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PTSD AND THE NATIVE SOLDIER

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TABLE OF CONTENTS

Dedication and Acknowledgements.....	2
Prologue.....	3
Introduction.....	5
I. The Current Understanding of PTSD.....	7
Governmental Response to PTSD and the Forming of the NCPTSD.....	9
II. Who are the Native People.....	10
Who are the American Indian/Alaskan Natives?.....	10
Who are the Native Hawaiian/Pacific Islanders?.....	13
How Many Native People Serve in the U.S. Military?.....	14
III. Why the Nation Should Be Concerned.....	17
Why PTSD Matters and Why the Numbers Count.....	18
Suicide in Indian Country.....	20
Theories Explaining PTSD in Native Communities.....	22
PCSD and Intergenerational Trauma.....	24
The U.S. Government and the Native Communities.....	26
Manifest Destiny or Holocaust.....	28
The Current Relationship between the DoD and the Native Communities.....	34
IV. Next Steps and Where do We go from Here?.....	36
Recommended Actions.....	38
V. Closing Thoughts.....	40
Endnotes.....	41
Bibliography.....	49

Dedicated to
S.C.

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Until each of us heals, we are not whole.

Prologue

Within hours of taking the oath of office and before the festivities began, President Barack Obama took time out of his Inauguration Day to sign his first Executive Order proclaiming that “January 20, 2009 be a National Day of Renewal and Reconciliation.”¹ If you were a Black American, you might interpret his words to mean that full equality would soon be achieved. If you were an Arab immigrant, you might believe that his words meant that America would reach out to heal the conflicts in the Middle East. If you were an American Indian, Native Alaskan, Hawaiian Native or Pacific Islander, you might understand his words to mean that America will finally live up to her ideals and begin to heal the wounds that have long been left unattended. You might begin to believe that the wounds that fester in the forms of poverty, alcoholism, drug abuse, domestic violence, suicide, homelessness and hopelessness in Native communities might now be given a place to heal.

The victor writes history, which is why history books cannot always be trusted. What our American history books tell us is that the United States (U.S.) Government had no choice but to forcefully re-locate the Indian populations with long marches, such as the “Trail of Tears.” What our American history books tell us is that what happened at Wounded Knee was a justified skirmish in a very long and protracted war. What our American history books tell us is that the U.S. Government attempted to help the Native communities in Alaska, Hawaii and the Americas by educating their children in government sponsored boarding schools.

However, what the American history books leave out is that even today the legacy of these wounds are carried forward and show themselves in disproportionately high rates of Post Traumatic Stress Disorder (PTSD) in the active military and veterans of the Native communities. What the American history books leave out is that the high rates of PTSD in the Native soldier may not only be a result of combat or military service, but also because of deeply rooted trauma inflicted on their communities and their ancestors. Traumas that live inside the soldier like ghosts from Wounded Knee and wailing phantoms from the Trail of Tears and are recalled in the collective memory of the boarding school slogan that proclaimed, “Kill the Indian, and save the Man.”² What the American history books leave out is that the Department of Defense had a hand in all of these atrocities.

President Obama’s Proclamation ends with the words of Lincoln who said:

*The mystic chords of memory, stretching from every battlefield and patriot grave to every living heart and hearthstone all over this broad land, will yet swell the chorus of the Union, when again touched, as surely they will be, by the better angels of our nature.*³

Now may be the time to update American history books and include the voices of those who were conquered and whose land was taken so that the United States could rise up and become the most powerful nation on Earth. Now may be the time for the Department of Defense and the Native communities to find common ground of understanding and begin a time of renewal and reconciliation so that our collective healing can begin.

Introduction

Soldiers have been suffering from the effects of trauma in war since recorded history. In Homer's 2800-year-old epic, Odyssey, the protagonist leaves behind the heroic status he obtained during the arduous war and walks into a dark night of trials and tribulations that test him throughout his long journey home. As Edward Tick asserts in, War and the Soul, "Every soldier is Odysseus, in that the soldier's journey home from war is always long and complicated; his body often arrives long before his mind readjusts."⁴

A 2008 study by the RAND Corporation concluded that approximately 20 percent, or 300,000, military service members returning from Iraq and Afghanistan have reported symptoms of "PTSD or major depression, yet only slightly more than half have sought treatment"⁵ due to the stigma attached and their fears of losing their careers and employment. This report estimates that these men and women will "cost the nation as much as \$6.2 billion in the two years following deployment — an amount that includes both direct medical care and costs for lost productivity and suicide."⁶

In 1996, the National Center for Post Traumatic Stress Disorder completed a survey of Vietnam veterans, called the "Matsunaga Vietnam Veterans Project" to determine rates of PTSD in veterans within minority communities. The overall finding of this study was that the prevalence of lifetime PTSD was highest among the Northern Plains Indians at 57 percent, the Southwest Indians at 45 percent and the Native Hawaiians at 38 percent.⁷ In 1999, a study entitled, "Mental Health, Culture, Race, and Ethnicity," found that the rate of diagnosed PTSD in the general population of American Indian and Alaskan Native communities was twice the national average.⁸

Although no surveys of this type have been conducted since then, Native communities continue to report high rates of PTSD within their populations⁹ and the statistics beg the question of what unique characteristics may account for the disproportionately high rates of PTSD within Native communities and what might the Department of Defense do to address them.

As in the case of Odysseus, the road home for all soldiers is complicated, but for the Native soldiers, their story is further complicated by their joined history with the Department of Defense that winds like a river through American history books and never rests and never pauses to address the initial wounds. This paper is simply a rest and a pause to ask the question: How can the Department of Defense best serve the needs of the American Indian, Alaskan Native, Native Hawaiian and Pacific Islander soldiers so that they are able to return home from war with their bodies, their minds and their souls intact.

In this paper, we will first gain a general understanding of the diagnosed condition called Post Traumatic Stress Disorder, or PTSD. We will gain an understanding of the Native soldier and their unique characteristics and then we will end with recommendations to address the high rates of trauma that exist in Native soldiers and Native communities today.

I. The Current Understanding of PTSD

Although Post Traumatic Stress Disorder (PTSD) is not a new condition, the American Psychiatric Association (APA) first described it as a mental health concern after the Vietnam War when the returning veterans showed significant signs of mental and emotional distress. In his paper, *Collateral Damage*, Colonel Richard O'Conner, conducted an extensive review of the condition and found that the best description was

found within the APA's Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, with this criteria:¹⁰

Criterion A. The person's response to the event must involve intense fear, helplessness, or horror (in children, this may be expressed instead by disorganized or agitated behavior).

Criterion B. The traumatic event is persistently re-experienced in one (or more) of the following ways: (1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions; (2) recurrent distressing dreams of the event; (3) acting or feeling as if the traumatic event were recurring; (4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of a traumatic event; (5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

Criterion C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness as indicated by three (or more) of the following: (1) efforts to avoid thoughts, feeling or conversations associated with the trauma; (2) efforts to avoid activities, places, or people that arouse recollections of the trauma; (3) inability to recall an important aspect of the trauma; (4) markedly diminished interest or participation in significant activities; (5) feeling of detachment or estrangement from others; (6) restricted range of affect (e.g., unable to have loving feelings); (7) sense of foreshortened future (e.g., does not expect to have a career, a marriage, children or a normal life span).

