National Commission on Children and Disasters
May 11, 2010 Meeting

Minutes

Participants

Ernest Allen, J.D.*
Michael Anderson, M.D., FAAP*
Merry Carlson, MPP*
Victoria Johnson, MS
Roberta Lavin, Ph.D., APRN, BC†
Hon. Sheila Leslie*
Bruce Lockwood, CEM*
Graydon "Gregg" Lord, MS, NREMT-P*
Irwin Redlener, M.D., FAAP*
Christopher Revere, MPP
David Schonfeld, M.D., FAAP*
Mark K. Shriver, MPA*
Lawrence Tan, J.D., NREMT-P*

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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; one presented an oral statement and one presented a written statement.

Proceedings of May 11, 2010

CAPT Roberta Lavin, Designated Federal Officer to the Commission, called the meeting to order at 10:30 a.m. Emily Goodman of Abt Associates was the designated record-keeper. CAPT Lavin introduced Chairperson Mark Shriver, who initiated a discussion of the Ad Hoc Progress Report.

Ad Hoc Progress Report

Mr. Shriver noted that since the submission of the Commission's Interim Report in October, the Commission briefed Congress and the White House on findings and recommendations, testified before House and Senate hearings, and had Administration officials come before the Commission to provide updates on their work related to the Commission's recommendations. In February, relevant federal agencies were asked to provide the Commission with an update on steps taken to implement the Interim Report recommendations. The Commission reviewed the responses and compiled them into an Ad Hoc Progress Report.

Mr. Shriver said that with few exceptions the agencies concurred with the Commission's recommendations and desired outcomes. Overall, he felt there were signs of progress, most notably in the areas of providing safe environments for children in disaster shelters and strengthening of child care preparedness, but that much work remains to be

done—especially in light of the forecast of a severe hurricane season. Mr. Shriver said that the White House and Congress must create a stronger sense of urgency by directing resources toward the recommendations in the Interim Report.

Mr. Shriver asked for comments and questions from the Commissioners, which would be followed by a vote on the Ad Hoc Progress Report. In response to a question from Bruce Lockwood, Mr. Shriver indicated that the report would be sent to the Obama Administration, leadership of the relevant federal agencies and Congress.

Dr. Michael Anderson thought the report demonstrated that agencies have been paying attention to the Commission and that they have been making some good progress, but that serious gaps remain. He asked which of the two draft versions of the report the Commission was voting on —an initial version that "graded" the agencies or the updated version that tabulated "pluses and minuses." Mr. Shriver responded that they were voting on the latter (the tabulated summary). Dr. Irwin Redlener stated that he was in favor of using the first version, the more aggressive report with "grades", which he said provided greater clarity about the level of progress achieved. He thinks that the updated report is excellent, but he questioned whether it puts enough pressure on the agencies to address remaining gaps. Ernest Allen said he preferred the updated version. He felt that the goal of the report is to motivate and encourage these agencies to do more, not attack agencies for not doing enough. He noted that the headline says that "U.S. Agencies Take *Modest* Steps," which he thinks makes the point that the Commission doesn't believe that agencies have fully addressed the Commission's recommendations.

Mr. Lockwood asked how information in the report would be incorporated in the next report due in October. Christopher Revere replied that the report would be cumulative and include the Interim Report recommendations, progress implementing those recommendations and new recommendations.

Dr. David Schonfeld felt the Progress Report presents an appropriate description of progress made, and that the language is strong enough. He asked the Commissioners whether any parts of the report were unclear. Dr. Redlener said that the report would be easier to share if it provided a clear judgment on agency progress. Mr. Revere said the goal is to get the report to the decision makers and create a sense of urgency among those leaders who are responsible for areas that require immediate attention. Another goal is to get the report to persons below the agency director level who will be responsible for implementing the recommendations.

Dr. Schonfeld asked how information in the Progress Report can be effectively disseminated to the general public. Mr. Shriver said the report will be posted on the Commission's website and sent to the National Coalition on Children and Disasters, which can play a role in getting the message out to its constituencies across the country. Dr. Schonfeld expressed concern that the general public is still not aware of the Commission's existence. Mr. Shriver agreed, but suggested that there is not going to be a groundswell of support from the general public, noting that it takes time to bring attention to an issue that has suffered from benign neglect for years. Dr. Schonfeld said that the

Commission's strategy for informing agency leadership and decision makers involved in disaster preparedness has been excellent, but that the strategy for informing the public has been less successful. Mr. Shriver replied that the Commission has limited resources and that the Commission's work has been overshadowed by multiple wars and an economy in recession. Given the need to prioritize their resources, the Commission decided to focus their message on policy makers rather than the general public. Dr. Schonfeld suggested that perhaps the Commission's partners could focus on getting the Commission's message out to the public.

Mr. Allen viewed the report as a political document that he hopes will motivate federal officials to implement the Commission's recommendations, as well as highlight important work that has been accomplished. He noted that the report includes bolded text that highlights gaps, where progress is lacking and key steps that have not been implemented. Mr. Allen felt that the report contains the correct tone and conveys an appropriate overall message.

