

*INDIAN BLOOD:
CRITICAL INTERVENTIONS IN
MIXED-RACE IDENTITY AND HIV*

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COMMUNITY/INSTITUTIONAL PARTNERS

Native American AIDS Project ~ <http://naap-ca.org/>

Indigenous HIV/AIDS Research Training Program (IHART) ~
<http://depts.washington.edu/ihartp/>

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AUTHOR BACKGROUND

- French Creole (French, American Indian, Spanish, West African)
- Opelousa and Atakapa-Ishak Nation of Southwest, Louisiana; Former Tribal Historian
- Sociologist; Critical Mixed Race Studies Scholar
- Previous works: *Cultural Representation in Native America* (2006); *Louisiana Creoles: Cultural Recovery and Mixed-Race Native American Identity*(2007); *Obama and the Biracial Factor: The Battle for a New American Majority* (2012); *Research Justice: Methodologies for Social Change* (July, 2015).
- New Area of Study: Public Health and HIV

WHY INDIAN BLOOD?

- A study of the intersections of gender, sexuality, mixed-race identity and HIV-Current limits of research on multiracial populations despite population growth since 2000
- Natives have the highest rate of interracial marriage and make up the largest group who selected two or more races on the 2010 census
- Blood as a literal and metaphorical symbol of racial mixing and in the transmission of HIV

NAAP

- For over eighteen years, the Native American AIDS Project (1994-2012) provided culturally appropriate services to people living with HIV/AIDS and to people who identify as American Indian/Alaskan Native in the San Francisco Bay Area. Eighteen years ago, their primary service was hospice care, ensuring that no one died without culturally appropriate end of life care.
- As the HIV epidemic changed, so did their services; expanding to include Housing Case Management, Peer Advocacy, HIV Prevention, community outreach, beading classes, drum circles, talking circles, and traditional healing.
- As a result of funding competition among HIV/AIDS agencies, NAAP was forced to close their doors in 2012

THE PARTICIPANTS

- The selection criteria for participation in the *Indian Blood* study included the following:
- 1). Men who have sex with men (MSM) and men who self-identify as gay
- 2). Men with biological parents or grandparents from different racial/ethnic backgrounds or who self-identify as mixed-race and Native American
- 3). Men between the ages of 20-65 who are sexually active
- 4). Individuals who identify as transgender, bisexual, and/or two-spirit between the ages of 20-65 who are sexually active
- 5). Transgender, bisexual or two-spirit individuals with biological parents or grandparents from different racial/ethnic backgrounds or who self-identify as mixed-race and Native American

THE PARTICIPANTS

- Average Age of Participants = 42
- HIV Positive Participants = 28%
- HIV Negative = 72%
- Gender of Participants:
- Male: = 66%
- Transgender: = 14%
- Two-Spirit: = 14%
- Female: = 4%
- Intersexed: = 2%
- **HIV Status was based on self-reporting, no lab testing was done to confirm*

GAY/QUEER PARTICIPANTS

- Gay/Queer= 64%; Bisexual=18%; Two-Spirit=18%
- 36% of Gay/Queer participants are HIV+
- 64% of Gay/Queer participants experienced sexual violence
- 63% of Gay/Queer identified participants who are HIV+ also experienced sexual violence
- Overall 56% of the participants experienced sexual violence
- Overall 69% of participants who are HIV+ also experienced sexual violence

BISEXUAL PARTICIPANTS

- 11% of Bisexual participants are HIV+
- 44% of Bisexual participants experienced sexual violence
- 100% of Bisexual identified participants who are HIV+ also experienced sexual violence
- Overall 56% of the participants experienced sexual violence
- Overall 69% of participants who are HIV+ also experienced sexual violence

TWO-SPIRIT PARTICIPANTS

- 33% of Two-Spirit participants are HIV+
- 77% of Two-Spirit participants experienced sexual violence
- 100% of Two-Spirit identified participants who are HIV+ also experienced sexual violence
- Overall 56% of the participants experienced sexual violence
- Overall 69% of participants who are HIV+ also experienced sexual violence

TRANSGENDER PARTICIPANTS

- 14% of Transgender participants are HIV+
- 28% of Transgender participants experienced sexual violence
- Overall 56% of the participants experienced sexual violence
- Overall 69% of participants who are HIV+ also experienced sexual violence

THE PARTICIPANTS

Participant Employment Profile:

