Major General Laura L. Clellan
and
Director of Eastern Rocky Mountain Veteran's Administration Facility

February 7, 2025

I have faced Tribal Resistance. This is a letter requesting assistance.

The attached letters of DoD officials indicate substantial review by Officials of the DoD of a unique process Abreaction, Desensitization and Emotional Reframing: Depression, PTSD and Suicide.

A specious conclusion on any person's part, of my failure to complete a medical as the decades of communication to the "Tribal Defenders" costly loss of "global accomplishments".

I have presented to DoD officials, including Major General Richard Stone, who made a request for medical study: **The PTSD behavior can be reduced by 50% or more with five to twelve hours of Abreaction, Desensitization and Emotional Reframing, which can be accomplished in 30 days. Underlying this process is healing of the fear experiences.**

Major General Richard Stone requested medical study, similar to every request in the attached letters. The partnering, or employment of "research types" uncover many Tribal Imperfections. These include threats by VA personnel of legal action of conspiring with certain Veterans to relieve their PTSD symptoms, while maintaining disability payments.

I now therefore make this request of the executive offices of Major General Clellen of Colorado Division of Veterans Affairs and Veteran's Affairs Executive Office of Eastern Colorado Healthcare System to submit these letters and a cover letter referencing this request as introduction to the process of Abreaction, Desensitization and Emotional Reframing to:

Governor Jared Polis
Office of the Governor
200 E. Colfax Avenue, Room 136, Denver, CO 80203

Performance Improvement Officer & Office of the Director of Administration & Management
1950 Defense Pentagon,
Washington D.C. 20301-1950

Thank you for your respectful consideration to my request, as I have faced tribal dissonance.

Paul Rieker

218 West Garland St., PO. Box 341 La Veta, Colorado 81055

TheRiekerGroup@yahoo.com 719-717-0487

By way of definitions and discussions:

A **military General Officer** dealing with fragmented organizations as "tribes" faces a critical challenge: overcoming entrenched hierarchical barriers that resist external input and innovation. Their role in identifying and correcting this dynamic can be analyzed through the following strategic lenses:

1. Strategic Reconnaissance: Identifying Barriers

- **Cultural Intelligence:** The General must first assess the tribal hierarchy, its power structures, and the ideological or bureaucratic reasons for resisting change.
- **Stakeholder Mapping:** Identify gatekeepers, influencers, and potential reformers within the hierarchy.
- **Psychological Operations (PsyOps) Perspective:** Understand the fears, incentives, and survival instincts that fuel resistance to external input.

2. Neutralizing Barriers to Innovation

- **Decentralization vs. Centralization:** In some cases, breaking tribal silos requires a shift in authority, redistributing decision-making power to foster innovation.
- **Controlled Disruption:** Implementing external influence without triggering a full-blown defensive reaction—gradual reform vs. forced intervention.
- **Reframing Perceived Threats:** Aligning technological and philosophical advances with the tribe's core values to reduce perceived existential threats.

3. Leveraging Military Doctrine for Change

- **Mission Command Principles:** Cultivating adaptability and decentralizing control to encourage bottom-up innovation.
- **Hybrid Warfare Tactics:** Applying unconventional engagement strategies—leveraging diplomacy, influence, and information warfare.
- **Shock and Awe (RMA - Revolution in Military Affairs):** If necessary, rapidly introducing overwhelming evidence or transformative events to force recalibration.

4. Incentivizing Adaptation

- **Creating Asymmetrical Advantages:** Showcasing how embracing new technologies or philosophies benefits the tribe's survival and dominance.
- **Psychological Buy-In:** Using narrative warfare, storytelling, and thought leadership to shift the paradigm from within.
- **Selectively Integrating Change Agents:** Embedding reformers or "bridge-builders" who can mediate between traditional structures and modern innovations.

5. Sustaining the Evolution

- **Institutionalizing Adaptive Thinking:** Establishing training programs or doctrines that normalize continuous evolution.
- **Monitoring and Adjusting:** A General must remain engaged, continuously measuring the effectiveness of interventions and adjusting tactics accordingly.
- **Crisis as Opportunity:** Using inevitable disruptions (internal crises, external threats) as leverage points to force long-overdue adaptation.

Conclusion

A military General Officer addressing tribal fragmentation must act as both a **strategist** and a **psychologist**, balancing force and persuasion to dismantle barriers without causing total system collapse. By applying **military precision, organizational theory, and behavioral science**, they can reengineer the tribal hierarchy to accept and integrate necessary advancements while maintaining stability.

