

Impact of COVID-19 on Native American Reservations

Tracking the Epidemic in Tribal Communities

Katie Lynch, Tripura Talagadeevi, Taylor Lauesen

Background

- There are 573 federally recognized tribes in the United States located across 35 states; 229 are in Alaska alone
- **Federal recognition** means that Nations have a government-to-government relationship with the United States through treaties
- Tribal Nations are **sovereign**, meaning that they are **self-governing** entities
- Tribal Nations have the authority to **declare a public health emergency** through tribal constitutions, tribal government authority, and federal government public health emergency declarations
- **2,907,272** individuals are enrolled in federally recognized Tribes
- About 50 percent of American Indian/Alaska Natives (AI/AN) live on **reservations**.

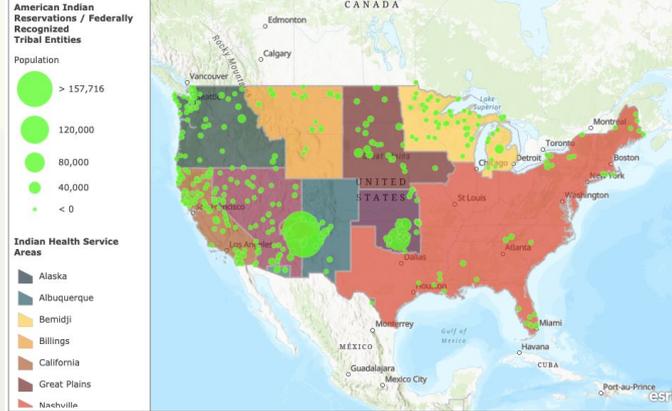
How are COVID-19 cases tracked?

- Treaty obligations mandate that the United States provide healthcare to federally recognized tribes through the **Indian Health Service (IHS)**
- The IHS is organized into **12 Service Areas**, based on **population**. These Service Areas are administrative regions and are NOT associated with specific Nations.
- Each service area has a **Tribal Epidemiology Center** which aggregates daily COVID-19 cases reported to IHS clinics within each administrative area

COVID-19 Cases Reported to the Indian Health Service

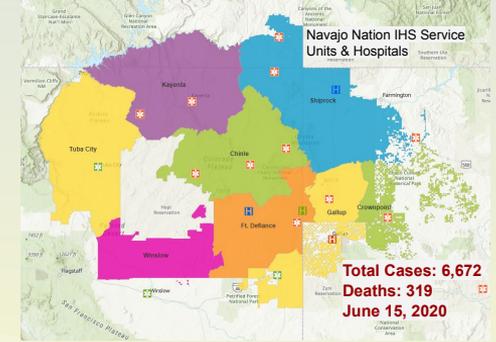
- Daily totals are reported from IHS, tribal, and urban Indian health facilities to the regional **IHS Tribal Epidemiology Center**
- As of June 14, 2020, there were **15,487** cases reported to the IHS
- Reporting **limitations**: although IHS clinic reporting is mandatory, reporting from tribal and urban programs is voluntary; IHS service areas and tribal lands **do not** correlate with US county borders (for example, Navajo Nation only comprises a portion of Navajo county, AZ) and it is unclear whether IHS cases are double-counted at the US county level.

IHS Service Areas and Reservations



Disparities Impacting Spread of COVID-19

- Native Americans are **disproportionately impacted** by COVID-19. On May 11, tribal communities comprised **60 percent of all positive cases in New Mexico**, despite being just **11 percent** of the state's population.
- **Multiple social determinants of health** make American Indian and Alaska Native (AI/AN) communities **vulnerable to the spread of COVID-19**:
- **Housing**: AI/AN living on-reservation face high housing insecurity; there are long waiting lists for tribal housing, leading to overcrowding. Many on-reservation AI/AN live in multigenerational homes with 1-2 bedrooms, limiting capacity for social distancing
- **Access to clean water**: AI/AN households are **19 times more likely** than white households to lack indoor plumbing, making it impossible to clean hands appropriately and frequently to prevent the spread of COVID-19.
- **Poverty**: The percentage of AI/AN living in poverty in 2017 was estimated to be 26.8%. This compares to 4.6% for the U.S. as a whole. On some reservations, the poverty rate is almost **40 percent**
- **Underlying medical conditions**: Poverty contributes to underlying medical conditions that can exacerbate COVID-19. The tuberculosis rate is almost **4 times higher** for AI/AN than non-Hispanic whites, and the diabetes rate is **twice as high**.
- **Underfunded medical system**: The Indian Health Service lacks capacity to handle COVID-19. Across its 24 hospitals, the IHS has **less than 71 ventilators** and **33 ICU beds**. While Congress allocated \$40 million in coronavirus aid to Indian Country, **98 percent of tribal clinics have not yet received funds**.



Case Study: Navajo Nation

- With a population of 173,667, the Navajo Nation has the **highest per capita COVID-19 infection rate** in the country, surpassing NYC on **May 18, 2020**.
- Navajo Nation is 27,413 square miles and spans the Four Corners region of the United States (encompassing portions of Arizona, Utah, and New Mexico)
- There are **8 Indian Health Service Units** in Navajo Nation. These service units report their daily case numbers to the Navajo Tribal Epidemiology Center

Factors contributing to COVID-19 infection in Navajo Nation

- **Lack of Potable Water**: 35-40% of households on Navajo Nation do not have running water.
- **Food Desert**: Despite being the size of West Virginia, there are **only 13 grocery stores** in Navajo Nation. In addition to limiting access to nutrition, this means that individuals from distant locations are forced to gather in a few locations to buy food, making grocery stores nodes of transmission.
- **Limited Technology Infrastructure**: 60% of individuals lack internet access, and there is poor cell phone reception, limiting access to new information about COVID-19.
- **Multigenerational Homes**: Many families live in crowded housing with family elders, making it difficult to isolate individuals who test positive for COVID-19.

Key:
EO = executive order number

Snapshot of Navajo Nation Executive Orders



Navajo Nation COVID-19 Response

- As sovereign nations, federally-recognized tribes have the authority to **declare states of emergency** on their tribal lands. The Navajo Nation **Commission of Emergency Management** issues Executive Orders in conjunction with the Navajo Nation President.
- Navajo Nation has enacted **some of the strictest stay-at-home orders** in the country, including curfews, which have followed the trajectory of the outbreak

COVID-19 Cases Reported to the Indian Health Service, May 20-June 15, 2020

