

**National Commission on Children and Disasters
March 14, 2011 Meeting**

Minutes

Participants

Ernest Allen, J.D.*
Stacey Arnesen, MS
Michael Anderson, M.D., FAAP*
Merry Carlson, MPP*
W. Craig Fugate†
David Hansell, J.D.†
Dabney Kern, MS†
Randall Gnatt, J.D.
Bruce Lockwood, CEM*
Nicole Lurie, M.D., MSPH†
Graydon “Gregg” Lord, MS, NREMT-P*

John Madden
Christopher Ptomey, J.D.
Irwin Redlener, M.D., FAAP*
Christopher Revere, MPA
Juliana Sadovich, RN, Ph.D.†
David Schonfeld, M.D., FAAP*
Mark Shriver, MPA*
Kathy Spangler, PhD
Lawrence Tan, J.D., NREMT-P*
Hui-Shan Walker, CEM

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The meeting was open to the public and held at the offices of the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), 7th Floor East Multi-Purpose Room, 901 D Street SW, Washington DC, 20447. Approximately 30 members of the public attended; two presented oral statements.

Proceedings of November 15, 2010

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

Chairperson Shriver opened the meeting calling it a bittersweet moment in the Commission’s history. Over the last two and one half years, the Commission released two reports and witnessed important changes in the approach to children in preparing for, responding to and recovering from disasters. But while there are signs of progress, much work is needed at the Federal, state and local levels to ensure children are safe. Chairperson Shriver thanked Senators Tom Harkin and Mary Landrieu and Representative Corrine Brown for their efforts to continue the Commission’s work, but added that the future of the Commission is unclear. If there is no continuation, the Commission’s work will cease on April 4, making today the final public meeting. The agenda reflects this reality, and the importance of Federal, state, local and non-governmental partners continuing progress on the Commission’s recommendations.

Vice Chairperson Michael Anderson echoed Chairperson Shriver’s sentiments on the potential end of the Commission. He urged attendees to view the unfolding crisis in Japan

as an opportunity to examine our own level of preparedness. Expressing appreciation for the time and energy committed to preparing for children in disasters, he challenged Commissioners and attendees to be the constant voice for children. Chairperson Shriver expressed that the Commission's thoughts and prayers are with Japan.

White House Announcement

Chairperson Shriver welcomed Dabney Kern, Senior Director for Response of the National Security Staff, to discuss White House plans for maintaining a focus on children in disasters.

Mr. Kern thanked the Commission, Federal agencies and public and private stakeholders who contributed to the Commission's efforts. Mr. Kern stated that not only his office, but the White House is committed to carrying on the work of the Commission.

Mr. Kern announced that on March 16, the White House will hold the first meeting of its Children and Disasters working group, which will be comprised of Federal agencies – including the Department of Education (ED), Department of Justice (DOJ), HHS, Department of Homeland Security/Federal Emergency Management Agency (DHS/FEMA) and the US Department of Agriculture (USDA) Office of Emergency Management and Food Safety. The working group will address and monitor progress on recommendations put forth in the Commission's reports and is coordinated by the National Security Staff and the Domestic Policy Council staff.

The first meeting will focus on examining current initiatives, bridging gaps and developing future direction for the working group. Recognizing that the Commission put forth many recommendations, Mr. Kern explained that the working group must first prioritize the most pressing issues, with the goal to address all recommendations in time. The initial priority areas are: reform of housing assistance needs, family reunification, evacuation and transportation of children with disabilities and chronic health needs, pediatric patient movement, intra- and inter-government disaster management programs to support children, prioritization of pediatric mental health delivery systems and school preparedness. While agencies already are working on these issues, Mr. Kern recognized that more work and inter-agency collaboration is necessary to address the needs of children and all vulnerable citizens.

Chairperson Shriver expressed concern that children consistently are grouped into the "at-risk" category. However, children are 25% of our population, and need to be prioritized in budget allocations and resources. Children are often short-changed, particularly minority and economically disenfranchised children. Citing the White House emphasis on the importance of schools in disaster recovery, Chairperson Shriver emphasized the importance of child care as well.

Dr. Anderson stated that the President highlighted medical countermeasures (MCM) as a priority focus and stressed the need for additional focus on MCM for children. He suggested that MCM for children be a priority item on the working group's agenda. Mr. Kern stated that MCM development is a priority issue for the White House and is being

considered through the Domestic Readiness Group (DRG), an Interagency Policy Committee (IPC).

Commissioner Gregg Lord expressed concern about the large gap for children in regards to Emergency Medical Services (EMS). Mr. Kern agreed, acknowledging the need for a lead Federal agency responsible for coordinating EMS. This is another priority issue being considered through the IPC process.

