



Red Rocks Reporter

FEBRUARY 2015

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FROM THE GOVERNORS

Governors Open Doors to Community Concerns

Governor Raymond Loretto, DVM, First Lt. Governor Aaron Cajero and Second Lt. Governor Dominic Gachupin have maintained a busy schedule through January as the transition to new leadership continues. Many tribal members have come to the Governors to voice their concerns, ask questions and seek counsel in the new year.

“It was good to meet with so many community members,” Gov. Loretto said. “We’re here to listen. We all need to work together, plan together, meet together so we can find solutions together. Our job as leaders is to support and enhance our community. In our tradition, the Governors serve the people, not our own agendas.”

Noting that housing remains a top priority for this administration, as it has been for many years, the Governors have already had in-depth meetings with the Housing, Planning and Development and Realty Departments to start to address these issues.

“Our people are telling us that housing is one of their top concerns,” the Governor added. “We want to know what we can do to expedite solutions. Who do we meet with? What resources do we have?” He noted that there are many options for federal and state assistance, as well as other projects, such as the self-help project launched by State Senator Benny Shendo.

“Tradition is key,” the Governor said.

“We want our people to be confident that they can come to us,” First Lt. Governor Cajero noted. “We want to restore hope in the community.”

“We all must remember that we are all brothers and sisters,” Second Lt. Governor Gachupin advised. “We need to love and reach out to everybody. Respect for our elders and traditional leaders is the cornerstone.” He added that the Governors’ goal is to look ahead while respecting the past and how we got to where we are today.

Washington Meetings

During the week of Jan. 26, Governor Loretto went to Washington, DC for critical discussions with national leaders, including New Mexico Senators Tom Udall and Martin Heinrich.

“We are now a self-governance tribe with both the Indian Health Service and the Bureau of Indian Affairs,” he said. “We need to sit down with federal officials and make sure our voice is heard in decisions that affect our people.”

Meetings with the US Park Service focused on the tribe’s future relationship with the Valles Caldera now under Park Service management.

“It’s important to remember that the Valles Caldera land claim initiative is a long-standing issue; all the Governors have been fighting for this issue over the past decade. The religious leaders allowed Governor Raymond Gachupin to take the canes of authority to Washington

Continued on page 2



PUEBLO OF JEMEZ

2015 TRIBAL GOVERNORS

Dr. Raymond Loretto
Governor

Aaron Cajero
First Lt. Governor

Dominic Gachupin
Second Lt. Governor

TRIBAL COUNCIL

Joe Cajero

Paul S. Chinana

Raymond Gachupin

Frank Loretto

J. Leonard Loretto

Raymond Loretto, DVM

José E. Madalena

Joshua Madalena

J. Roger Madalena

José Pecos

David M. Toledo

José Toledo

Michael Toledo, Jr.

Paul Tosa

Vincent A. Toya, Sr.

TRIBAL

ADMINISTRATOR

Vincent A. Toya, Sr.

**Red Rocks Reporter
February 2015 Edition**

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FROM THE GOVERNORS

Governors Open Doors to Community Concerns, *Continued*

when he first gave testimony on the tribe's claim for protection of our sacred sites," the Governor recalled. The pueblo had a seat on the Valles Caldera National Preserve Board of Trustees until very recently, starting with tribal attorney David Yepa; Governor Loretto was appointed to two terms on the Board.

"There are new people in Washington in new positions who may not necessarily know the history," the Governor said. "We sat down with them to discuss where we are going and what role the Pueblo will play. Hopefully we can reach a good agreement that respects our claim."

"We will never give up *Wavema*," he emphasized. "It is our homeland. What would the ancestors do? How would they feel? Would they let it go? I don't think so!"

He also noted that he would limit travel to critical meetings that will benefit the community.

The Governors want tribal members to know that their doors are open and they welcome any opportunity to hear community members' concerns and questions.

PLANNING & DEVELOPMENT

Planning and Development Updates

Submitted by Chamisa Radford, P & D Director

Indianpreneurship®

The Planning and Development Department (P & D) has offered several Indianpreneurship program classes designed to help community members write their first business plan. This year, the same course will be offered. P & D will also offer the "Growing a Business in Indian Country" curriculum. Look for workshop announcements around June of this year.

The department has several computers with Internet access and printers available at no charge to help you conduct your small business development work.

If you can't wait and need help developing your business more immediately, call or visit any time to talk with Chamisa Radford or Monica Madalena at the Planning and Development Department south of the C-Store.

Pueblo Place Subdivision

P & D is working with the Bureau of Indian Affairs Regional Office as the right-of-way approval process continues. It is hoped that the department will break ground on the associated water and sewer projects within the next six months if all processes stay on track. P & D is also applying for Tribal Infrastructure Funding to secure funds for installation of electrical lines, fiber optic lines, water, sewer and roadway construction for the subdivision.

"We're still a long way from completing this project, but are making progress," Chamisa says.

Veterans Building Planning and Conceptual Design

An informational article on the initial planning efforts with a conceptual design will be distributed by the second week in February. Contact the Planning and Development Department or the Walatowa Veterans Association for more information.

Planning Committee

A Planning Committee has been formed with the intent of developing an official POJ Planning Commission. The purpose is to encourage a diverse, interdisciplinary group of community members to have a voice in the planning and development of the Pueblo of Jemez community. This is a very exciting endeavor. The first meeting is scheduled in the second week of February.

Continued on page 3

HEALTH & HUMAN SERVICES

JHHS Successfully Launches New Access Point Project

Submitted by Maria Clark, JHHS Director

Our goal is to keep community members updated about JHHS activities and accomplishments. This article will review meetings and discussions with Tribal Council, JHHS staff, and the tribal community in 2014 regarding last year's grant award from the Health Resource Services Administration (HRSA.) Under the Public Health Service Act, Section 330, JHHS was awarded a HRSA New Access Point (NAP) grant. The Pueblo of Jemez was the only tribe in New Mexico that applied for this grant and the only tribe designated as a New Access Point.

The HRSA grant provides funding to specifically help JHHS implement Tribal Council's desire and intent to provide care to non-Natives. The desire to expand its federal mission to its neighbors in surrounding communities is an impressive example of the Pueblo of Jemez' continued expression of its tribal sovereignty.

Community Communication

JHHS and the JHHS Health Board held informational meetings on Feb. 27, 2014 with tribal employees and a community meeting at the Youth Center on March 27, 2014 to give the community opportunities to learn about plans to expand JHHS clinical services and begin serving to non-Natives using HRSA grant funds.

"JHHS will expand its services to non-Native American populations and extend its hours of operation to one evening clinic and a Saturday clinic," we promised. Today, we have two evening clinics, on Tuesdays and Thursdays, and a Saturday clinic. We expanded services to non-Natives as well, much to their delight; the POJ is now an important and convenient resource for our neighbors' healthcare. Although the number of non-Native visits is relatively small compared to tribal member visits, we have served about 55 non-Native patients, with 226 visits out of a total of 34,403 patient visits since Nov. 1, 2013.

We also heard that the community wanted a full-time pediatrician. In response, JHHS and the Health Board applied for and received additional funding from HRSA specifically for a pediatrician. The position is pending advertisement.

We also indicated we would add on-site specialty services. As of today, occupational therapy is now available and we will

soon add on-site obstetric/gynecology (OB/GYN) services.

