

The Mesilla Valley Community of Hope

Consolidated Services Corridor

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Homeless Services Corridor of Care Model

The Mesilla Valley Community of Hope (MVCH) has served the homeless and hungry in Las Cruces, New Mexico since 1991. To increase access to resources, and promote more secure living for the homeless community, MVCH consists of five organizations with programs that include transitional housing, a food pantry, on-site healthcare, youth services, and a soup kitchen. In 2018, to learn about the development of the consolidated services model at the Community of Hope, I conducted fifteen oral history interviews for the Hope Stories project. The term “Corridor of Care” refers to a perspective in the healthcare industry known as the consolidated services model that helps people access health and human services’ programs in centrally located areas.¹ This public history graduate project asked participating narrators questions about how the Las Cruces community first began to advance, reinforce, and collaborate through the actions necessary to become the Hope Campus at Mesilla Valley Community of Hope. With local historical roots that began in the 1970s, today’s work to help the homeless in Las Cruces is the result of a compassionate, multi-organizational approach by non-profit service providers.

Rather than conduct interviews with those who experienced homelessness, the project features staff and volunteer narrators who shared community engagement stories about the consolidated services corridor concept. With methods of oral history collection, and to learn more about potential successes for the model to help end homelessness in

other cities, I asked narrators about the history of the Las Cruces community's approach to housing the homeless, providing healthcare, and increasing access to food. This collective format may not appear unique today; however, MVCH and the City of Las Cruces were early adopters to move homeless services into one central location.

In collaboration with the principles of democratic self-governance, compassion, and professional transitional housing programs, service providers work toward ending homelessness in New Mexico. To find middle ground on the Hope Campus between caseworkers and homeless clients, MVCH incorporates the nationally recognized Housing First model, whereby "The first and primary need is to provide homeless people with safe, affordable, and stable housing."² In order that clients become housed as soon as possible, "Other essential services, such as alcohol and drug abuse treatment and mental health services, which the MVCH also provides, should follow."³ These core principles create service environments which increase access to housing by removing the likelihood of unwarranted bias or character profiling based on individual appearance, mental state, or past criminal history. The first steps to preventing homelessness often begins with access to the most timely and relevant local information possible.

Anyone new to the Hope Campus may find information about available resources through an established shared service provider narrative which helps communicate how MVCH operates in conjunction with other City of Las Cruces services. For example, to

support the consolidated services approach happening on the ground, a yearly updated Community Resource Guide directs clients to the most beneficial local providers.⁴ The guide appears throughout businesses and public buildings in the City of Las Cruces, and especially in the lobbies of Hope Campus organizations. From child care, to crisis intervention, to food and financial assistance, to emergency shelter information, this crucial services guide signals city-wide collaboration to end homelessness in Las Cruces. Whether you are a homeless service provider sharing information, a new client on the Hope Campus, or someone interested to learn more, the Community Resource Guide connects MVCH organizations to vital City of Las Cruces resources before more extreme circumstances may take place.

Shortly after fieldwork on the Hope Stories project began in Las Cruces, the Albuquerque Journal reported police department suspicions of an Albuquerque based serial killer, or possibly groups of people working together, who had attacked and stabbed three homeless men to death during the night.⁵ Previously, I comprehended homelessness in New Mexico from the perspective that violence and random crime were the product of drugs, gangs, and criminal stereotypes of the nighttime news. These harmful and unrealistic caricatures misinform the public, and portray sensationalistic viewpoints on poverty in the United States. Violent crime in New Mexico added to the scope of my research, and complicated events happening in Las Cruces because, although the area is well-known for its history of helping those in need, it became clear that homelessness

endangers anyone without access to shelter, healthcare, and food.

Advocates and staff at MVCH often shared the opinion that most clients are respectful, non-violent, and generally concerned about the wellbeing of other people. While public perceptions appeared to stigmatize “Flying-a-sign” or panhandling downtown illegally, for some Hope Stories narrators violence against the homeless was a problem more troubling than crime committed by people who experience homelessness.⁶ Narrator Nancy Baker emphasized this notion,

“You don’t have this petty vagrancy... or violence on the street. Homeless people do not engage in a lot of violent behavior, but that’s the perception, right? That’s how... people who are homed, people who are in stable homes... often view the homeless.”⁷

The perceptions that service providers held about themselves, and the clients they served, became just as important as how the general public perceived societal issues of poverty. For those who experience homelessness, hasty assumption, misplaced personal bias, and preconceived character judgement frustrates the process of rebounding into more healthful and socially acceptable living circumstances.

With stereotypes a long-time complexity for service providers across the country, further division between the housed and the unhoused surfaced through news reports of homeless people being targeted. In Florida, a newly homeless man, on the streets for only a few days, was found murdered by a suspected serial killer.⁸ In Las Vegas, Nevada, the homeless community feared a killer on the loose and sought by the FBI.⁹ Like predators

choosing their victims based upon the likelihood of anyone caring about the vulnerable, stereotypes surrounding the causes of street violence continue to persist. Narrator Randy Harris attributes the social boundaries of the unhoused and housed to “A fear of homeless people” only sometimes leading to acts of violence.¹⁰ It is unreasonable to suggest that the unhoused never commit crime; however, living on the street even for a short time increases the possibility that self defense becomes necessary to survive unwarranted attacks. New Mexico and like other states have seen a rise in attacks on the homeless, at times carried out by murderous teenagers.¹¹ As of yet unproven, thrill-seeking teens were also suspected of beatings during the overnight hours which took place in Las Cruces.¹² The luxury of secure housing does little to protect the unhoused and homeless; nor does having a home kept safe behind locked doors shield the public from perceptions of fear, assumed threats, and unseen violence.

At Mesilla Valley Community of Hope, the backdrop of violence is only one perspective that homeless service providers must recognize and respond to during the workweek. It is unrealistic that staff provide around-the-clock security; however, service providers, to the best of their collective abilities, work to mitigate changing circumstances for those experiencing homelessness. When fieldwork pre-interviews began on the Hope Stories project, I noted how narrators expressed an informational narrative as a means to clearly communicate MVCH resources, and thereby direct

homeless clients toward the most appropriate organizations. Commonly shared topics include resource locations, opening and closing times, and current events concerning programs — sometimes taking only a few moments to connect, and speaking to clients from a collective point of view about how best to navigate the Hope Campus.

This community narrative became an obstacle for learning more about narrator perspectives because some participants did not consider themselves relevant as individual sources of research. To them, the Hope Campus' story involved the everyday needs of clients rather than a history of the Mesilla Valley Community of Hope. Oral history interview requests became an opportunity to share this established narrative about homeless resources, and not opinions about how these resources worked for providers and their clients. At first, this appeared to create a notion of mistrust. With preinterview conversation, or phone calls to schedule interviews, I emphasized my intentions to go beyond formal social barriers, and to discover how homeless service providers related professionally and personally to the history of Mesilla Valley Community of Hope.

Some narrators disregarded their own importance in favor of the commonly shared message of the community resource narrative. For some, this constraint continued once they had agreed to be interviewed, and despite best efforts to communicate support for personal agency during the storytelling process of oral history collection. Only with time, persistence, and volunteerism (especially during summer 2018 at El Caldito soup kitchen) did I begin to gain a more informal and respectful trust by narrators. Regardless

incremental progress, the information most important to Hope Stories research, to understand individual and collective memories of homeless service providers at MVCH, continued to challenge my approach.

At the beginning of the project, I had the false notion that it would be possible to conduct research with homeless service providers while at the same time inviting MVCH clients to participate as “Storytellers.” Permitted by the university Institutional Review Board (IRB), this potential to interview people who experienced homelessness became unrealistic due to my inability to create an ethically viable recording space in the Las Cruces community. I decided to focus my attention on MVCH staff, volunteers, and board members, despite public historian Dr. Daniel Kerr’s critique of service provider centered oral history projects that documented institutional academic knowledge rather than working to help solve the more localized and specific problems most important to homeless individuals.¹³ This unspoken tension to identify whose story was most important to focus on, while also working to provide an ethical approach to public history research collection, continued throughout my visits to the Hope Campus.

