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

Whereas, the NIPSVS reported that non-Hispanic AI/AN individuals experienced the second highest rate of homicide compared to their counterparts in all other racial and ethnic groups in 2020\(^3\); and

Whereas, due to factors such as racial misclassification, underreporting, and distrust between law enforcement and Indigenous communities, published statistics likely underestimate the number of sexual violence crimes and missing and murdered AI/AN persons\(^4\); and

Whereas, the U.S. Bureau of Indian Affairs has called for additional investigative resources to address this epidemic of violence\(^1\); and

Whereas, in 2019, President Trump signed Executive Order 13898, which established the two-year, multi-agency Operation Lady Justice Task Force to address the concerns of AI/AN Tribes and Villages regarding missing and murdered persons\(^5\); and

Whereas, in 2020, Operation Lady Justice released their first report in collaboration with tribal leaders and community members which suggested establishing local, tribal, regional, and national alert systems for AI/AN persons similar to Amber Alert\(^5\); and

Whereas, in 2020, Public Law No. 116-165, Savanna’s Act, was signed into law to increase coordination and data-sharing among Federal, State, Tribal, and local law enforcement agencies in an attempt to improve federal prosecution rates and involvement in missing or murdered AI/AN person-cases\(^6\); and

Whereas, in 2021, the US Department of Interior launched the formation of the Missing & Murdered Unit (MMU) to provide additional resources and interagency cooperation with necessary stakeholders such as the Federal Bureau of Investigation on this pressing issue\(^7\); and

Whereas, the Urban Indian Health Institute, one of the nation’s 12 Tribal Epidemiology Centers, found that the rate of missing AI/AN women in Washington State was 78.64 per 100,000, which was more than four times the rate for non-Hispanic white women in 2018\(^8\), and
Whereas, in 2022, Washington State established a statewide and first-in-the-nation Missing and Murdered Indigenous Women's and People's Alert System (MIPA)\(^9\); and

Whereas, MIPA makes AI/AN persons eligible for law enforcement assistance who do not otherwise meet strict AMBER Alert criteria and can also be used for AI/AN persons believed to be in danger and presumed to be unable to return to safety without assistance\(^9\); and

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

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

Whereas, the Urban Indian Health Institute has also challenged lawmakers and policymakers to consider a number of factors in their responses to this crisis, including law enforcement stigma towards substance use in AI/AN communities, non-reporting of LGBTQ2S+ identification for missing and murdered AI/AN persons, lack of coordination between tribal, state, and federal law enforcement, and inadequate protocols regarding AI/AN persons living away from their tribal lands\(^9\); therefore be it

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

Fiscal Note: Minimal - less than $1,000

Received: 4/22/2024

REFERENCES


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]