

American Indian and Alaska Native Mental Health Research

The Journal of the National Center

Volume 6, Number 1, 1994

Published by the University Press of Colorado, a cooperative publishing enterprise supported, in part, by Adams State College, Colorado State University, Fort Lewis College, Mesa State College, Metropolitan State College of Denver, University of Colorado, University of Northern Colorado, University of Southern Colorado, and Western State College of Colorado.

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Subscription rates are \$35 (U.S. currency) per volume, which includes three issues. Make checks payable to: University Press of Colorado, P.O. Box 849, Niwot, Colorado 80544.

ISSN 0893-5394
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Alaska Native Mental Health Research
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Few people outside of Indian and Native communities realize the extent to which military service touches the lives of this special population. Numerous estimates indicate that, on a per capita basis, American Indians and Alaska Natives are the most heavily represented of all ethnic minority groups in the armed forces. Hardly a home — whether urban, rural, or reservation-based — is without several photographs proudly displaying family members in dress uniform. There is great irony in that a people who have suffered politically, economically, and socially at the hands of an often callous government should participate so willingly in its military. But, as one explores the meaning that such service has for Indians and Natives, a complicated array of rationales emerge, ranging from matters of personal identity, through familial tradition, to economic opportunity.

The participation of Indian and Native people in the military has steadily increased over the generations; indeed, those who saw combat duty almost doubled in number between World War II and the Vietnam War. To a significant degree, their experiences have paralleled those of the mainstream. For example, the Navajo Code Talkers, known for their role in radio communications throughout the Pacific, remain widely celebrated figures. Alternatively, Indian and Native Vietnam veterans have struggled to relocate themselves within the fabric of their communities. The latter's struggle has, however, been even greater than their contemporaries, especially in light of the far-reaching consequences that alienation implies for a people whose sense of self is inextricably linked to others. The silence cloaking their circumstances certainly has lasted longer, that is, until the May 1992 release of a hallmark report by the Readjustment Counseling Service Native American Working Group.

Reading that report, at virtually every turn I was struck by the enormous mental health problems — and potential solutions — revealed in stories told by the authors. Subsequent discussions with Dr. Alfonso Batres, regional manager, Western Mountain Region, Readjustment Counseling Services, who had facilitated the group's work, suggested that this important document might not be disseminated among the broader mental health audiences that could benefit from it. Thus, I inquired about the possibility of reprinting it here. Fortunately, he and the Working Group agreed. I trust that this readership will find the report as insightful, timely, provocative, and moving as I did.

SPERO M. MANSON, Ph.D.
EDITOR-IN-CHIEF

V

WARRIORS ALL

TOM HOLM, Ph.D.

One feature of warfare, or perhaps the psychology of conquerors, is that the victors often endow their enemies with unusual military strengths. The enemy has to be crafty, vigorous, determined, tenacious, as well as brave and brutal. If the enemy were otherwise, the courageous actions of the victorious army would be meaningless.

In a colonial context, economics might dictate why a given nation embarks on such a venture, but colonizers normally justify their actions in terms of bringing progress and civilization to a "savage" indigenous population. A militarily conquered group is given a bit more status in colonization. Savage but courageous natives are somehow more worthy of being civilized. The mythical martial race, overcome only by military adeptness in the first place, has been invented and reinvented by colonizers throughout history.

The idea that American Indians are members of a martial race is at least as old as the United States itself. For example, Colonel James Smith, who had been a captive of an unnamed Indian tribe between 1755 and 1759, and who later served in the Revolutionary Army against the British, wrote in 1799 a short but very appreciative treatise on American Indian modes of warfare. Smith's account was accurate enough, and his observations bolstered the idea that Indians were uniquely adept and brave warriors.

As a product of black powder warfare, in which armies armed with muskets marched within 40 yards of an enemy in order to pour relatively inaccurate lead balls into the foe's closely packed ranks, Smith was especially interested in the psychology of courage and in the ability to outmaneuver an enemy. In Smith's view, Indians were courageous beyond all reason as well as being the tactical superiors of most then-modern armies. In fact, American Indian armies anticipated most of Karl von Clausewitz's ideas and theories concerning warfare. Von Clausewitz, of course, is the most widely taught military theorist in the world.

According to Smith, "The business of private warriors is to be under command, or punctually to obey orders; to learn to march abreast in scattered order, so as to be in readiness to surround the enemy, or to prevent being surrounded; to be good marksmen, and active in the use of arms; to practice running; to learn to endure hunger or hardship with patience and fortitude; to tell the truth at all times to their officers, but more especially when sent out to spy the enemy."

Since Smith's time, whites have added mystical and almost super-human qualities to their imagery of Indian warriors. In combining the idea of Indians as a brutal, yet courageous, martial race with the notion of Indians as ultimate practitioners of woodcraft as outlined in the James Fenimore Cooper novels, whites were infected with the "Indian scout syndrome." Indians, in the mythology, could detect the presence of an enemy from a bent blade of grass or could conceal themselves in an open field. Not only that, but whites believed that apparently these traits were acquired genetically rather than learned.

During the First World War American Indians were integrated into the white regiments and presumably treated like any other soldiers. Yet, the *Indian's Friend*, a newsletter dedicated to the assimilation of Indians into mainstream white society, proudly reported that "Indians in the regiments are being used for scouting and patrol duty because of the natural instinct which fits them for this kind of work." Almost immediately after America's entrance into World War II, the media began to exploit the scout syndrome for propaganda purposes. Stanley Vestal, an ethnologist of high repute, wrote that the Indian "was a realistic soldier" who "never gave quarter or expected it." Even Harold Ickes, Secretary of the Interior during the war years, stated in an article written for a national magazine that Indians were "uniquely valuable" to the war effort because they had "endurance, rhythm, a feeling for timing, coordination, sense perception, an uncanny ability to get over any sort of terrain at night, and better than all else, an enthusiasm for fighting. He takes a rough job and makes a game of it. Rigors of combat hold no terrors for him; severe discipline and hard duties do not deter him."

By the end of World War II the idea that Indians were a martial race and had special, inherited propensities for warfare and especially scouting were firmly and deeply entrenched in the American mind. The idea certainly followed American Indians into the battles of the Korean and Vietnam Wars. As Jack Miles, a Sac and Fox/Creek veteran of the Korean War once related, "In Korea, my platoon commander always sent me out with our patrols. He called me 'Chief' like every other Indian, and probably thought that I could see and hear better than the white guys. Maybe he thought I could track down the enemy. I don't know for sure, but I guess he figured that Indians were warriors and hunters by nature."

Indian Vietnam veterans habitually tell of the same kind of treatment. A Menominee from Wisconsin related that his platoon commander thought that, since Indians "grew up in the woods," they should know how to track and generally "feel" when something in the immediate area of operations was disturbed or out of place. Another veteran, a Navajo from Arizona, concurred with the judgment that Indians had been labeled falsely, and stated that it had made the war somewhat more dangerous for him personally. He said that he was stereotyped by cowboy-and-Indian movies. He was nicknamed Chief right away. Non-Indians claimed

Indians could see through trees and hear the unheard. "They believed Indians could walk on water."

Perhaps because of this enduring white mindset, Indians have been vigorously recruited and especially and rigidly conscripted for military service. In World War I approximately 10,000 Indians served the armed forces and during the Second World War over 25,000 Indians, not counting those in the officer corps, saw duty. A large percentage of those who served in World War II joined others freshly recruited for service in Korea. It has been estimated that over 42,000 Indian servicemen were stationed in Southeast Asia during the Vietnam War. According to U.S. Department of Veterans Affairs and U.S. Census figures, there are around 160,000 living veterans who are American Indians. These figures indicate that fully ten% of all living American Indians are veterans. Compared to the general population, nearly three times as many Indians served in the armed forces as non-Indians per capita.

Despite the fact that Indians have served in the U. S. armed forces in numbers far exceeding their proportional population, very little attention has been given to the problems of Indian veterans in general and to American Indian veterans of the Vietnam War in particular. Some scholars consider American Indians outside the mainstream — a tributary subject, a small population, different in cultural values and, to quote a researcher connected with studies of Vietnam veterans, "insignificant."

Some scholars hesitate to study American Indians because of the sheer diversity of Indian tribes. To them there are great difficulties with obtaining a valid random sampling of the Indian population. Does one do an individual tribal study or try to sample Indians as a racial group? If so, the researcher who looks upon Indians as a race group might find there is an over or under sampling of one or two specific tribes. Political considerations also pose a problem for scholars interested in the impact of the war on certain groups. For example, there were certainly more Indians who served in Vietnam than women of all races. At the same time, there are many more scholars interested in studying female Vietnam veterans than Indian veterans. This scholarly attention is due, probably, to the fact that the general female population is much larger than the general Indian population.

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LESSONS FROM CHILD OF WATER

STEVEN SILVER, Ph.D.

Abstract: This chapter examines the perceptions and treatment of psychological combat reactions by American Indians. My goal is to provide the reader with an introduction to the clinical implications of these perceptions and treatment in order to encourage a closer examination of what American Indian healers have to offer mental health professionals trained in the mainstream (what I will refer to as Anglo) psychological tradition. To do this we shall briefly examine how American Indians regard war and the role of warriors, for this cultural perception influences how combat reactions such as posttraumatic stress disorder symptoms are perceived and treated. Regardless of the value of what we might learn from American Indian culture, it does not matter what they say if we will not hear. It is necessary to consider attitudes typically held toward the concepts and techniques of American Indian healing practices if we wish for this examination to be more than an anthropological exposition, and have clinical value for Anglo mental health professionals.

On Resistance

It is somewhat commonplace to state there are some practices of folk healing that are effective. Anglo psychiatry and psychology make this admission grudgingly at best. The caveat is added that such folk practices have been superseded by more modern science.

Such a position grossly underestimates the value of studying the traditional healing practices of American Indians. Their psychological arts developed over several millennia, surviving the impact of Hispanic and Anglo cultures. Those practices continue to exist to this day with undiminished effectiveness, frequently coexisting with and even supplementing Anglo healing methods. Practices that have remained effective to the present day in spite of these cultural challenges should not be taken lightly. Repeatedly perceptive and sensitive observers of American Indian culture have noted not only the survival of cultural healing practices but effectiveness as well (Jilek, 1971).

However, hesitation in studying American Indian healing practices, especially practices typically viewed as coming from primitive sources, is not the only inhibition facing Anglo mental health professionals. In considering American Indian psychology, a difficulty is encountered by Anglo healers because of the apparent intermingling and coexistence of religion.

Hultkrantz (1979) has noted that American Indians typically do not have a single word that Anglo culture would define as religion since there is no separation of religion from American Indian life: "To the extent that Indian languages use an expression for exclusively religious customs there is often reason to suspect influences from Christian preaching and Christian practice." This permeation of culture by religion may result in the Anglo observer becoming somewhat uncomfortable for several reasons.

First, Anglo mental health professionals are caught up in a struggle to establish themselves as scientists. There is a very natural desire on the part of such mental health professionals to develop the kinds of techniques of measurement, prediction, and control available to professionals in other fields. The scientific method is stressed continually in training. An examination of most current psychological journals will reveal an emphasis on hard data and measurement. Under these circumstances, it is difficult to take religion seriously. More importantly, perhaps, it is difficult to be perceived as taking religion seriously.

Second, as a particular, the religions of American Indians are regarded as primitive from the perspective of the Judeo-Christian, Anglo observer. Admitting this is difficult due to the typical Anglo mental health professional's desire to be as nonjudgmental and open-minded as possible or, again, to be perceived so.

Yet, the reality is that American Indian psychology is not separate from American Indian religion. Within its cultural context, American Indian psychology is able to address human needs for change and growth.

Rather than restrict itself to cognitive, emotive, behavioral or existential functioning, as do the primary theories of psychotherapy in the Anglo tradition, American Indian psychology offers and utilizes a truly integrated perspective and approach. To state this in another way, an American Indian healer would find very little problem in approaching psychology, psychiatry, anthropology, sociology, and all the other divisions in Anglo knowledge in order to draw together a synthesis of ideas. The problems outlined above are simply nonexistent to traditional Indian healers.

If we can remain aware of our tendency to close our ears to the words of American Indian healers, there is much we might learn from them. The experiences of a new generation of veterans invites attention to their practices. Specifically, American Indian Vietnam War veterans, while experiencing some particular events unique to their cultures, offer important concepts and techniques concerning the reintegration process. These concepts and techniques may be generalized to psychiatry as a

whole and certainly have particular value in considering the adjustment and treatment of other Vietnam War veterans.

