



Great Plains Veterans Services Center

"Veterans helping Veterans for a better future"

A HUNT TO HEAL:
LOCAL VETERAN JOINS BISON HUNT OF FT. BELKNAP
ARTICLE ON PAGE 8



**December
2023**

NEWSLETTER

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American Legion Post 67 Meeting

At Northern Winz Casino
11275 US-87, Box Elder, MT 59521

Tuesday
December 12th
6:00pm

Support the Great Plains Veterans Services Center and Donate



Non-Veteran-
\$19.00

Veteran-
\$18.00

American Legion
Post Member-
\$17.00



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visit our website at www.greatplainsveterans.org

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CHECK OUT OUR FACEBOOK AND INSTAGRAM PAGES FOR UPCOMING BBQ'S AND OTHER EVENTS.

BINGE DRINKING AND ALCOHOL ABUSE REMAINS A SIGNIFICANT CHALLENGE FOR VETERANS



Almost 3% of veterans 65 years and older reported an alcohol use disorder, nearly twice as many as non-veterans of the same age (1.5%).

Veterans who served in the Post-9/11 era were more likely to have reported binge drinking issues (37%) than older generations (20%), according to the researchers.

Veterans Affairs leaders have warned for years about the links between substance abuse and lingering mental health problems from military service. Officials from the National Center for Post-Traumatic Stress Disorder in their outreach materials caution that “people might use drugs to help them sleep, relax, or manage situations they would rather avoid, but using drugs and/or alcohol can make PTSD symptoms worse.”

RAND researchers did see positive signs in veterans’ rates of seeking help for substance abuse issues. Their report states that “for every age group, veterans were more likely than non-veteran peers to have received alcohol/drug treatment.”

Again, the difference was most pronounced among the youngest and oldest groups. About 3% of veterans aged 18-34 have received alcohol or drug abuse treatment in the last year, compared to 2% of the general population. The rate for veterans over 65 was almost double that of comparable civilians, although both figures were less than 1%.

The study found that women and LGBTQ veterans were more susceptible to alcohol abuse problems than straight male peers. Those groups were also more likely to report high levels of serious psychological distress and suicidal thoughts.

Veterans of every age group are more likely to binge drink or abuse alcohol than Americans who never served, but are also slightly more open to seeking help for those problems than their civilian peers, according to new research released this week by the RAND corporation.

The findings from the RAND Epstein Family Veterans Policy Research Institute follow past studies of high rates of alcohol abuse in the military, indicating those problems do not end when troops leave the ranks.

Researchers did not find similar problems with other potential substance abuse issues. According to federal data, the rate of illicit drug use, opioid misuse, marijuana abuse or any drug use disorder was roughly the same for veterans and non-veterans in recent years.

But alcohol abuse remains a particular problem point for the veterans community. Researchers found nearly 23% of veterans surveyed in federal studies reported binge drinking — four or more drinks in a day for women and five or more drinks in a day for men — in the last month, and about 5% reported having an alcohol use disorder.

“Veterans consistently exhibited higher rates of alcohol use disorder than non-veterans in every age group,” the report stated.

The difference was most pronounced among the youngest and oldest age groups. More than 45% of veterans aged 18 to 34 reported binge drinking in the last month, compared to about 37% of non-veterans.

VETERANS & ADDICTION

Veterans deal with additional challenges when it comes to co-occurring disorders. The pressures of deployment or combat can exacerbate underlying mental disorders, and substance abuse is a common way of coping with unpleasant feelings or memories

23% OF U.S. VETERANS met the criteria for a substance use disorder

MORE THAN 2 OF 10 Veterans with PTSD also have a Substance Use Disorder

PAIN MEDICATION PRESCRIPTIONS FROM MILITARY PHYSICIANS QUADRUPLED FROM 2001 - 2009

Common addictive medications prescribed to veterans include:

- Vicodin, OxyContin
- Ativan, Valium, Xanax
- Ambien, Lunesta

Alcohol use is also higher among men and women in military service than among civilians.

