Joanne Shenandoah: Thank you for coming back and for our new witnesses to be, who are up next, and I just want to say it was a really, for me, a glorious morning. We had such beautiful recommendations and we had some wonderful testimony and I just, I'm so inspired by that. As we've heard so many issues and troubles across Native territory in America and also Alaska, we always, it always feels good to hear what's working and so if you would consider thinking on your recommendations and make those points very clear to us, that is going to be a highlight of our day. So with that, I would like unexpectedly turn this over to Anita Fineday because she's going to take over for Valerie Davidson and I, my co-chair, on this production and we're going to give her dark chocolate for doing that, and just because the news is here and Valerie and I have to excuse ourselves just briefly. So we'd like to thank you for being here, and I want to have Anita proceed with our—with our panel number five. Panel number five. And I just want to tell you to speak into the microphone, you press the little button, and make sure that you are heard clearly. And so Anita is going to…

Anita Fineday: Thank you. I think everybody knows the drill by now but I'll just repeat just in case you weren't here earlier. We'll have you provide your testimony. There's a timekeeper—I think is Jerry timekeeping? Jerry will be timekeeping for you so we're trying to be considerate of everyone's time. We know that we—yesterday we had a lot of people at the end who wanted to provide public testimony so we want to make sure that they have an opportunity to do that if that happens again today. So we do have timekeeping. We'll ask you to give your testimony and we'll do testimony of the full panel, and then there'll be an opportunity for the members of the Advisory Committee to ask questions. And so that is, that's our format here today.

So we are going to begin our afternoon session with panel number five, which is Alaska Native children exposed to violence in the home and in the community. This panel will explain how these children are identified, screened, assessed and treated; will identify issues and obstacles and

provide recommendations on systemic and programmatic changes that should be made by the federal, state and/or tribal government to better protect, identify and treat Alaska Native children who are exposed to violence in their home and in the community. Each panelist will have a fifteen-minute presentation for a total of sixty minutes and then there will be time allotted to the Advisory Committee of fifteen minutes for question and answer. So I think we're going to start with Deborah Payne. So Ms. Payne, please proceed.

Diane Payne: Thank you. Diane Payne. First of all, am I speaking close to the mic okay? It sounds like I'm really loud.

Jerry Gardner: You are.

Diane Payne: I am loud? Okay. I am humbled by this opportunity to provide my thoughts and insights related to ending violence in the lives of Alaska Native children. My deep gratitude also to the distinguished members of the Attorney General's Advisory Committee for your commitment to the important work of addressing policy and practices that strengthen healing and wellness for the Native leaders of tomorrow. I have had the honor of working with some of you and I have great respect for the knowledge and the strong hearts that you bring to the task of this Advisory Committee. So I greet each of you and my colleagues at TLPI and all of those who are here with us with a warm handshake. It is an honor to be asked to speak on a platform with so many wise and passionate Native leaders in Alaska.

As I was taught, I always acknowledge and ask for permission of the original people of this land to speak. I know I don't see any of our Dena'ina people present but if you, those of you who are original people of this land, I just request your permission to speak. For more than thirty years I have actually lived on the original Dena'ina Athabascan land just north of here, close to Eklutna village, the home of Lee Stephan who opened the session yesterday. I also want to apologize in advance if there is

anything that I say that offends anyone. It's not my intention to offend but to speak the truth as I have been taught, to bring information and examples that are true in order to help you with the important work ahead. I offer my comments in honor of my adoptive Cheyenne mother, the late (Margaret Horn @ 5:26_1007), who was a boarding school survivor who opened her home to countless lost children in Spokane when I was growing up, and who helped me find the healing path from my own childhood trauma.

So during the 1970s when I was a young, impatient lobbyist for the Quakers on Native American issues in Washington D.C., an Iroquois Haudenosaunee elder with the White Roots of Peace—I wish Joanne was in here, she would know who I was talking about—had counseled me and told me that I was destined to become a bridge runner. That meant I was going to be going back and forth between the grassroots, what we used to call it in those days, and policymakers. So in those early years, I was blessed to be taught and guided by wise elders and teachers but by 1980, I really knew that my place was with the people at the community level. And so it was meant to be that I've spent much of my adult life working at the community level while still serving on state and sometimes federal committees.

I have provided more detail in my written statement about my background but I want to share a few things that might help you understand the source of my comments. My own healing path from incest and sexual violence brought me to Alaska in 1982, where I've been most of the time since then. Alaska is my home. My children and grandchildren and my extended family are here, and I am grateful to have been welcomed by and accepted by Alaska's original people. I have served on task forces and committees and currently chair the ICWA Subcommittee of the Alaska State Court Improvement Committee and sit on the Alaska Children's Justice Act Task Force and have served for fourteen years on the Alaska Maternal, Infant and Child Fatality Review Team. And in these forums, I try to bring the voices that I hear in rural Alaska to those forums and gather information

that I can use to strengthen rural community empowerment in my work. For more than eighteen years, I have been providing training to tribes on the Indian Child Welfare Act under a BIA contract, and that brings me to have regular contact with village-based child advocates, tribal leaders and community helpers. And over all these years I have traveled to large and small villages as I have provided tailored training and support for tribes developing child protection teams, child abuse prevention projects, and have also had the opportunity to spend a lot of time working in the rural hub communities of Glennallen, Dillingham, Nome, Kotzebue and Barrow in helping to develop several other rural CACs (Child Advocacy Centers). For instance, under a special Honoring and Protecting Our Children project and the Improving Services to Child Victims projects, I was contracted by the Alaska Children's Alliance to assist tribal communities with child abuse media projects and helping to establish multidisciplinary teams, and as well as providing outreach training and family advocate training.

You'd think for somebody that talks as much as me, I wouldn't get a dry mouth but I am. I also have had an opportunity to work with child abuse response initiatives in the lower 48. Between 2000 and late 2009, I directed the Alaska Office of the Tribal Law and Policy Institute and provided training and technical assistance nationwide for the OVC's Children's Justice Act Partnership for Indian Communities. So during those years, I worked with more than 40 tribes in the lower 48 on projects to address serious child abuse. I am also currently an OVC TTAC consultant and have for many years done OVC—or DOJ—grant peer review for BJA, COPS, VAWA and OVC.

So since the TLPI office closed, the Alaska office closed, I've been working mostly on tribal contracts, primarily in Alaska but have also been in Montana, Wyoming, South Dakota, Washington and also done some work with First Nations in Canada. So virtually all of my past 34 years has been at the tribal level and in roles where I am able to facilitate relationships between tribal nations and western government

agencies and entities. In the past six years, much of my work has been on empowering communities to end silence about child sexual abuse and developing community-based strategies for healing, which has included delivering the Pathway to Hope child sexual abuse training of tribal community facilitators' curriculum. I did leave a copy of the curriculum and some sample agendas and copies, several copies of the video that we use in that curriculum for the Advisory Committee with the staff.

