



# American Indian / Alaska Native Veterans

## Background Information

A military veteran is a person who served in the active military, naval, or air service and has since been discharged from duty. Service branches include the United States Army, Navy, Marine Corps, Air Force, Coast Guard, and National Guard, as well as commissioned officers in the Public Health Service and the National Oceanic and Atmospheric or Environmental Science Services Administrations.<sup>11</sup> As of 2018, the National Center for Veterans Analysis and Statistics recorded approximately 140,000 veterans identifying as American Indian / Alaska Native only.<sup>12</sup> This is likely an underestimate based on individuals identifying as AIAN and another race. Despite potential underestimates, in comparison to other racial groups, AIAN often have a higher per capita involvement of service in the U.S. military.<sup>13,14,15</sup> For example, since September 11, 2001, approximately 19% of AIAN individuals have served in the military, in comparison to an average of 14% for other racial groups.<sup>16</sup>

“ [Stereotypes from the pre-reservation era were] that Natives had natural instincts and were fierce warriors ... these beliefs and practices went on well into Vietnam [and other US wars], and Natives were placed in the most dangerous duties.”

— Sean Bear, AIAN Addiction Technology Transfer Center





In addition to large voluntary enlistment numbers, AIAN auxiliary troops and scouts historically represented the first allied encounters with white colonists.<sup>17</sup> Colonists recruited AIAN allies during the Pequot War (1634–1638), the Revolutionary War (1775–1783) and the War of 1812. In 1866, a bill was passed in Congress to establish the Indian Scouting Services, which authorized the recruitment of AIAN scouts as employees and enlisted soldiers. AIAN scouts fought on both sides during the American Civil War and became regarded as fast-moving, knowledgeable trackers. In World War II, AIAN “code talkers” were integral in creating and communicating top secret messages using their native languages. Additionally, more than 42,000 AIAN served in the military during the Vietnam Era and over 90% were volunteer enlistees.<sup>18</sup>

“ When you leave for the military, in a sense you’re leaving your family behind. But when you leave the military, you’re also leaving your family behind. That has become your family, and a lot of times you will miss them throughout your whole life.”

— Sean Bear, AIAN Addiction Technology Transfer Center



“ [All the] trauma that a person has in their lifetime needs to be taken like it’s compounded. So, you have your lifetime trauma, historical trauma, PTSD and ... we need to be able to look at that better.”

— Sean Bear, AIAN Addiction Technology Transfer Center

Indigenous peoples’ allied involvement with colonists and the United States military reveals a complex relational history. D.J. Vanas, military veteran and member of the Odawa Nation stated, “People ask, ‘Why serve in the military when this government has done so much to our people to hurt our culture?’ But we’ve always looked at the bigger picture. This is our home, it always has been and always will be, and we sign up to defend that.”<sup>19</sup> Likewise, communities across Indian Country often revere service members, including inviting veterans to open powwows and holding ceremonies to honor them. The meaning and evolution of warrior tradition and warrior culture illuminates some of the aforementioned complexities. Serving community, protecting homeland, and guarding culture are important values that can drive military contributions.<sup>20</sup> The U.S. military has demonstrated a legacy of both prizing and leveraging these values, resulting in AIAN service members being disproportionately placed in the most dangerous combat positions throughout many war eras.<sup>21</sup> Correspondingly, statistics reveal that AIAN veterans are more likely to have a service-connected disability, lower personal income, higher unemployment, and lack health insurance in comparison to veterans of other races.<sup>22</sup>

“ [Focusing on peer recovery programs,] strengths, [including the] sense of family, [are] very, very important. The normalization of their trauma from war [is] very important. I [often] facilitate peer-to-peer interactions, [which is] very healing [and supports] normalizing – telling the story versus feeling the story all the time. I [also] worked with their family members and young people and it was the young people that were having troubles with substance use and mental health issues, so I was working with the whole family. [Y]ou have to provide a door that opens up for the family to come in and share with you.”

