

**NATIONAL COMMISSION ON CHILDREN AND DISASTERS
SEPTEMBER 15, 2009 MEETING**

MINUTES

Participants

Ernest Allen, J.D.*
Michael Anderson, M.D., FAAP*
Carol Apelt⁺
Merry Carlson, MPP*
Randall Gnat, J.D.
Jacqueline Haye
Victoria Johnson, MS
Roberta Lavin, Ph.D., APRN, BC⁺

Sheila Leslie*
Bruce Lockwood, CEM*
Graydon “Gregg” Lord, MS, NREMT-P*
Irwin Redlener, M.D., FAAP*
Christopher Revere, MPP
David Schonfeld, M.D., FAAP*
Mark K. Shriver, MPA*
Lawrence Tan, J.D., NREMT-P*

* Commission member

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The event was open to the public and held at the Administration for Children and Families, U.S. Department of Health and Human Services, 901 D Street SW, 7th floor Multipurpose Room, Washington, DC, 20447. Approximately 42 members of the public attended; two presented oral statements.

Proceedings of September 15, 2009

CAPT Roberta Lavin called the meeting to order at 9:31 a.m. Ms. Carol Apelt was designated record keeper for the meeting. CAPT Lavin then introduced Chairperson Mark Shriver.

Chairperson Shriver said the Commission would consider, discuss and vote on its Interim Report to the President and Congress during the day’s proceedings. He said the Interim Report establishes a road map for halting the “benign neglect” of children before, during and after disasters. Chairperson Shriver said children comprise 25% of the American population but are often relegated, with other special needs populations, to annexes and appendices rather than integrated as primary disaster plan components. Because of this, he said it is the Commission’s expectation that action will be taken on its recommendations. Following the vote on the Interim Report later in the meeting, Chairperson Shriver said the Commission would discuss its plans for the coming year.

Vice Chairperson Michael Anderson said the Interim Report is a testament to the hard work of the Commission and its staff, as well as the strength of its partnerships. Chairperson Shriver commended staff for their efforts in synthesizing the Commission’s discussions into a cohesive Interim Report for the Commission’s review.

The Commission then began a review of the draft Interim Report, focusing on the revisions, additions and deletions that were made since the last version was distributed for Commission review.

Commissioner Bruce Lockwood reviewed the Disaster Management and Recovery section of the Interim Report. He noted that Recommendation 1.1 was revised to “Distinguish and comprehensively integrate the needs of children across all inter- and intra-governmental disaster planning activities and operations.” This recommendation focuses on incorporating children’s needs into disaster planning. Commissioner Lockwood drew particular attention to the new bullet following the recommendation: “Include children in relevant target capabilities, preparedness training and exercises, with specific target outcomes and performance measures.” On page 18, the Evacuation, Transportation and Housing Subcommittee (ETHS) inserted language recommending that the Federal Emergency Management Agency (FEMA)’s Children’s Working Group include external stakeholders as well as other federal agencies. Commissioner Lockwood also pointed out that, on page 19, language was added recommending that disaster plans consider the specific demographics of the community for which they are developed, as the percentage of children within a given community may be more or fewer than the national percentage.

Commissioner Irwin Redlener asked whether the ETHS defined when “long-term recovery” begins, noting that it remains unclear when FEMA’s responsibility ends and the continuing disaster response becomes another entity’s responsibility. Commissioner Lockwood responded that the ETHS discussed this topic and directed attention to Recommendation 1.2, where designation of a specific federal agency with oversight responsibility was added to the recommendation’s supporting text. Commissioner Lockwood said the ETHS concurred that this was an important oversight responsibility. Commissioner Redlener suggested revising “agency” to “entity,” a revision that was accepted.

Commissioner David Schonfeld reviewed the Mental Health section of the Interim Report. He said language was added to Recommendation 2.1 regarding the “creation of a new, overarching” unified concept of operations. He also noted new text at the end of Recommendation 2.2, so the recommendation reads, “Enhance the research agenda for children’s disaster mental and behavioral health, *including psychological first aid, cognitive-behavioral interventions, social support interventions, and bereavement counseling and support.*” (New text italicized.) Commissioner Schonfeld said a definition of psychological first aid was also added as a footnote. Chairperson Shriver asked whether addressing the issue of children’s mental health needs was tied to funding. Commissioner Schonfeld responded that specific funding amounts are not specified in the recommendations: he recommended identifying current gaps in disaster mental health service delivery first, then developing a strategy for filling those gaps, securing funding, etc.

