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July 11, 2019

ORAL TESTIMONY

Testimony of Christina Bethell, PhD, MBA, MPH

On behalf of the Child and Adolescent Health Measurement Initiative (CAHMI)

Before the House Committee on Oversight and Reform hearing: "Identifying, Preventing, and Treating Childhood Trauma: A Pervasive Public Health Issue that Needs Greater Federal Attention"

Good morning Chairperson Cummings, Ranking member Jordan, and members of the Committee and thank you for inviting me to speak with you today and for your leadership on this important issue. My name is Christina Bethell, and I'm a Professor at the Bloomberg School of Public Health at Johns Hopkins University and also a board member of the non-partisan not-for-profit Campaign for Trauma Informed Policy and Practice.

I am also a person with lived experience with the majority of childhood traumas that are measured in the ACEs study - and a grateful recipient of nearly every federal program supporting vulnerable children and families.

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The science of ACEs and resilience shine a light on the importance of the moment by moment relational experiences of children to their healthy brain, body and socioemotional development, not only of our children, but our entire population. The science requires a paradigm shift in how we think about child development, human health, social problems and the skills and requirements for our own well-being, which we can learn.

Like an eddy in a river that stops the flow of water, through biologic mechanisms we now understand, trauma can stall healthy brain, body and socioemotional development of children and these impacts cut across life and across generations. We then go on to diagnose, medicate, treat the illnesses that are often a very predictable out-picturing of unhealed trauma—without any awareness of their origins, biologic drivers or possibilities for healing.

When enough people—such as the two-thirds of adults and nearly half of US children today--carry ACEs, we find ourselves in the midst of a synergistic epidemic- where we can't deal with what ails us unless we also deal with the long reach of childhood trauma and proactively promote the relational, emotional and stress regulation skills and factors essential to positive health and well-being.

Addressing childhood trauma and promoting child well-being is our greatest public health opportunity and need - and in this work, *we are the medicine* that we need. We must foster "through any door" cross-sector strategies to build engaged healthy communities that work together, shift social norms to support healthy parenting, eliminate stigma and shame and build a trauma informed workforce. And in this, we need a stronger and more robust federal policy response.

We are fortunate today that many people understand these issues, but most do not. This information is still new. Just last month, out of a room of 600 health, education and social

service workers, only about 30 raised their hand for ever having heard of the ACEs study- and upon hearing they immediately saw how their lack of coordination with each other was re-traumatizing the families – and also by not engaging the families and ignoring the issues they knew, once they learned about it, were really the underbelly of the problems the families faced.

While the *ACEs Connec*tion, *Change In Mind* and many of our other systems engage hundreds of communities in the US, most US communities are not engaged and even those who are need much more support for data, measurement, training, personnel and research.

My written testimony includes more data and recommendations related to each of the committee's areas of jurisdiction. Before closing, I do wish to mention just a few more recommendations related to our growing evidence base.

1. First, we need a population-wide approach. This is all of us.
2. We need an era of experimentation and investment to learn and build personnel and shift our workforce.
3. We need quality well-child care services, early care and education as our top opportunities to prevent and mitigate ACEs.
4. We need to invest in a national caring capacity that is trauma-informed.
5. We also need immediate shifts in federally supported programs and services that can perpetuate trauma unwittingly. Family-centered coordinated services across health care, legal, education and social service systems are needed but are often blocked by federal policies or lack of leadership.
6. We also need access to high-quality -what we call- neuro-repair and other methods that can reestablish disruptive neural connections, rebuild the often-lost capabilities and skills for something as simple as recognizing your own body and emotional

experiences, reframe disruptive thinking that can perpetuate trauma, and recognize impacts on self and others.

To close, distinct fields of science are coming together to create a new integrated science of human thriving. We need to use the knowledge and tools we have, evolve them and conduct rapid cycle research to drive innovation and implementation and shift how we train, incentivize and pay for programs impacting our population's health and well-being.

I feel very fortunate to live in a time when our science, lived experience and now our policies will meet to catalyze an epidemic of well-being that will place the US in the top -rather than the bottom few- of developed nations in measures of child and adult well-being.

I am grateful to be a part of your leadership toward creating a well-being nation and look forward to your questions.