



A Path Forward for Achieving Health Equity: Conversations for Action

July 29, 2022
10 A.M. - 2 P.M.
UNM Gallup Campus,
Room SSTC 200
705 Gurley Ave.
Gallup, New Mexico

SUMMARY REPORT



Citation: Lisa Cacari Stone, PhD & Maria Chaparro,
A Path Forward for Achieving Health Equity,
Conversations for Action

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AGENDA

Facilitators & Co-planners

- Lisa Cacari Stone, PhD, TREE Center
- Norman J. Cooyate, Tribal Relations Liaison, MCRP, Center for Native American Health

Acknowledgments

Planning support: Emily Monteiro Morelli, Executive Assistant & Gina Urias-Sandoval, MBA, Chief of Staff,EVP/SVP Office; Anissa Duwaik, Research Assistant, TREE Center

1	10 - 10:50 A.M.	Welcome & Opening Circle <ul style="list-style-type: none">• Review of Agenda & Learning Objectives• Group Introductions• Purpose of Health Equity Conversation• Agenda Overview• Group Norms & Guiding Principles• Life's Transitions - Circle of Life
2	10:50 - 11:30 A.M.	Introductions <ul style="list-style-type: none">• Imagine a future of equality when...
3	11:45 A.M. - 12:30 P.M.	Defining Health Equity <ul style="list-style-type: none">• Definitions, Strategies & Outcomes
4	1 - 1:30 P.M.	Achieving Health Equity <ul style="list-style-type: none">• Successes & Challenges
5	1:30 - 2 P.M.	Evaluation Next Steps <ul style="list-style-type: none">• Evaluation & Closing Circle



WELCOME & OPENING CIRCLE

Review of Agenda & Learning Objectives

The third round of Conversations for Action to Achieve Health Equity in New Mexico took place at the UNM Gallup Campus in Gallup, N.M., on Friday, July 29, 2022. A total of 27 participants joined the event that began at 10 a.m. Participants included representatives from Zuni Pueblo, Con Alma Health Foundation, Navajo Nation Controllers Office, Sandoval County Hospital/Health Systems, N.M. Social Justice Equity Institute, McKinley County Early Childhood, N.M. Department of Health, N.M. Health Coalition/Health Councils, Strong Families Gallup, UNM Medical Group, Inc., and N.M. Building Healthy Military Communities, plus meeting organizers and support staff from the UNM Health Sciences Center/TREE Center, School of Medicine and College of Population Health.

Norman Cooyate began the meeting by introducing himself and expressed gratitude for sharing the space and time with the group and went on to explain the importance of being in a circle:

“Why are we in a circle? The sun rises from its resting place and going around. Just like the cycles of the moon, the full moon is when we know it’s time to do things. We also understand cycle of seasons and life. Circles are very important to indigenous people. It also is about equity. No one stands higher and we all have the same opportunity to voice our opinion. What is shared gets captured into final reports and decisions. There is no directionality - clockwise or counter, no beginning no end. When we divide the circle into four parts, four directions, this really brings in the balance of life and communities. Some use different colors, some use different animals. We use the zenith, we use the middle, we use the Zuni.”



Group Introductions

This process was guided by group facilitator Joyce Naseyowma, from Sandoval Regional Medical Center who asked participants to briefly introduce themselves and to share what they wanted to get out of the Equity Dialogues. Participants were asked to gather at the tables and take this process one step further by getting to know who they were going to be spending time with during the day. Participants worked in small groups to discuss and share with each other one to two expectations they had for the day.

Purpose of Health Equity Conversation

Dr. Lisa Cacari Stone began by recognizing Dr. Douglas Ziedonis, Executive Vice President for UNM Health Sciences and CEO of the UNM Health System, Dr. Tracie Collins, Dean of UNM College of Population Health, Dr. Art Kaufman, UNM Vice President for Community Health, plus the logistic and planning support team in Dr. Ziedonis' office, Executive Assistant Emily Monteiro Morelli, Chief of Staff Gina Urias-Sandoval, MBA, (EVP Office), and Anissa Duwaik from the College of Population Health. Dr. Cacari Stone then addressed the group and stressed how important it is to have communities come together and have health equity conversations, especially coming out of Covid. To further set up the context of health equity dialogue, she shared a story of how corn came to the Peoples of this continent.

It was a time of famine. "The people of the earth will starve unless they get some food," said Quetzalcoatl the great serpent god. He realized that he needed to be a leader. He was praying and a little ant bit him on the toe. When he looked down, he saw that the ant had corn on his back. Knowing his prayers had been answered, he knew that if you are going to feed the thousands of tribes in Michoacan, you must get corn. He turned everyone into ants to gather food. This gift is from the smallest of beings, plant it, nurture it and it will feed you." This is how corn came to us.