Commissioner Schonfeld also noted the addition of language to the end of the recommendation’s supporting text, so that the revised sentence concludes, “...and approaches to promoting resilience in children and communities.” Promoting resilience was added as a placeholder because the Human Services Recovery Subcommittee will focus on resiliency more intensively in the coming year.

Commissioner Schonfeld reviewed Recommendation 2.3, noting the language that was added to recommendation 2.2 was also inserted here. He also explained the deletion of Recommendation 2.4, which was felt to lack specificity. This deletion, however, led to the addition of language on psychological first aid to earlier recommendations. He said FEMA crisis counseling programs will be explored further as the Commission progresses, but could not be included in the Interim Report because the Human Services Recovery Subcommittee must explore and better understand the services delivered by that program before it can make recommendations. Commissioner Schonfeld noted that delivery of mental health services is addressed in some of the health recommendations later in the Interim Report. He maintained that the Interim Report effectively integrates mental health services and considerations throughout. Mr. Christopher Revere said the Commission will engage with FEMA's Children's Working Group and the Substance Abuse and Mental Health Services Administration to learn about the various programs and identify gaps so that additional recommendations can be developed in the coming year.

Commissioner Anderson reviewed the Child Physical Health and Trauma section of the Interim Report. He noted that Recommendation 3.2 encourages the National Disaster Medical System to continue its efforts to expand its pediatric capabilities. Under Recommendation 3.3, Commissioner Anderson drew attention to some fine tuning in the second bullet: "Form a Pediatric Disaster *Medicine* Education and Training Working Group to establish core *clinical* competencies and a standard, modular pediatric disaster *health care education and training curriculum*." (New text in italics.) Commissioner Anderson reported that the Pediatric Medical Care Subcommittee discussed Recommendation 3.4 at length, adding a bullet to capture the expertise available from children's hospitals: "Build upon the foundation role of children's hospitals in strengthening and expanding a regionalized network for pediatric care." Regarding Recommendation 3.5, the Subcommittee felt that a medical home is important and added language to the end of the supporting text to address the challenges inherent in rebuilding the medical home structure following a disaster.

Commissioner Graydon Lord reviewed the Emergency Medical Services (EMS) and Pediatric Transport section of the Interim Report, noting that the three principal recommendations are unchanged despite minor edits made to the recommendation's justification and supporting text. He underscored that establishment of a dedicated pre-hospital EMS federal funding stream is much needed. Commissioner Lord said the Emergency Medical Services for Children program has been very successful at providing training for emergency pediatric care and recommends that federal funding for that program be significantly increased to ensure appropriate pediatric medical equipment on all emergency vehicles. He pointed out that the supporting text includes a recommendation that Centers for Medicare and Medicaid Services reimbursement be dependent on EMS vehicles obtaining and maintaining appropriate pediatric medical equipment.

Commissioner Redlener reviewed the Disaster Case Management section of the Interim Report, noting that extensive Human Services Recovery Subcommittee discussion has been synthesized into Recommendation 5.1: "Establish a holistic federal disaster case

management program, with an emphasis on achieving positive outcomes for all children and families within a Presidentially declared disaster area.” A question arose regarding whether a timetable should be added to the recommendation. Commissioner Schonfeld suggested requesting information on the completed FEMA evaluation on disaster case management so the Commission could review it and offer advice. CAPT Lavin said that her FEMA contacts had indicated dissatisfaction with the study, though a clear reason was not communicated. Commissioner Redlener said it is nearly impossible to study four different disaster case management programs equitably and effectively, and therefore said this is an instance where expert consensus should be permissible. CAPT Lavin said she had suggested to FEMA that they convene an expert panel to review the evaluation data and develop an immediate solution. Commissioner Redlener suggested adding language that would recommend the adoption of a preferred case management model by the end of 2009, a revision that was adopted. He said FEMA’s decision should be based on the consensus of an expert body that can advise FEMA, and that a statistical evaluation is neither practical nor necessary.

