NATIONAL COMMISSION ON CHILDREN AND DISASTERS
OCTOBER 14, 2008 MEETING

MINUTES

Participant List

Ernest Allen*
Dr. Michael Anderson*
Carol Apelt[+]
Benjamin Berkman
Elizabeth Blake
Merry Carlson*
Senator Christopher Dodd[+]
COL Robert Kadlec, MD[+]
CAPT Roberta Lavin[+]
Hon. Sheila Leslie*
Bruce Lockwood*
Graydon "Gregg" Lord*
R. David Paulison[+]
Dr. Irwin Redlener*
Ami Richardson[+]
Daniel Schneider[+]
Dr. David Schonfeld*
Mark Shriver*
Lawrence Tan*
RADM W. Craig Vanderwagen, MD[+]

* Commission member
[+] Full-time Federal employee

The meeting was open to the public and held at the Administration for Children and Families, 901 D Street SW, Washington, DC 20447. Approximately 20 members of the public attended: two presented oral statements to the Commission (Elizabeth Blake and Benjamin Berkman); none presented written statements.

Proceedings of October 14, 2008

CAPT Roberta Lavin, as Designated Federal Official to the Commission, opened the meeting at 8:30am and welcomed the members, then introduced Commission Chairperson Mark Shriver.

Mr. Shriver welcomed the Commission and facilitated brief introductions. He recognized the Administration for Children and Families (ACF) and Federal staff for their efforts in preparation for the meeting. Carol Apelt was designated record keeper for the meeting.

Gregg Lord moved to ratify a previous vote held on June 30, 2008, electing Mark Shriver as Chairperson and Michael Anderson as Vice Chairperson. The motion was seconded and approved unanimously.

Mr. Shriver noted that the *Washington Post* published an editorial in the October 14, 2008, edition regarding the National Commission on Children and Disasters. He observed the increase of presidentially-declared disasters underscores the need for the Commission. He introduced Benjamin Berkman, whose services were donated to the Commission for this meeting by Georgetown University Law School to facilitate a planning discussion later in the meeting.

Vice Chairperson Michael Anderson also welcomed the Commission members and thanked ACF and its staff for hosting the meeting. Mr. Shriver then introduced RADM W. Craig Vanderwagen, Assistant Secretary for Preparedness and Response (ASPR) at the U.S. Department of Health and Human Services (HHS).

ASPR is the principal advisor to the Secretary on matters relating to public health and medical emergencies, whether resulting from acts of nature, accidents, or terrorism. ASPR coordinates interagency interfaces between HHS, the Homeland Security Council, the National Security Council, other Federal Departments and Agencies, State, local and Tribal governments, and the public health and medical communities. RADM Vanderwagen noted his office's responsibility for spearheading changes at HHS as a result of recommendations made in the February 2006 report, *The Federal Response to Hurricane Katrina: Lessons Learned*.

The first iteration of ASPR was created as a public health and preparedness effort by Secretary Tommy Thompson following the anthrax scare in 2001, but the office lacked authority and funding. The Project Bioshield Act of 2004 (P.L. 108-276) was signed into law as part of a broader strategy to defend America against the threat of weapons of mass destruction. The Project's purpose is to accelerate the research, development, purchase and availability of effective medical countermeasures against biological, chemical, radiological and nuclear agents. The Act instructed HHS to address emergency preparation and response as a whole enterprise rather than as smaller components to ensure HHS is prepared to assist the nation in disaster response.

ASPR established the Enterprise Governance Board, composed of ASPR, the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA) and the National Institutes of Health (NIH), to determine how to transition through the research process to a practical delivery platform. ASPR and the Board determine the tools needed on the ground in a disaster situation (antibiotics, antitoxins, diagnostics, devices) and how to provide those tools in emergencies. For example, the current supply of ventilators is underprovided by approximately 71,000 should a pandemic situation arise. Additionally, devices should have dual use, furthering the resources available for emergency response. Project Bioshield gave ASPR acquisition authority, with which ASPR has purchased antidotes and antivirals, but the full spectrum of challenges is not yet fully addressed. The H5N1 vaccine supply could be increased 15-20 fold, thus increasing the spectrum of response to a wide variety of variants of the virus.

ASPR supports local level planning and response through the awarding of grants to encourage local alignment with hospital preparedness and linkage to patient evacuation. In the past two years, ASPR developed and equipped response teams; ASPR pre-positioned resources prior to Hurricane Gustav, a significant change from preparation for Hurricane Katrina. Challenges remain, however. For example, Brownsville, Texas, had no money and no vehicles available to evacuate citizens. Beaumont and Port Arthur posed similar challenges.

