

Expert Panel on Homelessness among American Indians, Alaska Natives, and Native Hawaiians

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Introduction

On September 27, 2012, panelists and invited guests representing community-based organizations (CBOs), advocacy groups, the research community, and federal agencies came together to address the problem of homelessness among American Indians, Alaska Natives, and Native Hawaiians. The expert panel consisted of representatives of each population who shared their observations and experiences with a range of federal partners who have the ability to effect change at federal policy and program levels. The purpose of convening the panel was to help inform SAMHSA and the field about homelessness among American Indian, Alaska Native, and Native Hawaiian (AI/AN/NH) people and to develop recommendations to federal agencies, as well as others who work AI/AN/NH people who are homeless or who strive to prevent homelessness among them.

The event was sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and planned with the assistance of the following agencies:

- The Corporation for National and Community Service
- The Department of Agriculture
- The Department of Health and Human Services (HHS)
 - Office of the Assistant Secretary for Planning and Evaluation (ASPE)
 - The Health Resources and Services Administration, Bureau of Primary Care (HRSA/BPC)
 - The Centers for Medicaid and Medicare Services
 - The Centers for Disease Control
- The Department of Housing and Urban Development (HUD)
- The Department of the Interior
- The Department of Justice (DOJ)
- The Department of Veterans Affairs (VA)
- The Office of National Drug Control Policy (ONDCP), and
- The United States Interagency Council on Homelessness (USICH).

The expert panel was facilitated by then-USICH Deputy Director Jennifer Ho, currently the Senior Advisor for Housing and Services at HUD, and by Joyce Dampeer, Senior Principal for JBS International. The discussion focused on three general themes:

- *What does homelessness look like among American Indians, Alaska Natives, and Native Hawaiians?*

- *What strategies are working to prevent homelessness or to help people who become homeless? How do these practices work? What makes them successful?*
- *What actions could tribal, state, or federal governments take that would be helpful? What are your recommendations to the field?*

These questions provided the framework for a far-reaching conversation in which each panelist in turn shared direct experience, research, and stories to illuminate issues. In addition to presentations and discussion among the panelists themselves, the agenda provided an opportunity for the audience, which included representatives of federal agencies and national organizations, to ask questions of panelists or describe how their programs responded to issues raised.

Panelists and Facilitators

Expert Panelists	Agency or Program
Jennifer Ho (Facilitator)	Department of Housing and Urban Development
Joyce Dampeer (Facilitator)	JBS International
Nelson Jim	Director of Cultural Competence and Client Relations, City and County of San Francisco Department of Public Health
Richard Martel	Program Coordinator for the Native American Talking Circle of the Colorado Coalition for the Homeless
Maria Yellow Horse Brave Heart	Associate Professor of Psychiatry and Director of Native American and Disparities Research at the University of New Mexico Center for Rural and Community Behavioral Health
Brandee Menino	Chief Executive Officer (CEO) of HOPE Services, Hawaii, a nonprofit agency that provides services and programs that address affordable housing and homelessness in the County of Hawaii
Darlene Hein	Director of Community Services at Waikiki Health Center in Hawaii, which offers health care, compassionate healing and expert care in clinics in Waikiki, Kaimuki, Haleiwa and across Oahu, including Healthcare for the Homeless services
Michael Goze	Chief Executive Officer of the American Indian Community Development Corporation, Minneapolis, Minnesota
Dena Sommer-Pedebone	Senior Manager of Housing Services for Cook Inlet Housing Authority in Alaska

Background

In the 2010 Census, 5.2 million people in the United States identified as American Indian and Alaska Native, either alone or in combination with one or more other races. An estimated 78 percent of this population lives outside reservations or trust lands. Approximately 2.9 million people identified as American Indian or Alaska Native alone (with no other race), and 67 percent of these lived outside these areas (Norris, Vines, & Hoeffel, 2012). The 2010 Census also indicates that 1.2 million people in the United States identified as Native Hawaiian and Other Pacific Islander, either alone or in combination with other races. A total of 527,000 people reported that they were Native Hawaiian, alone or in any combination; only 156,000 people reported being *only* Native Hawaiian (Hixson, Hepler, & Kim, 2012). Each indigenous group and tribe may be ethnically, culturally, and linguistically distinct.

Hawaiian Homelands are managed in trust by the Department of Hawaiian Home Lands, established in 1920 by the Hawaiian Homes Commission Act. The Act, made in response to a dwindling Native Hawaiian population, set aside approximately 200,000 acres of land as a permanent homeland for Native Hawaiians. After proving ancestry, in theory Native Hawaiians may apply for homestead leases (residential, agricultural, or pastoral), and pay an annual lease rate of \$1.00/year for each year of a 99-year lease (Department of Hawaiian Homelands, 2012). In actuality, the application process is lengthy and many who believe they qualify for these leases find it difficult to navigate hurdles posed by the application process.

American Indian, Alaska Native, and Native Hawaiian people are all at high risk for many of the conditions that lead to and/or sustain homelessness, including disproportionately high rates of poverty, domestic and other violence, and behavioral health disorders. Current and historical trauma among indigenous people also factor into the prevalence and risk of homelessness. Traumatic events spanning more than two centuries have affected multiple succeeding generations. Displacement, genocide, forced assimilation, culture/language suppression, and oppression which happened long ago may be expressed throughout the generations as a sense of powerlessness and hopelessness. Chronic cultural trauma can result in widespread survivor guilt, depression, psychic numbing, fixation to trauma, low self-esteem, victim identity, anger, self-destructive behavior, substance abuse, and internalized oppression (Brave Heart, 2005). This may be one reason that indigenous people are disproportionately represented among populations experiencing homelessness.

- Though only 1.2 percent of the national population self-identifies as AI/AN (Census Bureau, 2013), 4.0 percent of all sheltered homeless¹ persons, 4.0 percent of all sheltered homeless individuals², and 4.8 percent of all sheltered homeless families self-identify as Native American or Alaska Native³ (HUD, 2012).