Commissioner Redlener also said that FEMA’s Children’s Working Group should include the viewpoints of other Federal agencies, non-governmental organizations, and other relevant experts in its membership, and suggested that Commission representation could be included as well. In response to an assertion that FEMA currently lacks a disaster case management program, CAPT Lavin said FEMA does have an interim disaster case management plan in place pending adoption of its final plan. Under the current plan, the Administration for Children and Families handles the first six months of response, after which FEMA awards a grant to the impacted state(s) to enable the state to manage the response. CAPT Lavin agreed, though, that FEMA’s current structure does not guarantee a holistic approach to service delivery. Chairperson Shriver recognized Tracey Wareing, of the U.S. Department of Homeland Security, in the audience, who suggested the expert advisors Commissioner Redlener suggested be a subgroup of the Commission to ensure timeliness in addressing the issue and compliance with the Federal Advisory Committee Act. She noted that the FEMA evaluation being discussed was not yet complete, as the four disaster case management pilot programs do not conclude until March 2010; and therefore, the study’s data is not yet complete. CAPT Lavin said that having fresh viewpoints review all the work already done on disaster case management services by the American Red Cross, FEMA, the Administration for Children and Families and others could be very helpful. The Commission as a whole felt strongly that FEMA’s finalization of a disaster case management program must be of the highest priority.

Ms. Merry Carlson reviewed the Child Care section of the Interim Report, noting that the language had been strengthened since the previous draft. Recommendation 6.1 now requires disaster plans for child care providers rather than simply increasing their capabilities. Ms. Carlson also said that language was included to enable states to modify, and waive if necessary, child care requirements that may be impractical after a disaster. Lastly, the end of the section was expanded to discuss the Child Care and Development Block Grant Act of 1990 and its pending reauthorization in Congress, suggesting that language be added to the reauthorization that will require state child care regulatory agencies to include disaster planning, training and exercising for providers. Ms. Carlson

said an addition was made to Recommendation 6.2 to include reference to the National Response Framework.

Commissioner Schonfeld reviewed the Elementary and Secondary Education section of the Interim Report. He observed that, in previous drafts, the recommendation had two components: planning and training. Therefore, the Education, Child Welfare and Juvenile Justice Subcommittee divided the previous single recommendation into two recommendations to reflect the two distinct parts. Thus, Recommendation 7.1 now reads: “Establish a school disaster preparedness program and appropriate funds to the U.S. Department of Education for a dedicated and sustained funding stream to all state education agencies (SEAs). Funding should be used for state- and district-level disaster response planning, training, exercises and evaluation that are coordinated with state and local plans and activities.” The primary focus of Recommendation 7.1 is that funding is provided to all SEAs rather than to a more limited pool of entities who apply for grants. The text further specifies that equitable participation of nonpublic schools be a component to ensure private schools are not excluded.

To address training needs, Recommendation 7.2 was added: “Enhance school personnel’s abilities to support children who are traumatized, grieving or otherwise recovering from a disaster.” A supporting bullet was also added: “Initiatives that both support and promote training of teachers and other school staff in basic skills in providing support to grieving students and students in crisis should be encouraged through requirements for accreditation, licensure and recertification/license renewal.” Training requirements for recertification and license renewal reflect the subcommittee’s view on the importance of post-service training. Commissioner Lockwood suggested adding language as necessary to the Elementary and Secondary Education section to ensure tribes and territories are not excluded from the planning and training activities recommended by the Commission.

Commissioner Sheila Leslie reviewed the Child Welfare and Juvenile Justice section of the Interim Report, noting that child welfare agencies are statutorily required to have disaster plans while juvenile justice facilities are not. Recommendation 8.2 directly addresses this by recommending “a national assessment of disaster planning and preparedness among state and local juvenile justice systems to inform the development of comprehensive disaster plans.” Commissioner Leslie reported that favorable conversations with the U.S. Department of Justice’s Office of Juvenile Justice and Delinquency Prevention have begun regarding the components of such an assessment and the formation of a working group to take up these issues.

Commissioner Lawrence Tan reviewed the Sheltering Standards, Services and Supplies section of the Interim Report, observing that much of the Evacuation, Transportation and Housing Subcommittee (ETHS)’s efforts to date have focused on sheltering. Child-specific caches and their components were discussed extensively, resulting in the convening of a subgroup to develop a shelter supply list for pediatric-specific supplies. He said the resulting *Supplies for Infants and Toddlers in Mass Care Shelters and Emergency Congregate Care Facilities* is scalable so that local jurisdictions can adjust it accordingly based on actual needs. The ETHS recommends that the annex be included in the Interim Report appendix. Commissioner Tan said the *Standards and Indicators for*

Disaster Shelter Care for Children will also be included in the appendix. Commissioner Tan observed that the need for an electronic evacuee tracking system remains. He acknowledged that some systems exist, but noted that they lack integration. The ETHS hopes such systems would be integrated by early 2010.

