

Opening Statement of Chairman Landrieu
Subcommittee on Disaster Recovery
Children and Disasters: A Progress Report on Addressing Needs
December 10, 2009

Introduction

Good afternoon, and thank you all for being here today for this hearing of the Subcommittee on Disaster Recovery. Today's hearing is entitled "Children and Disasters: A Progress Report on Addressing Needs." The committee's overall 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. This committee held a previous hearing on children and disasters on August 4th, and we have convened once again to evaluate the progress that has occurred in the four months since.

Legislative History of the Children's Commission

The National Commission on Children and Disasters was created as a result of the "Kids in Disasters Well-Being, Safety, and Health Act," which was introduced in 2007 by Congresswoman Corrine Brown from Florida and Senator Chris Dodd from Connecticut, and enacted as part of the Omnibus Appropriations Act of 2008. I was proud to cosponsor that measure along with Senator Kennedy and 31 other Members of Congress, and very glad that its creation led to this excellent report and our discussion here today.

Hearing Overview

We will begin today by reviewing the recommendations of the Commission, which issued its Interim Report on October 14th. Next we will hear from our federal partners to learn what they have done since that time to address recommendations in the report. Lastly, we will discuss the challenges that displaced families and host communities encountered following the Gulf Coast hurricanes in 2005, as they sought to secure health care for children and enroll them in schools and child care.

Restoring Schools & Child Care Centers

We are focused in particular on the needs of children, because children are the focal point of the family, and parents who cannot find an open school or day care center may be forced to relocate or stay home instead of showing up to work. There are 32.5 million families with children in the United States. 90% of them include a parent who works. In 62% of the households that contain married couples and children, *both* parents are members of the workforce. If parents can't work, the community will have no workers – no nurses, teachers, first responders, grocery store owners, gas station operators, carpenters, or bus drivers - and without those things, the community cannot function under any circumstances, let alone in the aftermath of a disaster. Provision of child care and reopening of schools are essential elements of recovery that must be top priorities after a disaster, so parents can get back to work and start rebuilding.

Funding is generally available to repair public and nonprofit schools after a disaster, but child care facilities are a different story. Some of them are nonprofits and therefore eligible for FEMA Public Assistance, but the vast majority are privately owned and operated, with very slim profit margins and sometimes run out of people's homes. Slim profit margins make them financially risky, and once flood waters have destroyed the value of the real estate, there is little if any collateral available to secure disaster loans from the Small Business Administration.

(Chart #1) This chart indicates the number of child care facilities that applied for SBA loans in the wake of several recent hurricanes. Fewer than half of the child care operators that applied for SBA loans and completed the review process were approved (169 out of 367=46%). We can probably assume that the majority of people who withdrew their applications along the way did so because they realized they wouldn't qualify, in which case the effective approval rate was for these loans was only 37% (169 out of 462). The Stafford Act prohibits assistance to restore private facilities, and the SBA is only authorized to provide loans, not grants, so it has to look after the fiscal solvency of its program. But if our goal is to help families recover, we have to do better. Not a single one of the child care centers in St. Bernard Parish was rebuilt for two years after Katrina. We can't continue to neglect these facilities and the families who rely upon them, nor can we underestimate their importance to a full and robust recovery.

(Chart #2 and #3) These other two charts indicate the number of K-12 schools and child care centers that have reopened in the Greater New Orleans area since the 2005 hurricanes. As you can see, only 65% of the area's child care centers are back (326 out of 498), whereas 84% (394 out of 469) of the area's public and private K-12 schools have reopened.

Helping Displaced Families & Host Communities

Reopening schools and day care centers inside the disaster area is critical, but we must also look *outside* the disaster area, and address the needs of displaced families and host communities. Hurricanes Katrina and Rita displaced over 370,000 children along the Gulf Coast, many of whom lost their homes and were unable to return for months. Families had to enroll their children in new schools, new child care centers, and new state-run health care programs, and in many instances, that was extremely challenging. The federal government and several states established ad hoc programs to assist displaced children. We will spend some time today examining those programs, and we will also consider whether we should establish new mechanisms to deal with these problems in advance of the next catastrophe, since many have expired.

Emergency Planning

Children have unique needs that require specialized planning. As the FEMA Administrator Fugate stated during our last hearing, "children are not small adults." We must ensure that emergency planning at every level accounts for all the citizens in a community, not just the able-bodied adults with ample resources and access to transportation. Local response plans must provide for the evacuation, sheltering, and continued care of children from the facilities where they are likely to be clustered – including day care centers, schools, and hospitals.