Criterion D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following: (1) difficulty falling or staying asleep; (2) irritability or outbursts of anger; (3) difficulty concentrating; (4) hyper vigilance; (5) exaggerated startle response.

Criterion E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than one month.

*Criterion F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.*¹¹

The National Center for Posttraumatic Stress Disorder (NCPTSD) and the United States Department of Veteran Affairs (VA) describes PTSD as “an anxiety disorder that can occur following the experience or witnessing of a traumatic event.”¹² These events can include combat or military exposure; child sexual or physical abuse; physical attacks; sexual or physical assault; serious accidents, such as in a car; or natural disasters.¹³ Dr. Wayne Nickens, M.D. (Powhattan) Native American with the Veterans Administration (VA) describes PTSD as “primarily a memory issue at the structural level in the brain where memories are established.”¹⁴

Although there may be divergent views of what PTSD is, the view of military and Congressional leaders is that the condition is important to understand. The Rand report quantified the cost in terms of dollars associated with mental health care and lost productivity, but the other costs are in the emotional traumas inflicted in the lives of soldiers, in their families and in their communities throughout the country.

Governmental Response to PTSD and the forming of the NCPTSD

In 1988, the Secretary of Veterans Affairs testified before Congress and stated that 15.2% of the males and 8.5% of the females who served in combat during Vietnam suffered from PTSD. This finding prompted Congress to pass Public Law 98-528:

Requiring the Secretary of Veterans Affairs to develop standard criteria for the treatment and diagnosis of veterans suffering from service-connected post-traumatic-stress disorder and to create the NCPTSD to establish research and education programs focused on PTSD and other psychological and medical consequences of traumatic stress.¹⁵

In response to this request, the National Vietnam Veterans Readjustment Study (NVVRS), a “national epidemiologic survey of PTSD among Vietnam theatre veterans was completed to document the mental health of the combat veterans.”¹⁶ The NVVRS primarily focused on White, Black and Hispanic veterans but not on other minorities. In 1996, the Matsunaga Vietnam Veterans Project (MVVP) assessed the mental health status of other minorities not surveyed by the NVVRS.¹⁷ The MVVP had two components; the first was the American Indian Vietnam Veterans Project (AIVVP), which surveyed American Indians and Alaskan Natives, and the second was the Hawaiian Vietnam Veterans Project (HVVP), which surveyed the Native Hawaiian and Americans of Japanese Ancestry (AJA) living in Hawaii. Although these studies were limited in their samplings of communities, they are the most comprehensive surveys to date of Native veterans. The basic finding of the NVVRS was that Blacks and Hispanics suffered higher rates of PTSD than did Whites and the overall finding of the MVVP was

that the highest rates of PTSD among all of the groups studied by both projects was found in the American Indian populations.¹⁸

II. Who are the Native People?

For purposes of this paper, the terms American Indian (or Native American), Alaskan Native, Native Hawaiian and Other Pacific Islanders refer to the people who are the “Original People”¹⁹ of the land that is now called the United States. The term “Native people” or “Native peoples” will be used to refer to all the people of these very diverse nations only because they share some of the same characteristics in relation to their history with the United States Government. Put another way, this paper will address the people belonging to the indigenous tribes that lived on the land we now call the United States before the European western expansion.

Who are the American Indians and Alaskan Natives?

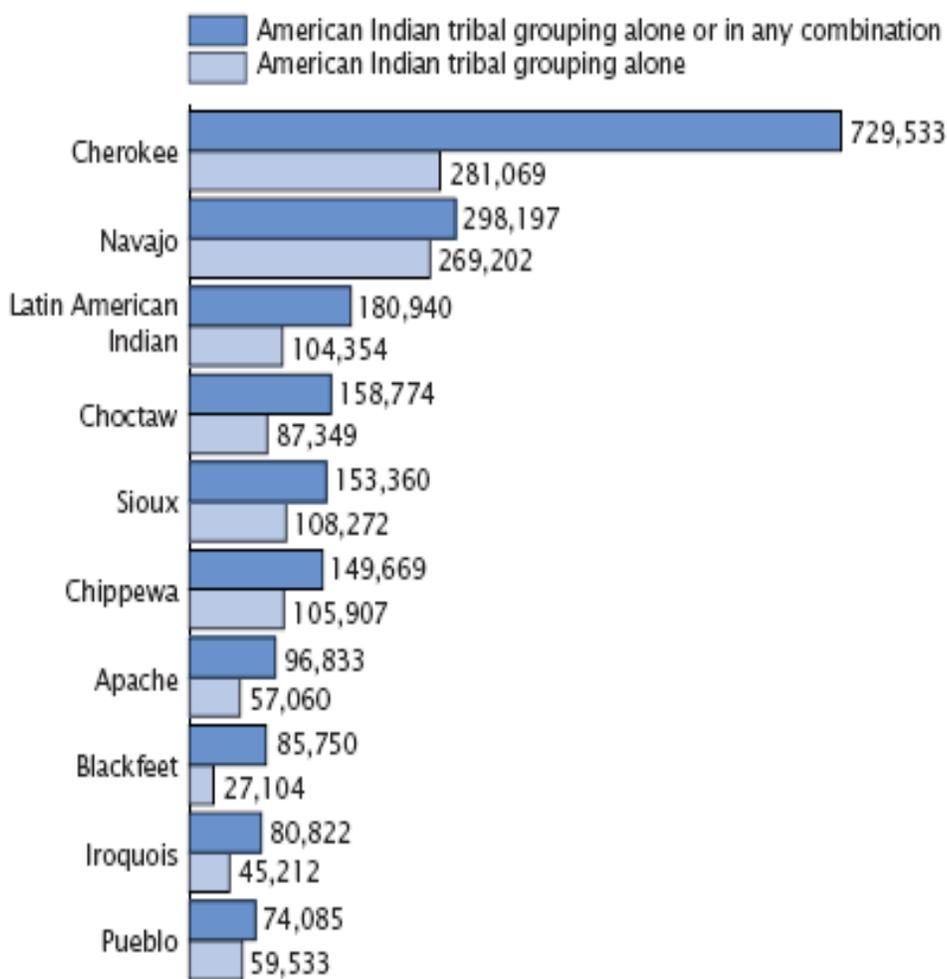
The 2000 United States (U.S.) Census Bureau estimated that the total U.S population was 281.4 million and that 2.5 million (or 0.9%) self reported to be American Indian and Alaskan Native alone. An additional 1.6 million people reported American Indian and at least one other race; “therefore, 4.1 million people (or 1.5%) of the total population reported to either be American Indian [and Alaskan Native] alone or in combination with one or more races.”²⁰

Of the 4.1 million people who declared their affiliation as American Indian or Alaskan Native or one or more of any combination, those people were asked to report their enrolled or principal tribal affiliation and could report one or more tribes. Among the 2.5 million respondents, two million specified their tribal affiliation. The ten most represented American Indian tribes are shown below and are Cherokee, Navajo, Latin

American Indian, Choctaw, Sioux (Lakota), Chippewa, Apache, Blackfeet, Iroquois and Pueblo.

