

**National Commission on Children and Disasters
November 10, 2009 Meeting**

DRAFT Minutes

Participants

Ernest Allen, J.D.*	Bruce Lockwood, CEM*
Michael Anderson, M.D., FAAP*	Graydon “Gregg” Lord, MS, NREMT-P*
Merry Carlson, MPP*	Cindy Pellegrini
Randall Gnatt, J.D.	Irwin Redlener, M.D., FAAP*
Jacqueline Haye	Christopher Revere, MPP
Victoria Johnson, MS	David Schonfeld, M.D., FAAP*
Roberta Lavin, Ph.D., APRN, BC†	Lawrence Tan, J.D., NREMT-P*
Hon. Sheila Leslie, MA*	Tracey Wareing†

*Commission Member

† Full-time Federal employee

The meeting was open to the public and held at 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 32 members of the public attended; two presented oral statements.

Proceedings of November 10, 2009

CAPT Roberta Lavin, Designated Federal Officer to the Commission, called the meeting to order at 9:35 a.m. Rebecca Tregerman of Abt Associates was designated record-keeper for the meeting. CAPT Lavin then introduced Vice Chairperson Dr. Michael Anderson, who chaired the meeting in the absence of Chairperson Mark Shriver.

Dr. Anderson welcomed all in attendance. He noted that since the last Commission meeting in September, the Interim Report had been completed and hand-delivered to the President, Vice President, and all 535 members of Congress. Dr. Anderson said that over the past year, the Commission had found many allies and that people were listening to the Commission’s concerns. However, the Commission still has much work to do: “We’ve inspired calls for change, and now we must inspire action.” Dr. Anderson stated that the Commission is collaborating with the Obama Administration and Congress to implement the recommendations outlined in the Interim report, while at the same time addressing new issues, including issues that would be discussed during the meeting today.

Dr. Anderson concluded his opening remarks by acknowledging Carol Apelt, the former Alternate Designated Federal Officer to the Commission. He thanked her, on behalf of the Commission, for her hard work over the past year, particularly in helping develop the Interim Report.

Presentation on FEMA’s Children’s Working Group

Dr. Anderson welcomed and introduced Tracey Wareing, Counselor to the Department of Homeland Security (DHS) Secretary, Janet Napolitano. Ms. Wareing chairs the FEMA Children's Working Group, the formation of which was announced on August 4, 2009 by Federal Emergency Management Agency (FEMA) Administrator Craig Fugate. Ms. Wareing is also Secretary Napolitano's lead person on the Long Term Disaster Recovery Working Group, recently formed by President Obama. The Children's Working Group is addressing many issues on which the Commission has focused. Ms. Wareing provided a progress report on the core initiatives of the Children's Working Group.

Ms. Wareing thanked Christopher Revere and the Commission for the excellent collaborative working relationship that has developed between the Children's Working Group and the Commission. Ms. Wareing stated on behalf of Mr. Fugate that FEMA is deeply committed to this work and to doing a better job at addressing the unique needs of children in disasters. She acknowledged the challenges of this task, given the established procedures within the agency and the various competing priorities.

Ms. Wareing displayed an organization chart of DHS and FEMA that illustrated that the Children's Working Group has a direct link to Secretary Napolitano, reports directly to Mr. Fugate, and includes persons from many different offices within FEMA. Ms. Wareing indicated that the "core" Working Group members meet regularly and include representatives from the Office of the Administrator, the key Program Directorates, Regional Operations offices, Specialty Areas (in particular, the Center for Faith Based and Community Initiatives and Neighborhood Partnerships), Supporting Offices, and FEMA representatives who serve on Commission subcommittees. In addition to the core members, subject matter experts from within FEMA collaborate with the Working Group. For example, Ms. Wareing indicated that the Working Group met with subject matter experts in FEMA's National Exercise Division who are planning the 2011 national level exercise, and indicated that the plan for that exercise must address children's needs.

Ms. Wareing said that the primary focus to date of the Working Group has been on the Commission's recommendations pertaining to five specific areas, which she would discuss later in her presentation. But she stressed that the Working Group is studying all the Commission's recommendations, as well as other related areas that are important to Mr. Fugate. Ms. Wareing highlighted personal preparedness as an example, and provided details on the STEP program, which was piloted in Region I. She indicated that this program has been "very successful" in involving children in helping families prepare for disasters. FEMA would like to expand this program beyond Region I. The Working Group is also focused on updating the FEMA for Kids website, and Ms. Wareing welcomed suggestions from the Commission on what content to include on the website. Finally, Ms. Wareing emphasized that there are several other FEMA initiatives (e.g., the Pandemic Planning Guidance Working Group) whose missions overlap with the Commission's recommendations, and that the Working Group is collaborating (or did collaborate) with these initiatives. In particular, Mr. Fugate directed the Working Group to participate in FEMA's response to the American Samoa tsunami, as a way of assessing how effectively the response addressed children's needs. Ms. Wareing indicated that the

response provided valuable lessons for improving the future response to affected children.

Ms. Wareing then addressed the Commission's recommendations regarding disaster management and recovery. She noted that the 2010 Homeland Security Grant Program guidance will be issued soon, and that this guidance incorporates the Commission's suggestions regarding how grant funds could be used to support preparedness and planning activities. She was very pleased to report that, in general, the needs of children are prominently featured in the guidance. Ms. Wareing also noted that the FEMA website now has a posting of a resource guide that the Commission provided to help states effectively use grant funding to address children's needs. Mr. Revere acknowledged Commissioners Merry Carlson, Bruce Lockwood, and Lawrence Tan for their help with the resource guide.

Ms. Wareing noted that the Working Group has collaborated with the National Preparedness Directorate regarding how to incorporate children's needs into FEMA's base planning documents including the National Response Framework so that children's needs are not merely addressed in plan annexes. Ms. Wareing indicated that revisions to the National Response Framework will begin in 2010 and that the Commission will be involved in that process.

Regarding preparedness training and exercises, Ms. Wareing noted that children's issues will be incorporated into the 2011 National Level Exercise, which will involve an earthquake scenario at the New Madrid fault. Ms. Wareing also indicated that FEMA is about to pilot a classroom curriculum for state and local emergency managers, based on a Save the Children guide, on incorporating children's needs into their emergency plans. The curriculum will be evaluated and modified after the pilot, in part because it focuses on incorporating children's needs into plan annexes (rather than base plans).

Ms. Wareing next addressed the Commission's recommendation to accelerate development of the National Disaster Recovery Framework. This document will be a companion to the National Response Framework, and will delineate roles and responsibilities for recovery, based on the planning assumption that recovery begins immediately after the disaster. To help develop the Recovery Framework, the President asked the DHS and Department of Housing and Urban Development (HUD) Secretaries to co-chair the above-mentioned Long Term Disaster Recovery Working Group to oversee development of the Recovery Framework. A final draft of the Framework is due April 1, 2010, with a June 1, 2010 publication date, while a companion report containing recommendations for improving long-term disaster recovery is also due April 1, 2010.

