

ADDRESSING
2
TWO-SPIRITS
in the
American Indian,
Alaskan Native
and
Native Hawaiian Communities

INSTRUCTORS MANUAL



NATIONAL NATIVE AMERICAN AIDS PREVENTION CENTER

GAY MEN OF COLOR TWO SPIRIT PROJECT

Compiled by Larry Kairaiuak (Yup'ik), Two Spirit Project Coordinator

Edited by Nicholas R. Metcalf (Lakota) and Richard LaFortune (Yup'ik), Consultants



**“Creator made us all
and respecting the differences
is just as important and honoring
the points of connections...”**

**I guess it is like a Sweetgrass Braid,
many strands from many earth connections,
stronger as a whole than alone,
each one bringing their single specialness to create
the holy smoke, so the people can continue.”**

– Lori (Blackfoot)



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DEDICATION

This multi-module curriculum is dedicated to our friends who have crossed over from HIV and AIDS, many who have fought in this battle and bravely paved the way for the rest of us to follow. We thank and honor their spirits and also thank the Creator for briefly sharing them with us. We miss their smiles, jokes, their legacy of support, their wisdom, experience and leadership through actions in this struggle. May their spirits continue to guide us.

James Abrams (Onondaga)

Marty Lynn Prairie (Lakota)

Robert Sowle (Tlingit)

...and many more not mentioned by name in this publication.

AS OF DECEMBER 2001, THERE ARE 2,233 KNOWN AIDS CASES OF AMERICAN INDIANS, ALASKAN NATIVES AND NATIVE HAWAIIANS, SOURCE: CDC

WE RECOGNIZE THAT THESE STATISTICS ARE INCOMPLETE, AND OUR WORK IS TO PREVENT HIV FROM REPEATING EPIDEMICS OF PREVIOUS CENTURIES.

ACKNOWLEDGMENTS

There are many individuals who have contributed to the development of this publication and without their invaluable guidance, comments, support and assistance NNAAPC would not have been able to produce this needed tool.

The GMOC Two-Spirit Advisory Committee recognized the need for a module to address homophobia and the stigma of HIV and AIDS in our communities, and who have significantly shaped the direction of our work:

Coya Hope Artichoker (Sicangu Lakota)

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Laura Oropeza (Navajo)

Mark Parra (Navajo)

Tony Sylvia (Yurok)

Wesley Thomas, Ph.D. (Navajo)

and Organizations that provided materials for NNAAPC to duplicate and adapt.

PARTICULAR THANKS TO THE SAN FRANCISCO BAY AREA PREVENTION, CARE AND TREATMENT PROVIDERS, AND MEMBERS OF BAY AREA AMERICAN INDIAN TWO SPIRITS (BAAITS), THE GROUP THAT TOOK PART IN PILOT TESTING OF THE CURRICULUM AND PROVIDED INVALUABLE FEEDBACK. NATIVE TWO SPIRIT WOMEN TOOK AN EARLY AND CRUCIAL LEAD IN ADDRESSING HIV/AIDS IN OUR COMMUNITIES, TO WHOM WE OWE A GREAT DEBT.



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CLARENCE'S STORY

by Larry Kairaiuak, GMOC Two-Spirit Project Director

In the Spring of 2001, the National Native American AIDS Prevention Center (NNAAPC) Native Care Network had a training for Native case managers that brought together about 30 people from all over the country to enhance their skills on treatment and care, and provided a venue to share valuable lessons, and to support the network.

There were many individuals, both Native and non-Native who presented at the training who provided the latest information on care and treatment and other information that is relevant to American Indians, Alaskan Natives (AI/AN) and Native Hawaiians (NH).

One individual candidly shared his thoughts on Two Spirits (which may refer to gay, lesbian, bisexual and transgender persons) that I felt was important and relevant to the introduction in addressing the subject, issues surrounding this population and the reality of how our communities- including service providers- may understand Two-Spirits.

Clarence's Story

Clarence, a California Indian was one of the presenters. Clarence works for one of the San Francisco Bay area substance abuse and care/treatment programs for American Indians and Alaskan Natives. He was asked to share his experience on providing Traditional healing and counseling for HIV+ and Two-Spirits. He began his presentation with singing and drumming a beautiful opening prayer song from his tribe. Clarence shared that he had been brought up to become a productive member in his community, to be masculine and fulfill the expected role of men. As a straight man, he was afraid of being around Two-Spirits. Like many of our tribes, his community adopted many western beliefs and customs and suppressed this sub-population. He was aware of their existence but never associated himself with any of them, some of which were related to him: that is, until he started working with programs that included Two-Spirit people and realized that all aspects of the clients he served needed to be acknowledged and addressed. He knew that he needed help so he went to his elder and asked how he could be a better service provider to the clients who sought his advice and help. He got the guidance from his elders.

The main message he got from them was to treat them as human beings and as he would like to be treated. Since then, he has tried to be inclusive of these members of our community who have so often been excluded, ostracized and have often experienced violence. One way of achieving his goal was inviting and including the gay men in the traditional dances that have always been held exclusively for men.

Summary

We know that there are many others like Clarence who provide services to Two-Spirits in our communities who are learning how to provide better, holistic service. We believe that this multi-module curriculum will help those who face similar dilemmas, empower our allies to become proactive in addressing homophobia in our communities and empower Two-Spirit people to stand tall. We hope that this will help you in working with your communities.

Module

1

ESTABLISHING GROUP DYNAMICS AND PROCESS



OVERVIEW:

This module puts forth the goals of the training, encourages participants to take responsibility for their own comfort and learning, and establishes a safe space for dialogue and support of the training.

OBJECTIVES:

- To explain the goals of the training
- To establish ground rules and apply throughout the training
- To provide a first person narrative of the importance of this training
- To engage participants in a review of important events of their lives

MODULE FORMAT: SKILLS BUILDING

Presentation 1.1: Group Process

Slide 1.1: Overhead of the Training Goals

Slide 1.2: Overhead of the Overview of the Two-Day Training

Slide 1.3: Clarence's Story

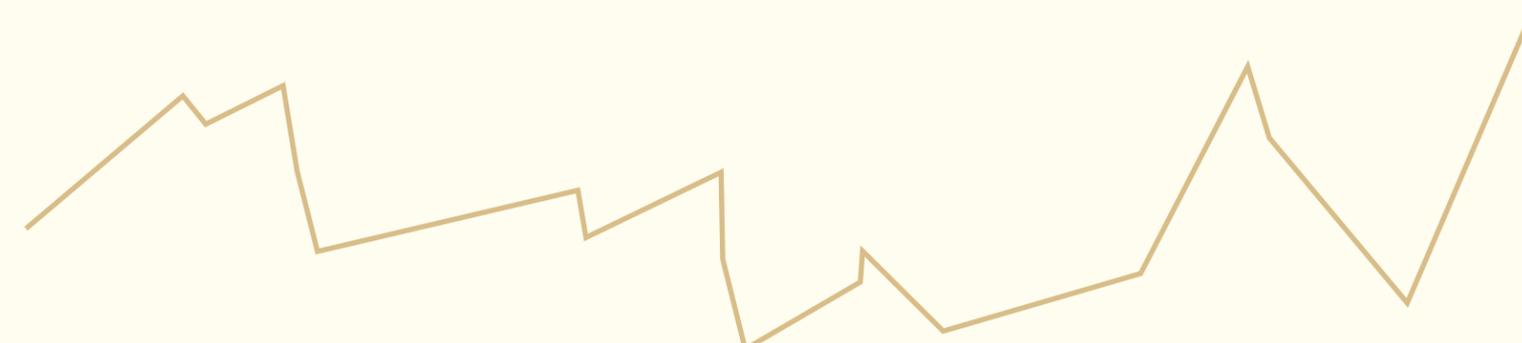
Activity 1.1: Setting Ground Rules

Slide 1.4: Overhead of the General Ground Rules

Activity 1.2: Lifeline Exercise

Optional Activity 1.3: Initial Exercise for History of Two Spirits

Handout 1.1: History of Two Spirits





Media:

Slide 1.1: Overhead of the Training Goals

Slide 1.1: Two Spirit Multi Module curriculum: An Overview of Addressing Two Spirit Issues in Native Communities

Goal: To allow participants a holistic opportunity to examine many aspects of Two Spirit issues in Native Country and mobilizing community members in addressing the challenges and barriers in this sub-population, and to engage key community members in local prevention efforts and in reducing the number of HIV infections and related diseases.

Slide 1.2: Overhead of the Overview of the Two-Day Training

Schedule of Training

Day One

9:00 am	Welcome
9:15 am	Module 1
10:00 am	Module 2
11:15 am	Break
11:30 am	Module 3-
12:00 pm	Lunch
1:00 pm	Module 3 (cont)
2:00 pm	Module 4
3:15 pm	Break
3:30 pm	Module 5
4:45 pm	Conclusion of Day I

Day Two

9:00 am	Welcome
9:15 am	Module 6
10:00 am	Module 7
11:15 am	Break
11:30 am	Module 8-
12:00 pm	Lunch
1:00 pm	Module 8 (cont)
2:00 pm	Module 9
3:15 pm	Break
3:30 pm	Module 10
4:45 pm	Conclusion of Training



History of this Training Initiative: Clarence's Story
by Larry Kairaiuak, GMOC Two-Spirit Project Director

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One individual candidly shared his thoughts on Two Spirits (which may also refer to gay, lesbian, bisexual and transgender persons) that I felt was important and relevant to the introduction in addressing the subject, issues surrounding this population and the reality of how our communities-including service providers- may understand Two Spirits.

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Module 2 HISTORY OF TWO SPIRITS



OVERVIEW:

This module helps participants explore some of the traditional roles or customs and historical gender roles and sexuality within Native American communities.

(the instructor may wish to preview pages 6–21 in the training Resource Section as well as Internal Appendix I, Roscoe Names List, following page 21)

OBJECTIVES:

- To engage the participants to explore their personal understanding of Two Spirit individuals, relevant to each local and individual tribal community, past and present
- To provide a historical overview of national Two Spirit history and organizing

MODULE FORMAT: COMMUNITY RESOURCE – TRAIN THE TRAINER

Presentation 2.1: History of Two Spirits

Slide 2.1: Overhead of Definition of Sex, Sexuality, Sexual Identity; Sexual Health and Native American Sexuality.

Presentation 2.1: A Historical View of Two Spirits in Native Country

Activity 2.1: What has the role Two Spirits always been?

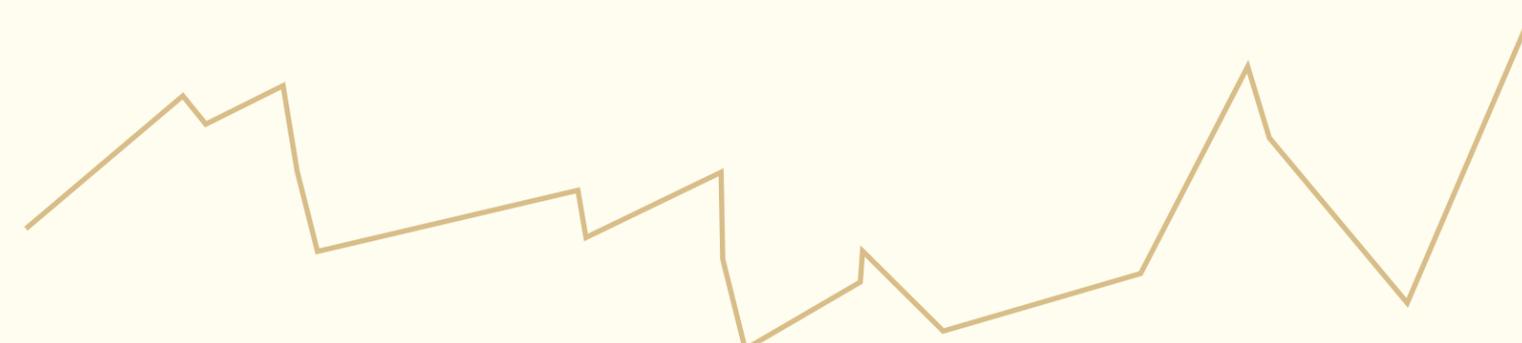
Slide 2.2: Overhead of Timeline of Two Spirits

Activity 2.2: Contemporary Two Spirits

Handout 2.1: Contemporary Two Spirits

Optional Activity 2.3: History of Two Spirits

Optional: Utilize a model on local roles and customs of Two Spirits in their respective communities



**Media:****Slide 2.1: Overhead of Definition of Sex, Sexuality, Sexual Identity, Sexual Health and Native American Sexuality.**

The term Two-Spirit (or Two-Spirited) first gained recognition in 1990 by Native participants at the third International Gathering, a Native gay and lesbian conference in Winnipeg (LaFortune, 1993).