Commissioner Redlener reviewed the Housing section of the Interim Report. The intent of Recommendation 10.1 is that families with children, especially families with children “with health, mental health or educational needs beyond that of the general population” be given housing priority both in the short and long term. This would include children with chronic mental health needs, behavioral concerns and other problems. The Commission discussed whether additional specificity should be added to “beyond that of the general population.” Commissioner Schonfeld cautioned that any change in the language should not diminish the focus of the main recommendation, which is the housing prioritization of families with children, who currently receive no prioritization. Mr. Revere said he plans to share this recommendation with the National Disaster Housing Task Force to ensure that the intent of the recommendation is clear to those setting the housing priorities. He noted that CAPT Lavin sits on that task force and can reinforce the intent of the recommendation.

Commissioner Ernest Allen reviewed the Evacuation section of the Interim Report. The context for the recommendation, he said, is that movement toward a mass evacuee tracking system is necessary because the current lack of informational linkage is a critical impediment. Legal and privacy barriers exist that make the creation of a mass evacuee tracking system challenging, but the intent of the recommendation is to articulate a general recommendation and continue honing it in the coming year. Commissioner Lockwood said the emergency preparedness and response community in general is moving *en masse* toward interoperability, thus this recommendation aligns with industry movement.

At this time Chairperson Shriver opened the floor for public comments.

Ms. Chris Mulford of the U.S. Breastfeeding Committee thanked the Commission for its hard work and encouraged spotlighting the needs of breastfeeding mothers going forward. The Committee requested explicit inclusion of the issue of breastfeeding in the Commission’s report and acknowledged the families-focused language already present. Breastfeeding must be protected as it relates to emergency response, she said. She asserted that the stress of an emergency situation could endanger a mother’s ability to produce milk and breastfeeding mothers may feel marginalized in a bottle-focused environment. She further averred that breastfeeding needs should be included in the training of health workers and specifically mentioned in the Interim Report. In addition, she said that breastfeeding experts should be included in the planning process as communities and emergency managers ensure local preparedness. An example of why this is important is evident in the *Supplies for Infants and Toddlers in Mass Care Shelters and Emergency Congregate Care Facilities* in that the supplies necessary to breastfeeding mothers, such as water, are not included. Also, slings for carrying babies and breast pump supply needs should be addressed. A breastfeeding mother needs resources and care herself, but she is the only person producing food for her child, said

Ms. Mulford. Commissioner Lockwood thanked Ms. Mulford for her comments, and noted that the *Standards and Indicators for Disaster Shelter Care for Children* and the *Supplies for Infants and Toddlers in Mass Care Shelters and Emergency Congregate Care Facilities* does include references to breastfeeding needs. He said water was not included in the pediatric cache recommendations because it is already included in the standard sheltering cache; thus, to include it in the pediatric cache would be redundant. Additionally, Trevor Rikken of the American Red Cross noted that it plans to incorporate breastfeeding considerations into its shelter training curricula based on the shelter standards being piloted. Once the shelter standards pilot is complete, additional language regarding breastfeeding needs can be added as necessary.

Ms. Elizabeth Blake of Habitat for Humanity and Chair of the National Coalition on Children and Disasters also thanked the Commission for allowing the public to participate in the Commission's recommendation development process. She said the Coalition hopes the Commission's Final Report will address long-term and transitional housing needs, and that it will encourage significant financial investment specifically for transitional (i.e. "Katrina cottages") rather than temporary housing (i.e. trailers). She said that a specific focus on investment in transitional housing as an alternative to temporary housing is the goal. The Coalition also hopes that feeding and nutrition will be a priority area for the Commission in the coming year. The Coalition encourages specific recommendations regarding the feeding of children, especially immediately after a disaster. To support this, the Coalition plans to send a letter that will address nonmedical needs including feeding so the Commission has more specificity regarding the Coalition's goal. Lastly, she said the Coalition hopes that the Coalition's efforts on behalf of the Commission will be acknowledged in the Final Report or another appropriate mechanism, which will strengthen the Coalition's ability to advocate for the Commission's recommendations.

There were no other comments, so the public comment period was concluded.

Commissioner Redlener asked if there was value in reviewing the Interim Report for opportunities to include specific funding amounts. Chairperson Shriver said further research on funding amounts is needed, but can be a focus for the Final Report. Commissioner Redlener then inquired what the Commission expects the audience will do with the Interim Report, suggesting that it might be too lengthy to be efficiently acted upon, to which Chairperson Shriver responded that the Executive Summary summarizes the top-line priorities for those who might lack time to read the complete report. Commissioner Redlener also asked if recommendations that focus on legislative changes should be separated from recommendations that focus on agency-level issues. Mr. Revere said there are ways that Congress influences the actions of agencies through non-legislative means and the report would not want to limit its efficacy by being overly prescriptive. Commissioner Schonfeld said that the number of recommendations does not appear excessive given the magnitude of the Commission's mandate and reformatting does not seem necessary. Mr. Revere said he expects to deliver briefings to key officials after the Interim Report's release, part of which will involve the development of briefing documents specifically focused to each audience to summarize key points.