This discussion cannot attempt to be comprehensive but may highlight some of the psychiatric techniques and psychological concepts that are particularly relevant to the treatment of war-related reactions among Vietnam War veterans. A truly comprehensive examination would require the study of many different American Indian cultures in a manner not yet achieved.

It is important to note, given the richness and variety of American Indian cultures existing across some 300 tribes, the specific techniques cited here are simplifications of examples from particular cultures. Other American Indian practices are different in specific detail, though the principles remain constant.

War Reactions

Since the end of the Vietnam War there has been an increase in interest in war reactions by the Anglo mental health community. This interest led to the development of posttraumatic stress disorder as a diagnostic label in DSM-III (American Psychiatric Association, 1980). Briefly, the diagnosis of posttraumatic stress disorder (PTSD) requires historical existence of a traumatic stressor, its re-experiencing through dreams, intrusive recollections or flashback phenomena, a numbing of responsiveness to or a withdrawal from the environment, and the existence of at least two other symptoms from a group including survivor guilt, startle reactions, sleep disturbances, memory or concentration problems, avoidance of reminders of the trauma, and an increase in symptom severity when exposed to those reminders.

Current clinical impressions and research suggest that PTSD is the expected reaction of essentially normal people to severe stress or events. This has not been a universally accepted concept. There has been debate about the role of pretrauma variables. Recent research, especially that conducted by J. J. Card (1983), would appear to have removed such variables from the role of predispositional agents and identified them as modifiers of particular individual reactions.

The concept of PTSD as essentially the reaction of normal people to abnormal stress is similar to American Indian viewpoints. They tend to view combat reactions as a problem of the spirit as much or more than a problem of the mind. A potential vulnerability of the spirit exists for all people. For reasons that will become clearer, they view warriors as people who have been placed in particular spiritual danger by their participation in war.

The Role of Warriors

Anglo Society tends to assume American Indians regard war in a generally positive fashion, at best seeing it as an integral part of their culture. At worst, American Indians still are viewed stereotypically as blood-thirsty savages embracing war as a joyful experience.

From the American Indian perspective, going to war does in fact have a religious significance in addition to whatever other factors are involved. (If the reader is uncomfortable with the word *religious*, please feel free to insert the words *spiritual* or *psychological*; if you understand that this interchange of terminology presents the American Indian healer with no problems, then you are beginning to understand the comprehensiveness of their perspective.) To understand this point of view, it is helpful to examine the traditions of these people.

For example, one tribe includes within its centuries-old mythology the following story. In the beginning, before humankind, there was White Painted Woman, bringer of life. She had many children, including Killer of Monsters and his younger brother, Child of Water. But there were great monsters during this time and the most awful of these was Giant, who killed and destroyed wherever he went. He even killed and ate some of the children of White Painted Woman. While Giant and the other monsters roamed, there was only chaos, with no order in the universe and peace impossible. Finally, Child of Water and his brother went to fight Giant, and Child of Water killed Giant. Then Child of Water and Killer of Monsters subdued the other monsters so that the forces of darkness and chaos were defeated. From the terror and pain of battle, Child of Water brought peace to the earth.

When this tribe prepared for war, usual names were discarded and the women were called White Painted Woman and the warriors took the name Child of Water, which served to remind all that their purpose in fighting was to end the disruption of the natural harmony brought about by the ultimate Giant — war. It would come as a surprise to some to learn that his tribe, which viewed war so negatively, is the same tribe generally regarded among the most warlike, the Apache.

From the American Indian perspective, war is viewed as a major disruption of the natural order of life and the universe. Only the most serious reasons suffice for entering into its chaotic destruction. Those who partake in it risk serious danger on many levels. Often the warriors are in need of special preparation for the ordeal of war, as well as cleansing and healing later, so they might once more become a part of the people.

Some tribes, such as the Pueblo and Pima, so despise war that they viewed those who would be willing to initiate even the lesser disruption of economic raiding (such as Yumans and, especially in their experience, Apache) as necessarily nonhuman (Mansfield, 1982; Underhill, 1946). Even the Apache, to use an example of a warlike tribe, were well

able to differentiate between war and economic raiding, about which more will be said later (Goodwin, 1971).

To a lesser extent, war may be seen by a particular tribe as the ultimate testing ground of a warrior and to have participated in combat is to have had the opportunity to develop as a person. Those who partake in it are in need of recognition of their achievement and sacrifices and in need of closure so that there may be a separation of their roles as warriors in combat and their roles as warriors living among their people. The degree to which war is seen as such an opportunity for achievement varies widely among tribes.

It should be understood that even among the tribes that emphasize the utility of war as a means of achievement for the warrior, war is still seen as a source of extreme spiritual danger. They recognize that the chaos generated within a war may expose the warrior to experiences profoundly disturbing. A serious effort often is made among these tribes to control this chaos by ritualizing the conduct of war. Thus, there may be less honor to be gained in the simple act of killing than in demonstrating courage by counting coup or other similar acts. Only under threat of destruction of their culture, religion, and people did the Apache engage in a war of annihilation against the Spanish in the seventeenth century. The disruption of the natural order of life caused by the Spanish policies of slavery and genocide provoked to war not only the Apache, but the Navajo, Pueblo, and Pima in a massive rebellion (Terrell, 1972).

Additionally, even for those few tribes such as the Apache, whose marginal environmental resources pressured them toward war and raiding for economic benefits, the emphasis was seldom on bloodshed but rather on the achievement of those economic goals. A high body count was considered pointless while the capture of a large number of horses brought great praise (Goodwin, 1971, 1973; Opler, 1965).

All tribes, regardless of the degree of emphasis they place on the opportunity for achievement offered by war, see the warrior as sacrificing on behalf of the people. To enter into the chaos, risking contamination in order to put an end to disruption of the natural order, is to take on a special role worthy of the highest respect.

It is customary among many tribes to have special ceremonies in preparation of the warrior's departure for war. Typically an older warrior will address the young men, preparing them for what is to come and sharing with them whatever power his experience has brought him. The more structured the ritual, the greater the obvious sense of commitment on the part of the tribal community to the departing warrior. Family and community, by ritual, make explicit the implied support of those tribal members who have taken on the roles of warriors. Anglo society, on the other hand, tends to make this support less explicit, particularly in terms of the guarantee of reintegration of the warrior.

From the perspective of American Indians, it is a requirement to come to grips with the war experience. As noted, there is a special vulnerability for American Indians as warriors. This has resulted in some particular problems for Vietnam War veteran warriors.

One could reasonably make the case that the need of all veterans, regardless of their cultural background, is to achieve some sort of integration of their combat experiences. This is an accurate observation. However, for American Indian veterans this need is particularly acute because the cultural emphasis on them has been explicit rather than implicit. These veterans represent an extreme case both in terms of cultural preparation and reintegration opportunities and problems. Therefore, their experiences offer clinical observers particularly well-drawn examples of the difficulties encountered by veterans in general.

Their experiences also clearly suggest methods of intervening on those problems.

"No homecoming parades" is a shorthand description of the deeply felt sense of exclusion held by many Vietnam War veterans. This sense reflects the need for reintegration back into their society. That need is more deeply present among Vietnam War veterans whose culture places a religious and social expectation on the processes of going to war and returning from war.

Treatment and Reintegration

"Verily, who desires this experience? Do you not desire it? Then you must endure its many hardships." This statement is spoken by an older Papago warrior to a new "enemy slayer" each night for 16 days during the purification of the young warrior (Underhill, 1946, p. 179).

In her summary of "primitive society's" views of their warriors' reactions to war, Mansfield (1982) is able to contrast the typical tribal view with the most recent American experience. She points out that tribal societies are able to place a significance on participation in war, which mainstream America could not. Ceremony provides the tribe and the warrior an opportunity for shared mourning unavailable to others.

But tribal people go a step further. Their ritual explicitly embraces and approves the killer's psychic numbing and prescribes a way for dealing with it. The fear of intimacy, of touching and being touched, that is common in battle survivors and that, in the twentieth century, is labeled a sickness (shell shock, Vietnam syndrome, etc.), is accepted and even enforced in ritual warfare as an appropriate response to the experience of inflicting death in battle.

The successful warrior usually is isolated from everyone except older killers and specifically is forbidden to touch or feed himself, to experience sexual intimacy, to touch the ground, and so forth. In effect, the numbing is externalized and formalized in a series of taboos; it is prescribed as a

chosen response to the ordeal. Mansfield states that research on the effectiveness of traditional tribal healing practices on combat reactions has not been developed, and examination of those practices indicates that many tribal healing practices are similar to accepted psychiatric practices for which research does exist. While her comments are made using information drawn from tribal societies from around the world, their particular relevance to American Indian cultures is clear.

It is important to pause here and consider the dynamics of what we are describing. American Indians, in their traditional cultures, have developed contracts with their warriors concerning their roles and reintegration. One might take the view that this would indicate that American Indian combat veterans would be expected to have less severe trauma reactions, such as posttraumatic stress disorder, than their Anglo peers. However, this possibility may well be balanced by the experience of those American Indian veterans who expected the reintegration process thus far described but have not yet, for whatever reason, encountered it.

This would result in what I refer to as "sanctuary trauma," a condition in which a traumatized individual gains the hoped for sanctuary environment (such as emergency room, family, tribe, or country) only to encounter a reception that is not as supportive as anticipated. It does not have to be a hostile reception, though that is often the case for people such as raped women encountering police or Vietnam War veterans encountering their country, but may be one which is simply indifferent. The individual, defenses now dropped and expectations perhaps unreasonably high, encounters a sanctuary that also is a stressor. The more explicit the form and shape of the sanctuary and the reintegrative process, the greater the impact coming out of the disparity.

Those American Indian Vietnam War veterans who, as part of their upbringing, learned the cultural values of warriors also needed a more explicit integrative process than Anglo veterans. I believe, therefore, that those American Indian veterans suffering from combat reactions who have not had the opportunity, for whatever reasons, to participate in their tribal reintegration process probably are suffering from conditions made worse than what one might expect, given the nature of their trauma experiences alone.

Whatever the degree of severity of the warrior's combat reaction, this reaction is not viewed in a simple way. One area in which there appears to be some agreement among American Indian healers is the concept of the unconscious mind. A primary means of interpreting the unconscious is through the utilization of dreams in which unresolved conflicts are assumed to be symbolically represented. This major pillar of analytical thought predates Freud by many centuries among Native American healers.

For warriors, it is assumed that the results of the combat experience may be hidden beneath the surface of consciousness, and the

elicitation of this often unresolved material is worked for in a number of different ways. The interpretation of dreams on the symbolic level as a means of understanding subconscious processes is common in many American Indian cultures. Indeed, dreams deliberately are sought out for interpretation and their remembering is accepted as a normal and encouraged technique for eliciting material for the healing process.

Many American Indians utilize trance states as a means for not only identifying unresolved issues, often expressed symbolically, but also for curative effects. Prolonged ceremonies for returning combat veterans typically, as in the traditions of both Plains and Mountain American Indians, foster trance and self-hypnotic states. In these states the emotional consequences of combat are surfaced and catharsis is achieved in a structured and supportive environment.

Besides ritual, trance states, and the interpretation of dreams, the subconscious mind is approached in some cultures through the utilization of the accepted Anglo psychiatric technique of psychopharmacological intervention. Peyote occupies a position of significance within certain healing and religious practices. This relatively mild hallucinogen may serve the purposes of eliciting repressed conflicting material or of increasing insight and understanding of the self. Within the Native American Church, whose members include American Indians with a wide variety of tribal affiliations, peyote typically is a part of ceremonies used to assist members with the resolution of their problems (Bergman, 1971, 1974). It should be understood that the effect of peyote generally is not as dramatic as that usually associated with sodium pentothal interviews, which were used commonly with World War II veterans.

American Indian Vietnam veterans who have participated in peyote ceremonies in the context of the services of the Native American Church report a number of factors making the experience different. First, it takes place as part of a religious service. Second, while guidance and supervision is provided by a group leader, there is participation by a number of people, making the experience one of community rather than solitude. Third, the participant generally has recall of the material surfacing during the service, whereas the pentothal interview generally is not recalled consciously. Finally, during the peyote ceremony there is no attempt made by the leader to steer the individual's focus onto war-related or even conflicted material, though it is common to have major concerns represented explicitly or symbolically. During the pentothal interview, the psychiatrist explicitly guides the person to return to the source of conflict or trauma.

