Missing and Murdered Indigenous Women

Task Force

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1 FEMALE VOICE: Hello? Hello?
2 FEMALE VOICE: Hello.
3 FEMALE VOICE: Hi. Hi.
4 FEMALE VOICE: Hello?
5 FEMALE VOICE: Hi.
6 MS. WAULS: Hello. All right. I was muting
7 myself. Christina, can you hear me?
8 MS. CASTRO: Yes, I can.
9 MS. WAULS: Perfect. Okay. Welcome, everyone.
10 Thank you all for joining the New Mexico MMIW Task Force
11 Webinar. I'm going to ask everyone, as you-all join and
12 are participating throughout today's Webinar, to please
13 mute yourselves just to eliminate any background noise.
14 That's probably going to be our biggest hurdle. But if you
15 are having any type of technical difficulties, issues with
16 hearing the speakers or myself, please use the chat
17 function, which is on the right side of your page, to
18 communicate with us.
19 To open it up, we are going to have one of our
20 task force members to offer some opening words, a prayer.
21 So I'm going to hand it over to Beata to go ahead and start
22 us off.
23 MS. TSOSIE: Thank you, Samantha.
24 (Speaking Native language). With your respect to
25 everyone on the call and those with us in spirit, with your

1 permission, I want to do it in English this time due to the
2 video format. (Inaudible). Creator, mothers, fathers,
3 mothers' relatives, fathers' relatives, our uncles, aunts,
4 male child spirit, female child spirits, grandmothers,
5 grandfathers, our two-spirit relatives, and gender
6 non-conforming relatives, we ask that you're with us as we
7 go about our work. We give thanks for this day for our
8 life's breath that we share with all living beings. We ask
9 for blessings to come into our families and communities,
10 that healing is granted upon those who are sick and
11 suffering, that we remember teachings given to us that
12 the -- the lessons from the four directions can be with us
13 as we go about our days together, that all the children of
14 the world are united with us in heart, and that we remember
15 the original instructions given to us since time immemorial
16 to love, respect, and take care of one another so things
17 will go good for us here in our communities, here on our
18 Earth Mother. (Speaking Native language.)
19 MS. WAULS: Thank you, Beata, for those opening
20 words and prayer. We definitely need it during this time
21 as everyone is experiencing, you know, this health crisis.
22 So hopefully everyone is taking care of themselves.
23 Again, I'm just going to reiterate, please mute
24 yourselves, unless you are speaking, to eliminate the
25 background noise.

1 But welcome, again, everyone. My name is
2 Samantha Wauls. I am the (inaudible) assistant to the task
3 force. And myself, along with my colleague, Christina
4 Castro, will be facilitating today's Webinar.
5 So just to give you-all a high-level overview of
6 what today's Webinar will focus on, one of the task force's
7 research goals is to identify the available resources and
8 support services for survivors and impacted family members
9 of the MMIW crisis. In our past public meetings, we have
10 heard testimony from individuals and family members about
11 the healing that they need to move forward from the trauma
12 that they've experienced, and also some of the challenges
13 that they have had in trying to access certain support
14 services.
15 So today's Webinar is going to bring together
16 some victim service providers and organizations and
17 advocates to share their perspective from their role in the
18 victim services field on the scope of the MMIW crisis, what
19 are some existing barriers to providing healing and support
20 services to those survivors and impacted family members,
21 and they will also be providing some recommendations on how
22 to further address this issue to the task force.
23 We also have, joining us today, two young women
24 who have been doing a lot of advocacy around the MMIW
25 crisis within their local community, their tribes, and the

1 state.
2 So we're going to start off with some task force
3 updates to share with you-all, then we will go into our
4 speakers. Each of them has prepared a short presentation
5 highlighting who they are, the work that they do and their
6 experiences related to this issue. Then the presentations
7 will be followed by a Q and A that several of the task
8 force members have prepared some questions to ask the
9 speakers. And after those questions have been asked, then
10 we will open it up to those of you joining the Webinar to
11 ask questions to the presenters.
12 We do want to let you know, if you are joining us
13 online, feel free to use the chat function to ask questions
14 at any point during today's Webinar. We will be monitoring
15 them, myself and Christina -- I mean -- yeah, Christina.
16 So we'll definitely keep an eye out for your questions as
17 they come through, and we will ask them during the Q and A
18 portion. And then we will have a closing by one of our
19 presenters today. So thank you all for joining.
20 And just to recap, I always like to start with
21 the legislation that brought this task force together.
22 House Bill 278 requires a task force to recommend how the
23 state can increase resources for reporting and identifying
24 MMIW cases; to collaborate with tribal law enforcement
25 agencies to determine the scope of the problem, identify

1 barriers to address the problem, and create partnerships to
2 improve the reporting and investigation of these cases;
3 work with tribal governments and communities; and then
4 collaborate with the DOJ to improve information sharing and
5 coordination of resources for reporting and investigating
6 cases of MMIW.
7 Just as a quick reminder, I mentioned this on the
8 last Webinar, but we have a subcommittee that is focused on
9 developing a definitions guide. And the goal is that, with
10 this definitions guide, we're creating a shared vision and
11 vocabulary for discussing the crisis of MMIW. The task
12 force has developed a list of terms, acronyms and phrases
13 that will be defined and included in the report. The first
14 draft of that definitions guide is near completion, and we
15 are seeking community feedback on that document. If you
16 are interested, please reach out to me via email. Feedback
17 will be gathered through a survey which will go live next
18 week. And that will be posted on the department's website
19 for people to access and provide their feedback.
20 So some other ways to get involved with the task
21 force, you can always reach out to myself, but we are also
22 looking for trained victim advocates to help us gather
23 survivor and family member testimony. So if you would like
24 to volunteer your time and effort to supporting the task
25 force, please reach out to myself, my colleague, Christina

1 Castro, and we look forward to working with you.
2 All of our volunteers and key stakeholders that
3 are supporting the task force will be acknowledged in the
4 final report. So we will be acknowledging and paying
5 respects for the contributions of our community members.
6 And those are all the updates from the task
7 force. Thank you all for joining, again. Please stay
8 safe. And feel free -- if you have comments that you would
9 like to share with the task force, please email us at
10 IAD.MMIW@STATE.NM.US. You can also call the Indian Affairs
11 department number. And then if you need to get in contact
12 with myself or the other project assistant, Christina
13 Castro, our emails are there, as well.
14 So I'm going to pass it on to Christina to go
15 ahead and facilitate the speaker presentations.
16 MS. CASTRO: Okay. Good morning, everybody. I
17 hope you can hear me. Just a quick reminder to mute
18 yourself if you are not speaking.
19 Our first presenter is Christine Means. We heard
20 from her at our first MMIW task force meeting in November
21 at CNM. And she will introduce herself. And she is a
22 family member -- impacted family member.
23 And, Christine, are you ready?
24 MS. MEANS: Yes, I'm ready. Can you hear me?
25 MS. CASTRO: Yes, we can hear you.

1 MS. MEANS: Okay. So I'm going to go ahead and
2 share my screen. Oh, "host disabled attendee screen
3 sharing" is the notice I get. Oh, there we go. Thank you.
4 So, hello. Hi, everybody. Can you see my
5 screen? Okay. My name is Christine Means (Speaking Native
6 language). I am from Gallup, New Mexico. My family on my
7 dad's side is from Fort Wingate in Crownpoint, New Mexico.
8 I am a Arikara, Dinè, and Dakota. So on my side I'm
9 Navajo; and on my mom's side, I am Arikara and Dakota.
10 In 2015, I became extremely familiar with the
11 MMIW crisis. My oldest sister, Dione Thomas, was murdered
12 in a motel off of Route 66 in Gallup, New Mexico. It was
13 an ongoing case of domestic violence between her and her
14 boyfriend. She had been involved with him for many years.
15 And as a result of the violence between him and her, she
16 went to the emergency room that night at Gallup Indian
17 Medical Center and died the next day in Albuquerque,
18 New Mexico, in the hospital due to blunt force trauma to
19 the head.
20 As of 2020, this month it will have been five
21 years. And her case is still unsolved with the Gallup
22 Police Department. And one of the biggest assets, one of
23 the biggest resources that we've had as a family has really
24 been the MMIW Task Force. Up until late 2019, we had made
25 no progress on her case. The Gallup Police Department had

1 stopped returning our phone calls. We had not heard any
2 updates in years. We had met with the district attorney,
3 with the police force, and we just had no updates. So when
4 the MMIW Task Force for the State of New Mexico under the
5 Secretary Salazar reached out to us and we started to make
6 contact, we were able to get some updates and progress made
7 from the Gallup Police Department. So it's been a really
8 great resource for us as a family.
9 And with that, it's just become -- the whole
10 reason that I've become so involved with the MMIW crisis.
11 If it wasn't for learning to be my sister's advocate, I
12 would not have had to have been on this call today. But
13 it's something that, out of responsibility for my loved
14 one, that I have been involved and that I have made it a
15 point to become as educated as possible on the MMIW crisis.
16 So that's how I've come to be a part of the task force and
17 be able to participate. But also really just incredibly
18 thankful for the opportunity to be here and be able to
19 speak and to connect with different people here today.
20 So I think something that has really come as an
21 education to me and as part of the major scope of the
22 crisis that we face here for MMIW is that -- you know, and
23 I'll speak to my experience, just because I know there will
24 be a lot more people coming from different perspectives --
25 but for me it was just really learning the impact that this