Meeting Standards

Part our growth depended on JHHS' and the Health Board's success in implementing and meeting the 19 Program Requirements that HRSA prescribed. Health Board members attended trainings and worked hard to understand their new roles and responsibilities as a new HRSA grantee.

During the week of Jan. 13, 2015, HRSA officials conducted an Operational Site Visit to evaluate JHHS. HRSA concluded that JHHS met 17 out of the 19 Program Requirements, and that the two unmet requirements were "minor elements" within the overall requirement category and were "easy fixes." HRSA officials were impressed, noting we should be proud of "an exceptional achievement, given that most New Access Point grantees normally do not meet that many in the first year of the grant period."

"You and your staff contributed to our success. Our HRSA Project Officer stated that we out-performed many new start-ups or other New Access Points," says Larry Armijo, JHHS Health Board Member. "You all have a lot to be proud of; do not accept anything less. Our success is the result of your hard work and dedication. The Review Team was very appreciative of the cooperation of all the JHHS staff during their visit. Thank you all for this wonderful accomplishment."

With this achievement, JHHS and the Health Board, with the approval and direction of Tribal Council, are now eligible to apply for multi-million dollar capital improvement grants that could pay for sorely needed renovations to the health center or new health care facilities. There are endless possibilities.

Meanwhile, we want to emphasize that serving the Walatowa community is always our first priority and will remain so as we continue to move to expand our patient base and establish ourselves as a competitor in the healthcare business.

Frequently Asked Questions

One question we heard often was: "How will providing health services to non-Natives benefit our community, my family and me?"

In addition to expanded hours and servicesThe benefits to the community include increased job and educational opportunities. We will be able to "grow our own" to meet our community's needs. To date, we have hired about eight new tribal members in medical, pharmacy and dental clinics with plans to hire more as we grow.

Financial Stability

In fiscal year 2014 (Oct. 2013 to Sept. 2014,) JHHS exceeded its goal in revenue collection, and collected over \$3.4 million from Medicaid, Medicare and private health insurance companies. These revenues are critical to ensuring that we maintain high quality services to the community.

If you have any questions, please contact Maria Clark at the Health Center at (575) 834-7413.

P & D Updates, *Continued*

Baseball Fields

Dirt work for the new located ball fields is complete. Scheduling installation of the fences, backstops and dugouts is pending. Once that is complete, final touches on the mounds, parking lot and road will be made. This project is scheduled to be completed in March.

For more information, comments or questions, please call, e-mail or visit the Planning and Development Department. Ask for Chamisa Radford, P & D Director, at (575) 834-0094, Ext. 105 or e-mail Chamisa.A.Radford@jemezueblo.org.

MEDICAL SOCIAL WORK

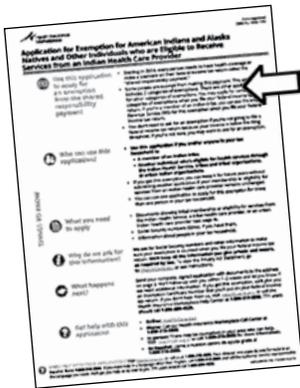
AVOID TAX PENALTIES: WHAT YOU NEED TO KNOW

Submitted by Lisa Maves, LCSW

It's tax time again and many community members have questions about filing their income taxes. In 2015, it's especially important to be sure you aren't paying more than you should. The Affordable Care Act mandate became effective last year, so if you didn't have health insurance for any part of the year, and did not apply for the Hardship Exemption, you could pay a penalty on your taxes. The penalty will be the **greater** of:

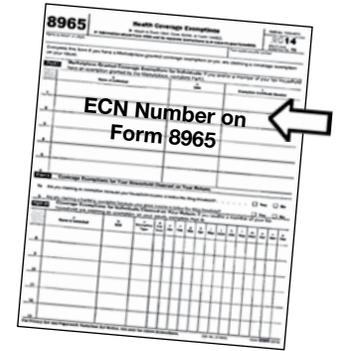
- \$ One percent of your household income that is above the tax return filing threshold for your filing status (see table below), or
- \$ Your family's flat dollar amount, which is \$95 per adult and \$47.50 per child, limited to a family maximum of \$285.

We have repeatedly urged everyone to take action to avoid these penalties. However, if you have not done so, it is not too late. If you are an **enrolled member of a federally recognized tribe** – as most Jemez community members are – or were otherwise eligible for services through an Indian health care provider or the Indian Health Service, you can still file for a Hardship Exemption to avoid paying the penalty, or you can file for the exemption on your tax return.



plete for all members of your household you claim on your tax return. These forms are mailed to the Health Insurance Marketplace with proof of tribal membership.

You will then receive a unique exemption number, or "ECN," to use on your federal income tax return. This exemption number is entered in Part 1 on Form 8965 and filed with your tax return. Hardship Exemption applications are available at the Jemez Clinic Social Work/Benefits offices. Or find applications online at <https://marketplace.cms.gov/applications-and-forms/tribal-exemption.pdf>.



If you qualify for an exemption under one of the above conditions and haven't received your ECN, you can also use Part II on Form 8965 to request the exemption directly on your tax return.

Who Must File?

Many tribal members ask whether or not they are required to file a tax return. We **always** recommend you check with a tax filing professional before making a decision on whether to file. Below is some information regarding IRS minimum tax filing thresholds for your reference.

As always, you can contact Lisa Maves at (575) 834-3059 or Thelma Shendo at (575) 834-3040 at the Jemez Clinic if you have any questions or need help.

The Hardship Exemption

The Hardship Exemption is a very simple form you com-

2014 Federal Tax Filing Requirements: Income Thresholds

FILING STATUS	AGE	MUST FILE A RETURN IF GROSS INCOME EXCEEDS
Single	Under 65	\$10,150
	65 or older	\$11,700
Head of Household	Under 65	\$13,050
	65 or older	\$14,600
Married Filing Jointly	Under 65 (both spouses)	\$20,300
	65 or older (one spouse)	\$21,500
	65 or older (both spouses)	\$22,700
Married Filing Separately	Any age	\$3,950
Qualifying Widow(er) with Dependent Children	Under 65	\$16,350
	65 or older	\$17,550

SOCIAL SERVICES

Women's Wellness Conference "Break the Cycle of Silence"

Survivor stories from community members.

Thursday, March 12 6 to 8:30 p.m.

Youth Center

For females 14 years and older

Dinner provided beginning at 5 p.m.

Childcare provided at Social Services.

Serve Our Community!

Community Intervention Response Team (CIRT)

Community Member Volunteers Needed

CIRT volunteers provide emergency assistance to victims and families of victims in crisis.

Duties

- ▶ Act as a resource for first responders (POJ Police Department, Tribal Officials, Emergency Services.)
- ▶ Provide immediate aid and support to victims and families of victims of violent and abusive situations within the Pueblo of Jemez jurisdiction.
- ▶ Alternating weekly assignments; a CIRT team leader plus two CIRT field volunteers are assigned weekly.
 - ✦ On-call during non-business hours (5 p.m. to 8 a.m.)
 - ✦ On-call during weekends, national holidays and program closures.

Requirements

- ▶ Clear background check.
- ▶ Complete CIRT training.
- ▶ Attend CIRT meetings.
- ▶ Six-month commitment.
- ▶ Confidentiality agreement.
- ▶ Liability waiver.