Clinically, the similarities of major importance appear to be two. First, repressed material is surfaced either explicitly or symbolically. Second, the individual is able to accept profound conflict resolution and ego-enhancing suggestions in a manner not unlike that possible in a deep hypnotic trance.

The utilization of peyote and other substances is not offered here as a recommended treatment approach; however, it is not ruled out. There is much in the way of meaningful research that could be done in this neglected area. The important point is that, even prior to the foundation of the Native American Church, such substances were used among many tribes for a variety of religious and therapeutic purposes.

The fact that this technique has remained active across the centuries in and of itself would suggest it is well worth investigating, particularly as a method for the eliciting of repressed combat experiences.

The surfacing of war experiences may be accomplished through a number of ways, with some used concurrently as a part of ritual and ceremony. These practices often include family and network therapeutic approaches. Uri Rueveni's (1979) extension of family therapy to include the neighborhood was predated by the utilization of the entire community by medicine folk. For example the Enemy Way ceremony, used by the Navajo for reintegration of their warriors, focuses upon the individual while making use of the entire extended family and community. Lasting a week, all are involved in the ceremony to some degree through discussion, ceremony, and prayer. While the individual sitting in a hogan may face the healer alone, all around is the community, and support provided is very powerful.

The utilization of the extended family and community is quite common among American Indians. In some ceremonies recognizing warriors, the veteran is required to address the community, often made up of several hundred people, and relate a personal combat experience. Often this is the first time the veteran has talked about his experience. Tears may be shed as catharsis is achieved.

The community demonstrates, by its presence and attentiveness, its valuing of the veteran and the veteran's experience. From an experience about which the veteran may have been enduring negative feelings, the community assists in reframing the past into a view that has at least some positive value.

Often the direct approach to issues is not taken. This may be due to the respect felt for the individual, appreciation for the power of the experience, or for other reasons. The unresolved issues coming out of the combat experience may be approached through the powerful usage of metaphor. With the comparatively modern work of Gregory Bateson and Milton Erikson, metaphor and related indirect approaches have come under serious study. For American Indians, metaphor traditionally has permitted communication on a variety of levels simultaneously.

Perhaps the single most important element within American Indian healing practices, which offers value to Anglo psychiatry, is the emphasis upon the whole of the individual. Tribal healers, themselves representatives of religious, legal, social, and medical facets of their cultures, make no barrier between the individual's body, mind, and environment.

Clinical Example

In September 1983 the Vietnam Era Veterans Inter-Tribal Association held its second national pow-wow in Anadarko, Oklahoma. Attending were American Indian Vietnam War veterans from across the United States with a variety of tribal affiliations. Many of them had been raised within the environments of their tribal cultures but an informal survey indicated that an equal number had not. Interestingly, a large number had incorporated significant amounts of their tribal cultures and traditions into their lives, even when living in urban settings, since returning from the Vietnam War. Many of the families of association members accompanied them, including children, parents, grandparents, and great-grandparents. Also attending were American Indian veterans of other eras and organizations, many with their families as well, and large numbers of Cheyenne and Arapaho on whose joint land the pow-wow was held. Close to 2,000 people attended during the weekend, with about half that number present at any one time.

While pow-wows may be used to serve many purposes, this particular gathering was unique in a number of ways. First, while most pow-wows generally are held within the setting of one tribe, this one was sponsored by an association whose membership is spread across more than 60 tribes. Second, the emphasis of the pow-wow was on the honoring of a specific group of warriors, Vietnam War veterans. Ordinarily, pow-wows are used for less specific purposes.

Because of its focus, the pow-wow and the ceremonies that took place within it served as a demonstration of a number of the techniques briefly described above. Present during the pow-wow were a number of Anglo observers, including some local residents, a Department of Veterans Affairs video crew, and a video crew from a Vietnam veteran news organization. Throughout the pow-wow people were encouraged to photograph and tape the ceremonies, and there was no animosity displayed toward the presence of these non-American Indian people.

Traditionally, the pow-wow area is regarded as religious ground and there is an implicit prohibition on the use of alcohol, drugs, rough language, and violence. In the course of the entire weekend, no drugs were observed, though a small cup of an alcoholic beverage did circulate among a small group of veterans briefly one evening.

The general atmosphere was at all times warm, supportive, and friendly. Traditional cultural rivalries seemed to be totally dropped. At one point, for example, a Hopi woman initiated a conversation with a part-Apache veteran by welcoming him home, then engaging him in a discussion concerning the possible roots of his name.

While advertised to begin at a specific time, the ceremonial dances began when the lead chanter felt that it was appropriate to do so. The only people who seemed impatient with this were the film crew from

the VA, but they soon understood that the feelings of the participants and not the clock dictated the pacing of events.

Through the weekend, when specific ceremonial dances were not being performed, gourd dances were conducted almost continuously. The Gourd Dance, named after the gourdlike rattle carried by the participants, is a circular dance with the participants facing inward toward the chanter and drum. Warriors wore long, narrow, blue-and-red blankets around their shoulders, with the red side on the left if they actually had been in combat. Many wore unit identification such as U.S. Marine Corps or airborne emblems and combat decorations on their cloaks. Most also had small medicine bags tied to leather strings looped over their backs and carried eagle feathers in their hands.

The first major indication of the degree of family and community involvement in these ceremonies was demonstrated during the gourd dances. Vietnam veterans and veterans of other wars and eras of service formed an inner circle, slowly approaching the drum and then withdrawing together. In an outer circle were the women relatives and supporters of the men. This included not only female family members but friends and other women who wished to demonstrate their support of the veterans.

Many of the women wore shawls which were emblazoned with the VEVITA emblem (a saffron-colored war shield fringed in green with three vertical red stripes, behind which there were two crossed arrows with eagle feathers hanging below, scalps hanging alongside, and an M-16 rifle above it). Across the shield most had the name of the man they honored and the unit he served with in Vietnam and the years of that service.

It was noteworthy that at no time in the many hours of gourd dancing did the men ever dance alone. Further, dancing in the inner circle were small boys. It appeared clear that an implicit contract was being made with these boys to the effect that they were seeing the promise of their people to support them if they had to be warriors, just as they were involved with their people in supporting the newest generation of warriors.

The multigenerational involvement went in the other direction as well. Veterans of both world wars — fathers, grandfathers, and great-grandfathers — were present in the inner circle. A sense of shared continuity clearly was in evidence and this aspect of traditional tribal support was emphasized by the presence of members of the various tribal warrior societies, some of which have been in existence for centuries.

During the pow-wow various individual warriors were honored by the people gathered. One Vietnam veteran had been selected as the main pow-wow honoree and others were singled out during the ceremonies for special mention. When a warrior was so honored, many of the people would give him gifts of blankets and other items. Among American Indians there is a great deal of spiritual honor to be gained in not only receiving but in the giving of gifts. Traditionally, enhancing the degree of honor is the status of the individual to whom or in whose name the gift is given. Thus,

gifts were presented in the names of various warriors, honoring the giver and the recipient, and making an important psychological point.

Within the cultural context of these American Indians, the giving of gifts took on an added value because of the status of the warrior. In other words, the experiences about which the warrior might have had some negative feeling were reframed by this custom to have a positive spiritual value. This dovetailed with the multigenerational and family support demonstrated through the dances and other ceremonies in making the warrior's experience a shared community experience.

Professional dances took place primarily in the evenings and were used to honor particular groups and individuals. Again, virtually everyone present would participate, regardless of tribal background. Special Vietnam veteran chants were used during these dances, which became emotionally intense for the participants, especially on the last evening.

In such processional dances in the past, the warriors have led the column with captured North Vietnamese weapons held aloft. Behind, they dragged captured enemy flags across which women and relatives would dance. The clear communication was that the warriors' experiences were not regarded as something separate from the rest of the community but shared by all.

The large number of people, the powerful beat of three large drums, the chanting of over a dozen singers, traditional garb of many of the participants, and culmination of several days of dancing and ceremonies produces a number of effects among the participants.

First, was the powerful sense of community identity. One Vietnam veteran whose American Indian heritage was relatively remote found himself experiencing an intense feeling of belonging that he could later compare with only two other situations in his life — his own immediate family and his combat unit in Vietnam. For warriors raised with a greater exposure to their culture the effect was far more profound.

Second, the combat experience which established the warrior's identification as a warrior clearly was valued by the community as a whole. At one point a Mohawk and an Apache were called out into the dance area to be identified. Their war records were recited and the gathered people honored them with yells, gourd rattling, beating the drums, and ululations from the women.

Third, the community valuing of the warrior's experience encouraged its surfacing. It was interesting to see spontaneous discussion groups of warriors forming to share their combat experiences, many of which were quite powerful. A number of veterans who had not discussed their war experiences previously stated that they found themselves talking about them during the pow-wow to other veterans.

Fourth, the effects of sanctuary trauma appeared to be mitigated by such experiences. Many of the veterans remarked that the pow-wow made them feel they finally had been brought back home during these

ceremonies, though it was clear they were differentiating between their country and their culture.

Conclusion

Even a brief and general examination of American Indian culture reveals methods and techniques of therapeutic practice very typical of Anglo psychiatry and psychology. Specifically in the area of trauma reactions, specific techniques to one side, there would appear to be two major areas of emphasis. As noted in the description of the activities of the VEVITA pow-wow, these are the valuing of the warrior and the overt community support and acceptance of the warrior.

Whatever the theoretical paradigm of the Anglo clinician examining American Indian healing practices, it is clear there is much of value to be seen. The use of the community as part of the healing process is particularly significant. This utilization of systemic thinking, however, does not exclude consideration of intrapsychic processes. One of the greatest values of such examination is that it may force the observer to stretch the boundaries of his or her theoretical paradigm to accommodate the comprehensive perspective and practice of American Indian healers (Beiser & DeGroat, 1974).

But perhaps the greatest value of studying these healing practices may be found beyond the benefit it offers to individuals in distress. It is worth noting that the cultures briefly mentioned here have existed for thousands of years. As noted in the beginning of this report, the hammer blows to these cultures have been many and powerful, yet they continue to endure and even grow stronger where they have not been annihilated.

As we look to the future, it is clear that our society, our country, indeed, the whole human race, is going to be receiving blows of a nature we can only guess at. One thing of which we may be certain is that the hammer of change is going to continue to strike. It seems to this author that if we are to survive, we must learn how to absorb this change and deal with its psychological stress.

We have among us over 300 examples of peoples who already have gained the most important lesson Child of Water could teach — how to survive chaos. They have survived a lot since Child of Water and his brother went to face Giant. Having learned the lesson well, perhaps it is time for the rest of us to learn it.

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THE NATIONAL SURVEY OF INDIAN VIETNAM VETERANS

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Abstract: Largely through the efforts of Harold Barse and Frank Montour, Readjustment Counseling Service, a division of the U.S. Department of Veterans Affairs, formed a working group to deal with the simple lack of information on Indian Vietnam veterans. Barse is founder of the Vietnam Era Veterans Inter-Tribal Association and a counselor for the Oklahoma City, Oklahoma, Vet Center. Montour is a Vet Center counselor in Lincoln Park, Michigan.

The working group initiated a study of 35 Indian veterans using a short questionnaire designed to gather information on posttraumatic stress disorder (PTSD). Because response was excellent, it was decided to expand both the questionnaire and the study. The final result was an extensive collection of information on 170 American Indians representing 77 tribes or combinations of tribes from every section of the United States. Respondents were drawn from lists provided by Vet Centers nationwide and by the Vietnam Era Veterans Inter-Tribal Association. The majority of respondents came from the Vietnam Era Veterans Inter-Tribal Association. The study is demographic in nature and not inferential. While more a survey of convenience than a random sampling, the N in the survey did include well over 100 participants. In addition, the demographic information in the study matches closely with U.S. Census data on American Indians in general. In a comparative sense, then, the working group survey has a great deal of validity. Most veterans surveyed were born between 1946 and 1954 (Figure 1).

