

COVID-19 IN INDIAN COUNTRY

UNIVERSITY OF VIRGINIA SCHOOL OF
MEDICINE

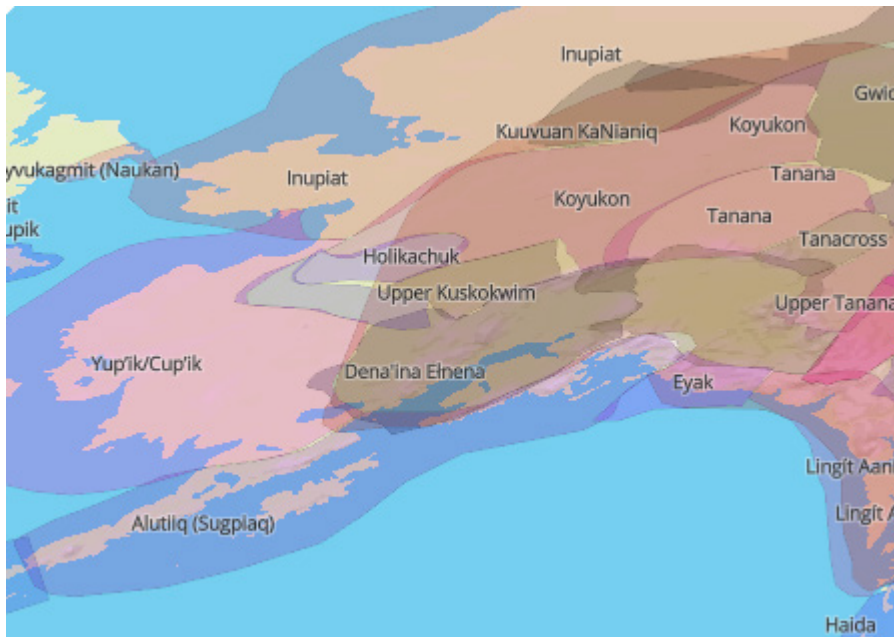
BRIANNA SELLS BALDWIN



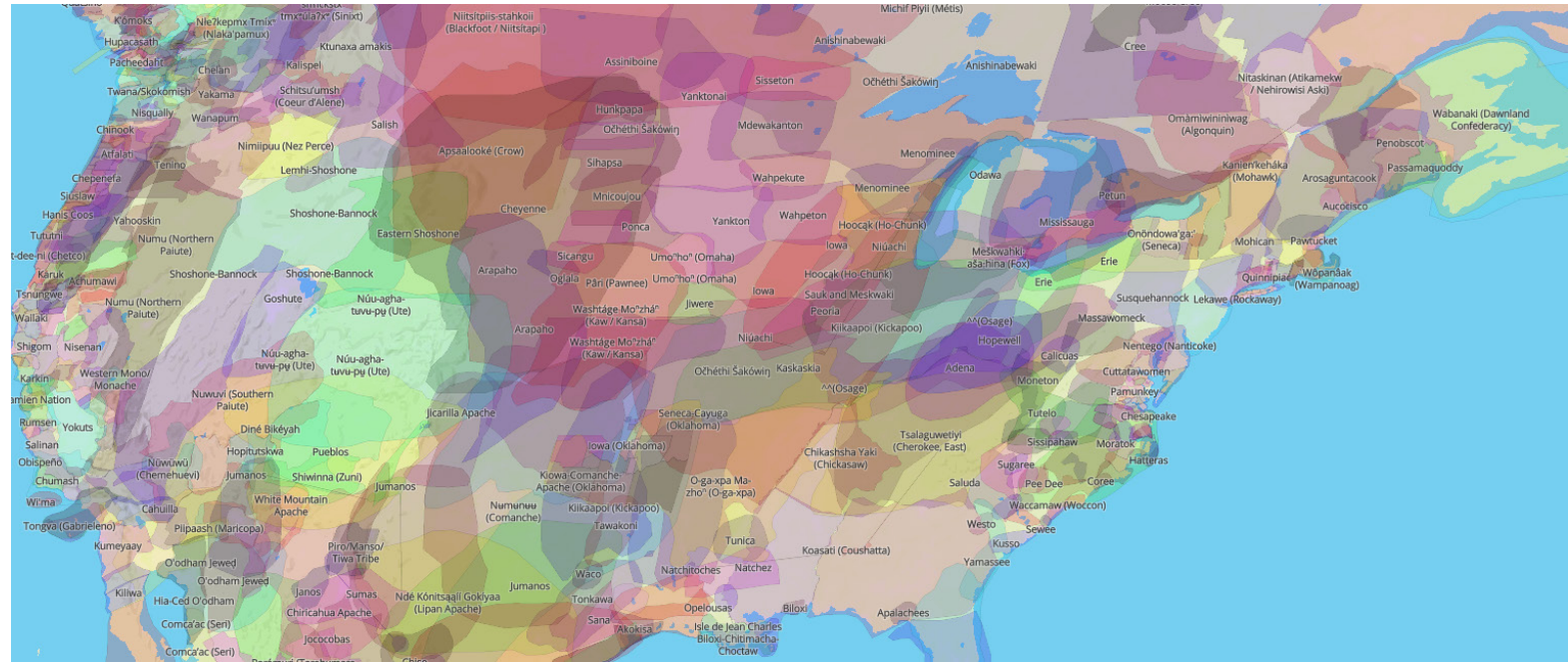
ACKNOWLEDGEMENT

UVA and the City of Charlottesville stand on the territory of the Monacan Indian Nation who calls this land home.

