2023 CCD Native American Heritage Month Presentation Transcript

Live captioning by Ai-Media

CAROL TYSON:
Welcome everybody to the November Co-Chairs meeting. I'm showing you the wrong slide. (Laughs) We will get started and just a few minutes. I'm going to stop my sharing. We will get started at 12:05 PM. This is Carol Tyson will stop with DREDF and (indiscernible) CCD chair. Welcome everybody. I will start with the welcome and land acknowledgment and some guidelines. Then we have our guest speaker and we are going to turn it over to Claire. My pronouns are they/them. And I am white. I have very short hair. Shorter now.

As we gather and encourage everybody to edit your name in your Zoom box, to include your name, organizations and pronouns. Reminder, please do not put this information in the chat box.

Is there anybody who would be willing to be a chat monitor or a notetaker? If not, I will read things in the chat. We will start now. Welcome everybody, welcome. So, this is Carol. I just want to make sure we have our interpreters, we have what we need. OK.

, Thank you Charles, in line with CCD's mission and values, the CCD acknowledges that her headquarters in Washington DC, sits on the traditional and ancestral land of the knock and talk, or (Unknown name). The to Scott away and (Unknown name) peoples. We... As well as the native communities that make their home here today. We are grateful for the past and continue stewardship of our land. We acknowledge the United States declaration on the rights of Indigenous people and are committed to learning in supporting Indigenous members of our community.

And a reminder for our guidelines for these meetings, while the Zoom chat function helps with accessibility for some, for others, those using screen readers or processing disabilities, the chat function is (indiscernible) to hearing the speakers and following the meeting. Please only use the chat function if it is the best way for you to communicate. We encourage you to do so if that is the case.

We will monitor the chat and read any comments that are in the chat out loud. We encourage speakers to use your name -- sure your name and personal pronouns. We ask for your full participation and attention. We will have break in the middle. If we have time, we will have Q&A without respeaker. -- With our speaker.

I'm going to do an introduction for our guest, deeply honored to have Doctor Kimberly Yellow Robe to have us joining us today. She is an enrolled member -- Kimberly, if I mispronounce it, let me know. Sicangu Lakota Oyate or Burnt Thigh People, in Rosebud South Dakota. Doctor Yellow Robe is the banner at University health Robes associated director (indiscernible) Arizona. She is also the chairperson and founder of the American Indian youth disability Summit and the cochair of the American disabilities Summit. The 19th annual American disability Summit and the 4th annual American Indian youth Summit were held this past spring.

Doctor Yellow Robe is a member of the intertribal disability advocacy Council, the advocacy -- Arizona advocacy network, the national art in prevention and training group, and various planning committees focus on homeless, veterans and individuals with disabilities.

Doctor Yellow Robe is a member of the national Indian Council on aging technically advisor counter -- counsel... American disabilities toolkit. Kimberly shares Lakota heritage and culture through Lakota storytelling of the white buffalo (Unknown name). The story highlights Lakota virtues such as courage, bravery and compassion for Doctor Yellow Robe is a northern traditional dancer. She has served as hell -- head lady in various powwows. Her husband Andrew (indiscernible) and her children Zoe, Chelsie, Scott and Chloe are enrolled members of the Rosebud (Unknown name) tribe and reside in (indiscernible) Arizona.

Deeply grateful for her joining us today and I will turn it over to Doctor Yellow Robe for her remarks. Thank you.

DR KIMBERLY YELLOW ROBE:
Today is a good day. (Language unknown to captioner) I greet you all with a good Lakota heart. Kimberly yellow heart... My name is Kimberly Yellow Robe, might Lakota name is In the Palm of Her Hands. I want to thank Carol and her team for hosting the event and also want to give my thanks and appreciation to our interpreters that are here that are always so much an important part of our events that we put on for our communities and individuals with disabilities. Thank you interpreters.

