



Opening Statement

COMMITTEE ON EDUCATION & LABOR

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The Hon. Robert C. "Bobby" Scott • Chairman

Opening Statement of Chairman Gregorio Kilili Camacho Sablan (CNMI)

Subcommittee on Early Childhood, Elementary, and Secondary Education Hearing

The Importance of Trauma-Informed Practices in Education to Assist Students Impacted by Gun Violence and Other Adversities

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I want to begin by acknowledging that this morning marks eighteen years since the terrorist attacks that struck New York, Pennsylvania, and the Pentagon on September 11, 2001. Let us please take a moment to remember the nearly 3,000 lives lost in those attacks. Thank you.

This morning, we are here to discuss the federal government's responsibility to ensure that every child — from the Marianas to Maine — has a nurturing learning environment.

Today, many children are prevented from reaching their full potential because they are suffering from the significant, long-term effects of trauma. In fact, 34 million children, or 45 percent of children, have endured an adverse childhood experience that can hinder their ability to learn and grow.

Extensive research shows that children who have experienced trauma and toxic stress are more likely to be forced into "fight-or-flight" mode.

In school, this can often manifest in trouble paying attention, an impulse to fight, and depression or anger.

These challenges can be further compounded by harsh school discipline, instead of helpful support, if a school is unaware of the science of trauma and toxic stress.

The trauma and stress of natural disasters has also affected student learning and well-being.

For the over 950 Hopwood Middle School students in my district who lost their campus to Super Typhoon Yutu, starting the new school year in FEMA-built tents is certainly not an ideal learning environment especially when the students themselves had their homes lost or damaged.

Damage from the storm has also forced schools to send their students to attend half-day sessions at other schools, robbing them of a full day of learning and the emotional security of having a campus community of their own.

While we do not yet fully understand how these students will fare over time under these circumstances, studies show that over a lifetime, victims of trauma can face a higher risk of drug and alcohol abuse, greater risk of suicide, and shorter lifespan.

Dr. Robert Block, former president of the American Academy of Pediatrics, has been widely quoted as saying, "Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today."

Children across the world experience trauma; the United States is not unique in that regard. But there are specific, preventable forms of trauma that our children experience more frequently than anywhere else in the world.

The most notable example is gun violence. America's gun homicide rate for 15-24-year-olds is nearly 50 times higher than in other high-income countries.

According to a database maintained by the *Washington Post*, 228,000 students have experienced gun violence at school since the Columbine tragedy in 1999. 228,000 students.

Americans, of course, are not 50 times more violent than citizens of other developed nations.

What distinguishes us from other developed nations is that we have failed to pass basic gun violence prevention laws that are supported by an overwhelming share of our constituents.

The consequences of that failure are felt in communities like Odessa, El Paso, Dayton, and Virginia Beach, which have all experienced mass shootings in the past three months.

They are also felt by residents in Chicago, St. Louis, Detroit, and other cities where families live under the constant threat of gun violence.

While this hearing is about implementing trauma-informed school practices, we cannot ignore the reality that much of this trauma is preventable.

Reducing gun violence, ending family separations, improving access to mental health care, quickly rebuilding schools lost to natural disasters addressing poverty, are some of the many changes we can make to improve the quality of life for children across the country.

But – given that we have shown little ability to address these issues – the very least, we can do is help schools educate children who shoulder the burden of our inaction.

More than 70% of children who need mental health services do not receive the appropriate care.

Low-income students of color, who are more likely to experience trauma, are often concentrated at segregated public schools that cannot afford critical mental health resources.

As a result, children of color disproportionately suffer the physical and emotional effects of trauma.

A recent report by the Government Accountability Office found that states are facing numerous issues supporting children affected by trauma, including funding challenges.

To make matters worse, President Trump and Congressional Republicans are further restricting mental healthcare at schools by repeatedly moving to slash funding for K-12 education.

This includes the elimination of Title II funding for teachers' professional development and the critical Title IV-A program, which is designed to improve school conditions for student learning.

The experts here today will broaden our understanding of how trauma-informed care can be integrated into learning practices, student discipline, and support services to improve graduation rates, student achievement, and school climate.

They will also help us understand how Congress can support trauma-informed practices that are proven to help students succeed.

Today's discussion is an important step towards addressing a pervasive public health issue that is affecting communities across the country.

Thank you to all the witnesses for being here. I now yield to the Ranking Member, Mr. Allen, for his opening statement.