



Meeting Summary

National Advisory Committee on Children and Disasters (NACCD) Public Meeting

February 17, 2022
11:00 am - 4:00 pm ET

Attendees

Voting Members

Claire L. Barnett, MBA
Nancy Blake PhD, RN
Rita V. Burke, PhD, MPH
Cindy Calderon, MD
Rachel Charney, MD
Sarita Chung, MD
Mark X. Cicero, MD
Arthur Cooper, MD, MS
Brent Kaziny, MD
Leslie Rubin, MD
David J. Schonfeld, MD, FAAP
Jeffrey S. Upperman, MD, FAAP, FACS
Debra Weiner, MD, PhD

Ex Officio Members

Natalie N. Grant, MPH, Administration for
Children and Families (ACF)
Daniel Dodgen, PhD, Office of the Assistant
Secretary for Preparedness and Response
(ASPR)
Kristi Hill, PhD, Administration for
Community Living (ACL)
Derek Eisnor, MD, Biomedical Advanced
Research and Development Authority
(BARDA)
Celeste Philip, MD, MPH, Centers for
Disease Control and Prevention (CDC)
Meredith Miller, MA, Department of
Education

Jeanne Briskin, MS, Environmental
Protection Agency (EPA)
Dionna Green, MD FCP, Food and Drug
Administration (FDA)
Lauralee Koziol, Department of Homeland
Security, Federal Emergency Management
Agency (FEMA)
Michael Warren, MD, MPH, Health
Resources and Services Administration
(HRSA)
Rosalind B. King, PhD, National Institutes of
Health (NIH)
Melinda J. Baldwin, PhD, LCSW, Substance
Abuse and Mental Health Services
Administration (SAMHSA)

ASPR NAC Staff

Zhoowan Jackson, Designated Federal
Officer
LCDR Clifton Smith, USPHS
CAPT Christopher Perdue, USPHS
Maxine Kellman
Tabinda Burney
Mariam Haris
Megan Hoffmann
Darrin Donato, Domestic Policy Branch
Chief
CAPT Theresa Lawrence, USPHS, Policy
Division Director

Call to Order and Opening Remarks

Zhoowan Jackson, MHS, Designated Federal Official, Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR)

The inaugural public meeting of the National Advisory Committee on Children and Disasters (NACCD) was conducted on February 17, 2022. The NACCD is authorized to evaluate issues and programs and provide findings, advice, and recommendations to the Secretary of the Department of Health and Human Services (HHS) to support and enhance all-hazards public health and medical preparedness, response activities, and recovery aimed at meeting the unique needs of children, in a developmentally and socially appropriate manner, across the entire spectrum of their physical, mental, emotional, and behavioral wellbeing. The NACCD is required by section 2811A of the Public Health Service Act (42 U.S.C. § 300hh-10b) as amended by the Pandemic and All Hazards Preparedness and Advancing Innovation Act (Public Law 112-66) and governed by the provisions of the Federal Advisory Committee Act (FACA) (5 U.S.C. App). The Secretary of HHS has delegated the management and oversight of the NACCD to the Assistant Secretary for Preparedness and Response (ASPR).

The Designated Federal Official, Ms. Zhoowan Jackson, opened the meeting, conducted the roll call, and provided an overview of the requirements established in the FACA along with the Standards of Ethical Conduct for committee members who have been appointed by the Secretary of HHS as Special Government Employees. There were no potential conflicts of interest raised or recusals offered for this meeting. The public can participate in the work of the NACCD by attending public meetings, sending comments via email to NACCD@hhs.gov, or by volunteering to provide verbal remarks during allotted time periods in public meetings. When appropriate and time is available, public remarks that are submitted through the Q&A feature will be considered by the Board.

Swearing-in and Induction

Mr. Gregory Stewart from the HHS Office of Human Resources administered the Oath of Office to the thirteen Special Government Employees.

ASPR Welcome Remarks¹

Ms. Dawn O'Connell, Assistant Secretary for Preparedness and Response

Assistant Secretary O'Connell congratulated the NACCD voting and ex officio members, stressing the importance of partnership among HHS division and non-HHS agencies to promote and safeguard children's health in a whole-of-government approach. She highlighted the critical value of inputs from a wide variety of non-federal partners to advance the health and security of the nation's children in responding to and recovering from public health emergencies and disasters. Ms. O'Connell expressed appreciation for the numerous stakeholders and experts present at the meetings and supporting the work of the NACCD, including children's hospitals, professional societies, state, local, regional, tribal and territorial public health authorities and leaders, schools, behavioral health and environmental health providers, and those who care for children with unique health care needs.

The United States has reached a critical time to address the needs of children during disasters and HHS remains committed to protecting the health of our nation's children. We have experienced the most deadly and challenging public health emergency in modern times over the past two years and continue to learn a great deal. Though children are typically less severely affected by the SARS-COV 2 virus as compared to adults, children have been significantly affected by the pandemic. We have listened in Pediatric Town Halls, during site visits and from interagency engagements that children's hospitals are operating at or above capacity and are experiencing staffing shortages. There are rare but important cases of children becoming critically ill with COVID-19 requiring ICU care and long-COVID is of great concern. The development of a COVID vaccine for children under five years old is still under study by FDA and we are looking forward to a potential decision soon. ASPR has been working hard to support the public health and health care systems. Some examples, working across our ASPR-chaired interagency group to assess the current situation, develop and adapt response plans accordingly. ASPR is working closely with our two Pediatric Disaster Care Centers of Excellence grantees (Rainbow Babies and Children's at UCSF) to help in surge planning and collaboration, developing tools to advance the practice of region based pediatric disaster care, focusing on all hazards as well. Also collaborating with HHS-HRSA 's Regional Pediatric Pandemic Network working with Children's Hospitals to strengthen partnerships. ASPR has deployed the National Disaster Medical System (NDMS) teams decompressing pediatric intensive care units; Project ECHO and ASPR TRACIE continue as resources to highlight important solutions and best practices. The Biomedical Advanced Research and Development Agency (BARDA) continues to

¹ These notes are a synopsis of verbal remarks rather than a transcript.

advance an agenda for rapid development and deployment of medical countermeasures for children. In addition, the ASPR has recently appointed Dr. Meg Sullivan, a pediatrician, to serve as the chief medical officer of ASPR as part of her senior leadership team, and immediate office which underscores the importance of this work.

