National Commission on Children and Disasters
March 23, 2010 Meeting

Minutes

Participants

Mark K. Shriver, MPA*
Michael Anderson, M.D., FAAP*
Hon. Sheila Leslie*
Bruce Lockwood, CEM*
Graydon "Gregg" Lord, MS, NREMT-P*
Irwin Redlener, M.D., FAAP*
David Schonfeld, M.D., FAAP*
Lawrence Tan, J.D., NREMT-P*
Christopher Revere, MPA
Victoria Johnson, MS
Roberta Lavin, Ph.D., APRN, BC†

Invited Guest:
W. Craig Fugate, FEMA†

*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), 7th Floor East Multi-Purpose Room, 901 D Street SW, Washington DC, 20447. Approximately 30 members of the public attended; one presented an oral statement.

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CAPT Roberta Lavin, Designated Federal Officer to the Commission, called the meeting to order at 9:35 a.m. Emily Goodman of Abt Associates was the designated record-keeper.

CAPT Lavin introduced Chairperson Mark Shriver, who stated that Commissioners Ernest Allen and Merry Carlson were unable to join the meeting. Mr. Shriver then introduced the morning's first session, a discussion of the subcommittee meetings held on March 22, 2010. He asked Dr. Michael Anderson to deliver the Pediatric Medical Care Subcommittee report.

Subcommittee on Pediatric Medical Care

Dr. Anderson felt that the subcommittee had a productive meeting the previous day. He said that the subcommittee will be looking at three important areas in the coming weeks: the Interim Report recommendations, topics not addressed in the Interim Report that should be included in the Final Report, and additional topics that the Commission should follow that may be important in the future.

The subcommittee's first guest, Dr. Maida Galvez, Director of the Region 2 Pediatric Environmental Health Specialty Unit (PEHSU), provided an overview of environmental health support services available for children. PEHSUs are networks of pediatric environmental health specialists that provide free consultative services. Dr. Galvez provided the subcommittee with examples of disaster scenarios, such as mercury exposure at daycare facilities, in which PEHSUs are involved and what resources and services they provide following environmental disasters. Dr. Anderson reported that the subcommittee's discussion raised the important topic of environmental standards for the facilities to which children return after a disaster. The subcommittee discussed three potential responses to the issues Dr. Galvez had raised: (1) engage PEHSUs to work with the Commission, (2) include pediatric environmental health experts in the development of response and recovery plans, and (3) develop national evidence-based guidelines for pediatric environmental health.

The subcommittee's second area of discussion was on national capacities for medical transport of children during disasters. Colonel Nicholas Lezama, Chief, Patient Movement Operations Division, United States Transportation Command (USTRANSCOM), Department of Defense (DoD) shared his experiences transporting children out of Haiti following the January earthquake and noted that DoD could have provided more pediatric transport services. Dr. Anderson concluded that Colonel Lezama will be an important contact for the subcommittee in the future with respect to recommendations for augmenting DoD transport teams with resources from children's hospitals. The American Academy of Pediatrics and representatives from children's hospitals have also been key partners in connecting the capabilities of DoD and the private sector.

Mr. Shriver asked Dr. Anderson to elaborate on the subcommittee's discussion with Colonel Lezama, in light of the Commission's recommendations regarding child transport. Dr. Anderson replied that the Commission's current recommendation is broad and general. Colonel Lezama told the subcommittee that DoD could use more training on specific pediatric issues. Dr. Anderson added that though no specific recommendations had emerged from this conversation, dialogue with DoD will continue—and that he will schedule a call with Lieutenant Colonel Joseph Haggerty of the Air Force National Guard, who was unable to attend the meeting.

The subcommittee next discussed the best way to form a regional network of pediatric services and resources prior to a disaster. The Commission's Interim Report recommends that hospitals and service networks need to be more regionalized in their day-to-day operations in order to meet the needs of a surge of patients during a large-scale disaster. Although the subcommittee recommended that the Emergency Care Coordination Center (ECCC) be responsible for regionalizing pediatric medical care, Dr. Anderson noted that funding needs to be addressed. One subcommittee member mentioned that the recent health reform legislation includes funding for the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) to establish regional networks. Dr. Anderson proposed that the subcommittee seek more information about

these funds and meet with ECCC to discuss regionalization. The subcommittee also determined that the recommendation in the Interim Report on regionalization does not need to be changed.

Dr. Anderson next summarized the subcommittee's discussion on the role of volunteers and the use of pediatric specialists in federal medical responses. Dr. Andrew Garrett, the Deputy Chief Medical Officer for the National Disaster Medical System (NDMS), discussed federal efforts to create partnerships with private networks at children's hospitals in order to bolster the network of pediatrician volunteers. Dr. Anderson stated that many pediatricians across the country want to help respond to large-scale disasters such as Hurricane Katrina and the earthquake in Haiti. Twelve hundred pediatricians volunteered following the earthquake, but could not participate because they were not registered in the federal system beforehand. Dr. Anderson reported that this needs to be addressed so that there will be sufficient pediatric capacity if a large disaster occurs in the U.S. Dr. Garrett's mission is to develop a volunteer network of pre-positioned physicians within the federal response system. Dr. Anderson added that he had met with Dr. Nicole Lurie, HHS Assistant Secretary for Preparedness and Response, to discuss developing a reserve pool of pediatricians to assist in emergencies.

Mr. Shriver asked Dr. Anderson whether any of the 1,200 physicians who volunteered for the Haiti response had been deployed. Dr. Anderson replied that only five total had been deployed. Mr. Shriver then asked Dr. Anderson whether there is a timeline for developing the reserve pool of pediatricians to be credentialed. Dr. Anderson replied that Dr. Lurie supports the proposed reserve pool concept but that an official timeline has not yet been established. Dr. Anderson acknowledged that operational barriers to establishing the reserve pool exist, but made two suggestions: (1) encourage pediatricians to join Disaster Medical Assistance Teams (DMAT) and (2) develop a reserve pool of physicians if there is no DMAT available to join. Mr. Shriver proposed sending a letter to Dr. Lurie requesting a timeline on implementation of the reserve pool. Mr. Gregg Lord agreed with this recommendation, suggesting that the Commission request a status update from ASPR. Dr. Anderson indicated he will write to Dr. Lurie.

Mr. Bruce Lockwood added that the subcommittee also discussed the lack of a federal responsibility and oversight for emergency medical services (EMS); currently EMS has no centralized guidance or availability of dedicated grant funds. Dr. Anderson added that a section in the Interim Report provides recommendations on training, equipment, and resource support for EMS. Mr. Lockwood further explained that the only regulatory process for EMS now is at the Centers for Medicare and Medicaid Services (CMS). Dr. Anderson added that the subcommittee expressed unanimous support on the need for a federal home for EMS.

Subcommittee on Human Services Recovery

Dr. David Schonfeld reported that the Human Services Recovery subcommittee focused on resiliency, information sharing, long-term recovery of primary health care practices, and mental health recommendations.

