



April 30, 2009

Mark Shriver  
Chairperson, National Commission on Children and Disasters  
1250 Maryland Ave., SW, 8<sup>th</sup> Floor East  
Washington, D.C. 20024

Dear Mr. Shriver and Members of the Commission:

On behalf of Trust for America's Health (TFAH), I am pleased to provide you with the following comments, along with copies of TFAH reports relevant to the work of the Commission. TFAH is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority.

TFAH believes that a strong public health system is a prepared system, able to mitigate the devastating health effects of a major disaster. Although our nation has made great progress in planning for a public health emergency since Hurricane Katrina and 9/11, much remains to be done. We are pleased that National Commission on Children and Disasters (NCCD) has undertaken the task of examining the gaps in addressing the needs of children in our emergency planning and preparedness. The following are TFAH's recommendations for the Commission:

#### **Public Health Planning Integrated with Healthcare Planning**

- TFAH urges NCCD, either through the Medical Care subcommittee or another mechanism, to take public health into account when making its recommendations. It is as important to identify and find patients, carry out exercises, perform disease surveillance, stockpile pediatric medical countermeasures, and prepare hospitals for an influx of pediatric patients as it is to actually treat children after a disaster occurs. Public health departments and non-governmental public health organizations play an integral role in ensuring the health effects of a disaster are mitigated. State and local public health departments receive significant federal and state funding to develop emergency plans and build the capacity to prevent and respond to an emergency. The Commission's own recommendations, just as in the field, should seek to coordinate the emergency preparedness efforts of healthcare facilities with state and local public health departments.

#### **Caring for Children**

- The Federal government should extend paid sick leave, which can be used to care for an ill family member during an emergency. Often, employees fear the economic consequences of taking unpaid leave while sick (or to care for sick children). During an infectious disease outbreak such as a pandemic flu, schools may be closed, so parents will need leave to take care of children. It is also unsafe to attend work or school while contagious. Congressional action is necessary to require a minimum number of paid sick days for mid- to large-sized employers.

- Thirty million children rely on the National School Lunch Program and many rely on school nurses for health care. If schools were closed due to a pandemic, steps would need to be taken to ensure that children continue to receive these services.
- Schools, health departments, hospitals, and emergency planners should work together to develop and update their emergency management plans. Schools should communicate plans with all parents, with specific attention paid to special needs students and limited-English proficient parents and students. Such emergency plans should not assume children will be immediately reunited with parents during a crisis and establish contingencies for events with no notice, such as a terrorist attack. These plans must also take into account that students may be in other care environments, such as after-school programs, daycare, and summer camps.
- Children have unique mental health needs. Psychological first aid will be as important as physical first aid immediately following an emergency.
- Over 16 percent of children are considered obese, 176,500 individuals under the age of 20 have type 2 diabetes, 6.7 million children have asthma, and 2 million adolescents aged 12-19 have pre-diabetes. In addition to special needs and disabled children, emergency plans should take into account the unique needs of children with chronic conditions, who require daily medications, or whose wellness may affect their ability to react to a disaster.

### **Surge Capacity**

- The federal government should strengthen hospital surge capacity, specifically through a dedicated funding stream for hospital preparedness. Clarification of altered standards of care, identifying and stockpiling alternative care sites, developing emergency planning and exercising, and recruiting a surge workforce all must be led at the federal, rather than state level.
- NCCD should take into account other volunteer programs, other than the National Disaster Medical System (NDMS), which bolster the paid healthcare workforce during an emergency, including the Medical Reserve Corps, Community Emergency Response Teams (CERT), and the Emergency Systems for Advanced Registration of Volunteer Health Professionals (ESAR-VHP). These are important systems for extending the surge capacity of a community during an emergency, and federal and state governments should reduce liability barriers to volunteering. States should adopt the Uniform Emergency Volunteer Health Practitioners Act (or its equivalent) to encourage healthcare professionals to register and volunteer during a disaster. Congress should also extend liability protections to health care workers who volunteer through ESAR-VHP and may wish to create a federal floor for the minimum protection that should be available to volunteer entities when working in concert with government agencies.
- Emergency procedures must take into account that some children will receive medical care in the absence of a parent. When surge capacity guidelines are established, hospitals and healthcare providers should be made aware of what rules apply during a public health emergency. There is currently limited pediatric capacity at hospitals, so it is crucial that the needs of children be incorporated into all states of disaster planning to improve the response system for children in emergencies.

### **Stockpiling**

- Ensure the Strategic National Stockpile (SNS) contains enough supplies and dosage recommendations for children. The SNS contains large quantities of medicines and supplies to be deployed during a public health emergency. Children require different dosages, and may require smaller-sized syringes and other supplies. The Stockpile should take into account the unique needs of children. Further, the SNS, in collaboration with the FDA, should establish plans for mass distribution of countermeasures to children in instances where parental consent may not be possible.

We have also included some of our latest reports on public health emergency preparedness, including *Ready or Not? 2008: Protecting the Public's Health from Diseases, Disasters, and Bioterrorism*. Again, we applaud the commissioners for their diligent work in protecting our most vulnerable population from the effects of a catastrophe. TFAH is ready to be a partner in this effort and thanks you for the opportunity to participate. If you have any questions, please contact Richard Hamburg, Director of Government Relations, at (202) 223-9876 or [rhamburg@tfah.org](mailto:rhamburg@tfah.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey Levi". The signature is fluid and cursive, with the first name "Jeffrey" being more prominent than the last name "Levi".

Jeffrey Levi, PhD  
Executive Director  
Trust for America's Health

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