¹ HUD defines “*sheltered homeless persons*” as all persons residing in emergency shelter or transitional housing.

² HUD defines “*sheltered homeless individuals*” as a subset of “*sheltered homeless persons*,” which includes homeless persons who are homeless as individuals rather than members of a family household.

³ Disaggregated data for unsheltered homeless American Indians and Alaska Natives (AI/AN) are not available from the HUD Point-in-Time count (HUD, 2010).

- Just 0.2 percent of the national population self-identifies as Native Hawaiian or Other Pacific Islander (Census Bureau, 2013), but 0.8 percent of *all* sheltered homeless persons, 0.5 percent of all sheltered homeless individuals, and 0.9 percent of all sheltered homeless families self-identify as Native Hawaiian or Other Pacific Islander (HUD, 2012).
- In Hawaii, the disproportionate representation is even starker. Approximately 5.7 percent (77,082 persons) of all residents of Hawaii self-identify as Native Hawaiian, and 9.6 percent self-identify as Native Hawaiian or Other Pacific Islander (Census Bureau, 2012). In Fiscal Year 2011, 14,200 homeless individuals were served through Hawaii’s shelter and outreach programs. Of these, 28 percent (3,975) were Native Hawaiian or part Hawaiian (Center on the Family, 2011).

As is true among other populations, homelessness among American Indians, Alaska Natives, and Native Hawaiians can be linked to poverty, substance abuse, behavioral health disorders, trauma, and violence. However, the three groups all have traditions that can support resilience and recovery. Among American Indians and Alaska Natives, coping strategies and keys to survival include the supportive role of the extended family and close friendships, as well as spirituality (Vaughan & Lobo, 2004). Traditional cultural values among Native Hawaiians share many elements with American Indians and Alaska Natives. They emphasize the connections of person (*kanaka*), family (*‘ohana*), land (*‘āina*), and the spiritual realm (*ho‘omana*). These realms form the foundation for culturally based healing. Individuals care for members of the extended family, who in turn belong to the collective community. There is a strong connection to the spiritual realm (Duponte, Martin, Mokuau, and Paglinawan, 2010).

Poverty and Overcrowding

Homelessness is often described as an extreme manifestation of poverty. More members of these Native populations live in poverty compared to the general population of the U.S. The U.S. Census Bureau (2010) found that 28.4 percent of American Indians and Alaska Natives live in poverty, as do 18.8 percent of those who classify themselves as single-race Native Hawaiian or Other Pacific Islander. Within the U.S. population as a whole, 15.3 percent of the overall population lives in poverty.

Overcrowding, substandard housing, and homelessness are common in American Indian communities. Overcrowding is one of the precarious housing conditions sometimes referred to as “near-homeless.” Nearly one in five (19 percent) people living on tribal lands are considered to be overcrowded.⁴ A 2010 GAO report notes that during the period between 1999 and 2009, the number of households living in overcrowded units and units that lack kitchen facilities jumped by nearly ten percent, while the number of AI/AN households struggling with housing expenses greater than 50 percent of their income jumped by 43 percent (GAO, 2010).

⁴ *Overcrowding* is a designation used by the Department of Housing and Urban Development (HUD) to denote more than 1.01 persons per room.

Health Disparities

According to the Indian Health Service (2009), high rates of alcohol and substance abuse, mental health disorders, suicide, violence, and behavior-related chronic diseases in American Indian and Alaska Native (AI/AN) communities are well documented. American Indian, Alaska Native, and Native Hawaiian people experience significantly higher death rates than the general population does. Many factors contribute to the disproportionate number of deaths for the size of each population, including tuberculosis, alcoholism, motor vehicle crashes, diabetes, accidents, suicide, homicide, and other causes. Life expectancy is six years lower than the U.S. average (Indian Health Service, 2009).

The major health challenges facing AI/AN communities, whether in tribal, rural, or urban areas, are related to behavioral health problems. The alcohol-related death rate among American Indian and Alaska Native people is over five times greater than the U.S. rate for all races, and Fetal Alcohol Spectrum Disorders (FASD) occur at a higher rate than in the general population (Indian Health Service, 2011, p. 6). AI/ANs abuse marijuana, cocaine, and hallucinogens at a higher rate than other minority groups. Methamphetamine addiction also has had a disproportionate effect on Native American Tribal communities and is strongly linked to social problems such as child abuse and neglect, domestic violence, and crime (Indian Health Service, 2011, p. 7). The suicide rate for AI/ANs in areas served by the IHS is 1.7 times higher than the rate for all U.S. residents (Indian Health Service, 2011, p. 8). A November 2011 study from the University of California at Los Angeles's Center for Health Policy revealed that 17 percent of American Indians and Alaska Natives had mental health needs, the highest of all racial and ethnic groups, followed by Native Hawaiian, Pacific Islander and multi-racial groups, 13 percent of whom reported mental health needs (Grant et al., 2011).

Qualitative research in California's San Francisco Bay Area and in Tucson, Arizona, indicates strong associations between substance abuse and homelessness among American Indians. Possible precipitating factors include the complex interaction of childhood fostering or adoption into non-Native families, different types of involuntary institutionalization during youth, and personal impacts of accident, trauma, and loss (Lobo & Vaughan, 2003).

Violence

Substance abuse is also linked to violence, which in turn can be a risk factor for homelessness. The National Crime Victimization Survey reveals that American Indians experience almost twice as much violence as their counterparts in the general population (Bureau of Justice Statistics, 2004), and approximately 62 percent of American Indian victims report that the violence was perpetrated by an offender under the influence of alcohol. In comparison, alcohol is involved in 42 percent of assaults nationwide (Bureau of Justice Statistics, 2004).

