Neighborhoods concerned about monastery future

By Madeline Richardson
The Chronicle

The Benedictine Monastery has been an iconic property on North Country Club Road in Tucson since the 1940s. With its pale pink exterior and red-tiled roof, the monastery earned the nickname “The Pink Rose of the Desert.”

“It’s an icon. People remember it from when they were children,” said Marilyn Russell, archivist for the Miramonte Neighborhood.

The monastery originally was home to 20 nuns at the Tucson Chapter of the Benedictine Sisters of Perpetual Adoration. The sisters lived there, praying and working to support themselves through many entrepreneurial endeavors. Over the years, the nuns baked altar bread, made vestments and altar linens, and sold dates from their orchard. They also kept bees in their orchard to pollinate their orange trees, selling the oranges as well as homemade orange blossom honey. They also wrote and published a magazine called “Spirit and Life” for teenage girls.

Over the years, the nuns also earned the nickname “The Snake Man,” from the type of beaded lizard. Including “Pancho Gila,” a type of beaded lizard. The sisters shared desert critters, including “Pancho Gila,” a type of beaded lizard. The sisters shared desert critters, including “Pancho Gila,” a type of beaded lizard.

“Pancho Gila,” a type of beaded lizard.

Recently controversy has erupted about the future of the monastery property in the Miramonte Neighborhood. The buildings and the monastery’s 7 green acres were bought by developer Ross Ruiny in late 2017 for $6 million. He announced plans to build luxury apartments around the monastery, causing concern for neighbors and Tucsonans interested in historic preservation. His plan includes 320 residential units and a parking garage.

Neighbors worried about more traffic on Country Club, as well as the aesthetic look of the historic building being damaged by a high-density project.

According to city development guidelines for historic buildings, any additions to or around the building must not exceed the height or be designed in a way that does not resemble the original structure.

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The annual program was renamed this year as the Donald W. Carson Journalism Diversity Workshop for Arizona High School Students in honor of the long-time journalist who was a professor and department head in the school for many years. We welcome students from all over Arizona to participate in this seven-day intensive journalism program.

For more information, please contact director Daniel Andrés Domínguez, dad4@email.arizona.edu

SPECIAL THANKS TO WORKSHOP FACULTY

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Teamwork Makes the Dreamwork

MEET THE 2018 STAFF OF THE CHRONICLE

NADIRA MITCHELL
Editor-In-Chief
Tucson High Magnet School senior Nadira presents herself as an intelligent, independent young woman. She loves to go out rather than sit and wait for something to happen.

SADIE AZERSKY
Managing Editor
Sade Azersky values personal growth and the passion for chasing one’s dreams. She is going into her senior year at Canyon Del Oro and will pursue music and journalism.

ROHAN PATEL
Managing Editor
Rohan Patel, 15, was born in Northern California and moved to Phoenix, Arizona. He enjoys sports, writing and traveling to India, his parents birthland.

MADELINE RICHARDSON
Copy Chief
Madeline Richardson, a 15-year-old junior at The Gregory School in Tucson, Arizona, has passions including charity work, traveling and dancing, especially ballet.

GRACE HARDY
Photo Editor & Copy Editor
Grace Hardy, 16 and a junior at Phoenix’s Washington High School, loves music and dance and wants to pursue a college degree and career in radio and photojournalism.

JULIAN ARMENTA
Assistant Photo Editor
Despite switching high schools, Julian Francisco Armenta graduated from Cholla High School in May. Underneath his reserved exterior lies an innovative fashionista.

STEPHANY ROCHA
Design Editor & Copy Editor
Stephany attends Tucson High Magnet School as a junior. She babysits her nephews on the weekends, and she wants to enroll in college to study medicine and journalism.

JENNY SANDOVAL
Online Editor
Jenny Sandoval, a 16-year-old at Tucson’s Desert View High School, is passionate about photography. She plans to continue with taking pictures and attend med school.

KALEB CLYDE
Blog Editor
Kaleb Reyes Clyde, a 16-year-old from Winslow High School near the Navajo Reservation appreciates her father’s art and her mother’s medical work.

IVORY BACY
Design Editor & Copy Editor
Ivory Bacy, a senior at Sahuarita High School in Tucson, is a writer who strives to try new things, displays passion about expanding her horizons and enjoys meeting new people.

DARA GARCIA
Reporter & Photographer
Dara Garcia, a 16-year-old student from the Tohono O’odham Nation, is an athlete who is passionate about music and wants to build a future as a laboratory scientist.

Sadie Azersky values personal growth and the passion for chasing one’s dreams. She is going into her senior year at Canyon Del Oro and will pursue music and journalism.

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Parents and talk to the children daily, so they know who belongs on campus and who doesn’t. Many of the Native Americans who enter careers in the colleges of medicine, pharmacy and public health at the Arizona Health Sciences Centers in Tucson and Phoenix. The program offers resources like tutoring, counseling and financial support. “We have all the support that we need whether it’s emotional, social or even financial,” Mariscal said. Mariscal benefited from the program because INMED helped provide funding for her to attend the Association of American Indian Physicians conference in 2016 in California. The conference opened the doors for her to network in the health field.