1 crisis has on survivors and their families. That has been
2 something that just completely rocked us and threw
3 everybody in my family in a state of turmoil. Being able
4 to cope with her death immediately the days that followed,
5 the weeks of following up, of keeping contact, and making
6 sure that everything, you know, that was happening
7 regarding the -- oh, there we go -- everything that was
8 happening regarding the police, the medical investigators,
9 all the different levels of involvement that happen when
10 your loved one is murdered, goes missing, really becomes a
11 lot for anybody to handle.
12 And so for us, as a family, that was something
13 that just really -- I think that isn't always taken into
14 consideration, that it impacts a whole family. And
15 oftentimes, all the time, with Native indigenous families,
16 our family -- our families are so far extended, we've got
17 the grandparents, we've got siblings, cousins, aunties,
18 uncles, it just goes so far, grandchildren. And for us as
19 a family it completely changed the dynamics of how we
20 communicated, how we got along, with how different family
21 members grieved.
22 When my sister passed away, she had four children
23 that were all under the age of 18 at the time. And so it
24 created a lot of new insecurities in our family where we
25 had to create the relationship that went missing of the

1 mother, of our sister, of our daughter to our own parents
2 and to our aunties and uncles. And so with that, you know,
3 for us, we really, I think, fell apart in different ways,
4 each one of our family members. We all kind of retreated
5 into different coping mechanisms because we just did not
6 know how to deal with the immense amount of work that
7 needed to happen to advocate for her, but also just coping
8 with the sudden loss of our loved one in a way that was so
9 violent, that it really hit all of us in different ways.
10 So I think for us, the scope really goes far. I
11 mean, immediately we've got 50 immediate family members
12 that were all of a sudden dealing with the passing of my
13 sister. And I think that's something that isn't always
14 taken into consideration. And as family members, it's
15 something that we absorb. We absorb all of the trauma of
16 the hard-hitting impact that comes out of a crime. And
17 then we, ourselves, don't really know how to deal with this
18 crisis in a way that's healthy, that's helpful, that's
19 going to encourage grieving. And it's something that we
20 really had to learn and we had to reach out and pull one
21 another out of it.
22 And so the picture on the screen here, my sister
23 Dione is in the center. She's got sunglasses and the
24 colored shirt. And I just kind of wanted to demonstrate,
25 you know, this was at a time, in this photo, when she was

1 going through domestic violence. And it was a year and a
2 half before she passed away and was murdered that, you
3 know, we were together as a family, we were happy. Even in
4 the hard times, it was something where we really had to
5 learn a lot about dealing with domestic violence. And then
6 when she passed away, how we started to heal.
7 I think some of the big barriers and challenges
8 to support services was, just like I said, as a family, we
9 did not know how to grieve, how to take the hit of her
10 passing, how to take the trauma of how she died and keep
11 going forward. So something that I really had to ask
12 myself was, How do I advocate for my loved one? Who is
13 going to advocate for them, was kind of something that we
14 were all looking around and asking one another. How do
15 we -- who is going to do the job? And it came to a big
16 realization that we had to be the person. We had to be the
17 people.
18 And ultimately, because of all of the issues that
19 my family were facing -- some of them were raising her
20 children. My sister and my mother started to take -- took
21 her children in and started raising them. So they were
22 dealing with the financial impact, the emotional impact. I
23 took it upon myself to be the person to start to reach out
24 and find out how we can start to advocate for our loved
25 one. And it was very challenging.

1 I think that there was a lot of issues that came
2 out of learning the ropes of how we advocate for our loved
3 ones in these kinds of cases. I think that there were a
4 lot of barriers, and a lot of them were dealing with law
5 enforcement because it took us years to figure out that and
6 to really say -- because the Gallup Police Department and
7 other law enforcement did not come right out and tell us
8 that my sister was murdered. It took us probably four
9 years before we came to the realization, because they did
10 not tell us "your sister was murdered." It was like an
11 accidental death. You know, there was a lot of different
12 things that could have occurred that -- of course, they
13 could not come out and tell us that it was a homicide.
14 So it took us years as a family to realize and
15 kind of come out of that grieving and say that my sister
16 was murdered, my daughter was murdered, my mother was
17 murdered. And in doing so, it was just a part of the
18 process in learning. And so I think that we leaned on law
19 enforcement right up front, and law enforcement did not
20 provide that type of support that we needed to learn the
21 ropes of advocating for her, you know.
22 And I think just to switch gears a little bit and
23 think about challenges to addressing the crisis here, I
24 think for us, in our case, because my sister's case was
25 domestic violence that went on for years, for us it would

1 have been prevention. I think that there's a lot of
2 challenges in addressing the crisis and preventing these
3 types of situations, drug and alcohol treatments being one
4 of them. For years, we tried to advocate for my sister and
5 for her partner to seek treatment for alcohol abuse. And
6 it was something that we tried really hard to do. We
7 looked for a lot of different options. And it was just
8 something that wasn't readily available for them.
9 I think with, you know, my sister, also family
10 shelter and housing would have been something that could
11 have potentially saved her life. It could have saved her
12 family for her role as a mother with her children. Having
13 a safe place to go in these times of domestic violence and
14 when things got dangerous for her to be home, she really
15 had no other place where she felt it was safe to go.
16 So that's something I thought about in addressing
17 the crisis. I think looking maybe towards the gear of
18 prevention. I know that in this time we're just so
19 bombarded with cases and the immense amount of work to be
20 done today. But also just kind of thinking ahead and
21 thinking about the opportunity for prevention.
22 So something that I thought about and really had
23 to learn was recommendations on learning this process. And
24 in this photo, Dione is in the top left. She's got the
25 white shirt. That is our grandma on the bottom left with

1 the red blazer. Our mom, me in the green shirt, and then
2 I've got my daughter there on our lap. But this was a
3 photo that we took. And, again, just to show the amount of
4 people that are so impacted by this type of a crisis, this
5 type of a crime that happens. I mean, it just really
6 shatters a family. And I think in doing that, we are left
7 exposed. The family members, the children, we are left
8 feeling really raw and vulnerable. And I think a big part
9 that I had to learn again was just taking on the role of an
10 advocate. And in doing so, I educated myself on why these
11 crimes are happening and how these crimes are happening in
12 our communities and to our loved ones.
13 And I almost had to become, as her advocate,
14 obsessed with cases. I started listening to stories. I
15 started seeking out online blogs. And it's been five years
16 since my sister passed away. So when this happened, there
17 weren't as many online resources as there are now. The
18 MMIW movement was really starting to form in Canada. So
19 when I was online looking and I was online trying to find
20 organizations, they just did not exist.
21 So I was looking for newspaper articles. I was
22 looking for similar stories and people who had gone through
23 something. And -- so like I said, I think learning on why.
24 And I think something that I really learned is that there's
25 kind of a level, a scope of murders that exist, kind of a

1 spectrum. And, you know, there's crimes of opportunity
2 that are happening where something just happens to --
3 somebody happens to come across an individual. And in the
4 case of, you know, my sister, for example, I think hers was
5 not that. It was a crime of opportunity. Hers was
6 actually a homicide where it was an accidental death due to
7 domestic violence, but it still was deemed a homicide.
8 There's also accidental deaths where things just happen,
9 where sometimes our loved ones are taken or are murdered,
10 and it's not supposed to have gone down that way, but it's
11 the way the outcome is. And then, again, crimes of
12 opportunity where somebody sees a person who is vulnerable,
13 who sees an opportunity to take a loved one, to harm a
14 loved one, and they take advantage of the fact that this
15 person has been left exposed and the opportunity to hurt
16 them.
17 And so something for me, again, was learning just
18 about stories, survivors, cases, things that happened. I
19 started listening to podcasts and finding newspapers and
20 resources online. And that's really been a big -- a big
21 healing, but also a way of learning how to advocate for my
22 loved one.
23 How am I doing on time? I can't -- my -- if
24 there's a chat, my phone won't let -- my screen won't let
25 me open it.

1 MS. CASTRO: You're about there.
2 MS. WAULS: Yeah, just go ahead and wrap up.
3 MS. MEANS: Okay. So that was the last slide. I
4 wanted to include my email address for anybody that may
5 need a reference. Like I said, I've just been learning the
6 route of how to advocate. So if you're on this call, if
7 you're on this meeting and you're at some point in the
8 process where you're looking for maybe some guidance, you
9 know, I don't know if I'm able to help, but I would sure
10 love to try to encourage you and give you some of the steps
11 that we took as a family, that I took as a sister, as a
12 person who had to become educated in the process. Or any
13 questions. That is my contact information.
14 And I just wanted to say thank you so much for
15 this time and opportunity to share a little bit about
16 myself as an advocate and about my sister, who has still
17 got an ongoing case with the Gallup Police Department.
18 (Speaking Native language.)
19 MS. CASTRO: Thank you, Christine. Thank you for
20 your strength and your advocacy. Okay.
21 Moving on to our next speaker, we have Captain --
22 excuse me, Chaplain Villegas. Let me quickly pull --
23 Maisy, I'm on a call.
24 -- Chaplain Villegas is the New Mexico Law
25 Enforcement chaplain.