Referring to the initial version, Dr. Redlener said that for Recommendation 9.1 (safe sheltering for children), the Federal Emergency Management Agency (FEMA) received a "substantial progress" notation. By contrast, for Recommendation 7.1 (school preparedness), the Department of Education (ED) received a "limited progress" notation. These points illustrated what Dr. Redlener felt was an overly nuanced description of progress that understated how dissatisfied the Commission is with the state of school preparedness. He asked, therefore, why the report couldn't state very clearly that unsatisfactory progress has been made on Recommendation 7.1. Dr. Redlener said that doing so would help the ED Secretary argue to Congress that ED needs more funding to help schools prepare for disasters. Mr. Shriver asked Dr. Redlener for specific suggestions for language they could use on which the Commission could vote. Dr. Redlener suggested that the last statement under the recommendations be a bolded sentence stating that insufficient progress has been made on this recommendation, and that the Commission would like to see the agency make substantial progress by the time the next report is issued.

Mr. Lockwood asked whether funding would be available to agencies by October to support implementation of the recommendations. Dr. Redlener noted that agency heads could use this report from the Commission to ask for more funding for these efforts in the President's budget request. For example, turning to the section on education, Dr. Redlener asserted that only a small percentage of American school districts receive federal funds to enhance their disaster preparedness. Dr. Redlener said that if ED indicates that they do not have the funds to increase preparedness among more schools, then the Commission should recommend that the Administration and Congress increase ED's budget.

Some discussion followed regarding which fiscal year this could impact, and Mr. Revere posited that very soon the agencies would be formulating their requests for FY 2012, so the report could aid them in their requests for funding. However, the report would most

likely have less effect on FY 2011 funding levels since the President's budget request has already been submitted.

Dr. Redlener reiterated his fear that agency heads would ignore the report unless the Commission is more explicit about the lack of progress. Dr. Schonfeld noted that there is language in parts of the report that parallels what Dr. Redlener suggested. He cited Recommendation 2.1, where the report states that "the Commission finds that a significant gap remains unaddressed" and strongly urges the HHS Children's Working Group to take action, as well as Recommendation 2.2, where the report states that the Commission found a significant gap. Dr. Schonfeld said that the language in some sections was strengthened during the editing process and, if necessary, the same could be done during the meeting with other sections. Dr. Redlener suggested that they use the language from Recommendation 2.1 in other sections. Mr. Shriver asked whether the Commissioners wanted to review all the recommendations at this time. CAPT Lavin pointed out that changes would need to be made if the Commissioners wanted to vote on the document at this meeting. Dr. Schonfeld suggested that during lunch each Commissioner could draft language, as necessary, for a section or two. Mr. Revere stated that not every section will need a language change, so if the Commissioners could determine which sections needed to be more specific, then staff could propose language that the Commissioners could review.

Dr. Redlener then referred to Recommendation 1.1, noting that in the first version of the report, HHS had received a "limited progress" rating, and argued that the bolded section on the following page should state that a significant gap remained. He proposed that "boilerplate" language be developed and used where there was less than moderate progress. Victoria Johnson suggested including a brief sentence leading into the bolded paragraph under 1.1 that conveyed the Commissioners' intent.

Dr. Redlener stressed the importance of Recommendation 1.1, and that the current language in the report did not reflect how unhappy the Commission was with the lack of progress being made. Mr. Allen said that the HHS Working Group was just a means to an end, but nevertheless viewed its formation as "good news." He suggested not criticizing HHS over the fact that the Working Group is not having its initial meeting until later in May. Dr. Redlener countered that it was unacceptable that the first meeting hadn't happened yet. Mr. Shriver agreed pointing out that the Commission had recommended the creation of a working group in a meeting with HHS approximately two months ago. Dr. Redlener compared the status of the HHS Working Group with the FEMA Working Group, and felt that the report needs to clearly distinguish the level of progress made to date by these two groups.

CAPT Lavin reminded the Commissioners that their charter is to advise the President and Congress, and not to evaluate federal agencies. Mr. Shriver suggested that the Commission can advise the President that taking two months to convene a meeting on children's needs is inadequate. CAPT Lavin replied that this language could be perceived as outside the Commission's charter.

Dr. Schonfeld asked whether using phrasing such as, "The Commission encourages the agency to approach this with a much greater sense of urgency to address the gaps on the needs of children " would be better. CAPT Lavin replied that it would. Merry Carlson pointed out that they should use statements that address the gap and what actions need to be taken or what outcomes need to be achieved. Mr. Allen proposed that the Commission state that they are pleased that a Working Group is formed, but that a gap still exists and the Commission urges the Administration to move with far greater urgency. Mr. Shriver suggested that they use the language Ms. Carlson offered. Ms. Carlson added that there could also be a comparative statement, such as "DHS/FEMA has made greater progress in this area than HHS." CAPT Lavin reminded them that just because a group hasn't met does not mean the group hasn't done any work, so the Commissioners need to be careful about criticizing an agency's progress because the working group has not formally met.

Ms. Johnson suggested that the report include a timeline for development of a strategic plan by the HHS Working Group. Dr. Redlener said he is concerned less with planning than that the Working Group remains focused on implementing the Commission's recommendations. Dr. Redlener argued for the inclusion of well-defined progress markers in the report. The meeting of the Working Group, he argued, is largely symbolic.

Mr. Shriver asked Dr. Schonfeld whether he had language to propose for the report. Dr. Schonfeld replied that he thinks that they've already conveyed to the agencies that the Commission wants the agencies to work with greater speed. The need now is to communicate specific actions. He suggested breaking up into smaller groups during the lunch break or assigning each Commissioner one or two sections. A summary statement for each section could be presented and voted on after lunch.

