CATHY WURZER: It's *Minnesota Now.* I'm Cathy Wurzer. Nurses at the Mankato Hospital have voted to leave their union. The decision and its potential effects. There are Minnesotans involved in the meetings between leaders of Canada's First Nations and the Pope? We'll hear from them as well.

[MUSIC PLAYING]

CPR saves lives. But do you know exactly how it works and how to give CPR? Dr. Jay Sheri Alvin is here to tell you. Richfield's youngest mayor's also Minnesota's first Latina mayor and she's not running for re-election. We'll find out why and what's next for her. And a new discovery about meat-eating dinosaurs-- get your inner paleontologist ready for some dino news. All of that plus the song of the day and the Minnesota Music Minute-- all that coming up right after the news.

LAKSHMI SINGH: Live from NPR News in Washington, I'm Lakshmi Singh. The US Senate is one step closer to passing a major piece of legislation aimed at supporting domestic manufacturing of semiconductor chips. NPR's Barbara Sprunt reports. This comes after supply chain issues on the products that power the nation's smartphones, cars, and weapons systems.

BARBARA SPRUNT: The Senate cleared a procedural vote with bipartisan support teeing up a final vote this week on the CHIPS Bill, shorthand for Creating Helpful Incentives to Produce Semiconductors for America. The bill would provide $54 billion in grants for semiconductor manufacturing and research, tens of billions to support regional technology hubs, and a 25% tax credit for investments in semiconductor manufacturing.

Supporters argue the legislation is long overdue and will lower US reliance on China for chip production, which they say poses a national security risk. Critics, including Senator Bernie Sanders, argue against subsidizing the semiconductor industry. Barbara Sprunt, NPR News, Washington.

LAKSHMI SINGH: The extreme heat that prompted emergency warnings for tens of millions of people across the Northeast and South is taking hold today on the Pacific Northwest. National Weather Service Meteorologist Zac Taylor has more on what's in store for areas where dangerously high temperatures are prompting heat warnings.

ZAC TAYLOR: Record highs are in jeopardy for Seattle and Portland. And so for Portland, Oregon the forecast is to reach near 100. Today's record is 100. And then in Seattle, the forecast high is for 93. And that would break the old record of 92.

LAKSHMI SINGH: Climate scientists say as the planet gets hotter, extreme heat-related events such as wildfires will happen with greater frequency. One burning near Yosemite National Park is massive. The Oak fire has burned more than 18,000 acres since it started Friday.

European Union governments have agreed to voluntarily cut back their gas usage for the next eight months to increase storage in case of Russian disruptions. From Brussels, Teri Schultz reports the EU hopes enough gas will be put in storage to keep all countries supplied for the winter.

TERI SCHULTZ: EU energy ministers reached a compromise to cut gas use by 15% in all 27 countries, despite opposition from some governments which are not dependent on Russian imports. Though several countries are expected to seek exemptions, Czech Energy Minister Jozef Sikela, whose country holds the bloc's rotating presidency, says the agreement is important.

JOZEF SIKELA: We wanted to send a clear signal to the world and to Kremlin. And this is something we achieved.

TERI SCHULTZ: If the voluntary reductions go unfulfilled, the plan contains a mechanism for mandatory cuts. EU gas storage is about 2/3 full. The aim is to be at 80% by November, as the bloc fears a complete cutoff of Russian deliveries as relations deteriorate over Moscow's invasion of Ukraine. For NPR News, I'm Teri Schultz in Brussels.

LAKSHMI SINGH: This is NPR News.

CREW: Support for NPR comes from NPR stations. Other contributors include Fisher Investments. Fisher Investments is a fiduciary, which means they always put clients' interests first. Fisher Investments, clearly different money management. Investing in securities involves the risk of loss.

CATHY WURZER: Around Minnesota right now, skies are partly to mostly cloudy. Highs today will be in the 70s. And it might be raining where you are. It is in Alexandria, where it's 64. It's 73 at the Duluth Harbor.

And outside the Fat Pheasant Pub in Windham, it's sunny and 68. I'm Cathy Wurzer with Minnesota news headlines. A big gap in campaign money remains between DFL Governor Tim Walz and Republican challenger Scott Jensen. Brian Bakst has more on new campaign finance reports out today.

BRIAN BAKST: As of last week, the incumbent, Walz, had almost nine times as much money available as Jensen. That's more to spend on staff, advertising, and other campaign efforts in the final months in the run-up to November. In sheer dollars, it breaks down like this-- Walz reported having just shy of $5 million in the bank to Jensen's $581,000.

But there's more to it. Walz has reserved millions of in advertising time and began airing those commercials after the cutoff for reporting the latest finances. Those expenses are not accounted for in these figures. Jensen hasn't reserved any TV time yet, but listed around $245,000 in radio and newspaper ad spending in July. DFL incumbents also had cash advantages in the attorney general and secretary of state races, but the Republican challenger is better positioned financially in the state auditor contest. I'm Brian Bakst.

CATHY WURZER: A Hennepin County judge ruled today that a controversial planning project adopted by the city of Minneapolis can go forward amid a legal challenge. Back in June, the court ordered a temporary halt to the implementation of the city's 2040 Plan, which, in part, seeks to create more housing density. The groups challenging the plan in court say it opposes environmental hazards. Today, the court ruled that the city faces harm in delaying the implementation of the plan, and it granted the city's request to stay the June order.

