Testimony of Laurence E. Flint, MD, FAAP
On Behalf of the American Academy of Pediatrics
Before
The U.S. House of Representatives Committee on Homeland Security
Subcommittee on Emergency Preparedness, Response, and Recovery

Protecting Every Citizen: Assessing Emergency Preparedness for Underserved Populations
July 23, 2019

Chairman Payne, Ranking Member King, and Members of the Subcommittee, It is an honor to appear before you today at this important hearing on the issue of emergency preparedness for underserved populations and to speak to you about the impact of disasters on children. I am Laurence Flint a practicing hospital-based pediatrician here in NJ with board certification in both General Pediatrics and Disaster Medicine and I have served as a state representative to the American Academy of Pediatrics Disaster Preparedness Committee since 2016.

Children make up 25% of the US population. They have unique medical and psychological needs[i]. Although they fall under the umbrella category of "at-risk" or "vulnerable" populations, children deserve attention that is customized to meet their specific needs and these needs must be anticipated in the disaster planning process. By carefully considering which groups of children may be at an increased, or even highest, risk in a specific disaster, including those with specialized or chronic healthcare needs or children who are economically or socially disadvantaged, advanced planning will benefit all children and the population at large[ii]. Children differ from adults in their physiology, behavior, emotional and developmental capacities, in their responses to traumatic events and they are dependent on others for their basic physical and emotional needs. They are more susceptible to environmental dangers associated with disasters including physical, biological and chemical hazards. These put them at increased risk of developmental problems as well. Children often lack the cognitive ability to flee from hazards and have a very poor comprehension of risk. Infants and young children cannot care for themselves and require access to age-appropriate foods including human milk/infant formula as well as assistance in feeding, personal hygiene, and clothing themselves[iii]. Security is a high priority as children are much more susceptible to physical, emotional and sexual abuse in the wake of disasters and particularly in the case of separation from their families. Disasters not only put more stress on individuals tasked with the care of their children, but they also bring out criminal opportunists who use the cover of a disaster to prey on the most vulnerable including our children.

After a disaster, children and their families are likely to experience a host of negative mental reactions including stress, depression, anxiety, PTSD, behavioral regression, physical symptoms and worsening of preexisting conditions. Disasters also have the potential to cause short-term and long-term effects on children's psychological functioning, emotional adjustment, health, and developmental trajectory of children, which even may have implications for their health and psychological functioning in adulthood. As a group, children are among those most at risk for psychological trauma and behavioral difficulties after a disaster[iv]. Adverse childhood experiences, or ACEs, have been a subject of intense study in the past few years and the research

in this area has repeated confirmed that psychologically traumatic events experienced during childhood, particularly sustained ones, have significant life-long effects such as increases in chronic disease and poor coping abilities. Children's limited ability to understand the nature of the disaster can also lead to stress, fear, anxiety, inability to cope, and exaggerated response to media exposure. This is worsened in the age of social media which can convey gross misinformation and sensationalist hype. It is important, therefore, that there be established trusted sources of information for families and communities. Pediatricians and other health professionals can help to fill those roles. Awareness of and partnership between pediatricians and other sources of mental health support are essential to optimizing community mental health. Ideally, these partnerships should be established in advance of a disaster. Psychological recovery is a multi-tiered process that begins with providing for the basic needs of individuals affected by a disaster including food, shelter, safety, supervision, communication, and reunification with loved ones. With that should come the provision of psychological first aid in the short-term and this includes providing timely and accurate information, offering appropriate reassurance about the future, giving practical strategies to facilitate coping with distress, and helping people identify supports in their family and useful resources in their communities. Later, more comprehensive counseling and mental-health resources should be in place to support children and their communities. It is important to note that children's adjustment should not be expected before the restoration and stabilization of the home, school, and community environments and supports for children.[v]

