A Historical Overview of Two Spirited People: A Context for Social Work and HIV/AIDS Services in the Aboriginal Community

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Introduction

This paper is divided into two sections. Part One, "The Historical Record," will describe several areas of interest regarding the legacy of two-spirited people of the First Nations and how this legacy interacts with modern circumstances, specifically, the HIV/AIDS crisis which began roughly in 1981. First, I will discuss the historical record of two-spirited people of the First Nations. Second, I will discuss their suppression and oppression by both religious authorities and state policies which were patriarchal, assimilationist, and genocidal in nature. Finally, I will discuss how these policies serve to magnify the intensity of the AIDS crisis for Aboriginal Communities today.

In Part Two, "What is Happening Today?", I will examine how homophobia and AIDS-related stigma impact upon two-spirited people, provide some statistics on the prevalence of HIV disease/AIDS in the Aboriginal community, as well as suggest the most appropriate role for the social worker as an ally.

Part One: The Historical Record

The definition of *winkte*[1] is a physical male who is non-masculine and does not fulfil the standard male role, sometimes referred to in anthropological and historical documents as *berdache*. He is better described as androgynous than effeminate and he holds a social position that is clearly defined and recognized. The role of *winkte* is in no way synonymous with the modern Western categories of homosexual or transsexual. Homosexuality is defined in opposition to heterosexuality, and

[1]Berdache is a term which came originally from European colonizers in North America, from the Persian *bardaje,* then migrated to Italy as *bardasso,* and Spain as *badaxe,* or *badaje,* and then appeared in France in the 1600's as *bardache.* In two dictionaries it is defined as "a young man who is shamefully abused", or "a young man who serves another's succubus, permitting sodomy to be performed upon him." (Williams, 1992, p.9) As many two-spirited people find this term offensive and inaccurate, and there are as many terms for what anthropologists call *berdache* as there are tribes who have them, for the sake of clarity I will use the Lakota term *winkte* as a generic term.

transsexuals, unhappy with their gender, feel trapped in the wrong body, and change it through technology to identify completely as the other gender. *Winkte* is a third gender role, which incorporates aspects of both the female and male role, turning difference into an advantage for the community.

Winkte existed in the majority of aboriginal societies before contact with Europeans, from the Colombia highlands to Aleut, Alaska. Many anthropologists believe that the wide distribution of this social phenomenon indicates its antiquity. *Winkte* were prevalent in four areas; the Prairie and Great Western Lakes, the northern and central Great Plains, and the lower Mississippi Valley; second, in Florida and the Caribbean; third, in the Southwest, the Great Basin and California; and fourth, scattered across areas of the Northwest, Western Canada, and Alaska. There is no written historical record in the eastern North America, with the exception of Florida. (Williams, 1992) Sue-Ellen Jacobs, of the University of Washington, researched the prevalence of two-spirited people in Native American tribes, and of 99 tribes, there was mention of them in 88, and additional 19 references to two-spirited women. In 21 tribes, there is mention of specific offices: in 12 they were medicine people or shamans, in Illinois, Cheyenne and Crow societies, they fulfilled special ceremonial roles, in 3 they had a special funereal function, and for the Winnebago, they were oracles. (Deschamps, 1996) The early explorer Jacques Marquette noted that among the Illinois and neighbouring tribes, "berdaches were present at all of the solemn ceremonies of the sacred Calumet pipe: 'They are summoned to Councils, and nothing can be decided without their advice. Finally, through their profession of leading an extraordinary life, they pass for Manitous–That is to say, for Spirits-or persons of consequence.'" (Williams, 1992, p.17) They were renowned as excellent weavers, potters, beadworkers, and matchmakers.

The Navajo believed that *nadle* were shamans with exceptional chanting abilities, that they had the power to cure illness, insanity, and were of great help during childbirth. Among the Lakota, they were responsible for medicine, childbirth, and love advice/potions. The Cheyenne always took a *he man eh* along with war parties to care for the wounded because they were seen as both gifted in healing and stronger than either a man or woman. (Williams, 1992) They are often seen as more powerful than mere mortals, as this tale from 1801 of the Saulteaux Ojibwe in Manitoba demonstrates: 'Ozaw-wen-dib' (Yellowhead), as his people knew him, single-handedly held off a Lakota Sioux war party and saved all of his people. When his band was attacked, he told them to find safety and leave him to take care of the Sioux "as he feared no danger. He then faced the enemy and let fly his arrows." (Deschamps, 1996, p.17) The Saulteax often spoke of his bravery. In the Ojibwe language, he was called *ogokwe*, or