Their formative years thus were spent in an extremely disruptive period for all American Indians. It was the era of the federal government's termination policy and the relocation programs. These policies, in effect designed to assimilate American Indians into mainstream American society, attempted to dissolve tribal political institutions and disperse the Indian population into urban areas. These policies, along with the disruptive effect of World War II, created an unprecedented movement of American Indians from rural areas to urban centers. The migration tended to disrupt tribal kinship patterns and, in many cases, destroy family traditions. While the

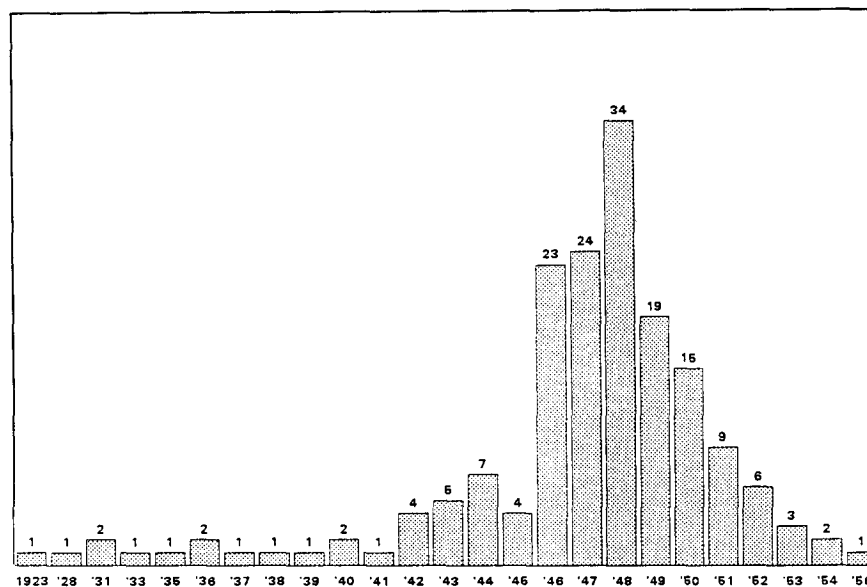


Figure 1
Age by year of birth and raw number

majority of respondents (57.1%) were brought up on reservations or in rural Indian communities, the rest spent their developmental years in an urban environment or moved back and forth between reservations, rural areas, and large population centers. Today, almost 42% live in urban areas and the rest reside on reservations or in rural Indian communities off reservations. Few move back and forth between the two areas and some of the respondents are incarcerated (Figure 2).

The respondents tended to have entered the military between the ages of 18 and 21. Fully 62% went into the U.S. Army while 22% joined the U.S. Marine Corps. The U.S. Navy attracted only 11% and the U.S. Air Force 4% (Figure 3).

Reasons for entering the service (20% were drafted) varied, but seemed to differ from those of other minority enlistees. According to recent studies, most members of minority groups in the U.S. enter military service for financial reasons or because they want to "better themselves" in the larger society. American Indian Vietnam War veterans, however, saw entering military service in a somewhat different light. While the majority (50%) did think financial reasons were somewhat or very important in the decision to enter the service, a larger number (61%) felt that respect gained from the non-Indian majority in the rest of society was not important to them. A large majority felt that such things as duty, honor, and family and tribal traditions were important reasons for joining the

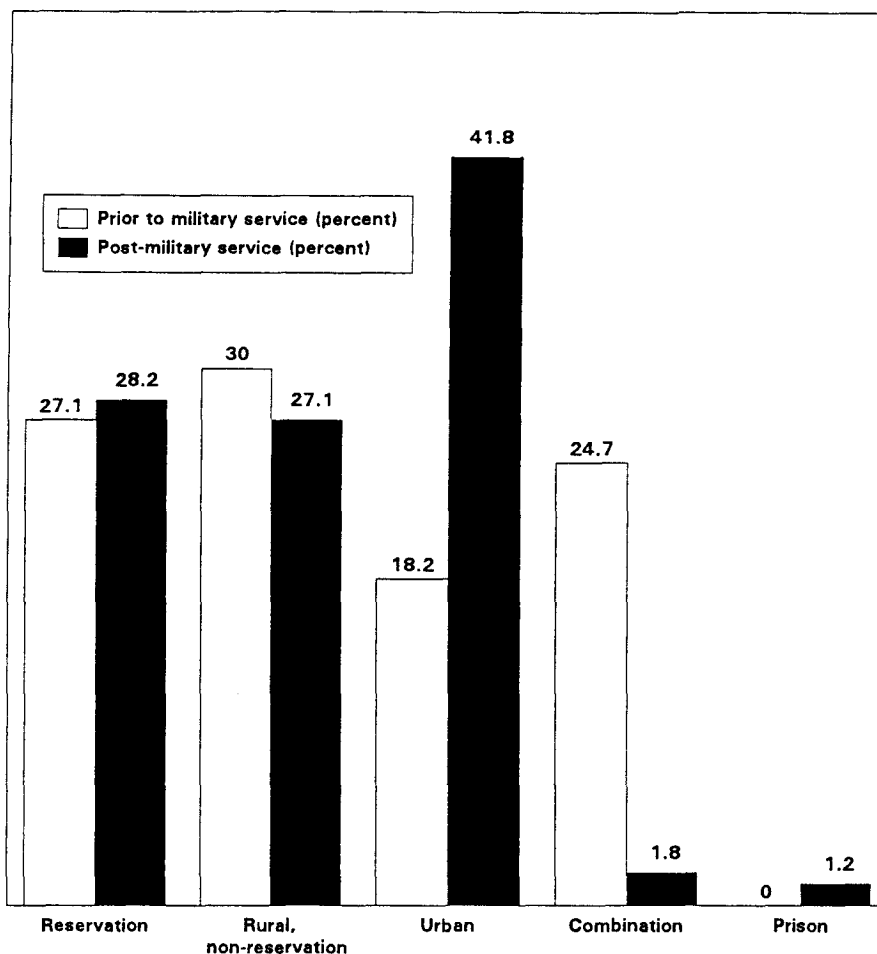


Figure 2
Residence

armed forces. A total of 62% thought that entering the service and fighting a war would gain them the respect of Indian people (Table 1).

In spite of having good feelings at least some of the time about their military service (93% expressed this opinion), their total experience during and since the Vietnam War has been somewhat negative. While in the military a number of them (41%) were subject to some form of discrimination. A few of them were referred to as "blanket asses" or "red-skins" and nearly every one of them had been called "chief" at one time or another during their periods of military duty. By and large they served in nontechnical military occupations, which meant not only that they would

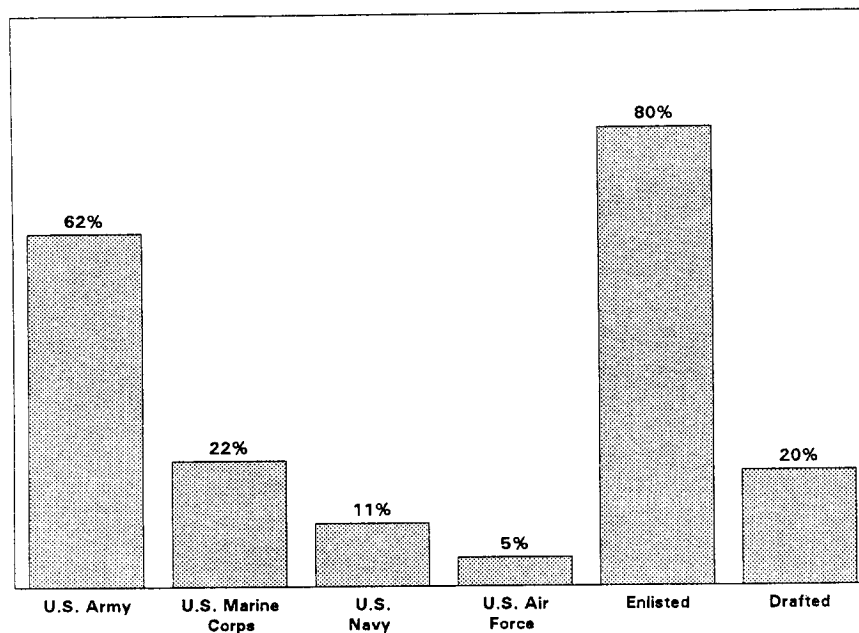


Figure 3
Branch of military

Table 1
Reason for Entering Service (%)

Reason	Very Important	Somewhat Important	Not Too Important	Not Important
Duty, country	44.1	31.2	13.5	11.2
Financial reasons	20.6	29.4	27.6	22.4
Respect from Indian people	35.3	27.1	17.6	20.0
Respect from non-Indians	15.3	23.5	25.3	35.9
Family tradition	51.2	24.1	11.8	12.9
Tribal tradition	43.5	31.8	12.9	11.8

be more likely to see combat, but that the military considered them less able to learn highly technical military skills. In addition, despite the fact that many of them achieved relatively high educational levels after their military service, 46% remain unemployed.

They also suffer numerous stress-related symptoms and suffer from problems associated with their wartime experience. Posttraumatic stress disorder symptoms are well studied and documented, occurring with some frequency among Vietnam War veterans. Symptom sufferers complain of feelings of rage, depression, spontaneous flashbacks of combat, sleep disturbance, intrusive recollection, survivor guilt, and heightened startle responses. PTSD symptoms also seem to compound problems of drug and alcohol abuse and often lead to an inability to maintain sound relationships with close friends and family members. Eighty percent of the respondents said they had feelings of depression, 76.5% had sleep disturbances, 63.5% experienced combat flashbacks, and 71.2% had experienced barely controllable periods of rage and anger. A large number (138 individuals or 81.2%) candidly stated they had mild to severe alcohol problems and almost 32% admitted to abusing drugs (Table 2).

Table 2
Problems Associated with PTSD in
American Indian Vietnam War Veterans

Type	Frequency		Resolved Problem		Resolved Problem; Attended Ceremonies	
	#	%	#	%	#	%
Alcohol	138	81.2	56	40	23	41
Drugs	54	31.8	18	33	15	83
Depression	136	80	34	25	24	70
Sleep Intrusion	130	76.5	35	27	23	65.7
Flashbacks	108	63.5	28	26	22	78.5
Anger/rage	121	71.2	26	21.4	22	84.6

Although it is apparent that most respondents to this questionnaire had depressive, PTSD and alcohol-related symptoms, it is impossible to project the prevalence of the symptoms in the Indian Vietnam veteran population at large because of sampling considerations mentioned previously.

Those who took part in the survey admitted to relatively unstable marital relationships; 47% of the respondents were either separated, divorced, or had been married more than once (Figure 4).

PTSD symptoms often are linked directly to the intensity and the amount of combat an individual experienced in Vietnam. There also is evidence to suggest that members of minority groups suffer from PTSD more frequently and to a greater degree than do other Vietnam veterans. *Legacies of Vietnam*, the 1981 Veterans Administration study of Vietnam veterans, supports this contention. According to the study,

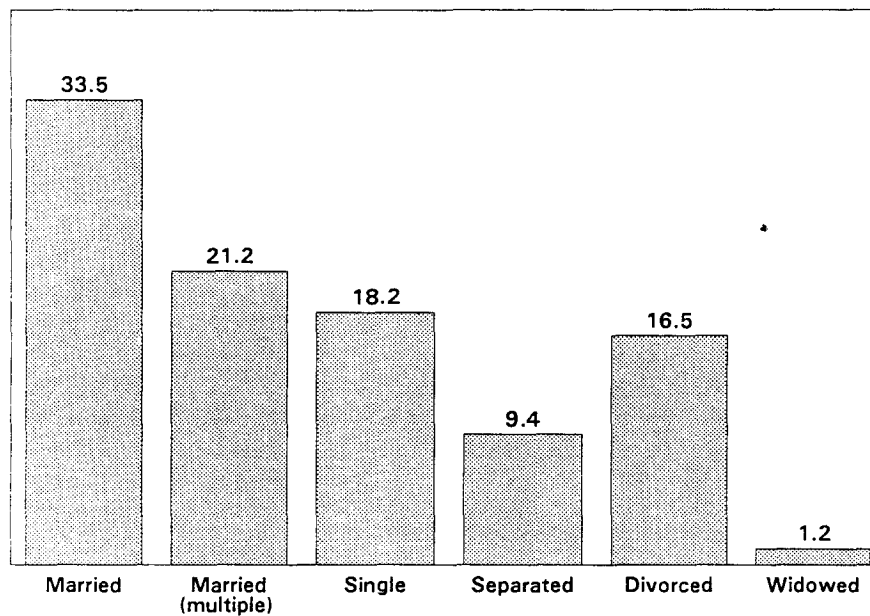


Figure 4
Marital status

Vietnam veterans as a group were three times as likely to be stressed as Vietnam era veterans and the latter were twice as stressed as men who did not enter the military. Blacks and Chicanos, at every point of stressful experience, evidenced somewhat higher levels than whites. For black respondents, just being in Vietnam was as stressful as being in heavy combat for white veterans.

