Interview with Sharon Day
Interviewed by Fraser Nelson
Interviewed on February 22, 1995, at Day’s home in St. Paul

FN: Today is February 22, 1995. I'm with Sharon Day, who is the executive director of the Minnesota American Indian AIDS Task Force. Sharon, how would you say other people describe you?

SD: Well, gosh, that's kind of a hard one. Within the community, I think people see me as a community leader, community organizer. I think they see me as being a responsible person; I've been working in the community for like twenty-three years, so I think people see me as providing fairly stable leadership. And at the same time I think people see me as being not afraid to take risks. I think people have always seen me as being fairly radical, too.

FN: You have such a long history in the community. Do you think that the perception of you as a leader has changed over time in any way?

SD: Yes, I think when I was young, I think people saw me as being radical, and I think they still see me as being radical, but in a slightly different way. Before, I think I stayed kind of like in the old ways, where there used to be interpreters, you know, an Indian person who would go between the government or communicate to tribal folk what the government wanted and then communicate back to the government what tribal folk wanted. I think when I was really young, the community saw me as being fairly radical, and then I think for a number of years they've seen me as being sort of this person who could talk to the government or talk to the funders and make those kinds of interpretations.

I think since I've been working in this field of HIV, I see myself, and I think the community sees me, more now as like not so much interpreting for other folks, but really trying to like move the community towards some different ways of delivering services or ways of thinking about delivering
Think back, if you can, to the first time you heard about AIDS. Can you describe to me what you thought of it then, your first initial impressions of this virus?

Yes. Well, my initial reaction, as a lesbian, was, "Why do all of our resources and why does everything we do in the gay and lesbian community have to be focused on AIDS?" That there were so many other issues, and yet it seemed like continuously that was the focus. I recall, in the mid-eighties, having conversations with other lesbians about it and kind of talking about, "Why is there such a focus on this? Why do we have to use all of our resources to deal with HIV?"

Has that changed?

Oh, yes. I think HIV has really provided many opportunities for the community, the gay and lesbian community, and the gay and lesbian Native community, as well, to really assume leadership. I think there's still an element in the gay and lesbian community that sort of wants to be accepted and kind of mainstreamed, and then I think there are other people in the community who say, "Why bother? There are so many things we need to do." So my opinions have changed a lot.

Of course, you know, the first time somebody that I loved had HIV, you know, it was kind of a different ball game after that.

Can you describe to me what that felt like?

Yes. An Indian woman whom I had done intervention with had gotten into treatment, she was in recovery. I think she'd been in recovery about two years. She called me up on the phone one day and she said that she had AIDS, and I remember feeling really shocked, because it wasn't supposed to happen to Indians and, for sure, not to an Indian lesbian. So it was a real shock. I remember also feeling like, besides the shock then, sort of a lot of pain and what to do.

"Intervention" refers to a process of confronting a person about a drug addiction or alcoholism and encouraging the person to enter a treatment program for chemical dependency.
FN: So it sounds like initially you had some resistance to even having this enter your life to some extent, or some anger around it invading the gay community. How do you feel about AIDS now?

SD: Well, I still have a lot of anger around HIV, and some of it just has to do about so many things that we can't control, you know, and kind of the lack of resources and how slowly things happen. But I also feel a lot more hopeful today than I did even a year ago, I think, and I think it has really provided, you know, the community with an opportunity, like I said, to really develop services in a different way, to kind of look at things with some urgency.

I've worked with a lot of people who are in the academy, and they're always talking about constructing this theory or that theory or the other thing, and I'm always saying to them, "You know, we don't have time." When I was in another country, the women there didn't worry about having a theory before they did something; they just did what they knew to be right. If they needed a daycare center, they built the daycare center. So sometimes I try to remind people about that, that we don't have a lot of time.