Dr. Cacari Stone asked the group to think about this story, how it relates to health equity, and what upstream actions we must do to change the narrative, remember lost knowledge, and honor all communities - the rural, frontier, border and urban communities of New Mexico. Our goal is to bring the corn to the People.

Dr. Cacari-Stone mentioned the draconian measures taking place on the U.S-Mexico border, which underlie the need for these regional meetings to discuss and take action on health equity for all the interrelated people in New Mexico. She acknowledged the former Zuni governor, Mr. Norman Cooyate, and Dr. Douglas Ziedonis. Dr. Cacari-Stone finished by saying that many people contributed to today's event but couldn't be at the meeting and honored them and the participants present.

Agenda Overview

Helen Tso, a Health Extension Regional Officer from the UNM Office for Community Health, walked the group through the handouts in their participant folders and reviewed the objectives below.

1. **To create a safe space for conversations across diverse stakeholders and community partners in New Mexico.**
2. **To create a common understanding on what health equity means.**
3. **To promote individual reflection among stakeholders on the challenges and opportunities to achieving health equity in New Mexico.**
4. **To develop co-learning and cross sharing on strategies and best practices for enhancing community trust and university/community partnerships.**
5. **To develop summary reports across communities that will inform the process and key content areas of the statewide summit, as well as highlight practices, programs and policy interventions.**

Group Norms & Guiding Principles

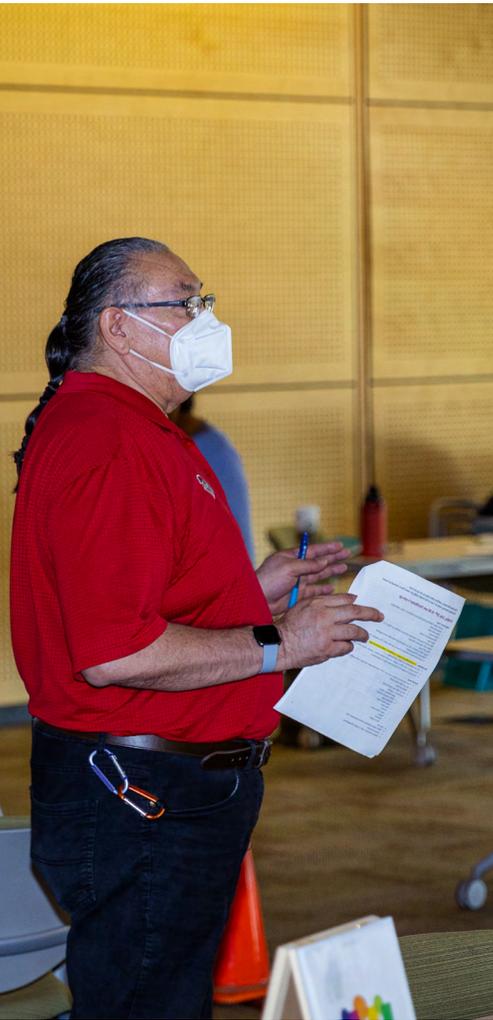
Norman Coeoyate told the group it was time to create a safe place to discuss health equity and suggested the following:

- Keep phones on silent mode
- Share their group norm they want to agree to with our time together, with understanding that silence is OK
- Use the handout as a resource for your work outside of today: “Principles of Intercultural Allies” and highlight a few key points

Norman asked the group what else should be added to assure respectful and meaningful conversations and the group gave the following suggestions:

- Don't talk over another person
- If you are not speaking up, speak up when you can. If you are talking too much, pull back. Raise your hand or stand up if you want to talk.
- If you're talking a lot, don't. If you have something to say, don't be like a Pueblo person that takes you on a tour to get to the point.
- Be respectful of others' viewpoints.
- If you sit in the back, try to come out of your shyness and share your viewpoint. We need everyone's voices. This is safe place; you don't need to feel awkward. If you feel uncomfortable, write it down.
- If you feel uncomfortable with anything, please see a facilitator.

Life's Transitions - Circle of Life



Norman Coeeyate then told the group how he wanted to add to Lisa's story about interconnectedness. He said it is important to acknowledge and understand the traditional ancestral ways and to go back to Indigenous ways of health and well-being. He used the analogy of corn - from preparation of the land, planting the kernel, nurturing it and seeing it grow to how we see the growth and maturity of our children and then how the cycle continues with each generation's (child, adult and elders) responsibility to the community. The same way a farmer tends to the corn is the same way community members should tend to one another, and Norman acknowledged that sometimes this process is not perfect. Norman went on to describe how public health should be looked at the way many indigenous cultures look at their relationships with the earth - in a cyclical fashion instead of linear.

“This is my public health model that I’m trying to push. Not to think in compartmentalization, but in a circular manner. Why do we plant beans and squash with corn? It provides support, ground coverage and limits noxious bugs. In return, corn takes care of them too.”

