



NACS NEWS

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**Native American
Community Services**

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April is Defeat Diabetes Month

Defeat Diabetes Month is observed in April each year. It is the initiative of the Defeat Diabetes Foundation (D.D.F.). It is projected that around 643 million people worldwide will be living with diabetes by 2030. Through this observation, the D.D.F. raises awareness about the preventable nature of Type 2 diabetes and focuses on the multitude of lifestyle and dietary changes that can be implemented to minimize the chances of contracting the disease.

History of Defeat Diabetes Month

Type 2 diabetes is a life-threatening autoimmune disorder and a chronic condition that makes people vulnerable to several illnesses. Some resultant ailments such as vision loss, renal failure, heart attack, and stroke can take a serious turn.

April is designated as Defeat Diabetes Month by the Defeat Diabetes Foundation (D.D.F.). Through its progressive programs and an integrated approach to collecting resources, the D.D.F. has taken the lead to eliminate the chances of contracting the disease within our lifetime.

Since 1998, the D.D.F. has been a leading force in the field, investing in sustainable and research-based solutions aimed at identifying, preventing, and managing Type 2 diabetes. Eradicating diabetes is a social responsibility that will require a long-term plan that includes providing affordable care for vulnerable patients. Diabetic sufferers can pursue a productive, healthy, and happy life through self-management and regular care.

The D.D.F. calls for a complete re-evaluation of how we live our lives.

With unsustainable structures such as dining out and in-house work becoming the norm, our desire to pursue healthier, more active lives has diminished. A sedentary lifestyle has wide-reaching consequences for our health. According to the American Diabetes Association (A.D.A.), 1.4 million Americans are diagnosed with diabetes every year. Since diabetes is an epidemic, the D.D.F. believes that efforts must be made at both individual and systemic levels to rein in the disease with interventionist public-health campaigns, awareness ads in print/broadcast media, and the annual observation of Defeat Diabetes Month.

Consuming fresh, unprocessed food and working out regularly not only reduces your risk but is key to living a healthy lifestyle free from lethargy and unproductiveness.

Defeat Diabetes Month Timeline

1552 B.C. - The First Symptom

Egyptian physician Hesy-Ra attributes frequent urination as the first known symptom of a mysterious disease.

2nd Century - The Urine Experts

Greek physician Aretaeus describes diabetes as a chronic ailment that leads to a speedy death among patients.

19th Century - The Cause of Diabetes

French physiologist Claude Bernard theorizes the glycolytic action of the liver and correctly identifies the root cause of diabetes.

1922 - Insulin is Adopted

Canadian physicians Frederick Banting and Charles Herbert Best successfully treat diabetic

patients with insulin.

Defeat Diabetes Month FAQs

What are the three Ps of diabetes?

The three Ps of diabetes are polyuria, polydipsia, and polyphagia, which deal with the instability in urination, thirst, and appetite, respectively.

Can anyone get Type 2 diabetes?

Yes! Type 2 diabetes is an autoimmune disorder with multiple risk factors, including obesity, heredity, and a sedentary lifestyle.

Is fatigue a symptom of diabetes?

The most common symptoms of diabetes are frequent urination, increased thirst, and persistent fatigue.

How to Observe Defeat Diabetes Month

1. Take a test

Since this isn't the mid-1800s, and you don't have to taste your urine to determine if you have diabetes, a simple and painless way of diagnosing the disease is readily available over the counter. This April, normalize testing for diabetes and understand your risk factors.

2. Skip the fries

A balanced diet is a proven way of minimizing your chances of diabetes. French fries and other carbohydrate-dense food groups blind our taste buds and load us up with unnecessary calories that can lead us to obesity.

3. Get active

Exercise has an immediate impact on our body by lowering our blood glucose and strengthening insulin sensitivity throughout our body. Taking a brisk walk after a meal triggers the uptake of glucose from our bloodstream and

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suppresses the elevated blood sugar level. By taking a pledge to get active, we can defeat diabetes.

5 Facts About Diabetes You Haven't Heard Yet

1. It's avoidable

Knowing your risk factors can drastically decrease your chance of getting Type 2 diabetes.

2. It's on the rise

Type 2 diabetes patients in the U.S. have almost doubled in the last 20 years.

3. Associated diseases

Diabetes is the leading cause of blindness, amputation, kidney failure, and strokes in sufferers.

4. It's not just a sugar thing

The main risk factors of diabetes are genes and obesity, and not the daily consumption of sugar.

5. Artificial sweeteners aren't the answer

A jump in glucose is triggered not just by raw sugar, but by carbohydrates that can't be substituted by an artificial sweetener.

Why Defeat Diabetes Month is Important

A. It supports the sufferers

Diabetes is a chronic disease, and control requires a lot of patience and persistence. From the regular monitoring of blood sugar to suppressing constant cravings, it takes a lot to live a life with diabetes. This April, offer a supporting hand to those in need and express your sympathy for their suffering.

B. It promotes a healthy lifestyle

The Defeat Diabetes Foundation promotes the prevention of diabetes by arming people

with comprehensive knowledge about nutrition and exercise. Consuming fresh and unprocessed food and picking up a workout of your choice not only suppresses your risk factors but is also key to living a healthy lifestyle free from lethargy and unproductiveness.

C. It is preventable

The chances of contracting diabetes can be effectively minimized by pursuing a healthy and active lifestyle that includes having a balanced meal and 30 minutes of activity every day. The singular aim of Defeat Diabetes Month is to create awareness about the prevention and management of the disease.

(From [National Today](#))

What Are the Early Signs of Type 2 Diabetes?

Key takeaways

- ♥ Early indicators of type 2 diabetes can be subtle, including frequent urination, increased thirst, and persistent hunger, which may be easily overlooked.
- ♥ Recognizing these early signs is crucial because early diagnosis and management through lifestyle changes and medical treatment can significantly reduce the risk of long-term complications.
- ♥ Various factors such as age, lifestyle, family history, and ethnicity can elevate the risk of developing type 2 diabetes, necessitating increased vigilance among those with such predispositions.
- ♥ Type 2 diabetes is a common health condition in the United States. It occurs when the body is unable to produce

enough of the hormone insulin to function properly, or the cells in the body are no longer able to react to insulin.

The onset of type 2 diabetes can be gradual, and symptoms can be mild during the early stages. As a result, many people may not realize that they have this condition. Possible early signs may include frequent urination and increased thirst.

In this article, we look at the early signs and symptoms of type 2 diabetes and the importance of early diagnosis. We also discuss the risk factors for developing this condition.

[Early Signs and Symptoms](#)

The [early signs and symptoms of type 2 diabetes](#) can include:

1. Frequent urination

When blood sugar levels are high, the kidneys try to remove the excess sugar by filtering it out of the blood. This can lead to a person needing to urinate [more frequently](#), particularly at night.

2. Increased thirst

The frequent urination necessary to remove excess sugar from the blood can result in the body losing additional water. Over time, this can cause [dehydration](#) and make a person feel [more thirsty than usual](#).

3. Frequent hunger

People with diabetes often do not get enough energy from their food. The digestive system breaks food down into a simple sugar called glucose, which the body uses as fuel. In people with diabetes, not enough of this glucose moves from the bloodstream into the body's cells.

As a result, people with type 2 diabetes often feel constantly hungry, regardless of how recently they

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have eaten.

4. Fatigue

Type 2 diabetes can affect a person’s energy levels and [cause them to feel](#) fatigued.

5. Blurry vision

An excess of sugar in the blood can damage the tiny blood vessels in the eyes, which can cause [blurry vision](#). This can occur in one or both eyes.

High blood sugar levels can also lead to swelling of the eye lens. This can cause blurred vision but will improve when blood sugar levels lessen.

If a person with diabetes goes without treatment, the damage to these blood vessels can [become more severe](#), and permanent vision loss may eventually occur.

6. Slow healing of cuts and wounds

High blood sugar levels can damage the body’s nerves and blood vessels, which can impair blood circulation. As a result, even small cuts and wounds may take weeks or months to heal. [Slow wound healing](#) also increases the risk of infection.

7. Tingling, numbness, or pain in the hands or feet

High blood sugar levels can affect blood circulation and [damage the nerves](#). In people with type 2 diabetes, this can lead to pain or a sensation of tingling or numbness in the hands and feet.

This condition is known as [neuropathy](#). It can worsen over time and lead to more serious complications if a person does not get treatment for their diabetes.

8. Patches of darker skin

Patches of darker skin forming on creases of the neck, armpit, or groin can also [result from diabetes](#). These patches may feel soft and velvety.

This skin condition is known as [acanthosis nigricans](#).

9. Itching and yeast infections

Excess sugar in the blood and urine provides food for yeast, which can lead to infection. [Yeast infections](#) tend to occur on warm, moist areas of the skin, such as the mouth, genital areas, and armpits.

The affected areas are usually itchy, but a person may also experience burning, skin discoloration, and soreness.

Early diagnosis

Recognizing the early signs of type 2 diabetes can allow a person to receive a diagnosis and treatment sooner.

Getting appropriate treatment, making lifestyle changes, and managing blood sugar levels can [greatly improve](#) a person’s health and quality of life and reduce the risk of [complications](#).

Without treatment, persistently high blood sugar levels can lead to severe and sometimes life-threatening complications, including:

- ♥ [heart disease](#)
- ♥ [stroke](#)
- ♥ nerve damage, or neuropathy
- ♥ foot problems
- ♥ kidney disease, which can result in a person needing dialysis
- ♥ eye disease or loss of vision
- ♥ sexual problems

Keeping blood sugar levels well managed is crucial for preventing some of these complications. The longer blood sugar levels remain unmanaged, the higher the risk of other health problems.

Untreated diabetes [can also lead](#) to hyperosmolar hyperglycemic syndrome (HHS), which causes a severe and persistent increase in

blood sugar levels. An illness or infection will usually trigger HHS, which can require hospitalization. This sudden complication tends to affect older people.

Risk factors for type 2 diabetes

Anyone can develop type 2 diabetes, but certain factors can increase a person’s risk. These risk factors [include](#):

- ♥ being age 45 years or older
- ♥ living a sedentary lifestyle
- ♥ having overweight or obesity
- ♥ eating an unbalanced diet
- ♥ having a family history of diabetes
- ♥ having polycystic ovary syndrome
- ♥ having a medical history of gestational diabetes, heart disease, or stroke
- ♥ having prediabetes

Diabetes and ethnicity

The prevalence of diabetes is different among races and ethnicities. The [American Diabetes Association \(ADA\)](#) reports the following rate of confirmed diabetes diagnoses in adults in different groups.

Group	Diabetes Prevalence
American Indian/ Alaskan Native	13.6%
non-Hispanic Black	12.1%
Hispanic	11.7%
Asian American	9.1%
non-Hispanic white	6.9%

Frequently asked questions

Below are some frequently asked questions about type 2 diabetes:

How does type 2 diabetes make a person feel?

When a person first develops diabetes, they may feel more thirsty, hungry, or tired than usual. They may also experience blurry vision and lightheadedness.

Later symptoms can cause tin-

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gling, numbness, or pain in the hands or feet.

What are the three most common symptoms of undiagnosed diabetes?

The [most common](#) symptoms of diabetes include increased thirst, feeling tired, weight loss, and increased urination.

When does type 2 diabetes usually start?

Type 2 diabetes [typically](#) develops in adults over 45 years old but is becoming more common in younger adults, teens, and children. This condition is not exclusive to people within a certain age or weight range.

How do people deal with type 2 diabetes?

Management for type 2 diabetes

may involve regular checks with a healthcare professional who may prescribe insulin or recommend lifestyle changes, such as regular physical activity, such as exercising, a balanced diet, maintaining a moderate weight, reducing stress, and monitoring blood sugar levels.

Takeaway

Type 2 diabetes is a common condition that causes high blood sugar levels. Early signs and symptoms can include tiredness and hunger, frequent urination, increased thirst, vision problems, slow wound healing, and yeast infections.

Anyone who experiences possible signs and symptoms of dia-

betes should contact a doctor for an evaluation, especially if they have other risk factors for developing this condition. Early detection and treatment of type 2 diabetes can help improve a person's quality of life and reduce the risk of severe complications.

It is important to have a support system of people who understand what it is like to have a diagnosis and live with type 2 diabetes. Bezzy T2D is a free app that supports people with type 2 diabetes through [one-on-one and live group discussions](#). Download the app for [iPhone](#) or [Android](#).