To volunteer, contact Carol D. Vigil or Cheryl Chinana, POJ Social Services Program, (575) 834-7117, before Jan. 26.

Domestic Violence, child abuse, elder abuse, stalking and intimate partner violence are crimes in our community.

If you need help, or if you know someone who does, contact the Social Services program at (575) 834-7117.

If you are in immediate danger, call 911.

VETERANS ASSOCIATION

VETERANS CREATIVE ARTS FESTIVAL

New Mexico veterans are invited to show off their talents in the 13th Annual Veterans Creative Arts Festival to be held Feb. 25-27 at the Raymond G. Murphy Veterans Medical Center.

Categories are Music, Art, Creative Writing, Drama and Dance. Local winners go on to compete at the national level via digital images and videotape. The Visual Arts entries will be on display from 10 a.m. to 3 p.m. Feb. 25 and 26 in the Recreation Hall (Building 2.) The Performance Arts competition takes place from 1 to 3 p.m. on Feb. 27 in the Education Auditorium (Building 39.) First-place winners from local competition may be invited to the National Veterans Creative Arts Festival taking place Oct. 12-19 in Durham, NC.

The National Veterans Creative Arts Festival, presented by the Department of Veterans Affairs and the American Legion Auxiliary, is the culmination of a year-long, fine arts talent competition involving more than 3,000 participants nationwide. The festival is open to all veterans receiving care at VA facilities.

For applications or more information, call Barb Tremmel at (505) 265-1711, ext. 4208 or toll-free (800) 465-8262, ext. 4208. For information about Performance Arts, call Liz Apperson at (505) 265-1711, ext. 2487. Visit the Creative Arts Festival web site at www.creativeartsfestival.va.gov for more information.

February is Children's Dental Health Month



***Baby teeth are important...
Brush your baby's teeth.***

To celebrate Children's Dental Health Month, the Jemez Dental Clinic will host Head Start children on Wednesday, Feb. 18 for a tour of the offices, exams and topical fluoride applications.

**Make an appointment
for your family today!
Jemez Dental Clinic
(575) 834-7388**

Albuquerque Area
Dental Support Center
A program of



PUBLIC HEALTH

FEBRUARY IS AMERICAN HEART MONTH

Submitted by Darlene Armijo-Smith, RN, Diabetes Case Manager JHHS Public Health Programs

Heart disease is the leading cause of death for both men and women in the United States. Every year, one quarter of all deaths are caused by heart disease.

The most common form of heart disease is coronary artery disease (CAD.) In CAD, plaque builds up on the walls of the arteries that carry blood to the heart. Over time, this build-up causes the arteries to narrow and harden. This keeps the heart from getting all the blood it needs. Blood clots may develop. If the clot mostly or completely blocks blood flow to the heart, it causes a heart attack. Strokes happen when the brain doesn't get enough blood. Without enough blood, brain cells can die.

Heart attack, stroke and other forms of heart disease are a threat to all adults. But you can take steps to protect your heart and lower your risk: get regular physical activity, make healthy food choices, know your numbers and take good care of yourself over all. It is also important that women talk to their doctors about heart health and the use of menopausal hormone therapy or aspirin.

Physical Activity

You don't have to become a super athlete, but your body needs to move. The 2008 Physical Activity Guidelines for Americans state that an active lifestyle can lower your risk of early death from heart disease, stroke and many other health problems. It can also boost your mood. So pick an activity you like, and do it often.

Healthy Eating

Eating fatty, greasy food can make you put on weight. But that's not the only risk. Unhealthy eating has a direct impact on your arteries, your blood pressure, your glucose level, and other important body functions.

You don't need to go on a special diet to eat healthy. Just make sure you focus on eating fruits and vegetables, whole grains, fat-free or low-fat dairy products, fish, beans, peas, nuts, and lean meats. The foods you eat should also be low

in saturated fat, trans fat, cholesterol, salt and added sugars. If you drink alcohol, do it moderately. Women should drink no more than one alcoholic drink per day.

Know your numbers

Ask your doctor to check your blood pressure, cholesterol (total, HDL, LDL, and triglycerides) and blood sugar levels. These simple screening tests give important information about your heart health. Your doctor can tell you what your numbers mean and what you need to do to protect your heart.

Quit Smoking!

The relationship between smoking and heart disease is well documented. Just quit! If you need help, talk to your health care provider about programs and medications that can help you kick the habit for good.

Taking Care Of Yourself

Stress, anxiety, depression and lack of sleep have all been linked to increased risk of heart disease. And these issues are not doing your mind or the rest of your body any good either. You may feel that you don't have enough time to take a break or get enough sleep now. But the possible results of overloading yourself, including heart attack and stroke, aren't worth it.

In the midst of all you do, it's important to make time for yourself. Make sure you get the amount of sleep you need each day to wake up feeling refreshed. Take steps to keep stress in check, such as taking time each day to relax and unwind with friends or loved ones. And if you're having trouble coping because of depression, anxiety, or other emotional health issues, get help. Your doctor or a counselor can teach you healthy ways to reduce stress or suggest treatment for depression or other mental health problems. Although we don't know if treating emotional problems or reducing stress lowers heart disease risk, doing so will boost your overall health and well-being.

Resource: Source: American Heart Association

FEBRUARY AUDIOLOGY SCHEDULE

Friday February 6
Tuesday February 10
Friday February 13
Friday February 20

9:30 a.m. to 3 p.m. at the Senior Center

For more information or to make an appointment, contact Mildred Baca at (575)834-7207 ext. 354

Free Nutrition Counseling

Every Wednesday and Thursday

Please call for an appointment: (575) 834-7207

FUN RUNS!

CUPID FUN RUN/ WALK
Thursday, February 12, 2015
Plaza

Registration at 3:30 p.m. Run starts at 4 p.m.

SPRING FORWARD FUN RUN/WALK
"BALANCING SUCCESS AND FITNESS"

Tuesday, March 17
Plaza

Registration at 4:30 p.m. Run Starts at 5 p.m.
in collaboration with the Jemez Vocational
Rehabilitation Program

PUBLIC HEALTH

When Women Have Heart Attacks

Did You Know?

CAD is not just a man's disease. Heart disease and stroke kill one in three women, yet are 80% preventable.

Wear Red for Women: Friday, Feb. 7!

For women, recognizing heart attacks may present a different set of hurdles and obstacles. A recent study in women who were hospitalized for heart attacks found that they tended to be slightly less likely to have reported chest pain or discomfort than men. Instead, they may report what doctors call vague or less typical symptoms, including the following:

- ▶ Upper back pain, shoulder pain.
- ▶ Jaw pain or pain spreading to the jaw.
- ▶ Pressure in the center of the chest.
- ▶ Some sweating.
- ▶ Light-headedness or dizziness.
- ▶ Unusual fatigue, like you just ran a marathon.

It's important to remember that doctors cannot always tell from symptoms alone whether or not there is a cardiac problem. They work based on the level of suspicion, including results

from further tests and evaluation. That's why it's so important to know your risk factors and have a healthy suspicion (but not to the point of obsessing) that a heart attack could happen to you. In considering the list of heart attack symptoms, be aware:

- ▶ Women can definitely have a heart attack without chest pain. Chest pain/pressure/discomfort is often present, but not always.
- ▶ Women are more likely than men to have atypical symptoms (and no chest pain) such as upset stomach, nausea and shortness of breath.
- ▶ Not having chest pain can make it harder for both you and your doctor to recognize a heart attack.

