

# TERRORISM

## and Meeting the Needs of the Nation's Children

The events of September 11, 2001 and the ongoing threat of terrorism have had a profound effect on all Americans. Terrorism has not only eroded our sense of safety and security, but it has revealed gaps in knowledge and practice within the medical care and public health systems.

The systems responsible for responding in the event of a terrorist act, such as health and public safety, are less prepared to address the needs of children than other populations. These systems need to have personnel specifically trained in caring for children with injuries, illness, and mental health problems, as well as equipment appropriate to a pediatric population. They should also incorporate the needs of children into emergency preparedness planning by involving schools, hospital pediatric departments, and other youth-serving organizations in developing and testing such plans.

The Centers for Disease Control and Prevention's (CDC) National Advisory Committee on Children and Terrorism recently highlighted the lack of preparation to safeguard the health and well-being of children, should a terrorist attack occur. For example, only about 20 percent of the nation's hospitals have access to pediatric emergency physicians, and most emergency personnel have little pediatric training. The committee also cited a 1997 Federal Emergency Management Agency study showing that no state disaster plans had pediatric components (CDC 2003).

In addition to responding to the physical health care needs that would arise in the immediate aftermath of a terrorist event, preparedness activities must also focus on the psychological effects on children, such as emotional, behavioral, and cognitive reactions. While little information exists on the mental health effects of terrorism on children as compared to adults, insomnia, fear, anxiety, anger, and a sense of vulnerability are all common effects of terrorism among the general population (Institute of Medicine 2003).

America's Health Together (2003), a national nonprofit organization advocating for improved health care access, notes that 78 percent of health care providers report that their patients have displayed terrorism-related emotional distress since September 11<sup>th</sup>. Additionally, the Institute of Medicine (IOM) (2003) has commented that the nation's current public health, emergency response, and mental health systems are not able to address the psychological effect of terrorism in the general population. The IOM's report emphasizes gaps in

coordination of agencies and services, training and supervision of health professionals, public communication and dissemination, financing, and knowledge- and evidence-based services.

### THE FEDERAL RESPONSE TO SEPTEMBER 11<sup>TH</sup> AND PREPARATIONS FOR FUTURE EVENTS

In the wake of September 11<sup>th</sup>, the U.S. Department of Health and Human Services announced \$1.1 billion in grants to strengthen the capacity of state and local governments, health care providers, emergency responders, and others. The CDC has distributed the majority of these funds to states and localities for planning and development of emergency plans, product procurement, personnel hiring and training, and practice simulations. The federal Health Services and Resources Administration distributed funds to assist states in developing regional hospital plans to respond in the event of a terrorist attack.

While federal funds have largely gone to improving overall systems capacity to respond in the event of a terrorist attack, some federal agencies, such as the CDC and the National Institute of Mental Health, have focused on information dissemination through fact sheets and publications intended to educate health care and mental health providers on identifying and responding to anthrax exposure and post-traumatic stress disorder in children. Other federal efforts focus on service delivery.

In 2001, the Substance Abuse and Mental Health Services Administration awarded \$3 million to the University of California, Los Angeles-Duke National Center for Traumatic Stress to establish the *National Child Traumatic Stress Initiative*. The center is working to increase services and raise standards of care for traumatized children, adolescents, and their families. An additional \$7 million in grants has been awarded to establish centers to identify, support, and improve effective treatment approaches and to establish community practice centers to implement and evaluate treatment and services. For example, Mount Sinai Adolescent Health Center in New York City has developed an outcome-based evaluation model for best practices in treating and serving New York City adolescents affected by traumatic stress. Boston Medical Center, in conjunction with the Massachusetts Department of

Mental Health and the National Center for Post-Traumatic Stress Disorder, has developed a center to treat children who have experienced medical trauma, war, or displacement.

### OPPORTUNITIES FOR GRANTMAKERS

Whether working with individuals, communities, or states, grantmakers have contributed to ensuring that American children and their families are better prepared for future terrorist events. More work, however, needs to be done to identify the direct effects of terrorism on children, include public and private agencies serving children in emergency planning, and train health care and first responders in providing appropriate pediatric care.

► **Preparing communities for terrorism** – Grantmakers have been involved in enhancing the capacity of communities to respond in the event of a terrorist attack or other emergency. The Horizon Foundation in Columbia, Maryland, for example, has formed the Community Emergency Response Network (CERN). The network includes representatives from local government, fire and police departments, health care organizations, and the public school system. The goal of CERN is to develop a citizen's emergency response plan for the county – one that incorporates nongovernmental institutions, public education, and others and is functionally integrated with the Howard County government's emergency response plan.

In addition to supporting CERN, The Horizon Foundation provided the Howard County Office of Children's Services with a \$39,124 grant in 2003 to increase the preparedness level of 500 professionals through training and technical assistance on responding to children's mental health needs. The foundation also awarded a \$25,923 grant to the Howard County public school system for specialized communications equipment to facilitate information flow between the public schools and the county's emergency operations center following a disaster.

The Palm Healthcare Foundation in Palm Beach, Florida provided a \$250,000 grant in 2002 to enhance local hospitals' capacity to handle possible bioterrorism attacks by standardizing systems across the area's 14 hospitals. The grant included funding for equipment, such as portable decontamination units and hazmat suits, as well as training for hospital emergency room workers. The foundation's efforts have allowed Palm Beach area hospitals to work together to quickly design and implement an emergency response system.

► **Addressing the mental health effects of terrorism** – With funding from the John D. and Catherine T. MacArthur Foundation and the BP Foundation, the National Mental Health Association has developed the *Blueprint for Responding to Public Mental Health Needs in Times of Crisis*. The program provides mental health agencies with informa-

tion on developing their organizational disaster response plans and guides them in engaging in state and community disaster response efforts. It also helps them identify public needs to which mental health professionals would respond in the event of an emergency. The New York Community Trust provided support to the Office of School Health Programs at the New York Academy of Medicine to develop and implement a curriculum for the city's elementary, middle, and high school teachers and counselors to cope with students' increased levels of stress, anxiety, and emotional turmoil resulting from the events of September 11<sup>th</sup>.

In 2003, The Robert Wood Johnson Foundation funded America's Health Together (AHT) to establish *Facing Fear Together*, a national initiative to enhance primary care providers' awareness of mental health issues and strengthen their capacity to care for patients' emotional and psychological needs. In phase one of the initiative, AHT will conduct a literature review and gather expert information about best practices in managing increased mental health distress. Phase one also includes a convening of national and international experts on disaster-related mental health issues. In phase two of the initiative, AHT will make recommendations on how providers can best assist individuals affected by terrorism. Recommendations will be disseminated to practitioners, government, media, and private and public institutions. Other resources to be developed include a Web site; printed materials, such as fact sheets and newsletters; and presentation materials for professional meetings and public hearings. Phase three will include an evaluation of AHT's work and a final report addressing the broader applications for collaborative health care and treatment of mental health conditions associated with terrorism and disasters.

### SOURCES

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