Indigenous women experience higher levels of sexual and domestic violence than their non-Indian peers. A U.S. Department of Justice study (2006) on violence against women concluded that 34.1 percent – more than one in three – American Indian and Alaska Native women have been raped, as compared to fewer than one in five of their non-Indian peers. In March 1992, an anonymous survey of 502 Native Hawaiian women revealed that 14 percent of all respondents and 21 percent of Hawaiian

respondents had experienced domestic violence (Yoshihama and Dabby, 2009). These data may not represent the full extent of the problem. Women living on rural and frontier reservations are often physically isolated and reluctant to report abuse; when they do, it often takes officers hours to respond (Downing, 2010). In these settings, there is little hope of confidentiality or accountability, and pervasive poverty further reduces options for women already disempowered by abuse.

American Indian, Alaska Native, and Native Hawaiian Veterans

Veteran Homelessness: A Supplemental Report to the 2010 Annual Homeless Assessment Report to Congress (HUD and VA, 2010) provided information about the extent and nature of homelessness among sheltered U.S. military Veterans, including AI/AN/NH people. Demographic characteristics presented by this study revealed that 2.5 percent of sheltered, homeless Veterans were American Indian or Alaska Native, although only 0.7 percent of all Veterans are American Indian or Alaska Native. The numbers are also disproportionate for Native Hawaiian and Other Pacific Islanders: though just 0.1 percent of all Veterans are NH, 0.4 percent of sheltered homeless Veterans are NH. Further demographic data in the report (HUD and VA, 2010) suggest disproportionate representation of American Indians and Native Hawaiian or Other Pacific Islanders among homeless individuals and families.

HUD and VA used “risk ratios” in their Veteran Homelessness report (2010) to estimate how likely Veterans were to become homeless, as compared to their non-Veteran peers. They calculated these ratios by dividing the proportion of the Veteran population that is homeless by the proportion of the comparison population that is homeless. They learned that rates of homelessness are much higher for Veterans who were members of minority groups – including American Indians and Alaska Natives – than for Veterans who are not members of minority groups, particularly among those living in poverty (HUD and VA, 2010).

Limitations of Data and Research

A 2007 report, *Gaps and Strategies for Improving AI/AN/NA Data* (HHS), identifies seven issues that affect the availability and quality of data on the three populations. These issues are:

- Small population size
- Geographic dispersion and rural concentration of the American Indian/Alaska Native and Native Hawaiian/Pacific Island (AI/AN and NH/PI) populations
- Misclassification of race
- Lack of/inconsistent collection of race identifiers in some data sources
- Inadequate racial representation, limited response rates, and question interpretation
- Exclusion of Pacific Insular Areas from some surveys, and
- Inadequate collection of data on AI/AN/NA subgroups.

Many of the same challenges are also highlighted by Wilder Research (2007). These researchers also noted that in rural areas, the geography of small spread-out populations makes data collection by service providers or large-scale homeless counts more difficult.

The Housing Assistance Council (HAC) recently released *Homeless Counts for Indian Country* (Oberdorfer, 2012), which noted that getting accurate homeless count data is extremely difficult in all rural areas, but perhaps even more so in rural Census-designated American Indian and Alaska Native lands, as well as Hawaiian Homelands. This is true for a variety of reasons, including the lack of resources to conduct surveys in rural and frontier areas, a widespread distrust of research and external data collection, limitations related to the definition of homelessness (e.g., at what point does overcrowding become homelessness?) and issues related to tribal sovereignty and jurisdictional authority. Street homelessness is less common in rural and frontier settings, which renders homelessness less visible. Even the term “homeless” can cause misunderstanding on a Native American Reservation, as the land itself is often considered “home” for all tribal members. As a result of these factors, homelessness on rural Native lands is probably undercounted.

The remainder of this report presents the insights on homelessness shared by members of the Expert Panel. Neither their comments or their recommendations may be assumed to represent the views of any Federal agency.

Homelessness among American Indians, Alaska Natives, and American Indians

- *What does homelessness look like among American Indians, Alaska Natives, and American Indians?*

Panelists were invited to paint a picture of homelessness in each of the three groups and provide context to help others understand its features.

Homelessness among American Indians

Richard Martel, a Canadian Cree, spoke from his perspective as the Program Coordinator for the Native American Talking Circle of the Colorado Coalition for the Homeless. He observed that homelessness among American Indians is driven by many of the same factors as homelessness in the general population: drug and alcohol abuse, post-traumatic stress disorder, trauma, and co-occurring mental health and substance abuse disorders all play their part. However, there are significant differences that can make homelessness even more entrenched. As Mr. Martel writes in a paper developed for the panel:

In the dominant culture the homeless individual is often the exception to the rule in his or her family. He or she will often have both immediate and extended family who are eager to extend a helping hand to help the homeless one out of their personal predicament by offering to support treatment, provide temporary or permanent shelter, and to provide access to education and employment. And most importantly, these other family members are already modeling a more successful lifestyle for the homeless one.

Such is not the case in the First Nations world. [Editor's note: while the term "First Nations" is typically used to refer to Native residents of Canada, here Mr. Martel uses it to encompass American Indians.] First Nations individuals are often surrounded by families and communities who are also homeless and who also abuse drugs and alcohol. When your whole family is dysfunctional, none are able to offer any form of supports for positive change. When all of the parents, grandparents and aunts and uncles in the extended family implement alcohol as a coping mechanism, all of their children suffer the consequences. At the very least, these children learn the dysfunctional behaviors that the grownups in their lives are modeling for them. Then, when these children grow up, they in turn model these dysfunctional behaviors, the only ones they ever knew, for their own children. Thusly, dysfunction is instilled intergenerationally and contributes greatly to an inability to function and thrive in the seemingly overwhelmingly complex society created by the dominant culture (Martel, 2012).