Yesterday one of our clients was in the office. In the last year, his T-cells have dropped from about 800, now they're down to--he came in and he said they had just dropped like another 60, and he was like at 131. He was saying, "I want these experimental drugs," and he brought in the paper and said, "They're doing this bone marrow transplant with baboons. I want that. I want a chance." I think that's the kind of urgency a lot of times that I feel. We don't have a lot of time to do so many of the things, all the clinical trials and the approval by the FDA, when people are saying, "No, I want a chance and I don't want to wait five years for the FDA."

FN: I'm interested when you say a sense of urgency, because your demeanor is so calm. I see a lot of pictures of wolves around your apartment. How do you take that sense of

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2T-cells or CD4 cells provide a marker for the progression of HIV infection. Persons with CD4 counts under 200 are considered to have AIDS; normal counts range between 800 and 1,000.
urgency, put it in yourself, and as you put yourself into the community, dealing with these government agencies, how does that sense of anger, that sense of urgency, and yet that calm force that comes from you?

SD: Well, that's interesting, because I don't always feel very calm. But, you know, I think there are a number of things within my culture that motivate me. My name is Nagamoo Maiingen, and that means "singing wolf" in my language. When I was given this name some years ago—you know, I meditate a lot about what does it mean, and I try really hard to be like the name that was given to me. Wolves, of course, are very social creatures and they take care of the elderly, they take care of the young, and they're very social. They are always together with other people. The alpha wolf, I guess, is like the protector taking care of the people. So I really try to live up to that namesake.

Then among the Ojibwa, too, the wolf represents the Western direction. I'm also a member of the Marten clan, and so the Marten's a little small black animal, it looks kind of like a squirrel, but it lives in trees. It's very friendly, but it's also the protector of the Ojibwa people, so when we go into the lodge, those of us from the Marten clan always sit at the Western door. There really isn't a Western door; there's only an Eastern door, but we talk about the Western door. The Western door represents courage and strength, but it also represents death, moving on to the other world. So I've been fortunate all my life to be able to vocationally live out the responsibilities of my clan as trying to help protect the people.

But the wolf also represents the West and represents strength and courage. So many of the time I'll be in meetings and I'll be scared to death, you know, and I'll be waiting for somebody else to say something, and if somebody else doesn't say something, then I feel like I have to. But it's never that I'm not afraid or that I have this calmness; it's always this kind of sense of responsibility. I would rather not be the one who says some of the things that need to be said. So many times I'm scared to death, but if you don't say what you think, then you're guilty of not being part of the solution. So many of the things in my life I've done, I've been like

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3Ojibwa language.
scared to death, but sometimes people remind me that having courage doesn't mean that you don't have fear. It just means that you don't allow the fear to immobilize you.

FN: It sounds like you're really able to draw on a lot of cultural strengths. How do you see the broader white culture and their strengths? When I hear you being able to pull on your name, I'm jealous of that. It makes me feel like, "Boy, that's something that I don't have at all in my life." How do you see that?

SD: Well, I think that there are many people from every culture that have—I guess human beings all share similar traits. Everybody has to find that for themselves internally or within their culture. Where I grew up, we didn't talk about white folks. Where I grew up in northern Minnesota, on the Iron Range—of course, everyone says people on the Iron Range are crazy anyway. It's something in the water. But where I grew up, we didn't talk about white folks; we talked about that there were Finnish people, there were Swedes and Polish people, and mostly that's what there was. You can buy lefse in any store, you know, next to the wild rice. So people had that kind of [cultural identity]—that's who they were. So the people I grew up with, they still had those kinds of characteristics of their culture and still practiced many things.

I think one of the things I've really appreciated all my life about Finnish people is the union organizing. I mean, they organized the miners on the Iron Range. Everything was, like, union, you know, and I appreciated that similarity between tribal folks—that community was important, that whole kind of commonality of people organizing around a specific issue to make the community better as a whole. So I think there are a lot of similarities. I think people are kind of moving away from that, but I really think other people have to kind of look into their own ethnic background. Sometimes when I talk with Indian folk today, they say they don't really understand or they don't know much about their tradition, and yet if there's some crisis, the whole community deals with it. Or there's still these extended families, and it's not so clear to people anymore, but I think the basic values are still there, not only among Indians, but among other folks as well.

