COVID-19 IN INDIAN COUNTRY

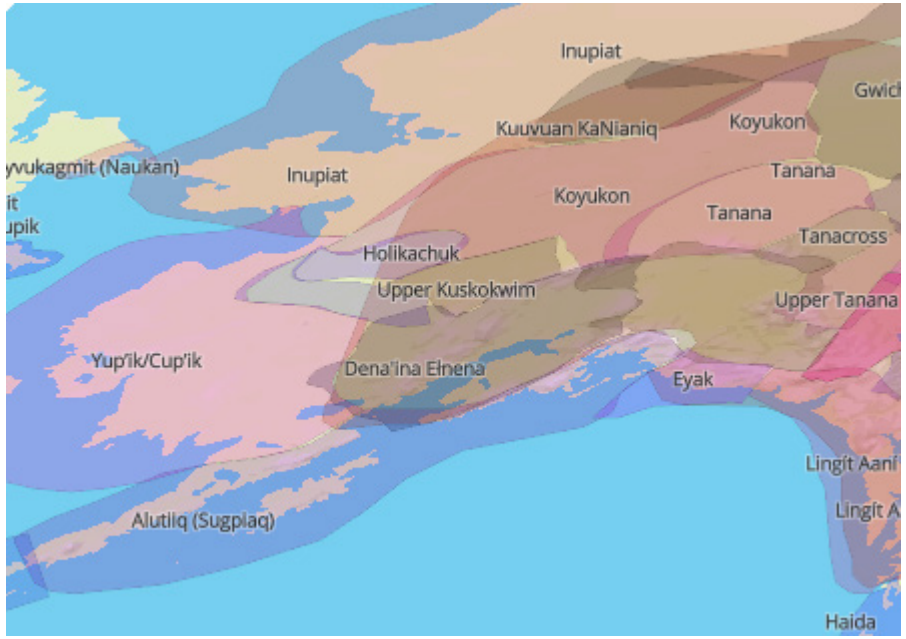
UNIVERSITY OF VIRGINIA SCHOOL OF MEDICINE

BRIANNA SELLS BALDWIN

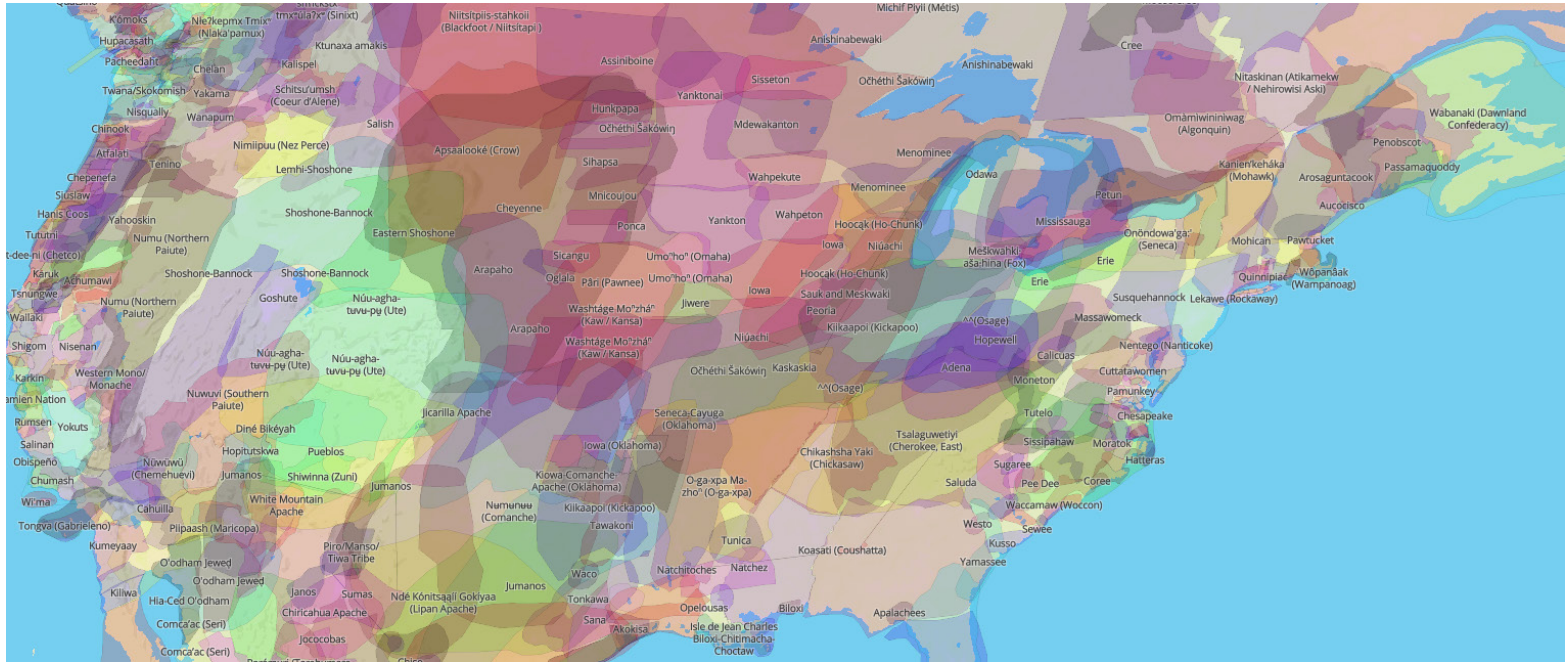
ACKNOWLEDGEMENT

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)



