They tell us “we don’t belong in the world and we shouldn’t take up a place”:
HIV discourse within Two-Spirit communities

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**SOCIAL PROBLEM**

PRIDEUS is simultaneously a physiological and psychosocial phenomenon. American Indian and Alaska Native (AIAN) people comprise approximately 1.7% of the U.S. population (or 5.2 million people), and have experienced health disparities for over 5 centuries, which more recently includes HIV. As of 2010, AIAN persons accounted for approximately 1% of all new HIV infections (or 210 of 47,500); by 2013, this rate follows those of African Americans, Latinos, Native Hawaiians / Pacific Islanders, and multi-racial people. Overall, racial/ethnic minorities account for one-quarter of the U.S. population, but 58% of HIV/AIDS cases. These rates obscure the enduring fourth world status of AIAN people today, characterized by little empirical research, intergenerational poverty, historical trauma, and concomitant socio-health disparities including increased rates of STIs, drug use, poor access to healthcare, underreported and low HIV testing, and disproportionate morbidity once diagnosed with HIV.

Compounding this are the specific health disparities for Two-Spirit (TS) and LGBT AIAN people. While contested, the term TS often functions multi-dimensionally as a chosen identity around sexuality and gender, a decolonizing and reindigenizing standpoint, and active critique of White supremacy and hierarchopolitical structures. Within the HIV epidemic, 76% of those AIAN infected are men, and three-quarters occurred via male-to-male sexual contact (MSM), which is 16 times more than Whites. AIAN MSM and those MSM with a history of injection drug use constitute 73% of all AIAN people living with HIV. Added to this, TS people face an increased number of public health problems, increasingly associated with the sexual risk taking of both MSM and TS persons.

**PURPOSE**

Working against the tendency to pathologize identities in this epidemic, this project sought to center attention on TS persons themselves. Through their lived experience, an understanding of HIV was sought, especially for those who have always lived under the specter of HIV, that is, young people. In so doing, this work compliments social epidemiological efforts by illustrating what noted determinants and disparities mean in-context, how TS people negotiate them, and how HIV operates in everyday life.

**DESIGN & DATA SELECTION**

- A secondary qualitative analysis was conducted on data from the HONOR Project, a first mixed-methods, Native-run, and multi-site study of TS AIANs across the United States, which aimed to test an Indigenous stress-coping model, investigating the relationships amongst trauma, coping, and health.
- Theoretical sample was drawn of 6 self-identified male TS leaders, regardless of sero-status, who hold social influence for future generations, who were less than 35 years old, representing a “second wave” of the HIV epidemic – one that has always lived with “HIV/AIDS” in the public sphere.
- Discourse Analysis (DA) was conducted, which is an empirically-driven, interpretive method based in psycho- and socio-linguistics. DA is most concerned with the functional qualities of languages-in-use, beginning with the premise that discourse is a major institution in our modern world, and that language only has meaning in-and-through social practices. DA investigates texts-in-context, providing insights into social and cultural experience that language and society reciprocally reflect one another

**FINDINGS**

These narratives recast dominant notions of HIV. When set in lived context, “HIV” becomes complicated and hierarchized. Parallel to its etiological maneuvering, the discourse of “HIV” manifested across four themes: as a shadow presence, professionalized identity, sub–priority in health, and as a mode of belonging / (re)claiming. (See Figure 1.)

**Theme 1: Shadow Presence**

Spoken incidents of both “HIV” and “AIDS” were largely absent within these narratives. When they do appear, the young TS leaders do not ruminate about the virus or the epidemic. Although HIV is silent and silenced, its presence is felt and implied nonetheless. Two participants illuminate this:

- “HIV is everywhere…[I] was working with AIDS Project [here] on a new…project called the [name] which is an HIV/AIDS prevention for Native American two-spirit, Native American gay men… I did the Native, helping Native communities with tribal court development. But then I also need to look at myself as being gay and help that community…” (Frank)
- “I say I use it to do work in the HIV community and I remember that this is CCO or whoever was always giving money, well they weren’t always giving money but…they always sort of wanted to look for those like, two-spirit Natives…” (Tony)

**Theme 2: Professionalized Identity**

Every participant incited HIV as a way to connect with a professional world. In one sense, HIV offers a viable entryway into adulthood, building professional and financial capital. To do such work offers these leaders a sense of pride, purpose, and societal worth – as primarily a gay-identified person.

- “I’m kind of a key stake holder in the community and I never really thought of myself that way… I work with AIDS Project [here] on a new…project called the [name] which is an HIV/AIDS prevention for Native American two-spirit, Native American gay men… I did the Native, helping Native communities with tribal court development. But then I also need to look at myself as being gay and help that community…” (Frank)
- “I mean in a way they don’t want to know if they’re HIV positive.” (Frank)

**Theme 3: Belonging, (Re)Claiming**

HIV functions as a discursive mechanism to connect with and re–claim community and culture, but moreover to belong. The stakes and negotiations involved in such belonging are experienced differenially depending on the culture and community.

Two participants discuss this:

- “I see other gay people back on the reservation that are stuck and it’s because their families are too afraid for them to come to the city, whether it’s because they’re going to catch HIV and AIDS or you know just lose who they are, they’re going to become wahwachs, you know, which is White… (Frank)
- “And I think it was a step that opened my eyes to other Nations and other tribal communities and other people… I make good friends over the country, who are two-spirited… Like without them I’m nothing, I have no life…” (Mike)

DISCUSSION

- These narratives contribute to a more contextualized framing around identity, HIV, stigma, and resiliency in order to establish more culturally humble and responsive interventions with highly marginalized populations.
- These findings reinforce existing recommendations for HIV care and prevention specifically with AIAN communities, which include relying on data-driven knowledge, increasing culturally responsive services, and comprehending the differential impacts of HIV within TS communities. The narratives here of young TS leaders make this point even more salient as their words call for an ethic of fluidity in appreciating and navigating multiple oppressive forces in highly marginalized social positions. They suggest that our planning and service delivery systems may make good use out of a concentration on racism, gender, gay-centric contexts and heterosexism in more Native-centric ones.
- To that end, a salient continual renegotiation of their identities is found, that is, TS is less well understood as anti-normative but rather an active bridging of multiple worlds. The more that prevention and care can support a positive trajectory of identity development and self-actualization in themselves as AIAN and TS people, the more they are protected and supported in increasing wellness and effectively navigating their multiple social locations. These narratives suggest an attention to the identity of HIV, connecting through this second generation, would be an important factor to consider and further research.
- Ultimately, the attention here to the discursive aspect of the epidemic brings to bear the essential importance of the CLAS Standards (see: www.thinkculturalhealth.hhs.gov). A deeper sensitivity and a grounded understanding of the languages we use, as practitioners and healthcare consumers, can buffer against stigmatizing assumptions and positioning TS people unassumingly as a vector of risk. Instead, we can present with the cultural production and active identity negotiation amidst the specter of HIV and its constitutive oppressive forces.