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COMMENTARY: TRIBAL VOICES

I Recall

SUSAN STEMMLER

Recently, I woke up to the fact that I unexpectedly had acquired the role of an elder in my family. Having lost my own parents more than a decade ago, I had aunts and uncles who were eager to offer their wisdom and advice when I needed guidance, or when I was hungry for my Indian roots. Slowly, one by one, they also have passed.

Growing up, my family's "connectedness" was something I could count on. From the outside, the Jefferson clan came together looking like a swap meet. Sibs and cousins shared everything, our parents and our toys. We laughed and fought; we received love and discipline from all of the elders by an occasional knowing gaze, a squeeze, or light pinch. We learned to listen, to hear the bond of our family. It was carried out in the stories of our grandparents, the one-room house, and the trips to town on the buckboard, hunting, and sewing with ribbons. It was a joy to hear of the vigor in their lives, the laughing and the sorrows of family members lost. From our parents we heard the tales of Goodland Indian School where as young children they struggled to stay a family, regardless of separation by their classes and dormitories, or work requirements.

The experience of aging naturally assigns a new role; it seems to bridge the gap between the future and the past, a social transmission of culture to inform the younger. It reaffirms who we are, developing from the memory of the ages and from our own life experiences. As well, it is a social experience, slowly perceived by ourselves and others. To age is also a change to the body-based identity, image, and self-identity. For some it is interpreted as a natural experience, a positive or negative transformation, as simply adjustments to our accustomed state. For others it is an unpleasant inequity and disparity of life. Aging, like our lives, mirrors the context in which it occurs; it is certainly culturally produced, and it reflects our exploration of ourselves. Health

becomes a primary concern among elders; its impact overshadows how we function and contribute to others.

Today, urban Indian numbers are increasing, but more Indians live on reservations than any time in history. An estimated 6 percent of American Indians are elders, of which 2.1 percent are older than seventy-five years of age, compared to 7 percent of whites and 3.5 percent of the black population.¹ In keeping with the global population trend, the proportion of American Indian elders is predicted to double in the next fifty years.²

Indian perspectives on health differ among tribal people, but most traditional views are understood as a balance of all things, leading to wellness and well-being. Imbalances of emotional, spiritual, and physical states are thought to result in ill health. Today, pluralistic healing methods using traditional healing and Western medicine separately or as complements are practiced. Tribes contract the Indian Health Service (IHS) for comprehensive health care services, and IHS clinics are available in some urban settings with large Indian communities. However, Indians are also eligible for public health care services with Medicare and Medicaid, and nongovernment care with private health care insurance.

The scientific literature about health status and disparity among American Indians points out the high prevalence of chronic disease, including obesity, diabetes, hypertension, cardiac, and renal disease. Functional limitations from these diseases require ongoing, long-term health care and supervision, increasing the need for community-based and long-term health services. Elder care is becoming a priority for the Indian community. In communities that are constrained by poverty, with rates that are significantly higher (29%) than poverty rates in the mainstream United States (12%), there is no long-term community care, and it is not provided through the IHS system. There are a few tribal-operated nursing home facilities. Elders who are placed in skilled nursing facilities off the reservation are prone to be isolated from their families and experience depression. For most, family-provided care is a common solution. Unfortunately, reports of elder abuse and neglect have occurred as a result of well-meaning family members who have not been properly trained or supervised in the provision of nursing care.³

Understanding that Indian traditions are not alike across tribes or geography, nonetheless, a universal trademark in Indian tradition comes from the potency of our nuclear and extended families. Family is the foundation of the Indian community, even when it occurs across many miles and beyond state lines. In years past, community efforts enabled the survival of the tribe, making generosity and sharing with others a cultural requisite for everyone's well-being. Given that the preservation of Indian tradition is through our elders, their value must be seen as greater than their contribution to the immediate family. Elders symbolize the heart of the Indian community. As such, it becomes the responsibility of the whole community to ensure the well-being of its elders. So take time today to make contact with your elders and to give a little moral support to someone who is caring for an infirmed elder. Although these are small gestures, they open the door for more involvement. Lastly, think about how we can work to make long-term care a strength in Indian country.

NOTES

1. F. Hobb and F. Stoop, *Demographic Trends in the Twentieth Century*, *US Census Bureau, Series CENSR-4* (Washington, DC: US Government Printing Office, 2000).
2. Administration on Aging, *Challenges of Global Aging* (Washington, DC: US Department of Health and Human Services, 2003).
3. T. Smyer and T. E. Stenvig, "Health Care for American Indian Elders: An Overview of Cultural Influences and Policy Issues," *Home Health Care Management Practice* 20, no. 1: 27–33.

