1978


Juana Lyon

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THE INDIAN ELDER, A FORGOTTEN AMERICAN

Final Report on the
First National Indian Conference on Aging
Phoenix, Arizona, June 15-17, 1976
FEDERAL INDIAN RESERVATIONS

NEVADA
1. ELKO
2. SOUTH FORK
3. RUBY VALLEY
4. ROCHEZ RANCH
5. ELY
6. DUODWATER
7. YERINCTON
8. BENCO SPARKS
9. BATTLE MOUNTAIN
10. WINNEMUCCA
11. MOAPA
12. LAS VEGAS

ARIZONA
1. CAMP VERDE
2. FT McDONELL
3. SALT RIVER
4. INDIAN CANAL
5. PAYSON TONTO APACHE

CALIFORNIA
15 RANCHERIAS IN CALIFORNIA NOT SHOWN DUE TO REDUCED SCALE OF MAP

WASHINGTON
15 ADDITIONAL TRIBES NOT SHOWN DUE TO SPACE LIMITATIONS.

ALASKA
THE INDIAN ELDER,
A FORGOTTEN AMERICAN

FINAL REPORT ON THE
FIRST NATIONAL INDIAN CONFERENCE ON AGING
PHOENIX, ARIZONA, JUNE 15-17, 1976

including
Supplemental Documentation

prepared by
Juana P. Lyon
Project Coordinator

Sponsored by the
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
1701 PENNSYLVANIA AVENUE, N.W. WASHINGTON, D.C. 20006

This project was supported, in part, by a grant, No. 90-A-775, from the Administration on Aging,
Additional Copies of this Report may be obtained for $4.00 from

NATIONAL INDIAN CONFERENCE ON AGING
P.O. Box 2088
Albuquerque, New Mexico 87103

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The summary of conference recommendations and material included in the appendix represent input from conference participants and others and do not necessarily reflect the views or policies of the National Tribal Chairmen's Association or the Department of Health, Education, and Welfare.

Printing and Typography by Adobe Press
Albuquerque, New Mexico
United States of America
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FOREWORD

The elderly Indian, down through the years, has been the preserver of the Indian race, Indian culture, Indian history. Indian people have never been ashamed of growing old. They merely accept it as a fact of life because they understand the forces of life and the forces of nature, that all and everything that lives also decays.

The Indian elders have always been a part of the extended family. Being the heart and the center of that Indian family, they bring into that family unit an experience, maturity. They also bring to us knowledge, wisdom.

One of the greatest values of the Indian elderly is that they represent to us a repository. All that we like to claim and talk about as Indian didn't come to us from the university or the high school; it came to us from the Indian elderly. All that we hold so dear and so precious in our Indianness comes from those who have gone before us. When we look at the Indian elderly, there is something in them, with them, that is so precious.

Today, we salute the Indian elder for preserving what is left of the Indianness. Let us continue to hold hands and join forces and, in the name of Indians, while this country is lost in red, white, and blue, let us become lost in our Indianness and maintain our identity in our Indian community.

From the opening remarks of
Wendell Chino, President
National Tribal Chairmen's Association

There isn't any doubt in my mind, or in the minds of any of us who are working in the field of Aging, that, by any social or economic indicators commonly used to reflect conditions under which people live, American Indians frequently fall into the lowest of categories. And there is no question in our mind but that no other group of older Americans is faced with so stark a prospect in their old age as is the elderly American Indian. . . . There are many members of the Indian community who can be classified as older persons whose annual incomes are below the poverty threshold. That is an indefensible situation, but that is something that we have to keep working on until we get a correction.

From the keynote address by
Dr. Arthur S. Flemming
Commissioner on Aging
ACKNOWLEDGEMENTS

The National Indian Conference on Aging covered by this report was a historic first. It was the culmination of the efforts of many Indian people and concerned non-Indian friends. It is not possible to name them all, but recognition must be given to the cooperation and support of the following:

The Indian Tribes of Arizona, Nevada, Utah and the Navajo Nation, who formed the nucleus of this effort

Arizona Indian Action for the Elderly—Alice S. Norris (Papago Tribe), Chairperson

The Administration on Aging—Dr. Arthur S. Flemming, Commissioner

The Bureau of Indian Affairs—Morris Thompson, Commissioner, and Raymond Butler, Chief, Social Services

The Phoenix Area Office, BIA—John Artichoker, Jr., Area Director, and J. Bart Graves, (Acting) Area Social Worker

The Indian Health Service—Dr. Emery Johnson, Director, Mrs. Joe B. Graber, Chairperson, IHS Committee on Aging

The Arizona Department of Economic Security—John L. Huerta, Director

Native American Elders United—Joe Braswell, Chairman

The Phoenix Area Indian Health Board—Elliott Booth, Executive Director

The Native American Senior Citizens' Center of Phoenix, Arizona—Tammy Sixkiller, Director

The Phoenix Indian Center—Syd Beane, Director

The City of Phoenix, LEAP—Section on Aging and the Office of the Mayor

ACTION—Senior Companions

Southwest Indian Development, Inc.

The Inter-Tribal Bowling League of Phoenix, Arizona

Title IV Program, Longview School, Phoenix, Arizona

The Association of American Indian Social Workers

The North American Indian Women's Association

and the many Indian individuals who gave their time and effort to make this Conference possible

In addition, we thank the National Indian Council on Aging for making staff available for Conference follow-up and for the preparation of this report.

Above all, we thank the Indian elderly for being an inspiration to us and for their contribution to the life of our people.
INTRODUCTION

The first National Indian Conference on Aging was sponsored by the National Tribal Chairman's Association (NTCA) in Phoenix, Arizona, on June 15-17, 1976. Close to 1,500 Indian and Alaskan Native people representing 171 tribes came together to speak of their needs and present recommendations for action to improve the quality of their lives.

They made no extravagant demands. They asked only to live out their lives with the assurance that their most elementary needs will be met. In addition to the basic need for food, clothing, shelter, health care, etc., the Indian elderly named another: the need to remain Indian—whether as sovereign nations insisting on the treaty commitments of the Federal Government or as individuals who want to pass on the heritage of their forefathers to their grandchildren.

The recommendations and resolutions submitted into the Conference record are included in this report.

Funding for the Conference was provided by the Administration on Aging under the direction of Commissioner Arthur S. Flemming. Substantial in-kind contributions were made by the Bureau of Indian Affairs, Phoenix Area Office, and by the Arizona Department of Economic Security. The volunteer efforts of many members of the Phoenix Indian Community provided vital support of all Conference functions. Representatives of federal and state service provider agencies participated to offer information and serve as resource persons.

The issues identified at the first National Indian Conference on Aging will be pursued by the National Indian Council on Aging which currently consists of thirty-nine members. It will be a long and difficult task requiring the continued interest and support of the national Indian community, of service provider agencies, and of the Congress of the United States.

BACKGROUND

National attention was first drawn to the plight of the Indian elderly when a Special Concerns Session on the Elderly Indian at the 1971 White House Conference on Aging identified a number of issues which were subdivided into the following categories:

- Income
- Housing
- Legal
- Nutrition
- Health
- Nursing Homes
- Transportation
- Education, Physical and
- Spiritual Well-being

In each of the identified subject areas, the Indian delegates made specific recommendations for remedial action. The recommendations were included in the Conference report and largely ignored. (See Page 26).

In the years following, a number of Indian participants made repeated attempts to revive the vital issues they had raised on that occasion, all to no avail. In April of 1975, the issues surfaced again at a conference on "Indians and Aging" at Arizona State University. An Indian Caucus emerged at that conference, and a number of specific recommendations were formulated. One of these recommendations was to conduct a national Indian conference on aging to provide a forum for the Indian community nationwide to state its unmet needs, recommend remedial action, and press for implementation of that action. Another objective of the Arizona Caucus was to bring about legislative action which would make the provisions of the Older Americans Act more responsive to Indian needs.

A group of eight Indian people, elected to pursue these objectives, formed a committee entitled "Arizona Indian Action for the Elderly" and named as chairperson, Mrs. Alice S. Norris, Director of the Papago Tribe's Program for the Elderly ("The Wise Ones").

In hopes of bringing about the needed legislative changes, Mrs. Norris testified on the needs of the Indian elderly at the Senate Subcommittee hearing on the Older Americans Act Amendments during the fourth week of April, 1975. (Refer to Page 492.) The only special provision for Indian tribes in the Older Americans Act, as amended, was made in Title III, and even that was of doubtful benefit to the Indian community. (Refer to Page 118.)

The National Indian Conference on Aging objective was pursued next by the committee. Juana Lyon, Indian Specialist of the Arizona Department of Economic Security, was requested to develop a proposal for such a conference. At the same time, the original committee of eight was enlarged to include representation from the Indian tribes of Arizona, Nevada, and Utah (Phoenix Area of the Bureau of Indian Affairs), the Navajo Nation (Navajo Area), and from the major Indian concentrations in Arizona urban areas. (Refer to Page 30.)

Initial contact with the Administration on Aging in Washington on the subject of funding for a national conference established the necessity of having a national Indian organization serve as conference sponsor. Wendell Chino, President of the National Tribal Chairman's Association, deserves full credit for his immediate, wholehearted cooperation with the project when he was approached for support. The Board of Directors of the National Tribal Chairman's Association officially agreed to accept sponsorship of the conference project and authorized the Arizona Indian Action for the Elderly Committee to form the nucleus of the planning effort and to take all necessary action to bring about a national conference which would provide a public forum for the Indian elderly. (See Page 169 for names of NTCA Board Members who supported this project.)

On October 27, 1975, the National Tribal Chairman's Association submitted a proposal for the purpose of sponsoring a National Indian Conference on Aging to the Administration on Aging of the Department of
Health, Education, and Welfare. The proposal was accepted and, effective February 23, 1976, a grant award in the amount of $192,244 was approved. Of that amount, $115,500 was earmarked for sponsored conference participation by elderly Indians and Alaskan Natives.

PROJECT OBJECTIVES

The immediate goal of the project was a coordinated approach to the promotion of effective and adequate services needed by the American Indian elderly by combining input from the Indian community with that of service providers. The long-range goal was an improved standard of life for the Indian elderly according to their own culturally based needs.

The main objectives of the project were:

1. Provide a forum for the Indian community nationwide to express its concerns and special needs in the area of services to the Indian elderly. Specifically, input was solicited from participants on
   a. Status and effectiveness of existing services
   b. Identification of unmet needs
   c. Recommendations for modification, improvement, methodology, future planning, implementation, follow-up, and continuity of Indian input
   d. Establishment and maintenance of mutually acceptable cooperative relations between the Indian community and
      A. The Administration on Aging
      B. Other federal agencies capable of providing complementary services
      C. State and local agencies providing services to the elderly
   e. Accomplishment of maximum utilization of all available resources within the context of Indian culture and heritage.

2. Provide accurate, current information to the Indian community on resources available to serve the elderly, many of which may not have been utilized:
   a. An overview of the provisions of the Older Americans Act as they relate to Indian needs.
   b. An overview of services available to the Indian elderly in each state with a sizeable Indian population.
   c. An overview and discussion of barriers, if any, to effective utilization and coordination of resources; solutions recommended.

3. Determine methodology and plan for implementation of positive continuous action leading to improved comprehensive services for the Indian elderly (e.g. permanent State Indian Councils on Aging, permanent National Indian Task Force on Aging).

4. Promote sensitivity to needs and problems of elderly Indians among non-Indian agency representatives.

METHODOLOGY

Conference emphasis was on input from the Indian community throughout the total life of the project—planning, conference, and follow-up.

1. Planning

   a. Through established NTCA channels and linkages, specific issues to be addressed at the conference were identified and recommended at the local, state or area levels.
   b. Where feasible, committees of tribal/organization delegates were formed at the state or area levels (depending on regional distribution of target population).

The role of State/Area Planning Committee was:

A. Identify subject areas relating to the Indian elderly which should be included in the agenda of the national conference.

B. Identify individuals who might serve as panelists, workshop leaders, resource persons, or in some other vital capacity at the national conference.

C. Elect delegates to represent the state or area on the national planning committee. He/she carried their recommendations to the national level.

