

ADVISORY COUNCIL  
ON THE ELDERLY AMERICAN INDIAN

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A STATEMENT BY COUNCIL MEMBERS, TOGETHER WITH  
ANALYSIS OF AVAILABLE STATISTICAL INFORMATION AND  
OTHER APPENDIXES MATERIAL

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A WORKING PAPER

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PREPARED FOR THE  
SPECIAL COMMITTEE ON AGING  
UNITED STATES SENATE

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## PREFACE

Many times I have heard the complaint that public officials and others quite often talk *about* the American Indian, but that they seldom listen *to* the American Indian.

In the first half of this report, the Senate Committee on Aging listens directly to an Advisory Council appointed to give direct communication on matters of deep concern to aged and aging American Indians.

The Advisory Council met for 3 days in Phoenix, Ariz., this September. Its members reached tentative agreement on the tone and content of a statement to be presented to this committee. A subcommittee then revised it and submitted it to the full membership for approval.

Council membership was predominantly Indian, and several members were elderly. Their statement is the result of firsthand familiarity with issues, problems, and people. The Senate Committee on Aging is in their debt and so—I would think—are those who will participate in this year's White House Conference on Aging. This report will be helpful in discussion of many issues that will arise throughout the Conference and, in particular at a "special concerns" discussion on the Elderly Indian on the third day of the Conference, December 1. Efforts will be made to put this report in the hands of appropriate Conference participants.

In addition, this report will serve as the foundation for continuing Committee on Aging scrutiny of problems affecting older Indians. Our attention will not diminish with the conclusion of the White House Conference. On the contrary, the committee will pay close attention to implementation of Conference recommendations. We will be as concerned about the quality of implementation, as we will be in the pace of implementation. In the case of elderly members of minority groups<sup>1</sup>—those whose later years are so often marred by deprivation, comparatively low life expectancy, and frequent unresponsiveness of governmental programs—our interest will be especially deep.

All members of the Advisory Council have my heartfelt thanks for the hard work and time they have already devoted to their mission. It is a pleasure to list their names here: Mrs. Dorothy G. Baker (Shoshone-Bannock) former member of Health and Welfare Committee; Mrs. Irene C. Cuch (Ute) Standing Rock Tribal Council Member; Mr. Vine DeLoria (Sioux) Mr. Frank D. Ducheneaux, former Chairman Cheyenne River Sioux Tribe; Mr. Steven V. Hotch, President, Alaska Native Brotherhood; Mrs. Anna Gover (Comanche), former Foster Grandparent; Mr. Ted James, Pyramid Lake Tribal Council; Mr. Samuel C. Kolb, Vice-Chairman, Rincon Band of Mission Indians; Mr. Rodger H. Sandoval, Project Director, Local Community Development Program Office of Navajo Economic

<sup>1</sup> Senator Church has also appointed Advisory Councils on the Aged and Aging Black and the Older Mexican-American. The committee is also working on reports dealing with older Puerto Ricans and Cuban refugees.

Opportunity; Mr. Ronald Moore, Assistant Director, Arizona Affiliated Tribes, Inc., Indian Community Action Project; Mr. Earl Old Person (Blackfoot), President, National Congress of American Indians; Mr. Frell M. Owl (Cherokee), former Chairman of Planning Board for Eastern Band of Cherokee Indians, and member of White House Conference on Aging Planning Committee; Mr. Eugene Parker (Makah) Member of Tribal Council; Mrs. Agnes Savilla (Mohave) Member, Governor's Task Force on Aging and Tribal Housing Authority Committee, Tribal HEW Committee; Mrs. Milton Schiffman, Regional Representative, National Council on Aging Region 9; Mr. Perry Swisher, Director of Special Educational Services; Mr. David M. Vallo, Community Organization Specialist, Intertribal Council of California; Mr. Joe Exendine, Acting Director, Office of Program Planning and Evaluation, Indian Health Service; Mrs. Betty Mae Jumper, Former Tribal Council Chairman, Public Health Representative, NCIO Council Member, Seminole Tribe.

With the election of Mr. Moore as Chairman and Mr. Sandoval as Co-Chairman, Council members have chosen effective and persistent advocates. Partially as a result of their efforts, the White House Conference on Aging staff recently announced a plan for more equitable representation of Indians at that Conference. In addition, Mr. Moore has participated in planning sessions for the "special concerns" meeting on December 1.

In the second half of this report, a summary of statistical information on elderly Indians is presented with full recognition that many information gaps now exist in this area. To the researcher who compiled this information—Miss Iris Jette—it is disturbing that such deficiencies exist. This fact is disturbing to the committee, too; and it is only because of the strenuous efforts of Miss Jette and the Advisory Council that the full extent of these gaps can be more readily understood.

Annoying as they are, however, statistical shortcomings are not as serious as gaps in understanding. The Advisory Council is providing a way to bridge such gaps, and the Senate Committee on Aging is fortunate to have the continuing help of its members.

FRANK CHURCH, *Chairman.*

## PART I

### A STATEMENT BY THE INDIAN ADVISORY COUNCIL<sup>1</sup> TO THE SENATE SPECIAL COMMITTEE ON AGING

Earlier this year, there seemed to be little or no concern by either the Federal or State Government about the unique problems, needs, and potential contributions of older American Indians. Federal officials hoped States would involve reservation Indians in plans for the White House Conference on Aging; whereas, States assumed that the United States, having assumed a legal relationship with Indian tribes, would see to it that reservation Indians were properly represented. This lack of concern resulted in a lack of awareness by the Indian people in planning for the White House Conference on Aging and the impact the Conference could have on the lives of the older Indian citizens.

Within recent months, a turn for the better has been taken. Significantly the Conference chairman, Dr. Arthur Flemming,<sup>2</sup> has taken several specific actions which assure far greater Indian participation than had been the case before. Indians from four Western States also provided a significant initiative. Early in October in cooperation with the National Council on the Aging, they conducted an Indian policy planning conference in preparation for the White House Conference. All such signs are welcome. They suggest that the Conference now is far more likely to have Indian representation.

In this statement to the Senate Special Committee on Aging the Council raises issues and recommendations to which attention should be drawn in these final weeks before the White House Conference on Aging and to which continued concern should be given during and beyond the Conference.

### NOT A MATTER OF NUMBERS

Indians traditionally have identified not only with the nuclear family but with the extended family, clan, and the tribe. Such sensibilities are complex, not simple.

Traditional Indian values put great store in precisely those sensibilities that have been blunted, atrophied, or converted into hostile alienation by the development of public policies and personal priorities requiring the individual to adapt to a materialistically oriented society. The older Indian can play a strong role in the resurgence—or attempted resurgence—of human priorities over economic and technological consideration.

It is here that the older Indian can remember and teach those values to others who have not yet experienced them.

<sup>1</sup> The Advisory Council was appointed during the summer by Senator Church (see preface to this report for membership.) Meeting in Phoenix, Ariz., for 3 days in September, the Council drafted this statement and submitted it to the Senate Special Committee as an initial expression of concern about priority issues. The Council will continue to serve the committee.

<sup>2</sup> In a reply to a letter sent by Senator Frank Church, Dr. Flemming indicated in late October that approximately 85 Indians, including 31 Indians already named as State delegates and the remainder to be named as at-large delegates would attend the Conference.

But today's older Indian too often is experiencing the bitter culmination of a bitter lifetime. Someone who has been worn out by a society already insensitive to his needs should not be expected to accept change which has always meant loss of land, desecration of his environment, and exploitation of his proud heritage.

The Council recommends that assurance be given our elderly Indian citizens that the existing relationship between their tribes and the Federal Government will be continued. Such assurance will help to allay existing apprehension and fears.

The fate of the older Indian is of concern to all. To the Indians and to an entire society which now stands in need of direction; to the Federal Government, which has so often been the instrument of disruptive change in the life pattern of Indians, this challenge is especially great.

### A LACK OF BASIC INFORMATION

We are appalled to discover that statistics for many matters of vital concern to the Indians and those who work with Indians are inadequate, inaccurate, or not available at all. Census figures, for example, have been ostensibly collected by non-Indians who could neither speak the indigenous language nor even locate the living quarters of Indians. In part 2 of this report, a researcher for the Special Committee on Aging describes a Library of Congress survey indicating that there are more than 417 card headings on pottery and legends in the Library catalog files for Indians, but none at all for income or population. The researcher describes other difficulties encountered in a search for information that should be the first requirement of any serious, organized effort to cope with problems of concern to the elderly Indian and to other age groups.

With regard to all members of Indian tribes who still have reservations (including those enrolled Indians living on and off the reservation) the Bureau of Indian Affairs and qualified Indian tribes should be charged with the responsibility to devise ways of obtaining and maintaining current and accurate census data, and with regard to terminated<sup>3</sup> and nonenrolled Indians, the Bureau of Indian Affairs and Department of Health, Education, and Welfare should jointly be responsible for developing methods of obtaining and maintaining current census figures.

### RIGHTS TO OLD-AGE BENEFITS

There is reason to believe that the Bureau of Indian Affairs Social Services Department has been notoriously derelict in its duties to provide elderly citizens with information regarding social service benefits to which the Indian people are entitled. The Bureau of Indian Affairs Social Services should not only provide assistance within their present realm of responsibility but should assist all elderly Indians in obtaining benefits from all other sources to which they may legally be entitled. All too often Indians do not benefit from Social Security, veterans' pensions, railroad retirement pensions, and other benefits and retirement funds simply because they know nothing of their

<sup>3</sup> Terminated Indians include members of those tribes with whom the Federal Government has relinquished responsibility. This recordkeeping would also necessitate the development of a single definition for "Indian" as opposed to the three or four now being used by various Government agencies.

entitlement. The Council believes that the time has come for the Bureau of Indian Affairs and other Government agencies to explore, far more extensively than ever before, possible action that can be taken to help members of the Indian population obtain these services.

The solution to Indian problems does not lie in earlier procurement of old-age benefits or other social services, even though the average age at death for the Indian is dramatically lower than all other population groups. Rather, there are many factors which cause the average age at death to be lower. These factors include infant mortality, lack of decent housing, inadequate nutrition, poor transportation systems, insufficient medical services, and poor communication systems. These problems must now be addressed in order to increase the longevity of our Indian people.

### HOUSING—A NEED FOR FLEXIBILITY

Housing programs have been established on many reservations which presumably have been designed for older Indian citizens. The Bureau of Indian Affairs also appropriates funds for home improvements through the home improvement programs (HIP). These funds, however, are usually limited and in most instances can do little more than provide superficial improvements.

Many times economic considerations predominate in the design of programs. The result of such considerations is the relocation of older Indians forcing them to give up those roots which have made life meaningful. An example is the concept of "New Cities" which is hostile to the well-being of the older Indian who places a high value on being close to relatives and long acquaintances, on living in familiar and cherished surroundings, and on enjoying the routines to which he has become accustomed.

Failure to place human needs above economic feasibility has resulted in inadequate or unrealistic housing programs. The Council feels that a simple understanding of the wishes of older Indians by the various agencies concerned with providing housing can result in the reduction or elimination of many of the frustrations associated with housing programs. Furthermore, all too often, little or no consideration is given to the desires of the Indian tribes with regard to the style, location, or building materials in home construction. Consultation with tribal councils would eliminate problems which develop in this area.

In numerous cases recited by many members of this Advisory Council, the use of low-cost housing for the elderly Indian does not meet his needs because he lacks sufficient funds to pay the monthly rent, to pay the additional cost of electric bills, or to pay the continued cost of upkeep. The result of providing low-cost housing for the elderly Indians is frustration and added economic burdens rather than delight for new living quarters.

The conclusions seem apparent. If HIP is to be successful, there ought to be increased funding. If low-cost housing is to experience a modicum of success, it cannot be a source of frustration and worry to the elderly Indian—the economic burden of a new home cannot be placed upon an elderly Indian with a low, fixed income. No-cost housing is a feasible alternative, and the tribes and other involved Government agencies should consider subsidizing the cost of rent



and other expenses, perhaps by making the homes tribally, as opposed to individually, owned.

### NURSING HOMES FOR THE BEDRIDDEN

The concept of nursing homes as a place to put the rejected has no place in Indian society. Concern for all members of the family, especially the respected elders, is still a viable part of Indian life. Thus, while the intrusion of foreign laws and values has attempted to bastardize the concept of the extended family, younger Indians still believe that an elder belongs with them, and only if that person is completely helpless and bedridden, would a nursing home be considered. Nursing homes that must meet minimum standards of size, for reasons of economic feasibility and medical convenience, are not available to the smaller communities. Consequently, whenever nursing home care is required by an Indian, he must go to a facility which is usually located a great distance from the reservation, causing him to become isolated from friends and relatives. Only on the Navajo Reservation—the largest reservation in the country—has the BIA Economic Development Office been able to construct an extended-care facility. But the need for such facilities should not be predicated upon the number of persons who must occupy it. Nor should such facilities be situated in areas far removed from the reservation. Extended-care facilities must be designed to keep elderly Indians near their homes thereby giving them easy access to familiar reservation surrounding and allowing friends and relatives to visit the facility. Such is not the case today.

Just as important to the Indian is that those who must enter nursing homes understand the concepts of such care. Presently the elderly Indian has no exposure to such information, and the council therefore further recommends that the concepts of extended-care facilities be made known through the institution of counseling programs.

In addition to the professed need of nursing homes, more realistic attempts should be made to provide adequate home health services. These services should include attendant care, home health care, and homemaker services. An important proviso to the institution of these services is that the home care be provided by Indians. The Public Health staff on the reservations ought, therefore, to institute active training programs and serve in supervisory capacities to those families or individuals who can assume the care of elderly persons disabled by illness or injury.

### NUTRITION—A TIME TO EXAMINE INADEQUATE FOOD PROGRAMS

Most older Indians are malnourished. This is the result of both an inadequate nutritional education program and lack of familiar and nutritional foods.

Additional funds should be made available to various tribal councils so that they might establish more comprehensive nutritional education programs than those presently in operation. One of the serious inadequacies of present programs is that nutritionists are often unfamiliar with the life style and eating habits of elderly Indians.

The utilization of Indian nutritionists, who have a firsthand familiarity with Indian lifestyle, would prove far more productive in disseminating information to elderly Indians.

Additionally, and perhaps more important, the Council recommends that Indians be consulted about their former diets and that this information be used as a basis for supplying certain types of foods under the commodities program. It should not be forgotten that disease, malnutrition, and obesity were all alien to aboriginal Indians, and with this in mind, reconstituting old diets is not unrealistic. (The type of food requested in an Indian-designed diet may well consist of those foods now being produced by Indians themselves; such a program would insure the high health standards of yesteryear and complement reservation economic development.) In the opinion of the Council, the majority of the commodity foods (the commodity distribution program supplies much of the food consumed by our older people) distributed to elderly Indians, while it may be nutritious is extremely hard on the health of older Indians. This is so because the high incidence of diabetes makes much of the distributed food inappropriate. Yet with little or no income, the Indian is forced to rely only on this source of food.