The reasons underlying the high frequency of stress-related problems in American Indian Vietnam War veterans are many and somewhat complex. In the first place, there was a great deal of ambiguity for an American Indian even to enter the military. Indian tribes in the United States were crushed by American military might. The federal government implemented policies under which Indians were stripped of many of their tribal customs, ceremonies, and institutions.

Moreover, despite the original inhabitants of the land, Indians have been pushed aside and left as one of the poorest and least educated groups in the nation. Some reservations have reported unemployment rates as high as 80% and education at the eighth-grade level. Yet, as Table 1 indicates, Indians enter the service because they hope to carry on family traditions. Their fathers and grandfathers were warriors in the tribal and national sense of the word. The realization they were serving a government that historically betrayed their people while at the same time individually attempting to maintain family tradition creates a great deal of tension.

In Vietnam, Indians found themselves steeped in ambiguity. They were in the position of fighting what some considered to be a white man's war whereas the whites themselves, on average, seemed to suffer very little. Said one veteran, "The white dudes stayed in school, you know, and we (meaning Indians, blacks, and others) fought the war. They don't know nothing about anything except what they get out of a book. But they get the jobs." While in Vietnam several of the veterans realized that the federal government's wartime policies conflicted with their own cultural training and notions of justice. One man was made painfully aware of the difference between his own tribal culture and modern military tactics:

We went into a ville one day after an air strike. The first body I saw in 'Nam was a little kid. He was burnt up — napalm — and his arms were kind of curled up. He was on his back but his arms were curled and sticking up in the air, stiff. Made me sick. It turned me around. See, in our way we're not supposed to kill women and children in battle. The old people say it's bad medicine and killing women and children doesn't prove that you're brave. It's just the opposite.

Another veteran saw striking similarities in the condition of Vietnamese peasants and his own people "back in the world (U.S.):"

We went into their country and killed them and took land that wasn't ours. Just like the whites did to us. I helped load up ville after ville and pack it off to the resettlement area. Just like when they moved us to the rez' [reservation]. We shouldn't have done that. Browns against browns. That screwed me up, you know.

Still another veteran was forced to take a hard look at the racial aspects of the war. During a search-and-destroy mission this particular man was approached by one of the Vietnamese whose home had just been burned to the ground. The old farmer looked at the Indian soldier, compared their skin and hair color and said, as if confused, "You-me, same-same."

For a significant number of Indian veterans the return to the United States was not what they had expected either. If they sought acceptance by whites, they were disappointed. If they thought military service would bring them opportunity, they discovered that it had only lowered their status within the American mainstream. American veterans in general were looked upon as either pawns or victims. Some felt as if American society, of which American Indians were only a peripheral part anyway, had sent them to war and then rejected them for actually serving. They turned to their own people and sought solace and healing in their own traditions.

Alienated by whites and historical federal policies toward Indians in the first place, American Indian veterans frequently were involved in heavy combat. Among survey respondents, 75% served in infantry, ranger, airborne, special forces, tank and artillery units, or as door gunners in helicopters or aboard gunboats (Table 3).

Table 3
Military Specialty

	%
Infantry	38.5
Artillery	7.7
Special forces	2.8
Airborne	8.4
Armor	3.5
Aviation (rotary wing)	7.7
Aviation (fixed wing)	4.9
Ship	3.5
Gunboat	2.1
Medical	5.6
Combat engineer	4.2
Other	11.2

A significant number of respondents (42.2%) saw heavy combat, while 31% were wounded in action — 13% were wounded on two or more occasions (Figure 5).

The combat experience virtually assured that American Indians would suffer PTSD symptoms in relatively significant numbers and their alienation from mainstream America certainly compounded the stress.

There are, however, some Indian veterans who seemingly have worked through or resolved some problems associated with PTSD symptoms. As Table 2 indicates, some claim to have resolved their alcohol and drug problems and are working through the feelings of depression, flashbacks, nightmares, and symptomatic rages of the disorder. Even more significant is the fact that a large percentage of those who have worked through these problems also have turned to their own healers and have taken part in traditional tribal honoring or cleansing ceremonies. There is, then, a direct correlation between ceremonial participation and the resolution of problems with possible exception of alcoholism. The reason for this exception is not clear at this time. One can only speculate that Indians perhaps place the consumption of liquor in a different context than the other problems — the former might be seen as a social condition while the latter may be viewed as a spiritual problem. In any case, the connection should be explored further. It is clear that at least 64% of the respondents believe that tribal ceremonies can aid the healing process.

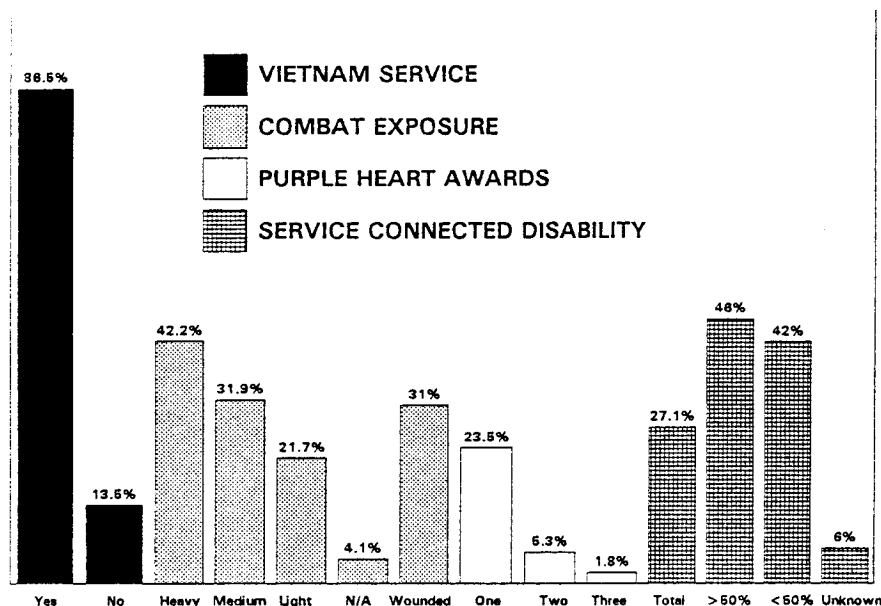


Figure 5
Vietnam service

Readjustment Counseling

Obviously there are a number of American Indian Vietnam War veterans in financial and emotional need. The greatest problem for Vet Centers nationwide is simply being able to get Indian veterans to come in for counseling. The problem lies not only in the fact that Vet Centers, normally located in urban areas, are inaccessible for many Indians on reservations, but also that Indian attitudes mitigate against seeking help from outsiders. It is clear that Indian veterans know about Vet Centers — 67% of respondents were aware that a number of services exist, but only 36% of that number actually have sought help from the centers. Of that number a clear majority were satisfied with Vet Center services (Figure 6). Vet Centers can be of help to American Indians. Interestingly enough, the foremost problem that these individuals were concerned with was PTSD (Table 4).

Judging from the respondents' answers to several questions, Indian veterans are highly unlikely to seek help from government agencies. In the first place, they display a marked distrust of the federal government and to a great extent feel that it, along with their own tribal governments, have not done enough to help Vietnam veterans. They feel that non-Indians do not have positive attitudes toward American Indians or toward Vietnam veterans as a whole. In short, American Indian veterans of the Vietnam War

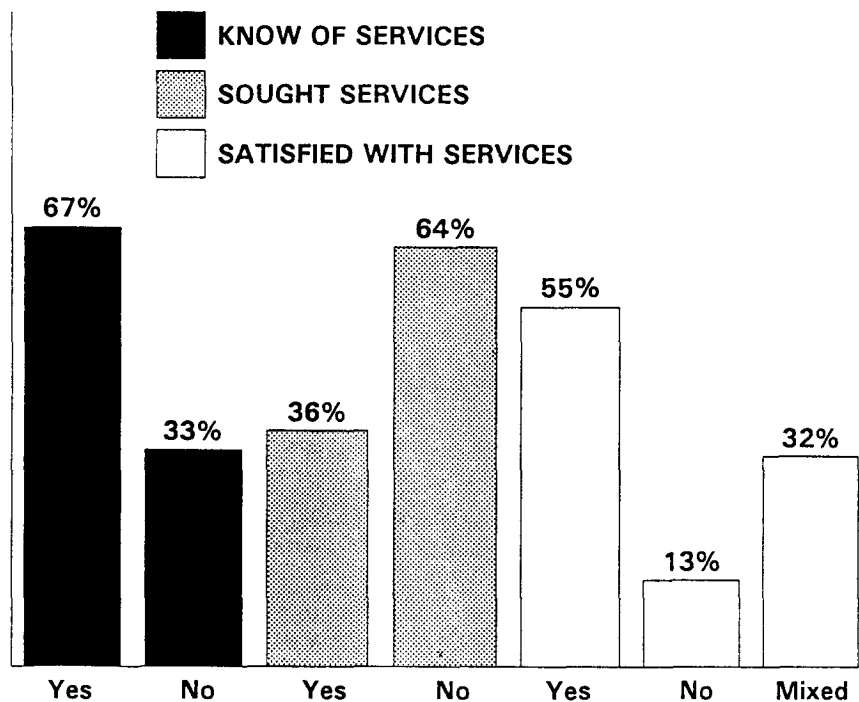


Figure 6
Vet center use

Table 4
Reasons for Seeking Vet Center Services

	%
PTSD	25.5
Substance abuse	10.6
Employment	21.3
Agent Orange	6.4
Education	12.8
Discharge upgrade	2.1
Violence	4.3
Combination of above	17.0

are extremely wary of non-Indian motives and federal programs. Their dissatisfaction with their own tribal government lies elsewhere.

Some Indian veterans are, however, very much concerned with the continuity of their own tribal customs, ceremonies, and kinship patterns. Despite their feelings that tribal governments are not doing enough

to help them, they actively participate in tribal politics. Twenty out of the 170 respondents, for example, held elected tribal office. Over 60% regularly vote in tribal elections. They remain tribal in their political orientation and, in fact, few of them belong to national or pan-Indian organizations.

Their identity as tribal Indians is extremely important. Ninety-eight percent of the respondents described themselves as either being culturally traditional or very much interested in keeping traditions alive. Their principal argument with present tribal governments probably rests in the notion that these political institutions tend to emphasize economic development over cultural preservation. A large majority (71%) indicated that tribal governments ignore the advice of tribal elders, who, by virtue of their knowledge of tradition, should keep the tribal identity and special interests in proper perspective. While the majority of the respondents felt that tribal elders were people of authority and were teachers, 81% felt that the elders had no political power. When asked if their tribal governments were representative of their people, 33% said no while another 33% were not entirely sure. Their ambivalence probably reflects their concern with preserving tribal traditions and wanting to remain tribal Indians while at the same time being critical of political institutions in general.

In conclusion, the readjustment counselor must keep in mind a few main points about the attitudes of American Indian Vietnam War veterans and about American Indian life in particular:

1. Indian veterans are tribal in outlook. Thus, personal relationships and kinship patterns are very important to them. Role relationships (i.e., student to teacher, boss to worker, physician to patient, etc.) have little meaning. Indian veterans will be found around other Indians.
2. Indian veterans are either wary of or apathetic toward federal programs, government institutions, and state and local politics. They follow tribal politics but remain critical of tribal governments. They rarely will come in for counseling unless they are contacted personally, and shown that the Vet Center is not just another federal program. Outreach is essential.
3. Indian veterans are proud of and very concerned with keeping traditions alive. They are respectful of tribal elders, customs, and ceremonies. They will also be critical of standard American therapeutic methods. A healthy majority of them (60%) feel that Indians have more positive views of Vietnam veterans than the rest of society.

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STRESS, DEPRESSION, SUBSTANCE ABUSE, AND RACISM

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Abstract: Many studies have focused on the special needs of American Indian populations. Some of these studies have special impact on Indian veterans. These can be grouped for consideration around cultural and personal identity problems. These problems are multifaceted and interacting. They bear directly on the community and individual self-esteem. The four major points of these problems are stress, depression, alcohol/drug dependence, and racism.

Stress

For some American Indians today stress begins before birth. Fetal alcohol syndrome is more prevalent in Indian populations than any other identified racial group by a factor of four to one. Infant mortality in reservation populations is greater than 300 per 10,000 births, higher than any Third World country (Indian Health Service report to the Surgeon General, 1988). Poverty, unemployment, dietary deficiencies, broken families, and substandard housing, sanitation, and education are compound stressors that the individual has faced before entering the military and that greet him or her on return.

