

ISSUE BRIEF: NATIVE GAY MEN AND TWO SPIRIT PEOPLE HIV/AIDS AND VIRAL HEPATITIS PROGRAMS AND SERVICES

THIS ISSUE BRIEF

This issue brief highlights key issues that impact risks for HIV/AIDS, sexually transmitted diseases (STDs) and viral hepatitis among Native gay men and Two Spirit people. It presents recommendations for state and local health departments to effectively collaborate with Tribal communities, Native agencies and Native gay men and Two Spirit people to address these risks.

INTRODUCTION

Even though the rates of HIV and AIDS diagnoses for American Indians and Alaska Native people (AI/AN)* rank fifth in U.S. rates through 2011 and less than one percent of the total number of AIDS cases reported to the Centers for Disease Control and Prevention (CDC),¹ AI/AN people ranked third after Blacks and Latinos/Hispanics when population size was taken into account in analyses of HIV/AIDS diagnosis through 2005.²

AI/AN men who have sex with men (MSM) and AI/AN MSM with a history of injection drug use (MSM-IDU) made up 58 percent and 15 percent, respectively, of all AI/AN people living with HIV through 2010.³

AI/AN people experience elevated rates of risk behaviors that contribute to HIV/AIDS and other STDs. In 2005, AI/AN people had the second highest rates of gonorrhea and chlamydia and third highest rates of primary and secondary syphilis.⁴ According to the 2011 National Survey on Drug Use and Health, AI/AN people have a higher rate of lifetime illicit drug use than persons of other races/ethnicities (58 percent vs. 47 percent, respectively).⁵

* For this Issue Brief, NASTAD is using American Indian/Alaska Native as the term used in epidemiologic reports, and Native American/Native gay men as the terms used in program and policy work

In addition, AI/AN communities are negatively impacted by socioeconomic factors such as low educational attainment, under- and unemployment and higher rates of poverty, violence, and trauma.^{6,7}

While many Native Americans receive HIV/AIDS and viral hepatitis services through the Indian Health Service (IHS), over 60 percent of AI/AN people either live in urban areas where there are no IHS facilities or do not reside near an IHS facility.⁸ As a result, many state and local health departments serve Native people through local programs. For example, Ryan White programs provide services to Native Americans regardless of their access to services from IHS and some prevention programs fund local Native agencies to provide community-based prevention services.

Health department disease surveillance is another area of concern for AI/AN people. Although state laws about reporting new HIV diagnoses apply to providers and laboratories serving AI/AN tribal and urban facilities (as they do to other licensed providers), tribal facilities on sovereign nations are not legally required to report infectious diseases.⁹ It is important to note, however, that few people are tested in Native-focused hospitals and clinics. Racial misclassification is another potential concern with the use of HIV/AIDS surveillance data, as many providers assign an incorrect race/ethnicity for AI/AN clients or the clients may intentionally identify themselves other than AI/AN due to concerns about confidentiality.^{10,11}

In addition to these challenges, there is considerable heterogeneity within the Native gay, Two Spirit and transgender communities. While the term "Two Spirit" has been used by many Native activists to separate their interests from Western-imposed concepts of gender and sexual identity, the term is not used universally or consistently across Native American communities. This diversity underscores the need to build greater understanding of these identities and their impact on HIV/AIDS, STD, and viral hepatitis risk.



HISTORICAL UNDERPINNINGS AND SOCIAL DETERMINANTS

There are a number of factors that disproportionately impact HIV risk and poor health outcomes for Native gay men and Two Spirit people. Some of these factors impact Native Americans overall,¹² but they may more acutely impact the Native gay men and Two Spirit communities.

Historical abuse and trauma have had a significant impact on the lives of Native gay men and Two Spirit people. The imposition of Christian beliefs, removal of Native children to government-run boarding schools, intimidation and outright violence have all had a devastating impact on Native American communities. There are numerous examples of U.S. government officials incarcerating Two Spirit people and making them cut their hair and dress in clothing appropriate to the Western male-female gender construct.¹³ Moreover, many Native American leaders during contact (i.e., first encounters with Euro-American settlers) were reluctant to defend their own Two Spirit people.^{14,15,16,17,18}

Poor socio-economic factors compound the cumulative impact of trauma in many Native American communities today. Many social determinants significantly and negatively impact the health of Native people, including:

- Alcoholism and substance abuse
- Poverty and homelessness
- Lack of health coverage
- Concerns about lack of confidentiality when accessing the health care system
- Mental health issues
- Homophobia
- Stigma
- Childhood sexual abuse and other abuse
- STDs¹⁹