Testimony in recent hearings before the Senate Select Committee on Nutrition and Human Needs<sup>4</sup> would seem to verify the assertion that foods provided under this program are obtained from glutted markets with no regard for the nutritional needs of a poor, elderly American. Information gathered at the hearing indicated that the food made available represents less than 80 percent of caloric needs and from 30 to 50 percent of nutritional needs, and that the food distributed is monotonous, unappetizing, and poorly packaged.

If one overall objective of Government policy is to extend the lifetime of American Indians, then the nutritional needs of elderly Indians should have priority in all decisions made about commodity food programs.

### RECREATION—A CONCEPT UNKNOWN TO THE ELDERLY INDIAN

The Indian, unlike other groups, has never had to sell his time nor allot certain time segments to work and other time to recreation. The concept of recreation was unknown to the Indian and is perhaps the clearest example of a distinction between the life style of the Indian and that of the white citizen. Certain activities, such as Indian festivals, are part of the natural routine in an elderly Indian's life, and to label such activities "recreation" is meaningless to him. Elderly Indians may find a pleasant pastime in sitting together and chatting about old times as opposed to checkers and table tennis. The point is that programs, to the extent that they are designed and given direction, ought to be designed for Indians and by Indians.

The Council therefore recommends that senior center facilities be made available to the older Indians. Such facilities should be properly maintained, but the design of these centers need not be modeled after those structures found in urban settings. Rather, a center for our seniors ought to be constructed in a style and setting in which the elderly Indian would feel most comfortable.

<sup>4</sup> Refer to the Washington Post, Thursday, Sept. 16, 1971.

## TRANSPORTATION AND COMMUNICATION—A NEED TO PROVIDE COMPLEMENTARY SERVICES

Problems in transportation and communication are inexorably tied to other problems facing elderly Indians. Inadequate roads, combined with no communications system, leaves the elderly Indian, if he is living alone, more isolated and vulnerable to the hazards of age than many of his age group.

The Council recommends that additional Federal funds be appropriated for road development and improvement. Steps should also be taken to assure that a portion of the State gasoline, and oil taxes be channeled back into the reservation for road development and improvement. Contrary to beliefs by many, Indians do pay taxes. However, many States refuse to provide those services which are usually associated with the payment of these taxes. Furthermore, feasibility studies ought to be conducted to determine how transportation might be economically provided to those elderly Indians who now find themselves immobile because of poor health or lack of a motor vehicle.

The Council strongly recommends that the Federal Communications Commission or various State Public Service Commissions determine how minor changes in existing regulations might enhance the opportunity for more reservations to qualify for telephone service. Council members indicated that mere clarification of existing regulations by the agency involved has resulted in installation of telephones in reservation homes at far less cost than initially stipulated. The regulations were unclear and therefore could be interpreted so as to prevent the installation of reservation phones or to allow installation at tremendous cost to the user.

## EMPLOYMENT—TO BE OLD AND AN INDIAN

Unemployment among elderly Indians and among the Indian population in general is staggeringly high. On some reservations the joblessness rate runs as high as 80 percent, or about 14 times as high as the currently unacceptable national rate in August 1971, of 5.8 percent. Difficulties in this area are manifold. The elderly Indian must continually combat the stereotyped "lazy Indian" syndrome, the subtleties of job discrimination because he is both old and Indian, and the ignorance of a society which dictates that he must sacrifice his employment if he wishes to participate in a week-long religious festival which has always been an intricate part of his life.

Indications are that, nationally, there is inadequate policing of those manpower programs, for example, Mainstream, in which a quota of the training slots is supposed to be reserved for older persons. We recommend that these quotas be effectively enforced and that active interest be taken in recruiting elderly participants in programs such as Mainstream.

Elderly Indians can and have served valuable functions to their communities, while at the same time earning an income. Older Indians could staff historic museums, act as guides in wilderness areas, and teach Indian dances and crafts. Money is available under title I of the U.S. Education Act to help finance projects which incorporate elderly Indian aides into the school system so that they might assist

in teaching the young. The relationship between the young and the elderly has always been very close, and to foster this relationship in a school setting can be of benefit to the Indian youth as well as provide a useful role for the elder. Furthermore, the elder's association with the non-Indian teacher would help the instructor to understand the Indian student.

Elderly Indians could also be employed as community development officers. Counseling and human relations is a natural role for them because it is a role they have always assumed. Therefore, employment as development officers would officially recognize this rapport and respect that elders have with others on the reservation.

Finally, the Bureau of Indian Affairs ought to earmark funds for the establishment of various types of work projects, such as road and park crews made up of elderly males who could participate in maintenance and patrol jobs on reservation roads and beautification and environmental preservation projects on the reservation. On many reservations there is a crying need for such services, and these are types of work which an elderly male would enjoy doing.

Agencies and programs which could make moneys available for employment programs are not easily accessible, and there is a real need to coordinate the efforts of all agencies involved. Concurrently, the tribal councils ought to be given the authority to develop employment programs for the elderly, and those other agencies involved with Indian programs should be directed to make far more concerted efforts in developing their own employment programs for using elderly Indian manpower.

## AVAILABILITY OF HEALTH SERVICES

Much of the problem related to the health of the Indian is a result of other inadequacies. Indians, of course, must be near enough to an Indian Health Service or a contract hospital in order to utilize its facilities. Unfortunately, all too often bad roads, poor communication, or long distance prevent timely care from being administered, and the patient dies as a result. More funds need to be appropriated to the Contract Services Branch of Indian Health Service so that contracts for services from hospitals (other than IHS facilities) that are more accessible to Indians can be made. It makes more sense for Indians in need of immediate medical attention to go to the nearest hospital rather than an IHS facility which may be many more miles away.

The more serious deficiency of the Indian Health Service is that physicians are obtained through a program which allows individuals to satisfy their military obligations by serving 2-year enlistments at an Indian Health Service facility. After his 2-year term is completed, the young physician leaves, and the elderly Indian is presented with a new, unfamiliar face. The rest of society gains confidence in the family physician after long and continued contact, yet our elders are expected to be continually at ease and confident of each new group of doctors who is ushered into the Indian Health Service.

The programs should be structured so that physicians spend long periods of time in one facility rather than the cursory entrance and exit which exists today. This longer period may well be the ingredient needed for better rapport between patient and physician. Indian Health Service should also earmark additional funds to make more

community health representatives and paramedics available for service to the people in the community. As noted previously, pilot projects should be conducted to experiment with various patterns of home health care. Such programs would result in health education, preventive health care, prevention of serious illnesses, and more successful supportive services.

The success of Indian Health Service in providing medical care for Indian peoples is worthy of commendation, but much is left to be done, and no one can relax when the average age at death for the American Indian is 46 years.

### EDUCATION—A NEED TO SPEAK ENGLISH

Many older Indians fail to receive complete services because they are unable to converse freely in the English language. Oftentimes they will not talk to an interviewer or other official for fear of saying the wrong thing. This problem is directly related to the need for English language instruction geared to the needs of elderly Indians. With a command of the English language the elder will be able to converse and deal more intelligently with the local traders and will be able to describe to a physician his particular ailment.

### GUARANTEED DECENT STANDARD OF LIVING

The Council feels that a guaranteed annual income is not the panacea to the problems of the elderly Indian, especially when the guaranteed annual income figure is computed on expenses incurred in an urban setting. Costs are markedly different on the reservation—for example, a dozen eggs cost 45 cents in the city and 78 cents on the reservation.

We suggest divorcing ourselves from thinking strictly in terms of dollars and cents and start thinking in terms of obtaining or upgrading those services which would provide our elderly citizens with a decent standard of living. Prior to the coming of the white man, Indian tribes were well accustomed to providing for the needs of the group. This sense of unity still pervades the reservation today; however, with all the changes that have taken place, the tribe is no longer able to provide for individual member's needs. Because tribes have been endowed with this concern for each member, they are best equipped to undertake programs of comprehensive human services. The Council recommends that research and demonstration projects be funded to determine the cost of tribally administered comprehensive services projects. Such comprehensive programs administered by the tribes seems far more likely to succeed than the fragmented services now provided by various agencies in the State and Federal Governments.

### AN INDIAN DESK—NEED FOR A STRONG ADVOCATE

An underlying issue throughout this entire statement is our belief that programs now in existence for elderly Indians are uncoordinated. This lack of coordination leads to low visibility for the unique problems of Indians in the general administration of those programs adopted for all senior citizens and also means that many Indians never receive

the complete benefits of such programs. The time is ripe for an Indian desk.

The Older Americans Act expires next year and if the Administration of Aging can be reorganized so that it might actively participate at the policymaking level then the Indian desk could be placed in that agency. However, if past unsuccessful efforts are any gauge of the future, the Indian desk should be placed elsewhere to assure high visibility for the elderly Indian. Such a desk could coordinate and publicize all programs which are aimed at helping the older Indian and also serve as a strong advocate for our elderly citizens.

## PART II

### SUMMARY OF STATISTICAL AND OTHER RESEARCH MATERIAL\*

#### INTRODUCTION

For 10 years the U.S. Senate has had a Special Committee on Aging working on an exhaustive inquiry into the various facets of the problems confronting elderly Americans. One report: "Economics of Aging, Toward a Full Share in Abundance" stated as its goal to study the personal economics of aging to know what is happening, and what will happen to individual Americans. This committee report indicated some thought had been given to the special problems of minority groups, but much intensive attention is still needed here. The Indians and Alaska Natives—the original Americans—have a unique relationship with the Federal Government. Numerically a very small segment, their importance is historic, cultural, and in a large sense, moral. This ethnic group is the subject of the present report.

#### I. EXTENT OF AVAILABLE INFORMATION

An Analyst for American Indian Affairs at the Library of Congress has written *A Statistical Profile of the American Indian: The Lack of Numbers* (1) in which he points out that "data is simply not available with respect to American Indians. Information compiled on a reservation basis was more adequate a hundred years ago than it is at present." He notes that of the approximately 18,000 file cards in the Library of Congress Main Catalog 16 cards under *Indian Statistics* and 11 on *Census* compete with 417 on *Pottery and Legends*; there are no cards at all for the subheadings *Population* or *Income*!

This writer finds the above even more true when one is hunting specific information on the elderly Indian. There is a real need for complete, current information, centrally located and accessible. At present, if the information exists at all, it is scattered among many Government agencies, is incomplete or contradictory, and often unavailable to public scrutiny.

The Library of Congress analyst observes that the Federal Government is spending increased amounts in Indian affairs, that more and more agencies are providing services, yet the data and information is decreasing and harder to obtain. He suggests a study which would provide:

1. An overall picture of each tribe, prepared by an agency or other responsible reporting unit, giving background, historical and basic data; and

\*Material for this part of the report was gathered by Miss Iris Jette, former Public Health Service nurse with field experience in Alaska and several other States. Miss Jette also prepared the initial draft of this summary, which was later revised by Mr. Ben Yamagata, Committee on Aging professional staff member.

2. Annual reports on population, age, economic resources, housing, health and other items frequently requested by Congress and others.

Such information would also be very valuable to tribal councils and emerging leaders of the Indian people as they assume more and more responsibility for their own futures.

#### A. HOW MANY INDIANS ARE THERE?

According to officials in the Statistics Branch of the Bureau of Indian Affairs the total number of Indians on and adjacent to reservations (including Alaska) was 487,983. Of this number 23,155 are 65 years of age and older. However, these figures do not represent the total Indian population which resides in both urban and rural areas. According to the 1970 Census there are 791,839 Indians on and off reservations. As of this date there has been no age breakdown of this Census figure but BIA officials estimate that there are roughly 45,000 to 50,000 Indians 65 years of age and older living on and off the Indian reservations.

Part of the reason for the disparate population totals is that the BIA figures usually reflect only those Indians who are eligible for its services and/or those living on or near reservation or agency areas. (2) A second apparent reason for this difference is that various agencies and groups, including the Census Bureau and the BIA, use different definitions in defining who is an Indian (see below). The result is that no one set of figures is authoritative for all purposes and by using figures from different sources confusion is augmented. For example, the BIA total population figure for 1960 was 345,000 Indians on and adjacent to Indian reservations and agencies; the 1960 census figures amounted to 551,669; a study conducted by Prof. Sol Tax of the University of Chicago in 1956 using 1950 figures as a base concluded that there was a total of 571,824 Indians, roughly 25,000 more than the 1960 census, although the population is supposed to have risen not decreased during that period of time; and the Program Analysis and Statistics Branch of the Indian Health Service furnished the writer with its compilation from the 1960 census, and the resulting total was 546,228.

#### B. WHO IS AN INDIAN?

1. Neither Congress nor the executive branch has defined Indian other than for the purpose of a specific piece of legislation.

2. There are individuals recognized by the Federal Government as Indians, others recognized only by various States, and others only by the Census Bureau.

3. HEW definition is "one regarded as an Indian by the community in which he lives as evidenced by such factors as membership in a tribe, residence on tax-exempt land, ownership of restricted property, and active participation in tribal affairs."

4. The U.S. Census lists as Indian, those who are:

a. Full-bloods;

b. Those of mixed Indian and white parentage if enrolled on reservation or agency roll;

c. Mixed Indian and other, if one-quarter or more is Indian;

d. Those regarded by community in which they live, as Indian.



5. The House Interior Committee published a study in 1959 concluding with a statement as accurate now as then:

The definition of Indian presents one of the most difficult problems in the field of Indian affairs and no doubt accounts for many of the inconsistencies in various data supplied to the committee. . . . This accounts for many of the frustrations and difficulties in dealing with Indian legislation.(3)

When Europeans first came there was no problem in establishing who was an Indian, the Indians were of Mongolian stock and there were no linguistic relationships between Indians and Europeans. After years of common residence with traders, trappers, settlers, and missionaries, definition became more complex. It then became a socio-cultural problem in that if a person is regarded as an Indian by other individuals in his community, he is an Indian.

It would appear that in order to lose one's status as an Indian, it is necessary to dissociate oneself voluntarily from other Indians and become identified with some other social segment of American society.(4)

Additionally, not until 1924 did all Indians become U.S. citizens (by the Citizenship Act of 1924). By 1938 there were still seven States refusing to allow Indians to vote and not until 1948 did the last two holdouts, Arizona and New Mexico, grant them voting rights.

### C. WHERE ARE THE INDIANS?

According to the 1960 U.S. Census of Population more than 90 percent of the Indians were in 27 States; the majority were located west of the Mississippi River on or near reservation lands. According to a New York Times article in October 1971 the West has the highest Indian population, the South follows with 200,222, followed by the Midwest, 151,287 and the Northeast, 49,466.