Ms. O'Connell urged attention to the growing youth mental health crisis noting the U.S. Surgeon General's recently issued advisory outlining the urgent needs along with the recognition that mental and behavioral health are critical parts of overall health. The reduction of in-person schooling due to the pandemic, limited social opportunities, reduced access to health and social services, and the loss of caregivers have deeply impacted America's children. Youth with disabilities, LGBT+ youth, rural youth, youth involved with justice system and homeless youth, and immigrant community youth face disproportionate burdens from the pandemic. The NACCD convenes at an important time for our nation to emerge from this COVID pandemic better prepared for all-hazards adding strength and resiliency to systems that support our nation's most important asset, our children.

Following Assistant Secretary O'Connell's remarks, Dr. Calderon highlighted the needs of pregnant women as one potential area of focus of the NACCD. Several members expressed a desire to align the work of the committee with ASPR priorities while not simply restating lessons learned that have yet to be implemented. Dr. Chung offered that pediatric preparedness has come a long way in recent years, suggesting that focusing efforts on engaging with local, tribal, and territorial governments and response networks will help advance pediatric preparedness even more. Committee members stressed the need to build on and continue the relationships formed between state, local, and federal governments, pediatric networks, public health departments, schools, and community groups during the COVID-19 pandemic to advance future preparedness. NACCD members also pointed to the child mental health crisis as an important issue related to disasters, which would require engaging with schools and pediatricians.

Ms. O'Connell welcomed and introduced Senators Bob Casey (D-PA) and Patty Murray (D-WA) for remarks, noting both Senators as tireless advocates for children and families and champions for the establishment of the NACCD working hard to get it codified in the Pandemic and All Hazards Preparedness and Advancing Innovations Act to ensure that its work on behalf of children would continue for years to come.

Remarks from Senator Bob Casey (D-PA)² and Senator Patty Murray (D-WA)

The senior Senator from Pennsylvania Bob Casey welcomed the newly appointed committee members and commented on his efforts to codify the National Advisory Committee on Children and Disasters into legislation and noted his longtime advocacy for children, child health, and education. Senator Casey noted that this is a critical time for America's children. The COVID-19 pandemic has impacted many Pennsylvanians, with greater than 40,000 deaths in the state. Children will be affected by these losses for years. School-aged children have fallen behind on math and reading due to pandemic-era school changes. Senator Casey also spoke on the trauma of COVID-19 and the ways in which the pandemic has exacerbated the child mental health crisis. Senator Casey noted that the NACCD's work will be important to ensure that children's needs are considered at all levels of policy making. He closed his remarks with a thank you to the committee and for the work the NACCD will do to improve the lives of children.

As Chair of the Senate Health, Education, Labor, and Pensions Committee (HELP) committee and former teacher at multiple levels, Senator Patty Murray from Washington has worked to make sure COVID-19 testing is widely available to schools and children. The Senator mentioned her work to help codify the National Advisory Committee on Children and Disasters (NACCD) into legislation and emphasized that our nation's future response efforts must consider needs of children at all levels. As the pandemic ends, Senator Murray noted that this committee plays an important role in making sure our children remain healthy. The Senator mentioned the serious challenge of the child mental health crisis and rising suicidality of youth, noting the pandemic has tragically upended the lives of over 167,000 children who lost a parent or a caregiver to COVID-19 including some who lost both parents as well as the deepening existing societal inequities that have been exacerbated for children of color or children with disabilities from families who are struggling due to the pandemic. Senator Murray also noted she is working on legislation to strengthen all-hazard preparedness, expanding access to care, nutrition, trauma resources, family resources to stay safe and healthy.

Introduction of the Committee Members

The committee members introduced themselves during the inaugural meeting, emphasizing their professional backgrounds and interests related to the NACCD mission. Appendix 1 contains details for each of the committee members present.

² Due to scheduling requirements, Senator Casey spoke to the board members just before the public meeting was officially opened.

Presentations

Children's Disaster Preparedness, Response and Recovery – Lessons Learned in COVID-19 Pandemic

Michael Anderson, MD, MBA, FAAP, FCCM, FAARC, Senior Advisor (CTR), ASPR Office of Emergency Management and Medical Operations³

Meg Sullivan, MD, MPH, Acting Chief Medical Officer, ASPR

Dr. Anderson is a pediatric ICU physician, serving as a Senior Advisor (Contractor) in ASPR. Dr. Anderson presented a brief background and overview on children and disasters, experience from the COVID-19 pandemic response and potential areas of focus for the NACCD.

Children are our succession plan and the most important asset that the nation has. Representing 22% of the population, children are vulnerable with unique physiologic, social and developmental needs when faced with crisis. The journey towards readiness preparing for the needs of children has been long and important. The previous work of the National Commission on Children and Disasters, the HHS Children's Interagency Leadership on Disasters (CHILD) Working Group, FEMA's Advisory Group, the Emergency Medical Services for Children (EMS-C) EICC, along with all the private sector partners such as the American Academy of Pediatrics, Children's Hospital Association, National Pediatric Disaster Coalitions and Save the Children has produced recommendations that have moved this work forward so that that NACCD is not starting from ground zero.

The following topic areas are of importance for any continued discussion on how to handle preparing for events regarding children and disasters: reunification, health equity; stability of medical home; psychosocial triage, treatment and impacts; family preparation; children with special health care needs; coalition and role of children's hospitals; rapid development medical countermeasures for children; education and drills focused on children; collaboration between private sector, public health, country/state and federal resources.

In the current COVID-19 pandemic pediatric response, there has been an enormous amount of collaborative work to address the pediatric surge issues. Recognizing some 900 kids under the age of 18 have died from COVID-19 and thousands more have been hospitalized, the long-term ramifications of the virus and illness are going to take some time to figure out – what does

³ Dr. Anderson's viewpoints and observations are not the official position of HHS or ASPR.

MISC do long-term to cardiovascular stability in kids and what does long COVID mean in children.

With CDC, HRSA, NIH and others, ASPR chairs a weekly interagency workgroup on pediatric surge working together with private sector partners review data from across the nation to assess the current situation and determine what we can do from the federal side to make sure kids are as adequately protected. Because pediatric beds are such a small percentage of overall resources, this spike has really strained the system - staff shortages and burn out, ER volumes at record numbers, the mental health crisis affecting kids across the nation. We also know that every region is different (what's true in Ohio was not necessarily true on the west coast), having the ASPR Regional Emergency Coordinators in the field trying to figure out what the current resources are and speaking with the Pediatric Disaster Centers of Excellence (PDCOE) weekly providing ground truth and real-time intelligence as to what they are seeing has been a valuable tool for the national response along with the ASPR's regional town hall meetings and site visits.