Ten Largest American Indian Tribal Groupings: 2000

(For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2000/doc/sf1.pdf)



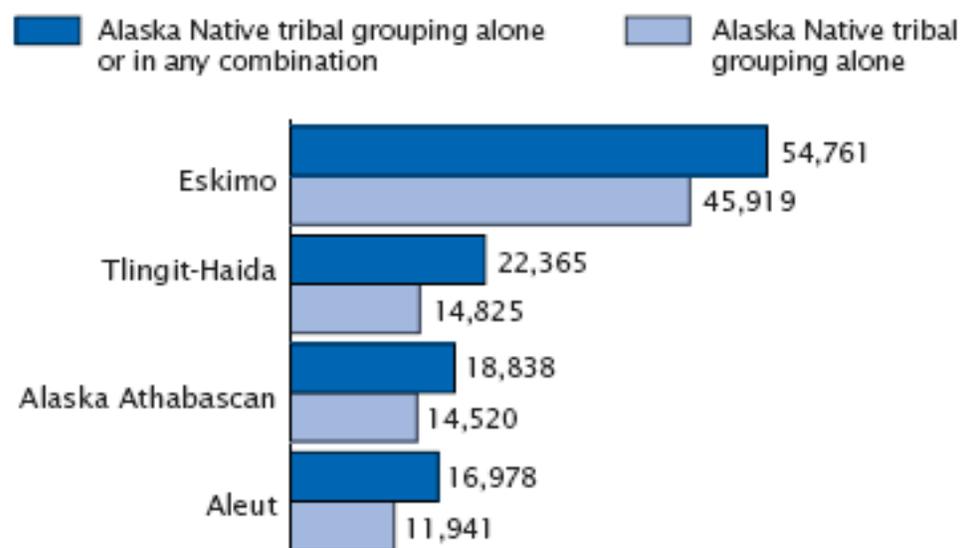
Source: U.S. Census Bureau, Census 2000 Summary File 1.

21

The most represented Alaskan Native tribes are shown below and are Eskimo, Tlingit-Haida, Alaskan Athabascan, and Aleut.

Largest Alaska Native Tribal Groupings: 2000

(For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2000/doc/sf1.pdf)



Source: U.S. Census Bureau, Census 2000 Summary File 1.

22

The ten cities where 100,000 or more American Indian and Alaskan Native people live are Anchorage, AK; Tulsa, OK; Oklahoma City, OK; Albuquerque, NM; Green Bay, WI; Tacoma, WA; Minneapolis, MN; Tucson, AZ; Spokane, WA; and Sacramento, CA.²³

The term “Federally Recognized Tribes” is used by the U.S. Government to validate the sovereign government and tribal authority. It was last updated in the Federal Register of the Department of the Interior on March 22, 2007. The current list includes “561 tribal entities recognized and eligible for funding and services from the Bureau of Indian Affairs by virtue of their status as Indian tribes.”²⁴ This list does not include locally recognized American Indian and Alaskan Native tribes nor does it include Native Hawaiians or Pacific Islanders.

Who are the Hawaiian Natives and Pacific Islanders?

The 2000 U.S. Census found that “874,000 of the U.S. population reported as Native Hawaiian and Other Pacific Islander. This number included 399,000 people reporting as only Pacific Islander and 476,000 people who reported Native Hawaiian and Other Pacific Islander as well as one or more other races. There were 141,000 respondents who reported only Native Hawaiian and an additional 261,000 who reported Native Hawaiian with at least one other race or Pacific Islander.”²⁵

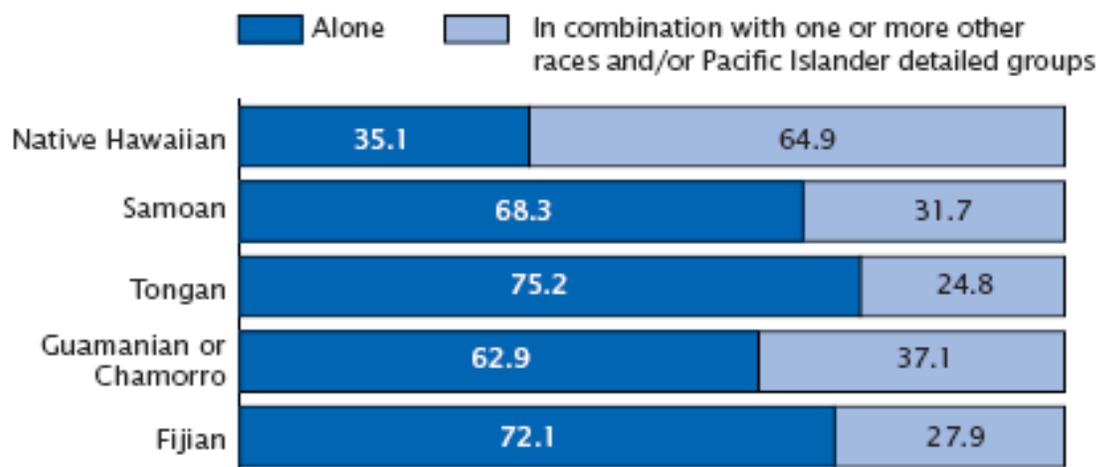
The definition used by the U.S. Census Bureau for the term Native Hawaiian and Other Pacific Islander “refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Pacific Islanders include diverse populations that differ in language and culture. They are Polynesian, Micronesian, and Melanesian cultural backgrounds.”²⁶

The ten cities where 100,000 or more Native Hawaiian and Other Pacific Islanders lived in 2000 are Honolulu, HI; West Valley City, UT; Hayward, CA; Salt Lake City, UT; Vallejo, CA; Oceanside, CA; Long Beach, CA; Sacramento, CA; Daly City, CA; and Tacoma, WA.²⁷

The distribution of Native Hawaiian and Pacific Islanders is shown below and consists of Native Hawaiian, Somoan, Tongan, Guamanian or Chamorro and Fijian:

Percent Distribution of Selected Detailed Native Hawaiian and Other Pacific Islander Groups by Alone or In Combination Populations: 2000

(For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2000/doc/sf1.pdf)



Source: U.S. Census Bureau, Census 2000, special tabulations.

28

How Many Native People Serve in the U.S. Military?

It is difficult to find an accurate count of the numbers of Native active duty military members serving today. The military's use of demographics falls short in accounting for the diverse nature of the force and it is not unusual for the five major services to count the Native people as "Other" in their statistics. A recent Army glossy, shown below, indicates the numbers of Whites, Blacks, and Hispanics but groups all other ethnicities as "Other."

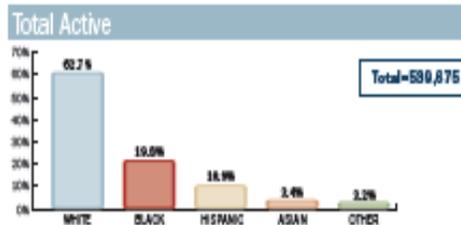


**FY08
ARMY PROFILE**



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The following data are based on numbers provided by the Army and the Defense Manpower Data Center, and are valid as of September 30, 2008.



