



SEALASKA HERITAGE

February 15, 2016

Patrick M. Anderson, Trustee
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House Committee Health & Social Services
The Honorable Paul Seaton, Chair
State Capitol, Room 102
Juneau, AK 99801-1182

Re: HCR21

Dear Representative Seaton and Members:

I am writing in full support of House Concurrent Resolution 21, titled “Urging Governor Bill Walker to join with the Alaska State Legislature to respond to the public and behavioral health epidemic of adverse childhood experiences by establishing a statewide policy and providing programs to address this epidemic.” As the originator of a small group of Adverse Childhood Experience (ACE) experts who joined together to draft HCR21, it is my belief that the conversation intended through this resolution is timely for a variety of reasons. But before addressing those reasons, let me reveal other states with various degrees of focused attention on the negative impacts of ACE’s.

The ACE Study was conducted at Kaiser Permanente in Sand Diego during the 1990’s. Dr. Vincent Felitti and Dr. Robert Anda were the co-Principal Investigators of the study, which was funded by the Centers for Disease Control

The Washington State Legislature adopted Chapter 70.305 RCW in 2011. It’s stated purpose is “...identify the primary causes of adverse childhood experiences in communities and to mobilize broad public and private support to prevent harm to young children and reduce the accumulated harm of adverse experiences throughout childhood.” In 2014, the California Assemble adopted Assembly Concurrent Resolution 155 in which “...the Legislature urges the Governor to reduce children’s exposure to adverse childhood experiences, address the impacts of those experiences, and invest in preventive health care and mental health and wellness interventions.”

Other states have pending proposals to address ACE’s. In Vermont, a physician legislator proposed the first ACE’s health care screening bill, “H. 762, The Adverse Childhood Experience Questionnaire.” While it has not been adopted yet, it is fostering discussion around the issue. Montana’s legislature adopted Senate Joint Resolution 30 in 2011, authorizing a study about the impact of ACE’s and with an additional purpose for identifying promising practices to prevent

and intervene. Senate Bill No. 298 was subsequently introduced in Montana under the title, "AN ACT RELATING TO PREVENTION AND REDUCTION OF ADVERSE CHILDHOOD EXPERIENCES; REQUIRING CONSIDERATION OF ADVERSE CHILDHOOD EXPERIENCES IN STATE PREVENTION EFFORTS; REQUIRING FUNDING OF ONE OR MORE PILOT PROJECTS; PROVIDING DEFINITIONS; AMENDING SECTIONS 2-15-225 AND 52-7-101, MCA; AND PROVIDING AN EFFECTIVE DATE." And while Massachusetts has not addressed ACE's with a blanket resolution, it has enacted a safe and supportive schools law requiring education institutions to address the impact of ACE's.

My support assumes that the Committee has information in its possession about the ACE Study, and I will not restate that history. I discovered the study in 2008, and have since been a passionate advocate for seeking state policy to address the deleterious health and behavioral consequences of ACE's. As the former Chief Executive of 2 Alaska Native health organizations, I observed first hand the severe consequences of unaddressed childhood inflicted trauma. Hardly any aspect of life in Alaska is untouched by this trauma. To build support for HCR21, Sealaska Heritage Institute brought Dr. Vincent Felitti to Juneau to discuss the Study during the week of February 8, 2016.

As a member of the American Indian/Alaska Native Task Force on Suicide Prevention, I became aware of the impact having a high ACE score has on suicide attempts. 6% of the original population studied had 5 or more ACE's, and account for a huge percentage of attempted suicides in the United States. Individuals with 6 or more ACE's have, according to Dr. Vincent Felitti, the originator and co-Principal Investigator of the ACE Study as he stated in his public lecture in Juneau on February 9, 2016, about a 20 year shorter life span than one who has no ACE's. Other behavioral issues are abundant in the highly traumatized ACE population at rates often thousands of percent higher than in the general population without this trauma. Behaviors such as alcohol and drug abuse; smoking; domestic violence; promiscuity and the spread of venereal disease; dropout, discipline and violence rates in public schools; poor parenting with its impacts on the child support system; and many others. Such behaviors contribute to the high rates of incarceration in Alaska. A policy discussion on how to address negative ACE outcomes is appropriate and should be facilitated by enactment of this resolution.

Education policy has benefitted from a more complete understanding of the impact of ACE's on students. Jim Sporleder, former Principal at Lincoln High School in Walla Walla, WA, completely overhauled their school discipline policy with outstanding results. Out of school suspensions were reduced by greater than 85% and rates of graduation increased as a result. The San Francisco School board adopted Resolution No. 1312-10A4 in 2014 to address school discipline by using a trauma informed approach. Massachusetts is a leader in helping traumatized children learn through innovative processes, and published "Helping Traumatized Children Learn" in 2005. I introduced this concept to Anchorage School Board Chair Jeannie Mackie and Superintendent Jim Browder in 2012.

Health care policy can benefit significantly from a consideration of the negative health impact of childhood trauma. Many of the negative behaviors seen in considerable volumes among high ACE individual have a cumulative impact on health deterioration and chronic disease. Heart attacks. Chronic Obstructive Pulmonary Disease, auto immune diseases, cancers and a host of other disease are assisted by a compromised immune system. Unrelenting childhood derived stress can create considerable fear and anxiety leading to a constant state of neurobiological activation that eventually suppresses the immune system.

Juvenile Justice and Corrections policy will also benefit substantially from a trauma informed approach. President John Adams, while commenting on Blackstone's commentary, stated "It is more important that innocence should be protected, than it is, that guilt be punished; for guilt and crimes are so frequent in this world, that all of them cannot be punished...." Our Alaska approach of longer sentences and greater prosecution has led to a huge corrections budget. Yet research from other jurisdictions reveals the payback for a trauma informed approach to juvenile justice and education in reducing crime in Alaska. And research has demonstrated the wisdom of addressing childhood trauma within prisons. Although the literature is small, reductions in violence and recidivism from the teaching of Vipassana mediation in 3 prisons found promising results and lowered incident rates. If healing protocols involving mediation and other mind interventions work in prisons, they should work in earlier interventions as well.

As Alaska addresses its current fiscal challenges, we have a choice. We can choose to address the epidemic of childhood trauma and reduce the cost burden to our state in the long run, or ignore it and continue to increase the costs and suffering of our citizens. I think of it this way. One of the 10 ACE's studied was having a parent in prison. The likelihood that having a parent in prison is accompanied by 2 or more additional ACE's is greater than 50%. Our prosecution and sentencing policies have burdened many more children in Alaska with an ACE, accompanied by the likelihood of many more. Our current prosecution and sentencing policies are not only increasing our cost for prisons, but many other costs as well, in schools, local governments, college, the workplace and for healthcare. ACE's are ubiquitous in Alaska.

I encourage the Health & Social Services Committee to report HCR21 from committee unanimously with a favorable recommendation for passing. On February 10, 2016, Dr. Rosita Worl, Dr. Vincent Felitti and I met with Governor Walker, Lt. Governor Mallott, State Medical Jay Butler, MD and Corrections Commissioner Dean Williams and asked for their support for HCR21. Governor Walker committed to looking at the resolution and making a decision about support.

Thank you for considering HCR21 and reading this letter of support. If there is any additional information I can provide for you or the committee, I stand ready.

Gratefully yours,



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Sealaska Heritage Institute

cc. Dr. Rosita Worl
Representative Geran Tarr
Representative Neal Foster
Governor Bill Walker
Commissioner Dean Williams
Dr. Jay Butler