Although I will be speaking on national statistics and information, including statistics and anecdote from my own Navajo Nation, AI/AN peoples compose 574 federally-recognized Indian Nations in the U.S. alone. Each Indian Nation has its own unique story on how they have persevered in the face of Covid-19. I support future measures to be taken for each community to tell their own story.



Native Nations of the lower 48 United States, the year 1491. Hawai'i, Alaska, Canada, Mesoamerica, and South America add many, many hundreds more. (Photo Credit: Native Land Digital, 2021)



Native Nations of the lower 48 United States, the year 1491. Hawai'i, Alaska, Canada, Mesoamerica, and South America add many, many hundreds more. (Photo Credit: Native Land Digital, 2021)

CURRENT STATISTICS

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.7x	0.7x	1.1x	1.9x
Hospitalization ²	3.5x	1.0x	2.8x	2.8x
Death ³	2.4x	1.0x	2.0x	2.3x

¹ Data Source: Data reported by state and territorial jurisdictions (accessed January 20, 2022). Numbers are ratios of age-adjusted rates standardized to the 2019 U.S. intercensal population estimate. Calculations use only the 66% of case reports that have race and ethnicity; this can result in inaccurate estimates of the relative risk among groups.

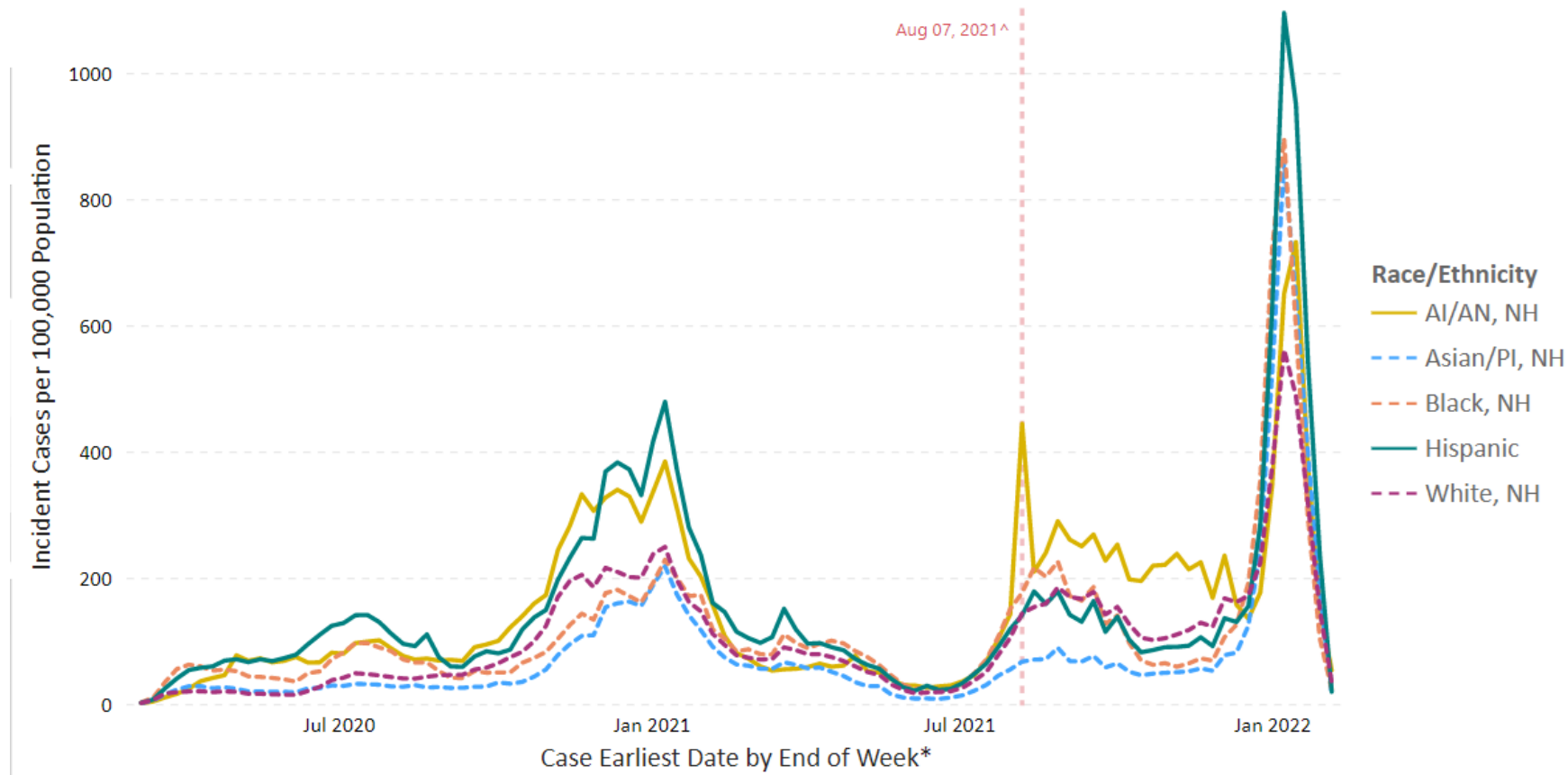
² Data source: [COVID-NET](#) (March 1, 2020 through January 8, 2022). Numbers are ratios of age-adjusted rates standardized to the 2020 US standard COVID-NET catchment population. Starting the week ending 12/4/2021, Maryland temporarily halted data transmission of COVID-19 associated hospitalizations, impacting COVID-NET age-adjusted and cumulative rate calculations. Hospitalization rates are likely underestimated ([linkexternal icon](#)).