"wise woman". (Deschamps, 1996) [2] In Hidatsa oral history, there is a story of the famous and respected warrior Four Bears, who, with his raiding party, made the mistake of attacking an Assiniboine Sioux *winkte*. He said to Four Bears, "You can't kill me because I am holy. I will strike coups on you with my digging stick" [a female implement]. (Williams, 1992, p.38) The *winkte* then chanted a magic song and began to chase the warriors, who were struck with fear and ran for their lives. Four Bears shot an arrow at him, but it bounced off, which lead him to believe in his supernatural powers. As Four Bears had been successful in his past raids, and as he did not wish to jinx this one, he cancelled the party. The hero learned his lesson, which was that *winktes* are powerful, and you had better respect that power or suffers the consequences. Similarly, Prince Alexander Maximillian, of Weid, Germany, told a story from the Northern Plains Indians, whereby a warrior once attempted to force a *winkte* to dress as a man, which he refused. The warrior tried to shoot him with an arrow, but the *winkte* cheated death by turning into a pile of stones. Likewise, among the Mandan, there is a myth that once their people tried to force the *mihdacke* to give up their special status and dress, and the spirits punished them with death. No Mandan ever interfered with a *mihdacke* from this point on. (Katz, 1976)

How did one become *winkte*? The most commonly offered explanation is that the role is a natural one for the boy's own individual character, which is more feminine than that of other boys. For the Navajo, who greatly value individual freedom, the child's own behaviour is the guide as to whether or not they become a *nadle*. The Zapotec Indians of Oaxaca, Mexico would never consider that a berdache has chosen to live as he does and defend their *ira'muxe* by the belief that "God made them that way." (Williams, 1992, p.49) It is this emphasis on the person's character or spirit that is one of the most important elements of *winkte*.

Some tribes believe that the characteristics are evident from birth, while others believe that they are not evident until the ages of 3-5. Fine features, a soft voice, and a preference for cooking and cleaning are all signs, and even if the child is exhorted to hunt or play war games, they resist. (Williams, 1992) The family changes to accommodate the child and not vice versa.

Ceremonies and tests existed to see if the child would grow up to accept the role. The Mojave lead the boy, aged 10-12, into the middle of a circle of his kin and neighbours, and a hidden singer would sing a song to

[2]There are numerous parables, which serve to encourage respect for *winkte*. The following three are obviously cautionary tales; that no intelligent person should ever try to coerce a *winkte* or interfere with their spirit as only folly and calamity would ensue.

which only women dance to. If the child begins to dance, and he does so for four songs, he is accepted as *alyha* and given a skirt and a new name.

Other tribes interpreted the imagery young men saw on their vision quests. A white buffalo calf, or a double woman symbol seen in the sky, would confirm their status as *winkte.* (Williams, 1992)

How is it that societies differ so wildly on issues of gender variations and sexual mores? Sexuality is not only a biological imperative necessary for reproduction but also an ever-varying historical construct dependent upon both the modes of production and prevailing social and political realities. (Foucault, 1998) Why is it that Western societies persecuted and vilified those who transgressed boundaries of sexual orientation and gender role expectations, while, for the most part, Aboriginal societies were fairly relaxed about both? The organization of European societies necessitated patriarchal family relations and the clear demarcation of genders into hierarchical binary opposites, while the organization of Aboriginal societies did not. Some societies recognized up to five different genders. (Jacobs, 1968)

Generally, cultures deal with variation in two different ways. They attribute powers to that which they do not understand, either by assigning negative powers, like pollution, witchcraft, or sin, or by sanctifying that which they do not understand (Williams, 1992). While feudal Europeans regarded homosexuals or different genders as possessed by the devil, Native people regarded them as mediators between the spiritual and physical worlds.

Native sex and gender systems were totally different from those of Europeans. The morphological body always equals gender role; heterosexuality is viewed as compulsory, and behaviour leads to classification. (Whitehead, 1993) It is part of a worldview, which prefers dichotomies to ambiguities. In Aboriginal societies, a person could engage in same-sex behaviour and not be reclassified, and an Aboriginal man could have sex with a *winkte* without being considered gay, or even less than manly.

The Colonial Process and the End of Diversity

The colonizers of the New World came from patriarchal, religious monarchies where there was no separation of Church and State. Because of this background, they held racist, sexist, and heterosexist ideas. No one would contest this fact. Yet, it is a mistake to assume that they were informed only by these ideas as we look at their actions as they tried to reshape Native people's values in their own Christian image. Their ideologies were based upon economic, political, and religious systems from their homelands, and they sought to recreate the same kind of society in the

New World. Consider the following passage, an example of a common historical fallacy:

> Many years ago explorers came to this great country looking for something that they were not to find. There were no gold or jewels littering the countryside. This land was certainly not the short route to the "Orient". *Nothing could validate their expeditions except conquering people with cultures that were open, friendly, and focussed on living a good, communal, way of life.* (Sanderson, 1997, p.1)

The Spanish, French, and English did not come to North America to conquer Natives, steal their culture and force religion down their throats. Instead, they wanted to exploit the New World for any wealth it could provide. The inseparable Church and State were interested primarily in the primitive accumulation of capital for the metropole. The existence of Native people was an obstacle to this goal.