(From [Medical News Today](#))

National Youth HIV & AIDS Awareness Day

Submitted by Bonnie LaForme, IHAWP Facilitator

National Youth HIV & AIDS Awareness Day (NYHAAD) highlights the impact of HIV in young people and raises awareness about ongoing efforts in HIV prevention, testing, and treatment for this population. First observed in 2013, NYHAAD is organized by Advocates for Youth, an organization that works with communities to ensure youth have tools to prevent HIV and other sexually transmitted infections (STIs).

Today's youth have never known a world without HIV. According to the Centers for Disease Control and Prevention (CDC):

- ◆ • In 2021, 19 percent of new HIV diagnoses were among young people aged 13-24.
- ◆ • Only 6 percent of high school students have ever been tested for HIV. For every 100 people with HIV aged 13-24, 56 people know their HIV status, the lowest of any age group in the United States. Getting an HIV test is critical so people

know their HIV status and can access treatment, if needed.

- ◆ • Among people aged 13-24 who have been diagnosed with HIV and know their HIV status, 80 percent received some HIV care, more than in any other age group. In addition, 55 percent of people with diagnosed HIV in this age group were retained in care, and 65 percent were virally suppressed. People with HIV who are virally suppressed have undetectable viral loads and will not transmit HIV to sexual partners, a concept known as Undetectable = Untransmittable (U=U).

The National Institutes of Health (NIH) HIV research program, coordinated by the NIH Office of AIDS Research (OAR), supports research on HIV prevention, testing, and treatment for different

populations, including youth. This includes research to understand effective strategies to encourage youth to access HIV services.

Social Media

Use the hashtag #NYHAAD to follow the conversation about this observance on social media. Download graphics and find sample social media posts to promote HIV prevention, testing, and treatment on the Advocates for Youth NYHAAD webpage.

Additional Resources

NIH Office of AIDS Research

- ◆ FY 2021-2025 NIH Strategic Plan for HIV and HIV-Related Research provides a roadmap for NIH to guide HIV and HIV-related research and direct HIV research funding to the highest-priority areas to help end HIV.
- ◆ HIVinfo.NIH.gov, maintained by OAR, provides HIV-related infographics and other re-

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sources. The HIV info HIV Source Adolescents Collection provides resources on HIV in young people.

Advocates for Youth

Advocates for Youth leads the annual NYHAAD observance and works with young people in the United States and worldwide to promote effective adolescent reproductive and sexual health programs. The NYHAAD webpage includes a social media toolkit, and HIV-related information for youth.

NYHAAD website click [HERE](#).

Here are some local resources that anyone who have questions or seeking help concerning HIV and AIDS in our community.

—Editor—

Additionally, Buffalo has a strong network of HIV testing, prevention, and support services — and several of the highest-impact resources are located right in the city, offering free or low-cost care, PrEP/PEP access, and youth-friendly support. Below is a clear, local guide to the most reliable places you can turn to for information, testing, and on-going help.

Key HIV & Sexual Health Resources in Buffalo, NY

Here are the most relevant, reputable, and accessible options, including clinics, community centers, and youth-focused programs.

1. Erie County Sexual Health Clinic

Location: 608 William St, Buffalo, NY 14206

Services:

- ◆ Free or low-cost STI & HIV testing
- ◆ PrEP & PEP access
- ◆ Free condoms & lube
- ◆ Walk-in services (arrive early)

Why it's great: Confidential, youth-friendly, and open to anyone 12+ years old.

[Website](#)

2. Evergreen Health

Location: 206 S Elmwood Ave, Buffalo, NY 14201

Services:

- ◆ Fast, confidential HIV & STI testing
- ◆ PrEP & PEP (often \$0 out of pocket)
- ◆ Free safer-sex supplies
- ◆ Full HIV care, case management, housing & nutrition support

Why it's great: One of WNY's leading HIV-prevention providers with wraparound services.

[Website](#)

3. MOCHA Buffalo (Part of Evergreen Health)

Focus: LGBTQ+ people of color, youth, and community empowerment

Services:

- ◆ HIV, STI, and Hep C testing
- ◆ Support groups
- ◆ Drop-in hours & social events
- ◆ Individual support and care management

Why it's great: A safe, affirming space designed by and for LGBTQ+ people of color.

[Website](#)

4. ECMC – YOU Center for Wellness

Location: 462 Grider St, Buffalo, NY 14215

Services:

- ◆ Comprehensive HIV medical care
- ◆ PrEP & STI testing
- ◆ Case management, mental health, nutrition support

Why it's great: Full-service HIV care with no one turned away for inability to pay.

[Website](#)

5. Planned Parenthood – Buffalo

Health Center

Services:

- ◆ Rapid HIV testing (10–40 minutes)
- ◆ PrEP services
- ◆ Counseling & confidential testing

Why it's great: Private, supportive environment with financial assistance available.

[Website](#)

6. Community Access Services (CAS)

Location: 3297 Bailey Ave, Buffalo, NY 14215

Services:

- ◆ HIV testing
- ◆ Prevention education
- ◆ Community outreach

Why it's great: Long-standing community-based HIV support organization.

[Website](#)

7. Pride Center of Western New York

Location: 278 Delaware Ave, Buffalo, NY 14202

Services:

- ◆ LGBTQ+ support
 - ◆ Referrals for HIV testing & care
- Why it's great:** A welcoming hub for LGBTQ+ youth and adults.

[Website](#)

Care, Without STIGMA!

*Here's a clear, powerful way to understand it: **care without stigma is essential because stigma itself is a barrier to health.** When judgment is removed from healthcare, people can actually access the support they need to stay healthy, safe, and connected.*

—Editor—

Why Care Without Stigma Matters

1. It makes people feel safe enough to seek care

Stigma creates fear - fear of being judged, shamed, or treated differently. When care is stigma-free,

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people feel welcome, respected, and comfortable showing up.

No one should have to choose between their health and their dignity.

2. It protects mental and emotional well-being

Stigma can lead to:

- ◆ Shame
- ◆ Isolation
- ◆ Anxiety
- ◆ Depression

Supportive, nonjudgmental care helps people feel seen and valued, not defined by a diagnosis or behavior.

3. It leads to better health outcomes

When people trust their providers, they're more likely to:

- ◆ Get tested early
- ◆ Start treatment
- ◆ Stay in care
- ◆ Take medications consistently

This is especially true for HIV, where early testing and consistent treatment can lead to long, healthy lives.

4. It strengthens public health

Stigma doesn't just hurt individuals — it slows down entire com-

munities. When stigma is removed:

- ◆ More people get tested
- ◆ More people get treatment
- ◆ More people achieve viral suppression
- ◆ Transmission rates drop

Stigma is a public health issue, not just a personal one.

5. It builds trust with communities

Many groups, including LGBTQ+ youth, people of color, and people who use substances, have experienced discrimination in healthcare. Stigma-free care rebuilds trust and makes health care truly accessible.

6. It affirms people's humanity

At its core, stigma-free care says: **"You deserve respect, compassion, and quality care - no exceptions."**

That message alone can change someone's entire relationship with their health.

Powerful statements of affirmation.

Here's a youth-focused affirmation that feels real, empowering, and grounded in the idea that

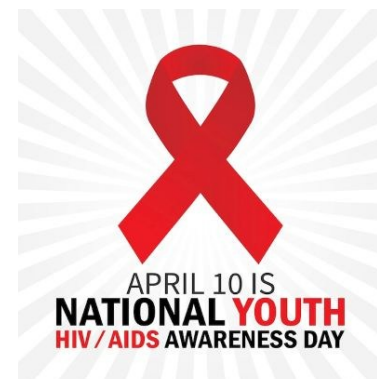
young people deserve care, respect, and space to grow:

"My story isn't defined by fear or judgment - I deserve care that lets me show up as my full, real self."

Here are some more strong youth-centered lines:

- ◆ "I deserve support, not stigma, and I'm allowed to ask for what I need."
- ◆ "My health matters. My voice matters. I matter."
- ◆ "I'm learning, growing, and figuring things out - and I deserve care that grows with me."
- ◆ "There's nothing wrong with me for needing help. Reaching out is strength."
- ◆ "I deserve to feel safe, respected, and understood - every time I seek care."

Be Safe, Be Strong, Be Well!



Sexually Transmitted Infections (STIs) Education and Awareness Month

From [National Today](#)

We observe National Sexually Transmitted Infections (STIs) Education and Awareness Month every April. The purpose is to reduce the stigma associated with STIs and raise awareness to help mitigate the increase in STI rates in the U.S. According to the Centers for Disease Control and Prevention (CDC), there were almost two million cases of syphilis, gonorrhea, and chlamydia reported in the U.S. between 2013 and 2017. During

this month, health organizations and relevant authorities join forces to educate the public about sexually transmitted infections (STIs) and the procedures that may be taken to prevent or contain infections to fast reduce the alarmingly high infection rate.

History of National Sexually Transmitted Infections (STIs) Education and Awareness

Month

It was during the Italian War of 1494 - 1498 that a sickness, now known as 'syphilis,' spread among French troops. Over five million people died as a result of the first known lethal sickness. It wasn't until the sixteenth century that the term "Gonorrhea" was coined, and its origins can be traced back to a prostitute-infested area of Paris called "Le Clapiers."

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The first volunteer hospital for venereal illnesses was established in 1746 at the London Lock Hospital, but no serious pharmacological therapies for STDs existed until then. The 'Brussels Agreement' was signed in 1924 by several countries, which pledged to provide free or low-cost medical care at ports for merchant seamen with venereal diseases.

'Salvarsan,' a medication for syphilis, was the first effective treatment for sexually transmitted diseases. In the 1960s and 1970s, public health campaigns against STIs and the discovery of antibiotics led to a popular view that STIs were no longer a concern to public health, and this was largely due to the widespread availability of antibiotics. Around 1969, HIV/Aids made its way to the U.S. Sexually transmitted diseases that could not be healed by modern medicine first came to public attention in the 1980s with the appearance of genital herpes and then Aids. When it became clear that Aids was on the verge of becoming a global epidemic, public awareness efforts were launched, and medicines were developed to keep HIV replication at bay for as long as possible.

Contact tracing was also acknowledged as an important part of the treatment of STIs. Health organizations and STI clinics were able to effectively control infections in the general population by tracking the sexual partners of affected individuals, testing them for infection, treating the infected, and monitoring their contacts.

National Sexually Transmitted Infections (STIs) Education and Awareness Month timeline

1494 - The First Syphilis Outbreak
An infectious disease breaks out among French troops during the Italian War.

1746 - The First Venereal Disease Hospital

The London Lock Hospital begins to treat victims of these infectious diseases.

1910 - The Introduction of a Syphilis Treatment

Arsphenamine, also known as salvarsan, is introduced as the first effective syphilis treatment.*

1944 - Penicillin is First Used as a Treatment

Following reports of a dramatic reduction in infection in patients given this antibiotic, doctors begin widespread use of penicillin to treat syphilis.*

1960s - The Effective Treatment for STIs

Effective treatment for syphilis is successfully developed.

1980s - The Advent of Herpes and Aids.

Aids begins to spread across Europe.

1981 - The First AIDS Patient Gets Admitted

A 35-year-old man becomes the first AIDS patient to be admitted to the National Institutes of Health Clinical Center.*

1985 - The Definition of AIDS is Revised

The C.D.C. in the United States revises its definition of AIDS to state that the disease is caused by a newly discovered virus, and guidelines for blood screening to test for it are issued.*

1990 - The C.D.C. Prevention Counseling Model

The C.D.C. implements an HIV prevention counseling model that focuses on the patient rather than the disease.*

2010 - The Travel and Immigration Ban is Lifted

The H.I.V. travel and immigration ban in the United States is officially lifted.*

2019 - New Recommendations for Screening and Prevention

The U.S. Preventive Services Task Force issues new recommendations for HIV prevention and screening, including screening for adolescents and providing PrEP to people at high risk of HIV.*

National Sexually Transmitted Infections (STIs) Education and Awareness Month FAQs

Can STIs be cured?

STIs happen a lot, and all of them can be treated. Many can be cured completely. Even STIs that can't be cured can be treated with medicine to ease the symptoms.

Can STIs be transmitted by kissing?

Even though kissing is low risk compared to oral sex and intercourse, CMV, herpes, and syphilis can be spread through kissing. Herpes and syphilis can be spread through skin-to-skin contact, especially when sores are present.

Can you live a normal life with STIs?

Even if you have an STI, you can still lead a normal life so long as you ensure to receive the right medical care.

When did we start saying 'S.T.I.' instead of 'S.T.D.'?

Healthcare organizations and some doctors stopped using S.T.D. around 2013, switching to S.T.I. instead, because not all diseases begin with infections.*

Why is chlamydia called 'clap'?