³ Data Source: National Center for Health Statistics provisional death counts (<https://data.cdc.gov/NCHS/Provisional-Death-Counts-for-Coronavirus-Disease-C/pj7m-y5uh>, data through January 15, 2022). Numbers are ratios of age-adjusted rates standardized to the 2019 U.S. intercensal population estimate.

CURRENT STATISTICS

COVID-19 Weekly Cases per 100,000 Population by Race/Ethnicity, United States

March 01, 2020 - February 05, 2022*

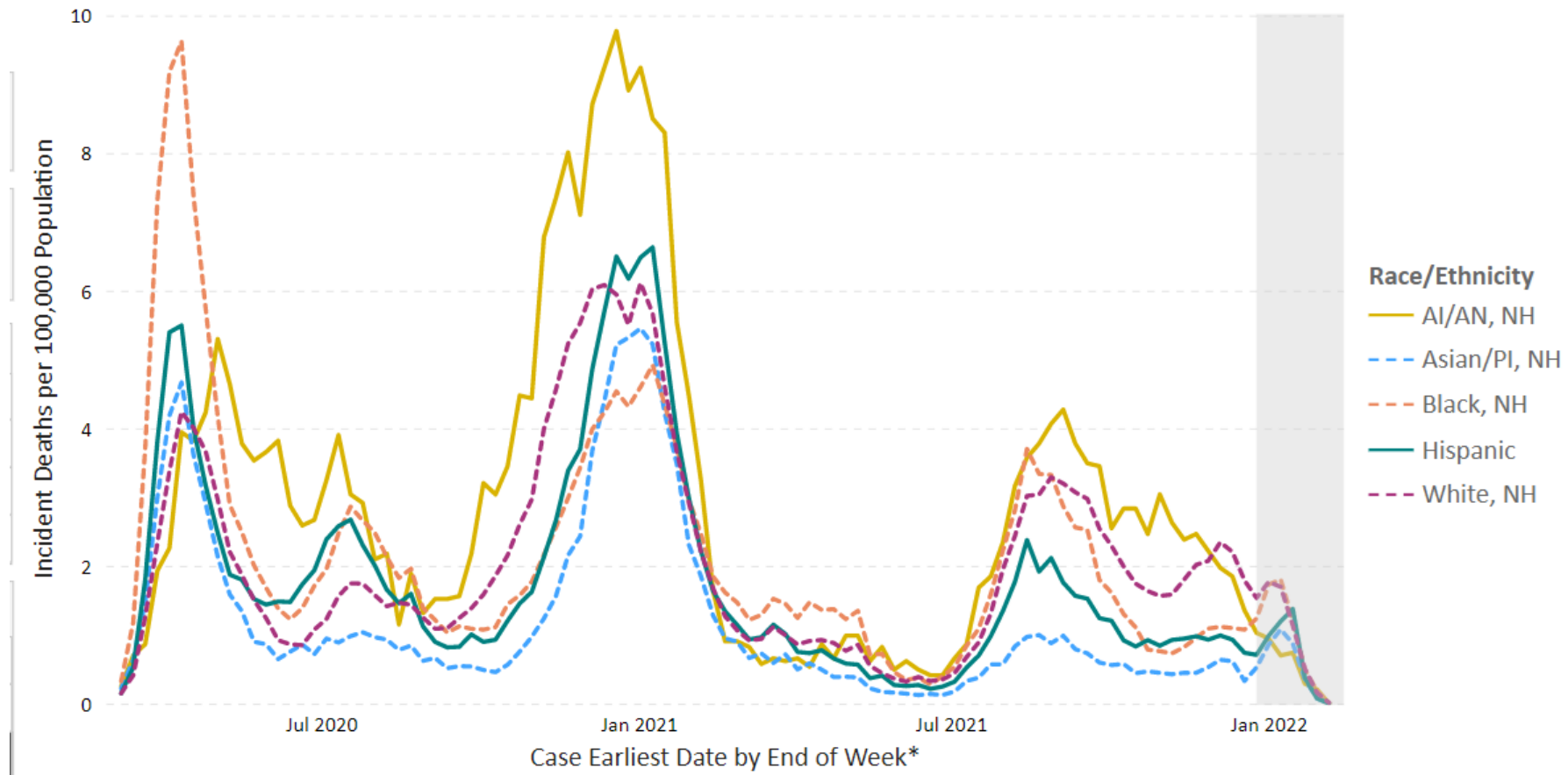


Center For Disease Control And Prevention. (2022, February 7). COVID-19 Weekly Cases and Deaths per 100,000 Population by Age, Race/Ethnicity, and Sex [Graph]. Center for Disease Control and Prevention (CDC). <https://covid.cdc.gov/covid-data-tracker/#demographicsovertime>

CURRENT STATISTICS

COVID-19 Weekly Deaths per 100,000 Population by Race/Ethnicity, United States

March 01, 2020 - February 05, 2022*



Center For Disease Control And Prevention (CDC). (2022, February 7). *Vaccination Trends by Race/Ethnicity* [Graph]. Center for Disease Control and

Prevention (CDC). <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends>

CURRENT STATISTICS

Percent of People Receiving COVID-19 Vaccine by Race/Ethnicity and Date Reported to CDC, United States

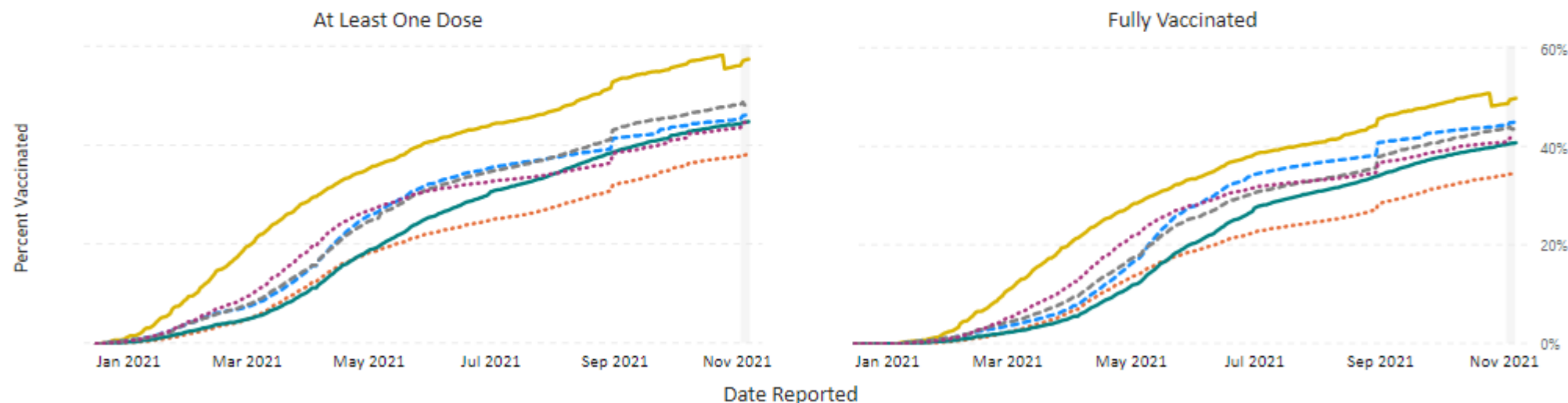
December 14, 2020 – November 07, 2021



	AI/AN, NH	Asian, NH	Black, NH	Hispanic/Latino	NHOPI, NH	White, NH
At Least One Dose	58.7%	47.3%	39.1%	45.8%	49.5%	45.8%
Fully Vaccinated	50.2%	45.3%	34.8%	41.1%	44.0%	42.2%