ABOUT 47% OF MILITARY SERVICE PERSONNEL REPORTED BINGE DRINKING

20% REPORTED BINGE DRINKING EVERY WEEK

MANY VETERANS DO NOT SEEK TREATMENT FOR ADDICTION PROBLEMS BECAUSE OF STIGMA

56% increase in those seeking treatment between 2003 and 2010

21% OF VETERANS IN SUBSTANCE ABUSE TREATMENT WERE HOMELESS

MENTAL AND SUBSTANCE USE DISORDERS CAUSED MORE HOSPITALIZATIONS AMONG U.S. TROOPS IN 2009 THAN ANY OTHER CAUSE

Homeless Persons Memorial Day

December 21

DECEMBER 21ST IS HOMELESS PERSONS' MEMORIAL DAY

The National Consumer Advisory Board, the National Coalition for the Homeless, National Alliance to End Homelessness, and the National Health Care for the Homeless Council encourage our constituents to organize or take part in Homeless Persons' Memorial Day events on or around December 21st, the first day of winter and the longest night of the year. Learn why we remember this day each year through our HPMD Advocacy Agenda.

At these events each year, we remember those who have died and we strengthen our resolve to work for a world where no life is lived or lost in homelessness. We state clearly, together with others in scores of communities across our nation, that no person should die for lack of housing.

Each Homeless Persons' Memorial Day event is unique to its community, but the events often include readings of names, candles, prayers, personal remembrances, marches, and moments of silence. They are often held outdoors, sometimes – fittingly – in the bitter cold. These events honor those who have paid the ultimate price for our collective failure to adequately address homelessness, and often

include calls to address the systemic causes of tragically avoidable deaths.

A succinct Organizing Manual for HPMD is now available. In it you will find guidelines for planning these events, sample documents, and suggestions for addressing policy issues related to homeless deaths. Please use it to borrow ideas from others and to help create a moving and powerful local event.

Honoring those we have lost

Each year, we lose our friends and colleagues to homelessness. In 2019, the National HCH Council interviewed clinicians, administrators, and consumers of homeless health care to create the first national collection of oral histories of people who have died while experiencing homelessness. These stories illuminate the perspectives and personalities of people who have died without housing. Our hope is to illustrate not only their lives but the conditions that led to their deaths to reduce stigma, spotlight barriers to care, and bring attention to the preventable tragedy of homeless deaths.

VETERANS MORE LIKELY THAN CIVILIANS TO OWN A HOME, YET, STILL MANY EXPERIENCE HOMELESSNESS

New research shows veterans are both more likely to own a home than other Americans and more likely to become homeless than their non-military peers, a contradiction that underscores the disparity in potential transition outcomes for separating service members.

For individuals who thrive after leaving the ranks, generous home loan benefits and higher employment rates have kept homeownership rankings among veterans significantly above their civilian peers for the last decade, according to a new analysis released Thursday from the RAND Epstein Family Veterans Policy Research Institute.

Census data shows about 80% of veterans own a home, compared to 60% of non-veterans, the report stated. "One likely reason is that veterans have access to relatively generous home financing programs through the VA that involve both lower down payments and lower interest rates than the commercial market," researchers wrote. "These programs lower both the initial barrier (down payment requirements) and the ongoing cost of ownership."

But veterans struggling with lingering health issues from their service — issues like post-traumatic stress disorder, military sexual

trauma and depression — often have trouble accessing those advantages. According to the latest data from the Department of Housing and Urban Development, veterans make up about 7% of the population experiencing homelessness on any given night but only about 5% of the total population in America.

RAND researchers said that federal agencies could close the gap between the successful and struggling veterans with more education on financial resources, particularly among more vulnerable groups of the veteran population.

For example, veterans who served after 2000 are almost twice as likely to be renters than veterans from older generations, the researchers found. Female veterans had lower incomes and lower home ownership rates than male veterans.

Where veterans live also matters.

"Overheated housing markets increasingly put homeownership out of reach of veterans and non-veterans alike," the report stated. "Future research might be warranted to focus on how often significant variation in local housing markets moderates the relative effectiveness of these programs aimed at fostering homeownership among veterans."

HIV/AIDS AND CARING FOR INFECTED VETERANS

HIV remains a major global public health issue, having claimed 40.4 million lives so far with ongoing transmission in all countries globally.