Dr. Redlener stated that surge capacity vis-à-vis children's health needs is severely lacking. He stated that the Hospital Preparedness Program is severely under-funded, especially when it comes to children. Additionally, in light of the unfolding crisis in Japan, he expressed concern about the ability to distribute Potassium Iodide (KI) to children and pregnant women. Mr. Kern referenced the upcoming National Level Exercise, and stated that some of the major initiatives that the Administration wants to address were moved up on the priority list in the wake of the disaster in Japan, specifically citing the need to test surge capacity.

Commissioner David Schonfeld asked which federal agency would lead long-term recovery in the White House working group. Mr. Kern pointed to the efforts of the DHS/HUD Long-Term Disaster Recovery Working Group, adding that the National Disaster Recovery Framework will begin to move soon through the interagency review process for comments. The process ultimately will answer the question on the lead for recovery. Dr. Schonfeld stated that the designated lead should be a part of the White House working group.

Mr. Kern stated that the White House working group will meet quarterly and more often as needed. Chairperson Shriver expressed appreciation for the creation of this working group and the focus it will bring to children.

HHS Children's Working Group Report

Chairperson Shriver welcomed Assistant Secretary for Preparedness and Response (ASPR) RADM Nicole Lurie and Acting Assistant Secretary of the Administration for Children and Families David Hansell.

RADM Lurie stated that the Commission's efforts stimulated much progress on addressing the needs of children in disasters, with consideration of the needs of children being "hardwired" into the ways HHS prepares for and responds to disasters.

Regarding recent activities, RADM Lurie highlighted three main areas: behavioral health, MCM and emergency response. But first she stated that there are six new voting members on the National Biodefense Science Board, including Dr. Betty Pfefferbaum, a child psychiatrist, and Dr. Daniel Fagbuyi, a pediatrician. Regarding behavioral health, HHS is currently working to develop a concept of operations for public health emergencies, with the goal to complete a final draft in June, which will be shared with external subject matter experts (SME). She invited interested Commissioners to participate in the review. Additionally, she requested that all Federal health responders be trained to deliver psychological first aid. ASPR is working with the National Institute of Mental Health (NIMH) and the Substance Abuse and Mental Health Services

Administration (SAMHSA) on ways to move forward with this initiative, with children as a focus.

Regarding MCM, ASPR will ensure that children are integrated into every step of the MCM process. A Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) working group was charged and ASPR staff was directed to ensure all MCM development contracts include a specific focus on children. Tangible progress includes the completion of palatability studies and the Biomedical Advanced Research and Development Authority's (BARDA) award of a contract for the advanced development of a safe and effective way to use Prussian Blue to treat infants from 0-2. Negotiations are currently underway regarding other products that will need pediatric indications. The ASPR Office of Preparedness and Emergency Operations (OPEO) and BARDA are convening a group of SMEs to develop interim recommendations for the use of chelating agents, which are widely available, but for which there is little specific evidence for clinicians that want to use them with pediatric patients. Issues related to KI stockpiling and distribution are currently being revisited and discussed. For the states that stockpile KI, the challenge is to deliver it within a very short time frame.

Last week, the National Center for Disaster Medicine and Public Health hosted a pediatric disaster preparedness curriculum development conference and HHS divisions served in leadership roles. Participants discussed the infrastructure and methodology for creating competency based training, which must ensure that all disaster responders, including non-pediatricians, have basic competencies in attending to the needs of children.

Regarding patient movement, RADM Lurie indicated that OPEO will bring together a wide range of pediatric transport stakeholders to examine national assets available for pediatric patient movement and to think collaboratively about a national strategy for patient movement. RADM Lurie also highlighted the creation of the Multi-Specialty Enhancement Team, a second line reach-back asset that will support frontline NDMS, and should be deployable within the next year. Additionally, MedMap is being used routinely for planning and response, helping plan for where children are and providing a picture of the affected pediatric population before deployment.

RADM Lurie stated that the HHS Child Working Group divided into four committees related to Commission efforts: mental and behavioral health, MCM, child physical health and child care and child welfare. A draft report from the CWG was recently submitted to RADM Lurie and Mr. Hansell. RADM Lurie indicated that HHS began acting on issues as they were identified during the creation of the report.

She said that budget permitting, ASPR intends to work with NIMH, SAMHSA and others to plan a workshop around strengthening the disaster mental health research agenda. Progress is underway in the evolution of the Public Health Emergency Preparedness program (PHEP) and the Hospital Preparedness Program (HPP), including the release of a new set of capabilities by PHEP, in which behavioral health plays a large role, and the synching up of HPP and PHEP grants, which provide opportunities to address medical surge issues as they relate to children. The Child Working Group will continue to monitor

activities, work to identify and address gaps and report to RADM Lurie and Mr. Hansell at least twice a year.

Mr. Hansell thanked the Commission for the opportunity to discuss the work of ACF and the HHS Child Working Group in relation to human services, child care and child welfare. In general, the Child Working Group has facilitated cross-departmental coordination in HHS and helped to ensure that disaster response for children is approached in a coordinated fashion.

