

**National Commission on Children and Disasters**  
Summary Report  
Field Visit: Miami, Florida  
April 27, 2010

*Updated June 24, 2010*

Commissioners Michael Anderson, Irwin Redlener and Lawrence Tan and staff of the National Commission on Children and Disasters met with federal, state, local and non-governmental representatives in Miami, Florida, on April 27, 2010, to discuss domestic issues that arose from the evacuation of Haitian earthquake victims into Florida. The objective of the field visit was to gather information about challenges posed by medical coordination of pediatric patients, unaccompanied children and children without an immigration status; support provided in schools for repatriated children and adoptees, and; lessons learned from this response that can assist preparation for a large-scale, mass-casualty event in the U.S. This input will help inform the Commission's findings and recommendations in the next report due to the President and Congress in October 2010.

**Medical Coordination of Pediatric Patients from Haiti: Movement and Care**

Major Themes:

- The domestic response was reactionary. Most of the focus was on the response in Haiti.
- Many federal agencies were involved in domestic response efforts, but a lead agency for domestic issues was never identified. There was little interaction and coordination among federal agencies for the domestic response. There was also a lack of communication and coordination between government and non-governmental entities.
- During the initial response, little information was provided from HHS to state and local officials in Florida about the incoming evacuees' immigration or medical status, which hindered domestic coordination and response efforts. Information sharing improved over time.
- DoD conducted some patient evacuation and transportation activities before NDMS was activated. 343 patients were evacuated by DoD for medical reasons; 68 of these were children.
- This incident illustrated known limitations in Federal capability to transport large numbers of children. For example, many small children arrived on military aircraft from Haiti but were not escorted.
- Medicare reimbursement for patients only covers 30 days of medical care, and fails to cover long-term care, rehabilitation facilities or transport, many hospitals are reluctant to develop MOUs with NDMS. Additionally, state Medicaid systems, which are already low on funding, are often forced to pick up costs for long-term care. There is little funding for these unmet needs available through other sources.

- Many people self-deployed to Haiti to assist in the medical response. Semi- or untrained professionals treating patients in austere conditions potentially put patients, other responders, transport crews and themselves in danger. Self-deployment is also an on-going issue in domestic response to disasters.
- State preparedness levels vary widely, depending highly on previous experience with disaster response in each state. However, a catastrophic disaster will cross state lines.
- Identifying guardianship of child evacuees is crucial. Court systems will be impacted by a disaster that results in a large number of orphans.

#### Suggestions/Recommendations:

- A unified command for disaster response and medical coordination must be established immediately following an event, to improve communication and coordination between government and non-government entities.
- States should determine the need for Federal medical response assistance as quickly as possible in order to realize the most efficient use of NDMS resources.
- The NDMS process must be reexamined to identify how it can better respond to the needs of children during disasters. NDMS must improve outreach and coordination with pediatric healthcare facilities and pediatric patient transport providers. Pediatric expertise must be included in the establishment of any Federal Coordinating Center.
- DoD's current work with HHS to pre-identify DMAT personnel to work at airfields where patients are put onto aircrafts should be expanded to include pre-identifying civilian pediatric transport personnel that can be integrated onto DoD aircraft. Personnel could go through a vetting process and be federalized and trained, similar to the DMAT process, as a first step in achieving this capability.
- Establishing connections with the non-government community involved in evacuation transport is necessary. A data bank of all private resources that may be utilized in evacuation transportation should be created. Business Executives for National Security should be enlisted in this effort.
- Guidelines for the immediate establishment of a disaster pediatric care site are needed. Standardized processes and a set of guidelines, both for disaster sites and receiving facilities, should be established to ensure consistency and communication.
- The movement of pediatric healthcare volunteers and assets across state lines could be coordinated through the Emergency Medical Assistance Compact (EMAC), present in all 50 states.
- A national system for pre-registering and vetting potential volunteers is needed. Volunteers must have some experience in disaster response or receive training.
- There should be a focus on surge capacity and pediatric issues in the May 2011 National Level Exercise on the New Madrid earthquake scenario.
- The potential for a mass migration to the U.S., or within the U.S., and its impact on children should be examined. This includes the challenges posed by unaccompanied minors, children of guardians with joint custody, children of

