

March 15, 2016

Representative Geran Tarr  
State Capital Room 409  
Juneau, Alaska 99801

Dear Representative Tarr,

It is with great pleasure to provide this letter of support for House Concurrent Resolution 21 – Adverse Childhood Experiences (ACEs). NAMI, the National Alliance on Mental Illness, is the nation’s largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. As a local affiliate, NAMI Juneau provides vital education, advocacy, and support programs related to mental illness in the Juneau community.

We know that children who experience adversities (ACEs) such as abuse, neglect, and other traumas are more likely to perform poorly in school, abuse substances, have poor mental and physical health later in life, and end up incarcerated, among other issues. These levels of toxic trauma and stress are not only driving addiction and mental health conditions but damaging brain development and leading to poor quality of life. Realizing these connections is important to improve efforts towards prevention and early intervention.

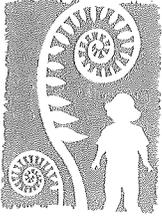
As noted in House Concurrent Resolution 21, Alaska is the first in ACEs. Local data shows that two-thirds of adults surveyed report traumatic childhood experiences at rates higher than other states. Not only is this costing youth their ability to learn and make healthy choices, these adversities have a significant cost both socially and economically. The Alaska Mental Health Board and the Alcoholism and Drug Abuse Advisory Board estimate the direct and indirect cost of adverse childhood experiences is costing us, as a state, approximately \$774,000,000 per year.

This resolution encourages early intervention and investment in children and families to ensure less trauma and greater resilience. We encourage the Governor and our State Legislators to work together towards making Alaska a trauma-informed state.

Sincerely,

A handwritten signature in black ink, appearing to read 'Crystal Bourland', written in a cursive style.

Crystal Bourland  
Executive Director



March 30, 2016

Representative Geran Tarr  
Alaska State Capitol  
Juneau, Alaska 99801-1182

Dear Representative Tarr:

My name is Joy Neyhart and I am writing to support House Concurrent Resolution 21 which calls for legislative action to address the public health epidemic of adverse childhood experiences. I have been practicing primary care pediatrics in an independent medical practice here in Juneau since 2000. Approximately 35 to 40 percent of the families for whom I provide medical care are insured by Alaska Medicaid. I also currently volunteer my time and professional knowledge by serving on the Maternal Infant Mortality/Child Death review committee for the State of Alaska, and am scheduled to begin service on the Alaska State Medical Board. I have also served a term on the Medicaid Medical Care Advisory Committee for Alaska.

As a pediatrician who has been providing medical care in Juneau for almost 16 years, I am on one of the front lines for screening families for childhood trauma. In the past, screening for adverse childhood events in the parents of my patients had not always been a part of every clinic or hospital encounter I have with the families I serve. I am now improving that area of my practice. Simply asking young parents "What happened to you as a child?" rather than assuming, even if not articulating as a question, "What is wrong with you?" in most encounters immediately begins to build trust and allow us to move together toward healing and preventing their infants and children from experiencing the trauma they did.

Unfortunately, while I am now becoming better able to identify families who have been affected by childhood trauma, the community of Juneau, and the state of Alaska does not have near enough resources that target early child development such as the Parents As Teachers program, substance abuse identification and treatment programs, especially for pregnant women, and affordable counseling services to address healing and prevention of trauma in subsequent generations of Alaska's children.

Although I am not intimately familiar with the implementation of programs such as Parents as Teachers, I am qualified to critically review the data available regarding the effectiveness of these and other programs and to endorse them as important tools for decreasing adverse childhood events for Alaska's children.

There is abundant evidence that children who live through adverse experiences become adults whose medical care and social services costs are far greater than those of adults who did not experience traumatic events as children. These references are readily available on the State of Alaska website on the Division of Health and Social Services page.



In this time of budget crisis for Alaska, we cannot afford for our government to not respond positively to this Concurrent Resolution when the future cost decreases in healthcare and other social services would be significant and have a longlasting positive impact on our state. Beyond the cost savings, a further evidenced-based benefit would be a larger proportion of Alaskan citizens able to become productive contributors to Alaska's economy. Addressing identification of adverse childhood experiences and working toward prevention will lead to decreases in the incidence of Fetal Alcohol Spectrum Disorders as well as lower infant and child mortality.

