



## **Testimony in Support of House Bill 2368**

March 9, 2021

House Committee on Education

Russell Lum

Good afternoon Chair Alonso Leon, Vice Chairs Neron and Weber, and members of the committee. My name is Russell Lum, I am a political organizer for Oregon Nurses Association. We represent 15,000 nurses — including RNs and advanced practice nurses — and allied health workers. Oregon Nurses Association and the Nurse Practitioners of Oregon encourage your passage of HB 2368.

ONA sees a clear benefit to providing services to Oregon's students with increasing adeptness in recognizing and addressing people's traumatic experiences, their trauma responses, their vulnerability to retraumatization, and their potential paths to recovery and safety.

Psychological trauma is an outside aspect of life which our systems of education and health care — and every point of service — must better understand, respond to, and work to demystify. Trauma is common, can be lasting, and can be brought on by structural or historical forces, such as racism. Trauma can be a reason why people seek services; it can also be a reason why attempts to provide services in certain ways are stymied.

The health data show correlation between adverse childhood events and heart disease, diabetes, autoimmune disorders, and premature death. Patients who have experienced trauma rely on flight, or fight, or freeze instincts, which interrupts planning and memory, which in turn interrupts being able to adhere to treatment plans. Trauma-informed approaches work to establish trust, emphasize patient choice and agency, and amply allow for patients to process surroundings, choices, and instructions. Our nurses who work in mental health care know the value of these approaches and indeed are at times in the position to ask, or demand, of their administrations that trauma-informed care be better trained for and enshrined in policy.

ONA particularly identifies childhood trauma — and its interconnectedness to conditions like poverty; food insecurity; inadequate housing; racial, ethnic, and other marginalizations — as a priority for Oregon to address. To reduce such traumatic harm and care for it better, sooner, would definitively improve health outcomes and lower costs. Further, it would reduce stress and trauma in health workers and caretakers themselves.

The pilot program established by HB 2368 is a start toward reaching these goals. The bill places value in local initiative and local community strengths and also value in follow-through by the State. For these reasons, ONA stands before you today in support.