Native gay men and Two Spirit people may experience these compounding factors more acutely, as they may not have access to the protective aspects of their family and communities of origin.²⁰

NATIVE GAY MEN AND TWO SPIRIT PEOPLE

The term “Two Spirit” has several meanings within Native cultures and communities. In a traditional setting, the concept of Two Spirit relates to a *gender* identity, not a sexual orientation, and pertains to an individual’s expected role within a community. Traditionally, Two Spirit gender

identities were ascribed to individuals fulfilling roles or positions within society that could not be fulfilled by any other gender. They therefore were honored and respected. Two Spirit people served as “social workers,” shamans and craftspeople. They often mediated conflict, helped rear children, and were revered with gifts from the people that they then redistributed throughout their community. They were also often seen as mediators between the physical and spiritual worlds. They fulfilled specific roles and needs within their community.²¹

In a more contemporary setting, use of Two Spirit has been reflective of a combination of masculinity and femininity attributed to males who assumed feminine roles and to females who assumed masculine roles. Today’s lesbian, gay, bisexual, and transgender (LGBT) Native people use the term in this context to identify themselves and work to reclaim and restore their traditional roles within their communities.^{22,23,24}

Some Two Spirit organizations prefer to separate the Two Spirit concept from LGBT advocacy and emphasize its use to describe gender orientation (i.e., moving away from the Western binary gender identification). In this way, Two Spirit also encompasses the needs and concerns of Native transgender people. For these agencies and advocates, the distinction has important considerations for health services:

“Because of these key differences in LGBT and Two Spirit experiences, health and human services designed for the wider LGBT population may not serve Two Spirit needs: either because of outright experiences of racism or a failure to provide culturally sensitive services owing to lack of knowledge or experience with this population. Because some Native communities may hold homophobic and/or transphobic attitudes toward Two Spirit and LGBT people, they also do not provide all needed services for this population.”²⁵

Furthermore, the concept and term Two Spirit has different meanings in different Native communities, depending on a number of factors, including individual tribe’s discrete worldviews of gender and sexuality, as well as the degree of acculturation to traditions and belief systems. While NASTAD is using this term to focus on the impact of HIV/AIDS and viral hepatitis on Two Spirit and LGBT Native people, the term may not be as meaningful for some Native communities or constituencies.

RECOMMENDATIONS FOR STATE AND LOCAL HEALTH DEPARTMENTS

There is no single approach to addressing the myriad issues and variables that may arise as health departments consider how to tailor HIV, STD and viral hepatitis services for Native gay men and Two Spirit people. Recommendations by Native gay men, Two Spirit people, and health department representatives are offered here, many of which have been implemented successfully in Native communities. These recommendations and examples should be tempered with robust work to develop relationships and understand the local contexts impacting Native gay men and Two Spirit people.

1. Let Data Drive Funding Decisions

States with relatively large AI/AN populations should assess the impact of HIV, STDs, and viral hepatitis among Native American gay men and Two Spirit communities. Health departments should use improved data to educate communities and service providers about the unique needs of Native American gay men and Two Spirit communities and ensure that these communities are prioritized and receive commensurate funding for HIV, STDs, and viral hepatitis services.

Case Study: New York State

Collaborate to Assess Needs of Native Gay Men and Two Spirit People

The AIDS Institute of the New York State Department of Health (NYSDH) funded the first-ever statewide needs assessment for Native gay men and Two Spirit people. The goal of the assessment was to investigate risk and protective factors, sources of health care and healing, issues of historical trauma, and other culturally specific issues that affect the health and well-being of this community. The majority of participants were recruited from New York City and Buffalo, with fewer participants from other cities. Overall, there were a total of 20 participants in six focus groups. The report produced by NYSDH also includes an analysis of quantitative data collected for a larger project on LGBT health and human service needs in New York State that had a very large response rate allowing racial and ethnic comparisons within the LGBT community. Nearly one hundred responses were from American Indians/Native people.

2. Include Native Gay Men and Two Spirit People in HIV/AIDS Planning Groups and Councils

Because of their unique experiences and perspectives, the input of Native Gay Men and Two Spirit people in HIV/AIDS, STD, and viral hepatitis program planning is essential. Similarly, health departments must be diligent in sharing culturally appropriate information about the impact on Native gay men and Two Spirit communities with Native tribes and communities.