The violent suppression of *winkte,* and the ideas, which legitimated it, has its roots in the history of 16th century Spain. This suppression was also connected to the patriarchal suppression of the rights and status of Aboriginal women. It flowed from the feudal mode of production as well as social and political realities of Spain at the time. (Williams, 1992)

The Spaniards had been engaged in seven centuries of war against the Moors, who were superior in technological, intellectual, artistic, and cultural realms. The Moors also had very relaxed views about homosexuality, which the Castillian monarchy and religious authorities railed against. For propaganda purposes, the Spanish needed to differentiate their culture from that of the Moors, and "religious fanaticism sustained them in their struggle to drive" them out of Spain. (Williams, 1992, p.177)

In addition, they needed to repopulate their nation because they had lost 50% of their population to the bubonic plague, and the protracted war against the Moors had further depleted their numbers. This loss led to a pro-propagation, anti-non-reproductive sexual act (sodomy) stance. Sodomy was a crime more nefarious than murder and less serious only to heresy and insulting the King. (Williams, 1992) Considering these circumstances, in the Pre-Enlightenment era, the fanatical persecution of same-sex behaviour makes a certain amount of sense. In most European countries, there were mass executions of men suspected of sodomy, so-called witches, and heretics (non-conformists).

It follows then that "The condemnation of Indian homosexuality was a major factor in proving the virtue of the Spanish conquest, and the

conquistadors acted resolutely to suppress it by any means necessary." (Williams, 1992, p.136) The fact that Indians were "sodomitic unlike no other generation of men"[3] was justification enough to kill them without hesitation. Spanish officials lavished praise upon Vasco Nuñez de Balbao, who saw in Panama "men dressed like women; Balbao learned they were sodomites and threw the king and forty others to be eaten by his dogs, a fine action of an honourable and Catholic Spaniard." (Williams, p.147)

There began a systemic process of the destruction of *winkte* by the church and civil authorities, who mandated compulsory heterosexuality, and promoted patriarchal family relations. (Cannon, 1998) Where women suffered a loss in social status so did *winkte,* because their esteemed position was inextricably linked to the high status of women. Many Aboriginal cultures regarded men as possessing only half of the characteristics necessary to attain full humanity, while women possessed all of them. Therefore, *winkte* were seen in their communities as incredibly powerful because they held all characteristics and then some; in contrast, Europeans felt *winkte* were crazy to give up their male privilege to debase themselves in such a cowardly fashion. (Williams, 1992)

The earliest missionaries went to the Americas at the behest of European states to "civilize" the Native population along Christian and patriarchal lines. Same-sex eroticism and gender flexibility was condemned. The earliest missionaries expressed horror and disgust at the sight of men in women's clothes. They described *winkte* as "men cowardly enough to live as women...they believe they are honoured by debasing themselves to all of women's occupations; they never marry." (Jesuit Joseph François Lafitau, 1711-1717) Another Jesuit, Jean Bernard Bossu, (1751-1762) described Aboriginal people as "morally perverted and addicted to sodomy" (Whitehead, 1993). The discovery of 'moral perversion' among indigenous people and of their 'savage and heathen sexuality' provided the perfect justification for killing, subduing, and ultimately regulating the population by confining them to reserves.

Christianization by missionaries was part of the cultural genocide; it destroyed Native religion and replaced it with one based upon hierarchy, which paved the way for the introduction of patriarchal gendered domestic relations.

In any case, both early colonialists and religious authorities knew that *winkte* would not survive the pressures brought to bear upon them, and that the agent of their destruction would be the church. Near Santa Barbara in the 1780's, priests were horrified at the "nefarious practices of the *Joyas*, and placed their "trust in God and expect that these accursed people will disappear with the growth of the missions. The abominable vice will be

[3] Spanish chronicler Lopez de Gomara - the year 1519

eliminated to the extent that the Catholic faith and all other virtues are firmly implanted there, for the glory of God." (Williams, 1992, p.139) Indeed, by the 1820s, *Joyas* had been eliminated or driven underground to such an extent that a missionary at San Juan Capistrano was able to report to his superiors that even though *Joyas* were once numerous among them "at the present time this horrible custom is entirely unknown among them." (Williams, 1992, p.139) These men were so full of righteous morality, given the blessings of their mother countries, it never occurred to them to leave Native people in peace with their customs intact.

The Church and State went hand in hand, pushing forward onto new frontiers, settling new lands. In Canada in the 1930's, they established the reserve system with the intent of settling Indians into British agricultural and Christian patterns of behaviour. (Frideres, in Whitehead, 1993) The American Allotment Acts of 1887, and the Indian Act of 1876, gave land only to male heads of households, which guaranteed that *winktes* could not own land, and the ban on Native religions guaranteed that *winktes* lost their social status gained from their ceremonial roles.

The Indian Act enshrined marriage as the only means by which Indian status could be conveyed, which effectively legislated compulsory European heterosexuality for First Nations communities that wished to be recognized as legal entities. The sole recognition of patrilineal descent eroded matrilineal traditions, the position of women, as well as that of *winktes.* In 1852, the government further institutionalized patrilineal descent by giving Native people the power to police each other in sexual matters. People doubting the legitimacy of any band member were encouraged to contest their status as Indians by reporting their suspicions to the Indian agent. (Cannon, 1998)

Indian agents in both Canada and the United States cut the hair of *winktes* and forced them to wear men's clothes. One community in Montana has a living testament as to what Indian agents did to Osh-Tisch, the most venerated *badé,* and others like him. Bristow, the agent in the 1890's, incarcerated all of the *badé,* cut their hair, forced them to wear men's clothes, and perform manual labour; planting saplings. Surrounding the Department of Indian Affairs in Montana is a huge ring of oak trees, which grew from the saplings, and the community still remembers why they grow there.