Commissioned Officer

	Male	Female	Total
White	78.0%	57.7%	72.8%
Black	10.0%	24.0%	12.4%
Hispanic	5.3%	8.2%	5.5%
Asian	3.8%	5.8%	4.2%
Other	4.8%	8.4%	5.0%
Total	83.1%	16.9%	100%
Total Officers	60,607	12,321	72,928

Warrant Officer

	Male	Female	Total
White	85.0%	35.3%	62.5%
Black	15.0%	43.2%	17.4%
Hispanic	7.0%	8.1%	7.2%
Asian	1.8%	2.8%	1.8%
Other	11.2%	8.7%	11.0%
Total	91.5%	8.5%	100%
Total Warrants	13,434	1,248	14,682

Enlisted

	Male	Female	Total
White	64.2%	40.8%	61.1%
Black	18.5%	37.8%	21.1%
Hispanic	11.6%	13.3%	11.8%
Asian	3.2%	4.4%	3.3%
Other	2.5%	3.5%	2.8%
Total	86.8%	13.2%	100%
Total Enlisted	392,362	59,703	452,065

In an attempt to understand what the ethnic and societal background of the fighting force was following the attacks of September 11, 2001, Representative Charles

Rangel of New York claimed, “A disproportional number of the poor and members of minority groups make up the enlisted ranks of the military, while most privileged Americans are underrepresented or absent.”²⁹ In response to this claim, the Heritage Foundation was tasked to determine if this assertion was valid. In 2005, the findings of that study concluded that although “this kind of racial analysis is complicated by the fact that race is a self-identified attribute”³⁰ they could report that the Army recruits from Native communities were proportionately higher in number than those recruited from White, Black, Asian and Hispanic communities. The report stated that, “other racial categories notably American Indians/Alaskan Natives (53 percent) and Native Hawaiian/Pacific Islanders (249 percent) are even more overrepresented.”³¹ The Heritage Foundation data is shown below:

U.S. Military Recruits by Race

Race	Population Percent	2003 Recruit Percent	2003 Army Percent	Recruit/Population Ratio	Army/Population Ratio
American Indian/Alaska Native	0.78%	1.82%	1.19%	2.35	1.54
Asian	3.67%	1.23%	1.14%	0.34	0.31
Black	11.33%	14.99%	16.25%	1.32	1.44
Native Hawaiian/Pacific Islander	0.13%	0.42%	0.45%	3.30	3.53
White	77.44%	75.79%	78.50%	0.98	1.01
Combination of two or more races	1.93%	2.67%	2.46%	1.38	1.28
Other	4.73%	—	—	—	—
Declined to respond	—	3.08%	2.18%	—	—
Hispanic	12.11%	11.50%	10.74%	0.95	0.89
Not Hispanic	87.89%	84.64%	82.65%	0.96	0.94
Declined to respond	—	3.87%	6.61%	—	—

Source: Heritage Foundation calculations based on data from U.S. Department of Defense, Office of the Undersecretary of Defense, October 1998–September 1999 Non-Prior Service (NPS) Enlisted Accessions and January 2003–September 2003 NPS Enlisted Accessions, and U.S. Bureau of the Census, *United States Census 2000, Summary File 1*, at www.census.gov/Press Release/www/2001/sumfile1.html (July 6, 2005).

III. Why the Nation Should be Concerned

The Department of Veterans Affairs (VA) estimates that of the 1.6 million service members who have deployed to Iraq and Afghanistan since 2001, “at least one in six is at risk of developing Post Traumatic Stress Disorder (PTSD).”³³ Although this number is more conservative than the Rand Corporation estimate of one in five soldiers at risk, the result is that approximately 300,000 men and women will require mental health assistance from programs offered by the VA and other health services throughout the country. More importantly, those who do develop PTSD will surely add to the burden of their families, their communities and their local governments if their mental health needs are not addressed.

Although the effects of PTSD are felt in every community and every race, the Native communities have consistently reported higher rates than in the general population. Dr. Spero Manson, Head of the American Indian and Alaskan Native Programs at the University of Colorado Health Sciences Center, conducted the American Indian Vietnam Veterans Project (AIVVP), which was a part of the larger Matsunaga Vietnam Veterans Project (MVVP) in 1996. Although the data from the Project were limited to only a few tribes, it found that the “prevalence of PTSD was 22.1-25.3% greater than that of White Vietnam combat veterans at 10%.”³⁴ The study also reported nearly a “60% rate of PTSD among Lakota military combat veterans; three times that of their White counterparts.”³⁵ This disparity highlights the fact that each community is unique and that the DoD and the VA need to address each tribe as sovereign in order to better understand their mental health needs. (NOTE: Understanding tribal affiliation may be important for the DoD and the VA not only to determine optimal treatment techniques

for PTSD but more generally to gain a better understanding of the uniqueness of each soldier and veteran. Each sovereign tribe has a different language, history, culture and worldview that are not widely understood outside of these communities.)

The MVVP concluded that the prevalence of lifetime PTSD was highest among the tribes of the Northern Plains (Lakota) at 57 percent, the tribes of the South West at 45 percent, Native Hawaiians at 38 percent, Blacks at 35 percent and Hispanics at 33 percent. The lowest lifetime prevalence for PTSD was found among Whites at 19 percent and American of Japanese Ancestry at 8 percent.³⁶

Why PTSD Matters and Why the Numbers Count

As Edward Tick conveys in his book, War and the Soul, PTSD has been called many things through the years. In 1678, the Swiss called the condition, “nostalgia”. German doctors called the condition “Heimweh” and the French called it “maladie du pays”, meaning homesickness. During the Civil War, it was called “soldier’s heart”, “nostalgia” or “irritable heart.” In World War I, it was called “shell shock” and in World War II and the Korean War, it was called “combat fatigue.” The Spanish called it “estar roto”, which means, to be broken.³⁷

The numbers of men and women returning home in a “broken” condition is staggering and playing out in many dramas throughout the country. These events are appearing in military families as an increase in domestic violence, in communities as an increase in suicides and in counties and states as an increase in the numbers of veterans incarcerated and homeless. In the wake of the prolonged wars in Iraq and Afghanistan, the numbers of returning soldiers with PTSD is on the rise and unless something is done

to address this issue, the trend will most assuredly continue, leaving many families and communities in turmoil.