*Students 8 out 50 = 16%

*Unemployed/Retired /Homeless/on SSI or Disabled 17 out of 50 = 34%

*Professional or Trade Work: (Education, Board Involvement, Counseling/Peer Advocacy, Health, Business Comedian, Cosmetology, Pastry Chef, Receptionist, Transportation, Insurance, Sales, Clerk) 22 out of 50 = 44%

*No Response 3 out of 50 = 6%

THE PARTICIPANTS

- Cities Represented:
- San Francisco = 54%;
- Oakland = 6%;
- Antioch & Oakley = 4% Respectively
- Beaverton, Berkeley, El Paso, Indian Canyon, Minneapolis, Muskogee, Phoenix, Portland, Richmond, San Jose, Seattle, Tempe, Tulsa, Vallejo, Walnut Creek, N/A = 2% Respectively

TRIBAL AFFILIATION

- Apache, Dine/Navajo, and Cherokee 10% respectively
- Lakota = 6%
- Anishinaabe, Ojibwa/Chippewa, Arapahoe, Osage, Pomo 4% respectively
- Blackfeet & Ohlone, Blackfeet, Chickasaw, Choctaw, Cree, Creek, Dakota, Hoopa, Huichol, Kawerak, Mandan, Mestizo, Micmac & Wabanaki, Naya Ji, Ohlone, Paiute, Pima, Sac & Fox & Anishinaabe, Tepetuan = 2% each respectively
- Unknown/Unsure/None = 6%

THE METHODS

- 50 participants were recruited via the Native American AIDS Project and through random snowball sampling.
- Participants completed demographic profile surveys
- Participants participated in small focus groups ranging in size from 5 to 13 people in each group.
- A total of 5 focus groups were held, all at the Native American AIDS Project in San Francisco

DATA FINDINGS

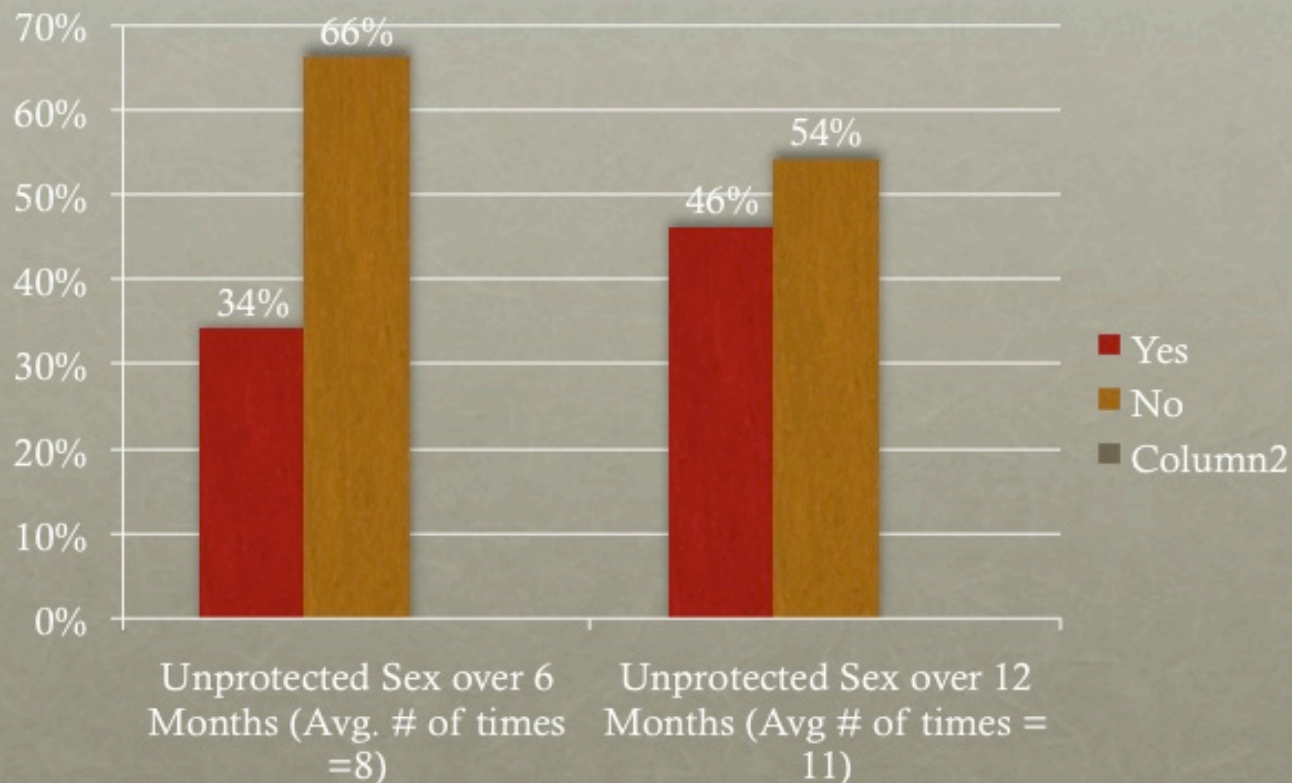
- 24% of participants experience a change in their racial identification (average age of change = 24) over time.
- 28% of participants experience a change in their gender identification (average age of change = 25) over time.
- 52% of participants experience racial discrimination during a 6th month period
- 58% of participants experience racial discrimination over a 12 month period

