

February 1, 2024

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

Dear Secretary Becerra,

I write to urge attention to the spike in childhood trauma, resulting from the COVID-19 pandemic. The combination of the deadly coronavirus disease and measures to mitigate its harms contributed to increases in traumatic stress and worsened existing mental health disparities for socioeconomically disadvantaged youth, adolescents of color, and LGBTQ youth.¹ Considering these devastating trends, I am requesting the U.S. Department of Health and Human Services (HHS) develop a plan to address the rise in childhood trauma through trauma-informed, healing-centered, community-based, gender-responsive, culturally-specific, and reparative approaches.

According to HHS, 49.5 percent of youth in the United States have faced mental health disorders at some point in their lives.² Young people, particularly in the middle of learning, building relationships, and developing their sense of self, were affected by the challenges of grief and isolation caused by the pandemic. More than one-in-three high school students reported that they experienced poor mental health during the COVID-19 pandemic, and 44 percent reported feeling sad or hopeless during 2022.³ My office has received an overflow of constituent mail providing firsthand experiences that further affirm these statistics, and I am confident that this is not unique to my district.

The pandemic has served as a traumatizing event for so many individuals, families, and communities across the country. The Kaiser Family Foundation COVID-19 Vaccine Monitor on

¹ American Academy of Pediatrics. Interim guidance on supporting the emotional and behavioral health needs of children, adolescents, and families during the COVID-19 pandemic. Itasca, IL: American Academy of Pediatrics; 2022. <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/interim-guidance-on-supporting-the-emotional-and-behavioral-health-needs-of-children-adolescents-and-families-during-the-covid-19-pandemic>

² U.S. Department of Health and Human Services, National Institute of Mental Health. (2021). Mental illness. <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

³ *New CDC data illuminate youth mental health threats during the COVID-19 pandemic.* (March 31, 2022). Center for Disease Control and Prevention. <https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html#:~:text=According%20to%20the%20new%20data,hopeless%20during%20the%20past%20year.>

perspectives of the pandemic found six in ten parents say the pandemic has negatively affected their children's schooling and over half saying the same about their children's mental health.⁴ This pandemic has had prolonged health impacts on our most vulnerable individuals and families—particularly in Black, brown, and historically marginalized communities—and it is long past time we provide a clear picture and hands on approach to address the weight COVID-19 has had on children who have been living with the traumatic stress without adequate care or a clear plan of action to address the ongoing crisis, in addition to disproportionality caused by the impacts of intergenerational trauma.

While the crisis has been exacerbated by the pandemic, the growing trend in childhood trauma is not new. Analysis of Adverse Childhood Experience (ACE) prevalence in 25 states show that 18–34-year-olds have higher ACE scores than did prior generations.⁵ ACEs serve as public health predictors of multiple troublesome health, productivity, and social outcomes our country faces. If we do not intervene with policies and practices that mitigate the impact of trauma that is experienced and reduce ACE prevalence for today's and tomorrow's children, our society will continue to struggle with mental health and wellbeing.

As a Boston City Councilor, I convened the first ever listening-only session in the City of Boston on trauma. The pain I felt in that room years ago inspired me to partner with former Committee on Oversight and Reform Chairman Elijah Cummings to hold the first-ever series of hearings dedicated to combating childhood trauma. Too many children have been impacted by grief, depression, and neglect, but their trauma has not been met with significant federal action. These actions were taken before 2020 as this crisis existed before the pandemic, but things are now far worse. We cannot continue to allow cycles of trauma to remain unaddressed.

I applaud your agency's efforts to understand the mental health impact of the pandemic on our young people. The 2021 U.S Surgeon General Advisory on Protecting Youth Mental Health laid out several risk factors contributing to youth mental health symptoms during the pandemic.⁶ It would be advantageous to utilize those risk factors as a foundation to further research the ways in which COVID-19 impacts a child's environment, society, family, and community. The questions can be incorporated into the upcoming National Survey of Children's Health or a separate study utilizing community-based participatory research methods to understand negative developmental outcomes.

⁴ *KFF COVID-19 Vaccine Monitor: Views On The Pandemic At Two Years*. (April 6, 2022) Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-pandemic-two-years/>

⁵ Merrick M. et. al. (2019) *Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015–2017*

⁶ *U.S Surgeon General Advisory on Protecting Youth Mental Health*. (2021). Office of the Surgeon General. <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

Too often our response to childhood trauma fails to reach those most impacted and address the systemic failures that trigger it. We have all faced and continue to be impacted by the pandemic, an economic recession, the climate crisis, and a national reckoning on police brutality and racial justice, among other overwhelming stressors — all branches of government must act urgently and intentionally in our efforts to protect the mental health and wellbeing of our children. You have an opportunity to prioritize programs and funding that address the scale of this challenge and acknowledge the role trauma-informed approaches must play in healing our nation. It is incumbent on us as policymakers to recognize that the status quo approach will not bring about the meaningful and equitable care our children need and deserve.

We must also recognize as policymakers that we cannot just support children in a vacuum, and must support the contexts and environments in which they are raised. Multi-generational and community-oriented support is necessary to create a better future for our children. The impacts of community-led, multi-generational, trauma-informed supports have been shown to be the most effective public health approach to preventing trauma, reducing its impacts, and promoting wellbeing. As documented in the Self-Healing Communities Report,⁷ such approaches can substantially reduce several negative outcomes for young people.

I respectfully request that HHS respond to the crisis of childhood trauma. A comprehensive response should include participation of cross-sector, trauma-informed, community-led coalitions, collection of demographic data on most vulnerable communities, and tailored recommendations for federal policy action.

Thank you for your consideration. As always, I stand ready to partner to meet the needs of our nation's youth.

Sincerely,

A handwritten signature in blue ink that reads "Ayanna S. Pressley". The signature is fluid and cursive, with the first name "Ayanna" and the last name "Pressley" clearly legible.

Ayanna Pressley

Member of Congress

⁷ <https://www.rwjf.org/en/insights/our-research/2016/06/self-healing-communities.html>