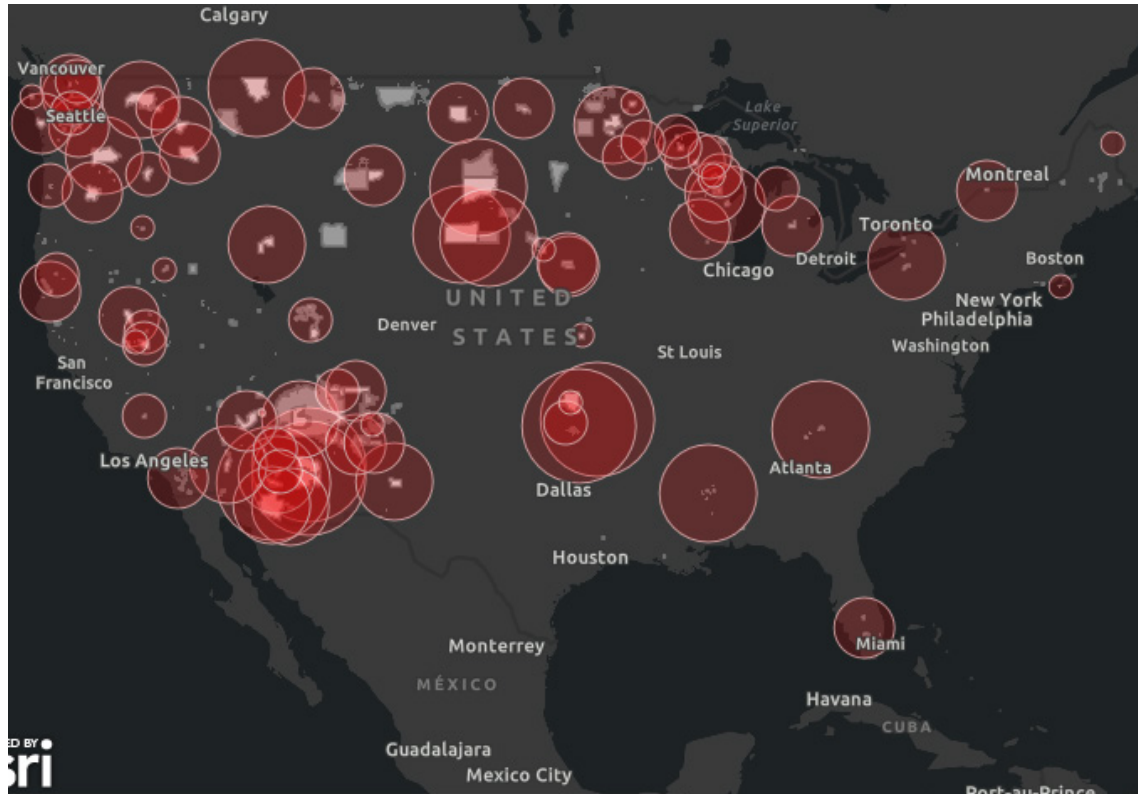
Race/Ethnicity data were available for 68.2% receiving at least one dose and 71.9% of people fully vaccinated.

