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NATIVE AMERICAN ELDERLY
FORMAL AND INFORMAL SUPPORT SYSTEMS

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As a minority group, American Indians have the distinction of being the smallest and the poorest. Their cultural diversity and unique relationship with the United States government set them even further apart from other minority groups. A subgroup of Native Americans about which little is known and even less has been written is the Native American elderly. This group is the focal point of this paper.

This paper reviews selected works by anthropologists, psychologists, social workers, health care professionals, and Native Americans. The intent is to identify and assess the formal and informal support systems to which the Native American elderly have access. Identified needs of the elderly will be contrasted with what is available via these formal and informal systems. Informal systems are identified as those natural support systems such as the nuclear and extended family, peer groups, and cultural systems, while formal systems are the products of governmental policies and the service delivery systems emanating from them. Attention is given to the impact these policies and services have on this sector of the American population.

Stephens, et. al. (1978) discuss the importance of the informal support system for the elderly. In their study of informal support systems among White, Black, and Mexican-Americans they state that

> . . . the analysis thus far suggests that informal social supports are of great importance in sustaining continuity of identity and for preserving mental health in later life (pp. 34-35).

They found that a confidant was an important social support as was the extended family in times of need.

Their findings can provide a frame of reference as one looks at Native American elderly as they experience rapid social change that requires the assistance of an informal support system in order to survive. Among their findings were:

1. As informal support increases, so does planned engagement, orientation to the future, zestful engagement, child-centered participation, leisure activity, and activity with friends.
2. As informal support decreases, alienation and depression increase.
3. The stereotyped view of the alienated and withdrawn elderly is more a result of loss of support systems than the aging process.
4. There is a weak relationship between informal support and the number of children one has or the number of individuals in a household.
5. There is a strong positive relationship between attendance at religious services and organizational membership.
6. More support was found in age-homogeneous neighborhoods of aged peers.
7. Fewer supports were found in heterogeneous age groupings and those with fewer older persons.

DEMOGRAPHIC CHARACTERISTICS

American Indians comprise less than ½ of 1% of the total United States population or approximately 763,600 people. Of this number, 43,800 are 65 years of age or older. Thirty-six percent of this group still speak their mother tongue. It is estimated that by 1980 there will be 130,626 Indians on reservations 45 years old or older (Grundlach, et. al., 1977; Williams, 1978).

The diversity of a group this small is remarkable. The number of tribes to which American Indians belong was listed in the 1970 Census as over 500. There are 300 languages, and nearly 300 reservations, each with its own distinct culture and lifestyle (Levitan and Hetrick, 1971; Farris, 1976; Bell et. al., 1976).

There are considerable differences in living arrangements of Native American elderly when compared with the population in general. For the latter group, 27% of the elderly live alone; 51% live with their spouse; 2% live with non-relatives; 5% live in institutions (Rogers and Gallion, 1978). Indian elderly are more likely to live in 2 or more person households in rural areas: 65% for Indians vs. 60% for others (Williams, 1978). They are four times more likely on the reservation and two times more likely in urban areas to live with extended families as their non-Indian counterparts. Approximately 43% of the Indian elderly live in urban areas. Fifty-eight per cent of these are females living alone near their children or grandchildren. Nine per cent of those in urban areas live with three or four generation households while that figure goes to 17% for those living on reservation (Association of American Indian Physicians, Inc., 1978).

The elderly living on reservations are found in widely scattered areas, some of which are very remote and isolated. Their housing tends to be traditional which means no indoor plumbing, electricity, or running water. Their isolation is made even greater by the absence of transportation and usually poorly developed road networks (Williams, 1978).

American Indians have a generally youthful population, 8 years younger in median age than the population as a whole. The average life expectancy at birth during the 1950-70 period increased 5.1 years from 60 to 65 years of age. In 1970 the average life expectancy was equal to that of non-white races or about 7 years less than that for whites (Williams, 1978; American Indian Nurses Association, 1978b). However, Grundlach, et. al., (1977) states that in 1967 the average age of death among Native Americans was 46 years of age.

The median income for Indian families (1970) was $5832 or 57% of white median income. Black median income was 61% of the white median. The 1970 Census classified one-third of American Indian families poor. Thirty-six per cent of them received government assistance. Unemployment of Indians in the 45-64 range is nearly three times that of non-Indians and nearly double for elderly Indians when compared with their non-Indian counterparts. Interestingly enough, in spite of the above statistics, suicide and alcoholism rates are below the norm for the white population over the age of 65 (Williams, 1978; Association of American Indian Physicians, Inc., 1978; Grundlach, et. al., 1977).