The subcommittee began by reviewing a memorandum authored by Dr. David Abramson, which described a panel discussion on resiliency held at a workshop on children and disasters that had been co-hosted by the Commission and the Disasters Roundtable of the National Academies of Science. The memo focused on building the skills of children, parents, and communities to help them recover from a disaster and frames the issues of resiliency for children that the subcommittee has agreed to focus on in the future. Dr. Schonfeld stated that the subcommittee will not be recommending specific resiliency programs or projects; rather, the Final Report will emphasize the importance of building resiliency and the key principles of those efforts. Subcommittee member Dr. Robin Gurwitch agreed to develop model language for the recommendation that the subcommittee can consider.

The next speakers at the subcommittee meeting were Mr. Richard Bernstein and Mr. Lumumba Yancey of the Federal Emergency Management Agency (FEMA), who discussed changes to FEMA's "routine use" policy regarding information sharing following a disaster. Previously, FEMA's policy was to share information with other agencies only for the limited purposes of providing money to families and preventing duplication of benefits. Under the new policy, FEMA can share information with federal, state, and local agencies providing any type of disaster assistance, including non-financial services such as case management.

Dr. Schonfeld noted that these changes by FEMA allow information to be shared in a more holistic manner to assist in recovery, but there is still room for improvement. Information on disaster victims, such as whether individuals will need services like case management or other support services, is not collected in the first few days after the disaster. Dr. Schonfeld reported that the subcommittee posited the need for a field on FEMA forms that focuses on assistance needs, and a query as to whether there are children under 18 in the household. FEMA agreed with these proposals. Dr. Schonfeld noted that the Commission has encouraged FEMA to expand its information collection efforts, particularly regarding individuals who cross state boundaries following a disaster, as well as other data needed to support recovery efforts. Dr. Schonfeld felt that the discussion highlighted FEMA's willingness to look more broadly at how it can improve recovery efforts.

Dr. Schonfeld said that the subcommitee discussed information sharing in Louisiana following Katrina, noting that information FEMA collected on individuals in the trailer parks was not readily shared with agencies supporting the recovery effort because it was not automated. In addition, FEMA was not able to share that information under its existing routine use policy. Dr. Schonfeld added that the data collected on residents of the trailer parks by FEMA focused on assistance for housing and was not intended to be used to coordinate a more holistic delivery of services for these families. However, FEMA has acknowledged this and is addressing these issues. Mr. Lockwood asserted that this information needs to be collected at the state level as well as in federally declared disasters.

Next, the subcommittee addressed long-term recovery of primary care practices, reviewing recommendations offered by Dr. Scott Needle, a pediatrician whose practice was destroyed during Katrina. Dr. Schonfeld noted that private businesses, including primary care practices, do not qualify for Stafford Act reimbursement. He reported that the subcommittee decided to endorse consideration of the following recommendations: (1) create Medicaid incentive payments for providers in disaster areas; (2) extend disproportionate share hospital adjustments to individual providers; (3) fast-track and expand the National Health Service Corps loan repayment program to affected areas; (4) allow states to hire private physicians as employees or independent contractors of local health departments; and (5) create a fast-track Small Business Administration (SBA) health care recovery loan for physicians. The subcommittee also discussed adding a qualifier for disaster medical care for payment of physician services at a higher rate by federal and non-federal insurers. Mr. Shriver agreed that changes to SBA loan policy could help private practices recover from disasters. Although Dr. Schonfeld said that he is not sure that any one of these recommendations would solve the problem, he suggested that a combination of loans and payments may encourage providers to remain and rebuild practices in affected areas.

Dr. Schonfeld said the subcommitee reviewed mental health recommendations from the Commission's Long-Term Recovery Workshop in February, including: (1) revisions to the Head Start regulation to require more professional development training for disaster mental health, (2) the need for clarification of potential uses and capacity of funding for long-term mental health services for children in congregate care sites, and (3) preauthorizing individuals for mental health services. Dr. Schonfeld hopes these issues will also be clarified in the forthcoming National Disaster Recovery Framework.

The subcommittee also discussed the need for technical assistance and consultations, as well as funding, for schools and other congregate care settings regarding the provision of services to children who have been impacted by disasters. Dr. Schonfeld noted that the U.S. Department of Education (DoEd) provides some assistance, but said that the assistance has not yet been institutionalized or well advertised to schools. Dr. Schonfeld also noted that an internal review of the Crisis Counseling Program (CCP) has not yet been published, but that the subcommittee will contact CCP officials to discuss potential revisions to the program.

Subcommittee on Evacuation, Transportation and Housing

Mr. Lockwood provided a summary of the subcommittee's meeting. He began by noting that FEMA had made significant progress on their National Mass Evacuation Transportation System (NMETS) over the past four months. In particular, FEMA is addressing the Commission's concerns that were raised at the November 2009 subcommittee meetings, including adding data fields that the Commission requested. Additionally, NMETS now has a separate data screen pertaining to unaccompanied minors. Mr. John Bischoff from FEMA, who addressed the subcommittee, reported that FEMA plans to make further improvements in how NMETS handles unaccompanied minors. Mr. Lockwood added that another improvement to NMETS is the inclusion of

three mechanisms for using the system: a paper-based system, a more comprehensive Access database system, and an advanced online system. Mr. Lockwood remains concerned about human error with the paper system, since it requires that paperwork be manually entered. Mr. Bischoff assured Mr. Lockwood that they will be addressing this issue. Additionally, Mr. Bischoff noted that one of FEMA's ultimate goals is to enter GPS information on individuals into NMETS and merge that information with damage assessments to improve targeting of resources and recovery efforts.

Mr. Lockwood said the subcommittee also discussed a white paper on information sharing prepared by subcommittee member Paul Schwartz after the Commission's Long-Term Disaster Recovery Workshop, which emphasized the need for federal oversight and governance of a national system to track evacuees. Mr. Lockwood felt that the impact of privacy laws on the ability of tracking systems to meet the needs of children required further study.

Next, the subcommittee discussed the ability of persons with disabilities to evacuate. Mr. Lockwood noted that most communities use school buses, most of which do not have tie-downs and lifts for persons with disabilities, to evacuate citizens. The subcommittee also discussed creating a national reunification system, indicating that such a system might best be housed in the private sector. The subcommittee would like to further explore the information sharing systems being developed by organizations such as Crisis Camp and the Defense Advanced Research Projects Agency (DARPA).

Mr. Lockwood then reviewed the report prepared by Mr. Trevor Riggen of the American Red Cross (ARC) on the shelter standards pilot project, which indicated positive results. The standards include how services should be provided for children in shelters. Mr. Lockwood reported that the ARC, working with FEMA, has decided to incorporate the National Voluntary Organizations Active in Disaster (VOAD) sheltering recommendations into its shelter standards. Noting that FEMA does not have the authority to create standards on how to operate shelters, Mr. Lockwood said that, in order to promote the standards, it may be best for the Commission to partner with an agency or organization that has the ability to update the standards on an ongoing basis. Going forward, the plan is to formalize the document for the upcoming hurricane season. In the meantime, the document is already in use and staff are being trained at the chapter level.