D. Assist with notification of the Indian community in their area of the impending conference and its objectives.

E. Coordinate participation of Indian people from their area in the conference, including coordination of travel arrangements in cooperation with the Project Coordinator and local cooperating agencies, e.g., the Bureau of Indian Affairs.

C. National Planning Committee—The National Planning Committee for the conference was composed of twenty-nine members who were appointed as follows:

   A. The President of the sponsoring organization (NTCA).
   B. At least one representative from each of the twelve areas within the NTCA organizational structure. This was the NTCA area representative or his designee.
   C. One or more representatives from the following states:

       Arizona  New Mexico
       California  New York
       Florida  North Carolina
       Illinois  Oklahoma
       Iowa  Oregon
       Maine  South Dakota
       Minnesota  Utah
       Montana  Washington
       Nevada  Wisconsin

(Members are listed on P. 31.)
During the life of the project, the national planning committee met as follows:

1. At the beginning of the third project month to:
   a. Finalize plans for conference site, date, facilities, agenda
   b. Begin identification of potential speakers, panelists, workshop leaders, etc.
   c. Coordinate notification system and compilation of conference information materials
   d. Coordinate group travel arrangements from areas or states
   e. Identify individual volunteer conference aides and/or committees

2. At the beginning of the fourth project month to finalize all conference-related arrangements, plans, committees, procedures, etc.

3. At a half-day session immediately following the conference, its membership increased by five persons elected at the conference, and its status changed to that of a National Task Force, also as a result of action taken at the conference. The purpose of this meeting was an immediate reaction to and evaluation of the conference just adjourned, election of officers, and projection of future activities.

4. During the ninth project month; the purpose of this meeting was:
   a. A status report from the Project Coordinator on conference follow-up
   b. A preliminary general audit of funds expended for the conference
   c. Discussion of plans for future action, e.g., planning for continuation of the project to hold annual national Indian conferences on aging.

2. Conference Participation

Conference participants fell into the following broad categories:

a. Representatives of the target group—American Indian elderly
b. Representatives of tribal governments interested or involved in the provision of services to the elderly
c. Representatives of other Indian groups or organizations with related interests
d. Representatives of the National and Regional levels of the Administration on Aging and of State and Area Agencies on Aging
e. Program administrators of agencies or organizations providing services to elderly Indians
f. Selected legislative leaders and representatives of the various levels of government from throughout the nation with the interest and capability to lend active support to efforts serving the needs of elderly American Indians

g. Individuals or groups interested in providing complementary or supportive services to the Indian elderly.

The conference expenses of 300 participants in category a. (above) were borne by the project. They were selected by NTCA area representatives, or by their individual tribes or groups, and had to be no less than 45 years, preferably 60 and over, individuals with a strong interest or involvement in the subject of services to elderly Indians, and unable to defray their conference expenses from their own or other resources.

PROJECT SUPPORT FROM OTHER AGENCIES

At the request of delegates of the Phoenix and Navajo Area tribes, the Arizona Department of Economic Security assigned its Indian Specialist, Juana Lyon, to serve as Project Coordinator as an in-kind contribution. On February 26, 1976, the Board of Directors of the National Tribal Chairmen's Association delegated to Mrs. Lyon full responsibility and authority to execute all functions of the Project Coordinator.

The Bureau of Indian Affairs, as its in-kind contribution, provided office space and equipment for Project staff, as well as access to the FTS telephone system, at its Phoenix Area Office. The BIA also offered the use of its Phoenix Indian School facility as a conference site.

The Commissioner of Indian Affairs, Morris Thompson, instructed his Area Directors to assist in any way possible, including the provision of transportation to a point of departure within the respective states for Indian elderly conference delegates appointed by federally recognized tribes.

Raymond Butler, Chief of the Division of Social Services of the Bureau of Indian Affairs, assigned Mrs. Clare Jerdone of his staff to work with Administration on Aging representatives and to be the focal point for participation in conference-related activities by the Bureau of Indian Affairs' Central Office.

Dr. Emery A. Johnson, Assistant Surgeon General of the United States and Director of the Indian Health Service, directed all Area and Program Directors of the Indian Health Service to assist with dissemination of conference information and to ensure conference participation by members of the IHS Committee on Aging under the chairmanship of Mrs. Joe B. Graber, Director of the IHS Office of Health Resources, who was designated as the IHS liaison person for the conference effort.

In cooperation with the Phoenix Area Office, IHS, the Phoenix Indian Medical Center, and the Phoenix Area Indian Health Board, emergency medical services for conference participants were established.
With the full cooperation of John Artichoker, Jr., Area Director of the Phoenix Area Office, BIA, and of J. Bart Graves, Acting Area Social Worker, Project staff set up the Conference headquarters in the Branch of Social Services of the Phoenix Area Office in March of 1976.

PROJECT STAFF

Professional Project staff was limited to the Project Coordinator, on assignment from the Arizona Department of Economic Security as its in-kind contribution.

Clerical staff consisted of one full-time Administrative Secretary, intermittent clerical help employed on a purchase-of-service basis, and one older worker funded under Title IX of the Older Americans Act.

From March to the conference date in mid-June of 1976, in a period of not quite three months, the total notification, planning, and logistics effort was handled by this staff from Conference headquarters with the assistance of a highly motivated force of Indian volunteers throughout the nation.

The strongest volunteer efforts came, quite naturally, from Arizona and, particularly, from the Phoenix Indian Community. Without that, the first National Indian Conference on Aging would not have been possible.

Conference follow-up was performed by the same staff until the end of December of 1976, when the National Indian Council on Aging, which had been established in September of that year, moved its headquarters from Phoenix, Arizona, to Albuquerque, New Mexico.

The Project Coordinator, Juana Lyon, then remained the only staff person working on the Conference Project on a regular basis, in addition to her duties as Executive Director of the National Indian Council on Aging. Additional staff support was provided on a cooperative, “when feasible” basis by personnel of the National Indian Council on Aging, and clerical help for production of the final report was procured on a purchase-of-service basis.

DEVELOPMENT OF CONFERENCE AGENDA

In March, the first nationwide announcement of the planned National Indian Conference on Aging went out to the Indian and Alaska Native community of the United States, inviting input into the planning effort. With the first announcement, a questionnaire was distributed requesting indications of subject areas which should be discussed at the conference. (See Page 34.)

The Area Representatives of the National Tribal Chairmen’s Association were designated to oversee the formation of planning committees in the states or areas they served. Each of these committees, in turn, was scheduled to send one delegate to a National Planning Committee to finalize the conference agenda.

The most outstanding area/tribal level cooperative planning effort in preparation for the conference was put into action by the Navajo Tribe and the Navajo Area staff of the Bureau of Indian Affairs and the Indian Health Service. (See Page 403.) Under the leadership of the four Navajo members of the Arizona Planning Committee—Louva Dahoy, Ted Evans, Rodger Sandoval, and Sophie Thompson—each of the 102 Chapters on the vast Navajo Reservation, which extends into the States of Arizona, New Mexico, and Utah, began to plan for the input and participation of its elderly members. (The Navajo Tribe has a total membership of 140,046, with 10% of that number estimated to be in the elderly category.) Detailed information on the Navajo effort is listed in the Appendix, beginning on Page 403.

The Arizona Committee, designated to take the lead in Conference planning, began monthly meetings in March of 1976, to review responses received to the questionnaires and to begin identification of agenda items and workshop structures.

The answers received showed a remarkable similarity to the major issues identified by the Indian Caucus at the 1971 White House Conference on Aging. As a result, the National Planning Committee, which first met on May 12-13, decided to have the 1976 National Indian Conference on Aging revive these issues and to organize the workshop groups along similar subject lines.

Another fact, which became apparent from responses to the questionnaires, was that attendance at the conference would far exceed initial expectations and that the Phoenix Indian School facilities would not be adequate. The Project budget was, consequently, revised to allow for the use of commercial facilities, and the Phoenix Indian School dormitory space was reserved for the use of non-sponsored participants lacking the means to pay for accommodations.

On April 7, a second nationwide mailing had gone out, requesting nominations of Indian elderly persons to participate in the conference at Project expense. In the same month, identification and assembling of information material to be distributed at the conference began and continued up to the conference date. At the same time, conference support committees were identified, and planning for their functions began.

Also in April, Regional and State Agencies on Aging were informed of the conference and invited to attend, as were representatives of additional service provider agencies, who were requested to make staff available to give brief overviews of the programs administered by them and to serve as resource persons in the workshop sessions.

The agencies participating in this category were:

1. U.S. Department of Agriculture Extension Service
   Farmers Home Administration
   Food and Nutrition Service
2. Community Services Administration
ORGANIZATION OF WORKSHOPS

In order to allow the maximum amount of time for input by the Indian elderly participants, the National Planning Committee determined that one and one half days of the three days planned for the conference should be scheduled for the individual workshop sessions and that the number of major addresses should be limited to opening and closing remarks by Mr. Wendell Chino, President of the sponsoring organization, and Dr. Arthur S. Flemming, Commissioner on Aging.

Based on the input received in response to the questionnaires, as well as recommendations from the Arizona and National Planning Committees, five concurrent workshop sessions were scheduled to address the following topics:

I. INCOME
A. Employment
B. Training
C. Education
D. Social Security
   a. Title XX
   b. S.S.I.
E. General Assistance (BIA)
F. State Income Maintenance Programs
G. TWEP Program
H. Title IX
I. CETA
J. Retirement

II. ENVIRONMENT
A. Nursing Homes
B. Housing
C. Home Repair and Maintenance
D. Winterization; Heating-Cooling
E. Sanitation
F. Utilities—Water, Electricity, Gas
G. Senior Citizen Centers
H. Day Care
I. Transportation
   a. Escort Services
   b. Homemaker Services
   a. Shopping Services
   b. Laundry Services
   c. House Cleaning Services

III. LEGAL PROBLEMS
A. Legal Aid
B. Ombudsman
C. Guardianship
D. Consumer Protection
E. Discrimination on Basis of Age, Race
F. Protective Services
G. Availability of Bilingual Aides in Courts, Jails, on Law Enforcement Staffs

IV. PHYSICAL WELL-BEING
A. Health
   a. Hospital Care
   b. Out-Patient Care
      1. Clinic (General)
      2. Dental Care
      3. Eye Care, Glasses
      4. Hearing Aids; Prostheses
      5. Preventive Medicine
      6. Personal Hygiene
      7. Emergency Services
   c. Medicaid-Medicare-Insurance
   d. Mental Health
      1. Isolation (Alienation)
      2. Recreation; Crafts
      3. Counseling
      4. Community Involvement
   e. Alcoholism and Drug Abuse
   f. In-Home Services
   g. Escort Services
B. Nutrition
   a. "Meals on Wheels"; EFMS (Emergency Food & Medical Services)
   b. Title VII Programs
   c. Food Stamps-Commodities
   d. Food Co-ops
   e. Acceptance of Traditional Foods

V. LEGISLATION
A. Direct Funding
B. Federal/Tribal Relationships
   a. Tribal Sovereignty
   b. Self-Determination
C. State/Tribal Relationships
D. Organizational Structure
E. Agencies’ Rules and Regulations
   a. Law versus Policy
   b. Criteria Invalid for Indian Programs
      1. Inadequacy of U.S. Census
      2. Acceptance of Tribal Statistics
      3. Use of Indian Population Statistics by Agencies
c. Statistical Criteria

Each workshop had two discussion leaders: one, a Tribal Chairman or Governor and member of the NTCA Board of Directors, and one member of the National Planning Committee with knowledge of the problems experienced by the Indian elderly in off-reservation communities.

Discussion leaders encouraged statements of unmet needs, the remedial action which should be taken, and an indication of the agency which should take the action. The emphasis was on free expression on the parts of participants. Workshop recorders noted major points, using tape recorders as backup. Resolutions submitted or formulated during workshop sessions were reproduced and made available to participants prior to the final plenary session.
BACKGROUND OF CONFERENCE
RECOMMENDATIONS

In order to enable the reader to interpret Conference recommendations in their proper perspective, it is appropriate at this point to touch briefly on the subject of responsibility for services to Indian people. The history of Federal Indian policy can, for obvious reasons, not be reviewed in detail in this report. There are many excellent sources available to the serious student of the subject.