There is no cure for HIV infection. However, with access to effective HIV prevention, diagnosis, treatment and care, including for opportunistic infections, HIV infection has become a manageable chronic health condition, enabling people living with HIV to lead long and healthy lives.

Human immunodeficiency virus (HIV) is an infection that attacks the body's immune system. Acquired immunodeficiency syndrome (AIDS) is the most advanced stage of the disease. HIV targets the body's white blood cells, weakening the immune system. This makes it easier to get sick with diseases like tuberculosis, infections and some cancers. HIV is spread from the body fluids of an infected person, including blood, breast milk, semen and vaginal fluids. It is not spread by kisses, hugs or sharing food. It can also spread from a mother to her baby. HIV can be treated and prevented with antiretroviral therapy (ART). Untreated HIV can progress to AIDS, often after many years.

WHO now defines Advanced HIV Disease (AHD) as CD4 cell count less than 200cells/mm³ or WHO stage 3 or 4 in adults and adolescents. All children with HIV younger than 5 years of age are considered to have advanced HIV disease. The symptoms of HIV vary depending on the stage of infection.

The disease spreads more easily in the first few months after a person is infected, but many are unaware of their status until the later stages. In the first few weeks after being infected people may not experience symptoms. Others may have an influenza-like illness including:

- fever
- headache
- rash
- sore throat.
- swollen lymph nodes

- weight loss
- fever
- diarrhoea
- cough.
- tuberculosis (TB)
- cryptococcal meningitis
- severe bacterial infections
- cancers such as lymphomas and Kaposi's sarcoma.
- HIV causes other infections to get worse, such as hepatitis C, hepatitis B and mpox.

HIV can be transmitted via the exchange of a variety of body fluids from people living with HIV, such as blood, breast milk, semen and vaginal secretions. HIV can also be transmitted during pregnancy and delivery to the child. People cannot become infected through ordinary day-to-day contact such as kissing, hugging, shaking hands, or sharing personal objects, food or water.

It is important to note that people with HIV who are taking ART and have an undetectable viral load do not transmit HIV to their sexual partners. Early access to ART and support to remain on treatment is therefore critical not only to improve the health of people with HIV but also to prevent HIV transmission.

Behaviours and conditions that put people at greater risk of contracting HIV include:

- having condomless anal or vaginal sex
- having another sexually transmitted infection (STI) such as syphilis, herpes, chlamydia, gonorrhoea and bacterial vaginosis
- engaging in harmful use of alcohol and drugs in the context of sexual behaviour
- sharing contaminated needles, syringes and other injecting equipment and drug solutions when injecting drugs
- receiving unsafe injections, blood transfusions and tissue transplantation, and medical procedures that involve unsterile cutting or piercing
- experiencing accidental needle stick injuries, including among health workers

HIV can be diagnosed through rapid

diagnostic tests that provide same-day results. This greatly facilitates early diagnosis and linkage with treatment and prevention. People can also use HIV self-tests to test themselves. However, no single test can provide a full HIV positive diagnosis; confirmatory testing is required, conducted by a qualified and trained health or community worker at a community centre or clinic. HIV infection can be detected with great accuracy using WHO prequalified tests within a nationally approved testing strategy and algorithm.

Most widely used HIV diagnostic tests detect antibodies produced by the person as part of their immune response to fight HIV. In most cases, people develop antibodies to HIV within 28 days of infection. During this time, people are in the so-called window period when they have low levels of antibodies which cannot be detected by many rapid tests, but may transmit HIV to others. People who have had a recent high-risk exposure and test negative can have a further test after 28 days.

Following a positive diagnosis, people should be retested before they are enrolled in treatment and care to rule out any potential testing or reporting error. While testing for adolescents and adults has been made simple and efficient, this is not the case for babies born to HIV-positive mothers. For children less than 18 months of age, rapid antibody testing is not sufficient to identify HIV infection – virological testing must be provided as early as birth or at 6 weeks of age. New technologies are now available to perform this test at the point of care and enable same-day results, which will accelerate appropriate linkage with treatment and care.