Our lead story-- nurses at the Mayo Clinic Hospital in Mankato have officially cut ties with their union. Nurses voted 213 to 180 Monday to decertify the Minnesota Nurses Association. Max Nesterak is Deputy Editor with the *Minnesota Reformer.* That's a nonprofit digital news outlet. He's been covering the union vote, and he joins me right now. Welcome back to the show, Max.

MAX NESTERAK: Thanks for having me on, Cathy.

CATHY WURZER: This move, as you know, is a defeat for the powerful Minnesota Nurses Association and a win for an anti-union group. How did this all come about?

MAX NESTERAK: So from my understanding, the petition was filed by a nurse named Brittany Burgess with free legal support from a national group called the National Right to Work Foundation. They're a group that helps workers around the country file petitions for elections to decertify their unions. It's a nonprofit group and their mission is to eliminate coercive union power and compulsory unionism, according to their mission statement.

CATHY WURZER: Now, nurses there, gosh, had been part of this union for more than, what, 70 years. Do we know why the nurses wanted out?

MAX NESTERAK: That's right. So this nurses union was formed even before Mayo Clinic took control of the Mankato Hospital. Actually, there's never been a successful unionization effort among nurses at a Mayo Clinic. All of the 500 or so nurses that are now unionized after this vote were all grandfathered in.

To why so many nurses voted to leave the union is still somewhat unclear to me. People have been very tight-lipped about this on both sides. It's been a very tense issue, as you can imagine. And people have not really wanted to talk on the record, or even on background, about what has led to this division.

I sent calls to more than half a dozen anti-union nurses. I posted up outside the hospital to catch people on their way coming during shift change. And no nurses who were against the union wanted to speak with me. So all information I've gotten has come from the National Right to Work Foundation. And they just sent me a statement about two minutes ago and they said, we're proud to have helped Mayo Clinic nurses exercise their right to free themselves of an unwanted union.

CATHY WURZER: What has the MNA said?

MAX NESTERAK: So the MNA, they have pointed to the National Right to Work Foundation's involvement and accused this of outside meddling and an outside political agenda. One thing I did note in my story is that Brittany Burgess is the stepdaughter of Glen Taylor, a Republican billionaire who does not favor unions. And the reason why I think that's important to mention is because some nurses were invited to a decertification event at his Mankato house. So-- go ahead.

CATHY WURZER: We should mention too while you're talking about this that our president, the president and CEO of American Public Media Group, which includes Minnesota Public Radio, is Jean Taylor. And Jean's the daughter of Glen Taylor and the stepsister of Brittany Burgess, who is involved in this story. But Jean Taylor is not involved in this story. So go ahead.

MAX NESTERAK: That's right. Yeah. Good clarification. So the union is also pointing to that. And they say in a statement that I received yesterday, a nurse at the Mankato Hospital, she said, quote, "the removal of the union marks another sad step in the corporatization of community health care in Southern Minnesota, following moves by Mayo clinic to close and consolidate services in other communities." So they feel like this is a real loss and say they fear that care for patients will go down because nurses can't bargain for staffing ratios and other things that they say helps patients.

CATHY WURZER: Max, there have been successful efforts to dump unions in other sectors of the Minnesota economy in the past. I'm curious-- what's the process to decertify?

MAX NESTERAK: So to decertify, a petition has to be filed with the National Labor Relations Board. That's the federal agency that regulates private sector unions. And you need at least 30% of the bargaining group to sign on to this petition. The National Right to Work Foundation said they got over 200 signatures on their petition.

So that's way more than they needed, because there's about 500 nurses at the Mankato Hospital. And after that, the National Labor Relations Board holds a vote. And not everyone has to vote. As you mentioned at the top, the vote was 213 to 181.

So that is a high turnout for union elections. Oftentimes, you see that not even half of eligible workers vote. And so a lot of nurses did vote-- not all of them. And now what happens is the NLRB has to certify the results, which could take about a week.

But there is nothing indicating that this won't go through. The nurses union hasn't told me that they're going to challenge it. It wasn't a close vote, with 213 voting to leave the union and 181 voting to stay.

CATHY WURZER: It's interesting that this occurred, Max, as you know, because we're seeing other efforts to unionize in other parts of the Minnesota economy, right? A number of places have unionized. And how does this vote, then, fit into the larger picture of the labor movement in Minnesota right now?

MAX NESTERAK: Right. That's why I think the story is so interesting because we see all these stories about there being a surge in union support. And actually, if you look at Pew Research, Americans' support for unions has seldom been higher. The National Labor Relations Board says they're seeing a 50% increase in requests for new Union elections over last year.

So there is a lot of interest in labor organizing now. But that's not the entire story, as we see here that there are successful efforts to get rid of unions. And one thing that a Minnesota Nurses Association Vice President told me is he thinks the frustration that workers have felt during the pandemic, especially in the health care sector that motivated a lot of workers to seek unions, can also be harnessed against unions.

