

From: [NPD-Planning](#)
To: [Barton Dunant](#)
Cc: [Russell, Jennifer Hope](#); [NPD-Planning](#)
Subject: RE: Comments for Planning Considerations: Putting People First DRAFT—June 2024
Date: Friday, June 7, 2024 8:27:55 AM
Attachments: [image001.png](#)

Good Morning,

Thank you for reviewing the draft “Planning Considerations: Putting People First” guide. Your feedback is very insightful and is greatly appreciated.

Thank you for your contributions as we continue to improve this guidance during this public comment period.

Regards,
National Integration Center

From: Barton Dunant <info@bartondunant.com>
Sent: Thursday, June 6, 2024 4:37 PM
To: NPD-Planning <NPD-Planning@fema.dhs.gov>
Cc: Russell, Jennifer Hope <jrussell@uthsc.edu>
Subject: Comments for Planning Considerations: Putting People First DRAFT—June 2024

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[Planning Considerations: Putting People First DRAFT—June 2024](#)

Comments from Michael Prasad, CEM® - Senior Research Analyst, Barton Dunant – Emergency Management Training and Consulting

Thank you for your work in putting together this compendium of planning considerations, and following/endorsing the deliberative planning process.

This is a distinct opportunity to incorporate many of the elements of a ‘people first’ problem statement I am currently advocating for change (on a pro bono basis): **ensuring equitable support for diverse families in their own feeding choices for their infants and toddlers, during disasters.**

This includes elements which are not currently covered by the federal laws noted starting on line 35:

- Durable Medical Equipment support for breastfeeding including pumps and medical refrigeration
- Consumable Medical Supplies for breastfeeding/chestfeeding including wipes, bottles, nipples, liners, etc.
- Personal Assistance Services for any challenges with human milk production and delivery including lactation counseling and milk bank collaborations

As noted, this goes ‘beyond’ the current legal requirements in the U.S., but helps fulfill diversity,

equity, inclusion, and access needs of infants, toddlers, and their families. The United States needs to include services, support elements, etc. for families as noted above **specifically** into the federal doctrine (and definitions) for Access and Functional Needs.^[1] This will then help integrate those elements for **activities of daily living** into this *Planning Considerations: Putting People First* document, so they do not have to be reiterated and overemphasized individually.

However, the following edits to this *Planning Considerations* document can be made now – which will help immensely:

- After line 102, add another example of “Government-led disaster feeding programs for infants and toddlers which only supports commercial formula, can lead to health issues for the family and a continued economic burden, beyond any post-disaster assistance.”^[2]
- Edit line 701 to replace “formula” with “feeding support”. *This is the heart of the problem statement: formula is not a reasonable accommodation for human milk, especially when it is not the family’s choice to switch.*
- Edit line 755 to replace “formula” with “breast pumps and other feeding support items”. *Every opportunity to replace the word ‘formula’ with ‘feeding or feeding support items’, will help FEMA and the U.S. Government align better with global standards and practices.*^[3]
- Change line 995 to read “Consider the specific healthcare, accessibility, and other needs that LGBTQ+ people and their families might need access to” *This can be exemplified by the act of chestfeeding*^[4] – which also includes any non-lactating family member who utilizes human milk for a closer familiar bond with their feeding infant/toddler.
- Line 1094 – amend to read “Rural areas typically have fewer healthcare facilities, feeding resources, emergency services, and community lifeline support systems, making it difficult to access necessary care and assistance during disasters.
- After line 1167, add another bullet of “Some areas of external response and recovery support – such as feeding and sheltering - from states and federal agencies may not be culturally appropriate, and should be collaboratively planned with Tribal elders.”
- After line 1301- add another bullet of “Can shelter and fixed feeding site operators support existing family choices for infant/toddler feeding? How are breastfeeding resources including trained staff, pre-staged in the event of supply-chain insecurities?”
- Line 1338 – Under the Food Security category, include “lacking support for family choices for feeding infants/toddlers”
- Line 1338 – Under the Health System and Services category, include “personal assistance services, for activities of daily living”

Also, in the same vein as having a whole section on Tribal Community Members and Tribal Nations, I believe there should be a section for Territorial Members and Territories of the United States.

- Point out logistics to islands is very different and many times more difficult, during disasters
- Note the cultural and language differences and collaborations needed, similar to what is noted for Tribal nations. In both sections, collectively we can’t ‘dance’ around the issues of Colonialism, which still exist today. While at the end of the day, we are all Americans – we are distinct people (the point of this document, right?) who need to have our cultures, religions, ethnicities, etc. respected when aid and assistance is provided. Sorry, end of soapbox now.

Thanks for the opportunity to provide commentary! I am most certainly available at your convenience to discuss any of these items in detail.

Mike.

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[1] https://www.fema.gov/pdf/about/odc/fnss_guidance.pdf

[2] <https://domesticpreparedness.com/articles/challenges-with-pediatric-mass-care-feeding>

[3] <https://www.who.int/teams/nutrition-and-food-safety/food-and-nutrition-actions-in-health-systems/code-and-subsequent-resolutions>

[4] <https://www.healthline.com/health/chestfeeding#definition>