For any oral history project that includes homelessness, it is important to remember that potential narrators need not be interviewed at length, especially during circumstances of trauma. When homeless clients on the Hope Campus are interviewed, contact with journalists and city officials is more than likely brief, and indicates the

reason for the community's shared resources narrative. Dr. Kerr's criticism recognizes an ethical entanglement that risks unnecessary suppression of access to an individual's personal story, writing that the "Group of people with the biggest stake in seeing things change for the better are homeless people themselves."¹⁴ Any research project should balance the tools of research data collection with likewise conducive avenues to encourage problem-solving awareness. Dr. Kerr's Cleveland Homeless Oral History Project (CHOHP) is known for its democratized approach to recording voices of the homeless, including a social justice component whereby homeless narrators also contribute to shaping accurate public perceptions.

In Las Cruces, because of the shared community resource narrative taking place at MVCH, and the timely work already done by service providers and the City of Las Cruces, it became clear that the most vital story about the Hope Campus was how homeless clients, volunteer activists, and MVCH staff had already helped to collectively organize the consolidated services model. The Corridor of Care history was the most appropriate focus because the Hope Stories project did not plan to incite immediate political change. I chose to address locally significant changes to accessing homeless services since the 1980s and 1990s. My work documented the origins of the Community of Hope, recorded how city-wide progresses were challenged, and highlighted the collaborative successes which continue to engage the Las Cruces community to end homelessness via methods of the consolidated services model.

For Hope Stories, the line between graduate student researcher and homeless service provider became complicated by contesting viewpoints between volunteer members of the community, some who criticized MVCH organizations, individual staff members, or clients experiencing homelessness. When it became time to collect recorded interviews, a sense of confidentiality antagonized my practice of public history through requests of service providers to be open about their engagement with homeless programs. Although I decided not to record stories with those experiencing homelessness, my responsibility to conduct ethical research and archival best practice remained with me each step of the way. I recognized these procedural concerns through in-person interaction with potential narrators by appreciating that the subject of poverty and homelessness also risked competitive and emotionally charged disruptions between individual narrators. In time, I discovered that the established shared resources narrative about the history, development, and process of today's engagement with MVCH clients was not accepted by everyone on the Hope Campus. Like a script to give an account of the best possible on-the-spot information, the resources narrative helped service providers keep clients up-to-date with traditionally established, and newer, community needs.

Stereotypes from within the atmosphere of service providers' are sometimes the most brutal, and sometimes created by social workers, city councilors — even the people themselves identified to be homeless clients.¹⁵ Narrator Randy Harris comments on this problem of assumed identity for those considered “Homeless,” and notes the complexities

of working alongside the Las Cruces community and homeless service providers:

“It becomes a social attitude issue. There are lots of people that say, ‘To hell with those homeless people. They can’t handle— hang.’ You know: ‘The survival of the fittest.’ ‘Let ‘em perish.’ There is that attitude. It’s not, obviously, everybody with that attitude, but, at one point on the spectrum, you find people that want to do everything for everybody, all the time. Each of those positions seems rife with challenges. Somewhere, collectively, collaboratively, between those two positions, it seems that there would be some solutions. It’s tough. We’re dealing with humanity. It’s not easy, it’s not simple, and it takes hard work. It’s much easier to shout slogans, and buzz phrases, and sound bites— than to get lots of press, and aggrandizement, and organizational aggrandizement, which leads to funding. Okay. I get all that. If we’re ever going to make change then we gotta do something different. We gotta do the hard, unpleasant, uncomfortable work of sitting down with people who we may not agree with, and figuring things out.”¹⁶

As Mr. Harris had expressed in this first interview of the project, Hope Stories potential narrators shared off-the-record information as a way to voice their opinions without acknowledging in what manner, and how their own behaviors supported or hindered operations of the MVCH consolidated services model. Such personal commentary, held in respectful confidentiality with narrators and non-narrators alike, points out the delicate social fabric of the relationship established between homeless service providers and volunteer community members. Although everyone works to help the homeless, the core function of the Hope Campus represents many different social, political, and personal perspectives about the homeless, their access to healthcare, and how best to feed the hungry through non-profit sources of individual engagement with community funding.

It became vital to closely listen to each narrator during pre-interview sessions, and never to share too much information about the views and perspectives of other potential narrators. In most cases, positive collaborative notions, solidarity, and camaraderie were shared with kindness and respect; however, the popular memory of Mesilla Valley Community of Hope appeared to be contested due to professional experiences, strong personalities within the overall group, and how each narrator chose to engage with the format of oral history from within the setting of the Hope Campus.

By interviewing and recording homeless service providers with methods of public history, the act of issuing statements of informed consent documents required that I communicate my research intentions without further disrupting relationships between narrators. In my view, the collection and interpretation of narrator produced content is not an unlimited resource just because recorded interviews take place. The paradox of current standards of born-digital audio recordings — media created and managed exclusively within a vast range of archival file formats — presents questions about long-term preservation that can become, to say the least, difficult to communicate. Public historians should never burden narrators with the technological complexities of the oral history collection process. At times uneasy with this practitioner-level entanglement, I did my best to make sure that each narrator did not feel uncertain about the longevity of their recorded oral history contributions in relation to that of their fellow colleagues.

More clear over time, the notion that a popular, community-shared resource narrative, held by many homeless service providers, served to protect individual narrators through an unspoken and respectful distance from colleagues with whom they might otherwise disagree. Although most narrators interviewed had worked or volunteered on the Hope Campus, this professional distance may have been because individuals gave their expertise, energy, and time to separate organizations, or simply that they did not know one another personally. Examples of this popular memory of narrators included the compassionate origins which later became the Mesilla Valley Community of Hope, design and construction of the first buildings on the Hope Campus, and the inherent adaptability and resiliency of homeless resources that each organization had worked hard throughout the years to make available to the Las Cruces community. In time, narrators began to consider themselves part of the larger group of homeless service providers, and, thankfully, never at the expense of infringing upon homeless clients. Nevertheless, service providers must rise to the challenge of repeatedly communicating resources to those they serve each day, regardless the potential contested perspectives of colleagues, community members, or visiting Hope Campus volunteers.

From within the consolidated services model, MVCH providers balanced their own best practice methods of helping the homeless with the rapidly changing needs of clients in the Las Cruces community. In light of the challenges which surround

documenting homeless service providers, Hope Stories narrators were genuine, knowledgeable, and professional at rendering the best information possible about Mesilla Valley Community of Hope history. As my research intentions and the interview process became more known between organizations, narrators reframed their originally guarded community message approach, and shared compelling stories about working with nonprofit-based community alliances through the consolidated services model of compassionate care for the homeless.

The CARE Complex of Las Vegas, Nevada

To examine further the Corridor of Care concept, I traveled to Las Vegas, Nevada to present Hope Stories research at 2018's National Council on Public History (NCPH) Power Lines conference. Event organizers compared the vast electrical power-grid systems of Las Vegas with the public historian's mission to promote greater knowledge of contested and inequitable spaces within American society. Represented by scholars from California, Arizona, and Texas, including my own contribution from New Mexico, I contributed to a panel called *Stories from the Borderland: Possibilities, Limitations, and Challenges of Oral History*. Topics included cross-border artistic media representation of violence in Tijuana/San Diego, limited access to protective civil rights of migrants held in privatized detention centers outside of Phoenix, and disruptive, unethical responses from increasingly ambivalent justice principles along the Rio Grande/Rio Bravo Valley at U.S./Mexico border communities. The Hope Stories project focused on research at the Mesilla Valley Community of Hope, the consolidated services model, and the perspective that many American cities also currently work to help the homeless by making travel to community resources, from one urban location to another, much easier to navigate.

