

Chapter 9

Aging on Indian Reservations: The Ugly, the Bad, and the Good

Gundars Rudzitis, Nicolas Barbier, and Diane Mallickan

9.1 Introduction

Reservations are a unique part of the North American landscape, and the status of older Indians on those reservations is similarly unique. Using data from the 2010 census, we found that 32.9% of American Indians and Alaska Natives (one race only) live on reservations, or American Indian statistical areas, (30.7%) and Alaska Native village statistical areas (2.2%) (US Census Bureau 2010). Approximately 15% live off of but near reservations, while 64% live outside Indian areas, of which 45% live in urbanized areas (Norris et al. 2012). Despite the large number of Native Americans living in urban areas, American Indians display a loyalty to their home community that is uncommonly intense and is exemplified by recent trends of growing population densities on reservations (Harvard Project on American Indian Economic Development 2007).

We begin by examining how conditions for the older population on Indian reservations compare to the non-Indian population. We will examine how and why theories of location and mobility differ in their application to older Indians on reservations. The discussion opens at a national level, though the primary focus will be on tribes in the Western United States (US). Finally, we will present interviews with older Indians living on the Nez Perce reservation in Idaho.

G. Rudzitis (✉)

Department of Geography, University of Idaho,
P. O. Box 443021, Moscow, ID 83844-3021, USA
e-mail: gundars@uidaho.edu

N. Barbier

Department of Geography, Université de Bourgogne, Dijon, France
e-mail: nico_idaho@yahoo.fr

D. Mallickan

Nez Perce National Historical Park, 39063 US Hwy 95, Nez Perce, ID 83540, USA
e-mail: diane.mallickan@nps.gov

Throughout, we keep in mind that growing old is a common human condition, but retirement is not. Retirement, prior to the twentieth century, did not exist for Indians. Certainly, there was nothing like Social Security. Retirement, even for non-Indians is a relatively new idea. Until relatively recently, in Europe and elsewhere, retirement as such did not really exist, with workers shifting from demanding to less physically or cognitively demanding work as they neared the end of life. Few could afford ever to give up work voluntarily. In many countries, the advent of state and personal pensions has changed the situation and has allowed men and women to cease working without fear of destitution (Boyle et al. 1998). The same cannot be said for Indian tribes in the US.

In addition to Indians being the poorest group in the US, they also have a myriad of health problems, including diabetes, heart disease and obesity. American Indians have been called the “invisible minority” because their conditions and needs are ignored or not recognized in proportion to the attention focused on other minority populations. Older Indians on reservations age in a society where they are an almost invisible part of rural America.

Reservations represent a major feature of the landscape of the American West. However, they are not centrally featured in rural policy discussions. Many Indian reservations have extreme levels of poverty, poor health care access, unemployment rates that exceed 50%, and the highest suicide rates in the country. By most economic indicators, American Indians rank among the most disadvantaged groups in the US (Rudzitis 2006; Young 1990). Present-day Indian reservations too often are landscapes of despair. Their levels of poverty, unemployment, illness and societal breakdown match those of any drug and crime infested inner-city neighborhood, or even those of the poorest Third World countries (Rudzitis 1996). These circumstances are compounded as Indians become older.

The terms Indian and Native American are used to refer to the original, indigenous inhabitants of what came to be called the United States of America in North America. Although we focus on the American West and the Nez Perce tribe, in particular, these terms are also used to refer to different indigenous societies including native Hawaiians, Samoans and other Pacific Islanders. We mention this because the American Indian population is heterogeneous, with nearly 300 federally recognized reservations and about 500 recognized tribes.

Unfortunately, we find little public awareness or understanding of the diversity of tribes, or of the cultural variations among tribes. The public image is too often based on Hollywood movies such as “Dances with Wolves,” wherein a specific tribal culture has been generalized, such as northern Plains Indians like the Lakota, and other tribes identified with commercial products such as Navajo weaving or Southwestern Pueblo pottery. The different sub-regions of the American West, in particular, have a variety of diverse indigenous Native American societies where over 100 native languages continue to be used, especially by older Indians.