Without information from the 1970 census it is, of course, impossible to determine whether there has been an exodus off of the reservation into urban areas. Two significant facts would seem to indicate that the urban population is gaining a larger percentage of the total Indian population, viz, of the total population of 792,000 only 488,000 are on or near reservations and approximately 50 percent of the elderly Indians are not counted by the BIA which may indicate that they are located in urban areas.

There may be as much as 30,000 square miles or 25 percent of a State's land set aside for Indian reservations, as in Arizona. In Montana, South Dakota, and New Mexico reservations constitute between 5,000 and 10,000 square miles of State lands. Reservations in Alaska, North Carolina, California, Washington, and Minnesota are less than 5,000 square miles each. New York has reservation areas but no BIA agency. Oklahoma has agencies but no reserved land.

### D. POPULATION GROWTH AND LONGEVITY EXPECTATIONS

The Indian population is very young. In 1960 the median age of of rural Indians was 17.7 years compared with 27.3 for the total rural population.(5) Also, rural Indians have one of the highest birth rates of any minority ethnic group in the United States.(6) According to

the 1960 Census the Indian population has doubled since the 1890 count. By 1970 the population had increased by another 60 percent over the 1960 figures.

The increase is notable at both ends of the age group. The first half of the 1960's saw a burgeoning birth rate, and decreasing mortality rate in the infant and the 1-4 year-old group. Improving health and more adequate medical and nursing care have increased the lifespan of Indians. In 1967 the life expectancy at birth for Indians was 64 years as opposed to 71 years for whites.(7) However, a 1967 Public Health Service survey reports that in States where IHS provided comprehensive health services the Indian who died averaged 46 years of age, or 19 years less than the U.S. all-races average and 20 years less than the U.S. white population. Excluding infant mortality, the average age of those dying in 1962-67 is indicated in the following:(8)

	<i>Years of age</i>
Indian.....	53
Nonwhites.....	59½
Whites.....	68½

Up to age 65 the Indian mortality rate is higher than for all other races but after age 65 the rate is lower. Specifically, 61 percent of deaths in the United States are among those 65 and over, whereas, among Indians the death rate for that age group is 33 percent.(9)

Changes have occurred in this area. Of all Indian and Alaska Native deaths occurring in 1967, 14 percent were infant deaths and only one-third were at age 65 or over. In contrast, of all deaths in the United States in 1967, just 4.3 percent were under age 1 and 60 percent at age 65 or over. In 1955, however, one-quarter of all Indian and Alaska Native deaths were infant deaths and only 27 percent were as old as age 65. For the United States as a whole in 1955, 7 percent of all deaths were under age 1.

## II. CHRONIC ILLNESS, PREVENTIVE AND THERAPEUTIC SERVICES

### A. BRIEF HISTORY

Originally in the 19th century, the War Department was charged with giving some basic and/or emergency medical care to Indians. When smallpox became rampant, vaccination was added. In 1924 the Bureau of Indian Affairs began supplying a minimum amount of care in a few locations, especially in areas where boarding schools were located. Then in 1955 the U.S. Public Health Service was given the responsibility for Indian health following a definitive study authorized by Congress.

### B. CONTINUING PROBLEMS IN INDIAN HEALTH

In 1957 a comprehensive report was issued on health services for American Indians.(10) From this report, the writer selected the following conclusions from the Summary of Findings as applying to the older Indian:

1. Diseases, largely controlled in the general population, still cause widespread illness and death among Indian groups.

2. Substandard and crowded housing:
  - a. Lack sanitation facilities.
  - b. Scarce and unsafe water.
  - c. Reservations remote, sparsely-settled areas.
  - d. Family incomes less than \$1,000.
3. Linguistically.—50 separate and unrelated stocks and mutually unintelligible.
4. When approximately 250 reservations were established, this:
  - a. Split some tribes.
  - b. Combined others.
  - c. Thus, each reservation represents different problems of language, culture, or history.
5. At time of the study (1957) the identifiable Indian population in the continental United States was estimated at 472,000, with 367,000 Indians and Alaska Natives having accessibility to some PHS services.
6. Health problems:
  - a. Tuberculosis.
  - b. Pneumonia and upper respiratory infections.
  - c. Diarrhea and enteric diseases.
  - d. Accidents.
  - e. Eye and ear diseases and defects.
  - f. Dental disease.
  - g. Mental illness.

In 1967, Dr. Rabreau who was then Director of the IHS wrote:(11)

1. Services that are needed in increasing expansion:
  - a. Public health nursing followup of chronically ill and aged requires additional staff and vehicles in each service unit.
  - b. Social evaluation of homes for determining family relationships and attitudes toward elderly to assess preventive and medical social services required.
  - c. Physio- and occupational-therapy. There is insufficient staff to serve the elderly who have had strokes, fractures, arthritis, et cetera.
  - d. Environmental health assistance, including adequate housing, running water, heat, and lighting.
  - e. Homemaker services, provision of prostheses, and transportation to and from clinic facilities.
2. Personnel urgently needed:
  - a. Physician-nurse-social worker teams.
  - b. Nutritionists.
  - c. Health education specialists.
  - d. Health aides.
  - e. Supervisory personnel.
3. It is estimated that by 1970, 600 nursing home beds will be needed just for elderly, as the prevalence of chronic disease rises.

### C. INDIAN HEALTH SERVICE

The initial charge to the Indian Health Service was to raise the Indian's health to the highest possible level; at the present time they strive to raise health status to a level comparable with the Nation as a whole. IHS improved and refined its program in the 15 years since assuming responsibility and has been given increased appropriation

and personnel. The agency is divided into eight field areas, each broken down into service units, of defined geographic areas usually centered around a single Indian reservation. The estimated service population for calendar year 1967 was 399,000. This service population is further defined in the following table:

	All Indians and Alaska Natives	Service population.
All ages.....	552,900	399,000
60 to 64.....	11,779	8,540
65 to 69.....	9,711	7,840
70 to 74.....	7,548	5,370
75 plus.....	9,254	7,670
Total (65 to 75-plus).....	26,513	20,880

More recent data from the Indian Health Service indicates that approximately 415,000 Indians and Alaska Natives are served by the Indian Health Service.(12) Those who are eligible to use IHS facilities and services have access to such services as hospitalization, outpatient medical care, public health nursing, maternal and child health, dental and nutrition services, and health education. The IHS operates 51 hospitals, 70 large health centers and more than 300 field health clinics. In addition the Service has contracts with some 300 private or community hospitals, 18 State and local health departments, and more than 500 physicians, dentists, and other health specialists.

The number of discharges from IHS and contract hospitals for those 65 and over have numbered from 6,000 to 7,300 per year and represent about 7.2 to 7.9 percent of the total discharges. In fiscal year 1969, the average length of stay in hospitals for this age group was 14.2 days as compared with 8.3 days for Indians of all ages.(13)

The 1965-67 average annual Indian and Alaska Native death rate for all causes for the age group 65 and over was 5,799.7 deaths per 100,000. This was nine-tenths times as high as the comparable U.S. rate for 1966. During that period of time the Indian and Alaska Native death rate was lower than the U.S. rate for four causes, namely: diseases of the heart, malignant neoplasms, vascular lesions affecting the central nervous system, and suicide. Causes for which the Indian and Alaska Native rate was particularly high relative to the U.S. rate were tuberculosis, eight times, and homicide, five times. Influenza and pneumonia, accidents, diabetes mellitus, cirrhosis of the liver, and gastroenteric diseases death rates among Indians and Alaska Natives were two times the U.S. rate.(14)

Improved health care for American Indians is feasible. Table 5 shows what concentrated effort, money, personnel and teaching can do in one area, specifically the under 1 year of age mortality caused by gastritis-related disease decreased 40 percent in 6 years as shown by 1965-67 figures; in contrast, Indian deaths for the above cause for over 65 years doubled in this same period.(15)

In general the Indian's inferior health status is due to:(16)

1. Lack of basic sanitary facilities;
2. Unsafe water supplies;
3. Gross unsanitary practices;
4. Poor and crowded housing;

5. Inadequate nutrition;(17)
6. Emotional problems inherent in a transitional culture;
7. Impoverished socioeconomic status; and
8. Limited education.

All of the above conditions affect the aging Indian; some of them to a higher degree than others. In the first four areas listed above considerable progress has been made by the Environmental Branch of the Indian Health Service operating under the Indian Sanitation Facilities Act. The aim of the IHS is to furnish each Indian group aid in obtaining running water in the home, and an adequate means of waste disposal. Almost since the program began, Indians have been trained as sanitation aides to work in local areas. The number of families benefiting has increased each year; in 1968, 5,700 received both types of improved sanitary facilities, and 7,500 received one or the other (in which case, the second usually comes the succeeding year). For fiscal year 1970 the estimate was for 8,670 more full facilities, and 11,370 of one or the other facility.

In some areas where these facilities are not yet completed, tribes have used OEO funds to ask able-bodied welfare recipients to carry water (and obtain fuel wood) for the elderly and infirm and to develop a youth work project which can serve the older folk hauling water. (18)

In areas where folks live in very scattered homes, and in Alaska where freezing and permafrost pose real challenges to modern plumbing installation, it may not be possible to equip each home as planned. In this instance further problems develop because the elderly Indian, like many non-Indians in his age group, is resistant to efforts to move him away from his home, extended family, religious and ceremonial rites, and a familiar life style.

Health maintenance is the most effective Federal program on the elderly Indian's scoresheet. Increased attention has also been paid to accident prevention and protective services. But continuing emphasis is needed in many areas including accident prevention and protective services, and increased services with regards to nutrition, meals, appliances, dentures, and hearing aids.

#### D. HOUSING—A RELATED PROBLEM TO GOOD HEALTH

According to Bureau of Indian Affairs officials there are an estimated 97,000 families on Indian reservations in 1971. Of this number of families there are also 40,000 sound housing units which amounts to approximately 41 percent of the total units in which families live.

Statistics furnished by the Bureau of Indian Affairs indicate that approximately 48,500 Indian homes are substandard and are currently in need of replacement or renovation. Many of these houses are one and two room dwellings with more than one family occupying a house.

Information gathered by Indian Health Service environmental health aides/technicians taking individual home premise surveys reveal the following. Out of a total of 36,061 Indian homes surveyed from January 1968 through December 1970, the average number of persons per home was 5.1. Of the homes surveyed, 80 percent were built by the homeowner or his family.

Forty-eight percent of the homes have two or more persons per room in the house. Fifty-five percent have less than 600 square feet of living

space. Inadequate heating exists in 63 percent of the homes and 21 percent have no electric power available. Forty-two percent lack kitchen sinks and 37 percent showed signs of rat infestation.

Housing and Urban Development Department regulations for low-income housing provide that 10 percent of the housing constructed shall be for the elderly. Statistics as to the amount constructed for the elderly Indian were not available.

In the 89th Congress, Senator Bartlett (Alaska) introduced S. 1915 in which HUD would pay 75 percent of cost of low-income housing up to \$7,500 per unit. This proposal passed in 1966 as section 1004 of Public Law 89-754.

Public Law 87-117 enacted in August 1965, provided for 140,000 units of housing for Indians and other low income citizens. No one seems able to supply any figures on the number completed or contemplated for elderly Indians.

### III. OTHER PROBLEMS CONFRONTING THE ELDERLY INDIAN

Following 2 years of study on the adequacy of Indian education, Government officials, and experts, who traveled throughout the United States to schools and to homes, listening to Indians, stated in their 1969 report: "As we traveled and listened, we learned that education cannot be isolated from other aspects of Indian life." Of an estimated 600,000 Indians living in all 50 States, speaking some 300 languages, each tribe or group has different customs, mores and needs. The study revealed extreme deprivation and malnutrition, and grinding poverty and loneliness, due both to a breakdown in family relationships and marked change in life style.(19)

To a marked degree, Indian society is a matriarchally oriented one with respect paid to the elderly group. But reverence for age, while it still may be inherited, is not practical. Younger Indians often move away for job opportunity, with wages which cover basic needs only. The older family member may receive a welfare grant, usually inadequate and never enough to pay for all of his needs or for services he cannot provide for himself. These circumstances forcing younger Indians to assume less care for the elderly is difficult for both age groups to tolerate. The results of this pressure can be seen in the problems of alcoholism among the Indian peoples.(20)

Consequently, one recommendation from the study group appears in need of urgent implementation: That there be convened a White House Conference on American Indian Affairs. Another recommendation of similar urgency, was, that there be established a Senate Select Committee on Human Needs of American Indians.

The National Council on Aging makes three recommendations for the elderly that are very relevant to the Indian minority:

1. Guaranteed annual income for the aging.
2. Federal low-rent housing in rural areas (where one lives is still a factor in Indian life style. The preference of the elderly is to live in the pueblo or village if this is economically possible.)
3. Federally financed home maintenance and repair program for the aging (the water-haul and wood-gathering services could be expanded to help with nonskilled maintenance needs.)

All service programs for the elderly Indians badly need peer group representation to explain what is available and applicable. Indians are more able to help other Indians, and respect for age and experience, would generate more belief if service was rendered by knowledgeable elderly Indians. Because of the severe family disintegration among Indian families today elderly Indians have a real need of a project FIND: a community action program designed to locate and serve the elderly who are friendless, isolated, needy and disabled. (FIND is a research, demonstration, and service project. Twenty such projects are located in cities or metropolitan areas with only two in the rural areas—one in Missouri and one in Mississippi.)

#### IV. INCOME, EMPLOYMENT, AND ECONOMIC RESOURCES

*Indians do not receive any income from the Government just because they are Indians.*—The Federal Government's responsibility is limited to trusteeship of Indian-owned property; services and technical guidance; and personal services in education, health, welfare, and law and order.

In 1956, Indian land holdings were a trifle more than one-third that originally held—from 15.6 million acres in 1881 to 5.34 million. With the median family income for all Indians at \$1,800 per year—less than one-fourth of that received by non-Indians—the American Indian exists on a bare subsistence.

Program Analysis and Statistics Branch of IHS has furnished the only employment data the writer has found available for older Indians and Alaska Natives. (21)

1. Income of persons in 1959. (22)
  - a. Males: 11,625, 65 years and over earned a median income of less than \$1,000.
  - b. Females: 9,330 earned a median less than \$1,000.
2. Employment status and occupation of employable population 45 years and over. (23)
  - a. Employable population 45 to 64 years: 85,868 people, 25,597 (65+).
  - b. Actual labor force: 43,556 (45–64 years), 3,427 (65+).  
 Armed forces: 78 (45–64 years), 4 (65+).  
 Civilian labor force:  
     Employed: 38,623 (45–64 years), 3,168 (65+).  
     Unemployed: 4,845 (45–64 years), 251 (65+).