I do have a PowerPoint that Charles is going to host for us. I would like to get the PowerPoint posted and share with you Indigenous Determinants of Health. Cultural Perspectives from a Lakotawin. Which is me. I have worked with disabilities for (indiscernible) of 56. About 30 years, specifically with American disabilities

BETH DIEDERICH:
American Indians with disabilities was not family members, community members, having experienced and grow up with disabilities in my family member -- community, I reckon is how different our determinants of health are from the mainstream societies. I really want to emphasize that these are Indigenous Determinants of Health, and these are through the lens of a Lakota woman myself.

Next slide. These are what we look out. I think when the COVID came out, we kept hearing social determinants of health. And I was confused, because my mind focuses on the reservation. Not really urban living, focused on the tribal community center out there. There are 575 American Indian tribes, federally recognized tribes throughout the United States.

I know I am from South Dakota, and I reside in Mason Arizona. In Arizona, we have 22 federally recognized tribes. That is just Arizona, but if we take a look at some of the bigger states like California, California has a lot of tribes that are not federally recognized. They may not necessarily have land. They may only have state recognition.

So, there are different determinants here that apply to being a federally recognized tribe as well as a state recognized tribe. And that specifically means of funding. Where is the funding going to come from?

When I'm looking at our social determinants of health, we are looking at our neighborhoods and how they impact some of our decisions that we make. That could be housing. When we look at hosting on the reservations, they are not always the kind of the same type of hosting that you would find off reservation. Our house and it doesn't matter. Off reservation, you will have a housing that typically has accessibility accommodated for individuals with disabilities, including ramps, spaces, accommodations for bathrooms.

Typically I would say you would find these off reservation. On the reservation, you may not find ramps available for the elders that need them that use wheelchairs or canes or need that assistance.

Health and healthcare. When we look to... You can read in the news how underfunded the Indian healthcare system is. I read an article how the justice systems they pay more per capita for the prisoners incarcerated than Indian health service pays for one patient. That disparity is there as well when looking at her health and healthcare.

Our social and community context, how they differ from mainstream determinants of health. We can take a look at a lot of the statistics that are out there. Say for example, opioids are really spiking up to taking lives of young people. Car accidents. We lead the statistics for car accidents, not just fatalities, but other injuries that are caused from car accidents. When we are looking at our social and community context, we can look at statistics showing that we do lead in some of the most difficult subjects that are out there.

Education. Not everybody has access to education for individuals with disabilities. We need to understand how the education system exists and work to get it to benefit for our young people with disabilities that need IEP's, IDA's. Need that assistance through school-based services.

We are looking at education into our economic stability. Would we are looking at jobs out there, safer my reservation up and Rosebud, they did an article. There was one job that was available and the local small supermarket, a very small supermarket. One job available. And the line went around the corner of the building for that one position there. So jobs are very difficult out there to happen. Individuals have disabilities, because the ADA does not pertain out there to intercountry or reservation lands. We have to work closer with that person or that employee to help get accommodations for the individual with disabilities.

So, there are, through research I have found that there are 13 tribes that have their own tribal ADA ordinance in place. Through their Tribal Codes, they created that ordinance. 1 of the larger tribes out there, the Navajo Nation tribe has that protection in place, just as well as a tribe up in Minnesota and a tribe in South Dakota. Sparsely across Indian country. Out of the 575 tribes, we are looking at 13 that have the ADA ordinance in place written through their own Tribal Codes. Next slide please. I thought it was really important and I always see the importance of showcasing our tribal flags. Just like the states have, we all have our own state flag, each tribal flag tells a story. I would like for you to, if you have Tribes in your area or the state you are in or your locality, take a peek and see what their tribal flag looks like. I wanted to highlight these are from Arizona and you can see the agriculture, how rich in agriculture and the connection to the lands and farming that the people were. You can see on the sovereign flag up to the left, all of these tribes are very colorful. The colors in the tribes also have different meaning. In my tribe, I have, we have four different colors of the flag and those four colors can represent a couple of different things to that person looking at it.

I see the four colors of the people, the four colors of the seasons, the four stages of life. The tribal flags can share that historical story of its people and community through the graphics and the features that are listed or focused on it.

You can see how the water, they were very rounded by water and here in Arizona it may not run on top of the land but it definitely runs underneath it. The tribes have a lot of land and a lot of water running underneath the land.