FN: That's great. When I think of you and I think people in
the community think of you, they see you as interacting across many communities. Can you, first off, describe some of those communities for me? Then, if you could, step back and think about how AIDS fits into those, into all the different places. You've talked about the gay and lesbian community, your work on the Range, and your family history as really important as well.

SD: Well, the way I grew up was like everybody--there's seventeen children in my family, and thirteen of us who survived after infancy. Four of them died as infants, and then the rest of us, we're all still here. So my family, everybody had a job from the time you're young. Dinnertime for us was like everybody got to say what was on their mind or how their day was and things like that, and it was really a time for communication. I think that has really motivated me all my life.

So when I was a teenager, I went to school right next to the [state] Capitol, so I was going to protest, and I was just like a watcher and an observer, but it felt like it was important to be there. So this, of course, was during the sixties, so there was all the anti-war protests and the civil rights. So I would hear Indian people speaking--Dennis Banks and Clyde Bellecourt—and it really felt like it was a very exciting time.

Then in the early seventies, I was involved with the feminist movement, went to some of the national conferences as a delegate from Minnesota, and really that kind of motivated me to look at what were gender roles among tribal people. Then some work in education, then work in chemical dependency. I worked with adolescents when I was pretty young myself, I was about nineteen or twenty, twenty-one till I was twenty-three, and then I felt like so many of the kids I worked with who were with juvenile delinquency problems, part of the problem was their parents, and there really needed to be some intervention done with parents. So I started trying to develop some services for Indian women.

I was thirty-three when I came out as a lesbian and did a lot of work in that community, and then also organizing the first [Native] gay and lesbian national gathering in contemporary times here in Minnesota. So everything I just feel like kind of is—you know, they're all connected.
The basic goal is—I guess the way I was raised was really simple: You will get educated and then you will do all these things to improve the well being of the family and the clan and the tribe and people in general. So, I mean, it's a very basic focus. I always say in my family, we don't have any millionaires in my family, and I would say it's not that we don't have the capacity to have done that, it's just that we were all raised [to understand] the well being of the people was the most important thing.

**FN:** Is that sense of commitment present in all your siblings?

**SD:** I think there are two people in my family who are not involved in tribal government Native organizations. There's only two. And even my brother, I have a brother who's a genius and he's like an inventor, you know, he could have sold one of his inventions to one of the auto companies for a million dollars, but he, instead, sold it to a reservation and has been working with them to develop it, to create jobs.

**FN:** It's really great to hear the depth of your experience. How does AIDS fit into that commitment for you, on that continuum of activity from childhood, really, to this point?

**SD:** Well, I always say like I do this work because people I love are living with HIV and AIDS. So the first woman who came to me and said, "I have AIDS," she was like somebody I had like a real investment in. I had worked with her to get into recovery.

Then in 1985, my younger brother called me up one night and said, "I need to go to the airport. Would you come and pick me up and take me?" So I did. And he said, "I have to go to Chicago. A friend of mine is dying and there's nobody to be with him." So I drove him to the airport, and he said to me, "If I ever get the "big A," promise me that you won't let me die alone." And I said, "Of course I promise." And two years later, he called me and said he was HIV positive. It was really funny, because he called me at six o'clock in the morning; he said, "Okay, this is it. It's the big A." He was living out in Seattle, and he said, "I'm going to get Mom on the phone, so stay on the line."

I said, "No, no, no. Wait. I'll go to her house and then
I'll call you from there." So I did. He talked to my mother and she hung up. Before she hung up, she just said, "I love you. Come home." So she always wanted him to come home and be with people. He's had to stay out there, but he comes home quite often.

Anyhow, you know, when we first started the Task Force, there was no Indian organization that was willing to take on the issue, any of the existing organizations. We did not really want to create a new organization, you know. It's time-consuming, it's resource-draining, but there was really nobody that came forward that wanted to do it. So then eventually we formed the organization. Anyhow, I do this work because people I love are living with this disease.