Credo was able to attend a conference through INMED in Santa Fe. It allowed him to see how he could apply what he was learning and the impact his education could have. He wanted to become a physician and to be taken seriously when he discussed how issues like environmental contamination and industrial waste on the reservation affect Native American health. One of Credo’s goals as a Navajo physician is to try to be an advocate for Native Americans because he wants to inspire other Native Americans to become successful.

“I want to get a higher education, that can happen,” Credo said. “If you want to get healthier, that can happen as well.”

Post-shootings safety

While traveling through the Navajo reservation, people can drive 100 miles and never see a grocery store. The only place to get food is from a gas station, offering snacks with no real nutritional value, causing poor health in Native communities in rural areas, according to Jonathan Credo. Credo, a Navajo-Filipino medical student at the University of Arizona, said many reservations in the United States are food deserts – low income areas with limited access to healthy foods. Food deserts cause health issues like obesity, which can increase the risk of conditions such as diabetes and cardiovascular diseases, according to the American Nutrition Association and the Centers for Disease Control and Prevention.

There is food disparity in Native American communities due to the historical trauma of colonization, where Native Americans were forced to switch from traditional cuisine to western food, according to Dr. Elizabeth Manuelito. Manuelito, a Navajo medical student at the UA, says that as an Indian Health Services patient when she was younger in Fort Defiance, Arizona, she didn’t know about continuity of health care. Manuelito would see a different health provider every time and thought it was normal. There is a turnover rate of health care providers, but Manuelito wanted to be someone who stayed in the community. She was inspired to become a physician by her pediatrician at Fort Defiance hospital, who stayed for 20 years, until Manuelito’s daughter was less than a year old. The pediatrician, Dr. Elizabeth Lester, was not Native American or from the Fort Defiance community, but she continued her practice. Manuelito looked up to Lester for staying dedicated to the Native American people for so long.

“I wanted to be that type of pediatrician who stays in the community and knows her patients and sees them growing up,” Manuelito said.

The proximity of health clinics like Indian Health Services plays a key role in the well-being of indigenous people in the United States, according to Marisela Mariscal. Mariscal, a Laguna Pueblo medical student at the UA, says that it’s hard to recruit doctors to health care facilities on reservations. Physicians prefer to work in bigger cities instead of on the reservation because the pay is much lower on the reservations and there’s limited access to necessities in smaller communities. When she was growing up, Mariscal said, she saw the need for better communication between doctors and patients. Some of her family members did not know why they were taking certain medications. Mariscal said she feels that many Native Americans don’t visit health professionals as much as they should because Native American patients feel dismissed by non-Native American doctors who don’t take into consideration their traditional beliefs.

“Studies show that when your physician speaks the same language and comes from the same culture, treatment and healthcare is better because the trust is there, the respect is there,” Mariscal said. There is a low number of Native American physicians, according to a 2016 report by the Association of American Colleges. The percentage of U.S. medical school applicants who were American Indian or Alaska Native was 0.2 percent. Native Americans often don’t get into the medical field because they are at a socioeconomic disadvantage due to living in rural areas on the reservation. This leads to a lack of access to educational tools, Mariscal said.

One program that is trying to increase the amount of Native Americans in the health professions is the Arizona Indians into Medicine program, or INMED, which encourages and offers support for Native Americans who enter careers in the colleges of medicine, pharmacy and public health at the Arizona Health Sciences Centers in Tucson and Phoenix. The program offers resources like tutoring, counseling and financial support. “We have all the support that we need whether it’s emotional, social or even financial,” Mariscal said. Mariscal benefited from the program because INMED helped provide funding for her to attend the Association of American Indian Physicians conference in 2016 in California. The conference opened the doors for her to network in the health field.

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“If you want to get a higher education, that can happen,” Credo said. “If you want to get healthier, that can happen as well.”

“Of course it’s going to be harder because you have a lot more stacked against you, but I don’t think it’s impossible.”

The INMED program received a five-year grant from Indian Health Services, along with the University of Wisconsin and the University of North Dakota. The UA plans to reapply in 2019. IHS offers this grant to public and non-profit private colleges and universities, to establish programs that will effectively increase the enrollment of Native Americans and Alaska Natives.

Many of the Native physicians who graduate from medical school, thanks to the INMED program, will be going back to their communities and reservations to bring adequate care to their people. The involvement of indigenous health professionals will diversify the medical field, but not solely because of an increase in Native Americans and Alaska Natives. The field will diversify as a result of collaboration between all kinds of people.

Mariscal’s goal as a physician is to mentor students, not just Native Americans, but all other ethnicities.

“I think it’s really important that when you get to a certain point of success in your life that you always look back and bring others with you, and I feel that I can attribute a lot of where I am today due to mentorship,” Mariscal said.

Andee Lister, left, a Ph.D. graduate student at NAU, Dr. Jani Ingram, center, and Jonathan Credo, right, a third-year med student at UA, analyze beaker intercity. Credo wants to increase the number of Native Americans in the medical field.
Herbs offer alternative treatment

Practitioners of integrative medicine, naturopathy and other natural approaches to health care are enthusiastic about using oils, plants and other modalities for people with opioid addiction or for other medicinal purposes.

The Tucson Herb Store, on North Fourth Avenue, offers dozens of herb combinations for making teas, tinctures and other natural treatments, for customers and practitioners seeking alternatives to opioids and other medicines.