Depression

Acute depressive reactions, including suicide attempts, are common Indian mental health problems. Many acting-out behaviors such as drinking, reckless driving, and family conflicts can be seen as symptoms of widespread and underlying depression. Similarly, anxiety, fatigue, physical illness and pain, school and job failures, low self-esteem, low productivity, and feelings of inevitable, personal doom also may be manifestations of the hopelessness and helplessness syndrome of chronic depression.

Years of poverty, prejudice, and cultural breakdown often lead to a loss of sense of meaning and belonging and are therefore contributing factors in depression. Not all individuals in tribal communities are depressed clinically; most people are, to a greater or lesser degree, personally affected

by the historical and current traumas that complicate Indian life. Multiple losses on a personal, tribal, and cultural level all combine into unresolved grief and anger and ultimately into a deeply embedded depression. Unexpressed anger may be stored up and turned against the self, causing guilt and depression. This type of depression also may be associated with an emotional numbing, making it difficult to fully respond to either problems or opportunities as they present themselves (Debruyn, Hymbaugh, & Valdez, 1988). Since they are unable to imagine how things could really be different, depressed people tend to accept negative life circumstances as inevitable.

Suicide is an unfortunately common mental health problem in the Indian community, generally estimated at twice the national average (Debruyn, Hymbaugh, & Valdez, 1988). Indian men under age 40 seem to be particularly at risk for suicide, both because of their frequent lack of satisfying roles in the modern Indian community and because of their tendency to use more violent and deadly methods of attempting to kill themselves, such as hanging or shooting. Some authorities think that a high proportion of fatal car accidents and alcohol-related deaths in general also may be unrecognized suicides.

While in many respects what we know about suicide also generally applies to Indian suicides, counselors should be aware of certain differences, including the following:

1. The involvement of alcohol in over 90% of Indian suicides.
2. The much greater vulnerability of younger Indian men to suicide, in contrast to the greater vulnerability of older men in non-Indian society.
3. The greatly increased risk of an impulsive suicide attempt following a rejection or disappointment.
4. The fact that talking about wanting to join dead relatives, or having an experience of being visited by the dead, may be a clue to an impending suicide attempt. As in non-Indian society, a history of suicides in the family as well as a personal history of previous suicide attempts greatly increases the risk of a completed suicide.

Many suicide attempts are impulsive acts. Most people surviving a suicide attempt do not go on to kill themselves. Therefore, it is extremely important to develop community systems for responding to suicide threats and attempts. Because suicide attempts are impulsive and often occur outside office hours, there is a need to have basic information about suicide and about resources for crisis intervention.

Treatment of suicidal clients also must address underlying problems such as cultural identity confusion, alcoholism, and depression. Since suicidal clients frequently are angry, alienated from mainstream society, and hard to reach, it is particularly important that culturally acceptable methods of treatment are offered.¹

Alcohol and Other Drugs

That alcohol is a major problem in American Indian communities is a truism. Alcohol is a primary social, economic, health, and spiritual problem for many contemporary reservation and urban American Indians. As mentioned above, alcohol is a factor in 90% of all Indian suicides. For some subgroups alcohol is involved in all social interactions. Veterans served in the military where an abundance of relatively inexpensive alcohol is found along with a permissive if not mandatory attitude toward its use. The trap became irresistible. Two brief case histories illustrate this point:

1. John was born on a remote reservation. His father had abandoned the family when the fifth child was born. John, the eldest, was 7 years old and already had spent most of his time with his maternal grandparents. His mother chronically abused alcohol but would periodically sober up and lecture the children on the evils of "fire-water." Until he was 14 years old, John would binge drink with some of the older boys. At 14 John was sent to Jesuit boarding school "because there wasn't enough food for everyone." On all his trips back to the reservation he would "get drunk at least once to be with the guys." At 17 years old he "enlisted to get away from the Jesuits" and found Marine boot camp easy by comparison. He completed two tours in Vietnam, was wounded twice, was awarded two Purple Hearts, three Bronze Stars (two with "V" devices for valor), and spent as much time as possible drunk. On his return to "the world" he got a job in a sawmill, was fired for poor attendance, moved to a city on the West Coast, and lived on the street for 12 years. He began recovery in 1986 and now does outreach for an Indian Health Service alcohol treatment program.
2. Will was born on a reservation but was adopted by an Anglo family before he was 1 year old, after his mother was killed in an auto accident. His adoptive father was a Protestant minister and Will says, "I didn't drink, but was preached at as though I did." When he finished high school he returned to his reservation and immediately began using alcohol "Just like everyone — I had to become Indian some way." At 18 years old he enlisted to avoid prosecution on an alcohol-related charge. He was disinherited by his adoptive family, volunteered for airborne training, volunteered for Vietnam, was wounded at the beginning of his second tour, and is paraplegic from the gunshot wound. He now drinks as much of his compensation check as his guardian will give him. When asked by strangers how he became paralyzed he most frequently replies, "Fell off a bar stool in Southeast Asia."

Racism

The most destructive form of racism is institutional and has two forces. The first distorts or destroys the anvil on which all personality is shaped: the traditions, rituals, and ceremonies that give culture its definition. The second deflects the hammer of everyday experience through negative stereotypes and expectations. That there has been a historical, systematic, deliberate attack on American Indian culture is beyond dispute. All American Indian religious practices were outlawed until passage of the Indian Religious Freedom Act of 1978. This author remembers the last time some missionaries gathered up all the drums, feathers, and pipes they could find. They burned the drums and feathers, then broke the pipes, throwing the pieces out on a gravel road.

The examples used in this section, while personal, are not atypical and are, I believe, necessary for the clinical counselor to begin to understand the disabling effects of the special needs of Indian veterans. The above mentioned negative influences impede achievement in school, block acquiring of and advancement in work, limit potential in social and family relationships, and pass on to each succeeding generation the "sins" of the parents.

In the military, institutional racism is expressed by calling Indian soldiers "Chief, Tonto, or Scout." In readjustment, it is more subtle and is expressed by counselors' expectations that Indian veterans come from a "line of natural warriors" and therefore only need to quit drinking, go to pow-wows and the sweat lodge, and get on with his or her traditions. That the recent tradition consists of alcohol, unemployment, poverty, broken homes, and a sense of personal doom is overlooked. In truth, the American Indian combat veteran needs all of the services offered other veterans with special attention to his recent and remote traditions, ceremonies, rituals, and unique needs. Counselors need an awareness that Indian veterans' culture is radically different than mainstream veterans. Access is needed to find appropriate consultants from the ranks of practicing American Indian contemporary professionals and traditional healers.

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Note

1. The foregoing section was adapted with permission from *Overview of the Mental Health Status of Indian Communities, Needs and Barriers*, edited by Jennifer Clark, Ph.D., and published by the Swinomish Tribal Mental Health Project, LaConner, Washington, 1991.

A CULTURAL AND COMMUNITY PROCESS

DONALD JOHNSON, Ph.D.
ROBIN LADUE, Ph.D.

Abstract: We have been told by the white men . . . That God sent to men His Son . . . And we have been told that Jesus the Christ was crucified, but that He shall come again at the last judgment . . . This I understand and know that it is true, but the white man should know that for the red people, too, it was the will of Wakan-Tanka, the Great Spirit . . . To bring the most holy pipe to His people.

— Black Elk

The purpose of the traditions of American Indian people is to affirm life, harmony, dignity, and the place of the individual within the circle of life. War and its consequences take away from that harmony. To regain the wholeness of the person, native people developed specific traditions, practices, and processes. Examples of such practices include the Navajo enemy way, the Sun Dance, the pipe, veterans' dances, and the sweat lodge. However, it should be noted that none of these practices were universal among all tribes and that they *only* were done under the direction of a trained native practitioner within the sanctions of the community.

If one is to look at the cultures of Indian people across time, it can be seen that most, if not all, groups had rites of passage from one phase of life to another. In some traditions, the umbilical cord and placenta is buried, which ties the person to their land. This also implies a responsibility for the land and the people of that land. The acculturation process was done by the community so that each person could assume a functional role within their family, community, and tribe.

Each group had healers that provided medical care, spiritual guidance, and leadership for their people. It was assumed that every individual had some type of healing ability, but the medicine people were those who were recognized by their tribe as having special abilities, dedication, and humility. It took years of training and a total commitment to this way of life to become a healer. These people were treated with respect and reverence. As signs of this, gifts were given to the medicine person. No one within the group would assume to take on the role of the healer or

to call themselves a healer aside from the recognition and sanction of the tribal group. To do so would be to act like the trickster, to act as Coyote did, and to set up oneself and others for bad things. There is power in ceremony. This power can be used, or it can be abused, bringing destruction to all involved.

These people were not healers of their own free choice. Rather, this was a role assigned to them by the Grandfather by virtue of their skills, talents, and life experiences. In contemporary Indian culture these rules still hold true regardless of the picture painted by the popular media, or the strong tendency of the majority culture to view whatever is Indian as free for the taking.

There is a seductiveness about Indian culture and beliefs for those lonely souls looking for a niche, a safe place. However, it should be remembered that being Indian is not simply wearing buckskins or sitting in sweat lodges. It is something that comes from the blood of Indian people, connecting them across time and space through the sinews of tradition. It is a connection of the Spirit in present, to the past, and into the future. There is no single American Indian culture. This generic term encloses groups as diverse as Aleut and Seminole, Mohawk and Apache, Aztec and Lakota, Chinook and Shoshone. Our traditions and ceremonies are as different as our geographies, climates, resources, and histories. While we are enriched by our generosity, strengthened by our honesty, enlivened by our ceremony, sustained by the love of our sisters and brothers, and emboldened by the traditions given us by the Creator, we are not willing to be robbed by those who see only the reflection on the surface of our collective sea of culture.

That war causes disharmony was well recognized among American Indian people. It was understood that posttraumatic stress disorder was something that would have to be lived with for the rest of a veteran's life. It was a given that war changes the person in subtle and major ways. To help facilitate recovery, the entire community participated in the healing ceremonies. The medicine person directed the procedure but relied on the community to give support to the person both during and after the healing ceremony.

It must be clearly understood, acknowledged, and accepted that many of the healing ceremonies are not cures but simply a part of the healing process provided through the entire community. The trauma is a point on the circle of life that must be passed through over and over again. The power of the healing ceremony is that it is a part of the life process that begins in primordial time, enters the person's life at birth and continues past death in an ongoing circle.

Those of us who follow the tradition of the medicine circle experience life as a circle. Illness, in our present case, trauma, deflects one out of the circle. The medicine person takes the circle and the community's support to the injured person through the appropriate ceremony, whether

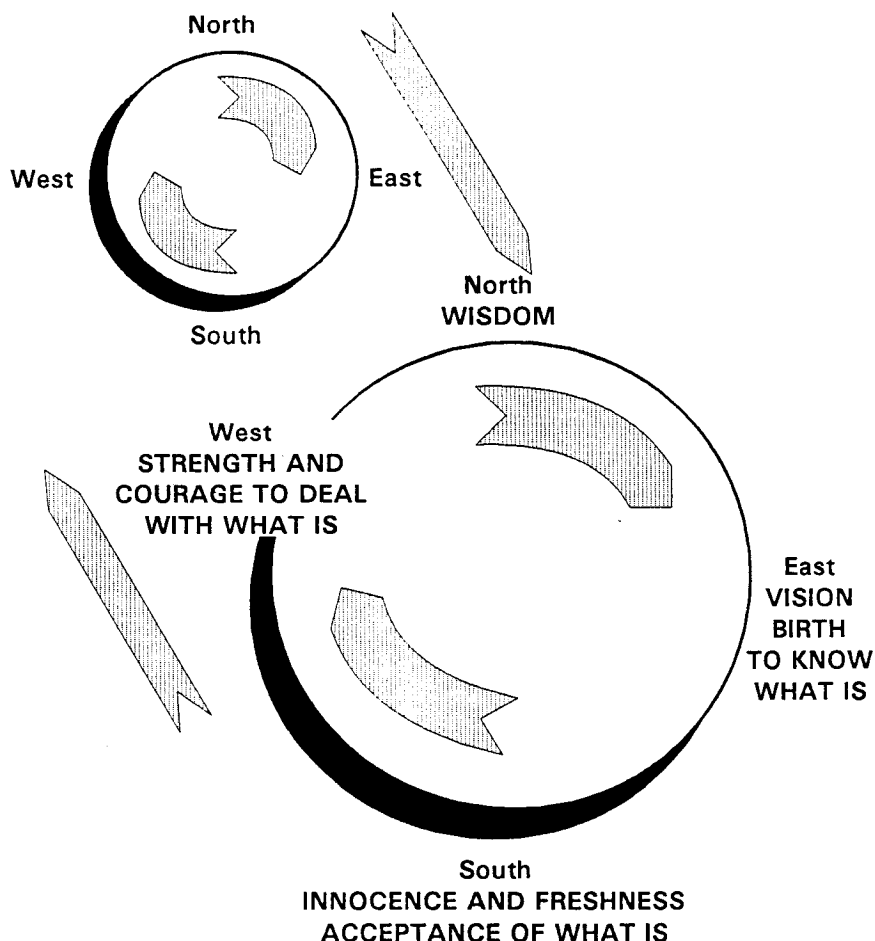


Figure 1

Trauma takes people out of the circle, healing takes them back

the sweat lodge, the pipe, or other. It is recognized that each time one returns to the trauma point on the medicine circle there will be some deflection of the path. Here we depend upon the effects of past healing and repetition of appropriate ceremonial healing. Thus, some ceremonies and rites are seasonal, some are ongoing, and others are unique to specific experience such as birth, passing from one life role to another, or traumatic events such as war (Figure 1).

