

Native Peoples Amid the COVID-19 Threat

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April 19, 2020

American Indians and Alaska Natives (AI/ANs) are among the most disadvantaged of groups in the United States. A history of trauma plagues this group, as they have suffered attempts of genocide, biohazard and environmental contamination, mass death due to viruses and diseases, and other more recent traumas that include health inequities and disparities in access to healthcare services.

The recent COVID-19 pandemic that is spreading throughout the nation is of particular threat to AI/ANs. Problems of communication, isolation, close living quarters and late notification of the coronavirus negatively impacts surveillance. Each of these are of significant concern and together, they amount to serious vulnerability and potential threats to the life of an indigenous population.

Although there are over 500 federally recognized American Indian and Alaska Native tribes and groups, there are some common threads to communication, living conditions, and response to health threats that impact COVID-19 mitigation and surveillance. These threads amount to high risk factors and multiple comorbidities in the era of a pandemic.

Even though there was general awareness of the COVID-19 virus between December 2019 and January 2020, American Indian groups were largely unaware of the developing pandemic until news reports trickled down to tribal groups during the latter parts of February and March 2020. Indeed, federal funding for testing and surveillance was delayed for some time until the federal government could find an appropriate funding stream (later announced funds would be processed through the Centers for Disease Control and Prevention). Once funding was made available to tribal groups, concerns soon arose over infrastructure barriers limiting surveillance and the need to reach out to targeted groups such as AI/AN veterans, elderly, urban American Indian groups, youth, and the disabled.

Residents of isolated reservations face numerous problems that result in a weak infrastructure for basic living needs. For instance, approximately 30% of homes on the Navajo reservation do not have access to clean water due to lack of plumbing or contaminated water sources. Water contamination with uranium and other metal(loid)s such as arsenic are a concern on the Navajo Reservation as well as among other Tribal Nations. Research conducted by Dr. Samuel-Nakamura of the UCLA School of Nursing documented the impact of uranium contamination of water on the reservations that impacted food, herbs, sheep, and soil forcing residents to haul in drinking water from distant sites for community and livestock use.¹ She notes the EPA reports three of five water wells were sealed on the Apache reservation due to arsenic contamination. The recommended washing of hands for 20 seconds with water (to mitigate COVID-19 contamination) competes with much needed drinking water.

**"You're saying 20 seconds of wash your hands with water," a Navajo doctor in Arizona said. "We do not have plumbing. And that's how I grew up."
www.nbcnews.com**

Reservation lands are generally situated in isolated rural sites. This isolation affects more than the slow relay of news to the Native population – as it also limits access to basic living needs such as food supplies, paved roads, electricity, skilled workers, and health care services. Isolation can result in widespread blackouts due to electrical storms, weak or “dead” internet/phone connections, and road closures due to floods or poor road conditions. Resources for adequate medical care can be limited due to shortages in Congressional funding, lack of trained professionals, medical supplies, and overall staff shortages. A 2018 report by the U.S. Commission on Civil Rights² reports that AI/ANs receive health care funding support at a rate nearly three times lower than that reported per person nationwide. COVID-19 is exposing serious infrastructure shortfalls on reservations making Native communities particularly vulnerable to the coronavirus.

Housing needs have always been of concern on reservations. Limited number of residential structures often house extended or multi-generational family members as well as cousins, friends, and others – perhaps those visiting, relocating to and from urban areas. Living in close quarters is not unusual, thus the threat to family members, particularly to the elderly and vulnerable, are severe. Social distancing in these circumstances are not tenable.

Dr. Felicia Hodge, a professor in the UCLA School of Nursing is working with the San Carlos Apache tribe located three hours east of Phoenix. She has learned that the tribe is desperately taking steps to protect their community from this life-threatening virus. The tribe has banned all people from entering the reservation without a good reason. They have instituted a 5 pm to 5 am curfew in which the tribal police enforces. Currently, 50 people have been isolated on the reservation due to COVID-19 exposure. An outbreak of the coronavirus would be devastating to these rural isolated communities. As of April 17, 2020 the Indian Health Service reports 1,596 cases of COVID-19 among AI/ANs. ³ Increased surveillance would most likely report an increase in this number, as reports now assert that the Navajo Nation has lost more to coronavirus than 13 states. ⁴

For more on the Navajo Nation, watch TODAY on Monday morning.

¹ Samuel-Nakamura, C., Robbins, W., & Hodge, F. (2017). Uranium and associated heavy metals in *Ovis Aries* in a mining impacted area in northwestern New Mexico. *International Journal of Environmental Research and Public Health*, 14(848). doi: 10.3390/ijerph14080848. PMID 28788090: PMC5580552

² U.S. COMMISSION ON CIVIL RIGHTS U.S. COMMISSION ON CIVIL RIGHTS Washington, DC 20425. REPORT BROKEN PROMISES: Continuing Federal Funding Shortfall for Native Americans. December, 2018. www.usccr.gov

³ Indian Health Service (2020) <https://www.ihs.gov/coronavirus/>

⁴ CNN, Gary Tuchman reports, <https://www.cnn.com/videos/us/2020/04/17/navajo-native-american-coronavirus-pkg-tuchman-ac360-vpx.cnn>

COVID-19 Cases by IHS Area

Data is reported from IHS, tribal, and urban Indian organization facilities, though reporting by tribal and urban programs is voluntary. These data reflect cases reported to the IHS through 11:59 pm on April 17, 2020.

IHS Area	Tested	Positive	Negative
Alaska	1,321	11	665
Albuquerque	1,805	223	792
Bemidji	150	17	122
Billings	1,943	19	1,746
California	711	51	546
Great Plains	342	22	279
Nashville	989	40	634
Navajo	4,638	908	3,138
Oklahoma City	2,663	92	2,123

Phoenix	800	123	567
Portland	805	80	671
Tucson	537	10	437
TOTAL	16,704	1,596	11,720