## **School and Community Support for Repatriated Children and Adoptees from Haiti**

Major themes:

- The number of expected evacuees was overestimated. Initially, Florida was told to expect an influx of 200,000 evacuees, with 45,000 expected in Miami-Dade and Broward Counties. To date, approximately 26,000 Americans have been repatriated and spread across the U.S. and approximately 2,000 new students were enrolled in Florida schools, mostly in Broward and Miami-Dade counties.
- There was little attention to or planning for domestic issues that may result from evacuees arriving in the U.S. Immigration status issues continue to be the biggest problem for evacuees who are not U.S. citizens, which includes a number of parents and guardians of repatriated children. Many were given B2 (tourist) visas, which do not entitle them to any assistance or allow them to work and support their children.
- Immigration status issues do not just affect people entering the country; a disaster could strike an area in the U.S. that has a large immigrant and undocumented population (i.e., southern California).
- During the domestic response, little thought was given to long-term needs. While many local households took in family members and friends that were evacuated from Haiti, some of these evacuees are now being asked to leave their host homes. This is causing homelessness and other issues for students affected by the disaster.
- Schools are heavily relied upon to track the number of children that entered the state; however, schools can only identify children enrolled in schools, leaving a potentially large number of children unaccounted for.
- In a domestic incident with large numbers of unaccompanied minors, custody issues may arise, and it is a complex process for the state to take children into care. The current system would not be able to expand quickly enough to meet the need.
- Because of previous experience with disaster response and recovery, Florida communities had information, guidelines, plans and structures in place that allowed for an effective and efficient response to many of the domestic issues they faced. Examples of this include:
  - The existence of long-term recovery committees, which bring many people from different areas to the table to quickly respond following a disaster.
  - Immediately following the earthquake, a group of about 30 people throughout the Broward County school system and the community came together to discuss potential issues that could arise and effective and efficient processes to deal with these issues. These meeting focused on both assisting people in Haiti and preparing for an influx of evacuees into south Florida.

- Because of their location and the large size of the school districts,<sup>1</sup> Broward and Dade County schools were able to absorb children relatively smoothly, distributing the more than 2,000 students the two districts received among nearly 700 schools.
- Good McKinney-Vento homeless education programs were in place in both counties, allowing for a smooth integration of children into schools and the ability to provide for these children's needs.
- The Florida Department of Children and Families was creative in ensuring unaccompanied minors were identified and tracked by creating the status "humanitarian hold."

#### Suggestions/Recommendations:

- There must be clear command and control by a single agency in the event of a significant number of people relocating from one state to another. Official sources must clearly communicate reliable information to communities that will host evacuees. A single agency should be tasked to serve as an information clearinghouse.
- Planning for long-term support of disaster victims and communities that host evacuees is needed from the beginning. A lead federal agency that can serve as a centralized command, control and coordination structure for long-term recovery must be identified.
- There should be national assessment of the long-term capacity of communities – including schools, housing and social services – to absorb evacuees. This must take into account the ability of communities to meet specific needs of evacuees. Funding streams should be developed to assist states and communities that host evacuees.
- Increased communication and coordination between evacuated and host states is needed. Systems meant to track and provide information on evacuees need to be interoperable, so host states can have access to pertinent information on evacuees.
- A set of national guidelines are needed for schools to help them address a school district's response to a mass evacuation event.
- School systems, communities and states should plan for the mental health needs of disaster victims. A federal funding stream should be established for disaster mental health and bereavement training for teachers to encourage states to include such training in accreditation.
- Gaps must be identified and recommendations made on how state foster care systems can be better prepared to respond to large numbers of unaccompanied or orphaned children that could result from a large disaster.
- Immigration issues that arise during disasters can hinder the delivery of medical and human services and long-term recovery of children and families. In this case, many repatriated children were accompanied by parents or guardians who were not U.S. citizens and are unable to receive public assistance or seek employment.

---

<sup>1</sup> Miami-Dade and Broward Counties are the fourth and sixth largest school districts in the nation, respectively.

These issues should be anticipated and planned for in advance to expedite and ensure the delivery of needed medical, mental health, social and educational services to children.