Getting better at figuring out true data within a surge is going to be important for example to distinguish those admitted for COVID-19 vs. with COVID-19 (because they are sick with COVID vs. picked up on routine screening). Also understanding the true pediatric ICU capacity - what's the role of community hospitals and the role of children's hospitals.

While the urban areas with 300 bed children's hospitals that have really felt the strain, what's going on in the rural community areas that have a 10-bed pediatric ward and maybe one step-down bed wanting to do the best for kids under enormous amounts of stress must be acknowledged. There are innovative ways of coordinating care for kids happening across the country as seen in Vermont with the American Academy of Pediatrics daily calls; Denver Children's Hospitals with their re-assignment of staff resources; Michigan's use of telemedicine in community hospital triage and support; and Connecticut's state-led mental health coordination approach.

The COVID vaccine rollout for age 5-12 is in the 30% range fully vaccinated still a lot of good work to do. Getting vaccine for kids 6 months to five years of age is a major priority for HHS and the nation as the ASPR O'Connell mentioned.

In February 2022 having one treatment for outpatient kids with COVID (intravenous Remdesivir for kids less than 12) pales in comparison to what we have for adults - two monoclonal antibodies and oral antivirals coming. Must continue to push the agenda for rapid development and deployment of medical countermeasures for children

Dr. Anderson proposed a list of issues for the NACCD to begin considering, though this is not intended to be a limitation on other issues:

1. Response/surge elements
 - a. NDMS capabilities

- b. Inter-state; intra-state response
 - c. Telehealth support
 - d. Education
 - e. Medical home stability and integration
 - f. Mental health capacity
 - g. Health equity
2. Obtaining useful data
 - a. Pediatric capacity
 - b. Disease burden
 3. Medical countermeasures
 - a. Rapid development
 - b. BARDA agenda
 4. Coalitions and preparedness
 - a. PDCOE/RDHRS pilot projects
 - b. Long-term model and support

Following Dr. Anderson, Dr. Sullivan (Chief Medical Officer, ASPR) highlighted the importance and effectiveness of partnerships in the response efforts at the local, state and federal levels. As a pediatrician and public health professional who spent much of the first two years of the pandemic on the ground in North Carolina at the local level helping to lead the COVID-19 response, she saw firsthand many of the challenges highlighted by other speakers, specifically the impacts of mental health and disparities in health outcomes affecting children and families. There is a need to solidify and build upon partnerships and to engage and learn from experts as we work to address the challenges going forward. The ASPR and her team are committed to working with this committee to help address and prepare for these unique challenges.

ASPR Pediatric Disaster Care Centers of Excellence

Andrew Garrett, MD, MPH, Senior Advisor (IPA), ASPR, Emergency Management and Medical Operations

Dr. Garrett presented on the regional Pediatric Disasters Centers of Excellence (PDCoE). HHS has been both leader and partner in pediatric disaster preparedness and supports communities with disaster response operations upon request, while also striving for equitable access for children to countermeasures, therapeutics, and vaccines. HHS has had an important role in developing information and sharing such actionable information. ASPR also supports cooperative agreements that highlight this critical regional preparedness strategy and to achieve scalable disaster health care capabilities.

The Western States Alliance for Pediatric Emergency Management (WRAP-EM) and Eastern Great Lakes Pediatric Consortium for Disaster Response (EGLPCDR) were the two regional pilot

projects awarded in 2019 under the PDCoE cooperative agreement. The projects brought together stakeholders from multistate regions that include medical and behavioral health, legal and emergency management, emergency services, police and fire departments, legal, and public health. The goal was to find and share tools, information, and resources to reduce the impact of trauma, emerging infectious diseases, burns, etc. Following the creation, they had to shift almost immediately into COVID-19 response. Since the inception the centers have hosted series of meetings that are open to the public and convened tabletop exercises.

When asked about deployable assets specific to pediatrics, Dr. Garrett stated that there is a role for local preparedness and federal support. There is still work that can be done to expand state and local jurisdictions to work together for disaster planning and preparedness. A singular approach cannot work in handling all different disasters.

Dr. Garrett was asked what he envisioned would be next for the pilot projects and how to address all the areas that are severely underserved. Dr. Garrett specified his answer would be a personal one. The next step would be to identify what direction this project would take. It could be entirely federal or a hybrid of federal, local, and regional layered approach. Identifying needs would be the most important first step, not to assume what will be requested but wait for actual requests from experts. Federal staff would have to work with experts on the ground and regional stakeholders who know the situation to codevelop with them what they need.

HRSA Regional Pandemic Preparedness Network (RPPN)

Sara Kinsman, MD, PhD, Director of the Division of Child and Family Health, Maternal and Child Health Bureau, HRSA

Dr. Kinsman stated that HRSA's mission is to improve the health and well-being of America's mothers, children, and families. HRSA's vision is to help build an America where all mothers, children, and families are thriving and reach their full potential. The bureau supports the maternal, infant, and early childhood home visiting programs, or MIECHV programs, the healthy start home visiting programs, and the Title V maternal and child health block grant. Together, these programs reach 92% of all pregnant women, 98% of infants, and 60% of children nationwide. MCHB's Division of Child, Adolescent and Family Health mission is to advance health promotion, strengthen approaches to injury prevention, and improve and expand emergency medical services and emergency preparedness for children, adolescents, and their families.

The RPPN coordinates the Nation's children's hospitals and their communities in preparing for and responding to global health threats, including the coordination, preparation, response, and real-time dissemination of research-informed pediatric care for future pandemics. The Network

is comprised of five children's hospitals and their affiliated university pediatric partners in geographically diverse areas across the United States that work collaboratively across institutions to plan and implement the work of this cooperative agreement. The Pediatrics Pandemic Network coordinates the Nation's children's hospitals and other pediatric experts to strengthen partnerships with existing local, state, regional, and national emergency preparedness systems to ensure the needs of all children are addressed within preparedness and response activities. When asked about safe births during catastrophes, Dr. Kinsman emphasized the importance of planning for safe birthing even during disasters.