The term 'clap' is a reference to the outdated clapping method of treatment, which was used to remove discharge from the patient's penis.*

Why is gonorrhea called 'the drip'?

A common symptom of gonorrhea is a slimy discharge that may ooze

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or drip from the genitals of infected persons.*

How to Observe STI Awareness Month

1. Create awareness

Share information about STIs on social media. Create educational posts about the risks and join campaigns aimed at educating people on the need to practice safe sex.

2. Discuss STIs with family and friends

Talk to your friends and family about STIs and share useful tips on how to stay protected. Infections can easily spread within the home, which is why everyone needs to take equal measures to stay protected.

3. Get tested for STIs

Once an individual is sexually active, there's always a risk of being exposed to an STI. This is why regular checks are necessary and important.

4. Get involved in youth sex education

Half of all new S.T.I.s are discovered in people aged 15 to 24. Educating the youth and encouraging them to engage in safe sex is an excellent way to reduce the spread of sexually transmitted infections in the community. Reach out to teenagers and young adults during STI Awareness Month to have a conversation about reproductive health.*

5. Educate yourself on S.T.I.s

Learn more about S.T.I.s, how they're transmitted, and how they're treated. Some S.T.I.s have developed resistance to traditional treatment methods. In other cases, scientists are on the verge of developing a cure or a more effective treatment method. It never hurts to keep up with these developments

for one month out of the year.*

6. Contribute to an S.T.I. organization

Some foundations and organizations focus on S.T.I. education, testing, and treatment. Participate in one in your area during STI Awareness Month. Contributions can take the form of cash donations, fundraising assistance, community outreach programs, or volunteering your time to raise S.T.I. awareness.*

5 Important Facts About STIs

1. Condoms don't provide total protection

Condoms don't protect against genital herpes, which is the most common STI.

2. The infection rate is very high

According to the World Health Organization, there are one million STIs acquired on a daily basis.

3. Some STIs have very mild symptoms

Some STIs, like chlamydia and gonorrhea, don't have any symptoms, but they can still make it hard to get pregnant.

4. There are about 25 known STIs

There are more than 25 diseases that can be spread sexually.

5. Some STIs are easier to treat

STIs caused by bacteria are usually easier to treat, but viral infections can be managed but not always cured.

Why National Sexually Transmitted Infections (STIs) Education and Awareness Month is Important

A. It creates more public awareness

Different campaigns are held to educate people about the consequences of untreated STIs. It's a great opportunity to increase awareness.

B. It reduces stigma

It helps to break the stigma around STIs and allows people to talk more openly about them. Support groups and health foundations create forums dedicated to helping victims and answering questions from the public.

C. There's a ton of useful information

This month promotes safe sex practices and provides information about how to get tested for STIs. Social media and technology also make it easy to share information globally and sensitize even more people.

(*Addendum From [National Today](#))

April is STI Awareness Month

From [American Sexual Health Association](#)

This April, in honor of **STI Awareness Month**, take some time to learn about [sexually transmitted infections \(STIs\)](#). Anyone who is sexually active can get an STI, so why not learn more about them and how to minimize your exposure to STIs and take care of your sexual health.

CDC marks its own STI Awareness Week in April with the theme [Talk, Test, Treat](#). It's a good framework to think about STIs and your sexual health. Let's start with talk - there's a lot to talk about!

Let's Talk...

and not just about sex (but yes, also about sex).

[Talking openly and honestly about sex and sexual health](#) makes for relationships that are more fun

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and satisfying. STIs are one part of that talk - when you were last tested for STIs, which ones, and what the results were. You can also talk about how often you get tested and whether you've had any partners since your last test. Having an open and honest conversation about STIs before you become sexually intimate is ideal.

But there's so much more to talk about! What [safer sex precautions](#) do you want to take? Are you interested in a [monogamous relationship or not](#)? What gets you excited? [What kind of touch do you like...](#) and what do you not like. On that note, what are your boundaries?

Sounds like a lot, doesn't it? Where do you even begin? What if you want to talk about a positive STI diagnosis? How do you bring up the topic of pleasure? [Evalene Dacker, MD](#), is a physician and sexual health educator who has created a great model that helps guide the conversation - the [STARS Model](#). STARS is an acronym that stands for: Sexual Health and STI Status, Turn-Ons, Avoids, Relationship Intentions and Expectations, and Safety Needs and Safer Sex Etiquette.

Of course, it's not only [your partners](#) that you need to talk to - you also should talk to your healthcare provider about STIs and other sexual health concerns. Let's get into that...

Getting Tested

There have never been more ways to get tested

You might think you'd know that you have a sexually transmitted infection, because you'd have some kind of sign or symptom that something was wrong. That's true sometimes - STIs can cause symp-

toms like itching or burning or sores or discharge. **But many times, probably much more often than you think, there are no symptoms at all.** STIs can be "silent." That's why the term STI is more frequently used than STD, or sexually transmitted disease. You can be infected with an STI but have no symptoms of disease.

That's where testing comes in. **The only reliable way to know if you have an STI is to [get tested](#).**

But what tests do you need? And how often should you be tested? There are some [general guidelines](#) - for example, the CDC recommends that all sexually active people assigned female at birth ages 15-24 should be tested for gonorrhea and chlamydia every year. These infections are common among this population, and untreated gonorrhea and chlamydia infections can cause serious health complications like infertility (the inability to conceive or carry a pregnancy).

[Testing can be simple](#), like a urine sample or swab test. You can get tested at your provider's office, an STI clinic, or even some pharmacy and retail locations. There are also [options to test at home](#)—some that allow you to test and get results shortly after, and others where you collect your own sample and mail that in to a laboratory.

Learn more about [testing for STIs at home](#) and the newest at-home test for [chlamydia, gonorrhea, and trich](#) that offers results in 30 minutes.

Ideally, your provider should be starting the conversation about your sexual health and the tests

that are recommended for you. This video from the [National Sexual Health Coalition](#) outlines what a visit should look like - with a provider-led discussion of the 6 Ps: your **partners, sexual practices, past history of STIs, pregnancy prevention, and prevention of STIs.** The sixth P stands for plus, and includes questions about **pride, sexual problems, and pleasure.**

Video: [The 6 Ps: A New Approach To Sexual History](#)

How great would it be if every provider followed this model! But unfortunately, not every provider will start the conversation. It's good to come prepared with your own questions, to make sure you get the information you need. While you may have more questions to ask about your sexual health and relationship, these are just a few example STI-related questions:

- I want to make sure that I'm taking all of the right steps to protect myself from sexually transmitted infections. Where should I start?
- How can I talk to my partner about [STIs](#)? Can you give me some advice?
- I want to make sure that my partner and I [get tested](#) before we have sex. [How can I bring up the topic](#)?
- Given what we've talked about in terms of my relationship history, should I be tested for STDs/STIs? Which ones?
- How often should I be tested for STIs? Which ones?

To be clear, you deserve to have a healthcare provider that you trust. They should be someone who is open-minded, honest, and very good at listening. **If you feel uncomfortable with your healthcare provider for any reason, follow**

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your instincts; ask around for other recommendations. Your good health depends on your ability to communicate and rely on your healthcare provider!

STI Treatment

Here's the good news - many STIs are curable and all STIs are treatable. There are some STIs - like [chlamydia](#) or [trichomoniasis](#)—that can be treated and cured with antibiotics. Viral STIs like [herpes](#) and [HIV](#) can't be easily cured with medication, but they can be treated. Treatment for these infections can also help reduce the possibility of passing the infection on to a partner.

If there is any bad news it's this—treatment can cure or treat infections, but it can't help with any health problems that might develop before the infection is treated. For example, if chlamydia goes undiscovered and untreated in a person with a uterus, it can lead to a condition called [pelvic inflammatory disease \(PID\)](#), a serious infection the uterus, fallopian tubes and ovaries. PID can lead to infertility (the inability to become pregnant or maintain a pregnancy), chronic pelvic pain, or ectopic pregnancy. In someone with a penis, untreated chlamydia can lead to prostatitis

(inflammation of the prostate gland), scarring of the urethra, or infertility.

The takeaway is clearly that it's best to discover and treat any infections as early as possible, to avoid any other health issues. This is why regular [testing](#) is so important if you're sexually active.

More Resources

1. [Take the STI Quiz](#)
Test your knowledge about STIs with our short online quiz.
2. [Personal Stories](#)
ASHA has long collected stories from individuals willing to share their experiences with STIs. While we use these in our patient advocacy work, we also share them here as a way to help others and show how common, and manageable, such experiences are.
3. [Why Talking about STDs Can Be Healing](#)
This podcast from Jenelle Marie Pierce, founder of The STI Project, an independent website and progressive movement dismantling stigma by reclaiming STI narratives through awareness, ed-

ucation, and acceptance with story-telling and the use of comprehensive, inclusive, accurate, relevant, empathetic, and pleasure-focused resources.

4. [YES Means TEST](#)

This ASHA campaign focuses on a simple message—if you're saying yes to sex, you should say yes to testing. Getting tested for STIs can be simple, is often free, and is an essential step toward taking care of your sexual health.

(Last updated on April 10, 2025)

American Sexual Health Association
ASHA believes that all people have the right to the information and services that will help them to have optimum sexual health. We envision a time when stigma is no longer associated with sexual health and our nation is united in its belief that sexuality is a normal, healthy, and positive aspect of human life.



Parkinson's Awareness Month

Understanding Parkinson's

There is a lot to know about Parkinson's disease (PD). Learn about its various symptoms, how it is diagnosed, treated, and most importantly, how to live a better life with Parkinson's. Parkinson's is an individualized disease. While each person's experience with Parkinson's is unique, the more you know, the more empowered you will be to play an active role in your care and manage your life with Parkinson's.

Understanding Parkinson's Symptoms

Parkinson's is called a movement disorder because it affects movement, including tremors, slowness of movements and trouble walking. However, non-movement symptoms, such as trouble sleeping, depression and speech problems are extremely common and often more disabling than the symptoms you can see.

Primary Movement Symptoms

There is no single test or scan for Parkinson's, but there are three telltale symptoms that help doctors make a diagnosis:

- **Bradykinesia** (slowness of movement)
- **Tremor**
- **Rigidity**

Bradykinesia plus either tremor or rigidity must be present for a PD

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diagnosis to be considered.

Another movement symptom, [postural instability](#) (trouble with balance and falls), is often mentioned as a primary symptom, but it does not occur until later in the disease progression. In fact, problems with walking, balance and turning around early in the disease are likely a sign of an [atypical parkinsonism](#). Though each person's path with PD is unique, active engagement in [exercise and wellness](#) is central to maintaining balance and movement for everyone who lives with PD.

Slowness, stiffness and shakiness can impact daily living. [Exercise](#) is [proven](#) to ease these and other PD symptoms and can slow disease progression. Verified [exercise strategies](#) can keep you moving well. A physical therapist with Parkinson's expertise can help you get started.

Secondary Movement Symptoms

Parkinson's affects everyone differently and symptoms can change throughout the course of the disease. Only half of all people with PD will experience tremor, for instance. Though Parkinson's is diagnosed based on primary movement symptoms, it can produce many secondary movement symptoms too.

When alpha-synuclein, a common brain protein, misfolds and clumps specific areas of the brain, it diminishes the brain chemical dopamine. Dopamine is vital to smooth, coordinated movements and other body processes. Parkinson's symptoms arise from dopamine declines and affect people who live with the disease differently.

Types of Secondary Movement Symptoms

- **Decreased arm swing** when walking.
- **Difficulty turning over in bed and difficulty getting out of bed, a deep chair, or a car seat.**
- **Dysarthria** (slurring of speech) and **hypophonia** (soft, sometimes breathy and hoarse, voice)
- **Dyskinesia**, involuntary, erratic writhing movements of the face, arms, legs or trunk.
- **Dystonia**, sustained or repetitive muscle cramping, twisting or tightening.
- **Facial masking (hypomimia)**, a serious or mad facial "masking" appearance, and **decreased blink rate.**
- **Festination** – short, rapid steps during walking, done in attempt to keep the center of gravity in between the feet while the trunk leans forward involuntarily and shifts the center of gravity forward. It increases fall risk and is often linked with freezing.
- **Freezing**, a sensation of being stuck in place, especially when beginning a step, turning or navigating through doorways or other narrow passages. This can also increase risk of falling.
- **Masked face (hypomimia):** results from the combination of bradykinesia and rigidity.
- **Micrographia:** small, crowded handwriting due to bradykinesia.
- **Shuffling gait:** accompanied by short steps and often a stooped posture.
- **Stooped posture**, often accompanied by short steps (**shuffling gait**) and trouble walking.
- **Soft speech (hypophonia):** soft, sometimes hoarse, voice that can occur in PD.