Read more at www.symptomfind.com/health/heart-attack-symptoms-in-women



Love Your Eggs!

Submitted by Vernon Tosa, Health Advocate

Poached, scrambled, sunny side-up or hard-boiled, eggs satisfy much more than the All-American breakfast. The morning go-to is packed with nutritional benefits:

1. Eggs are great for the eyes. One egg a day provides vital nutrients like lutein and zeaxanthin which are carotenoids. Both nutrients are more readily available to our bodies from eggs than from other sources. Research shows that people who eat eggs every day lower their risk of developing cataracts, also because of the lutein and zeaxanthin in eggs.
2. Eggs are high in cholesterol, but they don't adversely affect blood cholesterol. Although a single egg contains 212 mg, it is important to understand that cholesterol in the diet doesn't necessarily increase cholesterol in the blood.
3. Eggs are high in HDL (good cholesterol.) People who have higher levels of HDL usually have a lower risk of heart disease, stroke and various health problems.
4. One egg contains 6 grams of high-quality protein and all 9 essential amino acids.
5. Eggs are a good source of choline. One egg yolk has about 300 mcg of choline, a vital nutrient that helps regulate the brain, nervous system, and cardiovascular system.

Resource: www.premierfitnesscamp.com/blog/food-nutrition/5-health-benefits-of-the-egg

EGGS FOR DINNER! WINTER FRITTATA

Low calorie, high protein and quick to fix, eggs are perfect for dinner too!

5 slices turkey bacon	2 cups chopped spinach
2 cups thinly sliced red potato	2 tsp minced garlic
2 cups sliced red onion	4 whole eggs
1/2 cup chopped bell pepper	8 egg whites
2 tsp dried rosemary or other herb	1/2 tsp black pepper
1 tsp salt	4 oz reduced-fat feta, crumbled
2 tbsps olive oil	

Cook bacon until crisp. Cool. Chop and set aside. In a 10-inch skillet, sauté potato, onion, bell pepper, herbs, and 1/2 t. salt in 1 T. oil 5 minutes over medium heat. Cover and cook 10 minutes. Stir in spinach and garlic and sauté 1 minute. Remove from heat. Beat eggs and remaining salt in a large bowl. Add vegetables, bacon, black pepper, and feta. Preheat broiler. Place cleaned 10" skillet on a burner over medium heat and add remaining oil. Pour in egg mixture and cook 4 minutes. Move skillet to broiler and broil, uncovered, 3 minutes. Slide onto plate. Cut into 6 wedges and serve hot or cool.

OPTOMETRY

VALENTINE'S DAY HEALTHY CHOCOLATE CHEESECAKE

Don't spoil Valentine's Day with fat and sugar; feel good about serving this healthier treat.

Crust:

2/3 cup old-fashioned rolled oats
8 chocolate graham cracker sheets
2 tablespoons dark brown sugar
1/8 teaspoon salt
1 tablespoon butter, melted
1 large egg white
Baking spray with flour

Filling:

1 cup granulated sugar
1/4 cup unsweetened cocoa
2 tablespoons cake flour
1/4 teaspoon salt
12 ounces fat-free cream cheese, softened
10 ounces 1/3-less-fat cream cheese, softened
4 large eggs, at room temperature
1 teaspoon vanilla extract
1 ounce milk chocolate, melted and cooled
2 C. frozen light whipped topping, thawed and divided
1 cup berries

Preheat oven to 350°.

Prepare crust: spread oats on a baking sheet. Bake at 350° for 10 minutes or until lightly browned; stir after 5 minutes. Cool. Combine oats, crackers, brown sugar, and 1/8 teaspoon salt in a food processor or blender; process until finely ground. Add butter and egg white; process until moist. Press mixture into bottom and 1½ inches up sides of a 9-inch springform pan coated with baking spray. Bake at 350° for 22 minutes. Cool completely on a wire rack.

Reduce oven temperature to 325°.

Prepare filling: sift together granulated sugar, cocoa, flour, and 1/4 t. salt. Place cheeses in a large bowl; beat at medium speed until smooth. Add eggs, one at a time, beating well after each addition. Add vanilla and chocolate, beating at low speed just until combined. Sprinkle sugar mixture over top of cheese mixture; beat at low speed until combined. Fold 1 cup whipped topping into mixture. Pour mixture into prepared pan, smoothing top. Bake at 325° for 1 hour or until center barely moves when pan is touched. Remove from oven; run a knife around edge. Cool to room temperature. Cover and chill 8 hours or overnight. Slice into 14 slices; top each serving with about 1 T. whipped topping and some berries.

Nutrition Information: Cal. 245; Fat 10.2 g; Saffat 5.6 g; Protein 9 g; Carbs 32 g; Fiber 2 g; Cholesterol 74 mg; Sodium 381 mg; Calcium 168 mg

TEARS AND DRY EYE

What is dry eye?

Dry eye is a condition of lack of adequate lubrication in the eye. Stinging, burning and a feeling of something in your eyes are the most common symptoms. Other symptoms include a pinprick sensation or blurry vision until you blink. There are two types of dry eyes:

Tear insufficiency (inflammatory) dry eyes. The eyes do not produce enough tears. This type often occurs with systemic diseases such as rheumatoid arthritis or lupus.

Evaporative dry eyes. The composition of the tears allows them to evaporate too quickly. This type often occurs in the elderly and is more common in women than in men.

What causes dry eyes?

The exact cause of dry eyes is often difficult to determine. The most common causes of dry eyes are aging, contact lenses, systemic diseases, eyelid disease, medications, and dry environments. Regardless of the cause, dry eyes will be either a tear insufficiency type or an evaporative type. Dry eye treatment depends on the type of dry eyes.

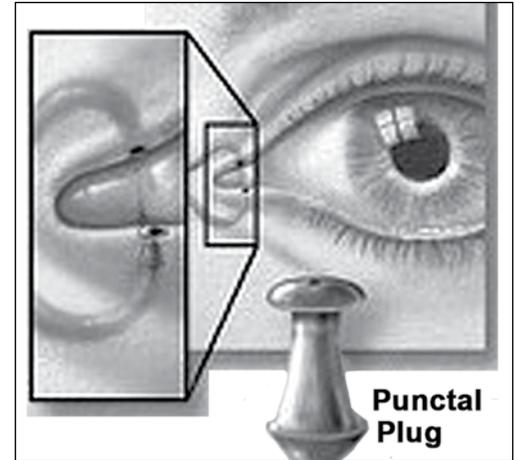
Your tears are complex

Natural tears are composed of three complex layers. These layers are produced by the lacrimal gland and glands in the eyelids. Diseases that affect any of these glands upset the delicate balance of our tears and can result in dry eyes.

Treatment

There is no cure for dry eyes, only treatment.

The most common treatment is using artificial tears. Artificial tears are special eye drops that are formulated to lubricate the eye surface to relieve the stinging and burning associated with dry eyes. These



drops are available over-the-counter in many different formulations.

The next tier of treatment is punctal plugs. Our natural tears drain out of our eyes through small tubes in your eyelids called puncta. By plugging these tubes with small silicon plugs, the tears will stay in the eyes much longer. These punctal plugs can also help by keeping artificial tears in the eye longer. Sometimes permanent punctal occlusion is necessary and this can be done surgically.