Please do not hesitate to contact me for further information or support.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Joy M. Neyhart'.

Joy M. Neyhart, D.O., F.A.A.P.  
American Board of Pediatrics Diplomate

## Bernice Nisbett

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**From:** Raymond Pastorino <pastorino@gci.net>  
**Sent:** Monday, February 22, 2016 11:22 AM  
**To:** Bernice Nisbett  
**Subject:** Support Resolution NO. 21

Representative Tarr, I am asking you to urge Governor 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. ACEs research supports prevention as a way of addressing this critical issue. Children who have experienced adverse experiences, such as abuse, neglect, and other traumas are more likely as adults to use Medicaid and government food programs, abuse substances and smoke, drop out of high school, become depressed and suicidal, to become obese or have other chronic health issues, experience homelessness, etc. The cost to the State for adverse childhood experiences is estimated to be approximately \$774,000,000 annually, according to the Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse. Prevention is the only intelligent solution. Thank you, Representative Tarr, for your consideration and your commitment to making Alaska a better home for our children.

Barbara Pastorino - 4935 Wren Drive, Juneau.

## **Bernice Nisbett**

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**From:** Pete Peschang <ppeschang@crnative.org>  
**Sent:** Tuesday, March 29, 2016 8:17 AM  
**To:** Bernice Nisbett  
**Subject:** Support for HCR21

To Whom It May Concern:

Copper River Native Association is an Alaska Native Tribal Health Organization that provides a variety of health services to residents of the Copper River Basin. We wish to lend our support for HCR21. We recognize and understand the impact of adverse child experiences on the people we serve and believe this bill serves the best interest of those we serve and all of Alaska.

Sincerely,

Pete Peschang

Behavioral Health Director

**Sam Trivette**  
**7870 Glacier Hwy.**  
**Juneau, AK. 99801**  
**[907] 789-0732 or 789-5116**  
[samtriv@gci.net](mailto:samtriv@gci.net)

**March 9, 2016**

**Representative Geran Tarr**  
**Alaska House of Representatives**  
**State Capitol, Rm. 409**  
**Juneau, AK 99801-1182**

**RE: HCR 21**

**Dear Rep. Tarr:**

**Thank you for your work and your collaboration with other Alaskans to get one of the co-authors of the Adverse Childhood Experiences Study [ACES] to Juneau, to present seminars and community work sessions. His knowledge and experience with these issues were invaluable.**

**I have been a member of the Juneau Suicide Prevention Coalition for over 8 years. The coalition has received accolades for its innovative work with suicide prevention. We have an astounding group of expert volunteers that are always looking to improve services to Alaskans. Several years ago, we became aware of ACES and its impact on greatly increasing the risk of suicide when individuals have experienced ACES. That is a large part of one of the grants the Coalition has, and JSPC has been working diligently to educate more and more Alaskans.**

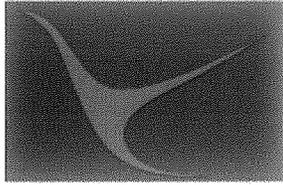
**If we hope to break the cycle of abuse and neglect, we will need to enlist the help of medical professionals, counselors, school, religious leaders, and other leaders in our communities. The costs to society are huge and we simply cannot afford ignore the impact of ACES.**

**Accordingly, I strongly support this resolution. You have done an excellent job in laying forth the research that supports the need to begin to slow down and reverse ACES in Alaskan communities.**

**Very sincerely**

**Sam Trivette**

**HCR 21**



# SEALASKA HERITAGE

February 15, 2016

Patrick M. Anderson, Trustee  
Senior Research Fellow on Childhood Trauma

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,



Patrick M. Anderson, Trustee  
Senior Research Fellow on Childhood Trauma  
Sealaska Heritage Institute

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



# Sunshine Community Health Center

HC 89 Box 8190, Mile 4.4 Talkeetna Spur Rd, Talkeetna, AK 99676  
Willow Clinic: PO Box 1049, 24091 Long Lake Road, Willow, AK 99688  
Telephone: 907-733-2273 Fax: 907-733-1735 E-Mail: [SCHC@sunshineclinic.org](mailto:SCHC@sunshineclinic.org)

March 15, 2016

Dear Governor Bill Walker,

Child abuse and neglect in Alaska are a chronic and devastating problem. To overcome the high rates of trauma experienced by our children and youth, prevention efforts need to be deployed at multiple levels.