For some Tribal communities, historical damage occurred with their agriculture. There was damning that happened upstream that cause the tribes agriculture and subsistence to be negatively impacted where it impacted the diets. So not having that sustainability of its agriculture of its farming that the community is used to through natural foods, beans, corn, there are three sisters, the zucchini and squash, a lot of vegetables and fruits are grown on the farms. They were impacted. As time evolved the impact from having their traditional diets taken from them, removed, caused influx in damage from diabetes, onset of not having a heavy -- healthy diet and leading to diabetes.

In some communities you have over 90% of the individuals being diabetes being impacted with complications from diabetes including amputations, loss of vision, kindness, death at early ages from heart disease, kidney disease and even the young people, juvenile diabetes has seen an uptick. We really want to get back to our tribal histories and how important the diet is to our tribal communities through the land we set on.

It would be difficult to reverse it but really have to work on the sustainability of the tribal agriculture that is out there and that the community has really invested in for its people. There are community gardens.

During COVID-19, on the reservation, one of our determinants of health also included food. The lack of food sovereignty. How would we sustain ourselves through the pandemic without food, without good diets I guess you could say. Having not really appropriate but a good diet where you could get the nutrition and the food that you needed to be OK and better through COVID-19. We didn't have that food sovereignty, no local food banks so having to travel long distances. That was also difficult as well because on a lot of the reservations out there, including mine in South Dakota they close off the reservation because of the strict quarantine, the strict isolation protocol that they established to help keep COVID-19 from spreading.

They weren't doing that in the cities. That would have been like martial law, and on reservations you don't -- you saw different things happening for different purposes which was to keep our communities alive and to help keep people resilient.

I am going to show a video here and I want to just let you know that this is a contribution from one of my colleagues Doctor Joseph from Northern Arizona University. He made a contribution to the American disability summits. I want to highlight the contributions because these two young talents, identified are both from the Hopi community that he is from and one is Ivy Sahneyah. We have a transcript and I will read along with IV's presentation.

And the next short video I have is Hongvi's Song and he is also from Hopi and we will highlight his story. So folks can get a little, I guess they simpler Birdseye view of what it looks like in Indian country and for folks with disabilities navigating through different systems. So we will go ahead and start the video.

(Video plays)

DR KIMBERLY YELLOW ROBE:

This is a ceremony held on the Hopi village, could you live in a world without sound, the music cuts out. We are watching dancers participate in a traditional ceremony here.

Another picture of a traditional dancer, this is IV. (Reads) hello my name is Ivy Sahneyah and I have Usher Syndrome and I have vision loss. I know that schools on the Hopi Reservation do not have teachers for Deaf children. Most of the school staff, community members and even some of my family did not hold how to communicate with me.

My parents were told by the schools I attended that they could not find any teacher of the Deaf to come to the reservation to teach me every day.

Throughout all my school years, I always had challenges even when I left the reservation to a school for the Deaf.

I got tired of being told at every IEP meeting from 6 to 10 rate that I was only at second grade level, and told the IEP team I wanted to go to the Arizona school for the Deaf and the blind.

I graduated from ASDB with good grades, played sports and loved living in the city among other Deaf people.

The picture of IV. (Reads) can you believe that I was accepted to attend puma community college in Tucson Arizona. I was having problems with my classes because I did not have teachers of the hearing impaired at Pima Community College. I told my mother I felt I was dumb and wanted to give up but I got a second chance at college and now I attend Gallaudet University in Washington DC.

Here's a picture of ivy at Gallaudet University. (Reads) it is hard for a Deaf person when you're surrounding by speaking people who do not know sign language. The main reason my mother wanted to keep me on the reservation was my identity, cultural traditions and the biggest problem I was having was not having sign nine which is a part of my life. Every minute, every hour, every year of my life!

It is my language and the only way I can learn just like all you hearing people who learn by someone talking to you. I know I can't live on the reservation since I can't be independent.

I would have to rely on people to take me places and help me. In the city, I can be independent because I also have a visual problem, I have to use a cane at night.