On the international side, the Office of Medicine, Science and Public Health (OMSPH) works with other nations and multilateral organizations to combat public health threats by establishing bilateral and multilateral international partnerships. Examples include OMSPH's engagement with the Biological Weapons Convention, the Global Health Security Action Group, and the Security and Prosperity Partnership of North America. OMSPH is exploring how HHS can support the international infrastructure for countermeasures, an effective way of leveraging. RADM Vanderwagen noted that the Security and Prosperity program is in active dialogue regarding border risk screening and other border issues. He also observed that regional support capability has improved, and now includes portions of Canada in region 10.

In addition, RADM Vanderwagen noted that the current economic chaos presents States with large challenges in emergency response planning. States are asking what HHS can provide on a day-to-day basis to help citizens in a crisis. Last year, New Jersey hospitals closed at a rate of one per month, on average. ASPR provides support and nurture to States in the face of such challenges.

RADM Vanderwagen stated that local children's hospital networks appear strong, and said ASPR is exploring how to empower them in a crisis, perhaps through the creation of specialized teams for children's health. The Pandemic and All-hazards Preparedness Act requires a periodic review of strategic challenges. ASPR has contracted with Rand Corporation to organize stakeholders to ensure their full participation in such a review. The review will not be all-encompassing, but will identify and focus on the priorities for the next 3-4 years, as well as how to frame them for policy makers.

RADM Vanderwagen closed by noting that he is a career civil service employee; in other words, he will remain in the position of Assistant Secretary of Preparedness and Response when a new Administration takes office in January 2009. Further, he noted ASPR's position as both a STAFFDIV (staff division) located in the Office of the Secretary, providing ASPR the overarching perspective of the entire Department and access to its agencies, and as an OPDIV (operating division), conducting acquisitions and putting people in field.

In response to a question from Mr. Shriver regarding the interaction between ACF and ASPR, RADM Vanderwagen noted that ASPR has responsibility for public health and medical aspects of planning and response, while ACF focuses on human services and benefits packages, though crossover does occur in shelter populations. He said ASPR needs ACF support surrounding human services issues, while ACF collaborates with ASPR on matters of public health (i.e. children displaced during Hurricane Katrina). Hurricane Katrina response was supported under Emergency Support Function 8 (ESF-8) because ESF-6, which focuses on human services, was not functional in 2005. ASPR has some responsibility for behavioral health, including that of children. The affected State receives a directed grant from the Substance Abuse Mental Health Services Administration (SAMHSA) that provides money for the State to provide services; SAMHSA also provides street psychologists.

Mr. Shriver asked whether children's families have indicated a need for countermeasures in children's doses, to which RADM Vanderwagen responded that it is ASPR's responsibility to have those materials and address the issue. Mr. Shriver sought clarification on whether sufficient doses for children are unavailable due to lack of funding or lack of authorization. RADM Vanderwagen said that ensuring the right mix of pediatric and adult doses is key. HHS achieved its 60 million doses benchmark, but insufficient pediatric doses are reflected in that figure. A sharper focus on pediatric concerns is needed in the future.

Dr. David Schonfeld noted that dosages must also be approved for pediatric use by the FDA, which can significantly slow the process for providing pediatric countermeasures. RADM Vanderwagen agreed, emphasizing the importance of advanced development. However, it will take an investment the drug companies have thus far been unwilling to make, which raised the question of whether the public sector should make the investments that private industry will not. ASPR, through HHS, would have to request additional appropriations through Congress. Furthermore, demonstrated products that have been approved for pediatric use by the FDA, also would require additional funding to support their purchase.

Dr. Anderson inquired as to how well prepared Disaster Medical Assistance Teams (DMAT) are relative to the needs of kids, and how the Commission might help them. RADM Vanderwagen responded that there has not been much pediatric diversity. ASPR wants to thread through response teams the capacity for devices appropriate to the age group. One question posed was whether separate response teams of pediatric responders should be formed, or if such pediatric teams should be embedded in the existing team structure? RADM Vanderwagen observed that the Federal medical station located at Texas A&M University following Hurricane Katrina did not have many pediatric patients. The children there were engaged and had activities available to occupy them, but they were not pediatric patients. Emergency managers and responders must think about available assets in a different way – geriatric skills, pediatric skills, etc. Skill sets must be broadened and refocused on responding to domestic needs, which are long term concerns rather than the "lights and sirens" approach traditionally taken by emergency responders. The focus must be on the continuum of immediate response to intermediate- and long-term recovery, on creating resiliency. This will necessitate attitude change in responders toward helping people get back on their feet: empowerment, not dependency.

RADM Vanderwagen noted that the preparedness sector is at the tip of the spear in public policy reform, but public policy should encourage a more holistic model. Pediatrics cannot be fully separated from other preparedness and response concerns because the U.S. lacks an infinite number of resources.