1 MS. WAULS: Christina, can we move on to the next
2 speaker. Chaplain Jose is having some difficulties
3 connecting right now.
4 MS. CASTRO: Oh, darn it. Okay. So let's move
5 on to Michelle Curtis. Michelle is a Caring to Achieve
6 Resilience and Equality Among Survivors lead case manager
7 for First Nations Community Healthsource.
8 Michelle, are you on the call?
9 MS. CURTIS: Yes, I am. So (inaudible) share my
10 screen. One second.
11 MS. CASTRO: Excellent. Thank you.
12 MS. CURTIS: Hold on one second. Oops. Okay.
13 (Speaking Native language.) Michelle Curtis, (Speaking
14 Native language).
15 Hello, everyone. My name is Michelle Curtis. I
16 am the lead case manager for the CARES programs with First
17 Nations Community Healthsource. I am from the Navajo
18 Nation. So the program I am leading, it is called CARES.
19 And this program was implemented for the youth victims of
20 trafficking. But as of now, we are taking all ages.
21 So what the CARES program provides, of course, is
22 case management. We provide medical, behavioral health,
23 substance abuse, dental, Medicaid assistance, ID
24 assistance, CIB assistance, legal services, education,
25 homeless prevention, housing referrals, traditional

1 wellness program, and we go on street outreaches.
2 So for the CARES program, it is very important to
3 connect victims to support services. Victims often face
4 physical and mental health issues relating to their
5 situation. They often need emergency food, clothing,
6 shelter, translation services, legal services, and other
7 basic needs. And we support victims and connect them to
8 the right services.
9 And as you can see behind me, we have our
10 donations. And we do give out food bags to our clients who
11 are homeless. And in the CARES program, it's me and
12 another case manager, her name is Stephanie Keyes, and we
13 are located on 625 Truman Street, Northeast, in
14 Albuquerque.
15 So with the MMIW crisis in New Mexico, every
16 victim we contact and encounter, their stories are similar.
17 So these women, they come into urban areas and they come
18 from their tribal communities. And, you know, once they
19 come into urban areas, oftentimes they get caught up in the
20 wrong crowd and they get addicted to substances by their
21 traffickers. And this is when traffickers, you know, force
22 the victim into prostitution.
23 And I asked one of my clients how she came into
24 Albuquerque. And she told me that she wanted to leave her
25 reservation and come to Albuquerque and try to better her

1 life, but she got mixed up in the wrong crowd. And
2 everything I listed on here is what happened to her.
3 We are seeing an increase of youth, men, and
4 LGBTQ victims of human trafficking. With the men, you
5 would see a lot of them being forced to be drug runners.
6 And, of course, the LGBTQ community, they're being hit
7 hard, becoming victims of trafficking. A majority of the
8 clients we serve are from the transgender community. And
9 we work closely with the Transgender Resource Center of New
10 Mexico. And the crisis right now within Albuquerque is
11 that there's not enough resources for human trafficking
12 victims.
13 And the barriers we are facing, there's not
14 enough resources for victims, especially of human
15 trafficking. When I say that, I'm talking about safe
16 houses. I know there's a few organizations that provide
17 safe houses and shelters, and they're always at full
18 capacity.
19 And then oftentimes we -- when we encounter the
20 Albuquerque Police Department, when they take a report,
21 they mistake human trafficking with domestic violence. So
22 also another thing is, most of our clients we serve, they
23 are multiracial. So they often say like they're Hispanic
24 or African-American, and then -- but once we do the intake
25 process, they mention that they're affiliated with a tribe.

1 And so with APD, with the reporting, it's very vague. And
2 the first thing they report is domestic violence.
3 And then I remember Jolene from Murdered and
4 Missing Dinè Relatives, and Amber -- Council Delegate Amber
5 Crotty, we were all talking about how we would contact
6 people who have gone missing if their families were trying
7 to get ahold of them and like the clinic knew that they
8 were coming in for services. The thing -- the barrier
9 we're having is confidentiality policies within First
10 Nations Community Healthsource. So we always protect
11 clients' information of HIPAA. So we're trying to figure
12 out a way of letting the clients know that family members
13 are trying to get ahold of them. So that's still in
14 process. We're still trying to brainstorm on that.
15 The challenges we're facing. So with the CARES
16 program, we do provide presentation and education on human
17 trafficking. And not many people are aware of the MMIW
18 crisis in New Mexico. A few people I talked to didn't even
19 know what MMIW was, especially in urban areas. And then
20 the other thing we're facing is victims, oftentimes, they
21 don't know that they are victims of sex trafficking. They
22 would tell their stories and they would mention that they
23 were given a place to stay or they were given food. But --
24 hold on one second. Someone is chatting. Okay. So they
25 would think they were just surviving. And next thing you

1 know, they're being forced into prostitution. And when
2 they come in and we explain what human trafficking looks
3 like. And they have this surprised look on their face, and
4 they said that's the situation they're in. So that's what
5 we're trying to help, with our clients and for the
6 community, is to provide education on what human
7 trafficking looks like.
8 Our recommendations. As a direct service
9 provider, it is crucial to meet clients where they're at.
10 So for us, for the CARES program, we go on regular street
11 outreaches and we try to connect with as many people as we
12 can. And if there's any victims out there, we, you know,
13 get them in and do an intake and get them connected to a
14 primary care provider. And it's -- it is their decision if
15 they want us to contact APD. Most of the time they don't
16 want to deal with the police. So that's when we reach out
17 to different -- other organizations that provide safe
18 houses. And also, again, for the MMIW, we need to reach
19 out to more people and educate on what human trafficking
20 looks like and that it can lead to MMIW.
21 You know, most of the victims, especially from
22 the transgender community, they -- you know, they are
23 disowned by family and they come out here into cities, and,
24 again, they -- they're addicted and, you know, the only way
25 to survive is that they have to, you know, do sex work, and

1 that leads into running into a trafficker.
2 So those are my recommendations, especially as a
3 direct service provider, is always trying to reach out to
4 victims and to always make priority of our safety and to
5 get them in for the services they need.
6 And that is it for my presentation. (Speaking
7 Native language). Thank you, everyone.
8 MS. CASTRO: Thank you, Michelle. Thank you.
9 (Inaudible) presenter, we have Gail (inaudible) registered
10 nurse. And she's the clinical coordinator at Albuquerque
11 SANE Collaborative, where she has worked since 2007.
12 Good morning, Gail.
13 MS. STARR: Good morning, everyone. Let me try
14 and share my screen. I hope that came up okay. Can you
15 hear me?
16 MS. CASTRO: Yes, we can.
17 MS. STARR: Okay. Great. So we are excited.
18 Thank you for inviting me. We feel very strongly about
19 this subject and domestic violence, sexual assault. As a
20 medical provider, we are one of the community members, and
21 dedicated very much to preventing them to becoming missing
22 and murdered. This is -- this is -- like what can I do for
23 missing and murdered? And I'm like, ah, not a lot. I want
24 them to not get to that stage. So what do we do as a
25 medical provider around this subject to help prevent

1 homicide? So Albuquerque SANE Collaborative is nurses. We
2 serve victims of sexual assault, domestic violence,
3 intimate partner violence, and, of course, trafficking
4 victims.
5 What we do is an emergent crisis-centered care,
6 immediate supportive medical care. Now, domestic violence
7 is a (inaudible), so usually it's surrounded after a person
8 has had an assault, like recent, something has happened so
9 that they come in. But we will see patients from any age.
10 We know that trafficking is not adults only. It's not only
11 children. But our youngest patient was three months old,
12 and then we had our mothers, as well.
13 So we can do any level of assault. And I think
14 it's part of the reason we are able to help patients like
15 this, is that we're not going to have a narrow barrier for
16 them to see our services. So immediate support. And we
17 are incredibly victim focused. So we are definitely -- we
18 work hard to get our reputation to be for the patient on --
19 sometimes for the family, so that's it's not law
20 enforcement focused at all. Okay.
21 We can go to the hospitals. I have,
22 unfortunately, taken care of some murdered indigenous women
23 in the hospital who are not dead at the time that I saw
24 them who did eventually pass. And that is a really
25 difficult exam. But we're able to document their injuries

1 and do an exam prior. Because sometimes they take a while
2 and we can do that, that care prior to them going to OMI.
3 And then we can support the patient -- the families when we
4 see them in the hospital. Those are -- those are hard,
5 very sad exams.
6 We work, of course, closely with the Coalition to
7 Stop Violence Against Native Women to do trainings. We
8 want to reach advocates and let them know that we are here.
9 We do practice culturally humble care. None of our nurses
10 at this time identify as Native. We almost had one, and
11 she unfortunately couldn't stay. But we are -- as a part
12 of Albuquerque SANE, we do serve all the counties around
13 us. We serve the Pueblo, the tribal unity -- communities
14 around us, and, of course, all Native Americans who are in
15 Albuquerque coming in our area.
16 We can see anyone from anywhere. There is
17 actually no limit anywhere in the world. If they were
18 assaulted or live in South Korea, we will see them if they
19 come to us. And we noticed that it can be a benefit that
20 we're strangers. It can be a benefit that if someone is
21 being harmed in their community, they can seek services
22 because of the same. And we are not related to them.
23 We're not going to judge them, and we're not going to tell
24 anyone that they're not ready to have -- tell. That can --
25 that's true for all cultures, all rural communities,

1 especially if their loved one is related to the police.
2 You know, an offender can be a member of their community.
3 So one of the biggest things is also we are going
4 to talk to a patient. And sometimes we're going to let
5 them know that what they have, in fact, endured is abuse or
6 trafficking. They do not -- as has already been said, they
7 don't often understand that they're being trafficked. They
8 may not understand that their loved one is selling them or
9 their parents could be selling them, or something like
10 that.
11 I looked (inaudible) statistics. Our program
12 identifies that about 13 to 15 percent of our patient
13 population identifies as Native. That's them identifying
14 themselves or the families identifying. There are also --
15 like 2 percent identify as mixed, mixed (inaudible). We do
16 not have at this time statistics on trafficked, per se. We
17 do have domestic violence related. But, unfortunately,
18 it's very difficult to get those dynamics at the time of
19 our exam.
20 We do do Safe Zone training. We are especially
21 trained to make sure we are working well on LGBTQI
22 population. Adrian from the Transgender Resources Center,
23 he works with us. We know that a lot of the patients --
24 the victims that -- may not come to us at the time. They
25 may have other needs and may think that a medical exam is

1 not necessary, they've been abused so many times, that
2 we're just one of the providers. But we take this very
3 seriously to be completely safe and supportive and
4 non-judgmental to all of our patients.
5 We really want people to know that we're more
6 than just a rape kit. This is not just about evidence
7 collection for law enforcement. The support that we
8 provide and the identification that what's happened to them
9 is not okay is a strong, strong, strong part of what we do.
10 We're going to give them medications to make sure that they
11 don't get STDs. We don't test. But part of that goes into
12 making them feel like their body is not dirty. And that
13 comes from the World Health Organization throughout the
14 world. If they can't do a rape kit, they can at least get
15 medications to make sure their bodies are okay. And we're
16 going to make sure that we can prevent pregnancy if that's
17 an issue. We'll give them resources if they are pregnant
18 and how to get follow-up care. Identify, photograph, any
19 injuries.
20 Of course, we do evidence collection. We give
21 the tetanus shots. We're going to refer, refer, refer.
22 The Rape Crisis is with us the whole time, and we're going
23 to be supporting them and hopefully getting them to the
24 right community members, the right advocacy groups. We
25 work with many different advocacy groups. But Rape Crisis

