



INDIAN MEN AND AIDS

AIDS doesn't discriminate. It just makes you sick and can kill you.

Know the facts about AIDS.

AIDS is caused by a virus called HIV (Human Immunodeficiency Virus) that lives in the blood and is spread through intimate sexual contact, sharing unclean drug or tattoo needles, receiving blood transfusions between 1978 and 1985, or from an infected mother to her unborn child.

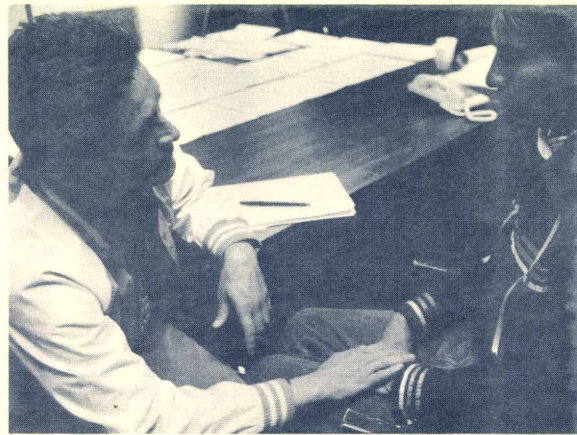
You cannot get AIDS from normal, daily activities like: hugging, sneezing, coughing, shaking hands, eating in restaurants, using public toilets or mosquitos or other insect bites.

You can get AIDS by:

- Having unprotected sex with someone who has the AIDS virus;
- Sharing needles to shoot drugs;
- Sharing instruments for tattooing, blood letting, or flesh offerings;
- Receiving blood transfusions between 1978 and 1985.

Anyone can get AIDS; even Indian men. You can also give the AIDS virus to another person if you are infected and don't know it. You can give it to your female partner, and through her, your unborn child.

Protect yourself, our Peoples, and our future.



WHAT AIAISF PROVIDES

- A relaxed, open environment for peer-group discussion, personal enhancement and growth.
- Encourages Indians to maintain traditional healing ways and other alternate means of keeping healthy (sage, sweet grass, cedar).
- A support system for HIV infected persons, their families and loved ones.
- AIDS support groups, educational events and activities.
- AIDS treatment news updates, information on how proper nutrition can help build immune systems.
- Distributes condoms (rubbers).
- Discourages substance abuse and makes referrals for treatment.
- Encourages clean needle use for any purpose.



This brochure was produced by the American Indian AIDS Institute, 333 Valencia Street, Suite 200, San Francisco, CA 94103 and made possible by a grant from the City and County of San Francisco Department of Public Health, Office of AIDS.

CREDITS:

Photography: Justine Perez
Art Direction/Design: Pacific Design Communication
Typography: Upper Case



**INDIAN MEN.
KNOW THE FACTS
ABOUT AIDS.®**

AIDS WARNING SIGNS

Many AIDS symptoms are like those for other diseases, but for AIDS, they last much longer and are very extreme.

THEY INCLUDE:

- Frequent dry cough, especially if you can't catch your breath.
- Swollen glands in your arm pits or under your chin or between the leg and the groin for two months or more.
- Frequent white spots or uncommon mouth sores.
- Fevers, shaking chills, or soaking night sweats for 'no reason'.
- Being tired or fatigued for a long time for 'no reason'.
- Frequent diarrhea.
- Weight loss of more than ten pounds in one month.
- Brown, purple or pink spots or bumps that are darker in color than the surrounding skin. Spots can be under or on the skin, in the mouth, nose, eyelids or rectum. They are like bruises that don't heal or go away.



PROTECT YOURSELF

The following discussion can help protect against the AIDS virus:

AIDS is passed when certain body fluids (including semen (cum), blood, menstrual blood or vaginal secretions) are exchanged. Don't allow any of your partner's body fluids to enter your body. These fluids can enter your body through the vagina, anus, the mouth or any open cut or sore.

ALWAYS use a latex condom (rubber) for vaginal intercourse, anal intercourse and oral sex. Both men and women should carry condoms and insist that they be used.

USE birth control foam, cream or jelly along with a condom. Make sure it contains the spermicide nonoxynol-9. This chemical will kill the AIDS virus. Never use an oil or petroleum based lubricant.

DON'T have sex when you're drunk or high. No matter how serious you are about safer sex, drinking or using other drugs makes it difficult to follow safer sex guidelines.

American Indian AIDS Institute
415/626-7639

National Native American AIDS Hot Line
1-800-283-AIDS

San Francisco AIDS Hot Line
415/863-2437

Northern California Hot Line
1-800/367-2437

Anonymous Antibody Testing in
San Francisco
415/621-4858

SAFER SEX GUIDELINES

SAFE:

Kissing (without tongue)
Hugging
Touching
Massage
Masturbation
Fantasy
Voyeurism
Exhibitionism
Body to body rubbing

POSSIBLY SAFE:

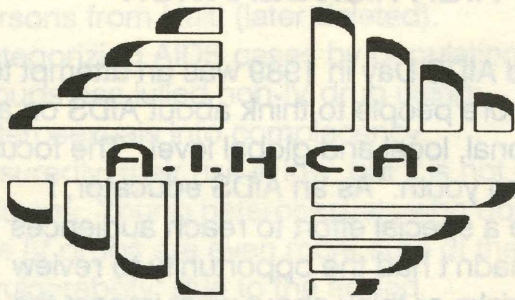
Wet kissing (with tongue)
Vaginal or anal sex with a condom
Oral sex providing that no semen (cum), vaginal secretions or menstrual blood enters the mouth

UNSAFE:

Oral sex involving semen, vaginal secretions or menstrual blood in the mouth
Vaginal or anal sex *without* a condom (rubber)

DANGEROUS:

It is dangerous to have sex while under the influence of any drug, examples include:
Amphetamines
Amyl nitrite
Alcohol
Marijuana
Cocaine
Crack



AIDSBRIEFS

December, 1989

AIDS CONTINUES TO THREATEN OUR PEOPLE

As of the end of November, 1989, there were 156 cases of AIDS among American Indians and Alaska Natives.

AMERICAN INDIAN/ALASKA NATIVE AIDS CASES REPORTED TO CDC

Transmission Category	Number	Percent
Homosexual/Bisexual Male	78	51%
IV Drug User	26	17%
Homosexual Male/IV Drug User	21	14%
Hemophilia	6	4%
Heterosexual	9	6%
Blood Transfusion	3	2%
Undetermined	9	6%
Children w/parent at risk	4	
Total	156	

Source: Centers for Disease Control

TRAINING OF TRAINERS

The National Native American AIDS Prevention Center will be conducting workshops for health educators, substance abuse counselors, CHRs and others in

January 1990. The workshops will be held January 10-12 in Orlando, Florida and will be held again on January 24-26 in Berkeley, California.

The workshop topics include: an HIV/AIDS update, sexuality issues, behavior change and risk reduction, targeting specific audiences, and presentation skills. Participants will be asked to prepare a short presentation over the course of the workshop.