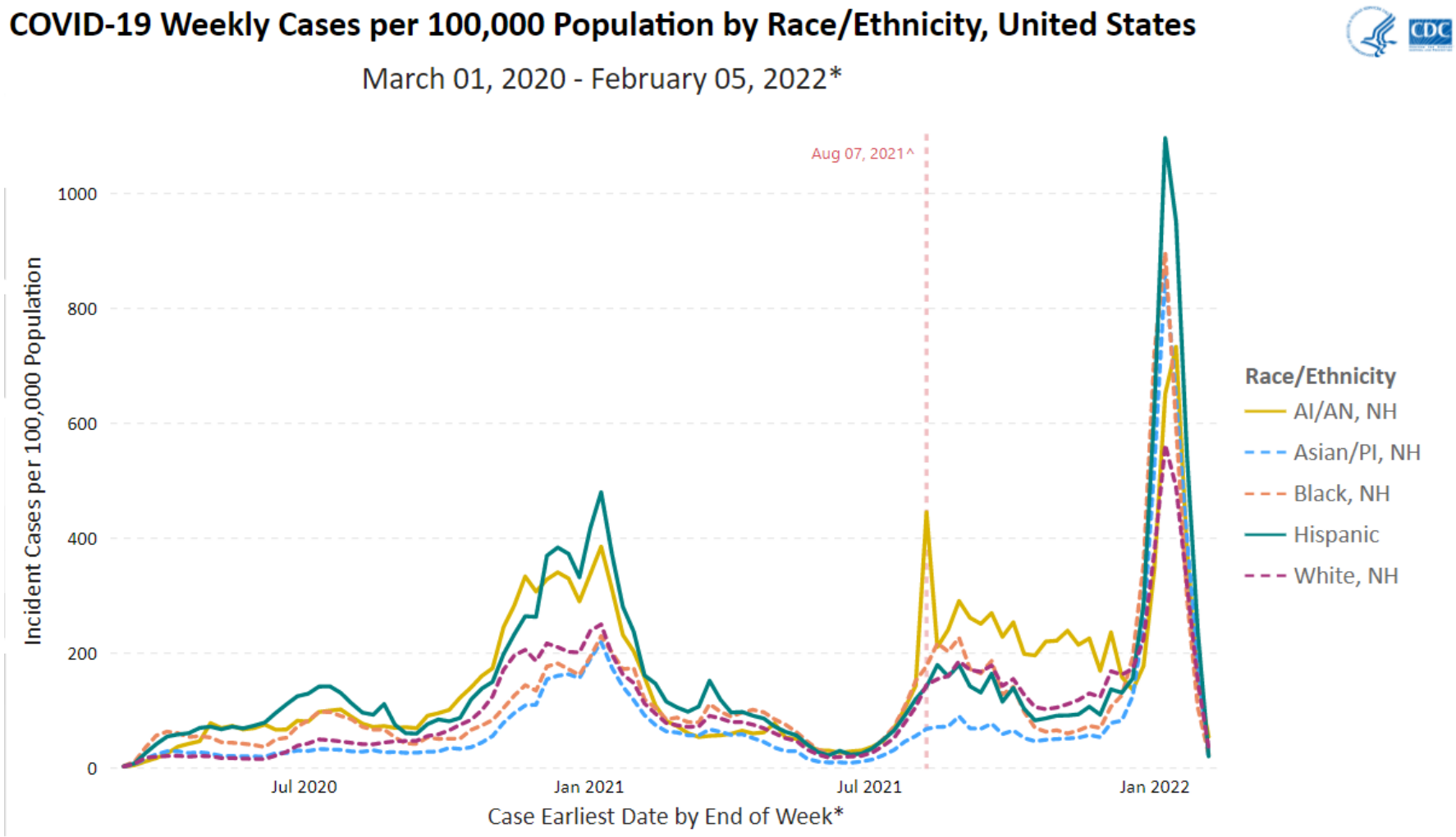
Native Nations of the lower 48 United States, the year 1491. Hawai'i, Alaska, Canada, Mesoamerica, and South America add many, many hundreds more. (Photo Credit: Native Land Digital, 2021)