1 is our number one.
2 And, of course, we have to be prepared to go in
3 and testify in court for what we have seen, what we
4 (inaudible). And some of those have been on patients who
5 have been dug up and being murdered.
6 And we are emergency. We are, unfortunately --
7 so a lot of our statistics around human trafficking won't
8 actually come out until later where they're identifying,
9 yes, this person was trafficked.
10 Barriers. A lot of people do not know what we
11 do. In fact, APD Police don't realize that we'll do
12 domestic-violence-only exams. They don't have to have a
13 sexual component. Many, many people, who are in domestic
14 violence relationships do not identify sexual assault
15 within that relationship. So they won't identify
16 themselves as being trafficked. They won't identify
17 themselves as being sexually assaulted.
18 So by the fact that we do domestic violence only,
19 they'll say, "Well, do they have any substance abuse?"
20 We'll say, "Well, he raped -- well, he had sex with me
21 while I'm asleep. You know, he's given me medication and
22 he makes me have sex with his brother or -- or makes me
23 have sex with other people so that we can have (inaudible)
24 rent." And we're like, "Ah," in a very nice way. We say,
25 you know, "That's not okay," and "That actually is." And

1 so starting them to identify that they are victims of more
2 than just domestic violence, which I think is enough, is a
3 part of it. And I think we're starting that conversation,
4 letting them know that they are at high risk.
5 And sometimes the lethality -- the lethality
6 assessment that we do in a domestic violence is really --
7 probably the most important part of our exam is to talk
8 about how lethal and how dangerous this relationship is and
9 that they could end up murdered. And we will directly say
10 that. We will say actually this is very scary for murder.
11 Please, please, please, we need help, we need safety. And
12 we're not telling people what to do. We're just trying to
13 give them support and information. It's so hard.
14 So we are located in Albuquerque. It is harder
15 for people to get here from the rural places. We know
16 Laguna has been really good, the Pueblo has been good.
17 Their police and their advocates have been great at getting
18 patients to us for domestic violence exams, as well sexual
19 assault exams. But we're wanting everyone to know that
20 we're available.
21 People who are afraid of the police may not want
22 to come in, but we want them to know that police are
23 absolutely not welcome unless the patient is willing,
24 unless, of course, they're under 18, and, of course, they
25 can't safely leave their abuser. We will do the best to

1 meet them at the time that they can. We're 24/7. 24/7.
2 Let me know if I'm running out of time.
3 So we serve all areas. Our big strength is that
4 partnership with the advocacy because we're doing medical.
5 We're one part. And then we know they need follow-up care.
6 We need case management. And Rape Crisis has been
7 providing some case management.
8 They don't recognize their victimization, like I
9 said. We're thinking about 1 to 10 percent. That's a huge
10 ratio, large ratio of human trafficking. We don't have a
11 specific button that we push if we are identifying
12 trafficking at this time. We will refer, of course, to
13 Life Link. And the Attorney General's Office is very good
14 at following up with human trafficking patients. We had a
15 patient come in. And her sister dragged her in. She
16 didn't want to talk to us. But then we started helping her
17 with her injuries, and then she disclosed the human
18 trafficking. And she was so scared of this guy. And we
19 were like you are almost at high risk for being killed
20 whether you speak to police or not. Are you willing to
21 talk to them? And she was. And they ended up finding her
22 a hotel room, getting police involved, and got her away and
23 safe. So she was actually given a lot more resources
24 because she was able to identify that human trafficking
25 portion.

1 So how do we get the word out about us if we want
2 us to assist. We want to be a part of it and we want to be
3 a part of the team. Community members helping recommend
4 our service. Stickers/information cards, they can come and
5 see us. It doesn't have to necessarily be within a
6 five-day if it's domestic violence involved, that victim
7 is -- that victimization.
8 We need to come up with creative ways that this
9 task force can help people get to see us. Part of the
10 problem, we need a state-wide standard data collection
11 (inaudible) to say this is a human trafficking (inaudible).
12 (Inaudible) or a victim of (inaudible) human trafficking
13 data, if that makes sense. We would love for this task
14 force or a human trafficking task force (inaudible) to help
15 oversee that and help us coordinate so that we -- we know
16 what we're doing better. We can always do more. I'm
17 always wanting to do more. (Inaudible) admit we don't
18 see -- we don't identify them.
19 MS. CASTRO: (Inaudible) lose her. We might have
20 lost her.
21 MS. STARR: Here I am. Sorry.
22 MS. CASTRO: There she is.
23 MS. STARR: There I am. Sorry. Almost done.
24 But, yeah, this was a victim that we ended up
25 seeing from the hospital. And we saw her for six hours and

1 were able to find a place for her to stay safely. Shelters
2 are incredibly scary, especially right now. But even
3 though she went to the hospital, she did come to us and we
4 were able to assist her as best we could. She had actually
5 had a brain injury, as well.
6 So taking very close-up photos that can go into
7 court and identify. And we understand that there's civil
8 court and there's criminal court. And it's really
9 important for victims to know that they can get things like
10 restraining orders without talking to the police. The
11 advocates understand that. But we can assist with that.
12 Those photos can go right into civil court. And a lot of
13 agencies can't touch a patient where we can touch them
14 because we're medical, and so we can take really close-up
15 photos and support a patient and say we care and we want to
16 help you at this time. So photography is incredibly
17 powerful.
18 We are incredibly frustrated with the system. We
19 know that law enforcement is not a way for them to get
20 justice a lot of times, and for families to not get a lot
21 of justice. So we need to support them and get them as
22 much assistance through this part. We are a part of that
23 puzzle, and we want to help that. And that not all
24 patients want criminal charges, but we want safety, safety,
25 safety, safety, prevention of homicide. And they can

1 report to police with an advocate at our unit if they want
2 to.
3 This is our unit. It's very friendly. We are
4 not associated with a hospital. Right now in the time of
5 COVID, it's really important. We actually put a sheet on
6 that couch. We wear masks. And then we are otherwise able
7 to be close without being too close and then take good care
8 of people without really having a high risk for infecting
9 them or them infecting us. Typical medical unit setup with
10 the ability to take really great photos and support them
11 medically.
12 So we're 24/7. We love to talk to the patients.
13 We want people to know that we treat them very well. Our
14 surveys, they are very happy to be with us, regardless of
15 whether they're reporting. Whether or not they're able to
16 reach out again, we try to reach them in that isolation
17 that they're in and let them know that it's not okay to be
18 hurt like this, no matter what the offender is telling
19 them.
20 And, of course, family and friends can assist a
21 patient to come see us. We can be referred to by anyone.
22 We're free. And we hook up all of our -- one of our
23 community members is Crime Victim Reparation Commission.
24 They cover our exams. We connect all victims, with their
25 permission, to the Crime Victim Reparation Commission to

1 get them financial assistance with rent and relocation, if
2 necessary. And we can be one of those (inaudible), even if
3 they're not reporting to law enforcement.
4 I think that's pretty much what I had to say.
5 Stop sharing. Stop sharing.
6 And any questions, if people have --
7 MS. CASTRO: Thank you, Gail, for your work, your
8 commitment, your advocacy.
9 Any questions that any participants would like to
10 ask, if you would type them in the comments box and we can
11 ask questions. We'll have a brief Q and A period after all
12 the speakers have presented.
13 So we're going to move on to our last two
14 presentations. I believe Chaplain Villegas has worked
15 through any technological issues, and so he has jumped on
16 the call with us. And he is the New Mexico Law Enforcement
17 chaplain.
18 MR. VILLEGAS: (Inaudible) resources from all
19 over (inaudible) of life, and (inaudible). Even -- we do
20 have (inaudible) an agency that we assist these officers.
21 We assist the victims at specialist offices that are
22 located across the State of New Mexico in different law
23 enforcement agencies within their department relating to
24 the missing and murdered indigenous women issues, if
25 needed. We consult the Missing and Murdered Indigenous

1 Women of family members, and that's basically after the
2 fact because a lot of them get so depressed that the
3 reality is that suicide incidents do occur and are
4 confirmed. And so we respond to these things, and we try
5 to do our part as a chaplain to work with their families
6 going through those moments.
7 We assist the law enforcement communities in
8 making death notifications, including tribal law
9 enforcement agencies from across the State of New Mexico
10 relating to missing and murdered indigenous women
11 incidents. We also consult law enforcement officers and
12 their families relating to missing and murdered indigenous
13 women incidents on tribal lands. As you know, New Mexico
14 has 23 tribes. We're all close. They are all relatively
15 connected in one way or the other.
16 We also counsel members of the local county and
17 state law enforcement community, sworn and non-sworn. We
18 consult stress management with families that are the
19 victims of crime of the missing and murdered indigenous
20 women. Counsel other missing and murdered indigenous women
21 members and their families as a whole. We furnish
22 responses to religious inquiries, questions for missing and
23 murdered indigenous women and their families. Because
24 there's always a question about why. Why did God do this?
25 Why did God do this? So forth and so on.