FN: How would you define your faith, and what role does that play in your life, not only in AIDS, but in your life in general?

SD: Well, I attend M'de ceremonies. M'de translates [from Ojibwa] into English into something like the Grand Medicine Society. People should know that our religions were outlawed. They were against the law until 1978. I've been going to ceremonies now, since we've been able to have them again. I went to the first one they had that was open, openly held, probably twenty-something years ago. I continue to go. The ceremonies are held four times a year for four days each, and I go as often as I can. We learn a lot of things, and many times there's also a lot of discussions about critical issues in the community.

But the Grand Medicine Society really believes that the way to healing is through balance, and also that there's psychological elements to healing, but there are also like herbs and plants and stuff that Native people have been using since time began for healing. So there are instructions about what to use, and people go there for healing and people go there for naming and to be married and all kinds of things like that. I try to incorporate those teachings not only into my life on a daily basis, which, of course, I'm not always able to do, but into my work as well.

FN: Can you give me an example of how you would do that?

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4 Minnesota American Indian AIDS Task Force.
Sometimes when I'm feeling overwhelmed or I'm grieving about something or someone, or even myself, you know, I might take tobacco and go someplace sometimes by a lake or a river and just let the tobacco go into the water, and through that, then let go of some of the pain and anger and sense of loss.

Sometimes I do things with my sisters. Sometimes we have ceremonies ourselves and sometimes I just do things by myself. I have like spiritual items that people have given me, and I use those whenever I can.

My grandson had asthma, very severe, when he was born. When he was two years old, he had been hospitalized about four times with it, in intensive care. There was a medicine man who came from Canada. It was one of the most terrifying things I've ever done in my life, but I gave him tobacco and I asked him if he would doctor him. And I cried through the whole thing, you know. Later on, the woman who was my partner at the time--she had been also like a primary caretaker for my grandson since he was born--said to me after it was over, "Why did you cry? Why were you crying?" And I said because in order to have this man treat Kirby, it meant that if I believed that this person and through his medicine can heal him, I also have to believe that he could take him.

You can't have one without the other, you know, and if you believe in one thing, then you have to believe that they also have this other ability. So it meant for me just really turning over my grandson to this person.

It was in January, and Kirby had been sick a couple of months before that. He was on nebulizer treatments three times a day. He was treated that night, and I invited friends and relatives. There were probably about thirty or forty people there. The next day, he was ice skating. This was like a child we could not even take out in the cold without having his face totally wrapped, because the cold air would cause coughing spasms and wheezing. He gave him medicine, certain kinds of medicine, and he also took things out of his lungs that he showed me later.

So I believe that most of the medicines today that are used by the American Medical Association came from the [Native] people. But I have to say, even after all these years and the way I was raised, to me it was a very traumatic experience, but I have to say I'll be grateful to this man for the rest of my life.
**FN:** It sounds like you're really proud of what he was able to achieve.

**SD:** My grandson is six years old, has never been hospitalized again.

**FN:** That's great.

**SD:** Can I just say one other thing about Native medicine. In the kind of time we live in, it's really hard, I think, to have like a lot of [faith]--like my brother tested positive in 1987, never had any blood work done, always said, "I do the things I do. I go to ceremonies when I can." Since then he's had a naming ceremony and he comes home every time we have a retreat. He goes to sweats. He tries to live right, but also it's important to him also to contribute and educate the community.

He was going to a clinical-based case management program out in Seattle, and they kept pressuring him to do this blood work, so he did. He just got the results a couple of weeks ago and his T-cells are like 1,600. It's pretty incredible. So when he called me, it was like at midnight one night, and said, "I got the results back."

The next day, I asked a couple of medical people about it, and their first reaction was, "He needs to be retested." So I called and said, "Did they do another HIV antibodies test?"

He said, "I don't know, but they asked me a lot of questions." But they also said they wanted him to be involved in some research, and he said, "I'm not taking any drugs, I've never taken any, and I won't take any."

