

Opening Statement of Chairman Landrieu

Subcommittee on Disaster Recovery

Focusing on Children and Disasters: Evacuation Planning & Mental Health Recovery

August 4, 2009

Good morning and thank you all for being here today for this hearing of the Subcommittee on Disaster Recovery.

Today's hearing is entitled "Focusing on Children in Disasters." The committee's objective today is to evaluate the special needs of children during the preparedness, response, and recovery phases of disasters and the extent to which current planning and programs address those needs. We are focusing on children for several reasons.

First, children are the focal point of families, and parents who cannot find an open school or day care center or access health care for their children may be forced to relocate or stay home from work to address these gaps. According to the Bureau of Labor Statistics, about half of the nation's families include children, and out of those 35.2 million families with children, 90% of them include a parent that's a member of the workforce. 62% of all married couples with children live in households where both parents work.

So we must be mindful of the fact that people cannot return to work or begin rebuilding until they locate a safe and productive environment for their children. These parents may be nurses, doctors, first responders, grocery store owners, gas station operators, electric line repairmen, or other citizens who play an important role in the community's return. That means that provision of child care and reopening of schools must be top priorities after a disaster so parents can be free to go back to work and start rebuilding. As this chart indicates, 394 of the 469 schools that existed before the hurricanes have reopened since then along with 326 of the 498 day care centers.

The second reason we are focusing on children here today is that children are a vulnerable population with unique needs that require specialized planning to address, but in my view, they have not received the same level of attention since the 2005 hurricanes as those of the elderly and disabled.

Thirdly, children are disproportionately affected by disasters in comparison to adults when it comes to mental health, and the patchwork of federal programs now available is difficult if not impossible to navigate due to the complexity and variety of eligibility requirements.

A broader goal of this hearing is to encourage the nation to consider the mental well-being of a community as a key indicator of recovery, every bit as important as the restoration of infrastructure and housing and the return of the economy and tax base.

There is a wealth of field work and policy research that has been conducted recently on the needs of children in disasters. This hearing will help the Subcommittee to evaluate those proposals and recommend improvements to current programs and planning.

Evacuation Planning

Local response plans must provide for the evacuation, sheltering, and continued care of children from the facilities where they are likely to be clustered – day care centers, schools, and hospitals among them. Katrina showed us the impact of failing to include the nursing home sector in our evacuation plans, and we must ensure that facilities which house other vulnerable members of our society are included in the planning process and that they take responsibility for their role in community preparedness.

Save the Children issued a report last month called "The Disaster Decade" indicating that only 7

states require schools and day care centers to develop comprehensive evacuation and reunification plans. They are Alabama, Arkansas, Hawaii, New Hampshire, Maryland, Massachusetts, and Vermont.

Local emergency managers and facility owners can do more to expand planning efforts, states with planning gaps may consider requiring these facilities to develop plans as some states have already done, and federal officials may consider linking grant awards for these facilities to planning requirements.

Another concern raised by the report is the fact that child care is not eligible for funding under the Stafford Act as an essential service. I would like to ask the FEMA Administrator to specifically address this issue in his testimony.

In addition to schools and day care centers, we will also consider newborn infants and mothers who may be in hospital wards when disaster strikes. According to HHS, an average of 56 babies are born each day in New York City, and in Los Angeles the daily average is 416.

The Senate version of the Homeland Security Appropriations bill for Fiscal Year 2010 includes an amendment that I offered encouraging DHS to conduct mass evacuation planning with states, local governments, and nonprofits and include monitoring, tracking, and continued care for neonatal and obstetric patients. I would like for Administrator Fugate to address ways he believes we can expand, require, or incentivize this type of planning.

Woman's Hospital in Baton Rouge executed this function for the State of Louisiana during the response to Katrina and Rita, and again last year during the Gustav response. Woman's is under permanent contract to the State, and has offered its concept of operations as a useful model for others in need of creating a response system to handle pregnant women and newborn babies during an emergency. Ms. Fontenot will be testifying on behalf of the hospital and sharing her experiences and recommendations on this subject.

Mental Health Recovery

The second major theme of our hearing is mental health. Children suffer higher rates of depression, post-traumatic stress disorder, and behavioral problems following a disaster. I chaired a hearing on the Gulf Coast's post-hurricane mental health crisis on October 31, 2007, where Dr. Howard Osofsky from LSU and Dr. Ron Kessler from Harvard each described their research findings on disaster-affected children, and Dr. Redlener and Ms. Bascetta will provide this committee with additional findings today from their own research in this area.

After the hurricanes, the demand for mental health services spiked due to increased trauma, depression, and substance abuse. That was combined with a loss of inpatient beds and workforce capacity, which created a severe gap that strained medical workers and facilities, host communities, and first responders.

LSU's Department of Psychiatry screened 12,000 children in schools during the 2005-06 school year. 18% of them had a family member who was killed in the hurricane. 49% of them met the threshold for a mental health referral. One year later, the referral rate was lower, but it was still 30%. According to Dr. Redlener's research, 28% of displaced children in Louisiana are still suffering from depression or anxiety and 33% still exhibit behavioral problems.

GAO's research in this area indicates that many of the children affected by the World Trade Center attacks in 2001 did not come forward for treatment for more than a year after the event. These figures are important, because they not only indicate the wide-scale prevalence of mental health problems among children after disasters, but the fact that these problems can persist for years

and may not manifest themselves right away.

