# AAIP October Board Meeting Minutes
## October 21, 2020

**Attendees:** Tom Anderson, Jana Harkins, Mary Owen, Charlene Hansen, Shaquita Bell, Missy Begay, Allison Kelliher, Jonathan Baines

**Absent:** Dr. Hartwig, Walt Hollow

**Guests:** None

Call to Order/Roll Call: Meeting commenced at 20:16 PM (CST)

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<th>Topic</th>
<th>Discussion</th>
<th>Action Items</th>
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| Approval of Sept. AAIP Board meeting minutes | - Agenda reviewed and accepted without changes  
- Tabled 8/6 and 8/7 minutes  
  Motion by Dr. Hansen, 2nd Dr. Kelliher,  
  Yes unanimous  
- Approved Sept. AAIP Board meeting minutes  
  First motion: Dr. Kelliher; Second: Dr. Hansen  
  Yes: Unanimous  | |
| Financial report | - AAIP financial report as of Sept 30, 2020  
- See report  
- Encumbered cash $201+  
- Outstanding invoices from last 2019 annual meeting, some paid but incorrectly recorded, some are in-kind contributions, so cleared some  
- Others written off as uncollectable $20K+ and half of it in-kind  
- PPP loan, all forgiveable; but SBA kept saying don’t worry, will simplify, now they changed the rules this past week, only simplified for loans under $50K. Our loan is $51,400 so doesn’t qualify. Bank doesn’t want to go through the effort to get it done. Federal government will change it again. This $51K should be recorded as revenue. | |
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<th>Funding updates</th>
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<th>Committee reports</th>
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| Rites & Ceremonies, Dr. Shaw on committee, will meet in the coming month, preparing for new inductees, we have lapel pins, planning for annual meeting and initiation. Consider announcing to entire membership.  
Finance. Can we set up recurring contributions on a regular basis? No longer on the federal list for campaign. Costs $3-4K annually to participate. Revenue less than a $1000 each year. Need to address credit card debt.  
Policy. AAIP invited to post election online event, Sunday Nov. 9th by AAMC, asking all major minority medical associations what policies are we interested in; committee recommends increased funding for substance abuse treatment centers e.g. Oklahoma only has one; Indian Health Care Improvement Act; advance appropriations for IHS; make IHS funding non-discretionary; increased ability for IHS to get more providers; full funding of IHS; addressing invisibility of our communities—always left off of data graphs; use native doctor expertise  
Suggestions: Be more specific on type of doctor expertise; Hearings, briefings should have doctor input  
IHS recruitment of providers—how IHS scholarship is taxed  
Membership  
3 people to present, approved by membership committee  
Sophie Neuner, Munich, Germany, FMG, Johns Hopkins, Karuk, applying for OB/GYN residency | Charlene and Dr. Hartwig to get Finance; Board members to give input. |
Already vetted, didn’t verify anything  
Cole Haskins, Denver, resident, psychiatry, Cherokee Nation, Native Mental Health  
Katrina Everhart, committee recommends honorary member, she’s Shawnee from England, 2nd time she applied, her diploma is of medical osteopath, 6 mos. program  
Dr. Neuner and Dr. Haskins recommended to be full voting member  
First Dr. Hansen  
Second: Dr. Bell  
Vote: yes unanimous  
Committee recommended board consider conversation with Katrina Everhart  
Dr. Kelliher made Motion for Dr. Begay to clarify how she has distinguished herself, education and if they meet our criteria  
2nd Dr. Bell  
Vote yes Unanimous  
Table decision until after the conversation  
Dr. Owen would like to raise membership issues to the membership. Committee had concerns about membership stats, 450 people out of thousands of physicians, only 45% are active paying members, associate members 15, honorary 5  
Something is happening in organization that people are leaving and don’t want to join back  
Recommended survey to find out why people are not active  
Consider regional chapters for membership  
Maybe members will be more networked in their regions  
Want to present this idea at the semi-annual meeting  
Overarching AAIP would remain  
2 hour meeting, 5 people at the meeting  
- Marketing and Website—7 people met 2 wks ago, engaging, revamped facebook and twitter profile, tons of engagement, recruited ambassadors to post amazing work we’re doing, Dr. Lindsey, selfie stethoscope, requests for membership, old member submitted renewal
application, all heading in the right direction, new material out there, how to create more networking and camaraderie, ophthalmologist in NW Coast, case of the month webinar for the members, case reports, mini-grand rounds, would provide a lot of engagement, get members to interact with each other, would like to start. Would this blend with physician wellness? Concern that annual meeting would not be well attended due to covid. Both committees were concerned. Supported 50th anniversary being moved to the 51st year. Create membership book to commemorate the 50th Anniversary. Survey monkey, combine them in order to not overwhelm people

