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ONE Archives at the USC Libraries

Pride, Resistance, Joy: Teaching Intersectional LGBTQ+ Stories of California and Beyond

Lesson Plans for K-12 Teachers
aligned to California's History-Social Science Framework
in implementation of the FAIR Education Act

Inquiry Question: How did indigenous communities respond to the HIV/AIDS epidemic of the 1980s and 1990s?

Ethnic Studies; 11th Grade U.S. History

Pride, Resistance, Joy:
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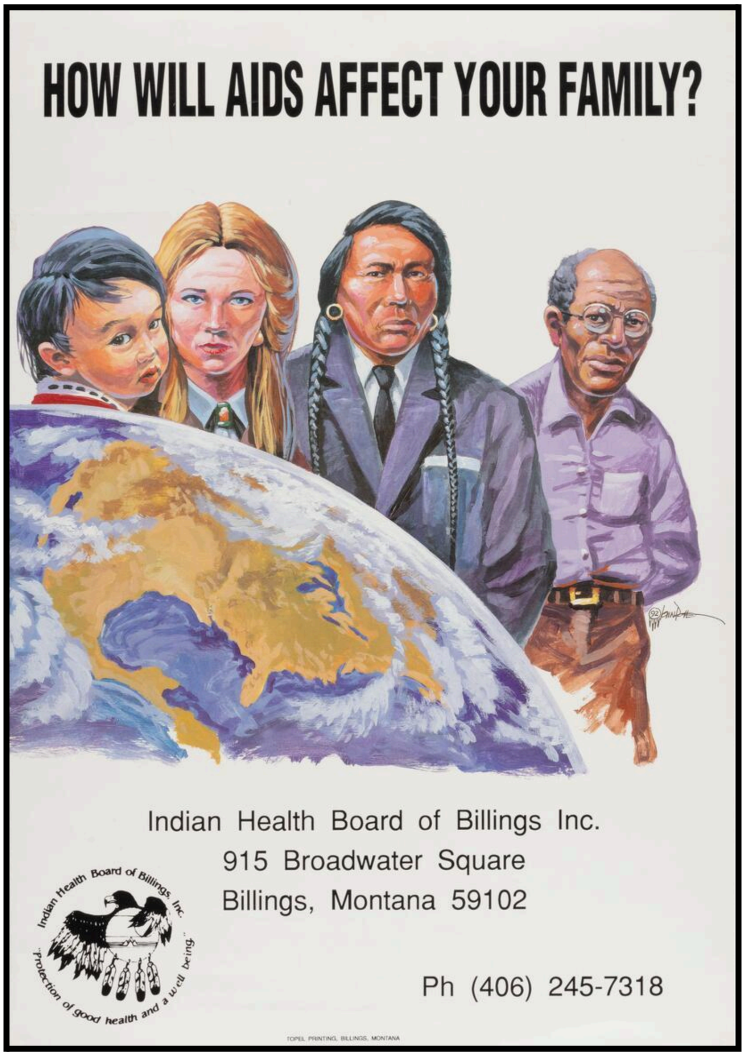

Indian Health Board of Billings Inc, "HOW WILL AIDS AFFECT YOUR FAMILY?," 1992. Morris Kight McCadden Place collection, ONE Archives at the USC Libraries.

Inquiry Question: ***How did indigenous communities respond to the HIV/AIDS epidemic of the 1980s and 1990s?***

Ethnic Studies; 11th Grade U.S. History

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Inquiry Question: How did indigenous communities respond to the HIV/AIDS epidemic of the 1980s and 1990s?

Author: Olive Garrison (they/them); California State University, Bakersfield; ogarrison@csub.edu

California History-Social Science Content Standards (1998):

- HSS-11.10: Students analyze the development of federal civil rights and voting rights.
    - HSS-11.10.5: Discuss the diffusion of the civil rights movement of African Americans… and how the advances influenced the agendas, strategies, and effectiveness of the quests of American Indians… for civil rights and equal opportunities.
- HSS-11.11 Students analyze the major social problems and domestic policy issues in contemporary American society.

California Common Core State Standards (2014):

- CCSS.ELA-LITERACY.RH.11-12.1: Cite specific textual evidence to support analysis of primary and secondary sources, connecting insights gained from specific details to an understanding of the text as a whole.
- CCSS.ELA-LITERACY.RH.11-12.2: Determine the central ideas or information of a primary or secondary source; provide an accurate summary that makes clear the relationships among the key details and ideas.
- CCSS.ELA-LITERACY.RH.11-12.7: Integrate and evaluate multiple sources of information presented in diverse formats and media (e.g., visually, quantitatively, as well as in words) in order to address a question or solve a problem.
- CCSS.ELA-LITERACY.WHST.11-12.2: Write informative/explanatory texts, including the narration of historical events.
- CCSS.ELA-LITERACY.WHST.11-12.4: Produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience.

California History-Social Science Framework Connections (2016):
"In what ways have issues such as… civil rights for people of color, immigrants, and lesbian, gay, bisexual, and transgender (LGBT) Americans… recognition of economic, social and cultural rights; the environment; and the status of women remained unchanged over time?… Students can learn about how such activism informed the history of the AIDS epidemic in the United States. California students, in particular, can tap local history resources on the epidemic and its relationship to a retreat from some areas of the civil rights, women's liberation, and sexual liberation movements" (Ch 16, p. 432).

California Ethnic Studies Model Curriculum Connections (2022):

- "Central to any ethnic studies course is the historic struggle of communities of color, taking into account the intersectionality of identity (gender, class, sexuality, among others), to challenge racism, discrimination, and oppression and interrogate the systems that continue to perpetuate inequality" (Intro. and Overview, p. 9).
- "Celebrate and honor Native People/s of the land and communities of Black, Indigenous, and People of Color by providing a space to share their stories of success, community collaboration, and solidarity, along with their intellectual and cultural wealth[;]
- "Center and place high value on the pre-colonial, ancestral knowledge, narratives, and communal experiences of Native People/s people of color and groups that are typically marginalized in society[;]

- "Connect ourselves to past and contemporary social movements that struggle for social justice and an equitable and democratic society, and conceptualize, imagine, and build new possibilities for a post-racist, post-systemic-racism society that promotes collective narratives of transformative resistance, critical hope, and radical healing" (Intro. and Overview, p. 15-16).
- "Students can investigate the history of the experience of various ethnic groups in the United States, as well as the diversity of these experiences based on race, gender, and sexuality, among other identities" (Instructional Guidance for K-12 Education, p. 54).

Overview of Lesson:
In this lesson, students will examine the Native American (indigenous) response to the HIV/AIDS epidemic of the 1980s and 1990s. Students will explore eight sources through a station activity. These sources identify a variety of strategies that indigenous communities utilized to respond to the pandemic in a culturally-responsive manner. Students will categorize each document as one or more of the following key strategies by Native American activists and health officials: Seven Generations, Survivance, Education, and Traditional Healing. Students show evidence of their learning through a graphic organizer and written summative assessment.

Materials:

- Slide Deck: Key Concepts (p. 6-8)
- Reading 1: HIV/AIDS and LGBTQ+ Activism (p. 9-11)
- Reading 2: HIV/AIDS and Native Americans (p. 12-14)
- Slide Deck: Station Activity (p. 15-19)
- Sources 1-9 (p. 20-36)
- Graphic Organizer for Key Concepts (p. 37)
- Graphic Organizer for Station Activity (p. 38-40)

Sources:

Source 1: Rae Alexandra, "The Indigenous Activist Who Demanded Inclusion for All LGBTQ+ People," from KQED, Jan. 2021.

Source 2: Barbara Cameron, "On HIV and AIDS in Native American Communities and On Racism in Lesbian / Gay Communities," c. 1987-1993. Barbara Cameron papers, San Francisco Public Library.

Source 3: Joint National Committee on Aboriginal AIDS Education and Prevention, "Protect Yourself, Others and Our Future," 1992. LGBTQ Poster collection, ONE Archives at the USC Libraries.

Source 4: Indian Community Health Service Inc, "Native American Pathways program pamphlet," c. 1980s-1990s. AIDS History Project collection, ONE Archives at the USC Libraries.

Source 5: Terry Tafoya, "FRAIDS," from *SEASONS: The National Native American AIDS Prevention Center Quarterly*, Winter 1989. AIDS History Project collection, ONE Archives at the USC Libraries.

Source 6: Glen Warhol, "Navajo Doctor Warns AIDS Might Wipe Out Indian Tribes," from *San Francisco Examiner*, Sep. 1987. AIDS History Project collection, ONE Archives at the USC Libraries.

Source 7: American Indian Health Care Association, "Who's Afraid of a Jelly Sandwich?" from *The Guiding Hand*, 1989. AIDS History Project collection, ONE Archives at the USC Libraries.

Source 8: Tulsa Area Chapter of the American Red Cross and the Indian Health Care Resource Center, "Look, listen, avoid!," c. 1980s-1990s. Images from the History of Medicine, National Library of Medicine.

Source 9: Terri Wilder, "Ojibwe Lesbian Sharon Day on HIV Care and Activism from the '80s to the Present," from *The Body*, March 2020.

Procedures:

1. Introduction:
   a. Teacher introduces the inquiry question (Slide Deck: Key Concepts): *How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?*
   b. Teacher provides students with Readings 1 and 2, and Graphic Organizer for Key Concepts. These readings offer a brief overview of the HIV/AIDS epidemic and its impact on indigenous communities— emphasizing historical trauma, social marginalization, and the stigma associated with the disease. Students discuss their responses; teacher addresses questions and misconceptions, and reviews key concepts.
2. Station Activity Setup:
   a. Teacher divides students into small groups and assigns each group to a station (Slide Deck: Station Activity).
   b. Teacher provides each station with one of the nine sources.
   c. Teacher instructs students to complete the Graphic Organizer for Station Activity, focusing on the following prompts:
      i. *Notice*: What do you see/read?
      ii. *Infer*: What strategy/strategies are they using?
      iii. *Reflect*: Why would they use this/these strategy/strategies?
      iv. *Wonder*: What questions do you have about this source?

Formative Assessment:

3. Station Exploration:
   a. Students rotate through each station, spending approximately 5 minutes at each one.
4. Class Discussion:
   a. Teacher reconvenes full class after all groups have completed their rotations.
   b. Teacher facilitates a discussion about the different strategies identified by students, asking them to share their findings and insights from the graphic organizers.
   c. Teacher and students highlight the importance of culturally-responsive approaches and the role of community collaboration and solidarity in addressing health crises.

Summative Assessment:

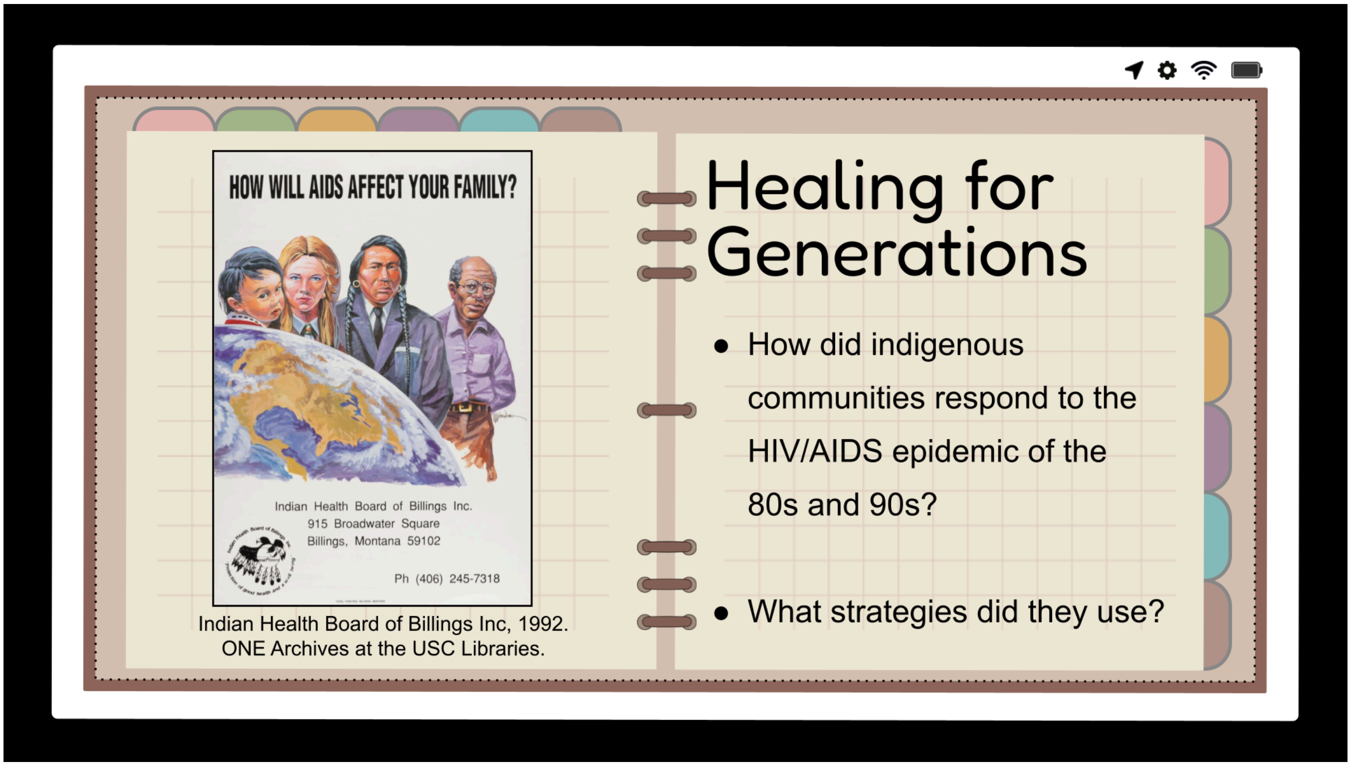
5. Students write a single paragraph (5-7 sentences) that includes:
    a. Clear topic sentence stating their main idea.
    b. Supporting details that illustrate the responses and strategies used by indigenous communities.
    c. Concluding sentence that reflects on the significance of these actions.