DATA FINDINGS

- 36% of participants experience gender discrimination over a 6 month period
- 40% of participants experience gender discrimination over a 12 month period
- 56% of participants have engaged in sex under the influence of drugs
- 84% of participants have dated interracially
- 56% of participants have experienced sexual violence
- 78% of participants consider themselves knowledgeable about HIV

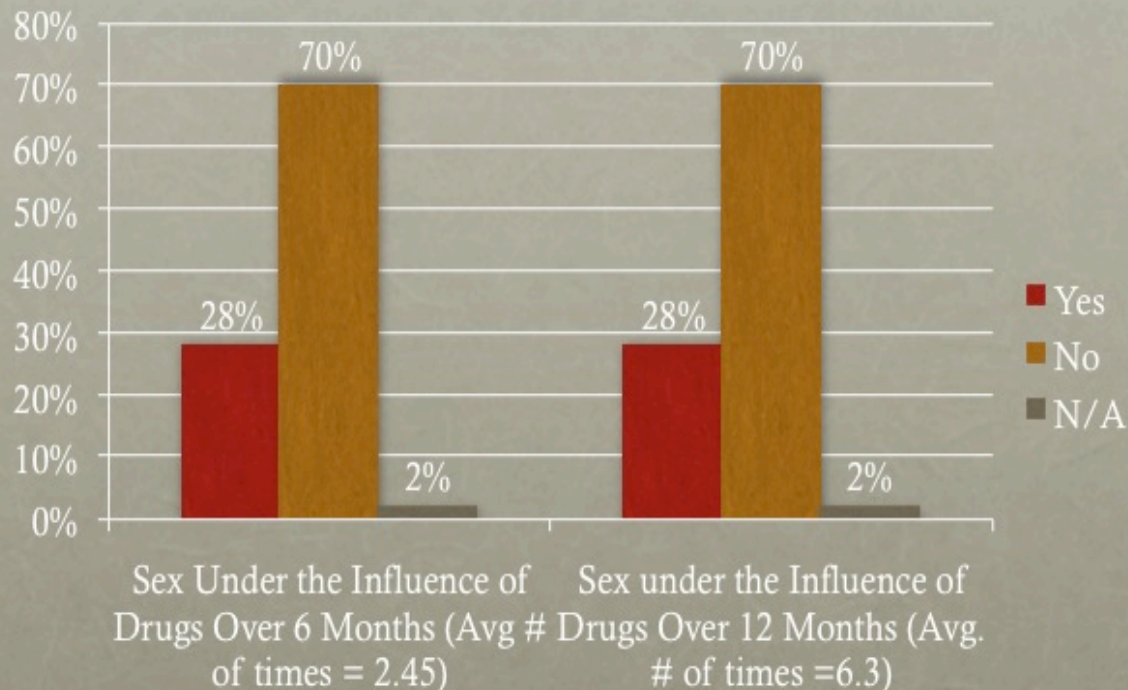
DATA FINDINGS

FINDINGS: SEXUAL ACTIVITY & SUBSTANCE USE



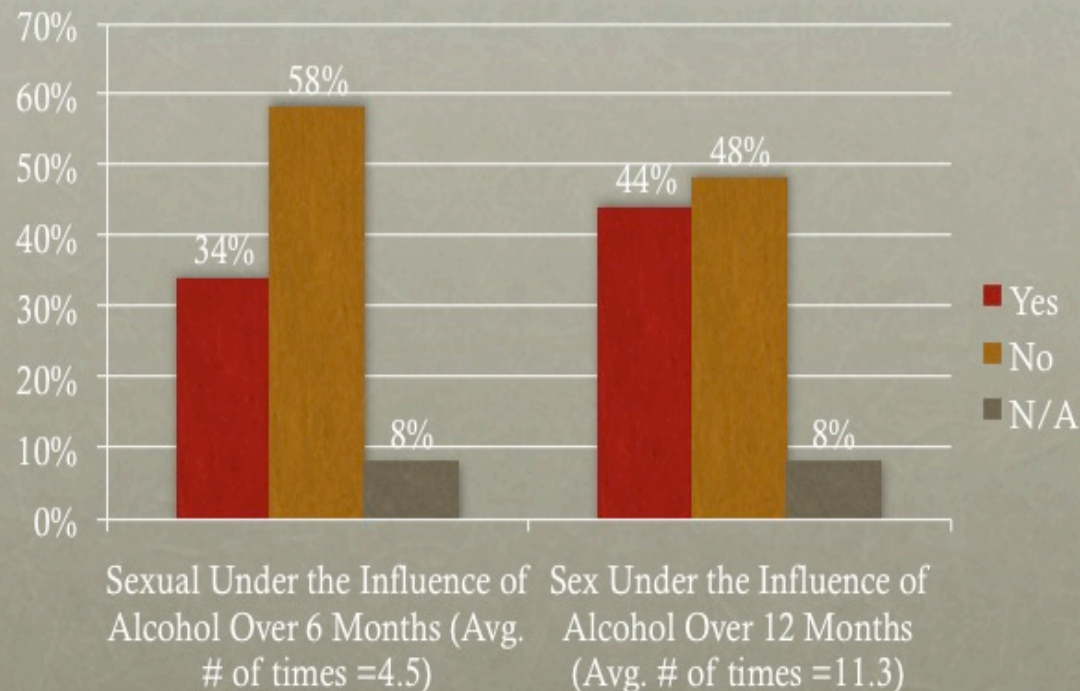
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FINDINGS: SEXUAL ACTIVITY & SUBSTANCE USE