Attention to the needs of children in disasters encompasses a continuum of pre-disaster preparation, delivery of care and services during a disaster and follow-up services to children and their families in the disaster recovery period. It is necessary to have access to appropriate medical equipment, supplies and medications specific to children of various ages and sizes and we need to ensure that medical and mental health providers are available and have some degree of training in disaster related concepts. This extends to any facility and their employees who work with children including schools, daycares, camps, hospitals and medical offices. Security needs are a major concern in these locations and in any area that children may go to in a disaster such as a shelter or hospital. In the daytime, children are often separated from their caregivers while being at school and daycare, and it is critical to keep these children safe and accounted while they are not in the care of their families. Processes for prompt family reunification are a critical component as children clearly do best when with their families. Post-disaster care and assistance is necessary to the effective resilience and thriving of the children individually and to their communities as a whole.

The American Academy of Pediatrics (AAP) has been at the forefront of addressing the health and emotional needs of children in disasters through partnering with and advising state, local and federal agencies and by providing numerous resources to inform and educate professionals, parents, children and administrators across a broad spectrum of topics including natural disasters, pandemics, economic emergencies and terror events. The Disaster Preparedness Advisory Council (DPAC) has more than 80 contacts including myself in all AAP state chapters. Some of the other many collaborative efforts with federal agencies include the Department of Health and Human Services (HHS) Office of Assistant Secretary for Preparedness & Response (ASPR)

which is requiring Pediatric Annexes and is offering funding for Pediatric Centers of Excellence, and the Federal Emergency Management Agency (FEMA) which has a National Children's Advisor. Additionally, the AAP was very pleased that the *Pandemic and All-Hazards Preparedness and Advancing Innovation Act* (PAHPAI) was signed into law last month. This law focuses on the nation's medical and public health preparedness to respond to disasters and strengthens readiness and recovery efforts including provisions to ensure children and adolescents are prioritized before, during and after disasters, reauthorize and expand the HHS National Advisory Committee on Children and Disasters, and establish the Children's Preparedness Unit (CPU) at the Centers for Disease Control and Prevention (CDC) which serves as the agency's leading source for children's needs in public health emergencies. The AAP Children and Disasters website provides links to its partnership efforts, the Academy's ongoing disaster related projects and many resources to assist practitioners, parents and others.[vi]

The AAP believes that continuing to build pediatric capacity within all areas of government and within public health agencies is key to better disaster preparedness for children. This can be facilitated by connecting with the AAP nationally and/or its local chapters. Also a greater engagement with, and inclusion of, pediatric practitioners in groups involved in direct on-the-ground disaster relief such as federal Disaster Medical Assistance Teams (DMATs), Medical Reserve Corps (MRC) or Urban Search and Rescue (USAR) teams would be useful in better directly meeting the needs of children. Finally, working towards centralized coordination and implementation of programs is also an important step in maximizing delivery of care and standardizing protocols and procedures on state and federal levels. For example, here in New Jersey we have over 600 school districts, all of which operate independently by municipality which makes it more challenging to implement programs on a statewide basis.

Thank you for the opportunity to testify on this critical topic and thank you for your leadership on this issue.

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[i] National Commission on Children and Disasters. 2010 Report to the President and Congress. AHRQ Publication No. 10-M037. Rockville, MD: Agency for Healthcare Research and Quality. October 2010.

[ii] American Academy of Pediatrics. The Youngest Victims: Disaster Preparedness to Meet Children's Needs. Elk Grove Village, IL: American Academy of Pediatrics; 2002

[iii] Ensuring the Health of Children in Disasters, Disaster Preparedness Advisory Council and Committee on Pediatric Emergency Medicine, Pediatrics 2015;136;e1407

[iv] Providing Psychosocial Support to Children and Families in the Aftermath of Disasters and Crises. DJ. Schonfeld, T. Demaria and the Disaster Preparedness Advisory Council and Committee on Psychosocial Aspects of Child and Family Health. Pediatrics 2015;136;e1120

[v] *Ibid*.

[vi] https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/default.aspx