Untreated or undertreated dry eye can result in a serious condition called keratitis. Your eye doctor will check the front of the eye the condition. Although rare, a severe form of keratitis called ulcerative keratitis can result in blindness.

If you have dry eyes you should:

- Use your artificial tears at least every two hours.
- Drink plenty of water; dehydration makes it harder for your lacrimal glands to produce natural tears.
- Keep your eyelids clean with daily hygiene to allow proper composition of your tears.
- Visit your eye doctor if you have eye pain to be sure you do not have ulcerative keratitis
- Stay with it. Giving your eyes plenty of help is the key to success!

VOCATIONAL REHABILITATION

Save the Date! Disabilities Awareness Conference

Wednesday, March 18

Walatowa Youth Center

Disability does not have to mean in-ability.

Mark your calendars now for the 17th Annual Jemez Vocational Rehabilitation Program Disabilities Awareness Conference. The conference will include vendors, presentations, and wonderful speakers.

The JVR program started hosting the Disability Awareness Conference in 1998. The conference has grown from a small gathering to an event that brings in 200 to 300 people each year and helps participants gain information on disability and vocational rehabilitation.

“Our key message is that *disability* does not have to mean *in-ability*,” states Program Manager, Sarah Michaud. “Disabilities are a part of life. You can be born with one or you can acquire one during your lifetime. Their impacts can vary greatly from one person to another. However, a disability does not have to define how or what an individual with a disability can accomplish.”

This year’s conference will focus on disabilities and working together to achieve goals and overcome obstacles. This year will also highlight the new JVR logo, unveiled at last year’s event.

“We wanted to tie this year’s topics into our new logo,” says VR Counselor, Kari Fragua. “The new logo highlights our services to three communities, but it also focuses on what ties us all together to make us stronger.”

Speakers will talk about the issues associated with disability including communication, social and individual perceptions of the condition, and how families are important support to help people develop coping strategies to overcome barriers to per-



sonal success. Conditions such as autism, learning disabilities, deafness, diabetes, obesity, paraplegia, depression, and drug/alcohol addictions can have a variety of impacts on individuals, from challenges with physical health to communication with friends and family.

The keynote speaker will talk about the personal journey through the disability process to the achievement of personal goals. A panel of JVR consumers will speak about their own experiences from diagnosis with a disability to beginning the

pursuit of their personal goals.

“This is always one of the most inspiring portions of the conference,” states VR Coordinator Joyce Tsosie. “It really shows that you can accomplish whatever you want to, no matter what.”

In addition to these speakers, the conference will include a presentation by the JVR program about its services as well as booths from Pueblo of Jemez and statewide agencies that provide services to people with disabilities and their families. Local artisans from the Pueblos of Jemez, Santa Ana and Zia will have also have tables displaying their arts and crafts for sale.

There is no cost to register, but due to the length and content of the event, registration will be limited to people 12 years old and older. Lunch will be provided to all registered attendees. Registration forms will be available throughout Pueblos of Jemez, Santa Ana and Zia. People can also call the JVR office at (575) 834-0012 to register by phone, or by e-mailing the JVR Program Manager Sarah Michaud at smichaud@jemezpuablo.us.

Employability Skills Training

FEBRUARY 9 - 13 9 A.M. - 4 P.M.

COMMUNITY RESOURCE CENTER

The Jemez Vocational Rehabilitation Program will host another Employability Skills training from Feb. 9 - 13, 2015 at the CRC building from 9 a.m. to 4 p.m. This five-day training is free and open to anyone who wants to improve their job-seeking skills. Participants will upgrade their job-seeking skills, create resumes, use Internet job search sites, properly complete applications, practice interview skills, and more. When the class is complete, each student will have a personal portfolio to use with prospective employers.

For more information or to register, call the JVR at (575) 834-0012.

JEMEZ HISTORIC SITE

Jemez Historic Site in 1880

By Daniel Kosharek, Photo Archivist, Palace of the Governors and
Matthew J. Barbour, Manager, Jemez Historic Site

John K. Hillers, a German immigrant, became one of the greatest photographers of the American West. After serving in the Civil War he was hired as a general worker for the second Powell Expedition of the Grand Canyon in 1872. When the two photographers on the expedition left, he was made chief photographer. Armed with only the rudiments of photography, he quickly excelled in the role and won Powell's deep friendship. Hillers went on to produce a large body of superb photographs documenting the American landscape and the American Indian. The Palace of the Governors Photo Archives holds a small collection of his prints.

San José de los Jémez Mission was built in 1621 and may have been occupied until the Pueblo Revolt of 1680. This photograph depicts the mission as it stood in 1880. It and the surrounding ancestral Jemez Pueblo of Giusewa are preserved today as Jemez Historic Site. First occupied in the fourteenth century, Giusewa was among the largest Jemez villages at the time of Spanish colonization in 1598.

As Hillers' photograph shows, Jemez

Historic Site was never really abandoned. Shot from the top of a ridge to the south-east of the mission, the picture shows a one-story house built into parts of the sacristy and a portion of the storeroom being used to house livestock. Tree-ring

dates suggest this house was built in 1866, and archival documents note that the Toledo family of Jemez Pueblo lived in the structure during much of the late nineteenth century.

Article reprinted courtesy of El Palacio Magazine, Museum of New Mexico, Santa Fe.



Giusewa Ruins, Jemez Pueblo, New Mexico, photo by John K. Hillers, 1880. Palace of the Governors Photo Archives (NMHM/DCA), Neg. No. 16523.

Positions Open: 2015 Conservation Corps

March 3, 2015 – August 27, 2015

Work on conservation projects on public lands in New Mexico; make a difference in your community through service while planning for your future. Projects include trail construction and maintenance, forestry, disaster relief, watershed restoration and other community improvement work.

Corpsmembers receive personal and professional training in topics including First Aid/CPR, conflict resolution, communication, and presentation/public speaking skills, plus project-specific training. Education sessions focus on skills needed to further education and find meaningful employment.

Positions receive a stipend of about \$680 before taxes, issued bi-weekly. On completion, Corpsmembers get an education award of \$2,775 that can be used to pay tuition at colleges, universities or trade schools. Health insurance and childcare reimbursement may be available.

REQUIREMENTS

- 18 - 25 years old with strong work ethic.
- Able to commit to full six month term.
- Available for overnight projects and travel.
- Basic communication skills (written and spoken.)
- Willing to work outdoors in all weather.
- Willing to be part of a team in a supervised environment.
- Most projects require wilderness camping for up to 8 days.
- Occasional events on weekends.
- On call for disaster relief deployment.

To apply, contact Rocky Mountain Youth Corps, 1203 King Drive, #3, Taos NM, 87571, or go to www.youthcorps.org, or call (575) 751-1420.

An equal opportunity employer. RMYC is a drug free workplace. All positions depend on funding availability.



Walatowa Head Start Language Immersion Program

Submitted by Lana Toya, Early Childhood Education Manager

Fall 2014 was memorable, filled with lots of adventures for our Jemez children. Children participated in a society house visit during fasting, chili-picking, nature walks within our village, site visits to our ancestral lands, and a field trip to Wagner's Farmland Experience that offers pumpkin-picking, corn maze, hay ride and a petting zoo. Nutrition activities included enchiladas, blue cornmeal patties, frybread, biscochitos and atole.