As table 6 indicates, 60 Indians were earning \$10,000 and over; 393 or 1.8 percent earned \$5,000 to \$10,000 and the remaining group of 11,232 earned less than \$5,000.

According to officials in the Bureau of Indian Affairs, the average per capita cash income for all Indians in 1970 was an estimated \$950 and in 1971 an estimated \$1,051. The national average is three times higher than the estimated 1971 figure.

A report issued by the National Council on Aging (24) concluded that with regard to employment, a dire situation, due to changing life styles, small numbers of needy scattered in rural areas, with poor communication and divided agency responsibility, exists in the elderly Indian group.

The American Indian's own efforts to combat poverty, reviewed in a report that is part of a forthcoming book (25) indicate that:

Prior to 1960, only four factories existed on Indian reservations; whereas, in 1968, 110 factories had been constructed involving 4,112 Indians and 4,375 non-Indians.

The average plant is fairly small—typically with 75 employees, 48 percent of them Indian.

In plants employing 50–99 people, 52 percent are Indian; whereas in plants with 100 or more employees, 77 percent are Indian.

Problems experienced by industry's locating on the reservations include high turnover and absenteeism due to the Indian's lack of experience of employment requirements in industry. After the first year of rapid turnover, however, stability occurs. (Due to his Indian upbringing, the worker is reluctant to accept promotion. This also tends to impede economic progress.)

Other barriers to industrial development include inadequate transportation. At present, only 1,400 miles of paved roads and 1,800 miles of gravel-surfaced roads exist in 400,000 square miles of reservation lands. In fact, this situation is comparable to road development in underdeveloped areas of:

	<i>(Miles paved or graded per 1,000 square miles)</i>
Africa.....	20
Latin America.....	20
Asia.....	159
U.S. Indian Reservations.....	80

Ten reservations having more than one-half of the total population living on reservations have no railroads running through or near.

Other impediments include:

Lack of nearby markets;

Unqualified human resources for certain types of employment; and a general lack of information.

One reason why electronic firms locate on reservations is that unskilled labor wages are \$1.60 per hour (as compared to west coast wages of \$2 or \$2.25 minimum). Further, fringe benefits for reservation-based industries are almost nonexistent, as known in today's labor field. For example, in order to qualify for a 3 to 7 days annual vacation, the employee must work from 6 months to 1 year. The lack of such benefits may be partially attributed to a lack of union representation in reservation-based industries.

The Bureau of Indian Affairs and the tribes themselves actively assist in reservation development. The BIA will reimburse one-half the minimum wage of an employee as long as he is in training status, and also assists, along with local State employment office in recruiting and screening prospective employees.

To aid in industrial development, the tribes provide land and money, and build plant structures to manufacturer's specifications at no cost. The building and grounds are then leased to the employer, who cannot himself own such property on reservation lands.

In 1966, the tribes invested \$58 million in economic development, including \$12 million in reservation industries. Unfortunately, there is no breakdown or indication of the age of employees in reservation industries.



## V. SUGGESTIONS FOR ADDITIONAL INQUIRY FOR THE ADVISORY COUNCIL AND SOURCES OF ADDITIONAL INFORMATION

### A. CONCLUSIONS AS TO AVAILABILITY OF DATA

1. Very little specific information available as to the elderly Indian, except from the Indian Health Service, which cooperated unstintingly.

2. General information and direction as to possible sources was forthcoming from Mr. Stephen Langone at the Library of Congress. His aid really changed the writer's early despair to conviction that this report could be written.

3. The Bureau of Indian Affairs undoubtedly has considerable data, but I was unable to find the individuals who could provide it. Extra copies of four BIA Reservation Reports of 1970, all giving information under identical headings, were given me by Mr. Langone. We have been unable to obtain a complete set for all reservations from BIA; these would provide invaluable data.

### B. INDIAN PARTICIPATION

1. The fact this report was requested should be made known to elderly Indians who would recognize it as written by a non-Indian, but, hopefully, would also be aware that the Senate Special Committee on Aging, in asking for this preliminary report, has demonstrated its concern. "Something mysterious, almost magical, happens to a person in need when he knows that somebody cares. They may not be able to do a great deal for them, but just knowing that somebody cares makes a big, big difference."

2. Indians, respected elderly representatives, and capable younger leaders—should participate not only in the White House Conference but in present and future hearings and programs.

3. A commendable effort to report to Indians and work with them is evident in four annual IHS reports already existent:

"To the First Americans" (PHS Pub. 1580: 1967, 1968, 1969, and 1970).

(a) *In 1967.*—"For every Federal dollar expended on projects, you have contributed 40 cents through donated labor, materials, and funds. This is a remarkable achievement for which you can be justifiably proud."

1. The two major objectives of PHS responsibility were stated as: Providing a comprehensive service and increasing Indian participation in planning, operating, and evaluating the program at all levels.

(b) *1968.*—"Nearly 60 percent of the IHS staff is of Indian descent."

1. Indian involvement in the program is rapidly increasing, need now to look ahead at least 10 years: "What kind of program do you see and what needs do you predict?" is asked of the Indian.

(c) *Third Report, 1969.*—Explains the Community Health Representative program. This seems to be a group which should have real impact on the problems of the elderly Indian.

(d) *1970.*—Indian "response to request for advice, guidance, and assistance has been remarkable in planning, evaluating, solving community problems, and orienting health staff to Indian and Alaska Native culture.

"Reaction to the Alaska Native Community Health Aide is enthusiastic, for most part only link between patient and the medical professional, hundreds of miles away. At present 185 health aides in 157 villages are midway through a progressive training program."

## REFERENCES

(1) Langone, Stephen A. "A Statistical Profile of the Indian: The Lack of Numbers" in *Toward Economic Development For Native American Communities*, Vol. 1, U.S. Government Printing Office, 1969, p. 1-18.

(2) The Bureau of Indian Affairs states that the 1960 Census was the most accurate since 1930. In the earlier census count, all persons were asked if they were Indian, and if so, were asked additional questions. In 1940 and 1950 interviewers did not ask race questions, consequently Indians, especially those scattered off the reservation and thus, less overtly recognizable, were undercounted. In 1960 questions as to race were asked with a reply by mail requested.

The BIA total of 1960 is 345,000 about 175,000 less than the census; annual appropriations to the BIA by Congress are based on these figures, thus there is never enough money to help all Indians. Often these figures for Indians will state "exclusive of Alaska." In this paper the Native Alaskans (Eskimos, Indians and Aleuts), will be included in any Indian figure; the 1960 census separated them as 43,081 individuals; another recent source figures them as 1/2 of the total Alaska population or 53,000 people.

(3) Joint Economic Committee. *Toward Economic Development for Native American Communities*, vol. 1, U.S. Government Printing Office, 1969, p. 1-18.

(4) Oswalt, Wendell H., *This Land Was Theirs*, John Wiley & Sons, N.Y., 1966, pg. 497.

(5) The 1960 Census figures for Indians show that the median age for all Indians is 19.2 years—for each region of the country the median age is different: N.E. median age is 32. N. Central median age is 19.5. South median age is 19.6. West median age is 18.

(6) *Indian Health Highlights*, Public Health Service, U.S. Department of Health Education, and Welfare, 1966, p. xiv.

(7) Letter—Dr. Emery P. Johnson to Mr. Herman P. Brotman, September 17, 1970.

(8) *Public Health Reports*, Vol. 85 No. 3, March 1970, "Measures of Longevity of American Indians."

(9) Refer to table III, p. 24.

(10) *Health Services for American Indians*, PHS Pub. 531, 1957.

(11) Hearings before Senate Special Committee on Aging, Long-Range and Research Needs in Aging and Related Fields, Part 1, Dec. 6-7, 1967, p. 361.

(12) The director of the Indian Health Service stated in September 1970, that approximately 415,000 Indians were served by the IHS, residing in predominantly rural areas, in "circumstances which differ from those of any other population group in the country. Most are removed from the organized community affiliations which meet the physical, social and economic needs of other Americans. Another 150,000 Indians and Alaska Natives are not provided services by the IHS, mainly because they live off reservations and long distances from IHS facilities."

(13) Letter—Dr. Emery P. Johnson to Mr. Herman P. Brotman, September 17, 1970.

(14) Letter—Dr. Emery P. Johnson to Mr. Herman P. Brotman, September 17, 1970.

(15) Refer to table V in this appendix, p. 25.

(16) "Indian Health Trends and Services, 1969, PHS, IHS report.

(17) Another aspect of change that is evident in all elderly groups is a deteriorating nutritional status. Among the Indians, civilization has changed the food source from farming, hunting and fishing, to the trading post. The last four or five decades of dependence on a money economy rather than a barter one, have radically changed diet patterns. For many this has not been a favorable change, and for the elderly Indian bereft of the tribal food sources, existence comes from what is available that he can afford. This tends to be high carbohydrate, and in general, not well balanced. (Surplus commodity programs are not very helpful because foods are apt to be from one or two basic groups or may be unfamiliar foods to elderly Indians.) The last 50 years have shown greatly accelerated dental disease and for the elderly, loss of teeth without restoration, or dentures, which usually limits what can be chewed.

From 1956 through 1961 a Dietary Survey was conducted in Alaska, with some of the following results noted.

1. *The adult male 60 years and over.*—The mean daily intake is 2,258 calories or 71.4 percent under the National Research Council recommendations. Daily intake varied from 893 calories to 3,820. (It should be remembered that many of these folks live in subarctic and arctic climates where the need for warmth increases calorie need.)

2. *The adult female 60 years and over.*—Consumed 1,681 calories (median) or 65.3 percent under the NRC recommendation with daily variation from 739 to 3,381.

3. Adult male protein intake was 179.9 grams or 4.2 percent under NRC recommendations and the average female consumption was 133.8 grams or 3.2 percent below; these figures for protein intake, were for all-age adults not just elderly; it can be assumed the elderly figures are even less.

(18) Writer knows of this being done in Alaska, Navajo, Hopi and Jicuirilla Apache reservations.

(19) Senate Committee on Labor and Public Welfare.—*The Education of American Indians*, U.S. Government Printing Office, 1969.

(20) Alcohol abuse is intensifying among the young and middle-aged Indian wherever he lives. Social service personnel (both BIA and IHS) consider this a major problem. (A 4-year study conducted by Alaska Native Medical Center in Anchorage from 1964-68 showed that alcohol was a growing source both contributing to and bringing surcease from a life of deep poverty among the 53,000 Alaskans in 300 widely scattered small villages.) It is not a major problem with the more isolated, rural elderly Indian. However, when the elderly Indian is transplanted from his familiar homeland to an urban location he turns more and more to alcohol as a means of comfort in otherwise degrading circumstances. Only a few programs are beginning to show encouraging results in combating alcoholism.

(21) *Indian Manpower Resources In the Southwest: A Pilot Study.*—Begun June 1967, conducted by Arizona State University study group—on San Carlos Apache, Fort Apache, and Papago Reservations in Arizona, and the Acoma and Laguna Reservations in New Mexico. Some conclusions from this study:

1. *Manpower resources.*—Under 40 years of age, generally more Indians than United States all races over 40 there are fewer.

2. Education usually an index of employment success: for general United States, median education achieved is 12.3 years but for Indians is 9-11 years (through Papago median was 7-8 years).

3. Age as a factor.—In United States generally rate of those employed increases with age to 60 years, but with Indians decreases sharply at about age 40 years. Also job opportunities are not as good for Indians.

4. Few Indians are retired, most were jobless at age 65 or before.

5. Congressional verbal objectives to raise Indians' standard of living have not been matched by actions.

(22) Refer to table VI of this appendix, p. 26.

(23) Refer to table VII of this appendix, p. 26.

(24) NCOA report: "NCOA's Experience in Providing Technical Assistance and Training to Older American Indians": file copy, 1970.

(25) *Monthly Labor Review.*—92, March 1969, p. 19-25 "Manpower and Industrial Development Programs for Indian Americans", Alan T. Sorkin.

TABLE 1a.—1960 INDIAN POPULATION<sup>1</sup>

Years	United States			Regional totals			
	Total	Male	Female	Northeast	North central	South	West
All ages	546,228	273,526	272,702	34,906	105,048	132,576	273,698
Median age	19.2	19.1	19.4	32.0	19.5	19.6	18.0
45 to 49	21,711	10,878	10,833	1,248	4,283	6,042	10,138
50 to 54	20,767	10,310	10,457	2,371	4,250	5,869	8,277
55 to 59	31,560	15,066	16,494	6,443	7,337	7,688	10,092
60 to 64	11,830	6,080	5,750	998	2,483	3,275	5,074
65 to 69	9,975	5,181	4,794	667	1,956	2,718	4,634
70 to 74	6,857	3,524	3,333	493	1,393	1,771	3,200
75 and over	8,765	4,443	4,322	553	1,558	2,141	4,513

<sup>1</sup> Data from PHS-IHS Statistics Branch, January 1971.

TABLE Ib.—ADDITIONAL DATA SHOWING INDIAN POPULATION TRENDS

	U.S. census	Indian				
		BIA 45 to 54 years	55 to 64 years	65 to 74 years	75 plus years	
1890 .....	248, 253	248, 300				
1900 .....	237, 196	270, 500				
1910 .....	265, 683	305, 000	19, 230	13, 695	7, 864	5, 122
1920 .....	244, 437	336, 300				
1930 .....	332, 397	340, 500	25, 039	16, 787	10, 030	6, 327
1940 .....	333, 969	360, 500				
1950 .....	343, 410	421, 600	25, 581	16, 986	11, 702	6, 432

Note: From "Health Services for American Indians," PHS Pub. No. 531, 1957.

TABLE IIa.—ESTIMATED TOTAL INDIAN AND ALASKA NATIVE POPULATION IN THE 24 RESERVATION STATES, BY AGE, FOR SPECIFIED CALENDAR YEARS

Age	1959	1960	1961	1965	1966	1967
All ages .....	491, 500	498, 100	505, 600	536, 500	544, 700	552, 900
Under 1 .....	20, 110	20, 375	26, 683	21, 950	22, 285	22, 621
1 to 4 .....	72, 540	73, 525	74, 627	72, 820	73, 938	75, 053
5 to 14 .....	138, 111	139, 966	142, 073	151, 250	153, 558	155, 870
15 to 24 .....	82, 288	83, 398	84, 651	89, 330	90, 705	92, 070
25 to 34 .....	55, 629	56, 391	57, 231	61, 230	62, 167	63, 104
35 to 44 .....	43, 252	43, 833	44, 493	48, 190	48, 928	49, 665
45 to 54 .....	32, 931	33, 373	33, 876	37, 900	38, 484	39, 063
55 to 64 .....	23, 053	23, 349	23, 709	28, 090	28, 513	28, 941
65 and up .....	23, 586	23, 890	24, 257	25, 740	26, 122	26, 513

<sup>1</sup> Census count.