And they said no. It's like this homeopathic institution where they're studying alternative therapies. He said, "Oh, yeah, they can look at my blood all they want or examine my hair or whatever, but I'm not taking any drugs."

So, you know, I think to myself, like I know these things to be true and yet when I talked to Western medical people they said, "Oh, it can't be true. There must be a mistake either in the HIV test in the first place or they mixed up the blood or something."
I just had so much anxiety about it because I thought, oh, my God, if the first test was wrong, then that's wonderful. If the second test—you know, they got his blood mixed up with somebody who's not even HIV-positive, well, then—and, you know, then they tell him his T-cells are 200, he'll be devastated. Then after I thought about it for a while, I thought, you know, why is it so easy to have my faith shaken by Western folk? I mean, I was there when Carole LaFavore was treated, when Western medical doctors told her, "You have six weeks to live," and she had a healing ceremony. I was there. I know what shape she was in. And here it is five years later and she's still working, with an AIDS diagnosis for this long.

I think everybody I know that knows my brother [prays for him], whenever there's ceremonies, we always, as we do for everybody else, but I think, you know, it's so easy to have that shaken by facts. [Laughter] You know?

FN: I have to say, you don't seem that shaken. It's not easy, but you're doing a good job.

You spoke a little bit about this earlier, but what role does anger play in your work?

SD: I think in some ways anger that I have is destructive, I think mostly for me. But I also think that it's a motivational force. I think like any emotion is okay as long as it doesn't immobilize you or turn like totally self-destructive.

FN: When I've seen anger on your face, I've seen it as a kind of a righteous anger and a really strong-woman anger. What do you think about that?

SD: Well, I don't know. I get angry, and I think there were times when I was younger when I used to get angry, you know, at some political thing or other, and I'd just leave. I'd just say, "To hell with it. I'm outta here. This isn't worth it." And that doesn't happen so much anymore. I mean, generally, if I commit myself to a process, I stay through it. I guess I don't give up as easy.

FN: You described your community in terms of a family structure that I think that may be foreign to many people who read these interviews. How do you find community and how does it support you?
SD: Well, for me, community is wherever I feel safe. Sometimes Native people will say, "How do you know you're a lesbian?" When I'm around Native folks, it sort of feels like being home, and that's what I try to explain to them: Well, whenever I'm around gay and lesbian people, I sort of feel like home, too. So, I don't know, it's like many friends—I have many friends who are from other races, and, I don't know, it's something about how you connect with somebody. Do you feel safe? Can you be yourself with all of your warts and blemishes?

FN: How does your community support you?

SD: I think my community respects me and that is to me the most important thing. I don't know that they always agree with me, but I believe that they respect me. How do I see that playing itself out? Sometimes if there's a difficult issue to tackle, it doesn't even have to do with HIV or chemical dependency or any of those other things I've worked in, but many times they'll call on me. A couple of weeks ago, they had a big meeting of the Indian directors, about forty-five people there, and they were introducing the new head of the Minneapolis Foundation to the community. So when I got there, the woman who was moderating the meeting said, "Sharon, I'm going to ask you to say a few words," and I said, "Sure."

She stood up and she said, "I want to introduce Sharon Day. She's going to say some things," and I was like totally—I wasn't prepared, so I said something. But I think, to me, that was like--and I wasn't the oldest person there. There were far many more people older than me. But I think when I'm shown that kind of respect, that they expect me to speak on behalf of the community, I think that, to me, feels very supportive.

Being able to call upon other agency directors to say, "I have this situation. How do I deal with this?" and they're telling me—I guess basically that's it. I don't know what else to say about it.

FN: Why do you stay in this work?

SD: Oh, boy, that's a good one. You know, sometimes I think it's too hard. It's too hard, it's too emotional, takes too
much, but I was raised with this tremendous sense of responsibility. In fact, recently I was thinking maybe it's time to do something else. Then I look at where the agency is and what we're in the process of developing, and then I think like I need to stay until we get this up and running. I think the program services operate fine without me, but I think in terms of the development, I still have a vision that I'm able to articulate to people and that's necessary.