So my experience and my expertise is in child victim advocacy and tribal empowerment related to the safety of children and I have had many opportunities to see how systems work or don't work, what is available and what is not available to prevent and address abuse and to help children and families heal from multigenerational and childhood trauma. My role with Native children exposed to violence in Alaska has been in teaching, training, empowering and guiding tribal staff and leaders and communities into strategies and policies to improve the safety of their tribal children. I have been able to provide direct victim advocacy for Native children and their families who have been victimized by sexual abuse off and on since 1982. Currently I have several children in rural Alaska that I am providing direct advocacy for as a result of their child sexual abuse. And in each of these roles, I have learned much from those who are within the circles of the children and from the children themselves.

So my comments to the Advisory Committee are really based on what I have witnessed, what I've been taught by tribal leaders, elders, parents and community members. Nothing I say here will be new. Leaders yesterday and speakers today have described the issues and the needs and, as has already been said, I also believe strongly that the answers are with the people and that there are already many who understand the needs, have the commitment and the desire and are working toward safety, healing and wellness for Native children and families. You have heard many ideas that will help stop the tragic trajectory of

Children who witness violence into social and school problems, into self-destructive choices of alcohol and drugs, and the choice to become violent, and self-mutilation and suicide. I support all of these recommendations that you have heard and the testimonies of Andy Teuber, Elizabeth Medicine Crow and the other tribal leaders.

The violence that Native children in Alaska are exposed to is bruising their spirit. Some of the bruising comes from people they know and love. Some of the bruising comes from helping outsiders who think they're doing the right thing by following their western system process and protocols, or even by some of the people using the same approaches they have used with indigenous people elsewhere, and unwittingly are causing harm by trying to transport that here.

Just a side note, I did put a lot of case stories in my written testimony and I have cut those out of this just because of the time allowance, but to address the bruising of the spirits of Native children, I really believe that we have to look at the whole circle around the child and understand that every wound in that circle needs healing in order to end the violence that impacts our Native children. Last week an Inupiaq elder told a group I was training in rural Alaska when we love and respect our children, they learn how to love and respect others. When our children do not feel loved and respected, it hurts all of us. I know that the suffering of one child affects us all because we are all connected. I also know and believe that the traditional teachings and cultural values of Alaska Native people have provided protection and support for Native children since the beginning of time. I know and believe that there are still today many, many wisdom keepers and strong community-based values and practices among Alaska Native people. In a place that appears to have so many challenges and obstacles, there are also so many, many strengths and so much wisdom. To draw on this knowledge and these strengths, I believe that individual and community empowerment is the key needed for the safety and wellbeing of Native children.

So I was asked by the organizers to focus on identifying screening and assessment and treatment of Native children exposed to violence. I can comment on these to some degree but I know that you're also getting a lot of other written testimony and data and other things around some of those systems so—and I have provided a lot of attachments. So rather than spend a lot of time on that, I really want to just comment on a couple of, some of the things I see happening related to identification, assessment and treatment, and make my recommendations based on my own experience as well as what I have learned from Native people.

So to start with, I want to talk a little bit about assessment and how—or I mean identification, and how do we identify Native children exposed to violence? It is disturbingly common that in rural Alaska, the Alaska Native children exposed to violent environments remain invisible until or unless law enforcement becomes involved with criminal conduct of caregivers or the adult victim of violence, usually the mother, seeks safety and protection from the violence, the child needs medical care or the family comes to the attention of the child protection system for some other factor.

There are many people who have a duty to identify, report and respond to Native children exposed to violence in rural Alaska. This is school officials, itinerant health providers, public safety officers, child protection workers, community leaders.

I often, in the training that I do, hear frustration from ICWA workers and tribal leaders about teachers and school personnel. The school is a place where it's important to be able to recognize child abuse and to know how to respond when a child makes a disclosure or a tentative outcry, and what to do to support a child who has experienced abuse. During my extensive travel in rural Alaska, I talk to school officials, I make a point of going and asking them what do they have concerns about, what do they do, what have they had training on and what do they know. And almost without exception, I learn that rural Alaska school officials rarely get

any formal training in their duties as mandatory reporters of child abuse. Instead, they get a DVD or online instructions about reporting and have little or no real understanding of what the signs are or what behaviors children may have that signal, should signal a concern that a child is experiencing abuse, witnessing violence or feeling unsafe. And I want to just give you a brief story here about that.

During a visit to a Western Alaska village where I was there to help develop a village-based child protection team, the Tribal Council also arranged for me to do a short in-service with the teachers from K-12 about mandatory reporting. There were many questions, and there was probably about 35 or 40 teachers in the room, there were many questions about what types of behaviors should raise concern, how much to rely on the words of children, like are they truthful— even doubt whether or not children told the truth when they were talking about abuse—and discussions of the consequences to the teachers if families found out the teacher had reported. One teacher told me about concerning behaviors with a second-grader and upon my probing, she also reported that an elderly family member who had previously been convicted of child sexual abuse had moved into the home with this second-grader and the extended family. However, the teacher told me the elder is now in a wheelchair and he can't walk so he couldn't be doing anything, right? Another teacher told about a thirteen-year- old had come to school a few weeks before and reported being raped the night before by an older family member whilst she was asleep. The student made the teacher promise not to tell anyone and the teacher was struggling with what to do. She had not reported the rape and did not know how to talk to the student except to tell her that what happened to her was wrong.

And these are just examples from one village. I could go on and on and on. I hear these not only from teachers but also from community members, the frustration about those who spend the most time with the children don't know what to look for or what to do.

In that community, the principal actually was so concerned that they wanted to have me come back and do a full day in- service for all of the teachers but the superintendent told them that the DVD training they got was enough and that they were teachers, not social workers.

So in addition to teachers, there are also many, many itinerants that come in and out of our rural Alaska communities: healthcare providers, public health nurses and others who have an opportunity to teach and support caregivers and help them understand when children have been exposed to things that are harmful. Even rural law enforcement receive very minimal training on what to do or how to recognize it or even how to respond and I have had involvement in training VPSOs and others, particularly around the issue of sexual abuse, and just even knowing what to say is something that most of our rural mandatory reporters are not taught.