TABLE IIb.—ESTIMATED TOTAL RESIDENT POPULATION OF THE UNITED STATES BY AGE, FOR SPECIFIED CALENDAR YEARS

Age	1940 census	1960 census	1966	1967
All ages .....	131, 669, 275	179, 323, 175	195, 857, 000	197, 863, 000
Under 1 .....	2, 020, 174	4, 111, 949	3, 666, 000	3, 539, 000
1 to 4 .....	8, 521, 350	16, 208, 952	16, 185, 000	15, 652, 000
5 to 14 .....	22, 430, 557	35, 465, 272	40, 208, 000	40, 795, 000
15 to 24 .....	23, 921, 358	24, 020, 064	31, 362, 000	32, 265, 000
25 to 34 .....	21, 339, 026	22, 818, 310	22, 324, 000	22, 818, 000
35 to 44 .....	18, 333, 220	24, 081, 352	24, 096, 000	23, 984, 000
45 to 54 .....	15, 512, 071	20, 485, 439	22, 298, 000	22, 621, 000
55 to 64 .....	10, 572, 205	15, 572, 317	17, 260, 000	17, 573, 000
65 and up .....	9, 019, 314	16, 559, 580	18, 457, 000	18, 796, 000

Source: "Indian Health Trends and Services" (1969), U.S. Department of Health, Education, and Welfare, PHS, p. xi.

TABLE III.—PERCENT OF DEATHS BY AGE GROUP, INDIANS AND ALASKA NATIVES IN 24 RESERVATION STATES, AND U.S. ALL RACES, CALENDAR YEARS 1955-67

Age at death	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955
<b>INDIAN AND ALASKA NATIVE</b>													
All ages:													
Number.....	4,776	4,920	4,714	4,645	4,868	4,645	4,457	4,534	4,523	4,418	4,609	4,386	4,254
Percent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 1.....	13.9	16.7	18.5	18.4	20.0	20.8	21.6	23.5	22.5	25.4	24.6	24.3	25.0
1 to 4.....	4.3	4.8	4.1	4.8	5.3	5.4	4.9	5.6	4.9	5.9	5.8	6.1	6.9
5 to 14.....	2.5	2.4	2.4	3.0	3.0	2.3	2.5	2.8	3.1	2.5	2.8	2.9	2.8
15 to 24.....	7.5	6.7	6.3	5.7	5.1	5.4	6.1	5.5	5.4	5.5	5.4	6.0	5.6
25 to 34.....	8.2	7.8	7.8	8.1	7.0	7.1	7.4	6.1	7.3	6.7	6.8	7.8	7.2
35 to 44.....	9.0	8.5	9.0	8.5	7.4	8.0	7.9	7.8	7.5	7.2	7.2	7.9	8.0
45 to 54.....	9.7	9.8	9.8	9.3	9.4	9.2	9.2	8.8	9.4	8.4	8.9	8.7	7.9
55 to 64.....	11.6	12.1	11.3	11.2	11.3	11.3	11.0	10.8	10.7	10.4	8.8	9.8	9.3
65 to 74.....	15.0	13.1	13.3	13.6	13.1	12.7	11.7	11.6	12.2	127.7	129.5	11.1	11.6
75 and over.....	18.2	17.7	17.3	17.1	18.3	17.5	17.3	17.3	16.7	-----	-----	14.8	15.4
Unknown.....	.2	.2	.3	.2	.2	.3	.3	.3	.5	.3	.2	.5	.3
<b>U.S. ALL RACES</b>													
All ages:													
Number.....	1,851,323	1,863,149	1,828,136	1,798,051	1,813,549	1,756,720	1,701,522	1,711,982	1,656,814	1,647,886	1,633,128	1,564,476	1,528,717
Percent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 1.....	4.3	4.6	5.1	5.5	5.7	6.0	6.3	6.5	6.8	6.9	6.9	6.9	7.0
1 to 4.....	.7	.8	.8	.9	.9	.9	1.0	1.0	1.0	1.1	1.1	1.1	1.1
5 to 14.....	.9	.9	.9	.9	.9	.9	1.0	1.0	1.0	1.1	1.1	1.1	1.1
15 to 24.....	2.0	1.9	1.8	1.8	1.6	1.6	1.5	1.5	1.5	1.5	1.5	1.6	1.6
25 to 34.....	1.9	1.8	1.8	1.9	1.8	1.8	1.9	2.0	2.0	2.1	2.2	2.3	2.3
35 to 44.....	4.0	4.0	4.1	4.2	4.1	4.1	4.2	4.2	4.2	4.3	4.4	4.4	4.6
45 to 54.....	8.9	8.9	8.9	8.9	8.8	8.9	9.0	9.0	9.1	9.1	9.1	9.1	9.3
55 to 64.....	15.9	15.7	15.7	15.7	15.6	15.5	15.6	15.8	15.9	16.0	16.3	16.5	16.5
65 to 74.....	23.7	23.8	23.8	24.0	24.3	24.4	24.4	24.6	24.5	24.6	24.6	24.4	24.4
75 and over.....	37.7	37.4	36.9	36.2	36.2	53.7	35.1	34.4	34.0	33.6	32.8	32.7	32.2
Unknown.....	0	0	0	0	0	0	0	0	0	0	.1	.1	.1

1 For the age group 65 years and over.

Note: From "Indian Health Trends and Services (1970)," U.S. Department of HEW/PHS, p. 46.

TABLE IV.—NUMBER OF DISCHARGES, HOSPITAL DAYS, AND AVERAGE LENGTH OF STAY OF INDIAN AND ALASKA NATIVES 65 YEARS AND OVER—DISCHARGED FROM IHS AND CONTRACT GENERAL HOSPITALS, FISCAL YEAR 1969

Diagnostic category	Hospital		Average length of stay
	Number	Days	
All ages.....	91,631	764,691	8.3
65 years and over.....	7,281	103,255	14.2
Circulatory system diseases.....	1,099	16,733	15.2
Respiratory system diseases.....	1,073	11,603	10.8
Nervous system and sense organs diseases.....	842	15,022	17.8
Digestive system diseases.....	736	8,760	11.9
Injuries and adverse effects of chemical and other external causes.....	522	8,679	16.6
Neoplasms.....	437	5,550	12.7
Allergic, endocrine system, metabolic and nutritional diseases.....	418	5,539	13.3
Genitourinary system diseases.....	395	5,810	14.7
Bone and organs of movement diseases.....	349	5,051	14.5
Ineffective and parasitic diseases.....	251	3,178	12.7
All other diseases.....	1,159	17,330	15.0

Source: IHS tabulation, January 1971.

#### GASTRITIS DEATH RATES BY AGE

Specific death rates for gastritis, duodenitis, enteritis, and colitis, except diarrhea of the newborn, indicate that, relative to the United States all races, Indian and Alaska Native rates are highest for ages under 5. The 1965-67 average Indian and Alaska Native rate was 8.4 times as large as the 1966 U.S. rate for the age group under 1 and 7.7 times as large for the group 1-4. Six years earlier, the corresponding multiples were 8.0 and 7.2. There has been significant improvement in the rates, however. For under 1, the 1965-67 Indian and Alaska Native figure of 309.6 per 100,000 population was almost 40 percent lower than the 1959-61 rate; the corresponding decrease for the age group 1-4 was 31 percent. These improvements compare with the overall improvement of 31 percent from 26.4 to 18.2 per 100,000 population. In contrast, the Indian and Alaska Native rate for ages 65 and up more than doubled over the period.

TABLE V.—GASTRITIS, ETC.—AGE-SPECIFIC DEATH RATES INDIANS AND ALASKA NATIVES IN 24 RESERVATION STATES, AND U.S. ALL RACES RATES PER 100,000 POPULATION

Age	Indian and Alaska Native 1965-67 average	U.S. all races, 1966	Ratio: Indian to United States	Indian and Alaska Native 1959-61 average	U.S. all races, 1960	Ratio: Indian to United States
All ages.....	18.2	3.9	4.7	26.4	4.4	6.0
Under 1.....	309.6	36.9	8.4	510.1	63.8	8.0
1 to 4.....	16.2	2.1	7.7	23.6	3.3	7.2
5 to 14.....	.....	.....	.....	.....	.....	.....
15 to 64.....	2.6	1.6	1.6	1.9	1.6	1.2
65 and up.....	43.4	20.9	2.1	20.9	17.8	1.2

Note: From "Indian Health Trends and Services (1970)," Department HEW/PHS, p. 39.

TABLE VI.—INCOME OF INDIANS IN 1959

	45 to 64	65 and over
All persons with income .....	63,599	20,955
Median income .....	\$1,703	1 \$1,000
Males, total with income .....	37,994	11,625
\$1 to \$999 or less .....	10,848	6,359
\$1,000 to \$1,999 .....	6,757	3,158
\$2,000 to \$2,999 .....	5,357	1,005
\$3,000 to \$3,999 .....	4,379	421
\$4,000 to \$4,999 .....	4,206	289
\$5,000 to \$5,999 .....	2,850	150
\$6,000 to \$6,999 .....	1,517	103
\$7,000 to \$7,999 .....	744	25
\$8,000 to \$8,999 .....	373	30
\$9,000 to \$9,999 .....	404	25
\$10,000 and over .....	559	60
Median income .....	\$2,260	1 \$1,000
Female, total with income .....	25,605	9,330
Median income .....	\$1,077	1 \$1,000

1 \$1,000—Indicates less than \$1,000.

Source: 1960 census publication.

TABLE VII

	Total		Male		Female	
	45 to 64	65 plus	45 to 64	65 plus	45 to 64	65 plus
Employment status						
Population .....	85,868	25,597	42,334	13,148	43,534	12,449
Labor force .....	43,556	3,427	29,510	2,625	14,046	802
Armed Forces .....	78	4	78	4		
Civilian labor force .....	43,478	3,423	29,432	2,621	14,046	802
Employed .....	38,623	3,168	25,601	2,405	13,022	763
Unemployed .....	4,845	251	3,831	216	1,014	35
Not in labor force .....	42,312	22,170	12,824	10,523	29,488	11,647
Inmate of institution .....	1,859	716	1,451	456	408	260
Enrolled in school and other .....	40,453	21,454	11,373	10,067	29,080	11,387
Occupation of employed:						
Professional, technical, and kind, workers .....	1,542	135	765	100	777	35
Farmers and farm managers .....	2,945	811	2,605	715	340	96
Managers, officials, and proprietors, except farm .....	1,015	123	782	101	233	22
Clerical and kindred workers .....	1,042	76	520	52	522	24
Sales workers .....	510	46	240	18	270	28
Crafts, foremen and kind workers .....	3,820	197	3,196	190	84	7
Operatives and kind workers .....	4,237	267	3,186	186	1,051	81
Private household workers .....	1,358	144	67	18	1,291	126
Servant workers except private household .....	3,352	352	1,296	241	2,056	111
Farm laborers and foremen .....	2,666	338	2,189	275	477	63
Laborers, except farm and mine .....	3,461	304	3,382	304	79	
Occupation not reported .....	13,215	375	7,373	205	5,842	170

Source: U.S. Census publication.

TABLE VIII

Industry of employment	45 to 64	65 and over
Employed .....	38, 623	3, 168
Agriculture, forestry, and fisheries.....	6, 060	1, 200
Mining.....	407	26
Construction.....	2, 450	169
Durable goods manufacturing.....	2, 748	227
Nondurable goods.....	1, 375	83
Transportation, communications, and other public utilities.....	1, 628	97
Wholesale and retail trade.....	2, 194	236
Finance, insurance, and real estate.....	237	43
Business and repair services.....	360	26
Personal services.....	2, 440	291
Entertainment and recreation.....	169	37
Professional.....	3, 667	235
Public administration.....	1, 822	142
Not reported.....	13, 066	356

Note: From 1960 census publication.

TABLE IX

Indian and Alaskan Native deaths <sup>1</sup>	Population	Deaths	Life expectancy
All ages.....	561, 100	5, 092	.....
0 to 1.....	<sup>2</sup> 21, 602	668	62.8
1 to 4.....	79, 856	177	63.8
5 to 9.....	82, 521	58	60.3
10 to 14.....	71, 995	70	55.5
15 to 19.....	55, 925	166	50.8
20 to 24.....	37, 936	212	46.5
25 to 29.....	33, 375	280	42.8
30 to 34.....	29, 991	227	39.0
35 to 44.....	49, 854	482	35.4
45 to 54.....	40, 120	552	28.5
55 to 64.....	28, 382	677	22.0
65 to 74.....	18, 534	665	16.6
75 plus.....	10, 773	928	11.6
Not specified.....	.....	10	.....

<sup>1</sup> The above life table, based on 1968 vital event information, is for Indian and Alaskan Natives in the 24 reservation States. The rightmost column indicates the expected number of years remaining in the life of a person in the corresponding age group.

<sup>2</sup> Births.

Note: From IHS, January 1971.