And so he brought that back to the National Right to Work Foundation, says it was outside people capitalizing on that worker frustration and channeling it against the union. Make of that what you will. Again, I'm interested in hearing from anti-union nurses about why they voted against leaving the union. But certainly, this worker frustration that a lot of people are feeling during the pandemic has played a role.

CATHY WURZER: Might there be, then, more medical facilities in Minnesota that might have similar situations pop up? Do you know if the Right to Work Foundation is backing petitions at other places?

MAX NESTERAK: They are. They're backing one at several Cuyuna facilities. Those are clerical workers that are unionized with SEIU. We could see more pop up at other Mayo Clinic facilities.

I should note that Mayo Clinic employs about 22,000 nurses across the country. And before this vote, only about 1,000 were unionized, and all of those were in Minnesota. Of course, Mayo Clinic has facilities all across the country.

And these are primarily in Southern Minnesota in hospitals that Mayo clinic acquired. So of the 500 or so remaining unionized nurses, we could, perhaps, see more decertification efforts there.

CATHY WURZER: All right. I know you'll keep digging. Thank you, Max. I appreciate it.

MAX NESTERAK: Thanks for having me on, Cathy.

CATHY WURZER: Max Nesterak is a Deputy Editor for the *Minnesota Reformer* news site.

[SINGING]

DAVINA LOZIER: You know when you walk down the street, you see the same people that you always meet. Don't be surprised if I walk on by without looking back waving or saying hi. This time, I'm going to take a different road.

Let's hope it takes me up, [? behind, ?] below. So this won't last, going to take a different road home.

CATHY WURZER: Oh, this is the song *Bee Sting* by Davina and the Vagabonds off of their 2011 album *Black Cloud. Rolling Stone* magazine says Davina Sowers creates her own Americana mishmash-- a little Amy Winehouse-worthy neo-soul here, a little great American songbook influenced songcraft there.

You may be able to catch them live. The group is on tour this summer.

[SINGING]

DAVINA LOZIER: It takes me over down below, so this won't last, I'm going to take a different road home.

CATHY WURZER: 12:16 here on *Minnesota Now* from NPR News. I'm Cathy Wurzer. Say, if you saw someone on the ground, perhaps with symptoms of a heart attack, would you know what to do? A survey from the Cleveland Clinic shows many Americans don't have the knowledge to help someone who's having a heart emergency, and often don't even know the proper way to help themselves.

Dr. Jay-Sheree Allen talked about what to do if someone is drowning in our last visit. Today, how you could save someone's life or, perhaps, your own. Dr. Allen is a Physician at Mayo Clinic and the host of the *Millennial Health* podcast. Hey, welcome back to the program.

JAY-SHEREE ALLEN: Thank you so much for having me. I'm excited to be back.

CATHY WURZER: All right. Now, for folks who are just a little unfamiliar with what we're talking about here-- what does CPR do?

JAY-SHEREE ALLEN: OK, so CPR, which also means cardiopulmonary-- so heart lung resuscitation-- it's an emergency lifesaving procedure, right? And you utilize that when the heart stops beating. And it literally can save someone's life.

CATHY WURZER: How is it performed? We see it on TV. Is that the correct way to do it on TV?

JAY-SHEREE ALLEN: Oh my god, no. I think your doctors are a little*Grey's Anatomy*'*d* out. No. So all right, let's talk about it. So there are two commonly known versions of CPR. So the version for health care providers and those who are trained in CPR, and that's kind of the conventional way with chest compressions and mouth to mouth-- and we'll talk a little more about that.

But we're addressing your listeners today, so I want to talk about for the general public-- or just bystanders-- who witness an adult who just suddenly collapses. I know it's intimidating, it's frightening, it's really scary. So I want to keep it as simple as possible, because, honestly, if you jump into action quickly, you really could increase this person's chance of survival. In fact, you double or triple their chances of survival after a cardiac arrest if you help them with CPR.

CATHY WURZER: Oh my goodness. OK.

JAY-SHEREE ALLEN: Yeah, the statistics are really significant. So here is what we're going to do. You are, I don't know, at the park-- you are wherever you are, pick your spot-- you witness an adult collapse. So the first thing you're going to do is call 911. If there's someone else around, ask them to call 911. Or what you could do is actually just put 911 on your speakerphone, and they can walk you through this process.

So again, if you're really nervous, that's one thing we don't think that we can do. But just dial 911 and hit speaker. Then, you want to ask someone to get an AED. And these are things you're doing in 2 seconds. Call 911. Someone, find an AED.

And then you're going to ensure the person is laying flat on the ground in front of you, you get over them, you put the heel of one hand in the center of their chest, and then you put your other hand on top of the first hand. And then you are going to push hard and fast.

And you're pushing your hand down hard and fast. So it's a workout. And you need to push-- kind of the rate we're looking for is around 100 to 120. Commonly, we say is to the tune of *Staying Alive.* Just sing that in your mind, and that's how fast you should be going. That's the tempo we're looking for.

CATHY WURZER: [HUMMING] Like duh duh duh duh nuh nuh, duh nuh nuh. Yeah, right.

JAY-SHEREE ALLEN: You got it. Thank you.

CATHY WURZER: I'm wondering, though-- can you do CPR incorrectly and do more harm than good?