Dr. Schonfeld asked Mr. Lockwood whether, given that FEMA does not have the authority to issue standards to shelters, FEMA could create standards for what types of shelters are reimbursable. He added that if the goal of the groups who are providing shelters is to be reimbursed, then they should be held to those standards, recognizing that in some disasters there may be exceptions. Mr. Lockwood replied that FEMA can create the standards for reimbursement purposes, which could happen as progress continues with the ARC guidance and the HHS/FEMA sheltering assessment tool. Mr. Christopher Revere added that it is important to recognize that the standards and indicators that the Commission created with the assistance of FEMA, ARC, and other agencies are being incorporated into a number of planning documents in multiple sheltering environments. While this document may not currently hold the level of enforceability that Dr. Schonfeld

is pressing for, Mr. Revere felt that the Commission's ideas are being put into practice. The next step of the process is to ensure that these recommendations are incorporated into the shelter assessment tools that federal, state, and local governments use to assess whether shelters are compliant with the standards. Mr. Revere asked the Commission what happens if a shelter is found not to meet the standards under the shelter assessment. Mr. Lockwood felt that the intent of the evaluation was to find where gaps exist and address them, not to close shelters that are substandard. Mr. Lockwood also expressed confidence that the shelter documents now include the Commission's recommendations.

Dr. Schonfeld expressed concern that some groups may be unable to incorporate the shelter standards because they lack the funding, so that the standards will not be implemented as consistently as the Commission would like. He asked that as the Commission does additional work on this issue they convey the need for some mechanism to ensure the implementation of standards. CAPT Lavin explained that if shelter assessment teams identify substandard shelters, the assessors work with FEMA and supporting organizations (typically the voluntary agencies) to ensure that needs are met. She added that problems in shelters are the exception, not the rule, and are typically due to lack of resources or knowledge.

Mr. Lockwood added that if a church decides to open its facility as a shelter for parishioners, then the state has no legal authority to enforce these standards during a disaster. In his experience, these smaller shelters ("mom and pop shelters") help meet the immediate needs of evacuees before they are moved to larger shelters. In response to a question from Mr. Shriver, Mr. Lockwood indicated that FEMA generally does not reimburse the "mom and pop shelters." Mr. Shriver asked for information on how shelters run by ARC are funded or reimbursed.

Dr. Schonfeld stressed the importance of shelters properly preparing to meet the needs of children. Dr. Redlener proposed that every shelter adhere to a set of standards. Mr. Lockwood expressed concern that a single set of standards might be overly restrictive given the wide variety of shelters. Dr. Redlener suggested a certificate of compliance that shelters could receive if they meet standards regarding children. Mr. Lockwood replied that it might be more effective to tie the certificate to the planning process. The Commission agreed to table the conversation, with Mr. Shriver noting that FEMA has made great advancements in this area, and that it has been one of the most successful accomplishments of the Commission.

Subcommittee on Education, Child Welfare and Juvenile Justice

Ms. Sheila Leslie noted that the subcommittee had a very productive meeting the previous day. The subcommittee first discussed the Commission's child welfare and juvenile justice recommendations. Ms. Leslie expressed concern that child welfare agencies have not implemented these recommendations. She noted that Mr. Bryan Samuels, Commissioner of the Administration on Children, Youth and Families at ACF, will work with Commission staff to gather additional information on progress.

Regarding the juvenile justice recommendations, Ms. Leslie highlighted the work done by Mr. Scott Pestridge of the Office of Juvenile Justice and Delinquency Prevention (OJJDP), who surveyed disaster planning efforts at juvenile justice agencies. Only 15 of 56 states and territories responded to the survey. Ms. Leslie felt that the low response rate may reflect a lack of focus and effort in this area.

Ms. Leslie said that OJJDP's working group on children and disasters has been meeting monthly and will be holding its next in-person meeting in April. Mr. Lockwood, a member of the working group, added that a guidance document will be developed for the April meeting that addresses how to complete a threat assessment, create an emergency operations plan, and create a continuity of operations plan for a facility. Mr. Shriver asked whether the Commission is working with the juvenile justice entities to set standards for the facilities that will then become requirements. Mr. Lockwood responded that currently the Commission's role is helping to develop the guidance document. Ms. Leslie said that the subcommittee had attempted to insert a requirement for disaster planning into the reauthorization of OJJDP, but had not been successful in this effort. Mr. Shriver expressed frustration that such planning would not be included in the reauthorization, and suggested that the Commission meet with Senator Leahy and contact Assistant Attorney General Laurie Robinson. Ms. Leslie agreed and added that they could talk with Senator Reid as well.

Ms. Leslie next discussed strategies for motivating child welfare, juvenile justice, and education agencies to undertake disaster planning. The subcommittee concluded that instead of asking states for separate funding sources for planning, a consolidated funding source should be developed for this process. Mr. Lockwood expressed concern that consolidating grant funds sacrifices the ability to highlight areas of importance, providing the example of emergency medical services. Dr. Schonfeld clarified that the consolidated funding mechanism serves to tie the requirements to outcomes. Mr. Lord added that Department of Homeland Security (DHS) funding, which has been very robust over the last ten years, has likely met its objectives. He questioned why funds could not be reallocated to areas that have yet to be addressed. Mr. Lockwood replied that from the local perspective, the requirement to include planning for weapons of mass destruction in grant applications forced the locals to take a different approach from all-hazards planning. Mr. Shriver suggested that the Commission discuss this issue with DHS. Mr. Lord agreed with this suggestion.

Ms. Leslie next summarized the subcommittee's discussion on how to respond to a major disaster that results in a large number of orphans. The subcommittee determined that they need to meet with federal officials to determine the appropriate agency with which to collaborate to plan for such an event.

Other issues that the subcommittee discussed included court preparedness and McKinney-Vento legislation. Representatives from the National Association for the Education of Homeless Children and Youth (NAEHCY) provided the subcommittee with recommendations for establishing a disaster contingency fund for schools following a

disaster. While the subcommittee did not agree on whether this would be the appropriate approach, they concluded that this topic merited further research.

Finally, Ms. Leslie summarized the subcommittee's discussion of the Family Educational Rights and Privacy Act (FERPA), noting that there is still confusion regarding what records may be shared. DoEd released guidance on FERPA regarding H1N1, and the subcommittee is going to examine FERPA in the context of disasters, and then ask DoEd to issue a guidance document. Dr. Schonfeld commented that privacy laws have proven to be a barrier to timely sharing of information, and that while preserving privacy remains important, the law has become so complex that it is difficult to provide services and remain in compliance with the law. He added that the Commission needs to determine how the law can be clarified. Dr. Redlener agreed and said that if FERPA impedes the recommendations of multiple subcommittees, then the Commission should convene a legal team to help the Commission develop recommendations for modifying the law. Mr. Lockwood noted that several states are including exceptions to FERPA in their disaster plans.

Commission planning: expectations, objectives, and activities for the next 6 months

Mr. Shriver asked Mr. Revere to review upcoming Commission activities. Mr. Revere began by noting that Dr. Redlener, Mr. Lord, Dr. Anderson, and Commission staff will visit Florida on April 27th to assess how that state has been able to handle the large influx of children and families from Haiti. Ms. Victoria Johnson stated that the Commissioners will focus primarily on medical coordination issues.