- Norman Coeeyate

Norman asked the group, “What do we want to see with health equity and how do we get others to understand what WE mean by health equity?” He then motioned to the UNM team and said that in the past the larger institution did not come to us but are

here today and said, “This is your opportunity to express your needs, get to know them and collectively we can create change. We are all in the same situation.” He asked the group if they had any questions or thoughts.

One participant said the Veterans Affairs engagements with the community have similar models that explore spiritual fitness and family readiness, and that it was awesome to see relatable beliefs and practices (referring to Norman's model of public health).

Dr. Ziedonis mentioned how Norman's model emphasized not only the personal level, but how all the amazing public health people's (local, county and public health institute) work fit into this model. Dean Collins commented how when you think of interventions, it looks like public health is in the center and in terms of policies, the availability. She suggested that a model could recreate the circles for different cultures, with “public health” as the center.

Another community participant pointed out the differences in how a community values its leaders compared to educational institutions – degrees vs. lived experiences. To honor both kinds of knowledge so that community people don't feel “less than.”

Joyce segued into the next section by thanking the former governor for his insight and stories and expressing that communication and understanding is essential to the dialogues of health equity. He went over the following concepts to ensure we have respect for each other:

- We need to work together
- Some have lived experience, some cultural knowledge, some academic knowledge
- Trust one another – use this time to connect and build trust



INTRODUCTIONS

Imagine a Future of Equity When...

Principles for Intercultural Health Equity Conversations

Joyce asked the group to take what we've learned, who we are, and use a moment to think about health equity and what that looks like for you. She asked the group to think about activism actions that people are doing and pointed out the flip charts at the tables to record participant responses.



Norman asked the group to pair up with folks at their tables to answer the following question:

Imagine the future...

What is your vision of equity for your community?

Responses included: [from flip chart and notes]

Table 1: Comprised of McKinley County, Indigenous Diné, African American

- Social opportunity
- Community with respect
- Living in a healthy environment
- Optimal health, regardless of social status/Access to care
- Not just being at the table, but having a voice at the table
- Social justice
- Food and Education for All
- Whole Health
- Humility
- Home Health
- Respect
- Beyond colonization
- Indigenous
- Fair and sustainable distribution of resources for healthy and productive lives
- HOZHO - when you're in balance with everything; that space of happiness

Table 2: Comprised of Zuni, Military (current and veterans) and UNM in Albuquerque

- Self-aware
- Self-well-being
- Being able to understand the bigger picture to understand what it means
- Having diverse people at the table
- Opposite end of disparities
- Trying to give everyone a chance to have access to care
- We don't have the care in certain communities
- Not everything is cookie-cutter, thinking at a higher level. That mentality needs to be broken - every community is different. Going into all communities to understand their needs
- People with mental illness, Medicaid, personal - the card you carry. Some get better care than others
- Changing policy
- Decrease Mental Health stigma
- Trust - only 2% come in [for services]

Table 3: Comprised of Gallup/Window Rock, ABQ, Farmington/Teec Nos Pos (Arizona)

- Equal opportunity access
- Equity does not equal equity
- Rebalancing of power dynamics
- Utilizing shared leadership and shared distribution of power; Shifting power to people who don't typically have power
- Family voices being centered
- Language
- Acknowledgement of cultural difference but with care because it can add division
- Everyone owns it (Equity)
- Who holds the power; how to bring everyone to the table- first acknowledge it's there
- Lived experiences
- Developing authentic relationships

Table 4: Comprised of Zuni and Albuquerque

- Stressing difference between equality and equity. One facility has hospitals, diabetes care, new clinics. Is it fair that communities that already have facilities get more, and other communities have and get nothing?
- Who has access to health care? Everyone having the same access to health care
- Making sure health providers are culturally knowledgeable to prevent miscommunications, assumptions, mistrust
- Development of trust with health providers
- What can we have together with all grassroots, non-profit organizations, etc. to make sure everyone has access
- Holistic health; when we talk about public health, there's physical, mental, spiritual, environmental. We can't be healthy when we are polluting the land.

Table 5: Comprised of Zuni, Gallup and Filipino

- Equal outcome of care – everyone should achieve equal outcomes
- Equal distribution of services and access – for same outcomes
- Elimination of health disparities, so everything equal
- Non-discrimination – there shouldn't be any discrimination. We all deserve the same access to care, regardless of skin color

Table 6: Comprised of Navajo, UNM

- Equal and affordable health care (impact of medical debt)
- Educating our Youth – it represents an impact of access to health care
- Access – not just geographic – insurance based, marginalized, specific care at UNM – Truman Care
- Focus on historically underserved and/or marginalized communities
- Education
- Center for Reproductive Health
- Quality of health care
- Distribution of access

Voices from the Community – Elaborations on Health Equity Issue

After the group work, many participants began to share their experiences:

Christina: “I’m the community and a parent – I’m the voice for my kids. I’ve faced discrimination just because I live on the reservation. I can’t get help. I can’t get help from Navajo Nation. It’s very difficult. I struggle with mental health and with alcohol use and get discriminated against. I’m finally getting out there [in the community and to health care systems] to talk.” She added that her son had surgery and needs medication, but she feels she must go through several hoops to get his meds in a timely manner. “I need help and am grateful for people being here.”