The first official meeting of the Long Term Disaster Recovery Working Group will be November 18, 2010. The Working Group is emphasizing the critical need for broad outreach to organizations involved in disaster recovery, so that lessons learned from previous disasters can be incorporated into the Recovery Framework and the recommendation report. As an example of that outreach, Ms. Wareing noted that in November 2009 HUD and FEMA will host stakeholder forums in New Orleans, New

York, Los Angeles, Salt Lake City, and Memphis. A broad range of stakeholders will be invited, including representatives from disability organizations, faith-based organizations, the private-sector, and children's advocacy groups. As work on the draft Framework proceeds, the Working Group will solicit comments and suggestions from a wide range of organizations, particularly the Commission. Ms. Wareing noted that she will work with Mr. Revere to arrange a meeting with the Working Group and the Commission's Human Services Recovery Subcommittee. Ms. Wareing also welcomed recommendations from the Commission on other organizations to engage and how best to incorporate children's needs into the Framework.

Ms. Wareing next addressed disaster case management. She was pleased to report that a pre-scripted Mission Assignment with the Administration for Children and Families (ACF) is "basically ready to go," and that, if a state requested disaster case management services today, the ACF model would be activated. Ms. Wareing said that an Inter-Agency Agreement (IAA) between DHS and ACF on disaster case management is nearing completion. The IAA will specify that, once a state requests disaster case management under the Stafford Act, the ACF model will be deployed, to be followed by a transition to a state administered program that will provide long-term case management services.

With regard to child care, Ms. Wareing reported that FEMA has just recently determined that expenses states incur related to establishing and operating temporary child care facilities for a short period of time in the immediate aftermath of a disaster are reimbursable under the Stafford Act, because such facilities can be considered emergency shelters. In response to a question from Mr. Revere, Ms. Wareing indicated that the definition of "a short period of time" would depend on the disaster but would likely only be for a few days or possibly weeks. Ms. Wareing also noted that FEMA has determined that, if a public or private non-profit child care center is damaged in a disaster, the costs related to obtaining a temporary facility, as well as the costs to repair or rebuild the damaged facility, are also reimbursable under the Stafford Act, because these facilities are considered "essential services" of a governmental nature under the Stafford Act. Ms. Wareing noted that FEMA field personnel have been notified of these findings and that the findings will be incorporated in upcoming revisions to the Public Assistance regulations. However, Ms. Wareing said that under current law, in order to qualify for funds for repairs or rebuilding, nonprofit child care providers first have to apply for Small Business Administration (SBA) loans like most other nonprofits. Ms. Wareing suggested that the Commission consider advocating for an amendment to the Stafford Act to define child care as a "critical service" under the Act, which would enable providers to bypass the (SBA) loan application process. Ms. Wareing also indicated that FEMA is currently reviewing whether child care expenses are reimbursable under other Stafford sections, such as "Other Needs Assistance." She said that agreements with states determine what "Other Needs Assistance" dollars can be spent on, but FEMA will add child care to the list of suggested eligible expenses.

With regard to sheltering, Ms. Wareing noted that FEMA is incorporating the shelter supply list that was included in the Commission's Interim Report into as many FEMA

documents as possible, including grant guidance. Most importantly, Mr. Fugate charged the Logistics Management Directorate with identifying the best means for rapidly identifying and distributing these supplies to an impacted area. Ms. Wareing also noted that FEMA has involved Mr. Revere and CAPT Lavin in the meetings of the National Disaster Housing Task Force, and will continue to welcome suggestions from the Commission on how best to ensure that children's needs are incorporated into that effort.

After Ms. Wareing finished her presentation, Dr. Anderson opened the meeting for questions from the Commission. Dr. Anderson praised the partnership between the Commission and FEMA, as an example of how non-governmental experts from across the country can inform a federal agency. He asked Ms. Wareing for suggestions on how the partnership between non-governmental experts and FEMA can be maintained after the Commission is disbanded, particularly given that FEMA's Children's Working Group does not include external members. Ms. Wareing responded that although the Working Group is made up entirely of FEMA officials, it does not want to work in isolation. The Working Group is trying to build relationships with non-governmental organizations, such as the American Academy of Pediatrics and the National Association of School Nurses.

Dr. Irwin Redlener thanked Ms. Wareing for addressing the Commission. Following up Dr. Anderson's question, Dr. Redlener noted that the Homeland Security Council has a formal external advisory group, and asked Ms. Wareing whether a similar group could be established for the Children's Working Group. Ms. Wareing thought this was an excellent idea, and suggested that it might be possible via FEMA's National Advisory Council.

Dr. Redlener offered two comments on the National Recovery Framework. First, it must "work on the ground" and address children's needs rapidly and continuously during the recovery process. Second, given the large number of governmental agencies involved in disaster recovery, the Framework must include a well-defined hierarchy that explicitly indicates who "the boss" is. Dr. Redlener hoped that that person would report directly to the President.

Dr. Redlener next asked Ms. Wareing how children's needs were handled differently in the disaster in American Samoa than in previous disasters. Ms. Wareing noted that the uniqueness of the disaster (e.g., the remoteness of the disaster site, cultural differences, lack of reliance on shelters) made it difficult to compare the response to previous disasters. As an example of a "positive," Ms. Wareing cited the constant reminders to field personnel from Children's Working Group members to be mindful of children's needs. She said the multi-agency shelter assessment tool currently in development was not used in American Samoa because shelters were mainly used as a feeding source and not for overnight stay. FEMA is working on an implementation plan for the finalization of the tool. In response to a request from Dr. Redlener, Ms. Wareing indicated that she could provide the Commission with an After Action Report specifically focusing on the response for children in American Samoa.

Dr. David Schonfeld suggested that the Stafford Act might need to be re-examined and modified, as part of the overall effort to improve FEMA's ability to respond to disasters.

In particular, he highlighted the constraint against reimbursing private, for-profit medical and child care systems, and how that could undermine children's recovery. He also suggested that providing free child care for a few weeks could undermine the recovery of for-profit child care facilities that children attended prior to the disaster since this would cause them to lose clientele and income when they need it most and encourage a disruption in the continuity of daycare providers at a critical time children's adjustment.

Mr. Lockwood complimented the work FEMA was doing, but noted that the Evacuation, Transportation and Housing Subcommittee was disheartened by the discussion on FEMA's National Mass Evacuation Tracking System (NMETS) at the previous day's meeting, because the NMETS representatives were displaying a "we can't" type of attitude toward changes that the subcommittee was suggesting. He asked that the Children's Working Group discuss this issue with the NMETS representatives. Ms. Wareing indicated that the NMETS representatives are members of the Working Group and that the Group will address this issue.

Dr. Anderson thanked Ms. Wareing for appearing before the Commission. Dr. Anderson then introduced the next segment of the Commission meeting – the reports from each of the four subcommittees. He indicated that the subcommittee meetings from the previous day included presentations from officials from different Federal government agencies, who provided status reports on recommendations in the Commission's Interim Report. The meetings also included panel discussions and additional issues the subcommittee felt the Commission should focus on.

