Reclaiming Our Two-Spirit Bodies
Working Towards Community Healing & Wellness in St. Louis
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This qualitative, community-based research project involved individuals who identify as American Indian/Alaska Native (AI/AN) & lesbian, gay, bisexual, transgender and/or queer – two-spirit (LGBTQ-TS) in the St. Louis area, exploring the impact on this exerts on identity, health, wellness, and barriers to health care.

### Background
- Historically, Native societies incorporated gender roles beyond just male and female. Two-Spirit refers to the inclusion of both feminine and masculine components within one individual (Fieland et al., 2007).
- Two-Spirit is used currently to reconnect with tribal traditions related to gender identity and sexuality.
- LGBTQ-TS AI/AN individuals experience more prejudice and discrimination; have higher rates of suicide deaths, attempts, and ideation than heterosexual AI/AN and LGBTQ people of other racial/ethnic backgrounds (Barney, 2003).
- Epidemiologic data indicate that the general AI/AN population is at disproportionate risk for poorer general health and physical pain and impairment (Chae & Walters, 2009).

### Research Goals
1. Gain knowledge of the LGBTQ-TS AI/AN individuals in the St. Louis metro area
2. Increase familiarity with issues and barriers encountered by LGBTQ-TS AI/AN individuals in trying to access services in the St. Louis metro area.
3. Gain access to more resources for additional learning and referrals
4. Research on LGBTQ-TS AI/AN individuals is sparse (Chae & Walters, 2009).

### Methods
- In-depth interviews, focus groups, and surveys were conducted with LGBTQ-TS individuals, covering topics of identity, community strengths, aging, and health concerns.
- Participants were recruited through social networks and events, and through advertising on SAGE Metro St. Louis’ web site.
- Consistent with narrative and indigenist research methods, the interviews provided opportunities for people to share their testimonios, a type of oral history and life story as LGBTQ-TS people (Tuhiwai Smith, 2005).

### Results
- Although somewhat limited in number and diversity, the groups provided insight on a wide variety of issues. Qualitative data analysis revealed five overarching themes across focus-group and individual interviews. Themes relate to general services and advocacy care, as well as to issues of cultural competency:
  - Diversity among LGBTQ-TS people
  - Presenting health issues
  - Multiple identities
  - Negative impacts on health
  - Aging

### Table 1. Barriers to Health Care

<table>
<thead>
<tr>
<th>% indicating that the factor is &quot;somewhat&quot; or a &quot;major&quot; problem</th>
<th>1. Long distance to LGBTQ sensitive medical facilities</th>
<th>2. Healthcare workers refuse to provide services to LGBTQ people, because they are LGBTQ</th>
<th>3. Fear that they will be treated differently</th>
<th>4. Not enough health providers are trained to care for LGBTQ people</th>
<th>5. Not enough mental health specialists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants (n = 23)</td>
<td>30.4%</td>
<td>60.8%</td>
<td>65.2%</td>
<td>47.8%</td>
<td>69.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% indicating that the factor is &quot;somewhat&quot; or a &quot;major&quot; problem</th>
<th>6. Not enough psychological support groups for LGBTQ people</th>
<th>7. Community fear or dislike of LGBTQ people</th>
<th>8. My personal financial resources</th>
<th>9. Lack adequate and affordable housing</th>
<th>10. Lack of transport to get to needed services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants (n = 23)</td>
<td>56.5%</td>
<td>34.7%</td>
<td>39.1%</td>
<td>26.1%</td>
<td>52.2%</td>
</tr>
</tbody>
</table>

### Conclusions & Community Relevance
- **Community Engagement for Two-Spirit Input**
  - The interviews and focus-group conversations provide particular perspectives on the health and human-service experiences of LGBTQ-TS AI/AN people.
  - As a minority group, LGBTQ-TS AI/AN individuals in St. Louis, MO experience many forms of oppression, in a variety of contexts — in the general LGBTQ community, in Native communities, and in the wider world.
  - Oppression can take the form of homophobia, racism, or invisibility, and it can also mean inadequate access to health care in the context of greater health needs.

### Clinician and Agency Recommendations
In focus groups and interviews, respondents offered a range of recommendations that cluster in seven culturally-based areas.

1. Connect with the community
2. Develop peer-based services and support
3. Develop additional services and support
4. Collaborate with other agencies to enhance direct care
5. Offer more provider education and training
6. Offer service-user education and training
7. Enhance agency environment — the physical space and “Native hubs” (Ramirez, 2007).

### Acknowledgements
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Note: The work presented here was done for the purposes of a course and is not my thesis or dissertation.