A JOURNEY TO LIFE

Native people speak about how HIV has affected their communities

BY MARCIE R. RENDON



What is life?
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It is the breath of a buffalo in the winter time.
It is the little shadow which runs across the grass and loses itself in the sunset.

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Increasingly Native people with HIV are turning to those elders who have been doctoring, healing, holding ceremonies and keeping traditions alive to supplement or replace Western medicine. Amos Owen, a Dakota elder who died in 1991, was one of the first elders in Minnesota to take Native people with AIDS into the sweatlodge and give them healing herbs. It was his belief that Mother Earth takes care of everything. He said: "I've seen flowers bloom in January, right out of a snow bank.... What is needed is provided." That is the core belief of all of the elders interviewed.

The elders interviewed for this article requested anonymity. To protect their privacy, the Native people with AIDS asked that only their first names be used. Traditional healers did not identify themselves as healers, saying: "I am a helper." "Don't use my name; for the work that I do, I need to watch my ego." "The work isn't me."

One man gives this message to people seeking help: "The search for help is part of the healing journey."

A Potowatami elder said, "If someone brings me tobacco, if someone has their Native name, it makes it easier to use the natural ways. The naming ceremony could be part of the healing process. The journey to know your family tree and your clan can make you feel better about who you are. Then you have some strength to fight off the disease."

What should Native people with AIDS know about approaching traditional healers for help?

Carole, an Ojibwe person with AIDS, didn't know what to do the first time she attended a ceremony. She asked the elder what was expected of her and he told her. For Carole, it is also important that she does everything she is told to do. While visiting the Southwest, a group of

White Mountain Apache women gave her some medicine with very specific instructions on how to make the medicine and how to take it. "They went to a lot of trouble to help me. So I did what I was told. I put my faith in them."

Another person with AIDS, Willie, who is Lakota, was also shy about going to a traditional healer. In 1989 he was very sick. He was sleeping nearly 15 hours a day. He had uncontrollably high fevers and constant diarrhea. When his girlfriend approached him about getting doctored, his first excuse was that he didn't know how to make tobacco ties. His second excuse was that the diarrhea he was experiencing would make it impossible to stay through the entire ceremony.

At the home of the elder, his girlfriend helped him make the ties. When the ceremony started he was smudged with cedar smoke. At that point he recalls an overwhelming feeling of lightness and of knowing that the sickness was gone.

Despite his earlier fears that his sickness wouldn't allow him to sit through the entire ceremony, he was able to do so. Although he was not cured of AIDS, the sicknesses that accompany the disease were alleviated so that he could live a fuller life.

Both Carole and Willie began a journey to life. When they felt they couldn't go on, their families and friends provided invaluable support. Carole's friends took her to a Lakota healer. In Spirit Ceremony, in pitch darkness, songs were sung, prayers said and the pipe was passed. As dawn

came Carole was told certain rituals to perform and prayers to say. "I was told that at the end of seven days I would know whether I would live or die. Also, that if I was to live, I would have a clearer picture of why I would live. At the end of the seven days I realized I knew how to die. That's what the addictions were about. It took me several months to know how to live. It takes time. It's a process, a long journey."

From that initial ceremony, Carole knew that one of her roles was to talk to other people about HIV and AIDS. Since then she has traveled extensively, telling her story. "If by telling my story I can help prevent one person from contracting this virus I will feel like a success."

A Dakota elder says, "AIDS is not a gay disease. The illness doesn't discriminate. There are pieces of the puzzle we don't understand. Traditional healers don't have all the answers, but collectively we can help. When we doctored Carole the healing involved four men. We encircled the patient spiritually and did different parts of the healing."

He continues, "Western medicine only treats the physical. As a spiritual people we are a part of the earth. Every plant has a root, stem, leaf and branches. People have physical, spiritual, emotional and mental parts. As Native people we need to get back to the core of who we are. The spiritual part has a healing quality to it. It gives us motion to live life at its fullest."

"What this disease has taught me is that life is

an instant," Carole adds. "There is a Blackfoot saying I like to quote: 'What is life? It is the flash of a firefly in the night. It is the breath of a buffalo in the winter time. It is the little shadow which runs across the grass and loses itself in the sunset.' That is what I've learned. The chemical dependency and this illness are interruptions that helped me to stop and redirect my life."

Since that first ceremony Carole's spiritual direction has come from many people: Lakota, Dakota, White Mountain Apache, Potowatomi and Ojibwe. No one has refused to help her. She feels sad when she hears stories of people being refused spiritual direction and healing. "I think the two highest-risk behaviors we can engage in are ignorance and hysteria. Out of ignorance we engage in all kinds of high-risk behaviors. Out of hysteria we can alienate people who are sick right now," Carole says.

Traditional elders are not immune to the fear surrounding HIV disease. Two of the people who have helped Carole admit to being afraid when they first heard of AIDS. To quiet their judgmental attitudes and erase their fears, they educated themselves about the disease. HIV is spread by blood, semen and vaginal secretions. In the sweatlodge the minuscule amount of virus in a person's sweat will not spread the virus. Sharing the pipe or passing the water cup will not spread the disease.

"We need to get out of our denial about this disease. It isn't just a white disease or a gay disease. I think of my family. No one is beyond reach," advises an Ojibwe elder.

Her husband adds, "I see some Indian people treating this the way white people used to treat leprosy. They see it as something really bad and won't have anything to do with that person—they won't even speak about that person. People are