Human Services Recovery Subcommittee

Dr. Anderson introduced Dr. Redlener, chair of the Human Services Recovery Subcommittee, who delivered that subcommittee's report. Dr. Redlener noted that there were six presenters at the subcommittee meeting. The first was Ms. Wareing, who made a presentation similar to the one she gave at this meeting. Dr. Redlener noted that although the Commission had originally hoped that the National Recovery Framework and companion recommendation document would be available at the end of 2009, the Commission recognizes the magnitude of the effort and is pleased with the current deadline of April 1, 2010. Dr. Redlener noted Ms. Wareing's discussion of the Working Group's outreach to stakeholders, but he indicated that it was unclear how the Commission could participate as actively as possible with the Working Group. He asserted that the Commission needs to strategize internally to determine how it could be most helpful to the Working Group, given the Commission's desire to play a larger role than that of a public commenter.

The next presenter at the subcommittee meeting was Rafaela Monchek of FEMA, who presented on the National Disaster Housing Task Force. Dr. Redlener noted how housing transitions following a disaster (from shelters to transitional housing to permanent housing) can be extremely challenging for children and families. He indicated that the time period between the disaster and the return to permanent housing needs to be as short as possible and that, during that period, the needs of children need to be appropriately

addressed. Dr. Redlener felt that the government processes regarding disaster housing were “the most bureaucratic” of any of the processes discussed yesterday. He expressed his hope that the Long Term Disaster Recovery Working Group can address this issue and streamline the process.

Next, Victoria Childs of FEMA spoke about disaster case management. Dr. Redlener noted that the Commission has been awaiting finalization of the interagency agreement (IAA) between FEMA and ACF. This agreement will formalize the relationship between the two agencies regarding disaster case management. Dr. Redlener noted that subcommittee members posed many questions to Ms. Childs, which reflected the Commission’s intense interest in this subject. While Dr. Redlener indicated that the Commission is now “feeling good” about the status of this issue, he did express concern regarding the transition from federal to state/local control of disaster case management, noting that Mr. Revere asked Ms. Childs what would happen if the state was “not ready to assume control.” Dr. Redlener indicated that more information is needed on how this transition would occur and how states would prepare for this responsibility.

Bill Modzeleski from the U.S. Department of Education (DoEd) was the next presenter at the subcommittee meeting, and spoke on academic continuity following a disaster. His presentation focused mostly on disaster preparedness planning in schools. Dr. Redlener indicated that the subcommittee was disheartened by the “enormous chasm” that existed between what is currently being done in schools vs. what needs to be done regarding disaster planning, as evidenced by the fact that only 700 school districts (out of 15,000 nationwide) were receiving assistance from DoEd for disaster planning. The Commission is concerned about the capacity of the DoEd to address disaster planning appropriately, which illustrates the general problem of “scale” and the enormous amount of resources needed to adequately prepare the nation for disasters.

Next, Nancy Goetschius from the Centers for Medicare and Medicaid Services (CMS) addressed the subcommittee. She had been asked to discuss continuity of medical care for children impacted by disasters. Her presentation focused on the current federal health insurance programs, including Medicare and the State Children's Health Insurance Program (SCHIP). She pointed out that the federal government cannot mandate how states use their Medicare and SCHIP funds, but that CMS can issue waivers to enable states to address medical issues in creative ways. She also mentioned that the absence of electronic medical records exacerbated the problem in reestablishing the continuity of medical care. Dr. Redlener posed the question to Ms. Goetschius as to why the federal government did not have responsibility for providing health coverage to children and families who were in federally subsidized disaster housing (e.g., FEMA “trailer parks”). Dr. Redlener indicated that he did not recall getting a satisfactory answer to his question at the subcommittee meeting.

The final presenter was Linda Ligenza from the Substance Abuse and Mental Health Services Administration (SAMHSA), who provided a briefing on the Crisis Counseling Assistance and Training Program (CCP). CCP is available to states following a federally declared disaster. The subcommittee had concerns over how long the program could be

in effect, particularly because the actual recovery period for children following disasters can be extremely long. Dr. Redlener noted that Dr. Schonfeld asked whether the Commission could review the report that SAMHSA is preparing on how to improve the CCP program. Mr. Revere clarified for Ms. Wareing that the Commission requested the opportunity to review the draft White Paper and recommend how it could be strengthened from the perspective of children. Both Ms. Ligenza and Ms. Childs had no objection and indicated that they would ask their supervisors whether this was possible.

Following Dr. Redlener's summary of the presentations to the subcommittee, Dr. Anderson asked for further clarification as to why only 700 out of 15,000 school districts were participating in the DoEd program. Dr. Schonfeld explained that the program is a competitive grant program with limited funding that includes two national conferences, technical assistance, and funding for training, drills, exercises, and collaboration with first responders. He commented that DoEd has tried to maximize the effect of the grant funds by targeting the largest school districts for funding. He added that the Commission has recommended that new funding be made available to expand disaster preparedness planning in schools. Dr. Redlener returned to the issue of "scale" and noted that the vast majority of schools are not receiving funding. Dr. Schonfeld noted two additional problems: that the DoEd program is voluntary and that education, in general, is subject to control at the local level. Training, accreditation, and certification requirements vary by state and even within a state at the local level. Dr. Schonfeld noted how this presents a challenge for raising the level of disaster preparedness across the nation. Mr. Lockwood noted that his district applied for the grant and that he found the grant application process to be cumbersome. He also noted that the application process is open for only a short time period, and that the program is not widely publicized.

Dr. Redlener stated that an additional concern regarding schools is the increasing recognition that schools are "soft targets" for terrorists and that there are a number of reports about schools needing to be prepared for acts of terrorism. The Commission needs to address the issue of local control over funds, as all schools need to be prepared for disasters.

Pediatric Medical Care Subcommittee

Dr. Anderson, chair of the Pediatric Medical Care Subcommittee, asked Graydon Lord, Vice Chair of the subcommittee, to deliver the subcommittee's report.

The subcommittee meeting began with an update from Tim Davis from the National Disaster Medical System (NDMS) on efforts within NDMS to improve their capability to provide disaster medical care to children, including the ongoing initiative to review and upgrade their pediatric supply caches, which was a Commission recommendation. Mr. Lord was very pleased to report that NDMS has designated Dr. Andrew Garrett (a subcommittee member) as the new Deputy Chief Medical Officer for Pediatrics. In general, the subcommittee was very pleased with the speed with which NDMS is addressing the Commission's recommendations.

The discussion then turned to the subcommittee's concern that our nation's schools are "soft targets" for terrorists. Mr. Lord noted Russia's very effective medical response to the Beslan school hostage crisis in 2004 and the lessons learned from that event – in particular the need to regionalize pediatric resources in order to quickly deploy and then sustain a large pediatric medical response.

The next presenter was Tasmeen Singh Weik from HHS's Health Resources and Services Administration (HRSA), who provided a briefing on the Emergency Medical Services for Children (EMSC) program. Mr. Lord commented on the overall effectiveness of this program. Ms. Weik reported that only 50 percent of EMS response units across the country have appropriate pediatric medical equipment, and an even smaller percentage have the appropriate quantity of that equipment. This led Mr. Lord to wonder how we can be prepared for a large-scale incident when we aren't prepared on a day-to-day basis. Mr. Lord indicated that these data would inform a future Commission recommendation for regional pediatric equipment caches.

Dr. Constance Doyle then presented on emergency room preparedness, and noted that many hospital Emergency Departments had sufficient pediatric equipment to treat only one or two children. Mr. Lord indicated that pediatric equipment is both very expensive and rarely used, which in part explains the low inventory levels.

