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November 10, 2011

The Honorable Tom Harkin
Chairman
Committee on Health, Education,
Labor & Pensions
Washington, D.C. 20510

The Honorable Bob Casey
393 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Michael B. Enzi
Ranking Member
Committee on Health, Education,
Labor & Pensions
Washington, D.C. 20510

The Honorable Richard M. Burr
217 Russell Senate Office Building
Washington, D.C. 20510

Dear Chairman Harkin, Ranking Member Enzi, Senator Casey, and Senator Burr:

On behalf of the American Academy of Pediatrics (AAP), a 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, I write to express our support for the *Pandemic and All-Hazards Preparedness Act Reauthorization of 2011*.

Representing twenty-five percent of the U.S. population, children are not little adults. Their developing minds and bodies place them at disproportionate risk during a disaster situation. Children are particularly vulnerable to aerosolized biological or chemical agents because they breathe more times per minute than adults and they are more vulnerable to agents that act on or through the skin because their skin is thinner and they have a larger surface-to-mass ratio than adults. Children need different dosages of medicine than adults, not only because they are smaller, but also because certain drugs and biologics may have different or unanticipated effects on developing children. From needles and tubing, to oxygen masks and ventilators, to imaging and laboratory technology, children need medical equipment that has been specifically designed for their size and unique physiology.

Numerous expert bodies including the National Commission on Children and Disasters and the National Biodefense Science Board (NBSB) have found that significant gaps remain in pediatric indications, dosages and formulations for children. The *Pandemic and All-Hazards Preparedness Act Reauthorization of 2011* includes several important provisions that will help advance the development of medical countermeasures for children, in particular sections 304, 307, and the requirements around pediatric dosing and administration in section 305. The expansion of existing emergency use authorization authority will be critical to ensuring that countermeasures for children are stockpiled in advance of a disaster or emergency.

Additionally, the legislation maintains the important role of the National Disaster Medical System (NDMS) while ensuring that the NDMS takes into account pediatric populations. We look forward to working to ensure that the requirements for the Hospital Preparedness Program and the Public Health Emergency Preparedness Cooperative Agreement Program have specific pediatric performance measures. Pediatricians have played a vital role on the NBSB. The AAP applauds the requirement in the legislation that the NBSB include an individual with pediatric subject matter expertise.

Thank you for your continued commitment to improving the health and well-being of children. We look forward to working with you as this important legislation moves through Congress.

Sincerely,

Robert W. Block, MD, FAAP
President

RWB/tmh