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U.S.

Coronavirus Hits Native American Groups Already Struggling With Poor Health Care

As tribal leaders around the country gear up for the pandemic's spread, they worry the federal agencies that are supposed to help protect them aren't ready



Monument Valley, Utah, in the southwestern U.S., where the new coronavirus is beginning to afflict the Navajo Nation and other tribal communities.

PHOTO: RICK BOWMER/ASSOCIATED PRESS

By Dan Frosch and Christopher Weaver

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The new coronavirus has found its way to Chilchinbeto, Ariz., a remote Navajo hamlet of about 500 in the high desert, a sign of the startling reach of infections in the U.S., and a worrisome harbinger for all Native American communities.

As tribal leaders around the country gear up for the pandemic's arrival, they worry the federal agencies that are supposed to help protect them aren't ready. The federal Indian Health Service is already facing major shortages, and the Centers for Disease Control and Prevention is expected to leave out some of the most vulnerable tribes when it announces new grants on Monday, according to tribal leaders and government documents.

On Tuesday, Navajo authorities said they had identified the first two positive patients. By Saturday night, there were 26, mostly near Chilchinbeto. Tribal officials have now issued a shelter-in-place order for the entire Navajo Nation, a reservation about the size of West Virginia, with more than 150,000 residents.

“People are afraid,” said Nathaniel Brown, a Navajo Nation council delegate who lives in the area, a span of yucca-studded sand dunes that rises into the Black Mesa. “They want to get tested. They want to know.”

Like everywhere, they mostly can’t, as testing kits remain in short supply around the country. Mr. Brown said one local man in Chilchinbeto died Thursday evening of respiratory symptoms without ever getting tested.

Native American communities like Chilchinbeto, often poor and isolated, have few of the resources or medical personnel to battle a viral pandemic. Even in good times, tribes often get inadequate care from the Indian Health Service (IHS), a yearslong investigation by The Wall Street Journal has found. Compounding the risks, many reservations face housing shortages that leave tribal members living in often crowded conditions.

“We are so unprepared,” said Tori Kitcheyan, a council member at the Winnebago Tribe of Nebraska and chairwoman of the National Indian Health Board. “We’re like the perfect petri dish for this virus to multiply and take us out without any services or even supplies,” she said.

Most of the Navajo cases involved people who sought care at the IHS’s Kayenta, Ariz., health center, the Navajo tribe said in a statement.

The Kayenta facility, which only treats outpatients, had a 63% vacancy rate for doctors as of last year, according to data provided by the IHS, making it one of the most medically understaffed facilities in the federal agency’s network at the time. The IHS is charged with providing medical care to 2.6 million Native Americans and has long struggled with recruiting doctors, meeting regulatory requirements and providing adequate services.

The IHS’s chief medical officer for the Navajo area, Loretta Christensen, said in an interview that Kayenta’s vacancy rate is now between 40% and 45%. She said the facility had been nearly completely repurposed to fight the outbreak, with dentists and podiatrists triaging potential cases.

The IHS couldn’t immediately provide a systemwide total of coronavirus cases, but acknowledged it has a number outside the Navajo region’s 26 cases.

An IHS spokeswoman said the agency has 71 ventilators and 33 ICU beds at the 24 hospitals it runs directly. Earlier in March, senior IHS officials cited smaller numbers of ventilators for its 625-bed hospital system in a briefing with congressional staff. The IHS said it hadn’t yet collected current information at that time.

The IHS has said in congressional briefings that it expects to refer most seriously ill coronavirus cases out to private facilities, aides who attended said.

“We could very well see a scenario where the needs outstrip our resources,” Michael

Toedt, the IHS's chief medical officer, said in a call with reporters last week.

The IHS is also shipping out masks from a stockpile of 1.2 million masks it has in storage that have passed their expiration dates, the agency told congressional staff. The Centers for Disease Control and Prevention has said older masks can be used nationwide because of a shortage.

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A federal government document shows a planned \$40 million allocation by the CDC for tribal pandemic response has excluded some of the poorest tribes in Nebraska and the Dakotas, where the IHS has most struggled to provide adequate care. The move led to panicked conferences of tribal leaders over the weekend as they absorbed the news and prepared for an official announcement early this week, some tribal officials said.

The CDC is relying on existing bureaucratic pipelines to channel the funds to tribes, and infrastructure doesn't currently exist for the Great Plains tribes, said Jerilyn Church, the chief executive of the Great Plains Tribal Chairmen's Health Board, a group representing the health interests of the excluded tribes.

"Unfortunately that resulted in leaving out some very vulnerable populations," she said.

Groups representing those tribes could still apply for grants through a related program, the document said, a suggestion Ms. Church called dismissive.

A Department of Health and Human Services spokeswoman provided a statement confirming the grant recipients, which include the Navajo tribe.

IHS facilities are turning away anxious patients, citing a shortage of testing supplies, said Mr. Brown, the Navajo delegate. The IHS's Dr. Christensen said Kayenta is reserving test swabs for the sickest patients and hasn't run out, despite concerns about a national shortage.

Chilchinbeto, which before the outbreak proudly claimed to be home to the world's largest Navajo rug, is now effectively sealed off. Supply trucks must ferry in food to the area's lone grocery store, Mr. Brown said. Coal, firewood and water are also being hauled in, the tribe said.

Mr. Brown himself is in quarantine after developing a fever and cough last week. On Tuesday, he drove to the Gallup Indian Medical Center to be tested, but he hasn't gotten the results and worries about passing the virus on to elders.

On Thursday evening, Mr. Brown said he climbed to the top of a sandstone rock formation and wept as he shouted in Navajo into the wind.

“Mountains, I know you can hear me. Water, I know you can hear me. Holy people, I know you can hear me. I know you will not abandon us,” he prayed.

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