Steve Delahousey gave the next presentation. Mr. Delahousey represented American Medical Response (AMR), FEMA's contractor for the National Ambulance Contract, which was established after Hurricane Katrina to create a national network of ambulances and paratransit support that can be deployed rapidly to any disaster. Mr. Lord highlighted the extensive capability and network that AMR has developed under this contract. Mr. Lord was pleased to note that the ambulances that provide services under this contract must comply with specific pediatric equipment requirements.

Responding to Dr. Anderson's comment on the lack of pediatric equipment on ambulances and the lack of pediatric training of responders, Mr. Lord noted that EMS is regulated by states and not the federal government, and that each state has its own standards regarding EMS. Thus, the Commission has two options for effecting change: either hope that all the states embrace the Commission's recommendations or look for a federal mechanism to ensure that states comply with the standards. The latter approach was the rationale for the Commission's recommendation to require EMS vehicles to meet pediatric equipment standards as a requirement for CMS reimbursement.

The next presenter at the meeting was Dr. Michael Handrigan from the Emergency Care Coordination Center (ECCC) at HHS. Mr. Lord indicated that ECCC is attempting to "bring coherence" to emergency care across the country. The ensuing discussion highlighted the recurring theme that the lack of federal coordination of emergency care hampers both the medical response to disasters and the care provided to children following a disaster. Dr. Anderson pointed out that the effective regional response by children's hospitals following Hurricane Katrina was due largely to pre-existing

professional relationships among staff from different hospitals, rather than formalized communication protocols and regional systems. Mr. Lord concurred with this view.

Regarding future priorities for the subcommittee, Mr. Lord indicated the need to determine which of the subcommittee's concerns and recommendations would require legislative action. Mr. Lord also indicated that the subcommittee wants to collaborate with several additional agencies and organizations, including the Department of Defense (DoD), the Veterans Administration (VA), the primary care community (in particular, pediatricians and family practitioners), the Federal Interagency Committee on Emergency Medical Services, and state EMS directors.

The discussion around medical countermeasures, the final topic of the subcommittee's meeting, featured Dr. Brad Leissa of the Food and Drug Administration (FDA). Dr. Leissa provided an update on the lack of countermeasures for children in federal stockpiles. Mr. Lord was pleased to report that the problem of the lack of pediatric labeling for Pralidoxime may be partially solved within the next 12 months because of an ongoing approval process at FDA. A pediatric label for use of Midazolam, however, is at least three to five years away. Mr. Lord then highlighted the subcommittee's frustration with the Emergency Use Authorization (EUA) process at FDA, wondering why an EUA could be obtained so quickly for the H1N1 vaccine, even though it was still in development, but not for Midazolam, which has been used for 20 years. Mr. Lord conceded that it will be difficult to make progress on this issue.

Dr. Anderson expressed frustration that progress had not been made over the past 13 months on the subcommittee's medical countermeasures recommendations. Dr. Redlener pointed out that legal constraints at the agency level, particularly at the FDA, were hampering implementation of the recommendations, which is why the Commission has discussed the need for higher-level intervention, either via legislative action or an advisory committee that reports directly to the HHS Secretary.

Dr. Schonfeld remarked that the problem with focusing on very specific medications is that it avoids the larger problems with the processes for making medical countermeasures available to the public. He highlighted these problems by reviewing the current situation regarding liquid potassium iodine (KI). He indicated that the current national liquid KI stockpile is expiring and that there are no plans to replace it, thus illustrating the need for a high-level body to oversee medical countermeasures.

Mr. Lord concurred that an agency may be constrained by regulations or statutes that prevent them from addressing the fundamental needs of children. He wondered who should "own" medical countermeasures within the federal government and the National Response Framework. Another problem that Dr. Schonfeld highlighted is that distribution of KI around nuclear reactors could be a regional, state, or local responsibility, when, Dr. Schonfeld believed, it should be a federal responsibility because a nuclear incident would impact the whole country. CAPT Lavin indicated that federal legislation does in fact specify that responsibility, but, according to Dr. Schonfeld, that legislation is about to expire.

The meeting adjourned for lunch at 11:45 a.m. and reconvened at 12:35 p.m.

Evacuation, Transportation and Housing Subcommittee

Following the lunch break, Dr. Anderson introduced Mr. Lockwood, chair of the Evacuation, Transportation and Housing Subcommittee, who presented the subcommittee's report from the previous day's meeting.

The subcommittee first heard a presentation by Christy Music (DoD) and Dr. Sally Phillips (HHS) on the Agency for Healthcare Research and Quality (AHRQ) Recommendations for a National Mass Patient and Evacuee Movement, Regulating, and Tracking System. Mr. Lockwood felt the presenters described "a vision" for a system, noting that this system does not currently exist. Still, he and Dr. Anderson felt that the overall concept of an overarching platform that could share information with any other tracking system was sound. Mr. Lockwood noted that implementing the system, as currently proposed, would cost an estimated \$28-30 million and take at least five years.

Next, Paul Schwartz and Waddy Gonzalez from FEMA described FEMA's National Mass Evacuation Tracking System (NMETS), which tracks individuals as they arrive and depart from different locations. Mr. Lockwood noted that the subcommittee had concerns about the current data fields on the paper version of the tracking system. In particular, the paper form is inadequate for tracking unaccompanied minors who are unable to identify themselves, because there are no fields for additional descriptive information on the person. Mr. Lockwood noted that, by contrast, the paper form had several fields for describing pets. Dr. Anderson was concerned that the FEMA representatives did not seem to understand the implications of this deficiency. Mr. Lockwood also indicated that there were legal barriers to sharing information entered in NMETS.

Mr. Lockwood commented on the importance of capturing the ages of children in evacuation databases and then grouping them into different age categories, because children at different ages have different resource needs. He also noted that if the "Wal-Mart version" of a tracking system were available, then the appropriate resources would be directed to locations to serve children in need.

Omar Abou-Samra of the American Red Cross (ARC) then presented on ARC's National Shelter System. Mr. Lockwood complimented the ARC on their work, but had concerns about the data currently being collected. In particular, tracked shelter populations are based on a "midnight head count on pillows," when a far greater number of people use the shelters during the day. In addition, the age categories of children are not being tracked. Mr. Revere indicated that the Commission provided suggested age categories to FEMA. Mr. Lockwood said that these age categories need to be institutionalized across all levels of government and nongovernmental agencies.

Mr. Lockwood noted that, unfortunately, none of these systems was interoperable and “able to talk to each other across the spectrum.” For this reason, Mr. Lockwood suggested that the Commission consider whether the “common platform approach” that the AHRQ system proposes is the best approach.

Mr. Lockwood then discussed several next steps for the subcommittee, including arranging demonstrations of the existing tracking systems and convening a panel of speakers on interim housing. Mr. Lockwood indicated that the issue of reunification of unaccompanied minors also needs additional study. Dr. Anderson noted that when the subcommittee asked the FEMA representatives how the Commission can help address evacuation problems in general, they highlighted the problem caused by state-specific rules regarding unaccompanied minors and the need for nationwide standards. Finally, Mr. Lockwood noted that transportation needs require further study, both during the actual evacuation process and with respect to the availability of transportation, such as school buses, in temporary communities that are housing evacuees.