Assessment Criteria:

Criteria	**Exceeds**	**Proficient**
Claim	Presents a clear main idea that addresses all parts of the prompt and offers an insightful perspective on the topic; uses strong organization of ideas that strengthens the main idea throughout. (W2A)	Presents a clear main idea that addresses all parts of the prompt; uses logical organization of ideas to support the main idea throughout.
Evidence	Develops the main idea thoroughly by selecting the most relevant and appropriate information. (W2B)	Develops the main idea adequately by selecting sufficient, relevant, and appropriate information. (W2B)
Reasoning	Communicates an accurate and insightful relationship between the evidence and the main idea (W2C); includes an in-depth and accurate explanation of the implications and importance of the evidence. (W2F)	Communicates an accurate relationship between the evidence and the main idea (W2C); includes an accurate explanation of the implications and importance of the evidence. (W2F)
Language	Uses language that is precise, varied, and controlled (W2D) and that is appropriate in style and tone for the audience and purpose.	Uses precise language (W2E) that is appropriate in style and tone for the audience and purpose.

Further Resources:

- California Department of Education, "Comprehensive Sexual Health & HIV/AIDS Instruction," 2016.
- Elana Goldbaum, "Why and how did activists respond to the AIDS crisis of the 1980s?," from Out for Safe Schools® at the LA LGBT Center, UCLA History-Geography Project, One Institute, and ONE Archives at the USC Libraries; 2018.
- David France, "*How To Survive A Plague*," 2012.
- Vito Russo, "Why We Fight," 1988.
- One Institute, "Youspeak Radio," 2021-2024.



HOW WILL AIDS AFFECT YOUR FAMILY?

Indian Health Board of Billings Inc.
915 Broadwater Square
Billings, Montana 59102

Ph (406) 245-7318

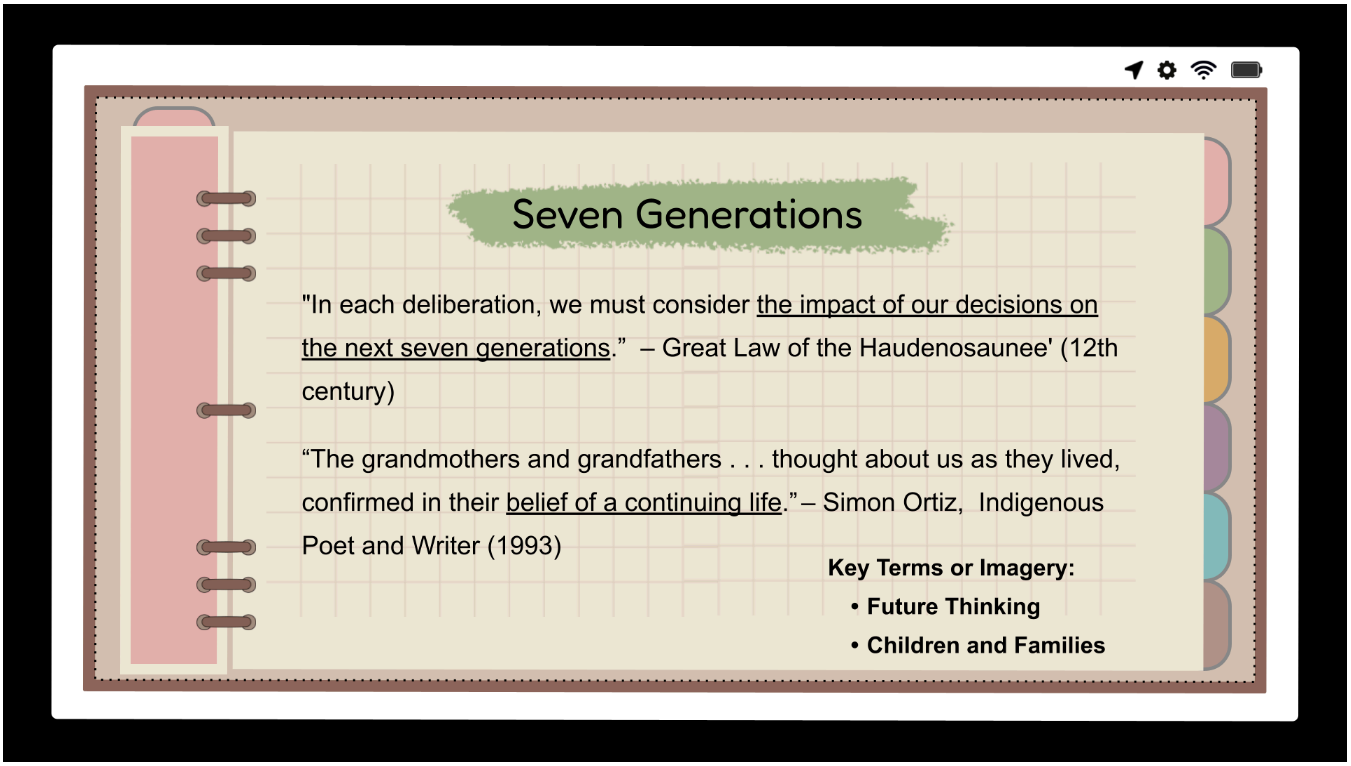
Indian Health Board of Billings Inc, 1992.
ONE Archives at the USC Libraries.

Healing for Generations

- How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?
- What strategies did they use?

What do you know about activism related to HIV/AIDS?

Review Recall



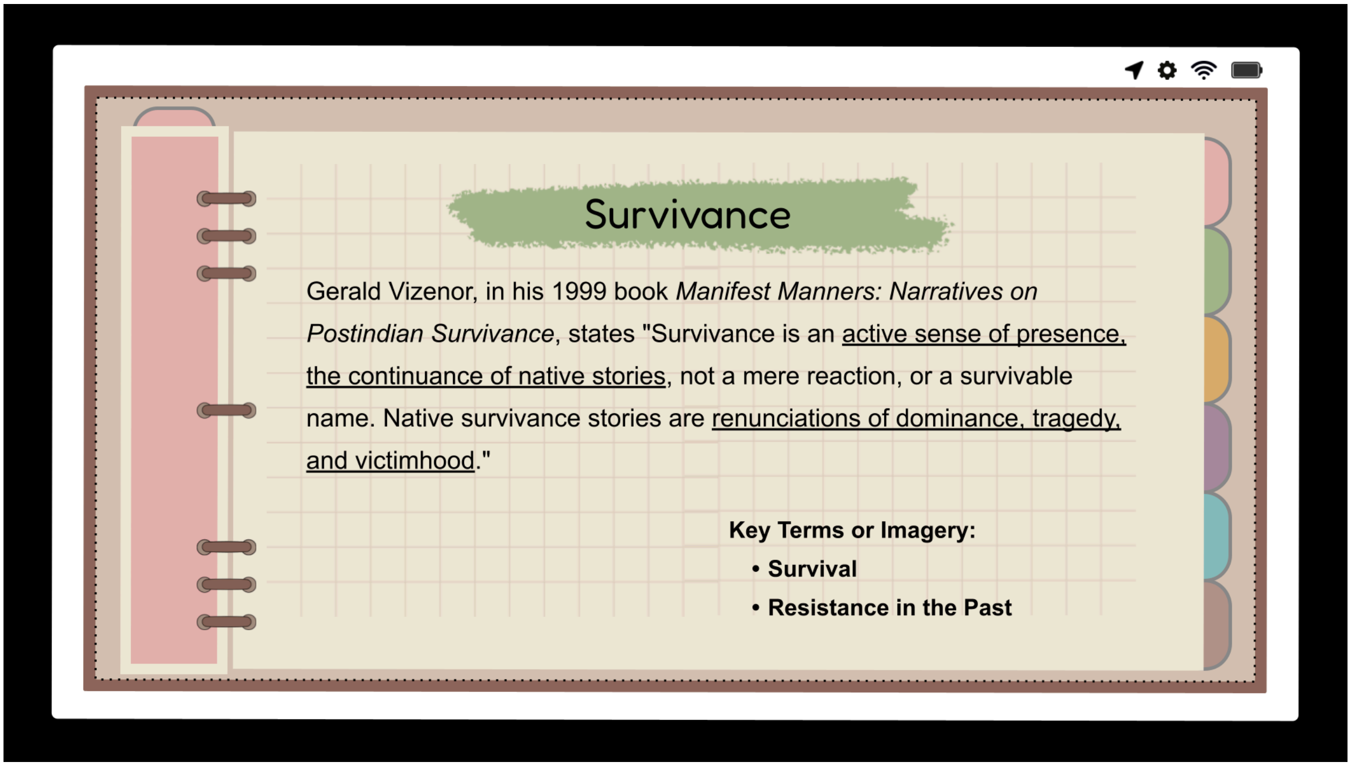
Seven Generations

"In each deliberation, we must consider the impact of our decisions on the next seven generations." – Great Law of the Haudenosaunee' (12th century)

"The grandmothers and grandfathers . . . thought about us as they lived, confirmed in their belief of a continuing life." – Simon Ortiz, Indigenous Poet and Writer (1993)

Key Terms or Imagery:

- **Future Thinking**
- **Children and Families**



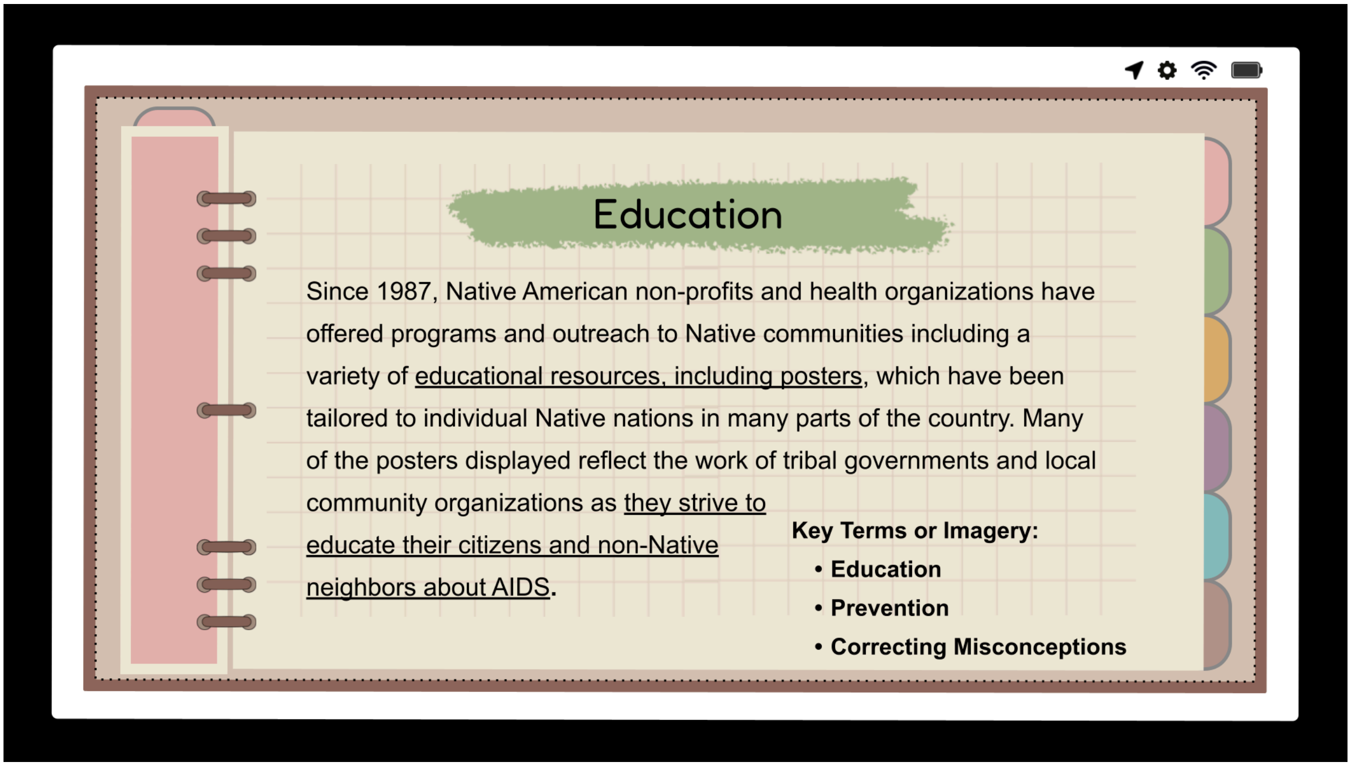
Survivance

Gerald Vizenor, in his 1999 book *Manifest Manners: Narratives on Postindian Survivance*, states "Survivance is an active sense of presence, the continuance of native stories, not a mere reaction, or a survivable name. Native survivance stories are renunciations of dominance, tragedy, and victimhood."