Originating in a traditional term for middle-gender persons, (who have been referred to as "berdache" by anthropologists and other scholars) it has come to refer to a number of Native American roles and identities past and present, including contemporary Native Americans individuals who may identify as gay, lesbian or bisexual; traditions wherein multiple gender categories and sexualities are institutionalized in Native American tribal cultures; transvestites, transsexuals, and transgendered people; and drag queens and butches (cf. Tietz 1996:205).

Source: Two-Spirit People - Native American Gender Identity, Sexuality, and Spirituality. Edited by Sue-Ellen Jacobs, Wesley Thomas and Sabine Lang. University of Illinois Press, Chicago, Illinois. 1997.

(for additional reference sources, see pp 6, 7, 8 and 10-21 in the training Resource section)

A Historical View of Two Spirits in Native Country**First Contact**

When Europe first had contact with the people and cultures of this hemisphere, the explorers, missionaries and government representatives were not prepared to encounter hundreds of complex social systems and sophisticated languages, elevated learning, advanced relationships to the environment, and fully developed social orders that had no resemblance to European cultures. These lands had been home for tens of thousands of years for tens of millions of people – and yet the first white visitors claimed territory as though it were empty. Contact with Europe brought grief and loss of unimaginable magnitude to these shores, and one of the most familiar aspects known to the world includes the many diseases against which Native people had no immunity and for which there were no known cures. The long list of epidemics wiped out perhaps 15 million people over 500 years, and some persisted into the twentieth century. Homophobic violence in North America first dates back to and is documented in the late 1400s and early 1500s.

Among many Native cultures, Europeans in the years immediately following 1492 were gradually shocked to comprehend the widespread and powerful involvement of women in the administration of tribal governments; centuries of previous nation-to-nation treaty making; and careful construction of societies that found affirmation and roles for all community members. Most tribes had multiple gender systems (that is, more than two genders), and it was always understood that there were people who had always occupied a social and spiritual position somewhere in between men and women. Europeans were unable to understand why in most tribes these people were usually held in high esteem within the community. Some of the early explorers and missionaries referred to them as 'berdache', reflecting the vocabulary of European religious crusades in the Mediterranean centuries earlier. Many cultures around the world have had traditions of multiple gender societies since time immemorial. Native American cultures shared this sophisticated outlook on humanity that acknowledged the value and contributions of all people in a community.

**Goal:**

To provide an opportunity for individuals to share their thoughts and cultural knowledge, and perceptions, including Western influences on Two Spirits.

Directions:

Distribute blank paper to people and have them work initially by themselves. Encourage participants to include all words used, both negative and positive terms to describe Gay, Lesbian, Bisexual, Transgender, and Two Spirit people. After they have exhausted their list have them begin to share their individual lists and come up with a group list to be reported after they are done.

(For additional background information, the instructor may refer to Slide 5.6 in Module 5)

Materials:

Newspaper print, markers, and blank sheets of paper.

Media:

RE-BIRTH OF PRIDE

About 100 years ago, the science of anthropology began to take an interest in the 'berdache' as a cultural phenomenon, particularly since American citizens thought that Native Americans in the United States represented a disappearing race. Far from disappearing, Native populations grew at an astonishing rate throughout the past century, although many traditions were in actual danger of disappearing. While scientists attempted to gather information about hundreds of Native cultures, Elders began to protect information by taking it 'underground' for safety, to pass it along quietly in respect of the traditions that they were taught to uphold. In the 1970s and 1980s, Native people who were called homosexual, or gay and lesbian, by mainstream society, began the process of re-learning and stitching back together these cultural traditions, eventually rejecting the term 'berdache', since it primarily referred to male cross-dressing slaves kept for sexual purposes in ancient Persian society. This description, not surprisingly, displeased the Native women in particular.

In 1990, at the Third International Gathering of Native gay, lesbian and bisexual people held in Winnipeg, cultural teachers shared language and information that resulted in the widely accepted term Two Spirit, which many people embraced as an alternative to 'berdache' and 'gay'. The community recognized that some males are balanced by feminine identities, and some females are balanced by strong masculine characteristics, in keeping with many Native traditions. As the communities have reconstituted pieces of our

histories, it also became clear that quite often the partners (spouses) of Two Spirit persons don't identify as gay/lesbian/bi or Two Spirit-, which is also consistent with cultural traditions. The rebirth of pride in all of these identities began to grow, at the same time that the epidemic of HIV began to appear with devastating results among Native people. During the past 15 years, while Native people everywhere have tried to comprehend the impact of this preventable disease, many people have started to remember the roles of Two Spirit people in the circle of community, and many Elders have started to share their knowledge and support. This curriculum and the training participants are a continuing part of a heritage that promotes acceptance and value of all human life, and recognizes the contributions that everyone can make to living, unbroken Native histories.

European contact

- 1492 Columbus lands in Arawak Territory, rather lost
- 1530 Hernán Cortez in his first report to Emperor Charles V, describes ‘berdaches’ in present day Mexico
- 1670s Father Marquette is surprised to witness cross-dressing men among tribes along the Mississippi River
- 1775 2nd Spanish Military Governor of California notes the ‘joyas’ among numerous California tribes
- 1804 Lewis & Clark expedition notes presence of ‘berdache’ in Northern Plains
- 1830s George Catlin paints ‘Dance to the ‘Berdache’
- 1880s We-waha visits Washington DC and meets President Cleveland, among others

Twentieth Century

- 1969 Stonewall riots in New York City, birth of modern gay liberation Movement (commonly recognized)
- 1975 Gay American Indians (GAI) founded, San Francisco
- 1981 Nichiwakan Society founded, Winnipeg
- 1987 March on Washington, national meeting of Native community
- 1988 1st International Gay and lesbian Native Gathering, Minneapolis
- 1989 American Indian Gays & Lesbians founded, Minneapolis
- 1990 ‘Two Spirits’ enters English vocabulary at 3rd annual Gathering, Winnipeg
- 1992 Quincentennial year, New York City Gay Pride Parade led by Native people, hosted by WeWha and BarCheeAmpe
- 1995 8th Annual International Gathering, held on sovereign land, New Brunswick
- 1996 People of the Four Directions founded, San Diego
- 1997 10th Anniversary International Two Spirit Gathering, Minneapolis
- 1998 First regional Two Spirit gathering, Oklahoma
- 1999 Colorado Two-Spirit Society founded
- 2001 Montana regional Gathering
- 2002 15th annual International Two Spirit Gathering, Alberta

Goal:

To engage participants in a discussion about contemporary Two Spirits.

Directions:

Have participants fill out the hand out form and have them discuss it among themselves. Have them identify key points and share the information with the larger group.

Handout:

Handout 2.1: Contemporary Two Spirits

Directions: Please answer the following questions in the space provided. If you need additional space please use the back of this sheet.

1. Do you have a relative, friend, colleague, or know others who might identify as Two Spirit?

2. What type of career or work do you know that Two Spirits are involved in?

3. What strengths or characteristics do you like about these individuals?

4. Do you know any Two Spirits who are ‘out’ in your community? In what way are they involved in your community?

OPTIONAL ACTIVITY 2.3: HISTORY OF TWO SPIRITS

HISTORY OF TWO SPIRITS

**Goal:**

To educate participants about key historical information about Two Spirits.

Directions:

Have participants create a visual timeline of the history of Two Spirits. Distribute post-its to the participants and designate who will be responsible for writing and reporting on a randomly selected key historical point. When everyone is finished, have them move to the area in which the timeline is going to be created and chronologically order themselves. Have each participant report back their key point. If participants have more than one key point, have them move around the room.

Materials:

Paper, tape and markers

Module 3

UNDERSTANDING INDIVIDUAL IDENTITY FORMATION

**OVERVIEW:**

To understand how people identify themselves according to sex, race, and sexual orientation, and the implications to services.

OBJECTIVES:

- To provide participants with basic (Western) terminology of identity.
- To provide participants with the Urban American Indian Identity Model
- To provide participants with the Stages of Coming Out.
- To explore with participants how they identify themselves and share the implications of it.

MODULE FORMAT: SKILLS BUILDING

Presentation 3.1: Understanding Individual Identity Formation

Slide 3.1: Overhead of Identity Definition

Slide 3.2: Overhead of Identity Crisis Definition

Slide 3.3: Overhead of Identity Disorder Definition

Slide 3.4: Overhead of Identity Problem

Activity 3.1: Identity Exercise

Handout 3.1: Identity Exercise

Slide 3.5: Overhead of Intersecting Circles

Presentation 3.2: Urban American Indian Identity Model (UAI)

Slide 3.6: Overhead of UAI Model

Slide 3.7: Overhead of UAI five identity dimensions

Presentation 3.3: Stages of Coming Out

Slide 3.8: Overhead of Stages of Coming Out



Media

Slide 3.1: Overhead of Identity Definition

Identity: An individual's sense of self and of uniqueness, as well as the basic integration and continuity of values, behavior, and thoughts that are maintained in varied circumstances. (Social Work Dictionary, R. Barker, 1999)

Slide 3.2: Overhead of Identity Crisis Definition

Identity Crisis: Confusion about one's role in life. The individual enters a period of doubt about being willing or capable of living up to the expectations of others and is uncertain about what kind of person to be if those expectations are not met. (Social Work Dictionary, R. Barker, 1999)

Slide 3.3: Overhead of Identity Disorder Definition

Identity disorder: A mental disorder usually first observed in children and adolescents characterized by persistent and long-standing self-doubts. The individual experiences uncertainty about goals, moral values, sexual orientation, family, and friends. Symptoms of identity disorder are similar to the conflicts seen in identity crisis, except they have lasted longer and persist even when in supportive environments. (Social Work Dictionary, R. Barker, 1999)

Slide 3.4: Overhead of Identity Problem

Identity problem: An individual's personal confusion and conflict about goals, career choices, ethnic group loyalties, moral values, sexual orientation, or spirituality. This term is used by counselors, therapists, educators, and social workers but is not a formal diagnosis. (Social Work Dictionary, R. Barker, 1999)

Instructor Notes:

It is important to emphasize that identity disorder, crisis, and problem are diagnosed by a mental health professional and that the information provided is only given to establish a framework of understanding how identity can impact emotional well-being.



Goal:

To engage participants in how they identify themselves.

Directions:

Have participants fill out the identity exercise. Have participants share with a small group how they identify themselves and what they learned.

Handout:

Handout 3.1: Identity Exercise

Directions: Fill in the blanks.

Describe how you identify yourself culturally, sexually, spiritually, emotionally, and physically.

Four horizontal lines for writing answers.

Using the previous list, pick 5 identifiers that you would use describing yourself to a stranger.