Following Mr. Lockwood’s presentation, Mr. Allen concurred that information sharing and inter-agency communication is a “transcendent issue.” The problem, Mr. Allen noted, is that this is a multi-disciplinary and multi-jurisdictional challenge that, regrettably, is being addressed in silos. As a result, systems developed at the federal and state levels are not compatible. Mr. Allen highlighted three themes from the subcommittee meeting. The first is that in spite of its very high cost, the AHRQ system should be the goal because of its approach to broad-based information sharing at all levels. The second is that there will be significant legal and privacy issues associated with the AHRQ approach, and that statutory changes would likely be needed. Third, Mr. Allen said he believes that in emergency situations, exceptions to privacy laws need to be broader so that information can be shared. Mr. Allen also argued that the federal government should promulgate data standards that states must adhere to when building or purchasing systems. In sum, Mr. Allen felt that it was critical that each agency involved in evacuating children and families have access to common, uniform, and consistent data that accurately depict the populations being evacuated, what services they have already received, and what services they still need.

Mr. Lockwood suggested that there may already be requirements that systems purchased with DHS grant funding adhere to data standards, but that the requirements are not being enforced. Ms. Carlson concurred that information sharing is an important overarching issue, and said that unless action is taken, agencies will continue to work in silos. Dr. Schonfeld echoed Ms. Carlson’s comments, and highlighted the negative consequences of HIPAA privacy laws after 9/11 in New York City. Mr. Lord noted that there are exceptions in the HIPAA statute, such as the law enforcement exemption, that could perhaps be the basis for an exemption that would allow the creation of a central repository containing information on all evacuees. Again emphasizing the importance of information sharing, Mr. Lord summarized by saying “if we don’t have data, we have nothing.” Mr. Tan noted that many states have laws, such as those regarding child abuse, that mandate reporting. He therefore believed that exceptions in laws could be created to

allow information sharing following a disaster when it is clearly in the best interest of children.

Education, Child Welfare and Juvenile Justice Subcommittee

Dr. Anderson introduced Sheila Leslie, chair of the Education, Child Welfare and Juvenile Justice Subcommittee. Ms. Leslie indicated that the subcommittee's meeting the previous day had two parts, one focusing on education and the other on juvenile justice. Ms. Leslie asked Dr. Schonfeld to summarize the first part of the meeting.

Dr. Schonfeld noted that the subcommittee focused on Interim Report Recommendation 7.2, which calls for basic trauma, crisis and bereavement training for teachers and other school personnel. Dr. Schonfeld himself addressed the subcommittee first and provided context on why this training is important. The next presentation was given by Jenny Curtin from the Massachusetts Department of Elementary and Secondary Education, who described the Alternative Education and Trauma Sensitive Schools program, a grant program that Massachusetts established in 2004. That program, among other things, provides in-service training for teachers on the effects of trauma on students. Dr. Schonfeld emphasized that the program was a voluntary grant program, but did include funding to provide the training.

Following the two presentations, the subcommittee discussed how to implement Recommendation 7.2. Dr. Schonfeld noted that some members were concerned that too little funding would not be helpful, but that a higher (and more appropriate) level of funding would not be politically possible. Dr. Schonfeld indicated that he had proposed that a "modest" level of training be required. He noted, however, that the key obstacle is that teacher preparation and training requirements vary by state (and within states) and, therefore, "even the simplest and most obvious needs were hard to implement at a national level." The subcommittee members agreed that Recommendation 7.2 is important, but that they have not yet devised a solution for implementing the recommendation. The subcommittee also felt that the training was necessary in settings other than schools, such as juvenile justice facilities and child welfare agencies. Dr. Schonfeld noted that Mr. Modzeleski from DoEd offered to make a training module available on its website and would track and evaluate its use.

The second part of the meeting focused on juvenile justice issues. The first speaker was Susan James Andrews, juvenile justice consultant and lecturer at George Mason University, who summarized her report, "An Assessment of the Impact of Hurricanes Katrina and Rita on the Juvenile Justice System." Unfortunately, Ms. Leslie noted, the report had not been widely disseminated and, in particular, was not available on the Office of Juvenile Justice and Delinquency Prevention (OJJDP) website. However, officials from OJJDP at the subcommittee meeting did indicate their intention to post and highlight the report on their website. Based on the conclusions in the report, Ms. Leslie

reported that the Commission will explore how SAMHSA could provide mental health support to juvenile justice facilities.

Dr. Redlener asked what the findings of the report were. Ms. Leslie indicated that the key findings focused on the need for court records to follow juveniles when they are evacuated, how different evacuation decisions were made at different levels of government, the need for a backup system for records, communication system problems, and staffing shortages that occurred during the evacuation. Randall Gnatt commented that the report also focused on the impact of cultural differences that surface when juveniles move to a different area. For example, one type of behavior might be viewed as gang-related in one area but not in another. Dr. Schonfeld highlighted the problem that officials in the juvenile detention facilities faced during Katrina, given that the decision to release detainees required approval from judges who were not available: the officials either obeyed the law and didn't release the juveniles (in which case their lives were at risk) or the officials broke the law and released those in detention.

The next presenter was Simon Gonsoulin, Louisiana's former Deputy Secretary of Youth Services. He spoke about the problems his agency encountered when evacuating juveniles from detention facilities in Louisiana during Katrina. He indicated that his agency had an evacuation plan, but that it assumed the evacuation would last two days, when in fact it lasted one month. He stressed the importance of preservation of records, the need for a 1-800 number for parents, and the importance of a backup system of records.

Ms. Leslie noted that confidentiality of records came up repeatedly in the subcommittee discussions. She noted that child welfare agencies had their own set of rules on what information could be released, that juvenile justice agencies had a different set of rules, and, as a result, during the crisis critical information about juveniles under state care could not be shared. Ms. Leslie also noted the importance of executing Memoranda of Understanding (MOUs) between agencies as part of the planning process, particularly as plans become more regionalized, which is occurring in the southern states.

Next, Lisa Portune, a juvenile court consultant, discussed the unique needs of dependency courts regarding disaster planning. She was followed by Gen Flango of the National Center for State Courts who spoke about how underprepared courts are to handle emergencies. Ms. Leslie indicated that there is a federal requirement that all state child welfare systems have disaster plans, but that the quality of these plans varies widely, which is an issue that the Commission needs to address. Finally, Ms. Leslie indicated that Melodee Hanes from OJJDP expressed support for forming a working group on juvenile justice disaster issues within OJJDP that could collaborate with the Commission.

While Ms. Leslie noted that the session ended with a "sense of optimism," she highlighted the disconnect between the activities of state and local emergency management agencies and the state of preparedness among child welfare and juvenile justice agencies, which Ms. Leslie indicated that the Commission needs to address.

Dr. Redlener asked why there is a federal requirement for child welfare agencies to have emergency preparedness plans, but not juvenile justice agencies. CAPT Lavin indicated that the child welfare planning requirement is tied to federal funding for the state programs. Currently there is no similar requirement for juvenile justice agencies, although the Commission has explored the possibility of adding such a requirement in the reauthorization of the Juvenile Justice and Delinquency Prevention Act. However, the Commission found that it would not be politically viable to do so at this time. Dr. Redlener then urged the Commission to press for a legal requirement in all pertinent federal grant programs to include a disaster planning requirement wherever possible. Several Commissioners commented that any such requirement must include a provision that local emergency management officials must review any plan created.