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

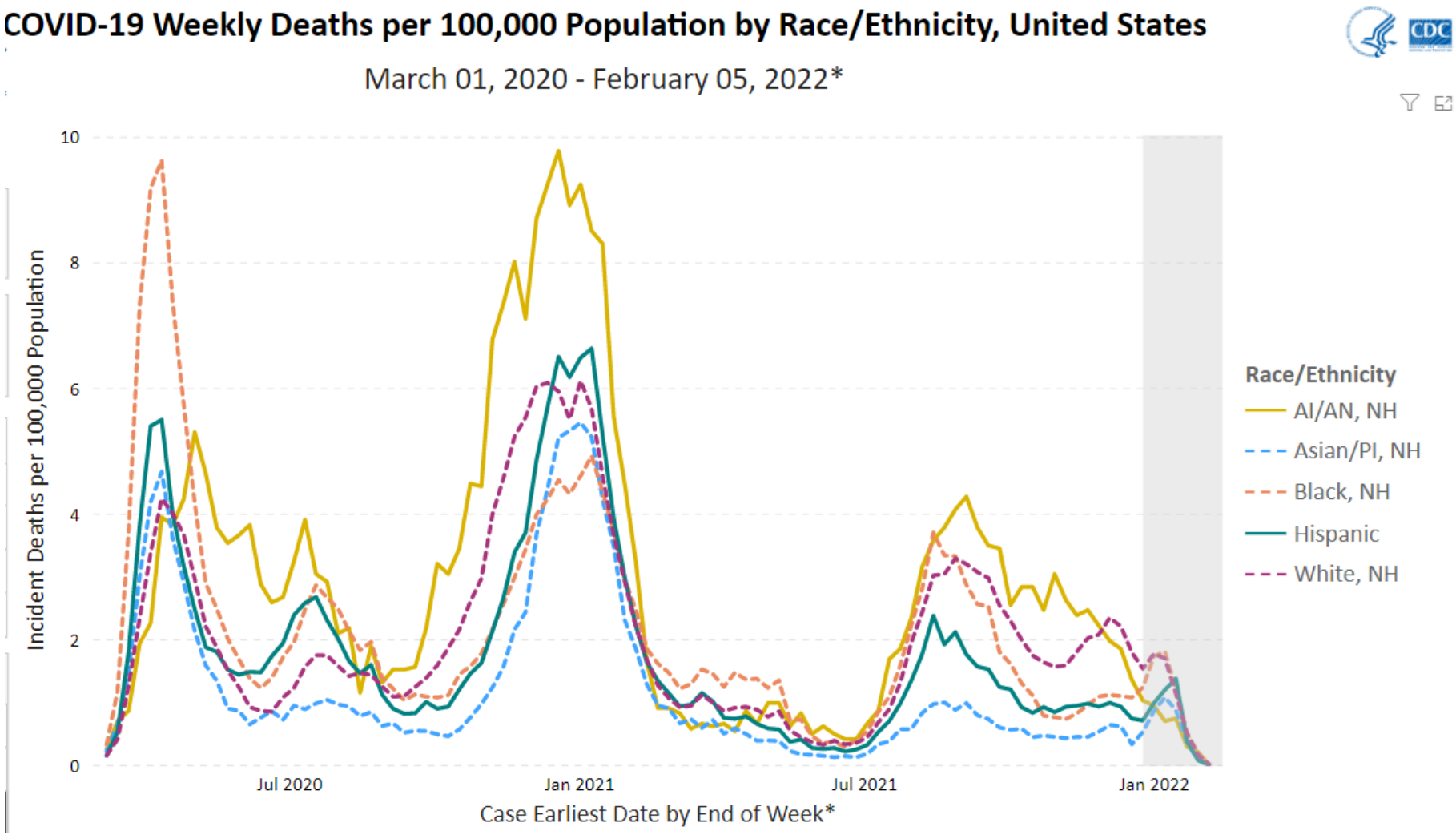
[1] Data Source: Data reported by state and territorial jurisdictions (accessed January 20, 2022). Numbers are ratios of age-adjusted rates standardized to the 2019 U.S. intercensal population estimate. Calculations use only the 66% of case reports that have race and ethnicity; this can result in inaccurate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