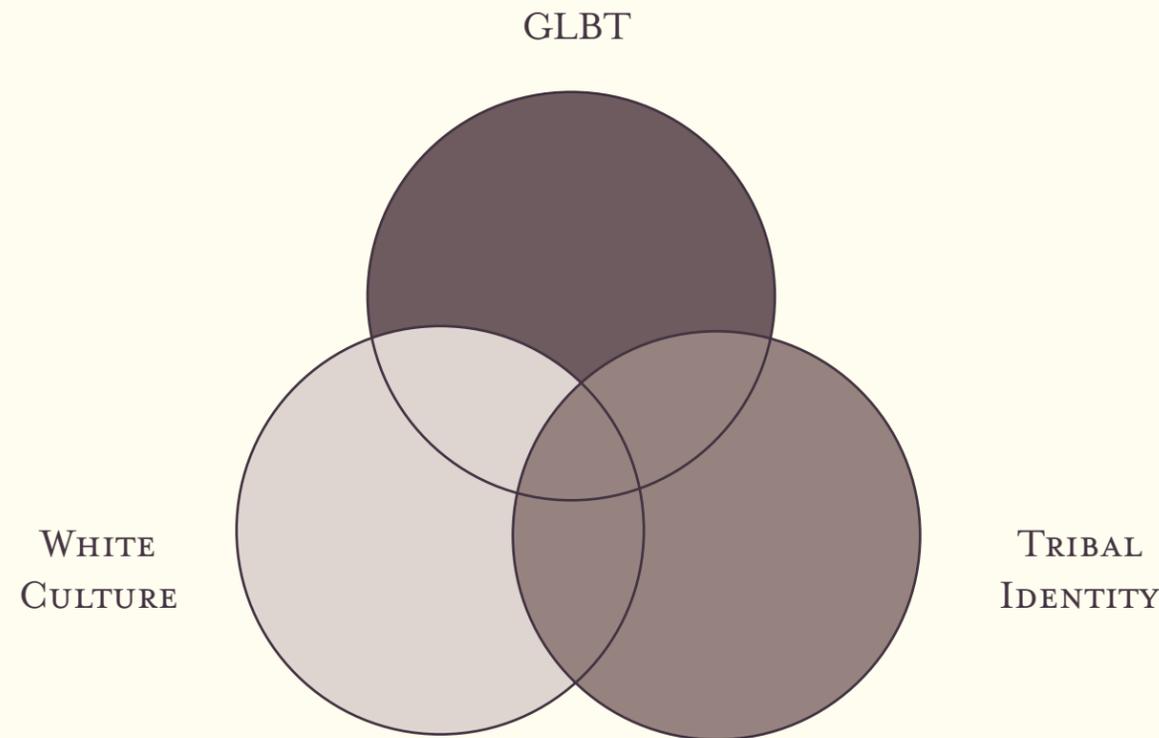
Five horizontal lines for writing answers.

Rate the 5 ways in which you identify yourself, in order of importance and indicate why they are important.

Five horizontal lines for writing answers.

Exchange information with the person next to you in your small group, and have them describe you using the information in question 2.

Four horizontal lines for writing answers.



Urban American Indian Identity Model (UAI)

The Urban American Indian Identity Model (UAI) (Walters, 1995) consists of four stages:

- ▶ Internalization
- ▶ Marginalization
- ▶ Externalization
- ▶ Actualization

According to UAI model, identity attitudes are formed in the context of the person (self identity), the person's group (group identity), the person's environment (urban environment), and the historical relationship with the dominant society (dominant group environment and institutional responses).

Each stage contains the following five identity dimensions:

- ▶ Political (for example - treaty rights and Indian land)
- ▶ Racial (for example - phenotype features, mixed-blooded-ness)
- ▶ Ethnic (for example - sense of shared heritage)
- ▶ Cultural (for example - cultural values, knowledge, language)
- ▶ Spiritual (for example - sacred sites)

In working with participants in describing the following model it is important to focus on the resilience and positive coping mechanisms that many of them have learned. It is important to affirm and validate their experiences as being complex and sometimes unmanageable. Helping participants reframe their experience as being one of succeeding and surviving will continue to build positive identities.

Media

Slide 3.6: Overhead of UAI Model

The Urban American Indian Identity Model (UAI) (Walters, 1995) consists of four stages:

- ▶ Internalization
- ▶ Marginalization
- ▶ Externalization
- ▶ Actualization

Slide 3.7: Overhead of UAI five identity dimensions

Each stage contains the following five identity dimensions:

- ▶ Political (for example - treaty rights and Indian land)
- ▶ Racial (for example - phenotype features, mixed-blooded-ness)
- ▶ Ethnic (for example - sense of shared heritage)
- ▶ Cultural (for example - cultural values, knowledge, language)
- ▶ Spiritual (for example - sacred sites)

PRESENTATION 3.3: STAGES OF COMING OUT



Stages of Coming Out

In order to understand the following information about the identity model 'Model of Gays or Gay Men and Lesbians of Color', by Karina Walters, PhD, it is important to review the model. This model is similar to many of the models that are viewed as 'coming out' or 'coming to terms with your sexual identity'.

Turning Points

- ▶ Pre-emergence: Growing up on the edge of difference
- ▶ Self-Acknowledgment: Thinking the unthinkable
- ▶ Self-Identification: Challenging the definition of homosexuality

Coming Out

- ▶ Assuming the Homosexual Identity: Exploring and experimenting
- ▶ Accepting the Homosexual Identity: Creating families of choice
- ▶ Celebrating Self-expression: Experiencing and Demonstrating Pride

Maturing

- ▶ Reevaluation and Renewal: Taking Inventory
- ▶ Mentoring: Giving Back

Authors:

Stanley Siegel and Ed Lowe, Jr., 'Uncharted Lives: Understanding the Life Passages of Gay Men'

Karina Walters, PhD, has explored issues of the multiplicity of identities that Gay and Lesbians of Color negotiate in their everyday lives. Issues of racism emerge in the Gay community and issues of homophobia are dealt with in communities of color. A question of which identity is more meaningful to the individual becomes an issue when individuals begin the process of integrating the racial and sexual identities. The double or triple oppression that many Gays and Lesbians of Color experience have profound implication to social work delivery. Helping clients understand the nuances and the difficulty in managing questions such as from whom to seek support and when, how to ask for help respectfully, and what issues are relevant to each identity.

Life stressors and how gay men negotiate day-to-day situations can be impacted by how well they can manage the duality of their identity. The conflict of cultural values that many American Indians experience is present. The level of acculturation into the larger society needs to be taken into account. The need to understand the lives of the Gay Native men is critical to service delivery.

Slide 3.8: Overhead of Stages of Coming Out

Turning Points

Pre-emergence: Growing up on the edge of difference
Self-Acknowledgment: Thinking the unthinkable
Self-Identification: Challenging the definition of homosexuality

Coming Out

- ▶ Assuming the Homosexual Identity: Exploring and experimenting
- ▶ Accepting the Homosexual Identity: Creating families of choice

Celebrating Self-expression: Demonstrating self esteem Maturing

- ▶ Reevaluation and Renewal: Taking Inventory
- ▶ Mentoring: Giving Back

Module

4

HOMOPHOBIA AND STIGMA



OVERVIEW:

This module helps participants address the underlying factors of Homophobia within Native American communities and understand the impact of stigma that comes with homophobia, Two-Spirits and HIV positive individuals within our community.
(the instructor may wish to preview the materials located in pages 22-33 of the Resource Section)

OBJECTIVES:

By the end of this module, participants will be able to:

- ▶ Define Homophobia
- ▶ Look at underlying factors of individuals, local community and outside influences that contribute to homophobia
- ▶ Define and engage in the discussion of Stigma and its correlation to Two-Spirits, HIV and the impact it has on prevention and care efforts
- ▶ Find possible solutions in combating Homophobia and the Stigma of HIV in Native American communities
- ▶ Find ways to support and empower Two-Spirits
(refer to example of PFLAG pages 162-164 in the Resource Section)

MODULE FORMAT: COMMUNITY RESOURCE- TRAIN THE TRAINER

Activity 4.1: Influence of Homophobia in Our Communities
Handout 4.1: Influences of Homophobia

Activity 4.2: Influences of Homophobia: Fred C. Martinez, Jr. Story
Press Release: Fred C. Martinez Jr. Story press Release by GLAAD
Handout 4.2: Influences of Homophobia: Fred C. Martinez, Jr. Story

Activity 4.3: Stigma of HIV/AIDS Exercise

Activity 4.3 Key Discussion Points:

Handout 4.3: Prevention of Homophobic Violence for Individuals

Handout 4.4: Information or Tips for Providers and Allies of Two Spirits

ACTIVITY 4.1: IN OUR COMMUNITIES

INFLUENCE OF HOMOPHOBIA



Goal:

To engage participants to look within to address homophobia and influences of homophobia in our communities.

Directions:

Use worksheet on Influence of Homophobia. Ask participants to share and lead discussion/dialogue. Ask for other non-religious influences that might contribute to homophobic views or causes. Conclude discussion by exploring ways to combat local forces of homophobia.

(The instructor may wish to refer the participants to Resource Section pages 23-25, and the 'Health Canada' report beginning on page 155)

Handout:

HANDOUT 4.1: INFLUENCES OF HOMOPHOBIA



Directions: Please check the following boxes and answer the questions in the appropriate spaces.

What my tribe or community uses to identify the spiritual being:

- Creator
- God
- Other: _____

These are the faith-based institutions in my community:

- Native Spirituality
- Christianity: _____
- Buddhism
- Jewish
- Atheist
- Other: _____

What I practice:

- Native Spirituality
- Christianity: _____
- Buddhism
- Jewish
- Atheist
- Other: _____

What are the values or teachings on homosexuality by:

- Native Spirituality
- Christianity: _____
- Buddhism
- Jewish
- Atheist
- Other: _____

One thing that I dislike or have trouble with my religion is...

These are my own personal values, beliefs and attitudes on homosexuality.

If there was anything about my religion I would change, it would be...

What other institutions or influences contribute to homophobia in my community?



Goal:

To provide an opportunity for participants to reflect on the influences of homophobia within the participant's community.

Objectives:

- ▶ To provide an opportunity to reflect on Native Spirituality.
- ▶ To provide an opportunity to reflect on Western religions' effects on Native Communities.
- ▶ To engage participants in sharing their experiences on Native Spirituality, Christianity or other faith-based institutions and;
- ▶ To provide an opportunity to discuss the similarities, differences and, if any, conflicting teachings from these beliefs.

Directions:

Hand out sheets of paper with the following questions. Provide about 15 minutes for participants to complete the exercise. Ask participants to share their answers. Write down the responses on poster board or chalkboard. Discuss the responses, ask if they conflict, how it can be resolved and how this impacts the Two-Spirit community and the care/treatment providers.

Media:

Press Release: Fred C. Martinez Jr. Story press Release by GLAAD
(Included in pages 23 –25 of the Resource Section)

Handout:



Directions:

After reading the press release, complete the following questions and share in discussing the answers.

Could this incident have been prevented? How?

What are the institutions involved? What would be their ideal role in preventing this tragic event from happening?

What are the resources available for his family, his community?

What type of activities or resources would you envision to prevent a similar event or to address homophobia in your community?

Material: Newspaper print and markers.



Goal:

To allow participants to explore why Two Spirits are reluctant to come out, get tested in their own communities and to disclose their HIV or AIDS status.

Directions:

Have small groups use poster paper, write down responses on reasons:

- ▶ **Why Two-Spirits might be afraid to come out as Gay, Bisexual, Transgender or Two-Spirited?**
- ▶ **Why it would be difficult to get tested for HIV or related diseases in their own community?**
- ▶ **Why it is often hard to disclose their status to family, friends and community?**

Then when the small groups have reassembled into the large group, use the same poster paper to gather feedback on how they can address these same barriers, and what providers, friends and families can do.

Material:

Newspaper print and markers.

Activity 4.3

Key Discussion Points:

It is important to ask participants, if they were in this situation, how they would like to be treated and how they would like their experience to be.

The following may link with homophobia, and racial oppression to impact behaviors, and:

- ▶ **Low self-esteem**
- ▶ **Substance use and mis-use**
- ▶ **Engaging in risky behavior**
- ▶ **Unhealthy or unbalanced relationships**
- ▶ **Suicide**

Handouts:



Here are some tips for you to share with Two Spirits or those that may be questioning themselves so that they can protect themselves from homophobic violence.

Trust your instincts, with yourself, people that you meet and situations that you are placed in.

Realize that you are a good person and that your cultural history and traditions affirm you. With reflection, meditation and support you will begin to feel comfortable with your sexuality. Everyone has the right to feel good about themselves.

Surround yourself with people who support and understand you.

Stay alert. Awareness is your best defense.

Make sure that you project confidence. Do not look like an easy target.

Be aware of your surroundings.

Do not walk alone, especially if you are upset or intoxicated.

Choose busy and well-lit streets.

Walk near the curb. Avoid doorways, alleys, construction sites and parks, especially after dark.

If you feel threatened, cross the street, change directions or find a safe place.

Have your keys in your hand when you reach your home or car.

Conceal or do not carry lots of money or jewelry.

Carry a whistle or "screamer" or shout to attract attention.

If you are bringing someone home, or going home with someone that you don't know well or have just met, introduce that person to a friend or an acquaintance so that someone will know whom you are with.