— Kathleen Tomlin, Cheyenne River Training & Consulting

Providers working with AIAN veterans should consider this historical context along with the suggestions provided a to address risk factors while also supporting the cultural and contextual strengths, values, and reasons for military involvement.

## Screening, Prevention and Treatment, Considerations

**AIAN veterans may be at higher risk for opioid use and overdose based on comorbid risk factors. Providers can consider the following factors when engaging in screening, assessment, and treatment.**

- In comparison to veterans of other races, AIAN veterans are more likely to have a service-connected disability, lack health insurance, be unemployed and have lower personal income. They are also less likely to use Veterans Benefits Administration benefits.<sup>23</sup> Providers should screen for these social determinants of health, discuss barriers to pursuing Veterans Benefits Administration and Veterans Health Administration care, and provide alternative resource options.
- Military experience varies widely based on service era, branch, military occupation, military leadership, and tours of duty / deployment. Follow this [link](#) to review potential veteran health issues related to service history. Providers should inquire about experiences and exposure utilizing open-ended, non-assumptive questions (See “[Ways to Reduce Stigma and Build Inclusivity](#)” section below).
- AIAN veterans are at increased risk for complex trauma (historical trauma, military combat trauma, military sexual trauma, discrimination in the military), occupational hazards / exposure (traumatic brain injury, chronic pain, chemicals, radiation, air pollutants, warfare agents), displacement (geographic, cultural, houselessness) and mental health concerns (post-traumatic stress disorder [PTSD], depression, insomnia, substance use disorders).<sup>24,25,26,27</sup>
- Department of Veterans Affairs (VA) data revealed that AIAN veterans with chronic pain and PTSD were more likely to be prescribed polysedatives (most commonly an opioid and a benzodiazepine) and that prescription rates had increased over time. The VA recommends non-pharmacologic interventions due to contraindications of polysedative use on mental health symptoms and risk for overdose.<sup>28</sup>
- While veterans are less likely to be incarcerated than non-veterans, veterans who experience substance use disorders are at higher risk for involvement with the justice system. Veterans treatment courts<sup>29</sup> are dedicated to providing rehabilitation and wrap-around care to serve veterans involved in the justice system due to mental health disorders, trauma, and substance use. Research suggests that veterans participating in veterans treatment courts (now 335 nationwide), show improvements with depression, PTSD, substance use, housing, non-recidivism, and overall functioning and well-being.<sup>30</sup>
- Transitioning from active duty to civilian life can be a difficult re-adjustment period for the veteran and their family members. Providers can offer and ask about needed resources for veterans and their families, especially during active duty to civilian life transition.<sup>31</sup>
- Additionally, providers should consider traditional healing practices and beliefs when treating AIAN veterans. Historically, in many tribal communities, AIAN warriors would undergo ceremonies before battle to protect from trauma and after to promote healing and safe reintegration to the Tribal community.<sup>32,33</sup>





## Data Collection Considerations and Data Infrastructure Needs

- AIAN veterans appear to have an increased presence in the scientific literature in comparison to other diverse AIAN groups. This is likely due to more data being collected by the military and subsequent service care utilization at federal institutions.
- Data collection efforts for AIAN veterans should take care to address racial misclassification, include female AIAN veterans, and examine health indicators utilizing HIPAA compliant principles, data sovereignty considerations, and institutional review board processes.

## Resiliency Factors for AIAN Veterans may Include:

- Strong pride and identification as a veteran
- Impactful peer support networks and programming
- Increased access to services from the Veterans Benefits Administration and Veterans Health Administration (however access does not always equal utilization or culturally competent care)

## Expert Insight



**Sean Bear** (Meskwaki), is *Co-Director at the National American Indian and Alaska Native Addiction Technology Transfer Center (AIAN ATTC)*. Mr. Bear has worked with Native Americans with substance use issues for many years. He received his third honorable discharge from the Army after over nine years of service and served with the 82<sup>nd</sup> Airborne Division. He received his BA in psychology and human services from Buena Vista University and studied mental health counseling at Drake University for two years. His passion is to assist people in overcoming the many obstacles within life and themselves, and to return to the spiritual ways of their ancestors.