There is no single Indian cultural tradition. Instead, distinctive cultural traditions and values provide specific sources of Indian identity. No simple stereotype of American Indians, whether young or old, is accurate or warranted. Before discussing the conditions of older Indians, we provide a theoretical discussion of the determinants of where older people live and what happens as they enter retirement.

9.2 Location and the Older Population

Indian and non-Indian populations differ in residential, as well as mobility and migration patterns. Almost all of the research on locations of older persons has been based on non-Indians, and we summarize some of that literature here. Older non-Indians, in one view, look upon retirement as a stage in life to which many look forward (Law and Warnes 1976). Because ties to employment have been cut and no longer serve as locational constraints, retired non-Indians have more freedom and greater choice in where they live. This derives from the theoretical construct of the lifecycle model of location, as discussed below. It is important to note, however, that older people are not as migratory as non-elderly adults (Brown and Glasgow 2008).

The lifecycle model posits that where a person lives is determined by the demographic configuration of the household, measured jointly by (1) marital status and the age of the household head, (2) presence of children in the household, and (3) the age of the youngest child. The demographic stages through which a family passes contain events and transitions that seem to determine locational patterns (Glick 1947; Golant et al. 1978; Lansing and Kish 1957; McCarthy 1976; Rossi 1955; Rudzitis 1982; Yee and Van Arsdol 1977).

For example, the lifecycle of location typically begins when young unmarried individuals leave the parental home to form separate households, marry, have children, and advance in employment and income as they age. At some point due to age or disability, retirement from the labor force causes a sudden and often drastic drop in household income. Disruptions can occur by separation, divorce or the death of a spouse. Household income and employment can also be influenced at various stages by spouses and children, contributing substantially to the earnings of many households. The lifecycle model is based on various assumptions that lead to a statement that housing needs change as individuals pass through different stages and that these changes are reflected in their locational patterns. When older persons retire they have more leisure time at their disposal. If leisure time has value for older persons, where can it be best fulfilled? An individual or household can remain at the present location, move near family or friends, or move to some other location. The decision will be influenced by how people want to use leisure time (Litwak and Longino 1987).

Overall, older persons as a group are not very mobile. One reason may be social and cultural ties to an area. The longer people have lived in an area, the more time they have to form relationships and friendships, and the more likely they are to want to remain in the area. Another reason, as Brown and Glasgow (2008) point out, may be because older persons, in a cost-benefit sense, have fewer years over which to realize the gains or returns from moving.

It should come as no surprise that when asked about their desires to live closer to certain groups, older persons are most likely to choose children, relatives, and friends as a reason for either remaining where they are or moving elsewhere. However, retirement migration is not something that older persons take lightly, because to move means pulling up stakes after living in a community oftentimes for many years and poses the challenge of becoming socially involved in a new location. Once a decision is made to move, alternative destinations are carefully considered (Brown and Glasgow 2008).

Much of the research has been aimed at investigating which older persons move, where they move, and why they move. Much retirement migration is related to trying to improve one's quality of life. Other motivations might be to seek companionship or to be near someone who might care for them in the future (Rudzitis 1982). In addition to family, older persons who move to rural areas often cite amenities, recreation, a slower pace-of-life, landscape, and a small town atmosphere as reasons for moving. Those older migrants who move to places where they do not have friends or relatives, nevertheless, say that they quickly become integrated into their communities, develop a sense of place, and the majority report that they will not move from their new communities (Brown and Glasgow 2008; Carlson et al. 1998; Litwak and Longino 1987).

Hypothetically, Indians can also move where they want. In practice, this may not be so, especially if they have lived on a reservation most of their lives. Many older Indians remember when formal and informal segregation restricted their movements to the reservation, and their forefathers told stories of being warned they would be killed if they left the Reservation (Rudzitis 2005). Indeed, in states such as Idaho it was not considered murder for a non-Indian to kill an Indian or a person of Chinese descent (Blank 1988). Times have changed, but the psychological impact of racial and ethnic prejudice continues to affect older Indians' well-being.