Dr. Irwin Redlener asked how ASPR's Enterprise Governance Board relationships with the CDC, the NIH and the FDA work. RADM Vanderwagen responded that the NIH and the National Istitute of Allergy and Infectious Diseases (NIAID) are the leaders in this developing area. They look to other places where people are pushing the envelope. NIH goes as far as it can in terms of research into key developing areas, then ASPR assumes

responsibility for transforming NIH's research into realistic, practical approaches. The CDC relationship has been more challenging. Dr. Redlener asked whether more clarification is needed to outline various agencies' responsibilities, and thus minimize battles over turf. RADM Vanderwagen responded that institutional "personality" plays a role. Handling the policies and competitiveness of bureaucracies is one of the functions ASPR regularly handles as a STAFFDIV.

Representing the emergency response community's perspective, Gregg Lord asked about ASPR's role regarding future pediatric developments addressing the first 24 hours following a disaster event. RADM Vanderwagen replied that ASPR can provide support for development, and can specify in grant guidance where those investments should be made. The greatest need is to support States and local governments.

Mr. Shriver thanked RADM Vanderwagen for sharing his thoughts with the Commission.

Mr. Shriver introduced Senator Christopher Dodd of Connecticut. The Senator recognized the important work before the Commission, and thanked its members for serving. He recommended that the Commission holistically examine the issues surrounding children before, during and after disasters, then provide prioritized recommendations to the President and Congress. He then administered the Oath of Office to the members of the Commission.

Mr. Shriver introduced HHS ethics division attorney Ami Richardson, who delivered an ethics briefing.

Mr. Shriver then introduced R. David Paulison, Administrator of the Federal Emergency Management Agency (FEMA). Mr. Shriver noted that Administrator Paulison has formed a National Advisory Council, which Save the Children joined last year to represent children's issues in disaster planning.

Administrator Paulison emphasized FEMA's commitment to working with the Commission on the issue of children's needs in disasters. One of FEMA's essential roles is to provide grants to communities before and during a disaster. Children are predominately supported by voluntary agencies during and following disasters, but he believes this model is insufficient and does not capitalize on broader opportunities and partnerships. For example, FEMA developed a child registry locator system in partnership with the National Center for Missing and Exploited Children as a result of challenges during and after Hurricane Katrina, when families were separated and dispersed nationwide. In this process, he observed that privacy rights can hinder progress but FEMA has identified ways to work through them.

The National Advisory Council and FEMA children's advocate Burl Jones represent children's needs at FEMA. After Hurricanes Gustav and Ike, FEMA worked with Save the Children's Safe Spaces program, resulting in 80 shelters with special areas for children to be safe and engage in age-appropriate activities. During the California fires of 2007, San Diego's Qualcomm Stadium, housing 12,000 people, placed strong emphasis

on children's needs and activities: clowns, stilts, games and other activities were provided throughout the time the stadium served as a shelter. Children played, exhibiting little of the angst common in such situations. FEMA is using San Diego's experience to assemble a case study for successful sheltering of children.

In Little Rock, Arkansas, FEMA is piloting *FEMA for Kids*, a program for 4th grade students. *FEMA for Kids* is based on the Learn Not to Burn program which changed how families plan for fires. Administrator Paulison envisions a similar program for encouraging disaster preparedness. A family is more likely to actively prepare their home and themselves for disasters if their child has a homework assignment relating to the issue. The *FEMA for Kids* website receives thousands of hits monthly from children and parents, but it needs greater visibility.

Administrator Paulison said FEMA may be guilty of benign neglect and is working to adjust and expand its viewpoint. Hurricane Katrina brought the needs of pets and children, as well as the importance of personal responsibility to the fore of American emergency management.

Ernest Allen asked the Administrator for his assessment of the quality of information FEMA receives from internal and external entities during disasters. Mr. Allen noted that following Hurricane Katrina, frustration was high during the effort to reunite approximately 5,200 children with their families because agencies seemed unable to talk to each other or share critical information. Additionally, 7,500 registered sex offenders were in unrestricted residence at shelters following the storm.

Administrator Paulison responded that, while FEMA does not operate shelters (a responsibility that falls to the American Red Cross [ARC] and other local agencies), FEMA did help Louisiana better prepare and equip their shelters. FEMA also transported people to non-Louisiana shelters because of low capacity. He stated that it takes time to identify people in shelters, since screening does not occur at intake when people arrive in droves. FEMA can share information with law enforcement and other agencies, which works quite well now. Child-focused oversight and keeping families together are critical objectives. Administrator Paulison said FEMA is making progress in these areas. To meet intermediate and longer-term housing needs, FEMA is frequently faced with the challenge of little availability of rental space or other housing options. To address this problem, FEMA will no longer utilize travel trailers, but is investing in mobile homes as viable alternatives for extended temporary housing.

Mr. Shriver asked who is responsible for shelter design, since their layout often omits the needs of children and single parent families. Administrator Paulison said that ARC does not design shelters, though it does inspect them to ensure safety. Most shelters are not designed as shelters but are simply buildings that become shelters in emergencies. The location of facilities within shelters falls under ARC's jurisdiction, and the Administrator suggested that the Commission might discuss this issue with ARC. In addition, minimum accepted standards for shelter design, with children in mind, do not exist.