**Kathyleen Tomlin, Ph.D., LPC, LMHC, CADC-III**, has been in the addictions and mental health treatment and prevention field as a counselor, administrator, educator, and consultant since 1974. Now semi-retired, Dr. Tomlin is committed to sharing her experiences and knowledge within Native American communities. Her career has focused on the development of supervision and training practices to support the professional development of evidenced based practices. One of those best practices is the teaching, and supervision of Motivational Interviewing. She is a member of the Cheyenne River Sioux Tribe, where her mother was raised. On her father's side, she is Irish American from county Mayo in Ireland. Her family has many roots in the NW, with relatives from the southern Willamette Valley to Seattle.

## Resources (Website Links and Leading Organizations)

- [Native American/Alaska Native Veterans: Keys to Understanding Unique Challenges and Strengths of American Indian, Alaska Native Clients Whom suffer from PTSD](#)
- [Honoring Native Elder Veterans — National Resource Center on Native American Aging](#)
- [PBS Special | The Warrior Tradition](#)
- [National Congress of American Indians — Veterans Mission](#)
- [Native American Veterans Association](#)
- [U.S. Department of Veterans Affairs](#)



# Crosswalk of Approaches for Supporting Native Veterans

*This crosswalk provides specific guidelines and suggestions on how to best support Veterans within AIAN communities. The crosswalk outlines common issues that members of this group may face and how providers can be responsive to address them in meaningful ways. The crosswalk includes considerations regarding communication, planning and implementation approaches for providers, and suggestions for evaluation with regard to access to services, connections to community resources, and ways to follow-up to ensure any issues are addressed.*

Veterans face complex health and behavioral health concerns, oftentimes service-related, along with challenges accessing care due to the complexities of bureaucratic requirements needed to access Indian Health Service (IHS) and Veterans Administration (VA) care. In 2020, Congress passed three laws to support AIAN veterans' access to care. These laws established the IHS as the payor of last resort and eliminated the co-pay for VA services to improve AIAN access to care. Congress also established an AIAN veterans health commission, to ensure tribal leaders and AIAN veteran health experts have input into the provision of care for AIAN veterans. In addition, as outlined in the present report, AIAN veterans may be at heightened risk for opioid misuse due to pain related to military service and / or mental health and substance abuse issues. Important factors to be mindful of in the provision of services to AIAN veterans include:

- Geographic distance to care may present a barrier for veterans
- Unresponsiveness of VA staff may reduce veterans' ability to navigate administrative requirements and obtain access to care
- Veterans can benefit from a tribally- or community-based care navigator or advocate who can provide support aimed at improving health care access
- Weaving in cultural, familial, and peer supports can strengthen the holistic approach to veterans' services that is most effective for AIAN veterans
- Telehealth offers an important tool to ensure veteran access to care

## **See in particular:**

Goss, C., Richardson, W., Dailey, N., Bair, B., Nagamoto, H., Manson, S., & Shore, J. (2017). Rural American Indian and Alaska Native Veterans' Telemental Health: A Model of Culturally Centered Care. *Psychological Services, 14*(3), 270–278.

Ward, C., Cope, M., & Elmont, L. (2017). Native American Vietnam-era Veterans' Access to VA Healthcare: Vulnerability and Resilience in Two Montana Reservation Communities. *Journal of Community Health, 42*(5), 887–893.