So beyond the lack of reporting, I think it's also important to note that school personnel particularly might also compound the harm by their reactions to children who are experiencing violence. Over and over I hear these stories from ICWA workers and community members and tribal leaders. Just last week, again, when I was in rural Alaska I was hearing examples of children who were unable to sit still, expressing anger or frustration, sleeping in class, crying frequently, being distracted or inattentive being punished by being sent home for the day or expelled from school for days, often sent to the same situation that was abusive to them, without inquiring further into the child's environment, assuming the child was willfully disobedient instead of suspecting that the child may be experiencing some kind of trauma or witnessing something that would cause that kind of stress.

So, and I just—you know, an acknowledgment of the difficult role that many of our rural teachers and providers have, I also want to acknowledge that teachers are very frustrated with this. Teachers and community providers

are frustrated with their own lack of knowledge and lack of understanding of what they should do and what they can do to help make things better. Unfortunately, in most of our rural communities, people don't stay very long. They come and they go and you know, sometimes they're coming to have an adventure, sometimes they're coming to pay back a student loan, sometimes they're exploring and trying out new things and so they want to go try living in a remote place. But we don't get people that stick around very long. So that adds to, compounds the challenge of developing those relationships and the capacity to be trusted and to be able to help children in those situations.

I told Jerry he was going to have to come and probably put duct tape on my mouth if I went too far but I have so much to say.

There are also a lot of things that I experience where community members assume that if a child is being harmed or if something negative, if something harmful is happening that the kids will tell. People will come and tell you if something's wrong. And we all know, those of us who work in this field, know that children don't tell and some never tell, but there's information, there needs to be information, as had been talked about by others, to help our community members, our families to really understand how do kids tell, when do they tell, why do they tell and what do we do when they tell.

I have, we know that children who feel valued and believed and supported are more likely to tell if something is not right. I have witnessed so many changes in the disclosure process for children in communities where adults have begun to speak openly that it's not okay to hurt children, that it's important to keep children safe and it's important to value children. Those tribal communities that have established child protection teams and developed community wellness activities for children and youth, which you will hear more about, I hope, from Evon Peter, places

where children are valued, they're more likely to tell. And so there's just some things at the community level that are so fundamental that can happen to help children with that process.

And I mentioned the high turnover in key roles; that really has a—is a big challenge in creating trust and allowing people to feel safe in bringing these concerns forward. I hear them a lot when I train tribal workers but they're used to me, they've seen me lots of times, over and over and over, and they begin to tell me these stories about things that are happening in their communities. Many of our communities experience such a turnover that they never develop a relationship with the people, the helping people that come from outside the community.

So, and I realize I'm out of time. I have some comments I already turned in about assessment and some about treatment and just want to make a couple of notes. Andy Teuber identified a big issue yesterday when he mentioned the need for resources specific to children and I know Dee was interested in hearing more about the Behavioral Health Program. So what I want to say about that is that in developing the Pathway to Hope child sexual abuse curriculum that was developed here in Alaska in 2006 and has been used throughout Alaska, and actually lower 48 as well, to help communities begin to strategize around child abuse, some of the things that we have found that are really important to know is that there is no consistent source of behavioral health, clinical behavioral health services to rural Alaska children. It just doesn't happen. If there's behavioral health services at all available to people at the village, they're usually generalists and some of them are even quite uncomfortable with working with children and quite uncomfortable with working with sexual abuse. And so those, some of those issues of providing clinical help, you know, are just—I mean we, I think we should continue to work towards that but another really important alternative is to build the skill level of the people who are in the community to have the capacity to recognize and support

and know when those kind of referrals are absolutely essential and know how to facilitate them.

As someone else mentioned, there's flight, fright—flight, freeze or fight response to complex trauma and without a doubt, that is exactly what we see when we do the Pathway to Hope curriculum at the community, the village level. We see the majority of people who, in those communities, who have resorted to those different mechanisms to be able to manage the complexities of the trauma that they're trying to navigate. And there is no replacement for really working at that level. We cannot begin up here when people haven't healed down here at the very basic level.

So you know, I know there's dilemmas that we can't—they're not easily solved, but I have lots to say about the way the Behavioral Health Program—so I'm probably not going to even talk about that. But the other, I just had a couple of highlights that I would like to recommend to the Committee.

I made a number of national, broad, sweeping ones that involve funding community-based programs but I also would like to say that we really need to, as Andy Teuber mentioned, we really need any funding streams and programs that are going to be available to Alaska tribes and Alaska communities, they need to have technical assistance and training provided by people who know how things work here. It's so hard for us to continually have to adapt what was developed for people in western society or lower 48 tribes, to adjust constantly, because our TA providers are all from somewhere else, having to spend so much time and energy and resources to try to adapt the things that were made for someone else. And I know Andy spent some time on this.

But there's a very—there are some promising practices. Tribal Law and Policy Institute years ago developed an American Indian and Alaska Native Victim Assistance curriculum to train victim advocates and, to my knowledge, that has not been used beyond the initial pilot. I think Alaska

would really benefit from having that curriculum tailored, developed specifically for Alaska and for our communities that are working with so many victims, so many survivors of so many different traumas. So to find a way to revive that curriculum and make that possible for that to be available for not just the providers but for the community members in Alaska.

The other thing that I think is really important to note is the importance of doing things at the community level where they're at. There should never be a cookie-cutter curriculum. There should never be a standard set of materials that's used the same way every time because our communities are at so many different places. And our Pathway to Hope curriculum does that and it provides, allows each community to be able to tailor that, their needs to that curriculum and identify where they want to go with that and develop strategies for addressing child sexual abuse.

So I apologize to my colleagues for going over. There's a reason the Salish call me "Talks a Lot" and I will stop here.

Anita Fineday: Thank you, Ms. Payne. Next we have Trevor Storrs, who is Executive Director of the Alaska Children's Trust. Please proceed, Mr. Storrs.

Trevor Storrs: Good afternoon and thank you very much for this opportunity. In the tradition of Alaska Natives, I'd like to introduce myself as Trevor Storrs. My parents are Bob and Cheryl Storrs. I am from a rural community in Alberta, Canada. I have been living in Alaska for seventeen years and my native terminology would be *gussaq,* and I say that because it's very important, if people did not notice, I'm a white guy and I really want to put that out there. I'm far from being an expert on the dealings of Alaska Native children. I live here in Anchorage, I once in a while get to see rural—our job is, at the Children's Trust, the protection of our children. I do have some info, but greatly what I'm here to share with you is kind of a larger-picture perspective and recommendations for you, and not as an expert in that area.

I've been listening to a vast amount of testimony today and all I can say is ditto, ditto, ditto. So I'm going to try not to repeat anything that was said and only try to provide maybe some perspective and ideas that have not been shared.