Harassment often precedes assault. Use your best judgment and instincts in responding to any confrontational behavior.

Report all types of crimes and ask for a copy of a report filed.

Adapted from: The Campaign to End Homophobia

HANDOUT 4.4: INFORMATION OR TIPS FOR PROVIDERS AND ALLIES OF TWO SPIRITS



Providers, families and friends are often afraid or do not know what to do or say when someone comes out to them or they encounter someone openly gay, bisexual, lesbian, transgender or Two Spirited. Here are some tips for health care, social service providers and allies for Two Spirits.

- ▶ Be human, be real, and be honest.
- ▶ Be forgiving.
- ▶ Ask questions and be willing to learn.
- ▶ Include Two Spirited people in all aspects of community and cultural activities.
- ▶ Assist in finding the local traditional roles that Two-Spirits played or held in your community prior to outside contact.
- ▶ Avoid being judgmental, keep an open mind.
- ▶ Address your own phobia and biases.
- ▶ Be honest with your feelings, concerns and wishes with Two-Spirits and the risks that they may place themselves in.
- ▶ Encourage and mobilize Two-Spirits in HIV and AIDS prevention and care efforts in your community.
- ▶ Speak out against homophobia, hate crimes, including jokes against Gays, Lesbians, Bisexuals, Transgender and Two Spirit people.
- ▶ Encourage and support people to share their stories of hate crime experiences.
- ▶ Support the victims of hate crimes by listening and being empathetic.
- ▶ Encourage the media to report accurately and on all crimes of hate.
- ▶ Educate young people to not tolerate violence and hate crimes against anyone.
- ▶ Recognize that gays, lesbians, bisexuals, transgender and Two Spirit people are often special targets of violence.

Adapted from: The Campaign to End Homophobia

Module

5

COMMUNITY MOBILIZATION



OVERVIEW:

This module helps participants mobilize Two Spirits and the AI/AN communities in supporting leadership for HIV/AIDS prevention efforts, involving Two Spirits in all programs, mobilizing family and friends of Two Spirits, reclaiming local traditional roles and customs of Two Spirits in our communities, and to become a resource.

OBJECTIVES:

To provide basic terminology to review epi (epidemiological) information

To review National and Local Surveillance Data (see Resource Section pages 131-141)

To identify ways to support and encourage Two Spirit leadership in prevention and care efforts (also refer participants to American Indian Culture & Research Journal article, pages 142-154 of the Resource Section)

MODULE FORMAT: SKILLS BUILDING

Presentation 5.1 Basic terminology to review epidemiological information

Slide 5.1: Epidemiology Defined

Slide 5.2: Incidence Defined

Slide 5.3: Prevalence Defined

Slide 5.4: Identifying alternative sources for epi information

Slide 5.5: Who uses epidemiological information

Activity 5.1: Do the Numbers Accurately Reflect Our Population?

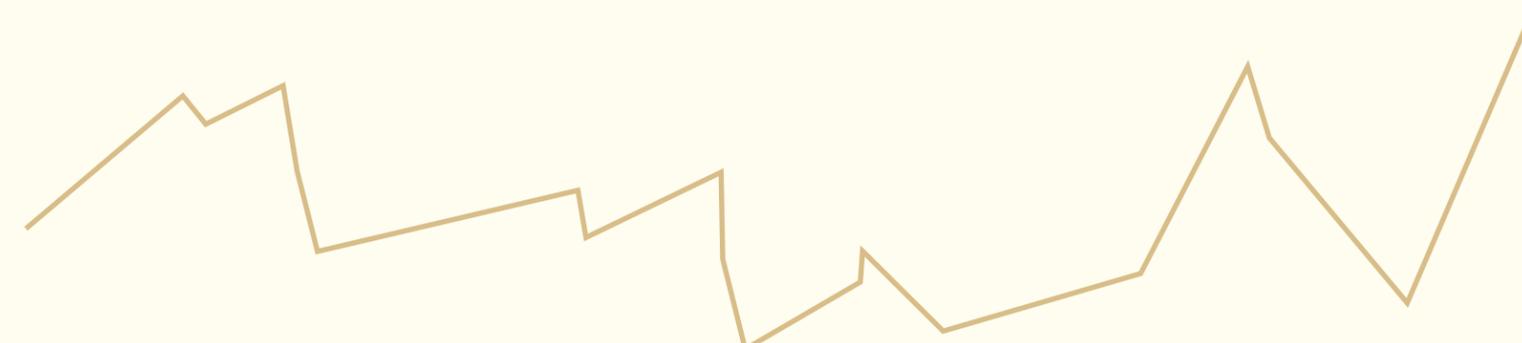
Handout 5.1: Recent CDC HIV/AIDS Surveillance Data

Handout 5.2: HIV/AIDS Statistics in Indian Country

Activity 5.2: Supporting Two Spirit Leadership

Handout 5.3: Community Mobilization: Two Spirit Leadership

Slide 5.6: Cultural Values and Traditional Roles





Slide 5.1: Epidemiology Defined

Epidemiology Defined

The study of the distribution and determinants of disease or conditions in human populations.

Slide 5.2: Incidence Defined

Incidence Defined

The number of new events or cases of disease that develop in a population of individuals at risk during a specified time interval.

$$= \frac{\text{new cases occurring during a given period of time}}{\text{population at risk during the same period}}$$

Slide 5.3: Prevalence Defined

Prevalence Defined

The proportion of individuals in a population who have the disease at a specific point in time.

$$= \frac{\text{number of existing cases of disease}}{\text{total population}}$$

Slide 5.4: Identifying alternative sources for epi information

Other Sources for Epi Information

Suggestions?

Slide 5.5: Who uses epidemiological information?

Who uses epidemiological information?:

- ▶ Community Planning Groups
- ▶ Public Health Officials
- ▶ Politicians
- ▶ Policy Makers



Goal:

To allow participants to obtain the most current HIV/AIDS statistics for Native American and Two Spirits.

Directions:

Distribute Surveillance data and complete Handout 5.2 – HIV/AIDS statistics in Indian Country
Engage participants about discussion points.

Media:

Handout 5.1: Recent CDC HIV/AIDS Surveillance Data

Activity 5.1 Discussion Points

Why do MSM continue to lead the HIV/AIDS cases of AI/AN/NH's?

What are other measuring factors that can be used to support your efforts for HIV Prevention Programs?

Why is it important to have accurate numbers and the challenges in obtaining accurate figures of HIV/AIDS cases for AI/AN/NH's?

Handout:

Handout 5.2: HIV/AIDS Statistics in Indian Country

What are the cumulative HIV/AIDS cases for Native people?

How many Native people have been diagnosed with AIDS from the last reporting period?

How many Native people have been diagnosed with HIV from the last reporting period?

Of the new infections which age group has reported the most cases?

Of the new infections which age group has reported the fewest cases?

How many Native women are currently living with HIV/AIDS and how many with HIV/AIDS have died?

How many Native men are currently living with HIV/AIDS and how many with HIV/AIDS have died?

What is the most common risk factor reported?

SUPPORTING TWO ACTIVITY 5.2: SPIRIT LEADERSHIP



Goal:

To allow participants to explore ways of supporting Native American and Two Spirit Leadership.

Directions:

Have participants complete Handout 5.3. After completing handout have participants share with one another their responses. Have a large group discussion of key learning points for participants. Review Slide 5.5 and engage participants in adding to the list.

Material:

Handout

Handout 5.3: Community Mobilization:
Two Spirit Leadership

Directions:

Please answer the following questions in the space provided. If you need additional space please use the back of this sheet.

If you were interested in enhancing or developing your leadership skills, how would you like to be supported by your peers, community, friends and family?

What are some characteristics of Native Leaders that you would like/admire?

What are some characteristics of leaders that you like/admire in general?

What are some characteristics of G, L, B, T or Two Spirits that you like?

How would you support G, L, B, T or Two Spirits in your community?

CULTURAL VALUES AND SLIDE 5.6: TRADITIONAL ROLES



Cultural Values and Traditional Roles

There are clusters of long- familiar human qualities and responsibilities connected to the identity of Two Spirit people among Native cultures. Many of these continue to be recognized and practiced among traditional people and communities. Here is a list that may help participants identify various abilities, skills and traits of people in their communities, and remember where some of these characteristics come from in our histories:

- ▶ Keeping cultural traditions alive
- ▶ Helping to raise and take care of children
- ▶ Notable skills in the arts
- ▶ Arbitrating community or interpersonal conflicts (counselor role)
- ▶ Special knowledge, interest or involvement in ceremonial activities
- ▶ Communication between men and women
- ▶ Being able to do many things well, both men's and women's jobs
- ▶ Good organizing skills, for example in administration
- ▶ Sense of generosity
- ▶ Ability to see and understand both sides of an issue and bring clarity
- ▶ Strong sense of justice, and ability to articulate issues
- ▶ Natural leadership abilities
- ▶ Willingness to contribute to community activities and events
- ▶ Support of family and extended family
- ▶ Talent for teaching and sharing of knowledge
- ▶ Great sense of humor and fun

This short list suggests some of the strengths, values and qualities that have often been associated with Two Spirit people in many tribes. Some of these characteristics may apply to historical periods during early European contact, some may refer to anthropological research in the past century, and some clearly apply to people living today, including both men and women. Participants may add to this list their personal observations and experiences with people from their community.

Material:

Newspaper print and markers



Module 6

ESTABLISHING GROUP DYNAMICS AND PROCESS



MODULE SIX: NATIVE MEN'S HEALTH

OVERVIEW:

This module helps participants address and provide holistic health care for all Native men in our communities.
(The instructor may wish to preview 'General Men's Health' materials in the Resource Section, pages 93-129)

OBJECTIVES:

- To share and engage in the discussion on general Native Men's health issues;
- To become more comfortable in discussing health issues that affect Native Men & MSMs;
- To become a better service and care provider for Native MSMs, and;
- To provide resources that will allow and encourage Native MSMs to take better care of themselves.

MODULE FORMAT: COMMUNITY RESOURCE- TRAIN THE TRAINER

Activity 6.1: Men's Health

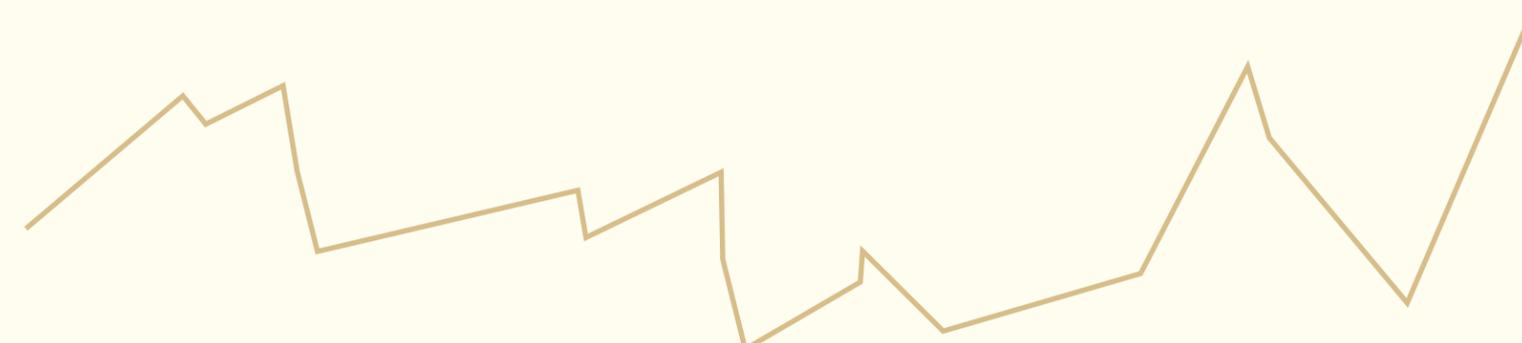
Handout 6.1: Men's Health

Slide 6.2: Strategies for Men's Health

Activity 6.2: Understanding Male Sexuality

Handout 6.3: Understanding Male Sexuality Exercise

Activity 6.3: Understanding Male Sexuality Part 2



ACTIVITY 6.1: MEN'S HEALTH



Goal:

To allow participants to increase their knowledge and feeling comfortable about men's health, including anatomical health issues.

Directions:

Have participants fill out Handout 6.1. Review General Men's Health Handout.