9.3 The Ugly

Most people in the US now live longer. In 1900 life expectancy was only 47 years. Life expectancy had increased to 60 years of age in 1930; to 70 in 1960; and in 1980 to 73, an overall gain of 26 years (Brown and Glasgow 2008). The continued aging of the population among non-Indians has been accompanied by a drop in the percentage of persons under 18 years of age and a rise in the proportion 65 years of age and older. By 2000, on the other hand, life expectancy among Native Americans was just over 71 years, but had reached 77 for the general population of the US. Life expectancy is a measure of the overall health of a population, and increased longevity not only indicates more years, but more healthy years. Along with increased longevity, health among older non-Indians has increased during recent years and chronic disability has declined (Brown and Glasgow 2008). This is further demonstrated by comparing the percentage of Indians ages 65 and older to the national average.

In 2000, just 6% of American Indians and Alaska Natives in the US were 65 years of age and older, only half the national average of 12.4% among non-Indians. Some of the largest tribes (see Table 9.1) of the Great Plains region (Sioux, Cheyenne, Blackfeet and Crow) have some of the lowest percentages of their members 65 years of age and older (between 2.3 and 4.3). At the other end of the spectrum are Eastern tribes (part of their members live in Oklahoma), including the Cherokee, Choctaw, Creek and Seminole Indians, which have larger proportions of the population 65 years of age or older.

The tribes living in the Pacific Northwest and the Southwest, including the Ute, Puget Sound Salish, Pueblo, Nez Perce, Shoshone, and Navajo show a significant range

Table 9.1 Percentages of the population 65 years of age and older, 75 years of age and older, and 85 years of age and older among select American Indian tribes in the Western US

Tribe	Percentage 65 years of age and older	Percentage 75 years of age and older	Percentage 85 years of age and older
Northern Arapaho alone (Wind River reservation)	3.2	1.2	0.2
Assiniboine and Gros Ventre (Fort Belknap reservation)	6.3	1.8	0.4
Blackfeet	4.3	1.6	0.2
Northern Cheyenne	3.9	1.3	0.3
Cœur D'Alene	6.6	2.1	0.9
Colville	6.2	2.3	0.5
Crow	3.1	1.3	0.2
Flathead (Salish and Kootenai)	4.3	1.4	0.3
Nez Perce	6.8	2.4	0.5
Quinault	4.6	2.2	0.4
Shoshone-Bannock (Fort Hall reservation)	5.1	1.3	0.2
Sioux and Assiniboine (Fort Peck reservation)	2.3	0.9	0.1
Spokane	4.9	2.1	0.1
Umatilla	4.6	1.5	0.6
Warm Springs	2.5	1.1	0.3
Yakima	4.7	1.7	0.5
National average for the American Indians and Alaska Natives	5.6	2.1	0.5
Average for the total population in Idaho, Montana, Oregon, Washington and Wyoming	11.9	5.8	1.5
National average in the US	12.4	5.9	1.5

Source: US Census Bureau (2000a, b)

in the percentage of their population 65 years of age and older (Table 9.1 illustrates the percentages of elderly in some of these tribes). Whatever the percentages for individual tribes, compared to non-Indians, older Indians live shorter lives and thus do not live up to their potential to contribute their experience and wisdom to younger Indians. This also raises a question about the extent to which their earlier deaths are the result of historical factors rooted in colonialism, inequality and discrimination, the weathering factors described in the chapter by Lee and Singelmann in this volume (see also Banner 2005; Blackhawk 2006; Deloria 1969; Frantz 1999; Josephy 1965, 2006; LaDuke 1999; Rudzitis 2005).

On reservations, individuals ages 18 or younger are a greater proportion of the Indian population than are older people. The situation is similar for the total population,

but the youthfulness of the Indian population is more pronounced than that of the majority of residents of the US. The median age is 31 years for American Indians, which is more than 5 years younger than the national median age of 36.4 years (US Census Bureau 2007).