Participant: “Our families come to IHS for help, but we get turned away. We can’t get anything. They give a piece of paper with phone numbers. How do our elders access it?” The participant then described the large amount of people who do not have health insurance and barriers to coverage. “If a husband has one type of insurance, mom can’t get coverage. Immigrants can’t get coverage. Imagine how many people out there who don’t have health care. And if you make even a little over the minimum, you can’t apply for Medicaid.”



Participant: “What’s my priority in life? I have diseases, imagine my health care bills, even going to the ER, they charge for a Band Aid. I must travel to get [medical] help and get my medication, and once you leave the doctor’s office, you get a big bill, which I’ve seen lead to people giving up their homes, even veterans.” The participant went on to say that gatherings such as this meeting serve for people to tell their stories. He feels leaders are unsympathetic with other community needs. “Our town is called Pothole City, and potholes can cause so much damage – damage to cars – this is the leader’s fault, but we must pay for it out of our pockets. Our own senators don’t want us to get help. We’ve been fighting for so long.”

“Our lives matter too! Regardless of what organization, you need to be healthy. My illness is hereditary, and I’ll live with this my whole life and how much I’ll have to pay for care throughout my life. It’s not just hurting me, it hurts my whole family. I need my family to dress me, do my hair, not all of us have the same illness, but there’s something wrong with each of us.”

- Gallup participant

Norman pointed out the importance of sharing and hearing these true stories because many health care providers do not take the time to listen to the community. He thanked the participants for being open, honest and respectful. He said that tribal leaders need to let the people talk and share their stories so that action plans for change can include many options.



DEFINING HEALTH EQUITY

Definitions, Strategies & Outcomes



Defining Health Equity

Dr. Cacari-Stone presented definitions of health equity via handouts referencing her evaluation of the National Collaboratives for Health Equity. Dealing with the COVID-19 pandemic exacerbated the health inequities that continue affecting communities in New Mexico. The analogy that trying to cover an old couch with a new blanket will not hide the fact that there is still a broken, dingy couch underneath can be applied to health inequities in our state as it recovers from COVID - all the barriers and inequities before the pandemic are still there. The social fabric of local and tribal communities is based on racial inequalities. Our communities live it, and we still have policies that promote racism. Racism has been called a shark, but it is not - Racism is the water we swim in. The COVID pandemic has taught us that communities with large vulnerabilities (poverty, lack of housing, lack of food and security) experience the least impact from vaccines and treatment to COVID. In our efforts to understand health inequities, we need to shift from only studying poverty, to also studying the impacts of wealth and privilege.

What we learned (and are still learning) from New Mexico's rollout of the COVID Vaccine

Dr. Cacari-Stone concluded by saying that part of equity is collecting the data - the science. What we know is not new. New Mexico's communities must keep collecting data and evidence, and the next section would present examples of this.

ACHIEVING HEALTH EQUITY

Successes & Challenges

Talking Circle Local Models of Equity Solutions

This portion of the meeting included presentations by various community members that highlighted best practices and current endeavors toward achieving health equity in Native American communities in New Mexico.



1) New Mexico Social Justice Equity Institute - The Time is Now

Anna Rondon, Executive Director, New Mexico Social Justice Equity Institute & Zunnebah Martin, New Mexico Social Justice Equity Institute

The presenters started their activism work with the community's exposure to uranium and HIV education and prevention, along with advocating for the rights of undocumented workers. A major agency accomplishment includes more than \$300,000 in funding for workers. Even though funding from Kellogg ended earlier in the year (March), the community still invested time and resources for community awareness of the dangers of the uranium industry and capacity building. They stated that success depends on identifying and working with those who were and are directly impacted which can lead to an investment in creating a community "Public Health Workforce" that would include the following:

- Community health workers
- Social justice workers
- Policy change
- Mutual aid
- Environmental justice

One goal would be to create a vibrant online workspace to help families thrive in a work-from-home situation by providing innovative tools, features and services that many social agencies overlook.

“We know what works, and developing future Diné public health leaders starts with early, culturally significant exposure. We want to create change, by whatever means necessary.”

- Anna Rondon

Zunnebah explained to the group “phenomenology,” which is the study of phenomenon – a rupture in the history of thought. She stressed how the school is teaching us how to do research in a healthy way and how she coined the term “Socio-natural” with input from the community to refer to environmental health. She said to the group that prior researchers have come to Diné lands and exploited them and that her community now uses Diné epistemology –the theory of knowledge and is the investigation of what distinguishes justified belief from opinion – to help heal our people and planet.