“People must be motivated for self-help,” Aton said. “I try to start with doing things as naturally as possible.” Dr. Hilary McClafferty, a pediatrician and professor who worked at the Center for Integrative Medicine for seven years, said physicians need to “empower the patient to really take the initiative for their own health.” According to McClafferty, there are several ways to resolve medical issues without first reaching for the pill. “What about nutrition? What about stress management?” McClafferty said. “What about all are resorting to opioids in the first place. A lack of face-to-face communication can lead to isolation, anxiety, and depression, Aton said. “We need to be more socially connected.” Aton said. “We live in very chaotic and uncertain times.”

The Arizona Center for Integrative Medicine reported that integrative medicine is “healing-oriented medicine that takes account of the whole person, including all aspects of lifestyle.” McClafferty said that it is important to be educated about non-addictive and more natural ways of healing. “There are other ways to cope with life’s challenges,” McClafferty said. Before a discussion can begin on solutions, it’s important to look at what the cause of addiction is, and why people

people the root cause is disconnect from other people and relationships and isolation and other traumas.” Aton said that suicide rates have been rising over the past few years. According to the Addiction Center, the rate of overdose deaths in America has tripled in the past 20 years, and the rates of drug use are highest among people ages 18 to 25. So what is the root problem? “I think we have to look more deeply at our society if we want to look for actual solutions,” Vargas said. “A lot of it stems from emotional and environmental stuff.”

Aton said that a possibility for why many have begun to rely on medication is our society’s fascination with instant gratification. People often use opioids to make themselves feel better for that moment. Aton states that many people find that “getting high is a way to beat depression.” This is the attitude that has gotten people addicted. How do we begin to solve the epidemic? A few possible solutions exist, including a focus on educating the younger generation. Aton said doctors have become more open minded toward medical marijuana, and physicians are beginning to see the benefits of prescribing opioids. The store has a seven percent addiction rate, whereas opioids have a 22 percent addiction rate. Many patients are interested in medical marijuana as an alternative treatment, because they are afraid to start an opioid.

The main goal of patients and physicians is to prevent initial opioids use. Aton said opioids produce both a body and psychological addiction, so attention

The Tucson Herb Store, on North Fourth Avenue, in an old adobe building with a hand-painted sign, is a locally owned store dedicated to the sale of natural healing herbs, serving as a resource for the community on alternatives to conventional medicine. The Tucson Herb Store is filled with herbs, incense and information about natural healing. With shelves of teas and plant oils, the store has many choices of natural healing to explore. That resource may be helpful to many in light of the increasing issue of opioids. The opioid epidemic among young adults around the nation is growing. The National Institute on Drug Abuse reports that about 115 Americans die from overdoses on opioids every day.

Carla Vargas, an employee of the Tucson Herb Store and a dedicated herb enthusiast, has used herbs for medicinal purposes since she was a child. She has found that they have had a positive impact on her life and believes that they are beneficial. “In herbal medicine, I’ve been trained to look at the root cause,” Vargas said. “I think there’s definitely a lot of potential benefits that can be gained from incorporating [herbs].” Finding the driving factor of a health issue is the basis of naturopathic medicine, founded in the belief of the healing power of nature. Its goal is to find the cause of the pain or illness, and to attempt to cure the underlying issue, instead of just relieving immediate symptoms.

Dr. Nancy Aton, a naturopathic physician at the University of Arizona’s Center for Integrative Medicine. She has specialized in naturopathic medicine, women’s health, family practice, nutrition, botanicals, lifestyle counseling and home birth. “If we look deep into the person’s well being, their mind, body and spirit, often times we can probably find the cause of their medical problem,” Aton said. The primary purpose of naturopathic medicine is to aid patients in making healthy lifestyle decisions. According to the American Naturopathic Health Association, the US Centers of Disease Control and Prevention state that of the factors that most influence someone’s state of health, lifestyle choices contribute to 53 percent of your quality of health. Addiction to opioids is often a result of initial misuse by the patient, according to the National Institute on Drug Abuse. About 80 percent of people who have used heroin first abused prescription opioids. The US Department of Health and Human Services, as well as The National Institutes of Health, has priorities for finding non-addictive ways of practicing pain management.

What is the source of the problem? Several issues could play a role in this epidemic, such as lack of health motivation, absence of education for natural healing and the desire for instant gratification, the interesting mind-body tools!” Initiative is important, but having the knowledge of natural healing is also crucial, McClafferty said. “I really see enormous potential for the positive use of integrative medicine in children and young adults,” McClafferty said. Many physicians don’t have an extensive background in integrative medicine and may not feel comfortable advising their patients to go the more natural routes; McClafferty said. The Arizona Center for Integrative Medicine reported that integrative medicine is “healing-oriented medicine that takes account of the whole person, including all aspects of lifestyle.” McClafferty said that it is important to be educated about non-addictive and more natural ways of healing. “There are other ways to cope with life’s challenges,” McClafferty said. Before a discussion can begin on solutions, it’s important to look at what the cause of addiction is, and why people

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Herbs can be really beneficial.” McClafferty, an expert on integrative medicine, suggests mindful yoga practice, breathwork, a healthy diet and stress management tools to produce a positive and healthy lifestyle. She said her most powerful tools are clinical hypnosis and mindfulness meditation.