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



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

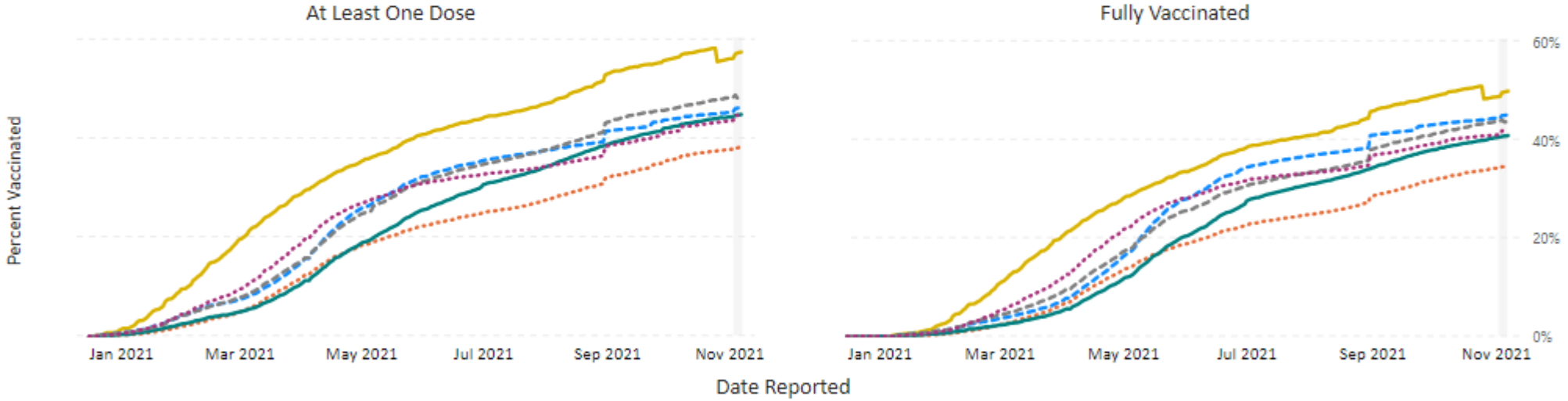
December 14, 2020 – November 07, 2021

	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

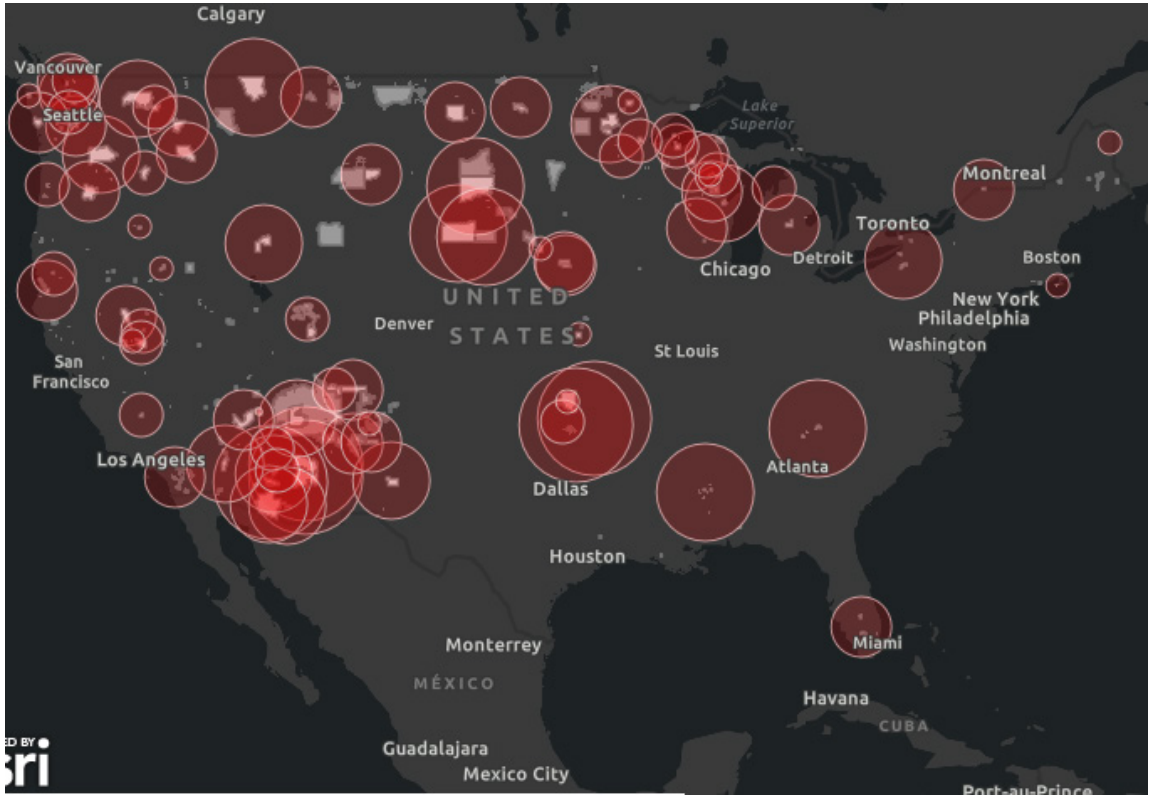


AI/AN – American Indian/Alaska Native; NH – Non Hispanic/Latino; NHOPI – Native Hawaiian or Other Pacific Islander; People receiving at least one dose; total count represents the total number of people who received at least one dose of COVID 19 vaccine. People fully vaccinated; total count represents 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 does 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.

