



THE NATIONAL COMMISSION ON NATIVE CHILDREN EMPHASIZES THE IMPACT OF COVID-19-RELATED TRAUMA ON NATIVE CHILDREN

The 11-member Alyce Spotted Bear and Walter Soboleff Commission on Native Children, established by Congress, has been tasked with conducting a comprehensive study of the programs, grants, and supports available for American Indian, Alaska Native, and Native Hawaiian children at government agencies and in Native communities. It will then issue a report to Congress and the President containing recommendations to address the challenges facing Native children, with the goal of developing a sustainable system that delivers effective, culturally appropriate, meaningful wrap-around services to Native children. The bipartisan Commission is the vision of former U.S. Senator Heidi Heitkamp (D-ND) and U.S. Senator Lisa Murkowski (R-AK).

The Commission has already issued a statement calling on the Trump Administration and Congress to consider the health and well-being of Native children in the response to the COVID-19 pandemic. Building on this, the Commission wishes to elevate the importance of understanding and addressing the impact of trauma associated with COVID-19 as part of any response. Though the Commission looks forward to hearing directly from Native communities about the pandemic's impact, there is much evidence from existing research that points to the likely effects.

A disruptive event like the COVID-19 pandemic creates traumatic upheaval in the lives of children. In Native communities, this current trauma echoes the historic impact of disease and pandemic on Native people, which played a major part in decreasing the indigenous population of the United States in previous centuries. The historical trauma experienced by Native communities is exacerbated by the trauma caused by COVID-19. There are three components in our present pandemic circumstances that have been scientifically found to be related to trauma:

1. *Real Threat.* COVID-19 is a respiratory illness that is very easily spread and has serious consequences for older adults and people who have severe and underlying medical conditions. Based on the reports from the Navajo Nation, we are seeing the devastating impact of COVID-19 as it impacts vulnerable Native populations who already suffer from high rates of underlying disease. COVID-19 presents a real-life, present-day threat to our lives and the lives of our loved ones, which causes elevated stress for children.
2. *Violation of Expectancy.* It has been necessary for us to drastically change how we function at work, home, school, and in our social lives. The absence of familiar routines, especially for

children, generates internal nervous system distress that activates the fight or flight response in the body.

3. *Paradox*. As the nervous system searches for new patterns, it seeks security through relationships. Social isolation and physical distancing prevent the person from fully accessing what is needed in order to establish equilibrium of the nervous system, including the healing benefits of culture and tradition.

Decades of scientific research show that experiences in a child's life play a critical role in building the architecture of the developing brain and body. Traumatic and stressful life experiences in childhood can permanently impact children's brains and biological systems, increasing the risk for both learning difficulties and lifelong health and mental health problems such as obesity, heart disease, and depression. Trauma also has a more immediate impact, leading to child and caregiver mental health problems and worsening underlying conditions.

Science has also shown that predictable, nurturing relationships with adults, including parents, grandparents, extended family, relatives, and community members, can serve as potent buffers to offset the effects of adversity in childhood. If a child is unable to access these buffering relationships, they may see worsening mental health challenges and engage in behaviors such as substance misuse. It is likely that we will see an increase in trauma-triggered behaviors among both children and adults (e.g., students acting out in school, increased substance misuse and crime, and increased domestic violence and child abuse) related to the COVID-19 pandemic. Studies have found that these problems hit hardest among communities that already have higher rates of trauma, have limited access to resources, and are subject to racial discrimination, such as Native communities. Many Native communities are also challenged by lack of access to broadband internet, which may be needed for Native children and their caregivers to receive telehealth supports to address trauma and its effects.

Though the COVID-19 pandemic presents both immediate and long-term challenges to the health and well-being of Native children, and there is a lack of services and infrastructure in many Native communities to respond to these challenges, there are ways to mitigate the risks. Implementing trauma-informed programs in schools, early childhood programs, health systems, social services programs, and the criminal justice system could be an effective approach for addressing the impacts of traumatic experiences associated with the pandemic. Over the past decade, the Menominee Tribe put trauma-informed programs in place in all tribal programs – the schools, the health care facility, the courts, law enforcement, social services, etc. – and have seen a dramatic increase in high school graduation rates and decrease in teen pregnancies. The San Carlos Apache Public School District recently implemented a trauma-informed initiative and saw the percentage of students being suspended drop by 80%, while overall academic performance improved.

As Congress, the Administration, and Native and community leaders implement the CARES Act and consider additional legislative, administrative, and community responses to the COVID-19 pandemic, they may wish to consider ways to invest in similar trauma-informed approaches as well as community infrastructure to facilitate the delivery of critical supports to children and families. This could include training all tribal or organizational staff on how to recognize and address the impacts of trauma, implementing school and early childhood program-based efforts to promote social and emotional health, investing in mental health and substance use prevention and treatment initiatives throughout a health system, and financing internet connectivity.

Some of these efforts could be implemented through CARES Act provisions such as the Coronavirus Relief Fund or funds going to the Bureau of Indian Education (BIE) and Local Education Agencies (LEAs), while others may require additional legislation or new administrative flexibilities. Because of the many different funding streams through which COVID-19 relief is being administered to Native communities, it will also be important for Congress, the Administration, and Native and community leaders to be as creative as possible so that funding from all across the government can be deployed in a coordinated, effective, and efficient way to support Native children.

The Commission on Native Children is committed to being a voice for Native children, and stands ready to serve as a resource to Congress, the Administration, and Native and community leaders as they consider future actions in response to the COVID-19 pandemic, including ways to prevent and address the impact of trauma.