Aton has found that for more natural pain relief, people should try acupuncture, chiropractic and physical therapy. Many find the effects of natural healing hard to believe. Vargas described an instance where her father didn’t believe the herbs would help with the pain he was experiencing. “He was going to the doctor every other month or so for a sinus infection,” Vargas said, “and when he finally started using some of my recommendations, he didn’t get another infection for two years.”

“It’s really great to see stuff like that, when people realize it can be really beneficial.”
In 1994 the sisters had the monastery registered as a national historic landmark; their intention was that they wanted the building never to be densely subdivided. The sisters did not realize that a national registration meant nothing but a tax credit. Clinco said. In order to receive the protection they said that they would have had to work with city officials.

According to Tucson City Councilman Steve Kozachik, community pushback toward Rukey’s plan to rest of the treatment has inspired the mayor to apply for the monastery to become registered as a Tucson historic landmark. Kozachik represents the area where the monastery resides at the [facility], Behrend said.

In the sisters’ last few years in Tucson, Russell developed a relationship with Priests of the Sacred Heart neighborhood association meetings afterward. Russell often drove her home. The two became very close. Mary was still and just in contact, Russell said.

Sister Riley was said to leave Tucson and misses it dearly, she said.

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Women may struggle, seek help for depression after childbirth

By Stephany Rocha
The Chronicle

Major Depressive Disorder with Postpartum Onset, more commonly known as Postpartum Depression Disorder (PPD), is usually noticed within a year after giving birth. Many women feel ashamed to discuss it, in fear of being labeled as a "bad" mother. They feel ashamed of not meeting the standards for the perfect mother portrayed by the media. Of women who are in their childbearing years, 15 to 20 percent can be diagnosed with postpartum disorder.

Some contributing factors for PPD are women not receiving enough support, husbands not sharing in the responsibilities, or sleep deprivation. These factors can make a woman more receptive to PPD.

Women who had either depression or anxiety when they were a teenager, or later as an adult, are at a higher risk of suffering from PPD.

"That is the hard part because, sometimes people will say, Well I don’t know about what is safe with taking medication because you are pregnant," added nurse practitioner Carole Sheehan said. “Unfortunately, sometimes with women who are very vulnerable to depression or anxiety might get worse.”

Sheehan said she has noticed when a mother typically gets back to "normal," such as, transitioning back to daily routines and going back to work. Often she will book the mother during that time period; it's when women can become stressed and start to have symptoms of PPD.

"A woman can technically have postpartum depression for several years after childbirth," psychiatric nurse practitioner Valerie Bookman said.

Sheehan had postpartum depression, but never knew she had PPD until she became a nurse at St. Joseph's Hospital in Arizona. When she did, she decided she needed help from PPD. St. Joseph’s Hospital was also where she dealt with many patients including women who had postpartum disorder.

Sheehan was the first person to create a support group in Arizona at St. Joseph's Hospital for mothers to help them talk about what they went through. The moms influenced other hospitals in Arizona to start their own support groups and help each other out.

Sarah Barrett, a mother of three and Mrs. Arizona, will be competing for Mrs. America in Las Vegas in August, which will be using PPD as her platform. Four years after the birth of her third child, Barrett was diagnosed with PPD. His birth was traumatic because her son was born four weeks earlier than expected and had to be incubated in an neonatal intensive care unit.

Some symptoms she experienced were tearfulness, withdrawal from loved ones, anxiety when leaving the home, gloomy feelings most of the time and not wanting to be involved.

"I didn’t realize I had it for four years and actually had medical professionals ask me, ‘Do you think you have postpartum depression?’ and I told them ‘No’ right away because I didn’t want the label of having postpartum depression,” Barrett said.

PDP does not only have to do with depression; anxiety can also be triggered after giving birth. A woman may feel anxious or worried, or like she is not doing enough.

Mavney Marin, a family support worker at Jewish Family and Children's Services of Southern Arizona, is another woman who experienced postpartum disorder when she had her twin boys. Marin's postpartum disorder was more anxiety than depression. She feared losing her home because the babies might have been harmed. Her experience led her to get training and work groups along with others to provide support for each other.

When Marin’s twin boys were born, they were admitted to the NICU. It was a very traumatic experience for her, especially with her husband gone.

“I didn’t really understand what was happening with me at the time so I didn’t get help until the week after a year old,” Marin said.

Maternal Marriages

"I think [it’s] important to show what’s possible and what we value,” said Gesta Telis, a mental health reporter for Arizona Public Media.

One group affected by a lack of knowledge is the Deaf community. Saad Bookman, a content manager for FOX Sports Arizona, is a hearing child of Deaf adults.

Bookman, as a young child, developed competency in hearing and Deaf culture. “They call us CoDAs — ‘Children of Deaf Adults,’” said Bookman, a recent graduate of the University of Arizona School of Journalism's master's program. For his master's thesis he made a documentary about a deaf basketball coach who received an organ transplant.

Bookman's father was one of nine children from deaf parents. Five of the children were deaf, including Bookman's father. During his college days, Bookman's father met his future wife, whose partial hearing loss was the result of an illness she had very young. She was the first born, and being the first born — you can ask CoDA — being the first born is the worst, because you have all the responsibility in the world.”

Bookman recalls having a hint during the embarrassment from having deaf parents. He was not familiar with others who were like him, except for his two sisters. As children, they played with other children just the same. Not much thought was on his parents, because he was used to the side looks; however, he did have a lot of responsibility growing up.

