

Activist Media in Native AIDS Organizing: Theorizing the Colonial Conditions of AIDS

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INTRODUCTION

Global deliberations of HIV/AIDS today increasingly describe social inequalities as conditions of the AIDS pandemic. Agencies and advocates address global public health by arguing that disease transmission and its effects are enabled by power relations such as homophobia and sexism, racism and poverty, and the colonial histories that foster them. Saying that such conditions enable HIV's disproportionate spread surpasses tales from the disease's first decade of risk groups, which Cindy Patton has read as a "tropical" logic that locates danger in the perverse embodiment of marginal sexual, racial, or national groups.¹ Current claims also modify how some activists countered risk-group tales by addressing practice in arguments that risk arises not from who you are, but what you do. If such a shift invited harm-reduction approaches to HIV, it also could avoid considering how one's choices are shaped by one's locations in power relations, which can create illusions of choice. Early AIDS activists argued the pandemic's power-laden social construction by critiquing public health institutions for complicity in the spread of AIDS or by mobilizing people affected by AIDS to alter conditions in their lives. A key mode activists used to address social marginality was the production of new media. AIDS activists recorded experiences, shared health information, and articulated agendas for change in creative texts, visual art, video, and performance that marked and challenged the power relations that marginalized people affected by AIDS. Thus, when Paul Farmer famously argued that "critical perspectives

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on emerging infections must ask how large-scale social forces come to have their effects on unequally positioned individuals,” he echoed theory already proposed by AIDS activists and their media.² Activists recognized that diseases turn epidemic if social conditions permit it and theorized that people affected by AIDS will find their lives transformed by altering the marginality that conditions HIV transmission or poor health care. Their theories circulated in media that preceded and countered official discourses on AIDS and today represent unofficial archives of historical knowledge about AIDS and power.³

This article revisits activist roots of critique of the pandemic by examining activist media produced by Native HIV/AIDS organizers. Native organizers theorized that power relations shape pandemic when they argued that Native people’s experiences of AIDS are conditioned by the legacies of colonization that structure governance and health care and influence culture. Such theory framed their media, which offered health information and commentary on the effects of AIDS by inviting Native people to mark and challenge how colonial legacies informed their health, and to cultivate a decolonial sensibility in their identities and everyday lives. A distinctive quality in Native AIDS organizing was a recognition that colonial sexual culture’s homophobic constriction of sexual diversity significantly conditioned Native people’s vulnerability to HIV/AIDS. Native lesbian, gay, bisexual, and transgender activists helped initiate and sustain Native AIDS organizing. Their cultivation of two-spirit identity renewed knowledge of historical indigenous sexuality and gender diversity and fostered its embrace by Native people as an anticolonial and indigenist counter to homophobia amid the AIDS epidemic.

I examine how activist media by Native AIDS organizers promoted anticolonial analyses of AIDS, gender, and sexuality as a contribution to scholarship on Native responses to AIDS.⁴ Historical accounts of Native AIDS organizing increasingly are being joined specifically by histories of activist media, as in the recent exhibit *AIDS to Native Eyes* (2006), which offers “a twenty-five year retrospective exhibit of Native American poster art in response to AIDS.”⁵ My discussion centers on the organizers who created media as authorities on and in their media. In contrast to recent accounts that popularize theory of the power relations that condition AIDS, I affirm claims by community-based organizers and scholars that AIDS activists already created this theory in their historical work, and that their media present a record of this theory being used to intervene in the everyday struggles faced by Native communities. My argument reflects my location as a non-Native critic of appropriations of Native culture in non-Native sexual minority and AIDS organizing and as a scholar of methods used by AIDS organizers worldwide to challenge the inequalities that shape the pandemic.⁶ For this article I examine media housed in public archives and organizational records, in which activists theorized the colonial conditions of AIDS and invited Native audiences to take up decolonial and indigenist responses. I highlight media that foregrounded women; intravenous (IV) drug users; lesbian, gay, bisexual, transgender, and two-spirit people; and all people living with HIV/AIDS for their invitations to solidarity across the differences that AIDS marked. Although I mean my comments to be useful in interpreting varied histories of organizing, my sources emphasize

media created in urban Native AIDS projects in the United States, and I address in particular those that engage Native LGBT and two-spirit people. One effect of this array of sources is a prominence of media produced by the National Native American AIDS Prevention Center (NNAAPC) due to its twenty-year history creating diverse and widely circulating print and visual media for Native communities on these themes. My focus on the content of media means that I do not offer detailed histories of NNAAPC or any Native AIDS organizations, which already appear in existing scholarship.⁷ Rather I highlight the interpretative frames suggested by media content, in hope that this will be useful to further study of both their arguments and their historical production and effects. I first consider how Native AIDS activists addressed the colonial legacies that shaped health by promoting Native control over health and health care, and in particular through imaginative representations that modeled decolonial and indigenist approaches to health. I then consider how Native LGBT and two-spirit activists in AIDS organizing critiqued the conditioning of AIDS by colonial homophobia and centered sexual diversity in Native health activism. Although fuller histories of Native AIDS organizing may examine the contexts of reception that activist media received, my goal here is to mark not media's effects as much as their design, as evidence that Native AIDS organizers generated theories and methods that challenged the colonial conditions of AIDS and produced an archive of knowledge to which scholars and activists can respond.

CHALLENGING COLONIAL GOVERNANCE, FOSTERING INDIGENIST IDENTITIES

In *Killing Us Quietly: Native Americans and HIV/AIDS* (2001) Irene Vernon introduces the AIDS crisis in the context of colonial history. "The devastating impact of introduced diseases on Native Americans" that accompanied colonization made health in Native communities a target, even as the constriction and impoverishment of communities after occupation caused diseases to become "even more lethal when combined with grossly inadequate or total lack of health care."⁸ In the United States, the National Alliance of State and Territorial AIDS Directors introduced Native people's experiences of AIDS by explaining how health and health care were defined by colonial processes of "Removal, Reservations, Allotment and Assimilation, and Elimination," which contained or dispersed rural Native communities, and facilitated assimilation into rural and urban settler society with the introduction of boarding schools, adoption, incarceration, and relocation. The authority retained by the federal government to control Native identity and community—such as the terms of tribal recognition or termination—then controlled access to services set by treaty or trust obligations.⁹ Federal obligations did initiate sporadic health services until the establishment of the Indian Health Service (IHS), which Native activists recognize as having been undermined by systematically inadequate funding in relation to need, even as use has been restricted by its primary establishment in rural or reservation locations and by requirements of federally recognized enrollment.¹⁰ Yet if the material conditions of

conquest structured health care disparities, Native scholars and AIDS organizers agree that they also conditioned subjectivity and everyday life for Native people. Engaging the work of Bonnie and Eduardo Duran, Karina Walters has examined how Native people have encountered AIDS through personal and collective effects of “historical trauma,” as legacies of war, displacement, disease, and modes of denigration and assimilation of indigenous identity inform such effects as violence, drug use, or loss of self-esteem that produce or predict poor health.¹¹ Shared knowledge and experience of trauma then informs how Native people negotiate health services, as when Walters and Bonnie Duran argue that “the use of disease as a strategy of colonization, a history of unethical research practice, and ongoing substandard medical treatment has left many [American Indian and Alaska Native] individuals and communities distrustful.”¹² Native AIDS organizers have established interventions in concert with such analysis. NNAAPC cites the work of Walters and the Durans to argue that “many health problems among Native people can be directly attributed to their colonized status and to associated forms of environmental, institutional, and interpersonal discrimination” not only in that “racism makes it difficult for many Native people to access assistance from legal and social service agencies,” but also that “oppression in conjunction with the chronic stresses linked with discrimination may lead to more physical and mental health problems among minority groups.”¹³