The Indian and Alaska Native population of the United States falls into the following broad categories:
1. Federally recognized Indian tribes and Alaska Regional Corporations whose members may reside:
   a. on Indian reservations or other trust land
   b. in rural, non-reservation areas
   c. in urban areas
2. Indian tribes or groups recognized as such by a State with members residing:
   a. on State recognized reservations
   b. in rural, non-reservation areas
   c. in urban areas.
3. Individuals not belonging to either of the previous categories but claiming to be of Indian descent.

It is not intended here to discuss the relative merits or potential inequities of these categorizations. For the purposes of this report, it should be mentioned only that individuals in category one, above, are generally entitled to certain services of the Federal Government, based on their status as members of federally recognized entities which are, or are entitled to be, the beneficiaries of specific commitments made by the Federal Government in individual treaties, laws, and Executive Orders. These commitments are based on the special legal relationship between the Federal Government and the federally recognized tribes as autonomous, quasi-sovereign entities. The recommendations and demands voiced at the National Indian Conference on Aging by representatives of these tribes must be interpreted in light of that special commitment of the Federal Government, which is increasingly being relegated to state and local governments over the protests of federally recognized Indian tribes. (For additional information on this subject, refer to Page 151.)

Services to Indian people in categories two and three, above, are primarily the responsibility of the states, counties, and cities in which they reside under the same criteria applied to the general population and usually without regard to their ethnic background. Protests about the inequity of their status, as compared with members of federally recognized tribes, raised at the conference by members of these groups were noted and are integrated into the Conference recommendations. The resolution of that problem is, however, not within the scope of the Conference and must be pursued by the individuals or groups affected through the legal and legislative avenues open to them.

CONFERENCE RECOMMENDATIONS

Recommendations made by conference participants are listed in this report as they were expressed, without imposing any judgment as to their practicality or legality. In follow-up action with the appropriate agencies, these factors will be explored and action taken accordingly.

The recommendations formulated by the Session on the Elderly Indian at the 1971 White House Conference on Aging were summarily endorsed and reconfirmed by the participants in the 1976 National Indian Conference on Aging. As expected, many parallel recommendations emerged from the individual sessions. It became increasingly apparent that there exists strong consensus among all segments of the national Indian community on the basic, unmet needs of the Indian elderly and on the remedial action which must be taken to ensure that even the most elementary needs are served. (See Page 75 for tribal affiliations of participants.)

It was to be expected that individual expressions of concerns would not be strictly limited to the main subjects assigned to a particular workshop. It is not basically in the nature of Indian people to compartmentalize their thinking; no matter what their tribal origin, Indian people usually view the total scope of any subject. They are keenly aware of the interrelationships of conditions and problems and, consequently, their logical solutions. It is logical, then, that recommendations on all aspects of the needs of the Indian elderly emerged from all the workshop sessions and were also expressed in the resolutions adopted at the plenary session. Specific statements of unmet needs and recommendations for action, including those submitted in the form of resolutions, are, therefore, listed by subject and may have originated in any of the sessions at the conference.

Conference recommendations were submitted to the Administration on Aging, and its official written response is included on Page 95. We like to think that the progress which has been made in generating additional responses from that agency and its national network is due, at least in part, to the expressions of problems and unmet needs voiced by the conference participants.

In order to expand opportunities for input by the Indian elderly nationwide, even after the National Indian Conference on Aging, the newly elected Board members of the National Indian Council on Aging were given the option to conduct Areawide conferences on Aging with funds provided by the Conference Project. Nine out of the twelve Areas chose to do so. They were:

- Aberdeen Area
- Central Area
- Navajo Area (3
- Anadarko Area
- Minneapolis Area
- conferences)
- Billings Area
- Muskogee Area
- Portland Area
- Sacramento Area

Reports on these conferences are included under Area headings.
### SUBJECT: INCOME

<table>
<thead>
<tr>
<th>Problem or Need</th>
<th>Recommendation for Action</th>
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<tbody>
<tr>
<td>1. <em>(a)</em> The elderly Indian citizen should have an income which would permit him to live the rest of his life in health, decency, and dignity.</td>
<td><em>(a)</em> Because of the past relationships between the Federal Government, through the Bureau of Indian Affairs, and the Indians, most of our people did not participate in retirement programs such as: company retirement plans, insurance plans, investing in income property and, in many cases, Social Security. Therefore, the sole source of income for many of the elderly is welfare and for those fortunate enough to reach 72, Social Security at the very minimum level. The elderly Indians must be permitted to work and earn income for as long as they want or are able. They should not be required to forfeit parts of other benefits when continuing to earn.</td>
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<tr>
<td><em>(b)</em> The elderly Indian has never received due consideration for supportive services and minimum income.</td>
<td><em>(b)</em> That the elderly and middle-aged Indian should be assisted in obtaining job information, training, counseling, placement, and other assistance which would permit him to continue employment. These steps would enable him to qualify for an increased benefit when he becomes eligible to receive Social Security.</td>
</tr>
<tr>
<td><em>(c)</em> Social Security benefits are too low.</td>
<td><em>(c)</em> There should be jobs available on reservations, including part-time employment, through special funding so that elderly people can work towards Social Security benefits.</td>
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*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.

1Following are summaries of recommendations made and resolutions adopted by conference participants in 5 general subject areas.
### SUBJECT: INCOME

<table>
<thead>
<tr>
<th>Problem or Need</th>
<th>Recommendation for Action</th>
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<tbody>
<tr>
<td>(2) The tax-exempt portions of claims payment made to Alaska Natives. (P. L. 92-203, effective December 18, 1974).</td>
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<tr>
<td>*(i) That State public assistance departments cease to press the elderly Indians to sell individual allotted lands on reservations to meet their own subsistence needs, in view of the Indians' desire to retain the tribal homeland intact for further use in accord with President Nixon's rejection of termination as a Federal policy.</td>
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<tr>
<td>*(j) That Social Security benefits be extended all male and female elderly upon reaching the age of eligibility regardless of their participation during previous periods of employment.</td>
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<tr>
<td>*(k) Income limitations should be raised to keep pace with inflation; allow individuals to be employed and receive benefits to improve living conditions.</td>
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<tr>
<td>*(l) That separate funds be made available for the establishment of special manpower programs designed by and for elderly Indians.</td>
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<tr>
<td>*(m) That manpower programs be designed to retain the people on or near the homelands of the elderly Indian.</td>
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<tr>
<td>*(n) That these manpower programs be adequately funded to meet the employment needs of the Indian aged.</td>
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2. (a) Many income problems of all Indians, but particularly those of Senior Citizens, are due to lack of knowledge and understanding of sources of funds and other assistance to alleviate hardship cases; this problem is intensified by isolation.

(b) Elderly Indians often have language and cultural differences which make it difficult for them to converse with non-Indians.

(c) Most Indians hesitate to visit agencies staffed by non-Indians or young Indians who show impatience in dealing with the Elderly.

(d) Many offices are miles away from residences of the elderly, making it difficult for them to get there.

3. Certain agencies deduct income derived from the sale of arts and crafts (Example: General Assistance, Welfare Programs administered by local and state governments, Food Stamp program) Indians will be discouraged from continuing to perpetuate this talent unique to American Indians.

(b) Workers employed for this purpose should be of Indian descent and, whenever possible, of Senior Citizen status.

3. (a) Agencies using this method to reduce income should be prevailed upon to desist from such practice.

(b) The first $2,500 of elderly Indians income should be disregarded in determining eligibility for social services.

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.*
### SUBJECT: INCOME

<table>
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<tr>
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| 4. The supplemental Security Income allocation of $157.70 a month is insufficient to maintain a household. Tribal Councils have set aside monies from their own resources to supplement the income of their senior citizens from S.S.I., but the Social Security Administration includes this in its formula for deductions to reduce individual recipients' S.S.I. As a result, the individual receives less gross income than he/she did before supplemental funds were made available by the respective tribal councils to S.S.I. recipients. | 4. (a) The Social Security Administration should administer its S.S.I. program uniformly throughout all 50 states in accordance with (CM 12362) (20CFR-416.1151) whereby supplemental benefits paid by state or local governments are excluded.  
(b) Extra benefits received by an individual under a general assistance program which counts S.S.I. as income and gives the individual the difference between his/her S.S.I. benefit and the G.A. standard should also be excluded.  
(c) The minimum age for S.S.I. benefits to Indians should be lowered. |
| 5. (a) In some cases, the lack of marriage certificates causes difficulties in obtaining some benefits. In the case of separation from (Indian common law) spouse, financial assistance is cut off. | 5. (a) Statutes recognizing Indian traditional marriages should be enforced.  
(b) Establish a system providing emergency funds for such cases. |
| 6. An elderly Indian person residing off-reservation and requiring 24-hour care has to pay someone to live in out of a meager pension or other small income. | 6. There should be a program to pay for the live-in help. |
| 7. Illegal use of old age pensions and Social Security benefits by persons other than recipients (in rest homes, by relatives, etc.) | 7. Establish safeguards and educate the elderly in their application. |
| 8. Opportunities for gainful employment of the Indian elderly are extremely limited, especially in isolated reservation areas. | 8. Establish emergency funds for temporary disability. |
| 9. Indian tribes and organizations should be funded for the establishment of arts and crafts projects which would supply materials to the elderly and assist in marketing the finished products. This type of program would (a) Provide gainful employment, making use of existing skills.  
(b) Preserve traditional Indian crafts skills. |  |

### SUBJECT: PERSONAL ENVIRONMENT

#### Nursing Homes and Alternatives

1. *Nursing homes or sheltered care facilities are urgently needed by Indian people. However, due to present funding systems for such facilities, Indian people have very little chance to obtain these facilities. The following examples pinpoint some specific problem areas.  
(a) Some states refuse to license nursing homes on reservations due to a question of jurisdiction and at the same time Federal funds will not be  
*Federal funds should be made available directly to Indian tribes or organizations for the design, construction, and operation of these facilities on the local level.*  

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.*
**SUBJECT: PERSONAL ENVIRONMENT**

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<th>Problem or Need (continued)</th>
<th>Recommendation for Action (continued)</th>
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<td>authorized unless the facility is licensed by the State. *</td>
<td><strong>2.</strong> <em>(a)</em> That on-site paraprofessional service staff be made available to assist the elderly Indian. <em>(b)</em> That sufficient funds be provided for adequate care for Indian individuals in custodial or nursing homes. <em>(c)</em> A system of advocacy be established and maintained for elderly care.</td>
</tr>
<tr>
<td><em>(b)</em> Hill-Burton Funds are only made available to States for these projects. The States in turn establish advisory groups which dictate the use of such funds. Most advisory groups are composed of urban non-Indians with little or no sympathy for Indian projects, thereby making nursing homes or sheltered care facilities almost impossible to obtain by Indian people.</td>
<td>3. <em>Indian nursing homes or sheltered care facilities on reservations should not have any State controls imposed on them, but Federal regulations should govern these facilities similar to the Indian Health Service Hospitals.</em></td>
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<tr>
<td>2. <em>Some elderly Indian people live alone and are too incapacitated to live in existing private dwellings regardless of whether the home is adequate and modernized. Existing nursing homes and related facilities have not taken into consideration the social and emotional needs of the Indian people.</em></td>
<td>4. <em>Nursing homes must be established on the individual reservations or at least in close proximity, staffed by Indians with a local cultural background.</em></td>
</tr>
<tr>
<td><em>Indian Health Services are not governed by State regulations, and nursing homes or sheltered care facilities are similar in nature to Indian Health Service Hospitals.</em></td>
<td>5. A system of advocacy for elderly in need of special services must be established and maintained. <em>(a)</em> For those elderly persons who are well enough to remain in their own homes, homemaker services should be provided as follows: <em>(1)</em> shopping services <em>(2)</em> house cleaning <em>(3)</em> laundry <em>(b)</em> They should also be included in: <em>(1)</em> visits by home health aides (or Community Health Representatives) <em>(2)</em> congregate feeding programs or &quot;Meals on Wheels&quot; <em>(3)</em> escort service to medical and other services <em>(4)</em> reassurance and protection through contacts by tribal or project staff and regular (tribal) police <em>(5)</em> telephone service where available</td>
</tr>
<tr>
<td>4. Many Indian elderly suffer emotional shock in nursing homes far from their familiar environment and integrated with patients from other ethnic groups. This often accelerates health problems and may lead to premature death due to a feeling of isolation from loved ones who are too far away to pay regular visits. (Aged Indians often state that they &quot;want to die at home&quot;!)</td>
<td>6. Mileage allowances must be realistic in relation to actual distances which must be covered to provide comprehensive outreach.</td>
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<tr>
<td>5. Increasingly, more Indian elderly are being left alone in their homes without being fed or cared for and without access to emergency services.</td>
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<tr>
<td>6. Mileage allowances for outreach staff are often insufficient to reach every home. Geographic distances and isolation on Indian reservations are frequently not understood in Washington.</td>
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</table>

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.*
### SUBJECT: PERSONAL ENVIRONMENT

<table>
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<th>Problem or Need (continued)</th>
<th>Recommendation for Action (continued)</th>
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<tr>
<td></td>
<td>7. Day Care Centers (including 24-hour care as needed) under the administration of Indian tribes or organizations must be made available and accessible to the Indian elderly in their local areas.</td>
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<tr>
<td></td>
<td>8. Multi-purpose Indian Senior Citizen Centers should be established in Indian communities and staffed to provide comprehensive services.</td>
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#### Housing

1. *(a) A large percentage of elderly Indian people do not have sufficient income to cover housing and utility costs of existing programs along with the other necessities of life.  
   (b) Indian elders on a fixed income (Social Security and Supplemental Security Income) can’t meet rise in rents, and some have to pay back-rent for several years.