Upon our return from the holidays, the Head Start staff was busy reacquainting students with daily routines and classroom and playground rules, as children need plenty of reminders to establish healthy habits and manners.

Another important routine to establish is bed-time. Pediatricians recommend at least 11 to 13 hours of sleep at night for preschool age children and one daytime nap if needed. Although most children at this age may resist bed time for a number of reasons, it's important to remember that routines become easier when you stick to same bed times each day. Establish routine activities that will calm your child, such as baths or reading stories 30 minutes before bed; ensure that the bedroom environment is quiet and comfortable for sleeping; and avoid television and any type of screen time in the bedroom.

We are very proud of the partnerships we have established with the families of our currently enrolled students and hope that together we can make your child's time with us both positive and memorable. It's important that you are informed of daily and monthly activities for the remaining year, so please check your child's backpack every day for notes or memos regarding changes or new events. This time of year, it's also good to update your telephone numbers with the school in case of unexpected situations or emergencies. We also recommend that you revisit your transportation plans so children are not returned to the center consistently if after-school arrangements need to be changed.

In early January, we had our first planning session for Spring 2015 Language Immersion Implementation, which includes incorporating our Towa language and culture as well as the traditional calendar within our Head Start curriculum. Mr. Johnnie Sandia will also visit classrooms three days a week starting in early February to lead drumming activities. We will seek talented artists from our community to share their

knowledge and skills creating moccasins, pottery, jewelry and other arts and crafts. As part of program assessment, teachers will assess the language and cultural knowledge of individual children by observing their language use during interactions with their peers in the classroom and on the playground to demonstrate progress or language needs. Teachers will also continue to create lessons and activities to support children and families as they continue to develop their Towa language skills and knowledge of Jemez culture.

A language immersion environment requires materials and supplies that promote and increase language and vocabulary development. As part of the Head Start grant, we secured some funding to purchase supplies to make shawls, traditional dresses and shirts, and aprons for our play centers in each classroom, a total of 80 items! We are seeking help from talented individuals who can make those items. Some of our own talented staff members have volunteered to donate their time as well.

If you are interested in volunteering your services or contributing your talents to our young Jemez children, please call us at (575) 834-7366 or visit the center. We look forward to sharing the Walatowa Head Start Language Immersion Program with you and seeing you here!



College/ Career Fair

Hosted by Jemez Valley
Credit Union

FRIDAY, FEBRUARY 13

9 TO 11 A.M.

Jemez Valley High School Auditorium

Open to all Jemez Valley High School, Walatowa High Charter School, and home-schooled students ages 14-19.

Scholarship applications will be available.

EDUCATION

Improving Emergency Medical Services in New Mexico

Makayla Madalena, Walatowa High Charter School, Class of 2014, Senior Thesis

Abstract: The difficulties caused by not having enough paramedics in a big rural state such as New Mexico can be overcome by providing more resources for emergency care.

Improving Emergency Medical Services in New Mexico

When we have a medical emergency, such as broken bones, burns, birth, breathing difficulties or possible death, we hope and pray that expert help arrives quickly. Every year, 380,000 emergency calls go out across New Mexico's 121,593 square miles of vast, rugged expanses, according to the New Mexico Emergency Medical Services Tracking and Reporting Systems.

We are the fifth largest state in America but have only 350 Emergency Medical Services (EMS) and fire stations, staffed by only about 1,300 emergency medical technicians and paramedics. Rural New Mexico is one of the last places you would want to be in a car crash or have a heart attack. There is only one paramedic for every 1,604 people in the state, about one for every 100 square miles. New Mexico is ranked the second-worse in the nation for emergency care delivery. (*The American College of Emergency Physicians.*)

The Need for Emergency Care in New Mexico

In 2011, 112,790 people were in motor vehicle accidents in New Mexico; 18,673 were injured and 1,709 had incapacitating injuries that needed immediate medical attention.

Falls are another top cause of injuries in New Mexico, causing a total of 2,663 injuries each year; 1,904 people who fell had hip fractures, and many of them were elderly.

There are other top causes of medical emergencies. In 2010, 7,991 New Mexicans went to emergency rooms suffering from traumatic brain injuries. The highest numbers of TBIs were infant emergencies. In 2008 there were 3,529 cardiac arrests and 4,589 strokes. In the summer, heat stroke emergencies are common. This is the most serious form of heat related disease and, if left untreated, can result in death or permanent neurological impairment. In 2012, a total of 337,029 male patients visited emergency departments and 403,374 females.

Many New Mexico emergencies are drug-related. The Centers for Disease Control (CDC) report that New Mexico has two times the national average in fatal drug overdoses. In 2013, the Public Safety Department in Espanola Valley became the first agency in the southwest to equip first responders with Naloxone, a drug that can reverse an opiate overdose instantly.

Obstacles to Emergency Care in New Mexico

Distance

Distance is crucial when responding to calls or transporting patients to hospitals for medical care. It could mean life or death for patients in critical condition. The "Golden Hour" is very important, because patients have a window of one hour to get to a hospital for the best chance to survive. If living in Cuba, for example, there is quite a distance to drive to get to a

hospital, not to mention traffic and weather conditions that can impede the speed of an ambulance traveling on Highway 550.

Eleni Fredlund, a volunteer EMT-I (Emergency Medical Technician – Intermediate) with the La Cueva Volunteer Fire Department, relates a story about a call that came in about a hiker with a broken ankle. "It took us half an hour to get to our patient because we had to hike into a wilderness area," Fredlund says. "Distance is a challenge. After the rescue, the patient had an hour and a half to get to the hospital. Had the patient had a compound fracture and there was no pulse in the foot, we would have had to fly her out via helicopter."

Dave Ryan, Emergency Services Director, says, "Distance is a big issue. In Albuquerque, transport times range routinely from 8 to 20 minutes. Here on the Pueblo, our shortest transport time is 25 minutes and that was for a noncritical patient who was transported to Sandoval Regional Medical Center. If we have a critical patient we are transporting by ground, transport times from the Pueblo to facilities downtown could last close to an hour."

Gregg Kotila, Deputy Chief of Emergency Medical Services at Sandoval County Fire Department says, "Sometimes our units have to respond as far as 60 to 90 miles to get to a patient. Obviously response time becomes a huge factor in a critical patient's chance of survival."

The hospital nearest to Jemez is ABQ Health Partners, 41.1 miles away. It takes about 45 minutes to get there. The two hospitals with the most medical specialists are Presbyterian Downtown, which is 46.7 miles and takes 51 minutes from Jemez, and UNM Medical Center which is 47.2 miles and takes 52 minutes to reach, barring any slowdowns that push ambulance transport out of the Golden Hour.

Lack of Transmission Towers

Besides distances, there is the difficulty of communication, because of how few transmission towers there are in New Mexico. There are only four transmission towers in the state and three of them are in or near Albuquerque. The other is near Taos. With few towers and mountainous terrain, there are more "dark areas" where cell phone service is lost. Within valleys like Jemez Springs, tourists who only have cell phones can't use them in an emergency.

The Jemez Pueblo EMT radio communication is with Sandoval County Regional Dispatch Center. "Radio communication is a very big issue here in the Jemez Corridor," Dave Ryan says. "Safety and patient care are paramount with correct communication."