Although no general statistics were found regarding the selection of marriage partners for American Indians, Peterson (1972), in his study of the Mississippi Band of Choctaws, states that Choctaw rarely marry outside the community. When they do, they generally assimilate into the non-Choctaw group.

THE FAMILY KINSHIP NETWORK

While modernization and mobility of the twentieth century puts increasing strain on Native Americans, the family system remains the key support for the Indian elders. "American Indian family networks assume a structure which is radically different from other extended family units in Western society" (Red Horse, et. al., 1978, p. 67).

Red Horse (1980b) describes aspects of the American Indian family that sets it apart from the traditional, westernized nuclear family. In addition to being the cornerstone of the Indian society,

> [i]t serves as a repositor for value orientations that guide human behavior, as a transactional milieu for life span socialization, and as a basic catalyst for cultural revitalization (p. 62).

Also, significant non-kin can be incorporated into the family system. These family structural patterns provide for periods of self-reliance balanced with mutual interdependence from birth to old age.

The family plays an important role in helping members adjust to life's major problems. When problems occur such as reduced income, sickness, aging of spouse, divorce or separation, those most affected are generally absorbed into the more stable family units of their nearest relatives (Nybroten, 1976).

> Blood and clan ties are the strongest relationships between individuals . . . . This network of blood and clan relationships provides a broad base of resources upon which to draw . . . . (Blanchard and Unger, 1977, p. 313).

The only information found running counter to this family support theme is an article by Cooley, et. al. (1979). Their work was among the Apache, whom they describe as having a highly individualistic culture in which the elderly were left to fend for themselves. Many elderly were subject to neglect and indifferent treatment by their families. They were frequently victimized by their relatives.

The extended family network has been found to have a direct impact on health care and utilization of services. The success of the medicine man, for example, often lies in his ability to include the family and/or community in his approach to the care of the individual. Indians generally believe that family involvement is integral to recovery (American Indian Nurses Association, 1978b). Murdock and Schwartz (1978) looked at the relationship of family structure and the use of agency services by elderly Native Americans. Among their findings that directly related the family to service usage were:

1. The level of perceived service needs, awareness of service agencies, and use of agency services are higher for those living in extended family settings.
2. Family structure appears to be an important factor in the provision of services to Native American elderly.
3. Those living with children or as couples have much higher levels of perceived needs.
4. It is unclear as to what role the extended family members play in assisting the elderly in obtaining services.

One of the greatest strains put on the family kinship network has been the migration of younger Indian members to urban areas, primarily to seek employment and improved standards of living. Many of these hope to earn enough money to allow them to return to their rural settings of origin and live in comfort. Ties are maintained with those left behind so that in case of failure they can return home. It should be noted that rarely do people move

directly from rural to urban settings. The movement is usually made by slow progressive stages which may take several generations (Wax, 1971). This migration to urban areas was given impetus by the Bureau of Indian Affairs Relocation Act of 1952. This act ". . . hoped to assimilate the Indians into the mainstream of the population by encouraging them, with promises of training and jobs, to move to the cities" (Hanson, 1980, p. 478). It is estimated that 10,000 Indians leave the reservation each year and move to urban areas (Farris, 1976).

Migration to the city has created inter-generational conflict. Although family structural patterns have not changed with the move from the small reservation community to the urban or metropolitan areas (Red Horse, 1980), the older Indian does not understand the need to leave the reservation and earn a living (Pierre, 1971).

As 43% of the Indian elderly currently live in urban areas, it is easy to see the impact which urban migration has on them, their family relationships, and living patterns. This movement received significant attention in the literature (American Indian Nurses Association, 1978a, 1978b; Grundlach, et. al., 1977; Wax, 1971; Levitan and Hetrick, 1971; Farris, 1976). Four types of elderly urban dwellers have been identified: 1) stable urban dwellers; 2) latecomes, following children or grandchildren; 3) transients who migrate to and from the reservation; 4) isolates living in the midst of the inner city.