Mr. Hansell stated that ACF worked closely with the Commission and FEMA to create new comprehensive Federal guidance to states in developing emergency preparedness and response plans for child care programs. The Office of Child Care is working with FEMA, the Commission and private organizations to ensure the guidance is widely disseminated and understood. ACF participated on a national conference call last week and is following up with webinars and other means of technical assistance.

The Office of Head Start's (OHS) disaster preparedness activities include assisting grantees in developing plans for preparedness and recovery, the release of a manual on planning for emergencies and the development of the Head Start/Early Head Start Emergency Preparedness Survey, which will be used to revise performance standards. OHS will continue to provide guidance, technical assistance and model plans to assist Head Start grantees in meeting current applicable standards. Future efforts will address training and technical assistance issues that arise following the release of the new requirements and performance standards.

The Child Working Group also is focused on disaster preparedness for the child welfare system. States demonstrated to ACF that they have plans to respond to the needs of children following a disaster. The next steps are to build competencies and examine the capacities of states and localities to implement the plans. ACF will conduct a cross-regional review of both state and tribal plans to identify: progress made since the passage of the Child and Family Services Improvement Act in 2006, strengths and areas for improvement. The goal is to test plans and encourage greater collaboration between state child welfare agencies, emergency management, courts and other key stakeholders.

Mr. Hansell reported that ACF and FEMA executed a Memorandum of Agreement and are finalizing a pre-scripted mission assignment and guidance documents to make disaster case management available on a standing basis following a disaster declaration and a FEMA decision to activate. The ACF Office of Human Services Emergency Preparedness and Response (OHSEPR) and FEMA also agreed to identify partnership opportunities under FEMA's Youth Preparedness Initiative, and OHSEPR will continue to work with FEMA regional staff and ASPR regional coordinators to support state planning.

Mr. Hansell concluded his comments by thanking the Commission for its tireless work, stating that ACF will continue moving forward on recommendations, and that the continued efforts of Commissioners, either as the Commission or individuals, is necessary to maintain focus on the recommendations.

Dr. Anderson stressed the need for greater involvement of the health care professional community, including nurses, respiratory therapists and others, with NDMS. He also suggested that the Child Working Group and ASPR continue to build and strengthen partnerships with the private sector. RADM Lurie agreed that private sector involvement and partnerships are vital. Dr. Redlener stated there is a need for the government and private sector to have a contingency plan for functioning should a mass casualty event occur in the US. RADM Lurie responded that preparedness is in a continual state of action, and there has been much progress in identifying core capabilities, citing previous work at the CDC and current work underway with HPP. Aggressive planning is necessary, and while no plan will ever be perfect, having plans and continually exercising those plans will continue to improve capabilities.

Dr. Schonfeld asked about liquid KI in the Strategic National Stockpile (SNS), stating that it was his understanding that the current cache was set to expire and there was no intention of replenishing it. RADM Lurie said there is much discussion on this subject, and that while several states purchased and stockpiled KI, in light of the current crisis in Japan, she expects that this issue will be revisited at the Federal level. Dr. Lurie added that there are currently about 3 million doses of liquid KI in the SNS.

Dr. Schonfeld asked if there was any intention to convene the Disaster Mental Health Subcommittee of the NBSB to advise on response for the current disaster in Japan. RADM Lurie stated that a behavioral health concept of operations will include how the government reaches out to experts during and after disasters. HHS contacted the Health Administrator of Japan to offer assistance and HHS stands ready to help if so requested.

Commissioner Larry Tan stated that he is encouraged by the outreach to state and local government and NGOs, asserting that the Commission's recommendations need to be pushed to all levels. RADM Lurie agreed, stating that the goal is to create system-wide change that includes planning for children and the engagement of all levels. Mr. Hansell agreed, stating that the goal should be to institutionalize these concepts.

Chairperson Shriver asked about the current and near-term focus of the Child Working Group. Mr. Hansell stated that child care is a priority focus, and ACF will concentrate primarily on pushing out the new guidance, helping train states and increasing technical capacity. Regarding child welfare, the goal is to conduct a cross-regional evaluation of plans, and a process is currently underway to reorganize ACF regional offices and provide a platform for greater collaboration between child welfare program and emergency management staff. RADM Lurie stated that the Child Working Group organized its work according to the Commission recommendations, and began addressing some of them, including MCM and surge.

Chairperson Shriver asked if the Child Working Group will provide the public updates of its work, as a way for outside entities to remain engaged in the process. RADM Lurie replied that a final decision has not been made on how to do that, but that they plan to involve Commissioners in implementation. Mr. Hansell added that because the working group is internal, with a duty to report to the Secretary, ultimately HHS will be held accountable. The Child Working Group will be judged based upon how well HHS is transformed to meet the needs of children in disasters.

