



# Isolated together

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**N**avajo Nation was on lockdown. I was waved past a police roadblock after I showed my ID badge and Department of Health and Human Services paperwork. “Thank you for your help,” I remember the officer said, barely perceptible through a dusty N95 mask and face scarf.

The long stretches of desert highway were eerily empty. The sky, always remarkably expansive in the southwestern United States, was seemingly infinite. COVID-19 was

tearing through Arizona into New Mexico from an evangelical church rally super-spreader event in Chilchinbeto, a small town in the heart of Navajo Nation.

The Navajo—or the Dine’ as they prefer to call themselves—died at four times the rate of the general United States population during the 2009 H1N1 outbreak.<sup>1</sup> The 1918 Spanish flu pandemic killed an estimated 12 percent of their population.<sup>2</sup> Outbreaks of bubonic plague and hanta virus, long forgotten infectious diseases in many regions of the United States, continue to erupt on the reservation with alarming frequency.<sup>3</sup>

There are many well documented etiologies for the health disparities experienced by the Dine’. More than 40 percent of people on the reservation do not have running water or indoor plumbing.<sup>4</sup> Health literacy is low, as is access to culturally and medically competent health care.





Over the telephone, I give instructions to grandma and auntie on how to stay safe with the COVID-19 positive spouse or nephew I am sending home to them. “Keep the windows open, wash your hands, wear a mask, don’t share food, sleep on the other side of the hogan (a traditional single-roomed Dine’ dwelling),” was my standard instruction. Over the phone, I ask one frail-sounding woman if there is anyone else she can stay with before I discharge her husband home—he tested positive for COVID-19. “No,” she says, “only I can take care of him.”

Navajo Nation is the largest and most populous reservation in the U.S. It spans parts of Arizona, New Mexico, Utah and Colorado, and is roughly the size of West Virginia. In early May, the Navajo Nation per capita infection rate was just behind that of New York and New Jersey. With more than 80 confirmed deaths, the mortality rate was fifth in the nation.

Alcoholism, domestic violence, poor nutrition, and multigenerational families living in close quarters make social distancing practically impossible.

I was heading to Chinle, Arizona to work in the Emergency Department of a small but relatively well-equipped Indian Health Services (IHS) hospital that is about 50 miles from Chilchinbeto. Patients who needed to be intubated would be flown four to five hours to the nearest medical center with an intensive care unit. When COVID-19 hospital beds fill up there will be candid conversations with patients about their options: a flight to Phoenix, or watchful waiting at home.

Living through one of the first rural outbreaks of the pandemic, the Dine’ suffered immensely; but COVID-19 will not stop here, where there are no power lines, roads, or infrastructure. Rural communities will see a rise in cases as major cities on the coasts ride out a dreadfully long curve. It pains and worries me to see protesters confronting health care workers in demonstrations of “liberty,” and I wonder how we have become so divided. How did fringe protests lead to speedy and dangerous re-openings in some parts of





the country? How have some groups of Americans become so deaf to the suffering of others?

The Riot Control Act was invoked May 1st in Gallup, NM—a border town and regional supply hub for nearby Dine’—to deter movement into and out of Navajo lands.

Navajo Nation has seen 57 consecutive weekend curfews and has been in lock-down since April. As of August 11, there have been 9,334 confirmed cases of COVID-19 and 473 deaths. Although many of the volunteers have come and gone, local efforts are making a huge impact. The Navajo & Hopi Families COVID-19 Relief fund has raised more than \$5 million to provide masks, clean water, supplies, and humanitarian aid to Navajo and Hopi families throughout the region.

As more protected and privileged citizens push for reopenings and normalcy, vulnerable populations continue to suffer. This injustice is as alarming as is the inequitable suffering of certain groups during the rise of the coronavirus pandemic in America—notably the disproportionate suffering of black and brown populations in both urban and rural settings. Has social distancing left us more socially blind? No longer confronted with differing viewpoints and commiserating with people outside of our closest networks, have we lost a little bit of our empathy?

Despite the numbing isolation weighing heavily upon us, it is imperative that we continue to defend our most

vulnerable, stand up for truth, and withstand the body blows we take in the upcoming middle rounds of this fight without losing sight of where we have come from and where we must go. We must demand that our leaders use facts to guide their actions; and all of us have to listen to the pain that both the virus and our responses to it are causing in all corners of our beautifully diverse country.

#### References

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