Nadles discovered in missionary schools were forced to change, and the influence of religious teachings caused *winktes* everywhere to lose the respect of their communities. (Whitehead, 1993) Christianized Sioux ostracized *winktes,* and they were not allowed burial in the local cemetery, which had become Christianized. Missionaries taught the Sioux that instead of giving a family good luck and wealth, *a winkte* was an omen of misfortune and would hasten their downfall. Communities responded either

by eliminating the tradition entirely, or by shielding them by removing their presence from the scrutiny of religious and civil authorities. (Whitehead, 1993) These processes were replicated all across the New World, anywhere Native people with this tradition came into contact with religious proselytizers backed by the power of civil authorities.

The State and Church were very successful at introducing homophobia into Aboriginal communities, which honoured and respected *winkte*. Those who were acculturated into the Christian religion turned on them, and many ran away or committed suicide. (Williams, 1992)

Part Two: What is Happening Today?

The tradition of *winkte* was almost entirely eliminated although some elders and traditionalists still carry with them first hand knowledge of their people's teachings on the subject. Some people believe that homosexuals are "evil, diseased, criminal, god-awful, and going straight to hell" (Ogilvie, 1999), and children who come out to their parents often face this attitude. If the child is lucky and their grandparents still retain the traditional knowledge, they will pull them aside and tell them how "people like them worked closely with medicine men." One young gay man said "what she [his grandmother] told me made all of the difference in my acceptance of myself. She said that many of the holy men were gay and it was totally acceptable. They were almost seen as belonging to the tribe as a whole, that is, kin to everyone." (Williams, 1992, p.225)

In many ways, the cultural renaissance and new pride in traditional teachings occurring among Native North Americans has been a great advantage to young gay men coming out to their families and communities. A woman describes the process for her cousin, who is half Lumbee and half Navajo, who came out in the late 1960's. The Lumbee side of the family was very Christian, while the Navajo side held traditional spiritual beliefs. The Lumbee side "condemned the cousin, but the Navajo side was supportive. The Navajo grandmother told the children not to be upset because their respected great-uncle, a *nadle*, was 'also like that.' The grandmother saw *nadle* and *gay*, in their essence, as the same." (Williams, 1992, p.225)

With the collapse of Native spirituality in many communities, Christian taboos took hold and isolated many gay Native people from their communities. The homophobia that exists is not organic; it has no basis in the traditional culture of Aboriginal people.

Marcel Dubois, an AIDS educator at the Native Friendship Centre in Montreal, states "[t]he evidence suggests that homosexuality was considered okay in many Native cultures traditionally ... but many Natives have adopted the Judeo-Christian framework, and therefore, have embraced

homophobia." (Hays, 1997, p.18) Billy Merasty, a gay Cree actor from Brochet, Manitoba, laments the homophobia he sees in his community, saying, "we like to talk about how Native Communities are more tolerant than other nations. Of course no-one mentions the gay youth being chased out of town, or the man who died of AIDS who wasn't allowed to be buried in the community cemetery." (Morisseau, 1996, p.25) For Dubois, the biggest barrier to developing a support group for two-spirited people was the homophobia in Aboriginal communities. "I've heard of cases of some gay men actually chased off the reserve by people with rifles;" he notes that it often forces gays and lesbians to escape to urban centres like Montreal. "Others [who stay] have their tires slashed. The gays who are effeminate, the ones who can't hide it, are really screwed." (Hays, 1997, p.18)

For Aboriginal gay men, there is little support, and in addition, they may not be welcome in mainstream gay (mostly white) organizations or agencies because of racism. Danny Maxwell[4], an Aboriginal man who is HIV positive, has heard at such organizations, "Oh, look at the Indian. I wonder where his bottle is." (Maxwell, 1999) White gays and lesbians have more resources available to them, and Aboriginal people are both poorly represented and invisible in the gay community. (Ogilvie, 1999)

There is much interlocking oppression, which have an impact upon two-spirited Aboriginal men. Class racism and homophobia all work together to confer unequal access to resources for Aboriginal people. Unemployment and poverty impact negatively upon the physical, psychological, and spiritual health of Aboriginal people, along with the damaging psychosocial effects of racism (stress in particular).

For two-spirited Aboriginal men, racism combines with homophobia to create barriers to accessing health care. Forty-eight percent of two-spirited men surveyed by the Canadian Aboriginal AIDS Network (CAAN) felt that mainstream hospitals and health clinics were disrespectful of their culture and lifestyle. CAAN also found that because of the difficulty in accessing non-judgemental services geared towards Aboriginal people, they present much sicker than non-Natives when they finally do get treatment.

Moreover, homophobia increases the likelihood of contagion of HIV disease in the community through two rivulets of the same stream. First, the attachment of a stigma to AIDS as a gay disease causes people to think they are not at risk. Secondly, the lack of self-esteem (created by internalized oppression) among men who have sex with men (MSM) encourages risk-taking behaviour.