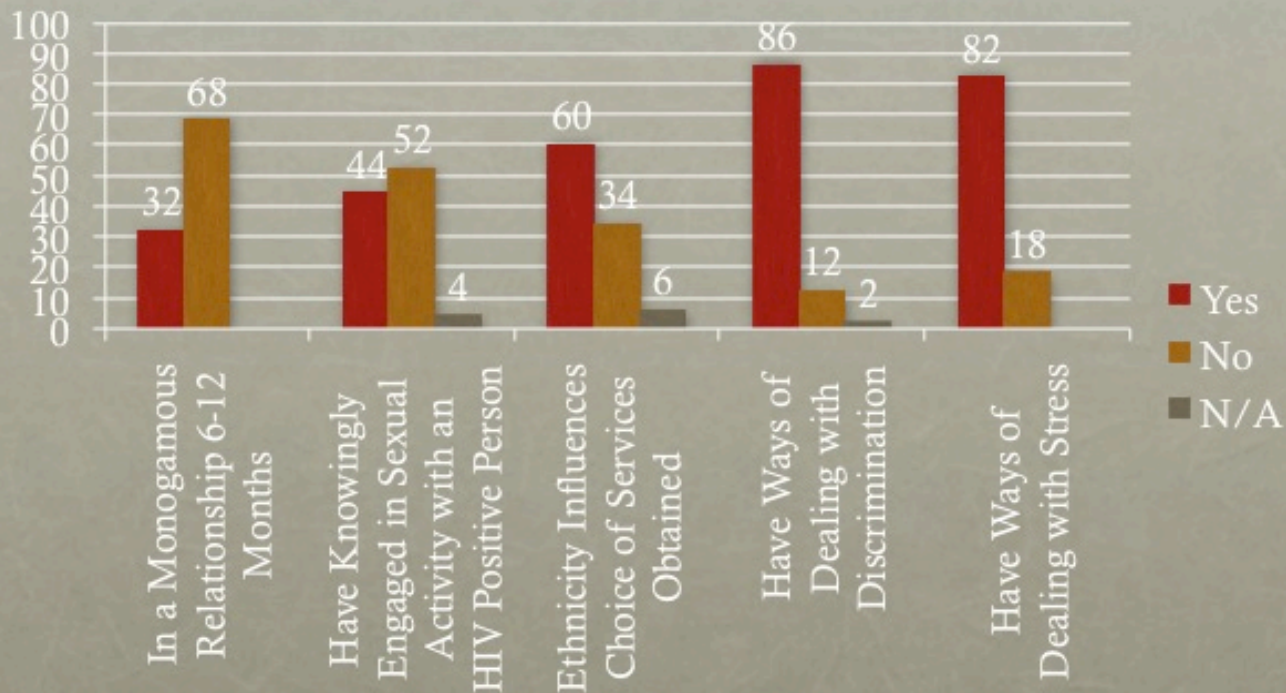
DATA FINDINGS

FINDINGS: SEXUAL ACTIVITY & ALCOHOL USE



DATA FINDINGS

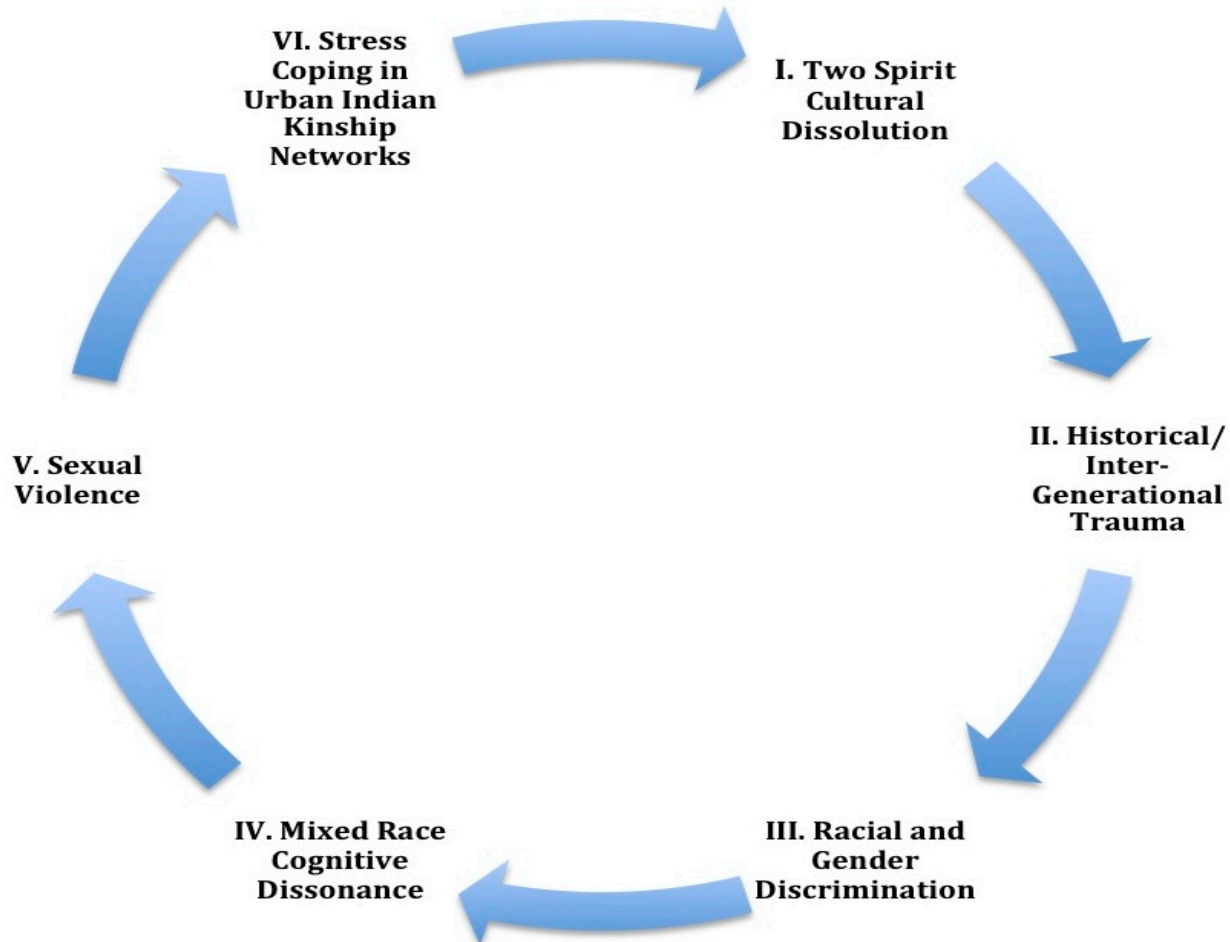
FINDINGS: HIV, KNOWLEDGE, EXPERIENCES & SERVICE UTILIZATION



THE IBPN MODEL

- Data Findings point to 6 interrelated patterns of psychosocial risk for the transmission of HIV/AIDS among Mixed-Race, Lesbian, Gay, Bisexual, Transgender, Queer, and/or Two-Spirit (MLGBTQ2s) Identified American Indians living in urban areas
- The Indian Blood Psycho-Social Nexus (IBPN) of Risk Model is used to explain the historical and contemporary factors impacting the spread of HIV/AIDS among MLGBTQ2s.
- 6 factors: Two-Spirit Cultural Dissolution, Historical/Intergenerational Trauma, Gender & Racial Discrimination, Mixed-Race Cognitive Dissonance, Sexual Violence, Stress-Coping in Urban Indian Kinship Networks

THE IBPN MODEL



TWO SPIRIT CULTURAL DISSOLUTION

- The process of two-spirit cultural dissolution for Mixed-Race, LGBTQ, and Two-Spirit (MLGBTQ2s) American Indians has taken place over many centuries and the damage brought forth by colonization and on-going settler colonialism has led to the dissolving of two-spirit cultural support networks (Jacobs, 1997, Roscoe, 1998, Giley, 2006, and Morgensen, 2011).
- The dissolution of two-spirit cultural practices is a direct result of religious missionaries and government officials who worked to erode, destroy, and reshape gender and sexual practices within Native communities throughout the Americas (Tinker, 1993).