The problem with being part of a ceremony done without respect for tradition and the support of the tribal community is that an illusion is created in the participant that the ceremony will cure their pain. Unfortunately, when the cycle of life returns to the trauma point, the individual is

disillusioned and may be defenseless against the rebound effect and increased trauma symptomatology. Consequences of reaching the trauma process would be repeated over and over again. Communities helped the individual make preparations to cushion against the rebound effect. People conducting these ceremonies outside the realm of the tribal community frequently lack the knowledge to understand the cycle of trauma. They also are missing the community continuity and support vital to helping the veteran's healing.

Finally, there is a limited range of people who might be reasonably expected to benefit from participation in traditional healing ceremonies. We would find it difficult to imagine that someone who was not born into the tradition and who has not been trained in the sacred ways would apprehend and benefit fully from such participation. This would, on the face of it, severely limit the advisability of a non-Indian offering such ceremonial healing, or of a non-Indian beneficiary realizing a curative effect. Even within the community of American Indian people, there are those who, either by virtue of conversion to another system of spirituality, isolation from teachers by relocation, rejection of teachings through alcohol and drugs, or any other of a myriad of other reasons, may not be appropriate for or benefit from traditional ceremony. It is also important to distinguish between what might be called public-display celebrations and sacred ceremonies. While American Indians regard our gatherings as sacred, there is a qualitative difference between a pow-wow and the Sun Dance, or between a healing sweat lodge ceremony and a cowboy sweat where everybody just gets naked, gets sweaty, and probably gets a bit macho also. Everyone is welcome at our pow-wows. Cowboy sweats usually require an invitation. Sacred ceremonies require training and deserve respect.

Epilogue

Once, when we were traveling to Lapwaai with an elder who was an Indian veteran of the Nez Perce war, we asked why he always swerved and slowed down at a specific place on a relatively straight segment of the road. He stopped the old, forest-green, Oldsmobile pickup truck and took us to a large, flat, basalt rock in a field west of the road. It was May, the month when ponies shed in this part of the world. The grass was lush, coming halfway to our knees. The sun was comfortably warm and the shady side of the basalt was cool to the touch.

He told us to hide behind the rock. He had us look. Swinging his arms in a wide arc he said, "Tell me what you see." We described the slope, the mountain beyond, the magpie brothers arguing over some scrap of carrion, and the American flag that took its place over the Lolo Pass when he was 17 years old. He and a brother were "scouts who came behind" to help anyone having trouble keeping up. They looked

back and saw the American flag coming up over a ridge "that looked just like this one." His brother stayed behind a rock "like this one." He gently touched the basalt. The brother was killed there.

"I remember him every time I come by here and see that flag sticking up there," he said. "So, I slow down and my heart remembers his name and sings his song and feels the hurt a little bit again. So, I go to the sweat and pray and the hurt gets smaller for awhile."

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AMERICAN INDIAN VETERANS AND FAMILIES

HAROLD BARSE, M.Ed.

Abstract: This chapter will provide suggestions and techniques with which the individual counselor can more successfully outreach this often overlooked segment of the Vietnam veteran population.

For an assortment of different reasons, Indian veterans have not fully utilized Vet Center services. It should not be assumed there is no need for readjustment counseling among Indian Vietnam veterans. Assumptions that Indians are immune to posttraumatic stress disorder (PTSD) due to cultural or traditional beliefs are false. Real reasons for low utilization of Vet Centers include: (a) lack of knowledge in tribal communities of services available, (b) long distances between reservations and urban Vet Center locations, (c) occasional cultural insensitivity of Vet Center staff members, (d) lack of awareness of immediate or surrounding Indian communities and organizations, (e) skepticism of government programs by Indians, (f) ignorance about American Indians among the majority of the non-Indian population, and (g) typical, negative stereotypes of Indian people.

Initially one must determine if there is a visible or substantial Indian population in your immediate area. Before offhandedly assuming there is not, be aware that American Indians are found from Seattle to Florida and from New York City to Los Angeles and most urban communities between. The following map shows areas of the country where Indians live in higher concentrations than the national average for their race (Figure 1).

The 1990 census provides the following information on American Indian, Eskimo or Aleut populations. Population rank by state: (a) Oklahoma, 252,420 (b) California, 242,164 (c) Arizona, 203,527 (d) New Mexico, 134,655 (e) Alaska, 85,698 (f) Washington, 81,483 (g) North Carolina, 80,155 (h) Texas, 65,877 (i) New York, 62,651, and, (j) Michigan, 55,638.

Rank by percent of state population: (a) Alaska, 15.6%, (b) New Mexico, 8.9%, (c) Oklahoma, 8.0%, (d) South Dakota, 7.3%, (e) Montana, 6.0%, (f) Arizona, 5.6%, (g) North Dakota, 4.1%, (h) Wyoming, 2.1%, (i) Washington, 1.7%, and (j) Nevada, 1.6%.

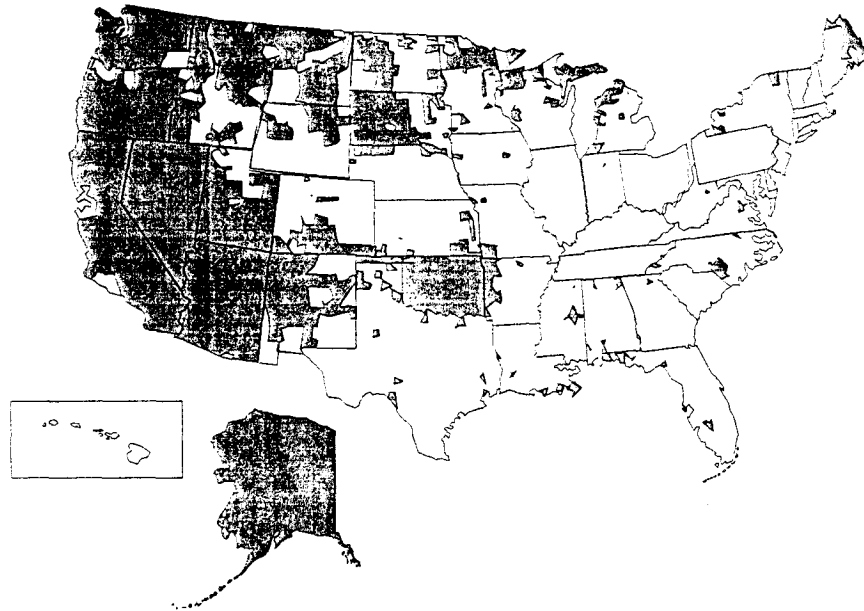


Figure 1
Dark areas on this map show American Indian population concentrations across the United States

These demographics clearly indicate that most Vet Centers are located near a substantial American Indian population. How then do you assume the additional tasks of locating and outreaching a potentially resistant population? A logical outreach plan needs to be developed. Cutting the Indian veteran pie into two pieces is the first step. These two slices are urban and reservation.

Urban

During the 1950s the federal government, through the Department of Interior's Bureau of Indian Affairs (BIA), began a program termed "Relocation" in an effort to assimilate the Indian population into mainstream society. This was done by encouraging reservation or rural Indians to leave the reservation for designated urban centers for subsidized vocational training and job placement. Since the 1950s more than 200,000 American Indians have moved from tribal lands with government help. They in turn established roots in the cities. Many Indians of the Vietnam generation are the first to be born and raised in an urban environment. Few major metropolitan areas are without Indian populations.

Here is a list of urban areas with the greatest American Indian populations (1990 census): (a) Los Angeles, California, 87,487 (b) Tulsa, Oklahoma, 48,196 (c) New York, New York, 46,191 (d) Oklahoma City, Oklahoma, 45,720 (e) San Francisco, California, 40,847 (f) Phoenix, Arizona, 38,017 (g) Seattle-Tacoma, Washington, 32,071 (h) Minneapolis-St. Paul, Minnesota, 23,956 (i) Tucson, Arizona, 20,330 and, (j) San Diego, California, 20,066.

A comprehensive approach to outreaching Indian veterans begins with identifying and locating Indian organizations. Look under federal and state government for federal or state Indian programs. Your list of Indian programs will probably include some of the following: urban Indian centers, urban Indian health clinics, Indian employment assistance programs, Indian newspapers, Indian television and radio programs, Indian-owned businesses or trading posts, Indian education programs in public schools (JOM and Title V), Indian alcohol and drug treatment programs, Indian cultural societies and clubs, Indian positions within universities (i.e., student clubs, special programs, counselors, or art galleries which feature American Indian art), and Indian agencies within the federal government — BIA, Indian Health Service (IHS), and the Indian desk in Housing and Urban Development (HUD).

Completing your initial reconnaissance of Indian organizations in your immediate area, you are now ready to begin the process of networking these programs. If time and manpower allow, the best approach is to personally visit these offices to determine what services they offer and in turn provide them information about the Vet Center. This material should include posters, pamphlets, and PTSD information. A good practice to follow is offering to make a presentation to staff members. These presentations should be selectively aimed at programs that come in regular contact with Indian families. Until recently the urban Indian centers provided most of the social services for Indian veterans and families. Unfortunately, with cuts in federal funding, many of these centers have closed, but your posters and pamphlets should be prominently displayed by programs you do come across.

If you are invited to give a presentation, always allow adequate time for feedback from the staff, which might better prepare you to service an Indian client referred to the Vet Center. Urban Indian health clinics provide much of the health care for Indians in a metropolitan setting. These clinics could prove a vital source of referrals and the staff members of these medical facilities should be aware of PTSD, be able to recognize the symptoms and know where to make referrals. Native American alcohol treatment programs should be targeted for outreach and provided with your pamphlets, posters, and a staff presentation. Establishing these contacts provides you with both a source of referrals and a resource that you can rely on to refer the Indian client for further specialized assistance.

If you fail to identify any organizations you may assume that the Indian population is sparse and further effort would not be productive.

Reservation

Most non-Indians have a misconception about reservations. Many think Indians need a pass to leave and return or that a fence or barrier surrounds the reservation, which is not true. Other stereotypes are prevalent among those who are ignorant of the rich and diverse culture of America's indigenous population. Unfortunately prejudice and racist attitudes still persist in white communities on or adjacent to the reservations. Yet every state west of the Mississippi River with the exception of Missouri and Arkansas has federal or state Indian reservations. Other states with reservations are Wisconsin, Michigan, New York, and Mississippi, with most of the eastern seaboard showing state reservations or Indian groups without trust or restricted land.

The 1990 census found 35% of the nation's 2 million American Indians, Eskimos and Aleuts lived in areas governed by tribes. That's down from 37% in 1980, which translates to 685,464 Indians living on tribal lands.

Reservations with the largest American Indian populations (1990 census): (a) Window Rock, Arizona, 143,405, (b) Pine Ridge, South Dakota, 11,182, (c) Fort Apache, Arizona, 9,825, (d) Gila River, Arizona, 9,166, (e) Papago, Arizona, 8,840, (f) Rosebud, South Dakota, 8,043, (f) San Carlos, Arizona, 7,110, (g) Zuni Pueblo, Arizona/New Mexico, 7,073, (h) Hopi, Arizona, 7,061, and, (i) Blackfoot, Montana, 7,025.

Outreaching the reservation presents the greatest challenge to those of us committed to working with veterans. Initially you must locate the reservations in your state or near you. You will then need to determine what tribe or tribes occupy that particular reservation. Organizations you will come in contact with include tribal governments, IHS hospitals or clinics, BIA offices, and Indian veterans service organizations.