The Crisis Counseling Assistance and Training Program (CCP) is jointly administered by FEMA and SAMHSA, and it is intended to counsel survivors and teach them coping skills during the immediate aftermath of an event, with a limit on the number of counseling sessions available and duration of the program. So it is inadequate to address mental health problems that are persistent or late in presenting themselves. We need to take the long view of mental health recovery from disasters.

In addition to its short duration, the program has funding restrictions that have created problems for providers. Catholic Charities Archdiocese of New Orleans walked away from its agreement to execute CCP services for the State of Louisiana because FEMA determined certain costs to be ineligible for reimbursement under the program's rules. We will hear from Ms. Bascetta about GAO's recommendations for reforming the CCP program and get reactions from FEMA and HHS to those recommendations, most of which were published in a report that was released in February 2008 called "Catastrophic Disasters: Federal Efforts Help States Prepare for and Respond to Psychological Consequences, but FEMA's Crisis Counseling Program Needs Improvements." Ms. Bascetta will also testify about a report that GAO issued last month that I requested along with Senator Lieberman entitled "Hurricane Katrina: Barriers to Mental Health Services for Children Persist in Greater New Orleans, Although Federal Grants Are Helping to Address Them."

Lack of mental health providers was cited by the majority of GAO's survey respondents for this second report as the greatest barrier to providing mental health services for children, whereas transportation, stigmatization, and financial problems were among the barriers to accessing these services.

The report emphasizes an approach to mental health service delivery that I would like for all of this hearing's participants to focus on today, which is the model of school-based counseling. Save the Children and RAND have also done research on optimal vehicles for delivering these services and arrived at a similar conclusion.

Schools that require psychological assessments can help to remove the stigma attached to mental health treatment and create an environment where students perceive counseling as common, healthy and normal. Providers in schools can help parents save money on treatment costs and avoid having to leave work to drive their children to the point of service. School counselors also represent an existing workforce that can be trained in advance of disasters to treat their effects and remain after surge response programs are closed out for children who may not experience problems until a year or two after the event.

I mentioned HHS programs that support mental health recovery, and there are many that have helped Gulf Coast states to restore facilities, retain health care professionals, and recruit additional ones to prevent further workforce losses. There are however, so many HHS programs that can potentially support mental health service delivery that I worry about the varying rules between them and the bureaucratic burden that separate applications must place upon the program's users in the disaster area.

The first chart I would like to call your attention to is a list of 21 different federal programs that have provided support for mental health recovery in the Greater New Orleans area. The second chart came from GAO and indicates the wide variation in program rules for each of these programs. 3 of the 21 programs – Medicaid, SCHIP, and Head Start – have income eligibility requirements that limit their ability to provide services. This mass collection of programs seems vulnerable to stove piping and does not seem to reflect an outcome-oriented approach linked to measurements of patient progress or health care capacity. I would like to hear from Dr. Lurie how HHS brings this patchwork of programs together in a strategic goal-oriented way.

The New Orleans region has been designated by HRSA as a Health Professional Shortage Area (HPSA) since the hurricanes 4 years ago, and while the region has received funding to address the problem, they have not been able to pull themselves out of this category. It seems to me that this should be a shared goal of HHS and the state, and I would like to know how HHS could proactively pursue this goal.

National Commission on Children and Disasters

The Consolidated Appropriations Act of 2008 established the National Commission on Children and Disasters to conduct a comprehensive study that examines children's needs in relation to all hazards and evaluate the impact of current laws, regulations, and policies on children before and after a disaster. Mr. Shriver and Dr. Redlener are both members of the Commission and will talk about its work and recommendations in addition to their other testimony.

Conclusion – Chris Rose Speech to Ursuline Academy

I would like to conclude with a quote from a speech that was delivered by a journalist named Chris Rose, who chronicled his experiences after Katrina for the Times Picayune in New Orleans. He delivered this speech on the night of May 13th, 2006 to the graduating class of my own alma mater, Ursuline Academy.

“You are survivors. The Katrina Kids. The Children of the Storm...The water, it came to your school. The gasoline, chemicals, sewage, and blood came to your doorstep. It settled into the ground of this courtyard where we now gather...My daughter was asked to write about her experiences over the past year when she came back to school in New Orleans in January, and this is what she wrote: ‘There was a Hurricane. Some people died. Some of them were kids.’ My daughter was six when she wrote that. It just doesn’t strike me as what you would wish for your child to write in her first grade journal, but there it is. You – all of us – are marked for life by what happened here...Like it or not, this storm, these circumstances, have marked you. My belief is that your generation and those who come after you in this town will be extraordinarily resilient. That is a good quality to carry with you. You have seen and have suffered loss...One more thing, and this is important: Be kind to your parents. I will tell you something that they cannot or will not tell you, and it is this: They are consumed right now with a world of worry and doubt that is crushing in its weight. Maybe you can see this at home or maybe they are good at hiding it from you because that’s what parents do – spend most of our lives trying to shield our children from pain. They won’t tell you this, so I will: They’re scared. They’re terrified. We’re all terrified. Everything we know and love is at risk. So be kind to them. It’s like we’re all in a big boat right now, paddling for our lives, and we’ve got to be together of one mind to get through this. So get in the boat and grab a paddle and get ready for the ride of your lives.”

I think this quote helps to capture the acute impact and resulting despair that disasters can cause for children and their parents. But the passage also alludes to the ability of the human spirit to rebound and triumph over tragedy given the proper outlook and support. We must provide strategic leadership and resources to move our children out of harm’s way before disaster strikes, get them quickly back into school and day care after a disaster has passed, and invest in community-based support networks to promote their long-term mental health.