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## Washington Report

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# AAP urges Congress to focus on children in disaster planning

Since the Sept. 11, 2001, terrorist attacks, the Academy has been engaged in a range of activities to highlight the unique needs of children during disasters. This month's designation as National Preparedness Month provides a platform to increase advocacy for children's physical and mental health needs before, during and after a disaster strikes.

At the federal level, the Academy is working with Congress to ensure that the reauthorization of the Pandemic and All-Hazards Preparedness Act (PAHPA) prioritizes children. The original law was signed in December 2006 by then-President George W. Bush to improve the nation's public health and medical preparedness and response capabilities for emergencies.

"I remember when we first started going to federal agencies advocating for children's needs within PAHPA, we used to have to invite ourselves to the table. Now, we are being invited to the table," said Gary Peck, M.D., FAAP, former member of the AAP Disaster Preparedness Team and initial chair of the AAP Disaster Preparedness Advisory Council (DPAC). "AAP has made tremendous strides as an organization and at a national advocacy and policy level. We continue to position ourselves as a leading resource for children in disaster preparedness."

Part of this evolution is attributable to DPAC, created in May 2007 to develop and implement a strategic plan for disaster preparedness and to support AAP disaster preparedness initiatives, advocacy and policy efforts. DPAC has been working with AAP Department of Federal Affairs staff to advocate for children in local, state and national disaster preparedness efforts, including PAHPA reauthorization.

In July, the U.S. House of Representatives Energy and Commerce Committee unanimously passed a PAHPA reauthorization bill, H.R. 2405, and the Senate is anticipated to do the same later this year.

Following are the Academy's top four priorities for PAHPA reauthorization:

### Improve the development and stockpiling of pediatric medical countermeasures for children

The Strategic National Stockpile (SNS) is the United States' national repository of antibiotics, vaccines and other critical medical equipment and supplies that are administered to local health authorities in the event of a national emergency.

To protect the nation's security, the specific contents of the SNS are not entirely known to the public, though past outbreaks have shed light

on what is missing, particularly where children are concerned. In fact, two nonpartisan expert bodies, the National Commission on Children and Disasters and the National Biodefense Science Board (NBSB), each have reported that the SNS is not only under-stocked with medical countermeasures for children, but there also is an alarming lack of information on proper pediatric dosing for medical countermeasures.

These discrepancies are particularly concerning when put in the context of children's unique physiological vulnerabilities. Children breathe more times per minute than adults, meaning they would be exposed to more of an airborne substance in the same period of time. Because these agents are heavier than air, they accumulate close to the ground — right in the breathing zone of children. And because children's organs are still developing, lasting damage can be done during a chemical or biological disaster.

"While some notable progress has been made, for example, by labeling pralidoxime to treat nerve agent exposure for children, there is still more work to be done," said DPAC and NBSB member Daniel B. Fagbuyi, M.D., FAAP. "The medical countermeasure enterprise, led by the federal government, should work to achieve equity between adult and child medical countermeasures in the SNS. Children need equipment that has been specifically designed for their size and drugs that are available in appropriate pediatric formulations and dosages."

### Ensure public health preparedness programs address the unique needs of children

During a disaster, hospitals will need to increase their ability to manage large volumes of patients, including children, in a short amount of time. Yet, only 32.4% of hospitals have guidelines addressing how to handle the influx of pediatric patients, according to a recent report from the National Center for Health Statistics. H.R. 2405 includes an AAP-supported provision to address hospital preparedness to care for children.

"Even in day-to-day readiness, many hospitals are not as prepared as they should be to meet children's needs," said DPAC Chair Steven E. Krug, M.D., FAAP. "If they aren't prepared to take care of the needs of a single child now, how will they be able to manage a sudden influx during a disaster?"

The Academy recently partnered with the Centers for Disease Control and Prevention to bring together pediatric preparedness teams from 10 states to discuss lessons learned from the 2009 H1N1 pandemic, deter-

mine strategies for advancing pediatric preparedness, and identify resources to improve state-level pediatric preparedness (see <http://aapnews.aapublications.org/content/32/7/15.1.full>).

“Since federal policy gains for children impact state and local policies and programs, we must develop proactive local, state and AAP chapter advocates who will become a constant resource to improve the disaster readiness of our children,” said Dr. Peck.

### **Prioritize children’s needs within the federal government’s disaster preparedness and response efforts**

Congress is required to address the needs of “at-risk populations” during disasters, which include individuals with disabilities, seniors, children and pregnant women.

“Identifying children as an at-risk, special needs population is certainly a step in the right direction, but it doesn’t drill down far enough to address the specific needs of kids during disasters,” said Dr. Krug. “The unintended consequence of combining children within this broader category is one of benign neglect: not enough attention is being paid to meet their needs.”

The Academy advocates for the federal government to focus specifically on the needs of children during disasters and fully integrate children into national preparedness efforts.

### **Increase pediatric subject matter expertise throughout all national disaster planning and response efforts**

Children display unique developmental and psychological responses to mass casualties. Compared to adults, children are at greater risk for acute and post-traumatic stress disorders, which require pediatric mental health experts to identify and treat. If these professionals are not available, it may fall to first responders to care for children, and they would need to be trained to do so.

“Disasters are not isolated events; they often start a cascade of sec-

## **RESOURCES**

- Visit [www.aap.org/disasters](http://www.aap.org/disasters) for more information on DPAC, updates on national and global disasters, and ways to become involved in AAP disaster planning for children.
- Log on to <http://federaladvocacy.aap.org> (member ID required) for more information on PAHPA reauthorization and federal advocacy opportunities.
- Visit <http://www.aap.org/disasters/policymakers.cfm#testimony> to read recent federal testimony by AAP leaders on disaster preparedness for children.

ondary stresses and losses,” said DPAC member David J. Schonfeld, M.D., FAAP. “This protracted period of time may be a significant part of a child’s life; a year is a long time for an adult, but for a 2-year-old, it’s half his life. Disruptions are felt more severely by children and warrant increased attention, particularly because a mental health need of just one child at an emergency department often hits that department’s existing capacity.”

The inclusion of pediatricians in key positions has had a significant impact on national preparedness for children. Pediatricians have helped shape the disaster preparedness landscape by providing expert guidance on numerous Institute of Medicine panels, testifying before Congress and serving in key government positions.

Dr. Fagbuyi is a member of the NBSB, which was created under PAHPA in 2006 to provide scientific and technical expertise and guidance to the U.S. Department of Health and Human Services secretary on issues related to public health emergency preparedness and response. Dr. Fagbuyi chaired an Anthrax Vaccine Working Group, which convened a Medical Countermeasures for Children – Anthrax Vaccine workshop to discuss the United States’ preparedness in caring for children in the event of an anthrax attack.

“We had representatives from the federal government, academia, the pediatric medical community and industry all working together talking about kids,” said Dr. Fagbuyi. “This wouldn’t have happened had we not had the NBSB platform to bring together these partnerships.”

As the country commemorates the 10-year anniversary of Sept. 11 this month, it is especially important for pediatricians and the public to be cognizant of the long-term impacts a terrorist event or natural disaster can have on a child.

“As we approach this sobering anniversary,” Dr. Krug said, “we must also recognize an important new opportunity, through PAHPA, to refocus our awareness and renew our commitment to improving outcomes for children affected by disasters.”