Native people responded to AIDS by creating new knowledge and services in urban and rural contexts and on reservations and reserves that answered health disparities by enhancing Native control over health. Organizers engaged the colonial context of health care by adapting the material resources of treaty and trust obligations and external federal funds to develop Native-centered health care. Native health workers on or near reservations and reserves and in rural areas worked with tribal governments, federal agencies, and regional Native health organizations, while urban workers addressed limited urban services by forming Native health organizations, at times linked to centers of urban Native community organizing. In the process, some urban Native organizations sought to access federal funds and shape countrywide agendas by lobbying federal agencies and distributing resources to rural areas.¹⁴ But across their varied constituencies, Native AIDS organizers recognized early that the colonial conditions of AIDS presented a crisis not only of material resources but also of knowledge. AIDS stigmas and contested medical narratives intersected Native people’s marginality in research to make their experiences of AIDS nearly invisible until Native scholars and activists investigated them. Cognizant of the colonial uses of research, Native organizers and researchers tried to link services to the creation of new knowledge under Native control that would address Native understandings of health, health care, and AIDS. Current Native research on Native people’s experiences of AIDS is exemplified by The Honor Project, a multiyear National Institutes of Health (NIH)-funded study coordinated at the University of Washington by Karina Walters, which promises an extensive and varied portrait of Native people’s experiences of trauma and health.¹⁵ Long-standing efforts to assert and control Native knowledge are reflected in the Canadian Aboriginal AIDS

Network's *Aboriginal Strategy on HIV/AIDS in Canada*, which in 2003 proposed a Canada-wide coordination of indigenous AIDS programs that would share models and resources, develop service capacity, and argue to agencies and governments for resources under the "OCAP philosophy," or indigenous "ownership, control, access, and possession" of research on indigenous peoples and AIDS.¹⁶ Such work articulates key claims in Maori scholar Linda Tuhiwai Smith's text *Decolonizing Methodologies* (1999), which evaluates the colonial qualities that imbue normative knowledge production and proposes modes of research that align with indigenous people's worldviews and anti-colonial intentions.¹⁷

Effort to define knowledge of AIDS on Native terms inspired many forms of Native AIDS organizing. At times, such work led to the establishment of health services that supported longitudinal studies. For instance, after its 1987 founding NNAAPC became the first recipient of US CARE Act funds in support of long-term HIV/AIDS research and service provision by and for Native Americans, and founded The Ahalaya Project, an HIV/AIDS prevention and treatment program in Oklahoma.¹⁸ By "[consolidating] access to medical, mental health, spiritual, social, emergency, and educational services," Ahalaya presented a profile "built on cultural, spiritual, and traditional healing dimensions" that fostered indigenist identity and traditional healing.¹⁹ The data NNAAPC collected to document standard and culture-based interventions was affirmed in 2003 by the proceedings and recommendations of Gathering Our Wisdom, a second research and policy summit of Native researchers and activists sponsored in Oklahoma by the CARE grant.²⁰ Participants argued against HIV education based on disease prevention rather than wellness and suggested that "culturally appropriate care and treatment" for Native people should develop tools for "maintaining mental/emotional/physical/spiritual balance."²¹ The Ahalaya case indicates that Native AIDS organizers crossed urban and rural locations to create services and collect data that reconfigured meaningful knowledge, so that physical and mental health data joined concerns for culture, spirituality, and community support. Regional Native AIDS projects also elaborated culture-based services from an early date. The Indigenous People's Task Force (formerly Minnesota American Indian AIDS Task Force) arose in 1987 to coordinate HIV/AIDS education and health care for Native people in Minnesota. Under the leadership of Sharon Day the organization enabled clients living with or affected by HIV/AIDS to gain access to traditional healing. Creative modes of HIV/AIDS education also were cultivated, such as the peer-education troupe The Ogitchidag Gikinooamaagad Players that produced performances based in storytelling to transmit HIV/AIDS information to Native audiences.²² In all such work, Native AIDS organizers adapted available resources, including federal institutions and funds, to create health education and health care that offered real alternatives to non-Native medical management. Their work grounded health care in honoring the integrity of Native culture and identity by studying history, reclaiming roots, growing Native networks, and cultivating traditional healing and pan-indigenous spirituality. I interpret such work as decolonial, in that without the option to separate from the ubiquity of colonial society, organizers critically adapted locations within it

to assist Native people in defining their lives against its terms. A major way they achieved this was by fostering indigenist identities, which recalled and renewed indigenous histories in response to the conditions of contemporary life.

Early Native AIDS organizers used media to promote decolonial and indigenist identity as a mode of wellness and healing for Native people. I now compare a small set of high-profile media by the urban organizations NNAAPC and the Indigenous People's Task Force, which together mark how imaginative representations countered AIDS stigmas by inviting Native people affected by AIDS to see themselves as central to the strength and survival of Native communities. In 1988 NNAAPC created one of its first major prevention education projects (funded and coordinated with the Human Health Organization), *We Owe It to Ourselves and Our Children*, which consisted of a large-format booklet printed on natural-fiber paper and joined with a video presentation and storytelling packets.²³ Made for small group presentations, these texts invited audiences to form a spiritual link to Native cultural traditions, in a form the writers described as "designed to be subtle and beautiful . . . to diffuse the embarrassment associated with STDs [sexually transmitted diseases]," even as "images and legends" invited "individuals to think not only of themselves, but to think of the family and of generations to follow."²⁴ The text opens by juxtaposing photographs of natural spaces and objects with a nineteenth-century photograph of a Pima mother holding an infant and offers religious narrative of motherhood as a theme of generational connection:

and each mother knows herself
a line unbroken
from the time grandmother spider
sang of life

The poem joins a story of Coyote's ordering of the world when "everyone was given a purpose for being." The booklet's midpoint then quickly shifts to address health, with two large pages that contain scattered text set against a thin interleaf. The left page names STDs next to such phrases as "my doctor says it could make it hard for me to get pregnant" and "I AM AFRAID," while the interleaf's left side quotes people questioning the use of condoms, because "it seems unnatural" or "I'm afraid the person will say no to sex if I insist on using them." The interleaf's obverse offers resolutions with the statements "once I got used to condoms there was no problem" and "I just said, *you don't mind using these, do you?* AND HE DIDN'T," while the right page states "I don't want my baby to be infected," "Now I know what the problem was," and "I WAS AFRAID." By closing with STD and testing information set against the opening images, the text narrates a journey to healthy knowledge and practice by moving fear of disease, sexuality, or power through grounding in Native ancestry and spirituality, and by centering motherhood as a metaphor of survival. In the accompanying video, codesigners Cathy Kodama and Terry Tafoya tell stories that ask Native audiences to take responsibility for linking personal health to Native communities and religion.²⁵ Tafoya elsewhere has addressed his work as a storyteller in sex education and HIV prevention

by arguing that such representations exemplify the “indirect approach of storytelling,” an interactive practice that “can allow clients and patients to be more open in exploring alternatives to high risk behaviors or ways of coping with chronic illness,” which for Native people is critical to “discussing topics of sexuality . . . in the sex-negative culture of general America” and in Native communities.²⁶ By inviting Native people facing AIDS to adopt indigenist identity as a basis for making healthy decisions, *We Owe It to Ourselves and Our Children* responds to knowledge among health researchers of barriers to a strong sense of generational connection to Native community or heritage.