Historical and Corporate Analogies of General Officers (or Equivalent Leaders) Reshaping Tribal Hierarchies

The role of a **military General Officer** in overcoming hierarchical stagnation and resistance to innovation can be seen in several historical, military, and corporate case studies. Below are key examples where leaders have successfully reshaped tribal-like structures, integrating technological or philosophical advancements while maintaining stability.

Key Takeaways for General Officers Confronting Tribal Resistance

1. **Understand and map power structures** before attempting to impose change.
2. **Reframe threats** so that innovation aligns with existing values and survival instincts.
3. **Use controlled disruption**—gradual integration rather than direct confrontation.
4. **Embed change agents** within the hierarchy to sustain transformation.
5. **Leverage external crises** as opportunities to accelerate adaptation.

These cases—whether in military, government, or corporate settings—demonstrate that reshaping rigid, tribal structures requires a balance of **strategic force, persuasion, and incentive realignment**.

From: Cox, Anthony L LTC MIL USA MEDCOM HQ <tony.cox@us.army.mil>
Date: Sun, May 22, 2011 at 8:48 PM
Subject: RE: letter from General Thomas
To: Paul Rieker <blessyourthoughts@gmail.com>

Paul,

From the review of your DVD, I think you have an interesting technique that merits more research.

As we've discussed over the past 6 months or so, the important next-step is for you to better research and document your findings.

The referral to MRMC is to put you in touch with experts who can review your proposal to see if it is viable for Army funding/assistance.

That area is outside my area of responsibility/expertise, and therefore I cannot comment on whether there is interest or money available.

VR,

LTC Anthony Cox
Deputy Chief, Behavioral Health Division
US Army Medical Command
tony.cox@us.army.mil
210-381-6544 (Blackberry)

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258

April 1, 2011

REPLY TO ATTENTION OF

Executive Office

Mr. Paul Rieker
42145 Lyndie Lane, Suite 124
Temecula, California 92591

Dear Mr Rieker:

Thank you for the opportunity to review your DVD regarding "Abreaction, Desensitization, and Emotional Reframing" as well as your concern regarding our Soldiers. I welcome and appreciate your efforts to enhance the care provided to our Soldiers.

The Army and the Office of The Surgeon General (OTSG) are always interested in innovative, evidence-based programs and methods that aim to enhance the behavioral health functioning of our Soldiers. Furthermore, the Army has invested a substantial amount of money and resources in the development and implementation of these programs and has a significant interest in identifying ways to support optimal Soldier functioning.

Information on conducting business with the Army Medical Department can be accessed at the following link: http://www.armymedicine.army.mil/about/business.html. Additionally, unsolicited behavioral health products/proposals requesting review should be directed to the US Army Medical Research Acquisition Activity (USAMRAA) of the Medical Research and Materiel Command (MRMC) at http://www.usamraa.army.mil and/or the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury's Ideas/Concepts Submission Form at http://www.dcoe.health.mil/idea_concept form.aspx.

Again, thank you for your interest in the welfare of our Soldiers. Should you have additional questions or concerns, please feel free to contact LTC(P) Anthony Cox at (201) 221-6499 or email: tony.cox@us.army.mil.

Sincerely,

RW Thomas MD

Richard W. Thomas
Brigadier General, US Army
Assistant Surgeon General
for Force Projection

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VA 22042-5101

TRICARE
MANAGEMENT
ACTIVITY

JUN 19 2012

Mr. Paul Rieker
Bless Your Thoughts
42145 Lyndie Lane, Suite 124
Temecula, CA 92591

Dear Mr. Rieker:

Thank you for taking the time to submit your idea on Abreaction Desensitization and Emotional Reframing to the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). Your efforts to help our Service members are commendable.

Your submission was reviewed by our Scientific Review Officer, and based on the review of your submitted material, DCoE will keep your information in our database and contact you if a Department of Defense stakeholder may be interested in your idea. Since DCoE does not have a federal contracting officer on staff, we cannot offer technical guidance or advice. Technical guidance or advice can only be gained via the official federal contract submission process.

If you are seeking funding for your idea through the contracting process, we recommend reviewing current grant funding mechanisms available to researchers. Generally, grants relating to posttraumatic stress disorder and traumatic brain injury are released through Broad Agency Announcements and New Products and Ideas (http://www.usamraa.army.mil/pages/baa_forms/index.cfm), the Congressionally Directed Medical Research Program (https://cdmrp.org), and the www.grants.gov website.

