

Presidential Advisory Council on AIDS (PACHA)
Resolution on the Needs of Male-Bodied American Indian/Alaska Native
Individuals
Living with or At Risk from HIV

Whereas many American Indian/Native Americans/Alaskan Native/Native Hawaiian (“Native Peoples”) have long and respected histories of respect and inclusion of those in their communities, who might now be described today as Two-Spirit (Lesbian, Gay, Bisexual, Transgender, Third and Fourth Gender); and

Whereas the current seventeen Two-Spirit community-based organizations in the United States recently formed the coalition of the National Confederacy of Two-Spirit Organizations, and the membership of the National Confederacy of Two-Spirit Organizations central mandate is to re-establish the Two-Spirit role and function to their rightful place of honor within their communities; and

Whereas the work of the members of the National Confederacy of Two-Spirit Organizations with the exception of three programs is done with little to no direct federal or state funding; and

Whereas we are at a critical moment in the HIV epidemic and cannot end the epidemic without addressing the specific needs of all affected communities;

Whereas the Native people of this land are indigenous and, as a result of over 500 years of colonization, many Native Nations have been wiped from the face of this earth and many more are teetering on extinction, and

Whereas by the end of 2009 a higher percentage of Native adults and adolescents living with HIV infection were male (73.9%) with the majority of HIV infections among males living with HIV in 2009 attributed to male-to-male sexual contact (64.8%);

Whereas the male-bodied, Two-Spirit community is disproportionately impacted by HIV/AIDS;

Whereas similar results for new HIV diagnoses, according to Table 3a of the 2010 Centers for Disease Control and Prevention Surveillance Report, 72.8% of American Indian/Alaska Native persons diagnosed in 2010 were male, of those males, 72.6% were attributed to men who have sex with men (MSM) and another 12.2% were MSM/injecting drug users (IDU), the highest percentage of all race/ethnicities;

Whereas the Honor Project, National Institute of Mental Health (NIMH)-funded health survey of Two-Spirit Native Americans (**R01 MH 65871-05**), showed that 30% of the male-bodied men who have sex with male bodied men self-report living with HIV as well as one out of three transgender Two-Spirit, rates of infection are similar to sub-Saharan Africa as well as to those in African-American MSM, a community in which there is a declared AIDS crisis;

Whereas Native transgender women living with HIV face unique challenges in accessing and adhering to HIV and hepatitis C virus (HCV) care and treatment regimens; and

Whereas the Affordable Care Act (ACA) provides numerous opportunities to increase access to care for Native peoples living with and at risk for HIV, including expanding access to private and public insurance coverage; now, therefore:

1. **Be it resolved** that the United States Department of Health & Human Services (HHS) should provide current Native epidemiological, mental health, and behavior health data, as well as empanel Native Research and Epidemiological Workgroups to augment information on community viral load and social determinants to the Native epidemic with a focus on the male-bodied, Two-Spirit community;
2. **Be it further resolved that** HHS should solicit the counsel and commitment of both spiritual and community leaders to develop strategies for prevention, care, and outreach informed by Native values and leverage social marketing to target youth, particularly those identifying as Two-Spirit, to foster a sense of belonging and increased self-worth with the express intent to reduce stigma;
3. **Be it further resolved that** HHS should develop a consultation process to meet with tribal leadership to emphasize the need to augment testing and care linkage, as well as prioritize the immediacy of the epidemic among all Native communities and to also develop parallel confirming processes to ensure input and guidance from non-Tribal based Native community-based organizations; and,
4. **Be it further resolved that** HHS should develop a Care Navigation and Coordination Strategy to address the unique health needs of Natives. The goal of the Strategy is to institute a more comprehensive continuum of care for Native populations, including an increased culturally-competent provider base and the improved use of medical home models.
5. **Be it further resolved that** the Office of the Assistant Secretary for Health should conduct and disseminate an analysis of federal (and, to the extent possible, state-by-state) epidemiologic, programmatic, and budgetary data related to American Indian/Alaska Native individuals living with or at risk from HIV.