You have heard the terminology "adverse childhood experiences" (ACES), brain development and resiliency. So what's so significant about that? We are on the verge of a public health revolution. Many of us do not remember, because we were not here back in the early 1800s when TB was killing thousands, tens of thousands of people, not just in our country but across the world. There was a man by the name of Dr. Koch—he found out and linked bacteria to TB and understanding the implications of that bacteria. It revolutionized and created the concept of infectious diseases.

Why is that important and why would I bring that up? Think of that on the line of public health. Not only did that discovery address TB itself but think of the research that has stemmed from that initial finding. There have been thousands of thousands of papers and research based off of that. Think of data collection today and how we collect data and relate it to infectious diseases. It's very staggering. It's very detailed and a lot of energy is put into it. The monitoring systems that we have, post-educational systems. Think about the education that people now have related to infectious diseases—and I'm not just talking doctors and nurses. Think about teachers. Think about people that are working in HR and understanding of making sure their staff stay healthy and so forth. The legislation that has been passed. Policies and procedures, not just at government level but at business level, the business's practices and, most importantly, social norms. In the past hundred years, that one finding transformed who we are and how we deal with infectious disease today.

We are talking about the same epidemic, not just with Alaska Native children and American Indian child welfare but children across our great nation and of this world: trauma, the impact that it has on brain development and the importance of resiliency. If we truly embrace that study of not just the ACEs but around brain development, we can

truly transform this. We have been dealing with this issue for decades. This did not occur yesterday. We also need to embrace that it will take us decades to change this, but we can change that amount of time, as we've talked about here in Alaska about our great gas pipeline, we should have started it fifteen years ago and since we didn't, we should start at least today because it's still going to take that time. If we start today, we won't be like infectious disease for a hundred years. We can learn from them and that process and cut it down by decades if we truly embrace this.

As well as understanding today and yesterday, I heard things like "Restore us." "The soul of a child." I can't touch that. I don't always understand what that means, especially that I have not lived it. I have lived my own life and I can maybe relate to it but I don't fully understand it. But when I learned about the ACES study in brain development in the past two years in this position, I had the a-ha moment. I got it. I understood. I grew up in rural Alberta. We had First Nation and I grew up with the attitude—and it was surrounded by me—of "Why can't they get over it?" They didn't live during that time that we took things from them. It was that other generation. When are we going to be done? I never understood this concept of historical trauma. Through the training, through the sharing of information, again I got it and that's where I think people struggle. They're like uh…and then they base decisions off of that.

What does that mean in related to all of this? Well, it comes down to some recommendations. First and foremost, we have been using the word "trauma" a lot. Trauma happens after the incident. Wouldn't it be nice if we prevented the incident so we didn't have the word "trauma"? Trauma-informed care is very important to deal with those today that we were not able to rescue or save but we cannot allow that to be our only focus. Primary prevention is key. If we do not provide the equal investment, in my opinion more investment, in primary prevention, we will be continually

having these discussions and we'll continually see the trend rise versus turning that curve and starting to celebrate the successes.

Education and awareness: you all have heard of the ACES study. You probably have been exposed to brain development and resiliency, but you are not the ones who are making the decisions. We have governmental officials that greatly impact all areas of Alaska Native life as well as all of our lives. We have legislators who are making decisions based off their personal experiences and if they don't understand how their decision could either support trauma or prevent resiliency, they're not in a good position to make a decision. It is our responsibility to ensure that they really understand this and go through a full day training.

The State of Washington is an amazing example and there's more states following. They, for ten years, went out and educated communities and their legislature about the impacts of ACES. One of the results? They understood when a mother was separated from the child, the impacts that had. So they passed a law where mothers weren't necessarily going off to jail; they got detectors on their ankle bracelets, and they got to stay with the family. So they minimized that trauma while still holding somebody accountable.

It's ensuring our judicial system really understands that. We have heard how Alaska Natives are overrepresented and they're overrepresented because of people's bias and lack of understanding how historical trauma has impacted them. And I am not suggesting that people should not be accountable for any behavior. However, how we interact with them would be greatly different by our understanding. How we interact and allow families to come into jail systems would be greatly impacted. Right now it is seen as - no, keep the kids away. But the kids want that connection and the bond that it creates.

Think about Fish and Game, when they make decisions—I'm about to start dancing. Think about Fish and Game, when they make decisions about subsistency, it's not just about who gets to catch a fish. It's related to culture and we know culture is an extremely importance piece of resiliency. But does Fish and Game really understand trauma in resiliency? They're not understanding. The Department of Economics oversees the alcohol industry. Over 80% of our cases here in Alaska—and we know nationally 75% of all child abuse and neglect—is alcohol-related. We need to make sure that our decisions, that they are basing decisions on that and not just a lobbyist who wants to make more money because they make it and then we pay more in services.

If people were informed, just imagine the decisions that they could be making. You can be recommending and demanding that all governments at the federal level are doing that kind of education. It's happening here in the State of Alaska. The Behavioral Health, the OCS, many of them are really getting up to speed with this and they are slowly but surely seeing the transformation in how they interact not just with Alaska Natives but with all of their contacts.

Positive social norming; we have talked about the horrific stories and they needed to be heard, but I remember going to Bethel and I presented, and I stated the case of why we needed to look at trauma in ACES and I gave these horrific statistics. At the end, I was waiting for my ride and an elder came up to me and said, "I normally don't talk to you people,"—meaning the *gussaq*—but she goes, "I liked what you said but there's something you need to know. I want some hope. I am proud to live in Alaska. I'm proud to be Alaska Native. I don't need to be told all the times of what we're doing wrong." And they're not alone; we do that to every community. We need positive social norming. If you look at commercials that deal with behaviors, they reinforce the negative behavior. "Don't do this." We don't talk about "Do this," the positive stuff. If we really believe—which we know exists—the stigma around being Alaska Native and we want that to change, we need positive social norming

that goes on in our community to change that, not just the hope that we have diversity and talking about diverse communities, the importance of embracing them. Positive social norming.

Think of the word “prevention”. Think of that word in government. More than not, it’s seen as taboo. Prevention? No. It’s amazing how we’re willing to give money to build a new jail versus prevent people from going to jail. And let’s have an honest conversation about that. Government will not pay for prevention. It’s our job to figure out how to get them to understand the impacts of it, and you can help us doing that.

Positive social norming about the value of investing in kids. Less than one-tenth of the federal budget is focused on children. Our number one resource that will continue to be in our communities gets very little to no attention. Give me one battleship—and I mean the money that you're using to build it—and watch what can happen. We have no value for these children. We talk, and we’ve seen it, but there's no action. They pit each other against each other, we've seen that. Well, do you want nutrition? Do you want childcare? No, we want both and we’re going to get both. We’re going to deal with the trauma. We’re going to hold onto this and we’re going to work on the brain development side of things. Real resources.