2. *Indian Senior Citizens have too little to say about the design, location, and construction of their homes and other types of living facilities.

3. *The allocation and actual application of funds for homes and other living facilities per year is not sufficient to meet the needs of the people. Lines of communication, coordination, and flow of existing funds are poor. There is need for direct funding to Indian groups.

4. A HUD (Housing and Urban Development) requirement is that a person be at least 62 years old and in good health (able to care for himself) to qualify for a housing project.

5. Where Indian elderly people live in individual dwellings, they may suffer from ill health due to lack of heat, sanitation, safe or accessible water supply, poor condition of building.

6. *That program policies governing housing not be restrictive but adaptable to the elderly housing needs and the financial condition of individual Indian people and, wherever necessary, no cost housing should be provided.

7. *(a) That full local participation of elderly individuals and organizations be assured in the designing, location, and construction of elderly Indian Housing projects.  
   * (b) That all organizations dealing with elderly Indian projects have adequate representation of elderly Indians on their decision-making boards.  
   * (c) Changes in Indian housing policy should not be accomplished without consultation with Indian people.  
   * (d) Housing should be designed to preserve the Indian heritage and architecture.

8. *(a) Funds should be clearly identified for the elderly and should be made available in sufficient amounts to meet the housing needs of the elderly.  
   * (b) Indian tribes and organizations should be eligible for direct funding for housing projects from the national federal level.  
   * (c) The Congress of the United States is requested to establish an Indian Desk (staff group) composed of all Indian staff with adequate funding to directly distribute funds to all Indian tribes' elderly housing programs.

9. The minimum age should be lowered; not too many Indian people can meet all the health requirements at that age.

10. Programs should be instituted to provide and maintain adequate and safe supplies of water, electricity and/or gas; home repair and maintenance should be provided on a regular basis, (including making homes structurally accessible to handicapped people).

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.
### SUBJECT: PERSONAL ENVIRONMENT

#### Problem or Need

**Transportation**

1. Transportation is a major area of need.

2. *Because of the lack of transportation, the elderly American Indian cannot acquire those necessities which would assure him a normal and healthy life. This denies him the opportunity to obtain medical services, food, and clothing which are available to other citizens in the United States. In addition, poor road conditions, lack of communication systems, absence of public conveyances, and isolation compound the problem.*

#### Recommendation for Action

1. Transportation should get priority funding from the Office on Aging and other appropriate agencies.

2. *Funds should be allocated to assure elderly American Indians of their transportation needs. One of the ways the problem could be alleviated is by providing the vehicles deemed necessary to overcome the existing conditions cited (above). However, each Indian tribe or organization should define its own transportation requirements to fit its respective needs.*

3. Transportation services to the Indian elderly should include the provision of escort service and mobile chair (wheelchair) service to enable them to have access to necessary services.

### SUBJECT: LEGAL PROBLEMS

1. *The elderly Indian people are not normally provided with legal services, therefore many older Indians are taken advantage of because they are not familiar with legal matters.*

2. (a) Many elderly Indians confronted with non-Indian practices and non-tribal judicial and law enforcement systems are handicapped by ignorance of their rights, lack of understanding of the English language and of available support services.

#### Recommendation for Action

1. *That legal services be made available to the elderly for the purposes of obtaining rights to Old Age Assistance, writing of wills, etc. These services should be made available in the local area rather than some far-removed large metropolitan area.*

2. Recommend that there be direct funding from the Law Enforcement Assistance Administration to Indian tribes and organizations for advocacy for the Indian elderly in the court systems, in corrections, and for programs which would provide the following:

   (a) Education (orientation) in:

   1. Personal (civil) rights
   2. When a lawyer is needed, how to engage a lawyer, what a lawyer should be expected to accomplish
   3. Hiring and training of bi-lingual Indian Legal Aid staff, court interpreters, law enforcement personnel
   4. Hiring and training Indian individuals to serve as ombudsmen (provide advocacy) for Indians in jail or in other encounters with law enforcement authorities.
   5. Guardianship (trust)
   6. Estate planning, wills, probate
   7. Property rights
   8. Rights relating to trust land
   9. Credit
   10. Taxes
   11. Consumer fraud
   12. Repossession

   (b) Legal Aid

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.*
### SUBJECT: LEGAL PROBLEMS

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<thead>
<tr>
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<tbody>
<tr>
<td>(b) Many elderly Indian defendants in non-tribal courts have no access to defender services and routinely plead guilty due to lack of funds for such services.</td>
<td>3. Protection (security) through regular (tribal police patrols or through special patrols established for that purpose.</td>
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<td>3. Elderly Indians living alone are often afraid of harassment or violence.</td>
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### SUBJECT: PHYSICAL WELL-BEING

#### Health

1. The state of health of the Indian elderly and care for the diseases of the aged is a continuous concern and need; there have never been sufficient funds to meet the total health care needs of the elderly. Due to inadequate funding levels, health needs of the Indian elderly are often given the lowest priority.

2. "Indian people generally suffer deplorable health conditions when compared with other races in this country. This situation is compounded for the elderly Indian people. These conditions are further aggravated by the lack of funds for dental prosthetics, hearing aids, eyeglasses, psychological services, etc.

3. "(a) Medical services for elderly Indians are at best inadequate to meet their needs. Several reasons for the above are: insufficient staffing, inadequate health facilities, and seeming lack of concern by the Administration, which is in a position to determine funding levels, for Indian Health Services.

(b) The Indian Health Service needs increased funds for:
- Eye/hearing care
- Dental Care
- Care for chronic illnesses, e.g. arthritis, diabetes, cancer, etc.
- Preventive Care
- Follow-up Care
- Prosthetic devices

4. "There is a lack of Indian professional medical staff to assist in upgrading medical services to elderly Indian people.

1. (a) Emphasis must be placed on comprehensive services for the Indian elderly in response to their special needs; these services must be better coordinated.

(b) Each Indian Health Service Area should develop and implement comprehensive programs of geriatric medical care, either through direct service or through contract services.

(c) All health service resources should be made known to the elderly before they need care for acute or chronic conditions. This service information should be disseminated and coordinated by a public service agency or the Social Security Administration.

2. "That all health facilities be immediately upgraded to meet the specific standards of the Joint Commission of Accreditation of Hospitals.

3. "(a) That sufficient funds be allocated to finance all aspects of health services so as to provide complete health coverage.

(b) The Indian Health Service should be eligible for third party reimbursement under Medicare/Medicaid/Health-Accident Insurance so that the patient can remain in the local Indian health facility.

4. "(a) That educational grants be provided to encourage individual Indians who wish to pursue and complete professional health careers.

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.
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<tr>
<td>(b) Continuous training for health career development must be emphasized. The director of the Indian Health Service should establish a chair of geriatric medicine in each Indian Medical Center.</td>
<td>5. (a) Eligibility criteria should be uniformly applied. (b) All United States Indians (and Alaska Natives) of ¼ or more degree of Indian blood should be issued I.D. cards by the Bureau of Indian Affairs, and a system should be established to enable them to receive free medical aid anywhere in the United States; this should include both reservation and urban Indians. (c) The elderly should be allowed to choose their physician.</td>
</tr>
<tr>
<td>5. There are apparent inconsistencies in eligibility criteria applied by the Indian Health Service in various parts of the country. In some areas, Indian people meeting all other criteria are no longer eligible after absence from their reservation for over a year.</td>
<td>6. All Indian people should be offered the influenza vaccine developed for high risk persons because all Indian people are at high risk in this regard.</td>
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<td>6. Indian people of all ages have, in the past, become ill with influenza much more frequently than the non-Indian population of the United States. Indian children and Indian elderly suffer many complications, and many die as a result of influenza.</td>
<td>7. Support is expressed for the delivery of health services to Indians living in urban areas, for urban Indian health clinics and referral programs, and for services for special health needs.</td>
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<tr>
<td>7. Urban Indians are often excluded from services by the Indian Health Service, both direct and contract services.</td>
<td>8. Elderly patients must be reassured and all procedures and diagnoses clearly explained to them.</td>
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<td>8. Elderly Indian patients are often used as research subjects; there is usually no feedback on findings.</td>
<td>9. Interpreters must be made available to ensure elderly patients understand; medical staff must be trained in cultural sensitivities of patients; there is a need for a patient advocate (ombudsman) in hospitals.</td>
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<tr>
<td>9. Poor communication between Indian Health Service staff and patients; patients are often not informed of the significance of release documents signed for surgery; often there are religious conflicts (e.g. skin grafts in burn cases).</td>
<td>10. Special funds should be made available for arthritis and diabetes prevention and treatment.</td>
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<td>10. Very high incidence of diabetes and arthritis among the Indian elderly.</td>
<td>11. The patient's family should be notified when a patient is transferred to another medical facility.</td>
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<td>11. In cases where initial emergency medical services are provided at non-IHS hospitals and the patient is transferred later to an IHS facility, the family is not always notified of the transfer.</td>
<td>12. (a) IHS facilities must be constructed so as to be accessible to Indian communities; there should be clinics in isolated areas. (The Northwest (Portland Area) e.g., is the only Indian Health Service Area which has no Indian hospital.) (b) Transportation must be made available for both emergency and non-emergency medical care, including preventive medical care programs and nutrition programs. (c) Roads which must be traveled to reach health services must be improved and maintained.</td>
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<td>12. Lack of transportation and/or inadequate roads hamper the Indian elderly's access to health services and other complementary services.</td>
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## SUBJECT: PHYSICAL WELL-BEING

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<tr>
<td><strong>Mental Health</strong></td>
<td>Mental Health</td>
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<tr>
<td>1. The social, physical, and spiritual well-being is a very important aspect of the American Indian. There are no funds available to finance well-rounded social or culturally-oriented activities for elderly American Indians.</td>
<td>1. *That sufficient funds be allocated for the elderly American Indian to develop and assure the continuance of activities which he deems important to his physical, spiritual and cultural well-being. Such activities might include, but not be limited to: (a) Clubs, such as social, sewing, cooking, arts and crafts, recreation, and gardening. These promote good health and keep the elderly from becoming lonely and depressed. (b) In some cases, educational type sessions might be desirable to fulfill those activities selected by the elderly American Indian.</td>
</tr>
<tr>
<td>2. The elderly Indian has been neglected and is considered a valuable resource by Indian tribes which needs to be cultivated and utilized by Indian tribes. The Indian culture is dying; younger tribal members are becoming like the dominant society; grandchildren don't speak the tribal language; show no respect or concern for their elders. As a result, elderly often become lonely and depressed.</td>
<td>2. The Indian elderly must be helped to become a valued part of the Indian community again; Indian tribes and groups should receive funding to involve the elderly in programs encouraging the preservation of the tribal culture, e.g. teaching language and legends to students; teaching crafts.</td>
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<tr>
<td>3. Indian people from the same or similar tribal background are needed to work with Indian elders experiencing mental health problems; the values and behavior standards of the dominant culture as imposed by non-Indian counselors, social workers, and psychiatric staff often aggravate the problem and prevent its alleviation.</td>
<td>3. (a) Social services with Indian staff should be established on reservations. (b) Para-professionals of similar tribal background can be of more real help to their elderly than outsiders with higher professional credits and project staff criteria should be established accordingly.</td>
</tr>
<tr>
<td>4. Indian elderly people suffer emotional shock (isolation, language barrier) when removed from familiar environment to institutional shelter care.</td>
<td>4. Establish programs and train Indian staff to provide services enabling the elderly to remain in their homes or, if they need 24-hour care, provide live-in help. As a last resort, provide nursing homes on or near reservation.</td>
</tr>
<tr>
<td>5. Alcoholism is a problem for many Indian elderly.</td>
<td>5. Much greater emphasis must be placed on local alcoholism programs staffed with Indians and using traditional Indian methods to modify behavior (drinking habits).</td>
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**Nutrition**

