

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

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- 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