Last Updated: Nov 07, 2021

Data source: VTrcks, IIS, Federal Pharmacy Program, Federal Entities Program, U.S. Census Bureau 10 year July 2019 National Population Estimates; Visualization: CDC CPR DEO Situational Awareness Public Health Scientist Team

COVID-19 DATA TRACKER IN INDIAN NATIONS



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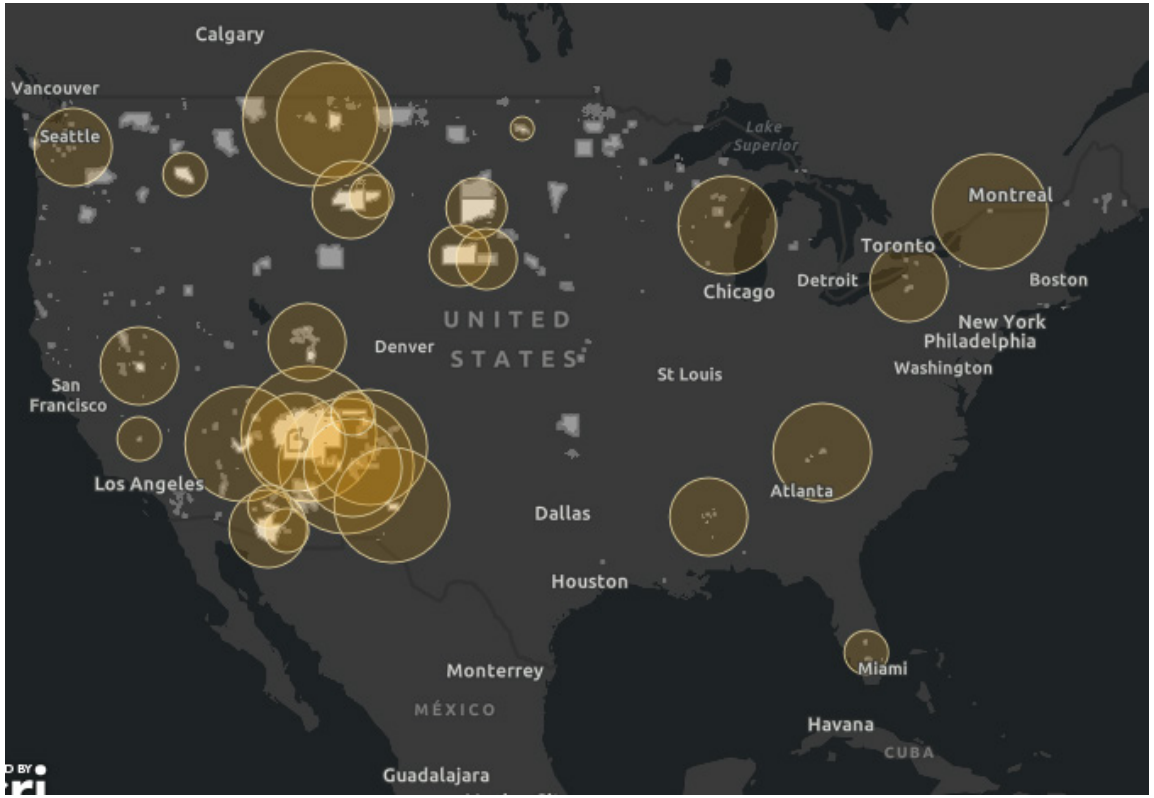

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HISTORY OF PANDEMIC INJUSTICE

