A

STATEMENT TO THE

U.S. HOUSE OF REPRESENTATIVES

SUBCOMMITTEE ON INDIGENOUS PEOPLES OF THE U.S.

OF THE

HOUSE COMMITTEE ON NATURAL RESOURCES

BY

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MADAME CHAIR AND MEMBERS OF THE SUBCOMMITTEE,

It is indeed an honor and deeply humbling to address the subcommittee on the issues that are before you and those of the nation and this hearing which is entitled "*A Year in Review: The State of COVID-19 in American Indian, Alaskan Native, and Native Hawaiian Communities."* Specifically, what has been the impact of the COVID-19 on the elderly members of Indian country.

My name is Larry Curley. I am an enrolled member of the Navajo Nation. I am currently the Executive Director of the National Indian Council on Aging (NICOA), a non-profit 501 (c) (3) organization that was formed in 1976 by American Indian and Alaskan Native elders pursuant to the First National Indian Aging Conference which was held in June 1976 in Phoenix, Arizona. The mission statement of NICOA is "*To advocate for improved comprehensive health, social services and economic well-being of American Indian and Alaskan Native Elders."* As one of the founding members of NICOA, I have seen the organization grow and remained true to its mission statement in its 45 years of existence.

I have been involved in the field of aging since I graduated from the University of Arizona in 1975 with a Master's degree in Public Administration with an emphasis in Gerontology. I started my career as a Gerontological Planner with the Pima Council on Aging in 1974, an Area Agency on Aging in Tucson, Arizona. I worked with the late Congressman Morris K. Udall and the late Senator Pete Dominici in securing the passage of Title VI of the Older Americans Act, "*Grants to Indian Tribes"* in 1978.

According to a report from the Administration for Community Living/Administration on Aging in 2019, there were 272,250 American Indian and Alaskan Native elders over the age of 65. There are over 573 federally-recognized Indian tribes in the United States. It is precisely this population that we at the National Indian Council on Aging views as our constituents and the *raison d'etre* of the National Indian Council on Aging. At the 1st National Indian Conference on Aging which was held in Phoenix, Arizona, the President of the Mescalero Apache Tribe, Wendell Chino said about the elders of tribal communities, "the elders are the ones who have maintained our 'Indianess' and are the keepers of our traditions, customs and languages." Today, this is more true than ever. In the past year, tribal communities have reawakened to this fact: the elders are the history, the customs and the key to our respective futures.

The National Indian Health Board has maintained a site which has kept data on the prevalence of COVID-19 in tribal communities in the United States. According to their data, on March 17, 2021, there were more than 5,981 tribal members who have succumbed to the virus. 58% of all Native American deaths occurred among tribes in New Mexico and Arizona, although they only represented 15.5% of the states' population. The Navajo Nation became the nation's "hotspot" as the virus rampaged through the country. Of the total who have

died in Indian country, the Navajo Nation's deaths represented 43% of this number. It is estimated that 60% of deaths in Indian country were elders over the age of 65, or 3,589. This equivalent to losing 233,285 years of tribal history, culture, customs and language. Among some tribes, they have already lost their last remaining tribal member who speaks the language and some are concerned they are going to lose those who speak the language of their tribe.

A concern NICOA is the number of, or lack of, long term care facilities and assisted living facilities in Indian country. There are currently 16 nursing homes located on Indian reservations and villages in the United States with a total bed capacity of 851 beds. Research and studies in the past on institutionalized elders in the U.S. suggest that at any given time, 5% of the nation's elderly population are in nursing homes. 5% of the Indian elderly population is 13,613. With the total tribal nursing home capacity being 851, it can be assumed the remaining numbers are in off-reservation facilities. With the pandemic and travel restrictions, closure of visitation to nursing homes – many families who have elders in nursing homes off-reservation were not able to see their grandparents before their passing.