Race	Sex	Age
12/13/2020	11/7/2021	

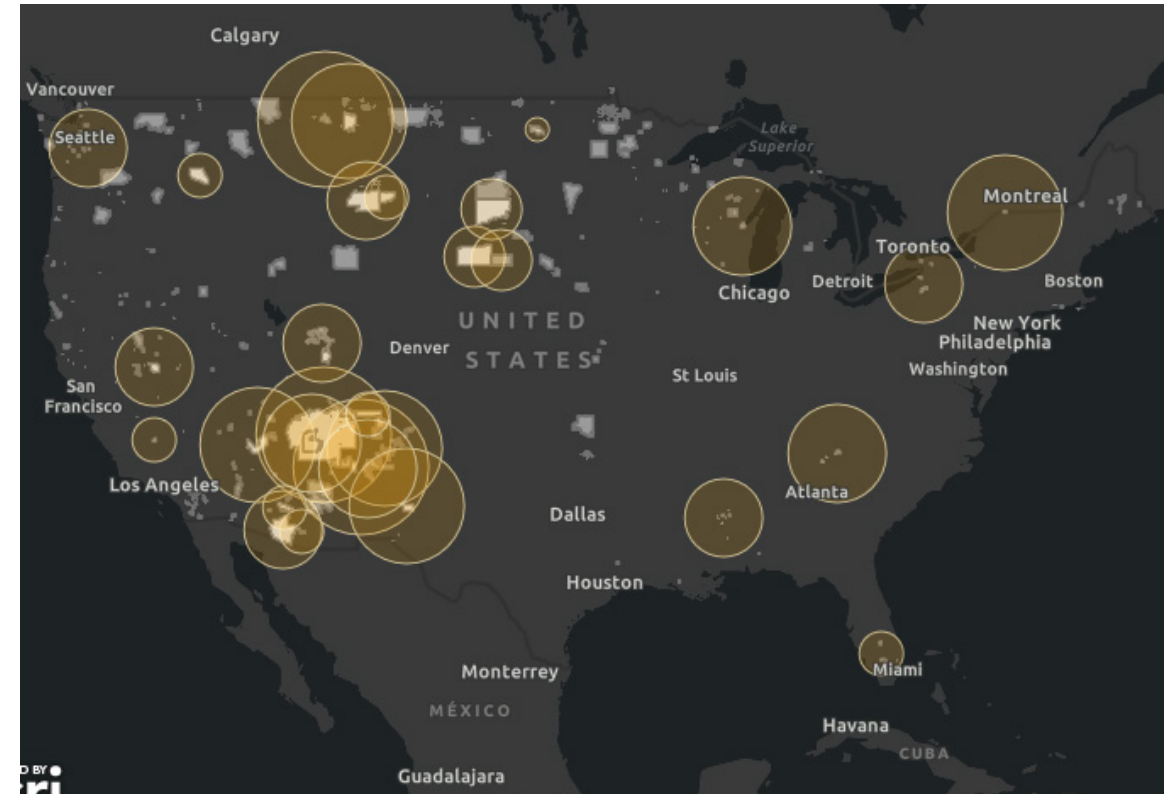


AI/AN – American Indian/Alaska Native; NH – Non-Hispanic/Latino; NHOPI – Native Hawaiian or Other Pacific Islander; People receiving at least one dose; total count represents the total number of people who received at least one dose of COVID-19 vaccine. People fully vaccinated; total count represents the number of people who have received a dose of a single-shot COVID-19 vaccine or the second dose in a 2-dose COVID-19 vaccine series. Due to the time between vaccine administration and when reported to CDC, vaccinations administered during the last 5 days may not yet be reported. This reporting lag is represented by the gray, shaded box. Texas does not report race-specific dose number information to CDC, so data for Texas are not represented in these figures. On August 31, 2021, CDC updated its algorithm for assigning a race/ethnicity category for vaccine recipients to align with U.S. Census Bureau race/ethnicity classifications. As a result, approximately 4.5 million vaccine recipients where a valid race was reported in conjunction with "other" race who were previously categorized as "Non-Hispanic Multiracial" are now categorized into a single race/ethnicity group.

COVID-19 DATA TRACKER IN INDIAN NATIONS



Johns Hopkins Coronavirus Resource Center. (2022, February 7). *COVID-19 United States Cases by Indian Nation*. Johns Hopkins University. <https://coronavirus.jhu.edu/us-map>



Johns Hopkins Coronavirus Resource Center. (2022, February 7). *COVID-19 United States Vaccinated by Indian Nation*. Johns Hopkins University. <https://coronavirus.jhu.edu/us-map>



HISTORY OF PANDEMIC INJUSTICE

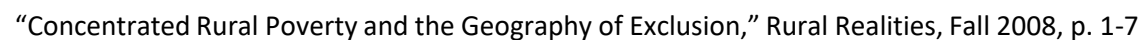
- Native Americans experienced mortality rates roughly four times that of other groups in past influenza pandemics
- 1918 Influenza pandemic- 2.1% (6,632 out of 320,654) of Native Americans died, with the first civilian outbreak occurring at a boarding school (Adams, 2020)