Commissioner Ernest Allen asked how progress can be protected from budget cuts. Mr. Hansell stated that the focus needs to be on collaboration to ensure efficiency.

Mr. Lord asked if the Child Working Group is integrating Emergency Support Function-8 responsibilities across HHS, to which RADM Lurie replied that the responsibilities are well defined, and the working group is trying to ensure that all parts of HHS are involved in preparedness, response and recovery. Mr. Lord also asked about EMS, to which RADM Lurie responded that ASPR recently stood up an office of Medical Care Policy to look holistically at the spectrum of care. The office is led by Greg Margolis, who has a background in EMS.

Dr. Redlener asked if it is feasible or advisable to consider the creation of an external advisory group to provide input and feedback to the Child Working Group. RADM Lurie stated that HHS will examine the best and most efficient mechanisms to obtain external advice.

Emergency Management Perspectives

Chairperson Shriver welcomed the members of the next panel on emergency management perspectives: FEMA Administrator Craig Fugate, National Emergency Management Association (NEMA) Region X Vice President John Madden and International Association of Emergency Mangers (IAEM) 1st Vice President Hui-Shan Walker.

Administrator Fugate explained that the approach FEMA now takes to unique populations, especially children, is to build them into the planning process on the front end, as opposed to creating annexes to address these populations. It is important to provide states and local partners tools that are consistent with this approach. It is also important to incorporate children into exercises. As an example, the Great Central US Shakeout in April, a precursor to the NLE in May, will include over 800,000 students taking part in an earthquake drill. Administrator Fugate stated that FEMA is putting the Commission's recommendations into practice, with a goal to institutionalize them across FEMA.

Chairperson Shriver asked how to ensure that Homeland Security Grant Program (HSGP) funding is spent on school preparedness and other child-serving environments, short of making it a requirement. Administrator Fugate replied that very prescriptive language that allocates specific percentages is not effective, but rather guidance must speak to outcomes while not dictating how or where money is spent. He stressed that it is more important to measure preparedness outcomes through a whole of community approach, which includes indicators of preparedness for children. HSGP guidance speaks to outcomes on school preparedness, but states may find that other Federal grants or other state programs address these issues. HSGP funds can address school preparedness when other sources of funding are not available.

Chairperson Shriver asked if there were any lessons learned from the ongoing crisis in Japan. Administrator Fugate responded that it is premature to draw conclusions, but no

matter how well a society prepares, catastrophic disasters can cause tremendous challenges, disruptions and loss of life. The goal is to minimize these affects through mitigation and to be prepared to respond to community needs following a disaster.

Dr. Redlener asked about separation of children from parents and reunification challenges. Administrator Fugate responded that states are primarily responsible for unaccompanied minors. A primary challenge during evacuations is addressing jurisdictional issues that arise when children are unaccompanied and moving across state lines. It requires a lot of coordination, and this is where ACF provides much of the framework. States have authorities and capabilities that deal with these issues everyday, and the Federal family has the ability to provide resources and support. The Commission successfully brought together several disparate programs that often do not connect at the Federal level, but did so at the state and local levels. These linkages need to be strengthened to support states in a more coordinated manner. The more tools the Federal government can provide to assist in these efforts, the more states will benefit.

Dr. Anderson asked about the opportunities NGOs have to continue to work with FEMA's Children's Working Group. Administrator Fugate replied that FEMA needs to avoid creating barriers in their ability to work with groups. He suggested that FEMA is more likely to work one on one with individual NGOs to avoid the requirements that accompany the formation of federal advisory committees and the issuance of formal recommendations.

Chairperson Shriver next called on Mr. Madden, who recognized Commissioner Merry Carlson for leading the integration of the Commission's work into Alaska's emergency planning. Mr. Madden explained that children are the only group who must rely on someone else at all times, and he discussed how building children into emergency planning and processes is fundamental. The way to ensure a successful approach to any emerging issue, including the integration of children into disaster planning, involves exposing the issue, understanding the concepts and educating people. He spoke against Federal mandates dictating percentages of funding to be spent in specific areas, instead suggesting a focus on collaboration and outcomes. He stated that as NEMA works with its partners, they will continue to address children and the Commission's recommendations in their strategic planning. In order to ensure that children are included in emergency planning, he pointed to the need for a national doctrine created through engaged collaboration from all levels, rather than Federal policy mandating state action. Finally, he asserted that excellence comes from the individual, and a doctrine must place high emphasis on innovation and responsibility, rather than bureaucracy.