For those remaining on reservations, many elders were forced to live isolated from their communities, their relatives and friends. It should be noted that as the pandemic worsened- the numbers of elders suffering from loneliness and depression increased. While there are family who serve as "caregivers", the demand for this level of care far exceeds the number of potential caregivers. Many tribal governments closed their borders to all outsiders in an effort to slow or contain the spread of the virus. In my state of New Mexico, this is true of most of the pueblos and also among some of the tribes in the Midwest and Pacific coast. This was exacerbated by the numbers of their relatives dying from the disease. In one tribal community, members expressed that there were deaths on a daily basis – deaths where the individual died alone and far away from their relatives. Among native communities, there is a proper way of a burial rituals in the family and community members and there are consequences when these traditions and customs are not adhered to. The pandemic and the resulting protocols promulgated by infectious disease specialists decimated the completion of this process. This will have long lasting effects on the families, the communities and tribes.

Often we hear the data related to the "Social Determinants of Health" as it relates to Indian country. We know that approximately one-third of people residing on Indian reservations do not have running water; we know about on third of people living on the reservations that don't have access to electricity. Poverty level in most tribal communities approach 50%; in some communities it reaches as high as 70%. Co-morbidities such as diabetes, heart disease, cirrhosis and various forms of cancer exacerbated an already vulnerable population. Severe winter of 2020 only made access to healthcare difficult and when elderly individuals were able to access healthcare; the level of care needed far exceeded the capabilities of the healthcare facilities on reservations forcing them to be driven or airlifted to off-reservation hospitals – only to die there alone. While some have survived, they now deal with the uncertainties and fear of catching the virus again.

Looking forward, NICOA is working to ensure that Indian elders are fully taken care of medically, socially, mentally and spiritually. Our efforts have been to provide the most timely and accurate information about the virus, its spread and its effects. The information

available on websites of the Administration on Aging, National Indian Health Board, and other national aging organizations have been made available to Indian elders that is understandable and useful. Moreover, we have worked to ensure that there is encouragement to abide by CDC guidelines – in spite of the environmental limitations that exist in Indian country such as lack of water, food and access to health care. During the past year, NICOA actively advocated for increased funding to support tribes' efforts to address and mitigate the virus and in some quarters, the effort has resulted in additional funding to tribal elder programs. For example, across the country, there are over 270 tribes utilizing Older Americans Act Title Vi funding to address the issues surrounding adequate PPEs, social isolation and adequate nutrition. The Administration on Aging, during the past year, has shown its support for the creativity of tribal aging programs by sharing this information with other tribes during its weekly teleconferences. This effort by the Administration on Aging has allowed tribal aging programs to discuss and develop innovative approaches to service delivery in Indian country. They, we believe, need to be applauded for their exemplary actions and responsiveness. In this year of the pandemic, NICOA has grown to rely on the telecommunications technology and the various platforms such as WEBEX, ZOOM, MICROSOFT TEAMS and GO TO MEETINGS to disseminate information on food security, financial issues, and other issues of concern to tribal elders. But this, we know more than ever as a result of the pandemic, is very limited due to its unavailability on many Indian reservations. Applications for assistance are now done through the internet, programmatic information is received via the internet, health information and health care COULD BE received through telehealth/telemedicine avenues – but when broadband is not available, this becomes and has been a major issue in Indian country. Some tribal elders, but not all, are computer literate and there have been efforts by national aging organizations, like AARP, to train elders on how use the internet or their smartphone.

In spite of these challenges face by NICOA during the past year, our work continued and will continue for years to come. After forty plus years as the sole national Indian organization who work on behalf of our tribal elders. In this past year, we continued to utilize the Department of Labor's Senior Community Service Employment Program (SCSEP) to provide learning skills that would enable them to find jobs. We provided information and data on caregiving issues to policymakers and tribal communities. NICOA nurtured more partnerships and collaborative efforts with other national aging and non-aging organizations to address our common issues; one which mirrored the "we are all in this together" mantra describing our national effort in ameliorating this pandemic. And what have we learned about our elders, tribal communities? Their strengths and needs? They are the following:

