowledge school based mental health professionals that currently exist in the community. Dr. Schonfeld stated that he completely agrees with Ms. Nealis, and that the Commission recognizes the value of schools in all phases of disasters and the important contributions they make. Mr. Shriver stated that in meetings the Commission has had with FEMA, Administrator Fugate has continually reiterated the importance of schools in community recovery after a disaster. Dr. Schonfeld also invited Ms. Nealis and her organization to submit in writing any additional issues she feels the Commission should address. Mr. Revere suggested that the SSWAA consider becoming a member of the Coalition. He also suggested integrating the Commission's work into SSWAA's agenda.

Finally, Dr. Andrew Garrett addressed the Commission. He suggested that the creation of a resource center provides a potential opportunity to gain a better understanding of how stakeholders gather information about caring for children during a disaster. He suggested the use of focus groups and stakeholder groups to understand the process of how people – whether they're a parent or provider – gather information.

Following the public comment period, Dr. Schonfeld provided a briefing on a meeting of the Interagency Committee of EMSC Research (ICER) to which he would be presenting. He explained that the meeting would focus on the upcoming re-issuance of the ICER Program Announcement on Research opportunities (PAR). He stated that his presentation would be focused on potential research opportunities for EMSC, pointing out Commission recommendations that could be addressed through the PAR, including

recommendations on MCM, a research agenda for disaster mental and behavioral health, and the capability of EMS to provide pediatric transport and provide comprehensive pre-hospital care. Additionally, he will identify areas in the 2008 PAR that the Commission supports and provide suggestions for additional areas of research in mental health and elsewhere that could be included in the new PAR. He asked if Commissioners had any questions about these suggestions or any additional suggestions for research areas that may be lacking in this presentation. Referring to the slide on additional areas of research, Dr. Anderson asked whether the issue of surge was more appropriate in the second recommendation on regionalization. Dr. Schonfeld stated that the second recommendation speaks more specifically to regionalization, and he doesn't believe that redundancy here is a problem. He explained that the PAR is quite long, and contains many recommendations for possible research.

The meeting was adjourned at 3:05 PM.

**Participant Affiliations:**

Dr. Michael Anderson: University Hospitals, Case Western Reserve University  
Merry Carlson: Division of Homeland Security and Emergency Management, Alaska  
Hon. Shelia Leslie: Nevada General Assembly, 2<sup>nd</sup> Judicial District Court  
Bruce Lockwood: Bristol-Burlington Health District, Connecticut  
Graydon "Gregg" Lord: Homeland Security Policy Institute, George Washington University  
Dr. Irwin Redlener: National Center for Disaster Preparedness, Columbia University; The Children's Health Fund  
Dr. David Schonfeld: National Center for School Crisis and Bereavement, Cincinnati Children's Medical Hospital Center  
Hon. Mark K. Shriver: Save the Children  
Lawrence Tan: Emergency Medical Services Division, New Castle County Department of Public Safety, Delaware  
CAPT Juliana Sadovich: Administration for Children and Families, U.S. Department of Health and Human Services  
Christopher Revere: National Commission on Children and Disasters  
Victoria Johnson: National Commission on Children and Disasters  
Randall Gnat: National Commission on Children and Disasters

**Commenter Affiliations**

Cindy Pellegrini: American Academy of Pediatrics  
Libby Nealis: School Social Work Association of America  
Dr. Andrew Garrett: National Disaster Medical System