Dr. Redlener asked whether the current location of all the children who came from Haiti is known. He indicated that, aside from Florida, some were in Atlanta and New York City. Dr. Anderson said that some were in Pittsburgh. Dr. Redlener asked whether FEMA or the State Department had this information. Mr. Revere indicated that staff could get the information that Dr. Redlener was requesting. CAPT Lavin pointed out that many of the children brought to the U.S. were not U.S. citizens, but were brought here specifically for medical treatment. She indicated that it had not been determined where they would go. Mr. Shriver asked whether these children could remain in the U.S. after their treatment, and CAPT Lavin replied that they could, although there were several factors to be considered (e.g., whether the child's parents wanted to return). CAPT Lavin said there is some flexibility that would allow them to stay for a set period of time, but it depends on the status under which they were brought to the U.S. Dr. Anderson informed Dr. Redlener of a list of medical transports from the DoD that the Pediatric Medical Care subcommittee had received, and suggested that those were the children the Commission wanted to focus on. Dr. Redlener pointed out that the DoD list accounted for less than a hundred children or so, and that Miami and South Florida had received several thousand children. He suggested that beyond children needing significant medical care, there are thousands of children coming into the country, and he asked whether the surge capacity exists to handle not just the medical and social services for these children, but also their educational and other needs. Mr. Revere noted that that was the type of information the Commission wanted to learn during the Florida field visit.

Ms. Johnson pointed out that Florida schools systems had absorbed approximately 2,500 children and that the state did not seem overwhelmed by that number. Dr. Schonfeld acknowledged that, while absorbing large numbers of children into school systems does pose a challenge, it is probably not the most pressing challenge for the Commission to study. Given that there will be only one day of meetings in Florida, the Commission should instead focus on the medical surge issue, because it poses the greatest test to the current systems and is relevant to the Commission and its charge. Dr. Schonfeld also noted that, because there was little warning before a large number of wounded were airlifted into the U.S., the Haiti disaster may replicate the impact of a no-notice disaster occurring in the U.S.

Dr. Redlener acknowledged Dr. Garrett and asked him whether there was any report on the lessons learned from the NDMS experience following the Haiti earthquake. Dr. Garrett replied that there was an ongoing lessons learned process.

Ms. Johnson asked CAPT Lavin about reimbursement for medical care for Haitian children who were not U.S. citizens and whether that was an issue that the Commission should examine. CAPT Lavin replied that whether a healthcare facility is reimbursed depends upon how the child entered the country. Several charitable organizations chose to bring people in and provide them medical care as charity cases; these organizations are not eligible for federal reimbursement. The ACF Office of Refuge Resettlement (ORR) or the State Department could explain the reimbursement process for families airlifted by DoD. CAPT Lavin also noted that the U.S. Customs and Border Protection was involved. Therefore, three federal agencies are involved in the process for reimbursement for medical care (State, DHS, and HHS). CAPT Lavin pointed out that someone who self-evacuates and then has medical issues cannot enter the NDMS system.

Mr. Lockwood asked whether the medical response to the Haitian evacuees was relevant to the Commission's charge, since it was an international incident. CAPT Lavin added that, because this event was not a federally declared disaster, there were federal disaster systems that were not activated and, therefore, lessons learned from Haiti may not be applicable to U.S. disasters. She pointed out that there is a different system for international response, which the State Department oversees.

Dr. Redlener noted that there would be an enormous ethical issue involved in returning children with major medical problems to Haiti, where there would be little or no follow-up medical care. While acknowledging that a domestic disaster response was not triggered, he felt there are still some valuable lessons to be learned. He then stated that he would like to formalize the request that the Commission have input into the lessons learned process from the NDMS Haiti experience.

Mr. Lord felt that the real lesson to be learned from the Haiti experience is that the systems put into place showed some gaps. For example, there were gaps in the search and rescue system because responders had no equipment for children, and NDMS had capacity issues for children because they were not equipped for children. He stated that

these issues are relevant, because they are reflective of the Commission's concerns if something like this were to happen on U.S. soil. Mr. Lord felt that whether or not a disaster was declared and whether or not incident command was activated is irrelevant: what is more important is what can be learned from an incident in an area in which 40% of the population is children.

Mr. Shriver suggested that the Florida Governor's office could be asked why a disaster declaration request had not been made. Dr. Redlener suggested that they ask Mr. Fugate about it as well, as he had been quoted as saying that they ran that response as if it were a domestic response.

Mr. Shriver, noting that hurricane season is approaching, asked about the possible impact on the U.S. if families in Haiti need to be evacuated or had medical issues. Dr. Redlener agreed that the imminent danger from flooding in Haiti during hurricane season is great and, therefore, the lessons learned exercise needs to occur very rapidly in case humanitarian assistance on a massive scale is needed again.

In response to a request from Dr. Anderson, the Commissioners agreed that going to Florida to assess the medical response is within the purview of the Commission, and that it is an important goal. Mr. Lockwood again stated that his interest was in finding out why Florida did not request a disaster declaration. Mr. Shriver suggested that they could ask Mr. Fugate when he appeared before the Commission later in the day.

Summary of the Meeting with Pennsylvania Governor Rendell

Mr. Revere summarized the Commission's recent meeting with Governor Edward Rendell of Pennsylvania, noting that one of the challenges of being a federal commission is that many of their recommendations, including those involving schools, child care, and juvenile justice, need to be implemented at the state level. Mr. Revere reported that Governor Rendell would like to make several Commission recommendations a priority in his state during his remaining eight months in office. Mr. Shriver, Dr. Schonfeld, Mr. Revere and Mr. Randall Gnatt met with the Governor and his cabinet recently to discuss whether Pennsylvania could quickly (within the next six weeks) implement some of the Commission's recommendations, particularly regarding shelter standards and supplies, child care, and the creation of a children and disasters working group. Mr. Revere said that the Governor wants to make Pennsylvania a model state for children in disasters regarding planning, preparedness, response, and long-term recovery. Governor Rendell would like to make a presentation with Mr. Shriver at the July 2010 meeting of the National Governors Association to his fellow Governors to stress the importance of the Commission's work and of implementing their recommendations at the state level. Mr. Revere felt this was an important breakthrough for the Commission.

Mr. Shriver thanked Dr. Schonfeld for coming to Harrisburg on short notice, and noted that he thought it was a great opportunity to have the Commission's recommendations implemented in a large state. Mr. Shriver hoped that other states would follow Pennsylvania's lead.

Dr. Redlener asked whether a draft document is going to be prepared summarizing how Pennsylvania is implementing the Commission's recommendations. Mr. Revere answered that Pennsylvania was in the process of revising its Title 35 emergency management statute, which could be shared with the Commission. The Governor is also considering drafting an executive order that would formalize a children's working group within the executive branch. As that language becomes available it will be shared with the Commission. Changes could also be made to Pennsylvania's regulatory structure. Dr. Redlener suggested that the Commissioners review any template or written documentation.

Ms. Leslie agreed that the process Pennsylvania goes through and the changes it makes need to be documented if other states are going to follow Pennsylvania's lead, so a template document may be a good idea. Dr. Schonfeld said that states may be able to implement the Commission's recommendations at the state level that the Commission has not been able to implement at the federal level. For example, Pennsylvania already has relevant regulations concerning child care, so may be able to use the systems already in place to implement Commission recommendations in this area. Dr. Redlener restated the importance of having written standards so that, for example, when Governor Rendell reports to the other Governors in July he can show them what his state did, and the other Governors can use that as a model. Dr. Schonfeld and Ms. Leslie agreed with Dr. Redlener.