Although the Department of Defense does not qualify PTSD as a wound and in a category that can earn a combat veteran a Purple Heart, it can become as debilitating as the most severe physical wound and often leads to events that end in death. On February 11, 2009, Senator Daniel Akaka of Hawaii, Chairman of the Veterans' Affairs Committee and Senior Member of the Armed Services Committee and Senator Richard Burr of North Carolina and Ranking Member of the Veterans Affairs Committee requested a "Prompt Top-Level DoD/VA Meeting on Soldier Suicides."³⁸ The request was in response to the highly publicized January 2009 official count of soldier suicides in the Army. This number was noteworthy because it marked the first time since the two wars began when the number of soldier suicides outnumbered those killed in combat. The request from Senators Akaka and Burr included sobering details:

*Between 1995 and 2007, there have been over 2,200 suicides among active-duty service members...Such loss is unacceptable if there is any measure that can be taken to reduce it. We request that you meet as soon as possible to ensure that both the resources of the Department of Defense and the Department of Veterans Affairs are brought to bear on this problem.*³⁹

This request demonstrates the frustration of Congressional leaders to understand an epidemic and its root causes. For those working with veterans and witnessing first hand the soldiers returning from war with PTSD, the numbers were not only expected but may only scratch the surface of what the real cost of these wars has been. The active duty suicides are a portion of the story, the rest of the story is how many men and women

commit suicide after they separate from the military and how many more go uncounted in Native communities where high rates of suicide persist.

Suicide in Indian Country

Suicide in Native communities is an indication of a community out of harmony with its values. Eduardo Duran has been working in Native communities and found a common complaint of those contemplating suicide to be a feeling of loss of culture. According to Duran, many of the suicidal feelings found in the Native youth can be attributed to a profound loss of identity that appears as a deep wounding of the psyche. The patient wants to end all the pain that has resulted in a life of struggle and as one of his patients explained, “I’ve never won a single one of these fights, so it’s like Creator 10,000 and me zero. You would think I’d get a clue and stop the struggle, eh?”⁴⁰

In traditional Native communities, each member understood the traditions and the ceremonies and knew what their contribution was to the community as evidenced by thousands of years of survival. The Native communities were in harmony, not only with each other, but also with the land and animals. Killing of self is not in accordance with Native values but perhaps a learned response to the overwhelming difficulties that the Native communities now face.

Not only is the rate of soldier suicides a problem in Native communities, but for decades, the rates of suicides among adolescents and teenagers has reached epidemic proportions. In May 2005, the Committee on Indian Affairs held a hearing to address the concerns of teen suicide among American Indian youth. Senator Byron Dorgan of North Dakota and Vice Chairman of the Committee opened the hearing by stating:

I suspect everyone in this room would prefer that we not have to talk about it. But we find ourselves in the midst of very serious problems that are not going to go away, and I think we do a disservice by not confronting this, looking it in the eye and trying to determine what we can do about it. I am shocked by some of the statistics that one reads. Teen suicides on Indian reservations are double those in the rest of our country. In the Northern Great Plains, they are 10 times that of the rest of the country. It is a very serious problem.⁴¹

It should be noted that one of the reasons behind this hearing and why Congressional leaders could no longer turn away from the statistics was partially because of the backlash that occurred when a teenager carried out a “Columbine-like” massacre that resulted in ten dead and fourteen wounded on the Red Lake Chippewa Reservation.⁴² What the Nation saw on their TV sets was what the Native communities had been witnessing for years. To the Native people, the Red Lake massacre was catastrophic - yes; but also in many ways - expected. Their communities had been experiencing massive traumatic events for centuries and unfortunately, the massacre at Red Lake was just one more. After the incident, a commentator addressed the episode and captured the mood of many in a Nation that had for years avoided looking at the problems of Indian Country. In the words of the commentator:

The disturbed young man from Red Lake did not get his disease from the native culture. The killing instinct, the urge to strike out blindly in all directions with murderous intent against innocent and guilty alike, came from the dominant culture. It came from a heritage that hides the dark truths of its past and will neither acknowledge nor accept responsibility for the mass exterminations

*carried out in the names of freedom, peace and destiny, on our own soil, in Vietnam, in Hiroshima or Nagasaki. In the Red Lake massacre, we are all guilty, which in our culture means that none of us is accountable.*⁴³

As long as the nation did not have to witness the atrocities that had been plaguing Indian Country, it seemed complacent with the fact that many of the reservations had turned into violent communities where social ills such as unemployment, suicide, homelessness, alcoholism, drug addiction and poverty was the norm. After the dramatic events of the killing spree on that remote Chippewa reservation, our national shadow was revealed and many did not like what they saw; but as is the nature of this country, a new story came along, the news media lost interest and the Nation moved on - as we always had done before.

Theories Explaining PTSD in Native Communities

The NCPTSD has on-going studies to determine why some people are more resilient than others to the on-set of PTSD. What the research shows so far is that “PTSD appears to develop in people who’ve had multiple exposures to trauma, and also different kinds of exposure. Past trauma is like kindling, providing fuel when new trauma occurs.”⁴⁴ When the Native soldier enters on duty, their destiny with PTSD may already be foretold and through no fault of their own.

Some Native scholars have risked their reputations to bring forward theories identifying unique qualities shared among Native communities that lead to PTSD, not only in soldiers returning from war, but also within the very fabric of the Native communities. One such scholar, Dr. Thomas J. Ball (Modoc), wrote a dissertation for his Ph.D. that clarified for many Native people and Native communities what they had been

experiencing for years. Ball referenced such scholars as Eduardo Duran who studied a sub-category of PTSD that was unique to Native people called Post Colonial Stress Disorder - or PCSD. Ball states that because of the Native peoples' "exposure to 500 years of holocaust as part of the colonization process"⁴⁵ the Native communities have higher rates of PCSD and PTSD. Other scholars have used the term "Intergenerational Trauma", "Historical Trauma" or "Soul Wound" to describe the general mental health disorder found in many Native communities.

Eduardo Duran conducted interviews in the oral tradition with Native Elders and was able to discern what they described as the Soul Wounding process. Duran described the process in this way:

[T]he ancestral wounding that occurred in the community was being passed down through the generations. [The elders] gave accounts of how the genocide had occurred in their area. Between the years 1870 and 1900, at least 80% of the population had been systematically exterminated. In addition, they explained how the earth had been wounded and how, when the earth is wounded, the people who are caretakers of the earth also are wounded at a very deep soul level. Earth wounding speaks to the process whereby people become destructive to the natural environment and disturb the natural order.⁴⁶

An understanding of these theories may hold the key for the mental health of the Native soldier before and after combat. If the Native soldier is pre-disposed to developing PTSD because of earlier trauma or trauma inflicted upon his or her parents, grandparents, ancestors or communities then the mental health of the soldier may not be clearly understood by mental health professionals at the time of deployment. It may be

that some Native soldiers bring into the battle a wound so deep that neither they, nor the mental health staff, can recognize the added risk until it is too late and PTSD has taken hold. A clearer understanding of the theory of PCSD and the effects of Intergenerational Trauma on the Native soldier may be a crucial missing piece of the puzzle in understanding the reasons for the high rates of PTSD in Native communities and one that the DoD and the VA should explore further.