JAY-SHEREE ALLEN: So you can. Yes, you can do CPR incorrectly. And we all worry about doing more harm than good. But that's why I said the very first step is calling 911.

So while you are trying to help this individual, professional health care workers are on the way, all right? So you know I like to take the big picture approach-- kind of that bird's eye view. So you have to understand what it is that you are doing.

So think of the heart as a pump. The heart is a pump in the body. What you are essentially trying to help this individual do is keep their blood flow active until help arrives. That is literally it.

So the heart is the pump, and the pump isn't able to function on its own. You are externally acting as the pump to push their heart to keep that blood flowing. So if you think of it that way, it's a little less scary.

CATHY WURZER: OK.

JAY-SHEREE ALLEN: Hopefully.

CATHY WURZER: Right. It is. It is. So if I'm not able to or don't really know much about chest compressions-- you mentioned the AED. Start looking around for something like that and use that, then?

JAY-SHEREE ALLEN: Yes. So there are many different companies. So they come in different colors. But they're typically these square boxes that you'll see in different buildings. Now that hopefully we're talking about it, your awareness of it will increase and you'll start looking around in public spaces wherever you are to see the closest AED.

But this means an automated external defibrillator. So it's essentially a device that can analyze the heart's rhythm, and if it's necessary, it can deliver a shock, or defibrillation, to help the heart reestablish or go back into an effective rhythm. So that's what this AED does.

And I think what will help with that, Cathy, is if we kind of level a little on some definitions. The term cardiac arrests and the term heart attack-- we tend to use them interchangeably, but they're not actually the same thing. So cardiac arrest is an electrical problem. So this is when the heart malfunctions or it stops beating unexpectedly because of an electrical issue.

So we call that arrhythmia, or it's an abnormal rhythm that's not working well for you. You want to be in sinus rhythm. The heart attack is a circulation problem. And that is when blood flow to the heart is blocked. So we're actually, though we use the terms interchangeably, we're talking about different things here.

CATHY WURZER: Got it. So super quick-- where does someone learn CPR?

JAY-SHEREE ALLEN: You can go to the website Heart.org/CPR and put in your zip code. And they'll show you lots of different locations in your area where you can take a class. I'd highly encourage anyone, especially if you're caring for children or elderly adults, you have anyone under your care, I highly recommend getting certified.

CATHY WURZER: OK. Good information. Thank you, Dr. Allen.

JAY-SHEREE ALLEN: You are so welcome. I'll see you next time.

CATHY WURZER: All right. Talk to you later. Dr. Jay-Sheree Allen is a physician at Mayo Clinic. She's also the host of the *Millennial Health* podcast. I think we are going to throw it to news in just about 15 seconds.

CREW: Support comes from the Great Lakes Aquarium in Duluth, featuring its new water splash exhibit, H2O Watersheds at Work, showcasing regional freshwater species and resources, plus marine animals, habitats, and touch pools. Great Lakes Aquarium-- discover wonder.

EMILY BRIGHT: Hey, Kathy. It's Emily Bright. I'll just jump in with news headlines. Russia will opt out of the International Space Station after 2024 and focus on building its own orbital outpost. Yury Borisov, who was appointed earlier this month to lead the state-controlled Russian Space Corporation Roscosmos, said today that Russia will fulfill its obligations to other partners at the International Space Station before it leaves the project.

The decision comes amid soaring tensions between Russia and the West over the Kremlin's military action in Ukraine. European Union governments have agreed to ration natural gas this winter to protect against further supply cuts by Russia. EU energy ministers today approved a draft law intended to lower demand for gas by 15% from August through March. The legislation entails voluntary national steps to reduce gas consumption and, if they yield insufficient savings, trigger a mandatory action in the 27-member bloc.

Pope Francis has arrived for his first big mass in Canada to honor grandparents. Tens of thousands of people have turned out at Commonwealth Stadium in Edmonton, Alberta to mark the Feast of Saint Anne. She was the grandmother of Jesus and a figure of particular veneration for Canadian Catholics.

In his first event in Canada yesterday, Francis apologized for the Catholic Church's participation in the, quote, "disastrous policy" that forced the assimilation of generations of Native children into Christian culture. Former President Donald Trump is returning to Washington today for the first time since leaving office.

He's delivering a speech hours after former Vice President Mike Pence, a potential 2024 rival, called on the party to stop looking backward. Trump's appearance in Washington comes as his potential 2024 rivals have been increasingly willing to challenge him directly. The temperatures in Portland, Oregon could top 100 degrees today amid the hottest stretch of a week-long heat wave in the Pacific Northwest.

In Minnesota, meanwhile, highs are in the 70s with scattered showers and thunderstorms today and tonight. We'll have more news at 1:00 here on MPR News.

CATHY WURZER: Thank you, Emily. 12:25. The city of Richfield is looking for a new mayor. Its current leader, Maria Regan Gonzalez, is Minnesota's first Latina mayor and youngest mayor Richfield has had. And she's stepping aside. Before she leaves office, we thought we'd catch up with Mayor Gonzalez. Welcome to *Minnesota Now.*

MARIA REGAN GONZALEZ: Thank you so much. Can you hear me?

