

Written Testimony of Barbara Ammirati, Senior Advisor, Child Protection  
Save the Children  
For the House Committee on Homeland Security  
Subcommittee on Emergency Preparedness, Response and Recovery

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Chairwoman Demings, Ranking Member Cammack, and honorable Members of the Subcommittee, thank you for the opportunity to provide testimony on behalf of Save the Children about the impact of disasters on children. In the United States and around the world, Save the Children works every day to give children a healthy start in life, the opportunity to learn and protect children in crisis. We do whatever it takes for children - every day and in times of crisis – transforming their lives and the future we share.

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I want to start by thanking Congress for making the safety and well-being of children a priority with the recent passage of the Homeland Security for Children Act. By providing a permanent interagency coordinator that can ensure focused efforts, reduced duplication, and aligned resources for issues impacting children that must be addressed from multiple perspectives, children will have a better opportunity to recovery from disasters. While progress has been made over the last decade to better protect children, there is more to be done.

Save the Children has responded to emergencies and humanitarian crises around the world for more than 100 years. In the United States, we are the national leader for child-focused disaster response and recovery since 2005 when Hurricane Katrina devastated Gulf Coast states. Based on our expertise, Save the Children was tasked with chairing the presidentially-appointed National Commission on Children and Disasters in late 2007.<sup>1</sup>

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<sup>1</sup> National Commission on Children and Disasters. 2010 Report to the President and Congress. AHRQ Publication No. 10-M037. Rockville, MD: Agency for Healthcare Research and Quality. (2010).

Save the Children continues to respond to unprecedented extreme weather catastrophes and man-made disasters in the U.S. - including more than ten in the short time since Save the Children last testified before Congress in 2018. In addition, we have spent the last four years providing emergency assistance for children and families at the U.S. southern border and the assisted in the extraordinary temporary resettlement of more than 100,000 Afghans in 2021. All of this work has been made even more difficult by the global pandemic.

Research and evidence show that children are exceptionally affected by disasters. They suffer the most and are one of the most vulnerable populations after disasters – they can lose their parents, face food insecurity, and become homeless after floods, hurricanes and other extreme weather catastrophes. We know that children of color and children from rural communities are particularly hard hit -with the highest rates of food insecurity and the least access to disaster recovery resources, including mental health recovery services.

Children of color are also disproportionately represented in lower-income, disaster-prone communities. Our disaster response experience demonstrates over and over again that communities of color struggle the longest and hardest in recovery from disasters. They take the longest to get back to school and early childhood learning environments.

In the aftermath of Hurricane Harvey, families of color in Houston with long histories of chronically unstable housing remained in shelters the longest. Children were out of school and had none of their personal effects from homes that were destroyed. Our teams got to know these children and families well over the weeks and months— one 3-year-old boy stands out. He visited our child friendly space that was set up in a mega shelter at the Greenpoint Mall every day. He was a bit of a rabble-rouser and it was clear he had seen a lot in his little life, more than any 3-year-old should have to endure. He endeared himself to us and we managed to gain some

semblance of his trust. It was hard to say goodbye – but we were thrilled when the family received housing placement and could leave the shelter.

Twelve months later, we were responding to Hurricane Michael in Panama City, Florida. There were multiple shelters but the largest was at an elementary school that had been spared complete devastation. As we set up the child-friendly program for children in the shelter, I was stunned to see our little friend from Houston walk into the Panama City shelter with a sibling. What trauma for such a young child to experience twice in a 12-month period? It broke our hearts.

Save the Children's on-the ground experience responding to these disaster has shed light on critical gaps in the capacity of states and communities to protect children in emergencies and crises, and on valuable best practices that can help keep children safe. Based on this experience we offer the following recommendations to the Subcommittee:

### **Education Recovery – Return to Learning**

Each year disasters have a major impact on children, youth and education systems. Disasters of all sizes result in children missing school days, absenteeism by teachers who themselves may be affected by the disasters, disruption of learning, and school closures because of damage and destruction to classrooms and school infrastructure. For disaster-prone areas, this can mean that every year children may be losing critical hours of learning, which severely impact educational outcomes and a child's overall development.