(Chart #4) Save the Children issued a report in July called "The Disaster Decade" indicating that only 7 states require schools and day care centers to develop comprehensive evacuation and reunification plans. Those states are Alabama, Arkansas, Hawaii, New Hampshire, Maryland, Massachusetts, and Vermont. No states have enacted new legislation since that report was released, and I would like to find out why.

Mental Health

Children are also disproportionately affected by disasters in comparison to adults when it comes to mental health. Children suffer higher rates of depression, post-traumatic stress disorder, and behavioral problems following a disaster. 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 research conducted by Dr. Irwin Redlener, Director of the Children's Health Fund and a member of the Commission, 28% of displaced children in Louisiana are still suffering from depression or anxiety and 33% still exhibit behavioral problems.

The Government Accountability Office has conducted research indicating that many of the children affected by the World Trade Center attacks in 2001 didn't come forward for treatment until 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 problems can persist for years and may not manifest themselves right away. 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.

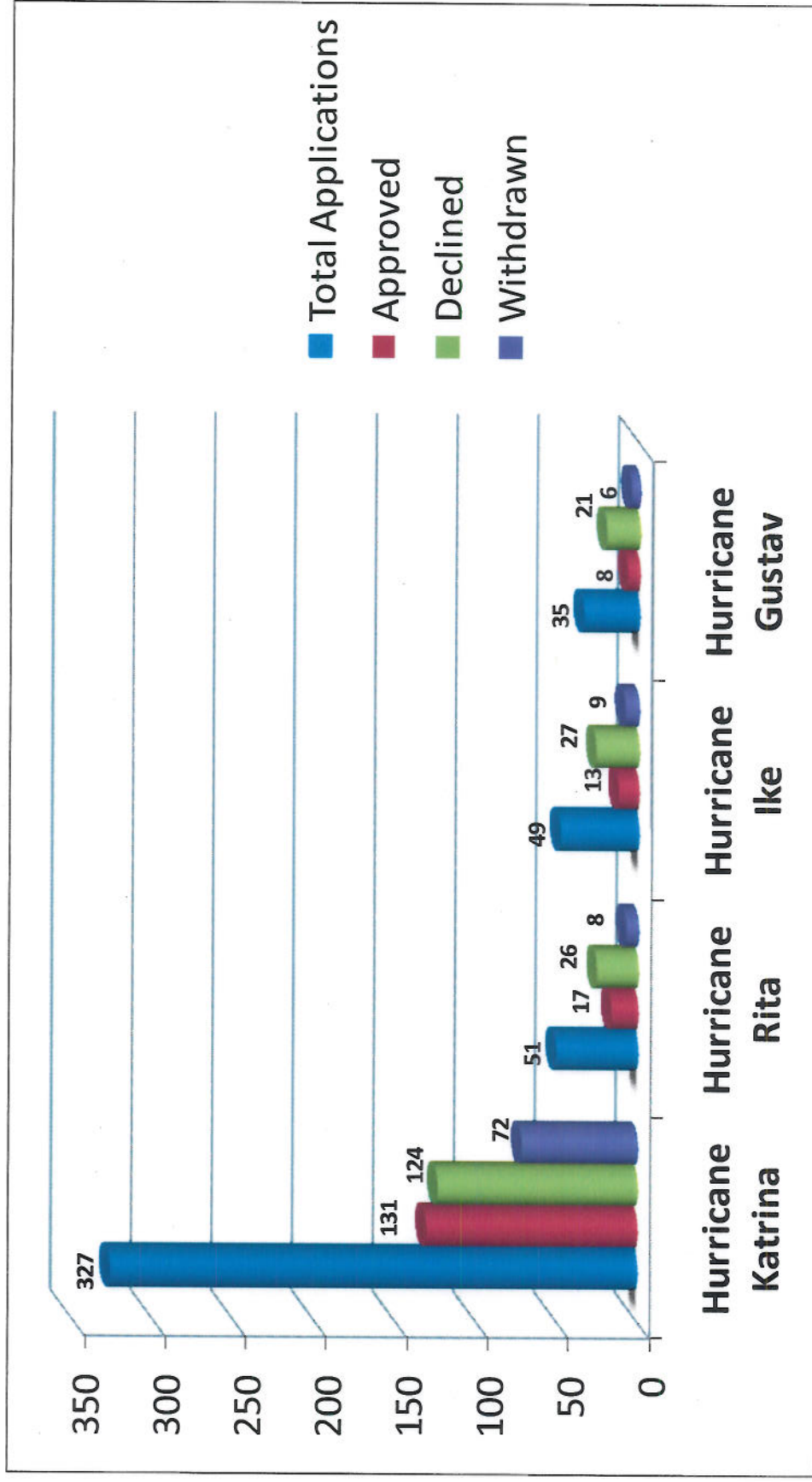
School-Based Counseling