Bruce Lockwood interjected that there is no requirement for shelters to be ARC-approved, with which Administrator Paulison agreed, noting many just "pop up" in churches and other local buildings. In addition, if FEMA relocates people, it already knows where they are going and can track them accordingly. Furthermore, daily videoconferences are held by FEMA senior leadership during disasters, incorporating governors and other key players, and often State shelter residency figures do not align with ARC shelter residency figures, creating confusion as to how many people are housed in a given State.

Mr. Allen asked if a central point exists for census info on families' locations. The Administrator responded that the locator system developed by the National Center for Missing and Exploited Children is such a system. Additionally, following Hurricane Katrina, Texas tried implementing a bar code system to track evacuee movement. While that effort was unsuccessful, a bar code system, perhaps on a durable wristband, remains viable. However, Privacy Act restrictions are a constant challenge.

Administrator Paulison supported Mr. Shriver's observation that a set of shelter specifications or recommendations might be useful for shelter administrators, and recommended that such a document could be distributed to churches and communities. Often, pop-up shelters must remain open longer than originally anticipated, a situation for which these impromptu shelters are not equipped.

Dr. Redlener stated that the issue of accountability in a complex post-disaster environment can be challenging, citing Federal agency responsibility vs. State agency responsibility. He said, since the FEMA trailer parks closed, 10,000-20,000 children remain in uncertain living conditions, with no clear community or schools, and asked why has it taken FEMA so long to serve these children. Administrator Paulison agreed that housing is big issue in disaster response and recovery, and was particularly challenging after Hurricane Katrina. FEMA housed 140,000 families in trailers, which worked well until formaldehyde was discovered to be present. At the same time, the rental housing market had not yet recovered, so FEMA moved people from trailers into hotels, motels, and, if available, rental units. Today, just two or three temporary group sites with a handful of people in them remain; most have apartments. The school system is State-wide, so if a family is in an apartment or hotel, they are located in a school district. FEMA is still paying for evacuees in hotels and it will be challenging for FEMA to find permanent housing for people as the March 2009 deadline approaches. The Administrator noted that FEMA is comprised of just 3,500 employees (up 1,500 from 2005); the agency is small, and what it is legally allowed to do is often at odds with public perception of its role. Today, when someone approaches FEMA for housing, they are directed to the U.S. Department of Housing and Urban Development (HUD), who has housing expertise and case management ability FEMA lacks. A case manager is assigned to each family referred to HUD by FEMA; everyone FEMA moved from a trailer to an apartment has a case manager.

Dr. Schonfeld noted that the big challenge is that much of what FEMA needs to accomplish requires other agencies to work with it, and asked what issues Administrator

Paulison thinks may be affecting FEMA's ability to respond to children's needs. The Administrator said coordination with other agencies is vital. The U.S. Department of Homeland Security (DHS)'s creation of the National Incident Management System resulted in considerable pushback across the Federal spectrum, but ultimately agencies became convinced it was the right approach. The Administrator sees more cooperation now than before. Bringing children's issues to the forefront is important, and he suggested the Commission consider convening stakeholder Federal agencies (HHS, HUD, FEMA, etc.), to bring the needs of children to the forefront of these agencies and encourage stronger interagency dialogue and relationships on behalf of children. He stressed the urgency of convening such a meeting before the seating of the next Administration on January 20, at which time many interagency relationships held by political appointees who were active pre- and post-Katrina will be dissolved. As a result, agencies will start over again developing relationships that are vital to emergency response. The Commission can play a critically important role in facilitating the development of those new relationships. The Administrator feels that sheltering and disaster case management are of particular importance for the Commission's research and recommendations.

Lawrence Tan stated that, in the transition to the next President's Administration, lessons learned might be lost, and inquired whether there are any lessons learned documents that might be helpful in that transition. Administrator Paulison pledged "the smoothest FEMA transition ever" and noted that a number of documents exist containing lessons learned. He committed to sharing after-action reports and FEMA's housing strategy for the Commission's review, as well as FEMA's Strategic Plan.

In response to Mr. Allen's inquiry, the Administrator stated that he has not encountered any structural barriers during disasters. He has unfetterd access to the President, and always accompanies him to disaster sites. Further, DHS serves FEMA well because it provides a wealth of broader resources through its other agencies.

Sheila Leslie raised a concern about unanticipated terrorist attacks and other unforeseeable disasters, inquiring whether FEMA has a division for disaster planning where a 24-hour preparation period is unavailable. Administrator Paulison said yes, for catastrophic planning. For example, FEMA has conducted exercises for earthquake disaster planning surrounding the New Madrid fault. The key to catastrophic planning is ensuring that responders are well trained. No-notice events will always create special problems, but FEMA has contracts in place with ambulatory and other response services, enabling the agency to access buses and ambulances from across the country. The challenge would be keeping track of people, especially tourists in cities like Las Vegas. The Administrator said a nationwide tracking system would be helpful but highly controversial.