Mr. Lockwood suggested that perhaps instead of a template, it may be helpful for the state to do a gap analysis, then describe how they made any corrections. Mr. Revere indicated that that was the approach used with Governor Rendell: Commission staff reviewed the Interim Report, identified areas relevant to discussions with the Governor, researched what Pennsylvania's child care regulations already had, and identified any gaps against the Commission's recommendations regarding child care. They were also able to make the state aware of policy developments that have occurred since the Interim Report (e.g., FEMA changes regarding emergency child care). Mr. Revere felt that the Commission was on the right track in their approach to help Pennsylvania examine the Commission's recommendations, perform a gap analysis, and then develop a document that describes the implementation process and its outcomes. Other states would benefit from such a document. Ms. Leslie stated that, as a state legislator, she thought that the best way to get the Commission's recommendations implemented at the state level was by offering the states this kind of technical assistance.

Discussion of the Progress Report

Mr. Shriver asked Mr. Revere to report on letters sent to federal agencies (including DHS/FEMA, HHS, HUD, DoJ, DoEd, and DoD) asking for progress made on implementing the Commission's Interim Report recommendations. Mr. Revere stated that most of the agencies had responded to the request, which will be the basis of an Ad Hoc Report to the President and Congress. Progress made will also inform the Commission's Final Report. Mr. Revere indicated that the responses showed signs of

progress, but that there is still a lot of work to be done. The Ad Hoc Report will be on the agenda for the May 11th Commission meeting. Until then, staff will cull through the voluminous responses and report back to the Commissioners. Dr. Anderson said that he had read the HHS response and thought that staff had nicely summarized barriers to implementing the recommendations pertaining to HHS, which will inform the process of fine-tuning the Final Report recommendations.

Dr. Redlener noted the importance of having the Ad Hoc Report be in synch with the forthcoming National Disaster Recovery Framework (NDRF). The Commission also needs to ensure that the NDRF is consistent with the recommendations in the Final Report. Mr. Shriver expressed confidence that the Commission has had a positive impact on the NDRF and that the document will continue to be revised. He indicated that the Commission has been working with the Domestic Policy Council and is well-positioned to have a positive impact.

Mr. Shriver asked the Commissioners to get comments to staff on the progress reports by the May 11th meeting so staff can identify gaps, obstacles, and progress made. Dr. Anderson shared that in the HHS progress report there is a section outlining a new pediatric disaster working group, co-led by ACF and ASPR, that reports to HHS Secretary Kathleen Sebelius. Mr. Revere clarified that ACF and ASPR are co-chairing an intra-agency working group on children and disasters that includes multiple HHS operating divisions.

Discussion of the Structure of the Final Report

Mr. Revere asked the Commissioners how they would like the Final Report structured. Dr. Schonfeld, noting that he liked the Interim Report's structure and that most readers will assume that the Final Report replaces the Interim Report, recommended retaining the same general structure of the Interim Report, which would enable the Commission to avoid having to "start from scratch" on the writing, and to focus more on fine-tuning existing recommendations and developing new recommendations. Dr. Anderson agreed with Dr. Schonfeld's suggestion.

Dr. Anderson asked how the Commission's forthcoming Progress Report would be used in the Final Report. Would it, for example, be an appendix? Dr. Redlener felt that the Progress Report would not necessarily be included in the Final Report. He suggested including in the Final Report a list of "actionable items" that emerge from the Progress Report. Dr. Schonfeld felt that parts of the Progress Report could be embedded in each of the Final Report chapters, in particular areas in which significant progress has been made. Dr. Redlener felt that significant progress, accomplishments, and events should be documented in an addendum. Mr. Lockwood agreed, adding that an addendum could be organized chronologically.

Dr. Anderson agreed that the Final Report's basic structure should mirror the Interim Report's structure, adding that he saw three basic areas to cover in the Final Report: (1) the Interim Report recommendations and progress made implementing them, (2) Interim

Report recommendations that the Commission has modified based on new findings, and (3) new recommendations not addressed in the Interim Report. Dr. Redlener suggested that a fourth area of focus should be barriers to progress, noting that it is important to describe and categorize what can either impede or facilitate progress in addressing children's needs.

Ms. Johnson, noting the Commission's desire to have the Final Report mirror the Interim Report's structure, suggested including new recommendations in the relevant existing chapter (e.g., a recommendation on environmental health would be in the Child Physical Health chapter). Dr. Anderson agreed with this suggestion.

Ms. Johnson asked whether progress made on implementing the Interim Report's recommendations should be in an addendum or integrated into the individual Final Report chapters. Dr. Anderson felt that highlights of progress made should be integrated into individual chapters. Mr. Shriver asked Dr. Redlener whether key barriers should also be discussed in each chapter. Dr. Redlener advocated for a separate summary chapter on the overarching barriers. Dr. Schonfeld suggested developing a new section (e.g., an Executive Summary or concluding section) focusing on the overarching needs and barriers, progress made to date, and remaining work to be done. Dr. Schonfeld and Ms. Johnson also agreed that needs, barriers, progress, and remaining work can be embedded into the individual chapters.

The meeting adjourned for lunch at 12:45 p.m. and reconvened at 1:30 p.m.

Presentation by FEMA Administrator Craig Fugate

Mr. Shriver welcomed FEMA Administrator Craig Fugate. He informed Mr. Fugate of the Commission's meeting with Governor Rendell and his interest in establishing a working group modeled on the one Mr. Fugate had established. Mr. Shriver also highlighted the HHS working group on children and disasters as another example of the success of Mr. Fugate's idea of using cross-agency working groups. Mr. Shriver thanked Mr. Fugate for his foresight. Dr. Redlener also thanked Mr. Fugate for his earlier comments about how the needs of children had to be integrated into disaster planning, noting that this had become a central theme for the Commission.

Mr. Fugate opened his remarks by saying that while FEMA had achieved milestones, they are continuing to work hard on children's issues, particularly on integrating children into all plans and processes. FEMA officials addressed the state emergency managers at their mid-year conference and are trying to get them to recognize the importance of planning for children. Mr. Fugate noted that better guidance is needed on how child care centers that are run by governments are eligible for assistance, and that the state and local government can offer child care services in a post-disaster environment. He expressed how important it is to plan "for what's real rather than what's easy," adding that planning for 80% of the population is easy, but more planning is needed for the remaining 20%.

Mr. Fugate noted that FEMA will continue to focus on long-term recovery and acknowledged the work that the Commission has done in this area. He indicated that the NDRF will be structured at a high level like the National Response Framework, but reflective of the fact that the Stafford Act is not designed to address the longer-term needs of a community. Critical issues for the NDRF include housing and recovery of social institutions, such as schools. Mr. Fugate argued that social institutions that provided a service before the disaster, such as schools, can become places to concentrate resources after a disaster as well. He stressed that it was important to get day care and schools operating again in order to get children back into a routine. He also pointed out that these facilities can provide locations to deliver services such as health care and counseling.

Mr. Fugate then invited questions from the Commission.