What causes Parkinson's movement symptoms?

Dopamine is a chemical messenger (neurotransmitter) that is primarily responsible for controlling movement, emotional responses and the ability to feel pleasure and pain. In people with Parkinson's, the cells that make dopamine are impaired. As Parkinson's progresses, more dopamine-producing brain cells die. Your brain eventually reaches a point where it stops producing dopamine in any significant amount. This causes increasing problems with movement.

10 Early Signs

Know how to recognize the most common early symptoms of Parkinson's.

It can be hard to tell if you or a loved one has Parkinson's disease (PD).

Below are 10 signs that you might have the disease. No single one of these signs means that you should worry, but if you have more than one sign you should consider making an appointment to talk to your doctor

#1 Tremor

Have you noticed a slight shaking or tremor in your finger, thumb, hand or chin? A tremor while at rest is a common early sign of Parkinson's disease.

What is normal? Shaking can be normal after lots of exercise, if you are stressed or if you have been injured. Shaking could also be caused by a medicine you take.

[More About Tremor](#)

#2 Small Handwriting

Has your handwriting gotten much smaller than it was in the
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past? You may notice the way you write words on a page has changed, such as letter sizes are smaller and the words are crowded together. A change in handwriting may be a sign of Parkinson's disease called micrographia.

What is normal? Sometimes writing can change as you get older, if you have stiff hands or fingers or poor vision.

[More About Handwriting](#)

#3 Loss of Smell

Have you noticed you no longer smell certain foods very well? If you seem to have more trouble smelling foods like bananas, dill pickles or licorice, you should ask your doctor about Parkinson's.

What is normal? Your sense of smell can be changed by a cold, flu or a stuffy nose, but it should come back when you are better.

[More About Smell](#)

#4 Trouble Sleeping

Do you thrash around in bed or act out dreams when you are deeply asleep? Sometimes, your spouse will notice or will want to move to another bed. Sudden movements during sleep may be a sign of Parkinson's disease.

What is normal? It is normal for everyone to have a night when they 'toss and turn' instead of sleeping. Similarly, quick jerks of the body when initiation sleep or when in lighter sleep are common and often normal.

[More About Sleep](#)

#5 Trouble Moving or Walking

Do you feel stiff in your body, arms or legs? Have others noticed that your arms don't swing like they used to when you walk? Sometimes stiffness goes away as you

move. If it does not, it can be a sign of Parkinson's disease. An early sign might be stiffness or pain in your shoulder or hips. People sometimes say their feet seem "stuck to the floor."

What is normal? If you have injured your arm or shoulder, you may not be able to use it as well until it is healed, or another illness like arthritis might cause the same symptom.

[More About Walking](#)

#6 Constipation

Do you have trouble moving your bowels without straining every day? Straining to move your bowels can be an early sign of Parkinson's disease and you should talk to your doctor.

What is normal? If you do not have enough water or fiber in your diet, it can cause problems in the bathroom. Also, some medicines, especially those used for pain, will cause constipation. If there is no other reason such as diet or medicine that would cause you to have trouble moving your bowels, you should speak with your doctor.

[More About Constipation](#)

#7 A Soft or Low Voice

Have other people told you that your voice is very soft or that you sound breathy and/or hoarse? If there has been a change in your voice you should see your doctor about whether it could be Parkinson's disease. Sometimes you might think other people are losing their hearing, when really you are speaking more softly.

What is normal? A chest cold or other virus can cause your voice to sound different, but you should go back to sounding the same when you get over your cough or cold.

[More About Speech](#)

#8 Masked Face

Have you been told that you have a serious, depressed or angry look on your face, even when you are not in a bad mood? This is often called facial masking. If so, you should ask your doctor about Parkinson's disease.

What is normal? Some medicines can cause you to have the same type of serious or staring look, but you would go back to the way you were after you stopped the medication.

[More About Facial Masking](#)

#9 Dizziness or Fainting

Do you notice that you often feel dizzy when you stand up out of a chair? Feeling dizzy or fainting can be a sign of low blood pressure and can be linked to Parkinson's disease.

What is normal? Everyone has had a time when they stood up and felt dizzy, but if it happens on a regular basis you should see your doctor.

[More About Dizziness](#)

#10 Stooping or Hunching Over

Are you not standing up as straight as you used to? If you or your family or friends notice that you seem to be stooping, leaning or slouching when you stand, it could be a sign of Parkinson's disease.

What is normal? If you have pain from an injury or if you are sick, it might cause you to stand crookedly. Also, a problem with your bones can make you hunch over.

[More About Stooped Posture](#)

Causes

What causes Parkinson's? Learn more about the genetic and envi-
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 Environmental factors at play.

Scientists believe a combination of genetic and environmental factors are the **cause of Parkinson's disease** (PD). PD is an extremely diverse disorder. While no two people experience Parkinson's the same way, there are some commonalities.

Parkinson's affects about one million people in the U.S. and 10 million worldwide. The main finding in brains of people with PD is loss of dopaminergic neurons (these regulate movement and play a key role in Parkinson's progression) in an area of the brain known as the [substantia nigra](#).

Genetics

Genetics cause about 10 to 15% of all Parkinson's. Over the years, scientists have studied DNA from people with Parkinson's, comparing their genes. They discovered dozens of [gene mutations](#) linked to Parkinson's. [Read more about how genetics affects PD](#).

[PD GENERation: Powered by the Parkinson's Foundation](#), is a first-of-its-kind, national initiative that offers free [genetic testing](#) for clinically relevant Parkinson's-related genes and free [genetic counseling](#) to help participants better understand their results. [Learn more about PD GENERation](#).

Environmental Factors

Some environmental exposures may lower the risk of PD, while others may increase it. The interactions between genes and the environment can be quite complex. En-

vironmental risk factors associated with PD include head injury, area of residence, exposure to pesticides and more. [Learn how environmental factors play a role in PD](#).

Genetic and Environmental Interactions

Although several genetic mutations have been identified to be associated with a higher risk of developing Parkinson's disease (PD) most people do not have these genetic variations.

On the other hand, even though pesticides and head traumas are associated with PD, most people do not have any obvious exposure to these environmental factors.

Parkinson's is caused by a combination of genes, environmental and lifestyle influences. The interaction of all three components determines if someone will develop Parkinson's. Parkinson's-specific research is critical to better understanding how these components interact to cause PD and how to prevent it.

Video: [What Are Causes Of Parkinson's?](#)

What can you do if you have PD?

- Work with your doctor to create a plan to stay healthy. This might include:
 - A referral to a neurologist, a doctor who specializes in the brain
 - Care from an occupational therapist, physical therapist or speech therapist
 - Meeting with a medical

social worker to talk about how Parkinson's will affect your life

- Start a regular exercise program to delay further symptoms.
- Talk with family and friends who can provide you with the support you need.

For more information, visit our [treatment page](#).

(From [Parkinson's Foundation](#))

Getting Diagnosed

Finding out you have Parkinson's can be a lengthy process. Explore how a Parkinson's diagnosis is made and what type of diagnostic tools are used.

Parkinson's disease diagnosis

Your doctor will examine you. He or she will pay extra attention to the neurological examination.

Your doctor will look for symptoms of PD, especially:

- the classic PD tremor
- slowness of movement
- rigidity
- gait problems.

There is no specific diagnostic procedure or laboratory test to establish a Parkinson's diagnosis. Doctors diagnose the disease based on the symptoms and physical and neurological exams.

If a patient's symptoms improve after taking PD medication, the diagnosis is probably correct.

(From [Harvard Health](#))

For More On Diagnosis and Treatment, [Click Here](#)



April is National Parkinson's
 Awareness Month

Residential School Records: The Long Wait for Answers

By Marc Isaacs, Marketing & Development Specialist

For those of us with living family members and ancestors who spent their childhood in residential schools in the U.S. and Canada, the quest for information about that time may seem endless. Not all survivors openly speak about their experiences of abuse, hunger, isolation, and other traumas of youth. The ancestors who are no longer alive cannot speak for themselves and likely didn't document any of the emotional pain that lingered through their lifetimes. As children and other descendants of these residential school survivors, it's important to know we're entitled to the truth about what happened at places such as the Mohawk Institute in Brantford, Ontario; the Thomas Indian School; and numerous similar facilities operated under the appearance of being a school.

In November 2024, I contacted the National Centre for Truth and Reconciliation (NCTR) in Canada. My Mohawk grandparents, Cora and Willard, are buried at a cemetery at Six Nations, and as an adult, I found out they had been forced to live at the Mohawk Institute. With their births in the 1910s, it's possible they were living at the "Mush Hole" until the 1930s. I can't be sure, as no one in the family seems to know.

The response from NCTR to my third-party inquiry form began with the following:

"Thank you for contacting the National Centre for Truth and Reconciliation (NCTR). We have received your Third-Party Inquiry form requesting records related to your grandmother's residential school attendance and have placed it in the queue for research."

Separately, I submitted the same form for my grandfather. I didn't have an expectation of how long the research process would take when I filled out the form, but the NCTR did provide a frame of reference.

November 2024: *"We are currently researching requests submitted in September 2023 and I expect it will be several months before research for your inquiry is complete."*

The following summer, I asked for an update and got this response:

August 2025: *"We are currently working through Third-Party requests from March 2024."*

In late March 2026, prior to the publication of this newsletter, I sent another follow-up email. Here's what NCTR told me:

March 2026: *"We are currently researching requests from August 2024. Since we received your request in November 21, 2024, I would anticipate it to be only a little while before research begins on your request."*

There is a chance that the school records will contain very little information, but I am committed to learning anything they can tell me, however long it takes.

If you have a family member who may have residential school records in Canada and they are unable to request them, you may be eligible to do so on their behalf. The form allows you to choose a great-grandparent, grandparent, parent, sibling, or choose another option. In addition to requesting residential school records, you can also choose a Survivor statement

(provided by the former student as an adult) or a Student Death Register Report, if applicable.

Here's a list of information you will need. If you do not have all of it, you can still submit the form:

- Student Information
- Siblings' name(s)
- Residential school(s) attended and location (province/territory)
- Years attended (if known)
- Did the student receive care in a medical facility while attending residential school?
- Did this student die while attending Residential School?
- Community or band name
- Would this student's family have been covered by treaty when she/he was attending Residential School? Treaty Number.

Plan to provide documentation to prove your relationship or your authorization to obtain these records.



As I reflect on the long wait for the answers I seek, I remind myself how the NCTR is managing access to perhaps millions of individual records, including student files and

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personnel records. I also recognize that having personal information of students posted online for instant access isn't a solution to the long wait that I can support. I want the privacy of those exploited by the residential school system to be protected, whether they remain alive or not.

My grandmother died in 1977, and my grandfather followed five years later. Little new information about their lives has become available since their deaths. So, any records compiled at the Mohawk Institute would be a significant discovery, and not just for me. Once the NCTR finishes its research, I will be able to share the new details of

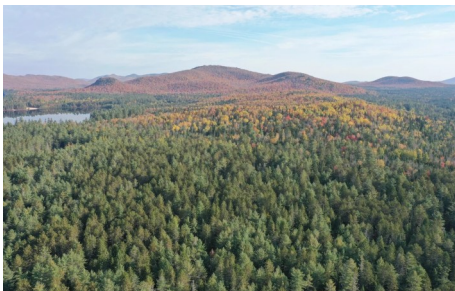
Cora and Willard's lives at the "Mush Hole" with my Isaacs family in Canada, the U.S., and globally. I can also envision shaping the information into a family narrative, whether it's in book form or some other creative endeavor. If you choose to take this same journey, may it be part of the healing you and your family need.

Six Nations Iroquois Cultural Center Acquires 600 Acres in Onchiota

by [David Escobar](#) (Report For America Corps Reporter), [NCPA](#), Mar 14, 2026

The [Six Nations Iroquois Cultural Center \(6NICC\)](#) has acquired 600 acres of wooded property in Onchiota, NY, in one of the largest returns of private land to Indigenous people in state history.

The parcel, located adjacent to Buck Pond Campground and Six Nations museum facility, was purchased with funding from The Nature Conservancy [earlier this week](#). The organizations purchased the land from Paul Smith's College in a \$1.1 million deal.



Onchiota Landscape (Photo Credit: Becca Halter, Adirondack Land Trust)

The land acquisition adds to an existing 330-acre parcel [transferred to Six Nations by the Adirondack Land Trust in 2022](#). The combined property will house an expanded 6NICC museum facility, serve as a Haudenosaunee gathering space and facilitate Indigenous youth camps.