“If your parents are going somewhere to buy a car,” Bookman admits, “guess who’s interpreting. If they’re going to buy a house, guess who’s interpreting it. I knew what an escort was by the age of 7. I knew how to dose on a house, and knew how to qualify for a house in second grade. That’s one of the things that was very interesting growing up.”

However, even though Bookman was a CoDA, he wasn’t exposed much to the Deaf community; he had a stereotype about them because of his parents. His parents were both Jewish women who were admitted, and he thought that was part of being deaf, until three years ago.

“I thought that deaf people didn’t go through the kind of education that hearing people could go through, because I thought that they had missed out on a lot of different things but that’s far from the truth,” Bookman explained.

Three years ago, Bookman met a deaf friend of his father’s, Gerald Brown. Brown and Bookman did a basketball camp where Bookman witnessed how deaf people interacted.

“It’s no different than me and you conversing right now,” Bookman pointed out. “I was kind of taken aback, thinking, I have this all wrong.”

In his first year at the University of Arizona, Bookman took a course to refresh his sign skills. In class, he was associated with deaf people more than before. He wishes hearing people knew more about the Deaf culture and deaf people.

“They’re not incapacible,” he said.

“They’re not disabled. They have a different culture. They have a different way of doing things,” Bookman, who is mixed with black and white, said that being a CoDA wasn’t the only struggle growing up. He had to deal with all cultural barriers.

During the first year that Martin Luther King Jr. Day was celebrated in Arizona, when he was in middle school, Bookman’s white classmates threw rocks at him.

When asked what benefits he thinks could come from cultural competence, Bookman said society would be more well-rounded.

“One of the great things in this world, especially here in America is we have the ability to take a little bit from each culture, because we’re not a homogenous person, and the more you do that, the more you put yourself in someone else’s shoes, the more [you] have to offer.”

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America’s diversity leads some to multiple cultural competencies

By Ivyvoy Bacy
The Chronicle

Cultural competence is the ability to interact with people, despite the difference in cultures, to be respectful to the cultural and linguistic needs of a diverse population. America is considered a melting pot, a country filled with voices from all over the world; however, people’s ignorance of cultures other than their own is still a large problem. The lack of representation in work places and media is also a reason why acknowledging our differences isn’t as recognized as it should be.

"[It’s] important to show what’s possible and what we value,” said Gesta Telis, a mental health reporter for Arizona Public Media.

One group affected by a lack of knowledge is the Deaf community. Saad Bookman, a content manager for FOX Sports Arizona, is a hearing child of Deaf adults.

Bookman, as a young child, developed competency in hearing and Deaf culture. “They call us CoDAs — ‘Children of Deaf Adults,’” said Bookman, a recent graduate of the University of Arizona School of Journalism's master's program. For his master's thesis he made a documentary about a deaf basketball coach who received an organ transplant.

Bookman's father was one of nine children from deaf parents. Five of the children were deaf, including Bookman's father. During his college days, Bookman's father met his future wife, whose partial hearing loss was the result of an illness she had very young. She was the first born, and being the first born — you can ask CoDA — being the first born is the worst, because you have all the responsibility in the world.”

Bookman recalls having a hint during the embarrassment from having deaf parents. He was not familiar with others who were like him, except for his two sisters. As children, they played with other children just the same. Not much thought was on his parents, because he was used to the side looks; however, he did have a lot of responsibility growing up.

“If your parents are going somewhere to buy a car,” Bookman admits, “guess who’s interpreting. If they’re going to buy a house, guess who’s interpreting it. I knew what an escort was by the age of 7. I knew how to dose on a house, and knew how to qualify for a house in second grade. That’s one of the things that was very interesting growing up.”

However, even though Bookman was a CoDA, he wasn’t exposed much to the Deaf community; he had a stereotype about them because of his parents. His parents were both Jewish women who were admitted, and he thought that was part of being deaf, until three years ago.

“I thought that deaf people didn’t go through the kind of education that hearing people could go through, because I thought that they had missed out on a lot of different things but that’s far from the truth,” Bookman explained.

Three years ago, Bookman met a deaf friend of his father’s, Gerald Brown. Brown and Bookman did a basketball camp where Bookman witnessed how deaf people interacted.

“It’s no different than me and you conversing right now,” Bookman pointed out. “I was kind of taken aback, thinking, I have this all wrong.”

In his first year at the University of Arizona, Bookman took a course to refresh his sign skills. In class, he was associated with deaf people more than before. He wishes hearing people knew more about the Deaf culture and deaf people.

“They’re not incapacible,” he said.

“They’re not disabled. They have a different culture. They have a different way of doing things,” Bookman, who is mixed with black and white, said that being a CoDA wasn’t the only struggle growing up. He had to deal with all cultural barriers.

During the first year that Martin Luther King Jr. Day was celebrated in Arizona, when he was in middle school, Bookman’s white classmates threw rocks at him.

When asked what benefits he thinks could come from cultural competence, Bookman said society would be more well-rounded.

“One of the great things in this world, especially here in America is we have the ability to take a little bit from each culture, because we’re not a homogenous person, and the more you do that, the more you put yourself in someone else’s shoes, the more [you] have to offer.”

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Sex assault underreported by disabled

By Grace Hardy

The Chronicle

While some believe sexual assault issues transcend disabilities, others believe people with disabilities are more likely to experience sexual assault and less likely to report when assaulted.