Further information about the reservations in your area can be provided by BIA, which lists the following area offices: (a) Aberdeen, South Dakota, (b) Albuquerque, New Mexico, (c) Anadarko, Oklahoma, (d) Billings, Montana, (e) Juneau, Alaska, (f) Muskogee, Oklahoma, (g) Window Rock, Arizona, (h) Phoenix, Arizona, (i) Portland, Oregon, (j) Sacramento, California, and (k) Coordinator, New York Tribes, Washington, District of Columbia.

These area offices can provide the names and location of reservations and tribal governments plus a listing of agency offices near you. Agency offices are more abundant than area offices and usually are centers of Indian activity. The offices conduct business for individual Indians such as probate, oil and gas leasing, agricultural leasing, and land sales. States with agency offices include Florida, Idaho, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada,

New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, and Wyoming. I call your attention to these because they are excellent sources of information concerning tribal governments, and because Indian veterans or families often work there or frequent them.

Networking the programs, organizations and offices on or near the reservation is of vital importance. Approximately one-third of the entire Indian population resides in these remote, rural locations.

The task here is made doubly difficult due to the closeness of the communities, the social, economic, and health problems prevalent and the distances involved. Surmounting these problems is the task.

The Vet Center team should be able to locate the reservations within their state or area of operations, identify the tribe(s) that resides there, and begin employing the networking strategy.

First, identify the Indian organizations. These will include tribal government, IHS clinics or hospitals, BIA offices, Indian community colleges, JOM/Title IV programs in the local school system, tribal alcohol treatment programs, and Indian veterans service organizations. This list will continue to grow as you encounter more organizations. Concentrate on tribal governments, IHS and the BIA. Send these offices packets of material describing VA Readjustment Counseling Service (RCS) operations and services offered. Include pamphlets and posters. Your cover letter should offer presentations, seminars, or workshops for individuals who staff these programs. Your training will make them aware of PTSD, allowing recognition of the symptoms, awareness of typical readjustment counseling, and where to refer cases.

I emphasize training for reservation programs. You then relieve your office of some of the burden of trying to reach the individual veteran and families, and place the responsibility on reservation service providers. Important targets include tribal governments who sponsor most of the social services to the population, IHS which provides both medical and mental health care, CHRs (community health representatives) who outreach to families, and Indian alcohol treatment facilities. Always be sure that your presentation allows for response from local residents. Our ceremonial and traditional culture has been aware for centuries of problems related to combat stress. I would also encourage inviting the elders of the tribe to any presentation or workshop you may have the opportunity to present. As Indian people we hold our elders in high esteem. They are our links to the past, most still speak their tribal language and have a wealth of knowledge and insight into tribal culture and tradition.

The acronym IHS has appeared repeatedly when discussing health care on the reservation. IHS is the primary health care provider, both physical and mental health, for native people. This network is in place and it is essential that IHS be aware of your services. Like the BIA they have a system of area offices that coordinate health care for Indians.

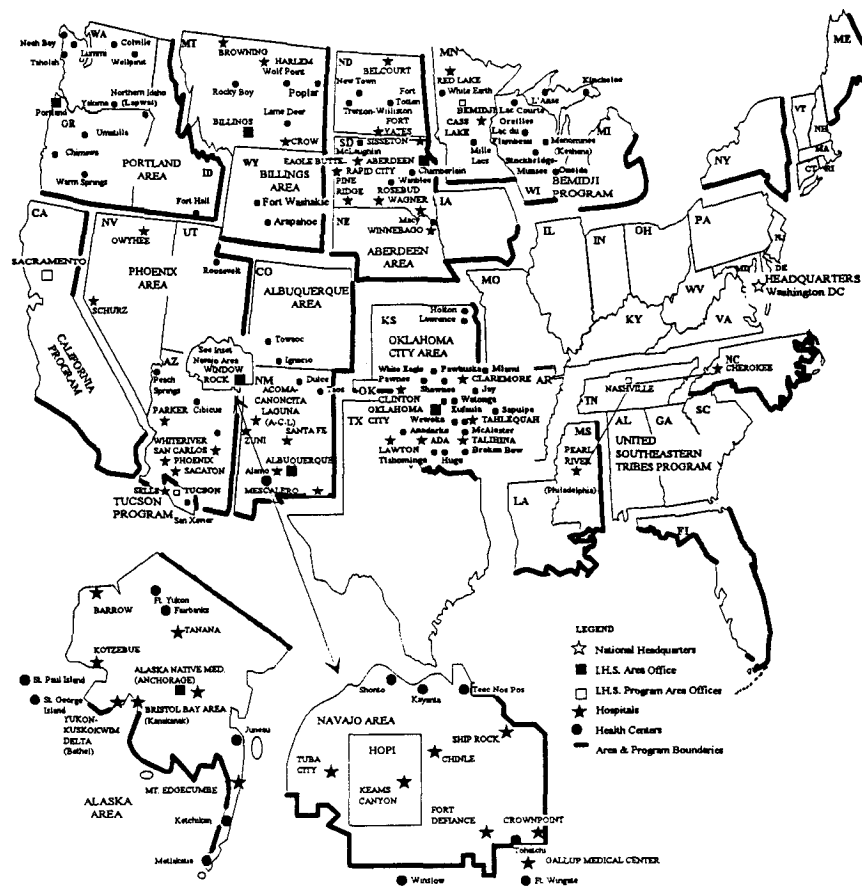


Figure 2
U.S.P.H.S. Indian Health Service major facilities

No more can be asked of your local team than to make the reservation aware of what the Vet Center is, where it is located, and what you can reasonably provide (Figure 2).

Specialized Outreach

For storefront operations, whose geographical location places them in close proximity to large concentrations of Indians, more specialized outreach techniques may be employed.

Media

The media carries information to all corners of Indian country. American Indian television, radio, and newspapers can be a useful avenue for informing the American Indian community about the Vet Center and its services. Contact the media outlets you locate and ask for air time on television and radio or provide news releases and information packets to newspapers. Include your Indian contacts whenever you release information to local non-Indian media.

Pow-Wows

Pow-wows offer a unique opportunity to dispense information and to experience Indian culture firsthand, while noting the special place veterans have within this society. Pow-wows are social events at which native tribal people participate in traditional dances, ceremonies, dance contests, and other assorted social activities. At these gatherings there are always food stands, arts and crafts booths, and trader's stands. A Vet Center can set up a stand or display and dispense information. Pow-wows are open to the public and everybody is invited, both Indian and non-Indian. Sacred tribal ceremonies on the other hand may require a special invitation or request on your part to attend or participate. If you determine that you wish to do outreach at one of these activities ask your local Indian contacts to determine who is sponsoring the activity, and if you would be able to open a stand to inform veterans of your services.

Churches

At the time reservations were established, the federal government assigned major religious denominations to specific reservations where they would be responsible for carrying out missionary activities. This was to enlist these church organizations in the governmental plan of "civilizing" and assimilating the Indian people. Since that time local Indian churches have assumed a vital role within the Indian community both urban and on reservations. Including these Indian churches in your outreach plan can further establish your presence within the Indian community.

Most major denominations have special associations made up of Indian churches within a specific metropolitan area or among rural or reservation communities. Catholic, Episcopal, Baptist, Quaker, Mormon, and Methodist churches all have long histories of missionary activity among native people, and have offices within their organization which specifically deal with mission work to Indians. These offices can provide you with lists of Indian churches within your area of operations.

Individual Indian Contacts

Identifying an individual Indian veteran and establishing contact with these individuals can open many doors in these sometimes closed and often suspicious communities. Indians may be skeptical about outsiders — non-Indians and Indians alike — and what their intentions are. A frontman can prove invaluable in getting you into the Indian community and promoting your credibility among the people.

Contacts need not be veterans. Your contact person may be an elder who is respected within the community, or a pastor of one of the Indian churches. He or she may be a project director for tribal or urban programs. Contacts may be an elected tribal official or someone who works as a CHR, doctor, or janitor at the local Indian health facility. They may be a traditional medicine or holy person. Or, they might be Vietnam veterans who know their way around the reservation or the local Indian community. In any case, contacts can open doors that would otherwise be inaccessible, and provide information unavailable on local conditions and situations in the Indian community.

Services

In most instances individual Indian clients coming to the Vet Center or VAMC will be seeking some form of concrete social service. Meet these needs and you will have begun to establish a trust relationship and will find these clients returning to seek help for coping with PTSD problems. It is essential that presenting problems of unemployment, food, or alcohol treatment be met first. A demonstration of sensitivity and concern along with the ability to provide these services, or make referrals to where these services are available, will increase your credibility in the Indian community and open the door for you to deliver the Vet Center's primary service — readjustment counseling.

Overview

Outreach to American Indian veterans both urban and on reservations is primarily a matter of networking. A logical procedure includes: (a) determine if there is valid need, (b) locate Indian organizations, programs, or offices, (c) network these programs in person if you have time, by phone or mail if you don't, and (d) give presentations or train staff members of urban Indian centers, Indian health care facilities, employment programs, and alcohol treatment programs.

Put up posters in any Indian agency or business you uncover while networking. Indian people can't ask for help if they don't know who or where to ask. These proud warriors have served our country; they have

paid their dues. The least we can do is extend to them the same helping hand we extend to everyone else.

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SPECIAL COMMENTARY

The Readjustment Counseling Service Native American Working Group completed the paper in May 1992. This paper's objective was improving service delivery via education for counselors who provide readjustment counseling services to Native American veterans and their families in a culturally sensitive fashion. The Native American Working Group began an organized effort since 1984 to educate Department of Veterans Affairs personnel and contract providers about the needs of Native American veterans. The group has learned how to successfully interface with the larger system for the benefit of all veterans and has found support for our goals has steadily grown. The goal was quite simply to improve the quality of services to Native American veterans and their families.

This publication has generated much interest and has been requested by various individuals and agencies. The Department of Veterans Affairs has distributed copies to each VA Medical Center, Outpatient Clinic, Regional Office, and Vet Center across the nation. To our knowledge, this is the only resource paper on Native American veterans written by Native American veterans.

The paper has generated much interest throughout Native American communities. Readjustment Counseling Service has offered the expertise of the Native American Working Group to many interested agencies. The Native American Working Group members provide consultation with other providers on the treatment of Native American veterans who are effected by the trauma of war. As a group and individually, our outreach efforts are ongoing and proving to be productive. The members have been organizing sweats for veterans, attending pow-wows with veterans, organizing support groups within Native American communities, encouraging and supporting conferences (e.g., Camp Chaparral at the Yakima Reservation), and promoting traditional healing practices for veterans.

Readjustment Counseling Service is doing outreach throughout Indian country with many tribes; for example Harold Barse, Oklahoma City Vet Center counselor, is doing outreach with the Cherokees in Northeastern Oklahoma, and Dr. Don Johnson, Seattle Vet Center team leader, is outreaching the Yakima in Washington State. In fiscal year 1993, the Vet Centers in the Mountain Region (which is one of seven regions nationally), provided services to approximately 540 new Native American Veterans who had never been seen before, totalling over 4,100 client visits. Nationally, Vet Centers saw approximately 1400 new Native American clients with over 9,300 client visits. One promising example of an effective project is that of the Hopi outstation being administered by the Prescott Vet Center. Through the innovative work of the Regional Office in Denver

and Prescott Vet Center, two counselors were hired to provide services on the Hopi Reservation. Cliff Balenquah, former Hopi Tribal Council vice chair and governor, and Vietnam veteran and counselor, has been successfully running a Vet Center outstation on the Hopi Reservation for 2 years and providing services to Hopi, Navajo, and Apache veterans. Mr. Balenquah was later joined by Hopi counselor Norma Nahsonhoya (Air Force veteran) and work study Lloyd Talas (Operation Desert Storm and Somalia veteran) in providing services. This model Vet Center promotes the theme of community based care via Hopi helping Hopi (and other tribes) on Hopi, and Native American veterans helping Native American veterans. Dr. Al Batres, regional manager out of Denver, is planning to extend this type of model on other Reservations in the near future.

Though the advancement in services seems slow, it is more progress than we had originally anticipated. What we have discovered and hope others will understand is that the principles learned in treating Native American veterans are applicable to other veteran groups. Our mission is to keep the promise via providing the best quality clinical care to veterans with military related readjustment problems, which includes Native American veterans on and off the Reservations who have served our nation in time of need.

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