Addressing the Long-term Mental Health Impact of COVID-19 on Children and Families

Melissa Brymer, PhD, Psy.D., UCLA-Duke University National Center for Child Traumatic Stress

The National Child Traumatic Stress Network (NCTSN) was created by Congress in 2000 as part of the Children's Health Act to raise the standard of care and increase access to services for children and families who experience or witness traumatic events. This unique network of frontline providers, family members, researchers, and national partners is committed to changing the course of children's lives by improving their care and moving scientific gains quickly into practice across the U.S. The NCTSN is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) and coordinated by the UCLA-Duke University National Center for Child Traumatic Stress (NCCTS). Understanding the impacts of COVID-19 has been a two-year endeavor by surveying network partners, having conversations about how families and kids are impacted by covid, and understanding how to prioritize or narrow down the scope. From this endeavor five think tanks were created centering on: grief and loss; disparities; schools; suicides and substance abuse; and maltreatment and interpersonal violence.

There is a need to focus on grief from loss of primary or secondary caretakers. A disproportionate number of children have lost loved ones in African American, Latino, and Native populations. Traditional end-of-life rituals have been disrupted. Prolonged Grief Disorder (PGD), a new diagnosis, is common in children whose families have faced COVID-19 related hardships. There is a direct need to help children having difficulties in grieving access adequate mental health care and support caregivers of bereaved children.

There is an increased risk of substance use and suicide among youth. Evidence suggests an increase in intentional self-harm. Emergency rooms are full and delay care for kids who are at risk for suicidality. The availability of drugs has changed and isolation for youth means there are fewer people to call for treatment. A drastic disruption in service delivery was also noted. There is also a higher risk of suicide among African American youth.

Maltreatment and interpersonal violence and having to shelter in place with abusers is a major concern. Job loss, financial strain, food insecurity, and housing issues, are all stressors that worsen treatment and interpersonal violence. Children in government-run facilities such as juvenile detention and foster homes are having to face increased disruptions in familial visits and disruption in care from staff.

School systems are struggling with disrupted routines. Services for disabled students are less readily adaptable to virtual provision and reduced school-based services. For youth across the board there are lost milestones and a loss in education.

Public Comments

In the Federal Register Notice of this Public Meeting, members of the public were offered the opportunity to both provide written comments and to address the NACCD in person on the topic of needs, challenges, opportunities, and priorities for the upcoming work of the NACCD to address the unique needs of children and families in disasters – preparedness, response and recovery.

Comment: Pediatric preparedness needs to be at the forefront of preparedness and response planning. Lessons learned from the COVID-19 pandemic provide an opportunity within emergency and trauma care systems to plan more effectively and evaluate existing strategies, policies, and procedures to better address the needs of children. Stakeholders suggested improving regional-level disaster response through increased training opportunities.

Comment: Mental health and chronic diseases will be important to address during disaster response. Stakeholders suggested a holistic and trauma-informed approach for addressing pediatric chronic health conditions and the vulnerable populations who may be most affected with consideration given to connecting children, adolescents, and families to support groups and social services. Stakeholders queried how the committee will plan to address health equity and the downstream effects of the pandemic on education, healthcare, mental health, and traumatic stress. The public emphasized the need to build resilience for children and their families to mitigate the effects of all-hazard disasters.

Comment: Streamlining of FDA requirements to make MCMs for children more rapidly available during the pandemic were critical and the NACCD could focus efforts to enable broader MCM access for children and their families.

These subject matter experts addressed the NACCD during the meeting:

C.J. Huff, Ed.D, *Retired Public School Superintendent; Special Advisor for Education and Community Leadership, Safe and Sound Schools; Founder, Bright Futures, Joplin, MO.* Dr. Huff worked as a superintendent in Joplin, Missouri during public health emergencies and has experience coordinating response with HHS and FEMA. He gave a brief overview of his experience in recovery efforts during Hurricanes Maria and Michael and his deployment to support wildfire recovery as it relates to school systems. Dr. Huff remarked that it is important to take care of our nation's educators and their long-term mental health, in addition to children's mental health. He underscored the importance of schools during recovery. He recognized the difficulties in mounting a regional response and getting communities to work together; advancing connections made during COVID-19 and bringing communities together before a disaster happens will be essential. He closed by stating that resilient youth are only as resilient as the communities that support them, so community resilience should be a priority for the NACCD.

Kevin Arthur, UCEM, CHEC II, Manger, Emergency Management Programs, Primary Children's Hospital, Salt Lake City, Utah. Mr. Arthur has experience as an emergency manager in children's healthcare and briefly highlighted his work in establishing the pediatric readiness network in his region of Utah. He noted the importance of ensuring the needs of children are met from the moment disaster strikes and through recovery. His network in Utah offers pediatric disaster training and has unique experience in rural frontier and tribal areas. The readiness group works with Utah's Emergency Medical Services for Children program to provide monthly evidence-based lectures to expand expertise and training on topics and makes these trainings accessible online. Mr. Arthur stated that a multidisciplinary approach to readiness is essential for critical access facilities. He closed by stating that we must be able to meet the needs of children in areas that are lower resourced and provide resources to caregivers.

Deanna Dahl-Grove, MD, FAAP, Professor of Pediatrics, Pediatric Emergency Medicine, Rainbow Babies and Children's Hospital, Cleveland, OH. Dr. Dahl-Grove is a pediatric emergency physician in the Division of Emergency Medicine at University Hospitals Rainbow Babies & Children's Hospital in Cleveland, Ohio. She is the Principal Investigator of one of ASPR's Pediatric Centers of Excellence. Her center has worked to curate educational tools and infographics and has worked with family networks to assist families during response. She noted that her center has worked regionally during response and expanded the number of individuals trained in trauma-informed care. Her team has created a hazard vulnerability tool for hospitals to better understand their level of emergency preparedness for children and families; Dr. Dahl-Grove commented on the importance of regional response networks during response and leveraging partnerships. She looks forward to continuing to support the work of the ASPR

Pediatric Centers of Excellence and collaborating with states to improve the national framework to address the needs of children during disasters.