On the day before the panel, I visited the North Las Vegas CARE Complex to interview volunteer executive director Glenn Trowbridge. CARE stands for Critical Assistance Relief Effort. In an area similar to MVCH in Las Cruces, although with a larger geographic scale, Mr. Trowbridge spoke about the complexity involved with

providing resources to the homeless, and the often unrealistic expectations some clients held about relocating to the City of Las Vegas, Nevada. Of particular interest, Mr. Trowbridge justified operations of the CARE Complex by criticizing the difficult daily routine expected of homeless people in need of resources from a nearby Catholic Charities location. As the only narrator of the Hope Stories project unfamiliar with the Mesilla Valley Community of Hope, Mr. Trowbridge explained the central point of today's homelessness: the problem of navigating between traditional shelter systems to find accessible services,

“The way they operate the facility [at Catholic Charities] is that people can spend the night there, but they have to be out of the bunks at six in the morning. They chase them all out at six in the morning, and there's no place to go. They have to take all their worldly possessions, and themselves, and get out. The explanation is that they need that time to clean the bunk areas, and the shower areas. But, then they don't feed until ten o'clock. And so, between ten and six, where are you gonna go? You've got all your worldly goods with you, perhaps in a back pack, perhaps in a shopping cart. And we've found that that is absolutely a counterproductive way to offer services because at six o'clock in the morning, with all your worldly goods with you, where are you gonna go?”¹⁷

Other mystifications about Las Vegas include the harsh reality of low-paying employment, the real-time financial difficulty to make ends meet without proper nutritional foods to stay healthy, and the high demand of over-priced down-deposit requirements to secure housing.¹⁸ This fine line of living on the street, or finding affordable housing and sustainable employment, can be the vital difference between

short-term and temporary circumstances, and the experience of chronic homelessness for an extended amount of time.

To help transition through obstacles of hardship, the CARE Complex offers private lockers for storage, mail services, and, to communicate with potential employers, access to telephones, computers, and free weekly bus passes. Like MVCH in Las Cruces, CARE Complex clients can take advantage of free clothing closets, thrift-store style household items such as utensils, bath towels, and used furniture for new living situations, and, especially helpful to women and children, hygiene kits with recycled soap, washcloths, and dental care products donated by Las Vegas hotels and resorts. When the dangers of homelessness threaten livelihood, sometimes the littlest of comforts help people to recover from harm.

Las Vegas, Nevada's CARE Complex adds crucial insight and comparative counterbalance to the consolidated services model at Mesilla Valley Community of Hope. Like the CARE Complex, and its nearby proximity to Catholic Charities, MVCH clients from the Hope Campus also seek services directly across the street at Las Cruces Gospel Rescue Mission (LCGRM). Known for its faith-based outreach since 1972, the Rescue Mission is undoubtedly part of Las Cruces' history of compassion to help strangers, the hungry, and the homeless. According to Mr. Trowbridge, the homeless population in Las Vegas ranked fourth highest in the United States, with those in need estimated to be in the thousands.¹⁹ Of note, both the City of Las Vegas and the City of Las Cruces have actively

worked to adapt their own versions of homeless program services into one central location. The lack of affordable housing intensified the crisis in Las Vegas, and led to the creation of what some called the “Corridor of Hope,” inspired by the San Antonio, Texas “Haven of Hope.”²⁰ In some ways like Jardin de Los Niños on the Hope Campus, Haven of Hope focuses on adolescent cases of homelessness, provides housing and treatment programs available through nearby networks, and recognizes other active San Antonio homeless service centers to strengthen collaborative partnerships. Similarities between distant American cities reflect the not-so-different approaches present today. Though independent, these partnerships highlight responsive support programs of organizations that collectively work to limit circumstances of homelessness.

Las Cruces: A Brief History of Calle Pobre

The history of the City of Las Cruces begins with a variety of hardship narratives. In an area north of Ciudad Juarez, Mexico, and modern-day El Paso, Texas, Spanish colonizers called the passage from Mexico City to modern-day Santa Fe, New Mexico “El Camino Real de Tierra Adentro (the Royal Road to the Interior Lands).”²¹ Near present-day Las Cruces, after the village called Doña Ana became overcrowded, historian Jon Hunner tells us that the “Newly created town in 1849 was named after the crosses that marked the graves of the travelers on the historic trail.”²² The region surrounding Las Cruces was already known for its harsh desert climate and violent borderland war. In citing over a century of settler-colonists’ deaths blamed on skirmishes with the Native American Apache Tribe, a 1847 diary entry by “Susan Shelby Magoffin [...] described the Las Cruces area [...] as a ‘Forest of crosses’ [which] stood in the area. Hence, the city’s founding as El Pueblo del Jardin de Las Cruces (the City of the Garden of the Crosses).”²³ Annexed from Mexico by the Treaty of Guadalupe-Hidalgo in 1848, denied statehood until 1912, New Mexican residents regularly honor, and yet contest, this historic political adversity though their recognition of compassionate care for strangers by the Las Cruces community.

Situated nearby the Rio Grande, one of the first efforts to address poverty in the area was the New Mexico Orphan’s Home called Shalam Colony.²⁴ A New Mexico State University library guide calls the colony “An experiment in communal living [and] a

utopian community for children established six miles northwest of Las Cruces in the fall of 1884.”²⁵ Perhaps the regions most direct experience with east-coast Charity Organization Society, which created an entire culture of work-farms, tenement houses, and religious alms-giving for the poor, the Shalam Colony highlights the important work necessary to provide shelter, medicine, and food in climates like Las Cruces. After more than a decade of struggle to increase support for the colony, establish sustainable foster care programs, and build additional housing resources, by 1901 “Children who had not been adopted were sent to orphanages in Dallas and Denver, and Shalam Colony was closed.”²⁶ Like the unique challenges of homelessness in the United States, local history alone cannot represent historic poverty throughout New Mexico.

Because New Mexico did not become a state until 1912, and due to low population in what some considered western territory, many issues that plagued urban communities in other parts of the country went unseen by New Mexicans. For instance, New Mexico did not experience Hooverville tent cities in quite the same way as more urbanized areas of the country. Named after President Herbert Hoover, 1930s Hoovervilles were shantytowns that bordered cities where the homeless fashioned makeshift shacks from severely limited building supplies.²⁷ In New Mexico during the Great Depression, dangerous Dust Bowl conditions took a toll on rural farmers and ranchers whose land “Dropped in value until it bottomed out at an average of \$4.95 an acre, the lowest value per acre of land in the United States.”²⁸ Nationally, cities promoted

urban renewal plans that increased “Slum removal” programs, unreasonably high building standards for newly constructed housing, and low-wages for skilled labor.²⁹ American workers, barely capable of keeping their working-class status, were forced to live on the outskirts, distanced from city-center resources, and cut-off from the long-term infrastructures that they had helped to create.³⁰ Without an urban core, New Mexico remained rural and isolated, making the poor increasingly dependent upon the institutions of a fragmented state government.

Even after the Great Depression, the people of the United States struggled to recognize the collective responsibility to serve its poorest residents. Engstrom, Korte, and McDonough claim that, in New Mexico, President Franklin D. Roosevelt’s “New Deal left only a tattered patchwork of programs to address poverty.”³¹ The Civilian Conservation Corps (CCC) and Works Progress Administration (WPA) became phased out too soon following the economic boom of World War II, as the “Structures that created the poverty — reduced by an often unproductive land base, high unemployment, low wages, seasonal labor migration, and inadequate education — remained in place during the 40s & 50s.”³² As was the case in other states, “Calls for welfare reform tended to blame individuals and families, without examining the reasons for [...] welfare dependence,” and made recovery more difficult to navigate through national safety-net opportunities unlikely to be approved by local support programs.³³ The failure of New Mexico’s government institutions to provide well-trained representatives in county field

offices, who could then reliably coordinate with desperately needed federal programs, remains well-known in the contested history of state politics today.