Empowering the communities, you've heard that. Let’s be honest, again, we've been dealing with this for decades and it’s going to take decades to change it. That’s not the role of government and why is that not? Because of politicians and not because they're bad but they're on a cycle and they're always out for the next election, and that’s not their fault; we have created that system and until we change that system, which is much greater than what we’re talking about today, we need to understand that they're looking for those short-term wins which allows them to continue on being elected and doing the work that they're trying to do. But there's one thing that’s always been a constant before any of us existed,

during that caveman time, and that's community. The community is always there. The majority of our villages existed before many of our big cities on the East Coast did, and they're still there today, even with erosion trying to attack them. So we know if investing in them, they aren't going to go away, and they're in it for the long haul versus a year or two years.

Lastly, where are the kids? There should have been a panel of kids here. I encourage you to look up the *Anchorage Daily News* or the *Alaska Dispatch* and type in "AFN 13 kids". There were 13 kids from the Tanana Chiefs who came out and spoke about the horrific experiences they had. They talked about what they needed, the current concerns that they had about elders being at the table because some of those elders were the ones they could not trust. The kids need to be here. If you have not created that, I'd want you to create—you can do it by phone. Reach out to those kids, hear their stories, read about it. They are going to tell you things that you are not wanting to hear but we need to listen.

Lastly, in closing, as a nation we need to embrace the concept, "It takes a village to raise a child." We need to find that value and embrace it. I challenge all of us as individuals, community members and leaders to ask ourselves one of two questions. How do I or the organization I'm with reduce trauma? Or/and how do I or the organization I'm with build and sustain resiliency? Or more importantly, maybe we need to be asking ourselves and not pointing the fingers, what are we doing that's preventing us from doing those things? If we have those questions, and they're simple and easy, just imagine what we can do. And until we start begin—start to begin asking these questions honestly, we will continue to be before you and seeing these trends.

Again, thank you very much for this opportunity.

Anita Fineday: Thank you, Mr. Storrs. Our next speaker is Dr. Baldwin-Johnson, Medical Director of Alaska CARES. Please proceed, Dr. Baldwin-Johnson.

Cathy Baldwin-Johnson: Good afternoon, thank you. It is truly an honor to have been asked to be here. For me as a family physician, the issue of family violence is absolutely tied to health and safety of all Alaska children. When one child suffers from violence and adversity, we all suffer, as a society, as a state, as a community and as fellow human beings. And I have very personal reasons for wanting Alaska to be a safe place for children to grow up. I am first and foremost a mother of two children, now grown, and I hope that my future grandchildren will be raised here.

I am a lifelong Alaskan and have been a family physician now for 31 years. I spend most of my time now as the Medical Director for Alaska CARES, which is a Child Advocacy Center or CAC here in Anchorage, and I also volunteers as the Medical Director for The Children's Place, which is the CAC in Wasilla, which I co-founded a number of years ago.

For many families and cultures, stories are used to teach, to explain and pass along tradition, and so I would like to use a story to help describe what we face in our state. Mary is a fourteen-year-old girl raised in a village of 200 in a remote area of Alaska. She comes to our CAC to be evaluated, and I will return to Mary's story a little later. First I want to talk about Mary's mother, Josephine.

Josephine is an overweight diabetic who periodically binge-drinks. When she drinks, she forgets to take her medications. She has required emergency transport and hospitalization twice in the last year for alcohol poisoning and dangerously high blood sugars. Like many physicians, I would sometimes get frustrated with patients like Josephine, with their multiple health issues and their poor lifestyle choices. They continued to abuse their bodies and yet came back to me again and again wanting me to have some kind of miraculous fix for them, and I just couldn't understand why they didn't follow my perfectly good advice.

And then a number of years ago, I heard Dr. Vincent Felitti present at a San Diego child maltreatment conference about

the Adverse Childhood Experiences Studies and I had an entire paradigm shift in how I think about chronic disease. Dr. Felitti—and I know that this panel is probably very much aware of the ACE studies but Dr. Felitti from Kaiser Permanente in California and Dr. Bob Anda from the Centers for Disease Control collaborated on this study where they found this link between bad things happening to children, various kinds of abuse, neglect and family dysfunction, and poor adult health outcomes. They also found a dose response; that is, the more bad things happened to kids, the more likely they are to have these poor outcomes as adults. And those links that they found in ACE studies and others very similar to them have been found in a number of other studies both in pediatric populations and in other countries around the world.

So learning about these links really transformed how I approached my patients and their chronic health problems and it also brought the realization for me that we need to be working further upstream.

Do the findings from the ACE study hold true in Alaska Native and American Indian populations as well? There's really no reason to think otherwise. There have been similar studies, as I said, in other countries that have had similar findings. There was a review by Brockie *et al* that concluded that reservation-based Native Americans disproportionately experience ACES and health disparities significantly impacting long-term physical and psychological health.

So what about adverse childhood experiences in Alaska? We are the nation’s largest state and we also have some of the largest problems. In Mary’s village of 200, reside six registered sex offenders. There is no one who has not been impacted by sexual abuse in this community. Mary’s mother’s Josephine was sexually abused by an itinerant priest when she was eight years old. Mary’s older brother committed suicide three years ago during a bleak year when four other young men also killed themselves in this community, and our newspapers carried stories about the

epidemic of suicide in young adults in rural Alaska.

Although we do not have a published Alaskan ACE study, we do have access to a number of different data sources that inform us. Alaska's rates of reported child abuse are amongst the highest in the nation. We have evidence of a disproportionate in our Office of Children's Services data as others have already testified to today. Our rates of forcible rape, high school dating and sexual violence, infant homicide, and suicide are significantly higher than national averages. 13% of our suicides are children and nearly 40% are Alaska Native or American Indian. In 2012, someone was worried enough to make a report to child protection for nearly one out of ten Alaskan children, and 4% of our pregnant women in our PRAMS data source admit to being victims of intimate partner violence during their recent pregnancy.

And in our state, as others have mentioned, we have to add the longstanding effects of historical trauma. Mary's great-grandfather was a shaman whose traditional ways of healing were ineffective against the great sickness of 1900. He and many other elders died during this epidemic of measles and influenza, taking with them the knowledge and spiritual belief system that had sustained their people for thousands of years. We must add the loss of culture, traditions, diet and lifestyle for many individuals and communities, the impact of poverty and racism, children sent far away to boarding schools, the introduction of alcohol, the physical, emotional and spiritual damage of clergy abuse.