I can get around fine by myself in Washington DC and

New York. But I would not be able to do that on the reservation. I learned about Gallaudet University when I was in grade school and said I would like to go there for college. It has come true! I have the teachers who know how to teach me since it is the only Deaf college in the world. I made very good grades my first semester. I ran for the cross-country team and now on the track team. This shows IV in her track uniform. I made very good grades. I am independent in the city but it is sad that the reservation is not accessible for me.

The Hopi Reservation is still a long way from streets, sidewalks, stoplights, trains, subways and buses.

Braille, interpreters, teachers of the hearing impaired and not very many people know how to

mitigate in sign language. Could you live in my world? This is showing pictures at a very young age and today. Thank you ivy.

And this is just a brief commercial showing and we are going into Hongvi's Song.

SPEAKER:
(Language unknown to captioner) please give to Arizona give day. Money will help us stay on air. And thank you for your support so (Language unknown to captioner). So thank you and have a great day.

SPEAKER:
Hongvi had many medical problems, speech, heart and fine motor challenges which was very painful to hear as a newborn comes into this life that is your child. Hongvi visited a lot of hospitals and clinics, doctors and experts for his hearing. Eyesight, speech, balance, fine motor skills and his heart problem. We had to have heart surgery on his heart when he was just a baby. We went to a lot of workshops to learn about Down syndrome. These were very hard times when nothing was uplifting. The doctors and experts told me that he probably will not ever be able to do normal things like ride a bike or run.

They said he is hearing or eyesight will not be good and that he will never have good fine motor skills.

But today Hongvi has a mountain bike he writes daily. He started with training wheels and or his training wheels out so much that he didn't realize he was riding his bike on his own. He loves art and draws... (audio issues) make speeds and loves to sing and record Hopi songs.

He owns his own tape recorder and drum stop Hongvi enjoys all the ceremonies and participates in all the ceremonies in community events. He runs daily for 2 miles and he joins the hundred mile club every year and accomplish his hundred miles for over four years.

Hongvi doesn't have to check with specialists anymore. He had an apartment on -- appointment and the report was good. The doctor said keep it up and keep running. I always look at him as normal and I never thought of him is different. I treat him the same way you would any other human being who wants to learn to read, and there is no facility out here to help him to do that. I hope that as his father, he will continue to want to learn how to read or. My hope is that the tribal government will have a facility to support individuals with disabilities to learn more and be independent because as Hopi we never push our children aside. And I also hope that the government will respect our Hopi way of life and enable us to work with Hopi people. As Hopi that is our responsibility to always take care of him. That is my role as Hongvi's father.

(Sings in Indigenous language)

SPEAKER:
(Indiscernible)

DR KIMBERLY YELLOW ROBE:
Thank you, we can go back to the PowerPoint. Thank you interpreters. The slide under Hongvi's.

I wanted to point out, the tribal flags and how important our agriculture is to our sustenance in daily life. In 1948, this is a picture of a tribal leader in Nevada, signing of the Garrison Dam

Agreement. He is crying in this picture, sewing the shining actually taking place for the dam agreement. The reason for the tears as he understood the impact and significant impact this agreement would have for his community in taking away their agriculture and their way of life through the use of the dam.

Those are really important agreements that are made in the past that are still having -- that impact today with not just this 1 tribe from Nevada, but through tribes across the nation. Next slide, please.

I wanted to pull out traditional practices, because, you know, we do have traditional practices through pregnancy. And I read an article through the National Indian Health Board were maternal mortality in Indian country, we lead in mortality. 1 of the stories, several that were mentioned here in this article, pointed out the traditional practices and how important they are as us as pregnant American Indian women, and how we continue those practices.

1 of the practices is afterbirth in the club -- collecting the placenta. I have 4 children and I continue on with our traditional practices through pregnancy and past, was able to work with my healthcare provider, my obstetrician and his team, to make sure that my traditional practices were recognized and honored.

So, I requested in advance to have my placenta saved. And it was collected in a bucket, and the father and the paternal grandmother and her sisters, their grandmothers, took the placenta out to the reservation where the fathers placenta is buried. The grandmother's placenta, her family members. We buried the placenta with her in ceremony, honoring that traditional practice. Also kept the children's and umbilical cords, and have them all in my sacred medicine pouch. Those umbilical cords are always with me when I wear the medicine pouch.