A GAO report on children's mental health needs in Greater New Orleans emphasized an approach to service delivery that I would like to focus on today, which is the model of school-based counseling. Save the Children and RAND have also commended this approach. Schools that *require* psychological assessments after a disaster can help to remove the stigma attached to mental health treatment and create an environment where students perceive counseling as common, healthy, and normal. Placing providers in schools helps parents save money on treatment costs and avoid having to leave work to drive their children to the point of service, particularly when hospitals have been closed and doctors' offices destroyed. 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. We need to learn how to better utilize our school-based counselors, psychologists, and the 11,000 medical personnel who operate under the Commissioned Service Corps and National Disaster Medical System, to aggressively and unapologetically tackle the overwhelming mental health needs that accompany disasters.

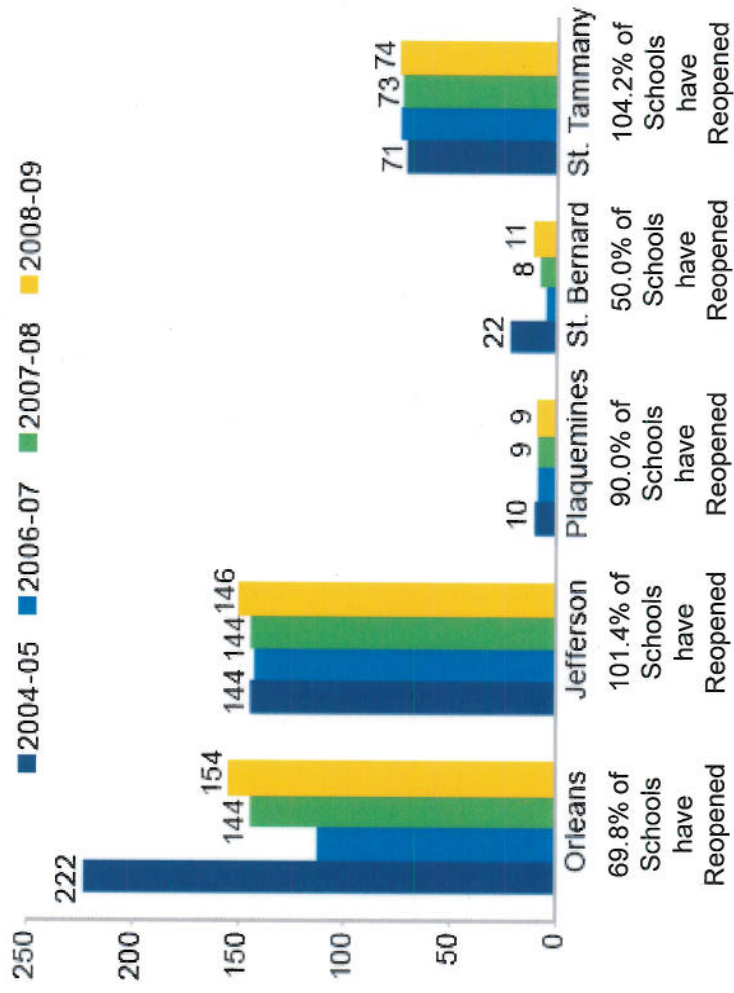
Conclusion

Millions of parents, educators, counselors, social workers, nonprofit innovators, and community leaders work hard everyday to improve the lives of children in this nation. Through the continued efforts of the Commission and the state and federal partners who are here today, 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. These are just a few of the issues I hope we will cover today as we continue, through administrative and legislative actions, to build a better national framework for disaster response and recovery.