The form and content of *We Owe It to Ourselves and Our Children* read productively next to an early video produced by the Minnesota American Indian AIDS Task Force, *Her Giveaway* (1988).²⁷ The video is presented as a first-person interview with Carole LeFavor, who speaks frankly about her history, including her identity as a lesbian, her IV drug use, and her survival as a person who lives with AIDS. LeFavor and the video frame her story as a challenge to the invisibility and stigma faced by Native lesbians and IV drug users during the AIDS crisis, even as her narrative reflexively addresses “the role of substance abuse in the epidemic, both in terms of IV drug use and the relationship between alcohol abuse and unsafe sexual practices.”²⁸ LeFavor’s direct narration of her historical struggles before and after her HIV diagnosis is interspersed with images and music that evoke ties to indigenist identity and spirituality that she realized amidst them. As she says, “Living the life of a spiritual person is the most important thing any of us can do, whether we’re experiencing severe illness or wonderful health.” LeFavor challenged stigmas by representing sexual diversity and IV drug use among Native people while foregrounding the experiences of a Native woman and lesbian. Task Force director Sharon Day (quoted by Andrea Rush) said that although *Her Giveaway* was designed to break through “denial”—“that we don’t practice homosexuality,” or that “American Indians do not use IV drugs”—Day remained committed to challenging even more denials that surrounded HIV/AIDS. She noted at the time of the video’s production that “many of the materials focusing on Native Americans do not discuss the groups most at risk: gay and bisexual men,” and she argued that “not being able to say those words or put them into print does a disservice to the community.”²⁹ *Her Giveaway*, framed as a gift freely given to Native audiences, let LeFavor represent Native women’s relation to HIV and to community or spirituality without centering on heterosexuality or motherhood and argued strong connections for lesbians and IV drug users to Native familial, spiritual, and political solidarity.

Across their distinctions, *Her Giveaway* and *We Owe It to Ourselves and Our Children* jointly show how early Native AIDS activist media evoked indigenist identity and a decolonial renewal of traditional spirituality as bases for healthy lives and for linking Native people across differences of sexuality, gender, drug use, and health status in order to challenge AIDS. A particularly nuanced example of these qualities being applied to healing while living with HIV/AIDS appears in a text designed by Tom Lidot, which was produced originally for the Indian Health Council in 1991 and reissued by NNAAPC in 2003 as *Creating a Vision for Living with HIV in the Circle of Life*.³⁰ Lidot describes the

revised text as “the only culture based curriculum designed for Native people who are HIV-positive.”³¹ He says the text

provides a framework of Native teachings that encourage the reader to embrace the lessons of living with HIV/AIDS and to create a vision of living in beauty, health, wellness and balance. It is also a workbook that provides an interactive structure, allowing the individual to pause and reflect on the material. The workbook sections prompt the reader to dig deeply into their personal experiences and to write down ideas and revelations that have occurred as a result of the text and visualizations.³²

Through the central image of the circle of life, the booklet graphically narrates pan-indigenous spirituality that links personal health, community, and the surrounding world in prose set against colorful photographic backgrounds of natural spaces and icons. In sections that remind readers to accept life experiences, release fear, reduce stress, and foster wellness, the text directs readers to the historical and collective teachings of “elders and ancestors” in order “to draw upon this strength as we face the challenges of living with HIV.”³³ A theme of connection to all life, and especially to Native communities, invites Native readers who face marginalization while they live with HIV/AIDS to form historical and spiritual bonds with other Native people in new and purposed relationships. The text argues, “You are part of the solution that helps our community successfully deal with the challenges HIV/AIDS brings” and then closes with a reminder that “Our Ancestors are standing beside you.”³⁴ Against fears or experiences of rejection in Native communities due to HIV status or other stigmas, the text exhorts readers to take up a promised and needed place as leaders of Native communities’ struggles with AIDS: not as outsiders intervening but as fulfillers of proper roles that are invited and affirmed by elders and ancestors. This text focalizes physical, mental, and spiritual self-care for Native people who live with HIV/AIDS in collective Native identity and action in response to the AIDS crisis.

Read together, these texts indicate how at the end of the epidemic’s first decade, organizers created high-profile media that addressed the colonial conditions of Native people’s experiences of AIDS by inviting decolonial and indigenist identity and solidarity. Their qualities reflected concurrent theories that the marginalization of Native people from conditions of good health followed the effects of a colonial culture that separated people from Native identity and community. But these media also model methods for putting theory into practice, by promoting identities that can overturn stigma and inspire solidarity across the differences AIDS reveals. In the process, contributions by Native people who are living with HIV/AIDS are marked as crucial not just to their own fulfillment but also to the healing and survival of Native communities. Enacting the decolonial and indigenist reflections that media invite would interrupt the colonial conditions that separate Native people from good health.

DECOLONIZING SEXUALITY AND GENDER,
REDEFINING COLLECTIVE ORGANIZING

Historical engagement by Native LGBT and two-spirit people in AIDS organizing inspired decolonial and indigenist identities and solidarity in Native responses to AIDS. Although historians recognize that LGBT people's efforts to defend their health played a central role in early AIDS movements, Native AIDS projects and their media were uniquely informed by the anticolonial work of Native LGBT and two-spirit people, who challenged colonial culture as a source of the homophobia that marginalized them in Native communities and enhanced their vulnerability to AIDS. Native LGBT and two-spirit activists often were crucial to the formation of Native AIDS projects and helped them support sexuality and gender diversity by recovering knowledge of their recognition and acceptance in Native societies. In the process, the decolonial qualities of Native AIDS organizing were enhanced by embracing Native LGBT and two-spirit people. Activist media became a key way that Native AIDS organizers promoted acceptance of sexuality and gender diversity while building solidarity among Native people to fight AIDS.

Addressing AIDS forced Native activists to counter homophobic stigma, which they and Native scholars have traced to various roots in colonial history. Traditional religious teachings, oral histories, and historical records indicate that many Native societies recognized sexual diversity and nonbinary gender systems, which were targeted by colonial control for suppression and elimination. Although not all Native societies recalled historical diversity, all bore the brunt of efforts to instill normative colonial sexual culture by direct assimilation through colonial law and boarding schools, or indirectly, when new religions promoted teachings that denigrated sexual diversity.³⁵ Nevertheless, many Native LGBT and two-spirit people have testified that a broader homophobic culture remained in tension with, and did not entirely eliminate forms of, respect for sexuality and gender diversity in many Native communities. Alex Wilson describes growing up in her rural Cree community with her family affirming her gender difference, a story echoed by Michael Red Earth about his time as a youth at the Sisseton-Wahpeton reservation where his step-grandmother permitted him to learn her beadwork and elders described him respectfully as *winkte*. Yet during adolescence both encountered homophobic messages from Native peers and the surrounding society, which led them to conform to heterosexual gender stereotypes before they left to join white sexual minority communities due to their sense at the time that LGBT people had no place in Native communities. Yet after learning from two-spirit organizers about historical Native sexuality and gender diversity they felt able to return to their rural and urban Native families and communities to seek renewed acceptance.³⁶ Their stories indicate that a key effect of Native LGBT and two-spirit organizing was to create spaces where participants could learn about Native sexuality and gender and use this knowledge to argue the integrity of their lives. Such effort also informed their work in AIDS organizing when the two modes of organizing inspired their mutual growth.