Dr. Anderson commented that it is clear that all four subcommittees are focusing on data sharing, interoperability, access to data, and concern about privacy laws. Dr. Schonfeld stated that the technology to address the data sharing problem is available, but that the key barrier is the lack of political will and desire to share information, noting that “if people really want to share the information, they would figure out a way to share it.” The perception that “all disasters are local” has been a barrier to sharing information, particularly across state lines. Mr. Lockwood noted that the legal barriers to information sharing are sometimes only “perceived problems,” and urged the Commission to determine “what is it we need to share to be successful.”

National Clearinghouse Research

The next agenda item was the proposed national clearinghouse. Dr. Anderson noted that a charge of the Commission was to develop recommendations regarding a national clearinghouse for children and disasters. Dr. Anderson introduced Cindy Pellegrini from the American Academy of Pediatrics (AAP) to provide an overview of the original idea for a clearinghouse.

Ms. Pellegrini began by reviewing the history and background of the clearinghouse. She stated that in 2005 the AAP started working with Save the Children and Senator Dodd to develop legislation to address the issue of children and disasters. The original legislation had two parts. Title I established the National Commission on Children and Disasters. Title II established a National Clearinghouse on Children and Disasters. As part of the development process, AAP looked at several government clearinghouse models, and tried to pick appropriate elements from the different models. In 2007, the legislation (including both Title I and II) was introduced in Congress. At that time, the proposed Clearinghouse was to be housed at HHS, but would require an MOU with the Departments of Homeland Security, Education, Transportation, Justice and Housing and Urban Development. Title II also required consultation with state and local governments, organizations with expertise in the field, and other subject matter experts, and provided \$1.5 million per year for two years (2008 and 2009). In the end, only Title I was enacted.

Ms. Pellegrini emphasized that the purpose of the original clearinghouse legislation was to develop information networks and resources “as necessary.” In other words, the legislation provided flexibility to develop new resources where gaps existed.

Ms. Pellegrini said that the AAP is hoping that the Commission will “resurrect” the clearinghouse because the need for one still exists. As evidence of this need, Ms. Pellegrini summarized a recent review she conducted of government and non-governmental websites that had some information on children and disasters. She noted that information on children and disasters is fragmented across multiple government websites (see the list below), each of which addresses children and disasters from its particular agency focus. For example, the SAMHSA website addresses the mental health perspective, while the U.S. Department of Agriculture (USDA) website focuses on nutrition. She noted that typing in “children and disasters” at the FDA and CMS websites did not yield any information on children and disasters, which Ms. Pellegrini said was distressing given the important role each has in disasters. HUD had a disaster web page, but nothing specific to children. Ms. Pellegrini also noted that the first three hits on a Google search of “children and disasters” were non-governmental websites.

Ms. Pellegrini shared with the Commission a list of government websites that she recently viewed that have resources on children and disasters:

- FEMA
 - Resources for Parent and Teachers, <http://www.fema.gov/kids/teacher.htm>
 - FEMA for Kids, <http://www.fema.gov/kids/index.htm>
- DHS
 - Helping Children Cope with Disasters, <http://test.rwb.gov.edgesuite.net/dhspublic/display?theme=66&content=362>
- DoEd
 - Readiness and Emergency Management for Schools, <http://rems.ed.gov/>
- HHS
 - ACF
 - National Child Care Information and Technical Assistance Center, <http://nccic.acf.hhs.gov/poptopics/disasters.html>
 - Centers for Disease Control and Prevention (CDC)
 - scattered resources on specific issues, e.g. returning to schools after hurricanes <http://www.cdc.gov/HealthyYouth/crisis/hurricane.htm>
 - SAMHSA
 - National Child Traumatic Stress Network, http://nctsn.org/nccts/nav.do?pid=hom_main;
 - Disaster Technical Assistance Center, <http://mentalhealth.samhsa.gov/dtac/ChildrenandDisaster.asp>
 - AHRQ
 - Public Health Emergency Preparedness page has a pediatrics section, <http://www.ahrq.gov/prep/>
 - HRSA

- Emergency Medical Services for Children National Resource Center, <http://bolivia.hrsa.gov/emsc/>
- Commerce
 - The National Oceanic and Atmospheric Administration (NOAA) resources on developing family preparedness plans:
 - <http://www.nssl.noaa.gov/edu/safety/disasterplan.html>
 - http://www.nhc.noaa.gov/HAW2/english/prepare/family_plan.shtml
- USDA
 - Food and Nutrition Services Disaster Assistance, <http://www.fns.usda.gov/disasters/pandemic/default.htm>

In summary, Ms. Pellegrini indicated that a clearinghouse is still needed, because existing information is fragmented, difficult to find, inconsistent, duplicative, and, most importantly, not comprehensive. She said the AAP believes a national clearinghouse could provide a major service and serve all audiences.

Dr. Anderson commended Ms. Pellegrini on her work. He then expressed his concern about adding another website that could potentially fragment the system even more. Ms. Pellegrini responded that the Clearinghouse could be a “portal” that links current websites and resources, both governmental and non-governmental, that focus on children and disasters. Dr. Redlener pointed out that a portal would need to evaluate the material posted to websites to verify that the information is correct. He also said the portal would need buy-in from all the agencies that currently have websites with relevant information. He indicated that a large staff would be needed to screen articles and other information. Ms. Pellegrini stated that ACF’s Child Welfare Information Gateway, which has staff dedicated to vetting articles, organizing information, and disseminating newsletters, is a possible portal model that could be adapted.

Mr. Allen stated that he thinks the Clearinghouse is a great idea, but asked “is it enough?” He indicated that the Commission wants an entity, ideally above the agency level, to help shape policy, as well as serve as an information resource. He urged the Commission to be more ambitious in thinking about what a clearinghouse could accomplish.

Mr. Lockwood suggested that DHS’s Lessons Learned Information Sharing (LLIS) system could be a model for the clearinghouse, particularly for how users can post information and respond to information that others post.

Dr. Schonfeld emphasized that the clearinghouse has to be flexible, with the ability to post information quickly. He noted that federal websites cannot be changed easily or quickly, particularly compared to privately run websites. Dr. Schonfeld also argued that there has to be “content expertise” within the organization that is running the clearinghouse. Dr. Anderson felt that, despite the inflexibility of government clearinghouses, some government partnership was needed if, for example, NDMS were to use the site as their repository. Dr. Schonfeld agreed that a government partnership was

necessary, and noted that the website could be operated by a contractor on behalf of the federal government.

The Commission then discussed the intended audience for the clearinghouse. Dr. Schonfeld voiced concern that it would be difficult to maintain a website that would be useful for all audiences. He recommended that this tool be designed for the general public, including parents, children, and others who care for children, including pediatricians, child welfare agencies, schools, and criminal justice organizations. The website could also refer visitors to specialized websites with expanded information on specific issues. Dr. Anderson thought the clearinghouse should cater more to professionals. Ms. Pellegrini stated that AAP's recommendation is flexible regarding which audience to develop the clearinghouse for.