Key Terms or Imagery:

- **Survival**
- **Resistance in the Past**

How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?

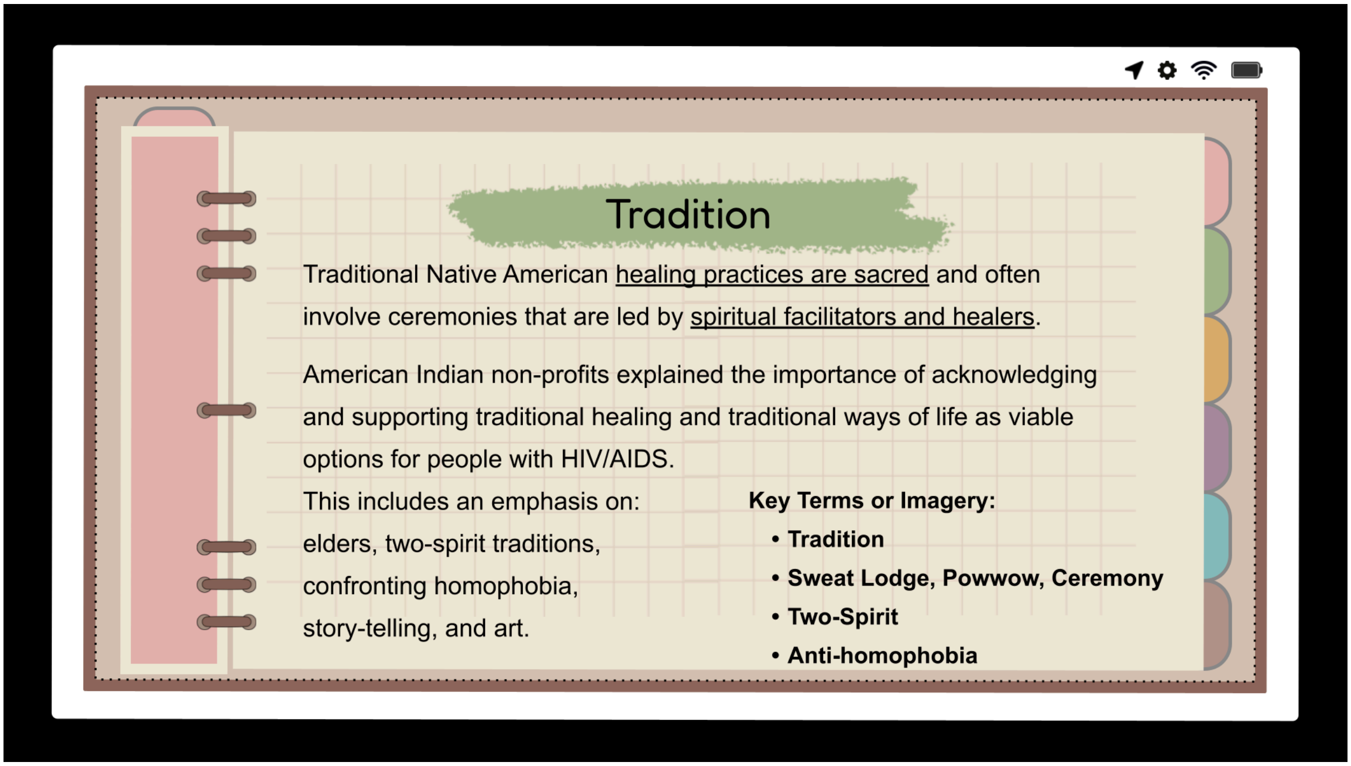


Education

Since 1987, Native American non-profits and health organizations have offered programs and outreach to Native communities including a variety of educational resources, including posters, which have been tailored to individual Native nations in many parts of the country. Many of the posters displayed reflect the work of tribal governments and local community organizations as they strive to educate their citizens and non-Native neighbors about AIDS.

Key Terms or Imagery:

- **Education**
- **Prevention**
- **Correcting Misconceptions**



Tradition

Traditional Native American healing practices are sacred and often involve ceremonies that are led by spiritual facilitators and healers.

American Indian non-profits explained the importance of acknowledging and supporting traditional healing and traditional ways of life as viable options for people with HIV/AIDS.

This includes an emphasis on:
elders, two-spirit traditions,
confronting homophobia,
story-telling, and art.

Key Terms or Imagery:

- **Tradition**
- **Sweat Lodge, Powwow, Ceremony**
- **Two-Spirit**
- **Anti-homophobia**

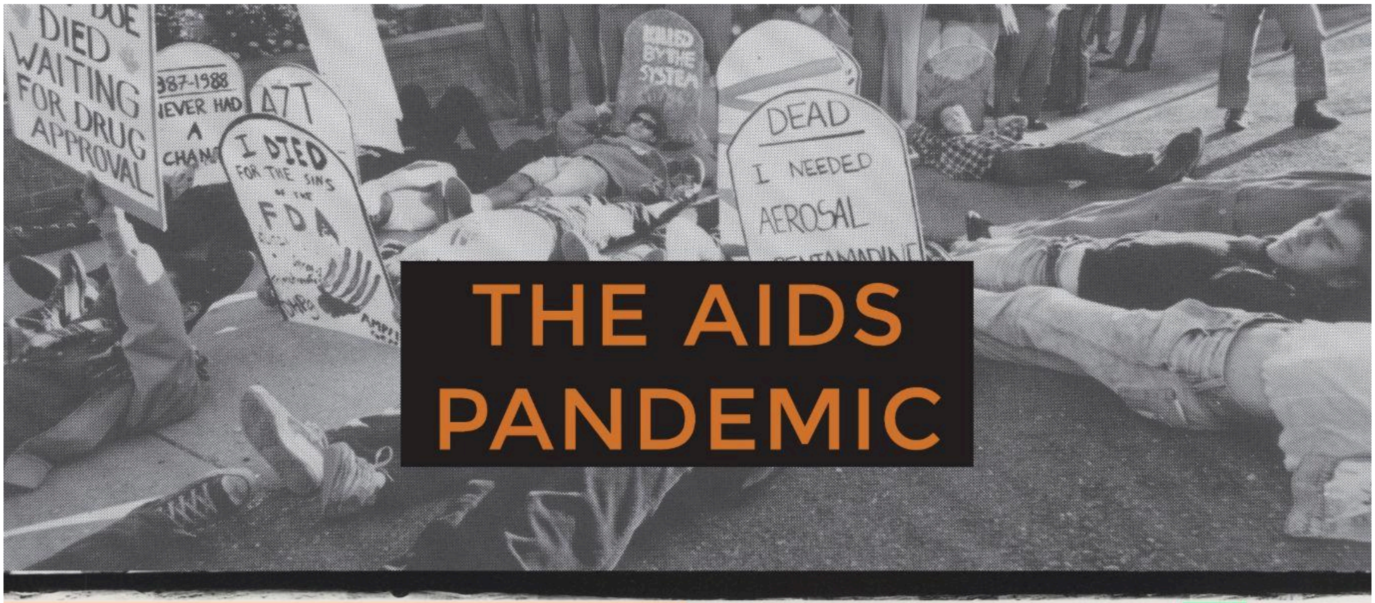
How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?

Reading 1: HIV/AIDS and LGBTQ+ Activism

Source: One Institute, "The AIDS Pandemic" and "The Queer Community Acts Up," 2016.

Question	Reading Notes
1. What is HIV and AIDS?	
2. What was public opinion towards gay people and HIV/AIDS in the 1980s?	
3. How did LGBTQ+ activists and organizations respond to HIV/AIDS in the 1980s?	
4. What were the goals and tactics of ACT UP in the 1980s and 1990s?	
5. How did President Ronald Reagan and Congress respond to HIV/AIDS in the 1980s and 1990s?	

How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?

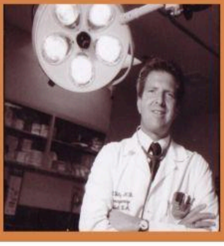


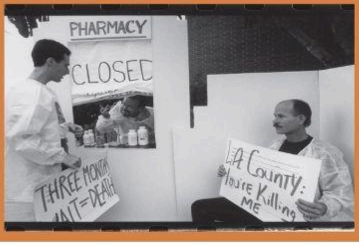
THE AIDS PANDEMIC

The first cases of what would later be termed Acquired Immune Deficiency Syndrome (AIDS) were reported in 1981 by Dr. Michael Gottlieb from UCLA. Young men in three major United States cities were hospitalized with cases of extremely rare, deadly opportunistic infections. Within fifteen years, AIDS would become the leading cause of death for Americans aged 25-44. Now it is known that HIV, the virus that causes AIDS, is a blood-borne disease that cannot be acquired via casual contact. But in the early 1980s, all anyone knew was that this new illness was deadly.

Because the first reported cases of the disease were among gay men, public opinion pigeonholed the burgeoning epidemic as a "gay plague." The stigma of homosexuality remained strong in the 1980s, a decade that began with no federal or statewide anti-discrimination laws in place to protect the civil rights of the general LGBTQ population. As a result, from June 1981 to June 1982, the Centers for Disease Control and Prevention (CDC) spent only $1 million on AIDS research, compared with several million on a single episode of tampered bottles of Tylenol. By October 1982, 634 Americans had been stricken with AIDS and 260 were dead. "It was as if one day, we'd never heard of it, and the next week, people were dying," one survivor said.

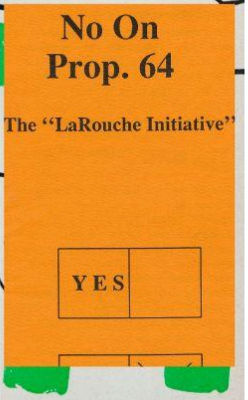
Public opinion blamed those with AIDS for the disease. Many hemophiliac children infected through blood transfusions were forced to leave school. A backlash of fear intensified after movie star Rock Hudson, one of the first public figures to confirm his diagnosis, died from complications of AIDS in 1985. *Life* magazine proclaimed on its cover, "Now no one is safe from AIDS." Violence against gay men rose precipitously, with attackers increasingly taunting their victims with slurs about AIDS.





In 1986, right-wing political activist Lyndon LaRouche crafted California Proposition 64, which would give the state the power to quarantine those with HIV. The initiative collected near 700,000 signatures, twice the number needed to put the measure on the ballot. LGBTQ activists feared that if they lost, similar initiatives would spread across the United States. However, through increasingly sophisticated political organizing, fundraising, and grassroots operations, LGBTQ activists were able to lead an overwhelming defeat of the measure at the polls.

Activist groups such as Gay Men's Health Crisis, Project Inform, AIDS Project Los Angeles, and the American Foundation for AIDS Research formed to fill the void of effective public health policy by raising money for independent research and education and to support those with the disease. Even though municipalities like San Francisco, as well as the state of California, put ever-increasing resources into fighting the epidemic, the mounting death toll and sheer scale of the epidemic overwhelmed the meager resources local governments had at their disposal. After years of fighting to keep the government out of their lives, the gay community now needed the government to join the fight against AIDS.



No On Prop. 64

The "LaRouche Initiative"

YES

THE QUEER COMMUNITY ACTS UP

Isolated acts of protest in 1985 and 1986 along with increasingly combative reporting in gay publications indicated the mounting anger in the gay community. In early 1987 at a Center for Disease Control conference, a protest group calling itself the Lavender Hill Mob stormed the proceedings and shouted down the speakers. Avram Finkelstein's Silence=Death collective spread posters throughout New York City to foment expanded gay activism.