Lawrence Tan felt that the report introduction included a strong statement that bold and swift action is needed to achieve the Commission's desired improvements for children. Dr. Redlener said that the introduction needs a statement saying that the Commission is not satisfied with both the timeliness and extent of the progress that agencies have made. He argued that the Commission has a responsibility to be clear about this dissatisfaction, without being in conflict with the Commission's charter, as CAPT Lavin had warned. Mr. Revere proposed that the introduction be changed to include language, in bold, such as "The Commission is not satisfied with the timeliness of concrete responses to the Interim Report." Dr. Redlener countered that there were also some excellent examples of progress in the report and so perhaps the phrase "in many instances" could be added. Dr. Schonfeld also suggested that they bold the statement regarding the HHS working group that "forming a working group is an important step, but the working group is a means to achieve progress, and not an indicator of progress" to reinforce the Commission's belief that more progress is essential. Dr. Redlener countered that the report needs indicators, outcome measures and other metrics to assess progress.

Mr. Shriver suggested that Commissioners meet during lunch and develop language to add to each recommendation, which the Commission could then vote on. Dr. Redlener

suggested that language similar to what Mr. Revere had proposed for the introduction be used for the individual recommendations as well. Mr. Revere suggested that they use the language from Recommendation 2.1 in other recommendations where needed. As an example he suggested that the phrase "The Commission finds that a significant gap remains unaddressed" be added to Recommendation 1.1. Mr. Shriver instructed Mr. Revere to draft language for the introduction and for those areas in the report that are unclear. Dr. Schonfeld asked whether they wanted to divide up the sections at that time. Ms. Carlson provided a list of recommendations by subcommittee, suggesting that sections be reviewed by members of the relevant subcommittee.

Field Visit to Florida

Mr. Shriver asked Mr. Tan to summarize the Commission's field visit to Florida. On April 27, 2010, Dr. Anderson, Dr. Redlener, Mr. Tan and Commission staff met with federal, state, local and non-governmental representatives in Miami (FL) to discuss the impact of the evacuation of Haitian earthquake victims into Florida. Mr. Tan indicated that the goals of the field visit were to learn how the domestic response was handled and to determine whether there were lessons learned from the response that could apply to disasters in the U.S. The morning session examined coordination of medical care for children, while the afternoon session focused on the impact on schools.

Mr. Tan highlighted a number of findings from the field visit report, which had been made available to attendees. He noted that the overall response was reversed compared to a domestic disaster, in that the federal government led the response, with state and local agencies playing a supportive role. He indicated that a lead agency for domestic response was never identified, and that accurate information was difficult to obtain. He noted that the news media, which was a primary information source for many groups, tended to exaggerate the numbers of people that were expected to come into Florida needing medical attention. In fact, most of the children who arrived were repatriated U.S. citizens or from affluent families.

Mr. Tan said that the role of the National Disaster Medical System (NDMS) was discussed at length, in particular its limitations regarding transportation and medical care for children. Dr. Anderson noted that the Florida experience highlighted how NDMS was designed for adults rather than for children. He suggested that the Commission re-examine possible recommendations for NDMS in light of the Florida experience. Mr. Tan noted that the federal government was initially reluctant to activate NDMS due to funding, and it wasn't until Florida threatened to refuse additional patients that NDMS was activated.

Mr. Tan highlighted the problem of health care professionals who "self-deployed" and were not part of a credentialed response team. Discussions during the field visit focused on the need for credentialing health care workers and how to ensure the safety and welfare of children when workers just "show up" and expect to help. Mr. Tan emphasized that this would be a larger problem in a domestic incident (as compared to the response in Haiti) because of the proximity of health care workers to the incident.

Another concern, Mr. Tan noted, was integration of displaced children into the health care system. This was complicated because of the NDMS funding system, which has a 30-day Medicare reimbursement rate of 110%, which does not include the costs of long-term care, rehabilitation, or medical transport. He emphasized the need for a funding mechanism to cover the medical needs of children in the event of a mass evacuation to another state. It is unclear if the health insurance rules and policies of an evacuee's original state apply when a person is re-located out of state, or if the receiving state's rules and policies apply. Mr. Tan said a "hodgepodge" of policies existed regarding funding the care for a population that has been relocated.

Finally, Mr. Tan noted that one of the participants mentioned that the National Level Exercise (NLE) scheduled for May 2011 currently has no focus on children or medical surge, even though this was a recommendation in the Interim Report.

Dr. Redlener emphasized that the system did not function well, even taking into account that this was an international incident. He is particularly concerned about the poor communication and coordination, noting, for example, that there was no available information about the medical condition of children arriving on airplanes. Dr. Redlener also noted that this incident highlighted the seriousness of the lack of medical surge capacity and how the country is unable to marshal the resources needed to care for a large surge of children in the health care system. Dr. Anderson concurred with Dr. Redlener's remarks, and added that Mr. Tan's observations about the 2011 NLE highlighted the fact that an important opportunity to test pediatric systems and the ability to care for a surge of children may be lost.