Risky or unprotected sexual behaviour is the main route of transmission of HIV in Canada. When you write about HIV disease and

[4]A pseudonym

AIDS in the Aboriginal community, you have to talk about men who have sex with men, because "the fact is, 80% of native cases of AIDS involve gay or bisexual men." (Hays, 1997, p.18)

Internalized homophobia caused by both societal prejudice and rejection by one's family and community can express itself in many ways: feelings of isolation, depression, fear, loneliness, substance abuse, shame, guilt, or ultimately, suicide. (Vanderhoef, 1998) For two-spirited Aboriginal men, these are all psychosocial factors which can result in a kind of carelessness regarding protecting themselves from injury (RCAP, 1996) or HIV infection. Recklessness and potentially self-destructive behaviour may be caused or triggered by the powerful emotions of grief, anger, and hopelessness (RCAP, 1996): "If you don't feel good about who you are you don't feel you have the right to say, 'Excuse me, I'm going to protect my body' [with a condom]...and if you live on the streets, and somebody comes along and gives you some love and comfort and says, 'Sorry, I don't want to use one', you say O.K." (Ogilvie, 1999)

Prevalence of HIV and Aids in the Aboriginal Community in Canada

The status of the incidence of HIV/AIDS in the Aboriginal community is unclear due to the lack of accurate and comprehensive statistics available. At testing sites (doctor's offices, health clinics, hospitals, and nursing stations), data collection about ethnic origin is inadequate and there is a low rate of testing in the Aboriginal community. There is a lack of Aboriginal specific testing sites, a lack of awareness of those that exist, and two-spirited people tend to have a more transient lifestyle than heterosexual Aboriginal people.

What the available data shows is that 72.8% of Aboriginal people who test positive are men who have sex with men, (MSM) and younger than non-Aboriginal cases (29.8% vs. 18.6% diagnosed >30 years of age). Prevalence among Aboriginal people ranges in a variety of settings and populations. Among the Vancouver population of Native alcohol and drug treatment centres, inmates, and needles exchange users have a rate of infection between 1.4% to 2.5%. In an Alberta STD treatment clinic, the rate is 2.1%, and among those on six Ontario reserves *who have been tested for the virus,* the rate of infection is 7.9% (Health Canada, 1998): "First Nations people made up for just 5% of British Columbia's population but accounted for 16% of new HIV infections. About half of the new infections were found in the 30-39 age group, and Aboriginal women make up 40% of new HIV infections (compared to just 17% among non-Aboriginal women). The task force also found that Aboriginal people with AIDS die sooner than non-Aboriginals." (CAAN, 1999)

Aboriginal people appear to be more vulnerable to infection. "The overall health of Aboriginal people is poorer than that of non-Aboriginal people in Canada, suggesting that they have weaker immune systems in general." (RCAP, 1996) The high degree of mobility from rural to urban communities is also a significant consideration, as even the most remote reserves are vulnerable to the spread of HIV/AIDS. Rates of infection are falling off for all other groups, yet they are still rising in the Aboriginal community, which suggests a time lag in the dissemination and acquisition of knowledge of prevention methods and the shifting of attitudes between them and other groups.

AIDS-related Stigma, Symbolic AIDS-related stigma and Risk Groups

Homophobia is a factor which not only affects two-spirited people negatively but one which puts the entire community further at risk for HIV/AIDS. The extreme public response to the disease is called AIDS-related stigma: the stigmatization, prejudice, and fear of those who carry it. This stigmatization leads to polarization of men who have sex with men and heterosexuals from each other. The two aspects of AIDS-related stigma are fear (coupled with ignorance) of the disease, and the fear and hostility expressed towards those most affected by, and seen as responsible for spreading it. Related to this stigma is *symbolic AIDS-related stigma,* whereby there is transference of fear and anxiety about the disease to those who it hits hardest: gay men, IV drug users, sex trade workers, and Haitian immigrants. There now exists, in many people's minds, a permanent association between gay men and AIDS, which reinforces homophobic attitudes. People cling to these symbolic representations because it is easier to see HIV disease as belonging to 'hookers and fags' than as a disease which does not discriminate among groups of people. (Herek, 1990)

In the Ontario AIDS and Healthy Lifestyle Survey, 3000 Aboriginal people from six reserves across the province were queried about their safe sex practices and knowledge of HIV/AIDS. One question was "considering all of the different factors that contribute, what are your chances of becoming HIV positive?" Only 9.2% felt that they had 'some chance' of contracting the disease, while 71.9% felt that they had absolutely no 'chance' at all. Only 18.9% felt that their chance was 'small'. (Myers et al., 1996) The largest group, which feels they could never contract the disease, do not see themselves as belonging to a group that can be affected by AIDS. It is clear that they hold on to symbolic representations of the disease; 81.4% of the respondents in the aforementioned survey felt that AIDS is only a problem for men who have sex with men and those who share needles. (Myers et al., 1996)