1. *Most older Indians are malnourished. This is the result of both an inadequate nutritional education program and lack of familiar and nutritional foods. Present Federal food programs are not designed to meet the nutritional needs of the elderly Indians.*

1. *(a) The U.S. Department of Agriculture and Office of Economic Opportunity (or its successor) must assist Indian tribes in developing a food program utilizing existing programs such as: commodity foods, food stamps, supplemental food, emergency food and medical services to fit the particular nutritional needs of the elderly Indian people. (b) The U.S. Department of Agriculture should contract directly with Indian tribes for administration of the Food Stamp Program.*

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.*
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<tr>
<td>2. Poor nutrition contributes to poor health and lower life expectancy.</td>
<td>*(c) All Federal funds presently being allocated to existing nutritional education programs must be funded directly to Tribal groups or organizations to carry out the function of nutritional education to elderly Indians.</td>
</tr>
<tr>
<td>3. Many Indian elderly lack cash for purchase of food stamps; they don’t keep records of expenses which are required for food stamp eligibility determination.</td>
<td>*(d) That all nutritional programs be adequately funded to satisfy the nutritional needs of the elderly Indian.</td>
</tr>
<tr>
<td>4. Many prefer surplus commodities because there is no cash payment required, but do not know how to use unfamiliar food items.</td>
<td>2. (a) Nutrition programs should be extended from once a week to at least five times a week.</td>
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<td>5. (a) The Indian Health Service and the Bureau of Indian Affairs are shirking their responsibilities to the elderly in the area of nutrition. (b) Nutrition programs are not much use to persons without teeth!</td>
<td>(b) Nutrition programs should include social interaction among the elderly and coordination with other supportive services.</td>
</tr>
<tr>
<td>6. Food prices, especially at trading posts in remote reservation areas, are too high, many Indian elderly have no access to shopping facilities in the cities.</td>
<td>3. (a) There should be special exemptions or provisions for the Food Stamp Program for the elderly as many are unable to qualify because their income might be from $0.50 to $3.00 over the eligibility limit.</td>
</tr>
<tr>
<td>7. There are frequent occurrences of Indian people becoming ill from unaccustomed foods (e.g. milk, spinach) which are part of a prescribed nutrition program menu.</td>
<td>(b) Provision should be made to lower the price of food stamps for the Indian elderly and make eligibility criteria more flexible.</td>
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<tr>
<td>8. There are not enough feeding programs to serve elderly Indian needs.</td>
<td>4. Training of recipients in the use of commodities should be provided.</td>
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<tr>
<td>9. Congregate feeding site requirements are unrealistic for some reservation and rural areas where Indian people live miles apart and have no transportation.</td>
<td>5. (a) More emphasis should be placed by these agencies on nutrition-related services, including instruction in the preparation of special diet meals. (b) Programs for the elderly must be comprehensive and include coordination with other services.</td>
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<td>6. Tribal cooperative food stores or mobile food cooperatives would answer this need. Tribes should receive funding for this purpose.</td>
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<td>7. Nutrition programs should be flexible to incorporate traditional Indian foods and should be staffed with Indian personnel who are familiar and supportive of the respective Indian culture, can integrate the accustomed foods into the menus and design programs to meet local Indian needs.</td>
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<td></td>
<td>8. More feeding sites for Indian reservations; separate sites for Indians in urban areas (Indians want to be with other Indians).</td>
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<td>9. More flexible options to provide “Meals on Wheels”.</td>
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## SUBJECT: LEGISLATION

<table>
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<tbody>
<tr>
<td>1. Viable solutions must be found to the many and varied 1. (a) Historically, Indian tribes and Nations have unmet needs of the Indian elderly. Legislation channeling funding for such services through the various states works against the best interests of the Indian people.</td>
<td></td>
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<td></td>
<td>(b) The Congress of the United States is therefore petitioned to amend the Older Americans Act to provide direct funding of programs to serve Indian elders to Indian tribes, Inter-Tribal Organizations, Native Villages (Alaska), and Urban Indian organizations upon request of the respective Tribal Council and other Indian or Alaska Native governing body.</td>
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<tr>
<td></td>
<td>(b) All enabling legislation should include specific language referring to federally recognized tribes and all other like tribes, Nations, etc. The words “Indian” and “Federally recognized Tribe” should be made a part of all grants to such tribes.</td>
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<tr>
<td></td>
<td>(c) The Indian elderly should be involved in the design, formulation, and implementation of all programs, including the Older Americans Act, from which they could benefit. All regulations authorized under this legislation request should be submitted to the various Indian tribes for consideration and input into development of regulations.</td>
</tr>
<tr>
<td>2. (a) The Federal-Indian relationship and trust responsibility need to be continued and strengthened, which concept dictates the direct funding method for tribal jurisdictional areas. 2. The United States must reassure our elderly citizens that the policy concerning termination is no longer a national policy.</td>
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<tr>
<td>(b) Although the Federal Government has publicly declared its termination policy to be discontinued, insistence by a number of Federal Agencies, including the Administration on Aging, on Indian tribes working through State and local levels for program funding pursues the same policy.</td>
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<tr>
<td>3. (a) The various states have never demonstrated the ability to deliver services to the Indian population, nor have they ever demonstrated any affirmative direction to provide services. 3. *That sections 303 Part (a) and section 612 of the Older Americans Act of 1965, as amended November 1970, be revised so that Indian tribes no longer have to go through State agencies for funding. This is necessary because of the lack of sympathy by most States for their Indian population. All funds for older Indian programs should be funded directly to Indian tribes.</td>
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<tr>
<td>(b) Indian tribes are often excluded or assigned lowest priority by State and Area Agencies. The 1975 amendments to the Older Americans Act did not measurably improve the conditions for direct funding of Indian tribes.</td>
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<tr>
<td>4. Most federal legislation concerned with funding programs which could benefit Indian people either completely omits direct funding provisions for Indian tribes or, as in the Older Americans Act of 1965, as amended, makes direct funding provisions so restrictive as to discourage attempts by tribes to obtain direct federal funding. 4. (a) A class action should be brought in Federal Court in behalf of federally-recognized Indian tribes which would make possible unrestricted direct funding to tribes under the Older Americans Act and all other Federal legislation concerned with the funding of programs which could benefit Indian people.</td>
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|                                                           | (b) (1) Federal services to maintain and improve the health of the American Indian aging are mandated by the Federal government's **Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.**
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<tr>
<td>(a) Most Indian tribes and organizations experience great difficulty in securing adequate funding through State Agencies on Aging to provide necessary services for their elders.</td>
<td>historical and unique legal relationship with and resulting responsibility to the American Indian aging. The Congress of the United States and the respective officials are urged to adopt the following position with regard to State Plans under the Older Americans Act:</td>
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<tr>
<td>(2) State Agencies on Aging must include in their State Plans and proposals submitted for funding to the Federal Government a statement to the effect that they are not addressing the needs of the Indian elderly, thus making it possible for Indian tribes to receive direct funding, until such time as the necessary legislative amendments have been made.</td>
<td>5. (a) An agency should be created at the national level to administer programs to serve the elderly Indian.</td>
</tr>
<tr>
<td>(b) That an adequately staffed and funded Indian desk similar to Indian desks in other Federal agencies be established in the Administration on Aging or its successor. This office would act as a central point for information and an advocate for the needs of the Indian elderly.</td>
<td>*(b) That agencies serving elderly Indians increase funding levels to Indian tribes so as to adequately serve their needs.</td>
</tr>
<tr>
<td>(c) Establish an Indian Desk (staff group) in Washington which would specifically concern itself with all problems of the Indian aged, provide technical assistance, and coordinate with other human resource services, as well as directing all funds from the Federal Government directly to all Indian tribes, bands or organizations, regardless of their region or status and according to their individual needs.</td>
<td>(b) Most Indian tribes and organizations lack adequate resources to fund services to the elderly themselves or to provide necessary matching funds for securing government funds.</td>
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<tr>
<td>(d) The Administration on Aging should establish a system whereby Indian tribes receive continuous notification of available programs and other pertinent information relating to services to the elderly.</td>
<td>*(c) There should be provisions for earmarked (set aside) allocations to Indian tribes and organizations, not requiring matching funds, specifically for services to the Indian elderly in all legislative acts affecting services to the elderly.</td>
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<tr>
<td>6. (a) Current funding levels are inadequate to serve actual needs.</td>
<td>*(c) The Administration on Aging should make planning grants to Indian tribes to identify the particular needs of the elderly on each reservation.</td>
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<tr>
<td>(b) Most Indian tribes and organizations lack adequate resources to fund services to the elderly themselves or to provide necessary matching funds for securing government funds.</td>
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<tr>
<th>7. Title III and Title VII programs of the Older Americans Act of 1965, as amended, restrict most Indian tribes and organizations because of the numerical language that would exclude tribes because of population criteria.</th>
<th>7. Appropriations by the Congress for Indian programs for services to the elderly shall be based on identified need rather than on any form of per capita basis.</th>
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<tr>
<td>8. One-year funding of projects is not sufficient to allow for full development of potential and leads to a built-in “failure factor”.</td>
<td>8. The funding of all programs to serve Indian elders by the Administration on Aging or any other agency shall be for a minimum of five (5) years. Those programs which have demonstrated their effectiveness shall continue to be funded on an ongoing basis.</td>
</tr>
<tr>
<td>9. The criteria for the implementation of programs under the Older Americans Act are based on standard urban conditions and are not valid in Indian communities.</td>
<td>9. (a) Tribal statistical data should be considered a primary data source for programming data in lieu of the 1970 Census, which has proved to be inaccurate.</td>
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<td>(b) Tribal jurisdictional areas should be considered standard statistical areas where they are not now so considered.</td>
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<td>(c) The minimum age for eligibility for programs designed to serve the elderly should be lowered to 45 for the Indian elderly because of their lower life expectancy.</td>
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<td>10. *That a thorough and complete research program be developed to search, evaluate, and cause to be amended, existing laws and policies governing programs serving the elderly Indian.</td>
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<td>11. An update should be given to the national Indian community on the status of recommendations stemming from the 1971 White House Conference.</td>
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<td>12. The National Indian Planning Committee (on Aging) should be assigned as a permanent Task Force on Aging with direct HEW funding.</td>
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<td>13. The Congress of the United States and the respective federal officials should keep the National Tribal Chairmen's Association informed of the status of these requests.</td>
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PROJECT RESULTS

Among results or products of the Project were:
1. Formation of a permanent National Indian Task Force on Aging, incorporated as the National Indian Council on Aging (NICOA).
2. Establishment and maintenance of continuous communications between the Council and the Administration on Aging and other agencies and organizations capable of providing supportive services to the Indian elderly.
3. A conference report listing i.a.
   a. Problems and unmet needs
   b. Recommendations for future or remedial action, including proposed legislative changes.

The National Indian Council on Aging, upon its establishment, assumed the functions of the National Planning Committee for the Project. As anticipated, the membership of the National Planning Committee was absorbed into the new national body.

Establishment and maintenance of continuous communication and cooperation between representatives of the National Indian Council on Aging and the Administration on Aging, as well as with representatives of other agencies capable of providing supportive services, was a product expected as a definite result of the conference. This should lead to more extensive utilization of available resources, both human and material.