TABLE X.—PERCENT OF DEATHS FOR LEADING CAUSES, INDIANS AND ALASKA NATIVES IN 24 RESERVATIONS, STATES, AND UNITED STATES ALL RACES, CALENDAR YEARS 1955-67

Cause of death	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955
<b>INDIAN AND ALASKA NATIVE</b>													
All causes:													
Number.....	(4, 776)	(4, 920)	(4, 714)	(4, 645)	(4, 868)	(4, 645)	(4, 457)	(4, 534)	(4, 523)	(4, 418)	(4, 609)	(4, 386)	(4, 254)
Percent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Accidents.....	20.9	20.4	20.2	19.6	17.2	16.0	18.4	17.0	17.6	16.0	16.1	18.1	16.8
Diseases of the heart.....	16.2	15.8	15.3	15.3	16.4	15.7	15.4	14.9	15.1	15.3	14.5	14.1	14.4
Malignant neoplasms.....	8.2	7.8	7.7	8.1	7.0	7.1	7.8	7.2	7.9	6.6	6.8	6.9	6.4
Influenza and pneumonia (excluding newborn).....	6.2	7.2	7.3	7.1	9.1	8.0	8.1	10.4	8.1	9.7	11.7	9.6	9.7
Certain diseases of early infancy.....	5.7	6.2	6.0	7.0	7.3	6.8	8.0	7.3	8.7	8.8	7.9	7.9	7.3
Vascular lesions affecting CNS.....	5.7	5.3	5.6	6.1	5.8	6.6	5.8	5.2	5.0	5.1	5.6	5.0	5.0
Cirrhosis of the liver.....	4.5	4.5	3.4	2.9	2.9	3.1	2.8	2.3	2.2	2.1	1.8	2.4	1.5
Homicide.....	2.3	1.6	2.2	1.8	1.7	1.7	1.4	1.8	1.4	1.6	1.5	1.8	1.7
Diabetes mellitus.....	2.2	2.3	2.3	2.0	2.4	2.9	1.6	1.6	1.8	1.5	1.3	1.8	1.5
Suicide.....	2.0	1.3	1.4	1.1	1.4	1.3	1.4	1.3	1.3	1.3	1.2	1.1	.9
Tuberculosis, all forms.....	1.9	1.8	2.2	2.4	2.7	2.3	2.7	2.5	3.6	3.4	4.0	4.8	5.9
Gastritis, etc.....	1.7	2.2	2.4	2.2	2.3	3.3	2.7	3.4	2.7	3.6	4.3	3.1	3.9
Congenital malformations.....	1.5	1.7	1.9	3.0	2.0	1.7	2.4	2.2	2.2	2.4	1.6	1.8	2.0
All other causes.....	21.0	21.9	22.2	22.4	22.0	23.6	21.5	23.0	22.4	22.6	21.7	21.6	22.9
<b>UNITED STATES ALL RACES</b>													
All causes:													
Number.....	(1, 851, 323)	(1, 853, 149)	(1, 828, 136)	(1, 798, 051)	(1, 813, 549)	(1, 756, 720)	(1, 701, 522)	(1, 711, 982)	(1, 656, 814)	(1, 647, 886)	(1, 633, 128)	(1, 564, 476)	(1, 528, 717)
Percent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Accidents.....	6.1	6.1	5.9	5.8	5.6	5.5	5.4	5.5	5.6	5.5	5.8	6.1	6.1
Diseases of the heart.....	39.0	39.0	39.0	3.89	39.0	39.2	39.0	38.7	38.7	38.7	38.5	38.6	38.3
Malignant neoplasms.....	16.8	16.3	16.3	16.1	15.7	15.9	16.1	15.6	15.7	15.4	15.5	15.8	15.7
Influenza and pneumonia (excluding newborn).....	3.1	3.4	3.4	3.3	3.9	3.4	3.2	3.9	3.3	3.5	3.7	3.0	2.9
Certain diseases of early infancy.....	2.6	2.8	3.0	3.4	3.5	3.7	3.9	3.9	4.1	4.2	4.1	4.1	4.2
Vascular lesions affecting CNS.....	10.9	11.0	11.0	11.0	11.1	11.2	11.3	11.3	11.6	11.6	11.5	11.4	11.4
Cirrhosis of the liver.....	1.5	1.4	1.4	1.3	1.2	1.2	1.2	1.2	1.2	1.1	1.2	1.1	1.1
Homicide.....	.7	.6	.6	.5	.5	.5	.5	.5	.5	.5	.5	.5	.5
Diabetes mellitus.....	1.9	1.9	1.8	1.8	1.8	1.8	1.8	1.7	1.7	1.7	1.7	1.7	1.7
Suicide.....	1.2	1.1	1.2	1.1	1.1	1.2	1.1	1.1	1.1	1.1	1.0	1.1	1.1
Tuberculosis, all forms.....	.4	.4	.4	.5	.5	.5	.6	.6	.7	.8	.8	.9	1.0
Gastritis, etc.....	.4	.4	.4	.5	.5	.5	.5	.5	.5	.5	.5	.5	.5
Congenital malformations.....	.9	1.0	1.1	1.1	1.1	1.2	1.3	1.3	1.3	1.3	1.3	1.3	1.3
All other causes.....	14.5	14.6	14.5	14.7	14.4	14.2	14.1	14.2	14.1	14.2	13.8	13.9	14.2

# APPENDICES

## Appendix 1

### ELDERLY INDIANS RESIDING IN HUD-AIDED HOUSING ON INDIAN RESERVATIONS\*

The Public Housing program on Indian reservations was begun in 1961, in cooperation with the Bureau of Indian Affairs. As of December 31, 1970, there were 108 Tribal Housing Authorities in 25 States.

On June 30, 1969, 61 Tribal Housing Authorities in 20 States reported there were 3,554 dwelling units occupied by tenants in 127 projects on Indian reservations. Of those projects reporting occupancy by status of tenant-family as elderly on the basis of age, disability or handicap, 370 were occupied by such elderly families and 352 of these families were Indian. Attached is a listing by State showing project, dwelling units occupied by tenants, and number occupied by families qualified as elderly on the basis of age, disability or handicap.

Housing programs for Indians have been of several types including conventional rental housing, leased rental housing, mutual help and Turnkey. Emphasis in later years has been on providing training and employment for Indians as well as providing housing. Mutual-help housing where the worker earned equity toward ownership of his home through his contributed labor was, until development of the Turnkey III concept, a popular plan and more responsive to the Indian's desire for ownership rather than rental. With the advent of Turnkey III, the Indian still can have ownership and yet be paid for his labor on the home.

A unique undertaking for the elderly is located on the Pineridge, South Dakota reservation (Project 1-2). This is a nonhousekeeping congregate housing concept with meals provided by the nearby hospital. It is named for—and is a memorial to—the great Indian scholar, Felix Cohen. Mrs. Cohen and friends of Mr. Cohen have provided works of art and other amenities in the community room of the development.

In fiscal year 1970, there were 4,000 construction starts of HUD-assisted housing on Indian reservations with 6,000 the target for fiscal year 1971. Program acceleration is indicated that total occupied or under construction in 1969 was 5,013. HUD housing programs other than public housing also are now being used.

Of particular interest to the elderly is the retirement community complex proposed by the Standing Rock Sioux Tribe to be situated on the reservation at Fort Yates, North Dakota. This project has received priority on the basis of being the first Indian 221(d)(3) rent supplement project with central dining room facilities in the United States.

\*A statement provided by the Department of Housing and Urban Development, February 1971.

It is also a breakthrough in design for elderly housing. The design was originated by a group of interested architects, engineers, and contractors who have reduced construction costs by approximately 33½ percent. The Portland Cement Association, in association with Super-concrete Industries, which was one of the semifinalists in HUD's BREAKTHROUGH program, is involved in the project. The United Tribes of North Dakota Development Corp., which has sponsored the proposed Indian retirement community complex, has been highly complementary of the assistance and the enthusiastic support extended by the FHA insuring office at Fargo.

*Occupancy by Indian families in low-rent housing projects in Alaska, as of Dec. 31, 1970*

Project number	Tenants		Elderly	
	Total	Indians	Total	Indians
1-1.....	72	29	18	0
1-2.....	50	31	10	9
1-3.....	150	0	12	0
1-4.....	47	28	4	1
1-5.....	23	0	4	0
1-6.....	60	0	6	0
1-7 <sup>1</sup> .....	12	3	2	1
1-8.....	24	8	6	0
1-9.....	24	16	8	5
1-10.....	39	1	2	0
1-11.....	88	0	42	0
1-12.....	13	0	3	0
1-13.....	19	0	4	0
1-16.....	16	0	1	0
1-18.....	129	0	13	0
2-1, 2 <sup>1</sup> .....	30	30	8	8

<sup>1</sup> No report received for Dec. 31, 1970 period. Data shown as of June 30, 1970.

## Number of elderly families in Indian projects as of June 30, 1969

(EIOP and IOP)

State, local housing authority	Project number	Units occupied			
		By tenants		By elderly	
		Total	Indian	Total	Indian
Alaska: Metlakatla.....	2-1, 2	30	30	8	- 8
Arizona:					
San Carlos.....	11-1, 2, 5	45	45	0	0
Navajo.....	12-1	58	58	5	5
	12-2	48	48	5	5
	12-3	103	98	(1)	(1)
	12-4	38	38	0	0
	12-5	48	48	0	0
	12-6	20	20	(1)	(1)
Salt River Pima Maricopa.....	14-1, 3	30	30	0	0
Gila River.....	15-2	13	13	3	3
White Mountain Apache.....	16-2, 3, 4	52	52	0	0
Hualapai.....	17-1	10	10	(1)	(1)
Colorado River Indian.....	18-2, 3	26	26	6	6
Camp Verde Indian.....	22-1	12	12	(1)	(1)
California: Quechan Tribal.....	54-2	10	10	0	0
Florida: Seminole Tribal.....	59-2	20	20	(1)	(1)
Idaho:					
Coeur D'Alene Tribal.....	7-2	10	9	0	0
Nez Perce Tribal.....	8-2	10	10	0	0
	8-4	10	10	0	0
Michigan: Saginaw Chippewa.....	43-1	20	16	3	3
Minnesota:					
Leech Lake.....	12-1	28	28	0	0
	12-4	12	12	0	0
	12-2, 5	63	63	20	20
White Earth Reservation.....	13-1	44	44	11	11
	13-5	11	11	0	0
Fond Du Lac Reservation.....	15-1	25	25	6	6
Red Lake Reservation.....	16-1	15	15	0	0
	16-2	40	40	0	0
	16-3	10	10	0	0
	16-4	9	9	0	0
Montana:					
Blackfeet Indian.....	8-1	50	48	11	10
	8-3	10	10	0	0
	8-4	17	17	0	0
	8-5	10	10	0	0
Fort Peck.....	9-1	29	29	10	10
	9-2	26	26	6	6
	9-3	10	10	0	0
	9-5	21	21	0	0
Fort Belknap.....	10-2	10	10	0	0
	10-3	18	18	(1)	(1)
Chippewa Cree.....	11-2	10	10	0	0
Northern Cheyenne.....	12-1, 3, 4	35	35	0	0
Salish and Kootenai.....	13-2	10	10	1	1
Nebraska:					
Omaha Tribal.....	13-1	30	29	10	10
Winnebago Village.....	45-1	30	28	15	15

See footnotes at end of table, p. 33.

Number of elderly families in Indian projects as of June 30,  
1969—Continued

(EIOP and IOP)

State, local housing authority	Project number	Units occupied			
		By tenants		By elderly	
		Total	Indian	Total	Indian
<b>Nevada:</b>					
Dresserville.....	3-1	10	10	0	0
Pyramid Lake.....	4-1	15	15	0	0
Duck Valley.....	6-1	15	15	0	0
	6-2	15	15	0	0
Walker River.....	8-1	20	20	0	0
Yerington Paiute.....	10-1	24	24	3	3
<b>New Mexico:</b>					
Pueblo of Laguna.....	12-1, 2	40	40	7	7
Apache TR Mescalero Reservation.....	13-1	53	53	0	0
Jicarilla Apache.....	14-1	25	25	0	0
	14-3	15	15	0	0
Navajo.....	15-1	59	58	0	0
	15-2	60	60	0	0
	15-3	17	17	0	0
	15-4	23	23	0	0
	15-5	20	20	0	0
	15-6	96	96	0	0
	15-7	20	20	0	0
	15-10	50	50	0	0
Nambe Pueblo.....	16-2	13	13	0	0
Tesuque Pueblo.....	17-2	10	10	0	0
Zuni.....	19-2	12	12	0	0
<b>New York: Seneca Nation.....</b>					
	40-1	35	35	0	0
	40-2	24	24	2	2
<b>North Carolina: Qualla.....</b>					
	41-1	35	35	5	5
	41-2	20	20	( <sup>1</sup> )	( <sup>1</sup> )
<b>North Dakota:</b>					
Standing Rock.....	4-1	40	34	11	10
Fort Berthold.....	5-1	60	57	0	0
	5-2	20	20	0	0
	<sup>2</sup> 5-3	4	4	( <sup>1</sup> )	( <sup>1</sup> )
Turtle Mountain.....	6-1, 2	99	96	20	19
	6-4	37	37	0	0
Fort Totten.....	8-1	59	59	16	16
<b>Oklahoma:</b>					
Cherokee Nation.....	45-1	25	25	0	0
	45-3, 4	26	26	0	0
Chickasaw Nation.....	47-3	223	223	47	47
Creek Nation.....	51-1	18	18	0	0
	51-3	12	12	0	0
<b>South Dakota:</b>					
Oglala Sioux.....	1-1	51	50	1	1
	1-2	21	19	21	21
	1-3	73	73	0	0
Rosebud.....	2-1	35	35	6	6
	2-2	12	12	4	4
	2-3	25	23	1	1
	2-4	12	12	3	3
	<sup>2</sup> 2-5	19	19	0	0
	<sup>2</sup> 2-6	217	217	0	0
Lower Brule.....	3-1	30	29	6	6
	3-2	19	19	0	0

See footnotes at end of table, p. 33.

Number of elderly families in Indian projects as of June 30,  
1969—Continued

(EIOP and IOP)

State, local housing authority	Project number	Units occupied			
		By tenants		By elderly	
		Total	Indian	Total	Indian
South Dakota—Continued					
Crow Creek-----	4-1	49	49	15	15
	<sup>2</sup> 4-2	18	18	4	4
Cheyenne River-----	5-1, 2	98	86	18	12
	5-3	38	38	0	0
Standing Rock, North Dakota--	<sup>3</sup> 6-1	60	28	14	5
Utah: Ute Indian Tribal-----	1-1, 2	30	30	0	0
Washington:					
Yakima Nation-----	22-2	26	22	4	4
	22-3	10	8	( <sup>1</sup> )	( <sup>1</sup> )
Swinomish-----	23-2	10	10	0	0
Wisconsin:					
Lac Du Flambeau Chippewa----	9-1	20	20	4	4
	<sup>2</sup> 9-2	15	15	( <sup>1</sup> )	( <sup>1</sup> )
Oneida-----	10-1	24	24	10	10
	10-2	12	12	0	0
Bad River-----	12-1	14	14	4	4
	<sup>2</sup> 12-2	5	5	0	0
Red Cliff Chippewa-----	13-1	19	19	6	6
Mohican-----	14-1	20	20	8	8
	14-2	7	7	3	3
Wyoming: Wind River-----	1-1, 3	30	30	7	7
Total (20 States, 61 local housing authorities)-----	127	3, 554	3, 470	370	352

<sup>1</sup> No reporting on elderly status.<sup>2</sup> Project in initial operating period on June 30, 1969.<sup>3</sup> Under jurisdiction of North Dakota Housing Authority.

## PUBLIC HOUSING PROGRAM FOR INDIANS

Under the United States Housing Act of 1937, as amended, the Housing Assistance Administration, Department of Housing and Urban Development, is authorized to make loans and pay annual contributions to local housing authorities to assist in developing low-rent housing projects and achieving and maintaining their low-rent character. Local housing authorities, typically, are corporate bodies authorized to function in a locality pursuant to State law for the purpose of developing, owning, and managing low-rent housing projects.