Another practice which clouds the issue of who is at "risk" is the use of the epidemiological term, "risk group". This term, used in the press, gives the impression that members of that group have a greater risk simply by virtue of their membership in it. It does not focus on the behaviour, which leads to the transmission of HIV. The use of the term "risk group" leads people to believe that they are safe(r) for not belonging to that group and that they are less obliged to protect themselves and their partners. Furthermore, members of "risk groups" are marginalized and stigmatized, especially when contrasted to other groups, such as the 'general public', or, 'innocent victims'. (Herek, 1990)

Because HIV and AIDS are so closely associated with gay men, they are often seen not only as unnatural, immoral, and as abominations against God, but also as depraved carriers of disease as well. Disease = depravity and health = virtue is in the minds of many people. Tonie Ogilvie, former head of the AIDS prevention programme at Anishnawabe health, has often observed homophobia in Aboriginal organizations. When she suggested that a group of workers from an un-named organization do outreach at Church and Wellesley (the gay neighbourhood in Toronto), one of the volunteers spat out, "No way! I'm not going down there and touch those dirty faggots!" (Ogilvie, 1999).

Some reserves are in a state of denial with leaders who claim that "'It's a white man's disease', or that 'We don't have a gay problem on our reserve', or that 'It's something that only happens in big cities'". (Vanderhoef, 1998, p.26) It does not help that in most Native languages, there is no word for HIV or AIDS; the closest word to it in Saulteaux Ojibway is *akuusah*, or sick. (Maxwell, 1999)

Homophobia has increased both the promulgation and the application of AIDS related stigma to men who have sex with men to the detriment of everyone living in Aboriginal communities. Studies of adolescent youth show that increased levels of homophobia are associated with less perception of being at risk as well as less precautionary behaviour (for both genders). (Deschamps, 1996)

The Most Appropriate and Effective Role for a Social Worker and Ally

For a social worker dealing with the Native community or individuals, the most appropriate role is that of an ally. An ally does not claim to know what's best because they are an expert in the field or because they have taken a Native Issues course. An ally neither imposes solutions from above, nor assumes that people who are oppressed do not have the skills necessary to generate their own solutions. An ally will try to learn about the history and traditions of Native people but will not use that knowledge to try and impress them with her superiority. An ally will

consult and not direct, will ask and listen to the response, and will assume that the people s/he is working with are experts in their own lives and communities.

AIDS has devastating effects on individuals, communities, and families, and there is an urgent need for prevention and education work by social workers and other health care professionals. Whether they are working with individuals or communities, they should act as both an advocate and an ally at the macro (policy) level. Decisions made at this level affect the health and viability of whole communities, and they need to be shaped by the communities themselves – with leaders, elders, women, youth, educators, two-spirited people, heterosexuals, and anyone who wishes to be at the table: "Community participation is of the utmost importance, particularly in First Nations communities, to ensure the successful implementation of culturally appropriate programmes. In the past, research was conducted without community input, resulting in feelings of loss of control over process and outcome, and lack of ownership." (Myers et al., 1996, p.3) A social worker should take the cue from Aboriginal health and AIDS prevention organizations as to what their goals, priorities, and needs are, as well as their vision of process and outcome.

There is a well-founded belief that culturally appropriate services are not only more accessible but also more effective. Eighty-six percent of 126 Aboriginal intravenous drug users agreed that culture is important when dealing with HIV/AIDS, and seventy-nine percent indicated that they would use an Aboriginal-specific service for HIV testing and HIV/AIDS information if one existed near them. Some of the reasons were: "It brings the community together"; "To have someone who shares the same social background and similar experiences and belief system means some unsaid communication can begin healing the spiritual hurt that is part of HIV."(CAAN, 2000)

A social worker should advocate for and help to plan the expansion of anonymous testing sites. The establishment of these sites is of the utmost importance, especially in rural and remote areas. (CAAN, 1999, p.5) One barrier to people being tested is that testing sites are often not as anonymous as they should be due to the internecine nature of the community. Usually, Aboriginal communities are small, which makes it difficult for people to assume the cloak of anonymity; especially if they access services targeted to Native people: "Here, [in Toronto] everybody knows everybody. Everyone is related somehow." (Ogilvie, 1999) A nurse processing coded HIV tests at Anishnawabe Health stumbled across a positive test for someone whom she knows. (Ogilvie, 1999) This breach of confidentiality should not happen, and when the stakes are as high as being shunned by your family/peers/reservation, this set-up is a powerful disincentive to finding out the truth about your HIV status. Testing must also be accompanied by

effective pre- and post-test counselling. (Myers et al., 1996) On the reserve, the secretary or nurse at the health clinic who codes or files your results could be a neighbour.