Chairperson Shriver recognized Ms. Walker. She stated that she appreciated the Commission's reports, indicating that they provide another tool for demonstrating to decision-makers the need to incorporate children into disaster planning. She discussed the need to leverage resources at the local level, stating that people come together for a cause, and children bring people together. Because of strained resources, there is a need to think outside the box, including leveraging grants from various agencies. She stated that IAEM has created a committee to focus on children and disasters, which includes emergency managers, businesses and the health care community. Ms. Walker pointed to the need to use children as an asset in educating families on disaster preparedness. She

stressed the importance of engaging children from a young age, as the more prepared children are, the more they will be able to help themselves and their communities when disasters occur.

Mr. Allen raised the issue of economic uncertainty and fiscal constraints, asking how to ensure that budget cuts are not made in areas that affect disaster preparedness for children. Ms. Walker responded that it is important to leverage local resources and to do so in an efficient manner, including creating partnerships between multiple groups and looking for ways to take advantage of multiple funding streams. Mr. Madden added that there is a divide between states that frequently experience disasters and those that do not. But the ring of consequence of a large scale disaster could extend into states not physically damaged by the disaster, highlighting the need for all states to be prepared.

Chairperson Shriver asked whether new Federal grant guidance encouraging spending on preparedness for children has impacted thinking at the state level and how states allocate Federal funds. Mr. Madden replied that Alaska looked at grant applications from local communities in a different way, and applications that included improvements for children were given priority. Mr. Madden noted that NEMA will meet next week and this issue will be discussed at the executive session. Chairperson Shriver asked if Mr. Madden could send the Commission a report on this discussion, to which Mr. Madden replied that he would look into whether information can be shared with the Commission. Commissioner Lockwood added that it will likely take a few grant cycles to see greater change resulting from the new grant guidance.

Dr. Schonfeld stated that it is difficult to reconcile opposition to requirements as unfunded mandates when a national survey demonstrated general agreement that children should be the highest priority. Mr. Madden replied that there are several examples of previous, well-intentioned national mandates being counterproductive, citing mandates on spending for Weapons of Mass Destruction preparedness when many states had already spent money in this area and the funds could have been better spent in other ways. Dr. Schonfeld noted that grant requirements do not need to require certain percentages, but should at least speak to addressing the needs of children, the fundamental issue being that we need to know the safety of children is being considered everywhere. Dr. Redlener agreed that it is important to ensure equitable and full realization of planning for children.

Mr. Lockwood stated that less prescriptive approaches that focus on outcomes can allow more flexibility, like partnering with other communities, and may lead to better results. Chairperson Shriver stated that while the idea of focusing on outcomes also appeals to him, if the money is not being spent, and there is a continued benign neglect in a majority of states, something needs to be done to ensure progress. Ms. Carlson stated that part of the difficulty is that federal funds come from separate funding streams that do not work together, making it harder for emergency managers and child serving agencies at the state and local level to work on projects collaboratively. She said that this is a gap that must be addressed at the Federal level.

Chairperson Shriver added that the Commission should ask the National Security Council what involvement and input they're getting from the state and local levels in the White House Working Group.

National Resource Center on Children and Disasters

Stacey Arnesen of the National Library of Medicine (NLM) provided background on the work of NLM in various areas of information sharing, including the Disaster Information Management Research Center (DIMRC), PubMed, MedLine, AIDSInfo, Radiation and Emergency Medical Management (REMM), Chemical Hazards Emergency Medical Management (CHEMM) and human genome, health systems research and environmental health and toxicology resources. In addition to the creation of these resource centers, NLM also developed tools to assist disaster responders, including the Wireless Information System for Emergency Responders (WISER), the Lost Person Finder reunification tool and a digital pen that can be used to digitally collect information on disaster survivors and evacuees when access to other technology is unavailable.

Ms. Arnesen described the important role that libraries and librarians play in disaster preparedness and response, and the expertise in communications, connectivity and the development of new technologies at NLM. She added that Congress recognized this role in a recent amendment to the Stafford Act designating libraries as entities eligible for temporary relocation in times of disaster, as they provide the community with information and access to technology free of charge. In response to the recent crisis in Japan, NLM will activate its Emergency Access Initiative, providing free online access to over 200 medical journals. She explained that the goal of the Specialized Information Services division at NLM is to integrate disparate information for public and professional use through the development of resources, tools and partnerships.

NLM is also working to develop a cadre of disaster information specialists, who are librarians that partner with a single group of disaster response personnel (e.g. emergency nurses), focus on their issues and needs and provide them with relevant information and resources. She stated that NLM understands that a comprehensive resource center must include a variety of areas in addition to health and medical information, and a diverse staff is needed to provide expertise in all of these areas. With regard to the development of a national resource center on children and disasters, she believes that NLM's previous experience in creating and maintaining resource centers would enable NLM to play a central role.

Dr. Anderson expressed concern that NLM is known for its work on medical issues, and reiterated the Commission's recommendation for a comprehensive resource center that represents several non-medical areas and disciplines that play a role in assisting children during and after disasters. He asked if Ms. Arnesen could provide examples of ways NLM has previously reached into the private sector to achieve broader representation. Ms. Arnesen stated that in the development of its resources, NLM consistently engaged subject matter experts, both within and outside of government, to provide input into the development, review and maintenance of these resources.