But basically I will think about the people who have passed on to the spirit world and I think about like George coming and saying, "This is what my T-cells are and I only want a chance," and I think about the kids I work with and how much hope they give me about the future--I guess all those things. It's like, well, there's still a role for me to play in this arena and I need to stick with it a bit longer.

**FN:** How long do you think you'll be able to sustain your commitment? What do you think causes burnout, and how do you find that in yourself? We've all faced that kind of--like you're describing: Is it time, is it not time?

**SD:** Well, you know, I don't know. I'm still working sixty-hour weeks, but I do try to be involved in other things. Last summer, the National Women's Studies Association asked me to come and give a keynote address, and it wasn't about HIV. It was so wonderful to sit down and do some research on environmental issues and human rights and be able to speak just as an Indian lesbian, and not as the executive director of the Task Force, you know. So sometimes those things work.

In the last couple of years, I've tried to develop myself as an artist. I sent some things to an art show out in California, and people liked it, and I got a couple of awards, and doing some local art shows and doing some work with Illusion Theater and some writing. Some of that helps to keep me sane, that there are other things in life as well.

**FN:** It sounds like it draws on the way you view the world holistically, too.

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5 A local theater that has produced plays dealing with AIDS and sexual health.
SD: Yes, I think that's important. I try to spend some quality time with my grandson, going to pow-wows. You see the world through his eyes, and I get a lot of pleasure out of that.

FN: Sharon, how do you define in your life "felicity," and where do you find that?

SD: Can you say more about--

FN: What gives you a sense of perhaps peace and joy, and how do you find that in your world?

SD: Well, sometimes it's having a morning to myself to read. I've been doing a lot of walking lately, and it was something that I used to do. Well, when I was younger I used to run three times a week. My nephews would come with me and then I would hear them talk to each other about, "How long did you keep up with her?" But anyhow, I've been spending some more time outdoors, and it's been nice because it's been such a mild winter. But like having some time to myself. I'm not a very social creature. I mean, I would still prefer to be alone most of the time, so I really have to push myself to do social things. I always feel like I didn't quite learn something that everybody else learned, you know. But when I do get out to the theater or dancing or something or concerts, I always think, "Oh, I have to do this more often," and then months will go by.

But basically, you know, it's having some time to myself, time to do artwork. I've just discovered photography and taking pictures. It's nice.

FN: Tapping into your more creative self, it sounds like. Sharon, so much of your work--I mean, you've done so many things, and we're in a time of transition in this epidemic and, I think, in this nation. What's your vision of America? What do you think about this country?

SD: Mostly what I think about this country I associate with fear. It's like really frightening to me, kind of the disenfranchisement of people and what that may lead to in the next years to come. I don't know. I have a lot of fear about it. So some of my fear, like I just want to move up north someplace and hide, you know.
But I think in terms of like HIV, in the Native community, the numbers just keep going up. I try to get out into direct service stuff myself, to kind of see for myself what people are thinking. I just did an all-women's group, a two-day session, and it was really scary, because there was so much denial, so much denial and kind of superficial—it was like they were almost unable to get beyond some superficial things, and there was some blaming of other groups and things like that.

I don't know that we've ever been at a time where we're at, and I think there are really kind of mean-spirited things that are happening across the country, and some of it's anybody who's different in any way. Just the stuff about affirmative action, Proposition 187. In Colorado they have their Rule 2 up before the Supreme Court this year to ban gay rights. It just seems like nobody is protected. People want to cut Social Security, school lunch programs. I think it's very frightening to me, what will happen in this country. I think people have been given enough up to this point to survive, and I think once people aren't able to survive—I mean, like the social welfare programs in this country have sort of like anesthetized people. So when they take away that, I think there will be real upheaval.

When you look at what's happening around the world—you know, my grandson was asking me, "Who are the Hmong? Why do they speak a different language?" So I told him about it. I said, "There was a war in Southeast Asia, and the United States was on one side of the war, so they had these Hmong people help them. Then when the war was over, they had to leave their country or they will be killed, so that's why they're here." He said, "Like even kids?" I said, "Yeah, even kids." And he said, "Well, that could never happen here, though, could it, Grandma?"