Workshops are limited to 50 participants; the registration fee is \$75. For more information please call Les Hanson at (415) 658-2051.

POCAAN HAS MOVED

The People of Color Against AIDS Network (POCAAN) has developed culturally sensitive AIDS education materials for people of color. Most are available at a minimal cost. POCAAN has moved to a new location. Their new address is 1200 South Jackson, Suite 25, Seattle, WA 98144. Their new phone number is (206) 322-7061.

FREE COMIC BOOKS

The American Indian Health Care Association (AIHCA) has AIDS education comic books available to Native American organizations and individuals. "The Guiding Hand" tells the adventures of three Native American kids who learn some facts about AIDS while delivering a package to the reservation. It explains what AIDS is and what causes AIDS. It encourages abstinence, avoidance of drugs and alcohol, and the use of condoms in a mature relationship. It explains that a person cannot get AIDS from casual contact. Finally, there is a message of understanding and compassion for those who are affected by the AIDS epidemic. The comic books are full color, 20 pages in length, with a glossy cover.

Educational comic books are usually aimed at 5 - 16 year olds. But the universal language of pictures easily communicates factual information to people of all ages. Children have a natural affinity for cartoons and comic strips, but the colorful pictures and easy reading levels appeal to a much wider audience. The secondary readership of parents, older siblings, and other adults increases the reach of the comic book so that on the average four different readers will read each comic book.

You or your organization may receive up to 50 free comic books by writing to: Joan Myrick, AIDS Education Coordinator, 245 East Sixth Street, Suite 499, St Paul, Minnesota 55101 or by calling (612) 293-0233.

NATIVE AMERICAN TEENAGERS AND HIGH RISK BEHAVIOR

World AIDS Day in 1989 was an attempt to get more people to think about AIDS on a personal, local and global level. The focus was on youth. As an AIDS educator, I made a special effort to reach audiences that hadn't had the opportunity to review their risks or think about what impact the disease had on their lives.

An in-service program was presented to the staff at American Indian Health Care Association. New videos were reviewed; and a short discussion followed. Issues such as homophobia and denial, both personal and community-wide, were discussed.

As the work day drew to a close, I thought that the job of teaching and informing would also close for the day. However, as we all know, the job of spreading the word about AIDS prevention will never be done, even if scientists do find a cure.

While visiting some young relatives in another city, the lack of precise information in the Native American population became evident. For although they were adequately informed about general facts about AIDS, they were less knowledgeable when it came to assessing their own risk, making decisions about HIV antibody testing, and planning a strategy to prevent HIV infection. It was even more a cause for concern for these young men since, as many young people, their high risk activities did not translate into self-perceived vulnerability.

Early mass media attempts to inform the public of AIDS has contributed to this feeling of invulnerability. Early reports indicated that high risk groups for AIDS

were IV drug users, homosexual males and persons from Haiti (later deleted).

Categorizing AIDS cases by population groups has lulled non-IV drug using heterosexuals into complacency.

Assuredly, their risk is low, but it is not non-existent. Young heterosexuals who don't use IV drugs are even more sure of their invulnerability, due to the added misconception that AIDS effects only people over thirty.

The Centers for Disease Control and other researchers have reported that a significant number of teenagers engage in behavior that increases their risk of HIV infection.¹

The percentage of metropolitan girls who had ever had sexual intercourse increased by 15 percentage points between 1971 and 1979 to 45 percent.² The average proportion of never-married teenagers who have ever had intercourse increased with age. In 1982, the percentage of never-married girls who reported having had sexual intercourse was as follows: approximately 6% among 14-year olds³, 18% among 15-year olds, 29% among 16-year olds, 40% among 17-year olds, 54% among 18 year olds, and 66% among 19-year olds.⁴ Among never-married boys living in urban areas the percentages were even higher: 24% among 14-year olds, 35% among 15-year olds, 45% among 16-year olds, 56% among 17-year olds, 66% among 18-year olds, and 78% among 19-year olds.⁵

A high risk behavior for HIV infection is male homosexual intercourse. In a survey conducted in 1973, 5% of 13- to 15-year old boys and 17% of 16- to 19-year old boys reported having had at least one homosexual experience. Of those who reported having had such an experience, over half (56%) indicated that the first same-

sex experience had occurred when they were 11 or 12 years old. Two percent of the respondents indicated that they currently engaged in homosexual activity.⁶

Another indicator of high-risk behavior is the number of cases of sexually transmitted diseases among teenagers. Approximately 2.5 million teenagers contract a sexually transmitted disease each year.⁷

Twenty percent of all persons diagnosed as having AIDS have been 20-29 years of age.⁸ Since the incubation period between HIV infection and symptoms that lead to an AIDS diagnosis can be as long as 5 - 10 years, some fraction of the 20-29 year age group diagnosed as having AIDS were probably infected when they were still teenagers.

Other indications that teenagers are engaging in sexual activity are the pregnancy and birth rates for U.S. teenagers. The 1984 pregnancy rate for sexually active girls 15-19 years of age was 233/1000 girls.⁹ The U.S. has one of the highest birth rates for teenaged mothers in the developed world.¹⁰ There is evidence that Native American teenagers have an even higher rate. Over 21% of American Indian births, compared to 4.7% of White births, in 1986 for Hennepin County (metropolitan Minneapolis) were to teenaged mothers. Nearly 18% of the American Indian births in 1986 for Ramsey County (St. Paul metropolitan area) were to teenaged mothers; the proportion for the White population was 6.3%. For Chicago in 1986, the teenage pregnancy rate for American Indians was 16.4 percent; in Detroit, it was 17.3 percent.

Although high rates of sexually transmitted diseases and high rates of teenage pregnancy indicate that the teenage population is at risk for HIV infection, few teenagers believe they are at risk. One study of teenagers (ages 16-19) revealed that although 70% reported that they were sexually active, only 15% of this group reported that they had changed their behavior because of concern about AIDS.¹¹ In a recent survey of Native Americans, including teenagers, 66% of the respondents indicated that they thought their risk of getting the AIDS virus was low or none at all.