Mr. Martel commented that not only negative cultural traits but positive ones can initiate or help to perpetuate homelessness. He highlighted the role of hospitality among American Indians: "When someone knocks on the door, we make room." He writes:

From the time a baby draws its first breath, it is fully entitled to its fair share of any and all of that community's resources, whatever that may entail. Overt hospitality is so deeply ingrained in nearly all First National cultures that it is not even talked about (or even thought about), it is only acted upon. When someone comes to our door, there are no questions, they are invited in. They are not asked if they are hungry or thirsty. Food and drink are prepared and put before them and they in turn will honor their host by eating and drinking all that is put before them. Also, the guest would never think of insulting the host by asking for something not offered as this would suggest that the host might be inhospitable in some way by holding something back from their guest, or of embarrassing the host by inferring that they are somehow deficient by not having something that they surely should have on hand. This level of hospitality is revered in most cultures around the world, but it can be a substantial barrier to getting and keeping housing (Martel, 2012).

American Indians' generosity may result in overcrowding and drain limited resources, resulting in a family becoming homeless because of their hospitality to others in need. Because even a small child may receive tobacco or other substances on request, individuals may set foot on a path to addiction at an early age. The tradition of hospitality can also cause people fortunate enough to gain housing to lose it, should they violate the conditions of their lease by allowing additional people to stay in their residence for long periods. Further, when a Native American applies for housing or services, the person may not ask for what he or she needs because that would be rude: It is understood that the host will offer whatever is available freely, without being asked.

Some American Indians also express themselves in ways open to misinterpretation. For example, they may believe that looking people in the eye is disrespectful. This can be seen by others as evasiveness. American Indians may also pause before giving an answer to a question in order to give the issue due consideration. Others may perceive this as taking time to "make up a story."

In Mr. Martel's experience, trauma is nearly universal among American Indians who are homeless. Not only women, but also men are likely to have been beaten, drugged, or sexually assaulted. Incest is not uncommon. Because many people have tried to get help and have been turned away, they often carry a distrust of institutions that may result in their failure to follow through on housing opportunities. They may not understand institutional rules, including the concept of waiting lists and restrictions on who may share housing. Some become discouraged and give up before they can be housed.

Nelson Jim, a member of the Navajo Nation, spoke from his perspective as the program and clinical director for outpatient behavioral health services at the Native American Health Center in San Francisco, California. The center provides services to many "urban Natives," including some who are the third generation of homeless individuals in their families. Many have a history of out-of-home placement, and a history of trauma is common among both men and women. HIV infection is also common, especially among those who engage in "survival sex."

Some who use the center's services go back and forth to the reservation, while others have roots in the community. Many are lesbian, gay, or bisexual (known as "two-spirited") and have come to San Francisco seeking refuge from stigma. Many of them cannot go home because they are not welcome there; they may experience "soul loss," lacking the sustaining structure of a place where they belong and have roots. It is not uncommon for them to deliberately become incarcerated in order to have a structured life and regular meals. Affordable housing is limited in San Francisco, and those who come there without sufficient resources may be homeless on arrival. Mr. Jim described factors that exacerbate the conditions that perpetuate homelessness:

Lack of culturally and linguistically competent staff often leads poor basic outreach and engagement strategies to effectively and regularly meet the needs of homeless Native Americans. Because Native Americans do not have a specific "neighborhood" or community in many urban setting, including San Francisco and Oakland, they are generally very dispersed through the rest of the larger ethnic and cultural communities, very invisible to service providers. Thus, they are generally not engaged for community input, outreach, services, etc.

Cultural beliefs and practices of many Native Americans can also lead to homelessness. For example, some Native individuals may decide not to return to their single room occupancy (SRO) hotel because there was a death in the main door way, next door, or somewhere on the property. A Native family may decide that living on the street or in a shelter is preferable to living in a SRO hotel where neighbors are using drugs or where living conditions are considered health hazards. Cultural nuances that are part of such decisions are very rarely understood, assessed for, or, if they are revealed, addressed with sensitivity (Jim, 2012).

Mr. Jim observed that many of those he serves lack the documentation they need to prove they are eligible for some of the targeted resources available to them based on blood quantum requirements or similar eligibility criteria. The issue of Native American ancestry is far from straightforward. Many people who joined a group his organization started for American Indians knew they were Native American but could not document their membership in a particular tribe. The panelist explained that the term

“Indian” means that an individual is an enrolled member of a tribe, while the term Native American is more general.

Tribal and interfamily politics can affect programs for American Indians, and leaders need to be aware that these factors can further fray the bonds between people. The sense of displacement and conflicts around identity are in part symptoms of historical trauma. Bringing in elders to meet with people is a powerful way to strengthen a sense of identity and help rebuild relationships.

When new Native people come to the city, Mr. Jim said, they come to the health center. The center strives to develop the structure and the network that will help to access resources and meet their needs. He commented that in Native American traditions of healing, unlike Western traditions, you do not get “healed” from an illness and it is over. Rather, health requires continual rebalancing. Relapse is understood and without shame, and the need for renewal is anticipated.

- Speaking from his perspective as the Chief Executive Officer of the American Indian Community Development Corporation (AICDC), Michael Goze, who is a member of the Ho-Chunk tribe, stressed the many differences among Minnesota’s tribes. He noted that although they are a small part of the state’s populations, tribes include many people at high risk for homelessness. The extent of homelessness in Indian Country is consistently underreported for many reasons: Most states do not include Indian Lands or reservations in their homeless surveys or counts; consequently, the American Indian homeless population may not be included in the state’s Point in Time Count.
- Caring for relatives is historically a cultural trait, and it is not uncommon to find three or four heads of households living in a single home, both on the reservations and in the urban communities. However, this level of overcrowding is not technically “homelessness.”
- Many homeless people live in cars, vacant buildings, or camps, shelters; they may also be found in detox or correctional facilities. Many such people are not included in Point in Time counts.

As a result of undercounting, the full cost of meeting the needs of this population may not be understood.

The people who are homeless in Indian Country are of all ages: there are elders that are homeless, single adults, single parents with children, and families with two adults and children. While those who are homeless all want homes, they do not necessarily want jobs and generally lack credit. Many are addicted to alcohol and are unlikely to accept housing unless they are able to drink there.