It's not surprising then that our 2011-2012 Behavioral Risk Surveillance System revealed high rates of weight problems, smoking, alcohol abuse, inactivity and cancer in our Alaskan adults and in the 2013 Youth Risk Behavior Survey, many Alaska high school students reported weight problems, depression, suicide attempts and substance abuse. And in our Alaska Native population, almost all of the leading causes of death are higher than the general US population. Cancer is the leading cause of death, which is different than

most adults where heart disease is actually the leading cause of death, and suicides and alcohol deaths are much higher in our Alaska Natives than they are in our US whites.

And although it seems intuitive that child abuse should be bad for children, it's reasonable to ask why. Why is child abuse and neglect, why does it cause physical health problems? Why does someone who experienced traumatic stress in childhood develop chronic lung disease even if they never smoked? Why is it just as bad for a child to watch their mother beat up as it is for them to be beat up themselves? Why are generation after generation impacted? Why can't Mary's mother Josephine control her diabetes and drinking and why can't she protect her daughter better? Why is Mary's younger sister seemingly doing okay? Why is it that some children are more resilient than others?

We're beginning to get some answers that are simultaneously scary and exciting and that lie in understanding how our brains, immune systems and even our genetics respond to stress. And here it's important to differentiate between normal stress of learning something new, of working against a deadline from toxic stress or complex trauma, where multiple stressors and traumas occur over time, and inherent our—overwhelm our inherent resiliency mechanisms and end up creating permanent and measurable changes.

So we know that an infant's brain at birth is incompletely developed and in fact is built to develop in response to its environment. A child will learn to speak the language to which they are exposed. A child must—their eyes must be lined up the right way for their brain to learn how to interpret the images that the retina is delivering to the brain. And we also know that much of brain development is sequential; that is, a baby's brain must first learn very basic survival like how to breathe and how to regulate their body temperature, suck and swallow before they start moving onto more complicated tasks.

And now we know that just as children learn how to walk and talk, they must also learn how to form relationships and that a secure foundation from that early attachment and bonding is as critical to future brain success as learning any other skill. And now we also know that toxic stress permanently alters how the brain builds itself and wires itself, often in maladaptive ways, and that we can even see these effects on brain size and structure with our imaging studies.

We can also see the impact of stress on our chromosomes. Telomeres are stretches of DNA at the end of our chromosomes that have been compared with the plastic tips on shoelaces because they keep the chromosome ends from fraying and sticking to each other. Each time a cell divides, the telomeres get a little shorter and when they get too short, the cell can no longer divide and it becomes inactive or it dies. And so this shortening process is linked with aging and cancer and a higher risk of death. We now have studies that demonstrate both children exposed to violence and adults with PTSD as a result of childhood trauma have erosion of their telomere length.

It turns out that how our genes express themselves is also sensitive to what happens in our environment, and this study of gene expression is called “epigenetics” and it’s helping us to understand that even prenatal stressors impact gene function in offspring, including risks for schizophrenia, autism, ADHD and anxiety. Early life experiences after birth significantly affect gene expression that is measurable in both human and animal studies, for example human studies have demonstrated differences in stress reactivity and suicidality in children exposed to trauma. And there are animal studies that show after early stressors, there are differences in various behaviors, response to stress, sleeping patterns and the risk even of infections and how these animals care for their children in the future. And even more frightening, it appears that some of these epigenetic changes could be permanent and end up being passed along to future generations.

So what do we need to do? We certainly need earlier and better intervention. Child Advocacy Centers or CACs have been shown to be a viable model in Alaska and certainly across the United States. For those of you who may not be familiar with the CAC model, they provide a child-focused and child-friendly location where all of the agencies and individuals responsible for responding to allegations of child maltreatment bring their services and resources to the child and the family. Those services might include a forensic interview by somebody who's trained to talk to children about really difficult issues. It'll include a medical evaluation by a healthcare provider who has specialized training and experience, a psychosocial evaluation of the child and family, advocacy and support at the time, as well as any advocacy and support through the legal process should there be one, referrals for any needed services including and particularly counseling and further medical care. And we now have eleven Child Advocacy Centers and two satellite centers throughout Alaska. Even so, geography, weather and staff turnout—staff turnover and burnout in all of these involved agencies, as others have said, really affect our ability to respond in the way that we need to.

Alaska CARES is located in our largest urban area here in Anchorage and so we're the busiest Child Advocacy Center in the state. I work with a highly skilled and compassionate group of nurse practitioners and forensic nurses in a highly functioning multidisciplinary team with whom we are very fortunate to be co-located. We see on average more than 900 children each year and we also provide services to children who are admitted to the pediatrics units both at Providence and at Alaska Native Medical Center, and those children might be from anywhere in the state.

So I'm coming back to Mary. Mary was referred to our CAC from a residential treatment program where she was admitted after a suicide gesture and months of acting out. Mary's mother had thrown up her hands and sent her to live with her grandmother in Anchorage about a year ago. Mary started having what she called consensual intercourse with a 28-year-old she still refers to as her boyfriend, whom she

met via Facebook, and she was devastated when he broke up with her. In therapy, she disclosed she had been sexually abused by her father when she was four. Bad weather kept the assigned State Trooper from making it to the village for two days so even though the abuse was actually witnessed by a relative, the family convinced the relative not to testify and since Mary had a normal exam, the case was never prosecuted. During her forensic interview, she also disclosed that she was sexually abused by an uncle when she was eight and raped by her brother's best friend when she was ten. She tried to tell her mother about her uncle but her mother would not believe that her brother could ever do anything like that. She didn't tell anyone about her brother's best friend. She never received counseling. In her tiny village, mental health services are provided by an itinerant behavioral health specialist who comes in once a month if the weather allows.

At CARES, 45% of the children we see are very young, six and under. The majority of children we see are for sexual abuse but we also see children for physical abuse, severe neglect, drug endangerment, Munchausen's by proxy. We also see children who are chronic runaways and witnesses to violent crimes. Two-thirds are girls. 12% report exposure to violence in their homes and 11% to substance abuse and we actually believe those numbers are gross underestimations. We know kids often protect their parents and are not entirely truthful about what they see in their homes. Over a third of their parents who come with them report their own histories of child sexual or physical abuse, confirming the frequent cyclic and intergenerational nature of family violence. Sadly, 38% of the children that we see are Alaska Native or American Indian compared to less than 18% of our general pediatric population in Alaska.

During Mary's medical exam, we find that she has chlamydia and is at risk for a serious pelvic infection. She has also acquire a high-risk strain of human papilloma virus and her history of toxic stress has affected her immune system so

that she actually now has early cervical cancer. She is given antibiotics and a referral to a gynecologist.

