

May 22, 2007

RADM Craig Vanderwagen, MD
Assistant Secretary for Preparedness and Response
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 638-G
Washington, DC 20201

Dear Dr. Vanderwagen:

As organizations dedicated to health and safety of children, we urge you to appoint in a timely fashion a Director of At-Risk Individuals with specific expertise in pediatric issues.

Under the Pandemic and All-Hazards Preparedness Act passed in December 2006, Congress mandated the appointment of a Director of At-Risk Individuals within the office of the Assistant Secretary for Preparedness and Response. This position has the potential to play a critical role in ensuring that the diverse biopsychosocial needs of children are considered and addressed across federal readiness, response, and recovery programs. Because children represent the single largest group of at-risk individuals in our nation, we urge you to ensure that the candidate selected for this position has substantial pediatric expertise.

Children represent approximately 25 percent of our nation's population, and they are highly vulnerable in disaster situations. Their developing minds and bodies place children at disproportionate risk in a number of specific ways in the event of a disaster or terrorist attack, ranging from their faster breathing rate and greater surface-to-mass ratio to their variable cognitive and motor ability to assess and escape danger. Children and families also have specialized needs in the recovery phase of a disaster, such as addressing their mental health and fostering resiliency for the future.

Last summer's Institute of Medicine report, *Emergency Care for Children: Growing Pains* noted, "The needs of children in disaster planning have traditionally been overlooked." The report went on to chronicle the many shortcomings of disaster plans in addressing children's needs: lack of attention to the specialized equipment and medication dosages required, decontamination, identification and reunification, sheltering issues (such as formula and diapers), mental health issues, and more. Most federal disaster programs and protocols have paid little if any attention to issues involving children, pregnant women, and families. In 2006, the National Hospital Bioterrorism Preparedness Program guidance was re-structured in such a way that the few existing benchmarks on pediatric care were eliminated.

Given this historical lack of attention to children's issues in disaster planning, response and recovery, children's needs must be given a high priority in future efforts. A key step toward this goal will be the appointment of a Director of At-Risk Individuals with meaningful, documented experience in meeting the needs of children during and after disasters. Thank you for your

attention to this important issue. We look forward to working with you to protect the health and safety of our nation's children and families.

Sincerely,

Allergy & Asthma Network Mothers of Asthmatics
American Academy of Pediatrics
Child Neurology Society
Children's Defense Fund
Children's Health Fund
Emergency Nurses Association
Habitat for Humanity International
National Assembly on School-Based Health Care
National Association of Child Care Resource and Referral Agencies
National Association of Children's Hospitals
National Association of School Nurses
National Center for Disaster Preparedness
Save the Children