"It's a new place to gather," said Dave Fadden, director of the cul-

tural center. "To have an area, a beautiful place where elders [and] youth can gather to experience the wilderness and the woods and the forest and the plants and the animals-it's a continuation of our way of life."



Dave Fadden stands inside the Six Nations Iroquois Cultural Center's museum space in Onchiota, NY. (Photo by David Escobar)

About The Property

Like much of the Adirondacks, the land was originally home to the Mohawk people before European colonization in the 1600s.

Fadden, who grew up in Onchiota, shares a deep connection to the property. He said he remembers hiking through the wooded land as a child, through hardwood forests lined with maple trees.

The property borders Buck Pond Campground in the north and stretches to Big Haystack Moun-

tain in the south. Two hundred northern acres and 400 southern acres are bisected by County Route 60 and the recently renamed [John Thomas Brook](#).

The property's ecological features include wetlands and hardwood forests, as well as several off-grid cabins and other infrastructure left over from a former youth camp. The land also borders the cultural center's existing museum site.

Fadden said the additional acreage will expand the center's mission of connecting young people to the outdoors.

"We can get young folks out into the woods and learn, not only traditional Indigenous knowledge about identifying food plants and medicinal plants," said Fadden. "But also invite non-Native students in the local area out to experience the forest and the woods."

Peg Olsen, Indigenous Partnerships Program Director for The Nature Conservancy in New York, said the partnership with Six Nations Iroquois Cultural Center represents an important opportunity for her organization.

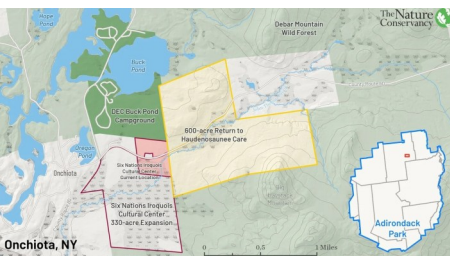
"A lot of the success we've had with land conservation really has
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not taken into consideration the history of the land or collaborations and connections with Indigenous peoples,” said Olsen. “And, how important it is to collaborate with Indigenous communities on, frankly, our shared goals of addressing climate change and biodiversity loss.”

A few years ago, Olsen said The Nature Conservancy was asked to help find a property in the Adirondacks that could serve as a gathering space for Haudenosanee people and Indigenous organizations.

At the time, Paul Smith’s College was looking into how it could be part of a land back initiative for Indigenous communities in the Adirondacks.



Onchiota PropertyMap (Photo Credit The Nature Conservancy)

“They were interested in potentially selling,” said Olsen. “I think this whole project is a ‘meant to be’ project.”

Plans for the future

Before it was transferred to 6NICC, Paul Smith’s College logged parts of the parcel, which Fadden hopes to remedy with a team of Indigenous scientists through a biological survey known as a [“bio blitz.”](#)

“This bio blitz will help identify the more sensitive areas that we’ll try to keep our footprints off and leave alone,” said Fadden. “So, this will be a time, in coming decades, centuries, to let the land heal itself.”

Eventually, Fadden said he will incorporate these ecological surveys to develop a trail network that meanders through the property.

Both the newly acquired parcel and the earlier 330-acre transfer from the Adirondack Land Trust will eventually be placed under conservation easements.

The conservation easement agreements will be developed in the spirit of a [Two Row Wampum](#), a diplomatic framework used by Haudenosanee nations and European settlers dating back to the 1600s. Fadden said that approach reflects how In-

igenous communities view land stewardship.

“From an Indigenous perspective, the land and your environment are integral to our political structure, our ceremony, our spiritual beliefs,” he said. “They’re intertwined.”

The new land acquisition brings the cultural center’s holdings in Onchiota to about 900 acres, which will all be managed according to Indigenous land stewardship principles.



Exterior of Six Nations Iroquois Cultural Center in Onchiota, NY. (Photo courtesy of the Six Nations Iroquois Cultural Center)

David Escobar is a [Report For America Corps Member](#). He reports on diversity issues in the Adirondacks through a partnership between North Country Public Radio and Adirondack Explorer.

Markwayne Mullin Confirmed by the US Senate to Lead Homeland Security

By Levi Rickert, [Native News Online](#), March 23, 2026

Sen. Markwayne Mullin (R-OK), a tribal citizen of the Cherokee Nation, has been confirmed by the United States Senate to become the ninth secretary of the Department of Homeland Security (DHS). He will succeed Kristi Noem, who was reassigned by President Donald Trump on March 5, 2026.

The 54–45 vote took place Monday

evening, largely along party lines. Senators John Fetterman (D-PA) and Mark Heinrich (D-NM) both voted in favor of Mullin.

As a current U.S. senator, Mullin was able to vote for himself and did so in the affirmative.

When sworn in, Mullin will be-

come the second Native American to serve in a Presidential Cabinet in a secretarial role. Deb Haaland (Laguna Pueblo), currently a gubernatorial candidate in New Mexico, was the first when she served as Secretary of the Interior in the Biden administration.

The Senate fast-tracked Mullin’s
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nomination vote to accommodate Noem's departure on March 31. President Donald Trump announced the nomination of Mullin on March 5, on the same day he reassigned Noem.

The Secretary of DHS is a cabinet-level agency created in 2002 in the aftermath of the September 11 terrorist attacks. Its core mission is to safeguard the United States from a wide range of threats, including terrorism, cyberattacks, natural disasters, and border-related risks. Formed through one of the largest reorganizations in federal history, DHS combined 22 separate agencies into a single department tasked with coordinating national security, emergency response, and infrastructure protection efforts.

The department oversees a broad network of operational agencies and components that carry out its mission. Major agencies under its umbrella include U.S. Customs and Border Protection, U.S. Immigration and Customs Enforcement and Transportation Security Administration; Federal Emergency Management Agency (FEMA), the United States Coast Guard, U.S. Citizenship and Immigration Services, and the Cybersecurity and Infrastructure Security Agency.

Together, these agencies manage responsibilities ranging from airport security and disaster response to immigration services and cybersecurity defense.

Today, DHS is one of the largest federal departments, employing more than 260,000 people across the country and around the world. Its annual budget is substantial—more than \$100 billion, with recent figures around \$110 billion in fiscal year 2025—making it one of the

most heavily funded civilian agencies in the federal government.

Born in Tulsa, Mullin grew up in the small town of Westville, Okla., located in the northeastern part of the state near the Arkansas border. He left college to run his family's plumbing business after his father became ill, and he expanded it into a successful company. His background as a small business owner has been central to his political identity.

Mullin was first elected to Congress in 2012, representing Oklahoma's 2nd Congressional District in the House from 2013 to 2023. During his time in the House, Mullin focused on economic development, energy policy, and reducing federal regulation. He was also known for his alignment with conservative policies and his loyal support of President Trump.

In 2022, Mullin was elected to the U.S. Senate, succeeding retiring Senator Jim Inhofe. In the Senate, he has continued to advocate for business-friendly policies, energy independence, and a strong national defense.

Mullin's tenure in Congress has at times drawn national attention, including for his outspoken style and involvement in high-profile political debates. As the Native American in the Senate, his role carried particular significance in discussions affecting Indigenous communities, though his policy positions have sometimes sparked debate within those communities. He is a member of the Senate Committee on Indian Affairs.

Last week, during his confirmation hearing before the Senate's Homeland Security & Governmental Affairs Committee, Mullin promised to require federal agents to obtain judicial warrants, signed by a judge, to enter private homes or businesses, marking a shift from reliance on administrative warrants.

This promise is a reversal of the Trump administration's policy to enter homes without warrants. He stated he would reverse the policy allowing ICE to enter homes without such warrants, except in cases of "hot pursuit" of a suspect.

Mullin will lead the DHS is facing heightened criticism right now in part because of two separate fatal shootings of U.S. citizens by DHS agents, which critics say reflect deeper problems in how the agency operates:

- **Killing of Renée Nicole Good**
In January 2026, an Immigration and Customs Enforcement (ICE) agent (an agency within DHS) fatally shot 37-year-old American citizen Renée Good in Minneapolis during a federal enforcement operation. Local officials and activists dispute the federal self-defense narrative and argue her death was unjustified - sparking protests and lawsuits against DHS.
- **Killing of Alex Pretti**
Shortly after Good's death, DHS agents also killed Minneapolis resident Alex Pretti, a 37 year-old ICU nurse, during a confrontation. Available footage and civil rights groups say he did not pose a threat when agents shot him, leading to widespread outrage and further protests.

Mullin is cognizant of the criticism
(Continued on page 20)

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cism.

“My goal in six months is that we’re not the lead story every single day. My goal is for people to understand we’re out there, we’re protecting them and we’re working with them,” Mullin said last Wednesday at his confirmation before the Senate Homeland Security and Governmental Affairs Committee.

Immediate context for the change
Multiple outlets report that President Trump removed Noem after

contentious congressional hearings and disputes over a **\$220 million DHS ad campaign** she said he personally approved. This claim reportedly angered the White House and contributed to her dismissal.^[1]

Noem is being reassigned as **Special Envoy for “The Shield of the Americas,”** a new Western Hemisphere security initiative.^[2]

Sen. Mullin will take over as DHS Secretary effective **March 31, 2026.**^[2]

What remains unknown

- Whether Mullin will maintain or revise Noem’s immigration enforcement posture
- How he will handle the controversial ad campaign issue that contributed to Noem’s removal
- Whether DHS will undergo structural or personnel changes under his leadership

These details typically emerge in the first months of a new secretary’s tenure.

(¹ [CNBC](#), ² [Yahoo/UPI News](#), ³ [Yahoo/ABC News](#))

Facing an Uncomfortable Truth: The Forced Sterilization of Native Women

By Levi Rickert, [Native News Online](#), March 15, 2026

Opinion - Last year, in preparation for the United States’ 250th anniversary on July 4, 2026, President Donald Trump signed [Executive Order 14253](#). The order directs federal agencies to remove what the administration calls “disparaging” or “divisive” signs, plaques, and markers from federal lands, including national parks and public monuments.

The order has also been used to initiate an audit of exhibits at the Smithsonian Institution to ensure that what officials describe as “negative” portrayals of American history are removed.

In practice, this effort amounts to an attempt to reshape the nation’s historical narrative - highlighting triumphs while downplaying or ignoring painful truths such as genocide, land theft and broken treaties.

When it comes to American Indians and Alaska Natives, America carries many uncomfortable truths

- including the history of Indian boarding schools, where generations of Native children endured physical, emotional, and sexual abuse. So severe were these experiences that longtime Native American activist Leonard Peltier (Turtle Mountain Ojibwe) recently said his time in boarding school was worse than his nearly five decades of incarceration in federal prisons.

Another uncomfortable truth is the record of U.S. government practices from 1907 through the late 20th century that allowed some tens of thousands of Native women to be subjected to procedures that left them unable to bear children - often without their free, prior and informed consent.

Native News Online’s Senior Health Reporter Elyse Wild [wrote](#) about this uncomfortable truth this past week.

Wild wrote about Dr. Connie

Redbird Pinkerton-Uri (Choctaw/Cherokee), a Native physician who discovered an alarming number of hysterectomies performed on Native women at Indian Health Service facilities. In her own independent investigation, she reported as many as one in four Native American women had been sterilized without consent between 1960 and 1978.

Pinkerton-Uri later left clinical practice and earned a law degree, becoming one of the first Native American women trained in both medicine and law.

With expertise in both fields, she spoke to newspapers, medical associations, and legal groups, boldly declaring that the U.S. government was “using the vehicle of healthcare as a tool of genocide.”

In 1975, Dr. Pinkerton-Uri persuaded U.S. Sen. James Abourezk (D-South Dakota.) to request a federal investigation by the Government

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Accountability Office, then known as the General Accounting Office.

The [GAO's review](#) confirmed that the Indian Health Service had sterilized a significant number of Native American women. The study examined sterilization practices in four of IHS's 12 service areas over a four-year period from 1973 to 1976 and found that 3,406 Native women had been sterilized - including 3,001 of childbearing age.

Wild also wrote about two women whose work led to New Mexico lawmakers last month passing a measure directing the state's Indian Affairs Department and the Commission on the Status of Women to investigate the history, scope and ongoing impacts of forced and coerced sterilizations of women of color by the IHS and other health care providers.

The agencies are expected to submit their findings to the governor by the end of 2027.

The history of forced sterilization of Native American women is messy and painful, but it should not be buried.

Understanding this history is essential.

There are good reasons why the truth is important.