So what else do we need to do? It would be easy to give up on both Mary and Josephine. It is discouraging to think they likely have irreversible changes in their brains and immune systems and even in their genomes. But there should always be hope. At almost any age, it is possible for the brain to learn, and I like to think that even though now I'm in my sixties, that that's still possible. There is research that shows that good social supports may mitigate some of the effects of childhood adversity, as may diet, medication and psychotherapy.

So these would be my recommendations. Help ensure the best response possible once abuse has occurred. Support ongoing funding for Child Advocacy Centers. We can't control weather or geography but we can ensure that there is funding and support for child abuse cases to be appropriately investigated and for children to receive services through a CAC that is reasonably accessible to them. Educate our communities about ACEs. Just as Trevor said, if we engage leaders, elders, business owners, we start with a few communities in Alaska that are receptive and ready to create safe environments for their children, and facilitate their development of intervention and prevention programs. We don't have to entirely reinvent wheels. We can try programs that have worked in other communities and just modify them as we need to based on the resources and the needs locally. Ask for accountability for funding. If a particular plan works, share that success with other communities.

When Mary becomes pregnant, we need to help her be a better parent by expanding programs that have proven themselves like Nurse Family Partnership programs and the Nutaqsiivik program at Southcentral Foundation is a great example of that. Trial other promising parenting programs that have worked in other communities like SEEK, which stands for the Safe Environment for Every Kid.

We need to get creative with our behavioral health services. Advances are being made in the use of telemedicine for mental health treatment but resources and research to determine effectiveness is really needed. All therapists providing behavioral services in Alaska should be aware of ACES and be able to provide trauma-informed care. Right now we have very long waiting lists for people that have trauma-informed treatment training. Get creative—I'm sorry. Educate healthcare providers about ACES and epigenetics. I'm always astounded when I do a training for healthcare providers how few healthcare providers have heard of the ACES studies. They need to know because we have to stop blaming our patients for their illnesses and we need to help our patients stop blaming themselves. We need instead to help them get care that integrates their physical, mental and spiritual needs, is trauma-informed and is culturally appropriate. We need to support research to determine the best ways to ameliorate the effects of ACES once they occur. We need to know how best to change the trajectory of Mary's life for the better.

Create a campaign to educate policymakers about ACES and the significant adverse economic impact of child maltreatment over both the short and the long term. They are grappling with how to pay for the high cost of our healthcare in this country and in our state. They need to understand that paying now for prevention will pay for itself within a generation.

The Centers for Disease Control recognizes the significant impact of child maltreatment and family dysfunction on health and safety for our entire nation. Significant strides have been made during my lifetime on other public health issues like smoking, vaccine/preventable disease and car seats through universal messaging, creation of positive norms and access to needed resources. It is time, as the Centers for Disease Control recommends, for every child to have safe, stable and nurturing relationships to help them be resilient to what life throws at them, and achieve their full and healthy potential. It is time to make children our

priority and we don't have a moment to lose. Thank you very much.

Anita Fineday: Thank you. At this time we're going to open it up to questions from the Advisory Committee members. Dee?

Dolores Bigfoot: Oh, I forgot, I have to push buttons here. Also realize that I probably need new glasses because I can't see the names of people over there but thank goodness we have it in front of us. Oh my goodness, I can't see. Diane, could you speak more about the behavioral health aides and how they're getting trained and providing supervision for them, and what would be helpful to better enhance that system? And then Mr. Storrs, I'm going to go down the line so you guys can take notes.

Joanne Shenandoah: You're going to give everybody questions.

Dolores Bigfoot: One of the things that we recognize is that people listen to people who look like them and they associate with me. So me as a, you know, short, round, brown female probably, you know, tall white males probably wouldn't listen to me as much except for a couple of US Attorneys.

[LAUGHTER]

And so you know, and right now with legislation and with the powers-that-be, it's not in the hands of short, brown, round women. So, so you know, I think there's a real need to think about a strategy how to help people who are in powers of—position of power—to better understand because you said, you know, in a very revealing way what's wrong with these people, how come they don't, you know… And also Dr. Carol, you also said, you know, what's wrong with these people, you know, how come? And you know, it would be wonderful if we could go and individually give instructions in various ways to this. So you know, legislators, the, you know AMA, other people that are needing to voice this in much broader ways are needed. And so, you know, my question to both of you is: how can we do that? How can we

expand this information so that it would be helpful? You know, we have interested people here today but that doesn't mean that they're in positions where they're going to share information. So right down the line.

Diane Payne: Okay, so I need to just first give a caveat that I am not a behavioral health aide, I am not clinically trained, I have not worked in that role. My insight comes from having had them in lots of trainings that I do and spending time with them at community. In Alaska there's a structure where all of the different health and social services programs are, for the most part, housed in regional entities that serve the communities within their region and I hope that somebody has provided you with sort of the details of how that structure works. For instance, Andy Teuber who spoke yesterday, as the CEO of Kodiak Area Native Association—Kodiak Area Native Association is, handles the health and social services under one umbrella. That's not always the way it is in different locations. It might be a health corporation like in Bethel, health corporation might be separate from the nonprofit social services/human services entity.

So the Behavioral Health Aide program, which is a paraprofessional group of folks that are trained to do, and I believe it varies, the length of training, and that is something that those agencies that oversee those programs all sort of have a template for training and they may have additional training they have, maybe focused more on one type of issue or another. A lot of them are focused on substance abuse and how to help people who are dealing with addictions at the community level. Some of them have had training on some of those basic crisis intervention skills. In the villages that I have been in, I don't find that very many behavioral health aides are either comfortable with or have been trained with some of the interpersonal violence issues, and particularly some of the criminal child abuse issues. We always have had behavioral health aides in our Pathway to Hope training because we were doing those community-based and so that gives them an opportunity to gain some

of that additional skill around working with children, responding to children, identifying children and so forth.

But, so the structure is very different depending on where you're at and even what the oversight is. There are places in Alaska where that hub—we all keep saying “hub” but that’s kind of the home of the regional agencies—where they may have a PhD-level clinical director for the behavioral health program and that person may be someone that stays and doesn’t really leave. But the people in between the behavioral health aide and the clinical director may be people who are only there for a couple of years, and so there's maybe turnover in the direct supervision of the behavioral health aide.