“People with disabilities experience sexual abuse at a higher rate than the rest of the population and are often underrepresented in treatment and recovery programs,” said Minnie Almader, a counselor and coordinator of sexual assault and trauma services in student health services at the University of Arizona.

Those who are disabled often rely on regular assistants who may have power to coerce or force them into a non-consensual sexual activity, according to Kristine Hall, a crisis lead at the National Alliance on Mental Health in Southern Arizona. The #metoo movement has helped survivors realize their voices matter and they are not alone, but whether people with disabilities have been served by the movement is unclear.

“Not everyone can speak up about the trauma they face; some do not have the confidence to speak, Almader said.

In January 2018, National Public Radio interviewed people with disabilities who spoke about the trauma they were experiencing while the trauma can be difficult for them. Some often considered themselves as easy targets because they felt physically or mentally weak.

“Some people also come into sexual assault services around Tucson said this week that concerns for people with disabilities are the same as for all people and do not do things with separate services. “Students can walk into Counseling and Psych Services and see a triage counselor without an appointment,” Almader said.

“The Oasis and Sexual Assault and Trauma Services are here to help UA students of all genders who have been impacted by sexual assault, relationship violence and stalking.”

Representatives of at least five Tucson centers told this reporter they do not have sexual assault services or programs specifically for people with disabilities.

However, others said they believe people with disabilities do face unique issues around sexual assault.

“I have not heard a story from a survivor that had a disability; they are the least reported,” Almader said.

She said that in all of her years working with survivors while at the work in the Rape Crisis Center, the Southern Arizona Center Against Sexual Assault and now at CAPS/Oasis, she has never worked with a survivor with disabilities. She said she is certain that sexual assault among people with disabilities is underreported.

Evidence shows there is a lack of resources specifically for those who are disabled and are curious about prevention topics unique to their needs. Programs like CODAC and SACASA provide aid to those who are disabled and are struggling because of sexual assault, as part of their services for all survivors.

“We can accommodate people who have disabilities, and if they call, someone will help help and guide them to their nearest sexual assault counseling,” said Alexis Gonzales, a counselor with CODAC.

“There are many resources in Tucson for people with disabilities who are sexually assaulted,” Gonzales said. “CODAC provides a variety of services for people regardless of whether or not they have a disability.

Empowering those who experience trauma can make a huge difference and inform others about a community that often gets ignored, said Hall of Southern Arizona NAMI.

“I support each individual in regaining a sense of control over his or her life that was lost during the assault,” Almader said.

“One way to do this is to let the survivor know they can make choices without being judged.”

Dress code rules create double standards

By Julian Armenta

The Chronicle

Young women in high school deal with a variety of societal challenges including restrictive dress codes. If young girls stop wearing sleeveless shirts and shorts that are “too short” or “too low,” will they be perceived as coming from men? Will wearing a piece of fabric get in the way of their education?

Tucson temperatures are high and uncomfortable. Finding the right outfit to wear to school can be difficult. High school girls are not allowed to wear spaghetti straps or shorts. Even when the high temperature is 102° girls still have to wear a hoodie to cover their spaghetti straps or shoulders.

Young Women, Men Take Action

Young women and men can come together and wear sleeveless shirts to show that the female body is not a distraction. Young women want to wear while they are comfortable just like boys, and school officials should let them be confident in their dress.

Student handbooks urge girls to be leaders, to be confident in themselves. We need to allow girls and young women to be themselves without considering their bodies a distraction.

Differences between dress codes in Tucson area school district


City High School has a more lenient dress code while Tucson Unified School District’s code is stricter. TUSD’s policy does not want students to wear clothing that distracts other students.

Wells School District, Amphitheater School District, Sunnyside School District and Tucson Unified School District...

Two Ways to Take a Stand for Dress Code

Bring young women and supporters together to organize a youth empowerment movement against dress code, to counter blaming women for showing skin.

Host a walkout at your school.

Mental illness can be ‘taboo’ for Hispanics

By Jenny Sandoval

The Chronicle

Alejandro, 17 and a recent graduate of Desert View High School, has been challenged with anxiety leading to depression intermittently for years.

His parents, like many in the Hispanic community, don’t want to accept that he suffers from anxiety, he said. They would rather believe that he has an illness that can be cured.

Some say that talk about depression, anxiety and other mental health challenges are taboo for many in the Hispanic community.

At age 6, Alejandro was diagnosed with a stomach infection caused by a bacteria known as H. Pylori. The condition caused a lot of pain, a loss of appetite, frequent vomiting and many visits to the doctor. The stomach problems persisted for a year.

While the doctor cleared him from the condition and all medication after that year, the anxiety and depression episodes still displayed, he was deemed cured, and neither he nor his parents could understand why he still suffered.

Alejandro’s condition sparkled bouts of anxiety, because he often feared throwing up when he ate anything.

At age 13 he was diagnosed with an anxiety disorder.

The wounds from his childhood illness are still fresh. Alejandro often doesn’t eat, fearing that his stomach-virus will come back and this time the pain won’t go away. He copes with episodes of anxiety as well.

His parents don’t believe he suffers from anxiety. “They think it’s just something physical, like a disease” and that his anxiety is just related to the stomach issues.