Unfortunately, the trauma and sustained toxic stress associated with child abuse, neglect and a list of other adverse childhood experiences (ACEs) such as incarceration of a parent and drug and alcohol abuse have been shown to undermine a child's healthy development. Such factors damage the developing brain and adversely impact a child's learning and behavior, making academic achievement more difficult. Moreover, such factors increase susceptibility to physical and mental illness and put children at higher risk for involvement in delinquent and/or criminal activities. When children do not have equal opportunity for healthy growth and development, we are putting the future society of Alaska at risk.

The long-term effects of ACEs in Alaska are costly. High ACE scores are linked to social, emotional and cognitive impairment; adoption of health-risk behaviors; chronic medical diseases; disability and social problems; and early death. More than 65 percent of Alaskans have experienced adverse childhood experiences in their lifetimes. Additionally, Alaska has some of the highest adverse trauma rates among the five other states surveyed by the Behavioral Risk Factor Surveillance Systems survey (Washington, Louisiana, Tennessee, Arkansas, and New Mexico).

Preventing childhood trauma and supporting those who have experienced childhood trauma will save the State of Alaska significant costs across the board including spending on health care, Medicaid, incarceration and juvenile justice systems. According to a recent report by the Centers for Disease Control and Prevention, the average lifetime cost per victim of nonfatal child maltreatment is over \$48,000 per child. There are thousands of reports of child maltreatment every year in Alaska, meaning we are spending tens of millions of dollars every year for costs related to child abuse.

Sunshine Community Health Center supports HCR21 as one component of a statewide prevention system needed to help reduce traumatic experiences among our children, but also as an investment in our state's infrastructure and future.

Sincerely,

Shelis Jorgensen, DNP, ANP  
Medical Director



# *South Peninsula Haven House Shelter*

3776 Lake St. Homer, AK 99603

**office** 907-235-7712 **24/7 crisis line** 907-235-8943

**fax** 907-235-2733 **web** [www.havenhousealaska.org](http://www.havenhousealaska.org)

March 25, 2016

Dear Representative Geran Tarr,

I am writing to you in my position as the Director of Prevention at South Peninsula Haven House in Homer where we see on a daily basis the consequences of child abuse and neglect in Alaska, most devastatingly in the faces of children who come through our Child Advocacy Center, where investigations of abuse happen in a child friendly way. We also see the consequences manifest in a very different way: in the faces of the adult women we serve in our shelter. So many of the women seeking safety from abusive adult relationships were first abused as children, caught in a cycle of trauma that they are likely to pass on to their children.

Unfortunately, the trauma and sustained toxic stress associated with child abuse, neglect and a list of other adverse childhood experiences (ACEs) such as incarceration of a parent and drug and alcohol abuse have been shown to undermine a child's healthy development. Such factors damage the developing brain and adversely impact a child's learning and behavior, making academic achievement more difficult. Moreover, such factors increase susceptibility to physical and mental illness and put children at higher risk for involvement in delinquent and/or criminal activities. When children do not have equal opportunity for healthy growth and development, we are putting the future society of Alaska at risk.

The long-term effects of ACEs in Alaska are costly, not just on the people who experience them. High ACE scores are linked to social, emotional and cognitive impairment; adoption of health-risk behaviors; chronic medical diseases; disability and social problems; and early death. This reality diminishes Alaskans' opportunities to live fulfilled and healthy lives, and puts a heavy burden on our society, psychologically and financially.

Preventing childhood trauma and supporting those who have experienced childhood trauma will save the State of Alaska significant costs across the board including spending on health care, Medicaid, incarceration and juvenile justice systems. According to a recent report by the Centers for Disease Control and Prevention, the average lifetime cost per victim of nonfatal child maltreatment is over \$48,000 per child. There are thousands of reports of child maltreatment every year in Alaska, meaning we are spending tens of millions of dollars every year for costs related to child abuse.

South Peninsula Haven House supports HCR21 as one component of a statewide prevention system needed to help reduce traumatic experiences among our children, but also as an investment in our state's infrastructure and future. We bear the responsibility to keep our children safe and give every Alaskan the chance to live a healthy, safe life, not to mention to think sustainably about our financial future. Making a commitment to reduce childhood trauma could do both.

Sincerely,

Rachel Romberg  
Director of Prevention