In the face of accumulating evidence of increased chance for HIV infection among Native American teenagers, behavior theorists are searching for effective ways to curb high risk behaviors. To date, most prevention efforts have been aimed at Gay White communities. The utilization of such prevention efforts for Native American teenagers not only ignores cultural differences but also the socio-political and economic differences. For example, Native Americans are over-represented in the ranks of the unemployed, the incarcerated, the undereducated, and the medically underserved. Native Americans have a long history of being devalued by the White majority. The smallpox epidemic, and the political motivations that surrounded some of the events, taught an early lesson: that Native American lives may be considered expendable. This message has not gone unheeded. Discrimination and racism have encouraged a distrustful relationship between Indians and Whites. A feeling of powerlessness, that is all too real, has contributed to a unique perspective on life for Native Americans. If an individual perceives that they are powerless to change far-reaching societal values, their

actions become more short-termed rather than of the long-range, goal-setting type. The decision to use a condom to prevent a disease that may occur 5 - 10 years in the future may not make an impact on a teenager who may be facing more immediate concerns. As AIDS educators ponder the difficulties of translating increased knowledge levels into positive behavior changes, they must not ignore the socio-political and economic factors that may be more of a barrier to prevention than cultural factors.¹²

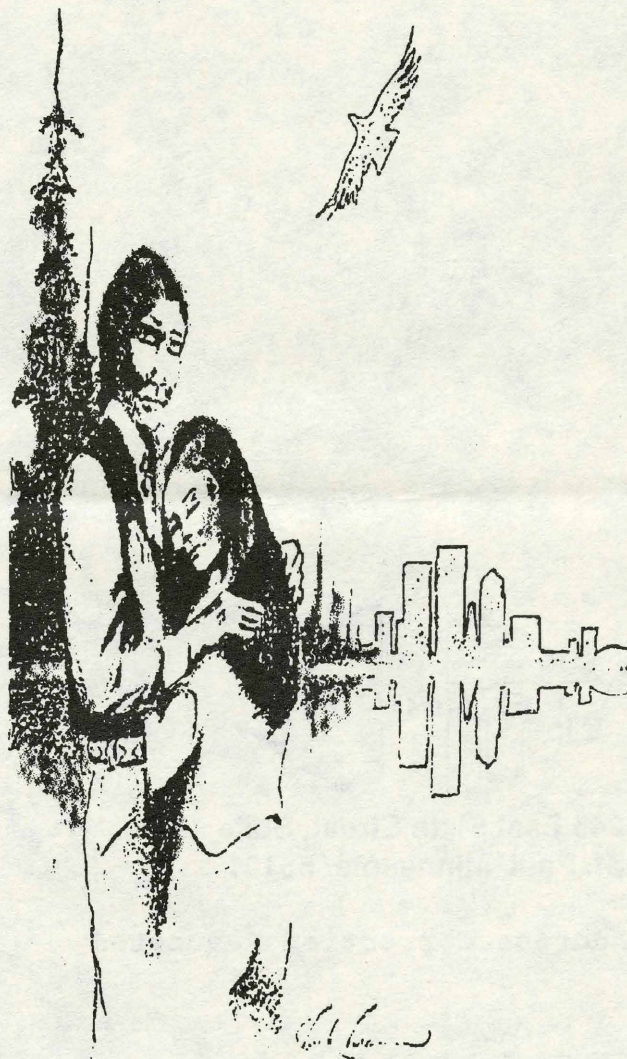
Discrimination and racism have raised their hurtful, ugly heads even more prominently as the AIDS epidemic has made its impact on people of color. Minorities in the United States have a disproportionately greater number of AIDS cases compared to their White counterparts. This dangerously adds fuel to a hot bed of racism. Attitudes such as "they have done it to themselves" and "they got AIDS because of their deviance" strengthen the "we/they" phenomenon so that blaming, ostracism, and rejection can occur. For a group of people, who are only too familiar with the impact of discrimination, the added stigmatization of AIDS may be overwhelming and unbearable. It may be more comfortable to deny that high risk behaviors are occurring rather than receiving another label such as "drunken Indian".

That a significant proportion of Native American teenagers are engaging in high risk behaviors should not be denied. Rather, we should continue to inform them of the facts about HIV transmission, effective means of prevention, and the socio-political ramifications of HIV antibody testing.

- Joan M. Myrick, M.S.

References

- 1 CDC. Guidelines for Effective School Health Education To Prevent the Spread of AIDS. MMWR 1988; 37/No.S-2: 10-13.
- 2 Zelnick M, Kantner JF. Sexual activity, contraceptive use, and pregnancy among metropolitan-area teenagers: 1971-1979. Fam Plann Perspect 1980; 12:230-7.
- 3 Hofferth SL, Kahn J, Baldwin W. Premarital sexual activity among United States teenage women over the past three decades. Fam Plann Perspect 1987; 19:46-53.
- 4 Pratt WF, Mosher WD, Bachrach CA, et al. Understanding US fertility: findings from the National Survey of Family Growth, cycle III. Popul Bull 1984;39: 1-42.
- 5 Teenage pregnancy: the problem that hasn't gone away. Tables and References. New York: The Alan Guttmacher Institute. June 1981.
- 6 Sorensen RC. Adolescent sexuality in contemporary America. New York, World Publishing, 1973.
- 7 Division of Sexually Transmitted Diseases, Annual Report, FY 1986. Center for Prevention Services, CDC, US Public Health Service, 1987.
- 8 CDC. HIV/AIDS surveillance report. December, 1989.
- 9 National Research Council. Risking the future: adolescent sexuality, pregnancy, and childbearing (vol 1). Washington, DC: National Academy Press, 1987.
- 10 Jones EF, Forrest JD, Goldman N, et al. Teenage pregnancy in developed countries: determinants and policy implications. Fam Plann Perspect 1985; 17:53-63.
- 11 Strunin L, Hingson R. Acquired immunodeficiency syndrome and adolescents: knowledge, beliefs, attitudes, and behaviors. Pediatrics 1987;79:825-8.
- 12 De La Cencela V. Minority AIDS prevention: moving beyond cultural perspectives towards sociopolitical empowerment. AIDS Educ and Prev 1989; 1:2:141-53.





**245 East Sixth Street, Suite 499
St. Paul, Minnesota 55101**

Address Correction Requested

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AMERICAN
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AIDSBRIEFS

October, 1990

AIDS CONTINUES TO THREATEN OUR PEOPLE

As of the end of August, 1990, there were 210 cases of AIDS among American Indians and Alaska Natives.

AMERICAN INDIAN/ALASKA NATIVE AIDS CASES REPORTED TO CDC

Transmission Category	Number	Percent
Homosexual/Bisexual Male	112	55%
IV Drug User	34	17%
Homosexual Male/IV Drug user	26	13%
Hemophilia	8	4%
Heterosexual	10	5%
Blood Transfusion	3	1%
Undetermined	12	6%
Children w/parent at risk	5	3%
Total	210	

Source: Centers for Disease Control

"MOVING TOWARD THE FUTURE WITH HEALTHY TRADITIONS"

The American Indian Health Care Association's (AIHCA) 13th Annual Conference: Moving Toward the Future with Healthy Traditions will be held at the Doubletree Hotel in Albuquerque, New

Mexico on November 13-16, 1990. As in past AIHCA conferences, there will be an AIDS education track available to Indian health educators and other interested AIDS service providers.