The first conference (summary) report, issued in late 1976, summarized the conference proceedings and listed concrete statements of problems, unmet needs, suggestions or recommendations for further action.

Copies of the report were furnished to all conference participants, the National Network on Aging, the NTCA Executive Board and Area representatives, and all Indian tribes, Alaska Native communities, and major urban and national Indian organizations. In addition, it has been furnished on request to many interested agencies, organizations, and individuals, including the Congressional Committees on Aging, the Library of Congress, and the National Archives.

An overall result of the conference was expected to be the generation of greater sensitivity to the needs of the American Indian elderly, combined with a continuous, ongoing effort to meet these needs through cooperative action of service providers and client representatives.

The National Indian Council on Aging now acts in the role of client representative. Whether greater sensitivity to the needs of the American Indian elderly is being generated, only time will tell.

IMPLICATIONS

Put in simple terms, the implications arising from the findings of the first National Indian Conference on Aging Project are:
1. The Indian elderly, with few exceptions, are not receiving all service benefits for which they are eligible.
2. The present national service provider system is not meeting the needs of this constituency.
3. Criteria, policies, regulations, and administrative guidelines governing service provision lack the flexibility to meet the special needs of this constituency.
4. Funding levels, where funds are allocated at all, are generally inadequate.
5. Personnel in decision making and in most direct client contact positions lack sensitivity to the culturally-based needs of the Indian elderly.
6. Tribal governments are subject to discrimination by laws, regulations, or policies denying them the right, as units of general purpose local government, to serve as prime sponsors and administrators of programs for which their elderly constituencies are eligible.
7. Federally recognized Indian tribes are discriminated against by laws, policies, or regulations denying them a status equal to or higher than the states, to which they are entitled by reason of their legal status as quasi-sovereign domestic nations. This denies them access to direct funding from the national federal level for such programs as those funded under the Older Americans Act, the Social Security Act (e.g., Title XX), etc., for which the states are prime sponsors.

These problems must be resolved. The most important implication for national policy and program administration lies in the area of sensitivity—sensitivity to the special relationship between the Federal Government and the federally recognized Indian tribes and the concurrent service commitments, as well as to the special and unique service needs of the Indian elderly which are aggravated by extreme poverty, geographic and cultural isolation, poor health, and lack of access to support services. Coupled with this sensitivity must be the sincere desire to work for alleviation of these conditions through a coordinated, cooperative effort of all appropriate levels of the Congress and the service provider agencies.

FOLLOW-UP

The application for funding of a three-year project by the Administration on Aging was approved and, as of September 29, 1976, the National Indian Council on Aging (NICOA) began consistent follow-up on all conference recommendations, first from a temporary location in Phoenix, Arizona. The Council's national headquarters office was established in Albuquerque, New Mexico, in January of 1977. Juana Lyon, while continuing to function as Project Coordinator of the National Indian Conference on Aging, was named Executive Director of the National Indian Council on Aging. James Bluestone was appointed as Administrative Assistant. The full membership of the National Indian Council on Aging currently consists of thirty-nine Indian and Alaska Native individuals, of whom twelve constitute the Board of Directors, which
The overall purpose of the National Indian Council on Aging is to provide advocacy for the Indian and Alaska Native elderly. As its specific objective, the Council has set itself the task to bring about the remedial action recommended at the National Indian Conference on Aging. A detailed overview of these recommendations is included on P. 7 of this report.

The National Indian Council on Aging will pursue four basic avenues to accomplish its objectives:

1. Encouragement of legislative amendments where required to bring about the remedial action recommended;
2. Communication and cooperation with service provider agencies which can make the necessary changes within the scope of their current administrative guidelines;
3. Dissemination of information to the Indian community on available supportive resources and, where necessary,
4. Intercession with the appropriate agencies to provide access to these resources.

At the same time, the National Indian Council on Aging promotes the flow of information to and from the national Indian community through its newsletter, through the local activities of its members, and by holding its quarterly Council and Board meetings in different geographic locations in the United States. Representatives of service provider agencies are generally invited to attend these meetings and to present an overview of the services they can offer.

PROGRESS REPORT

Since its inception, the Council has established and maintained cooperative relationships with a number of federal agencies. In addition to the Administration on Aging and the National Network on Aging, the Council works closely with the Indian Health Service and the Bureau of Indian Affairs. The latter is providing a substantial in-kind contribution of office space, equipment, and telephone service to the Council. As other specific agencies capable of the remedial actions recommended are identified, they are contacted, and a working relationship is established.

Remedial action to serve the needs of the Indian elderly is not entirely contingent upon increased allocations of funds, although in a number of program areas this will undoubtedly be the case. A very important part of the total follow-up effort will consist of better coordination of the programs of a number of agencies and better utilization of available resources. (There are, e.g., many Indian elders who are unaware of their eligibility for certain Social Security or Veterans benefits.) Conversely, there may be federal, state, or local agencies which, for one reason or another, have not assumed responsibility for serving the eligible Indian segment of their target populations.

During its first project year, NICOA held monthly Board meetings and quarterly meetings of the full Council in varying locations throughout the United States, ranging from Florida to Alaska. Invitations to these meetings went out to representatives of Indian tribes and organizations as well as to federal and state service provider agencies, who were requested to provide overviews of the services extended to the Indian elderly in their area.

In many instances, these meetings presented Indian elders with their first opportunity to meet with staff of agencies mandated to serve them. In a number of states, these meetings resulted in greater sensitivity to the needs of the Indian elderly, evidenced by inclusion of Indians in Advisory Councils on Aging, increased funding for Indian tribes or communities, or continuation of the dialogue established at the meetings.

Amendments to the Older Americans Act making its provisions more relevant to the national Indian elderly community had been high on the list of priorities established at the National Indian Conference on Aging. NICOA followed through by establishing close working relationships with the Senate Special Committee on Aging, chaired by Senator Frank Church, and with the House Select Committee on Aging, chaired by Congressman Claude Pepper.

In its report, Developments in Aging: 1976 (Part 1) which is excerpted in the Appendix, and its report on a hearing on the Nation's Rural Elderly held in Denver, Colorado, on March 23, 1977, the Senate Special Committee on Aging gave prominence to NICOA's effort to improve services to the Indian elderly. The entire Summary Report on the National Indian Conference on Aging was included in the record of the Denver hearing, along with the testimony of the NICOA Executive Director.

In rapid succession, NICOA was invited to provide input into national legislation affecting the elderly, the President's reorganization effort, welfare reform, meetings with the Secretary and Assistant Secretary (OHD) of the Department of Health, Education, and Welfare, the Commissioner on Aging, the activities of national organizations serving the aging, Congressional hearings, and a hearing of the U.S. Commission on Civil Rights on age discrimination.

On May 5, 1977, the Administration on Aging issued Information Memorandum 77-52 to the National Aging Network, announcing the establishment of the National Indian Council on Aging and transmitting the Summary Report on the National Indian Conference on Aging. (See P. 117.) This was followed on May 26, 1977, by Program Instruction 77-21 relating to the implementation of Section 303(b)(3) of the Older Americans Act as amended (Services to Older Indian Tribal Members). (See P. 118.)

The Program Instruction mandated each state having an Indian tribe within its boundary to develop an Action Plan for Serving Elderly Indians and to submit it as part of the State Plan for each fiscal year. According to this
Program Instruction, the Action Plan must provide assurances, found satisfactory to the Commissioner on Aging, that the elderly members of each tribe in the state will receive a level of services under Title III which will provide benefits equivalent to those to be received by all non-Indian elderly individuals in the state.

As the only organization actively working nationwide for the Indian and Alaska Native elderly, NICOA soon became inundated with requests for information and technical assistance from Indian tribes and organizations attempting to develop or improve services to their elderly constituencies. It became apparent that the two professional staff persons in the Albuquerque headquarters office could not provide the assistance needed on a national scope. A number of proposals were developed to fulfill this need and to follow through on the Conference recommendations to establish an “Indian desk” in the Administration on Aging and to bring about amendments to the Older Americans Act which would establish more appropriate criteria for serving the Indian elderly.

Following the determination by the Administration on Aging that it could not establish an in-house Civil Service position whose incumbent would occupy the “Indian desk” recommended, the NICOA proposal to establish the position of Indian Liaison Specialist on its staff and locate the incumbent in Washington, D.C., was funded and the position established as of July 25, 1977. The primary function of the Indian Liaison Specialist is to assist and advise the Commissioner on Aging in matters affecting the Indian elderly. In addition, he establishes and maintains close working relationships with Congressional Committees and with national organizations and service provider agencies working in the field of Aging and in related fields.

In order to document the need for change or greater flexibility in some of the general criteria established for programs funded under the Older Americans Act, the National Indian Council on Aging proposed to research conditions affecting the Indian elderly which make such changes necessary. Some of these are: lower life expectancy, physical deterioration at an earlier age than non-Indians (due to exposure to a harsher environment), geographic isolation, exclusion from services for whatever reasons, cultural factors, including monolingualism. Lack of state jurisdiction on almost all federally recognized Indian reservations and the attitude on the part of many states that Indians are a federal responsibility add to the either total or partial exclusion of the Indian elderly from support services funded under the Older Americans Act, although there are a few notable exceptions. E.g., the States of New York (see P. 139), Montana, Washington, and Utah have established Indian Area Agencies on Aging.

In late September of 1977, the National Indian Council on Aging was informed that its proposal to conduct the necessary research would probably be funded, although with a reduced budget. The proposal submitted for funding of the 1978 National Indian Conference on Aging was approved, as was the grant award for Project Year 2 of the 3-year Model Project for general Council operations.

At the same time, NICOA was informed that its proposal to begin building the capacity of tribal and Indian organization staffs to identify and utilize funding sources and develop aging programs in their areas was disapproved by the Administration on Aging. This setback will seriously reduce the anticipated capability of NICOA to provide training and technical assistance in Indian communities and to motivate Indian students to enter gerontology related careers.

Not only at the 1976 National Indian Conference on Aging, but in many expressions from representatives of Indian communities nationwide, the urgent need to work for direct funding from the federal level to the governments of Indian tribes and Alaska Native Corporations continued to be stated. This method is provided in legislation governing other federal programs, e.g. Title IV of the Public Works and Economic Development Act of 1965 (EDA), the State and Local Fiscal Assistance Act of 1972 (General Revenue Sharing), the Comprehensive Employment and Training Act of 1973, the Housing and Community Development Act of 1974 (Community Block Grants), etc.

The National Indian Council on Aging developed a draft of legislation entitled the "Older American Indians Relief Act" which would, in effect, amend the Older Americans Act so as to provide Indian tribes, Alaska Native entities and tribal organizations the option to receive funding for Older Americans Act programs directly from the federal level out of an Indian set-aside, bypassing the State Agencies on Aging. The draft bill also provides for the establishment of a permanent "Indian desk" staff group in the Administration on Aging, comparable to those in other federal agencies, and for the acceptance of tribal statistics, verified by an agency of the Federal Government, such as the Bureau of Indian Affairs, as the base for funding allocations, rather than 1970 U.S. Census figures. This provision was necessitated by the extensive under-count of the Indian population in the 1970 Census and the resultant drastic inadequacy of funds allocated to serve the Indian elderly.

CONCLUSION

The National Indian Conference on Aging held June 15-17, 1976, in Phoenix, Arizona, was the first of its kind. There were many expressions of gratitude to the National Tribal Chairmen's Association for its leadership role in serving as the catalyst for this historic gathering of the Indian elders and to Dr. Arthur S. Flemming, Commissioner on Aging, for his wholehearted support, both financially and philosophically, of the first National Indian Conference on Aging. (Refer to Page 77 for an overview of Conference evaluations.)

As part of their evaluation of the conference, participants overwhelmingly expressed the hope that there would be other, similar national conferences in the future to ensure the continuity of nationwide Indian
involvement. The members of the National Indian Council on Aging consider it premature to hold a follow-up conference before 1978 since the conditions requiring remedial action call for concentrated efforts over a period of several years. Council members feel confident that, by 1978, they will be able to report progress in many areas of services to the Indian elderly.

A number of facts about conference participants emerged very early in the proceedings. There was generally expressed appreciation of the fact that, for the first time in the history of Indian conferences, individual Indian elders had the opportunity to express publicly their views on their problems, instead of being a captive audience for numbers of professional speakers.

