American Indian & Alaska Native Veteran Elders

Target Audience: AI/AN Elders, Caregivers, Tribal Leaders, Community, and Primary Care Providers/Advocates.

Overview

American Indian and Alaska Native (AI/AN) Veteran Elders (aged 55+) carry a unique legacy of service known as the "Warrior Tradition" or "Defender Heritage." These are sacred cultural responsibilities to protect their lands, sovereignty, and communities extending equally to both women and men. AI/AN people serve in the U.S. Armed Forces at a higher rate per capita than any other demographic group, with AI/AN women serving at particularly high rates. Despite this distinguished service, AI/AN Veterans face significant barriers as they age. Many carry a burden of health disparities that may include service-connected disabilities and re-emerging post-traumatic stress, compounded by historical systemic inequities, and nearly 25% live in remote or Tribal areas where accessing VA healthcare and benefits remains a major logistical challenge.

The Invisible Scars of Service

For many AI/AN Veterans, post-traumatic stress is often experienced as a "historical unresolved grief" rather than just a clinical diagnosis.

- **Late-Life Re-emergence (LATR):** Symptoms can resurface after retirement. Losing a structured work routine often allows suppressed memories to return.
- **Cultural Expressions:** AI/AN elders may not always report anxiety or flashbacks. Instead, PTSD often manifests as physical (somatic) pain, spiritual isolation, or a "heaviness" of the heart.
- **The Role of Ceremony:** Traditional healing, such as sweat lodges and talking circles, is often a vital partner to Western clinical therapy.

Protective Factors and Community Strength

Cultural identity and Tribal recognition are powerful tools for well-being. Veterans are often the "backbone" of their communities, and their status can be leveraged to improve resilience:

- **Traditional Healing:** Integrating Tribal ceremonies alongside clinical treatments.
- **Community Recognition:** Public honoring at powwows and gourd dances reduces social isolation.
- **Intergenerational Mentorship:** Elders sharing experiences with youth foster a sense of purpose.
- **Land-Based Healing:** Access to traditional lands for harvesting, hunting, fishing, and gathering provides therapeutic engagement.

Support and "Coordinated Care" Framework

Effective support requires a "no-wrong door" approach because many elders move between Tribal health facilities, Indian Health Service facilities, or Urban Indian Organizations and VA healthcare. Agency coordination is vital to prevent gaps in mental health support and chronic disease management.

Prevention Strategies for Caregivers

Assist Veteran with Enrollment: The Veteran MUST be enrolled in VA healthcare and VA Benefits to put in a claim.

Navigating the VA Reimbursement: Ensure Veterans know the VA may reimburse local facilities for care. Speak to a VA administrator to understand the VA healthcare policies that apply to care, as each situation will differ.

Cultural Humility in Healthcare: Encourage healthcare providers to respect the "Warrior Tradition" or "Defender Heritage" and elders' preference for traditional healing.

Telehealth Support: Bridge the gap to specialized VA care in rural areas through digital platforms.

Benefit Advocacy: Work with Tribal Veterans Representatives (TVRs) or Tribal Veteran Service Officers (TVSOs) to explore disability compensation and pension benefits. Check with the Veterans State office and VA Benefits regional office for additional support.

Tribal & VA Burial Benefits: Assist families in planning end-of-life care by utilizing VA burial benefits at national or VA grant-funded Tribal cemeteries (built on Tribal lands to reflect cultural design elements).

Signs of Support Needs

Caregivers should remain alert to these changes:

1. **Physical:** Difficulty managing chronic pain or service-related injuries.
2. **Emotional:** Signs of "delayed" PTSD, such as withdrawal or hypervigilance.
3. **Navigational:** Confusion regarding VA paperwork or missed appointments due to transportation issues or lapsed benefits.
4. **Social:** A loss of connection to Veteran-specific community events or a lack of recognition within the family/Tribe.

If you are a Veteran in crisis, please call the Veterans Crisis Line: Dial 988, then press 1. For help navigating Tribal Veteran benefits, contact your local TVR, TVSO or the VA Office of Tribal Government Relations (VA OTGR). Contact the VA OTGR to learn more: va.gov/TRIBALGOVERNMENT/

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Contact NICOA to learn more: NICOA.org

REFERENCES

Kaiser, et al. "Older Adults and PTSD." PTSD: National Center for PTSD, U.S. Department of Veterans Affairs, 29 Oct. 2025,
National Indian Council on Aging (NICOA). American Indian and Alaska Native Veterans: Health and Benefit Access.
National Museum of the American Indian. (2020). *Why we serve: Native Americans in the United States Armed Forces*. Smithsonian Books.
Substance Abuse and Mental Health Services Administration. (09/26/2025.). Managing life with co-occurring disorders. U.S. Department of Health and Human Services. https://www.samhsa.gov/mental-health/serious-mental-illness/co-occurring-disorders
U.S. Department of Veterans Affairs (2023). Office of Tribal Government Relations Annual Report.
U.S. Census Bureau. (2020). *American Indian and Alaska Native Veterans.* Facts for Features: American Indian and Alaska Native Heritage Month. U.S. Census Bureau.
Yellow Horse Brave Heart, M., Chase, J., Elkins, J., & Altschul, D. B. (2011). *Historical trauma among Indigenous Peoples of the Americas: Concepts, research, and clinical considerations. Journal of Psychoactive Drugs, 43(4), 282–290.*

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