AIDS education workshop titles are:

- * ***AIDS Update/HIV Antibody Testing***
Joan Myrick
- * ***AIDS 1990: Treatments for a Chronic Disease*** - Gloria Bellymule
- * ***Sexual Addiction in Native Americans***
Marcie Rendon
- * ***Maintaining Behavior Changes in the 1990's*** - Ronald Porter
- * ***Post-Traumatic Stress Disorder & AIDS***
Phil Tingley
- * ***An Indian Person Living with AIDS***
Mary Janis
- * ***Cultural Aspects of Substance Abuse/Addiction/Self-Esteem and Positive Self-Esteem*** - John Bird & Lahoma T. Roebuck

In addition to these AIDS education workshops, there will be other workshops offered in the areas of Management, Youth Programs, Alcohol/Substance Abuse, Smoking Cessation, The Year 2000 Objectives for the Nation, Native American Women and Wellness, Communicating through Holistic Medicine, and Indian Elderly Health Issues.

Throughout the conference, Native American AIDS videos and Native American health promotion videos will be shown .

For more information contact: Linda Azure, Conference Coordinator; American Indian Health Care Association: 245 East Sixth Street, Suite 499; St Paul, Minnesota 55101 Phone 612/293-0233.

WORLD AIDS DAY

December 1, 1990 will mark the third annual observance of World AIDS Day. Over 150 countries around the world including the United States have designated this day to draw public attention to the AIDS pandemic. World AIDS Day originates with the World Health Organization (WHO), specialized health agency of the United Nations, and is co-sponsored in the United States by the American Association for World Health, the Pan American Health Organization and the U.S. Department of Health and Human Services.

WHO has announced that "Women and AIDS" will be the theme for World AIDS Day 1990. The focus on women will reflect the increasing impact of AIDS on women, as well as the crucial role women play in preventing infection with the Human Immunodeficiency Virus (HIV) and caring for HIV-infected people and people with AIDS. World AIDS Day 1990 will also be an opportunity to draw attention to the special concerns related to HIV/AIDS and pregnancy, childbirth and raising children.

Worldwide, WHO estimates that 600,000 people have developed AIDS during the 1980s; of these, over 150,000 are women. As a consequence, WHO estimates that during the 1980s up to 200,000 infants

world wide became HIV infected through perinatal transmission. Projections based on the number of people currently infected with HIV indicate that 500,000 people will develop AIDS during 1990 and 1991 alone; of these, about 200,000 will be women. HIV/AIDS does not only affect women as a medical problem; HIV/AIDS also affects women as care providers, health workers, educators, and mothers.

The American Association for World Health is producing a 1990 World AIDS Day Action Kit for groups and individuals who want to observe World AIDS Day in their communities. The kit contains background information, activities suggestions, a resource director for AIDS educational materials, sample materials including press releases and proclamations, and the 1990 World AIDS Day poster. It is available free of charge and will be distributed in early Fall.

Persons who wish to be placed on the mailing list for World AIDS Day should send their name and address to: American Association for World Health; 2001 "S" Street, N.W., Suite 530; Dept A90; Washington, D.C. 20009.

AIDS EDUCATIONAL PUPPET SHOW

The American Indian Health Care Association has held AIDS education activities for six urban Indian communities. AIDS education events were held in Dallas, Texas; Detroit, Michigan; Green Bay, Wisconsin; Pierre, South Dakota; Bakersfield, California; and New York City, New York. Over 800 Indian people have attended these events.

Joan Myrick, AIDS Education Coordinator at the American Indian Health Care

Association, presented information about AIDS that is understandable to all age groups. During the AIDS education presentation, which lasted for a half hour to one hour, Indian people were informed of how the HIV is transmitted, how transmission is prevented, and what the HIV antibody test means. After a review of the basics, there was a discussion about trends of the AIDS epidemic and how it has made an impact on the Native American community. Ms. Myrick, a member of the Grand Traverse Band of Ottawa and Chippewa Indians, distributed culturally sensitive brochures, posters, and key chains to the audience.

Following the AIDS education presentation, an entertaining and educational puppet show was performed by Buddy Big Mountain, a popular Native American ventriloquist. Big Mountain, who has performed for Native American audiences in over 40 states and Canada, provided a unique show that was specifically designed to educate and entertain Indian people of all ages. He combined magic and comedy with his handmade puppets in a ventriloquist act that was memorable for all. His act included a self-esteem message about individual potential, a message about how drug and alcohol use can impair your judgment, and a message about AIDS prevention.

Among Big Mountain's puppets are Iron Horse, an Indian man; Wendell, a Mexican cowboy; and a dancing marionette named Stumbling Bear, a pow-wow fancy dancer.

The response from the communities has been very positive. A typical comment from one of the evaluation forms is: "Combining entertainment and education is an excellent

teaching tool. When people are relaxed by entertainment, they surely are more receptive to education".

Health educators and service providers were very enthusiastic in their support of AIDS education for their communities. Maria Harrison, Administrator of the Detroit Indian Health Center, said that the show had a great impact on the Indian community by "increasing their awareness of AIDS - the myths and the facts - yet, it left them with a positive feeling that they don't have to fear AIDS".

AIDS VIDEOS AVAILABLE

The following is a list of current titles, contact persons, addresses, and telephone numbers of the distributors of video for Native American AIDS prevention.

"A Chance for a Change"

Marianne R. Ashby, Project Manager
Alaska Native HealthBoard
1345 Rudakof Circle, #206
Anchorage, AK 99508

"AIDS: American Indians Dying Silently"

Jane Wilson
New Mexico Health and Environment
Department
AIDS Prevention Program
P.O. Box 968
Santa Fe, NM 87504
(505) 827-0086

"Circle Of Warriors"

"Face To Face"

National Native American AIDS Prevention
Center
6239 College Avenue, Suite 201
Oakland CA 94618
(415) 658-2051

Continued on page 4

"David's Song"

Carla Haugh
University of New Mexico School of
Medicine

Department of Pediatrics
2701 Frontier NE
Albuquerque, NM 87131
(505) 277-5551

"Her Giveaway: A Spiritual Journey With AIDS"

"Honored By the Moon"

Minnesota American Indian AIDS Task
Force
1433 East Franklin Ave. Suite 7C
Minneapolis, MN 55404
(612) 870-1723

"It Can Happen To Anybody"

Native American Women's Health
Educational Resource Center
P.O. Box 57
Lake Andes, SD 57356-0572
(605) 487-7072

"Living Safe: Knowing About AIDS"

"Plans For Being Two"

"I'm Someone Who Cares"

Clarence Wald
Bismarck, ND
(701) 258-0436

FREE COLORING BOOKS AVAILABLE

The American Indian Health Care Association announces the availability of free coloring books for Native American children. Organizations which serve Native American children may receive up to 25 free copies of "The Best I Can Be". The coloring book, appropriate for children 3 - 8 years old, contains the message that the best you can be is strong and healthy. The

pictures illustrate good health habits. There is an introduction to AIDS education through the message that people who have AIDS need care, love, and respect. Indian parents may order individual copies of the free coloring book by calling or writing to: American Indian Health Care Association, 245 East Sixth Street, Suite 499, St Paul, Minnesota, 55101; phone: (612) 293-0233.