Mr. Lord asked, relative to FEMA grant guidance, what areas the Commission might underscore with its recommendations, and where the Administrator would suggest the Commission direct its recommendations for improving first responder aid to kids. Administrator Paulison said that recommendations should be directed to the FEMA

Administrator. FEMA is trying to make grant guidance to States clearer. The gap analysis FEMA conducts with States involves children's issues. All hurricane-prone States have undergone FEMA gap analysis, focusing on shelters, transport, etc., and attempting to tailor guidance to where the gaps are evident (i.e. planning systems). Gap analyses are not available to the public, but the Administrator agreed to provide an aggregate overview of the analyses, as well as a blank gap analysis, for Commission review. The Commission may recommend to FEMA areas it would like FEMA to include in the gap analysis.

Merry Carlson asked whether the analysis includes best practices. The Administrator noted that this is one area FEMA is pursuing.

Dr. Anderson requested the Administrator's suggested best practices for tapping into the non-governmental community. Administrator Paulison replied that FEMA has not tapped NGOs well, nor has it adequately accessed the private sector, relying on ARC as an intermediary to NGOs. FEMA is currently talking with ARC to place an ARC representative in each FEMA regional office to strengthen and perpetuate NGO and private sector relationships.

Dr. Redlener observed that two of the biggest terror threats facing the U.S. are anthrax and nuclear terrorism, and that there is a "phenomenal disconnect" in terms of nuclear attack planning, as if governments wish to avoid it. He asked what extent FEMA is involved in working with local governments. Administrator Paulison notes that low probability, high damage events are not an issue FEMA has dealt with historically, but the agency's last tabletop exercise was on a nuclear bombing. The biggest issue is a medical one: how to treat people who can survive, where to treat large numbers of injured, how to quarantine an area, prevent contamination spread, etc.

Mr. Shriver asked whether emergency management training programs are an area the Commission should review, perhaps in terms of mandatory training curricula. Administrator Paulison stated that certification is available for emergency managers, but not required. Most large cities require certification, but smaller cities do not, given resource shortages. All Federal coordinators are required to be certified, but there is little discussion about children in training programs. That said, FEMA's Emergency Management Institute is currently considering adding children's issues to its curricula.

Mr. Lockwood underscored the idea that requiring certification would be met with resistance at the local level. Mr. Lord said it could be recommended, but mandating it would do more harm than good. Dr. Schonfeld said other training courses that impact children might be areas the Commission could consider.

Mr. Shriver thanked Administrator Paulison for his comments and time. After a short break, he introduced Daniel Schneider, Acting Assistant Secretary for Children and Families at ACF/HHS.

Mr. Schneider opened his remarks by stating that he would be forthcoming, revealing things not heretofore made public. The facts are not good, but if they are not addressed, improvement cannot be made.

ACF is committed to supporting the Commission's efforts. Disasters are always human services-focused in terms of helping the people affected, however, helping people return to a normal sense of living is a challenge for the government.

Prior to Hurricane Katrina, ACF had no role in Federal disaster response, though an examination of ACF's programs and mission show the agency to be a reasonable fit. ACF's mission is to promote the economic and social well-being of families, children, individuals, and communities. ACF receives nearly $50 billion in appropriated funding annually. Following Hurricane Katrina, then Assistant Secretary Wade Horn wanted to help in the recovery, dispatching ACF volunteers to the impacted states and enabling ACF to learn how FEMA works. ACF discovered that its definition of "human services" differed from FEMA's: while ACF takes a holistic and comprehensive long-term view, FEMA looked at immediate need only, typically providing housing until impacted citizens can return home, emergency medications and transportation. FEMA focus is on the immediate term, and eventually returning citizens to "normalcy" before disaster struck. ACF believes, especially in the case of low-income and special needs populations, a system of disaster case management needs to be implemented to improve the standard of living for these citizens.

ACF recognized a need for a broader effort, and met with FEMA to identify a new way to deliver disaster case management. This process began in early September 2005, and was based on ACF's experience helping refugees who enter the U.S. with no skills and are brought to self sufficiency. On approximately September 17, HHS Secretary Leavitt and Assistant Secretary Horn met with FEMA to begin a high level conversation, arriving at an agreement for funding disaster case management at $850 million. This approach included asset mapping, needs assessment, and the creation of an individualized disaster recovery plan for each evacuee. Case managers would meet with clients weekly or as needed until each client was back on his/her feet.

On September 19, Secretary Leavitt and Assistant Secretary Horn briefed President Bush on the model FEMA and ACF had developed; the President approved it. Two days later, all details were finalized and specifics were mapped out and agreed upon. However, the decision to move forward was reversed by the Department of Homeland Security (DHS). Instead, DHS hastily conducted a grant competition and awarded grants for limited case management in the traditional FEMA model, expending just $40 million to voluntary agencies to provide trailers for sheltering purposes.