In the non-Indian population, a person is generally considered older at age 65. Neugarten (1974, 1975) has broken down the aging process into two phases. The “young-old” are comprised of persons who are healthy and able to fend for themselves and the “old-old” are those who are disabled and not doing well. Given that Indians do not live as long as non-Indians, on reservations a person generally attains “senior” or elder status a full 10 years earlier at age 55 (Harvard Project on American Indian Economic Development 2007). And, even at that age, an older person faces a greater risk of having a larger number of health and medical problems than a non-Indian (Jorgensen 2007).

9.4 The Bad

Older Indians suffer from a wider range of medical problems than the non-Indian population. Thirty-eight percent of Native elders are obese compared to 18% of the general population ages 55 and older (Jorgensen 2007). Obesity itself has been identified as a factor in the prevalence of arthritis, asthma, diabetes and high blood pressure among older Native Americans (Harvard Project on American Indian Economic Development 2007). Other chronic diseases older Indians suffer from at higher than average rates include congestive heart failure, lung/colorectal cancer, and stroke.

A significant number of Indian elders also suffer from multiple chronic diseases. Although the health of American Indians has generally improved over the last several decades, the results are discouraging when compared to the general population. In particular areas, especially suicide, alcoholism, and diabetes, health indicators are extremely negative. In the past, infectious diseases were the greatest threat to Native health, but, in the twenty-first century, chronic diseases are the primary threat. Type 2 diabetes although preventable and, as recently as the 1940s, rare among Indians, is now epidemic in some tribes, reaching twice the US general population rate (Jorgensen 2007). American Indians have also experienced rapid increases in rates of chronic diseases such as cardiovascular disease, hypertension, obesity, and cancer (Harvard Project on American Indian Economic Development 2007; Jorgensen 2007; Rhoades and Cravatt 2004).

We find significant gender differences among the Indian population. For non-Indians, as for Indians, older males have higher death rates than females, especially between ages 55 and 74. For American Indians, males are more likely to die before reaching age 55, with nearly one-half of all male deaths occurring by age 54, while the comparable age for females is 64. Conversely, a third of female deaths occur after age 75, compared with only 21% for Indian males. Males are more likely than females to die from heart disease followed by cancer, chronic liver disease, suicide, diabetes, and pneumonia (Rhoades 2003).

The medical issues are compounded by lack of good access to medical care, hospitals, or home or community based long-term care options. One study found that access to health care services (e.g., hospitals, clinics, and health care providers) was related to several chronic diseases. In addition, rural elders described their unmet health needs as “unavailable services” in their area (Zuckerman et al. 2004). Services frequently described as difficult to access included physicians, nurses, dentists, prescription medication, nursing homes, medical facilities, pharmacies, and senior centers. A major factor in access to health care is further complicated by the lack of health insurance. Only 49% of Indians have private health insurance coverage versus 83% among non-Indians (Zuckerman et al. 2004).

Native elders living in rural areas frequently have incomes in the lower income brackets. Thirty-six percent of them have an annual income below \$5,000, and 40% of rural elderly Indians have an annual income between \$7,000 and \$14,999 (Harvard Project on American Indian Economic Development 2007). Socioeconomic factors significantly contribute to negative health outcomes over the life course. Native elders with the lowest income and lowest educational levels were the most likely to suffer from high blood pressure, which is a precursor for many other health problems (Taylor and Kalt 2005).

Indian elders living in reservation communities are among the poorest in the US, and they have a long way to go to catch up with the rest of the country’s population (Snipp and Sandefur 1988). In 2000, the inflation adjusted median household income of Native Americans on reservations in the lower 48 states was just 58% of median household income of the total population, at \$24,239 versus \$41,994 (Taylor and Kalt 2005). Therefore, improving socioeconomic conditions is critical to improving health status and access to health care. All Native Americans, including current and future elders, would benefit from improved socioeconomic status.