From its earliest years, Native AIDS organizing arose alongside mobilizations by Native LGBT people who had formed new networks in the 1970s in the wake of migration to cities that supported urban Indian and sexual minority activism. The 1975 founding of the San Francisco group Gay American Indians (GAI) overlapped similar community building in the Vancouver Native Cultural Society, followed by the 1981 founding of the Winnipeg group Nichiwakan. Such groups created cultural spaces that respected and supported Native LGBT people while they educated non-Natives and Natives about their distinction from non-Native sexual minorities due to their ties to Native cultural histories.³⁷ The rise of AIDS and its impact in sexual minority communities led Native LGBT people to provide crucial energy and infrastructure to new Native AIDS projects, especially in areas where none otherwise existed. At times, local Native AIDS organizing provided the primary social context that linked Native LGBT people in community. Participation by Native LGBT people tended to lead Native AIDS organizing to address sexuality and gender diversity in Native communities forthrightly. Connections among Native AIDS projects and Native LGBT organizing only increased after the 1990 proposition of two-spirit identity. Native LGBT activists critiqued the colonial logics of sexuality and gender that so often were used to describe them (from “homosexual” to “*berdache*”) and sought new language to name how their lives linked to historical Native cultures. Such qualities were encapsulated in two-spirit, as a contemporary indigenist sexual identity. Its circulation argued that Native LGBT people could be part of the renewal of Native tradition and spirituality in the Native communities where they sought belonging. By linking Native LGBT people affected by AIDS to spiritual tradition, two-spirit identity made Native AIDS activism a key site that linked sexual diversity to indigenist renewals of traditional culture and healing.

The responses of Native AIDS projects to a lack of health services for Native LGBT people directly critiqued homophobia as a colonial legacy and asserted Native LGBT people’s ties to traditions. On publication of its landmark anthology *Living the Spirit* (1988), GAI had become a major presence in San Francisco gay, lesbian, and Native politics with more than one thousand members nationwide. In a 1988 press release, the organization describes its priority as “centered around the AIDS epidemic and its effect on our community. Documentation within our own membership shows 13 known deaths, 8 PWAs and 13 PW/ARC cases.”³⁸ The organization then announces the formation of the Indian AIDS Project (IAP) as a local organization that means “to provide culturally sensitive education, materials and resources to the overall American Indian community, to provide social and emotional support to our PWAs, and to advocate for the prevention of AIDS.” Describing IAP as “a vision, born from tragedy” that specifically memorializes the loss of GAI member,s, the announcement closes by saying its work for “the Bay Area’s gay Indian community” now situates their work on AIDS in recognizing that “the role we play today honors our past but to secure our future, we advocate not only for gay but American Indian concerns as well.” GAI always directed its work toward Native social spaces, and this comment reminds us that its AIDS organizing will present the

concerns of Native LGBT people as tied to those of broader Native communities, which GAI will serve while claiming a place within them.

Native AIDS projects also linked to Native LGBT community organizing by mutually honoring the past as a basis for accepting Native LGBT people today. For instance, 1988 saw the formation of the New York City Native gay and lesbian group WeWah and BarCheeAmpe, which from its early days was linked by its cofounders to the work of the HIV/AIDS Project at the American Indian Community House (AICH). In its title, WeWah and BarCheeAmpe explicitly claimed a relation to historical Native sexuality and gender diversity in two historical figures: BarCheeAmpe was a noted early-nineteenth-century warrior among the Crow who married four women and became known as Woman Chief; We'wha lived as a Zuni *lhamana* in the late nineteenth century and famously represented the Zuni Nation to President Cleveland in Washington, D.C.³⁹ WeWah and BarCheeAmpe pursued their work in association with the AICH, which included promoting the work of its HIV/AIDS Project. Organizers described how this program sought to provide "peer counseling, support groups, skills building workshops, and sexually-transmitted disease education. These culturally appropriate services are also based in the traditions and spirituality of the 'urban' American Indian/Native American/Alaska Native."⁴⁰ In Minneapolis, the Minnesota American Indian AIDS Task Force formed when Native people concerned about AIDS, including Native gays and lesbians, coordinated to gain federal funds and expand programs across Minnesota. The organization also formed a close relationship with the Twin Cities group American Indian Gays and Lesbians (AIGL), which during its emergence in 1987 and 1988 helped staff task force education programs and referred Native LGBT people to task force services. This intimacy was evident when the task force sponsored events for Native people to cultivate the affirmation of sexual identities, as in the gathering of Native gays and lesbians documented by the video *Honored By the Moon* (1990).⁴¹ The video's imagery and first-person interviews linked Native LGBT people's identities to traditional culture and spirituality, and invited their acceptance in Native societies today. By backgrounding the centrality of AIDS education to its production, the video testifies to the interest of AIDS activists to counter rejection of LGBT people in Native societies and to argue their past and present belonging to culture and religion. Such arguments made AIDS a context for educating the task force's broader Native audiences in sexuality and gender diversity and for offering traditional and spiritual reasons to accept Native LGBT people. Where honoring tradition was understood to offer good health to Native LGBT people, doing so could constitute a form of traditional healing amid the AIDS epidemic.

Efforts during the 1980s to realize acceptance energized Native LGBT organizers to deepen their knowledge of Native history and to foster language that could communicate it. Discussion of such topics arose in particular at annual gatherings for Native gays and lesbians across the continent, which were initiated in 1988 by the AIGL and soon co-organized by Native people from across Canada and the United States. Participants' desires for new language inspired the third gathering in 1990 to push the question, so that "those who attended . . . focused on finding a new term for Native sexualities and gender

diversity” and proposed to describe their identities with the term *two-spirit*.⁴² As a loan translation of a term in “Northern Algonquin . . . *niizh manitoag* (two-spirits),” which gathering participants described as “the presence of both a masculine and a feminine spirit in one person,” the term *two-spirit* in English crossed national and sexual identities to mean “gay, lesbian, transvestite, transsexual, transgender, drag queens, and butches, as well as *winkte*, *nádleeh*, and other appropriate tribal terms.”⁴³ This expansive definition—tied neither to settler culture nor to any particular Native nation—made two-spirit identity a bridge along which Native LGBT people could link specific traditions to contemporary conversations about Native sexuality and gender diversity across national differences. The term’s proposal at the third annual gathering initiated its circulation in rural and reservation contexts where many participants lived. But it did not translate as quickly into their social environments, whether due to local silencing of sexual diversity or the presence of local categories that did not require this translation. Two-spirit identity more quickly reshaped urban Native LGBT networks, whose prior efforts to link multiple histories in border-crossing narratives found in the term a pan-indigenous language that also could be adapted to studying particular Native traditions.

The rapid inspiration of urban Native LGBT people by the term *two-spirit* informed the AIDS organizations they joined. The Toronto group Gays and Lesbians of the First Nations, founded in 1989, arose in response (in Darcy Albert’s words) to the fact that “a number of people from our community had already been infected or affected by HIV/AIDS, and there were some who had already died of AIDS related illnesses.” By 1994, at the time of Albert’s address of the Third Canadian Conference on HIV/AIDS and Related Issues in Aboriginal Communities, more than twenty percent of the group’s membership had died from AIDS.⁴⁴ This was the context in which members engaged new two-spirit identity, and in 1991 the group changed its name to 2-Spirit People of the 1st Nations, while it refocused its work around AIDS to become Canada’s largest urban Native AIDS service organization.⁴⁵ Two-spirit identity also galvanized early efforts by WeWah and BarCheeAmpe (only one year after its founding) to plan the first North American conference on HIV/AIDS and Native gays and lesbians, “Two-Spirits and HIV: A Conference for the Health of Gay and Lesbian Native Americans,” held at the AICH in 1991.⁴⁶ The conference gathered Native organizers from across the continent in conversation not only about HIV/AIDS but also about the meaning of two-spirit identity, only one year after its announcement. In such early work, AIDS organizing linked to two-spirit identity to pronounce a renewal of belonging for Native LGBT people to Native traditions.

