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A blue-ribbon panel studying the special needs of children during disasters is recommending a sweeping overhaul of educational, child care and mental and physical health services to young people in emergencies.

The National Commission on Children and Disasters' final report, which contains more than 100 recommendations, supports making children a distinct priority in federal disaster planning instead of lumping them together with other special-needs populations. Children make up nearly a quarter of the U.S. population and should receive commensurate attention in disaster plans, the commission said.

“The bottom line is, as a country, we have not taken their needs into account when it comes to planning and responding to a disaster and then in the long-term recovery,” commissioner Mark K. Shriver said. “So we’ve failed them in all three stages, and that is why we’re calling on the president to pull together a better, comprehensive, cohesive plan.”

The commission will submit the report to Congress and President Obama, and make it publicly available in October.

Among its other findings, the report addresses what it calls underfunded federal programs for disaster preparedness at schools and insufficient coordination among federal, state and local agencies responsible for children. Additionally, the report found a lack of preparedness in the private health care system, including the conclusion that only 6 percent of hospital emergency rooms carry essential pediatric equipment.

The report's [executive summary](#) highlights the commission's main recommendations for corrective action, including having the Obama administration restructure grant programs and major planning documents, such as the National Disaster Recovery Framework, to emphasize long-term health, housing and educational needs of children.

The document also places special emphasis on children's mental health, recommending federal agencies provide appropriate psychological training to teachers and others who work with children. The recommendations include strengthening crisis counseling and creating a single, grant-making agency to aide in the delivery of mental health services and provision of emergency medical services.

A [study](#) published in the journal “Disaster Medicine and Public Health Preparedness” found children displaced by Hurricane Katrina were nearly five times more likely than other youths to have severe emotional disturbances. Fewer than half of the affected children received the psychological help they needed, said Shriver, vice president and managing director for U.S. programs at Save the Children.

The general lack of mental health services for children traumatized by disasters extends to schools, where administrators and teachers have not been trained to deal with the mental health problems of students, he said.

The panel's report also recommends Congress and the Department of Health and Human Services ensure that government agencies at all levels have access to pediatric medicines to treat chemical, biological, radiological and nuclear agents and identify gaps in the national stockpile. HHS should make certain that health care providers have pediatric training, establish a reserve pool of clinical workers to assist during disasters, and work with Congress to fund a formal, regionalized pediatric health care system to provide additional surge capacity during emergencies, the report said.

The commission also urged the administration to:

- Develop a national strategy on children and disasters.
- Establish permanent focal points for the coordination of policies related to children and disasters, including the Federal Emergency Management Agency's regional offices.
- Purchase child-appropriate supplies for shelters, ambulances and hospitals.
- Create a national evacuee-tracking system to reunite children with families as quickly as possible after a disaster.

Congress established the 10-member, bipartisan commission in 2007 ([PL 110-161](#)) to identify gaps in disaster preparedness, response and recovery for children. The panel issued an [interim report](#) in October 2009 and a [progress report](#) in March 2010 that provided an early look at the issues raised in the latest document, which the panel approved Aug. 23 for public release next month.

Although the completion of the report fulfills the commission's work, some in Congress wish to extend the panel's mandate.

The House in July passed a bill that would reauthorize the commission through 2013. Under the bill ([HR 5266](#)), sponsored by Florida Democrat Corrine Brown, the panel would complete another report by the end of 2012 and close its doors six months after that. The Senate has not taken up the measure.

Sen. Mary L. Landrieu, D-La., introduced a bill ([S 2898](#)) in December that incorporated some of the recommendations in the commission's October report. Its provisions include mental health counseling for pre-kindergarten students through Head Start Agencies and a requirement for HHS and states to develop disaster guidance for Medicaid and Child Health Insurance Program (CHIP) providers to ensure that displaced children have access to medical care.

Republicans Thad Cochran, of Mississippi, and Lamar Alexander, of Tennessee, and Pennsylvania Democrat Bob Casey are cosponsors of the bill. Rep. Brown has introduced companion legislation ([HR 5240](#)) in the House along with six Democratic cosponsors.

Shriver said the commission's continuation has the Obama administration's support as well.

In a briefing with the commission Aug. 23, FEMA Administrator Craig W. Fugate, HHS Assistant Secretary for Preparedness and Response Nicole Lurie, and David Hansell, acting assistant secretary for HHS's Administration for Children and Families, told panel members that the most important thing they could do was to continue to "shine the light" on gaps in preparedness and keep pressure on the administration to make needed improvements.

"Clearly there's a lot more work that needs to be done on children's issues," Shriver said.

HHS Secretary Kathleen Sebelius touched on those issues during the administration's August last month of a separate [review](#) of U.S. programs to develop bioterrorism medical countermeasures. Any medical response must consider the unique needs of children, Sebelius said.

Christopher Revere, the commission's executive director, said the panel wants to be involved with the administration's overhaul of U.S. drug- and vaccine-development programs.

"We would seek any opportunity to advise and participate in the development of medical countermeasures strategies going forward, because we do believe there has to be pediatric and obstetric expertise in those discussions," he said.

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