- 2009 H1N1 Swine Flu outbreak, Aboriginal people in Canada were 4.6% of the population, but suffered 17.6% of deaths (Godin, 2020)



HEALTHCARE DISPARITIES

- Ethnic minorities, especially Black/AA and AI/ANs, experience more barriers than non-Hispanic Whites to routine, preventative and high-quality care (National Indian Health Board, 2020)
- A further compounding factor is the disproportionately high prevalence of disabilities among Black/AA, Latinx, and AI/ANs communities (Yee et al. 2018), and people with disabilities comprise the largest health disparities group in the U.S.
- American Indians and Alaska Natives born today have a life expectancy that is 5.5 years less than the U.S. all races population (73.0 years to 78.5 years, respectively). (Indian Health Services, 2019)
- American Indians and Alaska Natives continue to die at higher rates than other Americans in many categories, including
 - chronic liver disease and cirrhosis
 - diabetes mellitus
 - unintentional injuries
 - assault/homicide
 - intentional self-harm/suicide (Indian Health Services, 2019)

- The American Indian and Alaska Native median household income is \$35,310 compared with \$51,371 for the United States as a whole. (U.S. Census, 2012)
- The poverty rate for AI/AN living on reservations is 29.4 percent compared with the U.S. national average of 15.3 percent. The reservation poverty rate for Indian families is 36 percent, compared to the national family poverty rate of 9.2 percent. (U.S. Census, 2012)



UNDERREPORTING ON AI/AN POPULATIONS

- AI/AN predominance in rural, low-access communities
- lack of reporting and racial and ethnic misclassification of AI/AN that result in underestimates of mortality rates
- CDC has not historically included M&M data on AI/AN women. The Urban Indian Health Institute found Native women living in cities were 4.5 times more likely to die during pregnancy and childbirth than non-Hispanic white women (Wade, 2020)



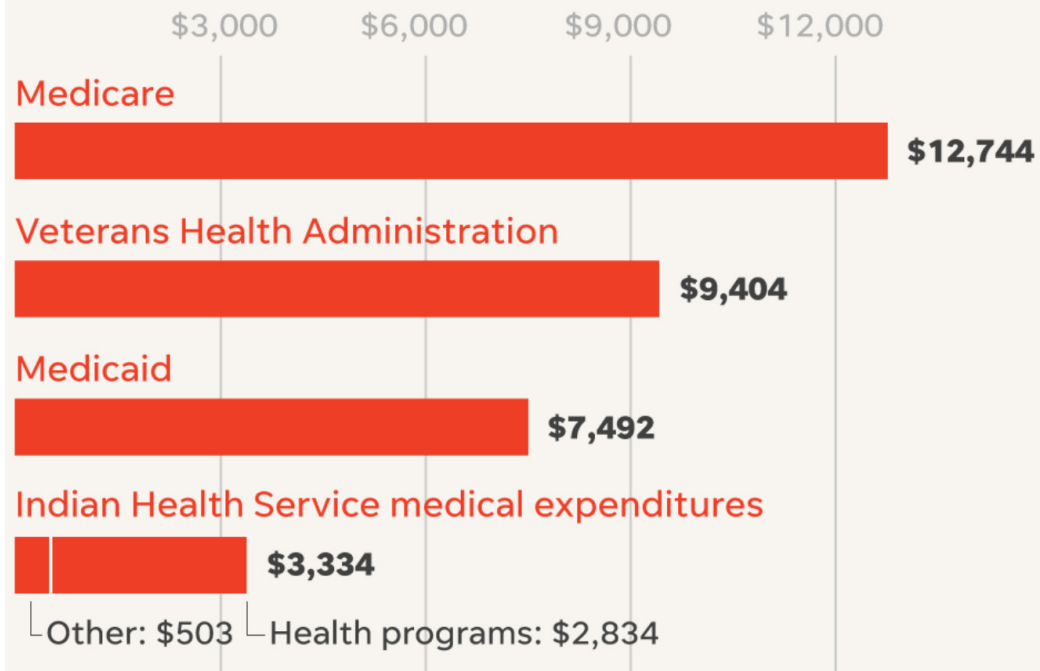
CNN labels Native American voters as “something else”, 2020