PCSD and Intergenerational Trauma

Dr. Thomas Ball writes, “to understand the concept of PCSD, the colonization of North America must be seen as a traumatic experience (or set of experiences), and these experiences must be linked to PTSD symptomology.”⁴⁷ In his book, Healing the Soul Wound, Eduardo Duran clearly links the historical trauma to the PTSD plaguing communities today. He found through extensive interviews with Native peoples and in an accumulation of works that support his views that the trauma does exist. His findings are that there is a prevalence among the contemporary generation of historical trauma and that historical losses appear to be associated with symptoms of emotional distress that include anger, anxiety and depression. In short, he states that the “holocaust” is not over for many American Indian people and that the kinetic acts against the Native peoples by the U.S. Government continue to affect their perceptions on a daily basis and affect their psychological health.⁴⁸

Maria Yellow Horse Brave Heart, Ph.D. (Hunkpapa Lakota and Oglala Lakota), further explains this theory. “Indian people suffer from historical trauma. Historical trauma is cumulative psychological and emotional wounding across generations

including one's own life span, and comes from massive group traumatic events and experiences.”⁴⁹

Edgard Schein, a leading organizational management expert, explains culture as the “artifacts, espoused values, and basic assumptions, which are difficult to discern because they exist at a largely unconscious level. Yet they provide the key to understanding why things happen the way they do.”⁵⁰ Carl Jung would refer to the shared memories of a community as the “collective unconscious: the theory that human beings are all connected at a collective level of psyche and that this level of psyche is the source of primordial ideas and images of all human beings.”⁵¹ In the case of the Native communities, their collective memory will most likely include an initial wound inflicted by the government of the United States that occurred through years of wars and abuses that began with the massacres of Indian tribes and continues today.

Duran refers to the Western expansion on the lands now known as the United States of America as the “Rape of Turtle Island.”⁵² Ball and Brave Heart refer to the years of kinetic activity and repression by the U.S. Government on the Native peoples as “genocide” and “holocaust.”⁵³

The fact that the terms “holocaust” and “rape” are used today by informed scholars and after so many years from the initial wounds, further explains why it is important for the DoD to understand what role, if any, PCSD or Intergenerational Trauma may be playing in the overall mental health of Native soldiers and their communities. It is important to take time to understand the culture and collective memories of a group that has served the DoD in a disproportionately high number and has suffered the effects of combat trauma at an overwhelmingly high rate. The difficulty in this discussion is that

the perpetrator of the atrocities against the Native peoples was the United States Government, and most notably, the Department of War - now the Department of Defense and current employer of the Native soldier.

The U.S. Government and the Native Communities

In his book, The American Indian: The First Victim, historian Jay David perhaps best describes the fundamental difference between Native and Western cultures and what may have been the root of the conflict between the two groups, when he explains that the seminal difference was in the way the Europeans and the Native communities viewed land. The Europeans saw land as a commodity to be owned, while the Indians revered the land as a “mother that nourished and gave life to her children. Thus the stage was set for the conflict which continues today.”⁵⁴

The Native communities could not reconcile why anyone would want to “own” land, which to them was sacred, nurturer and Mother. The Western mind could not understand why anyone would feel such attachment to land, which to them was interchangeable and a commodity to be used and traded.

Another fundamental difference between the Western culture and the Native culture is in the concept of time. Bonnie Duran and Eduardo Duran explain that Western thinking is temporal while Native thinking is spatial or relational. “Temporal thinking means that time is thought of as having a beginning and an end. Spatial thinking views events as a function of space or where an event took place.”⁵⁵ The Western mind moves away from the event over time in a linear fashion, thus diminishing its importance to the present. In the Native mind, events happen in relation to the person, the community and the land; therefore as long as the person, community or lands exist, so does the event.

The Native mind does not see “time as a healer” as is a common Western expression; in fact, the event remains in memory and is not related to time at all. The Durans explain that the powerful aspect of the Native mind is that healing can occur without any limitation of time,⁵⁶ but what this also means is that a wound can exist in the Native mind long after the Western mind has moved on.

Another aspect of time that is very different between the Native mind and the Western mind is that, in general, Native communities recognize time by a common understanding of the cycles of the seasons and the events that occur in their communities. In the famous biography of the Lakota Holy Man, Black Elk Speaks, Black Elk recounts the time of his birth as, “in the Moon of the Popping Trees (December) on the Little Powder River in the Winter When the Four Crows Were Killed (1863).”⁵⁷ What Black Elk demonstrates in his words is that his identity is interwoven with his community and their shared life in relation to the Earth. When you compare his words to how a Western person would convey a birth date as December 23, 1863, it does not hold any power to bind that person to a community, a place or an event.

Another difference between the two cultures is in the conveyance of information from one generation to the next. In Western cultures, the written language is used while in Native communities, the oral tradition is used to communicate all aspects of human survival, feelings, traditions and ceremonies. In his book, The American Indian Mind in a Linear World, Donald L. Fixico explains the importance of the oral tradition and story telling in Native communities. He explains that stories have the effect of linking the generations to one another and ensuring the continuity of their culture. He states, “The story has power and energy, and it brings the past into the present.”⁵⁸ The generations are

interconnected by the stories of their past and therefore, what happens to one generation becomes an integrated part of every generation's story that follows.

Differences between the Western and Native communities either would not or could not be reconciled and after many broken treaties and promises, the U.S. Government grew tired of the Native people living on the lands that were necessary for Manifest Destiny to succeed. The U.S. Government found it more efficient to remove the communities by force rather than to find a common understanding.

Manifest Destiny or Holocaust

It is impossible to recount all of the kinetic and non-kinetic actions that the U.S. Government and Department of War carried out against the Native peoples of North America, Alaska, Hawaii and the Pacific Islands. Each tribe has its own history and stories of the wounds. The traumas include kinetic actions (such as was used against the Lakota at Wounded Knee), broken treaties (such as the Black Hills), attempts at assimilation (such as the boarding schools) and forced removal (such as was used against the Cherokee and other tribes on the Trail of Tears and the Long Walk). The list is endless and often not recorded in history books because, in many cases, the tribes were annihilated from the Earth with no living witnesses to the events and no living history.

To put the atrocities in a personal context and to show just how close the wound is to the current generation, Dr. Ball describes the genocide against the Native peoples as a terrifying part of history. He states, "The genocide of Native America saw over 97% of a race of people wiped out in less than 400 years, that is pretty terrifying, especially if you are an Indian."⁵⁹ He describes the wound of his people in this way:

*The Modocs were suspicious and would not eat until the white men had eaten. This angered Ben Wright and he and his men opened fire, killing all but five Modocs. My great great grandfather, Captain Jack, a young boy at the time, was one of the survivors. His father was one of those killed. This act of violence is still commonly talked about today among the Modoc. It is a part of our history, our oral history, and is passed down from generation to generation. In an interview in 1994 (Alison, 1994) an elder stated that this had been told to her by her grandmother who was alive at that time. 'They slaughtered even the old people; killed the little children. That's how they treat Indians; kill even the kids.'*⁶⁰

The kinetic actions against Native communities may have been perceived by the Western culture as unavoidable if a new nation was to be born. The killing of a tribe may have been perceived by the Western culture as just one of the many battles in a long war. These stories can only be told from two viewpoints – two very different viewpoints – and that may be where the problem rests.