In addition, following Hurricane Katrina, it was discovered that approximately 2,000 registered sex offenders had evacuated from Louisiana to 47 different States. ACF removed duplicate names and addresses from the Louisiana sex offender registry and provided it to FEMA so the registrants could be located and monitored. However, FEMA refused to disclose the data to States. FEMA determined that States must formally request

the data. ACF then instructed States how to obtain this data from FEMA, in order to expedite requests.

Acting Assistant Secretary Schneider stated that the President included in his FY2008 budget an initiative to create a disaster case management effort, enabling ACF to contract with a national organization for nationwide case management and pre-positioning of resources. ACF created the Office of Human Services Emergency Preparedness and Response, whose first task is emergency preparedness and response (EPR). Each ACF Regional Office has at least one dedicated EPR employee. ACF also created a case management plan to demonstrate an alternative, proactive model. Following Hurricane Gustav, ACF test-piloted the model in Louisiana which, to date, has served nearly 4,000 people.

Following Hurricane Ike, Texas specifically requested ACF disaster case management, a request requiring FEMA approval. FEMA denied the request, instead providing a grant to the State to handle its own case management needs. Acting Assistant Secretary Schneider concluded by saying that ACF will provide all assistance and information it can to support the Commission's efforts.

Mr. Shriver noted the need for a single designated agency to handle disaster case management. Administrator Paulison said during his presentation that FEMA works with HUD to handle case management. Acting Assistant Secretary Schneider responded that HUD's priority is filling housing vacancies, which sometimes does not align with the needs of the individual being served, i.e. HUD might provide housing for a New Orleans resident in Baton Rouge rather than the person's home city. Therefore, FEMA should contract out case management services to national organizations.

Dr. Redlener observed that thousands of families with children were ejected from FEMA trailers and supported with housing, but no other assistance. The lack of government accountability for case management is a major problem. He asked how the Commission might propose some solutions. Acting Assistant Secretary Schneider suggested the Commission develop a case management definition that presents an "ideal" set of services for the individual and that this definition needs to be adopted uniformly across agencies. Dr. Redlener stated that there is a profound disconnect between what people experience on the ground and what government perceives as needing to be done. Acting Assistant Secretary Schneider concurred, noting that long term recovery issues are human in nature, not medical. Mr. Allen suggested that the case management model used by ACF's Office of Refugee Resettlement (ORR) should be reviewed by the Commission. Dr. Schonfeld suggested defining the case management goals prior to outlining a structure to support them. Acting Assistant Secretary Schneider said that, under the ORR model, case managers work closely refugees to help them identify and access available resources. Recovery should be self-defined and self-directed by the individual, facilitated by a professional case manager.

Mr. Lockwood observed that there is assistance that people do not receive in a disaster because they do not meet certain eligibility criteria, and asked whether a presidentially-

declared disaster is necessary for service. Acting Assistant Secretary Schneider said that, in a disaster, Stafford Act funds would flow immediately from FEMA through ACF to the contractor delivering services. For non-declared disasters, ACF's ability to respond is limited, though it can provide technical assistance and some wraparound services at the local level.

As a Commission looking at policies that could change the focus of how the nation responds in these situations, Mr. Tan said members should focus first on the individual needs of the child and its family, then connect them with needed services.

Mr. Lord asked where responsibility for case management rests. Acting Assistant Secretary Schneider replied that ACF has repeatedly reached out to FEMA Administrator Paulison and his Deputy Secretary, who concur with ACF's concerns and recommended approaches. However, FEMA attorneys and mid- and low-level management reverse such efforts. Mr. Allen said that he had observed during his interactions with FEMA that FEMA senior leadership was uncomfortable with current laws restricting information sharing. Regardless, this Commission should consider statutory clarifications to such issues and examine how to create a better system and eliminate roadblocks. Mr. Allen suggested broadening the exceptions listed in the law as a possible solution.

Mr. Lord said the issue of privacy in disaster response should be clear, since, fundamentally, the law includes an exemption for providing data to law enforcement.

Dr. Schonfeld suggested the Commission craft recommendations to clarify privacy exemptions in disaster situations in order to expedite the release of information. Acting Assistant Secretary Schneider noted in closing that both Louisiana and Texas now house sex offenders in separate shelter facilities, an indication of progress.

Mr. Shriver introduced COL Robert P. Kadlec, MD. He advised the Commission that, because COL Kadlec counsels the President, there may be some questions he may be precluded from answering.

COL Kadlec stated he would present an overview of policies generated from within the Executive Office of the President. The White House is home to several policy councils, including the Homeland Security Council, created after the events of September 11, 2001, when it was recognized that an entity was needed to assess all threats. COL Kadlec provides advice to the President and translates the President's objectives into policy and strategies. Currently, he is responsible for four Homeland Security Presidential Directives: food/agricultural defense, biodefense, medical countermeasures, and national public health and medical preparedness.