New Mexicans begrudgingly cite the designation of 50th poorest in the entire United States. Memory of the Great Depression era did surface in discussion with Hope Stories narrators when El Caldito soup kitchen volunteer Karen Currier reminisced about the possibility of returning to 1930s national programs, saying,

“I often think of the WPA system that Roosevelt started where he would provide jobs for people in need, and I wish that be incorporated again.”³⁴

As the Covid-19 pandemic again brought widespread unemployment in 2020, calls to recreate new versions of historic Works Progress Administration programs have risen to address increasing hardships.³⁵ Narrator Audrey Hardman-Hartley, former executive director of Jardin de Los Niños, reflected on 1930s Great Depression through material culture remembered by ancestral clothing in family photographs. Hardman-Hartley shared the perspective that common decency and mutual support together works to strengthen the integrity of business relationships, provide jobs in the community, and lessen dependency on social welfare systems:

“I have seen many families fall to the victim of economics and hard times, and if we go back to the Great Depression: how many people were homeless, and had poor nutrition? And if you look at the clothing of the people from the Great Depression, they are the size of a young, small adolescent, as compared to someone who is an adult that’s four sizes bigger than that.” (Cont.)

“So, we must seek to understand, and I’m talking to the businessman out there who is saying, ‘Well, homelessness isn’t doing anything for me. If I give [Jardin de Los Niños] money it’s not doing anything for me.’ Yes sir, it is, and I’ll tell you why. When you give me your hundred dollars, I’m going to use that to educate not only the child, but his or her parent, and I’m going to make sure they have proper nutrition, so that they can absorb what they’re doing. And I’m going to make sure that they have clothing, so that they don’t worry about showing up. And then, what I do is I take that, and build, build, build, so that it’s a ladder. They’re climbing the ladder. They’re climbing the ladder. And the thing about it, ‘Mr. Businessman,’ is at the end of the day we have taken people who have been dependent on the system, assisted them in climbing that ladder, and now they are productive contributors to society who pay taxes.”³⁶

Hope Stories interview questions did not seek to influence narrators to share information as far back as the 1930s; although, some made connections to homelessness from a vantage point that the history of depression-era economics continue on the Hope Campus to this day.

A mixture of past and present-day federal programs can help to explain the rise of the “New homeless,” a term coined to identify differences between traditional perspectives of homeless stereotypes: elderly men suffering from alcoholism, many of them World War II veterans living on skid row during the 1950s and 60s.³⁷ Today’s “New homeless” are youthful, more likely to be women with children, and often forced to survive fragmented shelter systems created by President Richard Nixon’s 1970s war on poverty.³⁸ These identity distinctions advance the conversation about New Mexico’s

historic experiences with homelessness in relation to other parts of the United States, and proposes best-practice methods of localized support to help those in need through Corridor of Care models like the Mesilla Valley Community of Hope.

As many as forty American tent-cities exist in the United States today.³⁹ Despite generations of evolved use, and periodic relocation after eviction, historic homeless camps like Hoovervilles increase these numbers by remaining unsanctioned, and unlawful, in the communities where they exist. Andrew Heben calls sanctioned tent cities a “Bottom-up approach to the provision of shelter based on observing and building upon existing patterns forged by the unhoused,” and highlights the need in Las Cruces, and other American cities, for “Community, democracy, and sustainability.”⁴⁰ Regardless how cities address people in need of transitional housing, in what Hope Stories narrator James Sassak called a “Revolving door” cycle, some medical services for the homeless are delivered through repeated, and often unnecessary, emergency room visits which over-stress hospital staff and resources.⁴¹ Mr. Sassak, a former peer-support specialist with St. Luke’s Health Clinic, now called Amador Health Center, emphasized that,

“The campus of the Community of Hope is onsite. You can move from one agency to another, get your work done, and then not have to travel a lot across— You know, in certain big cities you have to go back and forth. So, it cuts the time to work on your issues, and then you don’t get discouraged.”⁴²

Location between services on the Hope Campus motivates clients to stay close, to take advantage of resources that directly benefits them the most, and to consider themselves proactive participants with the responsive means to become housed.

To prevent new generations of homeless campers, City of Las Cruces first-responders began to meet housed residents who struggled to make ends meets.⁴³ Hope Stories narrator Nicole Martinez cites this new approach to helping people inside their home before they may become evicted, mentioning Mobile Integrated Healthcare (MIH) coordinator Paul Ford:

“Who works at the Las Cruces Fire Department, engaging in case work, and emergency services on a more social services level rather than emergency response. There’s a lot of people that are in their homes [that] maybe wouldn’t qualify for Community of Hope services, but who are really close to being homeless, and who are repeatedly using emergency services when really the need is a social service need. And so, the City of Las Cruces has come together recognizing that, and helping to meet some of those gaps of what seems like a medical emergency, but it’s really, again, that social service call.”⁴⁴

Whether conducting preventative healthcare measures in the homes of citizens through the Mobile Integrated Healthcare approach, or reaching out to individuals and organizations to support lawful, city sanctioned tent-cities, the development of the consolidated services model makes programs like Camp Hope a valuable next step toward solutions to end homelessness.

With compassionate and timely response to provide renegotiated zoning, as

required to permit over-night camping on city-owned space, the Mesilla Valley Community of Hope lawfully opened Camp Hope in 2014.⁴⁵ This important distinction between sanctioned and unsanctioned homeless camps helps to increase historical awareness by acknowledging the resourceful, real-time commitment of those involved in the process.⁴⁶ Through dialog, collaboration, and connectivity to resources, Camp Hope became a potentially permanent part of the consolidated services model on the Hope Campus.

Some Hope Stories narrators believe that the general public benefits from a greater sense of understanding about the idea of democratic governance used by Camp Hope residents and MVCH staff.⁴⁷ Like poverty in America, the history of homeless service providers continues to adapt its methods to effectively communicate available resources, whether clients need access to housing, healthcare, or food. City of Las Cruces and MVCH resources are voiced throughout this Corridor of Care setting, and dependent upon the resilience of homeless clients to engage with one another as a community. MVCH outreach-coordinator, and Hope Stories narrator, Jack Turney spoke about staying on the path toward Housing First success, and the expectations necessary to the transitional housing program at Camp Hope:

“There’s not staff on hand 24-7. It’s not your typical night or emergency shelter. People are out here on their own as a group, and they have to figure out how they’re going to make camp work for them. And so, it’s a constant discussion about, ‘Okay, how is this going to work?’” (Cont.)

“Because there’s new people. There’s people that have been in for a couple months, or pushing up against a year. There’s also people that have been in for one night. So, what are the power structures there, the social power structures? How do we not privilege someone that’s been in camp for a long time? Say, ‘Oh, I’ve been here for awhile, so I don’t have to do anything. I pay my dues. You do everything.’ Nope. It’s not how it is. We want there to be a certain sense of Egalitarianism. We all have to do it together.”⁴⁸

Through the corridor of services model, MVCH staff and clients engaged with best practice methods to help those in need. Homeless clients organized with non-homeless community members, and the City of Las Cruces, to push forward the lawfully zoned status needed to create a safety-in-numbers environment — the same actions which support the MVCH philosophy of democratic governance at Camp Hope today.

Like the CARE Complex in Las Vegas, Nevada, the City of Las Cruces was one of only a handful of American cities that chose these early approaches to offer homeless services nearby to temporary shelter facilities. The processes of civic engagement change according to location, public support, and ability to find solutions together as a community. As news media stories become more commonplace, documenting what some call “Modern Hooverilles,” the conversation to increase awareness about the consolidated services model continues to be vital for Americans struggling to stay in their homes.⁴⁹ A reoccurring consensus between Hope Stories narrators remains upfront, out in the open, and relevant to the whole of American society: the collective need to create

much more affordable housing; to provide much more accessible healthcare support to limit emergency room visits; and to continue to aggressively promote higher resource standards of nutrition and access to food. Until cities in the United States organize and make collective progress to solve these important first steps towards greater community resilience, the consolidated services model created by the Mesilla Valley Community of Hope, and its partnerships, will continue to be the experience of the new homeless.

