A Collaborative Path Forward For Senate Memorial 14

When Senate Memorial 14 (SM14) was created, five guiding principles were identified as essential to ensuring resulting work addresses this issue honorably.

1. **Honor and support victims-survivors and families affected by coerced or forced sterilization and develop education and public awareness of this history.**

2. **Gather survivor testimony using trauma-informed, culturally safe protocols, developed in partnership with Indigenous-led organizations and communities of color** ***(17-25 pg. 4)***

3. **Support Indigenous women leaders, advocates and victims-survivors scholars and health practitioners in developing a Native American-led transitional framework culturally grounded in reproductive justice and trauma-informed practices environment to ensure such violations never occur again** ***(17-21 pg. 3),*** **and review and recommend-educational, policy and reparative measures to prevent future harms and promote community healing** ***(2-7 pg .5)***

4. **Above all else, we shall maintain transparency while protecting confidentiality; all information shared by victims-survivors with the State of New Mexico, advocates and health professionals will remain confidential always, now and in the future.**

5. **Data should be collected only on an as needed basis. Consistent with federal and state statutes protect the confidentiality and safety of those communities who are brave enough to come forward to tell their stories. We do not create safety by compromising confidentiality; we create protection by modeling best practices and honoring of our elders, our community, and our shared history.**

Confidentiality is more than a legal requirement it is the foundation of trust necessary for victims-survivors and their families to come forward and share deeply personal experiences. Information should be collected only, when necessary, with informed consent, and safeguarded through culturally grounded, trauma-informed practices that prioritize the dignity, safety, and well-being of those participating. Legal and health-policy scholars increasingly treat the right to truth as a precursor to equitable healthcare, identifying truth-telling and reconciliation as foundational to health justice when paired with structural remediation (*Petrie-Flom Center, Harvard Law School, 2021*). We do not establish safety by asking victims-survivors to relive trauma without protection. We initiate it by respecting confidentiality, minimizing unnecessary collection of personal information, and ensuring that victims-survivors remain in control of how their stories are shared.

This work must be community-led by those individuals directly affected, our indigenous women and women of color, with government agencies and other organizations health, academic and

otherwise participating as partners in support of that leadership not as its directors. This approach is affirmed by international human rights frameworks, peer-reviewed public health research, and professional ethics guidelines alike (*CPA Task Force Report, 2018*; *Petrie-Flom Center, 2021*; *Beyond Intractability*).

The United Nations Declaration on the Rights of Indigenous Peoples establishes the right of Indigenous communities to participate in decisions affecting them and obligates states to consult through their own representative institutions (*UNDRIP, Arts. 15, 18, 19*). Intergenerational trauma likewise finds that healing depends on community-driven structural change, with truth and reconciliation processes offering survivors a safe space to disclose systemic harm without shame (*Larson et al., 2024*).

Experience from other jurisdictions bears this out: trust is strongest when survivors and involved individual and communities help shape a process from its beginning, rather than being invited into one already designed.The Maine Wabanaki-State Child Welfare Truth and Reconciliation Commission is particularly instructive. This Commission was built on years of relationship-building between the State and Wabanaki Nations, offers an instructive lesson centering the process at the community level develops the trust and space necessary for potential healing to occur. New Mexico's process will necessarily differ in its particulars, but the same principle holds community leadership and collaboration creates the trust and legitimacy needed for meaningful participation.

For this reason having government entities or foundations lead work groups or deliverables without the direct experience and the advocacy of the communities most directly affected is not the path we want to model. Standards for state-level truth and reconciliation commissions developed by the International Center for Transitional Justice similarly hold that success depends on empowering survivors, establishing an impartial historical record, and directly shaping public policy to prevent repetition of past harm (*ICTJ, 2012*). Ethical guidelines for community-based participatory research reinforce this standard: institutions and task forces must engage communities as rights-holders, ensuring survivors retain intellectual sovereignty over their own testimony and history (*Tri-Council Policy Statement, TCPS 2, Ch. 9*). Locally developed guidance for engaging Native American communities in health research sets the same expectations authentic relationships, transparency, and community ownership of data (*Straits et al., 2012*). Government entities and foundations are strongest when they support and participate in community-led working groups, rather than direct them, this is what allows the work to remain community-focused. We invite the Indian Affairs Department (IAD) and the Commission on the Status of Women (CSW) to serve as a collaborative partners with our

working groups so that together we can effectively answer the call to addressing these issue within a timeframe that is both reasonable and honorable.

We also hope in the future IAD would be able to express any concerns regarding SM14 during the committee review process. This year, we were fortunate to have two opportunities to discuss the memorials complexities before passage. For this reason, we believe the recommended path forward is one of continued collaboration with CSW and IAD and the experts organizing this effort. Working in partnership we can develop our deliverables while ensuring the survivors voice and intent of Senate Memorial 14 remain at the center of our work.

There is no doubt that the IAD will play a critical role in implementing SM14 particularly by providing leadership in the public records process so that information can be obtained not only from the Indian Health Service but also from hospitals and clinics throughout the State of New Mexico. We welcome the Indian Affairs Department's expertise in developing process and leadership acquiring information from the hospitals and clinics. This kind of shared leadership grounded in cultural humility and an honest reckoning with institutional power reflects the standard that medical and psychological ethics boards increasingly require of practitioners working alongside Indigenous communities.***(CPA Task Force 2018; National Collaborating Centre For indigenous Health)***

Together let us expose this historic painful chapter of suffering and support the healing of our community.

In support:

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Rachael Lorenzo Indigenous Women Rising
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