First, it honors the women whose bodies, lives, and futures were violated. For decades, they were silenced, disbelieved, and blamed. Recognizing their suffering is a necessary act of respect and justice. It gives survivors the language to name what was done to them and the chance to reclaim their narratives.

Second, knowing the truth exposes the systems that enabled such abuse. The IHS, federal policies and medical institutions all played a role in **allowing these violations to occur**. Learning about these failures reminds us that unchecked power - disguised as "care" - can lead to systemic harm.

Third, confronting the past prevents its repetition. History teaches that when governments ignore accountability, vulnerable communities suffer. By documenting forced sterilizations and other abuses, the country

strengthens the principles of informed consent, human rights and ethical health care - values every American should defend.

Finally, acknowledging these uncomfortable truths strengthens our democracy. A nation that celebrates liberty cannot erase the injustices committed against its First Peoples. Truth is not optional; it is the foundation for justice, healing, and a future where history is neither sanitized nor forgotten.

This is why measures like New Mexico's investigation matter - they represent small but meaningful steps toward accountability, and the country should pay attention.

Americans can still be proud this Fourth of July while confronting and understanding the ugly history of how Native Americans were treated. Pride in our country doesn't require blind worship. It grows from a commitment to democratic ideals and from people willing to make the nation live up to them - even while acknowledging its failures.

Thayék gde nwéndëmen -- We are all related.

Laugh at Work Week - April 1-7

From [National Today](#)

Let laughter reverberate through your workspace during Laugh at Work Week, celebrated from April 1 to April 7. Laughter is the best antidote for stress. When people laugh merrily, they are bound to be happier and, consequently, more productive. Sadly, often workplaces overlook the aspect of laughter in the humdrum of their daily tasks, resulting in mirthless work days for employees. During Laugh at Work Week, laughing will be on the top of your to-do list. The Week promises

to take the stress away from work. For a change, you may find people queuing up to take their seats on a Monday morning.

History of Laugh at Work Week

Laugh out loud! Better still, roll over the floor laughing. At work. Yes, you read it right. For one week every year, organizations worldwide celebrate Laugh at Work Week. The week starts on - you guessed it right - April 1. It is a week dedicated to being funny at work because all work and no

fun make Jack a dull worker. It is a strange contradiction that the places where we spend most of our waking time - our workplaces, are bereft of laughter and humor, which is essential to maximizing our potential. Stress at work often makes us go through our professional lives as a coiled spring. Laugh at Work Week allows us to uncoil ourselves so that we may realize the full benefits of laughter and humor while at work.

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Laughing at work provides many benefits to employees, including improved productivity, better team bonding, reduced stress, and better output quality. It is also known to prevent employees from getting drained by promoting higher job satisfaction. Randall Munson, an acclaimed corporate educator, a best-selling author, and a certified speaking professional, is a strong believer in laughter having the power to galvanize corporate teams. He founded the Laugh at Work Week to motivate organizations and workers to harness the positive effects of laughter at work.

During the Week, many workplaces organize laughter sessions for their employees and organize programs to inspire them to laugh to their heart's content. Employees are encouraged to goof around and laugh at seemingly silly jokes and situations. So, while cracking codes or juggling schedules, make a point to laugh at anything during the week - keeping it clean and decent.

Laugh at Work Week timeline

2008: Randall Munson is Honored
Randall Munson, the founder of Laugh at Work Week, is awarded the first "Distinguished Speaker" award by SHARE, an organization of U.S. computer professionals.

2013: The Research on Laughter Research finds that laughing at work is a key to productivity.

2017: The Week Becomes Popular
Blue-chip corporations across the U.S. recognize the importance of organizing a Laugh at Work Week in their organizations.

2021: The World Finds a Way to Laugh
Organizations worldwide organize virtual laughter sessions and comedy programs over virtual platforms to celebrate Laugh at Work Week.

Laugh at Work Week FAQs

Is Laugh at Work Week celebrated with World Laughter Day?

World Laughter Day is marked on May 2 every year, while Laugh at Work Week is celebrated annually between April 1 and 7.

How long has Laugh at Work Week been celebrated?

There is no reference or record of the first time this week was celebrated.

What happens to your body when you laugh?

When you laugh, it enhances your intake of "oxygen-rich air," causing the release of endorphins.

Laugh at Work Week Activities

1. Screen funny movies at your workplace

Mornings set the tone for the entire day so screen a funny movie at the cafeteria or entrance lobby. When people start the day laughing, they will remember to enjoy the funny things around them.

2. Hold laughing sessions after lunch

Organize laughter walks or simply sessions where workers recall the funniest episode of their life. The guffaws amid the belches will genuinely leave your colleagues in splits and eliminate the dull laziness of post-lunch working hours.

3. Organize a funny caption contest

Click some candid pics of colleagues and pin them on the notice board, float them on the intranet, and invite colleagues to provide funny captions. The prizes for the funniest caption could include tickets to the latest stand-up comedy show in town or the just-released comedy flick.

5 Top Comedians Worldwide

1. Eddie Murphy

A regular member of "Saturday Night Live" during the early part of the 1980s, he became a leading star in Hollywood comedy movies, such as "The Nutty Professor" and "Coming To America".

2. Redd Foxx

His raunchy nightclub stand-up shows were popular in the 50s and 60s.

3. Jerry Seinfeld

He has been slotted at number 12 in the list of "Greatest Stand-up Comedians of All Time."

4. Robin Williams

A master of impersonation and mimicry, he succeeded as a stand-up artist and an actor on television and in Hollywood.

5. Kevin Hart

He has been an integral part of American pop culture over the last decade and more with his stand-up comedy shows.

Why We Love Laugh at Work Week Laughter is the best medicine

Laughter triggers the release of the happy chemical - endorphins, in our body. It improves cardiac health, lowers blood pressure, boosts immunity, exercises the abdominal muscles, and reduces stress by signaling our brain to produce less cortisol.

A team that laughs together achieves more

Laughter and humor bond the team and leads to more meaningful professional relationships. The output of teams improves manifold when they can have fun together.

Do we need a reason?

Why do we require a reason to laugh? When laughing has so many benefits and is non-taxable in the hands of the person laughing, why not just laugh for no good reason!

Clubhouse Corner

MARCH 2026



Spring is here and the NACS Youth Clubhouse has been growing steadily. This month we attended the **Tuscarora Social**, took an all day field trip to the **Haudenosaunee Winter Games** held at **Ganondagan**, and learned how to make **Fry Bread** with Rhonda Martin from the IHAWP program. We're looking forward to so much more growth and adventure in April!



Clubhouse Corner

MARCH 2026

Upcoming in April..

- Tuscarora Social
- Spring Recess
- Elder + Youth Day
- Bandits vs. Knighthawks
- Reports + Resumes
- Honoring Earth Day
- and more!



Follow us on Instagram!



If interested or to get more information, please contact us:

NACS Clubhouse (Erie County)
Supervisor, Jes: 716-449-6405

NACS Clubhouse (Niagara County)
Hotline: 716-983-1251



Native American Community Services In Development: Healthy Generations

A Culturally-Based Home Visiting Program for Native American Families

Through personalized home visits, families will receive:

- A program culturally grounded in family traditions and values, offering trauma-informed care that supports healthy beginnings.
- Prenatal and maternal support to promote healthy pregnancies
- Early childhood support for growth, learning, and development
- Health and wellness guidance for parents and children
- Connections to community resources that strengthen family well-being

Healthy Generations is a new, culturally-based home visiting program supporting families with children ages 0-5. Home visitors will work directly with families to provide guidance, resources, and support that honor culture and help families thrive at home, in the community, and for generations to come.



For more information, contact:

Sherrie Kechego
Healthy Generations Coordinator
716-574-3378
skechego@nacswny.org

~From Our Traditions, Healthy Generations Rise~



Healthy Generations

A tribal home visiting program for Native American families from pregnancy to age five.



What is Healthy Generations?

Healthy Generations is a home visiting program being developed by Native American Community Services (NACS) to support Native American families during pregnancy and early childhood (birth to age 5).

The program focuses on maternal health, infant wellbeing, parenting support, and early childhood development through culturally grounded, family-centered services.



Who Can Participate?

Healthy Generations is for:


- Native American families with children, birth to age five
- Expecting parents
- Parents, caregivers, and extended family members

Participation is voluntary and family-driven.




Community-Led & Culturally Grounded


This program is built with:

 Guidance from Native leaders and Elders

 A Community Advisory Committee

 Respect for traditional knowledge and healing

 Collaboration with local partners and service providers

 Honoring culture, strengths, and lived experience

Program Status

Healthy Generations is currently in the Community Needs and Readiness Assessment (CNRA) phase.

This means we are:

- Listening to Native families and community members
- Learning what is working well and what is needed
- Gathering information before launching services

Community voices are guiding how this program will look.

Get Involved

Your voice matters. Community input helps shape this program

Contact

Sherrie Kechejo
 Healthy Generations Coordinator
 Native American Community Services
 Phone: 716-574-3378
 Email: skechejo@nacswny.org
 Website: www.nacswny.org

Healthy Generations is supported by Tribal MIECHV funding through the Administration for Children and Families (ACF).



Together, we are supporting families today and strengthening generations to come.



PARENTING *Circle*

This Native American Family Research program is aimed at enhancing family dynamics to reduce your child's risky behaviors and to learn about family health preparedness.

STUDY REQUIREMENTS

- 10 weekly classes
- Participation in a parenting and health research study
- Families will be randomly selected to participate in Parenting in 2 Worlds or Healthy Families in 2 Worlds

ARE YOU ELIGIBLE?

- ✓ Self-Identify as Native American
- ✓ Live in urban area of Erie & Niagara County
- ✓ Are a primary caregiver of Native American youth 12-17 years old

HIGHLIGHTS

- Childcare services provided for enrolled participants
- Healthy food provided
- **Your Family could be eligible to receive up to \$300 in gift cards**

✉ pjacobs@nacswny.org
jrose@nacswny.org

Participation is voluntary

☎ 716-339-1831 (Peter)
 716-574-3041 (Justine)

ASU IRB IRB # STUDY00016808 | Approval Period 3/17/2023 – 2/20/2026



**REDISCOVERING OUR
ONKWEHON:WE TRADITIONS**

ABOUT US

ROOTS is here to increase the availability of cultural education programs and resources for the urban Haudenosaunee people. We aim to implement opportunities to learn about Haudenosaunee traditions and practices through an increased number of Haudenosaunee cultural programs

CLASSES

arts/cooking classes
cultural speaker series
elder and youth information exchange
community socials
singing and dancing classes
yearly marketplace

GOAL

The long-term community goal would be that all Native Americans have access to opportunity, knowledge, and the ability to incorporate traditional concepts and teachings within their families and communities

Arriana Smith
ROOTS Project Specialist
asmith@nacswny.org

Colleen Casali
ROOTS Project Coordinator
cacasali@nacswny.org

Dakota Jonathan
ROOTS Project Specialist
djonathan@nacswny.org

FUNDED BY: THE DEPARTMENT OF HEALTH AND HUMAN SERVICES-
ADMINISTRATION FOR NATIVE AMERICANS

Native American Community Services of Erie and Niagara Counties, Inc.



3RD ANNUAL GOLF TOURNAMENT



SAVE THE DATE

Monday, June 15, 2026
Seneca Hickory Stick Golf Course



In support of Native American
Community Services, a fun,
family-focused fundraiser

PARK GOLF WITH PAPA



*Whether it's a day for
you and Dad or you want
to assemble a team of 4,
enjoy park golf on the
morning before Father's
Day – on the first park
golf course in the USA.
As always, everyone is
welcome to participate!*

Support the ongoing services
provided by NACS in a fun outing
on a warm summer morning at
Destroyer Park Golf.