Zunnebah said her work uses the ‘Analysis of Phenomenology’ because of its appropriateness for Indigenous communities, “Illuminated the Lived Experiences of Research with Indigenous Communities,” and she worked with six people who she said were her co-researchers. The approach does the following:

- Uses story telling
- Makes it culturally appropriate
- Safeguards our communities

She finished by mentioning the following resources for people who want to learn more about their community approach: Selarie Merson: Highlighting the Mother Earth

<https://www.nmsocialjustice.org/>

<https://www.facebook.com/nmsjei>

<https://www.instagram.com/nmsocialjustice/>

<https://mobile.twitter.com/nmsocialjustice>

PO Box 3588
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2. Northwest Campaign Against Racism (CAR)

Christina Morris, N.M. Department of Health/Northwest

Organizing Statement: We organize CAR members to uncover the historical connections between racism and capitalism and to radically imagine a future in which the sociocultural, political and economic systems work towards health equity, rather than against it. She told the group that CAR centers the voices of communities, that racism manifests differently in various global contexts, and that everyone in the room is either supporting the ongoing racism occurring in New Mexico or standing against it.

Ongoing Key Objectives to address systemic/structural racism, institutional racism, interpersonal racism, internalized racism (inferiority & superiority):

1. Capacity as Power
2. Building leadership that works in this system, not based on timelines or deliverables, and
3. Racial healing is key to creating health in addition to building and fostering trust [among all].



Christina asked the group, **“Can we eradicate structural racism? And answered, “Yes! We have to believe we can change the system.”**

Christina used the corn story from earlier to say that the community moved from passivity to planting corn and how we need to start with educating ourselves.

“Power to, power with, power within.”

- Christina Morris

Christina mentioned that she is a DOH employee by day and working on CAR/community activism at night, using various strategies – leveraging funding and resources, writing full- page editorials, considering effective legal approaches, promoting community engagement activities, using radio and other media, and getting on the agendas of Navajo Nation NN presidential forums.

3. McKinley Collaborative for Health Equity – Chris Hudson (Somos Un Pueblo Unidos/ Hospital & Education)

Chris Hudson, N.M. Health Coalition/Health Councils

This entity collaborates with community entities by addressing community health equity and wellness for all of McKinley, with the following foundation:

- Created to help manage Medicare
- Our community members are priorities
- Getting the help they need when they need it
- How we deal with health in our community, not only symptoms but whole health
- Socioeconomic status and education affect health

Chris told the group that the collaborative has been doing this for the past 25 years and [we are a] diverse group because we all need to be part of the conversation. We work with our partners to find funding, push it forward, and strive to create a comprehensive health council for community voice, to educate our community members. More information can be found on www.mckinleyhealthalliance.org.



EVALUATION NEXT STEPS

Priorities for the Health Equity Summit

Health Equity Summit - Converge our Visions

The group was reminded of the summit planning and event that would take place in September 19 - 20, 2022 in Albuquerque.



Evaluation and Closing Circle

Dr. Cacari-Stone, the facilitators and local hosts thanked all the participants that stayed until the end.



EVALUATION RESULTS

A Path Forward for Achieving Health Equity: Conversations for Action

We received between 10 and 17 evaluations from participants. The following is a summary of the responses to the nine survey evaluation statements and comments to the open-ended question.

The **majority** of survey respondents gave **positive** responses by strongly agreeing/agreeing (93.3%-100%) with the statements. Respondents gave the highest evaluations (100% agree/strongly agree) to **two statements: Statement 1**, which dealt with the welcome, land acknowledgment and opening circle . . . to set tone for meaningful conversations; **Statement 2** dealt with how the facilitators clearly communicated the Vision, Purpose, Objectives and Principles for Intercultural Communication to the group.

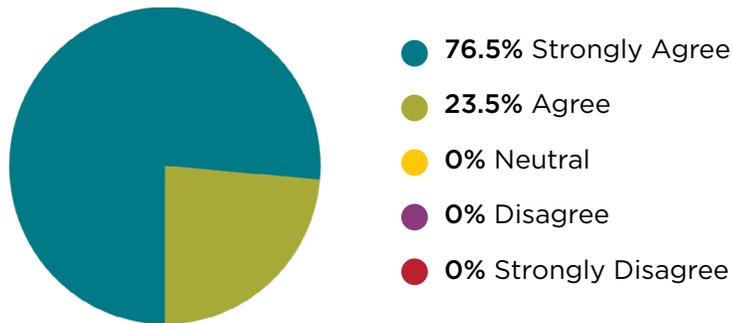
None of the respondents disagreed or strongly disagreed with the statements. Seven statements received neutral responses, ranging from 5.9% to 20% of respondents. The statement with the lowest evaluation (80% agree/strongly agree) was **Statement 5** that involved the “Jelly Bean” mapping of resources.