Maintaining confidentiality was one of the most important establishing principles of the bi-weekly outreach HIV and STD testing clinics of Beardy's and Sandy Lake First Nations: "The clinics are not part of the Band or Tribal Council's operations. They are staffed by employees of the provincial Prince Albert Health District and funded by the Government of Saskatchewan." The clinic is housed in another building and testing results are kept off site, the key to gaining the trust of the community. Outreach workers and nurses provide condoms, counselling, and referrals. Over the past two years, the workers have built up credibility in the community, probably because the relationship between the Community Health Representative, reserve staff, and "nurses has been very good. As one brief report states, 'Crucial to the success of the program, is trust in the individuals providing the service along with strong community commitment, cooperation, and ownership.'" (CAAN, 2000)

Funding for education must increase; almost all concerned with the issue are in agreement concerning this need. Where the need is particularly apparent is on the reserves (Maxwell, 1999). Furthermore, it should not target only youth, who are assumed to be the most at risk as a result of youthful carelessness, because the cohort among which rates of HIV infection are rising the fastest is the 30-50 year old cohort. (CAAN, 1999) There are so many myths which need to be cast aside, and they can be held by anyone from teenagers to elders: for example, there is no gay problem on the reserve; you cannot catch it if you have a small penis; you can catch it from your sisters tampon box if she sleeps around a lot (Ogilvie, 1999), or only gays and junkies have to worry about it. (Myers et al., 1996) Because many two-spirited people divide their time between the reserves and urban centres, trusted and effective services need to be established in both places.

In addition, education should not be conceived or implemented as a one shot workshop, or even as a permanent education programme alone because "it is clear from the social nature and causes of disease among Aboriginal people that prevention cannot be limited to education and behaviour modification. Long-term strategies must address community norms for safe and careful activity, and, more important, the broad social conditions that promote recklessness and lack of self-care." (RCAP, 1996)

Education programmes should not be narrowly and individually targeted because there are so many co-factors, which lead to risky behaviour, such as "poor parenting skills, alcohol and drug abuse, emotional, physical, and sexual abuse, and historical abuse through the residential school system." (CAAN, 1999) The issue of self-esteem is so closely linked to the historical and contemporary oppression of Aboriginal

people that it must be a component to effective prevention. As one elder said, "we need to deal with [it] to help our people want to protect themselves...This is not an individual programme, but one of community development." (Myers et al., 1996)

Education programmes need to be age/language/gender/and culturally appropriate. Because men aged 17-40 is a group difficult to reach in some communities and is a group more reluctant to seek out health information, in some communities, information is distributed at hockey games. Linguistically, certain risky sexual acts do not have clear descriptors in Native languages, so special attention must be given to clarity with the design of Aboriginal language material. In some communities, television may be the most effective medium of communication, for others, radio or perhaps a general community meeting. Flexibility is the key to effectiveness. (Ontario Ministry of Health – AIDS Bureau, 1994)

Social workers and activists need to work together to fight for consistent core funding (as opposed to one-shot project funding) which is needed to continue the work being done in the area of preventing the spread of HIV/AIDS in the Aboriginal community. Despite the fact that the HIV/AIDS prevention programme at Anishnawabe Health is serving an obvious (even glaring) need in Toronto, every year it must re-apply for funding from the Department of Public Health. This once a year distraction interferes with the day to day work of the organization. Unfortunately, the programme has been scaled down considerably for next year, and after that, who knows? At least the federal government has increased funding to fight and research AIDS over the years and has recently allotted 1.2 million dollars towards urban and off – reserve initiatives for Native people. Given the hot potato dance that the federal government performs every time the issue of responsibility for Aboriginal health comes up, this funding increase is a positive sign.

Healthy communities are inclusive communities, and one that is welcoming and non-judgmental towards two-spirited people who are living with HIV/AIDS can make all the difference in an individual's life: "My reserve has been really good. Everyone treats me as I was before. It's just another disease that we have to deal with. It's very comforting that I don't have to struggle with a lot of different things; the ignorance. All my other friends from the other communities treat me the same. I've been pretty lucky, I think. I feel lucky because of that." (Vanderhoef, 1998, p.336)

It is hard to imagine how wounded two-spirited people living with HIV/AIDS feel when they are rejected by their communities, and on top of this rejection, some of them are not even allowed to be at home to die with their families and people who love them at their side: "A lot of people, when they're gay, get ostracized or pushed away by the community. They know damn well what's going to happen when they come out of the closet,

so they come to Toronto. When they are going to die, it is generally safer for them to stay in Toronto then get shipped home after they have passed on. That's really unfortunate for the community. This is the most shameful part of the whole process." (Vanderhoef, 1998, p. 357)

For example, a 22 year old woman who is HIV+ and in an abusive relationship, recently tried to return with her baby to the reserve where she grew up. She is sick and wanted to escape the abuse she was experiencing in the city and to reconnect with her family. She arrived on the reserve in the middle of the night only to be turned away at the door by her mother and then her aunt. They were afraid of contagion; consequently, she is living in Toronto again with the same man who beats her regularly and tells her that no-one will ever want her because she is HI V+. (Ogilvie, 1999)

The role of a social worker in these situations is a difficult one. Direct social work intervention, mediation, counselling, and education with the family is an option because it may help to bridge the gap between the woman and her family. However, depending on the family, indirect intervention may be a preferable option–perhaps a relative or elder could mediate between the woman and her family.