TWO SPIRIT CULTURAL DISSOLUTION

- *“You know, I've been to places where I've met people, like myself on the reservation [who also attended boarding schools] but obviously didn't like themselves enough because they didn't want to do nothing for themselves. But, um...I got beat up. I got the shit beat out of me so bad you wouldn't even recognize me it was so bad. I got kicked in the face about 25 times by this guy with boots on. Just totally beat up on the reservation, nobody came to help, nobody helped me...After leaving I got into a relationship but then I started using again. So it was like, you know what? You're gonna go back to the reservation and end up back where you were, go back down hill--sobriety. That's why I came here. I needed to get the sobriety. And that was the main thing. Because what was up there for me was no longer [working]. You know there was like---a mile of death up there, really serious death up there. So to me, like when death is always open, all those old people are definitely gone, those people are definitely gone” (Indian Blood Focus Group Respondent, 2012).*

HISTORICAL AND INTER-GENERATIONAL TRAUMA

- Historical traumas are culturally, economically, and spiritually transferring from one generation to the next leading to inter-generational traumas that are not only endemic within Native communities, but these experiences with trauma are also central to U.S. policies of control, paternalism, and global imperialism.
- Scholars for more than a decade have examined historical and inter-generational trauma as a factor in health outcomes for American Indians. Many of the studies on trauma suggest that stress coping mechanisms and culturally appropriate health services can mitigate some of the risk factors produced by inter-generational trauma (Walters and Simoni, 2002).
- The manifestations of PTSD from historical traumas lead to inter-generational and cyclical patterns of what I term *spirit-traumas*. Spirit-traumas (ST) cause severe emotional and cultural blockages that make it difficult, if not impossible to regain a sense of individual and group autonomy, self-determination, and spiritual resiliency in the face of colonial haunting out of fear of re-experiencing painful memories and traumas either from childhood or from ancestor traumas in previous generations.

HISTORICAL AND INTER-GENERATIONAL TRAUMA

- *“It scared me. [It has] Taken people I’ve known. I try to be careful. Sometimes you suspend responsible thought and action though”* (Indian Blood Respondent, 2012).

According to Duran and Duran (1995), “If these traumas are not resolved in the lifetime of the person suffering such upheaval, it is unthinkable that the person will not fall into some type of dysfunctional behavior that will then become the learning environment for their children.”