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<th>ANAMS fundraising $4,365 raised ended Oct. 15</th>
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<td>• Wellness—3rd meeting tomorrow; we’ve developed speaker series for this fall, aiming for Nov. 7, 14 and Dec. 12. Insomnia, stress and anxiety for the second session; plant medicines will be featured and Dr. Maresca will help with sending out the plant medicines for a suggested donation of $25; will encourage physician members to cover the cost of student shipments. Talking circles will also occur monthly for general member audience and a women’s talking circle as well. Dr. Kelliher is working with Katya to coordinate the presentation, plant medicines will be used; the turnaround time to ship them out is very short. Will need AAIP’s help for registration. Announcement being drafted to announce the series. Continuity within the talking circles would be helpful to build rapport; continuous facilitators will be helpful. Monthly may be tough logistically but sacred and will make it a priority. Survey results very helpful. We’re prioritizing these topics. Work Life Balance and other topics will be covered in the New Year.</td>
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<td>• Proposal for sustaining web site pending</td>
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<td>• Bylaws pursue excellence by promoting education in the medical disciplines about 5 people attended, mission straightforward, education committee is not a standing committee. Problem of education—3 areas. Dr. Garcia had great resources. Rotations—academic medicine</td>
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paper on rotations and curriculum, written by Dr. Owen. Will use as template for rotations to native facilities. Would be good to use in residency programs. Work on curriculum for residents. Regional flavor. Facility can tailor, tribal community then can own it. Will share it with White Earth. Fond du Lac and PIMC would be next. Anyone willing to move it forward are welcome. Historical loss scale very useful.

- Native kids books update—stalled
- Perspectives piece
- ANAMS meetings—still trying to connect; restrictions around fundraising; COPED American Indian/AN trainees, they have an exec board, submitting a paper on missing and murdered indigenous girls to JAMA, offered some mentorship on that; Dr. Baines may benefit from reaching out to them. Reached out to CONACH re another liaison since Dr. Joey Bell is willing to step aside.

- First meeting of annual meeting committee, next week, Puyallup representative will be attending, Amy Wind, and Elise Alexander.
- NIHB panel--Dr. Owen participated, helping with MH issues, storytelling via radio, good event
- AAMC representative-- no report
- CONACH

- Membership meeting-- concerned re transparency, addressed issue, Dr. Bell ok with continuing, not all membership is getting information from us, suggested snail mail survey to ask how do they prefer to be contacted, also assess how they feel about the annual meeting—virtual or in person? Will talk again next week. Most people want more talks, not just business meetings. Mentoring survey questions. Upset about low number of dues paying members. Excited about Jan. meeting.
| Executive Director update | See report  
New contract with AAAP re radio spots  
SAMHSA grant, drugs and culture don’t mix, started last Tues.  
Univ of Oklahoma College of Medicine PAW and Dr. Joey Bell  
UNC Chapel Hill and East Carolina Univ.  
Issue is national vs. state outreach  
AAMC Dr. McDougall, racial and ethnic minority covid funding from Morehouse et al minority med associations, $100K per year if we get approved, re AI/AN covid prevention  
First motion to accept report: Dr. Hansen  
2nd: Dr. Baines  
Vote: unanimous |  
| New business | Yale/ED grant—writing NIH grant re substance abuse treatment upon presentation to the ED; not several days or weeks later; starts now. Wants AAIP to help provide physicians to provide guidance. Just sent specific requests, will follow up with us. AAIP to help disseminate information to ED’s.  
10/21 IHS vaccination plan--Dr. Owen and Tom met with them today, tribal leaders saying masks never worked, shouldn’t adhere to them, quarantining not necessary. Can AAIP help in any way? Native America Calling—can regular announcements be featured? One hour long. Or 40 minutes. They ask a lot of questions. Our PSA’s on opioids helps Native America Calling.  
IHS recommends recognition of docs who have been on the front lines. Could do this at the Jan. meeting. Promote a pipeline of Native docs to serve in Indian Country. We would not collect a fee.  
IHS townhall meeting—hear from our partners, what support do they need? And get update. Would like to do this in the next month.  
Semi-Annual Business Meeting—something fun, covid update, something on mental health, plus business meeting. Dates Friday Jan. 29th  
Start 11 a.m. ET to 6 p.m. ET  
1st to adjourn Dr. Hansen  
2nd Dr. Kelliher | Exercise event Missy to check in with Erica;  
Dr. Hansen and Dr. Kelliher to get MH topic |
| Vote yes: unanimous |

Meeting adjourned at 10:17 PM (CST)

Next meeting on **November 18, 2020** at 8:15 PM (CST)