Social workers so often neglect spiritual matters because of their own discomfort with this issue. Sometimes this discomfort results from their atheist or agnostic beliefs and from their lack of understanding regarding the positive role that spirituality and faith can have in healing, both emotionally and physically. Or, because they do not share the same spiritual beliefs as their client does, they are not prepared for an inter-faith dialogue and avoid the issue altogether. Yet, tradition and spirituality can be powerful tools for clients and ignoring it can do them a disservice. Danny Maxwell, who is HIV positive, said "I finally found a place where I was being listened to, in a sweat with Vern Harper. There was a bunch of us with HIV *and it was fine, we were open.* We were in the sweat lodge for 6 hours. We opened it every hour to wet the grandfathers (stones)" (emphasis added)

Traditional beliefs and practices can be incorporated into many aspects of AIDS prevention. On one reserve, elders were asked for their input on the design of sex education at the high school: the "programme in the school was well received by the students. It dealt with self-respect and the Native tradition and sex education. Some was done with boys and girls together, and some was done with each group individually." (Myers et al., 1996, p. 144)

Using Aboriginal culture to design educational materials is not simply beneficial; it means that the material belongs to them; it is not written from the point of view of a white bureaucrat from Ottawa: "It must be clearly understood that, when dealing with First Nations people, whether it be in education or with health, it must be in the context of culture,

whatever that culture may be, or it is just another form of assimilation." (RCAP, 1996)

For educators and learners, traditional beliefs and practices can provide support and strength, (Ogilvie, 1999) as well as direction. Ogilvie uses both the medicine wheel and the path of life as tools, which inform her practice. Her programme initiated a talking circle, which operates with the philosophy of harm reduction. People who use intravenous drugs and come high will not to be excluded if they have a desire to participate, provided that they are not disruptive to others in the circle. Many people, who use intravenous drugs do so every day, are high as much as they can afford to be, and are functional in this state. In more conservative Aboriginal service organizations, this behaviour would prevent them from ever participating in a talking circle and could prevent them from accessing information, which will save their lives.

The basic tenets and philosophy of harm reduction are in conflict with traditional models of drug and alcohol treatment, which insist upon absolute abstinence as a goal. These tenets of harm reduction are:

1) There are no moral, legal, or medical judgements made about drug and alcohol use.

2) People who use substances are treated with dignity and respect, and their use is not seen as immoral or irresponsible.

3) The potential for harm is the primary problem, and whatever can be done to prevent the transmission of HIV should be done. Options should be presented to the client free of coercion and judgmental attitudes.

4) Abstinence is not the focus although it can be a part of a programme for a client who wants to quit using drugs and/or alcohol. Reducing the harm associated with substance use is the focus.

5) The users have a role to play in harm reduction, and they should be empowered to make informed decisions for themselves. Their participation is crucial to Harm Reduction.

6) Interventions must be created with the involvement of the community. They must be holistic and treat all aspects of the individual and not only the symptoms.

(The American Harm Reduction Coalition, CAAN, 2000)

The holistic aspect of HIV/AIDS prevention and treatment is especially important because so often services are designed in a compartmentalized fashion, where a person can find treatment for addictions and sexual abuse but not in an integrated manner. Harm reduction can play a vital role in the integration of services.

The B.C. Aboriginal HIV/AIDS Task Force advocates harm reduction models. In its research document The Red Road: Pathways to Wholeness, it establishes the need to "increase community education about harm reduction to ensure currently controversial services can be understood in the context of the HIV epidemic." Albert McCleod, Chair of Canadian Aboriginal AIDS Network, has said, "the B.C. experience is on the cutting edge of what's happening within the HIV/AIDS field." (CAAN, 1999, p.5)

On an individual basis, when working with Native people, whether they are two spirited or not, HIV positive or not, it is important to be informed of their history, both positive aspects as well as the roots of their oppression. However, if you are working with people who have lost their history or their connection to their community, it is important not to take it upon yourself, as a social worker, to educate them about all of the things they do not know about themselves as Aboriginal people. (Brooks, 1999) This principle is *especially* true for non-Aboriginal social workers because it will only compound the clients' feelings of powerlessness. Of course, the dynamic is much different if both client and worker are Aboriginal. Many respondents in the Canadian Aboriginal AIDS Network survey of Aboriginal intravenous drug users (IDUs) perceived a greater level of comfort, understanding, and acceptance with social workers / HIV/AIDS educators who are Aboriginal. For social workers in this area, whether they are Aboriginal or not, "there's a responsibility there, and there has to be a lot of respect for the client...You've got to have a social worker who's educated in the field." (Maxwell, 1999)

Social workers should recognize that they do not have all the answers; on some issues, clients are more knowledgeable, and they should be asked for information or clarification. Gaining knowledge from clients, whether it is about a healing ceremony or which drug cocktails cause the least nausea, will arm the social worker to deal with clients more effectively in the future. (Ogilvie, 1999)

The issue of HIV/AIDS prevention in Aboriginal communities is very complex; yet, the path towards a reclamation of health for Aboriginal people, especially two-spirited people, can be found in their history. By looking inwardly for solutions, with the help of allies by their side, progress will be made. There is great hope for the future in the hands of the next generation.

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