Two-spirit identity quickly became important to the decolonial and indigenist identities fostered by Native AIDS organizers and their media. Many examples exist, from informational cards and posters such as those documented in AIDS to Native Eyes, to health workshop curricula created by AIDS service organizations. The Native American AIDS Project in San Francisco produced a widely circulated series of informational cards, designed by Marcia Ochoa and Sarah Patterson, that promote healthy living, HIV/AIDS information, and two-spirit identity in high-quality color photographic

montages.⁴⁷ One card, entitled “we are two-spirit people weaving our lives,” foregrounds a message of self-worth and wholeness that, by mentioning HIV/AIDS information only in closing, communicates respect for two-spirit identity as a method of prevention and healing. The decolonial and indigenist intentions articulated through two-spirit identity in AIDS media were also evident in an AICH HIV/AIDS Project flyer, *Facts for Lesbian, Gay, Bisexual, Transgender, and Two-Spirit Natives*.⁴⁸ Although in closing the flyer offers standard HIV prevention data—for example, by saying that “HIV does not discriminate”—this statement is contextualized first by naming how social location structures HIV risk and shapes methods of protection and healing. Under the subtitle “Respect Yourself, Respect Others,” the flyer states that “In some Native American cultures, Two-Spirit persons had a highly respected place in society . . . they were sacred people. Today, we return to these traditions in order to communicate respect for those who walk this path.” This suggests that even if the historical roles being named were not universal to Native cultures, their reimagining can support assertions today of personal and social respect. Importantly, the text then holds sexual identity open by highlighting that its flexibility hinges on making choices related to self-worth: “However you identify, the first priority is to always take care of yourself, especially your mental and physical health. Part of taking care of yourself is honoring who you are . . . whether you’re Two-Spirit, Lesbian, Gay, Bisexual, Straight or Transgender. How you feel about yourself will influence your decisions on whether or not you’re ready to have sex, come out, or stay in, and how you feel about drugs and alcohol.”⁴⁹ Although these choices of self-perception support the negotiation of HIV risk, they are followed by asking how self-worth will link to identity with Native collectivity and tradition: “Another part of taking care of yourself is choosing to be around people that will encourage you to grow. Some questions we can ask ourselves before we make a choice are: Who are we? What Nation and/or community are we a part of? What teachings help me keep myself and my health in balance? Whether you’re Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Straight, a mother, a father, a brother, a sister . . . be proud of who you are.” By linking sexual identity and terms of relationship to belonging within Native communities, prior to offering any HIV or sex information, the flyer makes an indigenist message ground its health advice for Native people confronting HIV/AIDS. The inclusion of this message in the work of AICH also indicates that its urban Indian politics, and possibly that of the Native constituencies that AICH represents, are the Native social spaces that seek to accept all Native people amid the epidemic.

The broadened knowledge of sexuality and gender that two-spirit identity presented to Native AIDS organizing did not eliminate homophobia, but it did assist work to mark and address it. Native LGBT and two-spirit people still could face rejection by tribal governments or Native organizations when their appeals for belonging called for attention to AIDS.⁵⁰ But their marginalization at times followed a subtle silencing that AIDS activists increasingly found cause to address. Ron Rowell, cofounder and former executive director of NNAAPC, responded in 1995 to a persistence of homophobia in Native AIDS projects by convening a National Leadership Development Workgroup,

which initially gathered Native gay and bisexual men to discuss their needs in relation to AIDS. Rowell's efforts were inspired at the time by a recognition that "the majority of the Native American community-based HIV-prevention programs have focused on the general population: women, youth in general, and elders . . . although Native American gay/bisexual/two-spirit men make up 67% of the people diagnosed with AIDS in our communities. . . . Native American two-spirit/gay/bisexual/lesbian activists [began] to ask where the resources in HIV prevention for Native Americans were going, if not to prevent its spread among those most at risk. This is a legitimate question, and it deserves a response."⁵¹ In the face of this evidence, Rowell considered NNAAPC to be accountable to revisiting how its strategies may have needed to address Native gay and bisexual men and two-spirit identity even more forthrightly. He noted that

NNAAPC's strategy has been to train community organizers and educators through a series of week long workshops . . . [with] information on Native American gay/bisexual men and women and focused discussions on cultural values and sexuality. . . . Participants would divide into small groups, choose a target population, develop a strategy, and share that strategy with the larger group as part of a "graduation" exercise. Over the [past] seven years . . . no more than three small groups chose to target gay men. When questioned, those who did not choose to target gay/bisexual men would commonly say, "We don't know of any people like that in our community," or "I would not be comfortable working with gay men because of my religious beliefs."⁵²

Rowell concluded that NNAAPC's efforts to foster services for Native gay and bisexual men had to confront two "problems in our own strategy." First, the organizational goal to help Native people form their own HIV prevention strategies "had not applied that lesson to subpopulations" and so had permitted continued marginalizing of Native gay and bisexual men in communities that displayed "much the same range of attitudes found in the United States as a whole . . . despite traditional teachings in many tribes that do not condemn homosexuality." Second, given that staff in "the existing health and social services infrastructure in Native America . . . only seldom include gay men," NNAAPC's efforts to support existing programs "already circumscribed who will be at the table."⁵³

After convening in 1995, the workgroup concluded that "the failure of Native American HIV-prevention programs in most of the country to address the needs of gay/bisexual/two-spirit men is a direct result of the absence of such men" and argued for a renewed AIDS organizing agenda based on the involvement of "Native American gay/bisexual/two-spirit men . . . at every level of HIV prevention in Native American communities" that would initiate a new array of programs led by and targeting Native gay and bisexual men.⁵⁴ The report further argued that such HIV prevention education should "avoid negative messages or 'just say no'" and instead present a tone of "health

maintenance,” which “[offers] a realistic range of choices for sexually active gay men” and “[considers] not only sexual orientation and the impact of social and religious bigotry upon gay men but the other aspects of Native American life that affect an individual’s world view, behavior, and health.”⁵⁵ The report argues that the messages transmitted must affirm a historical belonging of two-spirit men in Native traditions, “as we know from many of our traditional people,” because “recovering the traditional respect for the unique contributions of these members of our tribal families will play a critical role in developing healthy Native American communities.”⁵⁶

NNAAPC pursued projects in subsequent years to address its recommendations. The workgroup gave rise to the Pathmakers Project, which until the decade’s end continued to gather Native organizers and scholars while it broadened to form a two-spirit network that included Native women and, in 1998, addressed the erasure of Native lesbians from HIV/AIDS education for Native women or two-spirited men.⁵⁷ In the same period, NNAAPC received federal funds to support a new Gay Men of Color Two Spirit Project, which, under Larry Kairaiiak’s leadership and with support by Richard LaFortune and Nick Metcalf, created a new curriculum for Native AIDS educators, *Addressing Two-Spirits in the American Indian, Alaskan Native, and Native Hawaiian Communities*, in 2002.⁵⁸ The workshop guide for Native health workers offers basic information on two-spirit histories; identity formation and marginalization among Native gay, bisexual, and two-spirit men; need for their leadership in health outreach; and effective modes of HIV prevention. The curriculum uses the term *two-spirit* to describe Native women and men across varied identities and histories, and the text then qualifies its address of two-spirited men as a function of targeting HIV prevention for men who have sex with men (MSM). The curriculum thus acknowledges a problematic effect of centering the term *two-spirit* in HIV/AIDS work, which has permitted the term to remove the very visibility it otherwise bears for Native women, after years in which they were erased by *berdache* and other colonial terms for Native sexual culture. Although Native lesbians entered AIDS projects that focused on two-spirit identity in order to address the needs of Native MSM and Native women, the gendered implications of the term remained in tension and invited ongoing reflection. In these ways two-spirit as an identity practice also presented a discursive space, to use Juana Rodriguez’s terms, through which Native LGBT people in AIDS organizing could jointly intervene in Native cultures and politics and claim a decolonial and indigenist belonging within them.⁵⁹