Really important that as advocates who are working with individuals that are pregnant, that if they want (indiscernible) to do their traditional practices, that they speak and share it. Because our healthcare provider should be receptive in honoring requests made throughout those maternal stage in life. Next slide, please.

I mentioned back to the COVID. The purpose of this presentation was to highlight some of the disparities that we experienced during the COVID. On the reservation, my reservation has 32,000 -- a little bit over 32,000 enrolled tribal members. And about 6000 lives off reservation. With our reservation, we have 7 sacred rights of the Lakota. 1 of the larger sacred rights that folks out there, mainstream society know about or hear about, is the Sundance ceremony. Imagine having a Sundance ceremony, 500 years old, plus having every ceremony season, every summer time I'm up 22 different districts on the reservation come together throughout the reservation and hose the Sundance ceremony.

When the COVID happened, the Sundance and all other ceremony ceased. They had to stop because of the quarantine and isolation, to keep our communities safe. After a couple of years, we resumed our Sundance ceremony, and this is one flyer that was sent out to our community members, recognizing and memorializing the individuals and family members that had passed on that were taken from COVID. Some were taken from COVID, and also during the pandemic, our communities experienced an uptick in suicides amongst the youth. We do have and continue to memorialize individuals that have passed on from suicide and from other conditions related from the COVID. This is just a listing of our community members that were honored during this particular Sundance ceremony. The holy circle of the Sundance.

I wanted to share that, because the COVID, our communities were not prepared, just like other communities. Reservation and off reservation. When death happened and occurred, traditional burials could not happen. We also had individuals that had to be -- what do you call it? Cremated, which kind of goes against the grain of how we traditionally bury our individuals that have deceased.

A lot of changes happened, a lot of adjustments had to happen. Through our resiliency and customs, through our heritage and culture, we are resilient. And the songs that are sung are part of our culture. The running of that Hongvi participates in as part of the Hopi culture, very strong runners coming from the Hopi communities across the Masons. We did revert back to our traditional ways, including our diets. Our community gardens were thriving. People were helping out with the gardens. We were able to maintain some food sovereignty through the gardens that our communities had.

So, wanted to point out through my Lakota eyes, what I had seen and experienced through the COVID, both on the reservation and distance from that. Next slide, please.

This is my grandfather. William Yellow Robe. I come through a family of 4 chiefs. My grandfather here, his grandfather. His grandmother was sitting at Bo's sister. I come from a long line of hereditary chiefs. This is my grandfather after he went to Carlisle. This is him in his traditional attire after Carlisle. And this is him and his classmates in Carlisle, transforming from reservation to the education system.

I wanted to leave this time open for individuals that might have questions, concerns, comments. Just ideas and thoughts to share. So, feel free to express yourself and let me know what you are thinking. Anyone?

SPEAKER:
Thank you for this great presentation. It was really interesting. I'm Roxanne from the epilepsy foundation. I was wondering if the tribal languages had a sign language, or if they use American sign language? Can mock the use American sign language. When we have our big events, or we use interpreters, I should have given the interpreter had up that there was gonna be Hopi language spoken. They had a little challenge there.

DR KIMBERLY YELLOW ROBE:
We use American sign language. Great question.

SPEAKER:
Thank you.

SPEAKER:
This is Stacy from Respectability. If organizations would like to make sure that tribal perspectives are incorporated into our public policy agendas, is there a list of -- you know, tribal and native organizations that we can reach out to and invite to come to our roundtables and join us as each of us as individual organizations develop our public policy agendas? Because I know for example, we would love to reach out to native serving organizations, and a lot of times, I know I have done research. You know, we just need to know who they are.

DR KIMBERLY YELLOW ROBE:
Yes. I have a doctorate in healthcare administration. I graduated from Virginia University Lynchburg. A historical black college and university. I did my studies throughout the COVID. I

focused on exactly what you are speaking to. Having tribes involved with and not just the research, but also making a policy to make those changes, and have those done and design through the own tribal hands. Every tribe is different. Every tribe has different resources. Its capacities, potential. They are all different.