"Units seldom lose contact with dispatch while transporting," Gregg Kotila adds. "There are locations where the signals just don't reach, but it doesn't happen very often."

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EDUCATION

Improving Emergency Medical Services in New Mexico, *Continued*

In 2013, public safety agencies had to comply with new requirements to operate their radio communications on a narrower bandwidth in an effort to free air space to support more users. "For the Sandoval County Regional Emergency Communications Center, the FCC requirements worsened the problem of dead spots on an already strained system," manager Monte Roberts says.

The FCC receives about 400,000 emergency 9-1-1 calls in New Mexico annually. About 52 percent of those calls come from Rio Rancho, 34 percent from Sandoval County, 6 percent from the town of Bernalillo and 4 percent from Corrales.

Lack of Paramedics and Facilities

Medical personnel, like volunteers or employed paramedics, are not abundant in rural areas. There are only 1,300 emergency responders in the entire state, so it takes an agonizing amount of time for the responders to arrive at the scene of an emergency from wherever the closest EMS station is. This situation exists for Jemez Pueblo; there are about eight EMS workers working 24 hours a day, all year. There are no volunteers in Jemez Pueblo. But we are in better shape than Catron and Harding counties, which have no licensed paramedics at all.

The lack of hospitals in small communities is another big concern, because it takes longer to get critically ill or injured patients to emergency care. There are clinics in some small communities such as Jemez Pueblo and Cuba, but they don't have the emergency rooms needed for urgent critical care that exist in Albuquerque, Santa Fe and Las Cruces.

Inclement Weather

Weather is a big obstacle in transporting patients. Snow creates dangerous black ice on roads. Helicopters struggle against ice as well; the ice freezes the turbines and makes them malfunction, preventing the helicopters from getting to critical patients. Rain reduces visibility, making it difficult to see oncoming vehicles. Heavy rains can wash out or flood roads, and ambulances can not transport or get to the scene. This happens during monsoon season. Rains can create mud slides and make rocks hurtle down steep arroyos. Strong winds can push ambulances out of lanes or cause drivers to lose control of vehicles, jeopardizing lives.

Ambulance Dangers

There are a high number of traffic accidents in New Mexico, which pose a serious threat to ambulance personnel. According to www.emt-resources.com, "To be an EMT means you are twice as likely as the regular population to be killed on the job." One-fifth of reported fatalities are the result of ambulances being struck by other vehicles.

There are dangers when medical personnel come on scene. At a vehicle collision, the scene must be protected, first, by parking an EMT vehicle for maximum visibility. The ambulance is also used as a way to shelter injured patients from oncoming traffic. Another way to secure the scene is to have police or other paramedics controlling traffic on either side of the roads.

Protective clothing, such as reflective vests and scratch resistant bodysuits, protect EMTs from shattered glass, dangerous fumes, disease from blood or body fluids, and any chemicals that may have been spilled at the scene.

Solutions to Providing Better Emergency Care in New Mexico

Create More Paramedics

In 2012, the New Mexico Health Policy Commission said that the State General Fund Base budget for the New Mexico Health Service Corps should be raised from \$388,396 to \$1,000,000 a year to help recruit and retain additional health care professionals in rural areas and other medically underserved areas in the state.

Attempts are being made by the state to ensure that rural areas have better access to emergency responders. According to Recruitment and Retention Program Funding, the New Mexico legislature enacted the New Mexico Health Service Corps in 1994 to recruit and retain health care professionals in rural and other medically underserved areas, offering people up to \$10,000 to train to be EMT-Paramedics. Stipends are awarded to eligible health care professionals during their last two years of training or residency. In turn, when licensed these health professionals contract with the Department of Health to provide health service for a minimum of two years (at 1,600 hours per year) in an appropriate underserved area of New Mexico.

Salaries for paramedics and EMTs in New Mexico are going up. The national annual salary for this occupation is \$31,443 per year. But the states' typical wage is \$34,484, above the national average. The wage should increase 18% more by 2021 according to the Department of Workforce Solutions.

Dave Ryan says that the Jemez Pueblo Emergency Medical Service has a Professional Services Agreement with the Sandoval County Fire Department to have one of their paramedic units cover the corridor, while Jemez Ambulance 25-28 is transporting. For Jemez to get more enhancements there needs to be greater funding available.

In Sandoval County, the biggest program to enhance medical services tries to recruit additional volunteers to help cover areas with first response.

Train Paramedics to Care for Acute Injuries and Illness

The first attempt to solve the crisis of rural emergency care in America was "The Red River Project," in Taos, started in 1995 to 2000. The Taos community applied for a federal Rural Health Outreach grant of \$464,000. The goal was to show what could be done when paramedics were trained to care for common acute injuries and illness in rural communities. It enabled the community to have better services and access to full-time physicians and clinics. This program has reduced the number of patients who had to go out of town for treatment

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EDUCATION

Improving Emergency Medical Services in New Mexico, *Continued*

down to 50 percent. This benefited paramedics by letting them remain in the community to get to other calls.

When the Red River project started, there were challenges, like how to get more paramedics licensed. The solution was to train volunteers and have them use the county's protocol for helping patients. Another problem was paying for the program after the first year.

The LA VIDA (Lifestyles and Values Impacting Diabetes Awareness) Family Support Services supports Hispanic/Latino communities in Grant and Hidalgo counties. This program helps people who have or are at risk of developing diabetes. The staff aims to reduce health disparities and improving health statuses. Staff receive on-the-job training and shadow professional staff. LA VIDA has workshops for patients to learn healthy lifestyles, education on diabetes, and customer services.

Telemedicine

Telemedicine uses technology to help close the gap in rural health disparities. The process uses two-way, real time communication between patients and physicians or practitioners using audio and video equipment. Doctors can see how severe a patient's injuries or illness may be, and prescribe the right medication faster, increasing the chances to heal.

The Strengthening Rural Access to Emergency Services Act, introduced by Senators Tom Udall (D-NM) and John Thune (R-SD,) will improve access to emergency services in rural and medically underserved areas. Eligible hospitals can use telehealth or telemedicine programs to satisfy staffing requirement for "on-call" physicians when other medical providers, such as physician assistants or nurse practitioners, are on site at rural emergency rooms.

Telemedicine benefits New Mexico because of the predominance of rural areas. This decreases the time until patients get treatment.

"For patients with chronic, complicated or rare illnesses, treatment can require long trips to urban centers to see specialists or other physicians," Governor Susana Martinez said. "This is often a great financial burden on these patients."

Medical Helicopters

We also need more helicopters. Emergency medical helicopters transport some 500,000 people a year in the US. In New Mexico, three private medical helicopters and two military helicopters can speed over rough terrain. There is one special helicopter for UNM Newborn Transport. However, they are grounded in frequent spring high winds, summer monsoons, and winter snowstorms.

Access, time and distance are logistical issues that may prevent air medical transport. Hard to reach areas are best served by air transport, but dense locations like forests may make it difficult for helicopters to find a place to land.

The patient's condition is important in deciding who is a candidate for air transport. In cardiac situations, patients need

urgent care with time-critical transportation.

Patients with neurological conditions and disorders must be treated for strokes and be transported quickly to prevent any further brain damage.

But helicopters are not a panacea. Weight can be an obstacle in transporting patients who are obese. Helicopters have a weight limit for lift off, and an estimated 5,000 super-sized patients a year are denied transport because they exceed weight and size limits, or because the patient can't fit through the helicopter doors. In New Mexico, 27% of adults are obese.

