

Traditional Over Conventional Therapies When it Comes to Native Vets and PTSD

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Greg Urquhart, Cherokee, served as an M1 Armor crewman and cavalry scout in Iraq in 2004-05, serving 12 months and 1 day in the war zone. He has mild PTSD and has found Sweat Lodge ceremonies to be healing. He is now a PhD candidate at Washington State University and an advocate for Native traditional healing for veterans with PTSD. Courtesy of Greg Urquhart.

Many Native American veterans who participated in a university survey about Post-Traumatic Stress Disorder say traditional healing therapies are more effective for them than conventional therapies offered by the Department of Veterans Affairs.

Among the therapies they cite: Sweat lodge ceremonies, purification lodge ceremonies, spiritual ceremonies involving sacred songs and, among horse cultures, equine therapy.

Washington State University PhD candidate Greg Urquhart, Cherokee, and his research partners hope data gathered from their comprehensive online survey will bolster steps taken by the VA, Indian Health Service and Tribes to make traditional Native American therapies more available, particularly in rural Native American communities that are far removed from VA health care offices.

The survey is part of a research study titled, “Native American Veterans' Perceptions, Knowledge, and Attitudes toward Posttraumatic Stress Disorder and Available Treatment.” The survey went live in November 2013 and will remain online until January or February, Urquhart said. The data will be presented to VA, IHS and indigenous nations in the U.S. (Survey link: www.SurveyMonkey.com/S/NativeVeterans)

As of December 8, the survey garnered 590 responses from Native American, Alaska Native and Native Hawaiian veterans.

The survey uses 30 questions to examine the attitudes, perceptions, and beliefs of Native American veterans concerning PTSD and its various treatment options. Urquhart said the survey is unique because it asks veterans for their input on what kind of therapy would work best for them.

It's a timely survey. It comes as the VA's 820 outpatient clinics, 300 vet centers, and 150 hospitals are struggling to meet the needs of 8.92 million veterans enrolled in the VA health care system. That number, provided by VA in August 2014, is expected to grow as enlistments end for military personnel who saw action in Iraq and Afghanistan.

The VA is putting more stock in Native American traditional therapies, offering Sweat Lodge ceremonies at several hospitals and sending representatives to Native veterans' camps to learn more about talking circles and other methods of healing. (At a meeting of veteran service officers at the Suquamish Tribe in September, a VA representative who attended Camp Chaparral at the Yakama Nation said she learned how essential talking circles are, and of how “cleansing and healthy” sweat lodges are.)

The VA's “Guidelines Concerning Native American/Alaska Native Traditional Practitioners” states that each VA medical center should have an area that may be designated exclusively for Native American traditional healing therapies.

HR 3230 — the federal Veterans' Access to Care through Choice, Accountability and Transparency Act of 2014 — empowers tribal veterans offices to process Native veterans for VA health care, to speed the process by which veterans get care. And VA is authorizing and reimbursing for care provided to Native veterans in tribal health clinics, another change designed to streamline and expedite the system of veteran health care.

Gaps in care go beyond wait lists. According to a VA report, there are more than 154,000 Native American/Alaska Native veterans, a higher rate per capita than any other ethnic group. Of that number, 7.1 percent are unemployed, compared to 4.9 percent of non-Native veterans; 15.3 percent do not have health insurance, compared to 6.3 percent of non-Native veterans; 36.4

percent suffer from one or more disability, compared to 26.2 percent of non-Native veterans; and 18.9 have a service-connected disability rating, compared to 15.6 percent of non-Native veterans.

Traditional therapies could help close those gaps. Urquhart knows that first-hand.

Urquhart, an urban Indian who hails from Tacoma, served in the U.S. Army from 2001-07. He served as an M1 Armor crewman and cavalry scout in Iraq in 2004-05, serving 12 months and 1 day in the war zone. “I saw a limited amount of combat. Not a lot, but enough,” he said.

He developed mild symptoms of PTSD and has found sweats to be healing. “For me, being in the dark and focusing on the grandfathers helped me to look deep in myself and [to] finally let go of troubles from my past,” he said.

Gil Calac, Paiute, a Vietnam War veteran, co-facilitated at Yakama’s Camp Chaparral in August. A female veteran opened up during the talking circle.

“We told her, don't wait 45 years to get it out,” Calac said, referring to how long it took many Vietnam War veterans to talk about their experiences. “She is still having a lot of issues but we told her [healing] will come. She is a good young lady.”

At the camp, Calac and another veteran talked about their songs, their traditional foods, the land. “People I talked to stated that really changed them. You could see it, hear it.”

In a story written about the survey by WSU News, Urquhart explained why many Native veterans are reluctant to seek treatment for PTSD:

“The traditional Native view of health and spirituality is intertwined,” he said. “Spirit, mind, and body are all one – you can’t parcel one out from the other – so spirituality is a huge component of healing and one not often included in western medicine, although there have been a few studies on the positive effects of prayer.”

Giving Native veterans a voice

Urquhart is now 32, married, with three children – ages 2, 11 and 13. He has two more years of classroom work for his PhD, then will serve a psychological counseling internship. He wants to teach, do research and pro bono work, and have a small private practice.

In addition to working on his PhD, Urquhart is WSU’s Native American retention counselor and is a veterans’ career coach. He is president of the WSU chapter of the Society of Indian Psychologists, and is student representative to two divisions of the American Psychological Association: Psychologists in Indian country, and Human Animal Interaction.

Working with him on the survey are Dr. Phyllis Erdman, associate dean of academic affairs, WSU College of Education; Matthew Hale, Cherokee, a graduate student at WSU’s College of Education and an Air Force veteran; and Sarah Sevedge, graduate student, WSU College of Education.

Some data from the survey:

—PTSD is not limited to battlefield experiences. PTSD can be caused by sexual assault and hazing.

—10-15 men and women respondents said they had been victims of sexual assault while in the military. Urquhart believes the number of male survivors of sexual assault could be higher, but that men are less apt to report it.

—Not all of the respondents reporting sexual assault were enlisted; a couple of respondents had been officers.

—60 percent of survey respondents who had attempted conventional PTSD therapy reported “no improvement” or were “very unsatisfied.”

—49 percent reported that conventional counseling had no impact on their PTSD or made the symptoms worse. On the other hand, spiritual or religious guidance was seen as successful or highly successful by 72 percent of Native respondents.

An Iroquois Navy veteran commented on the survey, “Traditional/spiritual healing can be very effective together with in-depth education and background in modern treatment methods,” WSU News reported.

A Nahua Army veteran wrote, “Healing ceremonies are absolutely essential, as is story telling in front of supportive audiences. We need rituals to welcome back the warriors.”

Urquhart and his fellow researchers hope the study gives Native veterans a voice in shaping the types of therapies available in future programs.

“It is my belief that if we as Native people speak as a group through this survey, places that provide veteran services for PTSD like the VA and IHS will listen and will add our suggestions and preferences for treatment [and] healing to programs intended to help Native veterans,” Urquhart said.

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