Mr. Shriver thanked Mr. Fugate for his remarks and asked Dr. Redlener whether he wanted to start the questioning. Dr. Redlener asked about information sharing among agencies. If there were another disaster requiring something akin to the FEMA trailer parks after Katrina, how can continuity of services to families in need be ensured after those housing facilities close? Mr. Fugate responded that due to concerns regarding privacy of information, when FEMA collects information about children, they are probably overly cautious. Another issue is how case management is defined. FEMA sees case management as assembling a team of agencies working together so that when people leave FEMA housing, that team is already in place to help them. The other extreme of case management is just handing someone a list of apartment complexes that would accept FEMA rental vouchers. Mr. Fugate would like to see a move back to the team approach. The model FEMA is trying to set up is case management delivered locally and effectively, bringing in the support network of the community. He acknowledged that sharing information on children when they move from temporary housing into longer-term housing or to different schools is a difficult issue. He also suggested that the federal government tends not to collect personal data on children because of hypersensitivity to the issues involved in doing so. Dr. Redlener added that stability and continuity in the care of children is a critical issue for the Commission. Mr. Fugate suggested that when a child is leaving a temporary housing situation and services are being delivered there, those services need to follow the child. FEMA can look at how to make that happen.

Mr. Shriver asked about the shelter standards and whether FEMA could tie expense reimbursement to meeting those standards. Mr. Lockwood followed-up and asked whether FEMA could establish standards for shelters, and whether FEMA could then make those standards the criteria for reimbursement. Mr. Fugate answered that the backlash would be counterproductive because it would be viewed as an unfunded mandate, as opposed to something positive. Coming from a state and local background, he is sensitive to the perception that FEMA is telling state and local groups that they have to do something or they will not be reimbursed. What FEMA is focusing on instead is building standards into its guidance and documents. Mr. Fugate felt that it works better to identify a strategy as a good idea and suggest it be adopted, rather than to impose it.

Another approach is via the state and local emergency managers, who have set up their own accreditation program - the Emergency Management Accreditation Program (EMAP) - part of which involves the ability to shelter their populations. Thus, it may be a good idea to introduce these standards for shelters serving children to EMAP and request their inclusion in existing standards. Mr. Fugate also mentioned integrating standards for children into FEMA grants guidance, communicating items specific to children that are eligible for funding. Mr. Lockwood asserted that it is critical that the supplemental guidance that went out this year be ongoing in future years.

Dr. Schonfeld asked Mr. Fugate for his advice on mechanisms to better promote communication between emergency planners and congregate care sites such as schools and juvenile justice facilities. While the Commission initially recommended dedicated funding streams, Dr. Schonfeld asked whether it would make more sense to use some existing funding source, such as Homeland Security grants, to improve this communication. He asked if that would be feasible, and how the Commission could make practical recommendations to this effect. Mr. Fugate answered that the Homeland Security grants and the Urban Areas Security Initiative (UASI) grants are already overspent—but as they go into the next grant cycle, FEMA leadership can examine alternative funding approaches. He noted that the state agency with responsibility for juvenile justice varies (e.g., corrections departments in some states, and children and family services agencies in others). He suggested that the Commission look at existing funding streams most pertinent to what they are trying to accomplish rather than ask for new money.

Dr. Schonfeld agreed, and said that it would be desirable to be able to fold preparedness planning into an enduring, systematic, holistic approach. He invited further conversation about how that could be done. Mr. Fugate responded that given finite resources and time, organizations naturally tend to not collaborate with other offices and agencies. There needs to be a catalyst to improve and sustain communication, noting that after an event like Katrina there is a short-term burst of interest in collaborating to solve problems, but then the focus goes back to the day-to-day issues and relationships are not maintained. Mr. Shriver asked whether Mr. Fugate could ask Florida, or another state with which he has an exceptionally good relationship, to test the coordinated approach. Mr. Fugate replied that he and Mr. Tim Manning (Deputy Administrator, National Preparedness Directorate at FEMA) agreed that they need to involve state and local officials (e.g., school board members) and solicit their input when FEMA develops their grant guidance. This is something they will be looking at during the next year. Mr. Shriver suggested that he try it in three or four jurisdictions. Mr. Fugate agreed, saying that there are always opportunities to do pilots. His experience has been that state officials are often looking for something new and different, and if some of these trail-blazers could be engaged in the process they would then talk to their peers about it. Mr. Shriver asked whether any funding could be tied to piloting this approach, and Mr. Fugate replied that if he had examples of specific projects he could meet with Mr. Manning to see what existing funding is available.

Mr. Lockwood asked Mr. Fugate why there was still a huge emphasis on weapons of mass destruction (WMD) in the Homeland Security Grant guidance. Mr. Fugate responded that they were still dealing with some "legacy" initiatives, such as UASI, and that their funding is based on the threat of terrorism and not natural hazards. But he noted that the impacts on a community are going to be the same, regardless of the type of event. He takes the approach that a terrorist event is a natural disaster with manmade materials. Planning for any event should focus on how to stabilize the community, including children, and then facilitate the recovery process. Mr. Fugate suggested that that point could be made using WMD-focused grant money.

Dr. Schonfeld asked Mr. Fugate whether the Stafford Act should be revised to provide for long-term recovery or whether there should be other funding sources. Mr. Fugate replied that this issue was the impetus for the National Disaster Recovery Framework, because the Stafford Act had never been designed to deal with pre-existing conditions, nor to create permanent, long-term solutions. While FEMA does not build houses, there are other federal programs that do. One of the purposes of the National Disaster Recovery Framework is to look at existing programs and how to tie them together. He asserted that it would take far longer to change the Stafford Act than to find a way to better use and link together existing resources.

Dr. Redlener asked Mr. Fugate whether the lessons learned from the response to the Haiti earthquake were applicable to domestic incidents. Mr. Fugate responded that FEMA's primary support to United States Agency for International Development (USAID) in the Haiti response was in Urban Search and Rescue (US&R), management teams, and communications support. He observed that most of the planning assumptions regarding US&R were that search and rescue would be deployed for three to four days. However, what they saw in Haiti were people trapped for significantly longer periods of time. Another interesting finding was that dogs did a much better job of finding survivors in a building than technology did. Also, if a large area in the U.S. were impacted by an earthquake, and bridges and roadways into and out of the area were destroyed, the response would be much like responding to a disaster on an island like Haiti, in terms of getting supplies to the area. Mr. Fugate expressed how impressed he had been by the resiliency of the Haitian people, who sometimes solved problems better and faster than the responders. Another interesting observation he made was the use of text messaging as a method of sending and receiving information. He noted that 80% of the cellular infrastructure was operational within one week.

Mr. Lord asked whether the Haiti experience supported the Interim Report recommendation for specialized pediatric training and equipment for federal response teams. Mr. Fugate replied that some of the teams, which were not designated for international response, felt that their training, procedures, and equipment were valuable. Mr. Lord clarified that he was thinking mostly about medical training—that he had heard about responders having to provide medical care to victims. Mr. Fugate agreed that in this instance, although they were rescuers, they had had to initiate medical care and continue providing that care until the survivor reached healthcare professionals. This is

not the typical US&R model, in which rescuers extract survivors and then hand them off to paramedics to get them into medical care facilities.