Dr. Anderson felt that the Commission fully supports the concept of the clearinghouse, but that the clearinghouse should be viewed as just "an important room in the home" – that is, one part of a larger entity that advocates for the Commission's recommendations. However, he voiced concern over how the clearinghouse will be used and who will operate it, indicating that the Commission needs to understand the details in creating the clearinghouse, including identifying the audience, public and private sector partners, and what the website will offer, to ensure that the tool is useful and offers features that are unavailable elsewhere. Dr. Anderson suggested that one purpose of the website could be to identify gaps in addressing children's needs in disasters, and to raise issues that are not being considered, adding that it is important that the website offer something new to the field and to the public.

Mr. Revere added that it is important to identify a champion who will promote the clearinghouse. He offered as an example the current situation with H1N1 and the creation of flu.gov. Federal, state, and local partners promote and direct individuals to the website at every opportunity. Flu.gov services a broad audience, including professionals and families. Mr. Revere stated that a children and disaster clearinghouse needs the same commitment and advocacy.

Dr. Redlener stated that the Commission's audience is the United States government, and that they respond to Congress and the President. Having that leverage, Dr. Redlener explained that if the Commission didn't have a time limit, the Commission itself could be responsible for the portal and serve as the "home" for the clearinghouse. He felt that the audience should not be parents, inasmuch as there are currently adequate websites (e.g., AAP) for that audience. Dr. Redlener stressed that what is needed is a very active ability to communicate and advocate for policies, principles, and resources for children and disasters. He also noted that any clearinghouse content would have to be vetted constantly and indicated he would not support a "passive portal."

The Commission then discussed whether they should formally express support for a clearinghouse. Given the widely differing models discussed regarding how a clearinghouse could be structured and what its goals would be, Mr. Tan suggested that the Commission re-visit the original legislation that Senator Dodd proposed for the

clearinghouse. Based on a review of the original legislation and the committee notes, the Commission could then make a recommendation on the clearinghouse.

Ms. Leslie asked if the clearinghouse was an active piece of legislation in the Congress. Ms. Pellegrini stated that the concept is currently “dormant” and that Senator Dodd is deferring further action until he receives a recommendation from the Commission. In response to a question from Dr. Schonfeld, CAPT Lavin confirmed that it is within the Commission’s charge to make a recommendation on the clearinghouse.

In summary, Dr. Anderson stated that the Commission is supportive of the concept of the clearinghouse, but that the Commission is not ready to make a recommendation until the issue is studied further. Mr. Revere said that staff would distribute the language of the legislation to the Commissioners to start this process. Dr. Anderson then thanked Ms. Pellegrini for addressing the Commission.

Commissioner Discussion

In response to a request from Commission Chair Mark Shriver and Mr. Revere, Dr. Anderson asked the Commissioners to discuss how the Commission’s recommendations could be prioritized, perhaps into a so-called “top ten list.” Dr. Schonfeld asked whether the list was to focus on “new issues” for the Commissioners to address, existing recommendations that staff should focus on getting implemented, or both. Dr. Anderson indicated that, as an example, his personal list would include the need for a “permanent home” for the Commission’s concerns; medical countermeasures for children; data and information sharing policies; and the National Recovery Strategy. Dr. Schonfeld added that staff should focus on both the “larger issues” that require more study and “smaller issues” that could be implemented in the short term. Mr. Revere stressed that staff are “trying to get direction” from the Commissioners on where to focus their efforts.

Mr. Allen stated that the Commission’s level of success will not be measured based on the number of Interim Report recommendations that are implemented, and that, while it will be useful to pursue the recommendations, the overall goal is to “change the way America responds to these problems.” He suggested that the Commission think “in a grandiose way” and “be bold in prioritizing the overarching recommendations.” Mr. Allen agreed with Dr. Redlener’s original observation made a year ago that the fundamental problem is that there is “no central, senior accountability” and that there is no high-level entity with responsibility for the range of issues affecting children in disasters. Dr. Schonfeld concurred with Mr. Allen’s comments, but also indicated the need for staff to focus on implementing some of the “smaller” recommendations.

Dr. Redlener emphasized that the Commission needs to be “realistic,” given the “deep systemic barriers” and the “siloization” that exists in the federal government regarding disaster planning. As one illustration, he noted that 114 Congressional committees and subcommittees have oversight of disaster preparedness, response, and recovery. Dr. Redlener noted that another barrier is our federalist system and the limited power that the federal government has over the states. Dr. Redlener felt the Progress Assessment Tool

that staff recently developed would be helpful in identifying which recommendations can be implemented by an agency, and which may require new legislation. But Dr. Redlener stressed that ultimately there needs to be central leadership and accountability for addressing the needs children in disasters.

Dr. Redlener voiced concern over quickly prioritizing the recommendations, and requested more time to review the list. Dr. Anderson stated that the Commissioners would review the recommendations and discuss priorities on a future conference call. In developing priorities for staff, CAPT Lavin reminded the Commission that its charge is to make recommendations, not to implement the recommendations.

Mr. Tan felt that barriers to sharing information, and the implications of these barriers for coordination among agencies during a disaster, constituted an overarching issue that should be a key focus of the Commission. He urged a review of privacy laws, including HIPAA, to understand current regulatory requirements and to determine whether these laws are in fact barriers or simply a misperception.

Dr. Schonfeld stated that the Interim Report included some recommendations that were largely “principles,” and that the Commission needed to provide more specificity for those, including who was responsible for implementing the recommendation. He added that there are other big issues that the Commission has not yet addressed, including whether the Stafford Act should be revised.

Mr. Lockwood added that for recommendations that already have “a champion” responsible for implementation, the Commission merely needs to monitor implementation progress.

Dr. Anderson summarized this discussion by noting that (1) the Commissioners need to quickly develop a “top ten list” for staff, (2) minimal work is required for recommendations that already have a responsible entity, and (3) there are new “big ticket items,” such as informatics and privacy, that the Commission needs to focus on.

Dr. Redlener suggested that Commission staff identify which recommendations require federal legislation. The Commission could then construct a broad legislative package to address multiple issues and recommendations. Mr. Revere indicated that staff have already started this effort, and that there are legislators who are interested in incorporating the Commission’s recommendations into new legislation. However, Mr. Revere noted that the Commission’s key Congressional supporters (including Senator Dodd, Senator Landrieu, and Congresswomen Brown) are not interested in larger packages whose jurisdiction would span multiple Congressional committees. Mr. Revere added that Commission staff are working with federal agencies to understand their statutory authority, so it is possible that some recommendations thought to require new legislation may in fact not.

In closing, Dr. Anderson said the Commissioners would work on developing a priority list for staff over the next couple weeks.

Dr. Anderson then introduced the Progress Assessment Tool that Commission staff designed to track the progress on the Interim Report recommendations. He asked Mr. Revere to summarize the Tool. Mr. Revere said that staff is looking to document the status of the recommendations and measure progress in implementing them through pre-identified benchmarks. The Commission could use this Tool to help approach agencies with jurisdiction over recommendations, as well as outside organizations that the Commission needs to engage to move recommendations forward. Mr. Revere emphasized that, beyond the Commission, there is an entire community that is able and anxious to push these recommendations forward in some capacity. The Tool could also be shared with the public.