Additionally, when children have safe spaces to learn and play, and can access a full range of services and support, they are less vulnerable to the increased risks that go hand-in-hand with disasters. Schools can also provide children with the space they need to access psychological support and assist with regaining a sense of normality and healing from trauma.

There are significant gaps in information/knowledge from the education sector on both the short- and long-term impacts disasters have on educational outcomes. A lack of official data collection and analysis of the number of children and schools affected by disasters inhibits coordination between response agencies, government bodies and community organizations, and impacts the effectiveness of the response as a whole.

In addition, operating costs associated with extra school days added to a school year as a result of disruption do not qualify for assistance under Stafford Act Sections 403 and 502, which provides emergency assistance to eligible public and nonprofit facilities, including schools.

**Congressional Recommendation:** Ensure that no displaced child is out of an educational setting for more than 30 days. Congress must enact policies with a commitment that no child misses more than a month of school, post-disaster. Current guidance to schools allows for up to 60 days before recovery funding will be provided.<sup>2</sup>

A return to learning policy framework should include: assessing the number of children out of school, the number of learning spaces needed, limiting the use of schools as temporary shelters, expediting the rehabilitation and refurbishment of damaged schools, establishing temporary learning spaces and providing alternative education delivery programs (such as education in shelters or additional funding for afterschool programming).

Congress should ensure a permanent funding mechanism to support recovery for schools and students so that school systems recovering from disasters are provided immediate resources to reopen and restore the learning environment in a timely manner and provide support for displaced students and their host schools.

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<sup>2</sup> [https://rems.ed.gov/docs/PublicAssistanceProgramWebinar\[1\].pdf](https://rems.ed.gov/docs/PublicAssistanceProgramWebinar[1].pdf)

We also urge Congress to task the newly established role of Technical Advisor to initiate a study of the short- and long-term impacts of disasters on schools and the children they serve. Such a study can identify gaps in policy, implementation, data and knowledge that will provide an evidence base to inform program and advocacy strategies, as well as seek to put more comprehensive numbers behind the stories of the impacts of disasters on children.

### **Child Care Recovery**

Extensive research has shown that child care services are essential to the economic health and vitality of a community.<sup>3</sup> During a disaster, workers with young children cannot resume their jobs unless there is safe, secure child care for their children.

Small private for-profit child care represents about two-thirds of licensed child care providers nationwide.<sup>4</sup> Due to limited funding opportunities for private child care recovery, most facilities that are damaged or destroyed in a disaster receive little to no federal recovery support.

**Congressional Recommendation:** While recognizing that child care is now considered to be a “*non-critical or essential service*” under FEMA’s public assistance program, and deeming private non-profit childcare eligible for disaster assistance, Congress should urge FEMA to designate child care as a “*critical service*”. This would place it in the same category as schools, which would alleviate/loosen the requirement for child care facilities to apply for Small Business Administration (SBA) loans. Child care providers rarely receive SBA loans because their profit margins are so low. This has deterred many of these providers from even applying in the first place. In addition, we urge Congress to authorize a grant funding mechanism, such as an

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<sup>3</sup> <http://www.mildredwarner.org/econdev/child-car>

<sup>4</sup> <https://home.treasury.gov/system/files/136/The-Economics-of-Childcare-Supply-09-14-final.pdf>

emergency contingency fund, to repair or rebuild private, for-profit child care facilities, support the establishment of temporary child care, and reimburse states for subsidizing child care services to disaster-affected families.