Steven Krug, MD, *Chair of Council on Children and Disasters, American Academy of Pediatrics, Washington, DC.* Dr. Krug serves as Chair of the Council on Children and Disasters at the American Academy of Pediatrics. He encouraged ASPR to leverage the NACCD's expertise going forward to ensure that children are included at all levels of the disaster cycle, from preparedness to recovery. He noted that the NACCD should focus on best practices and implementation science. He offered that the NACCD should elevate health equity in preparedness and response planning, noting that not all children are affected equally during disasters. Dr. Krug also considered the status of medical countermeasures available to children and offered that the Committee consider child access to therapeutics going forward. Dr. Krug noted the growing child and adolescent mental health crisis and highlighted this as an area where the NACCD can help. He closed his remarks with a discussion on misinformation and the public's lack of trust in evidence-based decision making; he suggested the NACCD work to address mistrust of public health.

Wrap-Up

Regarding immediate next steps with the Committee, Ms. Jackson indicated plans for monthly administrative meetings which are non-public starting in March where the first order of business will be selecting a Chairperson for the Committee. Once the NACCD determines the priority issues/topics it will focus on, working groups will be established for committee members to deliberate and propose recommendations that will be shared with the public. The NAACD anticipates two public meetings a year. The next public meeting will occur in the fall/winter. Questions captured from the Zoom Q&A, chat and NACCD resource mailbox will be made available to the Committee.

Additional questions or follow-up should be directed to the NACCD@hhs.gov.

The meeting adjourned at approximately 4:01 pm EST.

Appendix 1: Meet the Committee Members

Voting Members

Claire L. Barnett, MBA

Ms. Barnett is the founder and Executive Director of the Healthy Schools (HS) Network, a national 501c3 not for profit environmental health research, education, and advocacy organization organized in 1995, and the coordinator of the loosely held national Coalition for Healthier Schools.

In early 2020, Ms. Barnett pivoted HS Network and key national partners to address COVID, children, and schools. A new widely supported policy call emerged for schools to adopt comprehensive Infection Prevention and Control Plans. She also shepherded the health policy's adoption by the American Public Health Association and organized and hosted multiple webinars on the new policy call as well as on safer disinfectants and on Indoor Air.

Prior to founding the Network, her professional work included: sustainable development initiatives in 17 rural counties around New York's Adirondack Park and administering rural county mental health services, creating sheltered work and a multi-district K-4 early intervention program.

Nancy Blake PhD, RN, CCRN-K, NEA-BC, NHDP-BC, FACHE, FAONL, FAAN

Why I Serve...

"I choose to serve as pediatric disaster preparedness has always been a passion of mine. I have been doing pediatric disaster work for almost 40 years at the local, state and national level and have recently was the co-editor of a Pediatric Disaster Nursing."

Nancy Blake PhD, RN, CCRN-K, NEA-BC, NHDP-BC, FACHE, FAONL, FAAN is the Chief Nursing Officer at LAC+USC Medical Center. She was the Chief Nursing Officer at Harbor-UCLA Medical Center from March of 2019 until June of 2021. Prior to that she was the director of critical care services at Children's Hospital Los Angeles (CHLA) for over 30 years. Nancy has been an active member of ANA, SPN, ACNL, and AACN, where she was a national board member from 2003-2006. She is a national speaker on pediatric disaster preparedness, staffing and healthy work environments. Nancy received her BSN from Mount Saint Mary's College in Los Angeles; she received her MN from UCLA in Nursing Administration and most recently received her PhD in nursing at UCLA. She recently was the co-editor of a book titled Nursing Management of Pediatric Disaster. She was inducted as a fellow in the Academy of Nursing in 2013. She is an Associate Adjunct Professor at UCLA School of Nursing and was recently named the Distinguished Alumni Member for 2021. She recently received a DAISY Health Equity Grant for 2021 for a research study titled Exploring Social Determinants of Health and Vaccine

Declination: Pilot Survey of Adults within a Safety Net Healthcare System. She enjoys spending time with her husband and adult son and daughter in her home in Valencia, CA.

Rita V. Burke, PhD, MPH

Why I Serve...

"I choose to serve to give a voice to the needs of children and ensure their inclusion in all stages of disaster planning and response."

Rita V. Burke, PhD, MPH is an Associate Professor of Clinical Population and Public Health Sciences at the Keck School of Medicine at the University of Southern California. She has over 70 peer-reviewed publications and over 50 abstracts and book chapters. She is the former co-chair of the Research Committee for the Pediatric Trauma Society and current co-chair of the Los Angeles Children in Disasters Working Group. Her research focuses on addressing barriers to pediatric disaster preparedness at the systems level. She is a dedicated teacher to her undergraduate and graduate students and was awarded the 2021 USC Faculty Mentoring Graduate Students Award. She received her master's in public health and doctorate in epidemiology from the University of California, Los Angeles. Dr. Burke is a proud mother, avid reader, CrossFit devotee, and outdoors enthusiast.

Cindy Calderon, MD

Why I Serve...

"As a pediatrician working in public health, I have achieved great satisfaction by being able to contribute beyond the office care setting to a broader population when in need. Experience has provided me with the opportunity to listen and observe closely the needs and the alternatives families face when disaster strikes, and I have learned that serving others in need and applying the knowledge I have acquired as a physician is a privilege."

Dr. Cindy Calderon, is a general pediatrician, committed to advocate for the best practices and public policies that foster the wellbeing of families and children. As past president of the Puerto Rico Chapter of the Academy of Pediatrics she led disaster response and recovery efforts after Hurricane Maria in 2017 and the 2020 Earthquake collaborating with local and federal agencies and local NPO. She also coordinated and promoted the training of local community leaders on disaster preparedness, response, and recovery. Since the beginning of the pandemic, she has actively coordinated and delivered virtual education to the communities and to colleagues promoting protective behaviors and COVID vaccination. When she retired from her position as a Pediatric Consultant for the Mother Child Adolescent Division of the Puerto Rico (PR) Department of Health, she assumed the role of Clinical Director of the College of PR Physician COVID Vaccination Program, where she continues to actively promote COVID vaccination of the public and helps coordinate vaccination clinics to community with limited access. Throughout her career she has demonstrated her ability to communicate effectively with the community

and her colleagues, identify needs and priorities and work collaboratively to find effective solutions to improve the lives of children. She promotes breastfeeding, vaccination, preventive care and enjoys art and music.

Rachel Charney, MD

Why I Serve...

"The resilience of our children and their families is a primary focus of my work. My work on the NACCD allows me to serve them at the most comprehensive level."