John G. Red Horse, et. al. (1978) examined the family behavior of urban American Indians. They found that migration has not changed their traditional relational values, that the extended family network has remained a constant. The patterns this network takes differ. They describe three distinct lifestyles within the urban setting:

> (1) a traditional group which overtly adheres to culturally defined styles of living, (2) a non-traditional, bicultural group which appears to have adopted many aspects of non-American Indian styles of living, and (3) a pantraditional group which overtly struggles to redefine and reconfirm previously lost cultural styles of living (p. 69).

These family patterns of living influence attitudes toward the utilization of formal helping system networks. Only the bicultural group was seen as being able to relate to professional caregivers. They found 90% of their Indian respondents in the Minneapolis-St. Paul area indicated a preference for receiving services from Native American service providers.

In Grundlach, et. al.'s (1977) study of Indian families moving to urban areas, those who moved with Bureau of Indian Affairs relocation assistance has substantially higher levels of

economic welfare. Those who migrated without relocation assistance were worse off than those who chose to remain on the reservation.

Two sources were found to be at variance regarding housing patterns in urban areas. Farris (1976) indicated that Indians do not tend to congregate in urban ghettos. This was seen as facilitating their move into low income, white neighborhoods. Wax (1971), on the other hand, states that Indian migrants to cities, given the opportunity, cluster together residentially. They elaborate distinctive institutions which are neither traditional nor urban middle class which allow a meaningful existence in a new environment.

Out-migration of the young tends to leave behind elders with inadequate natural support systems to sustain them on the reservation. This often leads to institutionalization, a problem that will be discussed in more detail later.

Another significant support for the elderly that has received very little attention in the literature is religion. Zychowicz (1976) studied American Indian teachings as a philosophical base for counseling and psychotherapy. She found Native Americans have a strong belief in a higher being and the individual's immortal spirit. A total equality for all creation is assumed.

> Life is seen as a process where specific persons and events are not considered more important than the total unfolding of that process, although each person and event plays a specific role that is important to that process (p. 5847).

Time is viewed in a non-linear sense. Past, present, future are seen as having equal value. The feeling of oneness with the universe affects behavior in most aspects of life.

> The religious foundation permeated actions and provided strength as well as the societal attitude that was necessary in order to meet the demands of a rigorous life (p. 5847).

The oneness of religion, family, and the land is unlike any other group in American society (Blanchard and Unger, 1977). Red Horse (1980a) describes family life as being inseparable from religion and medicine. "Indians are taught that their life carries the spirits of their ancestors and this tradition is passed through the elders" (p. 491).

In a study by the American Indian Nurses Association (1978b), the importance of religion is discussed in the context of long term care of the elderly. There is a very close relationship between medicine and religion. It is important that health workers understand and accept a tribe's cultural health practices and demonstrate an awareness of various tribal customs. It is most important to be aware of a tribe's rituals pertaining to death.

These differ widely among the various tribal groups and a lack of knowledge or understanding can lead to an unintended offense. This report gives several examples of tribal differences and how they might be handled.

SPECIAL PROBLEMS OF NATIVE AMERICAN ELDERLY

The desire by elders for traditional living patterns can create health problems in housing and sanitation. Dietary habits create problems in that traditional foods are high in carbohydrates, fats, and salt; while being low in protein, minerals, and vitamins. This results in a number of nutritionally related diseases: obesity, diabetes, gall bladder, hypertension, and dental disease. Accurate health data concerning elderly Indians is lacking, especially for those living in urban areas. (American Indian Nurses Association, 1978a, 1978b; American Indian Physicians, Inc., 1978). There is a striking absence of programs to attack these health problems. The physician's report goes on to discuss how city health services are bound up in "redtape" to the point they become virtually inaccessible. Health care problems are compounded by the Indian's low income which puts this need last on their list of priorities.

Mental health problems present a unique challenge. The diagnosis of mental illness is often very difficult because the beliefs, traditions, and cultures of the observer and the patient are different.

> It seems justifiable to conclude that there is a problem with mental health of the elderly Indian. The extent and impact of this problem, and the factors relating to it cannot yet be precisely determined. (Association of American Indian Physicians, Inc., 1978, p. 17).

Legal assistance is needed by the elderly for two reasons. First, they are culturally unique. Second, they are controlled by a dual set of laws.

Protective services are cited by the nurses' study as another need. Indian elderly are not exempt from neglect and abuse. Many of the abuses suffered by the elderly are alcohol related.