Media:

Handout:

Handout 6.1: Men's Health

Handout 6.1: General Men's Health

HANDOUT 6.1: MEN'S HEALTH



Directions:

Circle the best answer and fill in the blanks.

Are you comfortable in openly discussing health issues with Native men? No Yes

What are the common health issues for American Indian, Alaska Native and Native Hawaiian Men?

What can Native men do to take better care of themselves in the following areas?:

Age Group:	Physically	Emotionally	Mentally	Spiritually
Youth				
Young Men				
Adults				
Elders				
Two-Spirits				

What are some ways I/we can be supportive of Native men in promoting health and wellness?



Here are some suggestions for Native men in maintaining a healthier lifestyle that you can provide. It is highly recommended that you ask them first how they would maintain a well-balanced lifestyle.

Self Physical-Care

- Get to know your body - suggest doing this when they are showering or bathing
- Examine areas where lymph nodes are: neck, armpits, breasts, pubic area and prostate regions of the body
- Get regular checkups
- Exercise regularly
- Clean wounds
- Take prescribed medications and follow physician's medical care and orders
- Avoid binging on alcohol
- Reduce or quit tobacco
- Use contraceptives and barrier protection (condoms) when having sex
- Get tested for HIV or other STDs when you have engaged in risky behaviors

Self Emotional-Care

- Display anger in a healthy way
- Talk about fears, hopes, dreams, etc., with your family and friends
- Know that it is okay to cry
- Avoid drinking or doing drugs to hide from your emotions

Self Mental-Care

- Seek professional help if you have experienced trauma in the past
- Avoid drinking or doing drugs to avoid dealing with trauma that you have experienced

Self Spiritual-Care

- See guidance from spiritual leaders that you trust
- Take part in community, tribal or religious activities
- Prayer and meditation
- Any Others?

Activity 6.2: Understanding Male Sexuality

Goal:

To allow participants to increase their awareness of male sexuality.

Directions:

Have participants complete Understanding Male Sexuality Exercise, followed by discussion of their answers among informal groups. Utilize the information from this activity for the next activity.

Media

Handout



Instructions:

Write down anything and everything that comes to your mind, things that you have heard of, things that you know of, images of the words, etc., that relate to the following:

Topic:	Positive:	Negative:
Native		
Sex		
Sexuality		
Sexual		
Identity		
Sexual Health		
HIV/AIDS		
Two-Spirit/MSM		

ACTIVITY 6.3: UNDERSTANDING MALE SEXUALITY PART 2



Goal:

- ▶ To explore and understand male sexuality.
- ▶ To allow participants to feel comfortable in discussing sexuality.
- ▶ To allow participants to learn more about issues surrounding Native MSM.
- ▶ To become more sensitive to the needs of Native MSM.
- ▶ To become more sensitive to the needs of Native MSM, living with HIV/AIDS.

Directions:

1. Ask participants to list or define, using images, words, thoughts of, what they think the words mean, etc. of the following words:

- ▶ Being Native
- ▶ Sex
- ▶ Sexuality
- ▶ Sexual Identity
- ▶ Sexual Health
- ▶ HIV/AIDS

2. Then put the posters with the feedback from the participants on a wall, side by side, and ask the participants, some of the following questions:

- ▶ Do you agree with what we have come up with?
- ▶ Do you think that some words belong in a different category? If so, why? (Ask if it is okay to move it to another category).
- ▶ Are there any words that any of you are not familiar with?
- ▶ Do you think the same words would be used in reservation/rural Gay/Bisexual/Transgender communities?
- ▶ Would you feel comfortable in addressing homophobic behavior?

3. Encourage non-MSMs or care and treatment providers to talk to their targeted populations for prevention and care, about this exercise and to get to know their communities.

Materials: Newspaper print and markers

Module 7

PREVENTION FOR TWO SPIRITS



OVERVIEW:

This module helps participants provide a holistic approach to prevention for Two Spirits and non-self identified MSMs in Native American communities.

OBJECTIVES:

- To increase their awareness of the risks of MSM, MSM-IDU and those who do not identify as MSM
- To increase the participants knowledge and awareness of the risks of unprotected sex for MSM.

MODULE FORMAT: COMMUNITY RESOURCE- TRAIN THE TRAINER

Activity 7.1: Case Studies of Some You Might Know

Handout 7.1: Case Studies

Activity 7.2: Holistic Approach

Handout 7.2: Prevention for Two-Spirits

Handout 7.3 Compendium of HIV Prevention Interventions with Evidence of Effectiveness



Goal:

To provide an opportunity for participants to:

- ▶ Become familiar with MSMs that includes: Gays, Bisexuals, Transgender and those who do not identify as MSMs but engage in risky behaviors.
- ▶ Focus on the behaviors that put Native MSMs at risk for HIV and other STDs through unprotected sex
- ▶ Remember that anyone can engage in same gender sex, and unprotected sex is at risk for HIV and related diseases

Directions:

Distribute case studies of Rydell, Jamie, Marc and Andi. Facilitate a discussion using the following list of questions.

- ▶ What about each individual's behaviors may put them at risk of HIV and other STDs?
- ▶ How they would approach the subject of these behaviors with each individual?
- ▶ How they would encourage healthier and safer ways to protect themselves using a holistic approach?
- ▶ What other resources they would recommend for each individual?
- ▶ What are the differences between the case studies?
- ▶ Would there be differences between providing a holistic approach to prevention in an urban setting vs. a reservation/rural setting AND what would those be?

Handout:



PREVENTION FOR TWO SPIRITS:
CASE STUDIES

Rydell

A 25-year-old recent college graduate who has come back to the community. A good-looking young man, he was a star basketball player in high school and was involved in other sports. He is a very popular among his peers, well liked by everyone in the community, never had trouble dating girls and is looked up to by younger children, especially boys, who want to follow his athletically talented example. He has always been helpful with those who need help, especially the elderly in the community. He went to college at one of the state's universities about four hours away and would bring home a male friend for long weekends or short holidays. The last two years, he brought home the same friend for these short school holidays. You had heard rumors that he had played around with both genders in high school but he had denied them each time.

Jamie

A 19-year-old who was effeminate when he was growing up and recently came out when someone in the community 'outed' him. When he was younger, he played with dolls, and with girls more than boys, and has often been the target of jokes, verbal and physical harassment. He dropped out of high school a couple of times and finally completed his GED. He has often run away, hitch hiking to the city, but always finding his way home. His parents are separated and he stayed with different relatives, as long as they tolerated his behavior. He started drinking at a young age and it is known that he had been sexually molested at age 9 by an older male relative (not reported). He seeks parties in your community and binges when he drinks. He is often a loner and does not have close friends in his age group. He had attempted suicide once by taking an entire bottle of Tylenol. He has been treated for STDs before.

Marc

A 42-year-old male who is married and has three children, ages 8, 10, and 12. He and his wife have had trouble with their marriage and have separated a couple of times because of his extra marital affairs. He had passed on an STD to his wife before and there are rumors that he has fathered two additional children in the community, but that has not been proven. He had run off with a 20-year old about 3 years ago, but has come back to his wife and kids. He continues to

drink and party with friends in the community. He has been in jail a couple of times. When he is not drinking, he is involved in raising his children, hunting, and fishing and is in community activities.

Andi

A 35-year-old female who has been married for five years to Jon. Jon is an electrician and got his training at a trade school in an urban setting. He has been a good husband to Andi, gets along with everyone in the community and drinks socially. Andi comes from a respected family in the community and was popular in high school. Andi teaches in the local school and is often away on business trips. She and Jon have never had any medical problems. They do get annual health examinations. Jon often gets condoms from the health center. There are rumors that Jon's father walked in on him, engaging in anal sex with a male friend who was visiting from another community while his wife was away on a business trip.

ACTIVITY 7.2: HOLISTIC APPROACH



Goal:

To allow participants to engage in discussion on how prevention or care providers can provide a holistic approach to HIV and STD prevention.

Directions:

Have participants fill out Handout 7.2 and discuss it amongst themselves. Engage participants in discussing key learning points.

Handout:

HANDOUT 7.2: PREVENTION FOR TWO-SPIRITS



Directions:

Fill in the blanks with your best answer.

Individual	Treatment/Health Care Facility	Outreach Program
Rydell		
Jamie		
Marc		
Andi		



Module 8

DEVELOPING ASSESSMENT TOOLS



OVERVIEW:

This module is a skills building session for trainers to learn about assessment, review current tools within their organization, and develop a resource pool for trainers to potentially use in their organizations. This module also provides information on developing individual client care plans to promote safer sex behavior:

OBJECTIVES:

- To have participants create an assessment plan for their organizations.
- To provide basic terminology about behavioral assessment.
- To provide skills on effective interactions with clients.
- To provide participants with information on how to create a plan of action for their clients.
- To provide participants with information on how to negotiate behavior change contracts with clients.

MODULE FORMAT: COMMUNITY RESOURCE- TRAIN THE TRAINER

Presentation 8.1: Assessment Terminology

Slide 8.1: Overhead of the definition of Assessment

Slide 8.2: Overhead of Goals of Assessment

Slide 8.3: Overhead of Types of Assessment

Slide 8.4: Overhead of Process of Establishing an Individual Care Plan

Presentation 8.1: Discussion Points

Activity 8.1: Assessment Tools Exercise

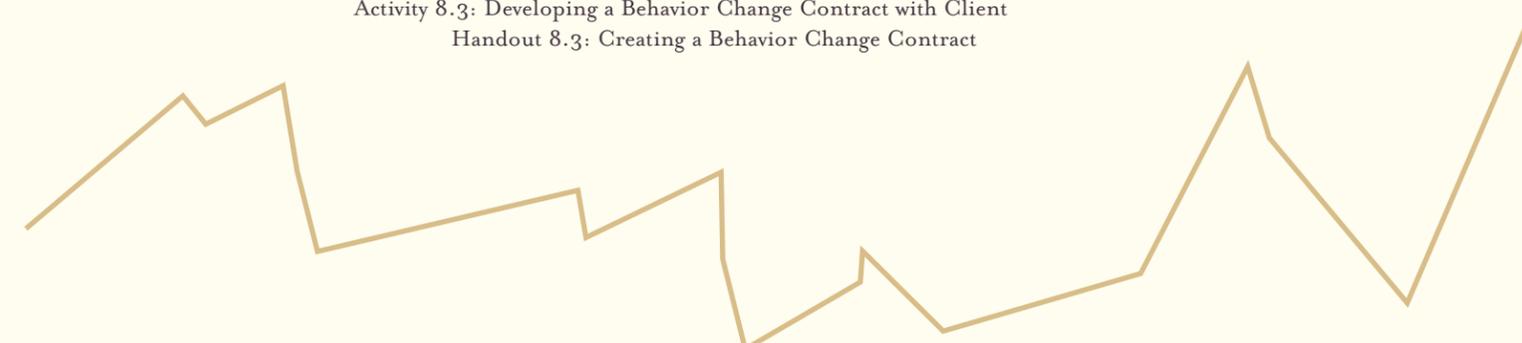
Handout 8.1: Assessment Tool Exercise

Activity 8.2: Development of Plan

Handout 8.2: Creating a Plan of Action

Activity 8.3: Developing a Behavior Change Contract with Client

Handout 8.3: Creating a Behavior Change Contract



**Media:****Slide 8.1: Overhead of the definition of Assessment**

Assessment:

“The process of determining the nature, cause, progression, and prognosis of a problem and the personalities and situations involved therein...”
(*Social Work Dictionary, R. Barker, 1999*)

Slide 8.2: Overhead of Goals of Assessment

Goal of assessment:

To determine if a multitude of factors are inhibiting participant’s ability to achieve their goals.