Dr. Rachel Charney is a professor at Saint Louis University School of Medicine and practicing pediatric emergency physician at SSM Health Cardinal Glennon Children's Hospital. She serves at both institutions in the role of Medical Director of Disaster Preparedness with particular expertise in family reunification and healthcare disaster operations. She is active in local, state, and regional healthcare and educational coalitions developing community focused disaster response capabilities. In addition, she is one of the five hub hospital site leaders of the Center for Pediatric Everyday Readiness-Pediatric Pandemic Network, focusing on the health of children and their families in everyday emergencies and disasters.

Sarita Chung, MD

Why I Serve...

"My passion is to ensure that the needs of children and their parents are optimally integrated throughout the disaster cycle. The success of this effort creates the best possible outcomes for children who suffer through the experience of enduring disasters."

Sarita Chung, MD is the Director of Disaster Preparedness in the Division of Emergency Medicine at Boston Children's Hospital and Assistant Professor of Pediatrics and Emergency Medicine, Harvard Medical School. Board certified in pediatrics and pediatric emergency medicine, Dr. Chung's expertise covers all aspects of pediatric emergency preparedness and response, including advocacy, research, education, and clinical care. In her role as the current vice-chair of the AAP Council on Children and Disasters, she has collaborated with federal partners and nongovernmental organizations to include the needs of children and their families throughout the disaster cycle. She previously served on the FEMA National Advisory Council and currently is the Co-Lead for EMSC EIC Disaster domain as well as the MA EMSC Advisory Council Chair. In terms of her research, Dr. Chung published one of the first post-9/11 articles, examining the efficacy of web-based training in bioterrorism. Dr. Chung was the principal investigator of an EMSC Targeted Issue grant to develop a novel image-based family reunification system which proved to be effective and led to the development of the AAP Family Reunification Following Disasters: A Planning Tool for Health Care Facilities. Her research has also included the effects of the H1N1 pandemic influenza on pediatric emergency departments, alternate care sites and laboratory testing as well as developing and testing

educational curriculum for pediatric disaster preparedness for clinicians and public health professionals. She is the lead author on the AAP policy statement Chemical-Biological Terrorism and Its Impact on Children. In terms of education, Dr. Chung is a nationally recognized lecturer on pediatric aspects of disaster preparedness, having presented at federally sponsored workshops and national meetings on disaster topics including family reunification, mass casualty events and caring for children in disasters.

Mark X. Cicero, MD

Why I Serve...

"Disasters are becoming more frequent, and children remain vulnerable to them. As part of the NACCD, I aim to give kids better opportunities to avoid disasters, survive disasters, and realize their potential. "

Mark X. Cicero, MD is the director of pediatric disaster preparedness for the Yale-New Haven Children's Hospital and has over fifteen years of experience as a disaster educator and researcher. He has served as a medical officer for the CT-1 DMAT team for over a decade, and has guided responses to mass casualty events, hurricanes and two pandemics. He is a graduate of the Academic Pediatric Association Educational Scholars Program and has developed disaster and EMS curricula used worldwide. Within the Emergency Medical Services for Children, he serves as a subject matter expert for disaster preparedness and pediatric EMS preparedness, care, education, and improvement. In the Pediatric Pandemic Network, he leads the Everyday Readiness Education Committee. Dr. Cicero is former chair of the National Association of EMS Physicians Pediatrics Committee, where he led efforts to improve pediatric medication dosing safety and EMS pandemic response. He serves as the NAEMSP liaison to COPEM, and as an executive member of the national pediatric disaster coalition.

Dr. Cicero's previous service includes service on the ASPR National Biodefense Science Board. His history of federally grant-funded leadership includes a three-year EMSC Targeted-Issue's project developing a curriculum for pediatric disaster preparedness and response, an AHRQ-sponsored project that developed, implemented, and tested a pediatric disaster triage video game, and his current EMSC-TI project which leverages education to improve the quality of prehospital pediatric EMS care via simulation and implementation of pediatric emergency care coordinators. He is a frequent speaker at EMSC activities, nationally, and internationally about pediatric disaster education.

Arthur Cooper, MD, MS, FACS, FAAP, FCCM, FAHA, FAADM, FAEMS

Why I serve...

"Children can't wait. If we as pediatric healthcare professionals and advocates don't stand up for children, especially with respect to their needs following medical and public health disasters, who will?"

A pediatric general and acute care surgeon in active practice, Dr. Cooper is Professor Emeritus and Special Lecturer in Surgery at the Columbia University Vagelos College of Physicians & Surgeons, and Director of Pediatric Surgical & Trauma Services at the New York City Health+Hospitals | Harlem and Metropolitan sites. He is Co-Investigator for the New York City Department of Health and Mental Hygiene Pediatric Disaster Coalition, Immediate Past Chair of the Medical Society of the State of New York Committee on Emergency Preparedness and Disaster/Terrorism Response, Chair of the National Disaster Life Support Foundation, the organization responsible for the development and dissemination of the Community, Basic, and Advanced Disaster Life Support courses, Past Chair of the American Board of Disaster Medicine, Immediate Past President of the American Academy of Disaster Medicine, and member of the Board of Directors of the Society for Disaster Medicine and Public Health. Among other related assignments, Dr. Cooper's previous Federal service includes membership on the National Emergency Medical Services Advisory Committee (NEMSAC). His academic focus, and passion, remains on improving emergency medical, trauma, and disaster care for children, most recently with respect to the ethical basis for such care, through professional and public education at all levels.

Brent Kaziny, MD

Why I Serve...

"Having witnessed firsthand the dramatic effect that disaster have on our communities, I recognize that our greatest resource, the children, our future, need to be considered in all levels of disaster preparedness and planning. My hope is that I can leverage my personal and professional experience to assist in achieving these goals."