One legacy of efforts in NNAAPC to address two-spirit people appears in a remarkable public relations campaign, designed for NNAAPC in 2006 by China Ching, which promotes the centering of Native LGBT and two-spirit people within Native community responses to AIDS. Together We Are Stronger, the campaign of three posters and public service announcements, reflects the organization’s chosen purview and mandate to address American Indians, Alaska Natives, and Native Hawaiians.⁶⁰ Designed for Native health services and Native institutions invested in sexual diversity, the campaign displayed how health activism, sexual politics, and decolonization converged

in Native AIDS organizing by arguing that the acceptance of sexual diversity will let Native LGBT and two-spirit people assist the collective empowerment of Native communities. Each poster's immediate message exhorts acceptance of sexuality and gender diversity in Native communities. Although the Alaska Native and American Indian posters use the word *gay* and portray female and male subjects, respectively, the Hawaiian poster replaces *gay* with *mahu*, invoking the traditional transgendered role, and portrays two *mahu* helping each other dress in feminine attire. The use of *gay* mirrors that of GAI, which reflected common usage in the 1970s to describe LGBT people and qualities linked to them, all of which translated later into the multiple-gendered meaning of two-spirit.⁶¹ In each poster, a photographic portrait is juxtaposed with the words: "We are brothers & sisters. We are sons & daughters. We are friends. We are co-workers. We are Native. *And we are gay. We are many things.* Our community is stronger *together.*" By emphasizing the many relationships Native LGBT and two-spirit people bear with other Native people, the poster text counters judgments or the neglect of sexual diversity by making it part of Native community. Yet foregrounding the message "*We are many things*" also highlights the multiple identities that they claim beyond a singularly sexual or gendered status.

Yet within exhortations of acceptance, the posters assert a deeper claim that links their address of the present to its futures: "Our community is stronger *together.*" This claim, implicit in earlier AIDS organizing, invokes the broader struggles Native people must join to fight, which the poster argues will be stronger if Native LGBT and two-spirit people are included. Certainly for Native AIDS organizing, the struggle that requires strength is the fight against the power relations conditioning health that exacerbate the spread and effects of HIV/AIDS. Activists long argued that this struggle required prioritizing LGBT and two-spirit people. Yet in light of long-standing work by Native AIDS projects to build decolonial and indigenist approaches to prevention and healing, the strength to be gained may be an enhanced decolonization of Native culture and politics, which will arise by questioning colonial homophobia and renewing the traditional culture or spirituality that two-spirit people recall today. Together We Are Stronger thus acknowledges historical challenges faced by Native health workers in its answer: focusing on Native LGBT and two-spirit people may enhance Native communities' capacity to challenge the colonial conditions that shape Native people's health.

CONCLUSION

Activist media present an archive of the creation of theory from practice in Native AIDS organizing. Recognizing that colonial legacies conditioned Native people's experiences of HIV/AIDS, organizers produced media to transmit knowledge that would challenge the social conditions that shape Native people's lives and health. Native AIDS organizers creatively engaged their locations in colonial society by adapting its institutional and material resources to their work. Organizers established care for Native people that otherwise would not have existed, while building capacity for Native people

to manage their own health care and designing research and knowledge to support Native control over the terms and conditions of health. From this basis, organizers produced media to invite Native people who confront AIDS to take up decolonial and indigenist relations to health, identity, heritage, and community. Pressure to address the life-and-death situations that faced Native people led organizers to create varied textual, visual, and performance media that would communicate dynamically in Native people's everyday lives. Yet in being produced for this purpose, media became key sites where AIDS organizers developed theoretical knowledge that the material and cultural legacies of colonization were primary conditions of Native people's vulnerability to AIDS. Recognizing that colonial culture and AIDS fostered stigmas that negatively affected individuals while dividing communities, organizers directed media to link personal choices about prevention or care to fostering relationships with Native people across differences of gender, sexuality, drug use, or HIV status. In particular, attention in AIDS organizing to Native LGBT people crucially developed decolonial and indigenist interventions, especially after two-spirit identity invited Native people to investigate histories of Native sexuality and gender diversity and of colonial efforts to silence or appropriate them. Thus, a major effect of activist media addressing the colonial conditions of AIDS was to frame renewed Native solidarity across differences as directly enabling the protection and survival of Native communities. Challenges presented by social disparities or discrimination remain, and AIDS organizers join other Native activists and scholars in continuing to address them. I offer this history to support recalling the theories and practices produced from struggle by AIDS organizers as a source of inspiration for Native activism and for scholarship in Native studies. Activist media offer evidence that AIDS organizing significantly informed the historical production of decolonizing and indigenist theories of Native identity and community. Theories invested in Native AIDS activist media were designed to inspire social change among Native people by challenging colonial legacies and positively transforming identities, relationships, and communities.

Acknowledgments

My thanks go first and foremost to all the Native AIDS organizers whose representations I discuss, both for the models their work presents to activism and scholarship and for the messages of hope they consistently transmitted. All interpretations of media and scholarship in this text are mine unless otherwise cited and are not meant to represent the opinions or positions of any named individuals or organizations. For crucial conversations about AIDS organizing I wish to thank in particular Randy Burns, Ken Harper, Sharon Day, Nick Metcalf, Anguksuar (Richard LaFortune), and Art Zoccole. Archival research was conducted at the Human Sexuality Collection, Cornell University Library; the Canadian Lesbian and Gay Archives; the GLBT Historical Society of Northern California; and the Tretter Collection in GLBT Studies, University of Minnesota/Twin Cities. I thank Brenda Marston, Alan Miller, and Jean Tretter for their assistance in archival research; Randy Burns

and Anguksuar for their contributions to public collections at the GLBT Historical Society and Tretter Collection; and Ken Harper and NNAAPC for their references to NNAAPC publications. I give particular thanks to Allan Zwickler and the Phil Zwickler Charitable and Memorial Foundation Trust for generous support of archival research. This work was funded by the Phil Zwickler Memorial Research Grant and by Macalester College.

NOTES

1. Cindy Patton, *Globalizing AIDS* (Minneapolis: University of Minnesota Press, 2002), 33–35.

2. Paul Farmer, *Infections and Inequalities: The Modern Plagues* (Berkeley: University of California Press, 1999), 5.

3. For studies that address activist media in AIDS organizing, see Cathy Cohen, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics* (Chicago: University of Chicago Press, 1999); Juana Maria Rodriguez, *Queer Latinidad: Identity Practices, Discursive Spaces* (New York: New York University Press, 2003); David Román, *Acts of Intervention: Performance, Gay Culture, and AIDS* (Bloomington: Indiana University Press, 1998); Nancy Stoller, *Lessons from the Damned: Queers, Whores and Junkies Respond to AIDS* (New York: Routledge, 1997).

4. See, e.g., Bonnie Duran and Karina Walters, “HIV/AIDS Prevention in ‘Indian Country’: Current Practice, Indigenist Etiology Models, and Postcolonial Approaches to Change,” *AIDS Education and Prevention* 16, no. 3 (2004), 187–201; Brian Joseph Gilley, *Becoming Two-Spirit: Gay Identity and Social Acceptance in Indian Country* (Lincoln: University of Nebraska Press, 2006); Irene Vernon, “AIDS: The New Smallpox among Native Americans,” *Wicazo Sa Review* 14, no. 1 (1999), 235–49; Irene Vernon, *Killing Us Quietly: Native Americans and HIV/AIDS* (Lincoln: University of Nebraska Press, 2001).