Overall, **the majority of respondents** (93.3%) felt that the Conversations for Action event created a meaningful opportunity for stakeholders to connect to why equity matters and how it relates to setting actionable goals to achieve health equity in New Mexico.



1. The welcoming, land acknowledgment and opening circle created safe space and set a tone for meaningful conversations across diverse stakeholders and community partners.

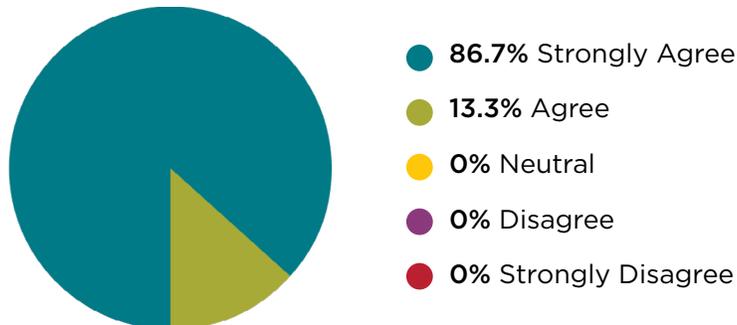
(17 responses)



Of the 17 responses received for this survey statement, **one hundred percent (100%)** of respondents **agreed/strongly agreed** with the statement.

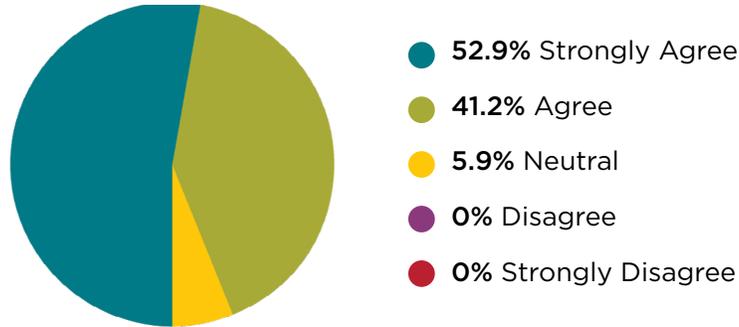
2. The co-facilitators clearly communicated the Vision, Purpose, Objectives and Principles for intercultural communication to the group.

(15 responses)



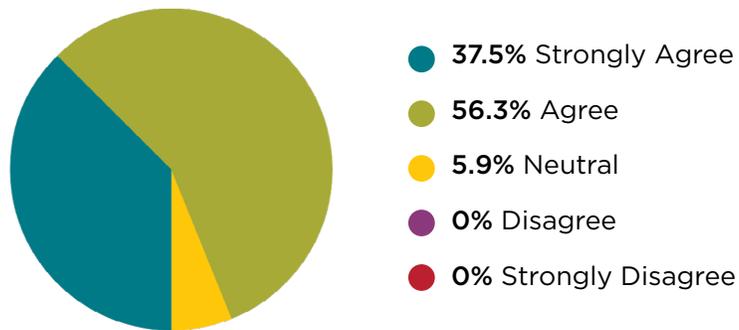
Of the 15 responses received for this survey statement, **one hundred percent (100%)** of respondents **agreed/strongly agreed** with the statement.

3. The exercise in dyads “Imagine a future of equity when...” helped create a common understanding of and a vision for health equity from the local context. (17 responses)



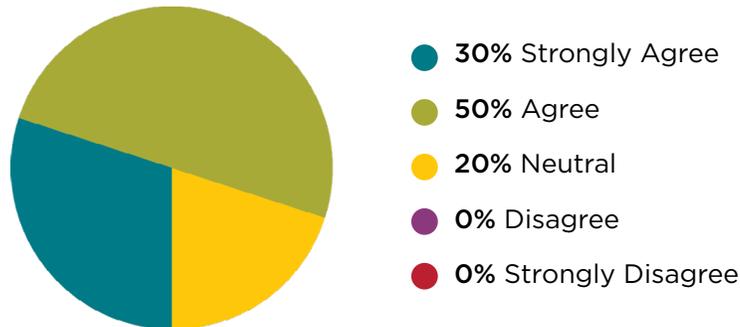
Of the 17 responses received for this survey statement, **the majority (94.1%)** of respondents agreed/strongly agreed with the statement. Only 5.9% of respondents marked neutral.