Mr. Lockwood asked Mr. Revere whether the FEMA Children's Working Group would be involved in the 2011 NLE. Mr. Revere responded that it would be. Dr. Redlener reminded the Commission that FEMA Administrator Craig Fugate told the Commission on multiple occasions that the needs of children must be integrated into the planning process from the beginning. Mr. Revere assured Dr. Redlener that children will be included from the beginning, but that the planning process had not yet begun. Mr. Lockwood agreed, saying that while a location for the 2011 NLE has been identified, detailed planning has not started. Mr. Revere asked Lauralee Koziol of FEMA, in the audience, whether that was correct. She replied that yes, it was correct, noting that the 2010 NLE has taken precedence to date, but by the beginning of June, work on the 2011 NLE should begin and children will be included in planning from the outset. In response to a question from Dr. Redlener, Ms. Koziol indicated that the 2010 NLE was a Continuity of Operations exercise that did not include a significant focus on children. Mr. Lockwood noted that Mr. Fugate is committed to the 2011 NLE going forward, but that planning for the 2010 NLE was well underway before he became involved in that process. Mr. Lockwood viewed the promised focus of the 2011 NLE on children as very positive. Ms. Koziol added that the Working Group was approached, three weeks after it was formed, to look at incorporating children into the 2011 NLE.

Dr. Schonfeld asked whether findings of the Commission's Florida field visit could be incorporated into the Haiti after action reports and, if so, how that would occur—for example, by reaching out to NDMS or the Assistant Secretary for Preparedness and Response (ASPR). Gregg Lord asked whether a formal request could be made, to be included in the after action report process. Dr. Schonfeld reiterated that since the Commission gathered important information from their visit, he hoped that agencies would want to incorporate the Commission's findings into their assessments. Mr. Lockwood asked Mr. Lord what the Commission's comments should focus on, given that this was an international incident. In particular, Mr. Lockwood felt that the Commission should not comment on what occurred in Haiti. Mr. Lord disagreed, saying that he thought the NDMS response was germane to how it would respond to a domestic incident, particularly regarding equipment caches and personnel.

CAPT Lavin reminded the Commission that commenting on a response in a foreign country was outside the scope of their charter. Dr. Schonfeld clarified that he was just suggesting that the information the Commission had already collected, which is restricted to the scope of the Commission, could contribute to the full federal government after action report. Mr. Shriver asked how the Commission could contribute their information to the after action report process. Dr. Andrew Garrett of NDMS, in the audience, agreed that the Commission's information could be valuable, and said that there is a group within NDMS that is working on the after action report, and that he could connect the Commission with them. Dr. Schonfeld asked whether the Commission's findings could also be communicated to ASPR. Mr. Shriver suggested that they talk to Dr. Lurie and ask that their information be incorporated into the ASPR report. Dr. Redlener stated that while he agreed with Mr. Lord's position, he also agreed with CAPT Lavin about the scope of the Commission's charter. Mr. Lord indicated that his concern is not how the NDMS performed in Haiti, but rather what NDMS's capacity was when they departed the United States, because it is indicative of what would be available in a domestic disaster.

Mr. Tan said that the afternoon sessions focused on schools and the lessons learned from the Florida school systems that are applicable to domestic disasters. He indicated that a common theme was that very little information or, worse, incorrect information was distributed regarding the event. Mr. Tan cautioned that Miami-Dade County and Broward County are the fourth and sixth largest school districts in the country, so they were able to absorb additional students and provide resources that small school districts probably wouldn't have. Mr. Tan noted that the school districts were able to use the McKinney-Vento Homeless Education Program to help them process the newly arriving students. In addition, the school districts convened work groups to develop and activate plans for integrating students and addressing both their educational and social needs. Mr. Tan said the school districts used a case management approach in this process.

Mr. Tan said there were concerns in Florida about how to track the number of children, which reflected the Commission's concerns regarding tracking evacuees during evacuations. With regard to providing funds for the new students, Mr. Tan indicated that the timing of the event was beneficial, given that the influx occurred prior to when the schools had to submit enrollment numbers, upon which funding is based. If a domestic

incident occurred that resulted in an influx of students after schools reported enrollment numbers, this could be problematic for schools.

Mr. Tan reiterated that the overarching themes from this event were the need for reliable information and the need for communities, including school districts, to assess their capabilities for handling an influx of children. The south Florida school districts provided an excellent example of what can be done if there is a good continuity of business plan that can be readily implemented and is exercised. Another theme was the need for long-term case management infrastructure to support families. One of the issues that the school districts mentioned was that if the adults couldn't integrate into the community and support the family for however long their relocation lasted, then there would be much bigger social issues to deal with than just the children alone.

Dr. Redlener said that during the Florida field visit, CAPT Patti Pettis of ASPR said an effective disaster response depends on funding, planning and leadership. Dr. Redlener indicated that these key qualities were missing from both the Hurricane Katrina and the Haiti earthquake response. He agreed with Mr. Lord that the Commission cannot ignore the issues that arose during the U.S. response to the Haiti earthquake, even though it was an international incident. He questioned whether the United States has enough funding, coordination and leadership to respond effectively to a domestic incident. In particular, he highlighted the functioning of NDMS and how it handles children's needs as a major issue that the Commission must address. Mr. Tan replied that there is clearly a misperception of what the NDMS system is and what capabilities it has regarding children. He felt there needs to be a clearer understanding of what NDMS can and cannot do. In addition, Mr. Tan noted that the Department of Defense does not have the capability to transport children. Dr. Anderson said that he was just as impressed as Dr. Redlener was with the state of Florida and how they responded to the incident, but also echoed Dr. Redlener's concern about NDMS and their lack of pediatric capability. He added that the Commission has a "champion" for children within NDMS (Dr. Garrett), but knows that he has many responsibilities and will not be able make substantial changes entirely on his own. Dr. Anderson agreed that the Commission needs to continue to focus on NDMS and advocate for improvements.