In response to a question on funding for the AIDSInfo site, Ms. Arnesen stated that it receives funding from NIH, FDA and other agencies. She said that there may have been a line item appropriation initially to establish the site, but she was uncertain of this. She added that legislation provided funding for and designated agencies to work together on AIDSTrials.gov, which has since evolved into ClinicalTrials.gov.

Dr. Schonfeld inquired about limitations of the resource center being housed within a Federal agency, including delays in information dissemination due to government review processes. He also wondered if it would be difficult to provide information on pediatric indications for MCM that have not been approved by the FDA. Ms. Arnesen understood these concerns, and to the first point, responded that information on the site would have to go through HHS channels and could not contradict the agency's public position and messaging. In response to the second point, Pertti Hakkinen of NLM responded that REMM includes off label uses and they are noted as such.

Mr. Lockwood expressed concern that if the resource center is hosted by NLM, people in fields other than medicine may be less likely to seek it out and utilize it. Ms. Arnesen replied that it is the resource that is important, and NLM's connection to the center can be kept behind the scenes. She added that getting people to know and use a new resource center will require raising awareness regardless of who is running it.

Dr. Anderson asked if the Commission might want to recommend NLM as a potential home for the resource center, as NLM possesses the infrastructure and expertise in creating such centers, though noting the Dr. Schonfeld's point is well taken. Mr. Revere responded that the Commission fulfilled its requirement to the President and Congress by recommending the need for such a resource center, and noted that in previous discussions the Commission decided not to recommend a specific home. He also noted that in his view, creating a center will most likely require a collaboration of several agencies, in terms of funding and expertise. He asked if NLM has the resources to reach out to other agencies and begin to build a platform for the system. Ms. Arnesen stated that given the current uncertainty of government funding, it is difficult to speak to what resources might be available. But she added that she would be happy to begin discussions with other Federal partners to see if any have funding available and to begin to gauge interest. Dr. Schonfeld reiterated that the Commission should refrain from recommending a host for the resource center.

National Coalition on Children and Disasters

Chairperson Shriver welcomed the next panel representing the National Coalition on Children and Disasters: Kathy Spangler of Save the Children and Christopher Ptomey of Habitat for Humanity. He explained that the purpose of this panel was to learn how the Coalition intends to advocate for Commission recommendations going forward.

Mr. Ptomey explained that the near term actions of the Coalition will focus on communications. First, the Coalition will conduct outreach to new organizations to broaden membership. The Coalition also plans to increase advocacy to all levels of government and to leverage events and anniversaries to raise awareness of the issues surrounding children and disasters. He recognized that the Coalition has not engaged in

media outreach and issue advocacy in the past. The Coalition also plans to continue working with and providing input to the working groups stood up at FEMA and HHS, and looks forward to engaging with the White House working group.

In Congress, the Coalition continues to push for the extension of the Commission, and express support for the passage of the Child Safety, Care and Education Continuity Act. He said it will monitor potential reauthorizations, like the Pandemic and All Hazards Preparedness Act (PAHPA), or bills amending the Stafford Act, and will support the inclusion of language that reflects the needs of children. Mr. Ptomey mentioned the importance of state and local outreach, and noted that the Coalition plans to increase outreach at these levels. He concluded by stating that even after the Commission ends, the Coalition would welcome the opportunity to work with Commissioners.

Ms. Spangler provided an update on the current work of Coalition members. She stated that the American Academy of Pediatrics (AAP) Disaster Preparedness Advisory Committee will be meeting this week in Washington, DC, and Dr. Steven Krug will be meeting with Federal partners to discuss Commission recommendations. Habitat for Humanity will continue work with the National Disaster Housing Task Force. The National Association of School Nurses (NASN) is working to connect school systems with the emergency management community and conducted training for school nurses on disaster preparedness and response. Save the Children is working with the National Association of Child Care Resource & Referral Agencies (NACCRRA) on state child care regulations and specific guidance for state planners.

Mr. Allen agreed with Mr. Ptomey's comment about the importance of state level engagement, and encouraged the Coalition to pursue this strategy. Chairperson Shriver asked about staffing the Coalition, noting that without strong staff support, continued pursuit of the Commission's recommendations at the level the Commission provided will be difficult. Mr. Ptomey agreed additional support is needed to move forward, and stated that a discussion with Coalition members is necessary. Dr. Schonfeld added that to be effective, the Coalition needs to be more than a collection of individual members doing their own work and simply reporting back to the Coalition. Mr. Revere inquired about the role of Commissioners in the Coalition, to which Mr. Ptomey replied that some are already involved through their organizations. He added that the Coalition is available to support the individual work of the Commissioners and their organizations.