### **Mental Health Needs**

Natural and man-made disasters frequently have widespread, deep and enduring impacts on children's mental health. Many children experience long-term reactions to a disaster. Therefore, it is important that adults who care for children at schools and child care are trained to provide supportive services before, during and after disaster, rather than relying exclusively on the traditional clinical approach of triage and referral.<sup>5</sup>

The use of non-congregate or hotel based shelter models throughout the pandemic to prevent the spread of COVID-19 mirrored lockdown, and isolated children and families already devastated by the loss of friends, family, property and income. Studies suggest that the absence of routine and social isolation associated with lockdown has had significant impacts on the physical and mental health of children.<sup>6</sup> The research also indicates that parents, now in hotel lockdown, experienced cumulative stressors through COVID-19 which impacted on their mental health and increased child abuse potential.<sup>7</sup>

**Congressional Recommendation:** We urge Congress to ensure funding to support additional mental and behavioral health services in the aftermath of a large scale disaster to supplement the depletion of existing resources and strengthen the backbone of America's kids.

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<sup>6</sup> <https://www.frontiersin.org/articles/10.3389/fpsyg.2021.722161/full#B15>

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<https://www.frontiersin.org/articles/10.3389/fpsyg.2021.722161/full#:~:text=Studies%20examining%20the%20impact%20of,et%20al.%2C%202020>

Congress and the Department of Education should award funds to States to implement and evaluate training and professional development programs for teachers on how to provide support to grieving students and students in crisis. States should also be encouraged to establish requirements related to teacher certification and recertification on these subjects. In addition, Congress should adequately fund the National Child Traumatic Stress Initiative (NCTSI) and Project SERV state grants to provide trauma treatment, programming and services in schools and communities for children, youth and families who experience or witness traumatic events.

In light of the use of non-congregate or hotel based shelter models throughout the pandemic, we urge Congress to task the newly appointed Technical Advisor with evaluating the impact of family isolation on displaced children and families during and following a disaster. This data would be critical to inform future use of non-congregate shelter practice.

### **Government Funding & Accountability**

The biggest obstacle to supporting children through disaster response and recovery is inadequate funding. Robust funding and strong accountability structures are required to meet the needs of children. While the U.S. invests billions of dollars to support emergency preparedness and response, very often children's needs are overlooked. While we congratulate Congress on passing the Homeland Security for Children Act which will help highlight children's needs in emergency response adequate funding is needed and in particular to include children into target capabilities with specific outcomes and performance measures. *"You can't improve what you don't measure."*<sup>8</sup>

**Congressional Recommendation:** Congress, through the appropriations process, has the responsibility to fund the federal government in such a way as to meet the needs of children. We

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<sup>8</sup> <https://www.forbes.com/sites/civcnation/2022/06/29/thanks-to-my-queerness-i-am/?sh=6f47987331af>

need to dedicate more funding to emergency preparedness, response and recovery to lessen the gaps that remain and further support children.

Funding to implement, socialize and institutionalize FEMA's resources, tools, and processes laid out in the Homeland Security for Children Act to address and meet children's needs at every level of government is critical and include children into target capabilities with specific outcomes and performance measures.

### **Cultural Representation**

Culturally-Sensitive Trauma-Informed Care is critical for children in times of crisis. In order for health care professionals to provide effective trauma-informed assessment and intervention, it must take into account a patients' and families' cultural values, beliefs, and practices. At the absolute minimum, children and families need to be able to communicate with shelter staff and other professionals in their language of choice. For example, in our hurricane response in North Carolina, care for families and children was delayed significantly by the lack of translation services for a large Swahili population in the region.

**Congressional Recommendation:** Congress should urge all involved agencies to ensure staff, volunteers and government representatives working in shelters adequately represent the community being served. This is especially important for children and families seeking health and psychological supports, as cultural differences can have a variety of impacts “ranging from the ways in which health and illness are perceived, health seeking behavior, attitudes of the consumer as well as the practitioners and mental health systems”.<sup>9</sup>

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<sup>9</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6018386/>

## **Conclusion**

On behalf of Save the Children, and our advocates across the country, I want to thank the Subcommittee for the opportunity to provide testimony on the needs of children in emergencies here in the U.S. I look forward to working with the members of the Subcommittee to ensure that children and families receive the support they need to recover from disaster.