Maria Yellow Horse Brave Heart, Hunkpapa/Oglala Lakota, spoke from her perspective as Associate Professor of Psychiatry and Director of Native American and Disparities Research at the University of New Mexico. Dr. Brave Heart highlighted the challenges of American Indian Veterans facing homelessness. Native Veterans frequently report challenges navigating services from the Department of Veterans Affairs and often prefer seeking help from Indian Health Services. In addition to their own combat or other service-related trauma, American Indian Veterans, like other Natives, experience high rates of trauma exposure and multiple losses, resulting in challenges of coping with grief. Some American Indian Veterans may be resistant to help and remain “fixated” to the trauma (stuck in the

trauma) and have difficulty mourning losses, both current and past. Some Veterans choose homelessness not only out of frustrated attempts to obtain the help they need, but also as a manifestation of their experience of grief and trauma, and often their sense of isolation from civilian society.

Dr. Brave Heart observed that there is insufficient housing both in urban areas and on reservations. Housing providers have different eligibility requirements that may exclude extended families (multiple generations of a family commonly share the same lodging), single males, or others who need housing. Chronic alcoholism is rampant. Non-Indians who do not understand Native forms of expression or tradition may withdraw offers of housing when Indians leave the area suddenly to attend ceremonies or when, misreading body language, they conclude the Indians are evasive or paranoid.

Dr. Brave Heart stressed that trauma – both cultural and personal – is not only a factor in homelessness among Veterans, but among Native persons in general. Many American Indians are homeless as a people, having lost their homelands and sacred sites. This loss can cause a sense of failure: “We have a sacred obligation to take care of our land, and we cannot fulfill that obligation.” Personal trauma includes sexual trauma, which is common among both men and women. The trauma caused by boarding schools that remove children from the home at ages as young as five should also be considered as a factor in homelessness. Regarding the impact of “historical trauma” on lives today, Nelson Jim writes:

Just for the record – the long history of oppression of American Indians/Alaska Natives (AI/AN) in the United States had a devastating effect on the health and wellness of Native people. This history, including colonization, outlawing of Native languages and spiritual practices, forced relocation and cultural displacement, has created mistrust of government programs and health institutions. With the failure of the federal government’s policy to exterminate Native people during the 19th century and early 20th century, the U.S. government introduced another policy with an intent to force assimilation of Native people - to “kill the Indian in the Man” – in which Native children were placed in boarding schools (often operated by Christian missionaries) far away from their homelands, people, culture, and family (Jim, 2012).

Homelessness among Native Hawaiians

Darlene Hein, Director of Community Services at Waikiki Health Center, reported that Native Hawaiians are overrepresented among people who are homeless. One factor is the high rate of incarceration for Native Hawaiians, many of whom emerge from prison without services or a place to live. Among women who are incarcerated in Hawaii, she noted that 40 percent are Native Hawaiian. Another significant factor is substance abuse and the lack of treatment that is funded for the amount of time required to make a major life change.

Because Hawaii relies on tourist income, people who are homeless are regularly driven from parks or other areas by police. These actions are commonly called “cleanups.” This practice causes upheaval in access to services and interrupts whatever positive adjustments people have been making in their lives.

The strategy “chases people around the island,” criminalizing the condition of homelessness without offering any solutions or alternatives.

Ms. Hein stressed that Pacific Islanders and Micronesians have differing cultures and needs, though they are often lumped together. In recent years there has been a large influx of Micronesians into the homeless system for Hawaii, straining scarce resources.

Brandee Menino, CEO of HOPE Services and a Native Hawaiian, related the health disparities that exist between Native Hawaiians and others living on the islands to the cultural norms that prevent Native Hawaiian women from discussing either sex or money. Many women are vulnerable to HIV/AIDS and domestic violence because of a lack of education on what constitutes a healthy sexual relationship. Similarly, they lack knowledge of how to save money, build assets, manage a budget, and use credit appropriately. HOPE Services is addressing this problem through the Affordable Housing Project, which teaches the life skills needed to maintain stable housing.

Ms. Menino also highlighted the health disparities that Native Hawaiians experience as they become influenced by nonnative cultural habits. While previous generations fished, hunted, and enjoyed the fresh fruits the island provides, young people are accustomed to junk foods. Her organization seeks to restore pride in the older traditions.

Homelessness among Alaska Natives

Dena Sommer-Pedebone, Senior Manager of Housing Services for Cook Inlet Housing Authority in Alaska, said that Alaska Natives account for an estimated 85 percent of the population of people who are homeless in Anchorage. She highlighted that the high cost of travel within the huge state (one-third the size of the continental United States) contributes to homelessness; if people leave home for the city

When we are in the village, people know us, life has a purpose and finding our way around is not as difficult as the city; life is slower and kinder. We come to the city and don't understand the western world, and lose the identity of our Native lifestyle and become a nobody.

Joseph S. Arabie (2012)

and spend all their money, it is far from easy to get back home where they do have resources. Because of the high cost of commodities in rural areas, people often do migrate to hubs where fuel, milk, and other necessities are cheaper. Once there, however, they must face the daily reality of discrimination, which can contribute to joblessness and humiliation. Those who have behavioral health disorders bear additional stigma, adding to their difficulty finding housing.

Ms. Sommer-Pedebone illustrated the changing living conditions for Alaska Natives with a family story:

My paternal grandfather, a Koyukon Athabascan man from a small rural community on the lower Yukon River, passed on during moose hunting season in the fall of 2010. Living a subsistence life style in rural Alaska is something grandpa perfected over his lifetime, as is the norm for many Alaska Native people. When telling stories of her time with him, my grandma, in

her Native accent, said, “when it came time for me to find a husband, I looked at your grandpa. He knew how to hunt and fish and he had a boat – that’s all I needed.”