NEW BOOK ON AIDS COUNSELING

The AIDS Health Project has announced the publication of a new book with information on AIDS and HIV counseling. Face to Face: A Guide to AIDS Counseling provides a broad range of subject matter that includes cross-cultural counseling, tests and treatments, AIDS and substance abuse, and ethical dilemmas of counseling the HIV positive person. It was written by more than 50 internationally recognized experts, most of whom do AIDS counseling. The book includes 16 case histories, which provide valuable lessons including counseling plans for a wide variety of patient concerns.

The need for such a guide will continue to grow as AIDS is recognized as a chronic disease with anxiety-producing implications for all who are touched by its debilitating effects.

The 400-page soft bound book is available by sending \$14.95 plus \$2.00 for shipping to:

BOOKS

AIDS Health Project

Box 0884

San Francisco, CA 94143-0884

California residents, add 6.75% tax.

Shipping charges are \$2.00 for the first

book, then \$1.00 per book up to 10 books. For information about quantity discounts, please call (415) 476-6430.

CONFERENCES

"OUR FUTURE NOW" Native American HIV/AIDS Conference will be held at the Westin Hotel in Tulsa, Oklahoma on November 28 & 29, 1990. The tentative agenda includes topics on youth education, homophobia, substance abuse, policy issues, traditional healing/western healing, legal issues, AIDS 101 update and women & AIDS. Native American PWAs will present a panel discussion on the second day of the conference. During the conference the "Names Project" quilt, which was sewn in memory of all persons who have died of AIDS, will be on display. The registration fee, which includes breakfast and lunch for both days, is \$75.00 before November 1 and \$100 after that date. For more information, contact Kellie Blevins at (405) 582-7225 or Gloria Bellymule at (405) 232-0736.

"WELLNESS AND WOMEN II" will be held at the Hyatt Regency Hotel in Phoenix, Arizona on February 18-21, 1991. A Call for Presentations has been issued; suggested topics include, but are not limited to, alcohol/drugs, sexuality, spirituality, AIDS, and incest, rape & abuse. Presenters will be responsible for their own travel and expenses. For more information contact:

Billy Rogers or Vicky Jennings
Health, Urban & Community
Programs
University of Oklahoma
555 Constitution
Norman, OK 73037
(405) 325-1791

"THE NATIVE AMERICAN MALE: LIVING IN TWO CULTURES" will be held in Minneapolis, Minnesota in mid-May, 1991. Presentation speakers are currently being confirmed; organizers are particularly interested in getting the participation of Indian men who have experience in the following areas: leadership, spirituality, teenage parenthood, mental health issues of the Native American male, substance abuse & culturally specific recovery, alcohol, accidents, suicide, homicide, AIDS & the Native American experience, utilization of health care services by Native American men, and cancer prevention for Native American men. For more information contact:

American Indian Health Care
Association
245 East Sixth Street, Suite 499
St Paul, MN 55101
(612) 293-0233

USCM ANNOUNCES NINTH ROUND OF FUNDING

The United States Conference of Mayors (USCM) has issued a Request for Proposals for the ninth round of funding for community-based HIV/AIDS education programs. Using funds provided by the Centers for Disease Control, USCM will award approximately 17 grants of \$20,000 to \$50,000 each to community-based organizations for the purpose of providing HIV/AIDS education and information at the local level.

Funding decisions will be made in December 1990. It is anticipated that start-up dates for all projects will be January 30, 1991.

Proposals must be submitted to the Conference of Mayors office no later than December 6, 1990. Submit proposals to:

Mara Paternaster
Round 9 Proposal
The United States Conference of
Mayors
1620 Eye Street, NW
Washington, DC 20006

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1st MEETING - MONDAY FEB 4

SUPPORT GROUP FOR HIV+

NATIVE AMERICANS

When: Mondays 5:30 - 7:30pm

Where: American Indian AIDS Inst.

333 Valencia St., #200

San Francisco, CA 94103

Facilitated "The Indian Way"

By Two Highly Trained Professionals

DONT MISS YOUR CHANCE TO BE A

LINK IN OUR SUPPORT CHAIN

ALL NATIVE MEN AND WOMEN

WHO ARE HIV+ OR HAVE ARC OR

AIDS ARE WELCOME

for info call: 415/626-7639

Native Americans

400 groups in S. Fla.
majority are urban
1/4 on reservation
17-tribe in Arizona

don't sell bits and pieces of
God —

Asean

community - define —

20 different dialects

Come learn to help
others,

packaging still a mystery
help, some one get
something back —

Zamor — Key hate
innocent cood. for Lepas

Black

crisis — can provoke community
response —

Ap Delegates

Luiz Mott

G.G.B.

~~D.~~ C.P. 2552

Salvador, Bahia

BRZIL

lend things —

Conventions

1. have host chapter members "hanging" around common areas to offer help to conventioners
2. when events are away from sleeping areas host chapter need to have people around to direct
3. every work-shop needs to have a host chapter member to be with the workshops from beginning to end to: ~~the~~ introduce, keep things on track, begin & end on time, handle problems.