The AIDS Coalition to Unleash Power (ACT UP), which formed later that year in New York City, quickly became the face of the new activism. A primary target of the group concentrated on the non-availability of medications. Drugs identified as promising for AIDS treatment had not been fast-tracked for testing by the FDA. The sole drug available was a failed cancer drug that sold for thousands of dollars a year, and clinical trial protocols denied potential treatment to patients. Using civil disobedience, direct-action tactics, and media visibility, ACT UP put pressure on the FDA to expedite their work.

Volume III, Number 15 October 14, 1988

175 Arrested in Confrontation

ACTIVISTS CLOSE FDA

ACT UP became known for their disruptive protests, theatrical street demonstrations, and willingness to be arrested for their cause. At their height, they boasted chapters across America and spawned groups such as the artists collective Gran Fury, the militant Queer Nation, and the Treatment Action Group (TAG). TAG's medical expertise worked alongside ACT-UP's activism to reform the drug trial policies and speed the development of new drugs in the FDA. By 1996, advances in antiviral therapies allowed the disease to be largely managed and transformed it from the death sentence that it had been.

By the time President Reagan gave his first policy speech about AIDS in 1987, nearly forty thousand Americans had been diagnosed and over twenty thousand had died. That same year, Congress adopted an amendment banning funds for any AIDS education materials that "promote or encourage, directly or indirectly, homosexual activities." This effectively outlawed any federally funded education efforts to limit the spread of the virus.

Congress eventually approved legislation in 1988 that would define a comprehensive federal program to fight and treat AIDS. In 1990, the death of a hemophiliac teenager prompted the Ryan White Comprehensive AIDS Resource Emergency (CARE) Act, which funded community-based care and treatment services. The Americans with Disabilities Act of 1990 was the first federal law to offer protection against discrimination for those with HIV.

How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?

Reading 2: HIV/AIDS and Native Americans

Question	Reading Notes
1. How were Native American communities uniquely impacted by HIV/AIDS in the 1980s and 1990s?	
2. How did Barbara May Cameron and Sharon Day contribute to HIV/AIDS activism?	
3. How has settler colonialism and disease impacted Native American communities?	
4. What role have Two Spirit people played in HIV/AIDS activism?	

How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?

HIV/AIDS and Native Americans

The HIV/AIDS epidemic emerged in the United States during the late 1970s and early 1980s, profoundly impacting communities across the nation for several decades. The virus, which attacks the immune system, led to a public health crisis that required immediate attention and action. For many Native American communities and LGBTQ individuals, the epidemic was not just a health issue but also a matter of cultural survival, as they faced historical injustices, social marginalization, and limited access to healthcare. Stigma and shame associated with the disease have been significant barriers to seeking care and support. Many individuals faced isolation due to fear of being ostracized by their families and communities. This shame often led to a reluctance to discuss sexual health openly, which hindered education and prevention efforts.

In Native American communities, the impact of HIV/AIDS is compounded by historical trauma, including the legacy of colonialism and systemic discrimination. Many Native Americans experienced higher rates of poverty and lack access to healthcare, making them more susceptible to health crises. The social stigma surrounding HIV/AIDS was particularly acute within these communities, where

discussions about sexual health and LGBTQ+ identities were taboo in some communities and open in others.

Indigenous peoples have a rich history and diverse culture that informs their approach to health and well-being. Traditional beliefs often emphasize the interconnectedness of body, mind, and spirit, which shaped their response to the HIV/AIDS crisis. During the 1980s and 1990s, Native American activists and health officials mobilized to combat the epidemic by promoting culturally relevant strategies. They sought to educate their communities about the virus and provide support for those affected.

Important Figures in HIV/AIDS Activism

<u>Barbara May Cameron</u>
A Hunkpapa Lakota activist, Barbara May Cameron co-founded Gay American Indians (GAI) and advocated for inclusivity within the LGBTQ community. Her powerful writings highlighted the struggles of Native Americans and LGBTQ individuals during the HIV/AIDS epidemic, emphasizing the need for representation and support. Cameron's work was instrumental in addressing the stigma faced by those living with HIV/AIDS, advocating for community solidarity and resilience.

<u>Sharon Day</u>
An Ojibwe activist and founder of the Indigenous Peoples Task Force, Sharon Day played a significant role in caring for Native individuals affected by HIV/AIDS. She advocated for culturally appropriate health services within Native communities, combining traditional values with contemporary health practices. Day's efforts helped to create safe spaces for discussions around HIV/AIDS, empowering individuals to seek help without fear of judgment.

The Impact of Settler Colonialism and Disease

The legacy of settler colonialism has had lasting effects on Indigenous populations, particularly regarding health and well-being. When European settlers arrived, they brought with them diseases such as smallpox, measles, and influenza. These diseases spread rapidly among Indigenous peoples, who had no prior exposure or immunity, leading to devastating mortality rates. Entire communities were wiped out, and the social structures of many tribes were severely disrupted.

This historical trauma created an ongoing cycle of health disparities for Native American communities. The impact of settler colonialism did not end with the initial pandemics; it continued to shape the health outcomes of Indigenous peoples. Limited access to healthcare, economic marginalization, and systemic discrimination further exacerbated the vulnerabilities of these communities, making them more susceptible to health crises.

Barbara May Cameron often reminded her readers that Indigenous peoples have faced significant challenges in the past and possess the resilience to endure through community action. She emphasized the importance of coming together to fight against the stigma associated with HIV/AIDS, drawing parallels between the historical injustices faced by Indigenous peoples and the current health crisis. Cameron's advocacy highlighted that, just as Indigenous communities have survived previous epidemics through collective strength and support, they could navigate the challenges posed by HIV/AIDS with the same spirit of unity and activism.

The Role of Two-Spirit People

Two-Spirit people, a term used by some Indigenous cultures to describe gender-variant individuals, played a crucial role in the Native American response to the HIV/AIDS epidemic. Historically, Two-Spirit individuals held unique positions within their communities, often serving as healers, mediators, and cultural leaders. Their existence challenges the binary understanding of gender and sexuality, reflecting a more complex view of identity that has existed in many Native cultures long before colonial influences.

During the HIV/AIDS crisis, Two-Spirit activists emerged as key figures in advocating for awareness, education, and support for those affected by the disease. They utilized their cultural knowledge and community ties to address the stigma surrounding HIV/AIDS, often bridging the gap between traditional healing practices and modern healthcare approaches. By highlighting their experiences, Two-Spirit individuals contributed significantly to the broader dialogue on health, identity, and community resilience.

Key Concepts

Seven Generations

The principle of Seven Generations emphasizes considering the impact of actions on future generations. Native American leaders and activists used this approach to advocate for long-term health strategies that would benefit not only those living with HIV/AIDS at the time but also future generations. This principle encouraged communities to work together to create sustainable solutions to health challenges.

Survivance

Survivance illustrates the resilience of Native American communities in the face of adversity. During the HIV/AIDS crisis, many activists drew on their cultural heritage to combat stigma and discrimination. They highlighted stories of strength and survival, showcasing the importance of community support and solidarity in overcoming health challenges.

Education

Education played a vital role in responding to the HIV/AIDS epidemic. Native American health officials and community leaders implemented educational programs to raise awareness about transmission, prevention, and treatment of HIV/AIDS. These programs not only informed individuals about the disease but also addressed misconceptions and stigma surrounding it, empowering communities to take charge of their health. Effective education initiatives sought to destigmatize HIV/AIDS, encouraging open conversations about sexual health.

Traditional Healing

Traditional healing practices have long been an integral part of Native American culture. During the HIV/AIDS epidemic, many communities turned to these practices as part of their response. Traditional healers provided spiritual and emotional support, helping individuals cope with the challenges of the disease. This integration of traditional healing with modern medical practices created a more holistic approach to healthcare for those affected by HIV/AIDS.

Slide Deck: Station Activity

Inquiry Question:
How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?

Notice (What do you see/read?)	**Infer** (What strategy/strategies are they using?
Reflect (Why would they use this/ these strategy/strategies?)	**Wonder** (What questions do you have about this source?)

GAY PRIDE

Photographs from Stonewall to Toda

The AIDS/ARC Vigil, 1987. Prominent lesbian and gay activists chained themselves to San Francisco's Old Federal Building. Front row, l to r: Greg Day, Barbara Cameron, Pat Norman, Ken McPherson.

This station is a **reading** station.

Station One

Rae Alexandra, "The Indigenous Activist Who Demanded Inclusion for All LGBTQ+ People," from KQED, Jan. 2021.

Inquiry Question:
How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?

Notice (What do you see/read?)	**Infer** (What strategy/strategies are they using?
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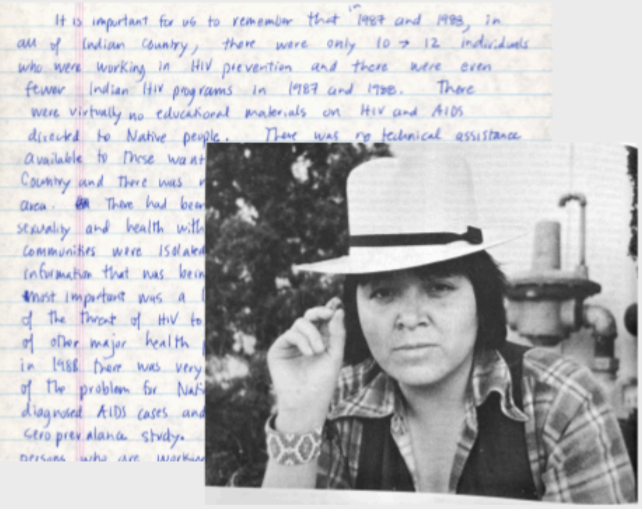

It is important for us to remember that in 1987 and 1988, in
all of Indian Country, there were only 10 → 12 individuals
who were working in HIV prevention and there were even
fewer Indian HIV programs in 1987 and 1988. There
were virtually no educational materials on HIV and AIDS
directed to Native people. There was no technical assistance
available to these want
Country and there was
area. There had been
sexuality and health with
communities were isolated
information that was bein
most important was a
of the threat of HIV to
of other major health
in 1988 there was very
of the problem for Nat
diagnosed AIDS cases and
sero prevalance study.
persons who are working

Station Two

Barbara Cameron, "On HIV and AIDS in Native American Communities and On Racism in Lesbian / Gay Communities," c. 1987-1993. Barbara Cameron papers, San Francisco Public Library.

How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?

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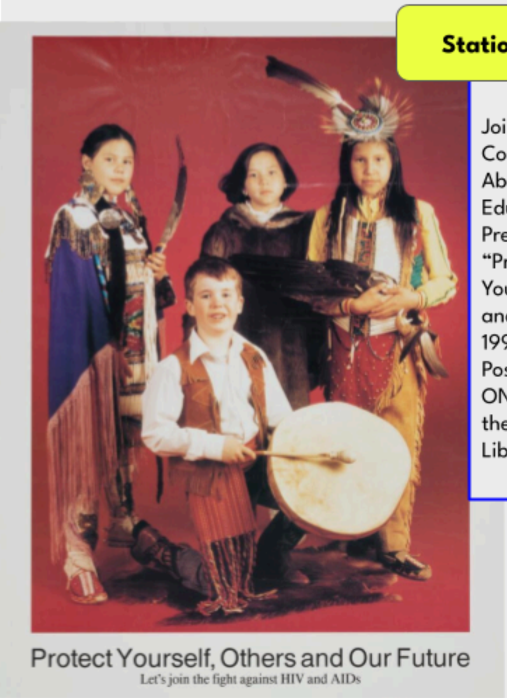

Station Three

Joint National Committee on Aboriginal AIDS Education and Prevention, "Protect Yourself, Others and Our Future," 1992. LGBTQ Poster collection, ONE Archives at the USC Libraries.

Inquiry Question:
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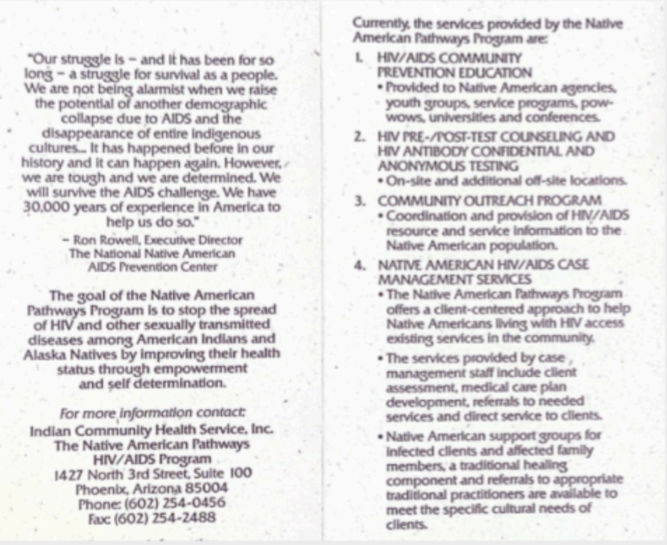


"Our struggle is – and it has been for so long – a struggle for survival as a people. We are not being alarmist when we raise the potential of another demographic collapse due to AIDS and the disappearance of entire indigenous cultures... It has happened before in our history and it can happen again. However, we are tough and we are determined. We will survive the AIDS challenge. We have 30,000 years of experience in America to help us do so."