Mr. Shriver asked Mr. Fugate for his thoughts on what issues concerning children the Commission should focus on. Mr. Fugate indicated that he is not sure that the nation can ensure that child care is available immediately post-disaster, because of Stafford Act limitations and because most of the day care centers in this country are not government run or are so small that they do not have the ability to reopen quickly. He noted that this is a critical issue for recovery, because without day care and schools parents cannot get back to work. A second key challenge is the significant change in Governors in the next election cycle. Half the states could have new Governors next year. Mr. Fugate felt this was both a challenge and an opportunity: a challenge because Governors with whom FEMA has built a relationship will be leaving, but an opportunity to send new administrations a constructive and helpful message from the Commission regarding children and disasters. This is an opportunity to re-energize this message in the states, and if Governors make this a priority in their states, then FEMA's and the Commission's job will be easier. Mr. Shriver pointed out that Governor Rendell's collaboration with the Commission could provide an excellent model for new Governors.

Mr. Fugate concluded by indicating that he and his leadership team fully support the work of the Commission. Mr. Shriver thanked Mr. Fugate for appearing before the Commission and for providing leadership on the issue of children and disasters.

Discussion of the Future of NCCD: Structure, Objectives, and Activities

As he transitioned into the discussion of the future of the Commission, Mr. Shriver asked whether there were any follow-up comments regarding Mr. Fugate's presentation. Dr. Redlener said that just as Mr. Fugate had assumed a leadership role within DHS on children and disasters, the need for a federal government-wide leader overseeing long-term recovery from disasters is critical. Dr. Redlener encouraged the Commission to advocate that such a person be designated. Mr. Revere remarked that the Commission's comments on the draft NDRF document noted that a federal coordinating entity for recovery at a very high level needs to be designated, but that it was clear that a conclusion had not been reached as to whom that would be. Dr. Redlener related that six or seven months ago the idea had been discussed at the White House that there might be a "recovery czar," but it seems to be no longer under consideration. He encouraged Mr. Shriver to document this concern in a letter to the White House. Dr. Schonfeld agreed that the lack of a specific recovery leader is a major gap that needs to be resolved before the NDRF is released. Mr. Lord also agreed, noting that the National Response Framework designates a leader for response activities. Mr. Revere reiterated that there was a placeholder in the NDRF but that they had not yet designated who would take the lead in recovery—for example, the White House, an existing federal agency, or a new entity.

CAPT Lavin noted that, in the case of disaster response, a Federal Coordinating Officer (FCO) is designated for that one specific disaster. Mr. Revere pointed out that in the case

of recovery, it would require a longer commitment from that individual. Mr. Lockwood raised the point that there is a Preparedness Directorate at FEMA, and that the FEMA Recovery Directorate needs to be strengthened. Dr. Redlener argued that whoever takes on this leadership in recovery has to have coordinating authority over all the agencies involved. He added that, during the response phase, Mr. Fugate does not have authority over the other agencies, but that he would be the point person in organizing the response. Mr. Lockwood asserted that Mr. Fugate has similar authority in recovery, but Dr. Redlener suggested that perhaps Mr. Fugate did not understand or accept that. Mr. Revere reminded them that Mr. Fugate had just mentioned that FEMA was strengthening its role in the area of recovery. Mr. Shriver stated the Dr. Redlener's point was that FEMA does not seem to see itself in the "recovery business."

Dr. Redlener continued that the responsibility was beyond just Individual Assistance and Public Assistance, and pertained to the whole infrastructure of coordinating other federal and state agencies involved in providing long-term recovery assistance, which is a massive undertaking. So for a response agency (i.e., FEMA) to say that they are also going to take on recovery is a giant leap, and Dr. Redlener did not feel that it was something FEMA should do, nor did he feel that it was something Mr. Fugate wanted to do.

Dr. Schonfeld made the point that FEMA had ample representation in the NDRF planning process, and that if they had seen themselves in that recovery leadership role, they would have noted it, unless there were other agencies vying for that role. The absence of a leader, he noted, makes it difficult for the Commission to offer additional recommendations for the NDRF. Dr. Schonfeld felt this issue needs to be resolved quickly. Mr. Revere agreed and suggested that it may be resolved in the next version of the NDRF. Mr. Shriver asked whether a recommendation would be in the document going to the President on April 1st; Mr. Revere did not know.

Dr. Anderson returned to Dr. Redlener's original request that the Commission agree that it is important that a "home" be designated for disaster recovery. He asked Dr. Redlener why the idea for a "czar" for recovery did not gain traction. Dr. Redlener replied that there was concern over the number of "czars" that had already been appointed in the federal government, and a desire to limit the number of "islands" of authority and responsibility within the White House. However, he recommended that Mr. Shriver write the President and ask him to reconsider creating a leadership role for recovery, because implementing policies regarding children in recovery would be virtually impossible in the absence of real leadership. Mr. Shriver agreed with Dr. Redlener and asked that Dr. Redlener draft the letter.

Dr. Schonfeld then expressed concern over establishing a Federal Recovery Coordinator similar to an FCO for response operations (as outlined in the draft NDRF for public comment). CAPT Lavin noted that Mr. Fugate indicated that the NDRF was going to mimic the National Response Framework. In response to a question from Dr. Schonfeld, CAPT Lavin indicated that the most qualified person is designated as the FCO, based on the characteristics of the disaster. CAPT Lavin hypothesized that either no agency

wanted the lead for recovery or that multiple agencies were vying for the lead and that the White House or the Domestic Policy Council were reserving the right to designate the lead agency.

Dr. Schonfeld, commenting on the challenge of securing funding for recovery and other services that the Commission is recommending, wondered whether funds to support recovery efforts should come from DHS, other separate grants, or supplemental funding after a disaster. He wanted to start the conversations on this now because once the Final Report is delivered in October, it may be too late to make funding recommendations. For clarification, Mr. Shriver asked whether Dr. Schonfeld was referring to funding that was already available but directed toward planning for WMD. Dr. Schonfeld replied that he was referring to the strategy by which their recommendations were going to be supported. Dr. Redlener pointed out that it was going to be difficult to fund the recommendations. He suggested that the Commission ask Congress for an appropriation to support their recommendations. Dr. Schonfeld stated that the Commission needs to decide if they are going to ask for an appropriation to supplement Homeland Security Grant Program funds, or to create multiple separate streams of funding. Mr. Revere proposed that another option would be to do what the Commission did last year, when they were asked to work with FEMA on guidance for FY 2010 Homeland Security grants. This work had resulted in numerous references to children and how that money could be used to help meet the needs of children. The Commission was successful in that effort, and might have the opportunity again as the Grants Directorate starts deciding what to do with the next round of funding.

Mr. Lockwood pointed out that they would probably not have the opportunity to do the same thing with the HHS public health and hospital preparedness grants this year, because last year's grant guidance has been extended. He recommended examining existing funding and seeing how they could impact how those funds were spent. Dr. Schonfeld agreed that that would be important to do, but said the Commission also had to look at the fact that they had recommended in their Interim Report, for example, dedicated funding streams to State Education Agencies. The Commission has to decide before issuing the Final Report whether they still think this is a good idea, even if it has never been implemented, or whether they should change the wording so that they direct the attention to state emergency management agencies.