Dr. Brent D. Kaziny is a Pediatric Emergency Medicine physician at Texas Children's Hospital and an Assistant Professor at Baylor College of Medicine. He grew up in Houston, Texas and attended Duke University, where he studied biology and philosophy. After completing his undergraduate degree, he attended Columbia University where he obtained a master's in philosophy. He completed his medical degree at the University of Texas Houston, School of Medicine and started his pediatric intern year at Tulane University, where he received the Hurricane Katrina Code Grey Hero Award for his efforts caring for patients and assisting with the evacuation of Tulane Hospital during the aftermath of Hurricane Katrina. His experience during Hurricane Katrina ignited his interest in pediatric disaster preparedness. After completing his intern year, he transferred to Baylor College of Medicine, where he completed his residency training in general pediatrics. He completed his fellowship in Pediatric Emergency

Medicine at the University of Utah in Salt Lake City. Upon completing fellowship, Dr. Kaziny took a position at Baylor College of Medicine and Texas Children's Hospital. He has served as a subject matter expert on the Texas A&M Engineering Extension Services curriculum development team for FEMA's Pediatric Disaster Response and Emergency Preparedness Course and continues to serve as the medical director for this course teaching it across the country. On a national level, he serves as the Co-Director of the Disaster Domain for the Emergency Medical Services for Children – Innovations and Improvement Center and on the Executive Core of the Pediatric Pandemic Network. At Texas Children's Hospital he serves as the Medical Director of Emergency Management and has been integrally involved in their response to all hazards from Hurricane Harvey to the current COVID pandemic.

Leslie Rubin, MD

Why I Serve...

"To work in collaboration with others on reducing children's health disparities in all spheres of life, in all places around the globe, and under all circumstances particularly compounded by the impacts of climate change, with attendant increase in prevalence and intensity of natural disasters, in the context of environmental and social justice."

Leslie Rubin, MD is Associate Professor in the Department of Pediatrics at Morehouse School of Medicine, Adjunct Associate Professor in the Department of Pediatrics at the Emory University School of Medicine, Director, Break the Cycle Program, Southeast Pediatric Environmental Health Unit at Emory University, President and Founder of Break the Cycle of Health Disparities, Inc. and Medical Director of The Rubin Center for Autism and Developmental Pediatrics, in Atlanta, Georgia.

He is originally from South Africa where he completed his pediatric training at the University of Witwatersrand Medical School then moved to the U.S., initially at Case Western in Cleveland Ohio then moved to Boston Children's Hospital and at Harvard Medical School. In 1994, he moved to Atlanta Georgia, initially at Emory University now in the Department of Pediatrics at Morehouse School of Medicine

Dr. Rubin is a Developmental Pediatrician who is clinically active in caring for children with developmental disabilities and their families. He is the primary editor of Health Care for People with Intellectual and Developmental Disabilities Across the Lifespan, Springer 2016. He is part of the Southeast Pediatric Environmental Health Specialty Unit at Emory University in actively promoting children's environmental health. He is actively involved with the American Academy of Pediatrics CATCH Program which promotes projects directed at children living in underserved communities. His focus in children's environmental health is on the consequences of social, economic, and racial factors on child health disparities. He founded a non-profit Break the Cycle of Health Disparities, Inc. and launched an interdisciplinary training program for university students from the US and around the world to Break the Cycle of Children's Environmental Health Disparities, now in its 17th year, having had more than 150 students and more that 150

publications in international journals with 13 books in a public health series. He sees environmental justice, social justice, climate change and natural disasters through the lens of children's health disparities and the promotion of health equity for all children.

David J Schonfeld, MD, FAAP

Why I Serve...

"I had the privilege to serve on the National Biodefense Science Board and work with ASPR to better prepare the country to prepare for and respond to disasters; I welcome the opportunity to continue this important work with ASPR but focus my efforts on the unique needs of children and their families which aligns particularly well with an important focus of my career for the past 3 decades."

David J Schonfeld, MD, FAAP is a developmental-behavioral pediatrician; he founded and directs the [National Center for School Crisis and Bereavement](http://www.schoolcrisiscenter.org) (www.schoolcrisiscenter.org) at Children's Hospital Los Angeles. Dr. Schonfeld is Professor of Clinical Pediatrics at Keck School of Medicine.

For over 30 years, he has provided consultation and training to schools on supporting students and staff at times of crisis and loss in the aftermath of numerous school crisis events and disasters within the United States and abroad. Dr. Schonfeld frequently speaks (with over 1,000 presentations) on the topics of crisis and loss and has authored more than 150 scholarly articles, book chapters, and books. He has conducted school-based research involving children's understanding of and adjustment to serious illness and death and school-based interventions to promote adjustment and risk prevention. Dr. Schonfeld is a member of the Executive Committee of the American Academy of Pediatrics Council on Children and Disasters. He served on the National Biodefense Science Board and was a member for both the National Commission on Children and Disasters and the Sandy Hook Advisory Commission in CT.

Jeffrey S. Upperman, MD, FAAP, FACS

Why I Serve...

"I believe one of the highest callings in life is to serve others and I see no greater challenge then to help children and families facing and experiencing disasters."

Jeffrey S. Upperman, MD, FAAP, FACS, Surgeon in Chief and Chair Department of Pediatric Surgery at the Monroe Carell Jr. Children's Hospital at Vanderbilt (MCJCHV) is a Tenured Professor of Surgery at the Vanderbilt University School of Medicine. Dr. Upperman oversees surgical operations for a busy clinical service and the MCJCHV. He is an associate program director in pediatric surgery at Vanderbilt and was the program director for the pediatric surgery fellowship at Children's Hospital Los Angeles.

Dr. Upperman graduated from Stanford University in 1987. While at Stanford, he was one of twelve students who received the Dean's Service Awards for exceptional contributions to the University. He graduated with a bachelor's degree in Human Biology and a master's degree in Sociology. He earned his medical degree and completed his surgical residency at New Jersey Medical School. He completed his clinical training in pediatric surgery at Children's Hospital of Pittsburgh and was recruited to join the faculty at the University of Pittsburgh School of Medicine at Children's Hospital of Pittsburgh in 2001.

Debra Weiner, MD, PhD

Why I Serve...

"As an NACCD member I look forward to contributing to initiatives to improve immediate and long-term PHE/disaster related readiness, medical/psychosocial healthcare and welfare of children/families, as well as sustainable infrastructure and systems to best support real-time data driven communication and actions for preparedness and nimble, effective, efficient societal engagement in response and recovery across all sectors. "

Debra Weiner, MD, PhD is a Pediatric Emergency Medicine Physician at Boston Children's Hospital, Harvard Medical School, and charter faculty and Director of Pediatric Disaster, for the Harvard Beth Israel Deaconess Medical Center Disaster Fellowship. As a disaster physician on the National Disaster Medical System (NDMS) Disaster Medical Assistance Team Massachusetts-1, the Pediatric Specialty Team-East, and currently the Trauma Critical Care Team Dr. Weiner has deployed for disaster response national and internationally. Dr. Weiner is also a PhD Human Geneticist with expertise in emergency diagnosis and management of patients with rare disease. Dr. Weiner is a member of the American Academy of Pediatrics Council on Children and Disasters, and the Society of Pediatric Research (SPR), serving on the SPR Research Advocacy committee for 10 years.

