September 2, 2011

W. Craig Fugate
Administrator
Federal Emergency Management Agency
500 C Street S.W.
Washington, D.C. 20472

Dear Mr. Fugate:

The American Academy of Pediatrics (AAP), a non-profit professional organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults, welcomes this opportunity to provide feedback on the draft National Preparedness Goal (NPG).

Children represent approximately twenty-five percent of the nation’s population and are uniquely vulnerable in the case of a disaster. Aerosolized biological and chemical agents as well as agents absorbed through the skin have a different, often deadlier impact on children than adults. Children require specific drugs, biologics, and medical equipment as well as specialized physical and mental health treatment. Therefore, special attention must be paid to our nation’s ability to meet children’s needs before, during, and after a disaster.

Children are noticeably absent from the draft NPG. While we understand that the NPG is not intended to be sector-specific, the core capabilities and performance objectives that comprise the NPG and can be used to measure our nation’s preparedness should include a specific focus on children.

We strongly recommend that the health care, including physical and mental health, of populations and public health be included as core capabilities in the prevention focus area. Prevention efforts should integrate the health care sector and the work of public and private entities to prevent acts of terrorism. Similarly, in order to create a safer, more secure, and more resilient Nation through protection, population health should be added as a focus. Wherever feasible, the AAP also recommends the inclusion of partnerships with private sector subject matter experts.
A primary aim of an act of terrorism is to invoke feelings of terror in a population. As such, within the recovery focus area, mental health services should be added as a core capability. Children, especially young children, are at a greater risk of being separated from caregivers during an emergency. Recent hospital preparedness data from the Centers for Disease Control and Prevention show that only about one-third of hospitals had plans for reunification of children with families. In carrying out the goals of the NPG, family reunification should be added as a core capability within the response focus area.

In general, the AAP hopes FEMA will work to ensure the alignment of the NPG, especially the core capabilities and performance measures, and National Preparedness Report with existing federal plans such as the Public Health Emergency Preparedness cooperative agreement, the Hospital Preparedness Program, and the National Health Security Strategy and its recently released Biennial Implementation Plan. There are a number of areas where the NPG could be strengthened with better coordination between these programs.

The American Academy of Pediatrics deeply appreciates your ongoing commitment to the health and safety of our nation’s children and we thank you for your consideration of our feedback. If we may be of further assistance, please contact Tamar Magarik Haro in our Washington, DC office at 202/ 347-8600.

Sincerely,

/s/

O. Marion Burton, MD, FAAP
President

CC: Nicole Lurie, Assistant Secretary for Preparedness and Response
Lisa Kaplowitz, Deputy Assistant Secretary for Policy and Planning

OMB/tmh