As we look at the growing number of homeless Alaska Native people in urban areas such as Anchorage, it’s important to consider the socialization of Native people. The shift from traditional lifestyles in rural Alaska, where each individual has a place and is an important component of the community, to urban settings where ethnic discrimination toward Alaska Natives is apparent in every setting, leaves many Alaska Natives flustered and distraught. Many factors— the extreme cost of living, inadequate or substandard housing, lack of medical care, lack of opportunities for education and employment — have led numerous Alaska Native people from the home communities to rural hubs or urban settings. Often these individuals and households find the difference between home and the city too much (Sommer-Pederbone, 2012).

Although many Alaska Natives receive dividends through regional corporations created by the Alaska Native Claims Settlement Act of 1971, , many of them have never learned life skills such as budgeting and fail to make the most of this resource. Trauma and family violence are intergenerational. Ms. Sommer-Pederbone stressed the need for interventions that teach new behaviors and skills.

Cross-Cutting Themes

Asked to reflect on issues that affect homelessness in all three populations, panelists identified a number that are of concern in understanding and addressing any of them. These include:

- The lack of a cultural tradition that teaches a sound approach to money management.
- Culture shock and disorientation when people come to urban settings.
- The experience of discrimination, which is exacerbated when a person becomes homeless.
- Loss of cultural identity and roots over time.
- Lack of a place to store and protect important papers that are needed to access services.
- Lack of an address where notification of available housing can be received.
- Overcrowding, leading to deteriorated living conditions for the entire group.
- Lack of affordable housing and predatory landlords.
- Substance abuse.

Addressing Homelessness: Practices Working in the Field

- *What is working to prevent homelessness or to help people who become homeless? How do these practices work? What makes them successful?*

Panelists highlighted approaches that are helpful for the three populations. The strategies are common across populations, but specific adaptations are needed to reflect cultural norms and address the needs of individuals.

Unconditional Housing

Because many people who are homeless abuse substances, including members of these three populations, panelists stressed the importance of “wet houses” and of Permanent Supportive Housing, both of which offer housing without requiring that the person first stop drinking or using substances. Mr. Goze cited the high costs of providing medical care and other public services for a chronic inebriate, noting that simply housing the individual is far more cost effective. He gave the example of an organization that serves beer at intervals (“the methadone of alcoholics”). The intervention reduces the use of Listerine and other more harmful substances, reduces violence, and encourages people to stay sheltered in their communities, where resources are available.

Once a person is safely housed, wraparound services can be provided. A panelist gave the example of an Alaska Native woman who was chronically homeless who received a voucher that was hers on the sole condition that she stayed connected with her case manager. She is now stably housed and working as a substance use counselor.

Offering Effective Case Management

Panelists stressed the important role played by case managers, both in preparing people to enter housing and in helping them to retain housing once they have it. Case managers can help people apply for HUD Section 8 housing and other programs, assist in accessing benefits to which they are entitled, and coordinate wraparound services. Case managers are especially critical for youth, whose parents are often not ready to talk about their situation but cannot care for their children.

For Native people who have experienced homelessness, culturally competent case management is also critical to help them maintain it. Offering hospitality to friends, failing to abide by the terms of the lease, or being generous with one’s personal resources can result in the loss of housing. Case managers can help their clients by explaining requirements with cultural sensitivity and by helping them access education and skills training.

Ensuring Access to Care

According to Mr. Goze, offering medical outreach on a regular basis to persons who are homeless and living in camps saves funds by reducing the use of emergency care and lessening the pressure on other services. Another panelist described a program that offers a day-long “one stop” program where people can come for a variety of services, such as eyeglasses and dental check-ups. The panelist noted that having Native people on staff has increased the number from this population who use the service.

Mr. Jim explained that in some Native communities, unemployment is as high as 80 percent. People often cannot afford the transportation needed to get to appointments and need help meeting these expenses. Without this help, they may be unable to access health care.

Helping Veterans Access Benefits

As noted earlier, the proportion of people who serve in the military is higher among American Indians than in the population at large, and many of these Veterans are homeless. Panelists stressed the importance of asking people who are homeless whether they have served in the military and ensuring that they have access to any resources they are entitled to because of their service.

Addressing the Underlying Issue of Trauma

Panelists stressed the importance of addressing issues that underlie and cause homelessness, in addition to addressing the needs of those who are already homeless. Dr. Brave Heart suggested that interventions that address unresolved grief related to historical trauma can be effective. Genocide, colonization, and boarding school experiences are all examples of trauma that people within these populations may share. Interventions that allow them to discuss the experiences they have in common without stigma can be liberating and empowering.

Incorporating Native Traditions

Providers can be more effective if they are aware of tribal history, values, and ways of healing. For example, Dr. Brave Heart explained that the Lakota tribe cherishes traditional values of compassion, humility, and generosity. The tribe has no history of mind-altering substances. Pipes were filled with red willow bark rather than tobacco, and people breathed out the smoke rather than inhaling it. There was no history of child abuse, and women were never considered the property of men. Tribes that used medicines to induce visions did so in ways that did not result in intoxication. Knowing that substance abuse and domestic violence are not part of the tribe's cultural heritage is helpful as people reorient their sense of identity in the positive aspects of their tradition. Reminding people of traditional values can help ground them and provide a foundation for healing.

Mr. Jim explained that many American Indians who are homeless feel cut off from traditional supports, including members of their extended kinship network. Sometimes experiences of abuse, as well as loss of connection with cultural strengths, have contributed to a profound sense of isolation. In his work in the Bay Area of California, Mr. Jim often brings in healers and drummers to support ceremonies at the Native American Health Center. This is expensive, but often deeply meaningful to people. His program also invites elders to visit, and they can be helpful in mending bonds with the community – even if they do nothing more than sit with individuals or family members. Consequently, contact with elders and Native healers has become a regular practice in this community. Traditional practices such as harvesting

The Native American Talking Circle

In urban Denver, four talking circles each week offer American Indians who are homeless a chance to hear and be heard in a traditionally-based forum. Two circles are open to both men and women and the remaining two are gender-specific. Nearly 600 people now participate. The four tenets of the circle are:

1. Every nation is welcome.
2. All participants can speak freely in confidentiality without fear of judgment.
3. All participants will offer support and encouragement.
4. Transcendence is the goal for all.

and using sage in ceremonies can also be healing. Similarly, Mr. Martel described how the tradition of the Talking Circle is being used to empower American Indians who are homeless in the city of Denver, Colorado. In addition to the experience of hearing others and being heard, those who attend also have an opportunity to access resources through agencies that have offered their support.