“I think if they were supportive, it would be a lot easier for both of us. It is not like they don’t care about me; it’s just that they don’t view the same things,” he said.

In Hispanic culture, he said, many believe that illness should be solved with medication or natural remedies and they don’t accept a condition such as anxiety.

“It is not the parents’ fault. It is not anybody’s fault. Sometimes anxiety is caused by other things that you can’t control,” he said.

“My parents watch what they say, even though they don’t fully accept (my illness),” he said.

Understanding his anxiety would help them “more than it would help me, in a way. They fear that I am going too much about things because they don’t know what really is going on,” Alejandro, who will turn 18 on July 10, plans to begin at Pima Community College in August.

Behavioral challenges not discussed much, misconceptions common

By Jenny Sandoval

The Chronicle

Some Hispanics think of mental illness as insanity, at least this is what I have experienced in my own community.

For most of my life, I lived in Mexicali, Baja California. When I was 12 years old, my family moved to Tucson.

I have come to recognize that while some consider anxiety, depression and other behavioral challenges as weakness or insanity, others think mental illness must have been caused by drug abuse.

Mental illness wasn’t really talked about. If someone referred to another person with behavioral challenges, people might think the person suffering depression probably abused drugs or it wouldn’t be happening.

When teens are suffering, people will say the teen just wants attention or is trying to get something by pretending.

People don’t take mental illness seriously until something critical happens, and then they might feel compassion.

Often Hispanic elders share their impressions with younger relatives, and the cycle of misunderstanding continues.

The National Association of Mental Illness website features a page full of information and advice for Latinos on mental health.

One section of the page tackles “How Do Mental Health Conditions Affect The Latino Community?” NAMI reports that “as a community, Latinos are less likely to seek mental health treatment. A 2001 Surgeon General’s report found that only 20 percent of Latinos with symptoms of a psychological disorder talk to a doctor about their concerns. Only 10 percent contact a mental health specialist. Yet, without treatment, certain mental health conditions can worsen and become disabling.”

The page also provides information on misunderstandings about mental health, privacy concerns, language barriers, misconceptions, health insurance, legal status, natural medicine and home remedies, faith and spirituality.

NAMI says that Latinos seeking mental health care consider whether doctors have cultural sensitivity. They suggest asking the doctor: “Have you treated other Latinos?”

Have you received training in cultural competence or on Latino mental health?

How do you see our cultural backgrounds influence our communication and my treatment?

How do you plan to integrate my beliefs and practices in my treatment?

“Culture—a person’s beliefs, norms, values and language—plays a key role in every aspect of our lives, including mental health,” the NAMI page reads.

“Cultural competence is a doctor’s ability to recognize and understand the role culture (yours and the doctor’s) plays in treatment and to adapt to this reality to meet your needs. Unfortunately, research has shown lack of cultural competence in mental health care. This results in misdiagnoses and inadequate treatment.”

The National Alliance on Mental Illness of Southern Arizona can be reached at (520) 622-5582.

Mental Health and Wellness
June 2018

Health & Wellness 6

‘You have never been cited for violating the dress code!’

21-12-91 19.7%

150 0.0%

199 0.0% 36 local high school students ages 15 - 19

For more graphs visit: TheChronicleUA.Weebly.com
DACA students face new challenges

By Rohan Patel
The Chronicle

The Deferred Action for Childhood Arrivals was highly lauded as a program to support those who were brought to the United States as infants or small children. But in the past year, those protected under DACA have been launched into a state of confusion. Deportation became a possibility. Their immigration status was up in the air. In Arizona, 2,000 DACA student ambitions to achieve a higher education could possibly be cut off abruptly. Their future was in question and it seemed as if no help was available for them.

The Struggles of DACA Students

Kevin Ramos, 19, was born in Sonora, Mexico and was brought to the United States when he was 3 years old. He has been protected by DACA for 4 years. Ramos is ambitious and driven, but his immigration status hants him at every turn. For instance, Ramos wanted to join the army after high school, but he was unable to accept any scholarships due to the nature of the bill. “I’m barely having enough to pay in state tuition,” Ramos said. “And there’s rarely any scholarships out there for DACA people.”

Anita Ochoa O’Leary, the head of Mexican American Studies at the University of Arizona, said these disadvantages have an impact on DACA recipients. “These are stress-inducing situations,” O’Leary said. “These are different consequences for those who are experiencing it. There is a physiological and psychological impact that stress has.”

O’Leary believes it is unfair to put DACA recipients in a stereotype without knowing their individual stories. “To characterize them as giving up is short-sighted,” said O’Leary. “There are so many impediments to achieving what students would like to achieve given their ambitions and goals.”

The Ruling

On April 9, 2018, DACA students living in Arizona learned they were no longer eligible for in-state tuition and would now have to pay out-of-state tuition. The average UA student who qualifies for in-state tuition pays $24,000 less annually than a student paying out-of-state tuition.

To Drew Warner, president of the Immigration Law Student Association at UA, the ruling was illogical. “There’s no reason for this,” Warner said. “It’s not good economically. It’s not a good investment in the future of the state of Arizona. It’s not good for society and it’s not moral.”

Many people support DACA, and they were outraged at the ruling. “Those who care about immigrant rights, they thought it was despicable ruling,” Warner said.