CATHY WURZER: I can. Thank you very much. You sound great. Say, it sounds as though you're making some life changes and you've got another big job to do. So talk about your decision to step down as mayor.

MARIA REGAN GONZALEZ: Absolutely. Well, I never thought I would be in elected office. It was never something that had crossed my mind. But then as I started to learn a little bit more about the influence you can make in your own community to make improvements for health and connectivity, I decided I want to run for office. But I knew that was not my aspiration to stay and be in politics.

And so I'm ready to continue that journey and making a difference in my community in a way that allows me to have space to have a family, to get married, to have kids, and serve my community as well. And when you are in elected office at the local level, these are part-time stipend positions. But in reality, the role of mayor is 24/7. And so maintaining a full-time job, having a family, and being in elected office just really becomes near impossible.

CATHY WURZER: So you're going to try to have work-life balance. Good for you.

MARIA REGAN GONZALEZ: Yeah.

CATHY WURZER: Yeah. Say, when you made the decision to run for mayor, was there ever a time when you thought, what have I done?

MARIA REGAN GONZALEZ: Absolutely, always. And I would say sometimes I think it's good that you don't know what you're getting yourself into, because maybe you might not have made the decision to do it. And I'm very thankful for my time as mayor. I think we've been able to make transformational and generational change that advances equity in the city of Richfield and has modeled that for other cities. But definitely, I feel like I got a PhD in human relations in the past few years.

CATHY WURZER: I could only imagine. Michael , Nutter he was the former mayor of Philadelphia, once said that being a mayor is the best job in politics. He figured you can get things done, you can make things happen-- even if it's just getting the streets plowed fast, which is a key job here in Minnesota. So it sounds like you agree with him.

MARIA REGAN GONZALEZ: Absolutely. I love the role of mayor. I would love to be a mayor and a mom. And the fact is that if I'm not retired, I'm not independently wealthy, I need to have a full-time job. And that's just not possible. But being a mayor is absolutely the best job.

It's the closest level of government to the people. We're literally in the grocery store. People can tell me what they think and what needs to be changed. And a lot of times, we can make those changes immediately. And you're affecting the things that affect the quality of life for everyone-- the day to day things that matter, like water, do you feel safe and connected in your community, do you have access to green space and great housing? That's what we get to work on every single day as mayors.

CATHY WURZER: What's the toughest part of the job?

MARIA REGAN GONZALEZ: The toughest part of the job. I mean, to be honest, I think-- I call it the Obama effect-- but when Obama became president, there was this thinking of, oh my gosh, all structural racism is gone. We have a Black man in office as president, and people feeling a little bit of that Obama effect, like there's one person in this role as mayor, and that means all of this long history of structural racism and inequities are going to go away, and people really having these outrageous expectations on one person, but not wanting to take accountability and ownership.

We all have a role in addressing these issues. And it's not just on the mayor. It's not just on one piece of our community. We all have to contribute-- and people really thinking, in some ways, that's your job, you've got to do it, and why did you not fix these years and generations of structural inequities because you became mayor?

CATHY WURZER: Do you think you made at least some little bit of an inroad toward trying to rectify some of the inequities in Richfield?

MARIA REGAN GONZALEZ: Absolutely. I actually think we have made tremendous impact. So we have embedded equity as a core consideration to all of our work across the whole city of Richfield. We have our staff looking at, what does that mean in every level of what they do?

We were able to work with tenants to secure affordable housing and maintain affordable housing in Richfield. Our inclusionary housing policy is not only focused on affordable housing, but it's also focused on accessible housing for people with disabilities. There's not many inclusionary housing policies that have that focus.

We worked with tenants in MNDOT to say, we need a pedestrian bridge to connect some of our affordable housing neighborhoods to the direct source of pharmacy and grocery with a pedestrian bridge over the highway. And so I feel like I haven't made a little impact, we together in Richfield have made tremendous amounts of generational improvements to concretely improve the lives of all of our residents. And I'm very proud of that.

CATHY WURZER: So, then, I'm curious, Mayor Gonzalez-- on the state level, and maybe because of where you sit you might have some interesting things to say about this-- Senator Patricia Torres Ray, Representative Carlos Mariani, they're retiring-- gosh, DFL Senate Caucus Leader Melissa Lopez Franzen is stepping down because of redistricting issues. I think there's only one Latina running for a seat in the Minnesota House. So I'm curious-- what's the future of Latino political engagement in Minnesota?

MARIA REGAN GONZALEZ: Yeah. And I have connected with all of those. And they are all mentors and friends of mine. And it is hard to see a lot of us retiring at the same time. And they have all had much longer years of political service.

I will say we have a large group of community members that is growing in their political engagement and their advocacy. We have people in other city councils, Latinas like in Shakopee and other areas, that are running and are in positions currently. And so there is a lot of interest.

And we have the largest growing constituency base of voters and new voters, and a lot of political and social power in the Latino community in Minnesota. And there's a lot of interest and engagement. And even if you look at Richfield, it's 40% of our students are Latino students.

You look at cities like Wilmer, and Worthington, and cities and greater Minnesota, you see Latinos fueling the rebirth of their downtown districts, of their schools. And so our influence and our ability to make a change in our community is growing. And, while there's four of us retiring, we do have a strong bench of folks that are very politically engaged and are getting more of our residents and our community members engaged in the political process.