The seriousness with which the Indian elders approached their participation could serve as a model to any group of conference participants. They demonstrated that they had given a great deal of thought to the subjects discussed and, in many cases, came prepared with resolutions and recommendations which had been developed at meetings of the elderly in individual Indian communities.

Another realization which emerged very clearly from the conference was the fact that the Indian elders, who once occupied the place of honor in the Indian society, are worthy of regaining that stature in full measure. Under the pressures of the surrounding non-Indian society, the younger Indian generation has gradually begun to adopt an attitude of neglect and disrespect of its elders, never giving thought to the fact that, as President Wendell Chino of the National Tribal Chairmen's Association pointed out, the Indian elders are the guardians and the repository of that cultural tradition which makes the Indian people unique.

In addition to the tangible improvements in services to the Indian elderly which will be the objectives of the National Indian Council on Aging, renewed recognition of the value of the Indian elders to the Indian community is a goal which will be pursued at the same time.

Several years ago, a visiting politician addressed a group of elders on an Indian reservation. In rebuttal of an opponent's statement that Indians did not pay taxes and should, therefore, not be eligible for state services, he recited a long list of Indian contributions to American life and culture: medicine extracted from native plants, foods first prepared by Indians, sports originating in the New World, the basis of the Constitution in the articles of the Iroquois Confederacy, etc. One white-haired Indian raised his hand. "Senator," he said quietly, "you forgot one thing: we contributed the country!"

We have confidence in the sense of justice of the American people who realize that every service provided for an American Indian was contracted and paid for with Indian lives and Indian land.

The aging Indian, who has seen his way of life change from the stone age to the nuclear age in two or three generations, is bewildered by the outside influences which try to force him into an unfamiliar mold. We believe that the Indian elder has the right to live out his life in the comfort of his familiar environment and according to his own cultural traditions. We believe that his fellow Americans will give him that opportunity by recognizing the right of tribal governments to administer aging programs for their constituencies, based on locally determined needs and criteria.

The National Tribal Chairmen's Association takes pride in having provided a national forum for the Indian elderly as an expression of its respect for the Indian traditions and its abiding faith in the continuity of the Indian heritage preserved by these elders. We hope that the expression of their unmet needs will lead to fulfillment of their modest wishes and that they will be able to live out their lives with dignity and freedom from want.
Highlights of Conference Background, Planning, Implementation, and Evaluation
The Special Concerns Session on The Elderly Indian was requested by the National Congress of American Indians. The Navajo Tribal Council, the National Council on Indian Opportunity, the American Indian Movement, and the National Tribal Chairmen's Association accepted invitations to participate in planning this Session. Federal agencies that named representatives to the Planning Committee were: the Departments of Health, Education, and Welfare, Housing and Urban Development, and Interior; the Office of Economic Opportunity, and the Senate Special Committee on Aging.

Because of the desperate economic plight of the American Indian and because there exists a unique relationship between the Indians and the Federal Government, it was felt that this Special Concerns Session would be important if the Conference were to address itself to the needs of all segments of the older population. The recommendations presented can be an important component in our national policy on aging.

THE PARTICIPANTS

Eighty-two Delegates preregistered for the Session on The Elderly Indian but they were joined by other Delegates, observers, and invited guests, so that the estimations of space had to be considerably altered and additional facilities made available. Only official Delegates were permitted to vote on recommendations although the discussion of the recommendations was open to all who were present.

The majority of those Delegates who chose to attend this Session were themselves American Indians. They were from several different Indian Nations including Apache, Blackfoot, Cherokee, Choctaw, Comanche, Iroquois, Makah, Mohave, Navajo, Pueblo, Seminole, Sioux, Ute, and others. The Alaskan Federation of Natives, the Iroquois Confederation, the Inter-Tribal Council of California, the Association on American Indian Affairs, the National American Indian Women's Association, the National Indian Physicians' Association, the Dallas American Indian Center, and the National Indian Law Students' Association were some of the organizations that sent representatives to the Session.

Many of the Delegates who attended this Session had participated in one or more of the regional conferences on The Elderly Indian (conferences were held for the Northwest, the Southwest, and the Southeast), and many of these Delegates were acquainted with the comprehensive report of the Indian Advisory Council to the Senate Special Committee on Aging. In short, many of these delegates came to this Session with a well grounded understanding of the scope of the problems to be discussed and specific suggestions about needed changes in national policy on aging and The Elderly Indian.

THE PROGRAM

In order to provide for maximum in-depth attention to several important areas of concern for elderly Indians, the small work group format was employed as an important part of the program. The Session was, essentially, divided into three parts. The opening part was organizational and was to serve as a very brief orientation to the Delegates' role for the Session. During the second part of the meeting, the Delegates were divided into five work groups which were asked to discuss and develop recommendations within the topical area assigned to their group. The five groups dealt with (1) Housing and Related Facilities, (2) Legal Problems of the Elderly Indian, (3) Special Health Problems of the Elderly Indian, (4) Spiritual Well-Being and Recreation, and (5) Income (including Employment, Retirement, Education, and Training).

THE SESSION REPORT

INTRODUCTION

The American Indian and Alaskan Native Delegates (hereafter referred to as American Indian) to this White House Conference on Aging, November 28—December 2, 1971, appreciate the opportunity we have been given to participate in developing a national strategy in coping with problems of the aging. Our elderly citizens face similar problems to those of other Americans. However, due to the unique relationships between our people and the Federal Government, we also have unique problems. The Indian Delegates to this Conference support those issues and recommendations which will ultimately benefit all older Americans.

The Indian Delegates have outlined five general areas where immediate action must be taken:

1. The United States must reassure our elderly citizens that the policy concerning termination is no longer a national policy.
2. That an adequately staffed and funded Indian desk similar to Indian desks in other Federal agencies be established in the Administration on Aging or its successor. This office would act as a central point for information and an advocate for...
the needs of the Indian elderly.
3. That sections 303 Part (a) and section 612 of the Older Americans Act of 1965, as amended November 1970, be revised so that Indian tribes no longer have to go through State agencies for funding. This is necessary because of the lack of sympathy by most States for their Indian population. All funds for older Indian programs should be funded directly to Indian tribes.
4. That agencies serving elderly Indians increase funding levels to Indian tribes so as to adequately serve their needs.
5. That a thorough and complete research program be developed to search, evaluate, and cause to be amended, existing laws and policies governing programs serving the elderly Indian.

RECOMMENDATIONS

The Indian Delegates also identified the following issues and have made the following recommendations.

Income

Issue: The elderly Indian citizen should have an income which would permit him to live the rest of his life in health, decency, and dignity.

Recommendations
1. Because of the past relationships between the Federal Government, through the Bureau of Indian Affairs, and the Indians, most of our people did not participate in retirement programs such as: company retirement plans, insurance plans, investing in income property and, in many cases, Social Security. Therefore, the sole source of income for many of the elderly is welfare and for those fortunate enough to reach 72, Social Security at the very minimum level. The elderly Indians must be permitted to work and earn income for as long as they want or are able. They should not be required to forfeit parts of other benefits when continuing to earn.
2. That the elderly and middle-aged Indian should be assisted in obtaining job information, training, counseling, placement, and other assistance which would permit him to continue employment. These steps would enable him to qualify for an increased benefit when he becomes eligible to receive Social Security.
3. That there be an equitable form of tax relief for the elderly Indian.
4. That retirement plans be worked out in such a way that there is a guaranteed pension, that it be vested and with portability.
5. That there be a Social Security “ALERT” to assure that all eligibles receive their entitlements.
6. That a Federal policy be established which would state that judgment funds are not to be considered as assets or windfall, but rather the due allotment and recompense for misappropriated lands and rights. That this policy be binding to all State and local welfare agencies.

7. That State public assistance departments cease to press the elderly Indian to sell individual allotted lands on reservations to meet their own subsistence needs, in view of the Indians’ desire to retain the tribal homeland intact for further use in accord with President Nixon’s rejection of termination as a Federal policy.

8. That Social Security benefits be extended to all male and female elderly upon reaching the age of eligibility regardless of their participation during previous periods of employment.
9. That separate funds be made available for the establishment of special manpower programs designed by and for elderly Indians.
10. That manpower programs be designed to retain the people on or near the homelands of the elderly Indian.
11. That these manpower programs be adequately funded to meet the employment needs of the Indian aged.

Housing

Issue 1: A large percentage of elderly Indian people do not have sufficient income to cover housing and utility costs of existing programs along with the other necessities of life.

Recommendation
That program policies governing housing not be restrictive but adaptable to the elderly housing needs and the financial condition of the individual Indian people, and wherever necessary, no cost housing should be provided.

Issue 2: Some elderly Indian people live alone and are too incapacitated to live in existing private dwellings regardless of whether the home is adequate and modernized. Existing nursing homes and related facilities have not taken into consideration the social and emotional needs of the Indian people.

Recommendation
1. That on-site paraprofessional service staff be made available to assist the elderly Indian.
2. That sufficient funds be provided for adequate care for Indian individuals in custodial or nursing homes.
3. A system of advocacy be established and maintained for elderly care.

Issue 3: Indian Senior Citizens have too little to say about the design, location, and construction of their homes and other types of living facilities.

Recommendation
That full local participation of elderly individuals and organizations be assured in the designing, location, and construction of elderly Indian Housing projects.

Issue 4: The allocation and actual application of funds for homes and other living facilities per year is not sufficient to meet the needs of the people. Lines of communication, coordination, and flow of existing
funds are poor. There is need for direct funding to Indian groups.

Recommendations
1. Funds should be clearly identified for the elderly and should be made available in sufficient amounts to meet the housing needs of the elderly.
2. That all organizations dealing with elderly Indian projects have adequate representation of elderly Indians on their decision-making boards.
3. Changes in Indian housing policy should not be accomplished without consultation with the Indian people.

Legal

Issue: The elderly Indian people are not normally provided with legal services, therefore, many older Indians are taken advantage of because they are not familiar with legal matters.

Recommendation
That legal services be made available to the elderly for the purposes of obtaining rights to Old Age Assistance, writing of wills, etc. These services should be made available in the local area rather than some far removed large metropolitan area.

Nutrition

Issue: Most older Indians are malnourished. This is the result of both an inadequate nutritional education program and lack of familiar and nutritional foods. Present Federal food programs are not designed to meet the nutritional needs of the elderly Indians.

Recommendations
1. The U.S. Department of Agriculture and Office of Economic Opportunity must assist Indian tribes in developing a food program utilizing existing programs such as: commodity foods, food stamps, supplemental food, emergency food, and medical services to fit the particular nutritional needs of the elderly Indian people.
2. All Federal funds presently being allocated to existing nutritional education programs must be funded directly to Tribal groups or organizations to carry out the function of nutritional education to elderly Indians.
3. That all nutritional programs be adequately funded to satisfy the nutritional needs of the elderly Indian.

Nursing Homes

Issue 1: Nursing homes or sheltered care facilities are urgently needed by Indian people. However, due to present funding systems for such facilities, Indian people have very little chance to obtain these facilities. The following examples pinpoint some specific problem areas.

(a) Some States refuse to license nursing homes on reservations due to a question of jurisdiction and at the same time Federal funds will not be authorized unless the facility is licensed by the State.
(b) Hill-Burton Funds are only made available to States for these projects. The States in turn establish advisory groups which dictate the use of such funds. Most advisory groups are composed of urban non-Indians with little or no sympathy for Indian projects, thereby making nursing homes or sheltered care facilities almost impossible to obtain by Indian people.

Issue 2: Indian Health Services are not governed by State regulations, and nursing homes or sheltered care facilities are similar in nature to Indian Health Service hospitals.

Recommendations
1. Federal funds should be made available directly to Indian tribes or organizations for the design, construction, and operation of these facilities on the local level.
2. Indian nursing homes or sheltered care facilities on reservations should not have any State controls imposed on them, but Federal regulations should govern these facilities similar to the Indian Health Service Hospitals.

Transportation

Issue 1: Because of the lack of transportation, the elderly American Indian cannot acquire those necessities which would assure him a normal and healthy life. This denies him the opportunity to obtain medical services, food, and clothing which are available to other citizens in the United States. In addition, poor road conditions, lack of communication systems, absence of public conveyances, and isolation compound the problem.

