

**Good evening. My name is Harlan Pruden. I am a Co-Founder and a council member of the NorthEast Two-Spirit Society. We are one of few Native American organizations through out the U.S. that provides support services to the two-spirit community.**

**My Concern #1:**

In spite of the fact that when you look at population size vs. HIV rates – Native Americans rank 3<sup>rd</sup> in AIDS diagnoses according to CDC's Fact Sheet 2008. Yet, we are not included in many state's HIV/AIDS Comprehensive Care and Prevention Plans because our numbers are considered insignificant in the EPI profile.

**Solving this issue would require:**

- Addressing the lack of standardized data collection for Native Americans. Especially the lack of adequate data for urban Indians and the issues regarding the Department of Justice challenging the legitimacy of Urban Indian Health when 67% of the Native American population resides in urban locations.
- Consult with the 13 Indigenous Epidemiology Centers in the US to begin addressing the gaps of adequate data collection. This includes the Urban Indian Health Institute in Seattle, Washington.
- Provide technical assistance and related resources to facilitate building Tribal capacity to collect and manage STD/HIV data, including the creation of a STD/HIV database system that would collect screening and risk factor data for Native Americans.

**Consequence of not addressing this concern:**

- The Native American communities will remain invisible, silenced and will have diminished power to incite positive change.

**I will know this change has occurred when:**

- When CDC and state/local health departments begin work with the 13 Indigenous Epidemiology Centers including the Urban Indian Health Institute.
- Native American communities/villages/reservations with low incidence of HIV/AIDS become eligible for prevention funding that reflect the proportion (or rate) of HIV/AIDS in their locality (with special emphasis on; Native MSM, Native Women, Native Transgenders, Native IDU's and Native Lesbians).
- State and local health departments begin to address and implement a standard method to capture more granular data information on Urban Indians.

**My Concern #2:**

Circular migration – many Native Americans routinely travel between reservation, rural and urban areas. Migrations occur for many reasons, including family visits, ceremonies, job & education or

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health care. A substance user may travel to an urban area to gain access to alcohol or drugs – especially if their reservation prohibits alcohol. A MSM might travel to the urban area to hook up and a 2-spirit person may travel away from the reservation because of the stigma of being gay. Circular migration of Native American people can also increase the risk of carrying HIV and other STIs from urban areas to reservations. Circular migration can also create gaps and barriers with health care and continuity of Ryan White services for those Natives living with HIV/AIDS.

**Solving this issue would require:**

- Cultural sensitivity training for state and local public health department HIV/AIDS staff, health care providers, Ryan White case managers and HIV prevention program staff.
- Consultation with the tribes and a Native American HIV/AIDS Advisory Committee to develop a protocol between tribal health, and state and local health departments to ensure that Native Peoples who are living with HIV/AIDS have continuity of Health Care when returning to the reservation for reasons mentioned.
- HIV Prevention/Care Community Plan Groups where Native American populations and communities are present - conduct needs assessment to investigate issues around circular migration and other HIV service needs.

**Consequence of not addressing this concern:**

- The risk of Native Americans living with HIV/AIDS having interrupted health care during their time home poses health risks.
- The need for HIV prevention and interventions can go unnoticed and perpetuate the invisibility of Native Americans and put them at risk.
- A lost opportunity for ASOs and health departments to reach this population and establish needed partnerships and collaboration with tribes.

**I will know this change has occurred when:**

- When steps are taken to truly begin to consult with the tribes, the Native American Advisory Committee and a plan of action is developed between state and local health departments.

**My Concern #3:**

The lack of a multi-systems holistic health model that recognizes an indigenous worldview that all things are connected and have an effect on each other – internal and external factors, positive as well as negative. A model that supports the integration of: medical care along with social services such as housing and nutrition; social support, mental health and spiritual care, and prevention services.

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**Solving this issue would require:**

- ONAP support the integration of traditional health care practices which includes the use of traditional medicine practitioners within the HIV/AIDS service delivery systems as part of the National HIV/AIDS Strategy for Natives – from primary health care to case management and prevention services.
- An enhanced capacity with additional federal resources to provide these types of services within a cultural context for Native American people.
- ONAP support the need for more Native Case Management Programs modeled after Best Practice Models that have proven effectiveness over time such as: the Ahalaya SPINS Project, Navajo AIDS Network, Ganawenima Case Management Program and Alaska Native Tribal Health Consortium Early Intervention Services.

**Consequence of not addressing this concern:**

- A lost opportunity to learn from best practices that goes beyond a medical model
- If not supported, many of the programs that are already providing a multi-systems holistic health model are at risk for closing their doors.

**I will know this change has occurred when:**

- Research and evaluation funds are provided to study these holistic models for HIV care and prevention programming.

**I am providing you with HIV/AIDS Strategy Recommendations that was drafted with the input of American Indians, Alaska Natives and Native Hawaiian people working in the HIV field from across the country.**

**HARLAN PRUDEN**

Sakon, my name is Cissy Elm and I'm a member of the Onondaga Nation, Snipe Clan. The Onondaga Nation is part of the Haudenosaunee or Iroquois Confederacy as you may know it. The Haudenosaunee is comprised of the Mohawk Nation, Onondaga Nation, Cayuga Nation, Oneida Nation, Seneca nation and the Tuscarora Nation. I'm the HIV/AIDS Program Director of the American Indian Community House here in New York City. The HIV/AIDS Program is a prevention program and there are three sites upstate besides NYC. They are

Syracuse, Buffalo and Akwesasne outside of Massena, NY. This is the only program of its kind east of the Mississippi.

A National HIV/AIDS Strategy should have Traditional Nation people included in the process. However, these traditional Nations work only with NYS government (and do not deal with Federal government) and therefore valuable input from them will be lost if a National Strategy only comes for Federal government. Additionally, in bringing Native Nations into the process, everyone should be included whether they are recognized or not for the federal or state jurisdictions. It would as well help with the trust issue that many Native People have with Federal government.

In the past two years, we at Onondaga have lost 3 people to this virus and although that may seem like a small number, there are only around 3,000 Onondaga people, with around 700 living on the Nation. For us indigenous peoples, priorities and targets of any strategy cannot and should not be set on raw numbers for we will always be outnumbered and as result in our continued marginalization.

One of the ways in helping Traditional Nations would be in giving NYS more funding for Native American HIV/AIDS Prevention so that it would funnel down to Native programs that are working with their communities. This would give Native CBOs needed resources in reaching more community members as well as culturally competency training to other non Native agencies so that these agencies may better service Native people. Although, we make do with less and less funding every year, we have had to cut some services as there wasn't enough funding, especially since these are one person sites.

The consequences of not addressing these concerns are simple: there may not be Native people in the future as we will be wiped out. We all need to look to the Seventh Generation as we as Native people have always done.

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