TREATIES SIGNED FOR HEALTHCARE

- The Snyder Act of 1921 (25 USC 13) and the permanent reauthorization of the Indian Health Care Improvement Act [enacted in 2010 as part of the Patient Protection and Affordable Care Act (P.L. 111-148)] provide specific legislative authority for Congress to appropriate funds specifically for the health care of Indian people. In addition, numerous other laws, court cases, and Executive Orders reaffirm the unique relationship between tribal governments and the federal government (Indian Health Services, 2015)

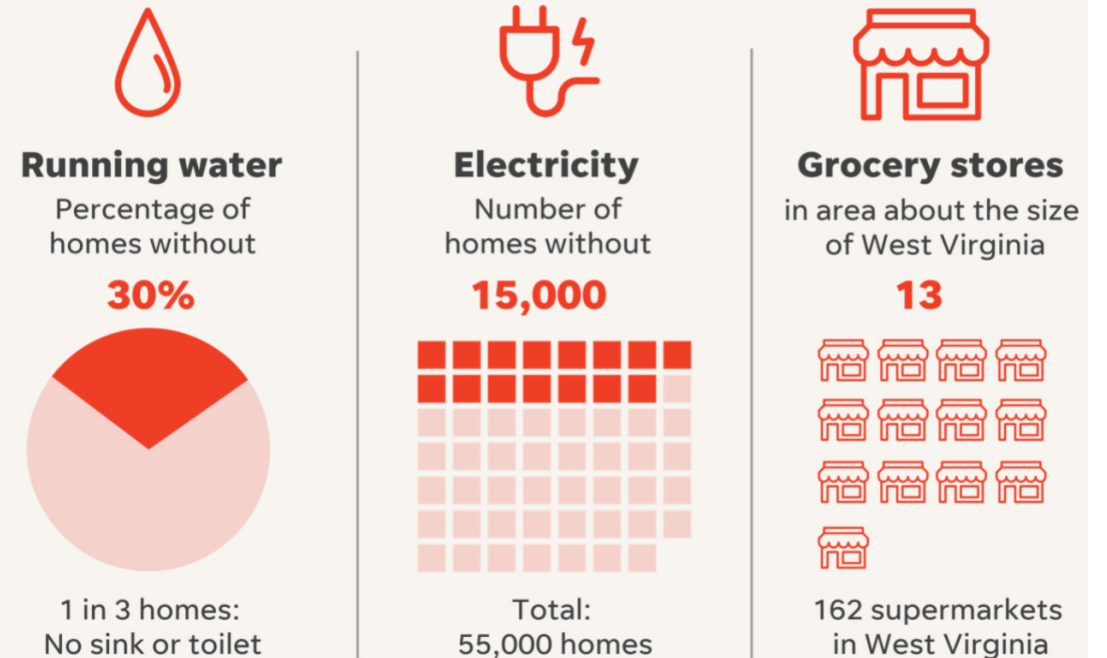
ACCESS TO ESSENTIAL RESOURCES

Federal per capita health care expenditures in 2016



SOURCE Tribal Leaders on the National Tribal Budget Formulation 2017 Workgroup

Large portions of Navajo Nation reservation lacks basic infrastructure



SOURCES Navajo Water Project, American Public Power Association, Partners In Health

IMPACTS OF COVID-19

- Loss of elders- the framework of families, many of which compose extended family, and the keepers of culture and language
- Strain on tourism-based economies
- Isolation- Mental Health America (MHA) estimated that “AI/AN experience serious psychological distress 2.5 times more than the general population over a month’s time. The suicide death rate for AI/AN between the ages of 15–19 is more than double that of non-Hispanic whites.”

New Mexico is a stark example —here, Indigenous Americans make up only 8.8% of the population, but account for over 60% of deaths.