Cacoeibeyuda - lesbian

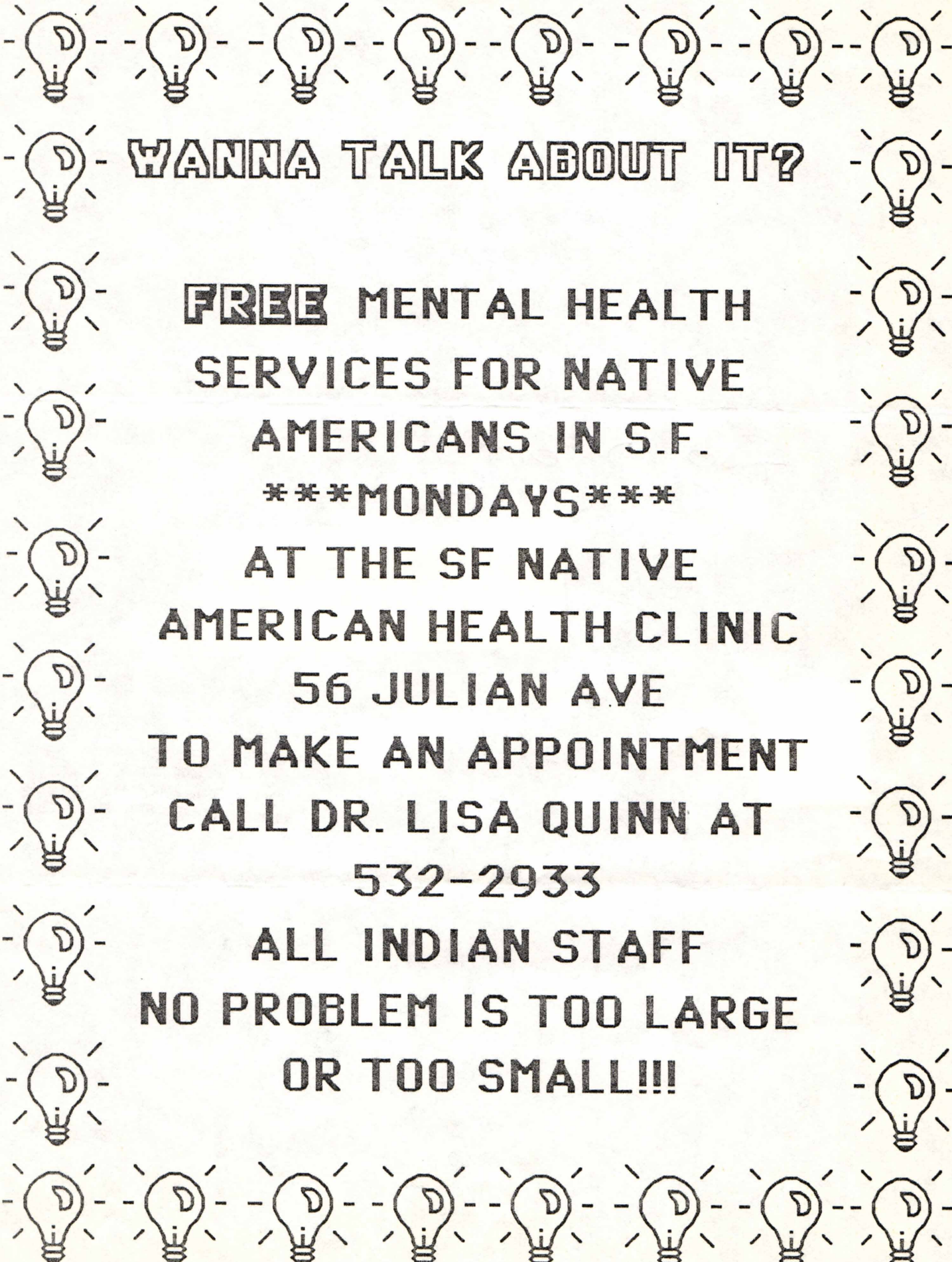
Tibirid - gay man -

1591 - inguiscition -

gimbanda - Angola

group of transvestite
sorcerers -

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decree 4000



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The NATIONAL NATIVE AMERICAN AIDS PREVENTION CENTER Quarterly



Hulleah J. Tsinhnahjinnie
Traditional Dancer, Chinle, Arizona Pow Wow, 1988

YOUTH EMPOWERMENT PROGRAM

by Andrea Green Rush

A four story building on E. 14th Street in Oakland, California is home to the Native American Health Center which provides a variety of health services to Oakland's Native American community. Housed in the building's storefront office is the Youth Empowerment Program (YEP), a program that trains Indian youth to work as peer counselors, to do outreach and training on high risk behaviors and their prevention. *Continues on the next page*

The young counselors come to the center twice a week after school. They begin arriving after three. They come from different schools and filter in, alone or in groups of two or three. When most of the group has arrived around four, the meeting begins. The Project Coordinator calls the meeting to order. There are announcements, and the agenda is set for the rest of the afternoon. Two counselors have been working on a video, they show it to the group. Afterwards the group breaks into two smaller groups. One group works with the Project Coordinator on preparing a presentation they will do at a local high school. The other group works on the design for a banner for the program.

The Youth Empowerment Program is in the vanguard of prevention programs that enlist young people to work as counselors to their peers.

According to Carol Marquez-Baines, Project Coordinator for the YEP: "The YEP incorporates the Empowerment Education Model (Paulo Freire) which promotes individual growth through community change. School based groups of teenagers identify problems through the critical thinking process and then select realistic goals for change. In effect the urban Indian youth are encouraged by each other to envision healthier lifestyles and to develop strategies to overcome obstacles in achieving their goals."

The program started in the summer of 1989. Carol was able to piggyback her program onto an existing summer school job training and education program, originally presenting two to four hours of prevention education each week. "I left it open like that because after the first couple of meetings kids get tired of listening to AIDS information, but we worked on self esteem skills and building self esteem. We did a lot of role playing situations,



Hulleah J. Tsinhnahjinnie
Navaho Dancer, Chinle, Arizona
Pow Wow, 1988

asking them what they wanted to deal with or to work on."

From the beginning she told the students about the peer counseling program. At the end of the summer session Carol recruited a core group of 5 peer counselors. The program expanded almost immediately when a similar program lost its funding and a number of counselors from that program joined the Youth Empowerment Program. According to Carol: "These kids were older, more experienced. They became role models for the younger ones."

The program is funded by the Northern California Grantmakers, Alameda County, and a small amount of Indian Health Service money that is earmarked for urban clinics. Carol acknowledges the guidance and support she has received with respect to expanding the program's funding from the clinic's director, Martin Waukezoo: "Marty has been really helpful. He has given the Program permission to built itself, to self evolve. If we have questions about the appropriateness of a grant, or if chasing the dollar will undermine the goals of the program or if it will be at cross purposes with us, we don't go after that money."

For the present the Program has between 13 and 15 peer counselors and 3 staff members. The counselors are paid for their participation in the program. Counselors earn \$4.50 per hour; in addition they receive a monthly bus pass and meals are provided. The counselors do prevention education presentations at schools, pow wows and youth conferences.

"What I see as the goal of the program is to develop a core within this youthful generation of Indians in the area, to develop a real strong sense of community. They already have some shaping of that amongst themselves," Carol said. She noted: "These kids are aware of the problems that their community faces. Some of them are in recovery; some of them have recognized through their parents that they don't want to be like that. Some don't get a lot of support within their families."

Carol feels that the program is having a positive impact: "The kids are slowly starting to make the connection. They begin to see that when they drink that really puts them at risk for other things. You think that's an obvious conclusion, but to them it's not. To them it's just a good time and partying. Some use it like a magic elixir, they just don't realize that the magic wears off when you wake up and you're faced with the consequences of what's transpired, which you may not have chosen [if sober]. So they're really getting the message, they're starting to see how it relates to their susceptibility to HIV infection."

In working with the young women, Carol has noticed other types of behaviors that need to be addressed, like assuming the caretaker role. "He's not going to like you any better because you buy him that Coke [cola]. Then the next thing will be buying him that dinner, or the next thing will be buying him that beer, or having sex with him because you think that's what he wants," she tells the girls. "You don't have to do what he wants, you just have to take care of yourself."

One of the most successful activities of the program so far was the Holiday Workshop which the Youth Empowerment Program sponsored in conjunction with the Consortium of United Indian Nations. The workshop was held December 19 through the 22nd, 1989 at the Intertribal Friendship

House in Oakland, California, and presented the opportunity for American Indian teens to hear success stories of Native American men and women in our urban community. It also gave the teens the opportunity to speak out about their concerns, as well as meeting others from different schools and areas.

Carol: "These excerpts are taken directly from the papers we asked the kids to write [as part of the workshop]. The questions they were based on were: 'You have an unlimited amount of money, design a program to address high risk behaviors'. The second part of the question is 'Tell us why it will work'. These were important questions for me, it was kind of like saying 'Tell us what you want.' They came up with the solutions. Their solutions supported the concept on which the program was developed, the path that we are taking."