December 1 is World AIDS Day. VA joins our federal partners in recognizing this day and taking time to reflect on the impact of the HIV/AIDS epidemic, how well we diagnose and care for people with HIV, and our continued efforts to prevent HIV among those most vulnerable.

YOU ARE NEVER ALONE

SURVIVE AND THRIVE

YOU MATTER • YOU ARE NOT ALONE • HELP IS AVAILABLE

SUICIDE PREVENTION COLUMN: SEASONAL AFFECTIVE DISORDER (SAD)

Seasonal affective disorder (SAD) is a type of depression that's related to changes in seasons — seasonal affective disorder (SAD) begins and ends at about the same times every year. If you're like most people with SAD, your symptoms start in the fall and continue into the winter months, sapping your energy and making you feel moody. These symptoms often resolve during the spring and summer months. Less often, SAD causes depression in the spring or early summer and resolves during the fall or winter months.

Treatment for SAD may include light therapy (phototherapy), psychotherapy and medications.

Don't brush off that yearly feeling as simply a case of the "winter blues" or a seasonal funk that you have to tough out on your own. Take steps to keep your mood and motivation steady throughout the year.

Symptoms- In most cases, seasonal affective disorder symptoms appear during late fall or early winter and go away during the sunnier days of spring and summer. Less commonly, people with the opposite pattern have symptoms that begin in spring or summer. In either case, symptoms may start out mild and become more severe as the season progresses.

Signs and symptoms of SAD may include:

- Feeling listless, sad or down most of the day, nearly every day
- Losing interest in activities you once enjoyed
- Having low energy and feeling sluggish
- Having problems with sleeping too much
- Experiencing carbohydrate cravings, overeating and weight gain
- Having difficulty concentrating
- Feeling hopeless, worthless or guilty
- Having thoughts of not wanting to live

Fall and winter SAD symptoms specific to winter-onset SAD, sometimes called winter depression, may include:

- Oversleeping
- Appetite changes, especially a craving for foods high in carbohydrates
- Weight gain

- Tiredness or low energy
- Spring and summer SAD

Symptoms specific to summer-onset seasonal affective disorder, sometimes called summer depression, may include:

- Trouble sleeping (insomnia)
- Poor appetite
- Weight loss
- Agitation or anxiety
- Increased irritability

Seasonal changes and bipolar disorder.

People who have bipolar disorder are at increased risk of seasonal affective disorder.

In some people with bipolar disorder,

episodes of mania may be linked to a specific season. For example, spring and summer can bring on symptoms of mania or a less intense form of mania (hypomania), anxiety, agitation and irritability. They may also experience depression during the fall and winter months.

It's normal to have some days when you feel down. But if you feel down for days at a time and you can't get motivated to do activities you normally enjoy, see your health care provider. This is especially important if your sleep patterns and appetite have changed, you turn to alcohol for comfort or relaxation, or you feel hopeless or think about suicide.

Veterans Crisis Line



DIAL 988 then
PRESS 1

Seasonal Affective Disorder (SAD): More Than the Winter Blues

As the days get shorter and there is less daylight, you may start to feel sad. While many people experience the "winter blues," some people may have a type of depression called seasonal affective disorder (SAD).

The first step is to determine how much your symptoms interfere with your daily life.

Do you have mild symptoms that have lasted less than 2 weeks?



- Feeling down but still able to take care of yourself and others
- Having some trouble sleeping
- Having less energy than usual but still able to do your job, schoolwork, or housework

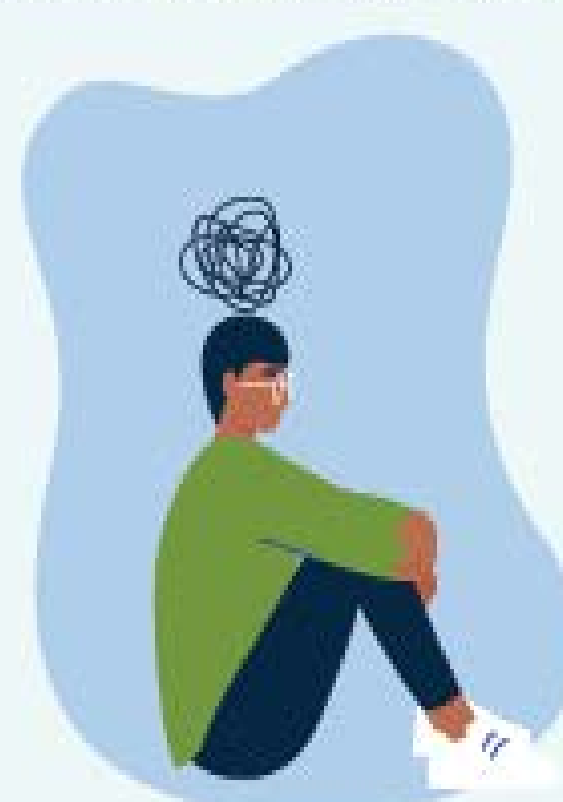
These activities can make you feel better:



- Doing something you enjoy
- Going outside in the sunlight
- Spending time with family and friends
- Eating healthy and avoiding foods with lots of sugar

If these activities do not help or your symptoms are getting worse, talk to a health care provider.

Do you have more severe symptoms that have lasted more than 2 weeks?



- Social withdrawal
- Oversleeping
- Gaining weight
- Craving foods with lots of sugar like cakes, candies, and cookies

Seek professional help:



- Light therapy
- Psychotherapy (talk therapy)
- Medications
- Vitamin D supplements

Instructions:

Sudoku puzzles require you to find the missing numbers in a 9x9 grid, with that grid itself divided into 9 square grids of 3x3.

You can't just add any numbers though. There are rules that make solving the puzzle challenging.

To solve a Sudoku, look for open spaces where its row, column and square already have enough other numbers filled in to tell you the correct value. The more squares you fill in, the easier the puzzle is to finish!

A number can only occur once in a row, column, or square.

November's Answers

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 9 | 8 | 1 | 3 | 6 | 5 | 2 | 7 | 4 |
| 7 | 6 | 5 | 4 | 8 | 2 | 3 | 1 | 9 |
| 2 | 4 | 3 | 1 | 7 | 9 | 8 | 5 | 6 |
| 1 | 9 | 2 | 6 | 3 | 4 | 7 | 8 | 5 |
| 4 | 3 | 7 | 5 | 2 | 8 | 9 | 6 | 1 |
| 8 | 5 | 6 | 9 | 1 | 7 | 4 | 3 | 2 |
| 3 | 2 | 4 | 7 | 5 | 6 | 1 | 9 | 8 |
| 5 | 1 | 8 | 2 | 9 | 3 | 6 | 4 | 7 |
| 6 | 7 | 9 | 8 | 4 | 1 | 5 | 2 | 3 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | 3 | 5 | 6 | 7 | 4 | 9 | 8 | 2 |
| 4 | 7 | 6 | 8 | 2 | 9 | 5 | 1 | 3 |
| 2 | 8 | 9 | 5 | 1 | 3 | 7 | 6 | 4 |
| 6 | 2 | 4 | 1 | 9 | 5 | 8 | 3 | 7 |
| 8 | 9 | 7 | 2 | 3 | 6 | 1 | 4 | 5 |
| 3 | 5 | 1 | 7 | 4 | 8 | 6 | 2 | 9 |
| 5 | 4 | 3 | 9 | 6 | 1 | 2 | 7 | 8 |
| 9 | 1 | 2 | 4 | 8 | 7 | 3 | 5 | 6 |
| 7 | 6 | 8 | 3 | 5 | 2 | 4 | 9 | 1 |

December's 2023 Suduko Puzzle

Answer in January's Newsletter

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 9 | | 6 | | | | | 5 |
| | 4 | | | 2 | 5 | | 6 | |
| 7 | | | | 4 | | | | 3 |
| | 1 | | 5 | | | | | 9 |
| 4 | | | | 9 | | | | |
| 5 | | | | 7 | | 6 | 3 | |
| | 8 | | | | | 3 | | |
| | | 1 | | 8 | 3 | | 9 | |
| 9 | 3 | | 4 | | | | 8 | |

CHECK CASHING SERVICES

Unload Debit Card, Bill Pay, Buy Bitcoin



DEBIT CARD SERVICES

Cash withdrawal fees:

Post 67 Member: \$1

Veterans: \$1.50

Non-Veteran: \$2.50



CHECK CASHING SERVICES

Fees:

Post 67 Member: 1%

Veteran: 1.5%

Non-Veteran: 2%



BILL PAY SERVICES

Fees

Veteran: FREE

Non-Veteran: \$3.50

Same Day Venders:

Hill County Electric

Triangle Communications

Other venders allow 1-3 days posting time to your account

CHECK CASHING POLICIES

- ✓ NO MONEY ORDERS
- ✓ WE CASH CANADIAN CHECKS UP TO \$500
- ✓ US GOVERNMENT CHECKS CAN ONLY BE CASHED BY THE INDIVIDUAL TO WHOM THE CHECK IS ISSUED

CHECK CASHING HOURS:

MON-FRI: 8:30am - 4:00pm
SAT-SUN: CLOSED



MY ONE REASON FOR BUCKLING UP

“BECAUSE I WANT TO KEEP MY CULTURE AND TRADITIONS ALIVE”

- BREEANNA -

ALWAYS BUCKLE UP AND DON'T BE AFRAID TO ASK OTHERS TO DO THE SAME

When you don't buckle up, you endanger more than just your own life. Drivers and passengers often don't consider how unbuckled occupants can be thrown at high speed during a crash and can cause serious harm or even death, not only to themselves but to others in the vehicle. That's why it's so important to buckle up and insist others do the same.



f /SafeOnAllRoads

GPVSC WISHES A

happy workiversary

to:

Chauncey Parker
Weston Sutherland
and Becky Lewis

THANK YOU FOR YOUR
DEDICATION AND HARD WORK

\$ GPVSC Weekly Raffle \$

WIN!!!
\$1,000 CASH

SECOND CHANCE
DRAWING

\$100 CASH

DRAWINGS
FRIDAY
@ 3PM

@GREATPLAINSVETERANS

GPVSC BURGER BOX

GREAT PLAINS

Warrior Wednesdays: Meet 'n' Greet Barbeques, Donut Days, Haircuts by Gary, and Special Events are great way to enhance communication and foster bonds among Veterans and others in the community.

They are a place to meet friends, find resources, and have fun with other Veterans and community members.

IF YOU HAVENT TRIED IT... YOU'RE MISSING OUT!

Follow us on Facebook
@BURGERBOX_RBFOODTRUCK

For updates and menus

GPVSC OFFICE- 46 Veterans Park Rd.

Christmas
RAFFLE

TAKE PART IN THE CONTEST
AND WIN THE PRIZES

PRIZES

- 1- \$1000 WINNER
- 2- \$100 WINNERS
- 5- HOLIDAY MEAL BASKETS
- 5- THEMED GIFT BASKET

DRAWING WILL BE HELD DECEMBER 15TH @ 3PM

FOLLOW US FOR NEWS AND UPDATES



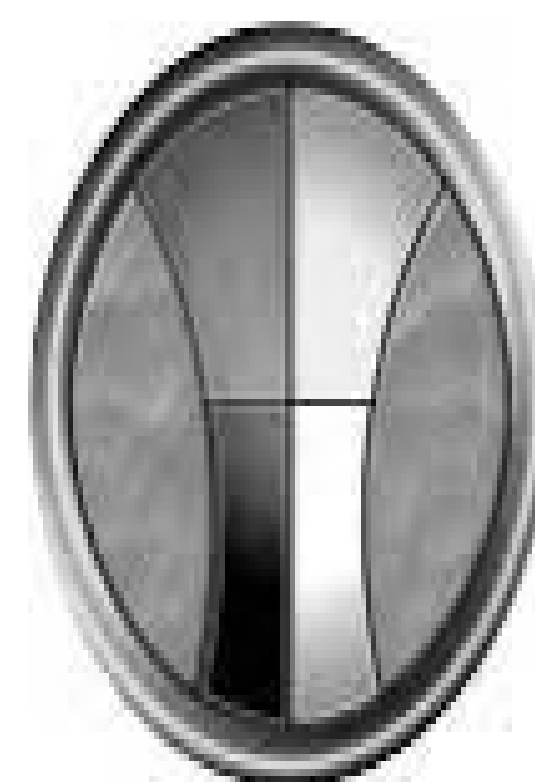
WWW.GREATPLAINSVETERANS.ORG



THE GREAT PLAINS VETERANS SERVICES CENTER IS PROUD TO BE IN PARTNERSHIP OF THESE FOUNDATIONS.