1 of my research questions was firstly how can we get the tribes involved with creating their own ADA ordinance? If they had their own ADA ordinance, designed by their own hand, they would be able to address specific issues. The 2nd part of that question was could tribal colleges and universities be the ones to serve as the institutional review boards? One studies and researches are redder -- ready to expand to Indian country, the tribal community and citizens would know what the studies are about. How to participate. Even if they want to participate. We want to also design that informed consent at a level where the community members understand what is being asked of them, and make sure that the research is on point.

There have been instances where tribes have (indiscernible) to stop tribes have sued different state universities for not being very forthright with what they said their studies were going to be. Recently, Arizona tribe won a lawsuit against Arizona State University just for that. It is in the news. It did make national news. The study was to focus on the research around diabetes. But the kind of slanted it where it focused on taboo topics such as incest. Taking blood samples and just not really being forthright to the tribe with what they were going to be doing with the studies. So, the tribes did pursue that and did have a positive outcome for them.

I think that inviting individual tribes to the table, helping them to understand what policy means and what it can do for their community, and it also could have a financial impact. You know, you get certain policies in place. It could also make you eligible for different funding through different federal organizations that are out there that provide funding for communities of color. Minority organizations. But tribal specific, it is really important to get them to the table.

And as an advocate, I am starting with the young people too. I think it is important that our young people with disabilities understand how powerful their voice is in sharing their personal lived experiences. And with the young people, my approach to them is it doesn't have to be a big policy like creating an 88 ordinance and their community. -- ADA. That would be great for them to start at, but we can also start at the tribal schools. What policy can we impact. And one exciting opportunity I think for the use it to do to consider, is every year and graduation, there is always a challenge. There seems to always be a challenge with the young people that want to wear their feathers and their graduation. And sometimes, right before graduation they are asked to remove those feathers. And the feathers are sacred. They earn those feathers. They weren't just given to them. Like, "Here, put this on today." It is a feather that they earn. It's more than one feather that they have. We want to make sure that when our youth want to exercise their right to wear that feather, that the right is honored and respected.

Really wanting to get our youth to come to the policy planning table. If I tell them if you think that there is not a chair at the planning table for you, bring your own. Because we have to start somewhere. With disabilities, prior to my coming to Banner, I've worked with Banner since December 2019 and prior to that I worked with the Social Security Administration as a regional Public affairs specialist. I served as his tribal liaison for the tribes in California, Arizona and Nevada. We had over 250 tribes in the San Francisco region that I worked with. A lot of the concerns invoices out there, "We need more out there for Indian country." And it does start with policies.

Really wanting to help tribes navigate that system, that process. If we can help get an ADA

ordinance out there with 1 of the tribal communities, that is one more trouble community with that ADA ordinance in place that will protect (indiscernible) with disabilities. So thank you for that question. And we have had other organizations attend our disability Summit. Next year will be our 20 any of -- 20th annual summit. We have had organizations out there adjust policy and how beneficial it can be for tribal communities.

(Indiscernible) Cornell on board. They will be presenting at her 20th summit. They will be sharing policy information and how we can get these policy activities going on and moving out there throughout any country. I was asked in a private conversation, what's important? The advocacy. Everyone here is an advocate and can help with the voice out there to help create that rippling effect that it needs for our tribal communities. But trusting the disparities that Indian country has, not just for individuals that have come up with the inventive -- individuals that need more services and support and resources.

The national Indian Council on aging completed its revision of the 2022 American into busy -- American disabilities toolkit. It was created 20 years ago, so a lot of the resources listed were nonexistent no more. They faded out. We revise the book. It's 218 pages and not just focused on the one topic. There's numerous topics. There are subject matter that individuals can access and find the resources in our local communities that can help them when seeking resources. That is available through the national Indian Council on aging.org website.