Public policy regarding disasters has evolved since 9/11 in terms of how the U.S. can better prepare for a variety of unprecedented scenarios (i.e. Hurricane Katrina, pandemic influenza, biological attack). The federal government must approach each low-probability, high-impact scenario holistically in order to protect citizens. In developing medical countermeasures against chemical, biological and nuclear events, there is a

serious need for pediatric models, since there is a lack of available scientific evidence available to practitioners. FDA employs the animal rule model which allows researchers to determine the possible effects of Ebola on people by using animal test subjects, since such tests cannot be exercised on humans. Similarly, researchers must identify pediatric models to determine the effects of diseases on children. Additional scientific evidence would then be available to policymakers.

Additionally, medication delivery methods for children must be considered. Homeland Security Presidential Directive (HSPD) 21 (Public Health and Medical Preparedness) focuses on delivery of care, reinforcing the requirements of the Pandemic and All-Hazards Preparedness Act. The Federal government is required to determine how it will set up systems to help vulnerable populations, including children, in a catastrophic event. A National Health Security Strategy will be written by the next Administration. The next President and his health and security teams will create this strategy to explore the greatest risk to society from a health perspective. The Commission must ensure that children are part of these discussions. HSPD 21 also addresses training, encompassing pediatric preparedness recommendations that were made in 2003 and envisioning a national curriculum for pediatric disaster medicine, which will consolidate the best practices of several training policies.

HSPD 21 highlights the notion of an end-to-end approach: from pre-event, to event, to post-event recovery. To this end, the White House develops policies, then tasks Federal departments and agencies with realizing those policies.

In terms of pandemic planning, the 1918 pandemic demonstrated the important role of non-medical interventions to help mitigate and contain outbreaks and spreading. Since children are a vulnerable population, it may be wise to consider protecting them by keeping them away from large population settings, closing schools, and prioritizing vaccine distribution.

Mr. Shriver inquired whether policymakers focus on "post-event" lessons learned. COL Kadlec said that policymakers focus on public health consequences of events, crafting, for example, children's mental health policy that is subsequently implemented by RADM Vanderwagen and HHS. Research and reports are reviewed in the process of shaping policy. An emerging realization of ERP challenges is that recovery takes 6-12 months; policymakers must determine what actions should occur at 3 months, 6 months, 9 months, etc., to ensure complete recovery and restoration of normalcy. More focused research is needed to identify the essential mix of actions and services necessary to address issues following an event. Ongoing research is available, but policymakers must consolidate the research into a more cohesive and collaborative response that articulates the roles of government and non-government entities. The challenge is to bring all such groups together at the Federal, State and local levels, including NGOs, to determine best practices.

Dr. Schonfeld stated that separating policy and regulatory considerations can create an intrinsic problem from a practical standpoint. He asked whether there is a way to connect policy and regulatory issues. COL Kadlec responded that policymakers must work

closely with implementing agencies, which can develop regulatory alternatives. He mentioned that the White House favors this approach in an attempt to balance policymaking with ground-zero realities.

Dr. Redlener stated that having such conversations one agency at a time is impractical, recommending that stakeholding entities should be convened together. Building on a statement made earlier in the meeting, Dr. Redlener asked what happens in situations where the President approves an approach, then a mid-level agency manager derails the effort. COL Kadlec said that figuring out the circumstances of the operating environment for those responsible parties is the key. He cited "imperfect incrementalism," where there is clear policy guidance, but authority is spread across the Executive branch, which can make the process unwieldy by creating competing interests, competition for resources and implementation of policy guidance more difficult.

Mr. Allen asked who makes the decision regarding how much of the national stockpile is set aside for pediatric use. COL Kadlec said that the All-hazards Act asks for a periodic review of stockpile stores. An HHS mechanism determines how that is assessed. In some respects, the prioritization effort was based on a limited supply of the vaccine. He noted that one thing that will come to public awareness soon is that the coverage of the current supply can probably be increased. COL Kadlec recommended that the Commission discuss this issue further by convening representatives from the FDA, CDC, HHS (ASPR), NIH, the Biomedical Advanced Research and Development Authority.

Mr. Shriver introduced Elizabeth Blake, Senior Vice President/Advocacy, Government Affairs and General Counsel for Habitat for Humanity, who addressed the Commission as Chairperson of the National Coalition on Children and Disasters.

Ms. Blake identified the organizations that comprise the Coalition: American Academy of Pediatrics; American Association of School Administrators; American Red Cross; Association of Maternal and Child Health Programs; Catholic Charities USA; Child Welfare League of America; Children's Health Fund; Habitat for Humanity; International Association of EMS Chiefs; National Association of Children's Hospitals & Related Institutions; National Association of Child Care Resources and Referral Agencies; National Association of Emergency Medical Technicians; National Association of School Nurses; National Center for Disaster Preparedness at Columbia University; Rebuilding Together; Save the Children; and Safermaternity.org. This broad-based Coalition convened in the aftermath of Hurricane Katrina to determine steps needed to improve disaster planning, response, and recovery, as it pertains to the needs of children. The Coalition was the driving force behind the congressional action that authorized the creation of the Commission, its funding, and the appointment of its members. Now that the Commission is operating, the Coalition will play a vital role in advocating for the continued authorization and funding of the Commission and eventually the enactment of policy recommendations put forth by the Commission. In this regard, Ms. Blake urged the Commission to utilize the Coalition as a sounding board and resource to ensure that it has the Coalition's continued support. Therefore, the Coalition sees itself as a "check and

balance" against the work of the Commission, to ensure that it satisfies the intent of Congress.

