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Testimony before the Senate Committee on Indian Affairs
Field Hearing on Overcrowded Housing and the Impacts on American Indians and Alaska
Natives.
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Senator Murkowski, members of the Senate Committee on Indian Affairs, it is an honor to testify before you today. Igamsiqayugvikamsi, thank you, for being here and welcome to my hometown. Convening an Indian Affairs hearing in Savoonga is a historic moment. We appreciate your commitment to addressing the impacts of overcrowded housing in American Indian and Alaska Native communities.

I was raised by Aaron & Eleanor Gologergen of Savoonga. We are blessed to continue to live our way of life and practice our traditional lifestyle. We are Siberian Yupik. When I look back at how I was raised and the traditional values I was taught, I come to the sense that we are a very close knit society. It is in our tradition to care for one another & live off of our land. Our men climb our beach cliffs, we journey the Bering Sea, and we roam our tundra. When a member of our community loses a loved one, we come together to help the grieving family; be it bringing food, cleaning the home, taking care of the kids, & seeking donation for services. When people say "it takes a community to raise a child", Savoonga is part of that living proof.

I serve as the manager of our local clinic. I am also a Community Health Practitioner. The clinic delivers acute, chronic and emergent care and is staffed by 4 health aides: Mary Ann Seppilu, Chantal Miklahook, Danielle Reynolds, and Dorothy Kava, along with six new hires. The health aides work within the guidelines of the Alaska Community Health Aide Practitioner Manual (also known as the CHAM) in assessing and referring members of our community who seek medical care and consultation. Our health aides work under the supervision of a physician located in Nome, Dr. Steven Daniel. Our health aides and clinic staff are the front lines of health care delivery in our community, often experiencing and taking on the impacts of the housing crisis in our community.

Shedding light on the lack of housing, overcrowding in our homes and the impacts on our families is not always easy, but we recognize it is necessary to improve the lives of those living in our community. The health impacts of a lack of housing are real and pervasive, impacting entire families. It is simply a stressful situation. We must establish a pathway for our growing community.

At a fundamental level, if you don't have your own room or a quiet place to sleep, maintaining a regular sleep schedule becomes near impossible. When a person experiences a lack of sleep, like anyone, they can become irritable. In an overcrowded living situation, the entire mood and atmosphere of the home can become hostile. Now, the stress of one individual, due to a packed house, has impacted everyone in the home. In some situations, it can cause violence within the home. When stress is released with resentment or physically, we at the clinic experience the impacts of overcrowding in our community.

I am going to use general statistics for our region on domestic violence, out of respect for our community. In 2015, the Justice Center at the University of Alaska Anchorage surveyed our region's communities and reported that 51 percent of women in our region have experienced intimate partner violence, sexual violence, or both during their lifetimes. That means roughly 1 in 2 women in our region have experienced violence. The question remains, with a lack of housing, where does one go?

The health impacts of the housing crisis seen at the clinic are generally afterhours. We treat and respond to lacerations after violence, intoxicated individuals, those who are experiencing suicidal ideation & sometimes fall victim to medication overdose or attempted suicide. Unfortunately, these situations are common in too many of our Native communities. We see the impacts and the stress of the housing situation in our mothers and fathers.

For any scheduled visit, we ask "What are you here for today? What can we help you with?" Often times our patients are very stressed out due to circumstances at home and it is common our providers offload that stress in order to provide adequate care. Our patients express tremendous amounts of stress from the difficulty of providing the needs of their families, including: groceries, beds to sleep on, dressers to store clothing, or a broken freezer that prevents adequate food storage. We have experienced patients worried because they fear their electricity shutting down. During well child visits, parents express their gratitude for the Women, Infants, and Children nutrition program, as it helps feed their kids.

When the basic needs of housing and food are not met, the impacts are carrying much weight on the health of the individual. In overcrowded living conditions, the risks of spreading illness such as a common cold or influenza have real impacts on our families. When we have one sick kid, everyone else in the house gets sick. For those that are on a high blood pressure medication we ask them to stay away from stressful situations; however that is impossible without adequate housing. We experienced a recent bed bug incident; however we found our community ill equipped to respond with nowhere to wash clothes or hot dry belongings. In the most recent years, we've had an increasing amount of new Tuberculosis outbreaks; larger groups of people living in close proximity results in a higher number of patients that are at risk of getting tuberculosis.

In closing, I look forward to hearing the outcomes of this hearing. It is imperative we establish pathways for young families. I recognize it is going to take all of us working together, as a community, as a region, and with your commitment and partnership I believe we can improve the lives of those living here in Savoonga.