You know, you look at what's happening around the world and I think that we are very complacent in this country. We think that we'll not have the kind of upheavals that are happening

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6A California proposition to greatly restrict education and health care services to non-U.S. citizens.

7Southeast Asian immigrants who arrived following the end of the Vietnam War. Minnesota has one of the nation's largest Hmong populations.
around the world, but I think we're very close to it. Once they start cutting Social Security and AFDC, I think we're going to see some real tragedy in this country. I hope that doesn't happen, but I think people just don't realize. If you give people enough, it's okay. But once people don't have enough, it's not going to be okay.

**FN:** What do you fear for yourself personally?

**SD:** Stress. [Laughter] You know? I don't know. For myself, this is what I think. I want to live long enough to see my grandson be old enough to take care of himself. I worry about that, you know. I worry about having a heart attack. Then I think to myself, "Shit, Sharon, you're only forty-three years old." I think, well, my mother was forty-eight, and she moved six kids down to the Twin Cities and started a whole new life and was politically active and founded this organization and that organization. It's like I'm only forty-three, but, I don't know, I still have this sense of urgency. I have to get all this stuff accomplished within a certain period of time, because time is running out. I don't know how much of that is related to just working with HIV, how much that carries over, because so many of the people I'm working with have that sense about themselves.

So I don't know, but I guess that's the thing that I worry about the most. It's important for me to leave a legacy, to have made a difference, and then it's important to me to--like I say, I'd like to live till my grandson is eighteen.

**FN:** At the very least. What do you hope for?

**SD:** As it relates to what?

**FN:** Let's look at it this way. When you described this country and the fear you have about the tenor in this country, how do you think your activism and your participation in this democracy affects the United States?

**SD:** Well, I don't know what I do or what the agency does that could have an effect on the country. What's been interesting, though, is the more we try to focus on what it is we're doing in terms of our program services and the culture of our organization, the more we get sort of called on nationally to help other folks. But I guess for me what's important is if I go to ceremony and they say, "We're the
"only lodge that does ceremony in English," and, of course, that's why I go there. But they say, "Maybe we need to begin to think that there are many things that can be translated, so maybe we should look at in ten years to do everything in Ojibwa."

So I come back and I say, "Well, okay, I'm going to take Ojibwa lessons." So we did it for six months and didn't get very far, but we know more than we did before.

So that's kind of how I view the world. There's not much I can do about everything out there, but in terms of the agency, in terms of the people involved at the agency, there's an impact we can make there. We can try to take the values and the beliefs that have sustained tribal people through the millennia, and we can try to apply them to the work that we do. It's a very difficult thing, because, of course, everybody on my staff is trained in Western theories, so even though they're tribal people, if you're trained in public health and public health says this, or you're trained in Western medicine and Western medicine says this, and you're trained as in psychology, in psychology and Western medicine, and here I come along saying, "Yeah, but this is the way we're going to do this."

There's no manual that exists to help us, but I think to a certain extent we're able to make it happen. I think that there's a clear expectation that people will be respectful of each other. There's a clear expectation that people will help each other out. There's a clear expectation that the agency exists to promote wellness in the community. I think those things are really clear. The adolescents I work with, there's a clear expectation that they treat themselves respectfully. That means not having sex with every person that comes along, or that they delay sex until they're ready, and on and on and on. I think we've been able to do that, and we're trying to articulate this in terms of some papers we've been writing that will have a national forum. So we can try to do this within our agency and hopefully we'll be able to share that with what we've learned with other people and what we've learned that's been successful and things we've learned that haven't been so successful.

**FN:** That's real similar, the imagery I get when you described your family, your clan, your tribe, the world. It seems like your work with Indian people, everyone working in
AIDS, it's nice to see that similarity. What do you hope for, for us, for us as a people working in HIV, as a community and as a world struggling with this every day?