Mr. Lockwood expressed concern that, with states operating on shoestring budgets, this might come across as an unfunded mandate. In his state, schools are working with emergency management, but they are doing their own planning with their own funding and planners. Dr. Schonfeld replied that even though he knows the Commission needs to look at this coming year, he is concerned with what it is going to look like five years from now. Therefore the Commission needs to either create new funding streams now, or shape the existing funding streams to support the Commission's recommendations. Dr. Redlener agreed that it is an important issue, but he thought that they needed more information on the potential funding mechanisms. He suggested the Commissioners ask staff to examine how the Commission can approach this funding issue, noting that there are now over one hundred Congressional committees that oversee some part of homeland

security and disaster preparedness, and that identifying which ones to approach about children's issues will therefore be difficult. He said he did not know whether the Commissioners had the expertise to do this, but asked Mr. Revere what his thoughts were. Mr. Revere responded that a place to start would be to look at the DoEd's response to the Commission's recommendation to provide a separate stream of funding to school districts for disaster planning. Dr. Schonfeld pointed out that he had used that as an example, but he was hoping they could come up with an overarching strategy for this issue. Mr. Shriver acknowledged that Dr. Schonfled was raising a critical issue that required attention, so when staff review the progress reports from the federal agencies, they ought to look specifically at that issue.

Mr. Lockwood suggested that the Commission follow the model of the Americans with Disabilities Act (ADA), and recommend that each state designate one individual in the emergency management office or some other agency who oversees issues involving children and disasters. He noted that most incidents do not become federally declared disasters, so it would be good to have a point person in each state. The approach might work because there are already people at the state-level who could assume this responsibility. Dr. Redlener countered that states, given the current fiscal and economic situation, would likely appoint a mid-level person with no authority or power or influence to this position. Mr. Lockwood asserted that the Commission could use the initiative with Governor Rendell as a model, and when the Governor and Mr. Shriver present at the National Governor's Association meeting in July, they could make that recommendation and have some influence. Dr. Schonfeld said that they had had that conversation with Governor Rendell and had suggested that he appoint a recovery czar. The Governor indicated that there are several agencies that have a key role in recovery, with good staff, and he did not want to take away responsibility from any one of them. The Governor decided on the working group model instead. Mr. Lawrence Tan agreed that whether it is an individual or a group, there should be some entity in every state who is actively engaged in addressing the needs of children. The Commission has had success at the federal level, and now they need that same level of success on the state and local level.

Turning to the subject of the future of the Commission, Mr. Shriver noted that Congresswoman Corinne Brown requested reauthorization and funding for the Commission in FY11, and that Senators Dodd and Landrieu are finalizing similar requests. Mr. Shriver noted that the decision on appropriations most likely will not be made until after the November election, and that the federal government will probably be funded by Continuing Resolution until the end of the calendar year. Since the Commission is set to expire six months after the Final Report is issued in October, the timing, in theory, could work for getting the language into the appropriations to extend the Commission for another year. He reported that there are some strong efforts afoot to keep the Commission going, and some very positive feedback from Senators Landrieu and Dodd.

Mr. Lockwood asked whether the Commission's charge would remain the same or if it would change if it were reauthorized, particularly since the Commission would have issued its "final" report. Since the Commissioners are all politically appointed, he asked

whether their appointments would be extended or whether new Commissioners would be appointed. Dr. Redlener answered that, in spite of the issuance of a final report, the Commission's work would not have been completed, noting that there are still many issues that need to be addressed, and follow-up work to be done on the issues that the Commission has already addressed. He argued that if there is no office or agency tracking progress on implementing the Commission's recommendations, then much of the Commission's work will have no impact. He recommended establishing a permanent Commission, and, if this were to occur, he felt that the current Commissioners should all resign and a new Commission be appointed. A permanent Commission would have a new mission statement based on what the current Commission had already accomplished.

Mr. Revere suggested that it would be helpful to let Congress know whether or not the Commission is satisfied with its original charge. Doing so would help Congress decide whether they want to simply extend the Commission without changing it in any way, or whether they want to expand the Commission or change its charge. Congress would not necessarily require any Commissioner to resign, as the current authorization does not require term limits. Mr. Revere said that Congress is awaiting an indication from the Commission that it has all the tools that it needs to be able to continue to do the work that Congress has charged it to do in the event that the Commission is reauthorized. Dr. Redlener offered that the Commission may need to be expanded in order to include areas of expertise that they think should be represented. There may be details that they want to fine-tune in either an extension or a permanent authorization. Mr. Revere indicated that the information he has received from Congresswoman Brown's office, as well as from Senator Landrieu's and Senator Dodd's offices, suggests that they want to move quickly on reauthorization and, to Mr. Shriver's point, that appropriations would have to be addressed at a later time. Thus, the sooner the Commission can respond to Congress the better.

Dr. Schonfeld recommend making the Commission permanent. Dr. Redlener suggested asking for a one-year extension now, then exploring establishing a permanent Commission during that year. He did not feel that it would be a good idea to suggest a permanent Commission now, with the pressure of the timeline, and Congress's focus on healthcare reform. Dr. Schonfeld expressed his concern that this Commission might not ever be a key focus for Congress, given that there will always be higher-priority issues. Dr. Redlener replied that it might require a different kind of deliberative process for Congress to establish a permanent Commission compared to providing an extension. Mr. Shriver suggested that more research and intelligence gathering was needed prior to deciding whether to seek an extension or the establishment of a permanent Commission.

Mr. Lockwood asked whether it was appropriate for the Commission to advocate for itself. Mr. Revere clarified that the Commission could not advocate, but rather respond to requests from Congress on the status of the Commission and the issues the Commission is charged with investigating.

Mr. Shriver concluded the discussion by pointing out that the Commission is holding another public meeting in seven weeks, which will provide an opportunity to continue

these discussions. The progress reports the Commission has received from the federal agencies could provide more information to assess whether the Commission recommend an extension or establishment of a permanent Commission. He added that other Commissions may have started out as temporary and became permanent, and that these experiences could be cited as examples as a model for the NCCD. Mr. Shriver said that more research would be beneficial before they continue this conversation.

Public Comments

Mr. Shriver invited any comments from the audience. Ms. Mary Louise Embry, representing the National Association of School Nurses, noted that both public and private funds have been used to support school-based projects. She urged the Commission to consider foundation funding to support implementation of the Commission's recommendations.

Mr. Shriver thanked Ms. Embry for her comments and asked whether there were any additional comments from the public. When none were offered, Mr. Shriver adjourned the meeting at 2:57 pm.

Participant Affiliations:

Dr. Michael Anderson: University Hospitals, Case Western Reserve University
Hon. Shelia Leslie: Nevada General Assembly, 2nd Judicial District Court
Bruce Lockwood: Bristol-Burlington Health District
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
W. Craig Fugate: Federal Emergency Management Agency
CAPT Roberta Lavin: Administration for Children and Families, U.S. Department of Health and Human Services/United States Public Health Service
Christopher Revere: National Commission on Children and Disasters
Victoria Johnson: National Commission on Children and Disasters
Randall Gnatt: National Commission on Children and Disasters
Jacqueline Haye: National Commission on Children and Disasters

Commenter Affiliations

Mary Louise Embry, National Association of School Nurses