Case Study: Oregon

Involve Two Spirit People

The Oregon Health Authority (OHA) HIV/STD/TB Section works intermittently with the Northwest Portland Area Indian Health Board and representatives from each of the nine confederated Tribes in Oregon to understand issues, Tribal culture, fear of anonymity and obstacles that have served as a deterrent for HIV and STD testing/screening at Tribal health facilities and local health departments. OHA has greatly benefitted by having Native gay men and MSM as members of its HIV Prevention Statewide Planning Bodies for the last 20 years. These representatives share valuable insight and perspective on how HIV prevention and care messages can be incorporated into the topical discussions of Tribal leaders and Tribal health officials. They also provide keen insight on situations and circumstances in several Tribal communities that hinder HIV testing and STD screening among Native MSM and Two Spirit individuals within the nine confederated Tribes in Oregon.

3. Support Native Gay and Two Spirit People's Organizations and Communities

Health departments should support organizations that serve Native gay men and Two Spirit people and their communities. Health departments can access information on local [Two Spirit agencies](#) and resources²⁶ and encourage Native and non-Native agencies to collaborate with Two Spirit organizations at the community level. They can develop capacity and foster connections among Two Spirit organizations. Knowing the Two Spirit community in a local jurisdiction is very important. Working through the Tribal infrastructure to reach Native gay men and Two Spirit people may not be effective, especially if they are not "out" in their communities. It may be useful to convene a meeting with Native gay

men and Two Spirit people to identify and discuss barriers to HIV/STD prevention and care services in their community.

Case Study: Montana

Support Two Spirit Health

A weekend retreat for Native, First Nations and Indigenous Two Spirit people, their partners, family and friends is held each year in Montana. The Montana Two-Spirit Gathering provides a safe, healthy, drug and alcohol free environment to help participants heal from the trauma they have experienced in their lives due to racism, sexism, colonialism, transphobia, homophobia, and other challenges that negatively impact their health. Along with the Montana Two Spirit Society, the Montana Department of Public Health and Human Services provides funding each year to support this gathering. Other funders include local and regional gay and Two Spirit organizations, including the Northeast, Northwest, Denver, Tulsa and Wichita Two Spirit Societies.

Case Study: New Mexico

Adapt and Develop Evidence-Based Interventions for Native Gay Men and Two Spirit People

The New Mexico Department of Health (NMDH) works with three Native agencies to fund services aimed at reaching Native gay men and transgender people. Through a long and well-established relationship with the Navajo AIDS Network (NAN), New Mexico, NMDH has been able to fund [Nizhoni SISTA](#), an adaptation for Native transgender women of the SISTA (Sisters Informing Sisters on Topics about AIDS) intervention for African-American women. Nizhoni SISTA is a culturally competent adaptation serving Navajo and other Native American male-to-female transgender women. Many of the session activities are based on the SISTA model but adapted for the Nizhoni SISTA target population. For example, all sessions are led by a member of the Native community who identifies as transgender. Additionally, the session components incorporate traditional Navajo songs, stories, poems, and values. Having transgender employees at NAN running the program is important to the success of this program.

4. Offer Culturally-Appropriate Services

Culturally-relevant mental health, substance abuse, HIV, STD and viral hepatitis services must be developed in collaboration with Native gay men and Two Spirit people and the local and regional organizations that serve them. Health departments should utilize local experts to better understand regional definitions of "Two Spirit" and incorporate modules on Native gay men and Two Spirit people into cultural sensitivity courses for public health service providers. It is very important to reach Native gay men and Two Spirit people through services and interventions that are grounded in local community norms and address local barriers to HIV/STD testing and access to care and treatment. Health departments should be creative in reaching out to Native gay men and Two Spirit persons: offer transportation vouchers, have flexible testing times, use mobile testing vans, and develop HIV/STD prevention pamphlets and educational materials tailored to Native gay men and Two-Spirit people.

5. Break Down Bureaucratic Silos

It is important to break down silos within health departments to address HIV and other health issues among AI/AN people. Health departments can:

- Ensure linkages with substance abuse and mental health services for Native gay men and Two Spirit people
- Identify champions within the health department and other related agencies, such as substance abuse and mental health

Case Study: Minnesota

Break Down Silos

The Minnesota Department of Health (MDH) understands that relationship building is very important. In addition to a new Tribal liaison, MDH relies on contacts with whom they have established trust to make connections on reservations where they don't have relationships. The results of relationship building at all levels of tribal government and community can be seen in the supportive public health partnership the MDH has with the White Earth Ojibwe Nation's HIV/HCV/Harm Reduction Coalition.

