DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT

OF

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BEFORE THE

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OF THE

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OVERSIGHT HEARING

ON INDIAN HOUSING

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Mr. Chairman and Members of the Committee:

Good Morning. I am Dr. Jon Perez, Behavioral Health Consultant with the Indian Health Service, Office of Clinical and Preventive Services. I am here today to provide testimony on behalf of the Indian Health Service for this Committee's oversight hearing on Indian Housing. I understand I am not so much to provide data on housing so much as to provide context for this issue and to offer some psychological perspective about what it means to live—or not live--in a home of one's choice; or, to discuss the impact on individuals and families if they have no choice or no home at all.

The IHS provides health services to more than 1.8 million Federally-recognized American Indians/Alaska Natives through a system of IHS, tribal, and urban (I/T/U) health programs. The mission of the agency is to raise the physical, mental, social, and spiritual health of American Indians/Alaska Natives to the highest level, in partnership with the population we serve. The agency goal is to assure that comprehensive, culturally acceptable and public health services are available and accessible to the service population. Our duty is to uphold the Federal government's responsibility to promote health of American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of tribes.

The Compact Edition Oxford English Dictionary (1981) devotes almost three full pages to the word "home." It is one of those big words with important and manifold meanings. For our purposes today, allow me to focus on just one which defines home as, literally,

“The place of one’s dwelling or nurturing, with the conditions, circumstances, and meanings which naturally and properly attach to it, and are associated with it” (v.1, pg. 1322). Psychologically, we speak of those conditions and circumstances as providing safety; security; nurturance; and respite. It is that physical place and psychological space that is among the most basic of our human needs and the most important for our healthy development. In plain English, it is the essential place where the person or family lives and is safe.

In Indian communities across the country where housing is difficult to obtain or where waiting lists are long, individuals and families tend to end up in multifamily and multigenerational housing arrangements, or in a series of such places and arrangements. The transient or frequently changing living arrangements are the most difficult for children, whose stability and subsequent development can be negatively affected by such moves. Even in the large extended family and clan relationships where there is generally easy movement among homes and families, the critical psychological process that is operative here is choice, that is, if people move of their own volition among multiple family relationships that, I would advocate, is strength of the culture and community. However, if people are compelled to live this way because they have no other alternative, that is another and more troubling situation. Being forced to live in a place, even among family, where one does not want to live or may not even be welcome, creates an environment where increased levels of anger, conflict, and individual and familial distress are seen. Safety can be reduced, respite limited if not completely lost, and nurturance subordinated to tolerance and just making it through the day.

Because the IHS does not specify living arrangements with our clinical documentation software, I do not have levels of homelessness or people forced to live in alternative housing arrangements among our patient population. However, in my over twenty years of direct clinical experience with Indian people from isolated communities to major metropolitan areas, I believe I can safely draw the following clinical opinion: where people are not able to obtain housing they are unable to create the definition of home, nor enjoy the benefits of such a place. In fact, the levels of distress and dysfunction increase markedly and can extend into multiple generations.

Mr. Chairman, that concludes my prepared remarks and I will be very pleased to answer any questions you may have for me.