HISTORICAL AND INTERGENERATIONAL TRAUMA

“I grew up by myself and um, a lot of ducking and dodging, you know, a lot of, it was just a constant. A constant life you know, so um, and my family didn't know how to deal with it cause my mother was working all of the time, she didn't know what was going on, and I don't know, I was drunk a lot too, you know. I started smoking cigarettes, I learned how to inhale when I was about 5 or 6 years old and I liked it. I was smoking and my sister would let me smoke. By the time I turned 13, my mother allowed me to smoke cigarettes, she allowed me to smoke weed, she allowed me to do speed, she let me do whatever I wanted. As long as I did what I was supposed to do you know” (Indian Blood Respondent, 2012).

GENDER & RACIAL DISCRIMINATION

- Gender and racial discrimination is mitigated through stress-coping mechanisms that range from substance abuse to exercise, to cultural activities for the majority of participants in the study. Not every form of stress-coping equally reduces high-risk sexual behavior. In fact, some stress-coping strategies actually can increase risk for HIV/AIDS transmission among members of this population demographic.
- Gender and racial discrimination against MLGBTQ2s comes from a long history of state controlled, legally embedded and institutionally constructed gender projects that seek to emasculate queer men, oppress Native women and women of color, and to hypersexualize all people of color and indigenous peoples regardless of sexual orientation.

GENDER & RACIAL DISCRIMINATION

“To disidentify is to read oneself and one’s own life narrative in a moment, object, or subject that is not culturally coded to “connect” with the disidentifying subject. It is not to pick and choose what one takes out of identification. It is not to willfully evacuate the politically dubious or shameful components within an identificatory locus. Rather, it is the reworking of those energies that do not elide the “harmful” or contradictory components of any identity. It is an acceptance of the necessary interjection that has occurred in such situations” (Jose Esteban Munoz, 1999).

GENDER & RACIAL DISCRIMINATION

“I'm short, I'm fat, and I'm red. And I ain't upset about it. When it comes to dominant culture I've never related. I mean never. I always look at values, well on the contrary I kind of take an opposing view, is that what they call it? Identity to me is still kind of problematic because of quote 'gay/queer' culture. I was never 'out', but I was labeled as being out, so I was the person that other people came out to, both male and female. Historically, I've always, ALWAYS, been at more comfort with um... female identity. Whether it's biological, mostly biological female, but it's just that femaleness. If I've got a choice, if I'm gonna kick it with the boys, hetero or gay or queer, or I'm gonna kick it with the dykes, I'm going with the dykes. Cause I can relate, I understand those dynamics” (Indian Blood Respondent, 2012).

MIXED RACE COGNITIVE DISSONANCE

- MLGBTQ2s feel both conscious and unconscious pressure to surrender their power in naming themselves in an ethnic/racial sense because other people will always expect the mixed-race subject to respond to the same fixed identity that they ascribe upon them. The ascription of ethnic and racial identity upon MLGBTQ2s also produce challenges in developing a congruent, collective social memory and sense of true community membership.
- Here the properties of '*Indian Blood*' become the metaphorical and literal mechanism through which power is able to speak. Foucault in *Power/Knowledge* states, 'power speaks *through* blood; it is a reality with a symbolic function.' In this instance 'blood' is used to define race and social location based on race. If an individual assumes multiple bloods and therefore has stakes in multiple racial groups and social locations it becomes very difficult, if not impossible for 'blood' to be used to display membership.

MIXED RACE COGNITIVE DISSONANCE

“Like ya know racially, I'm like a quarter white, but I don't feel white and I don't look white, so... Um... People can't often tell, cause I'm so mixed about what I am actually. So um... Like Latinos will think I'm Latino, Filipinos will think I'm Filipino. Ya know, some Asians will think that I might be part Asian or something, and Indian people will often think I'm Indian or Mexican or something. I'm just racially unidentifiable often. Um, I think that growing up I felt a difference between the way like white people feel about themselves and their privileges. Like I think they feel more entitled often to things. And I've actually seen that a bit in my family, because I know like the side of my family that's like Latino and Asian they came from a colonial place.. And also like my dad on the Cherokee side, he was racist too. He like did not like Black people. And I'm not sure if that was a part of being white or part of like the Indian side. And I sense, ya know, knowing what the community is like now in Oklahoma it's probably both. Yeah so I not only experienced racism, feeling discriminated against, but I also saw just people in my own family discriminating against other people. So I knew often the weird dynamics that race can play just in your own immediate family” (Indian Blood Respondent, 2012).