9.5 The Good

Many non-Indians who move do so to be nearer family or to seek out places where they feel wanted and respected. Elders on a reservation would not have to move, given that extended families and many native cultures consider it a responsibility to take care of older people. Elderly who have lived on the reservation for most of their lives typically have left only periodically, such as for military service or to seek employment, with many returning to the reservation after those periods, successful or not, were concluded. A majority of Indians live off-reservations as part of previous government programs to resettle them in cities. However, we know little about the number of off-reservation older Indians who may want to return to the reservation or how many are able to act on such preferences.

Despite the poor socioeconomic conditions on many Indian reservations, reservations represent home and a place for Native Americans to come back to. Both a strong cultural commitment to place and Native people draw them back. Reservations have become places, islands, if you will, where tribal culture and religion are protected

to some extent from the encroachment of the dominant society, and they serve as the last outposts against a debilitating racism that shows few signs of abating (Rudzitis 1996; Wilkinson 2005).

The worldview of Indians is acknowledged as being different from that of their European colonizers (Boag 1992; Harvard Project on American Indian Economic Development 2007; Jorgensen 2007; Josephy 2006; Rudzitis 1996; Suzuki and Knudtson 1992). Rundstrom et al. (2004) cite research on an “ecological sensibility” in Indian thought that is different from that of non-Indian North Americans.

The significance of place, land, landscape, and of tribal members to a shared spiritual relationship sets up different worldviews, different ways of knowing, and being that still endure in the Indian world (LaDuke 1999, 2005; Rudzitis 1996, 2009).

For Indian elders, return migration to the reservation to be close to children and other relatives is one way to insure greater access to informal helper networks that contribute to maintaining independent living for the longest possible time. This is something that Indians on reservations already have and that non-Indians often try to achieve through their geographic mobility and expectations of help from children (Coward et al. 1990; Peek et al. 1998). We can ask: Who is better off? In which setting is the social welfare of older persons higher? Where is one more likely to find a caring economy and society that some researchers are focusing on and raising questions about (Folbre 1995, 2006; Lawson 2007)? It is hard to answer such questions when health issues are discounted, and the focus is on the social, cultural, and support aspects of growing older.

Many older non-Indians who move want to become part of the communities to which they move (Carlson et al. 1998). They want to create and maintain a variety of formal and informal ties with a variety of people and organizations. This is easier to do if one has children, now themselves adults, living within a reasonable distance. In a sense, non-Indian older people try to achieve what elders living on a reservation already have.

9.6 Elders on the Nez Perce Reservation

We include the voices of some Indian elders to gain insights into how they perceive being elderly. We focus on the Nez Perce Reservation located 40 miles south of Moscow, Idaho. Visitors driving through the reservation can be forgiven if, with the exception of the recent Indian casinos, they imagine that they are passing through a largely non-Indian landscape. We begin by providing some historical context for the reservation and the people who have gone through various life course stages and become elderly.

The historical context is important because the Nez Perce Tribe has recently re-asserted its treaty rights and sovereignty over its lands on and off the Nez Perce Reservation, especially rights over water, fishing, hunting, and of jurisdiction on their reservation. These rights and debates over sovereignty are derived from the treaties that the tribe signed with the US Government in 1855.

The historical territory of the Nez Perce, which included more than 300 villages, ranged over 13 million acres extending from the valleys of the Salmon and Clearwater Rivers in central Idaho to adjoining areas in Washington and Oregon. The arrival of horses in the early eighteenth century increased the range of the Nez Perce and allowed them to conduct trading, hunting and fishing activities across an even larger portion of the inland northwest (Landeem and Pinkham 1999).

The arrival of the Lewis and Clark expedition in 1805 prefaced the era of “Manifest Destiny” which would soon separate the Nez Perce from their traditional lifestyles and territory (Joseph 1965, 2006; Rudzitis 2005). Under the Treaty of 1855, the federal government designated a 7.5 million acre reservation for the Nez Perce spanning northeastern Oregon and central Idaho, which represented a 44% loss of Nez Perce territory.