Dr. Schonfeld cautioned that the way the Florida school districts were able to absorb the newly arriving students is probably not representative of what would occur in an average American school district, because the individuals who were transported here from Haiti were not the most disadvantaged children in Haiti. While some of the success of the school systems can be attributed to their planning and to the efforts of the people involved, Dr. Schonfeld felt that if a major earthquake were to occur in this country, the school systems would need to absorb children with greater needs and, as a result, at a greater cost.

Mr. Tan said that a gap the school systems identified was the need for disaster mental health capacity. School officials said they had difficulty providing training for disaster mental health, due to time and funding constraints. They recommended a federal funding

stream for that type of service, or a requirement that the school system provide the training to staff.

Mr. Allen noted that the immediate overestimation of victims is typical in disasters. He felt that this highlights the general problem of poor-quality information gathering, noting that these inaccurate numbers drive the overestimation of required resources.

Mr. Lockwood asked whether Florida, or anyone else, considered requesting a federal disaster declaration, noting that non-affected states, like Connecticut, received such declarations after Hurricane Katrina because they accepted evacuees from Louisiana. A declaration may have provided some of the coordination that wasn't present during the Haiti response. Mr. Tan said that part of the issue with this incident was that no lead agency for the domestic side of the federal response had been identified, as both the Department of State and the United States Agency for International Development (USAID) led response efforts, but neither had any role in the repatriation process or with transporting Haitians into South Florida. Mr. Lockwood said that once the United States started accepting patients from Haiti, the domestic federal response structures and processes needed to be activated.

Mr. Tan indicated that FEMA apparently tried to work with the Florida Emergency Operations Center but were told by USAID that they had no authority to do so, indicating that miscommunication within the federal government added to the confusion. CAPT Lavin pointed out that repatriation is covered under the Social Security Act, not the Stafford Act, and that the State Department has a role in facilitating repatriations but is not considered the "lead federal agency." She said that the Haiti response involved an entirely different response system from what would be used in a domestic incident.

Dr. Redlener said that questions involving immigration status complicated the delivery of medical and other services in Florida. In spite of this, he felt that no one was in charge of understanding the medical needs and ensuring that patients were properly cared for. He noted that a relatively small number of children transported from Haiti had serious medical needs, but nevertheless the system was not working well. In a major national disaster, Dr. Redlener questioned how the medical needs of children would be met, noting that hospital emergency departments are overwhelmed with patients on a daily basis. He also noted that the Commission must further study NDMS to determine how it can be made functional in a country that has no authority over the private health care system. He urged the Commission to think very broadly about this issue.

Dr. Schonfeld felt that, regardless of where a disaster occurs, the country should be able to implement an effective disaster response. While acknowledging CAPT Lavin's point that the Haiti response was handled differently from a domestic incident, Dr. Schonfeld felt that the Commission should recommend that, when there are significant numbers of children involved whose health may be in jeopardy, enabling legislation should be created so that the situation can be managed under the Incident Command System.

Before adjourning for lunch, Mr. Shriver expressed his appreciation to CAPT Lavin, who is retiring from HHS in June. He and the other Commissioners acknowledged her important contributions to the Commission.

The meeting adjourned for lunch at 12:25 p.m.

Revisions to Ad-Hoc Progress Report

The meeting reconvened at 1:10 PM, at which time the Commissioners continued their discussion on proposed revisions to the Ad Hoc Progress Report. The Commissioners agreed to the following word changes:

- Report Introduction—added the sentence "In many instances, critical recommendations in the Interim Report remain substantially unaddressed, leaving children vulnerable to disasters" to the final paragraph.
- Recommendation 1.1— added a phrase (noted in italics) to the sentence "The Commission *finds that significant gaps remain unaddressed and* expects that the working group will develop and provide the Commission with a strategic plan addressing how HHS will implement the Commission's recommendations, in addition to other HHS policy and program actions."
- Recommendation 3.2— added a phrase (noted in italics) to the sentence "The Commission *finds that significant gaps remain and* seeks a more fully-developed action plan from HHS by August 13, 2010, in order to report findings and recommendations to the President and Congress."
- Recommendation 3.3—added a phrase (noted in italics) to the sentence "The Commission *finds that significant gaps exist and* strongly urges the White House to direct the FETIG partners and National Center for Disaster Medicine and Public Health to prioritize and address the significant gap that currently exists in adequate pediatric disaster education and training, particularly for federal disaster responders."
- Recommendation 3.4—added a phrase (noted in italics) to the sentence "*Significant gaps remain, therefore* the Commission recommends that Congress appropriate FY2011 funds to support these projects."
- Recommendation 4.1—added the sentences "A significant gap is the lack of a lead federal entity to oversee EMS. An important first step for implementing the Commission's recommendation is for Congress to authorize an entity to provide oversight and funding for this system."
- Recommendation 6.1—added a phrase (noted in italics) to the sentence "The Commission urges Congress *to address this gap and* pass legislation requiring disaster planning in states as a condition of receiving funds through the Child Care and Development Block Grant program."
- Recommendation 7.1—added to the final paragraph the sentences "This plan of action is insufficient. Every school must have a comprehensive disaster plan in place"; and "In addition, it is essential that all schools become better prepared for disasters; federal funding to support this goal remains a significant gap."
- Recommendation 9.1—added the sentence "The Commission finds significant progress towards the implementation of this recommendation."