– Ron Rowell, Executive Director
The National Native American
AIDS Prevention Center

The goal of the Native American Pathways Program is to stop the spread of HIV and other sexually transmitted diseases among American Indians and Alaska Natives by improving their health status through empowerment and self determination.

For more information contact:

Indian Community Health Service, Inc.
The Native American Pathways
HIV/AIDS Program
1427 North 3rd Street, Suite 100
Phoenix, Arizona 85004
Phone: (602) 254-0456
Fax: (602) 254-2488

Currently, the services provided by the Native American Pathways Program are:

1. HIV/AIDS COMMUNITY PREVENTION EDUCATION
    - Provided to Native American agencies, youth groups, service programs, pow-wows, universities and conferences.
2. HIV PRE-/POST-TEST COUNSELING AND HIV ANTIBODY CONFIDENTIAL AND ANONYMOUS TESTING
    - On-site and additional off-site locations.
3. COMMUNITY OUTREACH PROGRAM
    - Coordination and provision of HIV/AIDS resource and service information to the Native American population.
4. NATIVE AMERICAN HIV/AIDS CASE MANAGEMENT SERVICES
    - The Native American Pathways Program offers a client-centered approach to help Native Americans living with HIV access existing services in the community.
    - The services provided by case management staff include client assessment, medical care plan development, referrals to needed services and direct service to clients.
    - Native American support groups for infected clients and affected family members, a traditional healing component and referrals to appropriate traditional practitioners are available to meet the specific cultural needs of clients.

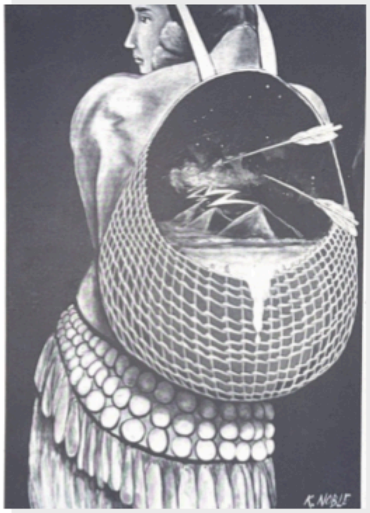
Station Four

Indian Community Health Service Inc, "Native American Pathways program pamphlet," c. 1980s-1990s. AIDS History Project collection, ONE Archives at the USC Libraries.

How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?

Inquiry Question:
How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?

Notice (What do you see/read?)	**Infer** (What strategy/strategies are they using?)
Reflect (Why would they use this/ these strategy/strategies?)	**Wonder** (What questions do you have about this source?)



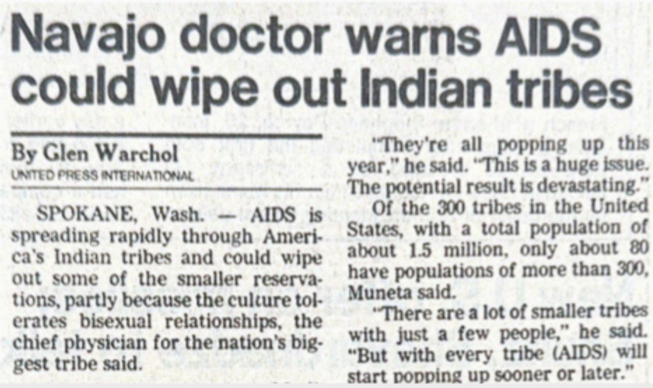
This station is a **reading** station.

Station Five

Terry Tafoya, "FRAIDS," from *SEASONS: The National Native American AIDS Prevention Center Quarterly*, Winter 1989. AIDS History Project collection, ONE Archives at the USC Libraries.

Inquiry Question:
How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?

Notice (What do you see/read?)	**Infer** (What strategy/strategies are they using?)
Reflect (Why would they use this/ these strategy/strategies?)	**Wonder** (What questions do you have about this source?)



Navajo doctor warns AIDS could wipe out Indian tribes

By Glen Warchol
UNITED PRESS INTERNATIONAL

SPOKANE, Wash. — AIDS is spreading rapidly through America's Indian tribes and could wipe out some of the smaller reservations, partly because the culture tolerates bisexual relationships, the chief physician for the nation's biggest tribe said.

"They're all popping up this year," he said. "This is a huge issue. The potential result is devastating."

Of the 300 tribes in the United States, with a total population of about 1.5 million, only about 80 have populations of more than 300, Muneta said.

"There are a lot of smaller tribes with just a few people," he said. "But with every tribe (AIDS) will start popping up sooner or later."

This station is a **reading** station.

Station Six

Glen Warhol, "Navajo Doctor Warns AIDS Might Wipe Out Indian Tribes," from *San Francisco Examiner*, Sep. 1987. AIDS History Project collection, ONE Archives at the USC Libraries.

<table>
<tr><th colspan="2">Inquiry Question:
<i>How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?</i></th></tr>
<tr><td>Notice
(What do you see/read?)</td><td>Infer
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<tr><td>Reflect
(Why would they use this/ these strategy/strategies?)</td><td>Wonder
(What questions do you have about this source?)</td></tr>
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This station is a **comic book.**

Station Seven

American Indian Health Care Association, "Who's Afraid of a Jelly Sandwich?" from *The Guiding Hand*, 1989. AIDS History Project collection, ONE Archives at the USC Libraries.

<table>
<tr><th colspan="2">Inquiry Question:
<i>How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?</i></th></tr>
<tr><td>Notice
(What do you see/read?)</td><td>Infer
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(What questions do you have about this source?)</td></tr>
</table>

Station Eight

Tulsa Area Chapter of the American Red Cross and the Indian Health Care Resource Center, "Look, listen, avoid!," c. 1980s-1990s. Images from the History of Medicine, National Library of Medicine.

Inquiry Question: *How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?*	
Notice (What do you see/read?)	**Infer** (What strategy/strategies are they using?)
Reflect (Why would they use this/ these strategy/strategies?)	**Wonder** (What questions do you have about this source?)

For this station, you have the following options:

- Watch video Interview, 1999 (6 min)
- Watch video Interview, 2022 (1 min)
- Read article interview, 2020 (3.5 pgs)

Station Nine

"Sharon Day is an Ojibwe and the founder and executive director of the Indigenous Peoples Task Force, formerly known as the Minnesota American Indian AIDS Task Force. She's a writer, playwright, and artist."

Terri Wilder, "Ojibwe Lesbian Sharon Day on HIV Care and Activism from the '80s to the Present," from *The Body*, March 2020.

Guide to Key Concepts (for Teacher)

- ★ Station 1: Seven Generations, Survivance, Education
- ★ Station 2: Seven Generations, Survivance, Education
- ★ Station 3: Survivance, Traditional Healing, Education
- ★ Station 4: Survivance, Traditional Healing, Education
- ★ Station 5: Seven Generations, Education, Traditional Healing
- ★ Station 6: Seven Generations, Survivance, Traditional Healing
- ★ Station 7: Seven Generations, Survivance, Traditional Healing
- ★ Station 8: Seven Generations, Survivance, Traditional Healing
- ★ Station 9: Seven Generations, Education, Traditional Healing

Video Source Options for Station 9:

- ★ "Sharon Day," from *Almanac*, 1999. PBS SoCal.
- ★ Bestsy Kalin, "Sharon Day: 'God is in the Water,'" 2022. The OUTWORDS Archive.

Source 1: Rae Alexandra, "The Indigenous Activist Who Demanded Inclusion for All LGBTQ+ People," from KQED, Jan. 2021.

GAY PRIDE

Photographs from Stonewall to Toda

The AIDS/ARC Vigil, 1987. Prominent lesbian and gay activists chained themselves to San Francisco's Old Federal Building. Front row, l to r: Greg Day, Barbara Cameron, Pat Norman, Ken McPherson.

In 1963, when Barbara May Cameron was just 9 years old, she read an article about San Francisco. At the time, Cameron, a Hunkpapa Lakota, lived on the Standing Rock Reservation in North Dakota with her grandparents. As soon as she read about the far-away California city, she confidently informed her grandmother that, one day, she would live there. "And save the world too," she added.

Just over a decade later, Cameron made it to San Francisco and got to work. First, she co-founded Gay American Indians (GAI) alongside her friend Randy Burns. Cameron viewed GAI as both a support group for Native lesbians and gay men, and a means to carve out space for them within the wider (and whiter) LGBTQ+ community. Those pursuits carried over into her writing as well. Though she had originally trained as a photographer at Santa Fe's Institute of American Indian Arts, Cameron found her message was better conveyed through essays. Hers were personal and powerful, and became a loudspeaker for the Indigenous gay community.

Cameron's 1981 essay "Gee, You Don't Seem Like An Indian From The Reservation" remains a searing snapshot of the struggle to survive marginalization and thrive despite it. In it, she viscerally describes 26 years of bearing witness to violence against her community. Remarkably, she also uses that backdrop as a means to openly discuss her own lasting trauma and the challenge of erasing color lines.

Because of experiencing racial violence, I sometimes panic when I'm the only non-white in a roomful of whites, even if they are my closest friends; I wonder if I'll leave the room alive. The seemingly copacetic gay world of San Francisco becomes a mere dream after the panic leaves … I want to scream out my anger and disgust with myself for feeling distrustful of my white friends and I want to banish the society that has fostered those feelings of alienation.

Later, as Cameron describes working on becoming more comfortable in a white-dominated world, she wonders aloud about how she'll do that without leaving some of her "Indianness" behind. As it turns out, for the rest of her life, Cameron never lost sight of her roots and identity.

Cameron's ability to use her own life story to magnify the struggles of Native American people was hugely impactful at the time, and remains powerful today. And she did it in essay after essay, never once shying away from uncomfortable, difficult subjects. "It is inappropriate for progressive or liberal white people," she once wrote, "to expect warriors in brown armor to eradicate racism."

In 1993's "Frybread in Berlin" (originally published in the fourth *In The Wind: American Indian Alaska Native Community AIDS Network* newsletter), Cameron expressed frustration over the lack of visibility permitted to people of color within the gay community. She wrote:

How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?

> *In reading newspapers in the SF Bay Area, one gets the impression that the only news coming out of the IXth International Conference on AIDS is the disruptions by ACT-UP, pretending they represent the heart and soul of all AIDS activism. But ... Alaska Soto from the Native and Indigenous AIDS Network (NIAN) addressed the closing plenary with a reading of the group statement from NIAN. The statement reflected the continued frustration and efforts by Native people to be serious participants in the international arena of HIV and AIDS.*

Critical though she was about issues of inclusivity within the LGBTQ+ community, Cameron also never stopped fighting for it. Her activism was prolific. Between 1980–'85, she helped organize the Lesbian Gay Freedom Day Parade and Celebration. (The predecessor to what we've been calling the Dyke March since 1993.) And in 1981, she co-chaired the Gay Freedom Day Committee.

Though outspoken and formidable, Cameron is often remembered for her calm and respectful energy in the face of opposition. Those qualities made her a natural leader, and the positions she came to occupy reflect that.

In the late '80s, Cameron co-chaired the Lesbian Agenda for Action, an organization that used social and political action to promote lesbian visibility. During the same period, she served as vice president of the Alice B. Toklas LGBT Democratic Club. The organization's mission since 1971 has been to advocate within the Democratic party for social and economic justice, and to help elect candidates who are focused on the fight for equality.