Hope Stories narrators, like clients themselves, come from a wide range of backgrounds, each with independent personal reasons for their engagement to help the homeless. Long-time El Caldito soup kitchen volunteer, narrator Gabe Martinez⁵⁰ spoke about Mexican-American farmworkers, highlighting the changing needs for MVCH clients who stop into one of the five organizations,

“A lot of people that are migrant workers come in, and they might come in from California on their way to Texas or Florida or Arkansas. And what happens is they stay [overnight]. They know they can make it down here where they’ve saved enough money to get gas money to take them down there. It might be a family, might be six or seven people— might be one person. But, they’ll stop in at the Gospel Rescue Mission because they know they can stay there one night, and they’ll stay there, and then in the morning or in the afternoon— You know, when they open the doors for El Caldito soup kitchen, it’s eleven thirty. So, they’ll come and eat there. And then, if there’s bread or fruit or snacks, they’ll take a bag of that, and then they’ll be on their way.”⁵¹

Mr. Martinez reminds us that it is crucial to recognize the active institutional differences

between organizations under the title of Mesilla Valley Community of Hope, which may include other important lifeline resources like Las Cruces Gospel Rescue Mission.

Although the tent city is today located on the Hope Campus, the MVCH organization began operations in 1991. The initial stages of the Camp Hope program had not formed until after 2011. Mr. Martinez explained the consolidated services model — what he called “Calle Pobre,” or *Poor Street* — from the perspective of individuals seeking resources alongside staff members who work to find reliable solutions, whatever these outcomes might mean to clients in the long-run,

“That a lot of times, you cut out a piece of the pie that works for you, and you deal with that, and sometimes you get lost in that piece. But, here at the Community of Hope, a lot of the pieces are cut together, and they make a good effort, and have the resources to make a good change. When you got a lot more ideas coming into play, I’ve always noticed the people that come into the area, and get involved, are the people that bring in new ideas.”⁵²

The MVCH consolidated services model continues to expand on its original ideals of community alliance, and the importance of banding local systems of support together to end homelessness, care for the sick, and feed the hungry. Without this Mesilla Valley Community of Hope history of contributors, benefactors, and the compassion of volunteer community trailblazers, Las Cruces today would not have the professional infrastructure available to serve the homeless.

Mesilla Valley Community of Hope Origins

Located at 999 West Amador Avenue, it is fundamental to remember that the homeless and near-homeless community relies on the Mesilla Valley Community of Hope staff for programs that serve, connect, and inform clients about City of Las Cruces resources. Services are confidential, provided by staff as quickly as possible, and succeed best when client-residents recognize the self-resiliency necessary to become housed. Five core organizations provide support: Mesilla Valley Community of Hope, the central intake organization, and facilitators of the Camp Hope program; Casa de Peregrinos, a local food pantry and distribution center; Amador Health Center, formally Saint Luke's Health Clinic, where non-insured as well as insured clients may access healthcare; Jardin de Los Niños, a Pre-Kindergarten through High School shelter for homeless youth; and El Caldito soup kitchen, where meals are served daily at 11:30 AM.

The consolidated service model at Mesilla Valley Community of Hope is the result of decades of hard work to alleviate experiences of homelessness in Las Cruces. Together, contributing organizations facilitate specific programs that emphasize support in the areas of their respective expertise. For instance, MVCH utilizes the Camp Hope program to promote transitional Housing First opportunities. Amador Health Center sponsors tobacco, drug, and alcohol cessation outreach, in addition to professional on-site outpatient healthcare visits. By focusing on its mission to feed as many people as arrive each day, El Caldito soup kitchen provides a hot meal Monday through Friday, with a bag

lunch offered on Saturdays, and other events on Sundays.⁵³ Hope Stories narrator Gabriel Anaya spoke about the importance of these collaborative and compassionate networks,

“The community is very giving. There’s hardly any time we need something that somebody doesn’t come along and say, ‘We’re here. What do you need?’ Or ‘We’re here to volunteer.’”⁵⁴

With a variety of opportunities to volunteer and participate with the success of the goal to help the homeless, the consolidated services model reinforces an interconnected approach to public health and community service. For narrators sharing stories about the Hope Campus, these perspectives display how the Mesilla Valley Community of Hope has worked together, at times independently to solve a particular problem or on-going challenge, and from unique collective insight held by service providers over the course of their collaborations and contributions.

Casa de Peregrinos, the first organization to establish itself, began over a decade before the current consolidated services model at the Hope Campus came to be recognized and incorporated in the early 1990s. Today, a small staff, and many volunteers, serve as connection points to outreach resources like cell phone programs, utility assistance, and help to the Las Cruces community by “Augmenting government programs such as the Women, Infant and Children’s food program (WIC) and the Supplemental Nutrition Assistance Program (SNAP).”⁵⁵ The organization’s own historic timeline paints a picture of the first days of community collaboration. “Casa,” as it is

affectionally called, “Opened in 1979, joined the Community of Hope Alliance in 1991, and then moved onto the Hope Campus in 2005,” indicating how MVCH gradually expanded over the years to consolidate services closer together.⁵⁶

Casa de Peregrinos was one of former Senator Pete Domenici’s “Favorite charities,” and, as the Las Cruces Sun News reported in 1984, the organization “Fed 1,489 people in October, more than 900 of them children.”⁵⁷ Recognized as a food pantry and county bread basket, Casa became a mainstay of services for non-homeless community members through individual and family access to important supplemental nutrition. Also from Casa’s timeline: “More than 10 million pounds of food has been distributed in the last four years” since 2016, an accomplishment that highlights the magnitude of necessary work, and the nutritional needs — however temporary — for those experiencing hunger in the community of Las Cruces.⁵⁸

Partnered with Roadrunner Food Bank, the national Feeding America program estimates a rate of food insecurity of 20.7% for neighboring Luna County, whereas Doña Ana County reports that 15.5% of its residents depend upon support from supplemental nutrition programs.⁵⁹ Distribution of food and access to nutritional assistance are most effective when considered through the lens of county-wide need rather than particular cities because, especially in states like New Mexico, those who experience food insecurity must navigate rural areas and long distances to access the more populated urban locations where services are available. Casa de Peregrinos’ Monday-Wednesday-

Friday schedule brings clients onto the Hope Campus to offer shopping-cart sized baskets of food at least once each month. This first-come-first-serve process requires “Some kind of photo I.D. (drivers license or passport) and proof of your physical address, such as a utility bill or rental agreement with your address and name on it.”⁶⁰ Clients visiting Casa de Peregrinos can have a mid-day meal at El Caldito, attend health screenings and doctor’s appointments at Amador Health Center, or apply next door at MVCH for housing resources. The consolidated services available at Mesilla Valley Community of Hope provides greater outcomes of success for the homeless and hungry by increasing access to important points of contact. In turn, each visit to the Hope Campus helps to navigate those in need to other specific services throughout the City of Las Cruces.