1. **Indian elders are an irreplacable gift and resource for the continued survival of Indian and Alaskan Native communities. NICOA's mission statement reads *"To advocate for improve comprehensive health, social services, and economic well being of American Indian and Alaskan Native Elders."* This the WHAT NICOA does, but it does not address the WHY we are doing this. Our answer: Indian elders are the keepers of our history, customs, traditions, ceremonies and language. Elements of the philosophical concept underlying "tribal sovereignty." Through the preservation of the knowledge and wisdom of our elders, NICOA wants to ensure that Indian and Alaskan Native cultures survive for the next 1,500 years. That is WHY NICOA does WHAT it does.**

2. **Indian elders are resilient. They have experienced these kind of hardships in the past and have lived through them and have the optimism that these experiences nurture. NICOA has spoken with elders around the country who have remarked, "We're still here and we're not going anywhere. This is where we were born and this is where we will return."**
3. **Access to healthcare is extremely limited. While there are healthcare facilities in Indian country, the infrastructure such as roads make them extremely impassable during inclement weather. Moreover, during this pandemic, we learned that many tribal healthcare facilities were not capable of providing the level of care needed by elders suffering from the virus. Transporting them off-reservation is costly and decreases the available of funds available for medical care. Compounding the matter related to healthcare is the shortage of medical staff in some areas of Indian country. Internet access and broadband are challenges in efforts to implement telehealth and telemedicine capabilities.**
4. **Lack of services that embrace the "continuum of care" in Indian country is limited. Home and Community Based Services (HCBS) are available in home-delivered meals, chore services, home safety checks, caregiving services, elderly protective services and some homecare services – but the entire continuum does not exist in many tribal communities. There are very few Homehealth Services, Assisted Living facilities and long term care facilities. Efforts to maintain elders in the least restrictive environment and in the home (also referred to as "Aging in Place") is the mantra of the aging community, BUT there will come a time when the latter type facilities will be needed. For example, recent studies regarding Alzheimer's Disease and Related Dementias (ADRD) in Indian Country suggest that 1 in 3 American Indian/Alaskan Native (AI/AN) will be diagnosed with ADRD in the next few years; compared to 1 in 5 among the non-Indian population. The level of care needed as the individual deteriorates exceeds the capabilities of current caregivers and moreover, the number of caregivers in Indian country.**
5. **Demographics in Indian country has changed. This has and will continue to create intergenerational chasms facilitating the continuation of the decline of tribal knowledge, history and language. In 1970, 70% of the AI/NA population lived on Indian reservations; 30% lived in border towns or urban areas. Today, that has flipped with 70% living in off-reservation towns or urban areas; and 30% remaining on tribal reservations. Most of those remaining are elders without nearby caregivers who are family members, neighbors capable of taking care of them, etc. Concurrently, there will also be more elderly AI/NA residing in off-reservation and urban areas**

RECOMMENDATIONS:

1. **Create an Assistant Secretary for AI/NA Aging within the Department of Health and Human Services.**
2. **Fund Title VII-B of the Older American's Act which would provide funding for the establishment of elder protection programs at the tribal level.**
3. **Develop and pass legislation that would protect tribal elders who reside in off-reservation long term care facilities. Conceptually, this law would be similar to the "Indian Child Welfare Act" which was passed in 1978. If children represent the future**

of Indian tribes; then elders require the same protection as they are the walking living encyclopedias of Indian history, customs, traditions and language.

4. **Increase funding for tribal caregivers enabling as many elders to "Age in Place" as possible.**
5. **Finally, there are many tribes currently contemplating establishing their own long term care and assisted living facilities. In the 1960's, the growth of rural hospitals were attributed to a law referred to as the "Hill-Burton Act." Similar legislation needs to be considered for the development of tribal long term care facilities and assisted living facilities.**

In closing, thank you for the opportunity to share with you our thoughts about Indian country, our tribal elders and what the COVID-19 has revealed as both strengths and needs of the nation's AI/NA elders.

Larry Curley, Executive Director

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