Where an Indian tribe, under its constitution and bylaws, has an established governing body with police power for its reservation—that is, the legislative power to promote peace, health, safety, and morals on the reservation—the governing body can perform the legal functions, for purposes of public housing projects, which are otherwise performed by the State legislature and local government. Specifically, such a tribal governing body is legally competent to enact an ordinance creating a housing authority with the necessary local cooperation. In the States of Oklahoma and Maine, where the tribes do not have such

police power, the State legislatures have enacted statutes to provide for the establishment of housing authorities for the tribes in those States.

There are a number of ways in which housing may be provided for Indian families under the Public Housing program; through conventional low-rent housing, mutual-help housing, the Turnkey method of constructing housing, and the Turnkey Mutual-Help method.

The conventional low-rent housing program for Indians is essentially similar to the low-rent program in non-Indian areas in which the housing is constructed by a building contractor and is thereafter operated as rental housing by the local housing authority. For permanent financing of the development cost of the projects, the local authority sells its 40-year bonds to private investors. However, the HAA agrees to pay annual contributions in an amount sufficient to assure payment of the annual debt service (interest and principal), and these annual contributions are pledged as security for the bonds, thereby enabling them to be sold at unusually low interest cost. The dwelling units are rented by the housing authority to families of low income at rents based on their incomes; but, the rents must be sufficient in the aggregate to pay the authority's operating expenses. Except, that in the case of elderly (including disabled and handicapped) families and families displaced by an urban renewal or low-rent Public Housing project, an additional annual contribution of up to \$120 per unit can be paid by the HAA under certain conditions.

The Turnkey Mutual-Help program was devised by the HAA in cooperation with the Bureau of Indian Affairs to meet the needs of very low-income Indians on reservations—who cannot afford even the rents necessarily required in conventional low-rent housing projects; and, in whom home ownership provides a strong incentive for self-help in building and maintaining their homes. Under the plan, a group of participating Indians contribute their labor in the construction of homes for their families. In addition, the participants or the tribe contribute the building sites and, where feasible, indigenous building materials will be contributed by the participants or the tribe. The participants are given a lease-purchase type of agreement and are given credit in amounts approved by the HAA for these contributions in lieu of payment for them in cash. There is an incentive for the participants to make as great a contribution as possible—because, the greater the portion of the development cost represented by the credit given them, the shorter is the period of time before they become home owners.

The HAA contracts to pay annual contributions at the highest authorized annual rate to help repay the funds borrowed by the housing authority in the development of the mutual-help housing. Should the participants' contributions (i.e., their initial equity) constitute 20 percent of the development cost of the housing, the HAA's annual contribution could retire the borrowings—and the participants achieve home ownership—in about 17 years.

After the homes are built, each participant is responsible for the maintenance and utility costs for his home, and will pay an administration charge to the tribal housing authority for administrative costs and insurance. On the basis of income, participants will be required to make additional payments which will increase their equity toward

home ownership. The participant is provided with incentives to properly maintain his home and to help keep the tribal authority's administrative costs at a minimum. Should a participant fail to maintain his house, the authority will have the necessary work done and pay for it out of funds obtained by deducting from the equity payments and mutual-help contribution made by the participant. Such deductions would reduce the participant's equity toward home ownership. Since the participant's minimal rent must cover administrative costs of the authority plus insurance, this provides a mechanism for on-the-spot policing of administrative costs of the authority—because of the self-interest of the participants to keep their rental charges at a minimum.

A vital element in the Mutual-Help Housing program for Indians is the assistance provided by the Bureau of Indian Affairs on the reservations. The BIA provides the tribal housing authorities with administrative guidance and assistance; as well as with construction supervision for the participants, and the skilled help employed by the authorities. Recently, the BIA, in cooperation with the HAA, has prepared standardized dwelling designs and plans for mutual-help housing based on the objectives of:

- (1) Simple construction, enabling maximum amount of labor contribution by the participant;
  - (2) Minimum cost so that ownership by the participants can be achieved in the shortest possible time;
  - (3) Minimum maintenance;
  - (4) Suitability to various climatic and topographical conditions;
- and
- (5) A house of adequate size to accommodate the needs of most Indian families. We anticipate that the use of such standardized plans will result in greater production of mutual-help housing in the future.

Another method of providing housing on Indian reservations is the Turnkey method of construction. The use of the Turnkey method on the reservation is essentially the same as its application to non-Indian areas. A developer or builder may either approach a housing authority with a proposal to build, or respond to an advertised invitation for proposals published by the housing authority. In either case, the authority would advertise for proposals in order to ensure that all those developers who are interested, have an opportunity to participate. Proposals are evaluated by the authority on the basis of site, construction design and costs, the developer's credentials and the reasonableness of the total price. If a developer's proposal is acceptable to the authority and HUD, the authority enters into a Contract of Sale with the developer under which it agrees to purchase the completed development when it is finished according to agreed upon plans and specifications. The Turnkey procedures are outlined in detail in the HUD Handbook RHA 7420.1 *Low-Rent Housing Turnkey Handbook*, available on request from HUD.

In the application of the Turnkey method for Indian reservations, two variations of the program are also possible. The tribal council itself may act as the Turnkey developer for a project and subcontract for the actual construction work to be done. Also, arrangements may be made with a developer for the employment of the Indians to do some of the construction work on the project.



The Turnkey Mutual-Help program method is a further adaptation of the Turnkey method for use on Indian reservations. As in the situation described above, a developer or other interested organization would make a proposal to the local authority to build under the Turnkey method. However, the proposal would include a provision for the utilization of the self-help labor of the future occupants of the housing. The authority would agree to purchase the dwelling at an established price, and to credit each participant with an equity interest in his house based on the value of his contribution. Self-help contributions may be as low as 15 percent of the total cost of the dwelling. Thereafter, as under the Mutual-Help program, HUD would provide financial assistance in the form of the annual contributions subsidy—paid to the authority—which would make it possible for a participant to achieve ownership of the dwelling within 20 years, so long as he continues to maintain the home and make monthly payments towards the authority's operating expenses for the project.

In addition, the U.S. Public Health Service has a program under which water and sewerage facilities are provided for Indian homes; and, the PHS also provides important cooperation in the above housing programs by providing such facilities.

## Appendix 2

### TESTIMONY BY MR. PERRY SWISHER\* AND MRS. DOROTHY GEORGE BAKER

#### STATEMENT OF MR. PERRY SWISHER, POCA TELLO, IDAHO

Mr. SWISHER. Something like the progression from colored-to-Negro-to-black in the semantics of race will also occur in geriatrics, if you stay with your task long enough. Cheese and wine age, and are better for it. What people do is—grow old. The machine and its efficiency influence our time so pervasively that as people grow old they are worse off for it. In response to your invitation, and in the hope that the beginning represented by the Administration on Aging can evolve into a much more effective advocacy of the old—for the good of all—I am here to testify and to help in a discourse with representatives of ethnic minorities. What they have to say could be instructive not only as to AoA impact, or lack of it, upon their families but also as insight, by comparison and contrast, into what we of the dominant culture are really doing about old people nowadays.

Using comparison and contrast, and drawing on the standards of a people who have become—in some important respects—a race apart, I find that I am old; I am 47. Old in the eyes of the children and college youth with whom I work, a perspective useful as a contrast to that of, say, the U.S. Senate.

But the primary reason for appearing is that I also work among the Shoshone-Bannock Indians of the Fort Hall reservation. And they have shown me something of the purely human and spiritual pleasures of growing old, where age is not a measure of productive efficiency. My observations are not those of an Indian expert—no such person exists; just as no one can testify to you in “Indian” because no such language exists. Rather, here are some conclusions by a non-Indian. First, as to Government policies toward the aged that are not responsive to the realities of Shoshone-Bannock life; and, then as to the survival of values in that nonindustrial culture that might help us to revitalize parallel mores—all but lost to the dominant culture through our romance with technology.

As to Government policies:

- The households of older Indians are frequently indistinguishable from the domiciles of their offspring, their own parents, their brothers and sisters. Laws, rules and regulations that impose the existence of a separate household as a criterion for any kind of eligibility cuts against the grain of Indian life.

\*See Evaluation of Administration on Aging and Conduct of White House Conference on Aging, Part 8, Boise, Idaho, May 28, 1971; hearing by the Senate Special Committee on Aging.

- Laws using property as security for Old Age Assistance are alien to the Shoshone-Bannock concept of the earth itself as something very different from property and not subject to personal, individual sovereignty ("Can I own my mother? Can I buy my mother?").
- Refined sugar, and starch in the form commonly found in the bleached flour and bakery products of the dominant society, are not merely alien to the traditional Shoshone-Bannock diet but often hostile—as good as poisonous—to the health of many full-blooded Shoshone-Bannocks, possibly to the majority of the elderly. At least at Fort Hall, diabetes and obesity are social diseases. Genetic inability to cope with radical and technologically induced changes in diet content calls for a change in technology, not in genes.
- Laws excluding persons beyond a given age from public service, and even private employment in some cases, contradict Shoshone-Bannock respect for the accumulated experience that age represents.
- Laws ignoring the customs of sharing and mutual obligation in the extended family of the traditional Shoshone-Bannock lead to the ineffective injection of money—or punitive withholding of money—when more pragmatic techniques are called for in meeting the needs and protecting the rights of the old.
- Programs that fail to take into account the great distance, the limited and unreliable means of transportation, the low priority of clock-measured time among traditional Indians, the isolating and claustrophobic trauma of much hospital and nursing-home confinement, the embarrassments of the office waiting-room, and the stereotyped and largely demeaning categorization of Indians by the majority of front-desk and front-window civil servants—such programs do little, do nothing, or do harm.

As to Shoshone-Bannock values:

- The generic Shoshone or Bannock word for mother and for aunt is the same. The word for father and for the father's brothers is the same. The obligation is the same. Shoshone-Bannock families are not containerized, either literally or sociologically. Cousins are as brothers and sisters, and there can be no orphan in the extended Shoshone-Bannock family.
- The generic word for paternal grandfather is the same as the word for paternal grandson. The same applies to maternal grandfather and grandchild, and so on. There is, for practical purposes, no collective word for all grandparents. These specific, reciprocal, affectionate titles of mutual identity and kinship define a family complex that is actually a community, one whose intimacy has no counterpart in our culture.
- The oldest generation in the extended Shoshone-Bannock family is the generation of ultimate authority. The price of that authority includes accountability all the way down to the youngest member of the youngest generation. The elder is free within this framework to appraise the child for what the child is and is not under compulsion to create a "chip off the old block"—because the child automatically is the receptacle for what the elder knows how to do, and what he believes. Nothing is gained by pretending that this family can be sheltered completely from our intrusions.

Something is gained, however, by acknowledging the evidence that the most damaging changes occur in the life of the traditional Indian where our straight-line objectives puncture his round world.

We too live on, though not yet in, a round world; and, it is true that among its other functions, technology has bound us together technically on our common planet. But not yet organically.

I am not suggesting that a return to preindustrial forms of community is possible. Because the humanness within tribalism is exclusive such a return would not be desirable. But, believing that today's major social crises argue for me, I do insist that no part of the human family can be severed without dehumanizing the society that built their compartment and stuffed them in it. Given a decision that the pursuit of separate utopias for separate generations is expensive, and often destructive, and always dehumanizing, then we can also decide to revitalize and embody in public society that symbiosis of insightful age and expectant childhood that was as old and as durable as the family—before, in our obsession with the wonder of our era, we allowed the wheel to run over it. We have wisely not abandoned the wheel just because it came to us out of the past. We would be wise to build as integral a place in our society for the memory bank of age as we are providing for the computer that imitates it; we would be wise to greet each child at birth as an enrolled member of our "tribe" for which we are accountable as his aunts and uncles, instead of partitioning him out a piece at a time to disparate specialties, agencies and jurisdictions. I make no other accusations; but, in conclusion, I must tell you what I see almost daily. In this particular, in the veneration of the old, in the knowledge of the fragility of the soul of the child, and in their sensitivity to all living things, it is my traditional Indian friends who are the sophisticates. National commitments and technical competence notwithstanding, in this particular we are the savages.

**STATEMENT OF MRS. DOROTHY GEORGE BAKER,  
BLACKFOOT, IDAHO**

Mrs. BAKER. Mr. Chairman, ladies and gentlemen, members of the panel, first of all I am going to talk on housing on our reservation, housing among the elders. Our elders they really need homes.

At the present time young adult couples are given first priorities, and non-Indians married into our tribe are given new homes. The elderly are not eligible and considered the last on any program.

The next thing is on wells. Many people need wells, mostly the oldsters. Most of them use hand pumps, and these pumps have gone dry in many homes. They have to haul their water. Most homes do not have bath facilities, especially the older people.

During winter months some are forced to move into town to keep warm because their homes are inadequately heated.

Next I would like to speak on commodities. I work there in the commodity department and I know this to be true. Most of our elderly do not receive surplus foods due to their income and land holdings. If they are living in a household with someone working they are not eligible for commodities. The reservation people are not eligible, where

a nonmember Indian receives all these benefits due to the reason that he does not have anything to stop him from being eligible.

The next thing I would like to bring out is the public assistance for the Indians. The same goes with the elderly who receive public assistance from the State. They are taken off as soon as they have a little lease income. Their moneys are then programed just like they would if they were still on DPA. Out of this they are expected to pay for their nursing home care. Most of the elderly do not have hospital insurance, but some are under medicare, and a few receive social security, and out of all this they have to buy wood to burn. Most of the elderly do not use electric stoves because most of the homes are not—they don't have electricity in their homes.

Nursing home care is a big problem to our older people. A lot of people have died of loneliness in these nursing homes throughout the State.

It is a very hard thing to understand when you are not an Indian, because the Indians are unique.

A person that goes to these homes of the elderly they never respond or try to make themselves feel at home, he cries and makes himself sick, and the reason for all this is because he is segregated from the rest of the people there, but yet he has to pay the same amount of money as the rest of the white people. So there is a great need for a rest home on our reservation where they will feel more at home among their own culture. That is all I have to say.

## Appendix 3

### UTE TRIBE SENIOR CITIZENS PROGRAM

Under the date of September 17, 1971, the Utah State Division of Aging awarded the Ute Indian Tribe a grant of \$13,447 under title 111 of the Older American Act. This amount was matched by a tribal contribution of \$4,483 making a total of \$17,930 to be used in development of programs for the aged on the Uintah and Ouray Indian Reservation.

The acquisition of this grant was done through the community action program with considerable assistance from the Tribal Business Committee and the following individuals: Irene Cuch, Tribal Business Committee representative; Stella LaRose, president; Hazel Wardle, vice-president, and Harriette Taveapont, secretary and treasurer.

The purpose of the program is to organize the aged and aging, develop programs to meet their needs, provide opportunities for social, recreational and educational activities, retain Indian customs and skills, arrange inter-tribal programs. Activities to include dinners, old Indian dances, Indian games, field trips and outings, table games, speakers, nutrition programs, movies and demonstrations.