4. The Framing Presentation and group discussion “History, Definitions, Strategies and Outcomes of Health Equity” helped to create a common understanding of health equity. (16 responses)



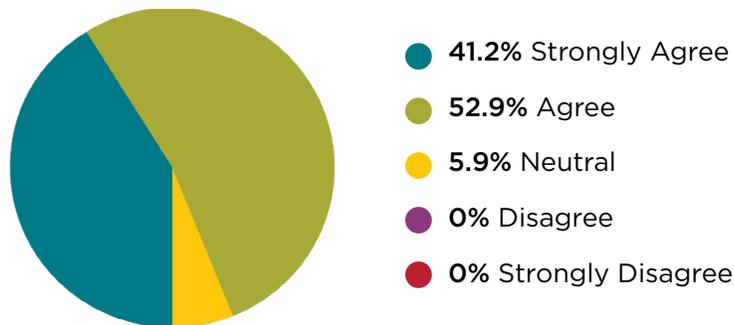
Of the 16 responses received for this survey statement, **the majority of respondents (93.8%) agreed/strongly agreed** with the statement. Only 5.9% remained neutral.

5. The “Hills and Valleys” group exercise and community wall promoted individual and group reflection among stakeholders on the success and challenges to achieving health equity in New Mexico.
(10 responses)



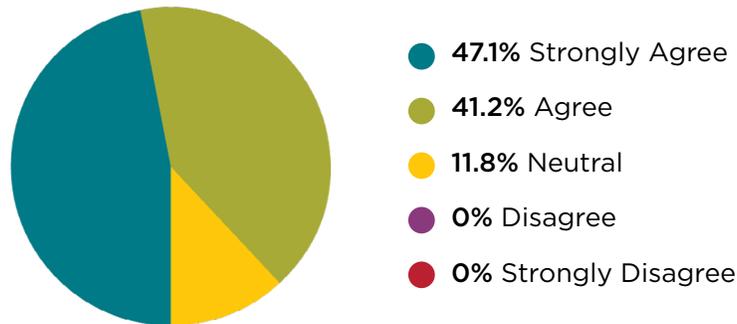
Of the 10 responses received for this survey statement, the **majority of respondents (80%) agreed/strongly agreed** with the statement, and 20% of respondents marked neutral.

6. The group exercise of discussing and charting local health equity strategies, best practices and outcomes supported co-learning and cross-sharing.
(17 responses)



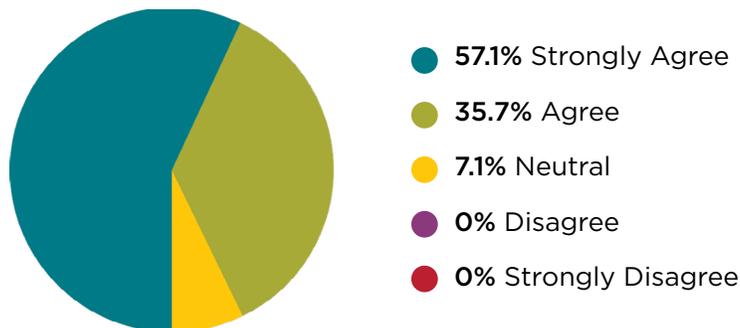
Of the 17 responses received for this survey statement, the **majority of respondents (94.1%) agreed/strongly agreed** with the statement. Only 5.9% of respondents marked neutral.

7. The exercise in dyads “Imagine a future of equity when...” helped create a common understanding of and a vision for health equity from the local context.
(17 responses)



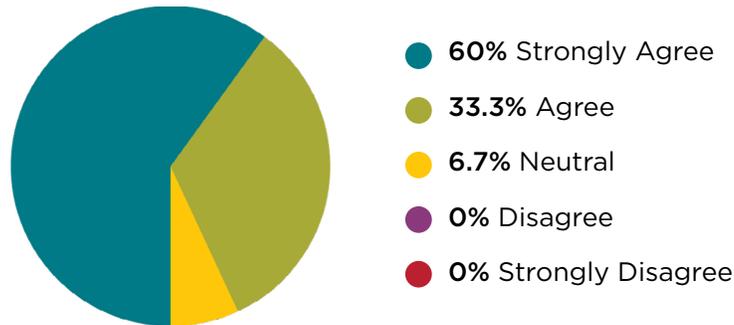
Of the 17 responses received for this survey statement, the **majority of respondents (88.3%) agreed/strongly agreed** with the statement, and 11.8% of respondents marked neutral.

8. The facilitator’s, materials, handouts, agenda, “toys” and stories promoted a creative and inclusive environment for diversity, inclusion and belonging for participants.
(14 responses)



Of the 14 responses received for this survey statement, the **majority of respondents (92.8%) agreed/strongly agreed** with the statement, and 7.1% of respondents marked neutral.