CATHY WURZER: Do you think you'll come back into the political process once you maybe get out of it for a little bit, relax, have a bit of a life, have a family-- and then might you go back?

MARIA REGAN GONZALEZ: Well, I will always be connected in the sense of one of my biggest passions is supporting and mentoring other young women of color to own their leadership. And so whether that has been supporting people to be candidates politically, start their own nonprofits and organizations, that is something that I'm always going to do.

Future interest in being a candidate again-- maybe. I will say as a mayor, I get to be nonpartisan, and I absolutely love that. I get to put the community first above a political platform, and that's what I love to do-- put community above partisan politics.

And so I can participate in that in so many different ways. So I will always be working on advancing community first. And we'll see all the different ways that looks like.

Running for higher office, I don't know. We'll see.

CATHY WURZER: It's all right. It's OK.

MARIA REGAN GONZALEZ: Yeah. Yeah.

CATHY WURZER: I appreciate your time. Thank you. I wish you all the best and thanks for what you've done for Richfield.

MARIA REGAN GONZALEZ: Absolutely. Thank you so much for this opportunity. Maria Regan Gonzalez is the mayor of Richfield.

CREW: Programming is supported by Paint Care, now with more than 260 drop-off sites in Minnesota, where households and businesses can recycle their leftover paint. More at paintcare.org.

CATHY WURZER: It's *Minnesota Now* here on MPR news. I'm Cathy Wurzer. Pope Francis continues his visit to Canada today. His mission is to apologize in-person for what he's called the church's catastrophic policy of Indian boarding schools, which led to the destruction of families and damage to Native culture. A Minneapolis-based organization called the National Native American Boarding School Healing Coalition has a representative at the meetings to ask for some specific actions from the Pope.

Here with more is Sam Torres, Deputy Chief Executive Officer of the National Native American Boarding School Healing Coalition. Sam, welcome to the program.

SAM TORRES: Thank you, Cathy. [NON-ENGLISH SPEECH]

CATHY WURZER: Would you like to introduce yourself?

SAM TORRES: Absolutely. [NON-ENGLISH SPEECH]

Good morning, relatives. My name is Sam Torres. I am Ashika and Nahua, with relatives in Los Angeles, El Paso, and Zacatecas, Mexico. And on my mother's side, I'm also Irish and Scottish. I'm the Deputy Chief Executive Officer for the National Native American Boarding School Healing Coalition, and just happy to be here today.

CATHY WURZER: Thank you for being with us. I appreciate that. Let's talk about what we're seeing in Canada. There are several meetings that have been taking place. I'm curious-- why did your group decide to be involved?

SAM TORRES: Well, we have been asking for action from the Catholic Church, Christian institutions, and governments that are responsible for Indian boarding school and residential school policies that have deeply impacted and have left open scars, open wounds in Indigenous communities all over Turtle Island. So we found it extremely important to be able to be on the ground there to be with our relatives north of the medicine line as these words are being received.

CATHY WURZER: And who is representing your organization?

SAM TORRES: Our CEO Debra Parker, who is from the Tulalip tribes, she is in Canada right now. And she was there yesterday to receive the apology in-person.

CATHY WURZER: How did that go? What were the feelings like there?

SAM TORRES: It's a whole mix of emotions ranging from many folks appearing to receive healing from this, who have waited their entire lives to hear something like this from the leader of the Catholic Church. But on the other hand, we've also seen, and experienced, and heard from folks that have mentioned that an apology is not enough-- that an apology needs to be accompanied by action.

And so one thing that we know, that the Catholic Church has records and repositories with boarding school documents that rightfully belong to Native peoples. And what we'd ultimately like to see is those documents to be made more accessible, for those documents to be able to be in the hands of Native peoples so that they can learn more substantively about what happened to their relatives.

CATHY WURZER: Is this part of the Doctrine of Discovery that I've heard about? I've just recently heard about this. Can you explain that for folks?

SAM TORRES: So the Doctrine of Discovery is a set of 15th century papal bulls that essentially sanctioned European claims to Indigenous lands. If European colonizers attempted to claim lands, they could do so legally through these series of 15th century papal bulls. And the Doctrine of Discovery is not just a series of historical documents.

The Doctrine of Discovery has a firm legal precedent in the Western legal system. And so this has real world implications even to this day.

CATHY WURZER: How did the Catholic Church, Sam, use the Doctrine of Discovery to promote the residential boarding schools-- the attempt to assimilate Indigenous peoples into the Christian culture?

SAM TORRES: Well, the Doctrine of Discovery essentially characterized Indigenous peoples as subhuman. It meant that they could be subjugated. It meant that they could be controlled. It meant they could be objectified and that their lands were, essentially, still considered, quote unquote, "wilderness," and it could be, essentially, claimed.

And this was a precedent that swept the entire world, particularly in North America, where boarding schools were essentially an expression of that. And this sweeping philosophy was a machine, essentially, that allowed for the justification of the subjugation of Indigenous peoples, even the enslavement of Africans in the United States.

CATHY WURZER: How might some of these documents be used for further healing in the Indigenous communities?