Ms. Merino described how traditional values are incorporated in programs that serve Native Hawaiians who are homeless. One principle is *kuliana*, or “responsibility.” This concept encompasses care for oneself, integrity, and the duty to look after others. The term *’ohana*, which refers to extended family, is also crucial. It is a reminder of the need to strengthen the family and have a healthy community. The concept goes beyond a focus on one’s own family to require care for one’s neighbors and help in assuring that all children are safe. Traditional values include expressing mutual respect and addressing each other in family terms. For example, a child might call any older woman in the community “auntie,” or if she is much older, “grandmother.”

Facilitating Bonds with Community

Panelists stressed the role of community integration for providers as well as for people who have experienced homelessness. For providers, working with the entire community increases the availability of supportive services for people who need them. For example, a provider may be able to provide affordable housing but not the supportive services that will allow people to retain housing. People are “lost in the gaps” without vital connections among service providers. For example, a panelist spoke of the critical role of faith-based groups as a source of shelter volunteers.

People who have experienced homelessness not only need the community to support them, but also need opportunities to gain self-worth by giving to the community. While they may have burned bridges in their previous lives, they can take advantage of new opportunities to build them. Service opportunities include gardening, painting, and providing personal testimony to help at-risk youth stay on track for healthy lives. Opportunities to work within the community also help people learn new skills.

Mr. Jim stressed the importance of relationships for Native persons:

Central to working with this population, one needs to understand the very basic importance of community empowerment, community development, and that it is not individual health and wellness that is the optimal treatment plan. Native people need to be a part of their community and also, very often, have their spiritual practices/ways be part of their recovery process. As a provider, one needs to understand that developing a sense of “relation” with Native consumers is critical. It is not the medicine or the bed voucher that will make these individual feel supported and hopeful in the long run, but having someone provide them the opportunity to be honored as a human being, that will sustain a lasting sense of hope and optimism (Jim, 2012).

Preventing Homelessness

Panelists also stressed the importance of maintaining flexible-use emergency resources to help people who are on the verge of losing their shelter, whether that shelter is their own home or a temporary lodging. A panelist described people who are using up their limited resources staying in motels because

they cannot save enough to move into permanent housing. A buffer or loan to help people keep up mortgage payments or increase their savings might make the difference and enable them to remain housed.

Preventing homelessness requires education to help Native people learn to build and manage assets. A panelist cited the program “Ready to Rent” as a helpful model (Ready to Rent, 2012). It teaches financial literacy to homeless youth, helping them learn to prioritize expenditures, and helps them with essential supplies when they move into housing. In addition, many who are not literally homeless live in such crowded and unsanitary conditions that they some feel they should be eligible for programs that serve people who are without any shelter. Ms. Sommer-Pederbone also said that HUD’s Family Self-Sufficiency Program was an effective program that has helped many Alaska Native families avoid homelessness (HUD, 2013).

Acknowledging Racism

Racism contributes to poverty and isolation, and it also hinders access to resources. Mr. Jim pointed to the need not only to address outright and blatant racism, but also to acknowledge and address the daily “microaggression” Native people face based on widely-held stereotypes. Microaggression has been defined as “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color” (Sue et al., 2007). The daily experience of a Native person who is homeless may include both grating insults and outright violence.

Many health disparities are rooted in the failure to allocate public resources fairly. Mr. Jim described taking public officials on what he called a “toxic tour” of areas where Native people live; he suggested that actually seeing the conditions under which Native populations are living can open the eyes of public officials to the poisonous effects of environmental racism. Panelists noted that while people often believe that tribal people are supported by casino money, this is not the case. Many tribes have been generous in offering assistance to others, but the need far outweighs the resources. Poverty remains widespread, housing is overcrowded, and access to health care continues to be substandard.

Offering Employment

Panelists stressed the importance of helping people who are homeless or have been homeless to find work. Not only does it provide stabilizing income, but it helps restore pride and mend bonds with the community. Ms. Hein gave the example of a contract the homeless shelter in Waikiki, Hawaii, holds with the Housing Development Association, through which shelter residents can provide janitorial and trash services and offer cleaning services. The program gives them a work history and accustoms them to the habit of fulfilling employment responsibilities. Ms. Hein stressed the importance of paying people for this work.

Recommendations

Members of the Expert Panel articulated a number of recommendations for federal agencies, states, local communities, and providers who serve the three populations. Many recommendations reflect changes similar to those required to better meet the needs of all people who experience homelessness, such as increasing the supply of affordable housing. However, the way in which housing is provided and services delivered may differ, requiring sensitivity to cultural identity and tradition.

1. Increase the supply of affordable housing.

Far more housing is needed. For example, Ms. Sommer-Pederbone pointed to a “horrible” shortage of affordable housing for people in Anchorage, where there is less than a 2 percent vacancy rate in rental properties and “NIMBY-ism” is rampant. Mr. Jim described a system in which tribal vouchers offer rental assistance, but private landlords demand higher rent than the vouchers will support. Panelists urged continuing support and increased resources for the crucial federal programs that bolster the supply of affordable housing.

2. Provide timely access to affordable housing.

Panelists reported that Native people, like others who are homeless, often face long waits for affordable housing or rental assistance. They asked for flexibility to allow people to move into available housing when it is ready rather than on a particular date. The property may be available on the 3rd of the month, but people must be out of the current residence by noon on the last day of the month. One panelist sometimes lends older people money from his personal resources to enable them to purchase housing to carry them through the few days before they are allowed to move in.