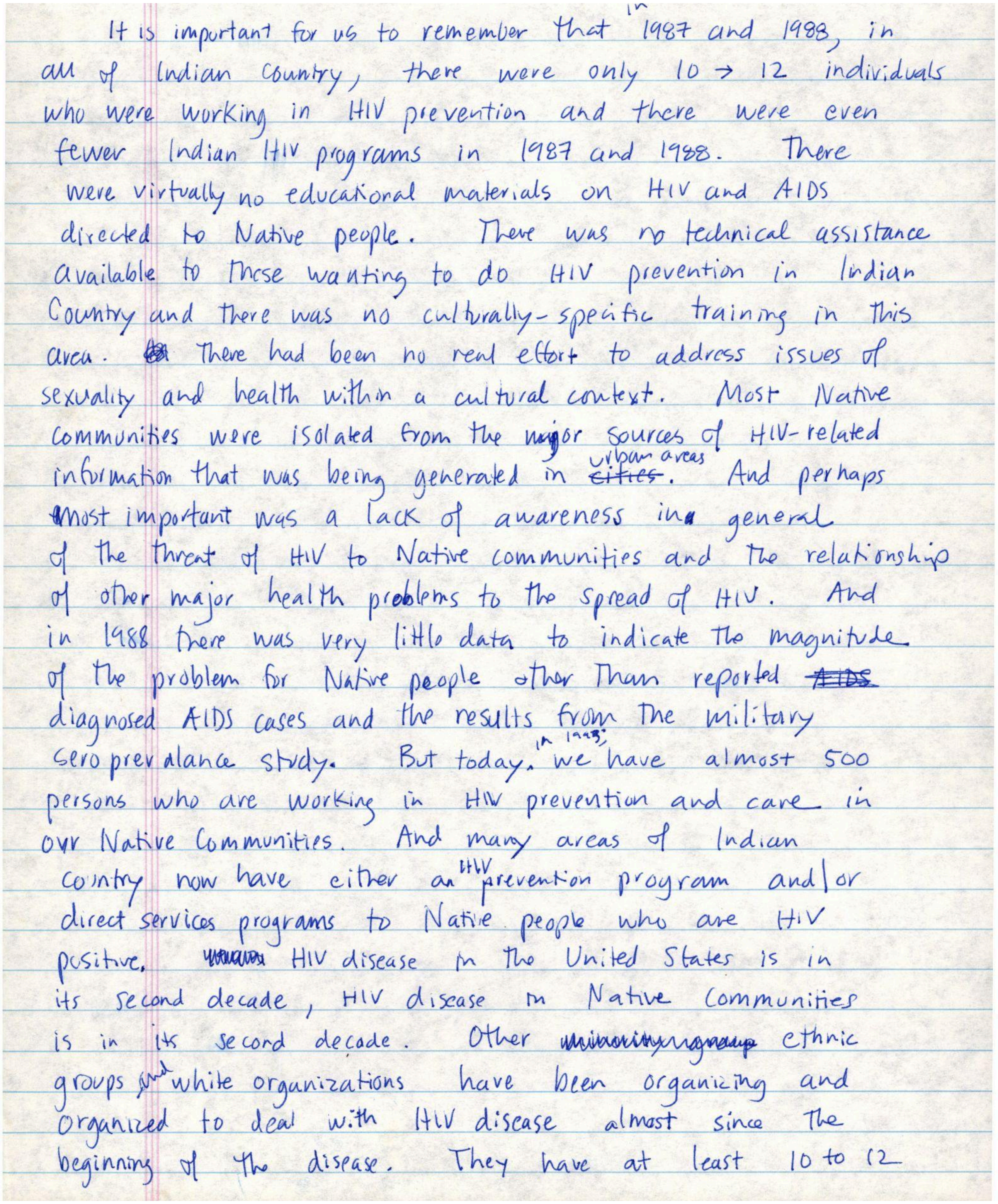
Cameron's position at Alice facilitated new and significant political connections that raised her profile even more. She served as a delegate for Jesse Jackson's Rainbow Coalition at the 1988 Democratic National Convention. Also that year, then-Mayor Dianne Feinstein appointed Cameron to the Citizens Committee on Community Development, and the San Francisco Human Rights Commission. When Frank Jordan became mayor in 1992, he appointed her to the United Nations Commission on the Status of Women. And between '89 and '92, Cameron was the executive director of Community United Against Violence—an organization dedicated to helping survivors of domestic violence and hate crimes.

In the end, Barbara Cameron's passion, resilience and dedication allowed her not only to become a beacon and a voice for marginalized groups in the Bay Area, but also to act as a bridge between them. Chrystos, a Native American poet and activist, once said that Cameron had given her, "a sense of dignity about my place in the world, and my right to be in that place." Cameron did that for countless Indigenous and LGBTQ+ people like her. Inspired by that, last year, the Pride is a Protest project honored her life with artwork displayed just across from the Ferry Building in San Francisco.

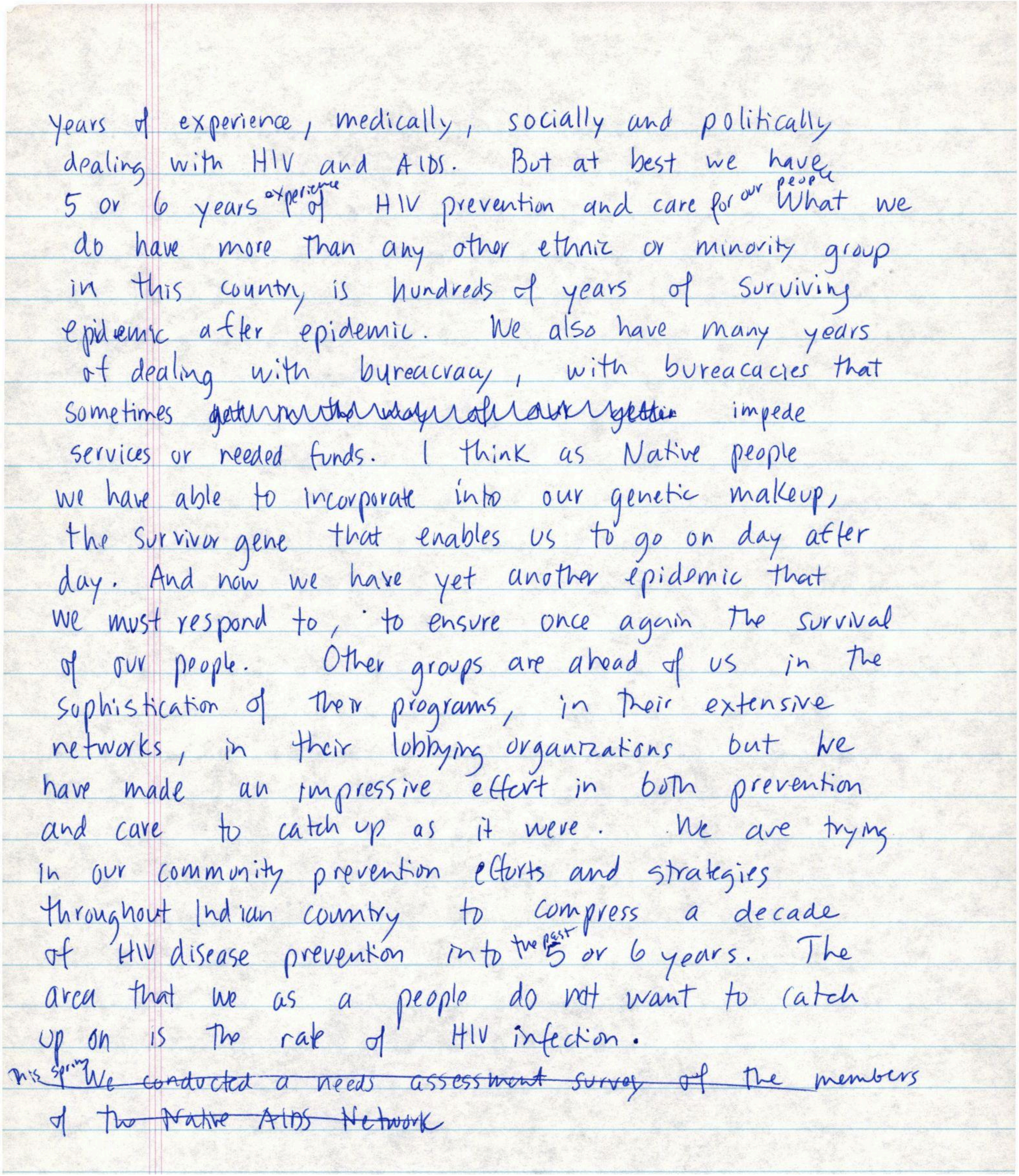
Barbara May Cameron died in 2002 at the age of 47, leaving behind her partner of 21 years, Linda Boyd, and their son Rhys. Despite having spent over half her life in San Francisco, Cameron was buried in South Dakota, just outside the reservation where she was raised. It was a fitting final resting place.

"I rediscovered myself there," Cameron wrote of a visit to Standing Rock in 1981. "I was sad to leave but recognized that a significant part of myself has never left and never will. And that part is what gives me strength—the strength of my people's enduring history and contenting belief in the sovereignty of our lives.

Source 2: Barbara Cameron, "On HIV and AIDS in Native American Communities and On Racism in Lesbian / Gay Communities," c. 1987-1993. Barbara Cameron papers, San Francisco Public Library.



It is important for us to remember that in 1987 and 1988, in all of Indian Country, there were only 10 → 12 individuals who were working in HIV prevention and there were even fewer Indian HIV programs in 1987 and 1988. There were virtually no educational materials on HIV and AIDS directed to Native people. There was no technical assistance available to those wanting to do HIV prevention in Indian Country and there was no culturally-specific training in this area. There had been no real effort to address issues of sexuality and health within a cultural context. Most Native communities were isolated from the major sources of HIV-related information that was being generated in ~~cities~~ urban areas. And perhaps most important was a lack of awareness in general of the threat of HIV to Native communities and the relationship of other major health problems to the spread of HIV. And in 1988 there was very little data to indicate the magnitude of the problem for Native people other than reported ~~AIDS~~ diagnosed AIDS cases and the results from the military sero prevalance study. But today, in 1993, we have almost 500 persons who are working in HIV prevention and care in our Native Communities. And many areas of Indian country now have either an HIV prevention program and/or direct services programs to Native people who are HIV positive. HIV disease in the United States is in its second decade, HIV disease in Native communities is in its second decade. Other ~~minority group~~ ethnic groups and white organizations have been organizing and organized to deal with HIV disease almost since the beginning of the disease. They have at least 10 to 12

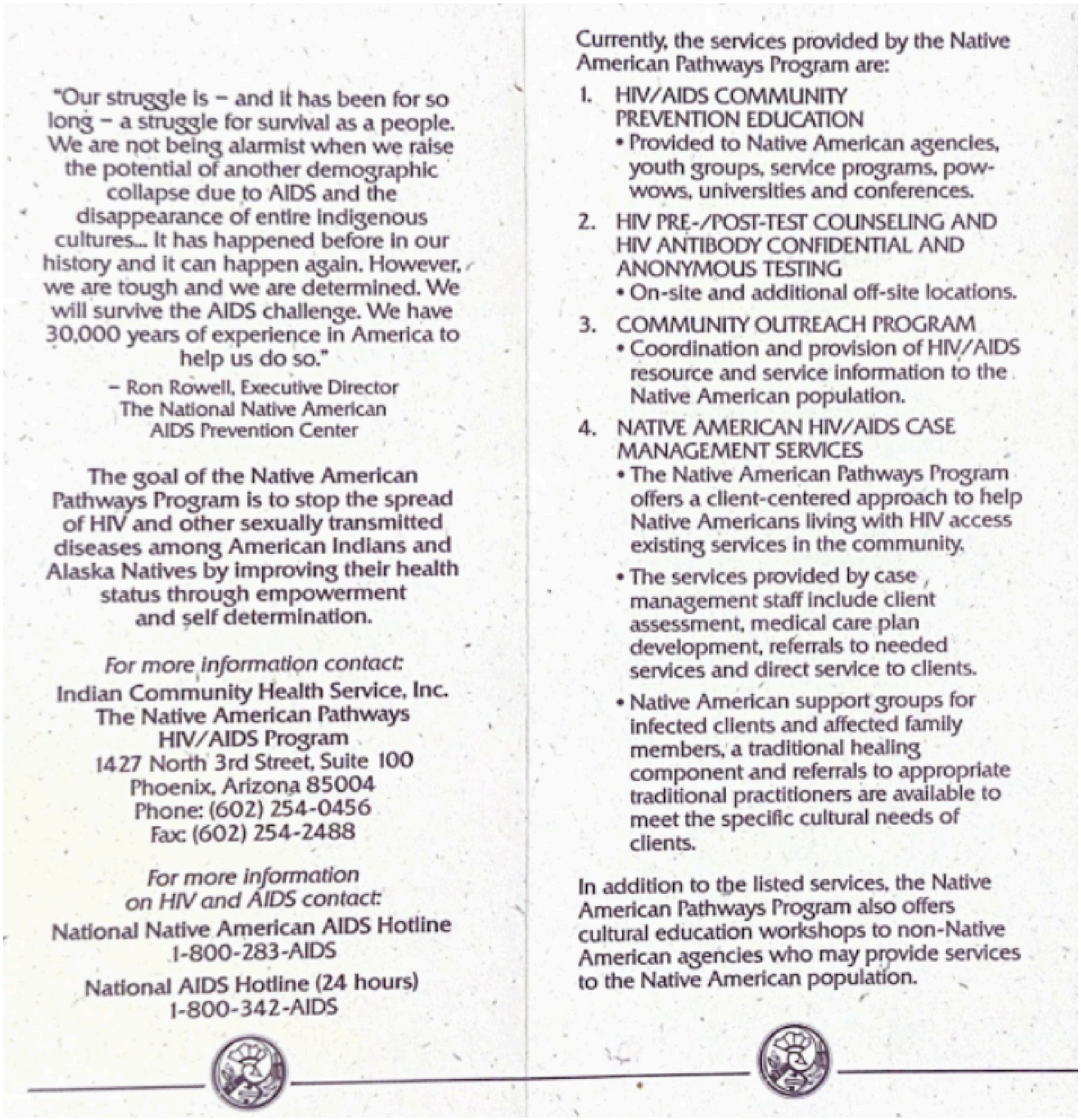


years of experience, medically, socially and politically dealing with HIV and AIDS. But at best we have 5 or 6 years experience of HIV prevention and care for our people What we do have more than any other ethnic or minority group in this country, is hundreds of years of surviving epidemic after epidemic. We also have many years of dealing with bureacracy, with bureacacies that sometimes ~~[illegible]~~ impede services or needed funds. I think as Native people we have able to incorporate into our genetic makeup, the survivor gene that enables us to go on day after day. And now we have yet another epidemic that we must respond to, to ensure once again the survival of our people. Other groups are ahead of us in the sophistication of their programs, in their extensive networks, in their lobbying organizations but we have made an impressive effort in both prevention and care to catch up as it were. We are trying in our community prevention efforts and strategies throughout Indian country to compress a decade of HIV disease prevention into the past 5 or 6 years. The area that we as a people do not want to catch up on is the rate of HIV infection.

