Native American veterans face unique struggles upon returning home from war, including high rates of post-combat stress. Now a mix of modern and traditional medicine is helping them heal.

By Kirsten Scharnberg
Tribune national correspondent
Published June 4, 2007

PRESCOTT, Ariz. -- Albert Laughter kneels near the fire pit in the center of the tepee, arranging his ceremonial arrowheads, bowls and pipes. He lays out the all-important eagle feathers, reverently unwrapping them from an American flag.

The fifth-generation Navajo medicine man has trained most of his life to treat the people of his tribe with the traditional healing methods of Native Americans from this region of the country: powwows, sacred dances, sweat lodges, purification ceremonies, natural herbs.

But these days his job is very different.

Laughter is employed by the federal government. He primarily treats military veterans suffering from the trauma of combat. And the tepee in which he does much of his work sits not on an American Indian reservation but on the grounds of the Bob Stump Veterans Affairs Medical Center in Prescott.

"I guess I'm a true 21st Century medicine man," Laughter said. "They call me on my cell phone to make appointments, and I get much of my work thanks to two modern wars -- Iraq and Afghanistan -- that began at the start of this century."

Since World War II, when Navajo Code Talkers became an essential part of the U.S. armed forces, Native Americans have had some of the highest per capita rates of military service of any demographic group in the United States, a trend that has only increased as poverty on reservations has risen and young men and women seek better economic futures.

Unfortunately, Native Americans also have faced some of the biggest difficulties upon returning home from combat. Studies of Native American vets from the Vietnam War era, for example, revealed alarming rates of suicide, drug abuse, alcoholism and homelessness, particularly when they returned from war to remote reservations with little access to mental health care.

Even more, a study of Vietnam-era Native American vets found they were twice as likely to suffer from post-traumatic stress disorder as their white comrades, a reality some researchers attribute to the fact that they often deeply identify with the indigenous populations they are sent to fight. The research also revealed that Native American troops were often more likely to be assigned risky combat roles, another reason for their high PTSD rates.

Today, as thousands of Native American troops return from combat tours in Iraq and Afghanistan, the question for health-care providers and an aging generation of American Indian veterans is
how to prevent history from repeating itself.

The approach gaining traction throughout the Western and Southwestern U.S. -- home to some of the largest American Indian populations -- is this: Combine the most modern Western medical treatments with the most traditional Native American methods of healing. Marry the resources of the Department of Veterans Affairs with the blessing of tribal elders and respected medicine men.

Dr. Jay Shore is a VA psychologist and assistant professor at the University of Colorado at Denver who specializes in treating American Indian veterans with PTSD. Times and techniques have changed: Using videoconferencing equipment, he treats dozens of veterans on reservations from Montana to South Dakota -- all from his office in Denver.

"Isolation compounds PTSD," Shore said. "And many of these veterans live in extremely isolated places where a generation ago they never had access to the kind of help we're trying to give them today."

Shore routinely confers with a patient's tribal medicine man about treatment. He has gone so far as to fly to where his patients live in order to participate with them in "sweats," sacred American Indian ceremonies in which participants sit for hours in stifling steam lodges. The ceremony is believed to purify the mind, body and spirit, bringing peace and clarity.

Native communities on board

The VA has opened five clinics that serve remote American Indian reservations and allow the kind of telemedicine Shore is doing. Four more are set to open in the next several months.

The clinics are run by Native American veterans who serve as a bridge between the American Indian population and the VA, which was deeply distrusted by Native American Vietnam vets who felt it did not offer any treatment applicable to them.

When the clinics were first conceived, VA officials approached tribal governments of dozens of sovereign American Indian nations for their approval as well as to appoint formal liaisons between the Native American population and the experts ready to treat them.

"We realized that in order to help Native American vets, we had to have the Native American communities on board," said W.J. "Buck" Richardson, minority veteran program coordinator for the VA.

Few things have been as successful with American Indian communities as the VA's implementation of traditional healing practices, not just in clinics on reservations but in urban hospitals. The VA hospitals in Albuquerque and Prescott have started twice-monthly "talking circles," sacred Native American gatherings where it is believed that strength is transferred to whoever speaks from all who listen. At the Prescott talking circle, participants gather around a fire in the tepee; whoever holds the eagle feather has the floor.

Chester Clah, a Navajo veteran who has suffered from PTSD since his tour in Vietnam, joined the talking circle in Albuquerque after decades of heavy drinking and contemplating suicide.

"It was the first time anything has worked for me," he said. "In that circle I draw strength from the others, and they bear some of my weakness for me. I stopped wanting to kill myself. I don't need to drink anymore."

James Gillies, the psychologist who leads the talking circle in Albuquerque, has found that the more he treats American Indians with PTSD, the more he understands how unique their cases are -- and thus what a unique form of treatment they often require. Because troops are more likely to suffer PTSD if they have a lot of previous trauma in their lives, Gillies says Native
Americans who have felt the consequences of having their land stripped away and their culture fade are highly susceptible to the disorder.

"Combat is just the final trauma on top of everything else," he said.

Clinicians who work with American Indian veterans report hearing them struggle with feelings that they did to other native populations -- the Vietnamese, the Iraqis -- what was done to them and their ancestors.

"Identification with the enemy is something that has plagued minority vets for generations," said Michelle Kierstead, a Native American PTSD social worker at the VA Medical Center in Prescott. "They talk about a government on the outside imposing its will. They see children in places like Iraq that look like the children on their own reservations -- dark-skinned and impoverished. They see themselves in them, and I believe this contributes to their high rates of PTSD."

Though extensive studies were done on Vietnam-era American Indian veterans, no research has been released regarding American Indian veterans of the wars in Iraq and Afghanistan. But clinicians predict it will reflect what was seen a generation ago. The difference will be if the new approaches to treatment and the availability of social services in remote areas can stop the current generation from falling into the same pitfalls as their elders.

'I see myself in each of them'

"A big part of what is happening today is that Vietnam vets are stepping forward and saying, 'Let's stop them from making the same mistakes we did,' " said Richardson, the VA minority veteran program coordinator.

Clah has watched in recent years as his Albuquerque talking circle transforms from having only Native American vets from the Vietnam era to attracting men and women newly back from Iraq and Afghanistan. "I see myself in each of them," he said somberly.

Clah has not been content to let the talking circle be the only traditional healing option available to Albuquerque's American Indian veterans. He spent months lobbying the VA there to allow a sweat lodge to be built on the hospital's grounds. Construction recently began.

"We're starting to enclose the area where the lodge will be built with a fence," Gillies said. "It literally will become a sacred piece of Native American land, right here on the VA. That's a big deal to these vets. Word is spreading in Indian country that we're ready to meet them halfway, to treat them in ways that make sense to them."

On a recent evening, a young soldier about to depart for Iraq summoned a Navajo medicine man to his family's home. Family and friends gathered around Pvt. Dustin Thomas as a purification ceremony -- intended to clear his mind and spirit of worry about his coming deployment -- was performed.

"I guess people who didn't grow up with these traditions wouldn't understand them," said Thomas, 20. "But if you grew up with them and deeply believe them, they work for you."

The young man paused.

"Hopefully," he said, "we will do another one when I return home. Hopefully it will clear all the bad stuff that I see there away."