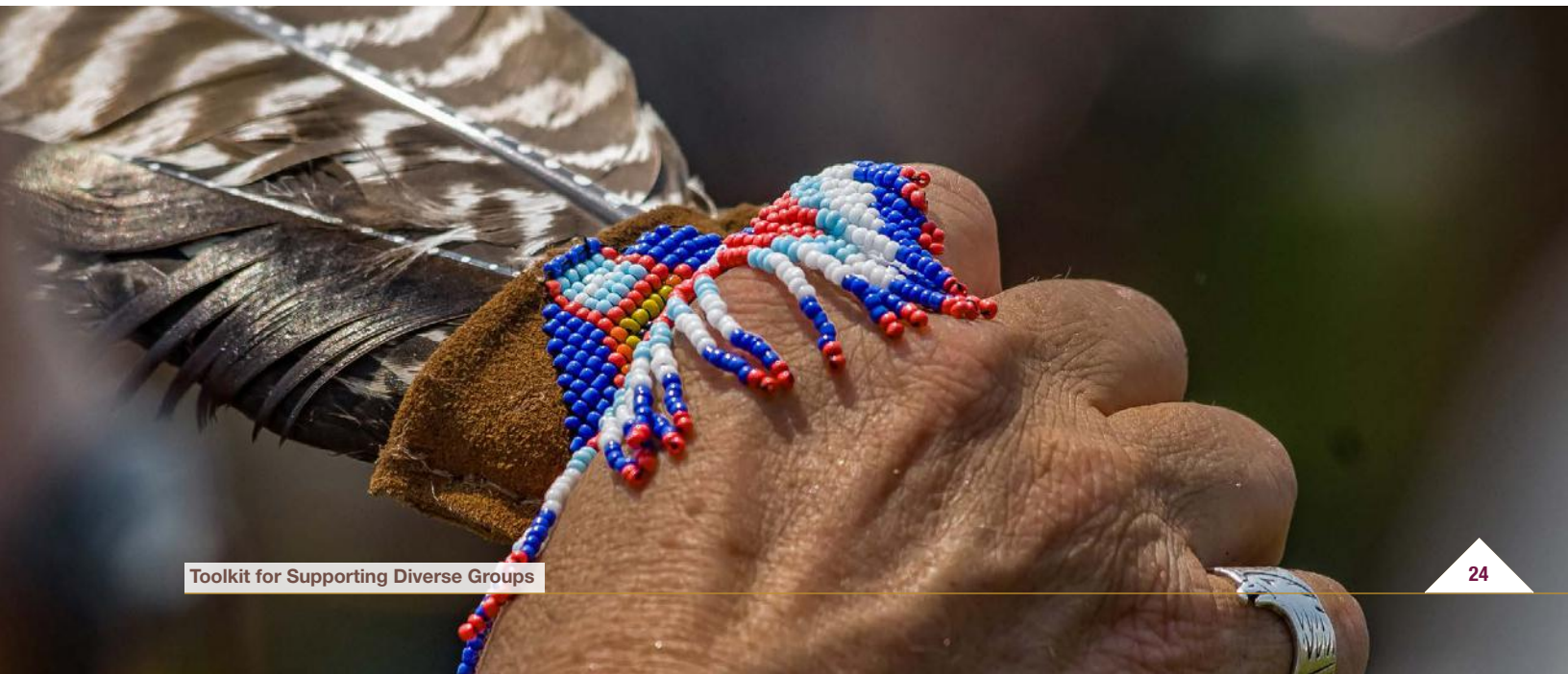
	Ways to Improve Access to Services for Veterans	Opportunities for Provider Support to Address Common Challenges Facing Veterans	Strategies for Providers to Connect Veterans to Community Resources	Provider Follow-up to Ensure Veterans Issues are Addressed
<p><b>Common Issues and Practices to Ensure Inclusiveness of Veterans</b></p>	<ul style="list-style-type: none"> <li>• Be aware that veterans may have experienced specific types of trauma exposure (past and present, war / conflict-related) and be prepared to address these issues in treatment.</li> <li>• Seek and provide training for providers and administrators to ensure veteran needs are met.</li> <li>• Ensure interpersonal conflict resolution skillsets are strengthened as veterans experiencing PTSD and substance use issues may be more likely to require specific approaches to address stress, anger, and emotional overload.</li> <li>• Identify concrete approaches to build veteran trust, as discrimination and limited supports after leaving the service may contribute to veterans' lack of help seeking.</li> </ul>	<ul style="list-style-type: none"> <li>• Seek and provide education and training for departmental service providers to address challenges veterans may have in relation to opioid misuse / treatment / overdose.</li> <li>• Connect with Community Health Educators, Veteran Health Navigators, or other providers trained in addressing issues salient for veterans.</li> <li>• Develop and provide information on resources specific for diverse veterans.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and disseminate handouts with contact information that veterans can use immediately (wallet cards, magnets with toll free resource numbers, websites, etc.).</li> <li>• Identify and implement strategies for needs (scheduling around work and other appointments, etc.).</li> <li>• Develop and disseminate information on multisector partnerships (e.g., employment, legal, housing, health / mental health systems) to ensure comprehensive support and shared policies and approach.</li> <li>• Develop and provide intensive case management in the form of tribally-based veterans navigators or advocates to ensure access to care.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop, manage, and utilize a robust data system to confirm needs are met (including, but not limited to, referrals to other programs, treatments, or services, patient satisfaction, patient follow-up on medications, etc.).</li> <li>• Provide peer support or other acceptable method of follow-up to assess whether needs are met.</li> </ul>