Recommendation
Funds should be allocated to assure elderly American Indians of their transportation needs. One of the ways the problem could be alleviated is by providing the vehicles deemed necessary to overcome the existing conditions cited above. However, each Indian tribe or organization should define its own transportation requirements to fit its respective needs.

Education, Physical and Spiritual Well-Being

Issue 1: The social, physical, and spiritual well-being is a very important aspect of the American Indian. There are no funds available to finance well-rounded social or culturally-oriented activities for elderly American Indians.

Recommendation
That sufficient funds be allocated for the elderly American Indian to develop and assure the continuance of activities which he deems important to his physical, spiritual and cultural well-being. Such activities might include, but not be limited to:
(a) Clubs, such as social, sewing, cooking, arts and crafts, recreation, and gardening. These promote good health and keep the elderly from becoming
lonely and depressed.
(b) In some cases, educational type sessions might be desirable to fulfill those activities selected by the elderly American Indian.

Health

Issue 1: Indian people generally suffer deplorable health conditions when compared with other races in this country. This situation is compounded for the elderly Indian people. These conditions are further aggravated by the lack of funds for dental prosthetics, hearing aids, eyeglasses, psychological services, etc.

Issue 2: Medical services for elderly Indians are at best inadequate to meet their needs. Several reasons for the above are: insufficient staffing, inadequate health facilities, and seeming lack of concern by the Administration, which is in a position to determine funding levels, for Indian Health Services.

Issue 3: There is a lack of Indian professional medical staff to assist in upgrading medical services to elderly Indian people.

Recommendations
1. That all health facilities be immediately upgraded to meet the specific standards of the Joint Commission of Accreditation of Hospitals.
2. That sufficient funds be allocated to finance all aspects of health services so as to provide complete health coverage.
3. That educational grants be provided to encourage individual Indians who wish to pursue and complete professional health careers.

ROSTER OF PLANNING COMMITTEE

NONGOVERNMENT
Frell Owl (Chairman), Former Chairman of the Planning Board for the Eastern Band of Cherokee Indians; Member, National Planning Committee of the White House Conference on Aging, Cherokee, North Carolina
Henry Garnenez, Department Head, Department of Animal Husbandry, Navajo Community College, Window Rock, Arizona
Richard LaCourse, Reporter, National Congress of American Indians, Washington, D.C.
Ronald Moore, Assistant Director, Arizona Affiliated Tribes, Inc., Phoenix, Arizona
Rodger Sandoval, Member, Indian Advisory Council to the Senate Special Committee on Aging, Washington, D.C.

GOVERNMENT
Clare Jerdone, Principal Child Welfare Specialist, Division of Social Services, Bureau of Indian Affairs, Department of the Interior, Washington, D.C.
Reeves Nahwooksy, Special Assistant, Office of the Assistant Secretary for Equal Opportunity, Department of Housing and Urban Development, Washington, D.C.
Mary Steers, Chief of Categories Payment and Eligibility Branch, Assistance Payments Administration, Social and Rehabilitation Service, Department of Health, Education and Welfare, Washington, D.C.
Frank M. Stewart, Technical Staff Assistant, White House Conference on Aging, Washington, D.C.
Benjamin Yamagata, Staff Member, Senate Special Committee on Aging, Washington, D.C.
# National Indian Conference on Aging—1976

## Phoenix Area Planning Committee

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<th>Name</th>
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<td>Nevada Inter-Tribal Council</td>
<td>Juana Lyon</td>
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<td>Nelson Lupe, Sr.</td>
<td>White Mountain Apache Tribe (Arizona)</td>
<td>Pauline Vincent</td>
<td>Ak-Chin Indian Community (Arizona)</td>
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# National Indian Council on Aging
## National Planning Committee Members

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<tr>
<th>NAME</th>
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<td>George Effman</td>
<td>Klamath</td>
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<td>Jennie Guillen</td>
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<td>Minneapolis Area (Wisconsin)</td>
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<td>George P. LaVatta</td>
<td>Shoshone-Bannock</td>
<td>Portland Area (Oregon Urban Areas)</td>
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<td>Sherman Lillard</td>
<td>Eastern Cherokee</td>
<td>Central Area (North Carolina)</td>
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<td>Don Mabray</td>
<td>Cherokee of Oklahoma</td>
<td>Muskogee Area</td>
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<td>Alvina Mofsie</td>
<td>Winnebago</td>
<td>Central Area (New York Urban Areas)</td>
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<tr>
<td>Cecelia Montgomery</td>
<td>Oglala Sioux</td>
<td>Aberdeen Area (South Dakota Urban Areas)</td>
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### NATIONAL PLANNING COMMITTEE MEMBERS (continued)

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<th>NAME</th>
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<tr>
<td>Theda M. Olson</td>
<td>Cheyenne River Sioux</td>
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<td>Arlene Perry</td>
<td>Papago-Pima</td>
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<td>Rev. Bob Pinezaddleby</td>
<td>Kiowa</td>
<td>Anadarko Area (Oklahoma Urban Areas)</td>
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<td>Winifred S. Tiger</td>
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<td>Adeline Wanatee</td>
<td>Sac &amp; Fox of the Mississippi</td>
<td>Minneapolis Area (Iowa)</td>
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<td>Pearl Warren</td>
<td>Makah</td>
<td>Portland Area (Washington Urban Areas)</td>
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<tr>
<td>Chauncina White Horse</td>
<td>Oglala Sioux</td>
<td>Minneapolis Area (Illinois Urban Areas)</td>
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### NEW TASK FORCE MEMBERS ELECTED JUNE 17, 1976

<table>
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<tr>
<th>NAME</th>
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<td>Llewellyn Barrackman</td>
<td>Mohave</td>
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<td>Claude Devers</td>
<td>Pauma</td>
<td>Sacramento Area (Southern California)</td>
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<td>Jess J. Stevens</td>
<td>San Carlos Apache</td>
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<td>Leonard Tomaskin</td>
<td>Yakima</td>
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<td>Cecil Williams</td>
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<td>Phoenix Area (Arizona)</td>
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Robert E. Holmes (Ottawa, Utah), Member, National Indian Council on Aging, representing the Ute Indian Tribe.
### National Planning Committee Members

<table>
<thead>
<tr>
<th>NAME</th>
<th>TRIBAL AFFILIATION</th>
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<tbody>
<tr>
<td>Joseph F. Abeyta</td>
<td>Santa Clara Pueblo</td>
<td>Albuquerque Area</td>
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<td>Syble Askenette</td>
<td>Hoopa</td>
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<td>Ramona Azure</td>
<td>Assiniboine</td>
<td>Billings Area (Montana)</td>
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<td>Cecelia Blanchard</td>
<td>Kickapoo Tribe of Oklahoma</td>
<td>Anadarko Area (Western Oklahoma and Kansas)</td>
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<tr>
<td>Wendell Chino</td>
<td>Mescalero Apache</td>
<td>National Tribal Chairmen's Association (President)</td>
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<tr>
<td>Madeline Colliflower</td>
<td>Gros Ventre</td>
<td>Billings Area (Montana)</td>
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<td>Robert E. Holmes</td>
<td>Ottawa</td>
<td>Phoenix Area (Utah)</td>
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<td>Larry Curley</td>
<td>Navajo</td>
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<td>Joseph De La Cruz</td>
<td>Quinault</td>
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<td>Lorena L. Dixon</td>
<td>Luiseno Pauma</td>
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<td>George Effman</td>
<td>Klamath</td>
<td>Sacramento Area (California Bay Area)</td>
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<td>Sophie Thompson</td>
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</table>
Members of the National Indian Council on Aging and their tribal affiliation: (back row—left to right): Sherman Lillard, Secretary (Eastern Cherokee), John Carlile (Cherokee of Oklahoma), Joseph F. Abeyta, Sr. (Santa Clara Pueblo), Jess J. Stevens (San Carlos Apache), Bob Pinezaddleby, Vice-Chairman (Kiowa), Lawrence Birdsbill (Hidatsa-Mandan), Walter Moffett (Nez Perce); (third row) Anna John (Oneida), Robert Holmes (Ottawa), Ramona Azure (Assiniboine), Syble Askennette (Hoopa), Carrie Preston (Alternate—Choctaw), Chauncina White Horse (Oglala Sioux), Alvina Mofsie (Winnebago), Cecelia Montgomery (Oglala Sioux), Josephine Goodwin (Chippewa); (second row) Pearl Warren (Makah), Bette Scott (Winnebago), Eunice Baumann-Nelson (Penobscot), Juanita Espinosa (Chumash); (front row) Winifred Tiger (Eastern Cherokee), Madeline Coilletflower, Treasurer (Gros Ventre of Montana), George P. LaVatta (Shoshone-Bannock), Cecelia Blanchard (Kickapoo of Oklahoma), Adeline Wanatee (Sac & Fox of the Mississippi), Ariene Naquayouma (Papago-Pima), Sophie D. Thompson (Navajo), Violet Booth (Tsimshian), Louva Dahozzy (Navajo). Not shown are George Effman, Chairman (Klamath), Alexander Ami (Hopi), Claude Devers (Pauma), Lorena Dixon (Luiseno Pauma), Ruby Garcia (Southern Ute), Victor Haldane (Haida), Allan Jemison (Seneca), Mary Jessepe (Prairie Band Potawatomi), Narcissus Gayton (Mescalero Apache), Tonya Parker (Choctaw), Leonard Tomaskin (Yakima), Cecil Williams (Papago), and Wendell Chino, Honorary Chairman (Mescalero Apache).
TO: The Indian and Alaskan Native Community of the United States

FROM: National Indian Conference on Aging Project Coordinator

SUBJECT: Community Input into National Indian Conference on Aging

The National Tribal Chairmen's Association is sponsoring the first National Indian Conference on Aging in Phoenix, Arizona, from June 15-17, 1976.

To assist us in planning an agenda of interest and benefit to the American Indian and Alaskan Native elderly, please complete this questionnaire or have it completed by interested Indian or Alaskan Native people in your tribe or community and return it to us as soon as possible. (Please, feel free to make copies of this form for use by additional individuals.)

Are you an American Indian or Alaskan Native? ( )yes ( )no

Are you ( )over 45 ( )over 55 ( )over 65 (please check one)

What do you think some of the needs or problems of the Indian or Alaskan Native elderly are? (Please list as many answers as you wish)

Are these needs now being taken care of in your area? ( )yes ( )no

If yes, by whom? (Mark one or more)

( ) Tribe
( ) Bureau of Indian Affairs
( ) State Agency (Please state agency name)
( ) Church Program (Please state name)
( ) Indian Center or Organization in urban area (Please state name)
( ) Other (Please state name)
If the needs of the elderly are not being taken care of in your area, who should administer this type of program? (Please mark one or a combination of answers)

( ) Tribe ( ) Church
( ) Bureau of Indian Affairs ( ) Indian Center or
( ) State Agency Organization
( ) City Agency ( ) Other (Please describe)

What information should be provided at the National Indian Conference on Aging? (Please mark as many answers as you wish)

Available programs in my area
Funding sources for programs for the Elderly
Technical assistance sources for programs for the Elderly
Supportive service sources for programs for the Elderly

(Please mark area(s) of interest, relating to support services below)

( ) Transportation ( ) Health Services
( ) Legal Aid ( ) Day Care Services
( ) Homemaker Services ( ) Shopping Services
( ) Other (please describe)

Other subjects you would like to have discussed:

Do you want to receive more information on the National Indian Conference on Aging? ( )yes ( )no

If you answer is "yes", please list your address below:

Name: ________________________________
Mailing address: ________________________________

Telephone number: Area Code ( ) - ( ) - ( )

Are you interested in attending the National Indian Conference on Aging? ( )yes ( )no

Additional remarks:

Please mail completed form to:

National Indian Conference on Aging
P.O. Box 7007
Phoenix, Arizona 85011

Our telephone number is: 602-261-4935

(Responses to this questionnaire are tabulated on the following 15 pages)
## Aberdeen Area
Responses to Questionnaire Requesting Indications of Unmet Needs and Priorities

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<th>Legislation Communications</th>
<th>Income Maintenance</th>
<th>Housing-Transportation</th>
<th>Legal Aid</th>
<th>Health Services</th>
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<td>Direct Funding</td>
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