SAVE THE DATE
SAT. JUNE 20, 2026
9 AM - LUNCH
DESTROYER PARK GOLF
7065 SAND HILL ROAD
AKRON, NY 14001





Syracuse University Spring Native Outreach Day

Date: Friday, April 24, 2026
 Time: 10am – 3pm
 Location: Eggers 010, Syracuse, NY
 Validated
 Parking: [University Avenue Garage](#), 1101 East Adams Street., Syracuse, NY 13210
NOTE: Buses may drop students off at University Place to walk to Eggers

9:00 a.m. – 10:00 a.m.	STAFF ONLY - arrival and set up
10:00 am – 10:30 am	Student/family arrivals – light breakfast provided – Eggers 010 <ul style="list-style-type: none"> • Registration / expectations-housekeeping • Selfie-station / icebreakers /Kahoots
10:30 – 11:00 a.m.	Indigenous Faculty and Staff meet and greet – Eggers 010
11:00 a.m. – 11:30 a.m.	mini-college fair / SU programs and resources tabling - Heroy Lobby
11:30 a.m. – 12:30 p.m.	Admissions and Native Student Program presentation – Eggers 010 <ul style="list-style-type: none"> • Tammy Bluewolf-Kennedy, Assistant Director/Native Liaison, Admissions • Darrin White, Native Student Program Coordinator, Intercultural Collective <ul style="list-style-type: none"> • Naveah Marshal, Academic Consultant, Native Student Program • Claudia Patel, Graduate Assistant, Native Student Program
12:30 p.m. - 1:30 p.m.	campus tour (leave from Eggers and end at NSP House)
1:30 p.m. – 2:30 p.m.	lunch with Native students and tours of NSP House – 113 Euclid
2:30 p.m. – 3:00 p.m.	Indigenous student panel – Eggers 010
3:00 p.m. – 3:30 p.m.	Kahoots / survey / optional campus book store visit / depart campus

Please scan this QR code to fill out our digital contact card and record your attendance:

<https://slate.to/eCjSbvWG>

Sponsored by Academic Affairs. Brought to you by the Office of Admissions, the Native Student Program, Intercultural Collective, and the Indigenous Community at Syracuse University.



Syracuse University

**Haudenosaunee Promise and Honor Scholarships
Indigenous Pathways Grant
Indigenous Teacher Preparation Scholarship
Syracuse University Project Advance Promise Scholarship
Native Student Program**

Tammy Bluewolf-Kennedy | Oneida Nation, Wolf Clan

Assistant Director | Native American Liaison | Office of Undergraduate Admissions

401 University Ave, Syracuse, NY, 13244

text: 315-443-4844, **email:** tbluewol@syr.edu, **web:** admissions.syr.edu

website: <https://www.syracuse.edu/admissions-aid/application-process/undergraduate/native-american/>

Darrin White | Onondaga Nation, Eel Clan

Program Coordinator

Native Student Program | Belonging and Student Success | Intercultural Collective

113 Euclid, Native Student Program House, Syracuse, NY 13244

t: 315-443-0258 **e:** ddwhite@syr.edu

w: <https://experience.syracuse.edu/multicultural/programs/native-student-program/>





Jacobs School of Medicine
and Biomedical Sciences
University at Buffalo



5TH ANNUAL COMMUNITY HEALTH & ADVOCACY CONFERENCE

Topic: Refugee & Immigrant Health

Join us for this year's focus area on how we can better support refugees and immigrants in our community.

MAY 8th, 2026

🕒 11:00am-4:30pm

📍 Jacobs School of Medicine & Biomedical Sciences, Rm 1220
955 Main St Buffalo, NY 14203

FREE REGISTRATION

Registration closes on April 30th or when capacity is reached.

<https://forms.gle/dEddeTCopW4PiunE9>



11:00 Check-In

11:00-12:00 Lunch & Poster Presentations

Poster presentations of community health & advocacy projects from UB medical residents and fellows. Lunch is provided.

12:00-2:00 Keynote Presentations

Hear from speakers on the intersection of immigration and health. Learn advocacy strategies for how individuals and institutions can better support refugees and immigrants.

2:00-4:30 Panel & Workshop

Learn how to practically apply multi-level advocacy strategies from local leaders. Topics include:

- Policy/Legal Rights
- Trauma Informed Care
- Youth and School Engagement

**Speakers to be announced*



University at Buffalo

Office of Graduate Medical Education



The Children's Hospital
of Buffalo Foundation



New York State Children's
Environmental Health Centers



UB|MD
PEDIATRICS

Future Healers Night



Wednesday, May 27th

6:00pm-7:30pm

Native American Community Services

1005 Grant St, Buffalo, NY 14207

Grades 5 - College

Join us for a fun and interactive evening exploring healthcare careers through hands-on activities.

Snacks & beverages provided!



Jacobs School of Medicine
and Biomedical Sciences

University at Buffalo



FREE HAIR CARE

NOW OFFERING BASIC PROTECTIVE STYLES (SIMPLE BRAIDS)

Provided by:

Haircuts For Those In Need

Schedule:



Monday 11/10 ~ Resource Council of WNY ~ 6:30-8:30pm
347 E Ferry St, Buffalo, NY 14208

Monday 11/24 ~ Niagara Falls Community Missions 12-3pm
1570 Buffalo Ave, Niagara Falls, NY 14303

Wednesday 12/3 ~ Best Self Recovery Center ~ 3-7pm
69 Linwood Ave. Buffalo, NY 14209

Monday 12/15~ Buffalo City Mission ~ 3-6pm
100 E Tupper St, Buffalo, NY 14203

Sunday 12/21 ~ St. James Church ~ 3-6pm
4661 Porter Rd, Niagara Falls, NY 14305

Monday 1/12 ~ Friends of Night People ~ 3-7pm
394 Hudson St. Buffalo, NY 14201

Wednesday 1/21 ~ Resource Council of WNY ~ 3-7pm
347 E Ferry St, Buffalo, NY 14208

Monday 2/9 ~ Genesis Center / St. Simon's Church~ 4-7pm
200 Cazenovia St, Buffalo, NY 14210

Monday 2/23~ Buffalo City Mission ~ 3-6pm
100 E Tupper St, Buffalo, NY 14203

Wednesday 3/18 ~ Best Self Recovery Center ~ 3-7pm
69 Linwood Ave. Buffalo, NY 14209

Monday 3/30 ~ Niagara Falls Community Missions 12-3pm
1570 Buffalo Ave, Niagara Falls, NY 14303

Wednesday 4/8 ~ Resource Council of WNY ~ 3-7pm
347 E Ferry St, Buffalo, NY 14208

Monday 4/13 ~ Friends of Night People ~ 3-7pm
394 Hudson St. Buffalo, NY 14201

Sunday 5/10 ~ Central Library ~ 11:45a -2pm
Ellicott Street Underpass Buffalo, NY 14203

All haircuts provided use disposable supplies and disinfected tools.

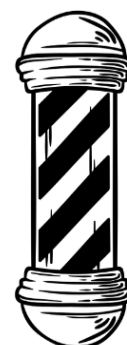
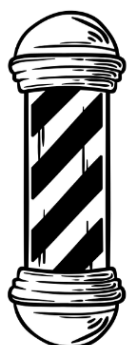
Follow us on social media @haircutsforthoseinneed

To volunteer or for more information reach out below:

www.haircutsforthoseinneed.org ~ 716-201-0287 - info@haircutsforthoseinneed.org

Hiarcuts For Those In Need, Inc.

P.O. Box 153 Tonawanda, NY 14151



For More Info
or To Donate
Scan Here



**PRESALE
TICKETS \$30**



**SATURDAY
APRIL 25, 2026**



**3RD ANNUAL
COMEDY
FOR A CAUSE**

**FEATURING
THE CROWS
@AMURDEROFCROWS**



**WITH
HOST
CHRISTINA L.
@CHRISLCOMEDY**



**\$40 Entry Ticket, VIP Sponsorship-Tickets Available
Food, Pop, Wine, & Beer Included
Comedy, Music, & Raffles**

**DOORS OPEN AT 6PM, COMEDY SHOW AT 7 PM
Knights of Columbus 1530 Kenmore Ave Buffalo NY 14216**

**PURCHASE TICKETS ONLINE AT
WWW.HAIRCUTSFORTHOSEINNEED.ORG**



ALL PROCEEDS TO BENEFIT HAIRCUTS FOR THOSE IN NEED



GOOD NEIGHBOR PRODUCE PROGRAM

SNAP AND DOUBLE UP FOOD BUCKS

Buffalo Residents: Get 50% off fresh produce and produce boxes, even if you do not have SNAP benefits!

SNAP Members: Get 50% off fresh produce and produce boxes with Double Up Food Bucks, when you use your SNAP benefits.

Details: Eligible for the following zip codes: 14204, 14206, 14208, 14211, 14212, 14215.

Details: Free home delivery available to all City of Buffalo residents. Pick-up only for residents outside of Buffalo.

Free home delivery included.

Why Sign Up?

1

LOCAL

Choose your box, subscribe, and customize each weekend with fresh, local produce and locally made goods.

2

CONVENIENT

Free home delivery each Thursday
Using SNAP? Pay in person.
Prepaid? Leave a cooler with ice!

3

COMMUNITY

Support local farms and uplift your community with every FreshFix box—fresh food that gives back to your neighborhood!

SIGN UP NOW AND START SHOPPING FOR YOUR FIRST WEEKLY BUNDLE OF LOCAL PRODUCE, PROTEINS AND PANTRY STAPLES!

3 Easy Ways to Sign Up

Register at
www.FreshFix.com

Call us at
(716) 218-3668-Ext 5

Email us at
support@freshfix.com

Food and Nutrition Support Through Medicaid

Nutritious meals can make a difference in your health. If you are enrolled in Medicaid, you or your family may qualify for support connecting to food and nutrition assistance depending on your access to healthy food and health status.

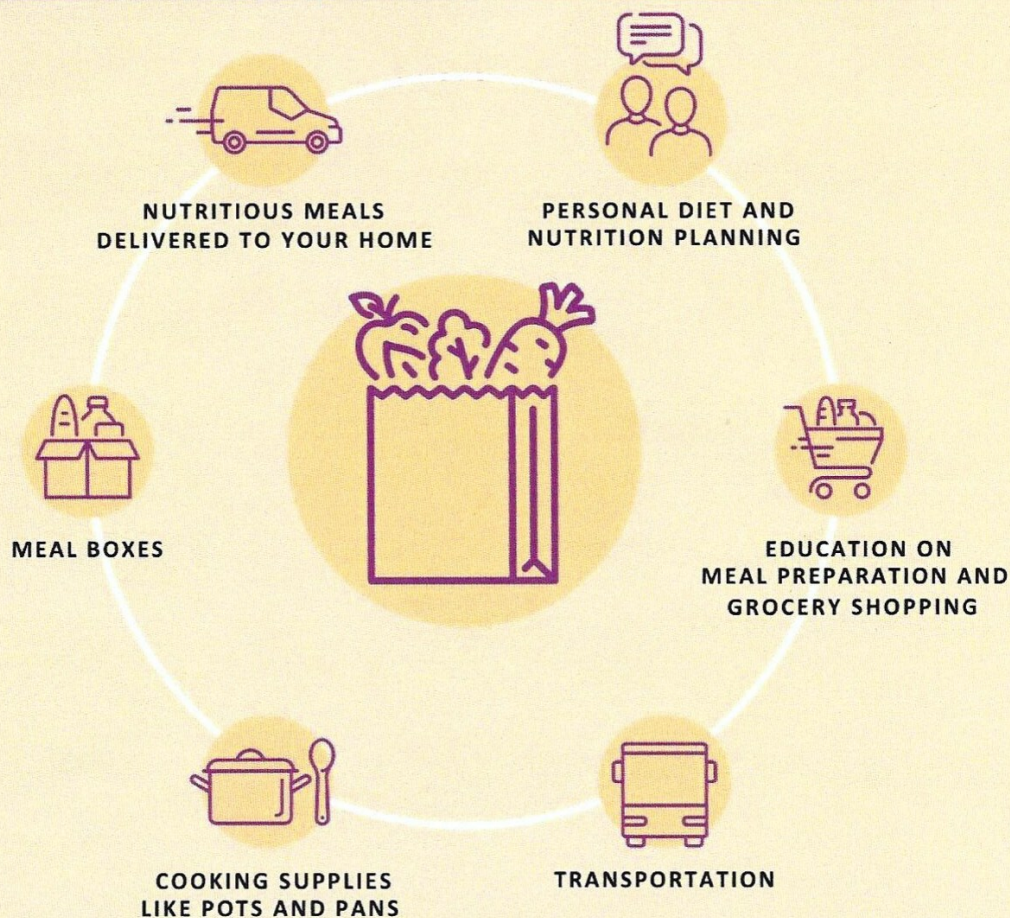
Medicaid Members can reach out to Integrated Care or one of our Network Partners to discuss their social needs and learn more about services available in our community.

Visit wnyscn.org or call 716- 431-5100

Scan Here



Better Health with Integrated Care.



Social Care Network Partner:

Ask for:



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The Western NY Social Care Network





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MJCPowwow



Employment Opportunity



www.nacswny.org

Native American Community Services of Erie & Niagara Counties, Inc.

