



**National Commission on
Children and Disasters**



Interim Recommendations of the National Commission on Children and Disasters

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Commissioner**

Presented to the Subcommittee on Disaster Reduction Meeting
Washington, DC
November 5, 2009



National Commission on Children and Disasters



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Why now?



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- Children make up 25% of the population, yet needs often overlooked in disaster planning and management
- **Presidential disaster declarations more than doubled since 1980's**
- Only seven states have laws or regulations requiring licensed child care providers to have basic written emergency plans in place addressing evacuation, reunification and accommodating children with special needs (Save the Children report, 2009)



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Children make up 25% of the general population, but...

- Training, exercising, medicines and equipment generally intended for adult populations
- Children lumped into broad categories: “at-risk” “vulnerable” or “special needs”
- Pets are a greater priority in disaster planning
- Recovery focused on rebuilding infrastructure rather than the human services needs of children and families



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Commission Background

- **Independent:** Authorized by Congress under the Consolidated Appropriations Act of 2008 (P.L. 110-161)
- **Bi-partisan:** 10 members appointed by President Bush, Senate and House leaders
- **Diverse:** Expertise drawn from multiple disciplines: pediatrics, state and local emergency management, non-governmental organizations, and state elected office



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Commission Purpose

- Conduct a comprehensive study to examine and assess the needs of children (0-18 years of age) in relation to the preparation for, response to and recovery from all-hazards, including major disasters and emergencies.
- Report specific findings, conclusions and recommendations to the President and Congress.



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Commission Structure

- **Commission Chairperson, Mark Shriver, Save the Children**
- **Evacuation, Transportation, and Housing Subcommittee**
Chairperson, Bruce Lockwood, Bristol-Burlington (CT) Health District
- **Pediatric Medical Care Subcommittee**
Chairperson, Dr. Michael Anderson, University Hospitals (OH)
- **Education, Child Welfare and Juvenile Justice Subcommittee**
Chairperson, Hon. Sheila Leslie, Nevada General Assembly
- **Human Services Recovery Subcommittee**
Chairperson, Dr. Irwin Redlener, Columbia University



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Timeline of Commission Operations

- **October 14, 2008: First Public Meeting**
 - Public meetings held on a quarterly basis
- **October 13, 2009: Interim Report delivered to President and Congress**
- **November 10, 2009: Next Public Meeting**
- **October 2010: Final report due to the President and Congress**



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NATIONAL COMMISSION
ON
CHILDREN AND DISASTERS

INTERIM REPORT
OCTOBER 14, 2009



NATIONAL COMMISSION ON CHILDREN AND DISASTERS

Interim Report: Recommendations

<http://www.childrenanddisasters.acf.hhs.gov/>



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Disaster Management and Recovery

- Distinguish and comprehensively integrate the needs of children across all inter- and intra-governmental disaster planning activities and operations.
- Accelerate the development of a National Disaster Recovery Strategy with an explicit emphasis on addressing the immediate and long-term physical and mental health, educational, housing and human services recovery needs of children



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Mental Health

- Integrate mental and behavioral health for children into all public health and medical preparedness and response activities.
- Enhance the research agenda for children's disaster mental and behavioral health, including psychological first aid, cognitive-behavioral interventions, social support interventions and bereavement counseling and support.
- Enhance pediatric disaster mental and behavioral health training for professionals and paraprofessionals, including psychological first aid, cognitive-behavioral interventions, social support interventions and bereavement counseling and support.



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Child Physical Health and Trauma

- Ensure availability and access to pediatric medical countermeasures at the federal, state and local level.
- Expand the medical capabilities of all federally funded response teams through the comprehensive integration of pediatric-specific training, guidance, exercises, supplies and personnel.
- Ensure all health care professionals who may treat children during an emergency have adequate pediatric disaster clinical training.
- Fund a formal regionalized pediatric system of care for disasters.
- Ensure access to physical and mental health services for all children during recovery from disaster.



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Emergency Medical Services and Pediatric Transport

- Improve the capability of Emergency Medical Services (EMS) to transport pediatric patients and provide comprehensive pre-hospital pediatric care during daily operations and disasters.

Evacuation

- Develop a standardized, interoperable national evacuee tracking and family reunification system that ensures the safety and well-being of children.



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Next Steps...

- Engage the White House, federal agencies and state and local partners to implement recommendations contained in the *Interim Report*.
- Hold field hearings in areas effected by disasters.
- Hold a national meeting with key stakeholders in February, 2010.
- Focus Commission research more intensively on program evaluation, best practices, the examination of emerging issues and development of clear, actionable recommendations for the Final Report.



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For More Information

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