Commissioner Lord suggested the Executive Summary could be more narrowly targeted to the President and Congress. Commissioner Lockwood noted that the Interim Report is intended for the President and Congress, thus is already targeted to them. Commissioner Lord said that a “call to action” is missing, but Commissioner Allen observed that the Foreword embodies the Commission’s philosophy and strongly conveys the urgency of the remaining problems.

Commissioner Redlener offered a motion to accept the Interim Report, which was seconded by Commissioner Leslie. Prior to voting, Commissioner Lord requested a final clean version be distributed to the Commission prior to the Interim Report’s submission to the President and Congress. It was stipulated that further edits to the Interim Report would be minor because once the Commission votes to accept it, the Interim Report is considered final. The Commission unanimously voted to approve the Interim Report.

Next, Commissioner Anderson delivered the Pediatric Medical Care Subcommittee (PMCS) report. PMCS intends to focus in the coming year on six items:

1. Regionalization and hospital preparedness, including how children’s hospitals can assist in training other hospitals;
2. Critical care transport;
3. Children with special health care needs;
4. Informatics and performance measures;
5. Volunteerism and credentialing; and
6. A recommendation for the addition of a pediatric Chief Medical Officer in the U.S. Department of Health and Human Services’ Office of the Assistant Secretary for Preparedness and Response or other federal agencies.

A question was raised regarding whether the Commission can explore issues surrounding the needs of pregnant women. CAPT Lavin said such explorations would need to be restricted to pregnant women aged 0-18, though Commissioner Schonfeld also noted the needs of late-stage pregnant women might be salient. Commissioner Redlener said he provided the 2009 update of the Pediatric Emergency Preparedness for Natural Disasters, Terrorism and Public Health Emergencies National Consensus Conference to Mr. Revere and said the PMCS should receive a copy, as it notes particular areas needing exploration. Commissioner Schonfeld also observed that the PMCS has not finished fully exploring questions surrounding medical countermeasures. For example, alternatives to the emergency use authorization have not been identified and require additional consideration.

Commissioner Lockwood delivered the Evacuation, Transportation and Housing Subcommittee (ETHS) report. With the shelter standards pilot underway, the ETHS will focus on evacuee tracking and reunification as well as database systems and interim housing, including the possibility of using volunteers such as AmeriCorps members for simple repairs to damaged housing. Transportation as it pertains to evacuee tracking, housing, schools, etc., will be explored, and the ETHS will continue to work with FEMA to identify opportunities in grant guidance. Commissioner Lockwood observed that long-term housing will likely fall under the jurisdiction of the Human Services Recovery

Subcommittee, but the ETHS will consider how the transition from interim housing to permanent housing may be affected more expediently.

Commissioner Redlener delivered the Human Services Recovery Subcommittee (HSRS) report, saying that the protection of children must be the focus during the transition from sheltering to interim and ultimately long-term housing. Processes must be seamless to ensure maximum stability for the child. Stability means a safe, secure place to live where the family is intact and can access schools, child care and other necessary services. A holistic view of protecting children is a key goal of the HSRS for the coming year. The HSRS also plans to further explore questions of resiliency, examining how to enable children to better handle disasters and long-term recovery. Additionally, the HSRS will consider when the transition from short- to long-term recovery should begin and what such a transition means from a functional standpoint. Identifying where responsibility for the safety of children throughout disaster recovery rests is a primary goal of the HSRS. Overall, options for a more proactive system of response will be explored, such as reducing or eliminating the FEMA grant writing requirement and clarifying various funding mechanisms. Finally, Commissioner Redlener said the HSRS will focus on ensuring that mental health concerns are included in parity with physical health concerns.

Commissioner Leslie delivered the Education, Child Welfare and Juvenile Justice Subcommittee (ECWJJS) report, noting one subcommittee member's comment that opportunities for encouraging school preparedness may be available through the reauthorization of No Child Left Behind. Regarding child welfare, the ECWJJS plans to consider high-casualty events where mass orphaning might occur. Further, the issues surrounding preparedness for juvenile courts and the child welfare system will be examined in depth. Finally, Commissioner Leslie said that questions of effective communication with immigrants and other targeted communities is something that the full Commission should consider, as children are often effective bridges to ethnic communities and good communicators with their families.