GOVERNMENTAL POLICIES AND PROGRAMS

Policies and programs are viewed as one aspect of the formal support system. The other, services and service delivery, will be discussed separately.

Social needs of the American Indian elderly have not become a systematic focus of legislative action, although there are indications that movement in that direction has begun. In their article, Stephens, et. al. (1978) look at how governmental policy interferes with Indian family life, even to the point of aiding and abetting its destruction. One statistic they use to drive this point home is that 25%-35% of all American Indian children

have been removed from their homes and placed with Anglo adoptive homes, foster homes, or institutions. This particular problem has been addressed by the Indian Child Welfare Act of 1978 (P.L. 95-608). For two views on the impact of this legislation see Fischler (1980) and Miller, et. al. (1980).

Wilkinson (1980) sees a direct relationship between governmental policy and the decline of the Indian family. Divorce, once a rarity, is now rising. He sees federal government programs as playing a large part in exacerbating these problems. He states these programs often display no understanding of tribal cultural patterns, disrupting relationships which serve as the key to tribal unity, solidarity, and existence.

The Department of Interior through the Bureau of Indian Affairs has the major responsibility for the American Indian. It is the contention of Farris that

> The Department . . . is primarily concerned with the management, conservation, and development of the nation's water, fish, wildlife, mineral, forest and part, and recreational resources. Almost as an afterthought it added, 'It also has the major responsibilities for Indian and territorial affairs' (Farris, 1976, p. 495).

His article goes on to discuss how the bureaucratic nature of the BIA and its absolute control thwarts efforts to effectively serve the American Indian population on the reservation. The non-reservation Indian is ineligible for BIA services.

Problems stemming from the Indian's unique relationship with the federal government through the BIA was echoed in the 1971 White House Conference on Aging ("Report of the Special Concerns Session on the Elderly Indian, 1971). The report indicated that because of this unique Indian-government relationship most of the Indians did not participate in any type of retirement program: co-retirement plans, insurance plans, investing income in property, or in many cases, Social Security. The tragic implications of this for the Indian elderly are obvious.

Pierre (1971) adds that everything in the Indian's life, his status, his reservation, his rights and privileges, and his local government is controlled by the Bureau of Indian Affairs.

> Governmental policies over the years have resulted in . . . the destruction and disorganization of Indian communities and individuals, a desperately severe and self-perpetuating cycle of poverty for most Indians and the growth of a largely ineffective and self-perpetuating bureaucracy (Grundlach, et. al., 1977, p. 465).

Large public income maintenance programs such as unemployment insurance, workmen's compensation, and the variety of programs offered through the Social Security Administration are designed in

such a way as to offer little help to minorities such as the American Indian (Farris, 1976).

Other legislative acts affecting the American Indian are House Concurrent Resolution 108, adopted 1953, and other laws relating to termination of government control and supervision over Indian properties and services to tribes (Pierre, 1971; Levitan and Hetrick, 1971); P.L. 84-959, which is designed to assist in the development of jobs for Indians (Pierre, 1971); the Self Determination Act (Farris, 1976); Social Security Act, Titles II, IV, XVIII, XIX, XX (American Indian Nurses Association, 1978b); P.L. 94-63 which is designed to provide project grant money for home health care programs (American Indian Nurses Association, 1978b).

Pierre (1971) best describes the dilemma faced in dealing with the American Indian. He states that many well intentioned non-Indians who recognize and respect the underlying philosophies of the Indian way of life, often urge the Indian to retain their old ways while at the same time exhorting the federal government to improve Indian health and standards of living which cannot be accomplished without affecting the old ways they wish to preserve.

SOCIAL SERVICE NETWORK

It is in relation to the delivery of social services to the Native American elderly that the nature of the delivery system, the professional and non-professional within that system, are tested--and found wanting.

In looking at the delivery system it becomes clear that services and supports are provided for the elderly, to some degree, as long as they remain on the reservation. Even then, gaining access to those services is not assured. Two factors impinging on this, the nature of the family network and the availability of transportation, were already discussed.

Other problems related to access are discussed by Murdock and Schwartz (1978). They cite the lack of information on needs and service utilization patterns of Native Americans. Furthermore, there exists little evidence indicating the role many important aspects of the Indian social sturcutre plays in conditioning (1) the recognition of the need for specific types of services; (2) the awareness of the sources of the required services; (3) the use of such services (p. 475).