SAM TORRES: I think that there is an enormous opportunity for bringing Indigenous folks together from all over Turtle Island to be able to find more information about their relatives. But, in fact, we've already seen many instances where the accessibility of boarding school records and documents has allowed for substantive healing of relatives that are looking for information about their parents, their grandparents.

There are some projects that already exist-- the Carlisle Digital Reconciliation Project that is hosted by Dickinson College. They've had a digital archive that has made these records accessible. What NABS is seeking to do is trying to aggregate or bringing many of those projects together, and to create a central digital archive, a central repository. When those information are aggregated in that way, what we've seen is a new kind of accessibility. We're, of course, working with other projects such as Carlisle, Genoa at the University of Nebraska, and others to be able to accomplish these goals.

CATHY WURZER: Say, a final question here for you. Now, we've been talking about one of the concrete steps would be to turn over church records about the fate of Indigenous children who died at the schools. But I also know that Indigenous peoples in Canada want funding for therapeutic healing programs for survivors, and also investigations, maybe facilitation of investigations, of those responsible for the abuses. It's been so long-- what of that?

SAM TORRES: One thing that has been a concerted challenge in Indigenous communities all over North America has been the impacts of residential and boarding schools with regard to intergenerational trauma. These are wounds that our communities have not had the amount of resources necessary to substantively approach these. As a means of attempting to restore what has been taken, what has been wounded by Christian institutions, by the Catholic Church, by federal governments, both in the United States and Canada-- accountability needs to look like listening to Native people, listening to Native leaders.

When Native leaders and Native people are asking for culturally appropriate, culturally relevant healing modalities and resources to be able to support that, it's important to not just listen, but to take action on that. So the records are important. Repudiating the Doctrine of Discovery-- these are essential. But when Native leaders, Native communities are repeatedly telling the world that this would be important to help restore our lifeways, that culturally relevant healing modalities, that resources to bring our communities together, and the autonomy to be able to make those decisions for themselves, that is just as important as all of the other objectives that Native leaders have been asking.

So I really do hope that there is substantive action that's taken by the Catholic Church in the wake of this apology from Pope Francis. I hope that the federal governments of Canada, of the United States can lean into these conversations more seriously. As we know with the Canadian Truth and Reconciliation Commission, there were 94 calls to action that were created-- recommendations, essentially, with respect to how to walk in this way with Canadian First Nations peoples.

Some of them have been accomplished. In fact, one of them was accomplished yesterday with the papal apology. But many of them are still left unchecked. So with respect to the Canadian experience, those calls to action need to be reconsidered once more.

And within the United States, there is currently a legislative bill in the House and a legislative bill in the Senate that NABS has supported. We wrote much of this bill-- the Truth and Healing Commission bill on Indian boarding schools. And these are important measures to be able to pay attention to and to support.

CATHY WURZER: We'll be watching closely, obviously. Sam, I appreciate your time. Thank you so very much for the conversation today.

SAM TORRES: Thank you, Cathy. I appreciate it.

CATHY WURZER: Sam Torres is the Deputy Chief Executive Officer of the National Native American Boarding School Healing Coalition.

[MUSIC PLAYING]

[SINGING]

JOHNNY CASH: Dinosaurs lived a long time ago, they were terrible lizards, don't you know? Some ate plants and some eat meat. Some ate fish and some ate beets.

CATHY WURZER: It's true-- country legend Johnny Cash did a children's album in 1976. And this is*The Dinosaur Song.* If you have kids in your life, you may have fielded thousands of questions about dinosaurs, like, why do some dinosaurs have such big heads and tiny arms?

Well, we may have an answer for you. University of Minnesota Professor Peter Makovicky wondered the same thing, and he's one of the authors of a newly published study shedding light on the evolution and biology of these dinosaurs. And he's with me right now. Welcome to the program.

PETER MAKOVICKY: Thank you and good afternoon, Cathy.

CATHY WURZER: Good afternoon, professor. OK, so it sounds like the tiny arms and big heads, those dinosaurs have been kind of a scientific mystery for some time. Say more about that.

PETER MAKOVICKY: Yeah. So, obviously, this mystery that you refer to started with the discovery of T-Rex over 120 years ago now. Why would you have this incredibly large animal with a giant head full of big teeth, and then incredibly short arms?

So just for people to visualize it, T-Rex is a nine-ton animal with a 5-foot head, but has an arm about the same length as an adult human. What were they used for? What good were they, basically? And so that's a question we pondered as scientists ever since that discovery.

And it turns out it's not just T-Rex. There are actually at least three different families of meat-eating dinosaurs that have that same body plan-- large size, big heads, and short arms. And so with the discovery of a new species from Patagonia, we've actually been able to look at this question statistically in this recent study you referred to.

CATHY WURZER: And they weren't even geographically close to one another. Is that right?

PETER MAKOVICKY: Yes. So the interesting thing is these three lineages, the tyrannosaurs that we're all familiar with, the abelisaurs, and the carcharodontosaurus, which are better known from the Southern continents, achieved this similar body plan independently of one another and at slightly different times in the geological record. So they're sort of replacing each other, as it were, in doing this ecological thing rather than sort of coexisting. So there is some structure to that, which is also interesting.