Dr. Anderson stated that the Tool could help foster competition between agencies because they will be publicly accountable for their actions. Dr. Anderson then asked Mr. Revere how the Tool will be used publicly. Mr. Revere responded that there are two ways. One is to include the Tool in an Ad Hoc Report (i.e., an additional report beyond the Interim and Final Report). The other way is in a public forum, as a guide for the Commissioners to ask the federal agencies specific questions on their progress in implementing recommendations. Mr. Revere added that although this may add competition among agencies to prove their success, the goal is to work with agencies in making change and to understand why or why not implementation is possible. If they're having difficulty, specifically statutory challenges, the Commission needs to know that.

Dr. Anderson asked the Commissioners if they would like to see anything added to the Program Assessment Tool. There were no comments from the Commissioners.

Dr. Anderson then asked Victoria Johnson to discuss the upcoming National Stakeholder Meeting. Ms. Johnson indicated that the Commission's National Stakeholder Meeting will be held in Washington, DC on February 1, 2010, to be followed by a Commission meeting on February 2nd. She said Abt Associates will help design and facilitate the National Stakeholder Meeting. Many different organizations, experts at the state and local level, various Commission partners, and subject matter experts will attend and participate in the meeting. The agenda for the meeting is under development, but will include facilitated breakout sessions on specific topics, possibly focusing on overarching issues. CAPT Lavin reminded the Commission that the number of simultaneous breakout sessions is limited by the number of available Alternate Designated Federal Officers. Ms. Johnson stated that prioritizing topics and recommendations will assist in identifying topics for the breakout sessions. Ms. Johnson asked for volunteers to work on the meeting agenda with Abt Associates and Commission staff. Commissioners Redlener, Lockwood, and Carlson volunteered.

Public Comments

Dr. Anderson opened the floor for public comment at 2:30 p.m. and called on Professor Susan Waysdorf, who had previously requested to address the Commission.

Professor Waysdorf, a Professor of Law at the University of the District of Columbia, discussed an article she co-authored with Sandie McCarthy-Brown on the impact that Hurricane Katrina had on the most vulnerable populations. The article was previously distributed to Commission members and staff. Professor Waysdorf emphasized the important role of family law and family law courts in mitigating the impact that disasters have on children. Professor Waysdorf said that the post-Katrina challenges were exacerbated because the New Orleans Family Courts were severely impacted and, in particular, had many of their records destroyed in the flooding. She highlighted three recommendations for the federal government to consider:

1. Conduct a national assessment of disaster planning and preparedness among state and local legal and social service systems to inform the development of comprehensive disaster plans.
2. Provide guidance, technical assistance, and model plans to assist state and local legal systems with judicial disaster preparedness, specifically focused on family law (especially the effect on children), and further require collaboration with state and local emergency management, social service agencies, and other key stakeholders.
3. Provide guidance, technical assistance, and model laws to enable states to better serve children during and after a disaster.

Professor Waysdorf noted that throughout the disaster and recovery process, the children in New Orleans and the Gulf region were exposed to events that will impact them throughout their lifetime. Many children will remain in what Professor Waysdorf calls the Diaspora, and will never regain pre-Katrina normalcy.

Dr. Anderson thanked Professor Waysdorf for her time and cogent article. He noted that the U.S. Department of Justice (DOJ) needs to be involved in this issue and that the disaster family law recommendations could be presented to DOJ.

Mr. Allen commented that “when the courts are disrupted, there is no law.” He also noted the increased likelihood of adverse events, such as non-custodial parents taking advantage of the crippled system to illegally abscond with children (because court records could have been destroyed, it would be difficult to find documentation on the identity of the custodial parents). Mr. Allen commended Professor Waysdorf for her research.

Dr. Redlener thanked Professor Waysdorf for her work and asked how many children are still suffering as a result of Hurricanes Katrina and Rita. Professor Waysdorf responded that official statistics are unavailable. Dr. Redlener commented that there could be up to 20,000 children in Louisiana who are still living in transitional housing. Dr. Redlener asked CAPT Lavin whether the Commission was limited in the types of recommendations it could make and, in particular, whether the Commission could address the current recovery issues in the Gulf in addition to making forward-looking recommendations. She indicated that the Charter does not prohibit the Commission from addressing current problems. In response to a question from Dr. Redlener, Dr. Anderson

indicated that the Commission never decided how it wanted to address current problems in the Gulf. Mr. Revere felt that the Commission has always had a prospective focus. Dr. Schonfeld expressed concern about focusing too heavily on solving the specific ongoing problem in the Gulf, and suggested that perhaps the Commission could identify and serve as a liaison to an organization tasked with addressing such a problem.

Dr. Redlener noted that his foundation, the Children's Health Fund, recently held a full-day roundtable in which federal and state officials discussed current Hurricane Katrina-related problems. In response to a question from Mr. Lockwood, Dr. Redlener indicated that a report on the roundtable will be available shortly. Mr. Revere said that the Commission should review the report and encourage the Administration to assist these families as much as possible, based on the findings of the roundtable.

Next, Mary Louise Embrey, representing the National Association of School Nurses, presented comments noting that school nurses are experts in how schools function, are keenly aware of the Family Educational Rights and Privacy Act (FERPA) regulations, and know students on a personal level. The National Association of School Nurses has many training programs related to disasters for school nurses, but no funds to implement that training. She urged the Commission, as it considered which recommendations to prioritize, to focus on schools and the role that school nurses could serve.

Dr. Schonfeld underscored the importance of school nurses and the important role they could play in responding to a disaster. Mr. Allen commended Ms. Embrey for her work at DOJ, where she was an architect of the Amber Alert System. Mr. Allen noted that this system illustrates that information can be shared between local, state, regional, and federal officials, even in the absence of a formal mandate to share information. Mr. Allen asked Ms. Embrey whether the Amber Alert System's information sharing model could be applied to improve information sharing in disaster response and recovery. Ms. Embrey indicated that it could, and encouraged the Commission to view interagency MOU templates and other tools on the Amber Alert website (AmberAlert.gov). Dr. Redlener asked Ms. Embrey whether, in the event of a nuclear disaster, schools could manage distribution of potassium iodine (KI). Ms. Embrey indicated that she believes this would be possible, particularly if the Commission or federal government recommended it.

Dr. Anderson thanked Ms. Embrey for her comments and asked whether there were any other public comments. When no additional public remarks were offered, Dr. Anderson thanked the Commission staff for their hard work in preparing the meeting, and then called for a motion to adjourn, which was made and then seconded. The meeting was adjourned at 3:09 p.m.

Participant Affiliations:

Ernest Allen: National Center for Missing and Exploited Children

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

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

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
Lawrence Tan: Emergency Medical Services Division, New Castle County Department of Public Safety
CAPT Roberta Lavin: Administration for Children and Families, U.S. Department of Health and Human Services/United States Public Health Service
Cindy Pellegrini: American Academy of Pediatrics
Tracey Wareing: U.S. Department of Homeland Security
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
Vinicia Mascarenhas, National Commission on Children and Disasters

Commenter Affiliations

Professor Susan Waysdorf, University of the District of Columbia
Mary Louise Embrey, National Association of School Nurses