3. Reconsider eligibility requirements for Federal assistance.

Given the goal of helping families learn to manage resources well and plan for the future, a panelist argued strongly that federal asset limits for public assistance are too low. A family that has \$2,400 may be ineligible for some types of rental assistance but could still be on the verge of homelessness. Panelists also cited HUD’s Emergency Solutions Grants Program, mandated by the HEARTH Act, as a welcome source of funding to prevent homelessness. However, some found it problematic that in order to receive assistance, the individual or family must not only have “insufficient resources immediately available to attain housing stability” but also have income “below 30 percent of median income for the geographic area.” At that level, a panelist argued, the person or family would have such limited resources that long-term assistance would be needed to enable them to maintain housing.

Panelists also asked that housing providers honor Native traditions by allowing subsidized housing units to be occupied by multiple generations or members of the extended family, which is often prohibited by rental policies. This recommendation applies whether the housing is intended specifically for Native people or for the general public.

Some forms of assistance target Native people directly, but Mr. Jim suggested that the language used to describe eligibility for these programs may inadvertently rule out some of the intended beneficiaries. He observes:

Data collection instruments and support guidelines need to be revised to provide the opportunity for Native individuals to identify, regardless whether they come from a specific tribe, come from a federally recognized or not federally recognized tribe, they are multi-tribal, they are multi-racial, or they are American Indian, Alaska Native, First Nation or Indigena (indigenous person from Mexico/Central American/South America). This is critical for seeking resources to serve this population and also to bring Native peoples out of invisibility in very diverse urban communities (Jim, 2012).

4. Offer case management and support in system navigation.

People who have experienced homelessness often need the help of case managers to learn new skills and to access services, housing, and employment. Some programs use peers as care navigators, which strengthens the sense of community, helps people access care, and provides the navigators with skills and employment. Funders were asked to consider increasing support for both forms of support. Cultural sensitivity is critical in order for case managers or peers to be effective in assisting any Native person.

5. Address barriers to housing.

Panelists cited a number of barriers that keep people from taking advantage of affordable housing, even when it is available. Provisions related to “fleeing felons” may bar people from food stamps or social security on the basis of a long-ago infraction. Many landlords refuse to accept Section 8 vouchers. Persons who have been incarcerated have an especially difficult time accessing public housing, and Native people have a high rate of incarceration. Those with drug-related convictions are often barred from subsidized housing, even if they are in recovery and trying to avoid slipping back to their old habits. Barriers based on cultural beliefs, such as unwillingness to enter a home in which a death has occurred, may also pose barriers for some Native persons.

6. Encourage people with lived experience of homelessness to tell their stories and contribute to programs that serve them.

Including the “community voice” is essential if providers want to provide culturally relevant programs that empower Native people to change their lives. Panelists stressed the need to involve service users in program planning and implementation. Providers should also ensure that Native program participants have opportunities to tell their stories – to each other and to providers – and be heard with respect. Many Native people have traditions in which it is well understood that “wisdom can come from many directions.” When attending a ceremony, a Native American leaves his or her titles, education, and status all behind; all are considered equal.

7. Educate providers on historical trauma.

Providers should continue to educate themselves on the impact of historical trauma on Native people. This understanding will help them understand the need to acknowledge and name this experience, grieve, and move on.

8. Support research and remove barriers to participation.

Dr. Brave Heart highlighted the need for qualitative and mixed-methods research with Native populations to capture stories of their experience of homelessness. Such research could help people understand the pathways to homelessness for each population, the lived experience of homelessness, and the best ways to provide assistance. She also stressed that research done on Native people who are homeless should be constructed with input from these populations and have value to the Native community.

The panelists added that researchers need flexibility when working with these populations. Many bureaucratic requirements pose barriers to involving them in research. For example, some funding agencies consider payment given to focus group participants coercive, and prohibit using grant funds to provide hospitality in the form of food. However, traditional values include offering food and a token of thanks for assistance. Gratuities to research respondents are often required to be in the form of checks, but people may not have a bank account and would prefer cash or a gift card.

9. Acknowledge the diversity of healing paths.

Although traditional healing can be a powerful tool, panelists cautioned that not all Native people practice the same healing ceremonies or cherish traditional values. Many belong to Christian denominations or have their own path to healing. Providers should avoid making assumptions on appropriate supports based solely on ethnicity.

10. Help prevent homelessness by improved oversight for Indian schools.

A panelist stressed that students at many government-funded schools have had experiences that traumatized them, often adding to family dysfunction. The federal government was asked to provide better oversight of off-reservation schools it funds or operates in order to ensure their programs are culturally respectful and help students retain vital connections to traditions they value.

11. Provide support for Veterans.

American Indians, said Dr. Brave Heart, have the highest per capita enlistment rate of any racial or ethnic group. Native warriors are frequently honored by their Tribes; however, they face challenges navigating an often ambivalent relationship to their military service, given the historical experience of U.S. military forces as an enemy. Native veterans can benefit not only from resources to prevent homelessness and address behavioral health disorders, but also from the opportunity to come together to tell their stories. Dr. Brave Heart recommended the DVD developed through the Aberdeen Area Indian Health Service, *Oyate Wiconi Kte, Cha Lechel Echu Kun Pi*: "We do this so the people may live." A

recent conference (April 17-19, 2012) addressed the needs of American Indian veterans and their families by addressing topics such as substance abuse, cultural trauma, healing from within, and the history of the American Indian in U.S. wars.

12. Seek partners.

Programs that serve Native people need to reach out to the wider community to build a strong network of service partners capable of meeting the population's needs.

13. Build life skills while honoring the tradition of hospitality.

For many Native people, the traditional values of generosity and hospitality undermine their ability to manage resources effectively and avoid homelessness. Culturally sensitive education programs can help them honor these values while developing the skills and habits they need to support themselves and their families. It is also important that programs that serve Native populations demonstrate hospitality toward their clients.

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