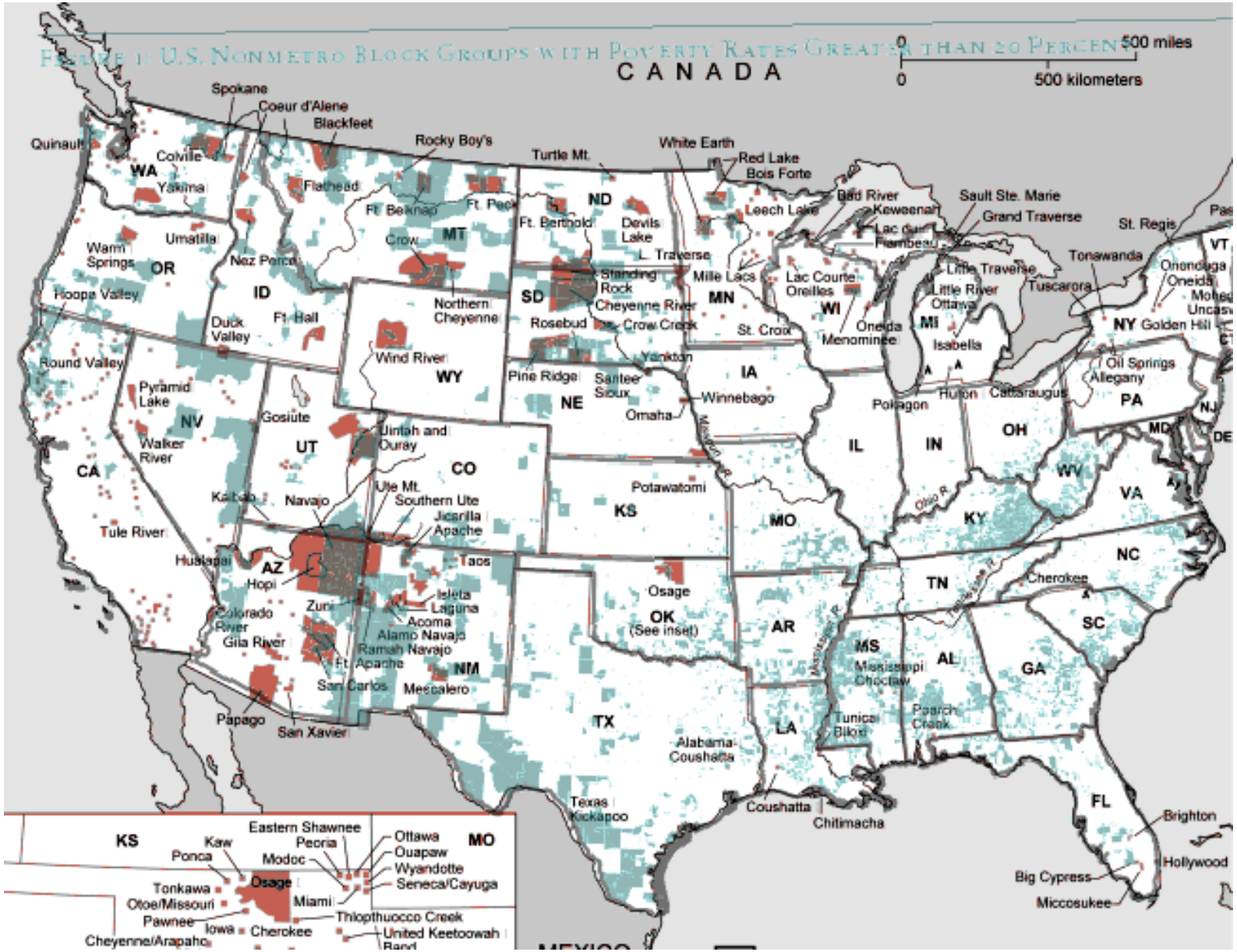
- Native Americans experienced mortality rates roughly four times that of other groups in past influenza pandemics
- 1918 Influenza pandemic- 2.1% (6,632 out of 320,654) of Native Americans died, with the first civilian outbreak occurring at a boarding school (Adams, 2020)
- 2009 H1N1 Swine Flu outbreak,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

SOCIOECONOMIC DISPARITIES

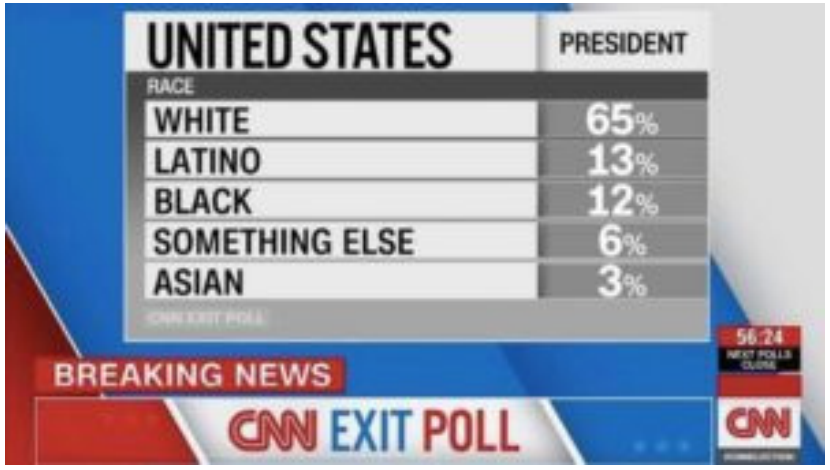
- The American Indian and Alaska Native median household income is $35,310 compared with $51,371 for the United States as a whole. (U.S. Census, 2012)
- The poverty rate for AI/AN living on reservations is 29.4 percent compared with the U.S. national average of 15.3 percent. The reservation poverty rate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



"Concentrated Rural Poverty and the Geography of Exclusion," Rural Realities, Fall 2008, p. 1-7

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)