The victor writes history books and the conquered are silenced. In many Native communities today, some feel as though it is time to be heard. As Duran explains, “the death of Crazy Horse is a well-known part of history within Indian country and not so well known in other segments of our society because much of the history of Original People is excluded in most American classrooms.”⁶¹

Often over looked in American history books is the extent and savagery of the Indian Wars that escalated after the Civil War. Many of the best Union officers and soldiers were sent to fight Indians under the command of General William Tecumseh

Sherman. As John F. Marszelek, Sherman biographer explains, the Indians never had a chance against the U.S. Army, which had become a seasoned killing machine after years of war with the South. As Marszelek states:

- *Sherman viewed Indians as he viewed recalcitrant Southerners and his philosophy was that the inferior Indians needed to step aside so superior American culture could create success and progress.*
- *Sherman wrote to Grant, 'We must act with vindictive earnestness against the Sioux, even to their extermination, men, women and children.'*
- *In a December 18, 1890 letter to the New York Times, Sherman expressed his deep disappointment over the fact that, were it not for 'civilian interference,' his army would have 'gotten rid of them all' and killed every last Indian in the U.S.⁶²*

These words are eerily reminiscent of other historical genocidal attempts and it is no wonder that the Native people view the kinetic acts as a “holocaust” against their people even to this day. The fact that there are any Native people in the Americas today can only be attributed to a failed military strategy, because much to the dismay of Sherman, the Indian lived.

Another historical account that is deeply rooted in Native history and is not widely discussed in American history books is the establishment of boarding schools by the Department of War when extermination did not work. It became a matter of policy that if the “Indians could not be eradicated or isolated in an Indian Territory, then they

would have to be civilized. In the words of Carlisle Indian School founder Captain Richard Pratt, such schools were to ‘kill the Indian and save the man.’”⁶³

The slogan became reality for many of the children as they suffered from abuse and neglect. As noted therapist, Theda New Breast (Blackfeet) writes:

*By 1899, after some 3,800 students had attended Carlisle, only 209 had actually graduated. We were brought to our knees with grief when we saw the rows of headstones marking the deaths of 186 Native children who had died while attending the Carlisle Indian Industrial School.*⁶⁴

This accounts for the graves that are marked; the numbers of children that died and are buried in shared and unmarked graves cannot be counted. The Carlisle Indian School grounds are located at the Carlisle Army Barracks and home of the U.S. Army War College where the annual “Jim Thorpe Sports Days” are held each year to commemorate the strength of the military in sport and to commemorate Jim Thorpe (Sac and Fox) a former student at Carlisle Indian Industrial School.

The traumas of the boarding schools are not all in the past and are still alive in this generation. As one former student explained in a recent interview with National Public Radio:

‘It wasn't really about education,’ says Lucy Toledo, a Navajo who went to Sherman Institute in the 1950s. Toledo says students didn't learn basic concepts in math or English, such as parts of speech or grammar. She also remembers

*some unsettling free-time activities. 'Saturday night we had a movie, says Toledo. Do you know what the movie was about? Cowboys and Indians.'*⁶⁵

Many of the boarding schools systematically abused the Native children mentally, emotionally, physically and sexually. A General Accounting Office report, as recent as the 1960s, found that teachers in these schools saw their role as civilizing American Indian students by emphasizing discipline and punishment instead of education. If a child was lucky to survive the ordeal, the trauma was often so severe that by the time they returned to their families they were not able to re-assimilate into their own culture or socially interact in a positive way. They would return to their communities and continue the abusive patterns that they learned at the boarding schools and when they grew up and became parents, they carried the abusive patterns forward in the forms of anger, aggression, and domestic violence fueled by alcohol and drugs to kill the pain. It is so clearly apparent now that what these children were suffering was PTSD with all the symptoms and issues that go along with it.

To indicate just how close to the surface the boarding school wounds are today in Indian Country, there is an organization called White Bison that is sponsoring an inter-tribal walk across the Nation that will visit 23 former and present Indian school sites. The journey will begin in Oregon and end at the National Museum of the American Indian in Washington, D.C. in June 2009, where the tribes will petition President Obama to sign an apology for the “the widespread abuse of Native American children at the nearly 500 schools funded by the US government.”⁶⁶

The boarding schools were just one more attempt of a dominant government to assimilate the Native peoples into a culture that was viewed as foreign and unwelcome.

It should be noted that many of the Native veterans were products of boarding schools and as far as can be determined, that fact has never been explored by the DoD or the VA in any of the veteran's mental health studies to date.

Unfortunately, for the Native soldier, the systematic governmental traumas are not all in the past. More recent acts of trauma toward Native soldiers are found in acts of prejudice against soldiers whose culture is not understood by many in the military, and for that matter, in the general public. As stated in a recent email from a member of the National Native American Veterans Association (NNAVA), there are still many events where Native soldiers need an advocacy group such as the NNAVA to take up their cause against the military.

One incident was a young Native soldier who was reprimanded for wearing a medicine bag given to him by a Medicine Man of his tribe. His superior ordered him to remove the bag and when he disobeyed, the bag was torn from his neck, spilling the contents. In the Native culture, one never removes a medicine bag because it is a shield of protection, and for a soldier about to deploy, it would be as sacred as a crucifix worn by a Christian soldier. The contents of the bag included blue corn, a highly spiritual plant seed in some tribes. The authorities concluded that the blue corn was a controlled substance and the young soldier was threatened with court martial.⁶⁷

Another recent episode occurred between a young Arizona National Guardsman, his wife and his First Sergeant. At a social function, the Sergeant commented to the young soldier that his wife was "a pretty little squaw."⁶⁸ The term "squaw" to the Native

people is highly derogatory and the young soldier was infuriated to the point where he acted on his anger and was reprimanded for his violent action.

National Public Radio and Indian Country News recently ran a story about one Native soldier from the Lower Brule Sioux Tribe who was wrongly treated for substance abuse and anger management issues instead of PTSD and Traumatic Brain Injury. Although his wife and family insisted the young man was not an alcoholic and that his mental and emotional state was deteriorating and becoming dangerous, his superiors refused to take his condition seriously and told him he was “a drunken Indian.”⁶⁹ His condition became so dangerous that by the time he was admitted to Walter Reed Hospital he could not walk, talk or feed himself. The team of psychiatrists diagnosed him as having a “major depressive disorder with catatonic features.”⁷⁰

There seems to be an overall lack of understanding and awareness in the military of the Native culture and of the needs of the Native soldier serving in the ranks. If the DoD can address this fundamental problem, then perhaps the military can become a welcoming community where the Native soldier feels secure, which is a necessary component of a fully functioning force.

The Current Relationship between the DoD and the Native Communities

On September 14, 2006, the DoD issued instructions to assign “responsibilities, and provide procedures for DoD Interaction with federally-recognized tribes in accordance with Executive Order 13175 and the Presidential Memorandum on ‘Government-to-Government Relationship’ with Tribal Governments.”⁷¹ The scope of this instruction was to provide guidance to all DoD Components to include the Office of the Secretary of Defense (OSD) all Military Departments, the Chairman of the Joint

Chiefs of Staff, the Combatant Commands, the Office of the Inspector General of the DoD, the Defense Agencies, and the DoD Field Activities. Further, the Instruction provides guidance concerning all DoD operations, activities and installations that require interactions with tribes.⁷² This Instruction states that the DoD will:

4.1. Meet its responsibilities to tribes, treaties, and agreements between the United States Government and tribal governments.