"My program would be called H.A.N.D.S. (Helping Alcoholics and Narcotics Dependency Service). This program would provide early education and support for youths on alcohol, drugs and STDs (sexually transmitted diseases). This would be a center that will have peer counselors and a recreation center where activities will be provided for youths."

—A.S., 12 years old, Montera Jr. High

"First of all I'd build a brand new gymnasium and building like a boys' club. But it would be for everyone in the community. It would also be used as a 'soup kitchen' for the homeless. I would have a game room where there would be video games, pool and board games. I would tell the kids about AIDS and AIDS prevention and always keep a supply of condoms ... I would tell the kids not to smoke or drink or practice unsafe sex. Every month or so we'd make a presentation about the program and people would join. In order to play the video games you'd have to be in the program. Every month ... we'd have a co-ed sports event and there would be prizes."

—A.B., 12 years old, Albany Middle School

"Indian ways and stories wasn't the only thing I learned and found out about [at the workshop], there were other speakers that came and spoke to us. The Youth Empowerment Program came down and had a session about AIDS and Safe Sex. The session was spread out in

groups. Each group had a topic to discuss. The topics had to do with the prevention of the AIDS virus. Finding out about AIDS is something everyone should know.

Spread[ing] the word on AIDS and safe sex methods would be pretty easy with the family. Between the peers [there is] the problem of them not wanting to listen and not caring. To some they don't want to listen or know about it. They think they heard all of it before and don't have to listen over and over, thinking they can't get it. But that's not true, anyone can get it. But by knowing the facts, one would stand a better chance of not catching the virus."

—K.N., senior, Skyline High School

"The first activities would be a program where kids would become peer counselors. Then teach their friends about 'safe sex' and prevention of other things. Then after they have gone through the training, they will go out into the community and teach other people. That way it [the program] will teach all of the people to take safe sex precautions. It will also give kids self-respect.

The second activity would be a community center for all ages! It's to keep the kids off the street. So they can't get into drugs and alcohol and other things. They could have games like pool, video games and other things.

The way I see myself in 5 years, I will 18 and out of high school. I will be in Boston, Massachusetts at Harvard Law School ... I will probably be very successful."

—D.M., 13 years old, Calvin Simmons Jr. High

"If I was similar to any of the speakers that made presentations this week, I would say that speaker would be Lee Brightman. The most obvious being we both are Indians. To be a little more specific, we share the same tribe: Creek! I felt considerably close to Lee because of where he went to school. My father also went to Haskell in Kansas. He too played football and baseball and nearly

became a professional. But I feel the biggest similarity between myself and Lee was the fact [that] when people were trying to make him feel inferior to whites, he held his head up high and said he was dang proud to be a Native American. I went to school in Broken Arrow, Oklahoma for two years and I was singled out by the rednecks because I was Indian and I had to defend myself and my ancestry more than once physically. I respect Lee Brightman tremendously, and I am proud to be of a common tribe of his. Five years from now, I will be in college bettering myself."

—D.P., 17 years old, Skyline High School, Oakland

"In the community of Oakland, California there would be a program called 'Youths Are Concerned About Their Peers Too.' This program would contain at least ten or more students from each high school and junior high from the Bay Area. To be able to get this program started we

would announce a contest that would be very attractive to all ages of the Indians in the area. This contest would not only get more students informed about alcohol, drugs and unsafe sex, but would also get them ready for the real world.

The contest would involve students

who are competing with each other for who can get the most youths in the program. They would also be getting paid hourly and by their participation. The program would offer activities such as trips to rehabilitation centers, alcoholics anonymous meetings, sobriety dances, parties and roller skating. They would also be making presentations at schools, bringing the message across to all youths. Then whoever has the most students involved in the program will be able to go on a talk show. On the talk show they would tell of their experience with the contest, program, and the community and its effect on alcohol, drugs, and unsafe sex. peace ..."

—F.S., 17 years old, Skyline High School



Hulleah J. Tsinhnahjinnie Fancy Dancer, Stanford Pow Wow, 1985



John Kauffman

WALKING ON

Renowned Nez Perce actor and director John Kauffman died January 15, 1990 at his home in Honolulu from complications of AIDS. He was 42 years old.

The Nez Perce artist, playwright and director made his mark in both scripting and acting Native American theater works and directing and performing in works of American and European culture. From 1983 until his death Kauffman was the artistic director of the Honolulu Theater for Youth, the only resident professional theater in Hawaii.

In 1989 Kauffman was named the outstanding artistic director in Hawaii and the Hawaii State Theater Council awarded him two Po'O Kela Awards for his Native American play "According to Coyote," which he was commissioned to write by the Kennedy Center for the Performing Arts in Washington, D.C., where it premiered.

Kauffman was an actor-director who worked in most Seattle area theaters before he went to Hawaii in 1983. He won many other awards during his career, including a TV Emmy for the televised version of his one-man show "The Indian Experience."

Kauffman also performed the one-man play at A Contemporary Theater in Seattle, at an off-Broadway theater in New York City, and at the Kennedy Center for the Performing Arts in Washington, D.C.

In the mid-1970s Kauffman formed an all Indian theater company in the Seattle area named the Red Earth Performing Arts Company. In 1980 he assisted in script preparation and played a key role in the ABC-TV drama "I Will Fight No More Forever," the story of the last battle of Nez Perce Chief Joseph in the winter of 1878.

Kauffman was born in Lewiston, Idaho on the Nez Perce reservation in 1947. His mother Josephine Moody Kauffman was a full-blood Nez Perce and his father John Kauffman Sr. is of German ancestry. The family relocated to the Seattle area in the mid-1950s.

When Kauffman was a sophomore at Cleveland High School in Seattle, his drama teacher suggested that the class see "The Fantasticks" at the Old Penthouse Theater. "I was the only kid in the class who actually went," he once said in an interview. "I was amazed. Those people, singing and dancing and acting, all at once."

The Nez Perce Tribe gave Kauffman a college scholarship and he studied theater arts for five years at the University of Washington.

Kauffman eventually directed a production of "The Fantasticks" at the Snoqualmie Falls Forest Theater and became one of Seattle's most sought after directors. He acted and directed for the Seattle Repertory Theater, PONCHO, A Contemporary Theater, Seattle Group Theater, Pioneer Square Theater and Seattle Children's Theater. Kauffman was the artistic director at the Empty Space Theater for several years.

John Kauffman is survived by his father and six sisters. Contributions in his memory can be made to the Northwest AIDS Foundation in Seattle.

—Excerpted with permission from the Yakima Nation Review, January 26, 1990.



Alcohol and AIDS

by Ron Rowell

It is seldom that people think of the words "alcohol" and "AIDS" together, but many health professionals working in the AIDS field firmly believe that alcohol plays a serious role in the AIDS epidemic. Although alcohol is not a route of transmission for HIV, it does play an indirect role by altering an individual's sexual behavior while under the influence. There are reasons to be concerned about alcohol and AIDS based upon the effect of alcohol on the human immune system.