Commissioner Discussion

Dr. Anderson briefed the Commission on the work of the Pediatric Medical Care Subcommittee in the creation of two documents highlighting opportunities to improve preparedness for children in PAHPA reauthorization. He noted that the recommendations were submitted to key staff members of the Senate Health, Education, Labor and Pensions Committee. Dr. Anderson stated that the major ideas presented in these recommendations focused on creating a separate focus on children apart from the overarching "special needs" category, creating an Office of Preparedness and Response for Children in HHS, requiring a pediatric focus in disaster drills and exercises, addressing surge capacity and MCM and vaccine development. He explained that most of the recommendations were borne out of recommendations in the 2010 Report.

Mr. Revere added that Commission staff briefed Senate HELP Committee staff, who intend to consider recommendations from the Commission, Federal agencies and other organizations. He noted that FDA is considering an amendment to the Emergency Use Authorization process that would allow for preauthorization and stockpiling of pediatric indications of MCM that have yet to be approved, for emergency use. The Senate HELP Committee is still deciding on the scope of the reauthorization and next steps. Commission staff will continue to monitor and brief the HELP Committee as necessary.

Dr. Schonfeld asked if the Coalition will continue pushing all of the Commission's recommendations. Mr. Revere responded that individual members of the Coalition will have stronger interest and capabilities to push certain recommendations, and the Coalition could support such efforts provided there is consensus. For example, AAP developed recommendations that were closely aligned with the Commission's recommendations on PAHPA, but this does not preclude greater Coalition support in that effort.

Noting the relevance of Dr. Schonfeld's point, Chairperson Shriver reiterated his point about staffing the Coalition. Dr. Schonfeld was not optimistic that member organizations will want to support staff for the Coalition if it is simply seen as an extension of their work. Chairperson Shriver stated that there will be similarities between the Coalition's work and that of individual member organizations, but the Coalition will bring strength in numbers and a broader array of perspectives. Dr. Schonfeld stated that even if the Commission continues, it will not be indefinite, and recommended the coalition create a concrete strategy for transition. Chairperson Shriver agreed, recommending that Dr. Schonfeld and others engage the Coalition.

Commissioner discussion next turned to background screening for volunteers working with children in disaster settings. Mr. Allen explained that his organization, the National Center for Missing and Exploited Children, runs a pilot program on background screening and found that individuals who prey upon children will seek any opportunity to gain access to children. The Commission found varying levels of background screening among organizations that accept disaster volunteers, and determined a working group of government and non-governmental organizations was necessary to develop guidance.

The working group produced a document *Recommended Guidelines for Conducting Background Checks on Volunteers*, which was distributed at the meeting. Mr. Allen explained that many organizations believe they are responsibly screening volunteers through commercial screening companies, but often these companies are not performing a national comprehensive background check. For this reason, organizations that accept volunteers should be aware of the elements of a comprehensive background check and exercise due diligence in choosing a reputable company to conduct the check. The recommended guidelines set forth stringent standards for background screening, highlighting the need to obtain information and conduct checks at multiple levels through multiple sources. The goal is to make the background checks fast, accurate, comprehensive and as affordable as possible. Chairperson Shriver stated that the Commission will send the guidelines to the leaders of national volunteer organizations, major faith-based disaster partners and local government organizations asking them to adopt the guidelines and disseminate them to their members.

Dr. Schonfeld expressed concern that these guidelines may present too high of a barrier for accepting spontaneous volunteers, and if seen as minimal standards, may discourage organizations that depend on spontaneous volunteers from assisting in disasters. Mr. Allen stated that the intent was not to say spontaneous volunteers could not be used, but that they should not be used in capacities where they would have access to children, until properly screened. Mr. Lockwood explained that non-governmental organizations, including members of National Voluntary Organizations Active in Disaster, were involved in the creation of this document, and there was consensus that comprehensive background checks were a basic aspect for doing business. Mr. Lockwood's concern was that while the Commission facilitated the creation of the document, NVOAD and others will need to raise awareness after the Commission is terminated. Chairperson Shriver stated that once the document is disseminated organizations can determine if the guidelines need to be revisited. He added that the document is necessary and a strong move in the right direction.

Chairperson Shriver then directed attention to another document created by the Commission, *5 Actions Governors Can Take Immediately to Improve Disaster Planning for Children*. He explained that while the Commission's efforts have been primarily directed toward the Federal government, Governors are important partners. Mr. Revere reported that staff from the Governors of South Carolina and Rhode Island reached out to learn more. Chairperson Shriver asked Commissioners to help distribute the document to Governors and emergency managers in their states, and suggested that the Coalition follow up on this initiative.

