

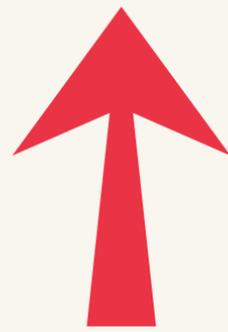
NATIVE AMERICAN COMMUNITIES AGAINST COVID-19

Mark Charles, a member of the Navajo Nation, commented, “[w]e the people’ has never meant ‘all the people’” (Taylor 2019)

Indigenous communities' historic vulnerabilities exacerbate the risk that they face in the current COVID-19 pandemic. Indigenous Peoples in North America are profoundly concerned about the spread of the COVID-19 virus in their territories and the resulting loss of life and related impacts on their communities, families, and future generations. However, they have also developed unique methods of protecting the most vulnerable and overall well-being.

Increased Risk

Hispanic or Latino, non-Hispanic Black, and non-Hispanic Indigenous persons or Alaska Native (AI/AN) persons have experienced disproportionately higher rates of hospitalization and death attributable to COVID-19 than have non-Hispanic White persons. In 2020, COVID-19 was the third leading cause of death, after heart disease and cancer.



Current Issues

In the US, efforts by some Tribal Nations to protect their own Tribal Citizens from infection were met with government repression. On May 8th, 2020 the governor of the State of South Dakota, Trump ally Kristi Noem, issued an official letter threatening the Oglala Lakota and Cheyenne River Sioux Nations with legal action if they did not remove the checkpoints they had set up on state roads leading into their lands to protect their citizens from exposure to COVID-19.

Traditional Medicine

Western medicine tends to focus on an individual patient's illness, however, Indigenous healers take a broader view that includes the person's relationship with their family and the natural world. Traditional remedies often include ginger, honey, garlic, and lemon, along with a variety of plants that can be found in forests and garden plots in communities. Also, herbal agents extracted from various plants, including Echinacea, Cinchona, Curcuma longa, and Curcuma xanthorrhiza can be part of the treatment of COVID-19.



Community Protection

Local efforts by Indigenous community members were launched to provide relief where governments fell short, such as those on the Navajo Nation, to take donated food, firewood, and other necessities to vulnerable families and elders, when local off-reservation stores were depleted or were even closed to families from the reservation as a response to the pandemic.



What can we do?

2020 Community Relief Fund for Borikén (Puerto Rico)
<https://chuffed.org/project/community-relief-fund-for-boriken-puerto-rico>

COVID-19 Relief Fund for Indigenous Community Support
<https://charity.gofundme.com/o/en/campaign/indigenous-covid-19-relief-fund>

Native American COVID19 Community Relief Fund
<https://www.gofundme.com/f/support-indigenous-communities-in-usa>



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A BRIEF HISTORY OF HEALTH OBSTACLES IN NATIVE NORTH AMERICAN COMMUNITIES

1607

The arrival of Europeans to the various indigenous nations of what is now the American continents brings with it the introduction of diseases such as Smallpox which the native people do not have the same level of resistance to, creating an unequal dynamic in disease immunity.

1824

The US government establishes the Office of Indian Affairs in order to resolve the increasing land conflicts between indigenous communities and white invaders as the latter expands west.

1830

During the Jackson administration, the Indian Removal Act is passed, institutionalizing the practice of forcible removal of Native Americans from their homelands.

1851

This is followed by the Indian Appropriations Act, which authorized the establishment of reservations that, while given no support or resources, allowing for autonomy and the continuation of community traditions.

1887

Dawes Act is passed, destroying the reservation system by dividing tribal lands into individual plots to replace communal traditions with a culture centered on the individual.

1900

Treaty obligations meant that Native Americans received some perfunctory health care.

1933

Institution of the "Indian New Deal" by the Commissioner of Indian Affairs John Collier, promised conservation of Indigenous culture and resources along with protection of indigenous health.

1945

In the Post-WWII Era, the Republican administration of Herbert Hoover recommended the integration of indigenous peoples into the general population and the termination of "special status."

1950-60

The Republican administration promoted assimilation, withdrawing recognition of tribes, moving families from reservations to cities, and closing the Bureau of Indian Affairs.

1960-70

Critics demand more community control and decentralization of the health services as well as training and hiring of more Native American doctors.

1970

Richard Nixon confirms and endorses the drift toward a policy of "self-determination."

1992

Community health programs rarely received adequate funding or support, and under the Clinton administration were cut severely, despite rising indices of Indigenous morbidity and mortality rising.

Conclusion:

This history of US policy towards Native Americans indicates an unequal, inconsistent and insufficient amount of resources or assistance given to indigenous communities that were forcibly removed from their lands for white colonizers to use the natural resources..