Slide 8.3: Overhead of Types of Assessment

Types of assessment:

- ▶ Mental Health Assessment
- ▶ Chemical Health Assessment
- ▶ Behavioral Health Assessment
- ▶ Physical Health Assessment
- ▶ HIV/STD Health Assessment

Slide 8.4: Overhead of Process of Establishing an Individual Care Plan

- ▶ Process of establishing an individual care plan
- ▶ Assessing
- ▶ Establishing a plan
- ▶ Creating a "contract"
- ▶ Follow-up

Presentation 8.1 Discussion Points

Pointers for effective client/participant rapport

- ▶ Empathy – the ability to understand participant’s perspective of a situation
- ▶ Authenticity – the sense of being genuine with client
- ▶ Furthering responses to questions – encouraging participants to continue by “hmm”, “yeah”, and “go on”
- ▶ Paraphrasing responses – summarizing a statement client made by “so what I hear you saying is...”
- ▶ Closed-ended questions usually result in a “yes,” “no” or “not sure.” Example: “Do you use condoms?”
- ▶ Open-ended questions encourage the client to explore and reflect upon their situation and emotional state. Example: “What factors help you to decide whether you use condoms or not?”
- ▶ Summarizing – summarizing your meeting with participants with what was discussed and action steps that potentially may be taken

“Direct social work practice: Theory and skills, 5th ed.”, D. H. Hepworth, R. H. Rooney, J. Larsen (1997)

**Goal:**

To assist in the development of assessment tools

Directions:

1. Establish groups of 3 to 4
2. Facilitate a discussion of what is health in each area.
3. Engage participant to develop a list of 4 questions per area of mind, body and spirit with how they are going to determine "what area needs to be worked on?"
 - ▶ Suggested types of scales can include: a laundry list of behaviors with items you have checked off or circled as an area of concern, rating scale of 1 – 5, with 1 - need help and 5 -not concerned; a multiple choice question is another type of scale that can be used for this exercise.
 - ▶ Remind groups to keep in mind who will be doing the assessment and when.
 - ▶ Remind the groups that the assessment is a guide to developing a plan of action with participants.
 - ▶ Facilitate a large group discussion of lessons learned.
 - ▶ If time permits allow participants time to review a few good questions.

Handout:



Assessment Tool Exercise

Directions:

Answer the following questions in the space below.

Group members:

Who will be administering this assessment tool? *(Is it you, or someone else?)*

When will they be administering this assessment tool? *(Outreach? Intake Assessment? Program?)*

Where will they be administering this assessment tool? *(Field? Clinical setting, Program office?)*

Areas	Considerations	4 questions	Rating scale
Mind			
Body			
Spirit			



Goal:

To develop skills in creating a plan of action for client-change.

Directions:

Have participants pair-off to fill out the handout. Facilitate a large group discussion about creating a plan of action.

Handout:

HANDOUT 8.2: CREATING A PLAN OF ACTION

Directions:

Answer the following questions using the space provided.

Plan of Action

Areas of concern:

- 1.
- 2.

List of Assets:

- 1.
- 2.
- 3.
- 4.

Plan of Action:

Action Steps	Success?	Deadline	Follow-up
1.			
2.			
3.			
4.			
5.			
6.			
7.			



Media

Overhead 9.1: Cultural Amplifiers Defined

- ▶ Cultural Amplifiers
- ▶ A cultural factor that magnifies primarily the difficulties unique to Natives living with or at risk for HIV infection

Overhead 9.2: Examples of Cultural Amplifiers

- ▶ Examples of Cultural Amplifiers
- ▶ Circular migration, Holistic Approach to Health; traditional Healing; distrust of Authority; Fear of Breach of Confidentiality; Communication Styles; Modesty; Language & Culture; Family & Community Role; Orientation to the Present; Mortality; and Sexual Orientation.

ACTIVITY 9.1: CULTURAL AMPLIFIERS – THE CHALLENGES

Goal:

To allow participants to engage in a dialogue and discussion on the cultural amplifiers that might exist for HIV positive Two Spirit persons in their local communities.

Directions:

Have participants complete Handout 9.1 individually. In a large group discussion gather a list of cultural amplifiers that were identified.

Handout:



Directions:

Describe the challenges in treating Two Spirits in these settings.

Amplifier:	Reservation/Rural:	Urban:
Circular Migration		
Holistic Approach to Health		
Traditional Healing		
Distrust of Authority		
Fear of Breach of Confidentiality		
Communication Styles		
Modesty		
Language & Culture		
Family & Community Role		
Orientation of the Present		
Mortality		
Sexual Orientation		



Goal:

To provide an opportunity for participants to become aware of the impact of HIV infection and the onset of AIDS for individuals.

Instructor's note:

This exercise may trigger some emotional responses or anxiety for some. There may be participants who have relatives or other loved ones who are infected with HIV or living with AIDS, or may have unresolved personal grief if they are HIV positive..

Directions:

1. Hand out sheets of the visualization sheet (next page)
2. Give about 15 minutes for participants to complete the exercise
3. Ask participants to share their answers
4. Inform participants that they now have been infected with HIV, and that they now have to choose and eliminate/cover one box in any column on the worksheet
5. Continue instructing the participants to eliminate/cover more boxes
6. Inform the participants that they have full-blown AIDS now, and that they have no control over their immune system. Then you (the facilitator) can eliminate/cover the boxes, removing some control over the selection process of participants.
7. Inform the participants that there are drugs that are available, and be selective of giving back the eliminated/covered boxes (in your discussion, facilitator can point out that the drugs may help some patients -while it may not work for others)
8. Lead a discussion on how they felt when they were beginning to lose what or whom they valued. Ask them how this impacts the Two Spirit community who are living with HIV or AIDS.

Handout.



Directions:

Answer the following questions in the space provided.

A Personal Attribute I Like (eg. Nice Hair, sense of humor, clear skin, etc.)	A Special Skill I Possess (eg. Dancing, typing, singing, etc)	A Personal Attribute I Like (eg. Nice Hair, sense of humor, clear skin, etc.)	A Special Skill I Possess (eg. Dancing, typing, singing, etc)
A Person Who Is Important to Me	A Goal or Life Plan	A Person Who Is Important to Me	A Goal or Life Plan
A Personal Attribute I Like (eg. Nice Hair, sense of humor, clear skin, etc.)	A Special Skill I Possess (eg. Dancing, typing, singing, etc)	A Personal Attribute I Like (eg. Nice Hair, sense of humor, clear skin, etc.)	A Special Skill I Possess (eg. Dancing, typing, singing, etc)
A Person Who Is Important to Me	A Goal or Life Plan	A Person Who Is Important to Me	A Goal or Life Plan
A Personal Attribute I Like (eg. Nice Hair, sense of humor, clear skin, etc.)	A Special Skill I Possess (eg. Dancing, typing, singing, etc)	A Personal Attribute I Like (eg. Nice Hair, sense of humor, clear skin, etc.)	A Special Skill I Possess (eg. Dancing, typing, singing, etc)
A Person Who Is Important to Me	A Goal or Life Plan	A Person Who Is Important to Me	A Goal or Life Plan



Module 10

NEXT STEPS



OVERVIEW:

This module is to engage the participants in what they learned and reinforce new skills.

OBJECTIVES:

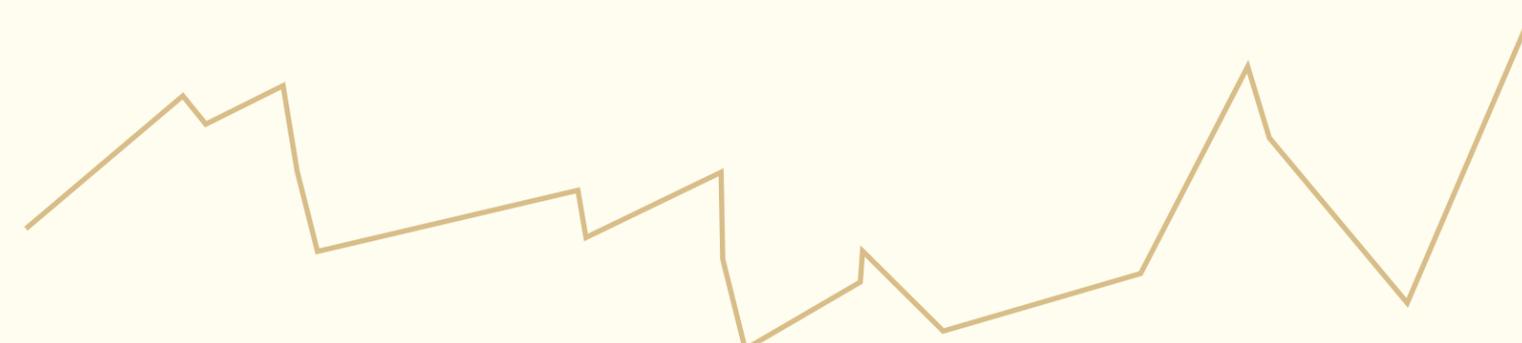
- To engage participants in assessing skills they have learned throughout the training.
- To facilitate a review of ground rules.
- To facilitate a closing ritual for the training.

MODULE FORMAT: SKILLS BUILDING

Activity 10.1: New Skills Inventory

Activity 10.2: General Rule Review

Activity 10.3: Closing



ACTIVITY 10.1: NEW SKILLS INVENTORY



Goal:

To engage participants in assessing skills they have learned throughout the training.

Directions:

Large group facilitation of what participants learned during training. Solicit input from the participants on key learning points. Review the agenda and discuss what they thought were the most important learning point and what were the least.

Materials:

newsprints, markers

ACTIVITY 10.2: GENERAL RULE REVIEW

Goal:

To evaluate how well this training's General Rules served the participants

Directions:

In a large group review General Rules, including what worked and what could be improved

Media:

Slide 10.1: Overhead of the General Ground Rules

General Ground Rules

Here are some basic tools that are essential in getting the most of this learning opportunity:

- ▶ **Confidentiality** - Some people may disclose something personal and it should remain confidential.
- ▶ **Respect** - Respect yourself and others in this environment.
- ▶ **Participate** - Actively participate in your own learning. Share your experiences, your skills and your thoughts - so that others can learn from you.
- ▶ **Ask questions** - If you are not clear on what is being presented or stated, ask for clarifications - chances are that there are other participants who have the same question.
- ▶ **Take risks** - There may be activities or discussions that may be uncomfortable for some but taking risks can be helpful in overcoming challenges and barriers.
- ▶ **Turn off any cell phones or pagers** - Or put them on vibrate. There will be breaks so that you may retrieve or return messages.
- ▶ **Agree to Disagree** - Others may say something that you may not agree with but do not allow disagreements to keep you from participating or learning from each other.
- ▶ **Be honest** - Speak from the heart.
- ▶ **Have fun** - Learning and time go quickly when you enjoy yourself, share a laugh and it is good for the soul!
- ▶ **Any Others?** - If there are other rules that you would like to include in this training, please share:

Remember: This is your learning opportunity, your time and your commitment so you have the right to remind the group of these ground rules. Thank you for your participation!

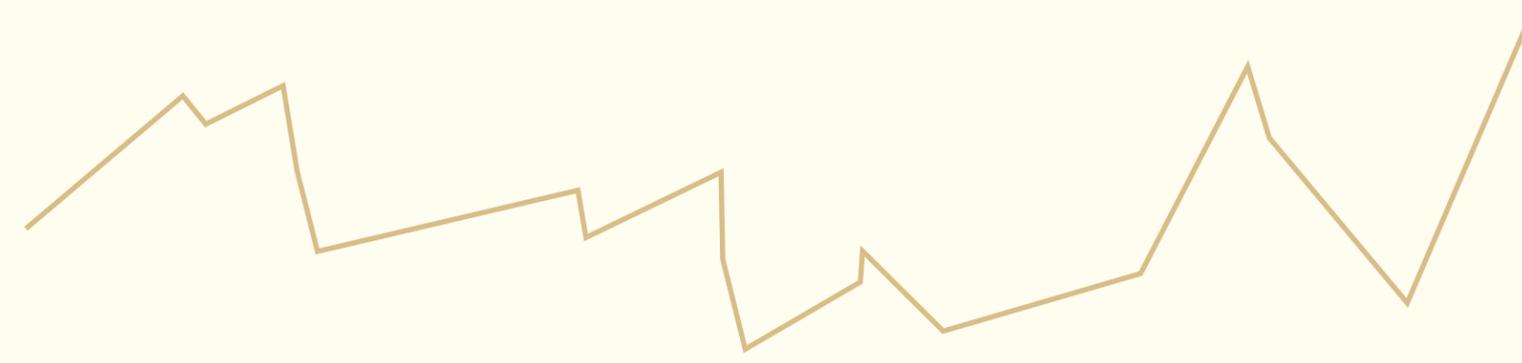
ACTIVITY 10.3: CLOSING



At discretion of facilitator



TRAIN THE TRAINER TOOLBOX



OPTIONAL ACTIVITY 1.3: TWO SPIRITS

INITIAL EXERCISE FOR HISTORY OF



Goal:

To begin engaging participants in a discussion on Two Spirits.