SEXUAL VIOLENCE

- Two-Spirit Bodies (TSBs) experience psychological assault, physical violence, negation and erasure as a result of colonial and settler-colonial narratives concerning the performance of gender and sexuality within the singular context of Western categorical definitions that lead to what Eduardo and Bonnie Duran (1995) describe as soul loss.
- *Indian Blood* asserts that as two-spirit people come to be marked as possessing aberrant, non-normative bodies, their spiritual, mental, and ceremonial protective factors become eroded as colonial trauma deposits itself as a physical and intergenerational presence that produces a haunting imaginary within contemporary American Indian MLGBTQ2s communities.
- This haunting leads to illness, the loss of soul, and the debilitation of community networks of support, in turn causing a dissolution of a two-spirit ethic of mutual respect and reciprocity which leads to increased sexual violence

SEXUAL VIOLENCE

“At the age of 8, I started, or I was being raped. I was raped from the age of 8 until I was 18. Right or wrong I actually did the one thing that they tell you not to do and I actually resisted, so I experienced some extreme violence. I suppose I’m kind of a case study. I was just 8 when this all started. So the behavior that I took on displayed during that time, was atypical. I tried to resist. But yet it's in the American paradigm, let's blame the victim, and I was just a bad student. And it's like no I was just doing the best I could with, ya know, I was just doing the best that I knew how given the circumstances. Later I got into the BDSM [bondage, domination, sadomasochism] world. Hmmm, I wonder why? BDSM. Pain baby, pain!” (Indian Blood Respondent, 2012).

STRESS COPING IN AN URBAN INDIAN KINSHIP NETWORK

- Effective, ethnic-specific, and culturally competent health care practices can strengthen stress-coping mechanisms within urban Indian MLGBTQ2s communities while also reducing high-risk sexual behaviors that lead to the transmission of HIV/AIDS.
- Well organized, consistent, and empowering urban Indian kinship networks can also reduce the psycho-social risk factors associated with the IBPN Model.

STRESS COPING

- “It felt like... It almost felt like just because we're Indian and we don't hang out or things like that but I mean.. I always wanted to be friends with Indians, but they always seemed kinda like I was... I felt like not really Indian because I was raised by White people so it was kind of... I was always kind of shy and I didn't identify with Indian issues. But um... It was when I came to NAAP that I was able to find out about BAAITS and all these wonderful organizations that have to do with American Indian people. So I learned how to bead, and like all these wonderful things like I'd been wanting to experience all these wonderful things for many years and I never knew that I could because I just never thought about it” (Indian Blood Respondent, 2012).

RECOMMENDATIONS

Conduct a 3-site intervention at the Red Circle Project in Los Angeles, Native American Health Centers in San Francisco and Oakland, and the Seattle Indian Health Board in collaboration with NNAAPC

Year 1

Phase One: Recruit 25 elders (45 years of age and older) to partner with 25 adults (under 45) at each of the three sites.

Phase Two: Training and Focus Group Sessions to Discuss Cultural Retention, Two-Spirit (gay/queer) Leadership and Identify Key Issues Related to Inter-Generational Trauma with the Elders Participant Group

Phase Three: Recruit 25 mixed-race Native youth (under 45 years of age and over 18) at each of the three sites

Phase Four: Training and Focus Group Sessions to Discuss Cultural Retention, MLGBTQ2s Leadership and Identify Key Issues Related to Inter-Generational Trauma with the Youth Participant Group

RECOMMENDATIONS

Year 2

Phase Five: Cultural Summit and Ceremony of Return and Homecoming to welcome MLGBTQ2s back into the community as cultural leaders. During this phase youth participants will meet for one-on-one sessions with elders who will serve as their Native Community Mentors (NCM).

Phase Six: Talking Circles at each site will be established between NCMs and Native Youth to develop community participation plans. These plans will be implemented over a 6 month period and reported on to the community at the end of the study at gathering of participants and community based-organizations. All meetings and summits will take place on site at community based organizations.

Phase 7: Presentation of actions taken by youth to become more involved in the Native community as cultural leaders. Each youth and elder will also present an Impact Statements about how the experience affected him/her personally in terms of behavior, stress, and wellness.

A Stress and Wellness Rubric will be developed to assess differences from the beginning of the intervention to the end to assess the effectiveness of the Inter-Generational Healing and Leadership Model on participants. Data and rubric measures will be published in peer-review journals and additional funding will be utilized to focus on a national study/intervention.

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