1 We offer invocation and benedictions at special
2 occasions for the missing and murdered indigenous women.
3 Dedications, you know, like ceremonies, so forth and so on.
4 And serve as missing and murdered indigenous women liaison
5 with other clergy in the interfaith community, including on
6 tribal -- with tribal communities across the state. Serve
7 as a part of the crisis response teams that different law
8 enforcement agencies have for that issue.
9 When it comes to sensitive preparations with
10 cultural competency, considerations for the missing and
11 murdered indigenous women cases, there's a list that we --
12 that I assist in: especially like doing emergency
13 notification forms; death benefit information for them;
14 family support team; command liaison; benefits coordinator;
15 financial coordinator; family choice of chaplain, pastor or
16 minister representation, including medicine men; family
17 liaison for victims of crime; missing and murdered
18 indigenous women, the survivors, identifying the nuclear
19 and immediate family members of that specific case; provide
20 peer support systems in place, victims of crime advocates,
21 faith based, mental health; court proceedings, press
22 releases and interaction with the law enforcement, family
23 members at the residence and court locations for the
24 missing and murdered indigenous women. That's a really big
25 deal. And then, of course, the last thing is the missing

1 and murdered indigenous women, when they go -- the family
2 goes through their first, their second, their sixth month
3 and beyond, grief and loss issues. When does it end? The
4 memorials.
5 And so there was the questions, you know: From
6 your experience and role in the missing and murdered
7 indigenous women movement, what is the scope of the crisis
8 within New Mexico?
9 For me, in the beginning of August of 2019, I
10 started to research the topic of the missing and murdered
11 indigenous women in the country, including the State of
12 New Mexico. When the Urban Institute was published, it
13 mentioned a few New Mexico metro cities, law
14 enforcement-wise, that were not providing data for the
15 Missing and Murdered Indigenous Women project. The lack of
16 our New Mexico law enforcement community in not addressing
17 this issue made me realize that we did not have anything in
18 place relating to data application and/or statistical
19 processes on how to accurately compile any type of Missing
20 and Murdered Indigenous Women statistics and report
21 writing.
22 This is where I located several types of
23 legislation from across the Nation to create our first
24 Missing and Murdered Indigenous Task Force. In my research
25 methods, the scope of the crisis within New Mexico relating

1 to the issue was a lack of a database system, that are not
2 compatible from within the federal, state, tribal and
3 private law enforcement agencies. Many of the law
4 enforcement agencies do not share their criminal
5 investigations with each other, and no one is doing
6 anything to successfully locate a missing person from a
7 tribal nation in New Mexico. That's my experience of what
8 I've seen and observed.
9 Some law enforcement agencies do not have NCIC
10 capability, as well as a robust IT database system for
11 tracking, compiling missing persons reports and
12 investigations within their IT resources, and applications
13 and tools in the cyber world.
14 Number two, what are the existing barriers to
15 providing support services to survivors and family members
16 impacted by the missing and murdered indigenous women?
17 One of the barriers is a lack of the victim of
18 crime advocacy and collaboration between the local, state,
19 tribal and federal victim of crime assistance offices in
20 this state. Some victim of crime assistance offices
21 actually deal with the victims of crimes, but there's
22 duplicated services. However, they do not share
23 information among each to provide a holistic picture for
24 healing the victims of crimes' trauma-related experiences,
25 specifically the missing and murdered indigenous women

1 issues.
2 Number three, what are some challenges to
3 addressing the crisis? Institutional racism and
4 anti-oppression issues among the local, state and federal
5 law enforcement communities against the tribal nation's law
6 enforcement communities. That, right that, for me, is a
7 real touchy issue because I get to see this with my own
8 eyes, face-to-face. And many law enforcement agencies in
9 our state don't want to admit it. But it doesn't matter.
10 I'll call it for what it's worth.
11 And number four, what are some recommendations to
12 improve awareness, response, and/or addressing the crisis?
13 Number one, implement a state training program
14 for culture sensitivity for the law enforcement community
15 relating to the missing and murdered indigenous issue.
16 Implement an interfaith program within the State and Tribal
17 Collaboration Act for addressing the trauma related and
18 emotional peer support system for the missing and murdered
19 indigenous crisis to enhance the betterment of the lives of
20 the victims of crime who are impacted by this issue in
21 New Mexico. And implement a robust IT database that our
22 tribal law enforcement agencies can utilize for the missing
23 and murdered indigenous women issue, missing persons, that
24 is compatible with the FBI and NCIC design.
25 And that's where I'm at. Any questions?

1 MS. CASTRO: Thank you, Chaplain Villegas, for
2 your work, for your commitment to assisting victims, and
3 for the spiritual guidance that you offer them.
4 If anybody has any questions, please drop them in
5 the comment box and we will get to them in the Q and A
6 session.
7 Thank you, again, Chaplain for your work --
8 MR. VILLEGAS: Thank you.
9 MS. CASTRO: -- and your recommendations.
10 MR. VILLEGAS: Thank you.
11 MS. CASTRO: Thank you. I also wanted to
12 acknowledge Chaplain Villegas' work in the HBT 78 Bill,
13 correct?
14 MR. VILLEGAS: Yes, sir -- yes, ma'am. Sorry.
15 MS. CASTRO: Yes. He helped enact that bill. So
16 thank you for that.
17 Moving forward to our last two presenters. We
18 definitely wanted to include some new voices. And at one
19 of the task force meetings held on the Navajo Nation, two
20 young women presented -- I wasn't at that particular
21 meeting, but they obviously were impressive young ladies.
22 I believe they attend Volcano Vista High School. We have
23 Katelyn Johnson and Shynaia Benally, both seniors at
24 Volcano Vista High School. And they can tell us more about
25 their advocacy work through their high school. And so we

1 have them on. Are you both on?
2 MS. BENALLY: I don't know if you can hear me.
3 MS. CASTRO: Yes, we can hear you.
4 MS. BENALLY: Okay. (Inaudible) real quick. Are
5 you guys able to see my screen okay?
6 MS. CASTRO: Yes, we are.
7 MS. BENALLY: Okay. So, hi. My name is Shynaia
8 Benally. I am a senior at Volcano Vista High School. I am
9 part of the Navajo Tribe, and I'm from Albuquerque,
10 New Mexico.
11 MS. JOHNSON: My name is Katelyn Johnson, and I
12 am a senior at Volcano Vista High School. And I am from
13 Acoma Pueblo.
14 MS. BENALLY: Our connection with the Missing and
15 Murdered Indigenous Women started when I attended Phillips
16 Academy and participated in cultural sharing performance.
17 This is nationally broadcasted. I did a presentation and
18 play on the Missing and Murdered Indigenous Women. It was
19 there I learned more about the issue and how it wasn't
20 being brought to light. When I came back home, I partnered
21 up with Kate for our DECA project. And we decided that it
22 was something close to our hearts, especially because our
23 people are being greatly affected. We wanted to do more
24 for the community and be an advocate for the youth.
25 That's when Kate got in contact with Stephanie

1 Salazar. Excuse me. Then we were invited to the first
2 task force meeting. After that we attended the one in
3 Gallup. From there we got more contacts and information at
4 the meetings from people that were willing to help us reach
5 our goal by spreading more community awareness.
6 Kate and I thank the task force for the amazing
7 efforts that you guys have done spreading awareness across
8 the state. And thank you for giving us a basis and a
9 direction when being a voice for the youth, however being a
10 part of the population.
11 Our experiences with the Missing and Murdered
12 Indigenous Women. Kate and I knew that the first step that
13 needed to happen was within our school. Although our
14 school is very diverse, finding other Native American
15 students around campus can be difficult at times. That's
16 when we started the first Native American student union at
17 our school. We became officers; Kate being the secretary
18 and I being the president. We also encouraged our friend
19 who is non-Native American to join, so throughout our
20 organization those who weren't Native American could still
21 join and learn more about our culture.
22 We held a Missing and Murdered Indigenous Women
23 day on January 17th, I believe, on a Friday. Students were
24 able to wear red and have a red handprint across their face
25 in remembrance of those who unfortunately lost their lives

1 and hope for those who are still missing. Native American
2 students were welcome to wear their tribal attire to share
3 the beauty of who we are as a community.
4 We read statistics and educated about 2,300
5 students throughout the whole week. And many students
6 participated in our event. We took our project to state,
7 and we took second place and advanced to the national
8 competition. Our judges were amazed by our work. And as a
9 team, we are ready to take this issue to be presented at
10 nationals. However, due to the circumstances, we weren't
11 able to make the national competition in Nashville.
12 The picture that you see, this was our awareness
13 day. This is some of the students that had the red
14 handprint. Many other clubs were encouraged to join, and
15 we were glad they did. There's a picture on there that you
16 can see, we also spoke at the assembly the week after. And
17 that's one of our posters, "Come Join NASU," that we have
18 around the school.
19 MS. JOHNSON: We couldn't imagine what the
20 families are experiencing. When someone is affected by
21 this, it's not something that can be pushed away and
22 forgotten about. We understand that on some reservation --
23 that some reservations don't have the resources to help the
24 families or individual get through this, and that is tough
25 because the family can feel like they are going through

1 this alone. In reality, there are people out there who
2 want to help but don't know how to. I'm sure as a
3 community we all want to come together and help support
4 these individuals.
5 Resources are extremely important, especially
6 with this issue. There needs to be funding to help the
7 survivors and get -- there needs to be help for the
8 survivors and get them the help that they need mentally and
9 physically. There also needs to be more programs like the
10 task force to help shine light on this issue in hopes that
11 there will be one less stolen sister.
12 There are many challenges in addressing this
13 crisis. Being an advocate for the youth is tough. People
14 probably think that we're just kids and don't know what
15 we're talking about. We realized how the youth is not
16 involved in this issue and it's just adults. With us being
17 a part of the youth, we tried to address other kids about
18 this issue because maybe they can relate more because it's
19 coming from someone who is close to their age.
20 With us only being high-schoolers, we understand
21 that we can't reach everyone about this issue, but we
22 tried. Knowing that girls as young as us or even younger
23 just don't need the support of adults in our community,
24 but, however, the support of our peers, those are who are
25 in high school, from those who are going to lead the

1 future.

2 We also noticed that it is hard to reach those on

3 reservations when we go to school in the city. Although

4 where we come from it is important to us, it's not always

5 easy to talk to people that don't think we understand the

6 problem of what's happening or that we could be affected,

7 as well. At our school, not having a big population of

8 Native Americans, we struggle to get other students from

9 different backgrounds to understand or even care about the

10 awareness we are trying to spread.

11 MS. BENALLY: The picture on this side is of our

12 school that we attend in Albuquerque.

