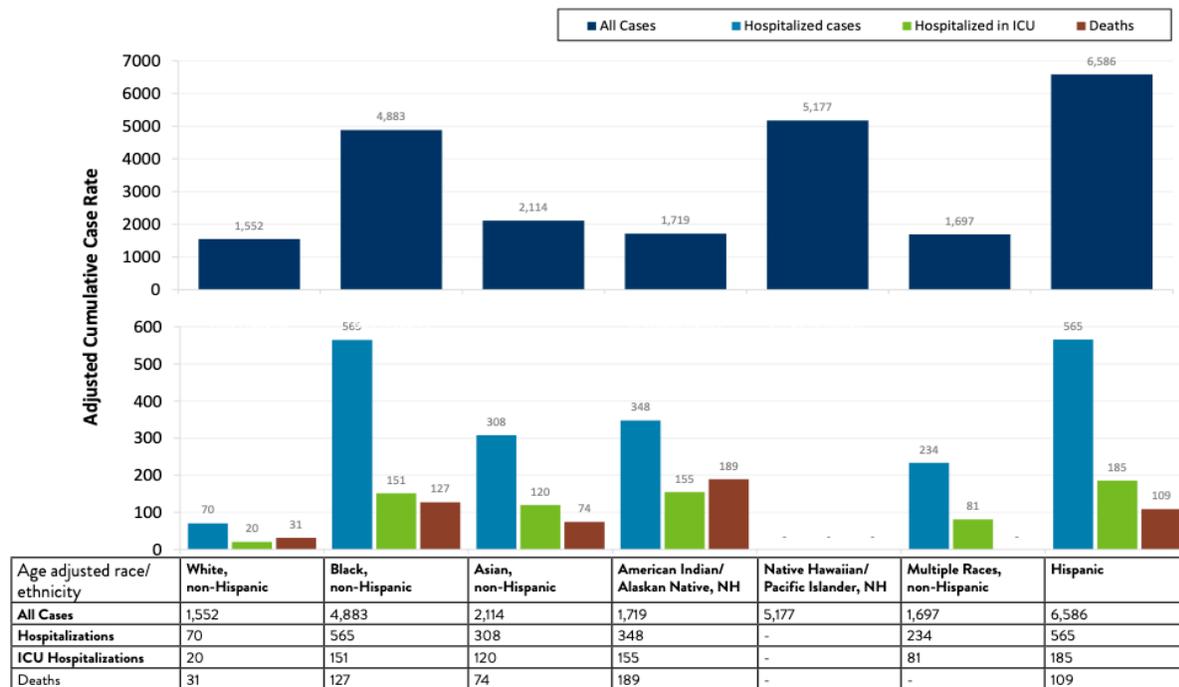


Dear AAIP members,

It is hard to imagine a more angst filled time in our lives than what we're experiencing right now as US citizens. In addition to the stress from national events, however, some community members are facing immense personal struggles. I recently learned that the Phoenix Indian Medical Center labor and delivery unit closed in August of this year with minimal community notice, leaving pregnant Native women with few options for delivery of their babies. <https://indiancountrytoday.com/news/birthing-center-closure-my-baby-and-i-felt-abandoned-cHcMDGvqs0u7Lob9IHjyIQ> But many of the affected women are fighting back. Through social and mainstream media they are bringing attention to the L&D closing and as a result now have congressional members asking for answers. They are showing us what we must do. We must join them in calling attention to this and to other inequities that our communities are facing. In Minnesota, and likely throughout the nation, the Native American age-adjusted mortality rates from COVID 19 infection are significantly higher than those of any other population.

Age-Adjusted Race & Ethnicity Rates

Age-adjusted rates allow us to compare rates for racial and ethnic groups that have very different age distributions in Minnesota; they essentially allow us to look at what the rates would be if the underlying population age distribution was the same for all races. Rates have been suppressed when total cases are less than 25. Cumulative case rate is the number of cases by race or ethnicity per 100,000 people in Minnesota. Numbers include confirmed and probable cases.



Few people are aware of the degree of disproportionate impact of COVID 19 on Native Americans. It is imperative that we address this. Each of us needs to make at least one phone call or send one email or letter to their elected official/s telling them about the impact of COVID 19 in Indian country. For more data on the inequitable impact of COVID 19 see this site: <https://www.apmresearchlab.org/blog/summer-of-grief>. If Native pregnant women and new

moms can rise up and demand justice, so can we as Native physicians. Our communities need us now more than ever.

Other less controversial updates include news from the mid-October mini membership meeting. It was pointed out at the meeting that many members are still not receiving messages and notices of events. Our AAIP office is attempting to reach out and obtain up to date addresses and phone numbers. AAIP membership will also be sending a letter via the postal service to ask members their preferred mode of communication including a text option. Additionally, the Association of Native American Medical Students (ANAMS) continues to seek mentorship for its members and mentorship questions will be included in the letter.

We continue to plan for a January mid-year business meeting and have set the date for January 29th. More details will follow soon. We are a couple of votes away from decisions on whether to hold the 2021 AAIP annual meeting in person or virtual and whether to postpone the AAIP 50th anniversary celebration. Expect that announcement within the next week. On Sunday, November 15 at 4pm CST, AAIP will hold a town hall, similar to past call in meetings with regional updates from members on the impact of COVID 19 in their communities. IHS, Rear Admiral, Michael Toedt has said that he will join us again for the event. We will attempt to make this a zoom event, and request that if you are interested in attending, you contact the AAIP office for an invitation to avoid a replay of the “zoom bomb” that occurred during a past event.

The annual meeting of the Pacific Region Indigenous Doctors Congress (PRIDoC) has been postponed until 2022. Our Canadian partners and the next PRIDoC hosts are awaiting a national plan to address systemic racism in their healthcare system which they anticipate will be released in January or February 2021. Given the worldwide presence of the racism as experienced by Joyce Echaquan and many other Indigenous Canadians, it is imperative that we, as Indigenous physicians unite around this issue. AAIP leadership will stand together with our PRIDoC allies to support the Canadian physicians response to the report.

There are many events and actions impacting the health of our communities that I haven't included in this message, such as the devastating fires on the west coast that tore through the Klamath and other Tribal regions. Your AAIP board, fellow members, and I all have our communities in our thoughts and prayers during these times. Please keep in your minds the knowledge that we are stronger together and that our communal strength has maintained us for thousands of years.

Mary Owen
AAIP President