



Center for World Indigenous Studies

PMB 214, 1001 Cooper PT RD SW 140
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Center for World Indigenous Studies COVID-19 Indian Country Pandemic Risk Assessment Update 1 May 2020

{Our assessments now include Alaskan Natives, Hawaiian Natives, resident Fourth World peoples who have immigrated or sought refuge in the United States in rural and urban localities. Relations between these populations may indicate cross infection transmission due to established and evolving social, economic and political connections.}

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- **Data documenting pre-infection, asymptomatic and symptomatic COVID infections** in Indian Country have been seriously hampered by the failure of the US government and State governments to disaggregate data for American Indian, Alaskan Native and Hawaiian Native Populations. At best any data concerning COVID-19 is an approximation in the absence of testing and tracing and in the United States native populations are generally not included in efforts to maximize testing and tracing. The CWIS COVID-19 Indian Country Pandemic Risk Assessment is therefore focused on those geographic localities where the subject populations reside. The conditions just described must be taken into consideration when reviewing this Assessment and recognition must be given to this effort's primary emphasis on alerting vulnerable communities to the spread of COVID-19.
- **One hundred seventy-two (172) tribal communities or 30% of the 574** tribal communities are in proximity to great, greatest or greatest + risk of contracting COVID-19 infections in their populations. This number is an increase of 49 communities over the previous week assessed as at great or greatest risk—an increase of 39.8%. The population estimate for this category is 1.969 million individuals as of 2013.
- **Tribal communities** in 29 (20 previous week) US states are at great or the greatest risk of contracting infections from the spread of COVID-19 as of 30 April 2020.
- **Alaskan Natives in two regions** (Juneau and Ketchikan Gateway) have COVID-19 cases slightly exceeding 100 per hundred thousands indicating growing risk in the boroughs. Of the twenty-six boroughs in which native peoples are located twelve have cases of COVID-19.



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- The Center for World Indigenous Studies COVID-19 Indian Country Pandemic Risk Assessment conducted weekly documents recorded cases and deaths in 250 counties (many of which are solely tribal territories or communities in the county) twenty-six boroughs in Alaska and Hawaiian communities in four counties in Hawaii and nine California counties where Hawaiian Natives reside as Diasporas. This assessment also takes into account the locations of 41 Urban native cities where native persons are concentrated.
- **Hawaiian native communities** are located in the State of Hawaii and in significant numbers in California cities. This assessment now includes proximity measures to help evaluate the level of COVID-19 Risk to Hawaiian Natives. Table 3 of the Assessment documents our findings as of 30 April 2020. In 29 states we have identified 172 tribal communities that are in great, greatest risk and greatest risk (+) [considering the documented cases per 100 thousand measure) of the spread of COVID-19 into and near their people. Documented COVID-19 case concentrations of 100 persons per 100,000 or greater significantly increase a community's vulnerability to COVID-19 infections. The population concentration in and around the tribal community compounds the Risk of COVID-19 infection spread.
- **There are 46 urban locations where American Indian and other native populations** are generally concentrated. The estimated population of "Urban Indians" is 4.63 million as of 2013. The overall total American Indian population is estimated at 6.6 million people. Frequent travel between urban centers and reservation and rural areas where tribal members reside increases the necessity to assess the risk of COVID-19 infections in urban native communities as well as reservation and rural communities. In Table 4 of this Assessment we document the confirmed cases and 100 cases or greater per 100 thousand for all 46 Urban Indian locations in 22 states. Forty of the locations in the Assessment are equal to or exceed the scale used to measure the degree of risk to native people. Of the 46 locations twenty-nine report 100 or higher confirmed cases per 100 thousand indicating the greatest (+) risk to urban native people. Proximity in dense populations poses a significant threat to all populations, but with tribally related populations health vulnerabilities and the potential for individuals becoming asymptomatic



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carriers poses a major threat to tribal communities on reservations and rural areas as much as to the urban Indian populations.

- **Tribes and communities have been exposed as of this Assessment to 169,992 documented COVID-19 cases** inside or in proximity to tribal communities (an increase of 71,821 cases since 23 April) and there have been 8,052 documented deaths (an increase of 4,414) in the Assessment since the previous Assessment. The large number of cases and deaths calculated in some instances is due to inclusion of several metropolitan areas near reservations. These numbers are lower than what was stated in the previous Assessment due to a numeric error.

The Assessment uses six terms to describe Risk, recognizing that the term Risk means: Exposure to the chance of injury or loss; a hazard or dangerous chance. Orders of magnitude of risk in this Assessment are assigned terms to describe the level of risk as follows:

Table 1 Orders of Magnitude of Risk from COVID-19

Greatest	Forty-three to more (43 and more) known or unknown cases of infection in proximity to tribe or tribal community
Great	Ten to Forty-two (10-42) known or unknown cases of infection in proximity to tribe or tribal community
High	Four to Nine (4-9) known or unknown cases of infection in proximity to tribe or tribal community
Elevated	Two to Three (2-3) known or unknown cases of infection in proximity to tribe or tribal community
Moderate	One (1) known or unknown case of infection in proximity to tribe or tribal community
Low	Zero (0) known or unknown cases of infections in proximity to tribe or tribal community

In all instances of magnitude, one or more of these factors influences the possibility of COVID-19 spreading rapidly into a tribal or urban native community. The following guidance and criteria have been provided by our Public Health adviser, Dr. Leslie Korn:



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1. Movement of tribal and family members on and off the reservation into surrounding communities and coming into contact with infected persons and returning to the reservation without protective cover.
2. Tribal communities may be located near and interact with larger concentrated populations such as towns and cities, and in the case of Urban Indian communities they are coming in concentrated urban populations where cross infection transmissions may occur by “asymptomatic” persons already infected and “hidden” persons who are “pre-infected” but can transmit the virus anyway.
3. Movement of non-tribal members onto the reservation from outside communities who have been exposed to infected persons off the reservation
4. The Spread of COVID-19 on the reservation is reduced by minimizing contact between tribal members through “stay-at home” and distancing practices and wearing facial masks when in the presence of more than two persons.
5. The Spread of COVID-19 on the reservation or in the community is minimized by persons wearing latex gloves when handling objects that may carry COVID-19 droplets and when used on surfaces (clean surfaces with soap or 70% alcohol - countertops, doorknobs, cabinet handles, etc.).
6. Tribal and Urban Indian community households are crowded with many family and extended family members.
7. Tribal and Urban Indian community households that lack adequate water of good quality or any water at all, and the availability of and access to sufficient food, herbal medicines and nutrition.
8. Tribal communities lack organized community health workers who carry out regular surveillance of tribal households or urban Indian households ... especially in localities where there is no contact tracing, documentation of pre-infected and infected persons, COVID-19 testing, or health facilities are non-existent or insufficient to community needs.
9. Hidden COVID-19 outbreaks reduce the accuracy of “documented” cases since a “chain of silent transmission” can be underway in communities from individuals who show no symptoms but are actually able to transmit the disease. Actual risk may be from 5 to 80 greater than documented case levels would indicate.

Table 2 172 Tribes or tribal communities at Great or Greatest Risk of COVID-19 as of 30 April 2020

State	Tribal Community	Great, Greatest, Greatest + Risk
Alabama	MOWA Band of Choctaw Indians	198
Alaska	Anchorage	
	Juneau	126
	Ketchikan	116