13 MS. JOHNSON: We have a few recommendations.

14 Being high school students that don't necessarily live on

15 reservations, we think that it is important that those

16 students also become aware, maybe starting with Albuquerque

17 Public Schools. However, on the reservation (inaudible)

18 should be presented with more knowledge, statistics and

19 even given signs to look out for those who may be

20 experiencing domestic violence. Therefore, given contact

21 information to get help, if needed. Although we cannot

22 speak --

23 MS. BENALLY: Although we cannot speak for the

24 rest of the youth, we can tell you that we do care. And we

25 are willing to do something for the greater good of our

1 people. As we are told, the young people are the future.
2 Let us help you with the start of change that should have
3 come a long time ago, that is well-deserved to the
4 indigenous people. You have our support and we will do the
5 best that we can with getting the youth more involved and
6 aware so that maybe one day we won't have to live with such
7 concern.
8 So this is -- on the right side is Kate. She is
9 from Acoma. The middle girl, she's the non-Native American
10 that we encouraged to join. She's also the vice president
11 of our new student union at our school. And I am on the
12 left.
13 Basically what we're trying to say is, you know,
14 even though we are high school students, even though we
15 don't have as much power and voice as an adult with power,
16 we're willing to help you guys as best that we can, if it's
17 within Albuquerque Public Schools. And even though we're
18 seniors and we're going to college, we're willing to take
19 our work to college wherever we attend.
20 So at this time, we would like to take any
21 questions that you guys might have. And thank you for
22 letting us join the meeting today.
23 MS. CASTRO: Thank you so much, Shynaia and
24 Katelyn, for your work, for your commitment. And even
25 though you are young, your voices are powerful. And we

1 appreciate your advocacy. And it's powerful work and it's
2 good to have you on board. And we look forward to ongoing
3 connections with you, and looking to ways that we can
4 support your work, too.
5 Which is a good segue into our Q and A period.
6 So as a tribal community subcommittee, we had a
7 brainstorming session a couple days ago, brainstorming some
8 questions for the presenters. So while we have you two on
9 the -- have you two on right now, I'm going to go ahead and
10 pose one of those questions that was directed to the youth.
11 And I guess the question is: How can more youth get
12 involved in the movement? How can tribes and agencies
13 support you to get the resources that you need to do that
14 advocacy? And what support could you use? And if you had
15 resources, what would you do with them? I know that's a
16 three- or four-fold question, but if you want to address
17 any of those parts while we have you, that would be great.
18 MS. BENALLY: So we were thinking that -- well,
19 at our school, we do have a day where we come together and
20 hold an assembly about different problems, like cyber
21 bullying or stuff like that. And we have something called
22 advisory where students meet up in their classes and talk
23 about different issues, like suicide. And we hold videos
24 and meetings over like the intercom. And then it's sent to
25 all teachers so that all the students could attend and see

1 it. So we were thinking that maybe -- in Albuquerque
2 Public Schools, we could, you know, do something where it's
3 not just suicide or cyber bullying, but it's Missing and
4 Murdered Indigenous Women or something just for domestic
5 violence. Because it a big issue in our community, the
6 Native American community, but it's a bigger issue to
7 different backgrounds.
8 And within the schools on reservations, we
9 were thinking that they could have the same thing. Because
10 I'm not sure if they hold assemblies like that. But just
11 having someone maybe younger, like within high school, and
12 then having someone from the task force go and speak to the
13 schools, that would be great. And we think it would be
14 very effective, just because like teenage girls don't
15 (inaudible) signs of domestic violence is.
16 MS. JOHNSON: And we also attended a youth
17 conference. And one of the topics they talked about was
18 the Missing and Murdered Indigenous Women. And I think
19 that if there's another conference like that just for young
20 girls or any -- like the young, the youth to know that,
21 like the signs of domestic violence, and just basically
22 putting the word out there and -- yeah.
23 MS. CASTRO: Thank you, ladies. Let me see if
24 there's any more questions. Just one about the school you
25 attended, and I responded Volcano Vista.

1 Can you go ahead and type your emails in real
2 quick in the comment box just in case anybody would like to
3 contact you young ladies directly or have you speak at
4 their schools.
5 MS. JOHNSON: Of course.
6 MS. CASTRO: All right. Thank you. So we're
7 going to be moving on. Again, if you have any questions,
8 please drop them in the comment box and I will try to get
9 to everybody's question.
10 So moving forward to the questions that we had
11 generated, and this one is open to anybody on the
12 presenters panel: How can we better utilize traditional
13 support systems in a community response to MMIW? How do we
14 properly have respect and hold space for those loved ones
15 and community members who have passed in cases of MMIW?
16 And as a community, as an indigenous or tribal community,
17 what is the responsibility of caring for these victims in a
18 respectful way that honors their life, regardless of the
19 experiences that led to their case?
20 MS. CURTIS: Hi, Christina. I can answer the
21 last question you said -- you asked. So for my program and
22 within First Nations Community Healthsource, we do have a
23 traditional wellness program which provides cultural
24 education. And a lot of the victims who come from
25 different tribal communities oftentimes miss having that

1 cultural experience within their tribal community. And I'm
2 a firm believer that knowing your culture -- knowing your
3 cultural identity can empower yourself. And a lot of my
4 clients who I refer to the traditional wellness program,
5 they -- they start knowing their self-worth. They come and
6 they become empowered and they appreciate the traditional
7 wellness program.
8 Before this health crisis, the traditional
9 wellness program provided equine therapy, which we would
10 transport the clients to Rio Rancho and they would go to
11 horse therapy. And also there was -- they had fitness
12 sessions where they would go on hikes. And then they have
13 food for medicine. So they would learn more about
14 different tribal cultures. And then they also have
15 sweat -- sweat sessions.
16 So my clients who attended these groups came out
17 to be a completely different person. They, you know,
18 started to recognize who they actually are because they are
19 connected with their cultural identity. And I believe that
20 in respect to them and any traumatic events they've gone
21 through, it has helped a lot. Thank you.
22 MS. CASTRO: Thank you. Anybody that would like
23 to chime in on that question?
24 MS. MEANS: Hi. I'd like to say something. This
25 is Christine. You know, I think thinking about how do we

1 have respect for loved ones and community members who have
2 passed in cases of MMIW. For us, as a family, there was a
3 lot of isolation in this process of advocating, of going to
4 the office, OMI, speaking with the law enforcement
5 agencies. And I think that in the process, there was a lot
6 of shame that we felt for our sister, for our loved one. A
7 lot of shame from people in these positions of power, using
8 the word "power" in quotations for anybody on the phone
9 call.
10 But I just think that maybe there's something
11 more to this question because it is so big. But I think
12 that in finding respect for our loved ones, we can maybe
13 look at more of the shame and the isolation that victims
14 and family members feel. I mean, because even now, five
15 years later, that's something that we still really deal
16 with and try to overcome in any situations that we're
17 dealing with with our sister's story. So I don't know
18 really the answer. I just can say that maybe there's a
19 little bit more in-depth of understanding how we respect
20 them.
21 MS. CASTRO: Yeah. That's leads -- thank you,
22 Christine. That leads to another question that was: When
23 victims pass in a violent way, how do our communities find
24 closure and healing when sometimes there is none, there is
25 no adequate closure or vindication?

1 I don't know if you want to chime in, Christine,
2 since you're right -- or ways that your family has been
3 able to find that closure.
4 MS. MEANS: I'll second what Michelle said, in
5 that for us, as a family, it was really the ability -- and
6 I realize that is such a fortunate thing for me to have was
7 my family on both sides, my Dakota and my Dinè sides, and
8 that I could lean on them for that cultural support and
9 guidance. Because the grief that we carried was so big
10 that I think, you know, for the ability to have a program
11 for people to be able to receive that cultural guidance and
12 that therapy of following the things that we're taught in
13 our traditional and cultural ways, that was really the
14 biggest thing that I was able to witness with my family.
15 So in doing so, it was the grief process of following the
16 traditional days after the immediate death, and then
17 following the traditional process in the years that came
18 after that. I mean, that's really been the only comfort
19 that I've had, speaking from personal experience, in
20 healing as a family, is the traditional roles that we were
21 able to lean on.
22 MS. CASTRO: Thank you, Christine. Thank you for
23 your story and your strength.
24 There's two questions, and I'm going to kind of
25 merge them together for the sake of time. So they're

1 twofold -- threefold, but I feel like they can go together.
2 So the questions are: What connection can we make between
3 the development of healthy masculinity and MMIW, MMIW
4 advocacy, and what is the connection between addiction and
5 social violence? How can we start to create holistic
6 preventative measures?
7 That's a big question, granted, but if anybody
8 wants to chime in on that. Because I think they're all
9 interconnected, the connection between healthy masculinity,
10 addiction, and social violence.
11 MS. STARR: I'm going to jump in and just say one
12 thing. The community at large has a huge amount of shame
13 around victimization and, you know, has this male model.
14 And it does stem from a lot of the white oppressive first
15 inhabiters of this country. And, of course, they put that
16 on the tribal communities, as well. And we fight it.
17 We're all fighting it, that women are less, males are
18 superior, and that you don't question a family's violence
19 within itself, and that it's very shameful to speak outside
20 of the family, it's shameful to get other people involved.
21 And that's a huge -- it's through every patient
22 I've ever taken care of, where they're afraid and ashamed
23 to speak out. And so how do we talk about all of this
24 healthy masculinity, healthy femininity, and how do we
25 support our sisters and our brothers to be healthier,