Thank you for your interest to support our Service members, veterans and their families.

Sincerely,

Col Christopher S. Robinson, USAF, PhD, MPH
Deputy Director for Psychological Health
Defense Centers of Excellence
for Psychological Health and Traumatic Brain Injury

Mon, Jan 9, 2012 at 12:50 PM, Friedman, Matthew J. <Matthew.Friedman@va.gov> wrote:

Dear Mr Rieker,

I have reviewed the CD, descriptive notes, statistical analysis and letters you have sent me regarding your Abreaction, Desensitization and Emotional Therapy treatment for PTSD. It is clear that you have devoted a great deal of thought and energy to developing this unique approach.

Although you impress me as a gifted therapist, it is unclear how much this approach is an idiosyncratic vehicle through which you achieve rapport with your patients, and how much it is a valid therapeutic approach in its own right. That is why a randomized clinical trial with a standardized treatment manual utilized by therapists other than yourself, as well as an appropriate comparison group, is essential.

As I told you during our first conversation, I am often approach by individuals who have developed a treatment which, in their hands, reportedly produces excellent results with PTSD patients. You'd be surprised how many such treatments have been proposed to me, let alone to others. In each case, I have to tell them what I've stated to you in the preceding paragraph. There is absolutely no substitute for rigorous randomized clinical trials.

I hope that you can find a collaborator to help you carry out such a trial. If so, please let me know the results when the research is completed.

Thank you for sending me the CD and related materials. I will ship them back to you since I know that you don't have any extras.

Best wishes,
Matt Friedman

Dr. Friedman is Executive Director of the U. S. Department of Veterans Affairs National Center for PTSD and Professor of Psychiatry and of Pharmacology at Dartmouth Medical School.

He has worked with PTSD patients as a clinician and researcher for over thirty years and has published extensively on stress and PTSD, biological psychiatry, psychopharmacology, and clinical outcome studies on depression, anxiety, schizophrenia, and chemical dependency. He has written or co-edited nearly 200 books, chapters and peer reviewed articles.

DVD Review (UNCLASSIFIED)

1 message

Weichl, William LTC MIL USA OCCH <william.scott.weichl@us.army.mil> **Tue, Mar 22, 2011 at 11:53 AM**
To: Paul Rieker <blessyourthoughts@gmail.com>

Classification: UNCLASSIFIED
Caveats: NONE

Paul -

Reviewed the DVD over the weekend. Awesome. I am already a proponent of the benefits of hypnotherapy and use of relaxation as a way to address deep-seated negative emotions. In my opinion, a strength to this model is that there is no verbal communication necessary for client healing! The traditional model is based on a more Freudian approach – reflective responses to client verbalization, etc. Is this "non-verbal" approach new?

The benefit of safety and 'heal thyself' is very powerful and may help to address the issue of stigma, embarrassment, fear, etc. YOU helping yourself - very powerful. In essence the client compels him/herself to feel safe since none of the dark 'secrets' are public, rather the individual deals with these within him/herself.

Some observations I made while reviewing the material:

- I understand the 1st and 2d sessions defined/shaped the setting of the safe child concept.
- Lots of rapid-eye movement reminded me of EMDR concepts.
- Lots of non-verbal cues - breathing, swallowing (your previously sent info on esophagus and muscle constriction as pre/post markers was very helpful while observation.
- Noticed participant's mouth pulling down - left/right at various times. Did not catch if this was related somehow to hand movement.
- Relaxation = slow respirations.
- Anticipation of a better tomorrow/of forgiving the past.
- Anger + Guilt = Depression. Nice defining of Anger as uncontrollable and depression as hopeless/sadness.

Some questions for my own edification:
- Do you use a standard patter/cues or do you constantly adjust based on individual responses?
- How do you know when to say, "There is something else that needs to be said, isn't there"? Is this also based on client cues - also experience, I am sure.

Seems like most human beings may experience some form of ego failure and this affects the ability to re-enter past emotional memories, hence continued unhealthy living. Your model may indeed provide a brief, effective way to help many folk experience a new birth.

By the way, I am hand-carrying the DVD/Poster to CAPT Hammer tomorrow, and am mailing the DVD etc. to the Family Life Chaplain Directors (3) the disc as well. Looking for some interesting feedback since not sure of their understanding of hypnotherapy.

God's Grace to you.

CH (LTC) Scott Weichl