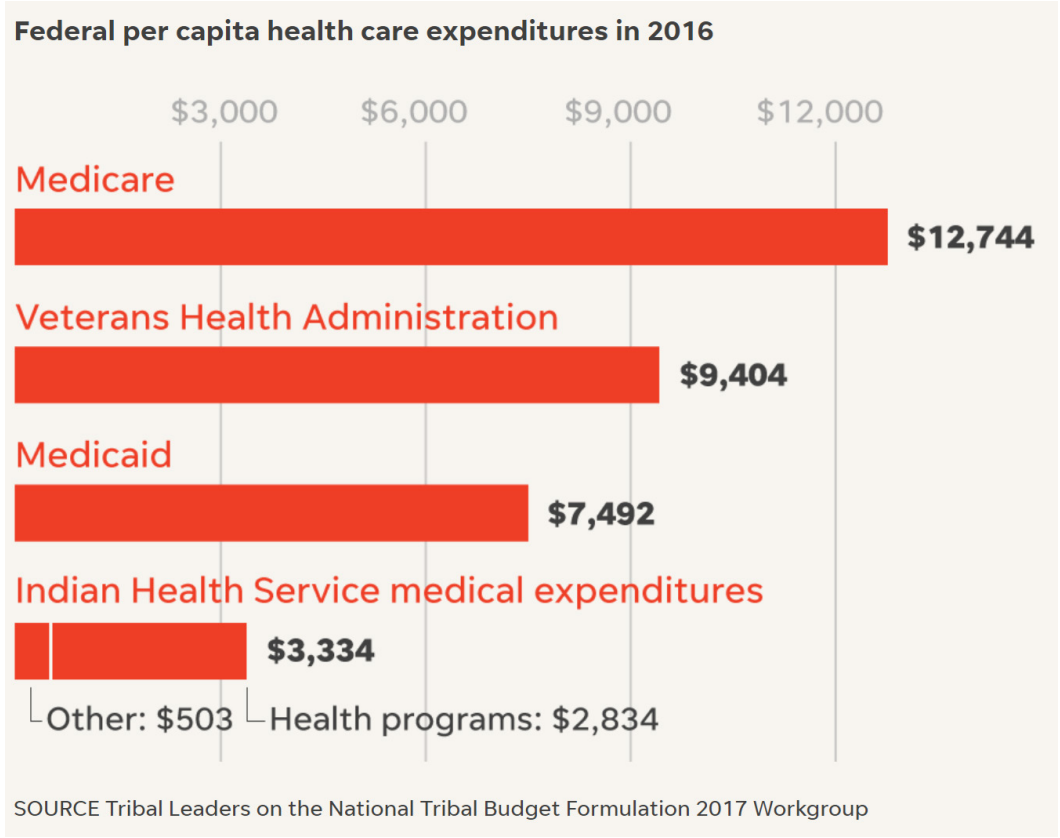


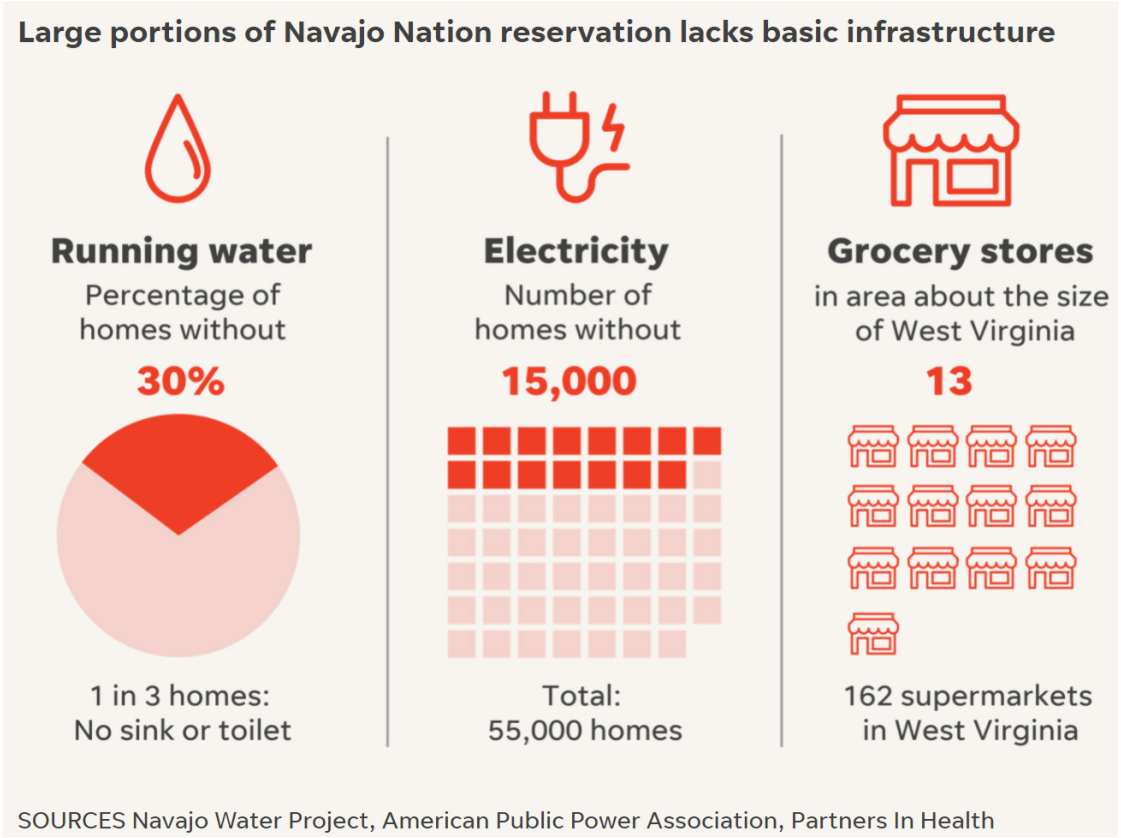
CNN labels Native American voters as “something else”, 2020