1 communicate better and to not feel shame around speaking of
2 harm that has been done. That is a tremendously huge
3 process, and I think maybe a task force can look at it.
4 But I think it's essential for us to be able to say it is
5 not okay to be hurt. It's not okay to hurt someone. And
6 it is always -- the person who puts the hands on, it is
7 always their fault. It is never, never, never, never,
8 never okay to hurt somebody.
9 And I find during my exam that just telling
10 somebody, looking them in the eye and saying "This is not
11 your fault," is one of the most difficult things for a
12 person to finally believe (inaudible).
13 So how can we -- but, yes, healthy male --
14 healthy role models for children and understanding it's
15 never okay. And this is not a fight that the Native
16 community is fighting alone, unfortunately. It's
17 (inaudible).
18 MS. CASTRO: Thank you, Gail. We do have a
19 participant on the line, Ryan Abula, who asked to respond
20 to that question. Ryan, are you available?
21 MR. ABULA: Hi. Yeah. My name is Ryan Abula.
22 I'm from Sandia Pueblo, the Santo Domingo Pueblo, as well
23 as Isleta Pueblo. I just sort of joined from Lubbock,
24 Texas. I'm kind of in self-isolation from all this thing
25 that's happening. But I heard the question about how to be

1 healthy and how to have healthy masculinity in this -- this
2 time of crisis is -- I think it's best to kind of recognize
3 that, as a two-spirit person, I understand kind of the
4 complexities of having both masculine and feminine forces.
5 And being an empathic person, I think it's just trying to
6 recognize the parts of yourself that are both masculine and
7 feminine and kind of like working those within your life.
8 Because I believe that everybody has those parts in
9 themselves, they just try to shut them down. And it takes
10 a lot of time to actually build that strong, healthy
11 awareness, self-awareness about yourself and about what it
12 means to be a part of a community that kind of idolizes
13 masculinity, when, in fact, a lot of our cultures are
14 matriarchal.
15 I think it's in practicing -- like somebody said,
16 practicing traditional ways of living, which is
17 matriarchal, which values the mother in the family as a
18 stakeholder and kind of giving back that power to kind of
19 dismantle patriarchy and dismantle the colonial impacts
20 that patriarchy has on our communities.
21 I think it's important to kind of
22 decompartmentalize and decolonize a lot of ideals and
23 conceptualizations we have around -- around these like
24 concepts of what it means to be a man, and to kind of
25 understand that being a man does not mean that you have to

1 give up your masculinity. It does not mean you have to
2 give up your femininity. It does not mean any of that. It
3 just means being a part of a bigger large working system
4 that is humanizing and that we are all humans and that we
5 need to recognize that being human is essential to this
6 movement.
7 And as to the substance abuse part, I'm
8 currently -- that's why I'm in Texas is I'm currently
9 working on myself to remain substance abuse free. And it
10 takes stories like mine to kind of like understand what it
11 means to be a part of the substance abuse community and
12 trying to like get treatment and everything like that, so I
13 can be there to like speak on my behalf of my story on how
14 I got here and what resources I took to kind of make that
15 happen.
16 And it takes a lot of tribal communities to come
17 together and kind of uplift an individual's well-being to
18 the point where they're willing to give their life over to
19 a sober way of life.
20 And it just -- it means a lot that we're having
21 this meeting right now, especially in this time of crisis.
22 It means a lot that all of you women and men and two-spirit
23 and non-gendered conforming individuals take a part in
24 this. And I just want to thank you-all for letting me be a
25 part of this. I put my email in the comments. And I have

1 some questions about starting committees and being a part
2 of a larger working force if any of you-all have any
3 answers to that. So thank you.
4 MS. CASTRO: Thank you, Ryan. Thank you. And
5 good luck on your self-work. This is a good time for it.
6 Anybody else have anything to add to that
7 question? If not, we'll move on to the next question.
8 And this is directed to service providers: What
9 are the needs and the gaps in the services as service
10 providers who do work directly with victims.
11 MS. CURTIS: So the needs and gaps we're
12 currently facing, the need right now is more safe houses
13 and shelters for youth victims. There is nothing for youth
14 victims right now. We do have a shelter, and it's called
15 New Day, but it doesn't -- again, it's sometimes at full
16 capacity. So we're seeing an increase of victims -- of
17 youth victims of trafficking. And the need right now is to
18 provide more resources.
19 The other thing is -- let's see here -- funding.
20 If everyone -- I know there was a bill that was passed. I
21 forget what bill it was. But just to find more funding to
22 provide more resources for our victims. That's the thing
23 that's challenging right now. I think that's it for now.
24 If anyone wants to ask any more questions, you can.
25 MS. CASTRO: Yeah, Michelle. All righty.

1 Gail, did you want to add anything?
2 MS. STARR: (Inaudible) the gaps. There are so
3 many for us. And, you know, who to best contact. But
4 transportation is sometimes a gap, and especially if
5 somebody is in a rural area. We do have some abilities to
6 taxi patients. But for us, having the people to know about
7 us and to get to us. And I feel like if we get them, then
8 we can help disseminate them to the rest of the community.
9 But those are -- finances and transportation. I want vans.
10 I want -- we're also working on a way to have a
11 mobile ability to respond to a rural area and bring our
12 services to a clinic in a private way. So those are huge
13 gaps that we're still working on. And that's a project
14 that we're hoping to get a little funding for so that we
15 could actually respond like to Tahajali, to their clinic,
16 and not necessarily be obvious that it's us, but to go to a
17 clinic and to respond to somebody there.
18 So our services all over the state when they need
19 them where they need them, that is a huge gap.
20 MS. CASTRO: Thank you, Gail.
21 We're going to move forward in the interest of
22 time. The question is open. What are the specific needs
23 of sub populations with regard to MMIW, i.e., youth, LGBTQ?
24 I'm heartened to see LGBTQ advocacy in this Webinar. I
25 feel personally like that's something we need to pay more

1 attention to. The homelessness and people without basic
2 services or access to media, you know, like the folks in
3 the rural Navajo Nation.
4 Does anybody want to chime in on that one? What
5 are specific needs with regard to sub populations, youth,
6 LGBTQ, homelessness, people without access for basic
7 services, i.e., running water or accesses to media?
8 MR. VILLEGAS: Can I chime in on that one?
9 MS. CASTRO: Of course, Chaplain.
10 MR. VILLEGAS: One of the biggest issues that
11 I've been experiencing as a chaplain out in the
12 communities, whether it's in a local area, (inaudible), it
13 doesn't matter where, including tribal, is that with our
14 kiddos, with our teens, this mental -- this mentally ill
15 issue, it's a really big one. Because in most of these
16 communities, we don't have -- it's really a need in gap.
17 And not only a need in gap, but it's a pressing issue in
18 terms of providing services for the mentally ill. We don't
19 have psychiatry units that we can take -- that law
20 enforcement can take these youngsters. Like, for example,
21 we have a high teen rate of attempted suicides. And not
22 only that, but a high rate of teen suicides that are
23 confirmed that they went through it and passed on to the
24 other world.
25 So, to me, it is so heart-wrenching that when I

1 go to a call and I respond to a death scene, by all
2 respects, and it happens to be a youngster, a teen that's
3 committed suicide for one reason or the other, it would
4 have been really something else if we would have had some
5 kind of a psychiatric unit for just them. But what happens
6 is like, for example, here in Santa Fe, you know, if a
7 teen, law enforcement, EMS is activated, they go to the
8 scene of where the teen is at or they take the teen to a
9 hospital, they'll put them -- they'll put the teen in a
10 locked room with padded cells, so forth and so on. But
11 they might admit them in there, or they might not.
12 It's a 30-day psychiatry unit for adults, but not for
13 teens.
14 So where do they go? They end up probably in
15 Albuquerque, or if it's a worst scenario, they'll probably
16 get them admitted to the forensic unit in Las Vegas,
17 New Mexico. So that's just one big issue for me on that
18 topic. Thank you, guys.
19 MS. CASTRO: Thank you, Chaplain.
20 Gail? Yes.
21 MS. STARR: One of the biggest barriers, teens,
22 the subgroup, the education around domestic violence.
23 Somebody had mentioned it, they're not understanding what
24 domestic violence is, what manipulation and coercion is.
25 They should be taught at a young age. We need to be able

1 to have these hard conversations about sex, healthy sex,
2 and relationships at a young age. Because when they're
3 teenagers, it is really hard for them to admit if they're
4 being abused, if they're being harmed.
5 Cyntoia Brown, who was just released from prison
6 for killing one of her johns when she was being trafficked,
7 she's doing some presentations. And she says, I was not a
8 victim. When I was 15, I thought I knew it. I wouldn't
9 acknowledge that I was a victim. And I find that that is a
10 huge barrier with our patients, that they don't understand
11 the victimization that they're enduring. And, of course,
12 they're embarrassed and they don't want to admit and
13 acknowledge and ask for help. So I think education at a
14 younger age as a prevention. How do we reach them at this
15 time is a really hard barrier. But they have that teenage
16 brain, as well, you know, so that's a big barrier.
17 MS. CASTRO: Anybody else? All righty. Thank
18 you for the feedback.
19 And I have one final question from the committee.
20 In light of this -- okay. This is moving forward to where
21 we are today. And thank you all for joining the call and
22 taking time out of your lives. I know we're all going
23 through it and just struggling to find ways to cope and not
24 go stir crazy. And so thank you all for sharing this time
25 and space with us today.

1 And so this final question was posed by our
2 tribal -- one of our tribal subcommittee members. And it
3 was: In light of this pandemic, we are currently all
4 experiencing together, what ideas or solutions do we have
5 for caring for those who are vulnerable, compounded with
6 the increased isolation we're all experiencing? How are we
7 folks checking in on one another, on those who live alone,
8 those who lack transportation, lack Internet access,
9 children in CPS services, foster care, et cetera? And what
10 do we need to consider with MMIW work that we do in the
11 face of this pandemic as an extra barrier?
12 Do you want me to read it again, or are you
13 thinking about it?
14 MR. VILLEGAS: No, I -- yeah.
15 MS. CASTRO: Okay.
16 MR. VILLEGAS: Can I (inaudible) say something?
17 MS. CASTRO: Of course.
18 MR. VILLEGAS: So on this one, I'm just going to
19 have to say that it's a tough one because, for me, in my
20 role, the reality is this, is that if we don't, as a
21 community, heed and listen to the advice of our elders
22 about staying home so you don't get sick or you don't end
23 up in the hospital, and you do -- if you don't heed to
24 that, you will get sick and you could possibly leave this
25 world, you know.