Most would agree that alcoholism and other substance abuse is the number one health problem in the American Indian/Alaskan Native population. Four of the top ten causes of death in our population are directly related to alcohol and substance abuse, and it can be argued that the other six are indirectly related. Fetal alcohol syndrome too is an extremely serious health problem with implications for the future survival of our people.

Researchers have found a correlation between the use of alcohol and drugs and non-compliance with safer sex guidelines.¹ Data from a research study on gay men in San Francisco in 1984-85 showed that men who reported use of alcohol and other drugs during sex also reported engaging in high risk sexual activities. It is not unreasonable to assume that high rates of syphilis and gonorrhea, and chlamydia in our communities are tied to the abuse of alcohol and sex under the influence.

There is evidence that alcohol inhibits the functioning of the immune system in several ways. There is clinical evidence that alcoholics are more susceptible to infection than nondrinkers.² In alcoholics who have not developed cirrhosis of the liver, it appears that the immune system is able to recover once the individual has ceased drinking. The immune system in individuals who have stopped drinking, but who have cirrhosis, does not recover to the same extent.

What are the implications for HIV prevention education? First, we must be able to explain the excess risk caused by the use of alcohol and drugs when having sex. Second, we must encourage individuals not to engage in sexual activity while under the influence. Third, we must integrate HIV prevention education into every Native alcoholism treatment facility in the country, and into our alcohol/drug abuse prevention activities. We must view treatment for addiction as fundamental to the fight against the spread of HIV and fight for increased resources for drug and alcoholism treatment and prevention.

We must become creative in our approach to disassociating sexual activity from alcohol and drugs. Does the tavern function as the primary place for people to meet one another for sex in your community? What alternatives might be created which offer opportunities for people to meet potential mates, but do not revolve around alcohol? Are condoms readily available in the tavern?

Our success in HIV prevention will have a lot to do with how well we control the intersection between sex and alcohol abuse. The prevention and treatment of alcohol and drug abuse in our communities will not only help to control this epidemic, but will help us to achieve a better health status for our people today and for generations to come.

1. Stall, R. "The prevention of HIV infection associated with drug and alcohol use during sexual activity." *AIDS and Substance Abuse*, The Haworth Press, New York, 1988.

2. MacGregor, R. "Alcohol and drugs as cofactors for AIDS." *AIDS and Substance Abuse*. The Haworth Press, New York, 1988.



Facts about Alcohol and Human Immune Systems

- *Alcohol abuse decreases white blood cell counts, causing the body to respond poorly to infection*

- *Alcoholic liver disease inhibits the body's ability to form T-cells (white blood cells affected by HIV)*

- *Chronic abusers of alcohol have fewer T-cells*

- *Alcohol abuse is a co-factor in the development of many forms of cancer*

- *Chronic abusers of alcohol tend to have poor nutritional intake, leading to a generalized state of poor health*

- *Alcohol abuse interferes with the body's use of vitamins and minerals necessary to maintaining a healthy immune system.*

CURRENT TRENDS IN HIV PREVALENCE

The Centers for Disease Control have revised the estimates of the number of people infected with HIV. Currently about 1 million persons in the U.S. are infected with Human Immunodeficiency Virus (HIV). The number of cases of Acquired Immunodeficiency Syndrome (AIDS) will continue to increase over the next 4 years, with a projected 52,000-57,000 cases to be diagnosed in 1990. These estimates are based on AIDS case surveillance data, HIV seroprevalence data, and information provided by epidemiologists, statisticians, and mathematical modelers who attended a workshop, October 31 - November 1, 1989, in Atlanta.

Based on analyses presented at the workshop, it is estimated that about 750,000 persons in the United States were infected with HIV at the beginning of 1986. This estimate is lower than the 1986 (Public Health Service) estimate, which was based on more limited data available at that time.

Participants concluded that AIDS in the United States will continue to increase through 1993 in each of the principal transmission categories (i.e. homosexual/bisexual men, intravenous drug users, persons infected through heterosexual transmission, and children infected perinatally). Between 52,000 and 57,000 cases of AIDS will be diagnosed during 1990 and the annual count will increase to 61,000-98,000 cases diagnosed during 1993. These projections include an adjustment for the estimate that about 86% of diagnosed AIDS cases are eventually reported. *Excerpted from the MMWR, Vol. 39, no. 7 (Feb. 23, 1990).*

CHASE NAMED AS IHS AIDS COORDINATOR

The Indian Health Service announced April 30th that Emmett Chase, MD, has been appointed to the position of AIDS Coordinator for the Indian Health Service. Dr. Chase, a member of the Hoopa Tribe of California, is finishing his Master's degree in public health at UCLA and will take over the position from Dr. E. Y. Hooper on June 4th. Dr. Chase has long been active in the issue, serving on the Association of American Indian Physicians Task Force on AIDS, and as a past Board member of NNAAPC. Dr. Chase has worked as the Medical Director of the Los Angeles Indian Free Clinic in Compton for the past few years. We wish Dr. Chase the best of luck in his new job and thank Dr. Hooper for his work in HIV prevention at the Indian Health Service.

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Executive Director
Ron Rowell, MPH
(Choctaw/Kaskaskia)

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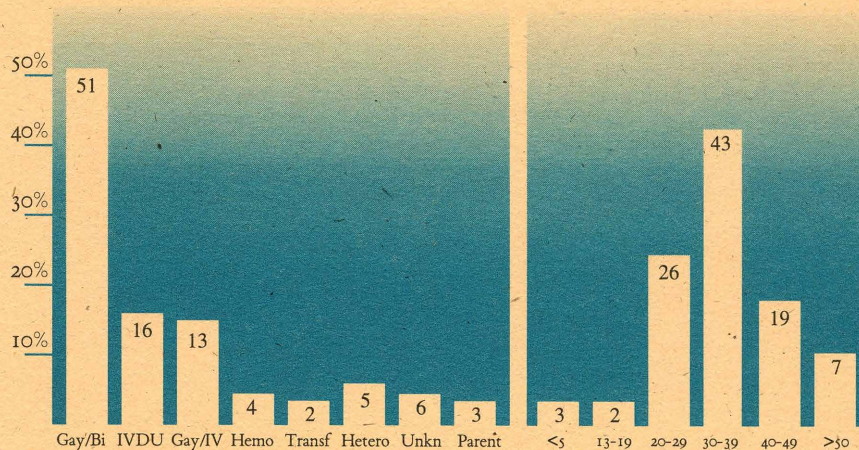
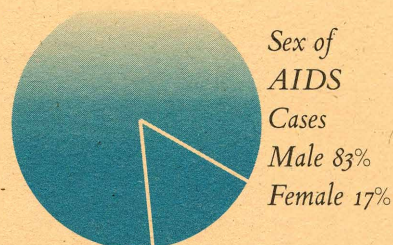
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Age of AIDS Cases

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