The Commission then discussed overarching issues for potential future consideration. First, the question of continuity of the Commission's focus past the Commission's statutory termination was raised. Succession planning and/or requesting postponement of the Commission's statutory termination were suggestions. Chairperson Shriver responded that the Coalition on Children and Disasters is best positioned to assume the mantle of the Commission upon its termination. Commissioner Schonfeld suggested formally incorporating Commission succession planning into future Commission recommendations.

The idea of developing a report card or other monitoring method was offered, noting that such a mechanism might be helpful in assessing progress made toward fulfillment of the Commission's recommendations. Mr. Revere said monitoring can be accomplished through ad hoc reports to the President and Congress, which the Commission's statute authorizes. The Commission can also invite agency representatives to future Commission meetings to discuss their agencies' progress, while the National Stakeholder's Meeting in early 2010 presents further opportunities for discussion. Commissioner Allen asked how similar commissions have tracked implementation of their recommendations, and

questioned how much monitoring can be reasonably done since these are interim recommendations.

Another point of discussion was the concern that child experts continue to be excluded in important policy discussions throughout government. The Commission discussed how it could encourage adequate placement of expertise. Mr. Revere said staff from the Institute of Medicine (IOM) and the Commission will discuss IOM's preparedness agenda and issue areas they intend to pursue to determine whether the Commission wishes to participate. The IOM Workshop on Guidance for Establishing Standards of Care for Use in Disaster Situations on September 2, 2009 was funded by the HHS Office of the Assistant Secretary for Preparedness and Response, demonstrating that the key is to develop relationships with the entities that fund policy discussion efforts. Additionally, the Commission should begin meeting with relevant agencies to discuss implementation of the Interim Report recommendations. By meeting with agencies that support and fund public discussions, the Commission can bring children's needs to their attention. Commissioner Redlener asked whether Chairperson Shriver should write letters to the members of the Cabinet requesting that the Commission be included in any discussions that fund or support topics relevant to children's needs.

Commissioner Schonfeld asked if the Commission should poll the public regarding whether children should be a priority in disaster response. The Commission believes that the general public would support such a priority and assume that the gaps in programs and policies are the result simply of "benign neglect," but if such data were collected it may make it more difficult to ignore the needs of children. The challenge to such an effort is ensuring the questions are asked so as to ensure reliable data. Ms. Victoria Johnson said such data already exists relevant to pandemic influenza planning.

Commissioner Lockwood asked about incorporating discussions regarding a National Clearinghouse for the Commission's future consideration. Mr. Revere noted that a determination of where it should be housed (e.g. an existing subcommittee or another entity) must be made. Chairperson Shriver asked Mr. Revere to develop ideas for the suggested "report card," including how and where it fits into future Commission plans.

There being no further business, Chairperson Shriver offered a motion to adjourn the meeting, seconded by Commissioner Tan. The meeting was adjourned at 12:50 p.m.

Participant Affiliations:

Mr. Ernest Allen: National Center for Missing and Exploited Children

Dr. Michael Anderson: University Hospitals, Case Western Reserve University

Ms. Carol Apelt: Administration for Children and Families, U.S. Department of Health and Human Services

Ms. Merry Carlson: Division of Homeland Security and Emergency Management, State of Alaska

Mr. Randall Gnat: National Commission on Children and Disasters

Ms. Jacqueline Haye: National Commission on Children and Disasters

Ms. Victoria Johnson: National Commission on Children and Disasters

CAPT Roberta Lavin: Administration for Children and Families, U.S. Department of Health and Human Services/United States Public Health Service

Hon. Sheila Leslie: Nevada General Assembly; 2nd Judicial District Court

Mr. Bruce Lockwood: Bristol-Burlington Health District

Mr. 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

Mr. Christopher Revere: National Commission on Children and Disasters

Dr. David Schonfeld: National Center for School Crisis and Bereavement, Cincinnati Children’s Medical Hospital Center

Hon. Mark K. Shriver: Save the Children

Mr. Lawrence Tan: Emergency Medical Services Division, New Castle County Department of Public Safety

Commenter Affiliations:

Ms. Elizabeth Blake: National Coalition on Children and Disasters; Habitat for Humanity International

Ms. Chris Mulford, U.S. Breastfeeding Committee