Directions:

Distribute History of Two Spirit Exercise and have individuals fill them out. Have participants discuss their exercises and have them determine what are the common experiences and who has the most interesting story.

Handout:

Handout 1.1: History of Two Spirits

Directions: Please answer the following questions by circling the best answer and fill in the blanks as appropriate.

How do you identify yourself?

Straight

MSM

Gay

Lesbian

Bisexual

Transgender

Two-Spirited

Other: _____

Do you know if your tribe has a word for G, L, B, T or Two Spirits?

No

Unsure

Yes, the word is: _____

Name of tribe: _____

Have you heard stories of G, L, B, T or Two Spirits in your tribal history?

No

Yes

Do you know their role or what responsibilities G, L, B, T or Two Spirits had in your community or tribe?

No

Yes, please explain: _____

Is there someone in your tribe or community that is willing to share information about G, L, B, T or Two Spirits?

No

Yes

Have you asked an elder or someone from your tribe or community about G, L, B, T or Two Spirits?

No

Yes

Do you know of G, L, B, T or Two Spirits in your tribe or community?

No

Yes



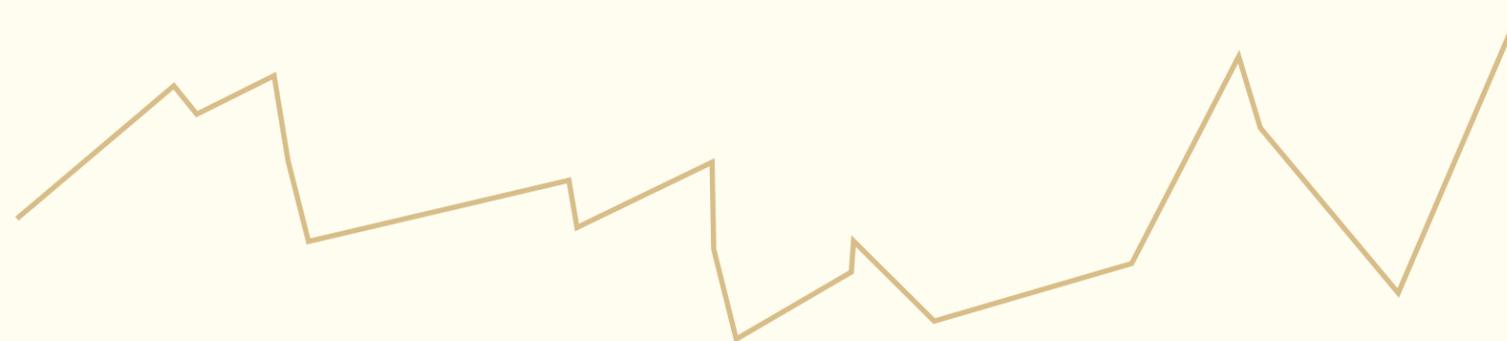
COMPENDIUM OF HIV PREVENTION INTERVENTIONS WITH EVIDENCE OF EFFECTIVENESS

from CDC's HIV/AIDS Prevention Research Synthesis Project

NOVEMBER 1999 (REVISED ON AUGUST 31, 2001)

Centers for Disease Control and Prevention
National Center for HIV, STD, and TB Prevention
Division of HIV/AIDS Prevention - Intervention Research and Support
Atlanta, Georgia

<http://www.cdc.gov/hiv/pubs/hivcompendium/hivcompendium.htm>





Directions:

Please answer the following questions in the space provided.

What are some of the reasons people use substances?

What are some of the substances that people use in your community?

Are there any substance abuse programs available in your community?

Would Two Spirits feel comfortable about, and receive quality treatment at these centers?

Are there any traditional or spiritual counselors treatment programs who are willing to work with Two Spirits?



Directions:

Please answer the following questions in the space provided.

What do you think the benefits are of mental health intervention for HIV positive Two Spirit persons in these following areas?:

Stress management-

Counseling therapy-

Medication, relaxation, biofeedback-

Spirituality and religious support-

Bereavement counseling for anticipatory grief, multiple loss issues-

Couples counseling or family therapy-

Evaluation of pre-existing mental illness or emotional reactions that might respond to medication in combination with supportive counseling-



Handout 9.5: HIV/AIDS/STDs Care & Treatment – Pharmaceutical Treatment for HIV/AIDS

Directions:

Please answer the following questions in the space provided.

What are myths that exist for HIV/AIDS treatment?

Native Specific Myths

Urban Myths

Reservation/Rural Myths

(Native-specific, Urban Myths: and reservation/rural chart)

What are the side effects of drugs in treating HIV/AIDS? List as many as you can.



“Learning from Experience”

Have participants introduce themselves and explain one thing they have learned the hard way about the topic you are covering. Post the lessons learned on a flip chart and utilize them as reference points during the training.

“Challenges and Objectives”

Divide the class into small teams. Instruct teams to identify their challenges in the topic and their objectives for the training. Post work on flip charts. Have them introduce their team and share their work with the rest of the class.

“Questions”

Have each person write a question they want answered in the training on a Post-it note. Have them introduce themselves and their question. Then post all questions on a wall chart. During or at the end of training, ask the group to answer the questions.

“Role Models”

Have each person identify someone who is a role model for the topic being discussed. Have them share the person’s name and the qualities or characteristics that make them a good role model. Post characteristics on a flip chart.

“Dos and Don’ts”

Have participants introduce themselves, sharing their name, department, and either a “Do” or a “Don’t” tip for the topic being discussed. Post tips on a flip chart.

“Collective Knowledge”

Have participants work in teams to identify five rules for dealing with difficult people (or the topic under discussion).

“Charades”

Have class work in small teams of 4-5. Instruct teams to identify one type of person they all find difficult. Then have the team act out that type of person while the rest of the class tries to guess what they are acting. This can be a fun activity and can lead to a short discussion about needing to keep a sense of humor when dealing with difficult people.

“Scream Therapy”

Have participants introduce themselves and share the emotions they feel about their difficult person (for example, “They drive me nuts!!”). Have them say it with feeling. At the end of the introductions, have them all scream the feelings at the same time.

“Who Can Develop?”

Have participants identify someone who has contributed to their professional development. As they introduce them-

selves have them explain their relationship to the person that contributed to their development.

“Developing Yourself”

Have each person introduce himself and share one action they have recently taken to develop themselves (other than participating in this training). This can be done as a group or in small teams.

“Acceptance Speech”

Have participants introduce themselves and thank someone who has contributed to their professional development. They should thank the person as if they are receiving an Academy Award. You may need to limit speeches to 30 seconds.

“First Job”

Have participants introduce themselves, sharing their name and something they learned on their first paying job.

“Brain Teaser”

Use a quiz as an icebreaker. Ask questions that we should all know but may not. Ask members to answer individually, and then give them a few minutes to work in small groups to finish answering the questions. The groups should be able to answer more questions than any one individual. This is a good demonstration of synergy and can lead into a discussion of the concept.

Sample questions:

What are the names of the planets, starting from the one closest to the sun?

What is the most populous state in the U.S.?

What 8 states begin with the letter “M”?

“Dinner Plans”

Have each person complete the following sentence: “If I could have dinner with any person, living or dead, it would be (name the person) because ____ (name the reason)_____.”

“Experience Tally”

Ask each participant how long he or she has been with their organization or in their current job. Total the number of years for the whole training group. Point out that the class will have X number of years of experience on which to draw.

“Good or New”

Ask each person to share something good or new they have experienced in the last 24 hours.



“I Noticed”

If participants have made commitments in a previous workshop to change behaviors, ask others to share one thing they've noticed another person doing differently. As an alternative, have each individual share one thing he/she has done differently since the last session.

“I’m Unique”

Ask each person to share one thing that makes him/her unique.

“My Slogan”

Explain that many companies have slogans or “mottoes” which reflect their values. For example, Ford Motor Company uses the slogan, 'Quality is Job One.' Ask each person to write (or borrow) a slogan to describe him or herself and share that with the class.

“The Worst Team”

Have each person share a description of the worst team they have ever been on and why. Post characteristics on a flip chart. Debrief this exercise by having the team identify ways to avoid the “worst team” characteristics.

“Three Truths and a Lie”

Give each individual a 3x5 card and instruct them to write 4 statements about themselves: one of the statements should be false while 3 should be true. Explain that the goal is to fool people about which statement is the lie. Allow 5 minutes to write statements; then have each person read the 4 statements and have the group guess the lie. Award a prize to the individual who makes the most correct guesses.

“What Kind of Team?”

Divide the team into small groups of 4-6 people. Have each group discuss and identify an analogy for their team. For example: “We are like a 3-ring circus -- because we have many things going on at once and it feels chaotic at times.” Allow 10 minutes to discuss; then have teams share.

“Fears”

Ask each person to share his or her greatest concern about participating in the team building or training. Post fears on a flip chart. At the end of the session, revisit the list and ask the group to share whether their fears were realized.

“What Do You Know?”

Divide the class into teams of 3-4 people. Assign each team a different flip chart. Explain that each team will be assigned another team about which to share information. For example:
Team A: Mary, Chris, Pat and Terry
Team B: Jane, Frank, Phil and Sharon

Team C: John, Mike, Andrea and Larry
Team A is assigned Team B; Team B is assigned Team C; and Team C is assigned Team A.
Have the team divide their flip charts into sections, one for each person in their assigned team. Allow them 5 minutes to record everything they know about the people on their flip chart (both work and non-work related). After 5 minutes, have teams rotate flip charts and add information on their new flip chart. Continue rotating until they come to the flip chart with their own names on it. Have each person comment on what was written about him/herself.

“Guess Who”

Prior to the session have each participant complete and return to you a survey with 5-7 questions about him or herself. For example:
Favorite type of food
Best all-time TV show
Last movie you saw
Last book you read
Dream vacation
During the session, read the clues and have the rest of the class guess which person is being described.

“Picture Perfect”

Have each person on a team draw a picture or series of pictures to represent their current view of the team. (They can draw on pieces of paper or flip charts posted around the room.) Allow 5 minutes; then have the rest of the group explain what they see in each other's pictures.

“Something New”

On the second day of a team-building meeting, ask each person to share one thing they learned about someone on the team in the last day. Have the rest of the group try to guess who is being described.

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Berdache

A term (anthropology) that was imported to North America beginning in the 15th century by European explorers and missionaries. The term derives from ancient Persian language and refers to young (male) slaves who were kept for sexual purposes, and who were often cross-dressers. The word is mainly obsolete in Native communities, with Two Spirit as a generic substitute (see: Two Spirit)

Bisexual

Most often refers to men or woman who experience emotional and physical attraction to both sexes.

Elder

A person from the community who is recognized, generally by virtue of age and wisdom, as an important source of knowledge, guidance, and leadership.

Gay

Often refers to men, and sometimes women, who are emotionally and/or sexually attracted to the same sex.

Homophobia

An irrational fear or loathing of persons who identify as homosexual, which may result in discrimination, or violence, in its worst forms.

Lesbian

Usually refers to women who are emotionally and/or physically attracted to other women.

Native American Church

A federally recognized religious institution specific to Native communities that recognizes Christian traditions and incorporates use of peyote in ceremony.

Outing, to ‘out’ someone

Outing usually refers to the intentional disclosure of another person's gay/lesbian/bi/trans identity. (from: coming out of the closet). The intent is often to harm the other person.

Smudging

The burning of ceremonial incense (such as sage, copal, cedar, tobacco, wild celery, etc) to spiritually purify a person, object or communal space.

MSM of Color: Non-Hispanic black, Hispanic, American Indian/Alaska Native/Native Hawaiian and Asian Pacific Islander men, 13 year of age or older, who have sex with men.

MSM: Men, 13 years of age or older, who have sex with men.

