

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 411
(A-24)

Introduced by: Oklahoma

Subject: Missing and Murdered Indigenous Persons

Referred to: Reference Committee D

1 Whereas, there is an epidemic of violence and a rising number of cases of abduction and
2 murder of American Indian and Alaska Native persons (AI/AN) in the United States (U.S.), with
3 greater than 2 in 5 AI/AN women raped in their lifetime, and homicide reported in the top 10
4 leading causes of death according to The National Intimate Partner and Sexual Violence Survey
5 (NIPSVS) ^{1, 2, 3}; and
6

7 Whereas, the NIPSVS reported that non-Hispanic AI/AN individuals experienced the second
8 highest rate of homicide compared to their counterparts in all other racial and ethnic groups in
9 2020³; and
10

11 Whereas, due to factors such as racial misclassification, underreporting, and distrust between
12 law enforcement and Indigenous communities, published statistics likely underestimate the
13 number of sexual violence crimes and missing and murdered AI/AN persons⁴; and
14

15 Whereas, the U.S. Bureau of Indian Affairs has called for additional investigative resources to
16 address this epidemic of violence¹; and
17

18 Whereas, in 2019, President Trump signed Executive Order 13898, which established the two-
19 year, multi-agency Operation Lady Justice Task Force to address the concerns of AI/AN Tribes
20 and Villages regarding missing and murdered persons⁵; and
21

22 Whereas, in 2020, Operation Lady Justice released their first report in collaboration with tribal
23 leaders and community members which suggested establishing local, tribal, regional, and
24 national alert systems for AI/AN persons similar to Amber Alert⁵; and
25

26 Whereas, in 2020, Public Law No. 116-165, Savanna's Act, was signed into law to increase
27 coordination and data-sharing among Federal, State, Tribal, and local law enforcement
28 agencies in an attempt to improve federal prosecution rates and involvement in missing or
29 murdered AI/AN person-cases⁶; and
30

31 Whereas, in 2021, the US Department of Interior launched the formation of the Missing &
32 Murdered Unit (MMU) to provide additional resources and interagency cooperation with
33 necessary stakeholders such as the Federal Bureau of Investigation on this pressing issue⁷; and
34

35 Whereas, the Urban Indian Health Institute, one of the nation's 12 Tribal Epidemiology Centers,
36 found that the rate of missing AI/AN women in Washington State was 78.64 per 100,000, which
37 was more than four times the rate for non-Hispanic white women in 2018⁸; and

1 Whereas, in 2022, Washington State established a statewide and first-in-the-nation Missing and
2 Murdered Indigenous Women's and People's Alert System (MIPA)⁹; and
3

4 Whereas, MIPA makes AI/AN persons eligible for law enforcement assistance who do not
5 otherwise meet strict AMBER Alert criteria and can also be used for AI/AN persons believed to
6 be in danger and presumed to be unable to return to safety without assistance⁹; and
7

8 Whereas, in the 6 months since it was first implemented, the Washington State MIPA has been
9 activated 33 times and 27 individuals have been located, with 4 of those cases directly
10 attributed to MIPA¹⁰; and
11

12 Whereas, several states have now passed legislation to coordinate responses between tribal
13 and non-tribal law enforcement entities and implement AI/AN-specific emergency alert systems,
14 including Arizona, Colorado, Minnesota, Montana, North Dakota, Nebraska, New Mexico,
15 Oregon, South Dakota, and California^{8, 11, 12}; and
16

17 Whereas, the Urban Indian Health Institute has also challenged lawmakers and policymakers to
18 consider a number of factors in their responses to this crisis, including law enforcement stigma
19 towards substance use in AI/AN communities, non-reporting of LGBTQ2S+ identification for
20 missing and murdered AI/AN persons, lack of coordination between tribal, state, and federal law
21 enforcement, and inadequate protocols regarding AI/AN persons living away from their tribal
22 lands⁹; therefore be it
23

24 RESOLVED, that our American Medical Association supports emergency alert systems for
25 American Indian and Alaska Native tribal members reported missing on reservations and in
26 urban areas. (New HOD Policy)

Fiscal Note: Minimal - less than \$1,000

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RELEVANT AMA POLICY

Addressing Sexual Violence and Improving American Indian and Alaska Native Women's Health Outcomes D-350.985

1. Our AMA advocates for mitigation of the critical issues of American Indian/Alaska Native women's health that place Native women at increased risk for sexual violence, and encourages allocation of sufficient resources to the clinics serving this population to facilitate health care delivery commensurate with the current epidemic of violence against Native women.
2. Our AMA will collaborate with the Indian Health Service, Centers for Disease Control and Prevention (CDC), Tribal authorities, community organizations, and other interested stakeholders to develop programs to educate physicians and other health care professionals about the legal and cultural contexts of their American Indian and Alaska Native female patients as well as the current epidemic of violence against Native women and the pursuant medical needs of this population.
3. Our AMA will collaborate with the Indian Health Service, CDC, Tribal authorities, and community organizations to obtain or develop appropriate American Indian and Alaska Native women's health materials for distribution to patients in the spirit of self-determination to improve responses to sexual violence and overall health outcomes. [Res. 208, I-15]

Preventing Anti-Transgender Violence H-65.957

Our AMA will: (1) partner with other medical organizations and stakeholders to immediately increase efforts to educate the general public, legislators, and members of law enforcement using verified data related to the hate crimes against transgender individuals highlighting the disproportionate number of Black transgender women who have succumbed to violent deaths; (2) advocate for federal, state, and local law enforcement agencies to consistently collect and report data on hate crimes, including victim demographics, to the FBI; for the federal government to provide incentives for such reporting; and for demographic data on an individual's birth sex and gender identity be incorporated into the National Crime Victimization Survey and the National Violent Death Reporting System, in order to quickly identify positive and negative trends so resources may be appropriately disseminated; (3) advocate for a central law enforcement database to collect data about reported hate crimes that correctly identifies an individual's birth sex and gender identity, in order to quickly identify positive and negative trends so resources may be appropriately disseminated; (4) advocate for stronger law enforcement policies regarding interactions with transgender individuals to prevent bias and mistreatment and increase community trust; and (5) advocate for local, state, and federal efforts that will increase access to mental health treatment and that will develop models designed to address the health disparities that LGBTQ individuals experience.
Res. 008, A-19

Missing Children Identification H-60.996

The AMA supports (1) development of a means of identifying children; and (2) education of the public and parents on the fingerprinting and documentation of characteristic identifying marks as a matter of record, should it be necessary to assist officials in locating a missing child. [Res. 98, A-84; Reaffirmed by CLRPD Rep. 3 - I-94; Reaffirmed: CSA Rep. 6, A-04; Reaffirmed: CSAPH Rep. 1, A-14]

Fund for Public Health Emergency Response H-440.825

Our AMA supports the reauthorization and appropriation of sufficient funds to a public health emergency fund within the Department of Health and Human Services to facilitate adequate responses to public health emergencies without redistributing funds from established public health accounts. [Res. 420, A-16]