5. Ken Harper, curator, AIDS to Native Eyes (San Francisco: Bay Area American Indian Two Spirits, 2006), <http://www.nativeeyes.org/exhibit.html> (accessed 1 January 2008).

6. My critique of appropriations of Native sexual cultures in US sexual minority politics appears in my forthcoming book *Welcome Home: Settler Sexuality and the Politics of Indigeneity* (Minneapolis: University of Minnesota Press). My ongoing research examines how activists worldwide are creating anticolonial and transnational AIDS movements by producing activist media in South Africa, Indonesia, Canada, and the United States.

7. See Duran and Walters, “HIV/AIDS Prevention in ‘Indian Country’”; Gilley, *Becoming Two-Spirit*; and Vernon, *Killing Us Quietly*, 34–36. Vernon provides an excellent introduction to the history of NNAAPC. Disparities in resources and specific activist strategies created distinct media in Native AIDS organizing rurally or on reservations and reserves. The concentration of my sources on urban organizing means I do not address these differences, although they are a crucial area of ongoing research. See, e.g., Ron Rowell, “Developing AIDS Services for Native Americans: Rural and Urban Contrasts,” in *Two-Spirit People: American Indian Lesbian Women and Gay Men*, ed. Lester Brown (New York: Harrington Park Press, 1997), 85–96. The urban context is analytically important to my particular argument about contributions to AIDS activism by urban Native LGBT and two-spirit community organizing, which sought to foster

panindigenous conversations on sexual culture and health care across urban, rural, and reservation/reserve borders without erasing their distinctions.

8. Vernon, *Killing Us Quietly*, 1–2.

9. National Alliance of State and Territorial AIDS Directors, “Native Americans and HIV/AIDS: Key Issues and Recommendations for Health Departments” (Washington, DC: National Alliance of State and Territorial AIDS Directors, 2004), 4.

10. US Commission on Civil Rights, “A Quiet Crisis: Federal Funding and Unmet Needs in Indian Country” (Washington, DC: US Commission on Civil Rights, 2003); Vernon, *Killing Us Quietly*, 2, 8.

11. Duran and Walters, “HIV/AIDS Prevention in ‘Indian Country,’” 194; Karina Walters, Jane Simoni, and Teresa Evans-Campbell, “Substance Use among American Indians and Alaska Natives: Incorporating Culture in an ‘Indigenist’ Stress-Coping Paradigm,” *Public Health Reports* 117, no. 1 (2002), S104–S117. See also Bonnie Duran and Eduardo Duran, *Native American Postcolonial Psychology* (Albany: State University of New York Press, 1995); Karina Walters and Jane Simoni, “Reconceptualizing Native Women’s Health: An Indigenist Stress-Coping Model,” *American Journal of Public Health* 92, no. 4 (2002), 520–24.

12. Duran and Walters, “HIV/AIDS Prevention in ‘Indian Country,’” 194.

13. Each point is footnoted and includes a quotation from Walters and Simoni. “HIV/STD Prevention Guidelines for Native American Communities: American Indians, Alaska Natives, and Native Hawaiians” (Oakland: National Native American AIDS Prevention Center and the Rural Center for AIDS/STD Prevention, 2004), 7–9; Walters and Simoni, “Reconceptualizing Native Women’s Health,” 522.

14. This history is discussed at length in Vernon, *Killing Us Quietly*, particularly chapters 1 and 4. See also chapter 3 in Gilley, *Becoming Two-Spirit*.

15. Indigenous Wellness Research Institute, “The Honor Project” (Seattle: University of Washington School of Social Work, 2008), honorproj.com/index.html (accessed 1 January 2008).

16. Canadian Aboriginal AIDS Network, “An Aboriginal Strategy on HIV/AIDS in Canada: Summary of the Nine Key Strategic Areas Identified by ASHAC” (Ottawa, Ontario: Canadian Aboriginal AIDS Network, n.d.); Canadian Aboriginal AIDS Network, “Strengthening Ties—Strengthening Communities: An Aboriginal Strategy on HIV/AIDS in Canada for First Nations, Inuit, and Métis People” (Ottawa, Ontario: Canadian Aboriginal AIDS Network, 2003).

17. Linda Tuhiwai Smith, *Decolonizing Methodologies: Research and Indigenous Peoples* (New York: Zed Books, 1999).

18. David Barney, Betty Duran, and Caitlin Rosenthal, “HIV/AIDS Care Programs for American Indians and Alaska Natives,” in *Healing and Mental Health for Native Americans*, ed. E. Nebelkopf and M. Phillips (Walnut Creek, CA: Altamira Press, 2004), 149–58; Paul Bouey and Betty Duran, “The *Ahalaya* Case-Management Program for HIV-Infected American Indians, Alaska Natives, and Native Hawaiians: Quantitative and Qualitative Evaluation of Impacts,” *American Indian and Alaska Native Mental Health Research: The Journal of the National Center* 9, no. 2 (2000), 36–52.

19. Bouey and Duran, “The *Ahalaya* Case-Management Program for HIV-Infected American Indians, Alaska Natives, and Native Hawaiians,” 38.

20. Gathering Our Wisdom II also acknowledged the ongoing problematics of the CARE Act, in that it is authorized for disbursement to states. Given that the IHS and

sovereign tribal health care projects cannot be direct recipients, Native care providers must compete through the Special Projects of National Significance (SPNS) program for a smaller and nonguaranteed source of funds. National Native American AIDS Prevention Center, "Gathering Our Wisdom II: Proceedings and Recommendations" (San Francisco: National Native American AIDS Prevention Center, 2003); Vernon, *Killing Us Quietly*, 83–84.

21. National Native American AIDS Prevention Center, "Gathering Our Wisdom II," 13, 15.

22. Minnesota American Indian AIDS Task Force, "The Ogitchidag Gikinoamaagad Players: Youth Peer Education 'Warrior Teachers'" (Minneapolis: Minnesota American Indian AIDS Task Force, n.d.); Andrea Green Rush, "Models of Prevention: Minnesota American Indian AIDS Task Force," *Seasons: Newsletter of the National Native American AIDS Prevention Center* (1989), 4–5.

23. Designed by Ron Rowell, NNAAPC Executive Director, Terry Tafoya (writer and teacher), Cathy Kodama (health educator), James Lambertus (graphic design), Dominic Cappello (media), and Kathleen Toomey (Centers for Disease Control). Human Health Organization, "We Owe It to Ourselves and to Our Children: A Guide for Presenters" (Berkeley, CA: Human Health Organization, 1988), 1–6.

24. Human Health Organization, "We Owe It to Ourselves and to Our Children," 4.

25. *Ibid.*, 5.

26. Terry Tafoya, "Unmasking Dashkayah: Storytelling and HIV Prevention," *American Indian and Alaska Native Mental Health Research: The Journal of the National Center* 9, no. 2 (2000), 61.

27. Mona Smith, "Her Giveaway: A Spiritual Journey with AIDS" (New York: Women Make Movies, 1988).

28. Andrea Green Rush, "Her Giveaway: A Spiritual Journey with AIDS," *Seasons: Newsletter of the National Native American AIDS Prevention Center* (1989), 5.

29. Rush, "Models of Prevention," 4–5.

30. National Native American AIDS Prevention Center, "Creating a Vision for Living with HIV in the Circle of Life" (Oakland, CA: National Native American AIDS Prevention Center, 2003). Indian Health Council, "Inspirations for Living with HIV in the Circle of Life," 2nd ed. (Pauma Valley, CA: Indian Health Council, 1991; NNAAPC, "Creating a Vision for Living with HIV in the Circle of Life" [Oakland, CA: NNAAPC, 1994]).