In their study of reservation based elderly, Murdock and Schwartz found many areas of critical service needs in which the awareness of service agencies was low. Also, in those areas where the level of felt need was high, there were fewer service agencies available to meet them. It is interesting to note that the highest percentage of respondents surveyed identified as a social service need, "attend tribal meetings."

Their findings:

1. Elderly Native Americans have low levels of perceived needs and low service usage.
2. The status of being on a reservation affects both the range of services available and the ability to utilize them in that these factors are outside their control. The freedom to search out new services is restricted.
3. No effective service delivery system has yet been developed that reaches all elderly Native Americans who must live alone.

Fischler (1980) identifies another problem in the social service network--understaffing. Many social service providers have caseloads of more than 100. This is compounded by high rates of staff turnover and paucity of American Indian professionals. There is often a duplication of services in one area with a second being completely missed. "Reservations suffer from both an absolute lack of services and poor coordination of services that do exist" (p. 347).

Rogers and Gallion (1978) studied the Pueblo Indian elderly. They found that service delivery systems, which are set up to serve the general population who characteristically lack an extensive kinship network, are not effective in taking the surrogate family role for the Pueblo elderly.

Some suggestions found in the literature for improving service delivery include the take-over of the services by native groups (Blanchard and Unger, 1977), and/or coordination of services through one agency, the tribal government (American Indian Nurses Association, 1978a).

One of the first steps to improve services to the urban Indian elderly would be to eliminate those eligibility requirements that exclude them as users of the social service system. Another would be to clarify their legal status (Carpenter, 1980). Holmes, et. al. (1979) suggests that it is important to locate services within neighborhoods as transportation and availability are major determinants of service utilization. The hiring of Native American staff will increase the attractiveness of a service by removing a major barrier--language. They found the greater the percentage of minority staff employed by an agency, the greater percentage of minority clients served. One other tactic they found useful in reaching the elderly client was door to door canvassing of neighborhoods. However, Bell et. al. (1976) comment on the difficulties encountered in outreach activities, i.e., identification as to who is an Indian and the tribal differences that exist among the various groups.

Wilkinson (1980) found many programs developed to deal with Indian problems tend to fragment the family and tribe. What he proposes is a family approach to service delivery, one which totally supports its existence and function.

A final delivery system which has received little coverage in the literature is long-term care, both institutional and community-based. Increasing longevity of the Native American and the continued out-migration of younger family members to urban areas seem to make this system of service delivery more important as time passes.

The 1971 White House Conference on Aging, through a report by the Special Concerns Session on the Elderly Indian (1971), found that current funding systems for nursing homes were designed in such a way that Indian people has very little chance to obtain those facilities. Some states refuse to license homes on the reservations because of jurisdictional problems. Because there is a lack of representation on boards, Indians have no say regarding the allocation of Hill-Burton funds. Those boards, for the most part, ignore Native American needs.

The one report that addresses the problem of long term care was prepared by the American Indian Nurses Association (1978b). Their focus was on the long-term care living continuum. It was the Association's feeling that traditional definitions of long-term care have proven to be inadequate in that they focus on institutional care and not on preventive, ambulatory, or other service delivery models.

Home health care services were discussed. It was pointed out that some tribes were beginning to develop their own home health agencies. These efforts are most appropriate for a culture that supports the position that the elderly should remain in their own home.

The report goes on to discuss ways to plan for community care. They describe day care centers that provide a variety of culture-specific activities that may well include members of the younger generation.

The report points out that within the last decade there has been a decline in the number of elders living with their families. Once these elderly are sent away to nursing homes they lose their purpose for living and die. The nursing home setting presents a unique challenge in the delivery of social services, especially as it seeks to reverse this feeling of "lost purpose."

A major problem the elders have with the nursing home setting is the intense isolation they feel. These homes are often some distance from the reservation and provide little in the way of a familiar cultural environment. Few, if any staff, speak their language and the food is not what they are used to eating. Several examples are given by the Nurses Association as to how these homes could be modified to incorporate more culture-specific elements.

A most important area that could be easily overlooked in long term care facilities has to do with the bathing and grooming rituals of particular tribes. Special considerations must be taken and suggestions are given as to what to be cognizant of regarding

who is to do what activities, i.e., washing, disposal of hair, nail clippings, etc. One example cited was the desire of the Navajo to have hair found in combs properly disposed of, not just discarded.