The other way we are hoping to make change and have been making changes through the intertribal disability advocacy Council. Mr. Huskey (Unknown name) is Navajo. He lives in Shiprock New Mexico. Last year, he was supported to the White House national Council on aging. He is the 2nd American Indian to serve in this position. 1 of the key projects that Mr. Koski identified and created was the formation of the intertribal disability advocacy Council. There are 9 members on the Council representing different tribes across the nation. 7 our community members with disabilities, and to serve as advocates to the process with the Council in the project.

I serve as an advocate to the Council, and have worked with Mr. Huskey in framing information to send back to the (indiscernible) on disability identifying our needs. This involves housing, transportation, healthcare, voting rights. We identified quite a few different topics here that would like further exploration to happen on, because it will happen and contribute to increasing that quality of life for individuals living with disabilities out there on reservation lands.

We have had 12 listening sessions. One session was for advocates only. Health specifically for Americans with disabilities. We had to filter out some of the registration. Some folks who registered because they wanted to sit and listen but they were not American Indians with disabilities. We kept it at the talking Circle format and everyone was respectful and voiced their concerns. We are now creating the abstract from the listening sessions in putting together the different concerns and comments made throughout the sessions.

We will be framing the report and through Mr Huskey, heading support to the national Council on disabilities to move forward with some of the other projects we've identified and want to work with enhancing Indian country out there. Do we have any other questions?

SPEAKER:
I have a question, I am Carlene with the autism Society. Hello Doctor Yellow Robe.

I have a question, I work with the autism Society on criminal justice. And disability. Because

what we see, we see a lot of people who are autistic and getting involved in the criminal justice system. I know it is different because you know, some things, you have your own justice system, I think the Tribal Lands have their own justice system for a lot of things but not all things. In some things I guess the states or federal government.

I didn't know if you were seeing anything around people, especially young people with disabilities being charged with criminal conduct and sometimes the conduct is really related to their disability.

KIMBERLY YELLOW ROBE:

Yes you are correct, on reservation lands, it can be presided over through the tribal courts. It depends on what type of crime it was. The high index crimes on tribal lands are prosecuted under the federal jurisdiction. Folks may not understand there are different systems, court and justice systems used when it comes to the crimes that are involved in. Yes, we do see and hear of young people getting in the justice system, not just acting out because they want to be acting criminal, but it has to do a lot with their conditions that they are managing and getting service assistance for. So, working with the national ARC specifically to put some thoughts together on and move it through the process. Folks need to understand that especially when you are advocating through the justice system and some of the resources are there. There are resources but you've got to pick up the tribe so we can identify which specific resources the tribe has for those individuals. Working with Mr Huskey, they do have the disability Law Center so they do assist with some of these situations as well. There are resources there that folks in that process don't know about but we do need to make more efforts to get the information to them or the systems they are involved in. Thank you Miss Carlene. Kent?

SPEAKER:
Kent Keyser with the (Indiscernible) Association. I wonder if you had any experiences with the National Institutes of Health and could relate to us how your interaction with them has been.

KIMBERLY YELLOW ROBE:
I haven't had much interaction with the NIH but much of the research, the information does come through the national Institute on health. I make a lot to the national Indian health board. They have a lot of tribal collaboratives where you can gather the resources and stories from. So the national Indian health board from health conditions to community events, they have a plethora of information and resources there through the national Indian health board so you can keep it more tribal specific as opposed to the NIH data system is collected all as a whole. And I am thinking that the national Indian health board is more accurate because they do the studies and research on Indian Country itself. They have information and resources as well. Thank you Mr Kent.

I have another project I'm working on from advocating in anything you can think about advocating for individuals with disabilities. I am partnered with the federal IRS, I'm not afraid of taxes, I pay mine. I am partnering with the IRS and we are focused on feeding and identity theft campaign. Individuals with disabilities just like anyone else should be aware of how it can impact them and have more of a devastating effect especially when it is around healthcare. We do see else care fraud happening out there. People using individuals Medicaid cards for their own health purposes. EBT cards and food stamp cards, tribal identification cards for things outside of healthcare. So wanting to create that impact for our individuals out there with disabilities understanding how identification theft can impact them and understanding some of the processes to navigate because once you are hit with identity theft it can be a difficult

process to get out of considering you have to contact the three credit bureaus and then write some letters and make some contacts with those entities that were involved with the identity theft. Wanting to make sure that we get a lot of information out there and try to be more proactive than reactive when these situations happen.