1 And so right now what's happening with our tribal
2 communities across the State of New Mexico is that people
3 are getting sick and they are ending up in the hospital.
4 And it's scary, because the possibility of death might
5 arise really soon. And so what I'm doing is that in an
6 event, if we do have a tribal death that's outside of the
7 walls of tribal territories and they end up at OMI for some
8 reason or the other, I am on duty to -- in an event, if
9 that did happen, that when it's time for them to be
10 released after they've done the autopsy or whatever, I am
11 not going to leave them alone. I am going to be waiting
12 for them when it's time for them to be released so I can
13 escort their precious souls back to tribal homelands so
14 they can be respectfully buried and interred and dignified.
15 That's what I'm doing for this side of this COVID scenario.
16 I'm doing my part. And it's not as easy as some people may
17 think. But somebody needs to step to the plate. And I'm
18 doing that now. Just so you know.
19 MS. CASTRO: Thank you, Chaplain.
20 MR. VILLEGAS: You're welcome.
21 MS. WAULS: Michelle -- I mean, Gail, I see that
22 you have your hand raised. Do you want to add to that
23 question? Go ahead.
24 MS. STARR: Just in regards to the COVID, the
25 virus outbreak, I can't speak to the specifics of where you

1 are, but we are taking precautions at our place. We are
2 seeing people, and we are not hospital-based. The reality
3 of murdered women -- so right now the -- we are seeing 100
4 percent increase in murders, suicides, and domestic
5 violence.
6 This pandemic is making what you-all are focusing
7 on, what we're all focusing on, worse because the isolation
8 and fear and the stressors make the aggressor more likely
9 to take it out on their victim. So we can't sleep. We
10 have to be hyper aware, and reaching out if you think
11 somebody is at risk. And we have to -- we can't sleep
12 during this. I'm so scared for the patients that I'm not
13 seeing and the patients I am seeing. So that's just my
14 added -- I saw that 100 percent increase, and I'm like --
15 MS. WAULS: Thank you, Gail. (Inaudible).
16 MS. CURTIS: Sorry.
17 MS. WAULS: I was just going to say, Michelle, I
18 was really curious to hear you answer this question, you
19 know, if you can talk about what First Nations is doing in
20 response to the COVID-19 to still provide services. And
21 also if you can even just kind of generalize what's
22 happening in the victim service -- direct victim service
23 (inaudible) and how they're being impacted and how it might
24 be limiting the availability of services.
25 MS. CURTIS: So with First Nations, we are taking

1 precautions and we are screening employees and patients
2 before they enter the building. But we are still providing
3 case management. Medical is still providing their
4 services. Behavioral health. We're also doing telehealth.
5 We can do Zoom meetings if the client is not comfortable
6 coming into the clinic. So they have options to do
7 telephone meetings or Zoom meetings. But everything is
8 still running as usual. Again, we are screening everyone
9 before they enter the building. And First Nations is doing
10 COVID testing here.
11 And also for the victim services, I know a lot of
12 organizations are now working from home so it is difficult
13 to get ahold of people. I know a lot of my clients are in
14 need of their identifications. And Social Security offices
15 and MVD, they're closed right now, so -- and the clients
16 are in need of identification to receive housing. So if
17 they're put on the priority list for a housing voucher,
18 they do need their identification. So that is a big
19 barrier we're facing right now.
20 But, again, we are connecting the victims to
21 getting established with a primary care provider and to
22 receive behavioral health services, especially during these
23 times.
24 MS. STONE: Hi. This is Linda Stone. Thank you,
25 Michelle, for sharing that.

1 I also wanted to add that for First Nations, we
2 are also adhering to the CDC recommendations, as well. So
3 when we do deliver the services or provide the services, we
4 maintain that six feet social distance and the other CDC
5 recommendations. But we're trying to do our best to
6 maintain the services that Michelle detailed, as well as
7 continuing to do outreach, because we feel outreach is
8 really important, you know, in terms of helping individuals
9 who are homeless and on the streets that need to or would
10 like to get services. So we are continuing to do that, as
11 well, also being mindful, though, of the CDC
12 recommendations. But those services have also continued
13 for now, at least during the COVID-19 pandemic.
14 MS. CASTRO: Thank you for that comment. Anybody
15 else on the call that wants to comment? Meskee? Anybody
16 else?
17 Samantha, did you have anything else you wanted
18 to add? Okay. You're muted. I'm looking at --
19 MS. WAULS: Here I am.
20 MS. CASTRO: Oh, there you are.
21 MS. WAULS: Yeah. I was just going to say, if
22 there are any other questions from the task force, if they
23 want to chime in, you know, I want to give them the
24 opportunity. Or if other folks on this call would like to
25 ask questions --

1 MS. CASTRO: Yes.
2 MS. WAULS: -- before we close.
3 MS. CASTRO: All right. We're just about at the
4 top of the hour. It's been two hours. And we're going to
5 go ahead and close out if no other questions are coming
6 through.
7 We at the Indian Affairs Department thank you all
8 for being on our presenter panel, to those panelists. And
9 also to all of you, this (inaudible) over 60 -- we had
10 about 65 people on the call today, probably one of our
11 highest Webinar numbers. So thank you all for being part
12 of this work, this advocacy in your communities.
13 Samantha, did you have --
14 MS. WAULS: Yeah. Beata is trying to speak, as
15 well.
16 MS. CASTRO: Awesome. Beata.
17 MS. TSOSIE: Thanks. Just in regards to the
18 last question, I just -- you know, short of service
19 providers, but just as people in our community, I just want
20 to really encourage everyone to have a check-in network
21 with your circle of people. Call folks on a regular basis.
22 Check in with your elders. I think having these regular --
23 even if they're really brief phone calls, "Just want to see
24 how you're doing today." Because of the increased
25 isolation, I think it's important that -- you know, there's

1 that phrase going on right now, physical distancing, social
2 solidarity, which I think is a good way that, despite the
3 physical distance, that we can still nurture these
4 relations we have with each other. And the more we can
5 check in on -- even if it's just leaving a note on
6 someone's porch, that, "Hey, we're driving by, thinking of
7 you." You know, and that means a lot for, I think, our
8 mental well-being, spiritual well-being and all of these
9 things that we can do from a distance. I just want to
10 encourage folks to do that form of care and checking on
11 each other. Thank you.
12 MS. WAULS: Thank you, Beata. We also have
13 someone wishing to speak. Misty Dickens.
14 MS. DICKENS: Yeah. Hello. Can you guys hear
15 me?
16 MS. WAULS: Yes, we can.
17 MS. DICKENS: Okay. So I work with Be Well MN
18 with New Mexico Health Insurance Exchange. And we're
19 working from home, but we're able to do applications for
20 the health insurance over the phone now. So if you know
21 anybody who needs coverage, you know, they can reach out to
22 us and we'll see if we're able to do the application over
23 the phone either for Medicaid or for marketplace, just to
24 kind of see what they may be eligible for. That was all.
25 MS. CASTRO: Thank you. Okay. So --

1 MS. WAULS: And we have some comments come in
2 from Meskee, as well, about the impact COVID-19 is having
3 on services and just the impact in general. So she
4 mentioned in the chat that there is a detox center in
5 Gallup that has shut down due to a client having the virus.
6 That's a barrier being experienced out in the Gallup area.
7 And then she also mentions that, you know, law enforcement
8 needs to do welfare checks on relatives that have no
9 communication devices or transportation.
10 MS. CASTRO: Thank you. Can we go ahead and
11 close now?
12 MS. WAULS: Yeah.
13 MS. CASTRO: Okay. So we asked Chaplain Villegas
14 (inaudible) with some words. And so, Chaplain, we're ready
15 for you. Thank you, everybody. We're going to close after
16 this.
17 MR. VILLEGAS: Okay. (Speaking in Native
18 language). We close in the name of the creator. The
19 creator of the universe, all of what we know, we give
20 thanks for this day. From the direction of the sunrise,
21 the Blue Corn Mother, (inaudible), renew our new
22 beginnings. From the direction of the north, the place of
23 ice, the great Tundra, White Corn Mother, we give thanks
24 for wisdom. From the direction of the west, the place of
25 the ancestors, Yellow Corn Mother, we remember all of those

1 who have gone before us. We honor their memory now. Let
2 us draw piece and strength in knowing the spirits are with
3 us this day. From the direction of the south, the place of
4 warmth and love, (inaudible), Red Corn Mother. Let us
5 remember to love one another as the creator loves us. From
6 the direction of within, may we daily walk in beauty;
7 beauty before me, beauty behind me, beauty above me, beauty
8 below me. May all around me be beauty. We offer to you,
9 creator of the universe, (inaudible). Amen.
10 MS. CASTRO: (Speaking in Native language.) And
11 those are all the ways I know how to say thank you,
12 everybody. Have a blessed day. Take care of yourselves.
13 MR. VILLEGAS: Bye-bye.
14 (End of audio file.)
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1 C E R T I F I C A T E

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3 I, DEBRA L. WILLIAMS, CCR, NM CCR #92, DO HEREBY

4 CERTIFY that the foregoing transcription was prepared from

5 a provided audio file, that the audio file was reduced to

6 typewritten transcription by KATHERINE GORDON, and that the

7 foregoing pages are a true and correct transcription of the

8 recorded proceedings, to the best of our knowledge and

9 hearing ability. The audio file was of good quality.

10 I FURTHER CERTIFY that I am neither employed by

11 nor related to nor contracted with (unless excepted by the

12 rules) any of the parties or attorneys in this matter, and

13 that I have no interest whatsoever in the final disposition

14 of this matter.

15

16

17

18 DEBRA L. WILLIAMS, CCR
NEW MEXICO CCR #92
License Expires: 12/31/20

19 WILLIAMS & ASSOCIATES, LLC
1608 Fifth Street, Northwest

20 Albuquerque, New Mexico 87102

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