Between 1805 and 1905, the Nez Perce population decreased from an estimated 6,000–1,500, mostly because of European-introduced diseases. “In the 1830s, a smallpox epidemic killed 500 Nez Perce in different villages near Kooskia, on the Clearwater River. The story was passed through generations, and [it is] said that 30 to 40 people died each day” (conversation between Nicolas Barbier and the Nez Perce, John Wasson, May 9, 2007). Waves of smallpox epidemics wiped out about 40% of the Native peoples of the Plateau in the Pacific Northwest between 1774 and 1805, including the Nez Perce. A smallpox pandemic struck the Indian tribes of the Pacific Northwest as early as the 1520s (Sturtevant and Walker 1998). The Nez Perce population before Columbus probably exceeded 15,000 people. By 2004, the Nez Perce numbered only 3,400, which includes 2,000 on the Reservation (Rudzitis 2005).

The discovery of gold within the original reservation boundary and subsequent illegal migration and squatting on Indian lands by settlers resulted in a renegotiation of the treaty boundaries in 1863 and reduced the reservation to one-tenth its original size, to 750,000 acres. The 1863 treaty is still referred to by tribal members as “the steal treaty.” This brief historical context is important to keep in mind when considering some of the comments of older Nez Perce who addressed various issues in response to semi-structured questions.

We conducted informal interviews with a group of elders who either responded to questions given to them in written form at the tribal community center or orally to Diane Mallickan, herself a tribal member and historian. A total of 22 persons responded. The interviews cannot be generalized to all Nez Perce and certainly not to all American Indians, but rather the purpose is to provide insights into how different tribal elders perceive their status and how it has or has not been affected by changes that have taken place on the reservation. Nez Perce elderly interviewees were encouraged to speak freely and were assured that we would not use their names or any other means by which they could be identified.

We posed general questions about how they felt the situation and roles of Nez Perce elders have changed over their lifetimes. We asked what makes them feel good and what makes them worried about the way of life of the younger generation of Nez Perce. We asked what differences exist in how they and younger generations of Nez Perce perceive their relationship with their homeland. We also asked Nez Perce elderly to respond to open-ended questions about issues or concerns they felt

were important. Our intention was to let Nez Perce elderly speak for themselves so we could garner an indication of the type of deeply felt concerns they have.

Earlier, we noted that older Indians live shorter lives than non-Indians. However, one elder remarked that, while this is very true in modern times, it was not in historical times. She said that “Native or indigenous people are, and were very healthy before the introduction of western foods and medicines.” A number of interviewees commented on how the life of elders has changed. For example, one older Indian said that, in the past, life was “very good, but when white men came here everything went to hell.” Another elder commented that “in the first half of the 1900’s when we were uneducated and unemployed consider how good of a diet we had. People were hunting, fishing and gathering, while at the same time they had their garden and fruit trees, which did not have pesticides all over them. Historically we lived to be old [and] were physically fit, as we did a lot of physical work.”

A tribal elder said that salmon was a preferred food because, unlike other fish, salmon could be dried and stored. “We stayed alive with dried foods, and dried salmon could also be traded, and salmon used to be so common in the rivers.” Another commented that today “the Snake River is among the most polluted rivers in the United States due to the agricultural vastness of the area and the use of pesticides, herbicides, and fertilizers by farmers that affect the fish.”

Another elder said that a fundamental difference between Indians and non-Indians is “respect for the land and respect for each other.” He stressed respect both for people and place, where place is the relationship of things to each other. In a similar vein, a male elder argued that identity is tied to tribal lands, and said “Identity is about connection with the land. We were taught to only take what is necessary.” Another pointed out that “doing traditional things helps connect us with the ancestors, and pass on to the next generation....If we don’t take care of the animals, they don’t take care of you.... Hunting and gathering were spiritual activities.” However, an elderly male said “Unfortunately, we learned the white man’s way. Traditionally, we don’t kill animals [just] to kill, unlike the non-Indian hunters of today.”