In the mid-1980s, as more support grew for El Caldito soup kitchen, Saint Andrew’s Episcopal Church pledged to feed the hungry with a mid-day meal program to help mitigate the underserved through compassionate outreach.⁶¹ Because resources that eventually became the Hope Campus had been originally a barebones operation, it is important to remember that this consolidated model did not exist until the Las Cruces community recognized its potential to streamline services into one centralized location. Hope Stories narrator Dr. Nancy McMillan described this geographic evolution across the City of Las Cruces:

“We had Casa de Peregrinos, and we had the soup kitchen, and yet St. Andrews is handing out food to people. So, before the Community of Hope, if you needed some of those basic services, if you needed food, if you needed money for transportation, you had to go from church to church, or from social services to social services, and they were spread all over town, and wherever they could find the office space, or wherever the church happened to be located. And so, it was definitely a fragmented system.”⁶²

Then, as today, access to Las Cruces social services creates many risks for those without safe and reliable transportation. When experiencing homelessness, traveling on foot from one location to another is dangerous and exhausting, a terrible threat to life especially for youth and the elderly. At Saint Andrews Episcopal Church, an escalated service need for the homeless and hungry overstressed the limited spaces available to serve food and offer clinical healthcare. This justified a common sense notion to open Saint Luke’s Health Clinic, consolidate and centralize vital public health services in-and-around nearby to downtown, and begin to standardize organizations into an alliance of support, resources, and programs.

Dr. McMillan further outlines the early, ad-hoc services transition, from a small church-located lunch program to a widely recognized Las Cruces community resource that needed to find more space elsewhere:

“St. Andrews had started the soup kitchen, a long time ago— I don’t know when it started. It had been going on in our church for probably fifteen years before the Community of Hope happened, And so, it started off every Friday or something, and then it just grew and grew and grew.” (Cont.)

“And we started to have problems. Our plumbing [at the church] could not handle the plumbing needs. We had one men’s and one women’s [restroom], and we couldn’t handle seventy people. So, we ended up putting Porta-Potties on the lawn, which the neighbors were offended by, but, you know, what can you say? It was better than— Yeah, our floor to our parish hall really couldn’t handle the wear and tear. It was just more than our physical plant could handle. And so, then we started St. Luke’s Medical Clinic. We had purchased a house next door to our church, and started the medical clinic there, and that, too, was kind of getting bigger and bigger. And then, St. Andrews is downtown in the historic district, and so people were starting to grumble because we were— Those services were bringing the homeless into— kind of the heart of Las Cruces.”⁶³

Over the years that followed, great numbers of people expanded-on and founded non-profit organizations, community boards, and, like Good Sam’s Housing Helpers today, standing committees of activist citizens who gave their time, energy, and resources to help raise money.⁶⁴ By 2012, the New Mexico Coalition to End Homelessness acknowledged the success of the Mesilla Valley Community of Hope, and the consolidated services model, reporting that Camp Hope had been “Created as a temporary response to the shelter needs of the Las Cruces homeless people, offering an immediate solution to isolation, providing safety in numbers, and a sense of community.”⁶⁵ In an effort to help house Camp Hope residents, a yearly September event called Tents-to-Rents draws upon community fundraising support from local businesses, individual contributors, and volunteer committees like Good Sam’s Housing Helpers.⁶⁶ The result has combined public health resources with human services related community

access to federal and state programs for those experiencing homelessness, including those who choose not to participate in the Camp Hope program. Initial care for clients takes place with the engagement of individuals and organizations whose services can be accessed alongside these well-established community networks.

Throughout this history, not all organizations have been able to continue its operations to prevent homelessness. Speaking about the difficulty of maintaining health and housing when long-time community services become unavailable, narrator Dr. Nancy Baker remarks that,

“There’s a tipping point where people then suddenly can’t recover. They can’t find their feet again. I worry that we might be on the cusp of something like that depending on what federal and state policies are in place.”⁶⁷

Some MVCH resource programs could not continue to be sustainable organizations despite the collective effort to band together through the development of the consolidated services model. The 2006 closure of the women and children’s shelter known as Hacienda Del Sol highlights these risks of losing vital community support sources of funding.⁶⁸ At Hacienda del Sol, some clients required crisis intervention, others battled drug or alcohol addictions, and yet others were in the difficult process of fleeing violent domestic abusers. Although professional safety measures by MVCH staff are in place, unforeseen after-hours circumstances can become dangerous to Hope Campus clients.⁶⁹

Prior to firefighter Paul Ford's work to develop Mobile Integrated Healthcare (MIH) visits to housed clients, unanswered or developing problems could not always be clearly assessed— a community atmosphere which limited the access to resources needed by anyone in transitional crises.

In helping homeless women and children from 1994 until 2005, other organizations began to merge with Hacienda del Sol services that had been developed in cooperation with Hope Campus service providers. This marked a new stage in the history of MVCH continued management of housing resources. As Dr. Nancy Baker tells us,

“Hacienda Del Sol just couldn't continue. It didn't have the infrastructure. Even after all those years— We couldn't get the infrastructure going, and it was then absorbed by Mesilla Valley Community of Hope [which] up to that point served primarily as an umbrella organization for all of the agencies that were at the campus, and then provided day services for the homeless so they could have showers, access to a telephone, an address. You could apply for jobs, and get responses back. The sorts of things that you would need to get plugged into the society, your societal needs at large, but [MVCH at the time] was just a day program. Hacienda Del Sol was the only housing component, and it really only served women and families with children, so it was limited also. All of this happened, I think, about the time Nicole [Martinez] came in. Housing First [had] developed [through Hacienda del Sol], Mesilla Valley Community of Hope took over the housing component and began really building this network of relationships with the community that had been so important in finding apartments and stable homes, long-term, for people.”⁷⁰

This setback to homeless services points to the social precariousness of compassionate non-profit agendas; namely, keeping grant funding sources up-to-date, developing reliable staff and volunteer programs, and conducting community outreach through board membership, special events, and local avenues of reliable, adaptable, and on-going support. That any city's consolidated services corridor model may have the capability to help solve partnered organizational needs for consistent funding — by virtue of proximity on the campus setting — cannot substitute the fact that each group of service providers must sustain an independent system of monetary income support to remain up-and-running and operational while, at the same time, collaborating with neighboring organizations to deliver consistent programs of housing, healthcare, and food resources.

Functional Zero, Camp Hope, and Great Conversation

In 2018, the Mesilla Valley Community of Hope became recognized outside the State of New Mexico. MVCH staff received a three-year accreditation from the Commission on Rehabilitation Facilities for the Supportive Services (CARF), an international organization that reviews quality of care for public health organizations.⁷¹ CARF acknowledged MVCH work with the Veteran Families Rapid Rehousing and Homeless Prevention Program, citing the achievement of “Functional Zero,” a federally recognized status of “Zero” unhoused military veterans.⁷² This distinction shows proactive cooperation by MVCH staff to locate transitional-housing resources, and educates the public about veteran homelessness from the vantage point of federally-driven initiatives in the Las Cruces service delivery area.⁷³ Despite the ups-and-downs on the path towards success when staff and clients work together to become housed, Functional Zero is a significant first step to recognize current MVCH programs in relation to the rapidly changing circumstances of those experiencing homelessness.

Hope Stories narrators pointed out that affordable housing, equitable access to healthcare, and sustainable food security practice helps to strengthen the resilience of people experiencing homelessness, fostering pathways of sustainable living through engaged community programs. The consolidated services model creates a sense of safety for clients, a self-recognition and normalization of home-base. Such transitional experiences limit, if only for a short time, the dangers of street-life. In citing veterans that

visit for the purposes of finding housing options, and the difficulties that clients face even within reasonable access to the Hope Campus location, narrator Nicole Martinez clarified:

“Camp Hope is just a program of Community of Hope. Camp Hope is just a temporary place to stay, but Community of Hope is the one that provides all the services. Camp Hope’s not an organization. Community of Hope is the organization. It’s separate, just like Jardin de Los Niños is an organization. So, I think that the City of Las Cruces, and legislators, were really forward thinking— [including] the community partners who helped us start this by bringing everything in one place because it was all scattered, and that’s typically how it is in a lot of other places. So, bringing it here has been obviously really helpful for the clients who otherwise have to navigate a really tricky transportation system. We don’t have busses on Sundays, and they don’t run after I think six or seven, and one of the main health care facilities is Ben Archer, and it’s out in Doña Ana [New Mexico]. It can be really hard for clients to get to places. So, we’ve tried to have some of those essential needs right here within walking distance.”⁷⁴

With this same sentiment shared by other narrators, community frameworks of citizen engagement, in tandem with a variety of local service providers, proved to be most useful given the industrialized setting of Las Cruces and the area around the Hope Campus. Narrators who shared insight for the Hope Stories project included staff, volunteers, and MVCH contributors serving as board members, most of whom mention in detail the importance of limiting walking, transportation time, and distance traveled by clients.