- Recommendation 11.1—added a phrase (noted in italics) to the sentences: "Despite the progress in evacuee tracking and data sharing, *a significant gap remains*. FEMA and Congress must provide the necessary funding to develop a national evacuee tracking system that seamlessly ties together federal and state systems, and also has the capability to interface with family reunification systems such as FEMA's National Emergency Family Registry System (NEFRLS) and the National Center for Missing and Exploited Children's National Emergency Child Locator Center (NECLC)."

With these changes, the Commissioners unanimously approved the report. Mr. Shriver thanked the Commissioners and staff for their efforts in producing and finalizing the report. In response to a question from Dr. Redlener, Mr. Shriver indicated that the report will be made public on May 13th, at which time advocacy organizations can reference the report to help further their organizations' mission and, in particular, help implement the Commission's recommendations.

Subcommittee on Human Services Recovery

Mr. Shriver asked Dr. Redlener to begin the subcommittee report segment of the meeting by summarizing the discussions at the May 10th meeting of the Human Services Recovery Subcommittee.

Dr. Redlener said that the subcommittee meeting focused on five topics. First, the subcommittee reviewed potential mental health recommendations for the next report. The discussion focused on the authority and scope of the Crisis Counseling Program (CCP), and whether the program has the capacity, authority and funding to cover the gaps in mental health that the Commission is concerned about. Dr. Redlener indicated that subcommittee member Sarah Field of the HHS Office of Public Health and Science noted in the meeting that both FEMA and HHS believe they lack the authorization and funding to expand CCP, and that it may not be appropriate for CCP to assume additional areas of responsibility. Dr. Schonfeld added that he has significant concerns related to the potential for discontinuity of care if CCP delivers or supports initial mental health or supportive services under the period for which it is currently authorized to do this, and then a different federal program assumes care later during the recovery period. Dr. Redlener noted that Commission staff would be meeting with officials from FEMA and SAMHSA later in the day to discuss the program.

Dr. Redlener next summarized the subcommittee's discussion on the continuity of primary health care in recovery, specifically regarding private pediatric health care practices. The subcommittee approved the following recommendations to expedite the restoration of private practices following a disaster: increasing Medicaid incentive payments for providers in disaster areas; creating a fast-track Small Business Administration (SBA) health recovery loan; and modifying the Current Procedural Terminology (CPT) codes to reflect disaster medical care to facilitate and require higher reimbursement from public and private insurers. Dr. Redlener noted that additional challenges include: identifying temporary capacities to address gaps in primary health

care coverage for children following a disaster, and how to provide an acceptable level of health care for children, in areas such as the Gulf Coast, that had limited access to health care prior to a disaster. The subcommittee also recognized that their recommendations need to extend beyond the restoration of private practices for primary health care, such as Federally Qualified Health Centers (FQHC) and other nonprofit and public health care organizations.

The subcommittee also discussed the recommendation to create a child care disaster contingency fund to enable the rebuilding of private for-profit child care facilities following a disaster. Dr. Redlener explained that child care licensing and requirements vary from state to state; therefore, the subcommittee needs to better understand how child care development block grants can be used for redevelopment. Ms. Carlson suggested during the subcommittee meeting that the group explore the use of loan forgiveness programs for child care providers, based on the assumption that they are providing essential community services.

Dr. Redlener next summarized the subcommittee's discussion of resiliency. He noted that while resiliency is a "buzz word" in the emergency management community, there is considerable debate on what resiliency means and what types of programs reinforce and enhance these concepts. Additionally, there are no metrics to define and evaluate these programs. The subcommittee agreed that a focused research agenda is required to further define this area.

Finally, the subcommittee focused on information sharing. Dr Redlener stressed the importance of collecting information on children and sharing it in a timely manner, particularly in light of the problems that occurred in the FEMA trailer parks following Hurricane Katrina. Mr. Revere noted in the subcommittee meeting that FEMA has taken steps based upon the Commission's Interim Report recommendations to streamline and improve information sharing processes. However, Dr. Redlener expressed concern that the multitude of agencies who need to work together during recovery are not coordinated or ready to take on this responsibility.

Dr. Schonfeld asked how additional recommendations will be incorporated into the next report, and about the process for Commissioners' editing and finalizing the recommendations. Mr. Revere stated that the next subcommittee meetings will be held by phone in June, providing another opportunity to work on the recommendations. Ms. Johnson added that the Commissioners will have the opportunity to review additional versions of the report chapters throughout the summer.

