

## AMERICAN INDIAN VETERANS AND FAMILIES

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*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%.

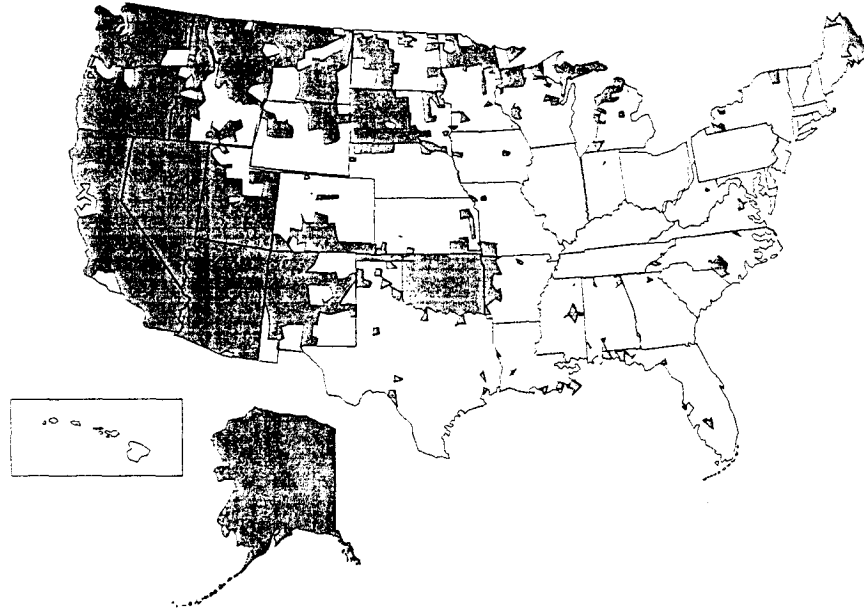


Figure 1  
Dark areas on this map show American Indian population concentrations across the United States

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, (g) San Carlos, Arizona, 7,110, (h) Zuni Pueblo, Arizona/New Mexico, 7,073, (i) Hopi, Arizona, 7,061, and, (j) 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.

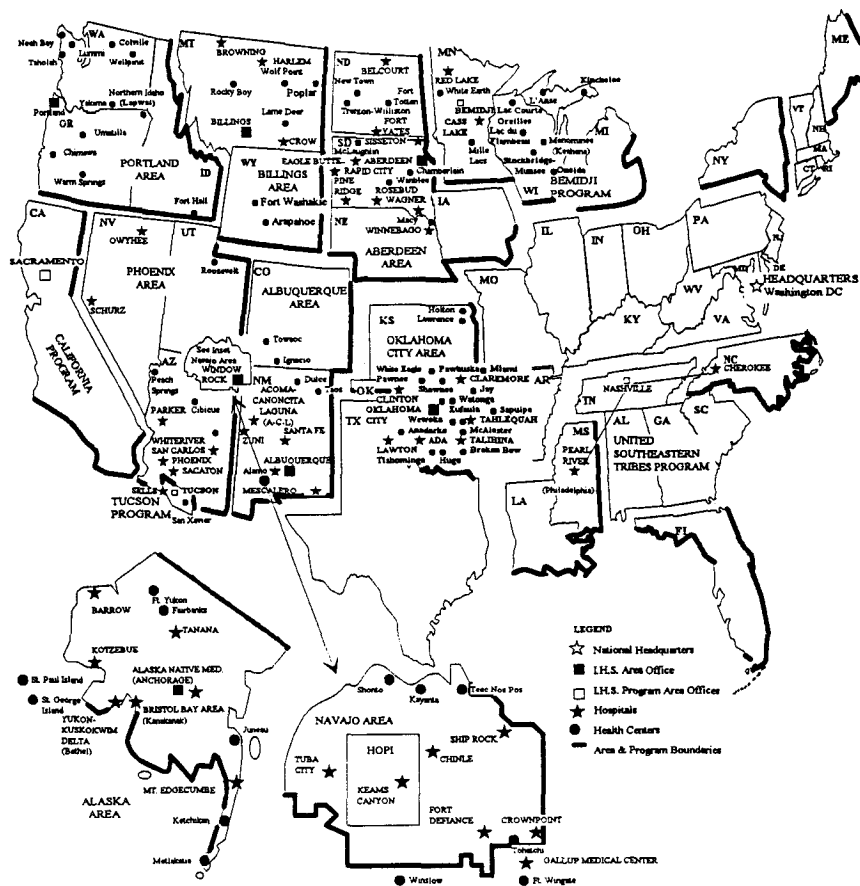


Figure 2  
U.S.P.H.S. Indian Health Service major facilities

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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