One of the more difficult stories to learn about the creation of Camp Hope: in the winter of 2011 an overnight temperature drop resulted in a deep freeze that took the lives of several people living on the streets.⁷⁵ A dangerous myth persists about living outside during the winter; namely, that the desert climate of regions like Las Cruces makes it somehow easier to survive in comparison to northern temperatures. Those considered near-homeless by threat of eviction, health related trauma, or situations of dilapidated housing share many of the same problems with those considered chronically-homeless—individuals known to have been outside and living on the street for a year or longer.⁷⁶ The homeless in Las Cruces remain dependent on how resilient they can be during these extreme heatwaves and cold-snaps that ideally include shelter for longer than just overnight. This life-and-death reality, of course, encompasses the wherewithal to quickly locate food and necessary medical care under difficult physical and mental circumstances.

Once overnight camping became temporarily lawful outside the main buildings of the Hope Campus, narrator Randy Harris gives an account that,

“We were holding these dialogues on a relatively consistent basis with homeless folks and the staff of Community of Hope, and city officials, councilors, fire department, law enforcement, emergency first responders [and] mobile crisis type organizations. County folks — folks from the county — county commissioners got wind of what we were doing, and began to join us. And through that process, the city gave us a ninety day waiver. They said: ‘Okay, we’re not gonna enforce this no-camping thing,’ and [acknowledged that] ‘people like to camp over here because all the services are here.’” (Cont.)

“They wanna be close to their services, and that’s understandable. So, the city gave us a ninety day waiver, and said, ‘Alright, people can camp here. We’ll get through the winter.’ And, there was no camp, per se, there was just a [dirt] lot, a little piece of a field over here that was empty. We began to start putting tents there and providing services for people and, at the end of that ninety day waiver, the statistics showed that conflicts, and particularly conflicts resulting in 911 calls — for law enforcement, or hospitals [and] medical services — had dropped precipitously. Things were quieter and calmer. And we all sat around and looked at that in dialogue, and then the city gave us another ninety days. They said: ‘Oh, all right—’ It’s understandable that that might have been perceived as some sort of an anomaly, or a seasonal [weather related] anomaly. After the second ninety days, we saw the same or better.”⁷⁷

It is no coincidence that Camp Hope began to organize itself on the Hope Campus, and, likewise, that mobilization by the community of Las Cruces had potentially saved lives that may have otherwise been lost because the consolidated services model, which previously lacked vitally important public attention and organizational funding, suddenly received support following 2011’s Deep Freeze. Through the incremental processes of city government, and with the public’s acknowledgement that additional resources should be allocated to help MVCH clients, Camp Hope took action to coalesce with Hope Campus organizations. Always important to recognize little victories alongside giant leaps, Mr. Harris highlights these step-by-step efforts toward lawful sanctioning of the camp by sharing the outcome of an entire community’s progress,

“Through the process over the years, and we’ve been doing it for seven years, the city has now rezoned that piece of property to allow for an ongoing transitional homeless setting where people can come in, be safe, get their business in order, get their benefits, get their paperwork, documentation — stuff that homeless people often lack — get health care, and start the process of re-acclimating to living in a community.”⁷⁸

As mentioned by Mr. Harris, the more permanent measures followed when City of Las Cruces, Community of Hope staff, and homeless clients voiced their collective support to City Council for the creation of the Camp Hope tent city on the Hope Campus.⁷⁹

Demonstrative of how poverty, homelessness, and hunger is first acknowledged, realized in-depth, and generally understood by the public to be an ongoing problem, City of Las Cruces council members addressed citizen requests to reconsider zoning policy, increase attention to grant-funding for homeless services, and, specifically, to externalize support with the homeless community by adding the tent city into the consolidated services model already in place on the Hope Campus.

The Great Conversation began in 2011 as a way to promote resources while at the same time educating new clients about the situation on the ground at Mesilla Valley Community of Hope. Today, these dialogues continue each Tuesday morning to provide a shared space for residents living at Camp Hope, and an opportunity to meet with MVCH staff and outreach coordinators. Facilitator Randy Harris had been organizing Great

Conversations in Las Cruces for a number of years with open forum settings that encouraged discussion on a variety of local social issues. As MVCH moved toward lawfully sanctioning Camp Hope with the City of Las Cruces in 2013, Mr. Harris received a Volunteer of the Year award from the New Mexico Coalition To End Homelessness (NMCEH) for his work to incorporate community awareness within the context of the homeless situation happening on the ground. These Tuesday morning community engaged discussions introduce new clients to the process of democratic governance, describe established the collective expectations of volunteer engagement, and emphasize the importance of maintaining communication with the Safety Shack manager— the person that Camp Hope residents elect to manage night-watch duties and the comings-and-goings of outside visitors throughout the day. To reinforce the rules of the camp, new clients must acknowledge and sign an agreement form which outlines the specific protocols for all resident campers.

Attended by supportive local networks like NMSU Nursing, Doña Ana County United, or the organizations present on the Hope Campus, frequent visitors to the Great Conversation helps to enhance civic engagement with MVCH clients, staff, and volunteers. When everyone arrives to the meeting space, introductions are made, camp rules and agreements proclaimed, and relevant avenues for necessary discussion topics are opened-up for group consideration. Keynote updates and talking points include emergency procedures, timely community announcement sessions, and a safe space at the

heart of Camp Hope in order to express grievances, support one another, and make suggestions for Hope Campus service related activities. Each meeting concludes after about an hour, and only after all in attendance have had the chance to address the group and, thereby, be recognized as a contributing Camp Hope resident.

Not all residents attend the weekly event, although everyone is encouraged to celebrate victories both big and small, and especially when clients move into permanent housing. The rules of Camp Hope residency, and what some call the “Spirit of the Camp,” continue to be voiced and reflected upon by Great Conversation attendees.⁸⁰ A consensus recognized from the beginning to the end of the gathering: Camp Hope does not separate itself from the community of Las Cruces according to differences between housed or unhoused status. Mr. Harris reminds us,

“This camp is solely supported by community members. Churches, organizations, individuals, everywhere from across the spectrum, from combat veterans to college students in various programs to, again, churches and other organizations who recognize the value of this, who care about the situation, and contribute to making it — I described earlier — it’s all graded and graveled, and we have tent pads, and shelters, and three-sided shelters [that] the tents set in, and we’ve got fencing, and bathrooms, and kitchen, and all that stuff. It’s all been donated by the Las Cruces community.”⁸¹

The Great Conversation allows clients the time to visit with representatives from Amador Health Center, to learn about childcare services from Jardin de Los Niños, and to

check-in with support specialists and their services through informal attention to the health of the community on the Hope Campus. Regularly scheduled activities like open dialog engage the homeless to locate specific programs alongside MVCH staff and volunteers, and, through access to these services, the clients themselves generate extraordinary stories documented by MVCH staff and displayed on the MVCH website for others to learn more about by way of example.⁸² The potential for successful move-in day into safe, secure, and permanent housing impacts everyone who chooses to live at the camp. Some succeed, others move on. The Great Conversation brings Las Cruces homeless resources into the openness of the community, creates meaningful dialog about democratic self-governance, and makes the consolidated services opportunity — to find housing for everyone — the central focus of Camp Hope.