31. National Native American AIDS Prevention Center, "Creating a Vision for Living with HIV in the Circle of Life: Self-Care Manual for Native People Living with HIV/AIDS," *Seasons: Newsletter of the National Native American AIDS Prevention Center* (Fall 2003).

32. *Ibid.*, i.

33. *Ibid.*, 24.

34. *Ibid.*, 23, 47.

35. Albert Hurtado, *Intimate Frontiers: Sex, Gender, and Culture in Old California* (Albuquerque: University of New Mexico Press, 1999); Midnight Sun, "Sex/Gender Systems in Native North America," in *Living the Spirit: A Gay American Indian Anthology*, ed. Will Roscoe (New York: St. Martin's Press, 1988), 32–47; Wesley Thomas, "Navajo Cultural Constructions of Gender and Sexuality," in *Two-Spirit People: Native American Gender Identity, Sexuality, and Spirituality*, ed. Sue-Ellen Jacobs, Wesley Thomas, and

Sabine Lang (Chicago: University of Illinois Press, 1997), 156–73; Wesley Thomas and Sue-Ellen Jacobs, “. . . And We Are Still Here’: From *Berdache* to Two-Spirit People,” *American Indian Culture and Research Journal* 23, no. 2 (1999), 91–107.

36. Michael Red Earth, “Traditional Influences on a Contemporary Gay-Identified Sisseton Dakota,” in Jacobs, Thomas, and Lang, *Two-Spirit People*, 211–15; Alex Wilson, “How We Find Ourselves: Identity Development and Two-Spirit People,” *Harvard Educational Review* 66, no. 2 (1996), 310–12. See also Anguksuar (Richard LaFortune), “A Postcolonial Colonial Perspective on Western [Mis]Conceptions of the Cosmos and the Restoration of Indigenous Taxonomies,” in Jacobs, Thomas, and Lang, *Two-Spirit People*, 217–22; Gilley, *Becoming Two-Spirit*; Beverly Little Thunder, “I Am a Lakota Womyn,” in Jacobs, Thomas, and Lang, *Two-Spirit People*, 203–9; Doyle Robertson, “I Ask You to Listen to Who I Am,” in Jacobs, Thomas, and Lang, *Two-Spirit People*, 228–35.

37. See, e.g., Roscoe, *Living the Spirit*; Thomas and Jacobs, “. . . And We Are Still Here.”

38. PWA stands for “person living with AIDS”; PW/ARC stands for “person living with AIDS-related conditions.” Gay American Indians, “History of Gay American Indians” (San Francisco: Gay American Indians, 1988), 1.

39. *Lhamana* is the historical role in Zuni society in which male-bodied persons could come of age in a distinct gender role, neither man nor woman, that was assigned particular social, economic, and religious functions. On *lhamana* and We’wha, see Will Roscoe, *The Zuni Man-Woman* (Albuquerque: University of New Mexico Press, 1991). On BarCheeAmpe, see Will Roscoe, “Strange Country This: Images of Berdache and Warrior Women,” in Roscoe, *Living the Spirit*, 67–69.

40. WeWah and BarCheeAmpe, “Strength of Our Cultures: Wewah and Barcheeampe Supports the A.I.C.H. HIV/AIDS Project of the American Indian Community House of New York City,” *Buffalo Hide* (Spring 1992), 2.

41. Mona Smith, “Honored by the Moon” (New York: Women Make Movies, 1990).

42. Thomas and Jacobs, “. . . And We Are Still Here,” 92.

43. Anguksuar, “A Postcolonial Colonial Perspective on Western [Mis] Conceptions of the Cosmos and the Restoration of Indigenous Taxonomies,” 221; Thomas and Jacobs, “. . . And We Are Still Here,” 92.

44. Darcy Albert, “Welcoming Remarks: Third Canadian Conference on HIV/AIDS and Related Issues in Aboriginal Communities” (Toronto, Ontario: 1994), 3.

45. Gilbert Deschamps, “We Are Part of a Tradition: A Guide on Two-Spirited People for First Nations Communities” (Toronto: 2-Spirited People of the 1st Nations, 1998).

46. WeWah and BarCheeAmpe, “Solidarity Statement—Two Spirits and HIV: A Conference for Health of Gay and Lesbian Native Americans” (New York: WeWah and BarCheeAmpe, 1991).

47. Native American AIDS Project, “Medicine to Protect You” (San Francisco: Native American AIDS Project, n.d.); Native American AIDS Project, “We Are Two-Spirit People Weaving Our Lives” (San Francisco: Native American AIDS Project, n.d.).

48. American Indian Community House, “Important Facts for Lesbian, Gay, Bisexual, Transgender, and Two-Spirit Natives” (New York: American Indian Community House, n.d.).

49. This language acknowledges at once how homophobia can foster straight identity despite sexual practices that surpass its strictest definition, and that historical

experiences invoked by two-spirit were never limited to the qualities that describe LGBT people today. The use of *two-spirit* to describe a link between historical roles and Native LGBT identities was known by Native activists to be one of overlap rather than full consonance. Thomas and Jacobs, “. . . And We Are Still Here,” 92–93.

50. Randy Burns, preface to Roscoe, *Living the Spirit*, 1–7; Gilley, *Becoming Two-Spirit*; Beatrice Medicine, “Changing Native American Roles in an Urban Context and Changing Native American Sex Roles in an Urban Context,” in Jacobs, Thomas, and Lang, *Two-Spirit People*, 145–55; Rowell, “Developing AIDS Services for Native Americans: Rural and Urban Contrasts,” in Brown, *Two-Spirit People*; Vernon, *Killing Us Quietly*, 22–33.

51. National Native American AIDS Prevention Center, “Leadership Development for Native American Gay/Bisexual/Two-Spirit Native American Men,” *In the Wind: American Indian/Alaska Native/Native Hawaiian Community AIDS Network Newsletter* (July/August 1995), 1; Ron Rowell, “HIV Prevention for Gay/Bisexual/Two-Spirit Native American Men: A Report of the National Leadership Development Workgroup for Gay/Bisexual/Two-Spirit Native American Men” (Oakland, CA: National Native American AIDS Prevention Center, 1996), 4–5.

52. Rowell, “HIV Prevention for Gay/Bisexual/Two-Spirit Native American Men,” 4–5.

53. *Ibid.*, 5.

54. *Ibid.*, 37, 39–40.

55. *Ibid.*, 37–38.

56. National Native American AIDS Prevention Center, “Leadership Development for Native American Gay/Bisexual/Two-Spirit Native American Men,” 2.

57. Pathmakers, “Pathmakers Organizational Meeting: Meeting Minutes, March 28, 1998” (San Francisco: Pathmakers, 1998), 2.

58. Larry Kairaiuak, “Addressing Two-Spirits in the American Indian, Alaskan Native and Native Hawaiian Communities” (Oakland, CA: National Native American AIDS Prevention Center, 2002).

59. Rodriguez, *Queer Latinidad*, 5–6.

60. National Native American AIDS Prevention Center, “Together We Are Stronger” (Oakland, CA: National Native American AIDS Prevention Center, 2006).

61. Burns, preface to Roscoe, *Living the Spirit*, 4–5; Erna Pahe, “Speaking Up,” in Roscoe, *Living the Spirit*, 110–11. Native writers on two-spirit identity early marked the term’s poor translation into many Native languages and its association with urban and pan-Indian networks, in particular, more than the local or traditional terms that may inform Native communities. Thomas and Jacobs, “. . . And We Are Still Here,” 92.