MICHAEL N. MARTIN, EXECUTIVE DIRECTOR

1005 Grant St. Buffalo, NY 14207 • Phone: 716-874-4460 • Fax: 716-874-1874

1522 Main St. Niagara Falls, NY 14305 • Phone: 716-299-0914 • Fax: 716-299-0903

76 West Ave. Lockport, NY 14094 • Phone: 716-302-3035 • Fax: 716-302-3037

100 College Ave. Suite 200, Rochester, NY 14607 • Phone: 585-514-3984 • Fax: TBD

960 James St. Syracuse, NY 13203 • Phone: 315-322-8754 • Fax: TBD

Equal Opportunity Employer

Position: Healthy Generations Home Visitor

Type: Full-time/ hourly/ non-exempt

Salary Range: \$19.00-\$21.00 / hour

Office: Niagara Falls/ Buffalo (1) Rochester/Syracuse (1)

SUMMARY:

The Healthy Generations Home Visitor will be responsible for supporting the development and delivery of family-centered, evidence-based services to expectant mothers and families with young children within NACS service areas. During the first year of program, the focus will be on completing the Community Needs and Readiness Assessment (CNRA), strengthening community partnerships, conducting outreach and interviews, developing an Implementation Plan and preparing for direct service delivery to begin in February 2027. The Healthy Generations project provides services to 17 counties. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Participates in the Community Needs and Readiness Assessment (CNRA) for maternal, infant, and early childhood health home visiting.
- Conducts community outreach, and engagement, to gather input from families, community partners, and stakeholders.
- Participates in planning meetings, training, and implementation activities to prepare for service launch.
- Provides home visits, assessments, and case management services to families enrolled in the Healthy Generations program.
- Delivers effective parenting practices using program-approved, evidence-based models.
- Completes all necessary paperwork related to the provision of Home Visitor Services within two business days of the completed home visit/contact.
- Consults with the Deputy Director of Services, Manager of Family Services, and Healthy Generations Coordinator on a regular basis and for all decisions involving mandated Child Protected Services reporting.
- Refers families/children to community resources and/or other programs at NACS or other organizations.
- Maintains a positive relationship with support networks and community-based organizations for provision of referrals and other support for clients.
- Ensures the program remains compliant with all contractual obligations and requirements.

EDUCATION, QUALIFICATIONS, AND SKILLS:

- Bachelor's degree in a human services or related field of study. Work experience may replace some of the education requirements at the discretion of the Executive Director.
- Lived experience as a parent, caregiver, or in supporting families and children is preferred.
- Effective problem solving, organization, time management, conflict resolution and communication skills.
- Interpersonal skills to work cooperatively and effectively with individuals, groups, and diverse populations.
- Intermediate computer skills: ability to use Microsoft Office Suite.
- Knowledge of local Native communities and culturally responsive or trauma-informed practices is strongly preferred.
- Ability to become certified in CPR & First Aid. Must be able to do medium lifting.
- Must be flexible to evening and weekend hours as needed.
- Must pass all background checks and pre-hire requirements including a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

Employment Opportunity

BENEFITS:

- Paid Time Off (PTO)
- Life Insurance
- Flexible Spending Account (FSA)
- Health & Dental Insurance
- Employee Assistance Program
- 403 (b) Retirement Plan

For consideration send resume to: humanresources@nacswny.org

Employment Opportunity



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 960 James St. Syracuse, NY 13203 • Phone: 315-322-8754 • Fax: TBD

Equal Opportunity Employer

Position: Family Preservation & Strengthening Caseworker- Erie County

Type: Full-time/ hourly/ non-exempt

Salary/Range: \$19.00- \$21.00 / hour

Office: 1005 Grant Street, Buffalo, NY 14207

SUMMARY:

The Family Preservation & Strengthening Caseworker works in conjunction with the Local County Department of Social Services (LCDSS/DSS) and is responsible for providing prevention services to families referred from DSS. Incumbent helps children remain safely in their homes and prevent placement outside of their home. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Provide effective and efficient case management for assigned families.
- Make use of appropriate counseling, parent training, home management, support and advocacy services.
- Work collaboratively with referral sources, community service providers, and family members to meet goals.
- Produce accurate, thorough, and timely progress notes in CONNECTIONS.
- Ensure all court mandated or recommended services are applied and supported.
- Provide transportation for meetings, services, and appointments in a safe, reliable vehicle as necessary.
- Maintain strong communication with the family working toward stabilizing and strengthening the family unit, with regular face-to-face contact.
- Maintain confidentiality of sensitive information.

EDUCATION, QUALIFICATIONS, AND SKILLS:

- Bachelor's degree in human services or related field of study required with experience in child welfare.
- Knowledge of the Indian Child Welfare Act (ICWA), Federal and State regulations, as well as mandated reporting requirements.
- Intermediate computer skills and understanding of office applications including MS Office Suite.
- Effective problem solving, organization, time management, and communication skills.
- Must be flexible to evening and weekend hours as needed.
- Must pass all background checks and pre-hire requirements.
- Familiarity with and sensitivity toward local Native American communities.
- Must have a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

BENEFITS:

- Paid Time Off (PTO)
- Employee Assistance Program
- Flexible Spending Account (FSA)
- 403 (B) Retirement Plan
- Life Insurance
- Health and Dental Insurance

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 960 James St. Syracuse, NY 13203 • Phone: 315-322-8754 • Fax: TBD

Equal Opportunity Employer

Position: Program Secretary
Type: Full-time/ hourly/ non-exempt
Salary/Range: \$17.00-\$18.00 / hour
Office: 1005 Grant Street, Buffalo, NY 14207

SUMMARY:

The Program Secretary is responsible for greeting and guiding all NACS' visitors to the appropriate staff/component, understanding all NACS' services and responding to general questions. Incumbent will provide clerical assistance in support of NACS' staff, programs, and other NACS' business. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Greet and guide all visitors in a friendly and professional manner.
- Liaison between building personnel and NACS' staff and inform them of events, mail, packages, and building issues.
- Maintain a clean and well-maintained reception area with relevant and up-to-date information.
- Answer phone calls in a friendly and professional manner and provide basic information to callers, directing them to the appropriate staff.
- Refer non-routine or sensitive requests to the appropriate staff.
- Facilitate effective communication between various components of the organization.
- Manage office machines and ensure an adequate stock of office supplies.
- Process incoming and outgoing mail, maintaining confidentiality of sensitive information.
- Monitor staff sign-in/out and keep accurate records.
- Coordinate room requests and calendar schedules for staff and community room use.
- Assist in the planning and execution of meetings, including room setup and recording meeting minutes.
- Assist in the usage of the language and cultural resources library and enforce circulation protocols.
- Order office supplies, food, equipment, and any other needs for programs.
- Maintain necessary documentation and ensures the timely completion of all necessary reports and recordkeeping, including the utilization of database systems.

EDUCATION, QUALIFICATIONS, AND SKILLS:

- Associate degree in an appropriate field of study or 2 years of related experience in a similar position.
- Experience working with community and group settings. Work experience may replace some of the education requirements at the discretion of the Executive Director.
- Knowledge of local Native American communities.
- Computer skills and understanding of office applications including MS Office Suite.
- Interpersonal skills to work cooperatively and effectively with individuals and groups
- Excellent organizational skills with strong attention to detail. Strong written and verbal communication skills.
- Must pass all background checks and pre-hire requirements including a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

BENEFITS:

- Paid Time Off (PTO)
- Life Insurance
- Flexible Spending Account (FSA)
- Health & Dental Insurance
- Employee Assistance Program
- 403 (b) Retirement Plan

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Equal Opportunity Employer

Position: Niagara County Youth Clubhouse Site Supervisor

Type: Full-time/ hourly/ non-exempt

Salary/Range: \$20.00- \$21.00 / hour

Office: 1522 Main St, Niagara Falls, NY 14305

SUMMARY:

Under the guidance of the Health & Wellness Coordinator, the Youth Clubhouse Supervisor is responsible for assisting and leading in the performance of day-to-day duties in delivering and providing a safe, supportive, culturally appropriate, alcohol and drug free environment for all Native American youth (ages 12-17 years old) clubhouse members. This position will lead in the oversight of activities, cultural programming, and supervise youth leaders. Incumbent must be available for non-traditional hours (evenings and weekends). The Clubhouses are open 25 hours per week. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Implement, plan, and lead program activities, field trips, and workshops in accordance with contractual obligations both virtually and in-person.
- Have knowledge and understanding of substance use and ensure youth programming utilizes a percentage of research and evidence-based and best practices prevention models.
- Serve as a facilitator and member of the Youth Advisory Council.
- Coordinates scheduling of the Clubhouse Youth Leaders.
- Organize, supervise, and provide safe transportation for youth clubhouse members.
- Ensures Clubhouse maintenance, cleanliness, and safety is maintained.
- Recruit participants for the clubhouse program through outreach events and materials.
- Maintain necessary documentation and ensures the timely completion of all necessary recordkeeping, including the utilization of database systems.
- Ensures the program remains compliant with all contractual obligations and requirements.

EDUCATION, QUALIFICATIONS, AND SKILLS:

- Bachelor's degree from accredited institution with supervisory experience or relevant role.
- Experience working with at-risk youth, community and group settings. Work experience may replace some of the education requirements at the discretion of the Executive Director.
- Knowledge and understanding of substance use.
- Effective problem solving, organization, time management, and communication skills.
- Computer skills: ability to use Microsoft Office Suite.
- Familiarity with and sensitivity toward local Native American communities.
- Must be flexible to evening and weekend hours as needed.
- Must pass all background checks and pre-hire requirements including a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

BENEFITS:

- Paid Time Off (PTO)
- Life Insurance
- Flexible Spending Account (FSA)
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 960 James St. Syracuse, NY 13203 • Phone: 315-322-8754 • Fax: TBD

Equal Opportunity Employer

Position: Prevention Specialist

Type: Full-time/ hourly/ non-exempt

Salary/Range: \$19.00-\$20.00 / hour

Office: 1005 Grant Street, Buffalo, NY 14207 – travel required

SUMMARY:

Incumbent provides and presents evidence-based prevention curricula to youth and community as part of an overall strategy that addresses alcohol and substance-use and prevention and other at-risk topics. Key roles include outreach, recruitment, and engagement of participants. Must be comfortable speaking in front of an audience. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Plans, coordinates, and delivers prevention presentations comfortably and accurately to both youth and adults.
- Performs effectively within a classroom setting and through video conferencing platforms.
- Delivers comprehensive, evidence-based, medically accurate, age and stage appropriate education workshops/sessions.
- Delivers and collects pre/post surveys to participants for monthly reports.
- Connects participants with appropriate services and develops referral resources and linkages.
- Collaborates with local community resources and conducts regular outreach.
- Attends and participates in weekly component staff and other required meetings.
- Accurately collects and maintains necessary documentation and ensures the timely completion of all necessary recordkeeping per regulatory requirements.
- Maintains confidentiality of sensitive information and handles it with utmost discretion

EDUCATION, QUALIFICATIONS, AND SKILLS:

- Bachelor's degree in health or human services or related field of study preferred, with two (2) years' experience with at risk youth.
- Work experience may replace some of the education requirements at the discretion of the Executive Director.
- Competency in issues regarding alcohol/substance abuse, family planning, and reproductive health.
- Effective problem solving, organization, time management, and communication skills.
- Intermediate computer skills and understanding of office applications including MS Office Suite.
- Familiarity with and sensitivity toward local Native American communities.
- Must be flexible to evening and weekend hours as needed.
- Must pass all background checks and pre-hire requirements including a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

BENEFITS:

- | | |
|-----------------------------------|-------------------------------|
| • Paid Time Off (PTO) | • Health & Dental Insurance |
| • Life Insurance | • Employee Assistance Program |
| • Flexible Spending Account (FSA) | • 403 (b) Retirement Plan |

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Nya:wëh, Thanks for reading!

Please share this newsletter with family, friends, and coworkers. If you know of anyone who would like to receive the month NACS News by email, please have them send their first name, last name, and current email address to: gghosen@nacswny.org

You can also look for our newsletter on our [website](#).

FUNDED BY: Erie County Department of Social Services; New York State Office of Children & Family Services; New York State Office of Alcoholism & Substance Abuse Services; Community Foundation for Greater Buffalo; National Urban Indian Family Coalition; Niagara County Department of Social Services, Niagara County Office of the Aging; United Way of Niagara, US Department of Labor; Administration for Native Americans (ANA); Indigenous Justice Circle; Jessie Smith Noyes Foundation; Erie County Department of Mental Health; NYS Research Foundation for Mental Health; NYS Medicaid Program 29-I; Western New York Foundation; New York State Department of Health/AIDS Institute, Tribal Home Visiting Program, Administration for Children and Families, Health and Human Services as well as businesses, foundations and caring individuals.

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