The report summarized the state of the art:

> There are a lack of planning methodologies, guidelines, and manuals available in a practical and useful format that could assist tribal planners in assessing their long term care needs (American Indian Nurses Association, 1978b, p. 42).

SOCIAL SERVICE PERSONNEL

The people who serve at the interface of the client and service system are of vital importance. It is at this point that the best social service delivery network can fail. The literature addresses to a limited degree the role and function of these men and women.

Beauvais (1977), in his study of cross-cultural counseling, found the number of physicians and other health professionals who were willing to work in low income, rural areas were never enough to meet the need. Those who practice among the Native Americans do so for only short periods of time. Few remain over five years. Brown (1976) found that physicians wanted to set up practice in a community which reflected the income level to which they aspire and the ethnic group of which they are members. She cites a study by Markson which found, in a geriatric screening process, physicians tended to turn away persons of low income, ethnic minorities, or those who did not look like them.

Farris (1976) addresses the need for more social work intervention with non-reservation Indians. To enhance the delivery of services to this neglected segment of Native Americans he proposes the recruitment and training of Native Americans as advocates. These individuals would have the professional and cultural knowledge and skill to bridge the "500 year ethnocentric gap" (Farris, 1976, p. 496).

Red Horse (1980b) points out the importance of understanding Indian family structure and development in planning and implementing social service programs. He sees social service delivery as being grounded on two basic assumptions: 1) an understanding of characteristic structure among American Indian extended family systems, and 2) the inseparable linkage that exists between family and culture, individual mental health and the sense of self that is derived from an historic culture transmitted through the family.

Red Horse goes on to describe Indian family development as having three major life-span phases:

1. Being cared for. This phase has its initiation in the naming ceremonies which provides the individual with a cultural map and spiritual sustenance. The naming serves to establish a supportive network for children and

provides for personal contact between children and namesakes, which is expected to occur on a regular basis.

2. Preparing to care for. This phase develops during adolescence. It is a period during which the adolescent sorts out the mutuality of family relationships. The adolescent experiences considerable self reliance and personal decision making while, at the same time, the phenomenon of family dependence and its obligations remain.
3. Assuming care for. The essence here is the provision of a continuity of world view through attachment to elders. Young people are often observed "adopting grandparents" as a part of this phase.

In a second article, Red Horse (1980a) warns social service providers of the need to tailor their offerings to reflect Indian family structure. Specifically, provide services and programs that integrate the generations, not to develop programs that isolate elders from children.

Edwards and Edwards (1980) address the issue of working with individuals and groups and provide some guidelines.

> Social workers should move slowly, identify problems and procedures clearly, make commitments regarding situations in which they have control, follow through consistently, and use client strengths appropriately in order to help develop feelings of trust and establishing professional relationships (p. 500).

They go on to say that introspection is not part of the Indian culture. Many Indians react to new situations by being passive, and when intervening the worker should learn to use specific culture techniques. For example, when discussing one who is deceased, it is wise to use a term to refer to that person (mother, father, brother, etc.) rather than use the individual's name.

This article provides other pertinent information regarding social work practice with Indians.

The mental health needs of American Indians are addressed in an article by Ryan (1980). ". . . American Indian and Alaska Native people still have the lowest levels or the highest rates of adverse mental health indicators of any population group in the United States" (p. 507).

Ryan's focus is primarily on research and how information fails to be applied in program development. He describes the failures of research:

1. Much of the research is not relevant to program development and problem solving.
2. Communications is a problem, between researchers and subject and between researchers.
3. Methodology and instruments have not always fit the culture being studied.

4. Research findings often are not communicated back to the community studied, thus, the information is not put to use.
5. Research conducted by non-Indians often fails to consider important aspects of values, customs, languages, and other cultural attributes.

SUMMARY

It has been the intent of this paper to review the current literature on Native American elderly. The framework used is one in which the structure and function of formal and informal support systems were identified and evaluated. It can be said that there is a dearth of literature addressing the Native American elderly. What literature does exist gives support to the idea that this minority group still suffers the most, that informal support systems are weakening, and the formal support systems often seem designed to hasten their demise. Health care and social service personnel receive little exposure through the literature which, undoubtedly, reflects the exposure to culturally relevant material they receive in their training. When taking the literature available on Native American elderly in toto, and the response of human service professionals to their plight, it can be said that they are truly the FORGOTTEN AMERICANS.

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