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





IMPACTS OF COVID-19

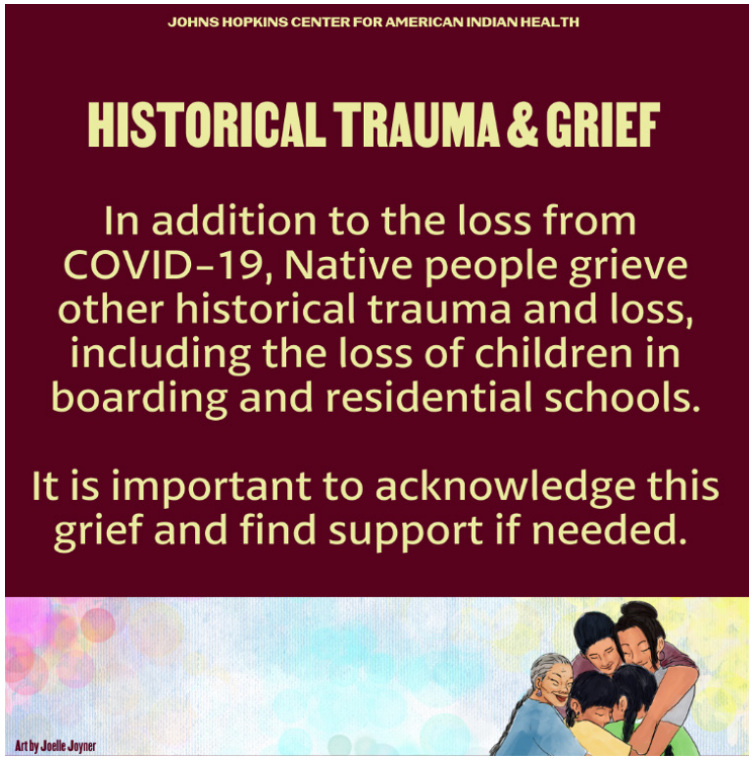
New Mexico is a stark example —here, Indigenous Americans make up only 8.8% of the population, but account for over 60% of deaths.

- 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."

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



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CULTURAL SENSITIVITY

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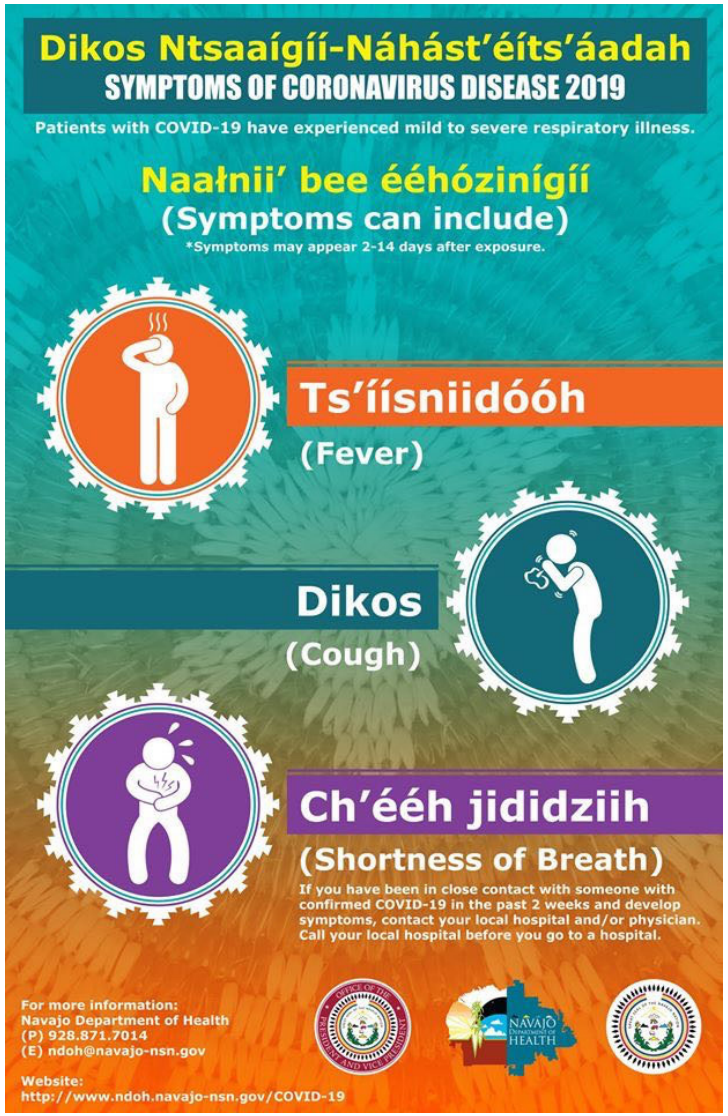

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THIS IS INDIAN COUNTRY

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