Subcommittee on Evacuation, Transportation and Housing

Mr. Lockwood summarized the May 10th meeting of the Evacuation, Transportation and Housing Subcommittee. The meeting included a presentation on information sharing by Stephanie Rondenell of the Center for Network Development. Ms. Rondenell highlighted the Juvenile Information Sharing (JIS) Initiative, which is operating pilot programs in Colorado. This program explores the privacy and information sharing issues

that the Commission is interested in, and has found that critical finite data points are still missing. Mr. Lockwood noted that while the program Ms. Rondenell had presented is going in a different direction from what the Commission is focusing on, the conversation provided an opportunity to discuss important policy issues regarding the technical aspects of information sharing. Mr. Lockwood said that Ms. Rondenell will meet with a subset of the subcommittee to discuss lessons learned and best practices on information sharing.

In the subcommittee's discussion on recommendations for the Commission's next report, Mr. Lockwood said the subcommittee concluded that the recommendation on the transportation of children with disabilities will likely remain as it is currently worded. Also, the subcommittee is still waiting for information on the National Disaster Housing Task Force's concept of operations and guidelines to determine whether they will affect the Commission's recommendations.

Mr. Lockwood also recounted his site visit to American Red Cross disaster shelters in Nashville, TN following the recent flooding. Mr. Lockwood found some gaps in the implementation of the Commission's recommendations on services for children, but observed that progress was being made. The site visit was a good opportunity to observe the use of the Standards and Indicators for Disaster Shelter Care for Children. For example, the document required stocking cribs, but not child-appropriate beds, and this led to children sleeping on cots with their parents. However, after Mr. Lockwood arrived, this problem was noted, and child-appropriate accommodations were brought into the shelter. Mr. Lockwood also noted that the term "crib" may need to be changed in the document, as *Pack n' Play*® playpens are easier to use, assemble and transport. The Red Cross will be evaluating which option to recommend. Finally, Mr. Lockwood observed in Nashville that Safe Space Kits from Save the Children were deployed but were delivered to a facility that was affected by the flooding. In light of this, the Red Cross is re-examining alternate means of acquiring items should shipping issues arise.

Subcommittee on Education, Child Welfare and Juvenile Justice

Sheila Leslie summarized the May 10th meeting of the Education, Child Welfare and Juvenile Justice Subcommittee meeting. She said that the subcommittee focused on reformatting the Interim Report recommendations to first provide a statement summarizing the overall desired outcome, with additional recommendations detailing strategies on how to reach the desired state. She said that the subcommittee discussed the strategy of funding model innovation programs in the areas of education, child welfare and juvenile justice to develop best practices, prior to funding programs nationwide.

In the area of juvenile justice, the subcommittee discussed whether they would be able to incorporate their requirements into the reauthorization of the Juvenile Justice Delinquency Act. Ms. Leslie noted that this does not seem to be the best vehicle for the Commission's recommendations. She added that the subcommittee discussed other alternatives and will continue to work on their recommendations.

Ms. Leslie then summarized the subcommittee's discussion on the inclusion of accountability measures for each recommendation, to ensure that the Commission's recommendations are implemented after the tenure of the Commission. The recommendation would identify who will be accountable for implementing the recommendation, so that progress is monitored and evaluated.

Ms. Leslie indicated that the subcommittee believed surge capacity was a significant area of concern, and would like to have a more specific recommendation in the next report that addresses the gap in planning for the potential of a large number of orphans that may result from a major disaster.

Dr. Schonfeld summarized the subcommittee's discussion on education issues. He noted that model innovation or demonstration programs can take advantage of a limited pool of funding and create successful models that other jurisdictions can implement. The ED's Readiness and Emergency Management for Schools (REMS) program has used this approach. The subcommittee also discussed training for teachers and administrators, and the recommendation to require these preparedness measures for licensure or accreditation, but noted that it would be difficult to develop a strategy to achieve this nationally, due to limited funding. Dr. Schonfeld still recommended including this desired outcome in the next report, adding that a pilot program could be initiated where a limited number of states could apply for ED funding. However, a condition for the receipt of this funding would be to include a provision for training in the state's accreditation requirements. Dr. Schonfeld added that a system for setting training requirements for teachers is already in place in Pennsylvania.

Dr. Redlener felt it is unacceptable to have REMS funding awarded on a competitive basis, as children attending schools in a district or a state that does not have the capacity to write effective grants are less prepared than children in districts or states that can afford to employ professional grant writers. He added that the potential for disparities between districts is worrisome. Dr. Schonfeld agreed that funding only a small number of schools is problematic, but noted that only limited funding is available and that some schools may not be interested in using the funding to its full advantage. Therefore, he noted, providing money to a select number of districts can help develop innovative programs that can then be used as models for wider implementation and inspire additional funding resources. Dr. Redlener expressed concern that the absence of effective school disaster plans is dangerous. Dr. Schonfeld agreed and noted that the subcommittee also discussed recommending that U.S. Department of Homeland Security (DHS) funding provided to states and localities be a potential funding source for school planning. However, he added, the lack of integration of schools in state and local disaster planning is troublesome. Dr. Redlener agreed with the strategy, adding that collaboration and coordination of all of these parties is integral to creating effective disaster plans.

Subcommittee on Pediatric Medical Care

Mr. Lord summarized the May 10th meeting of the Pediatric Medical Care Subcommittee. The primary objective of the meeting was to review the draft recommendations for the

next report. The subcommittee first discussed pediatric medical countermeasures. Mr. Lord noted that attaining adequate federal stockpiles of countermeasures for children has been extremely difficult. For the recommendations, the subcommittee felt that pediatric leadership should be included within the Biomedical Advanced Research and Development Authority (BARDA) in ASPR, to ensure that there is someone with authority in policy agendas who can advocate for children's inclusion. Second, the subcommittee discussed the need for a working group that would provide consensus recommendations to authorize the emergency use and addition of specific pediatric medical countermeasures to the Strategic National Stockpile (SNS).