An elderly woman commented that “Our house was our tipi with the camas fields and other root fields as the gardens. The mountains were our churches. These were and are the veins of Mother Earth that hold the life-blood for us all. We, like the salmon, know when it is time to come home. When it’s time to return, nothing can stand in the way. We followed the foods up from the lower elevations to the higher ones. We were outdoors almost all the time, even 40 years ago or less. Grandparents were employed teaching their apprentices—the selected grandchildren or grandnieces their specialty. This ‘mobility’ lasted through the recent generations and can be seen in those who follow the powwow trail across the nation.” These interviews suggest that a different value system and worldview opens the possibility that different types of approaches can be taken, and different kinds of questions asked about how to live among the resources that nature provides.

These quotes also illustrate how elders see changes in lifestyle and culture that were negatively affected by non-Indian intrusion and domination in their lives. Some negative comments continued when the topic turned to changes that have occurred more recently. One elder said “Everything can be going right, but young

people a lot of the time don't listen about the things I learned, and that are real important. The loss of language and kinship has also broken up the support mechanism normally associated with the extended family." Another elder responded in the same vein, saying that as opposed to today's elders, "Most elders spoke Nez Perce. In education today people want just to get by. In the past, they always listened. Today, they are not trained to listen. When I was a child, the elders had a role and status, and they used it. Children listened to them. Now, it is sometimes 25 percent to 75 percent [of the time] that the elders have a role of giving lessons. The country's youth is of the 'buy me' mentality."

Another elderly woman reported that people say: "Young people don't know much about the roots and so forth. I know that the other half of that picture is that young people say there is no one to teach them, as many families are very tight with that knowledge. In the past, however, knowledge was not free but young persons had to show themselves worthy of being taught. Today, most people that I know are careful with who they teach because, if it gets out to white people, it will be exploited for money and notoriety."

Nez Perce elderly also commented on more positive aspects of change that have taken place. One elder recounted how, until the 1980s, the native religion was not allowed or practiced in the tribal community. "Then some tribal members became active in asserting their right to fish, and [they] participated in protests. They were arrested, went to court and won their fishing rights." Around the same time, the Seven Drum native religion was revived and is practiced today. Younger Nez Perce are taught their spiritual heritage, and the tribe is building a longhouse in which to perform ceremonies. In terms of numbers, however, Christianity remains the dominant form of religion on the reservation.

A tribal elder commenting on the poverty on the reservation says, "Yes, there is extreme poverty, but poverty is a state of mind that is beyond not 'keeping up with the Jones.' It is when you don't take care of yourself, your families, or your surroundings. Like being wasteful, buying the things for your consumption, or even buying things you could make or create yourself. There are many forms of poverty, but [it is] usually man made. You can be very plain and simple, and be rich, rich in stories, rich in morals, rich in culture, rich in ideals, and rich in love."

She continued: "Here is where we are poor; in continuing to eat the white man's food. If we'd go back to the Indian foods, we would be healthier. We are poor when we use the white man's religion, or medicines, or morals, or money, or thinking, and so on. We are wiser and richer if we use both perhaps, but certainly if we would let go of the ones that are not good for us. Easier said than done, no doubt."

An interesting comment on retirement was that "In the Indian world there is no such thing because you have had ingrained in you from the time you were small that in your elder years, there would be status and prestige but only because of the foundation you laid with your children, grandchildren and other youth who would be your real and only true caregivers when the time came for such a need. Today, the fear of no such retirement comes from the loss of the extended family." Unlike many of the tribes who were resettled in urban places, however, on the Nez Perce reservation, extended families are still the norm.

9.7 Discussion

Several major themes come through in the comments of the Native elders. One is that their lives have changed dramatically and are still influenced as a result of colonization. Native societies at the time of European contact had knowledge and practices that addressed their own health problems (Boag 1992; Josephy 1965; LaDuke 2005; Suzuki and Knudtson 1992). They lived relatively healthy lives. Over time, as the comments indicate, with the history of dispossession, impoverishment, the denial of sovereignty, and the confinement on reservations, Native Americans experienced stress and deprivation comparable to any other discriminated against people in history (Harvard Project on American Indian Economic Development 2007; Jorgensen 2007).