For the ensuing fiscal year (1972), it is hoped that new programs affecting the aging and aged will be administered during which the Utah State agreed to grant additional funds in the amount of \$10,150 to be matched by tribal contribution in the amount of \$6,767.

Much good has been derived from providing the senior citizens with wood and coal. During fiscal year 1971, 57 people benefited from the wood and coal program. Money appears in the fiscal year 1972 budget to keep this program ongoing. This program could be administered by the senior citizens director.

Budget line item	1972 fiscal year budget	Cost code
To match Utah Division of Aging grant for the fiscal year 1972.....	\$6,767.00	429.1
Wood and coal project—(This to be administered in cooperation with the Ute Tribe alcoholism rehabilitation program).....	10,000.00	429.2
Contingencies.....	1,500.00	429.3
<b>Total.....</b>	<b>18,267.00</b>	

## Appendix 4

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### SENIOR CITIZENS

[From the Makah Tribal Council, Neah Bay, Washington]

Indian people are the most disadvantaged single group of people in the State of Washington. Our reservations are often worse than the ghettos that are being written about in today's news. Our needs are not being met in terms of education, employment, housing, roads, or economic development. The Washington State education system has not provided for the needs of the Indian children in this community or any of the Indian communities of the State as evidenced by the extremely high dropout rates listed in those communities. Nearby our reservation, one group lists an expectancy of an 80-percent dropout rate. Another Indian community has but one high school senior in school with a dropout rate probably higher than the one just listed. Sometimes we receive equal opportunities in employment but just as often we do not. We almost never receive equal opportunities for advancement in these jobs. Again evidenced by a major employer who has never found an Indian to promote into a supervisory position in the 50 years he has been working on or near this reservation. Housing in this area is practically all substandard.

Building, repair, and maintenance costs on the west end of this peninsula are excessive. Geographically we are just too far removed from the retail outlets of this county. In addition there is a transportation cost that is also prohibitive. A consequence is poor housing. It seems as though our roads are always in need of repair. This adds to the high cost of living due to the maintenance costs of our automobiles. Economywise we are not dependent upon the logging and the fishing industry as was once believed. As a matter of fact those two industries comprise only about 25 percent of the working force of our community. This is surprising because, traditionally, this has been our livelihood for these many years. Our Indian people are moving away from this type of work and here lies the crux of our older worker employment problems today. During the 1920's and 1930's the logging and fishing industries were the main source of income. Only a handful of Makah Indian people were motivated to acquire higher education training, consequently, the older worker of today is the product or the leftover of the era. In a limited industrial area he could not possibly grow with the advancement in economic structure. Although he became very skillful in the occupations he engaged in, he was not permitted advancement in the form of promotional opportunities. A consequence is a man with limited overall skills which made it extremely difficult for him to diversify. He is part of the group today who comprise a general 65-percent winter unemployment rate on the Makah Indian reservation.

He is also a part of a group that comprise an annual average income of less than \$5,000 per year. It is difficult for the older worker to compete in today's sophisticated labor market, and if you happen to be an Indian your problems become multiple and are that much more complex. It seems to be difficult for the non-Indian employers today to accept the culture heritage of our people. Although there is no question about the heritage of other cultures, as for example the Chinese, Japanese, Jews, and other world minority groups, the Indian culture is looked upon with suspicion and distrust. We are stereotyped and we are prejudged because of this background. It is part of the reason for failure in employment. If our potential is questioned it becomes a difficult task to work with peer groups as well as management. Many times our people have experienced the degrading sensations of being bypassed for promotion only because of the color of our skin. In spite of these barriers we have experienced some successes. It is the right of Indian people, as well as other people, to have a choice in the manner of, and the place where, he will live and raise his family.

Many of our older workers have chosen to live on our reservation. This is where they feel the most comfortable. This is where their friends and relatives are. This is where they feel an attachment to the rich culture into which they were born. However, this is also where the jobs are limited, where discrimination is still practiced, in spite of the fact that the entrepreneur is leasing through the good graces of our Indian people.

A combination of failure by educational sources, by economic development, and apathy and disinterest by employers lend to the total gloom of our older workers today. We are judged by testing methods that have no cross-cultural significance and find that these methods only tend to screen out our Indian people rather than to screen them into jobs of which they might be successful. The pity of industrialization today, through the eyes of the Indian, is that we are experiencing cultural assassination in the name of technology. It is too late for many of our Indian people to recover and seek other avenues in order to make them competitive in today's labor market. It is not too late, however, for our employers to take another look at what our older workers have to offer in terms of experience, reliability, and a compatible attitude for the job at hand. We are asking not to be prejudged because we are Indian and we are also asking to be included on promotions when our work merits this action. (Where employment is concerned, it has not been a pleasant experience being an Indian. However, environmental studies are confirming that the Indian person living close to nature, understanding its changes, detesting pollution in all its forms is an asset to the world of work, and to the community in which he lives. We must not forget his potential in the education fields which are now learning very strongly, the ecological environments of the future generations of our country.) He has much to contribute.

Many areas are utilizing the services of our senior citizens because they do have much to offer in the way of experience and knowledge. A heart-breaking situation is however, that most of these older workers will never find employment to amount to anything and eventually have to look to public assistance for support. As mentioned before, we are 72 miles removed from the nearest State and Federal offices. Field workers come to our area from these offices very seldom, consequently,



they are not thoroughly familiar with the needs of the people who are dependent upon them. A consequence is poor communications, poor service, and a development of a hostile atmosphere. To make matters worse, the Port Angeles offices will call our BIA offices where Indian records are kept to inquire about land ownership of timber, and other information they feel necessary to process claims for assistance. It is our understanding that these records are confidential in nature, however, they are not treated that way. Other offices will not give you the time of day if inquiry of their records does not directly concern the matters for which they are placed there. Confidentiality is held so scared that employment offices will not give the police the addresses of people they claim to be seeking. We understand that the public assistance offices will take the same action. Apparently the BIA and Port Angeles offices working together do not observe these same confidential rights of individual tribal members.

When our Indian people seek Port Angeles aid it becomes that much more difficult for him to get the temporary help that he needs for his family. Employment being difficult and Port Angeles being difficult makes it almost an impossible situation to be in. Explanation of land ownership and timber sales stand the fact that this acculturation process is by methods and standards that are set up by non-Indians. It is truly a wonder how any of our people can be successful under this system. I hope that I have touched on some things that you did not know about our Indian labor force and especially the problems of the older worker. I, also, hope that this will bring better understanding between our people so that some of the things I have mentioned can be given consideration upon your next interview with an Indian job applicant.

## Appendix 5

### OLDER AMERICANS ACT—FUNDING

The following senior centers funded until title III of the Older Americans Act serve the older American Indians.

1. *St. Xavier Senior Center, St. Xavier, Mont.*—Serves Crow Reservation. Federal fund, \$2,000 to \$3,000—July 1, 1971.

Multipurpose center: Same as "2."

Vista couples serve as coordinators.

2. *Fort Belknap Senior Center, Fort Belknap, Mont.*—Federal funds, \$2,000—July 1, 1922.

Multipurpose center: Recreation, transportation, seminars on resources, recapture old customs.

3. *Browning Senior Center, Browning, Mont.*—Funded August 2, 1971. Federal funds, \$2,000 to \$3,000. Serves Blackfeet Reservation. Local-tribal funds.

Multipurpose center: Same as "2."

4. *Ute Tribe Senior Citizens Program.*—See page 41.

#### TITLE III PROJECTS SERVING AT LEAST 40-PERCENT OLDER AMERICAN INDIANS OF THE TOTAL POPULATION SERVED BY THE PROJECT

Project number	Title	City	Funding—		
			1969	1970	1971
Indian:					
Alaska:					
No. 877.....	Kotzebue Senior Citizens Center.....	Kotzebue.....	\$7,475	\$6,100	.....
No. 882.....	Alaska Homemaker Services.....	Juneau.....	62,900	34,660	.....
No. 1166.....	Anchorage Senior Citizen Community Center.....	Anchorage.....		19,600	.....
Arizona: No. 740.....	Health Communique.....	Tucson.....		11,179	.....
Oklahoma: No. 998.....	Stillwell Senior Citizens Center.....	Stillwell.....	4,199	2,461	\$2,458

In fiscal year 1970 a total of 8,825 older American Indians were served by title III projects funded under the Older Americans Act of 1965. 4,608 older American Indians were in urban areas and approximately 4,217 served lived in rural areas.

## Appendix 6

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### STATEMENT MADE BY JOINT ECONOMIC COMMITTEE OF THE U.S. CONGRESS\*

#### TOWARD ECONOMIC DEVELOPMENT FOR NATIVE AMERICAN COMMUNITIES

The Joint Economic Committee's compendium on economic development for the American Indians and for Alaskan native groups is divided into three parts: Development Prospects and Problems; Development Programs and Plans; and The Resource Base.

Part I of the compendium contains 16 studies by outstanding experts. These studies summarize current economic conditions among the American Indians, the frustrations and failures of earlier assistance efforts, the mixed results of the new initiatives undertaken since 1963, and the history of Indians' own attitudes toward Federal Assistance programs. They also contain a number of recommendations for the future direction of Federal policy. The first article in Part I describes the serious deficiencies of current statistical information. The lack of sufficient statistical data makes adequate evaluation of present Federal Indian policies almost impossible. New policy planning cannot proceed rationally until it can be learned which current policies are producing results and which are not.

Several subsequent articles describe the social and economic conditions in which Indian families now live. On many reservations, extreme poverty and high unemployment are coupled with dependency on Federal welfare programs and a sense of despair born out of the failure of past efforts to improve living conditions. Because long-endured poverty has led to this sense of frustration and despair as well as to serious health problems, economic development efforts will succeed only if they are accompanied by the necessary programs of social rehabilitation, including improved education and health care and the provision of adequate housing.

If economic development among the Indians is to succeed, it must be compatible with the Indians' own sense of values. It is now widely recognized—as unfortunately it often was not in the past—that the Indian does not wish to abandon his identity and his traditional cultural and social values and to become completely assimilated into an acquisitive, capitalistic society. Indian cultures place high value on preservation of the natural environment, on sharing of material goods among the extended family and the tribe, and on maintaining a life-style which allows time for quiet leisure and contemplation. The Indians have no wish to abandon these values in favor of industrial society's emphasis on individual competitive achievement and inten-

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\*Attachment to news release on study of economic development for American Indians, January 18, 1970.

sive activity. The problem the Indians face is to come to terms with the surrounding industrial society in a way which permits them to maintain a decent standard of living while still remaining true to their own culture. Achieving compatibility between these two somewhat conflicting objectives is obviously not easily done. Failure to recognize and solve this conflict is undoubtedly a large factor in explaining the overall failure of past Federal efforts to assist the Indians.

Part I of the compendium also contains discussions of job training and industrialization efforts sponsored by the Bureau of Indian Affairs, the Labor Department, and other Federal agencies. These articles emphasize the great variety of situations found among different Indian groups. Among the specific situations discussed are the economic status of the large Navajo reservation, the adjustment problems faced by Indians who migrate to an urban environment, and the special problems faced by rural Indians who do not live on reservations.

Part II of the compendium contains statements by Federal agencies which have responsibility for programs affecting the American Indian and by native organizations. These statements not only describe present programs, but provide various views of currently unmet needs and the manner in which programs should go forward in the future. The Bureau of Indian Affairs has, of course, long been the agency primarily concerned with programs of Indian economic development. While this agency still has a major share of the responsibility for economic development programs, several other agencies have, in recent years, become involved in important ways.

The Economic Development Administration and the Office of Economic Opportunity are cooperating in a program of industrial and community development on a selected group of reservations judged to have the greatest development potential. The manpower and job placement services of the Department of Labor, the rural development programs of the Department of Agriculture, and the loan and management assistance programs of the Small Business Administration are available to Indians, and these agencies are undertaking special efforts to assure that Indians have full access to these programs. The Department of Health, Education, and Welfare administers an extensive Indian Health Services program and has established an Office of Indian Affairs to assure that Indians are aware of and full participants in other HEW programs.

Although the situation of the reservation Indian is often described as one of frustration and despair, it would be a serious mistake to think that the Indians are making no organized effort to improve their own economic situation. A statement prepared for this compendium by the National Congress of American Indians—an organization representing over 100 tribes—outlines extensive plans for assisting Indian tribes in development planning and in making maximum use of available Federal programs. A statement by the Oklahomans for Indian Opportunity describes this relatively new organization and indicates the substantial progress which can be made when local concern and desire for self-improvement are effectively mobilized. A statement by the Alaska Federation of Natives describes their position with respect to disposition of the extensive and valuable Alaskan land areas currently under dispute. The particular problems of Alaskan natives—and the importance to them of an equitable settlement to this land dis-

pute—are also discussed elsewhere in the compendium in two excerpts from the Report of the Federal Field Committee for Development Planning in Alaska.

Part III of the compendium discusses the resource base available to the American Indians. The total land area set aside as Indian reservations is, of course, no longer adequate to support a traditional Indian economy based on hunting and grazing. Nor do agricultural pursuits offer much opportunity for improvement in economic conditions. For some Indian tribes, agriculture is simply not a traditional pursuit. Other tribes once had economies based on agriculture, but like other small and poorly financed farmers, they now find themselves with no place in a modern, mechanized agricultural industry.

Indian lands do contain valuable forest and mineral resources. One problem which severely complicates advantageous exploitation of these resources is the complicated land ownership situation. A substantial fraction of the Indian lands has at various times been awarded to individual Indians and held in trust for them by the Bureau of Indian Affairs. Through the process of inheritance, many of these parcels of land have come into multiple ownership. The administrative problems connected with management of land held in trust for multiple owners prevent effective use of these lands. In some cases, they prevent any use whatsoever. Effective land management will require some sort of consolidation and simplification of land ownership. In the arid and semiarid areas of the Southwestern United States, adequate rights to the use of water resources are another crucial element in economic development. The protection of Indian water rights and planning for the best use of these valuable rights must be an integral part of any development program.

Perhaps one of the most encouraging aspects of the current Indian situation is that substantial funds are becoming available to many of the tribes—through awards by the Indian Claims Commission and through leasing of mineral rights on Indian lands. In the past, some of these funds have been distributed on a per capita basis and the remainder have been held in trust by the Federal Government, earning, in general, below-market rates of return. Recently some of these funds have been put to use in tribal development programs, but the potential of these funds for financing development remains largely unrealized. More effective use of these funds could go a long way toward financing economic development for some tribes. It must be remembered, however, that these funds are very unevenly distributed among the tribes and can thus represent only one part of a total solution to the problem of the Indian's needs for financial resources.