BlueCross BlueShield of Montana



POTLATCH FUND





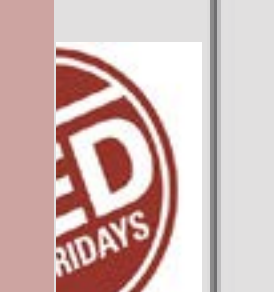


Help for Homeless Veterans
877-4AID-VET
 va.gov/homeless (877) 424-3838



Community Events

- Winter Solstice
- Universal Human Rights Month
- HIV/AIDS Awareness Month
- Egg Nog Month
- Learn a Foreign Language Month
- National Fruitcake Month
- Safe Toys/Gifts Awareness Month
- National Food Service Safety Month
- National Made in America Month
- Seasonal Affective Disorder (SAD) Awareness Month

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-------------------|--|---|--|---|---|---|
| | | | | | 1 Civil Air Patrol (USAF) Auxiliary Birthday  | 2 |
| 3 | 4 | 5 | 6 VET CENTER Warrior Wednesday's Meet-N-Greet BBQ 10am-2pm | 7 Pearl Harbor Day Remembrance 7:55am Hanukah Begins | 8  | 9 |
| 10 | 11 | 12 American Legion Post 67 Meeting 6pm | 13 National Guard Birthday Cake Celebration Noon-2 | 14 Food Drive Completed: | 15 CHRISTMAS RAFFLES 3PM Food Drive Food Distribution Hanukah Ends  | 16 |
| 17 | 18 GPVSC OFFICES CLOSED FOR STAFF TRAINING | 19 | 20 Space Force Birthday | 21 | 22  | 23 Happy Birthday Ryan |
| 24 Christmas Eve | 25 Christmas Day | ALL GPVSC OFFICES WILL BE CLOSED DEC 19TH - JAN 3RD FOR THE HOLIDAYS | | | | 30  |
| 31 New Year's Eve | | | | | | |



UNTIL THEY ALL COME HOME

A representative from the Great Falls Vet Center will be at the office a couple times a month to answer any VA related questions, aid in enrollment, and offer counselling services for eligible Veterans. The representative will also be available to answer questions about benefits and services.

For more information or to schedule and appointment Call Rich or Becky at (406) 452-9048

A HUNT TO HEAL: LOCAL VETERAN JOINS BISON HUNT OF FT. BELKNAP

MELODY MONTGOMERY Judith Basin Press Editor Nov 15, 2023

Sacred hunt

“We used the skills that we learned in the Army for something other than destruction,” said U.S. Army combat veteran Michael High, explaining the bison hunt from which he and fellow combat veteran Darren Leslie of Stanford had just returned.

The week leading up to Veteran’s Day, Leslie and High joined the fellow service members on a warriors’ hunt for bison and deer on the Fort Belknap Reservation — the Ft. Belknap Traditional Hunt. The hunters were combat veterans with the Army and Marines. The animals hunted were processed by the veterans and delivered to the people of the Fort Belknap Reservation.

The hunt was organized by Catcher Cuts the Rope, a combat veteran and Native American who lives on the Fort Belknap Reservation. He served in both the Army and Marines. He earned the Red Feather/Purple Heart in the 2004 Battle of Falluja.

“Catcher [Cuts the Rope] puts together a team of warriors to hunt to help feed the tribe,” said High, who hopes to return to the hunt annually. Leslie hopes to help with it regularly since he is only a couple hours away.

This hunt, which incorporated building a sweat lodge and sacred ceremonies, provided healing from the horrors of war etched in their memories.

“This is something that is actually helping veterans,” said Leslie.

Leslie, who lives in Stanford, served two deployments in Iraq with High. He and High both survived their tours in the Middle East. High is now married and lives in Greensborough, North Carolina. Leslie moved to his family’s historic home in Stanford in 2022 for its peace and quiet.