Dr. Weiner's focuses her disaster/public health emergency (PHE) related work on building capacity for disaster response and research and improving resiliency. She has developed multimodality pediatric disaster preparedness and response courses and workshops, including for austere environments, and has taught nationally and internationally. She was site PI site for the BARDA/FDA funded Discovery-PREP/Resiliency Intelligence Network to develop an international government-academic network of networks to build research infrastructure, including an electronic platform for real-time data collection during disasters/PHEs. Dr. Weiner is currently studying the impact of COVID-19 on emergency department utilization and is working with the Boston Children's Hospital Complex Care Service to optimize care of patients with special needs by identifying best practices for telemedicine and for use of family emergency information forms. She has also reported on the impact of COVID-19 on research, lessons learned and implications for pediatric research and the research pipeline.

Ex Officio Members

Natalie N. Grant, MPH, Administration for Children and Families (ACF)

Dr. Grant serves as Director for the Office Human Services Emergency Preparedness and Response (OHSEPR) within ACF. Through their 64 programs, ACF aims to empower families and individuals to promote the economic and social wellbeing of families, children, and individuals.

Daniel Dodgen, PhD, Assistance Secretary of Preparedness and Response (ASPR)

Dr. Dodgen serves as a senior advisor for strategy, policy, planning, and requirements for the ASPR. He has spent more than 30 years doing disaster response work with a focus on children's issues and mental health.

Kristi Hill, PhD, Administration for Community Living (ACL)

Dr. Hill serves as the Deputy Director at the National Institute on Disability, Independent Living, and Rehabilitation Research at ACL. ACL is a primary funder of federal disability research. ACL's mission is to maximize the independence, wellbeing, and health of older adults and those with disabilities across their life span. ACL plays a disaster preparedness and response role in which they obtain situational awareness and foster coordination and collaboration with grantees and other federal offices and agencies.

Derek Eisnor, MD, Biomedical Advanced Research and Development Authority (BARDA)

Dr. Eisnor is a community emergency physician and medical toxicologist. Currently he serves with BARDA's division of clinical to support the product development and medical countermeasures development, particularly in a clinical role. BARDA's mission is to enhance the nation's biosecurity through development of safe and effective medical countermeasures, highlighting the importance of pediatric medical countermeasures procurement planning.

Celeste Philip, MD, MPH, Centers for Disease Control and Prevention (CDC)

Dr. Philip is the Deputy Director for Noninfectious Diseases at the CDC. In this position, Dr. Philip is responsible for providing leadership and guidance to CDC's four non-infectious disease centers and helps to advance the agency's cross-cutting, non-infectious disease priorities such as preventing prediabetes and diabetes, ending the opioid epidemic, reducing birth defects and developmental disabilities, and protecting the public's health from environmental hazards. Prior to her tenure at CDC, Dr. Phillip worked state and local public health in California and in Florida.

Meredith Miller, MA, Department of Education

Ms. Miller is the Director of Disaster Recovery Unit at the Department of Education. This unit was formed in 2019 to spearhead disaster recovery work across the Department of Education. Since its inception this unit has worked closely with HHS and FEMA to support natural disaster recovery.

Jeanne Briskin, MS, Environmental Protection Agency (EPA)

Ms. Briskin is the Director of the Children’s Health Protection at the EPA and co-chair of the steering committee of the President’s Task Force on Children’s Environment Health Risks and Safety Risks. She specifically focuses on children’s environmental health in the face of climate emergencies and disasters such as toxin from disaster debris and wildfire smoke inhalation. She notes that the EPA is concerned about public health emergencies and disasters because it can have an impact on indoor air quality as well as drinking water quality at home and in schools.

Dionna Green, MD FCP, Food and Drug Administration (FDA)

Dr. Green is the Director of the Office of Pediatric Therapeutics in the Office of Clinical Policy and Programs in the Office of the Commissioner at FDA. The FDA is responsible for protecting the public health by ensuring the safety, efficacy, and security of the human and veterinary drugs, biological products, and medical devices, and by ensuring the safety of our nation’s food supply. The Office of Pediatric Therapeutics is a congressionally mandated office and has a specific mission at FDA, to ensure access for children to innovative, safe, and effective medical products. This office is responsible for the facilitation and coordination of cross-cutting pediatric related activities for the agency and the engagement of external stakeholders on pediatric issues. Dr. Green’s background and training is in general pediatric medicine and pediatric clinical pharmacology.

Lauralee Koziol, Federal Emergency Management Agency (FEMA)

Ms. Koziol is the National Advisor on Children and Disasters at FEMA and is responsible for leading FEMA’s endeavors to ensure that the needs of children are integrated and implemented into disaster planning, preparedness, response and recovery efforts initiated at the federal level.

Michael Warren, MD, MPH, Health Resources and Services Administration (HRSA)

Dr. Warren is a pediatrician and Associated Administrator of the Maternal Child Health Bureau at HRSA. Previously, he was Deputy State Health Commissioner in Tennessee and has experience in public health emergencies and emergency preparedness efforts for child and maternal health. The mission of the bureau is to improve the health and well-being of America’s mothers, children, and families focusing on four broad strategic goals of access, equity, capacity, and impact.

Rosalind B. King, PhD, National Institutes of Health (NIH)

Dr. King is the Associate Director for Prevention at the Eunice Kennedy Shriver National Institute of Child Health and Human Development and represents NIH. The NIH supports the inclusion of children and individuals who are pregnant in early phases of the disaster response research to improve uptake and engagement. Children with disabilities need dedicated

attention. Disaster research should also include social determinants of health, such as economic disruption and the loss of connection to institutions, such as healthcare systems

Melinda J. Baldwin, PhD, LCSW, Substance Abuse and Mental Health Services Administration (SAMHSA)

Dr. Baldwin is the Director of the Division of Prevention, Traumatic Stress, and Special Programs in the Center for Mental Services at SAMHSA. This division has three main programs that focus on children and disasters that include the Disaster Distress Helpline, the Technical Assistance Center, and National Child Traumatic Stress Network.