The subcommittee also discussed environmental health and how to engage the Environmental Protection Agency (EPA). The subcommittee's ultimate goal is to provide a safe environment for children in homes and schools affected by disasters. For the recommendation in the next report, the subcommittee decided to broaden the wording from their original concept, recommending that EPA engage local and state health officials to develop and promote national voluntary guidelines and best practices on determining the re-occupancy of homes, schools and other facilities that house children. Mr. Lord said that the EPA should work with the Commission to determine a plan to engage other federal, state and local entities on environmental health issues.

Mr. Lord said that the subcommittee crafted two recommendations regarding NDMS, one on developing a reserve pool for pediatric health care workers available during a disaster response and another to reinforce and sustain NDMS's outreach to professional organizations for recruiting professionals and facilities. The subcommittee also discussed reimbursement issues when a child is transported by NDMS to an NDMS facility, and recommended that the 30-day period for Medicaid reimbursement be extended. Mr. Lord noted that the subcommittee will continue to study this issue.

The subcommittee also discussed managing children in the NDMS system and improving pediatric transport through regionalization. Mr. Lord said the subcommittee developed three recommendations: first, for DHS and HHS to promote and develop a process for the regionalization of assets that meets the needs of children; second, to review existing federal assets used for pediatric medical transportation to understand how they are used by each entity; and third, for NIH, in concert with ASPR, to establish a research agenda to address research gaps within pediatric emergency and trauma care.

Mr. Lord next discussed the issue of ensuring the recovery of health care for children following a disaster. In order for children's needs to be met, a recommendation was crafted to broadly support the recovery of the health care community for both children and adults. The subcommittee discussed creating a Medicaid incentive program for providers in disaster areas, developing a fast-track SBA health care recovery loan for health care providers in private practices and modifying the CPT code to reflect disaster medical care in order to facilitate higher reimbursement from public and private insurers.

Finally, Mr. Lord said that the subcommittee will continue to work on medical resiliency.

Following Mr. Lord's presentation, Dr. Schonfeld commented that the continued use of the term "preauthorization" is incorrect, as medical countermeasures are either authorized or they are not authorized. He added that the recommendation either needs to direct the Food and Drug Administration (FDA) to lessen the criteria for medical countermeasures so that FDA-approval can be granted, or to modify the Emergency Use Authorization (EUA) process so that authorizations can be implemented before there is imminent risk or emergency. Dr. Schonfeld also said that the report from the National Biodefense Science Board (NBSB) had clear and specific medical countermeasures recommendations, and suggested that the Commission could support those recommendations. Mr. Revere noted that the recommendations that NBSB provided to Dr. Nicole Lurie, Assistant Secretary for Preparedness and Response at HHS, are being used to develop a report on the medical countermeasures and EUA process for HHS Secretary Sibelius. Dr. Schonfeld suggested that the Commission vote to either support or reject the NBSB recommendations. However, CAPT Lavin reminded the Commissioners that they can hold a vote in the public meetings only, and not over the telephone. Mr. Revere added that the Commission's perspective is likely clear to Dr. Lurie; ultimately the Commission needs to see what Dr. Lurie recommends to Secretary Sibelius in order to develop an action plan for this issue.

Public Comments

To open the public comment period, Mr. Shriver called on Mr. Chester Hartman, Director of Research at the Poverty & Race Research Action Council. As Mr. Hartman was not available to address the Commission via telephone, Mr. Shriver noted that Mr. Hartman had sent the Commission a letter expressing his concern over FEMA's sale of trailers tainted with formaldehyde and requested the Commission investigate this issue. Mr. Shriver expressed appreciation for Mr. Hartman's letter, but indicated that, in his view, this issue was outside the purview of the Commission's work and that Congress is already looking closely at the issue. The Commissioners concurred with Mr. Shriver's view.

Mr. Shriver next called on Ms. Analisa Pearson from the Iowa Department of Health, who had sent the Commission a letter reiterating the importance of including child care providers in disaster planning and preparedness activities.

Mr. Shriver thanked Ms. Pearson for her comments and asked whether there were any additional comments from the public. Mr. Shriver indicated that the next Commission public meeting will be held in August. Mr. Allen asked what the focus of the meeting would be and when the next report would be issued. Mr. Revere said that the report would be discussed and voted on at the August meeting, and that it would be delivered to the President and Congress by October 14th. Mr. Lockwood asked whether a single day would be sufficient to discuss and vote on the report, in light of the extensive discussions held today on the Progress Report. Mr. Shriver suggested that perhaps more than one day could be scheduled for this meeting.

Mr. Shriver thanked Commission staff for their hard work in preparing for the meeting, and then called for a motion to adjourn, which was made and then seconded. The meeting was adjourned at 2:45 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, 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
Mark K. Shriver: Save the Children
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
Christopher Revere: National Commission on Children and Disasters
Victoria Johnson: National Commission on Children and Disasters

Commenter Affiliations

Analisa Pearson, Iowa Department of Public Health