4.2 Build stable and enduring government-to-government relations with federally-recognized tribal governments in a manner that sustains the DoD mission and minimizes effects on protected tribal resources.

4.3 Fully integrate, down to staff officers and civilian officials at the installation level, the principles and practices of meaningful consultation and communication with tribes.

*4.4 Take into consideration the significance that tribes ascribe to protected tribal resources on protected lands.*⁷³

When the U.S. Government refers to the “federally recognized tribal governments,” as it does in these Instructions that leaves out many locally recognized tribes as well as the Native Hawaiians and Pacific Islanders, who are still not federally recognized tribes by U.S. Government standards. Adding to the complexity and duality of the relationships between the U.S. Government and sovereign tribal authorities is best characterized by the fact that even though Native Hawaiians are not a recognized tribe, President Clinton issued a formal apology when he signed Public Law 103-150 in 1993.

The Law reads:

*To acknowledge the 100th anniversary of the January 17, 1893 overthrow of the Kingdom of Hawaii, and to offer an apology to Native Hawaiians on behalf of the United States for the overthrow of the Kingdom of Hawaii.*⁷⁴

To date, no such apology has been offered to the American Indians, Alaskan Natives or the Pacific Islanders.

Although, the DoD Instruction is a good start to begin to heal a very troubled relationship, to the Native communities who have been living with the effects of the broken treaties and promises for centuries, these words may seem hollow. The level of mistrust in many Native communities is palpable. One only has to read current Native literature by such noted authors as Sherman Alexie, Leslie Marmon Silko, Vine Deloria, Jr. and others, to understand that the wound still exists and it is deeply rooted in broken promises of all sorts and measure. Through years of neglect and abuse, many Native people now understand first hand the famous words of Red Cloud, the Lakota Leader and Warrior, when he said of the U.S. Government, “They made us many promises, more than I can remember, but they kept only one; they promised to take our land, and they took it.”⁷⁵ It is now time to keep our promises to the Native soldiers and address their mental health needs by also addressing the mental health needs of their families and of their communities.

IV. Next Steps and Where Do We Go from Here?

The combined history of the Native peoples and the Department of Defense is forever intertwined and like two rivers that meet to form one - they cannot be divided. The fact that the same authority that tried to exterminate their ancestors and their culture is now the Native soldier’s employer must add to their internal conflict; and if they are

victims of Intergenerational Trauma or PCSD, then they may never be able to fully resolve this deep Soul Wound without help. As uncomfortable as it is in any relationship to confront the wounds, the DoD may need to address the possibility that there is uniqueness to the Native soldier and that this may be adding to their high rates of PTSD.

Vietnam Veteran, Bronze Star and Purple Heart recipient, George J. Bennett, Sr. (Tlingit & Haida) poignantly describes his feelings concerning the way Native soldiers are treated by the military and the U.S. Government in this way:

It has been known through out the conflicts that Native Americans have been involved in, were not treated as equals and with dignity. We were treated as if we too were the enemy. We veterans here in Alaska are very proud of our participation in a uniform for the very nation that treated us like dirt and savages. But, yet were very humble in our stance, and honored not only to help protect the cause of the United States against their foreign aggressors, but also to realize for us it was more than that. We were still Warriors in all our causes, to this day, we wore the uniform because we took the Oath, but as traditional Warriors, it is not the oath, but the Honor of our people health and the land where our culture comes from. We too dance, but is one of happiness. And I think the Joint Chiefs of staff owe us a recognition that we served proudly for the country that we were born in, and we served with distinguish, and Honor. No badge of Honor or medals can over ride that, when I wear my medals, along side of them is my cultural crest of my people. Our story still has to be told.⁷⁶

The Department of Defense owes gratitude to the Native soldier. These men and women have laid down their lives for the high ideals and values that the stars and stripes

represent, and have done so honorably. They are proud of their service and share a deep affection for their brothers and sisters in uniform. They are not “other” - they are “us.” They are United States soldiers who deserve to serve under leaders who will do everything in their power to ensure that they come home from war with their bodies, their minds and their souls intact.

Therefore, the question remains, where we go from here. The Native soldier, their families and their communities should answer that question and each must speak for himself and herself concerning their wounds. The Department of Defense can begin the healing process and address the mental health concerns of the Native soldier by making some fundamental changes.

Recommended Actions for the Department of Defense

- 1) Establish a Department of Defense Advocate for Tribal Affairs Office in the Office of the Secretary of Defense to address cultural tribal issues. This should include all tribes that soldiers affiliate with, regardless of their federally recognized status.
- 2) Advocate for the Veterans Administration and the National Institute of Health to fund mental health studies to address possible linkages between PCSD and PTSD in Native soldiers and Native veterans and possible linkages between boarding school trauma and PTSD in Native veterans.
- 3) Begin a dialogue with the Tribal Elders of the sovereign nations and ask how the DoD can assist in their communities’ and their soldiers’ healing. Ask for assistance from the Elders of the sovereign nations for matters relating to traditional healing methods for soldiers of all Nations.

- 4) Institutionalize the removal of stigma attached to PTSD, PCSD, Intergenerational Trauma, Historical Trauma and Soul Wounding through awareness training in both the DoD and the VA.
- 5) Allow for spiritual mentors, Elders, healers, Shamans, Medicine Men and Medicine Women to have access to bases (similar to the access that Chaplains and other clergy have now).
- 6) Teach all DoD employees cultural awareness and tolerance of all religions and all spiritual beliefs in an effort to promote mental wellness in soldiers.
- 7) Allow leave for ceremonies such as sweat lodges, pow-wows, luaus, potlatches, talking circles and other ceremonies (similar to the leave allowed for other religions now). Allow sweat lodges, pow-wows, luaus, potlatches, talking circles and other ceremonies on government bases. (Similar to the access Christian churches have now.) This is in an effort to promote mental health and wellness for Native soldiers.
- 8) Become consistent with Census Bureau data and include tribal affiliation as an optional question to promote cultural awareness and tribal identity and refrain from using terms such as “Other.”
- 9) Fund grants to encourage the healing of soldiers and veterans within the Native communities. Native Vietnam-era veterans may be the best resource to heal the veterans coming home from Iraq and Afghanistan; however, transportation and other costs hinder these opportunities.
- 10) Continue to survey the soldiers, their families and the Tribal Elders of the communities to assess wellness and mental health needs.

V. Closing Thoughts

As we have found, the Native soldier is unique. His and her ancestors fought against the Army of the United States and lost, but their loss is now our collective loss as the numbers with PTSD are rising throughout the country. It is time to fully study and understand the causes of Post Traumatic Stress Disorder in Native communities and it is time to address the wounds on all levels so that we may stop the effects of the trauma in this generation. The only challenge left for us now is to gather our strength and look at our collective shadow so that the Native soldiers can come home to a grateful Nation that only wants to provide for them a safe place to heal.

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