The Nez Perce witnessed the destruction, attempted or realized, of their places, and associated lifestyles, and they were confined to “spatial prisons” called reservations. They were pushed off their lands, confined, made to give up their language and religion and made dependent on laws and policies not of their own making. In effect, the cumulative impact of such actions was to try and destroy or replace a place-based culture and erase historical memory. Native Americans had their traditional economies taken away; economies with which Indian people had flourished for thousands of years. They have endured genocidal and termination policies over the past several hundred years, which have been amply documented (Deloria 1969; Josephy 1965; Snipp 1991; Trahant 2010; Wilkinson 2005). They signed treaties with the federal government that implied that, in exchange for their lands, the federal government would provide for the health, education and welfare of the tribe. And despite legislation and Supreme Court decisions that reaffirmed this federal responsibility, the elicited comments suggest that the federal government has not adequately met agreed to responsibilities.

The comments also illustrate the difficulties in trying to maintain traditions, especially when surrounded by a rapidly changing society. Native cultures, however, have changed in the past, and especially so over the last century. Indian elderly expressed dismay in the sometimes extreme cultural differences between themselves and younger tribal members. Elders have a deep knowledge of history, language, foods, and other cultural traditions, while the younger generation is often consumed with shopping and surfing the Internet. Nonetheless, despite such cultural diversity, young and old share various elements of identity and traditional habits of how things should be done. Elders also acknowledged that, at times, younger tribal members complained that they were not being taught the traditional ways embedded in their tribal culture. One example of tribal efforts to better link past and present traditions has been the re-initiation of the buffalo hunt, where younger tribal members go off the reservation into Montana as their elders once did.

9.8 Concluding Thoughts

We have shown how, despite years of rhetoric and government programs, being an older or a younger Indian, for that matter, affects one’s life chances, health, and life span and that Indians are still far “behind” the non-Indian population. On some

reservations, such as the Nez Perce, efforts to affirm sovereignty, self-government, and more recently to operate casinos provide some hope of development. The Nez Perce, for example, have built a health center medical building to assist all members of the tribal community. However, many tribes in small towns or remote locations do not benefit from having casinos, nor does the presence of a casino necessarily translate into higher tribal incomes (Gonzales 2003; Gonzales et al. 2007; Rudzitis 2006).

It is frustrating to have to say that to make life healthier and longer for elders on reservations a need exists to reduce barriers to Indian health care; provide more health screening and programs on reservations; target chronic diseases such as diabetes, high blood pressure, and others that hit Indians at higher than average rates and at younger ages. Continuing needs exist for innovative programs to train and attract doctors, as well as to create home and long-term cares options; fund and increase medically oriented senior centers on reservations and generally increase access to services, especially on more remote reservations.

Mark Trahan (2009, 2010) provides hopeful news in what he calls the Indian Health paradox. The Indian Health Service (IHS) provides comprehensive health care for nearly two million American Indians living on Indian reservations and in rural communities. Trahan (2009) points out that the IHS is the closest thing we have to a single-payer health system. It operates hospitals and clinics, funds various tribal facilities and manages programs ranging from sanitation to diabetes care. However, the IHS is seriously underfunded but, even under those conditions, Trahan (2009) argues that it provides an example of a potentially holistic and sustainable model.

The IHS funds initiatives designed to improve overall Indian health rather than just to provide medical care. For example, it has funded rural water systems, as well as sewage and solid waste facilities because they contribute to reducing various diseases. If sufficient funds were available, the IHS could do much more. The IHS spends about \$2,130 per capita annually on American Indians, which compares to prison inmate funding of \$3,242, \$4,653 for veterans, and \$7,784 for Medicare beneficiaries (Trahan 2009, 2010). The IHS has been starved, but it is not broken.

Still, much of what is needed in Indian country is related to low incomes, with Indians still earning about 30% less overall than non-Indians (Jorgensen 2007). We should stress that these recommendations are not welfare related nor suggestions for handouts but what was promised to tribes in treaties. Non-Indians need to be educated on their responsibilities to tribes, and how non-Indians benefit, unjustly, by ignoring these obligations, both legal and moral.

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