SBA Disaster Loans for Child Care Centers

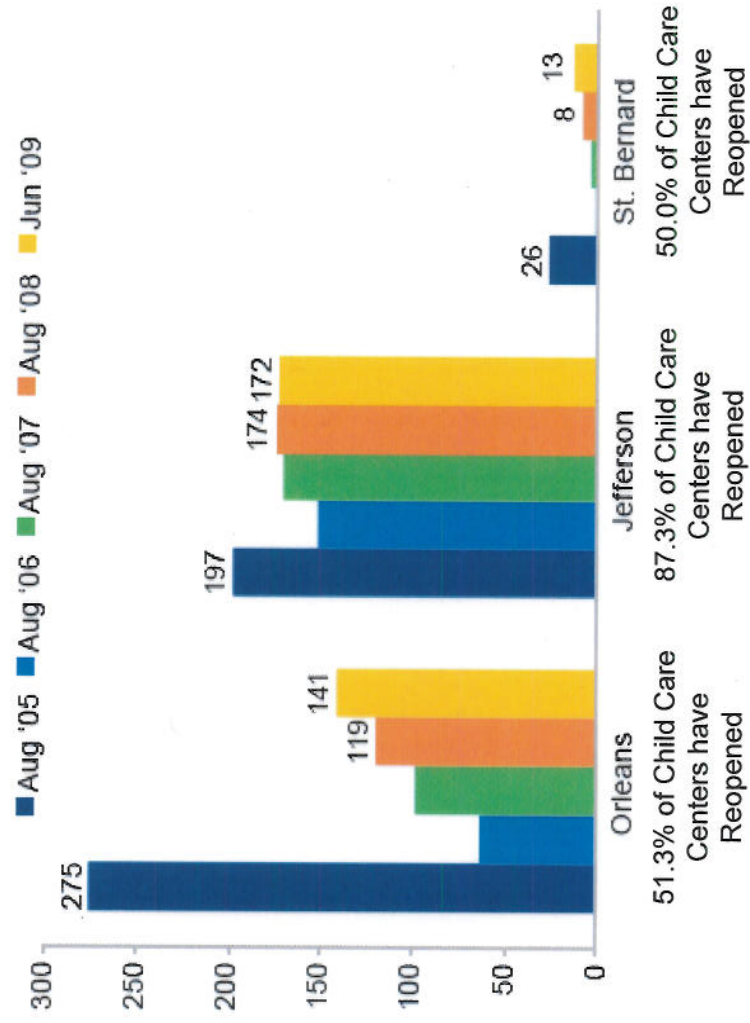


NUMBER OF OPEN PUBLIC AND PRIVATE SCHOOLS IN THE GREATER NEW ORLEANS AREA



Source: Louisiana Department of Education

NUMBER OF OPEN CHILD CARE CENTERS IN THE GREATER NEW ORLEANS AREA



Source: Agenda for Children and Louisiana Department of Social Services Bureau of Licensing

A REPORT CARD

ARE THE STATES PREPARED TO PROTECT CHILDREN DURING DISASTERS?

* = Regulations under revision

	Evacuation Plan	Reunification Efforts	Special Needs of Children in Child Care	K-12 Written Procedure for Disaster Planning
ALABAMA	•	•	•	•
ARKANSAS	•	•	•	•
HAWAII	•	•	•	•
NEW HAMPSHIRE	•	•	•	•
MARYLAND	•	•	•	•
MASSACHUSETTS	•	•	•	•
VERMONT	•	•	•	•
DELAWARE	•	•		•
NEW YORK	•	•		•
NORTH CAROLINA	•		•	•
OHIO	•	•		•
OKLAHOMA*	•	•		•
CALIFORNIA*	•		•	•
MISSISSIPPI*	•	•		•
PENNSYLVANIA	•	•		•
SOUTH CAROLINA*	•	•		•
ALASKA			•	•
COLORADO		•		•
TENNESSEE			•	•
TEXAS	•			•
UTAH	•			•
ARIZONA				•
CONNECTICUT				•
D.C.	•			
FLORIDA*				•
GEORGIA				•
KENTUCKY*				•
MINNESOTA				•
NEVADA	•			
NEW JERSEY				•
NEW MEXICO*				•
NORTH DAKOTA	•			
OREGON				•
RHODE ISLAND				•
SOUTH DAKOTA				•
VIRGINIA*				•
INDIANA				•
ILLINOIS				•
MAINE				•
WASHINGTON*				•
IDAHO				
IOWA				
LOUISIANA				
MISSOURI*				
KANSAS*				
MICHIGAN				
MONTANA				
NEBRASKA*				
WEST VIRGINIA				
WISCONSIN				



Save the Children.