CATHY WURZER: So how did you and the other researchers determine that this could help shed some light on other already discovered meat-eating dinosaurs? How did that happen?

PETER MAKOVICKY: Yeah. So in 2012, I was working with my collaborators in Argentina on an international collaboration. And we discovered a new species of meat-eating dinosaur, which we named meraxes gigas in this recent paper. And the neat thing about meraxes is it's a carcharodontosaurid-- so it's in the same family as giganotosaurus, a T-Rex size predator that folks may be familiar with from the recent *Jurassic World Dominion* movie.

And as luck would have it, meraxes has the most complete forelimb of any of these carcharodontosaurids from South America. And one thing we noticed immediately is that it's proportionately tiny, the same way and comparable to what we see in T-Rex relatives. And we wondered, was that a coincidence or does that actually indicate some kind of active selection over evolutionary time for these short arms?

And we undertook a number of advanced statistics, taking into account that we have three different lineages doing this. And we showed that the similarity, the degree of forelimb reduction in tyrannosaurs, carcharodontosaurs, and abelisaurs is very unlikely to have happened by chance-- these animals ended up looking like one another for a very good reason. So that was sort of the first clue we had that maybe there's more to these arms than we think.

And then we sort of did some broader comparisons looking at the body proportions of meat-eating dinosaurs more broadly. And what we basically showed is that this isn't just a function of size. There are other big, meat-eating dinosaurs whose forelimbs are not as reduced.

So it's something special about these three species. And what we were able to zero in on statistically is that they have really big heads. So what we think is that over evolutionary time, these three lineages are independent of one another, they're getting bigger, and they are getting really massive skulls with huge bite forces. And as a consequence, they're reducing their forelimbs. So they're sort of actively evolving towards this body plan that, obviously, is famous and well-known to everybody.

CATHY WURZER: So OK, if someone's just tuning in, they're listening, they're thinking, OK, this sounds kind of cool. So what's the takeaway for folks on this?

PETER MAKOVICKY: Yeah. So I think the takeaway is that we, as humans, are incredibly focused on our dexterous forelimbs and our ability to manipulate the environment around us using our hands and our arms. So for us, it's incredibly sort of counterintuitive to think of another group of bipedal animals basically reducing their forelimbs and making them less functional.

But in fact, we have these lineages of dinosaurs that are transferring, as it were, the functions of the forelimb to the functions to the skull. They're sort of re-optimizing their skeleton. And so that's an interesting point in an evolutionary sense, because the three lineages of dinosaurs we're talking about are the largest bipedal animals to have lived and to have acted as top predators in their ecosystems.

So I think it's one of these things that sort of, again, challenges our understanding of nature and challenges our understanding of how ecosystems worked in the past versus how they work today.

CATHY WURZER: Say, I understand that this particular dinosaur was discovered some 10 years ago. So this research is just coming out now, which is kind of interesting. That's quite a lag time.

PETER MAKOVICKY: Yeah. So I think folks are maybe a little misled by the sort of impressions you get watching *Jurassic Park.* I remember the early ones, they just sort of brushed some sand off and there's the whole skeleton, and then they use some imaging and hey, presto, it appears. And then in one of the subsequent ones, they just sort of 3D print the whole thing in sort of movie time in a couple of minutes.

And of course, it takes much longer paleontologically. So as I mentioned, we discovered the specimen in 2012. It took four digging seasons to actually get the whole skeleton.

CATHY WURZER: Ah. OK. It took you a while.

PETER MAKOVICKY: Yeah. It took a while to actually get it out of the ground. And then when you collect fossils, you collect them with some of the surrounding rock, you encase it in plaster jackets to protect it. So then there's a very long process of what we call preparation, where you have skilled technicians basically removing that surrounding rock, cleaning up the bones, and stabilizing them with a variety of adhesives to actually allow us to move them and study them.

And that's when the analytical part starts happening. And obviously, there's some delay because this is an international collaboration. My co-authors, my partners are in Argentina. There's some delay, obviously, inevitably caused by the pandemic and our inability for me to travel down there and work with them.

So it actually takes time. So 10 years is maybe on the longer end of things, but it's not unusual for a dinosaur. Remember, it's been in the ground for 100 million years.

CATHY WURZER: Exactly.

PETER MAKOVICKY: 10 years is in the margin of error.

CATHY WURZER: Well, professor, thank you for your time. It was very interesting. I appreciate it.

PETER MAKOVICKY: Yeah. Thank you, Cathy. You have a great day.

CATHY WURZER: You too. U of M Professor Peter Makovicky has been with us. Say, I got a little note here from Jane in Bloomington about the conversation we did about CPR earlier in the show. She says, my cousin's daughter just did CPR on her husband who was blue and unresponsive because of heart failure just a few weeks ago.

EMTs had to revive him and he subsequently had quadruple bypass. He's at home, but she really did save his life by doing CPR on her husband. So yeah, it's a good thing to know, CPR-- thank you, Jane, for listening.

So if you have a comment about today's program, if you've got an idea for us, someone we should talk to, we've got an email for you. It's *Minnesota Now* at npr.org. So glad you joined us here on this Tuesday. Have yourselves a good rest of the day.