**SD:** What I hope for is, I guess, a similar kind of thing, you know, that I hope for myself, that we can be respectful of each other. The way that I see HIV up to this point, that has been probably one of the most--how do I say this? I don't see that there's been any kind of equitable distribution of the resources. For myself, how I see that is like several years ago when we were in the [case management] consortium with MAP. MAP was getting a larger share, so the other three organizations, we had to divide up lesser of the money. Two of the organizations said, "We can't do this without this amount of money." Well, I was fortunate that I had some foundation dollars, so I said, "I'm going to give you some of our money." We were each getting like twenty-three thousand dollars or something, or twenty-two thousand or twenty thousand. I said, "We'll take twenty-two thousand and we'll give a thousand to you and give a thousand to you," and everyone said, "Fine."

The next year I was going to go to the legislature and ask for more money, and everybody got pissed at me because I didn't ask for permission. It was like we could survive without the two thousand dollars or whatever it was, and the other agencies said they couldn't. But I don't see that happening with other folks.

It's sort of like in terms of funding, this business has been more--I don't know, difficult than anything that I've ever been involved with. It just seems like people are...

So anyhow, that's one piece of it. I think another piece of it has to do with--well, maybe that's the biggest piece, but it seems to me that as a result of this epidemic, that there would be more cooperation, and I don't see that happening. I hope we get to the point sometime of, "You're not going to get better unless I get better. If we can do this together, we'll be much better." But I think the last Commissioners' Task Force meeting was sort of like when it comes right down

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8Minnesota AIDS Project.

9Day is a member of the Commissioner of Health Task Force on HIV and STD Prevention, which sets goals for programs and funding
to the money, then it was like very personal. It was pretty devastating to be a part of that and to watch that happen.

**FN:** How do you think this time will be remembered when we look back? Think about the people who will be reading these, hopefully.

**SD:** I think it will be viewed similarly to like some of the other epidemics that have happened over time. My grandparents both had tuberculosis and were in sanitariums, but I think it will be viewed in that way. This is a terrible kind of thing that came upon us, and as soon as there's a cure, I think it will be remembered that way, similarly to other epidemics. Maybe there will be some different thoughts because there's been so many gay and lesbian people, bisexual people. Maybe there will be some different thinking about sexuality, but I'm not sure if that will happen either.

**FN:** How about our work? How do you think it will be remembered?

**SD:** It would be nice if it would be remembered well, but we'll probably be like those Army nurses in Vietnam, you know. "Oh, they were on the front lines. Yeah, so what? That was her job." [Laughter]

**FN:** Maybe we'll get a statue fifty years after the fact.

**SD:** Yes.

**FN:** Sharon, how would you like to be remembered?

**SD:** Well, I want to be remembered as a traditionalist. I think the more the Indian people have moved away from the underpinnings of the culture that have sustained us, I think we've seen more and more dysfunction in the community. So I want to be remembered as a traditionalist who helped to move people closer to affirming their identity, both as tribal people and among gay and lesbian people, too, because that's really important to me. So I hope people will remember me as somebody who lived in this time, but who helped to restore some of that [traditional] teaching into the community.

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of HIV prevention efforts.
FN: And as a singing wolf, I imagine.

SD: Yes, yes.

FN: Very good. Do you have anything else you'd like to add?

SD: I don't think so. I think just the last thing would be if there was one thing that would change out of all this, I think that would be that people would understand a little bit more about diversity. That diversity isn't just something nice, but diversity is essential to life. There are many different ways, there are many different solutions to any issue, and there are many different ways of healing. I hope that that will be understood when this is all over, that there are many different people who use different kinds of methods to treat themselves or to be treated, and that we, as a society, be more open to looking at that diversity of treatment.

Many times people talk about alternative therapy, and I think alternative therapy for us is Western medicine, you know. But there are many different ways, I think, and we haven't explored enough of those, and we need to. So I would hope that one of the things that happens by the time they find a cure and treatments is that we will understand that there are many different ways and they all probably have some value.

FN: Thank you so much for your time.