This spring ~~We conducted a needs assessment survey of the~~ members of ~~the Native AIDS Network~~

Source 3: Joint National Committee on Aboriginal AIDS Education and Prevention, "Protect Yourself, Others and Our Future," 1992. LGBTQ Poster collection, ONE Archives at the USC Libraries.

Source 4: Indian Community Health Service Inc, “Native American Pathways program pamphlet,” c. 1980s-1990s. AIDS History Project collection, ONE Archives at the USC Libraries.



“Our struggle is – and it has been for so long – a struggle for survival as a people. We are not being alarmist when we raise the potential of another demographic collapse due to AIDS and the disappearance of entire indigenous cultures... It has happened before in our history and it can happen again. However, we are tough and we are determined. We will survive the AIDS challenge. We have 30,000 years of experience in America to help us do so.”

– Ron Rowell, Executive Director
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The Native American Pathways
HIV/AIDS Program
1427 North 3rd Street, Suite 100
Phoenix, Arizona 85004
Phone: (602) 254-0456
Fax: (602) 254-2488

For more information on HIV and AIDS contact:

National Native American AIDS Hotline
1-800-283-AIDS

National AIDS Hotline (24 hours)
1-800-342-AIDS

Currently, the services provided by the Native American Pathways Program are:

1. HIV/AIDS COMMUNITY PREVENTION EDUCATION
   - Provided to Native American agencies, youth groups, service programs, pow-wows, universities and conferences.
2. HIV PRE-/POST-TEST COUNSELING AND HIV ANTIBODY CONFIDENTIAL AND ANONYMOUS TESTING
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   - The Native American Pathways Program offers a client-centered approach to help Native Americans living with HIV access existing services in the community.
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   - Native American support groups for infected clients and affected family members, a traditional healing component and referrals to appropriate traditional practitioners are available to meet the specific cultural needs of clients.

In addition to the listed services, the Native American Pathways Program also offers cultural education workshops to non-Native American agencies who may provide services to the Native American population.

Source 5: Terry Tafoya, "FRAIDS," from *SEASONS: The National Native American AIDS Prevention Center Quarterly*, Winter 1989. AIDS History Project collection, ONE Archives at the USC Libraries.

"I am not the only one with AIDS...my whole family has AIDS. They aren't infected, but the way they're treated by everyone else. They have AIDS too." With these words of an American Indian PWA (person with AIDS), we see again how important the concept of family remains. In Native tradition, the clan, the tribe, are always emphasized.

One of the most terrible aspects of AIDS is not the disease itself, but what some people call "FRAIDS" Fear Reaction to AIDS, a disabling condition that can infect anyone at any time. "FRAIDS" can cause families to turn away from their ill members during times of greatest need. "FRAIDS" can cause tribal council members to force Indian PWA's off their reservations. In other words, "FRAIDS" can cause Native people to lose part of the acceptance and belonging that help define what being Native American means.

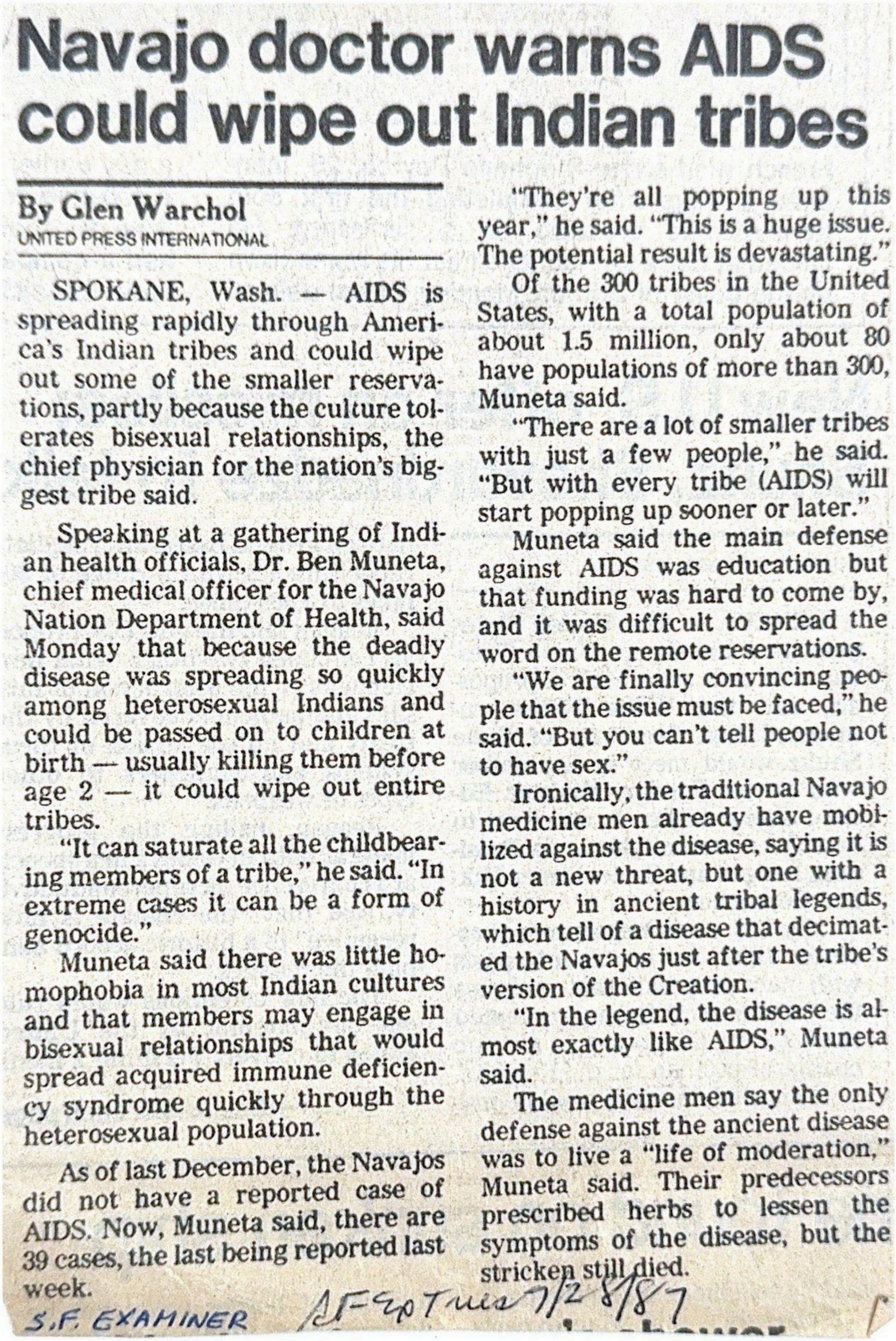
Fortunately, both AIDS and "FRAIDS" are preventable, and quality education is the vaccine that can help protect our communities. We can work with all ages of people to teach them that AIDS can only be contracted in certain ways, it cannot be spread by so-called casual contact. In other words, Native American people can not get AIDS by hugging, kissing, sharing food and drink, swimming in pools, or living in the same household with a PWA...

Among many traditional American Indian teachings, there is the idea of major decisions always taking into account the "Seventh Generation," not short range planning of 5 to 10 years, but how a decision will impact seven generations of the tribe. Right now, there are many Native people who are HIV+, who have full-blown AIDS, who are not admitting to their families or neighbors their condition because they fear they will be rejected or even exiled. As more acceptance is shown, and as more resources are provided, the reported number of PWAS will rise, as people become willing to let themselves be known.

At the present time, there are almost no direct services to Native American persons with AIDS within Native communities. Most Native AIDS projects concentrate on AIDS prevention through education outreach, or by referring Native persons with AIDS to non-Native agencies for assistance...

Volunteer groups don't spring up out of the ground: they do grow out of ideas and a commitment to the Seventh Generation to provide a healthy caring environment to Native Americans. If Native communities wait too long their community members who have AIDS, or may be in the process of developing AIDS, will be met with empty hands...

Source 6: Glen Warhol, “Navajo Doctor Warns AIDS Might Wipe Out Indian Tribes,” from *San Francisco Examiner*, Sep. 1987. AIDS History Project collection, ONE Archives at the USC Libraries.



Navajo doctor warns AIDS could wipe out Indian tribes

By Glen Warchol
UNITED PRESS INTERNATIONAL

SPOKANE, Wash. — AIDS is spreading rapidly through America's Indian tribes and could wipe out some of the smaller reservations, partly because the culture tolerates bisexual relationships, the chief physician for the nation's biggest tribe said.

Speaking at a gathering of Indian health officials, Dr. Ben Muneta, chief medical officer for the Navajo Nation Department of Health, said Monday that because the deadly disease was spreading so quickly among heterosexual Indians and could be passed on to children at birth — usually killing them before age 2 — it could wipe out entire tribes.

“It can saturate all the childbearing members of a tribe,” he said. “In extreme cases it can be a form of genocide.”

Muneta said there was little homophobia in most Indian cultures and that members may engage in bisexual relationships that would spread acquired immune deficiency syndrome quickly through the heterosexual population.

As of last December, the Navajos did not have a reported case of AIDS. Now, Muneta said, there are 39 cases, the last being reported last week.

“They're all popping up this year,” he said. “This is a huge issue. The potential result is devastating.”

Of the 300 tribes in the United States, with a total population of about 1.5 million, only about 80 have populations of more than 300, Muneta said.

“There are a lot of smaller tribes with just a few people,” he said. “But with every tribe (AIDS) will start popping up sooner or later.”

Muneta said the main defense against AIDS was education but that funding was hard to come by, and it was difficult to spread the word on the remote reservations.

“We are finally convincing people that the issue must be faced,” he said. “But you can't tell people not to have sex.”

Ironically, the traditional Navajo medicine men already have mobilized against the disease, saying it is not a new threat, but one with a history in ancient tribal legends, which tell of a disease that decimated the Navajos just after the tribe's version of the Creation.

“In the legend, the disease is almost exactly like AIDS,” Muneta said.

The medicine men say the only defense against the ancient disease was to live a “life of moderation,” Muneta said. Their predecessors prescribed herbs to lessen the symptoms of the disease, but the stricken still died.

S.F. EXAMINER

AF-Ep Tues 7/28/87

Source 7: American Indian Health Care Association, “Who’s Afraid of a Jelly Sandwich?” from *The Guiding Hand*, 1989. AIDS History Project collection, ONE Archives at the USC Libraries.

How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?

How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?

Created by Olive Garrison in collaboration with One Institute, UCLA History-Geography Project, OUT for Safe Schools® at the LA LGBT Center, and ONE Archives at the USC Libraries.

How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?

Source 8: Tulsa Area Chapter of the American Red Cross and the Indian Health Care Resource Center, "Look, listen, avoid!," c. 1980s-1990s. Images from the History of Medicine, National Library of Medicine.

Source 9: Terri Wilder, "Ojibwe Lesbian Sharon Day on HIV Care and Activism from the '80s to the Present," from *The Body*, March 2020.