And at any given time, just imagine if you're a community member in your own community trying to provide crisis intervention or addiction/sobriety support or safety for domestic violence, so any of those kinds of very deep emotional and sometimes very personal things, and you're a community member, you may be even an extended family member of the person you're trying to help, that role can be very, very hard. And I want to give ANTHC some credit because they are just in the process of developing a resiliency curriculum for helpers at the village level, because they’ve acknowledged that one of the issues in that high turnover of those village-based health aides—I mean behavioral health aides—is that constant vicarious trauma that they're in.

But, so as a source of support or as a source of intervention, we would almost call them behavioral health EMTs and the degree of skill and the degree of comfort with doing that role, of being an emotional EMT, is really varied from both with the individual and also with the support system that they have. So you know, I just, I think we’re getting there, that we’re realizing we need to do a better job of having those village-based, community-based, knowledgeable people but we need more people in the village to have that knowledge besides the people who have that as their job so that that

support system is broader and it's more consistent and it, that it lasts.

So I mean I don't know if that answers all your question about behavioral health aides but it's, you know, it is one of my personal goals when I travel to villages to always make sure behavioral health aides are included in whatever I'm doing.

Dolores Bigfoot: Okay, thank you and you know, we keep hearing about how important it is for the community base that it's—that it's, you know, community-based, that it is community-driven, that it's the community really has the answers. So to have people knowledgeable and helpful at that level I think is critical in how to support that concept at the local level so that people can understand a study and understand brain development and all that other issues.

Diane Payne: Yes, and you know, just one more thing about that is that I have found that there is an incredible amount of insight into the causes and the generational issues when that dialogue happens in a safe way, that when confrontations or accusations and criminal cases and OCS cases and all those kinds of things start happening, people tend to sort of want to, you know, armor up and shut down and not acknowledge all those histories that Dr. Cathy just told us about in her example. But when we can have a safe community dialogue about that with the intention of creating some solutions at that community level and it's not about somebody's case or about a person, I have just found that communities are, the people who come together in those, in that discussion are really able to have honest discussions. They know that they've got, you know, this two or three generations of things that they've been reacting to and not healing from. And so that insight is there when it can be handled in a safe way.

Trevor Storrs: So you were basically asking what's the game plan; how do we do this? So okay, so the first thing I want to say is we need to let go of the concept that there is, as I referred to, an

Ikea bookshelf. Has anybody built an Ikea bookshelf? They're wonderful. They come, all the pieces, you open up the instructions, one, two, three, pictures. Boom, done, up against the wall, holds the books, never breaks down. If it was that easy, we wouldn't be having these discussions any more, and we need to be very careful that we don't get into that mode of what are the steps. And we've heard that. I think Diane talked about how communities don't create cookie-cutters that allow them to tailor and so forth. So the strategy is not to hold on that there's a silver bullet. So it wasn't like when Dr. Koch found the cure for TB and then on he went to polio. It's that it's a complex issue and we need to think about this organically. If you're talking about a cultural shift or a normative shift—and I should be careful of speaking of cultural, especially in this room because I don't want people to think that we are trying to change Native culture or anybody's culture but our value, sometimes our normative perspective—that we need to start planting seeds and then allowing it to grow.

A really good example is Walla Walla, Washington, and you hear me speak of that. They went out as a community and they were educating people on brain development, the impacts of trauma on the brain, i.e. the ACES, and resiliency; and then talked to people, depending on the audience, what does this mean to them and what do they do with this info. It wasn't hey, we've got an issue, see you later, start processing it. So they closed down their entire school district and everybody went through the training.

The principal of the alternative school where all the kids who were not being successful in mainstream school went, realized that all of his kids had high ACES. So he actually went back to the school and asked the question that I posed to you all in this room. What are we doing that's preventing trauma? What are we doing to build resiliency? And more importantly, what's stopping us from doing either one? And then identified one thing that cascaded huge difference. Now, it wasn't getting this big grant of money; it didn't exist. It wasn't about some vast training. It was using a different

lens. And they identified that their current policy of suspension, out-of-school suspension, caused that child trauma there, probably trauma at home and most definitely, one of the most important things of resiliency is a relationship with an adult. They didn't have it. They couldn't figure out why the kids wouldn't talk to them. Well, you kick me out of school, you don't care. They changed that policy, in one year reduced their out-of-school suspension by 80%. It wasn't a mandate from feds. It wasn't a state thing. No government. They themselves took ownership. That's what we're talking about.

When I spoke of imagine if Fish and Game, all their staff had this understanding, mandatory training. We mandatory train to make sure they don't sexually harass each other. Imagine if we did that around trauma and brain development one day, and then when they're looking at their policy and procedures about like subsistence that they start thinking about how's this impacting not how many fish people catch but the culture and how that's linked.

So those teachers over one year reduced—in-school suspension went up a little bit but what did change was attendance increased, parent involvement increased, teacher retention increased, graduation and then all this other stuff, and they had this rolling thing. A seed was planted in fertile ground. You need to find some champions and absolute—all these people in the room, we all fit some bill, whether you're short, tall, white, whatever. If we all start talking about this—and it doesn't need to be big.

Green Dot is a great example of teaching us how one thing at one moment—not everybody can do life journey. I could not imagine being in this lady's shoes for 16+ years dealing with what she's dealt with. I'd have maybe lasted a year and most people would last maybe five minutes and they would run. But we need to be able to give people something to do quick, in five minutes. And if you give this information at all levels, they think about it. Imagine employers, rather than going, "When are you taking your vacation?" asking, "When

are parent-teacher interviews and what time do you need off?" That's not a mandate the feds need to create a law for that. We're talking cultural if we really think about kids first, so you have to hit all those layers. And it is not a one-year process, it's not a one training. It's ongoing, good saturation of a community for three to five years, then it doesn't stop. And then culture. Tie it back.

What was the one social norm that exists today and you'd do it multiple times a day after Dr. Koch figured out bacteria and how it linked to infectious disease? And I'm asking you. Come on, one of you can answer. Hand-washing, thank you. Now I haven't seen a curriculum, I was never given one. I never had to buy a textbook. Everybody taught me that. It was passed on not just by my mother but by the teachers, by the Sunday school teacher, all of those people. And anybody sees somebody not washing their hands, they will say something. Imagine if we did that around preventing trauma. It's not going to happen tomorrow but if we start that process today, where we could be in ten to twenty years will be huge. So it's that planting the seeds. Does that help? So give me a battleship and I'll do it for you.

Dolores Bigfoot: We need to get everything on record so that's why we have…

Trevor Storrs: Then on record, give Trevor Storrs a battleship.

[LAUGHTER]

Joanne Shenandoah: Thank you all very much for your testimony. We really, truly appreciate your work and dedication to our children and the future of our planet. We're going to take a short break right now and we'll come back to the next panel, which will be promising approaches. Thank you.

[END PANEL 5]