CALL FOR SUSTAINABLE RESOLUTIONS

- Expansion of funding for the Indian Health Services; per capita expenditures remain far below those in the general population: \$1351 for Indians compared with \$3766 for the general population overall
- Empowering AI/AN public health researchers and facilities
- In the clinic, treating AI/AN people with culturally-competent care, correctly identifying demographics for research, and connecting AI/ANs with tribal community resources
- Training of minority healthcare providers- AI/ANs only 0.3% of active physicians (AAMC [2019](#)), far below their relative proportion in the adult population (1.3%) (US Census Bureau)
- Establishment of local and state-level truth and reconciliation commissions (TRCs) to address institutional discrimination and support transitional justice (e.g., Maine-Wabanaki State Child Welfare TRC)

CULTURAL SENSITIVITY

JOHNS HOPKINS CENTER FOR AMERICAN INDIAN HEALTH

HISTORICAL TRAUMA & GRIEF

In addition to the loss from COVID-19, Native people grieve other historical trauma and loss, including the loss of children in boarding and residential schools.

It is important to acknowledge this grief and find support if needed.



Art by Joelle Joyner

Johns Hopkins Center For American Indian Health. (2021, June 7). Dealing with COVID-19 Loss: Historical Trauma & Grief [Illustration]. <https://resources.caih.jhu.edu/resources/dealing-with-covid-19-loss-historical-trauma-grief/>

ELDER MENTAL HEALTH DURING COVID-19

See other side of page for ways to support elders



ADDRESS THE RISK

The outbreak of coronavirus disease 2019 (COVID-19) may be stressful for elders. Older adults are particularly vulnerable to COVID-19 given their weaker immune systems, the higher COVID-19 mortality rate found in the older population, and their limited information sources. Providers should be aware of especially high-risk groups such as low-income elders, those living alone, and those suffering from other health conditions such as cognitive decline, dementia, or other mental health conditions.

MANAGE STRESS

- Share simple facts about the COVID-19 outbreak, including symptoms, treatment, and effective strategies to reduce risk of infection in words older people can understand. Consider whether they have cognitive impairments when speaking about risk.
- Communicate instructions in a clear, concise, and respectful way. Information may be displayed in writing or pictures.
- Engage families with information and help them practice prevention measures such as handwashing.
- Contact elders via landline phones.
- Encourage family or friends to call their elders regularly and teach elders how to use video (chat).

DEFINITIONS

Communities, families, and elders must take steps to protect elders:

What is Social Distancing? Social distancing means remaining out of settings with large groups of people and maintaining distance (approximately 6 feet) from others when possible. People can practice social distancing while remaining connected to others through the phone and other forms of technology.	What is Isolation? Isolation means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious, from those who are not infected, to prevent spread of the disease. Someone infected with COVID-19 may show the following symptoms: cough, fever, shortness of breath, headache, muscle pain, chills, runny nose, diarrhea, nausea/vomiting, or sore throat. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.	What is Quarantine? Quarantine means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic. The person or group of people must be separated from others who have not been so exposed to prevent the possible spread of the disease.
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Updated November 30, 2020. Learn more: [CDC.gov/coronavirus](https://www.cdc.gov/coronavirus)



Johns Hopkins Center For American Indian Health. (2020b, November 30). *Elder Mental Health* [Infographic]. <https://resources.caih.jhu.edu/resources/elder-mental-health/>



John Hopkins Center For American Indian Health. (2021, June 22). *Our Smallest Warriors, Our Strongest Medicine: Honoring Our Teachings during COVID-19* [Illustration]. <https://resources.caih.jhu.edu/resources/our-smallest-warriors-our-strongest-medicine-honoring-our-teachings-during-covid-19/>

CULTURAL SENSITIVITY



Stay at home and improve Indigenous skills such as beadwork, sewing or leather tanning to #stopthespread of COVID-19

Protect yourself, family, and community



Johns Hopkins Center For American Indian Health. (2020, November 25). *Native American Heritage Month 2020 Social Media Toolkit* [Photograph]. <https://resources.caih.jhu.edu/resources/native-american-heritage-month-2020-social-media-toolkit/>

Dikos Ntsaaígíí-Náhást'éíts'áadah
SYMPTOMS OF CORONAVIRUS DISEASE 2019

Patients with COVID-19 have experienced mild to severe respiratory illness.

Naalnii' bee ééhózinígíí
(Symptoms can include)

*Symptoms may appear 2-14 days after exposure.

 **Ts'íisniidóóh**
(Fever)

Dikos
(Cough) 

 **Ch'ééh jididziih**
(Shortness of Breath)

If you have been in close contact with someone with confirmed COVID-19 in the past 2 weeks and develop symptoms, contact your local hospital and/or physician. Call your local hospital before you go to a hospital.

For more information:
Navajo Department of Health
(P) 928.871.7014
(E) ndoh@navajo-nsn.gov

Website:
<http://www.ndoh.navajo-nsn.gov/COVID-19>



Navajo Nation Office Of The President And Vice President. (2022, February 6). *Symptoms of Coronavirus Disease 2019*. [Infographic]. <https://www.opvp.navajo-nsn.gov/>



THIS IS INDIAN COUNTRY

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