Outbreak
April-May 2020

• 250 cases per 100,000 people daily
  • ~8x higher than the rest of the U.S. at the time

• Nearly 1 in 4 people infected within the first few months

• Only 22 hospital beds to cover an area the size of Delaware
Response

May-July 2020

• No effective medications at that point
• Very few hospital beds available statewide
• Contact tracing teams rapidly evolved into field medical teams
• Indigenous hospital staff selected whenever possible
  • Non-Indigenous staff partnered with lay healthcare workers from the community to foster mutual trust
Sustained Outreach

Summer/Fall 2020 to Present

• Repeated home visits for patients infected or exposed

• Early detection of hypoxia resulted in earlier hospitalization and better outcomes

• Patients were hypoxic well before they developed symptoms

• Strong partnership built between Tribal Government, hospital staff, and the broader WMAT community
Outcomes

Am. J. Public Health, Nov. 2021

• The typical case fatality rates should have led to 80-120 deaths locally

• Instead, 32 lives were lost from the initial outbreak until vaccines became available

• Most significant reductions in fatality rates came from elders who were identified and hospitalized early in the disease course

Conclusions

- COVID-19 is more of a public health disease than a medical one
- Early outreach and strong partnerships save lives
- Indigenous communities remain disproportionately affected
- The pandemic amplified the effect of decades of health disparities, but aggressive intervention can begin to undo their harms