Finally, Chairperson Shriver expressed concern over the \$24 million reduction for school emergency preparedness funding in the Education Department's FY 12 budget request. He indicated that he spoke with Carmel Martin, Assistant Secretary for Planning, Evaluation and Policy Development, to express this concern. Mr. Revere added that the Commission briefed members of Congress on the issue. He said that Secretary Duncan is scheduled to testify before the Senate Labor, HHS, and Education appropriations subcommittee on April 7 and members may ask him about the decision to cut the funding. Chairperson Shriver added that a recent meeting between Secretary Duncan and DHS Secretary Janet Napolitano is a positive step, but he is discouraged that ED would cut the primary source of funding for school preparedness with the rationalization that DHS funding would fill in the gap. Dr. Schonfeld noted that the first agency Mr. Kern cited in speaking about the White House working group was the Department of Education, suggesting that the White House working group look at this issue. Chairperson Shriver suggested sending a note to members of the White House National Security Staff and Domestic Policy Council to make sure the Commission's concern is known prior to the first meeting of the White House working group. Mr. Allen pointed to this cut as an example of other kinds of challenges that may be faced in the current fiscal climate, suggesting that times like these require vigilance in ensuring that the safety of children is not put in jeopardy. Chairperson Shriver agreed, stating that the reduction of school emergency preparedness funding is contrary to the spirit of the Commission's work and the President's commitment to improving disaster planning for children.

Public Comment

Dr. Steven Krug commented on behalf of AAP, officially acknowledging the work of the Commission and the remarkable progress and stimulation of attention to important issues long identified by AAP. Dr. Anderson and Chairperson Shriver thanked Dr. Krug and AAP for the support provided to the Commission.

Next, Mary Louise Embrey of the National Association of School Nurses commented on the potential budget cuts at ED. She recommended that the Coalition initiate discussions with ED on how to spend available funds in order to optimize their effectiveness and efficiency.

Mr. Revere asked if Commissioners would like staff to prepare any final documents, such as a letter to Federal leadership compiling issues that are moving forward and unfinished major business should the Commission end on April 4. Dr. Schonfeld suggested such a letter should be written to the Coalition and other organizations who would continue to push the issues. Mr. Allen suggested such a letter should not be distributed until the Commission is certain when its work will terminate. Dr. Schonfeld suggested that the message should not focus on the end of the Commission, but on empowering others to continue the work. He suggested drafting a letter to the Coalition focused on the issues they will be helping to move forward. Mr. Revere agreed that it is important to give the Coalition a sense of empowerment and suggested that it would also be important to send a strong message to the White House and Federal agencies, urging them to continue work with the Coalition and other stakeholders moving forward. Chairperson Shriver requested that the staff create a document and distribute it to Commissioners for consideration.

A question was asked in regard to the future of the Commission if Congress fails to act prior to April 4, in lieu of the next Continuing Resolution that would likely fund the federal government through April 8. Mr. Revere explained that he is working with Senator Harkin's staff and ACF to determine options, if any. The staff support contract expires April 30, so there is a possibility the contract could be kept open until Congress acts.

Chairperson Shriver concluded the meeting by thanking everyone for their involvement and strong commitment to the issues raised by the Commission. He said the Commission worked hard to raise the visibility of children in disasters, and made inroads on difficult issues during difficult economic times. But while there are signs of progress, much work remains. He expressed hope that if this is the last Commission meeting, everyone will be engaged in the work of the Coalition and help to keep the spotlight on the issues.

The meeting was adjourned at 3:10 PM.

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, Alaska

Bruce Lockwood: Bristol-Burlington Health District, Connecticut

Graydon “Gregg” Lord: Homeland Security Policy Institute, George Washington University
Dr. Irwin Redlener: National Center for Disaster Preparedness, Columbia University; The Children’s Health Fund
Dr. David Schonfeld: National Center for School Crisis and Bereavement, Cincinnati Children’s Hospital Medical Center
Hon. Mark K. Shriver: Save the Children
Lawrence Tan: Emergency Medical Services Division, New Castle County Department of Public Safety, Delaware
Stacey Arnesen: Office of the Disaster Information Management Research Center, National Library of Medicine
W. Craig Fugate: Federal Emergency Management Agency
David Hansell: Administration for Children and Families, U.S. Department of Health and Human Services
RADM Nicole Lurie: Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services
John Madden: National Emergency Management Association
Christopher Ptomey: Habitat for Humanity
Dabney Kern: National Security Staff
Kathy Spangler: Save the Children
Hui-Shan Walker: International Association of Emergency Managers
CAPT Juliana Sadovich: Administration for Children and Families, U.S. Department of Health and Human Services
Christopher Revere: National Commission on Children and Disasters
Randall Gnatt: National Commission on Children and Disasters
Frank Valliere: National Commission on Children and Disasters

Commenter Affiliations

Dr. Steve Krug: Children’s Memorial Hospital, Chicago
Mary Louise Embry: National Association of School Nurses