Any other comments?

CAROL TYSON:
This is Carol, I will read what Sylvia (Indiscernible) unless Sylvia wants to read it. I will read what she has posted in the chat. AHRQ has a request for information concerning preventive information for people with disabilities it doesn't have any kind of racial or ethnic or tribal focus which is not surprising but interesting to see and unfortunately the submission date is December 1, this Friday. And I think sharing that for information purposes and if you have any thought on that.

KIMBERLY YELLOW ROBE:
It's cool that we can (Indiscernible) with other organizations out there because we can mirror a lot of things. We don't have to reinvent the wheel, we can replicate what is being done out there. If it is working let's adjust it to meet the community needs we are working with. You do like to recycle information and if it is something some other organization can use we will get it out there. Thank you.

CAROL TYSON:
(Reads) thank you, my (Indiscernible) is not working. Thank you Sylvia.

KIMBERLY YELLOW ROBE:

Any other comments?

SPEAKER:
This is Stacie. Recently graduated college students with disabilities are offered assistance to help them gain the skill sets they need to make an impact in their own communities. Are there any list serves or ways we can make sure that we are reaching disability service offices at tribal colleges and local Indian centers. What is called here, how can we make sure we are reaching recently graduated Native students with disabilities for these opportunities.

KIMBERLY YELLOW ROBE:
That is awesome. That is very awesome. In the springtime a lot of colleges have their college career fairs, fairs for folks about to be graduated. They are reaching out. The American higher education resource Association is the umbrella they are under. And I know the American Indian graduate Center, also has a spring book, magazine that they put out with these opportunities in them.

It would be great to make connections with them and Indian health service, career opportunities. The intertribal cancer, we have intertribal cancer of Arizona here. And there are others in Nevada and California you could reach out to. Arizona also has the... Chamber of Commerce that they put these opportunities through and they also, looking for these opportunities to help out folks get out there and get the experience they need to internships. You can reach back to me if you would like to really explore that more and identify some resources so we get these beneficial opportunities out there. With lack of jobs on reservation lands, these jobs can help fill

the gap in getting our young people careers and getting that experience they need through training services.

SPEAKER:
I would love to do that.

KIMBERLY YELLOW ROBE:
Thank you that is awesome. Any other questions?

CAROL TYSON:
This is Carol, if people think of questions later, feel free to send them my way and I will pass them on. Doctor Yellow Robe thank you so much for everything that you do every day. We are really honored to have you here. And any last words?

KIMBERLY YELLOW ROBE:
I reached out to the tribal community health reps. There were over 150 from the different 22 reservation communities. If you have community health reps in your area, consider reaching out to them because they are the front-line people and during the COVID pandemic they were the ones doing the footwork, training and information you have and others have, is really beneficial and critical to them in regards to providing quality care, quality resources for individuals out there on reservation lands. There are resources out there and sometimes you have to be clever in the way you identify them and most importantly, making the connection. I am here to help navigate any other tribal concerns or instances you might want to share after this presentation. Thank you very much, Carol, to you and your team and the interpreters for doing a great job. I always look for the interpreters because they are my voice. Thank you, thank you.

CAROL TYSON:
Thank you. For everybody, yes you can stop the recording. And a note to everybody. If you joined late or you want to make sure that your colleagues can watch the presentation, we will post a recording on the website and provide a password for members. Then there is the transcript of IV that we can send out as well. We can always send that out one last time. I want to encourage everyone again to look at the MDR and that Doctor Yellow Robe talked with, understanding disabilities and native -- American Indian and Alaskan (indiscernible). There's so many incredible resources in that guide that is very rich toolkit.

(Indiscernible) this is a beginning of our relationship with Doctor Yellow Robe. And thank you again. We will take a break and reconvene at 110. -- 1:10 PM. Please do what you need to do. We will have the formal meeting (indiscernible) things that we usually talk about. So, thank you everybody and see you back here at 1:10 PM.