	Ways to Improve Access to Services for Veterans	Opportunities for Provider Support to Address Common Challenges Facing Veterans	Strategies for Providers to Connect Veterans to Community Resources	Provider Follow-up to Ensure Veterans Issues are Addressed
<p><b>Communication Considerations for Providers to Ensure Meaningful Services for AIAN Veterans</b></p>	<ul style="list-style-type: none"> <li>• Be aware that veterans span a wide range of service backgrounds, ages, and familiarity with communication modes and be prepared to address these unique issues.</li> <li>• Understand that veterans may benefit from communication of specific, tangible supports available.</li> <li>• Review and confirm appropriate terminology and communication strategies to maximize uptake and ensure access to services</li> </ul>	<ul style="list-style-type: none"> <li>• Provide assistance to veterans in obtaining / accessing communication (access to devices / Wi-Fi).</li> <li>• Connect veterans to peer supports within the community.</li> <li>• Consider group work to offer access to peer support networks.</li> </ul>	<ul style="list-style-type: none"> <li>• Plan for sharing information through a variety of communication modes, including word of mouth, handouts, electronic sources.</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct brief surveys to confirm modes / styles of communication are appropriate.</li> <li>• Check in with veteran service recipients regularly to identify needs are met.</li> </ul>



	Ways to Improve Access to Services for Veterans	Opportunities for Provider Support to Address Common Challenges Facing Veterans	Strategies for Providers to Connect Veterans to Community Resources	Provider Follow-up to Ensure Veterans Issues are Addressed
<p><b>Provider Planning Strategies to Ensure Inclusive Services for AIAN Veterans</b></p>	<ul style="list-style-type: none"> <li>• Involve veterans in planning processes.</li> <li>• Seek confirmation of plan through advisory board or other expert group that includes veteran and veteran advocate members.</li> <li>• Include opportunities to learn about cultural supports and how to appropriately build them into veteran programming.</li> <li>• Identify ways of building in supports for families of veterans and other trusted agencies / programs.</li> </ul>	<ul style="list-style-type: none"> <li>• Consult with health / mental health / substance use experts to ensure veteran participation.</li> <li>• Consider staff training in motivational interviewing or other culturally compatible approaches to supporting program participants.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop partnerships with local programs to collaborate on communication and other shared efforts supporting veterans.</li> <li>• Identify grant and other resources to assist with implementation.</li> <li>• Identify tribal or other local resources for transportation or other needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a crosswalk of veteran needs identified and the matched supports your program can offer.</li> <li>• Communicate the supports clearly to veterans and specify which issues your program is aspiring to address.</li> </ul>







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