Sharon Day is an Ojibwe and the founder and executive director of the Indigenous Peoples Task Force, formerly known as the Minnesota American Indian AIDS Task Force. She's a writer, playwright, and artist.

In this interview, Day tells us about her personal experiences caring for loved ones with HIV and how her Ojibwe community cares for people with HIV. Because of the way AIDS has changed in the decades since the epidemic began, there's very little support for healing practices from her own Native *Terri Wilder*: Sharon, can you tell me about when you remember the first time you heard about AIDS?

Sharon Day: Yeah, it was in the '80s, and I was at that time working for the state of Minnesota as the chemical dependency program manager. And we began to hear about reports of people on the coast contracting this, you know, they called it then—it was the "gay disease" or the "gay plague." And those are my earliest memories of it.

TW: So when did AIDS either personally or professionally enter your life?

SD: Yeah, well in 1987 I had two people come to me. One was a woman, her name was Carole laFavor. She was an Ojibwe nurse. She was a lesbian. And she came to see me and she said, "I have AIDS. And there are no services for Native people. And if we go over here, we have to deal with racism. If we go to this Native organization, you know, we have to deal with homophobia. What are you going to do about it?" And it was a logical step, because I was working with chemical dependency programs at the time. And then the second person, I had a phone call early one morning. It was my brother who lives in the state of Washington, and he said, "You know, it's the big A. Can you stay on the phone while I get mom on the phone?"

And I said, "No, let me go over to her house." And he said, "OK, call me when you get there." And so I remember a very tearful ride to my mother's house on the other side of town. And I tried to compose myself before I went in, because at that time, 1987, if you had AIDS, you were going to die. And so I went in, and I told my mom, "We have to call Michael," and she dialed his number. And she said, "Mhmm. OK." And then she said to him, "I want you to come home." And she hung up, and she looked at me and she said, "I was afraid of this. Get your sisters over here now." And so then I called my sisters and then had to deal with all of their—you know, the same feelings I had—of anger and grief and, "What are we going to do?" kind of stuff. So those are my personal experiences.

TW: Why did your mother say, "I was afraid of this"?

SD: Well, because she knew my brother was gay. Right. And it was being in the news as being this gay plague, again, at the time.

TW: So did your brother come home?

SD: He did. He did. But not right away. He came home, and my mother was sick, in the spring of 1990. My mom had a couple of heart attacks, and he came home before she had a heart surgery in May. And then he didn't come home again until, I think it might've been 1992 or 1993. And by then, the Task Force had been formed. It was a volunteer organization at the time. And then we hired our first staff person in 1989, and then I left my position at the State of Minnesota and came to work as executive director in May of 1990. And so I think it might've been 1992 and 1993 in New York City, there was, at the American Indian Community House—was the first conference for—I think the words used at that time were men who have sex with men—at the American Indian Community House around HIV.

And so we had started a youth theater ensemble, and we were invited to go and present the play. And my brother came from Washington. He was really kind of on a downward slide. And he said he wanted to go with us, and I said, "Well, you can come, but you have to be sober." And so he came, and we went to New York City, and he stayed sober. When he got dropped off at my house that morning about 4 o'clock, he kind of reeked of alcohol and I told him to take a shower. We had, I think, two vans—six kids and four or five adults. I think, if you can imagine being hung over and driving across country. That was the shape he was in. But when we got to New York City, I told him, "Don't even look at anything. You got to stay sober or I'll leave you here." And he said, "OK, I'll stay sober."

And he had already, here in Minnesota, gone to several treatment programs before he left for Washington. And so, he had tools—whether he chose to use them or not, it was up to him. So he came back with us. That was a two-day conference, and it was probably the first in the country for gay Native men. And when we came back home, I told them, "I'm going to honor the Earth, powwow, in July a couple of weeks, and I'm going to distribute condoms and have a table." And he said, "Oh, I want to go."

And I said, "Well, you know, you have to stay sober." And he said, "OK." And then we came back and they said, "We're going to have a sweat lodge." And he said, "I'm going to do that." And I said, "Well, you have to stay sober by the time we get to it."

My brother's still alive. He actually never took any of the antivirals. He did participate in some Native traditional ceremonies, like I said, sweat lodges and other ceremonies. And I don't know, he's just one of those people who, you know, long-term survivors without any other Western medicine. And I'm not going to say he doesn't use antibiotics if he gets bronchitis or something, but he's never taken any of the antivirals.

TW: What was it like for him when he got diagnosed, in terms of the Native community? Was he out? Did he tell other people, or was it just something that he only told the family?

SD: He was diagnosed in Seattle. That's where he was tested, and he tells a story about it—he doesn't remember too much, except that he did not feel supported. And so he was living out there, and he didn't come home for several years after that. But when he did come along, he'd worked for us for a short period of time. Maybe a year, 18 months, as an outreach worker, and he used to wear a red jacket, whether it was the summer or the winter. He wore a red jacket and he carried a backpack, and he would go up Franklin to Nicolette and then come back down. He did it twice a week. And so, he got to know all the women and men, and he just distributed condoms, and we weren't even doing testing then. People could go get tested, but we weren't testing, and they got to know him. And he wasn't even out. My brother was very closeted. Everyone knew he was gay, but you know, he was very closeted up until the '90s.

So Carole laFavor also was a Native woman who was a lesbian, a nurse, and she also did not take any antiviral or the cocktail. She passed maybe four years ago, but she also never did take any HIV medication. And when she [died], it wasn't from an HIV-related illness—she returned to using drugs, and that was how she contracted it in the first place. And that's what she died from.

TW: Did she also go to powwows and sweats and some of the things that your brother did?

SD: She did more. In 1990, December, she called me up, and she said the doctor had told her, "Go home and put your affairs in order, and you probably have six weeks." And so she called me up and she said, "I would like to be doctored by a medicine man." And so I said, "Well, I think you need to go down to Prairie Island and get tobacco to Amos Owen." And so she did. And then she called me up and she said, "There's going to be a ceremony for me." Like at midnight, it was during the New Year's Eve powwow. So it might've not been on the first, but it might've been like on the second [day of January]. But it was during that period of time. And so I went to that ceremony, and they brought medicine, some kind of medicine from, I think it was Montana, and these guys, there were about four of them, and two of them were from South Dakota.

They doctored her and they gave her medicine, and they said, "In four days, you'll know which direction you're gonna go." And so indeed, in four days she did know. She spent the next four years crisscrossing the country doing HIV prevention, and we made a film called, *Her Giveaway: A [Spiritual] Journey with AIDS.* And that film and the proceeds from that film and another we did, called, *Honored by the Moon*—which was footage that was shot during the first Two-Spirit gathering in 1988 that was here in Minneapolis—proceeds from those films kept the Task Force going at that time.

TW: So the community that you're a part of has a lot of tradition in how they take care of their people. And I'm just wondering if you can talk a little bit more about the Native community and views on people being gay, or you know, if those were ever challenges for people in the community and helping somebody who has HIV or AIDS.

SD: Certainly, every community has individuals, members who have certain prejudices. On the whole, I would say that in the Twin Cities community—I mean, I came out in 1984 in kind of a public way. I was in the St. Paul Human Rights Commission, and so it ended up being on the front page of the Metro section. And there were people, I think, whose impulse it was to sort of turn away. But in the end, from the time I was 18, I worked in the community. And so when I came out, it was in my early 30s. I already had, I'd worked at the Indian center in St. Paul. I worked with kids, kids who were adjudicated "delinquent." I was working at the State of Minnesota, working with all the tribes.

And I think, in some ways, your work speaks for you. There were some difficulties in the beginning, but I think that quickly faded. And in the community, we'd formed a small group—Minnesota American Indian LGBT Organization, I can't remember what we called ourselves, but we had the first gathering and that was here in 1988, and 90 people were here. And not just Native people, but it was also during a national NWSA [National Women's Studies Association] conference. And so people like Barbara Smith came, and Merle Woo, and Beth Brant. Local political folks opened it up. Gosh, I'm slipping on his name right now, but he was a city council member—Brian Coyle. Brian Coyle did the welcoming to us. He was a city council person who was an out gay man, you know, who had AIDS.

I think that the important thing that helped us the most was that every single one of us worked in the community: Gay rights. HIV. Gay marriage was not our primary mission. Our primary mission was to be in the community and to do whatever work it was that we did. So it could be that in fact, I remember like in the late '80s, being over at the Indian center on Thanksgiving, right. And there was a big dinner for people who might not have had family, and I looked down the way, and every single one of us serving the meal, every single one of us were gay Native people.

And so I think it was because of that, you know, that we didn't just care about gay rights. We didn't just care about gay marriage. We cared about moving our community forward. And I think that's what's led to a lot of public acceptance of us. And we also had elders who were supportive to us. You know, before I came out, there were a number of elders that I worked with, and I didn't change. I was still the same person. And they were still the same people too, who were my teachers or my guides, were my mentors. They continued to be there for us. And when we started the Minnesota American Indian AIDS Task Force, that was the first thing we did. We went to elders and we asked them to help us. And so I think we had a lot more acceptance.

I didn't figure things out until I was in college and taking courses in human sexuality. If you're working in the counseling field, you have to take all those courses. And I asked myself the question. And finally, you know, like after a couple of years, I decided I knew what the answer was. I'd never been in a relationship. I just—it was a political decision. But my brother, he knew since he was four years old, and we all did, but we never talked about it. And so when I came out and I had a coming out party, you know, it was something that he never would have dreamed of doing, because it wasn't the right—I think it was very different for gay men.

TW: Can you tell me about the early years of trying to help people with AIDS, particularly gay men with AIDS? Like, what were some of the challenges in the early years of your work?

SD: Oh, well, you know, resources. And there's never been an effective public health campaign that's been sustained that was targeted to gay Native men. In fact, we were the first organization in the country to have posters that were designed for gay Native men. And we worked with an artist, a

Native artist, contracted with them in like 1990, 1991. And he did a series of very beautiful posters. And there was in some ways a little coding, but if you were a gay man, you knew that we were talking to them.

There was one, I remember these Native men and they were in a circle, but they had like tights. There was a flute, and it said something like, "Let's make beautiful music together. Protect yourself." Things like that. Things with the rainbow. And also my friend Amber, we also did the first brochure targeted to lesbians in the country. I mean, not Native lesbians—lesbians, period. We decided early on that we weren't gonna tip-toe around the issue, because if we did that, we'd go into a community, a reservation to have this conversation, and unless we brought it up like straight upfront, everybody was going to be like waiting for that shoe to drop that says, "And now we're going to talk about anal sex, right?" So the board of directors, myself, a couple of staff people, we said, "We're going to deal with this immediately, up front."

And even our board was mostly allies, you know, Native people who were allies, and we took them to a gay bar. They had to learn a whole new language. I remember taking a couple of them, both had master's degrees in public health. I think we went to Rumors in St. Paul. And they never took their coat off. But they learned, and they had to learn a whole new language. So right from the get-go, all of our policies were like, family is who you determine family, not your biological mother and father. Because many of our clients who were also active drug users, they were estranged from their family, and we became their family. So it was that kind of, this is what we're going to do and this is how we're going to do it. You know, we're going to be out front about the largest percentage of our population who was dealing with this issue, you know, our gay men.

How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?

Graphic Organizer for Key Concepts

Key Concepts	**Definition**	**Key Terms or Imagery**
Seven Generations		
Survivance		
Education		
Traditional Healing		

How did indigenous communities respond to the HIV/AIDS epidemic of the 80s and 90s?

Graphic Organizer for Station Activity

Station Description	**Notice** (What do you see/read?)	**Infer** (What strategy/strategies are they using?	**Reflect** **(**Why would they use this/these strategy/strategies?)	**Wonder** **(**What questions do you have about this source?)
Station #:___ *Description:*				
Station #:___ *Description:*				
Station #:___ *Description:*				

Created by Olive Garrison in collaboration with One Institute, UCLA History-Geography Project, OUT for Safe Schools® at the LA LGBT Center, and ONE Archives at the USC Libraries.

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One Institute is the oldest active LGBTQ+ organization in the United States, dedicated to telling the history and stories of queer and trans community and culture through K-12 educational initiatives, public exhibitions, and community engagement programs.
oneinstitute.org

The UCLA History-Geography Project (UCLA HGP) is a professional learning community that supports History-Social Science and Ethnic Studies educators. As a regional site of the California History-Social Science Project and part of UCLA's Center X, we work with teachers, schools, and organizations to make K–12 classrooms more inquiry-driven, culturally responsive, and civically engaged.
centerx.gseis.ucla.edu/history-geography

The Los Angeles LGBT Center's OUT for Safe Schools® program transforms school campuses into communities of support and safety for LGBTQ+ students.
schools.lalgbtcenter.org/out-for-safe-schools

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