Leslie and High were joined on the hunt with fellow combat veteran Mark Daniel Brasel, who served nine tours total in the Middle East. He was in the ranger battalion. Two of these tours were with Leslie and High.

When they all served together years ago, they were different people. Brasel now lives in Elma, Wash., and is a Cub Scout pack leader who also helps with the VFW. He has four children.

“It’s good that [family life] happened for some people too, because that is what they needed. A lot of people get out, and then they either drink themselves stupid or do drugs, and fight their own demons inside,” said Leslie. In addition to serving with Leslie and Brasel, High had also served with Sly Blackbird, a tribal member from the Fort Belknap Reservation. All four staff sergeants, and all four are now categorized as permanently disabled and retired from the Army. Blackbird was able to invite High, Leslie and Brasel to join the hunt.

Sacred ground and a worthy enemy “The camp set up is similar to Boy Scouts, really, but it’s all Native Youth,” said High.

There were around 10 kids, ranging around 6 years to 15 years of age. The kids watched, observed and helped. They would sharpen knives, split and stack wood, basically anything needed.

“A lot of them were raised by their grandparents, and stuff like that — troubled families, or whatever you want to call it but, and they were picking it up,” said Leslie. “I enjoyed trying to be a good role model for them.”

The crew camped in the hills and hunted on the plains, without cell service and grounded by sacred ground. There were tipis set up for lodging.

“When we started through the canyon, you could feel the energy shift,” said Becky Lewis with Great Plains Veterans Services, who provided all of the sustenance for the warriors. Lewis and two other volunteers, Victoria Doney and Misti Weigum, came from Billings and Zortman to help.

The bison herd on the Fort Belknap reservation was originally part of the Yellowstone Park herd. Because the Fort Belknap Reservation is a sovereign nation, hunters do not need a hunting license as long as they are guided by members of the tribe.

Before the hunt, there was a blessing ceremony.

“The buffalo was elevated to a worthy enemy,” said High. “Once it is dead it becomes food, but it is honored until then.”

“They prefer to run the animal to get the adrenaline going,” High added. “It is part of their tradition. It changes the taste, makes it more gamey.”

The veterans were able to harvest two bison from that hunt, one of which killed one buffalo close to sunset. They field dressed the carcass, and wore headlamps as they pulled the meat off and watched coyotes start to circle.

Giving back

In addition to the two male bison, one female deer was harvested in the hunt last week.

An adult male buffalo weighs around 2,000 pounds, so there was abundant meat going back to the people of the Fort Belknap reservation. “The service to others, that was big part of it, and that’s the best thing I took away from it anyway,” said High. The meat was processed into steaks, stew meat and roasts.

Every part of the bison killed is used — bones, hooves, tongue, heart, liver, skull... The hides are currently being tanned to eventually be made into shields for Native youth. The skull is used for ceremonies.

All the veterans and youth processed all the meat themselves.

“Two full days of processing meat from the buffalo to get it all out,” said High. Some of it was delivered raw. Some of it was cooked, too. “We dug a big hole, and cooked some in the ground,” said Leslie.

Services for those who served

The hunt’s organizer, Cuts the Rope, prior to the hunt, had reached out to Great Plains Veteran’s Services for help. They were able to rise to the call and provided sustenance for the hunters.

Great Plains Veterans Services serves 17 counties in Montana and is in the process of adding 12 more counties, including Judith Basin Co., said Lewis.

“What an honor it was to go and spend time with those guys,” said Becky Lewis with Great Plains. “This job is hard, and that group of guys filled my cup right up ... The world is a better place because of these men.”

Great Plains Veterans Services created by co-founders Chauncey Parker and John Gardipee. They saw a need for more services to those who served, and they were resourceful. Initial services to veterans began with a VA grant to provide transportation for vets in rural areas to VA appointments.

In September 2022, Great Plains was awarded the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant. According to the VA report, the suicide rate among veterans in Montana is nearly double the national rate.

Brasel received his warrior name during the hunt — Red Weapon. He shared a his story of war that affected him the most psychologically.

“What Catcher and Sly are doing, I think is really helping veterans,” said High.



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