Joshua Steele, senior director of online student success at UA, said the ruling was highly controversial on the UA campus. “It’s a ruling that the university itself did not endorse in any way,” Steele said. “We’ll continue to work and see how we can continue to help and support students as they look to achieve their education.”

Yesenia Gamez, incoming president of the ILSA at UA, said the ruling could force a choice for DACA students.

“A lot of the times it could come down to renewing your DACA or paying tuition,” Gamez said. “If students choose to pay tuition, it is unlikely that they will be able to pay the $500 DACA renewal fee. However, if they pay for their DACA renewal, their aspiration for higher education will have to be put on hold.”

O’Leary said the ruling may leave some DACA students in an impoverished situation. “Not having the ability to access higher education has long term impact on the quality of life,” she said.

The Impact

Ramos said the ruling on in-state tuition restricted his choice to attend college. “Out-of-state tuition costs [are] more. So how am I going to get that money?” he said, his voice rising in frustration. “That’s a big gap, I’m not gonna put myself in debt just for the out-of-state tuition.”

Many DACA students come from underprivileged families that often do not have the same access to resources and opportunities as other students. “[The ruling] will affect them tremendously because these are students from families that are, for the most part, under-resourced,” O’Leary said.

E. Rogers College of Law who participated in a September forum on “DACA: Law and Policy/Context and Impact”, said that the ruling may have an even larger impact.

“I worry that a lot of them will be forced to leave school because they can’t afford it,” Marcus said.

Many universities in Arizona do not have the financial ability to help these DACA students, either. Marcus said that UA lacks resources and that there are not enough money and scholarships to help students. “Money in circulation is nowhere near enough to cover the tuition and money needed by DACA students,” Marcus said.

Steele also feels that the ruling will have a largely negative impact on DACA students. “It’s a really big decision, it’s a big change in the tuition that they’re charged. I know that it’s impacting DACA students adversely,” Steele said. “I would assume that we would have fewer students who are seeking to earn their education in Arizona.”

The ruling and lack of resources have discouraged Ramos from attending college.

“I only had to get private scholarships. But I can’t get government help and I have to pay full out-of-state tuition, so how am I able to do that?” Ramos said. “It’s impossible.”

To continue reading visit: TheChronicle.UAWeekly.com

School success can be elusive for Native Americans

By Kalebd Clyde
The Chronicle

Native Americans are known for their history with European colonists and attempted genocide. Why don’t we see more news coverage in this century on the Native American community, especially media attention on disparities and attempted genocide? Why don’t we see more news coverage in this century on the Native American community, especially media attention on disparities and attempted genocide?

Native American students, she things the reason for the educations disparities are because of external issues out in the world. She suggested examples such as family problems, lack of cultural inclusion, lost heritage, and low funding. “It’s hard. It’s sad. It’s discouraging to see those statistics,” Simpson said.

Simpson said school systems don’t always effectively support Native American children. Continuing her tirade against what young Native Americans face in this day and age, she said, “Where are our Native people, and as well, our accomplies, not allies. (But where are) our accomplies who are actively making sure our voices are being heard?”

Besides the concerns about rates for graduation and earning college degrees, other statistics show a grim picture for Native children. A 2017 National Center for Educational Statistics report showed that in 2013, there were more Native high school students reported being threatened or injured with a weapon on school property compared to any other ethnicity group. Madelyn Rens, who will be a junior at Tucson High Magnet School, said statistics on education for Native American students can be discouraging but we must persevere. Rens is part of the Tohono O’odham tribe and is from the San Xavier Mission reservation.

She said it is said that Native American students are not speaking up enough for themselves. Without their voices, issues won’t be solved, she said. If there are problems, people must speak up. “We need recognition,” she said.

Rens said the younger generation needs motivation to complete school and represent Native people. “If they work hard enough, they could get an even better life.” Nonetheless, Rens is changing the standards herself by planning to go to a college and do something that will be beneficial for her and her people’s future. She wants to be a teacher.

Elizabeth Ingram, Tohono O’odham and one quarter Klamath Falls, pointed to cultural customs as being part of the problem in education success for Native American children, too.

“In our culture, we are very quiet. We don’t gossip, we don’t ask for help… You have a problem, you deal with it yourself.” And she said that Native American students should go in the other direction and speak up when in need of help. Ingram said the older generations needs to outgrow old customs in order for Native American cultures to survive and thrive. Native people must support their children to become better since many tribes are becoming extinct across the nation.

“We are teaching our kids to be activists, to speak out, to demand what we need, to march, protest, to not give in and to be silent,” she said.
A DOWNTOWN STROLL

On the first day of the 2018 UA Journalism Diversity Workshop, funded by Concerned Media Professionals, 11 high school students journeyed through downtown Tucson taking photos and bonding over shared interests.

Top left: A bicyclist pedals along the streetcar tracks. Photo by Jenny Sandoval.
Top right: Mural of a woman in Haggerty Plaza reflects beauty. Photo by Grace Hardy.
Middle right: A single padlock stands out from a collection of locked memories on Fourth Avenue. Photo by Kaleb Clyde.
Bottom right: Windows top the former Chicago Music Store at East Congress Street and North Sixth Avenue. Photo by Madeline Richardson.
Bottom left: A colorful mermaid graces a shop window on Fourth Avenue. Photo by Nadira Mitchell.
Middle left: Water trickles down a wall fountain, creating a cool vibe on a hot day. Photo by Rohan Patel.