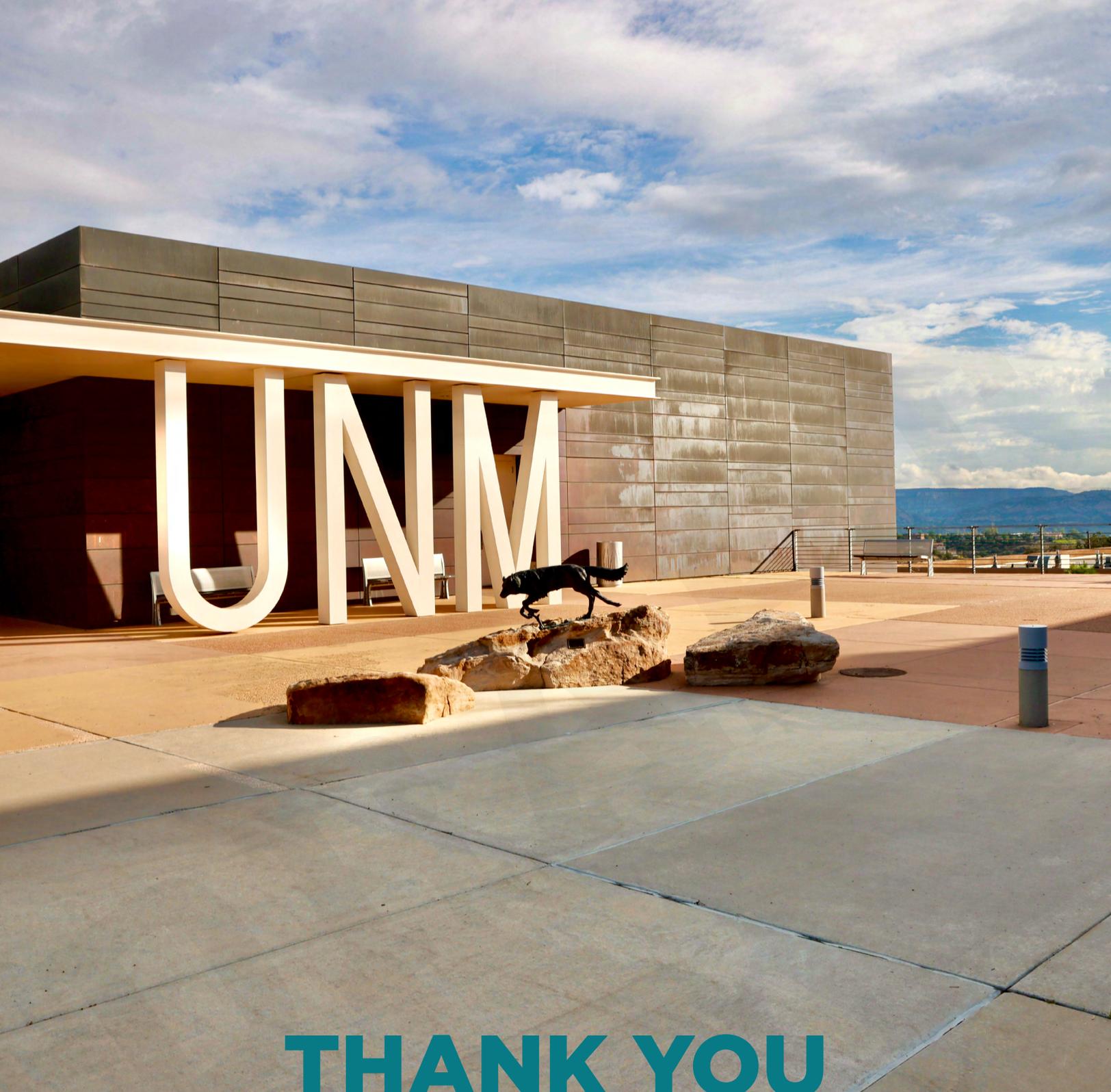
9. Overall, the 1/2 day event achieved the purpose: “to create a meaningful opportunity for diverse stakeholders to connect to “why” equity matters to... set actionable goals for achieving health equity
(15 responses)



Of the 15 responses received for this survey statement, the **majority of respondents (93.3%) agreed/strongly agreed** with the statement. Only 6.7% of respondents marked neutral.

Comments from respondents:

- Thank you UNM Health and Health Sciences for starting these conversations/discussions about Health Equity, which very much needs to be brought to the forefront for awareness. I look forward to the statewide summit in September
- Need more time, tight agenda. Great Job!
- We need to have less of the facilitator speaking and move xx the guests share. Site visits
- Excellent discussions and presentations
- One of the fidget toys was a snake. Some at the table weren't comfortable b/c their culture discourages snakes
- Good session for learning and networking
- Looking forward to continuing these discussions of networking at more gatherings, perhaps touch base monthly via Zoom/hybrid
- This was amazing. The insight was incredible. I would like to see a topic on Indigenous military and veterans' members and their challenges; that should be addressed alongside student issues, environmental, etc.
- Short day for very important discussion



THANK YOU