Ms. Blake encouraged the Commission to utilize its broad powers to assemble a critical mass of intelligence and expertise in the development of policy recommendations. While the members of the Commission represent multiple disciplines, there are a number of issues not represented at the table which Ms. Blake admonished the Commission to consider such as: child care, child welfare, transportation, temporary financial assistance, and housing. Ms. Blake also encouraged the Commission to consider "working backwards" in the sense that many agencies focus on pre-disaster planning and initial response, but not recovery—especially from the standpoint of children.

Ms. Blake presented the Commission with a set of recommendations for further research and consideration. She reported that organizations need the flexibility to expend funds across the continuum of response and recovery efforts, rather than funds being so rigidly dedicated to a specific purpose or event.

Ms. Blake suggested the Commission consider amendments to the Stafford Act that would support community-based institutions providing child care, health care, education and housing to children as "essential services." The Small Business Administration should consider a longer recovery horizon to assist communities.

Few broad-based waivers are provided to groups of people to enable flexibility of programs to respond. She encouraged the Commission to recognize that historically, recovery agencies such as ARC, Save the Children and others have been the traditional response entities. She observed that emergency response frameworks consider families in a very "traditional" sense, although the families in shelters today are overwhelmingly single mothers with children. Of those in shelters (49,000 last year, 422,000 the year prior), 80-90% were children or from alternative definitions of family. Services and case management models need to be tailored to this reality. Ms. Blake concluded with the Coalition's wish to see children quickly returned to a sense of normalcy.

Dr. Schonfeld noted that the issue of response vs. recovery might perhaps be a false distinction, and proposed that disasters do not end when the physical event does: it continues when a parent cannot yet return to work, when "home" is not a child's real home. Ms. Blake concurred, underscoring the importance of ensuring that each stage of disaster response and recovery should be built holistically and performed quickly in order to keep costs in check. Public health and education are supported well in the community, but if shelter is inadequate, then health and education delivery is rendered inadequate as well.

Dr. Redlener said that the recovery phase requires an entirely different set of skills than the planning and response phases, observing that the recovery process does not receive the same attention as initial response. Ms. Blake requested that recovery considerations not be an afterthought in the Commission's research and deliberations. In emergency response, she noted, the immediate is the enemy of the important.

Mr. Shriver provided a brief overview of the Commission's current financial status: $488,297.68 of FY2008 funding was obligated prior to the end of the fiscal year for staffing. The Commission also received $215,000 in FY2009 funding from HHS for the duration of the current Continuing Resolution (through March 6, 2009). The Coalition is trying to secure a cumulative total of $1.5 million from Congress in FY2009. Mr. Shriver noted that he and Vice Chairperson Anderson are working to hire the Commission's Executive Director and Policy Director by December. A Communications Director and three additional staff are also allotted in the current contract.

Mr. Shriver introduced Benjamin Berkman, Deputy Director and Adjunct Professor at the O'Neill Institute for National and Global Health Law at the Georgetown University Law Center. Mr. Shriver again thanked Georgetown Law for donating Mr. Berkman's time to the Commission for this meeting.

Mr. Berkman stated that he would moderate a discussion among the Commission members to help them map out a course of action.

Mr. Berkman facilitated a "white board" discussion regarding the Commission's preliminary goals and scope. The Commission selected six major issues areas: case management, medical countermeasures, shelter design and operation, mental health, child care and community resiliency, information tracking, and acute medical care. In addition to these major topic areas, the Commission identified a number of cross-cutting themes that need to be addressed throughout the Commission's work. These themes are: training, coordination, structure, accountability, funding and processes. In addition to long term issues, the Commission identified areas for potential immediate recommendation: expanding the definition of essential services to include areas such as child care; pre-approval of contracts for national organizations providing case management; and relaxation of privacy law restraints in an emergency to facilitate reunification of families. The Commission briefly discussed ways to organize itself, but decided that subcommittee and operational structure be deferred to the next meeting. It was proposed that the Commission consider field hearings in areas affected by disasters, which may not have received extensive media coverage, but are nonetheless relevant. Recommendations for future meeting locations will be developed and discussed at the following Commission meeting. Finally, the Commission discussed additional federal agencies briefings be considered by FDA, CDC, NIH, and HUD.

Mr. Shriver adjourned the meeting at 4:16pm.