"It's an issue," said Craig Yale, vice president of corporate development for Air Methods, one of the nation's biggest air medical transport providers. "We can get to a scene and find that the patient is too heavy to be able to go."

Off-Road Emergency Vehicles

New Mexico needs more off-road vehicles such as ATVs, snowmobiles and UTVs.

Four women were injured in ATVs near Ruidoso. They used a cell phone to call 911. Lincoln County EMS responded with their Wilderness Rescue Unit, a radio dispatched, specially equipped Polaris All Terrain Vehicle that tows an Off-Road Res-Q Trailer, known as an 'ATR.' The ATR is outfitted with a basket stretcher for safe patient transport. Two patients were hauled out in 20 to 25 minutes. Without this equipment, it would have required at least six rescue personnel per patient, and about two hours each, to carry the victims off the trail.

More emergency medical responders or paramedics equipped with ATRs would save time in transporting patients and improve their chances for survival. It also frees other medical responders to be available for other emergencies.

More EMS Stations

In New Mexico, there are only 195 county fire stations. Guadalupe County has zero. Los Alamos County only has one. There are only 327 volunteer, paid technicians and paramedics, and fire stations. 160 of them are EMS stations. About 131,561 people live in Sandoval County.

On March 16, 2012, Sandoval County opened Fire Station No. 21. This fire station has a combination of volunteer and career personnel, answering calls in the Southern part of Sandoval County. The community of Santa Ana Pueblo is glad for this fire station, which enhances the fire and medical services for the community.

The University of New Mexico (UNM) Division of Pediatric Emergency Medicine created a partnership with the UNM Center for Native American Health to develop a Child Ready system for pediatric emergency care in New Mexico. The system provides guidance to facilities to help pediatric patients arrive at a level of readiness and assist providers in caring for their ill or injured children. Injury prevention programs and activities are conducted in communities. The primary population focus is on children and families in tribal and rural areas of New Mexico.

EDUCATION

Improving Emergency Medical Services, *Continued*

First Responders Training at WHCS

Improving medical service takes training. Walatowa High Charter School is offering training to junior and senior classes; basic CPR (juniors), First Responder (juniors going into seniors), and Ear Acupuncture (senior year.)

Becoming a First Responder starts with Basic CPR (cardio-pulmonary resuscitation,) a program that will help the Jemez Pueblo community. Students learn about proper procedures to give CPR to adults, children and infants.

Along with this class, students are allowed to go for ride-alongs with the community EMS services to experience what it feels like to respond to calls and put what we learn to the test. The skills we have learned will come in handy any time help may be needed.

"This class gives me more knowledge of how to help someone if they have a medical problem or if there has been an accident," Makayla notes.

Students progress in their training and knowledge by learning how to deal with tragedies and emergencies, how to take vital signs, how to properly place patients on a long board to be transported, and what to do if patients are not breathing.

"We learned how in a multi-casualty vehicle accident, EMTs make hard decisions about how victims will receive medical treatment," Makayla explains. "People who can walk are asked to step to the side and are tagged with a green triage tag to be transported later. Patients who are awake and responsive, but not able to walk, are tagged as yellow, meaning they need to be transported before the green tags. Red tagged patients are in critical condition and must be transported immediately. Black is the label for people who have died on scene."

Conclusion

New Mexico is the fifth largest state, but the second worst in emergency services for our citizens. We need to create more paramedics, give them more responsibility for acute care, and overcome distance obstacles through telemedicine. We need more helicopters, more backcountry vehicles, and to train more young people like me to professionally respond to emergencies.

More programs like First Responder should be part of rural communities where medical services are scarce and it takes a long time to respond. High schools are a very good place to start, because in school it's just like teaching a new subject that students will actually use in the world to help save people.

Having more of the younger generation interested in the emergency medical field will raise the chances of a better well communicated EMS system and will increase the amount of staff available on a call or at the station.

Editor's Note: *An extensive bibliography was included in the original document, but was omitted from this publication due to space considerations. Contact the Walatowa High Charter School for more information.*

Jemez After-School Program

CREATIVITY, CONNECTION & FUN

February 18 - May 13

Wednesday Afternoons: 2 to 6 p.m.

Art	Music	Movement	Story Telling
Homework Time			Outdoor Activities
Snacks	Nature Games		Real Men Read

Third to Fifth Grade Students
Jemez Springs Presbyterian Church
Fee: \$50 for 13-week session,
sliding scale/scholarships available.

For information, contact Cynthia East at (575) 829-4615
(jaspcynthia@windstream.net) or Susie Chaumont at
(575) 829-3692 (jaspsusie@windstream.net.)

Education is Ceremony College Scholarships

APPLICATION DEADLINE: JUNE 1, 2015

Native Health Initiative (NHI) is offering 10 \$1,000 scholarships to help indigenous students of all ages pursue their dreams through the ceremony of higher education.

Education as a way of Ceremony: In the same way that we go through traditional ceremonies of purification, enlightenment and healing, we see higher education as a modern ceremony offering the same rewards. Traditional ceremonies require and nurture discipline, patience and gratitude; these same attributes are required and increased through the ceremony of higher education.

Information and applications are at www.loving-service.us.

Health Justice Internships

Tentative Dates: June - July 2015 Application deadline: March 1, 2015
Volunteers will serve for five weeks.

This unique internship program is run by tribes and health professions students. Open to:

- ▶ students interested in learning about American Indian communities.
- ▶ anyone invested in social justice, and in better understanding and addressing how health injustices lead to health inequities.
- ▶ anyone interested in public health, primary care health fields, and community leadership.

NHI volunteers usually live in native communities and work closely with tribal leaders. Although most internships are not clinical in nature, interns will be able to arrange shadowing experiences in clinical settings. Housing will be provided; food and other expenses are the volunteer's responsibility.

NHI is a partnership between American Indian communities and health professions students to address health inequities identified by tribal leaders and their communities through a culture of "loving service." For more information and to apply, go to the NHI web site at www.loving-service.us.



PUEBLO of JEMEZ

Pueblo of Jemez
4417 Highway 4
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	Monthly Membership	50% Copay/Payroll Deduction
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Family Membership Rate Family of 3-4: \$115.99 plus tax \$8.63	\$124.62	\$62.05
Family Membership Rate Family of 5: \$145.99 plus tax \$ 10.86	\$156.85	\$78.10

*NEW MEMBERS ONLY

Corporate Members are responsible for FULL payment of **One time Initial Fee** to be paid at any Defined Fitness Gym

One Time Initial Fees

Initial Fee Amount

Individual: \$75, plus tax \$5.58	\$80.58
Family of 3-4: \$125, plus tax \$9.30	\$134.30
Family of 5: \$150, plus tax \$11.16	\$161.16

Payments are accepted at the Tribal Finance Department on or before the last Friday of each month.

- In person; pay at the window to Gwen Galvan or available staff.
- Call Finance at (575) 834-9141 to make a credit card payment.
- Monthly Payroll Deduction: complete a Deduction Form and return to Rolanda at Finance.

If the Tribal Offices are closed on Friday, payments will be accepted the following Monday before close of business. If you have questions, please contact Karen C. Toya at the Fitness Center at (575) 834-7059.