The Future of Housing, Healthcare, and Food

The rise of the consolidated services model to help the homeless through accessible resource centers of support continues. According to the specific needs of the city, resources from educational campus settings may promote sustainable outcomes for ending homelessness. In 2019, Tucson, Arizona's newest homeless corridor retrofitted facilities with a unique potential: an expansive hotel property with programs similar to those available at the Mesilla Valley Community of Hope.⁸³ Whereas Tucson's hotel for the homeless arrived with great philanthropic expense, across the country innovative transitional housing programs, healthcare access, and updated models of food pantry delivery methods offer further evidence of sustainable consolidated services models. In early 2020, the City of Albuquerque learned about what Mayor Tim Keller called a "Gateway Center," the potential sale of long-vacant Crown Plaza hotel "Near the Big-I interchange."⁸⁴ Located near the crossroads of Interstate 25 and Interstate 40, the twelve story, four hundred and fifty room property was being considered by the city as one of many possible solutions to consolidate services for the growing numbers of people experiencing homelessness in New Mexico.

The history of poverty, homelessness, and hunger in the United States continues to damage communities, no matter what neighborhood or rural area may appear on the surface to suffer the most. Accurate, reliable, and responsible campaigns — built from well-placed best practices — have the potential to organize "Community of Hope"

programs across the United States.⁸⁵ Although operational names and service locations vary, a great number of people band together to extend assistance to the homeless and hungry. The Washington D.C. Community of Hope program, like the CARE Complex in Las Vegas, Nevada, gives another important insight for the homeless consolidated services model in Las Cruces. When asked about the future of the CARE Complex in relation to the future of homeless service providers, narrator Glenn Trowbridge said:

“I see it continuing to exist in not only the efforts of the people that work here, and volunteer here, but also the [services] need is going to continue. I see it becoming a little more coordinated service delivery now, with all the different organizations that have their own little boat they’re trying to row down the river. It’s expensive, and not as effective, and too many things fall through the cracks. And so, as long as we can get the different service providers talking to one another, and accepting that, ‘Hey, let’s don’t step on each others’ toes. There’s plenty of work to go around.’ You know, ‘Let’s just figure out which one [problem] you’re gonna work on, and which one I’m gonna work on.’ And I see that as being the biggest improvement you’re gonna see on all the social service stuff.”⁸⁶

Including Mr. Trowbridge’s perspective, the memories shared by Hope Stories narrators introduce researchers to a wide variety of perspectives about the poverty, homelessness, and hunger seen by service providers at the Mesilla Valley Community of Hope. Despite the challenges of documenting non-profit social service organizations with public history, narrators showed great tenacity by making their personal perspectives known, and understood, in light of the professional and systemic complexity surrounding the issues of

poverty, housing, and client centered healthcare. In doing so, narrators helped to demystify the local Las Cruces reality for the next generation of homeless advocates.

One way to learn about the consolidated services model at MVCH, the annual open house “Spring of Hope” event invites guests to collaborate with clients, staff, and current board members.⁸⁷ To familiarize the public with participatory, prescheduled volunteer opportunities, and to create future potential for community resource engagement on the Hope Campus, the Spring of Hope benefits everyone in the Las Cruces community. It is important to contact specific organizations and properly coordinate outside volunteer support for new visitors to the Hope Campus. This gesture of collaborative etiquette — calling ahead of time to notify staff — should not be taken for granted by anyone wishing to volunteer, conduct research, or further inquire about connecting to MVCH service operations.

Originally problematic to my public history research, it turned out that the purpose of the narrator contested community resource narrative proved to be useful, and even functional: to field unknown or unclear Hope Campus intentions from outsiders, and to continually disseminate relevant information to clients. To deliver the best possible support, MVCH staff and volunteers addressed multiple areas of personal and professional need. Clients new to the Hope Campus may not recognize the purpose of the current consolidated services model. Others are familiar with the community working

together to solve a variety of circumstances, and therefore help visitors to access services more easily. Events that take place throughout Las Cruces; El Paso, Texas; and Ciudad Juarez, Mexico have potential unintended consequences of disrupting the activities of programs and service delivery options for homeless providers on the Hope Campus. These service overlaps seldom occur without being resolved as soon as possible, and help point out the likelihood of compassion that generally takes place across the borderlands.

In conversations held since the final interview of the Hope Stories project, volunteer NMSU Aggie Cupboard narrator Kit Elliot spoke about unethical political motivations after the Hope Campus experienced a sudden increase in services' demand when, on Easter Sunday of 2019, the United States Customs and Border Patrol (CBP) began to release previously detained migrants without notice throughout the City of Las Cruces.⁸⁸ Sometimes, unfortunately, local services' groundwork must quickly accommodate realtime reality rather than a coordinated, pragmatic, and ethically addressed shift in federal policies. From detention centers to homeless shelter services, some migrants, many of them children, found emergency resources at the Las Cruces Gospel Rescue Mission; others were escorted to Mesilla Valley Community of Hope or the Munson Senior Center.⁸⁹ "Legally present in the United States while their cases were in process," almost two weeks later an estimated 2,100 asylum seekers had been dispersed into facilities across the City of Las Cruces.⁹⁰ Only one example of decades of volunteerism in the Las Cruces area, the migrant situation in 2019 became connected to

the Covid-19 pandemic in 2020 when narrator Ms. Elliot was again called to serve with New Mexico Medical Reserve Corps (MRC). A registered nurse who has represented the American Red Cross, the Disaster Medical Assistant Team (DMAT), and the Community Emergency Response Team (CERT), Ms. Elliot provided disaster assistance and medical support to those in need, fervently remarking,

“The purpose of life is a life with purpose. And I think that that’s what I’ve always been raised with. And so, when I find activities out there in the community that have purpose, and a mission, and really accomplish what they’re trying to do to make a definite difference— I like to be a part of that picture. They have a very firm purpose that delivers something to the community. And we do make a difference. We make a huge difference. And as soon as that difference stops, or we can’t reach out successfully, then I back away. But, otherwise, paying attention to the people in the community. Paying attention to people you work with, or enjoy being around, and finding that there is something you can give to help them with their needs— that fills a whole new volunteer picture.”⁹¹

Although the capacity of resources on the Hope Campus certainly changed since the appearance of Covid-19 pandemic, organizations at Mesilla Valley Community of Hope continued to offer assistance by keeping their doors open to clients. To increase access to food, Casa de Peregrinos responded by absorbing services typically filled by City of Las Cruces senior centers, and quickly offered additional hours of weekly operations. Both MVCH and Casa de Peregrinos, like always, promoted client access to rent, mortgage, and utility assistance programs. Regardless competing demands happening in Las Cruces,

the collective drive toward compassionate community support, alongside staffed organizations located on the Hope Campus, clearly makes a substantial difference in the lives of the less fortunate.

Always dependent on the circumstances, those accustomed with this cooperative and consolidated approach at Mesilla Valley Community of Hope often share important and necessary resource information about the Hope Campus during personal travel throughout the city. In asking for directions — like where is Amador Health Center; which organization provides food baskets; or which location offers the daily meal — this response more-than-likely requires on-the-ground adaptation to provide the most accurate and up-to-date guidance. With perseverance and patience, whether experiencing homelessness or seeking to become a MVCH volunteer, the high standard of services' delivery becomes clear to everyone who makes the time and effort to visit. Because the consolidated care model allows each organization to be reached within walking distance from one another, this helpful geographic guide further coordinates clients toward individual points of health and human services related care options. The history of the established collaborative network at Mesilla Valley Community of Hope accommodates volunteer opportunity, strengthens personal engagement with local programs, and restores client connections with a healthful resiliency. With a legacy of compassion across the borderlands, and in the City of Las Cruces, new generations of American homeless

service providers will soon begin to support communities similar to the Hope Campus. As the consolidated services model becomes more nationally recognized through best-practice methods, continued compassionate access in accompaniment with proven results, and clear, real-world transitions to affordable housing — viable and worthy solutions for consistent healthcare, and innovative alternatives to sustainable food delivery, will reconstruct the collective work necessary to end homelessness in New Mexico.

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