Transgender, Transvestites, Transsexual

- Transgender (or transvestite) may refer to males, females (or persons of ambiguous/indeterminate sex), who choose to present themselves part of the time or all of the time as the opposite or as a distinct gender; some transgender persons may use hormone therapy to enhance the gender manifestation of their choice, as well as procedures such as breast enhancement or reduction.
- Transsexual persons may choose additional medical procedures to completely change their anatomical sex.
- Sometimes known in the community as ‘tranny’ or ‘trannies’, or ‘TVs’.
- Sometimes referred to as queens (males) or butches/dykes. These terms, though, do not definitively refer to sexual orientation
- ‘Transgender’ may also collectively refer to Transvestites and Transsexual persons, but not always vice versa

Two Spirit

May refer to an individual (male, female or ambiguous/indeterminate sex) who identifies with a gender other than their anatomical sex. This may include gay, lesbian, bisexual or transgender persons, but the term does not definitively refer to sexual orientation. The term is also widely used as a Native replacement of the word ‘gay’. Some Two Spirit people may self identify as ‘gay/lesbian’ and some may identify as ‘straight’. Sometimes also appears as ‘Two Spirited’



TWO-SPIRIT GROUPS

Bay Area American Indian Two Spirits

PO Box 31177
San Francisco CA 94131-0177
Message Phone: 415-561-9756
Email: bayarea2spirits@hotmail.com

Minnesota Two Spirits

Indigenous Peoples Task Force
1433 East Franklin Avenue, Suite 18A
Minneapolis MN
Contact Phone: 612-870-1723 ext. 22
Contact Email: rhys@indigenouspeoplestf.org
Website: mntwospirits.2om.com

Montana Two Spirit Society

PO Box 67
Lame Deer, MT 59043
Contact Email: outinmt@aol.com or blayne411@hotmail.com

Northwest Two-Spirits

PMB 995
1122 E. Pike Street
Seattle, WA 98122-3934
Contact Email: twospiritsociety@yahoo.com
Website: http://www.nwtwospiritsociety.org

Sacred Circles

PO Box 6353
Corona CA 92878-6353
Contact Phone: 310-547-1946
Contact Email: medicinewheel@email.com
Website: www.sacredcircles2000.homestead.com

Two Spirit Society of Denver

PO Box 18566
Denver CO 80213
Contact Phone: 303-832-4296
Contact Email: joeynco@hotmail.com or mar_co55@hotmail.com
Website: http://twospiritdnvr.tripod.com/

DIRECTLY FUNDED CDC NATIVE AMERICAN HIV/AIDS PREVENTION PROGRAMS

**Alaska Native Health Board (ANHB)
HIV/AIDS Awareness Project**

3700 Woodlane Drive, Suite 500
Anchorage AK 99508
Phone: 907-562-6006
Fax: 907-563-2001
Website: www.anhb.org
Email: mcovone@anhb.org

Indigenous Peoples Task Force (IPTF)

1433 East Franklin Street NE
Minneapolis MN 55404
Phone: 612-870-1723
Fax: 612-870-9532
Website: www.indigenouspeoplestf.org
Email: Terrab@indigenouspeoplestf.org

Native Family Services Center (NFSC)

PO Box 3704/809 West 7th Street
Sioux City IA 51103
Phone: 712-252-5902
Fax: 907-252-5905
Email: robbi.lemaster@nativefrc.org

Native American Community Health Center (NACHC)

3008 North 3rd Street Suite 310
Phoenix AZ
Phone: 602-279-5262
Fax: 602-279-5390
Website: www.nachc.com
Email: cpattee@nachc.org

INDIAN HEALTH SERVICE

National HIV/AIDS Program (ANHB)
12300 Twinbrook Parkway Suite 450
Rockville MD 20852
Phone: 301-443-1289
Fax: 301-443-1522
Website: www.ihs.gov
Email: dsimpson@hqe.ihs.gov

Regional IHS HIV/AIDS Coordinators

Aberdeen Area
Phone: 605-226-7456
Email: carol.lafromboise@ihsabr.ihs.gov



Alaska Area

Phone: 907-729-3640
Email: jberner@akanmc.alaska.ihs.gov

Bemidjii Area

Phone: 218-759-3396
Email: jennifer.jenkins@mail.ihs.gov

California Area

Phone: 916-566-7023
Email: stephen.madder@mail.ihs.gov
Billings Area
Phone: 406-247-7125
Email: diane.jeanotte@mail.ihs.gov

Nashville Area

Phone: 828-497-9163
Email: david.taylor@mail.ihs.gov

Navajo Area

Phone: 505-722-1000
Email: jiralu@gimc.ihs.gov

Oklahoma Area

Phone: 405-951-3829
Email: samuel.hope@mail.ihs.gov

Phoenix Area

Phone: 602-263-1599
Email: charlton.wilson@mail.ihs.gov

Portland Area

Phone: 503-326-2017
Email: fgrayshi@pao.portland.ihs.gov

Tucson Area

Phone: 520-295-2544
Email: phyllis.spears@mail.ihs.gov

NATIVE AMERICAN REGIONAL
STD/HIV/AIDS PREVENTION PROJECTS

Inter Tribal Council of Arizona

2214 North Central Avenue Suite 100
Phoenix AZ 85004
Phone: 602-307-1532
Fax: 602-258-4825
Website: www.itcaonline.com
Email: michelle.sabori@itcaonline.com
Serving the states of Arizona, Nevada and Utah

NATIONAL CAPACITY-BUILDING
ASSISTANCE PROVIDERS

Academy of Educational Development (AED)

1825 Connecticut Avenue NW, Washington DC 20009-1521
Phone: 202-884-8000
Fax: 202-884-8400
Website: www.aed.org
Email: fbeadle@aed.org

Advocates for Youth

1025 Vermont Avenue NW, Washington DC 20005
Phone: 202-347-5700
Fax: 202-347-2263
Website: www.advocatesforyouth.org
Email: info@advocatesforyouth.org

**Behavioral and Social Sciences Volunteer Program
American Psychological Association**

750 First Street NE, Washington DC 20002
Phone: 202-336-6050
Fax: 202-336-6198
Website: www.apa.org
Email: bssv@apa.org

National Association for People with AIDS (NAPWA)

1413 K Street NW, 7th Floor, Washington DC 20005
Phone: 202-898-0414
Fax: 202-898-0435
Website: www.napwa.org
Email: bseal@napwa.org

**National Alliance of State and Territorial AIDS Directors
(NASTAD)**

444 North Capitol Street NW, Suite 339, Washington DC 20001
Phone: 202-434-9020
Fax: 202-434-9092
Website: www.nastad.org
Email: nastad@nastad.org

National Minority AIDS Council (NMAC)

1971 13th Street NW, Washington DC 20009
Phone: 202-483-6622
Fax: 202-483-1135
Website: www.nmac.org
Email: info@nmac.org

National Native American AIDS Prevention Center (NNAAPC)

436 14th Street, Suite 1020, Oakland CA 94612
Phone: 510-444-2051
Fax: 510-444-1593
Website: www.nnaapc.org
Email: information@nnaapc.org



National Indian Health Board
Denver, CO
303-759-3075
www.nihb.org

EAST COAST
American Indian Community House
HIV-AIDS Project
New York, NY
212-598-0100

Catawba Indian Nation
Catawba, SC
803-366-6721

MIDWEST
Montrose Counseling Center
American Indian Program
713-529-0037

Native American Health-AIDS Coalition
Kansas City, KS
913-342-5400

SOUTHWEST
First Nations Community Health Source
Albuquerque, NM
505-262-2481

HIV Center for Excellence
Phoenix Indian Medical Center
Phoenix, AZ
602-263-1502

Navajo AIDS Network, Inc.
Chinle, AZ
520-674-5676

Navajo Nation AIDS Office
Window Rock, AZ
520-871-6250

NORTHWEST
Chugachmiut
Anchorage, AK
907-562-4155

NORTHERN CALIFORNIA
Native American AIDS Project
San Francisco, CA
415-522-2460
www.sfo.com/~denglish-naap

Native American Health Center
San Francisco, CA
415-621-8051
www.uihbi.org

SOUTHERN CALIFORNIA
San Diego American Indian Health Center
San Diego, CA
619-234-2158

United American Indian Involvement
Los Angeles, CA
213-353-9429

HAWAI'I
Papa Ola Lokahi
Honolulu, HI
808-536-9453

Life Foundation
Honolulu, HI
808-521-2437

Maui AIDS Foundation
Wailuku, HI
808-242-4900

CANADA
Canadian Aboriginal AIDS Network
Ottawa, ON
613-567-1817
www.caan.ca

Healing Our Nations
Atlantic First Nations AIDS Task Force
Halifax, NS
902-492-4255
fox.nstn.ca/~afnatf95-afnatf.html

Healing Our Spirit
BC First Nations AIDS Society
North Vancouver, BC
604-879-8884
www.healingourspirit.org

Manitoba Aboriginal AIDS Task Force
Winnipeg, MB
204-772-6800
www.mbabaid.ca



HISTORY OF TWO-SPIRITS

Le Duigou, Celeste (2000) A Historical Overview of Two Spirited People: A Context for Social Work and HIV/AIDS Services in the Aboriginal Community. *Native Social Work Journal*, 3(1), pp. 195-214.

HOMOPHOBIA AND STIGMA

National Native American AIDS Prevention Center (Winter, 2001) Two-Spirit Update.

Ayala, George and Díaz, Rafael M. Social Discrimination and Health: The Case of Latino Gay Men and HIV Risk. The Policy Institute of the National Gay and Lesbian Task Force, Washington, D.C.

HIV/AIDS/STD CARE AND TREATMENT FOR TWO-SPIRITS

Project Inform (April 2001) Dealing with Drug Side Effects.

Levi, Jerome M. (1999) The Embodiment of a Working Identity: Power and Process in Raramuri Ritual Healing. *American Indian Culture and Research Journal* 23(3), pp. 13-39.

National Native American AIDS Prevention Center (2002) Clinician's Guide to Working with Native Americans Living with HIV, San Francisco, CA.

Clement, Ken et. al. (2000) Honouring and Caring for Aboriginal People and Communities in the Fight Against HIV/AIDS. *Native Social Work Journal*, 3(1), pp. 127-141.

Hollow, Walter B. Traditional Indian Medicine. Primary Care of Native American Patients: Diagnosis, Therapy, and Epidemiology. pp. 31-38.

GENERAL NATIVE MENS HEALTH

Male Health Center (2002) Why Men Don't Go to the Doctor. www.malehealthcenter.com/Bullet.html

M-Care (2002) Lifelong Preventive Care. www.mcare.org/lifelong/men1.html

UT Medical Center (2002) Prostate Cancer. www.utmedicalcenter.org/cancercenter/ProstateCancer.asp

Arnot Ogden Medical Center (2002) Men's Health and Wellness. www.aomc.org/HOD2/general/menshealth.html

The National Women's Health Information Center (2002) 10 Leading Causes of Death for Men. www.4women.gov/mens/index.cfm?page=109&text=yes

Arnot Ogden Medical Center (2002) Height Weight Chart. www.aomc.org/HOD2/general/weight-HEIGHT_W.html

Arnot Ogden Medical Center (2002) Mid-Life Crisis. www.aomc.org/HOD2/general/general-MID-LIFE.html

Henkel, John (2002) Conditions Men Get, Too. www.fda.gov/fdac/features/695_men.html

Arnot Ogden Medical Center (2002) Hernias. www.aomc.org/HOD2/general/general-HERNIAS.html

Arnot Ogden Medical Center (2002) Impotence. www.aomc.org/HOD2/general/general-IMPOTENC.html

Arnot Ogden Medical Center (2002) Male Infertility. www.aomc.org/HOD2/general/general-INFERTIL-2.html

Arnot Ogden Medical Center (2002) Jock Itch. www.aomc.org/HOD2/general/general-JOCK.html

COMMUNITY MOBILIZATION

National Native American AIDS Prevention Center (June 2001) Center for Disease Control and Prevention AIDS and HIV Statistics for American Indians/Alaska Natives. Hassin, Jeanette and Young, Robert (1999) Self-Sufficiency, Personal Empowerment, and Community Revitalization: The Impact of a Leadership Program on American Indians in the Southwest. *American Indian Culture and Research Journal*. 23(3), pp. 265-285.

Canadian Aboriginal AIDS Network. Discrimination, HIV/AIDS, and Aboriginal People. Montréal, Québec, pp. 32-37.

Parents, Families & Friends of Lesbians and Gays. Mission Statement. Washington, D.C.



NATIONAL NATIVE AMERICAN AIDS PREVENTION CENTER