Also, Minnesota AIDS care and treatment staff is working with the White Earth Ojibwe Nation to transition human services to tribal government. The initiative is beginning with a few programs, including child support, medical assistance, and other human service related areas. Minnesota is working closely with the Tribal liaison to ensure the tribe addresses HIV/AIDS. As part of this, they are helping Tribes access technical assistance and plan to issue a funding opportunity for an HIV needs assessment among the state's IHS and Tribal entities.

6. Build Public Health Capacity to Work Effectively with Native Gay Men and Two Spirit People and Connect with Tribal Leaders

Not only is it important to work with Native gay men and Two Spirit people to reach their peers, but also to educate and inform public health practitioners about the issues that impact Native gay men and Two Spirit people. Health departments should provide staff training on these issues and distribute fact sheets and information to local providers.

7. Implement Strategies In Social Networks

Health departments should consider strategies to capitalize on social networks not grounded in a particular place or location, but by the identities of Native gay men and Two Spirit people. These strategies for Native gay men and Two Spirit people may overlap with other strategies, such as online social networking sites and online resources and communication mechanisms.

Case Study: Wisconsin

Provide Two Spirit Training

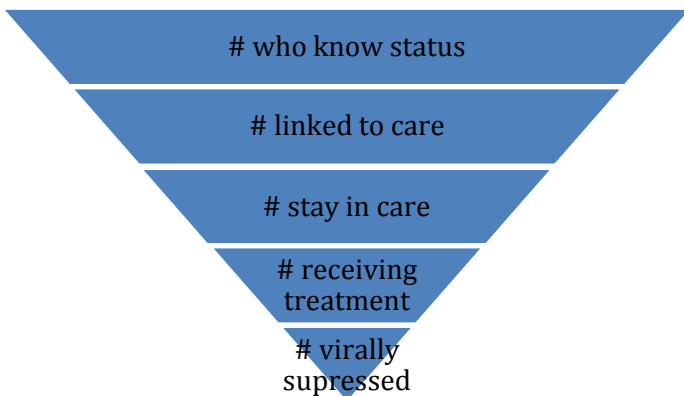
The AIDS/HIV Program at the Wisconsin Department of Health Services convened a groundbreaking Two Spirit training at the Great Lakes Inter-Tribal Council. Twenty-three Tribal HIV/AIDS coordinators registered to take the training, including six from mental health programs. The workshop provided an opportunity to examine and discuss how colonization and historical trauma led to the dissolution of the role and the displacement of Two-Spirit people from within their tribes and native communities. The connection between the displacement of Two-Spirit people from their heritage, and who routinely experience stigma and discrimination was discussed in terms of the subsequent impact on their health and mental health risks, health disparities and recovery support needs.

The workshop also addressed intervention and healing approaches that utilize traditional practices, including those that incorporated the special role of Two-Spirit people in traditional Native communities. The integration of traditional practices, Two-Spirit identity and role affirmation, and current behavioral health interventions were presented with examples of this work in Native treatment centers in Canada and the U.S. Practice case studies were utilized for discussion. The workshop also provided participants with resources for further learning and links to Two-Spirit organizations around the country. Wisconsin has had a very positive response to hosting the training.

8. Use New Tools to Effectively Communicate the Impact on Native Gay Men and Two Spirit People

Health departments can capitalize on new tools and technologies to help tell the story about the impact on Native gay men and Two Spirit people. Better ways to describe the impact of HIV/AIDS on Native gay men and Two Spirit gatherings may involve using tools such as the [Gardner Cascade](#). This is a visual display of the number of people who know their status through those who are receiving the full benefits of treatment, used as a key indicator to determine success in serving people with prevention and treatment services at each stage of the cascade.²⁷

Figure 1: The HIV/AIDS Treatment Cascade²⁸



CONCLUSION

State and local health departments should work with Native communities to address the social determinants impacting risks for HIV and viral hepatitis infection for Native gay men and Two Spirit communities. This will require education and coalition building within the health department to create cultural awareness and collaboration, as well as to help educate mainstream Native communities on the issues impacting Native gay men and Two Spirit people in their communities.

*"Native communities, though diverse, share many commonalities such as a strong sense of culture and tradition. Tribal languages are experiencing resurgence. We are resilient, having survived attempted genocide, colonization, boarding schools, etc. ... Even our own tribal leaders ... [are not] concerned about HIV. Funding sources and policy makers MUST be aware that if the numbers for Natives reach what is currently considered a 'fundable percentage' it would be too late."*²⁹

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