Alyce Spotted Bear and Walter Soboleff Commission on Native Children

January 19, 2021
Virtual Panel by Webinar: The Early Impacts on COVID-19 on Native Children and Youth

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Commissioners Present:
Gloria O'Neill, Chair; Dr. Tami DeCoteau, Vice-Chair; Anita Fineday, Dr. Leander R. McDonald, Don Gray, Melody Staebner, Dr. Dolores Subia BigFoot, Elizabeth Morris, and Carlyle Begay.

Commissioner Absent:
Jesse Delmar

Detailees, Staff, and Contractor:
Moushumi Beltangady, Department of Health and Human Services
Eileen Garry, Department of Justice
Ronald Lessard, Department of Education
Regina Gilbert, Department of the Interior
Lisa Rieger, Cook Inlet Tribal Council
Joshua Franks, Cook Inlet Tribal Council
Danielle Hiraldo, Native Nations Institute of the University of Arizona
Mary Beth Jager, Native Nations Institute of the University of Arizona

Guests:
Kellie Hoffman (guest of Tami DeCoteau)

I. Introductions and Welcome

Chair Gloria O'Neill opened the hearing at 11:00 a.m. AK/3:00 p.m. ET. Appendix – Chat Log.

[Transcript]

Chair O'Neill	So, hearing that we have most of our Commissioners online, we do have a quorum, along with our, our detailees and our special guests. What I would like to do is I would like to do is, I would like to ask people to introduce themselves, please. We'll start with the Commissioners first.
Commissioner Fineday	Hi, I'm Anita Fineday, I'm White Earth Ojibwe from Minnesota, and I'm a member, or I'm a Commissioner. Thank you.

Commissioner McDonald	I'm Leander McDonald, I'm President for United Tribes Technical College located in Bismarck, North Dakota. I'm an enrolled member of the Spirit Lake Nation, also located in North Dakota, and proud descendant of the Sahnish, Hidatsa, and Hunkpapa Nations. Welcome today, all our presenters.
Vice Chair DeCoteau	Hi, I'm Dr. Tami DeCoteau, I am a psychologist up here in the state of North Dakota, and I am enrolled with MHA Nation of Fort Berthold Indian Reservation. Welcome.
Commissioner Gray	Good morning, my name is [Native language], English name is Donald Gray, I am with Ukpeagvik Inupiat Corporation, out of Barrow, Alaska. Welcome.
Commissioner Staebner	Hi I'm Melody Stabler, I'm the Indian Education Coordinator for Fargo and West Fargo School District. And I'm also enrolled in the Turtle Mountain Band of Chippewa.
Commissioner BigFoot	Hi, I'll follow. This is Dee BigFoot. I'm at the University of Oklahoma Health Sciences Center. I'm of the Cado Nation of Oklahoma. And also, I'm affiliated with the Northern Chey Northern Cheyenne Tribe of Montana, in which my children are enrolled, they always ask me to acknowledge them. And welcome. I want to offer a special welcome to Stephanie and also to Karina, I'm interested to hear. I always enjoy listening to you guys. So, wonderful to see you on the program today.
Chair O'Neill	Do we have any other Commissioners online?
Vice Chair DeCoteau	Madam Chair, this is Dr. DeCoteau, I just wanted to mention I also have a student online today as well. Her name is Kellie Hoffman and she's a master's level social worker student.
Chair O'Neill	Thank you, Dr. DeCoteau. Okay, let's, let's move on to our detailees and staff supporting us, can you please quickly introduce yourself.
Moushumi Beltangady	Good afternoon. I'm Moushumi Beltangady, I'm a detailee with the Department of Health and Human Services. Good to be with you.
Eileen Garry	Hi, my name is Eileen Garry, I'm with the Department of Justice.
Ron Lessard	Good afternoon, Ron Lessard, I'm Mohawk. I'm the Acting Executive Director for the White House Initiative on American Indian, Alaska Native Education and happy to be with you today. Happy to see Karina, we go back a long time back to our days with National Minority AIDS Education Training Center. So, I'm so excited to see you again.
Regina Gilbert	Hi, it's Regina Gilbert with Department of the Interior, thank you all for being here today.
Tiffany Taylor	Hi there, this is Tiffany Taylor I'm also with the Department of the Interior, unofficial detailee to help in budget support. Thank you for being here, I look forward to your information.

Lisa Rieger	This is Lisa Rieger, I have the privilege and honor to serve as the Chief Legal Officer at Cook Inlet Tribal Council.
Joshua Franks	Good morning this is Joshua Franks, I'm the Chief of Staff at Cook Inlet Tribal Council.
Chair O'Neill	Anyone else would like to introduce yourself?
Dr. Danielle Hiraldo	Hi, good afternoon, this is Danielle with the Native Nations Institute, I just want to let you know about myself and Mary Beth are on, I think Mary Beth is here, and I'll let her introduce herself if she can hear me.
Chair O'Neill	Thank you. And we'll make appropriate introductions, with all of our invited guests and experts, this morning, as well once we begin the panel.
Mary Beth Jager	I say Danielle thanks, I am also online. This is Mary Beth Jager with the Citizen Potawatomi, and research analyst at the Native Nations Institute and I also think our colleague, Misko, who's also providing technical support. I did see her online briefly before so, she might be joining us too.
Chair O'Neill	Great. Well thank you so much for introducing yourself. And again, good morning, my name is Gloria, O'Neill and I serve as Chair of the Commission. I am of Yup'ik descent, and my life's work has really been in providing social services and focusing on the advancement of our people in our community. So, I'm just delighted to be here today and want to want to thank all of our Commissioners, our staff, and detailees who worked so hard to ensure that we are getting the information that we need so that we could do this critical work. And most importantly, we really thank all of our experts and those of you who are working side-by-side with us to ensure that we are making, you know we're really trying to not only understand and learn of the status, and well-being and health of our young people, but where can we actually bring about positive change through this collective work. So, I appreciate your time and energy here, it is extremely important for us to do our work well.

II. Overview of Commission and Goals of Meeting

Chair O'Neill	But before we begin, I just want to tell you just a little bit about the Commission. We are an 11-member Commission established by Congress to conduct a comprehensive study of all issues affecting American Indian, Alaska Native, and Native Hawaiian children from just babies to age of 24. So, it's a huge range. The bill that created us was co-sponsored by former Senator Heidi Heitkamp from North Dakota, and Senator Lisa Murkowski from Alaska. So, we really appreciate their leadership, their focus and commitment on ensuring that we bring our collective skill, skills and knowledge together in a Native community to create opportunity for our young people to move forward. Part of what we are really looking at is not only those opportunities I spoke about, but also to really understand the challenges that our young people face and build upon the strengths to find creative ways to change

the trajectory of all Native children for the better. We'll be looking at all issues affecting Native children and youth, including health, mental health, education, early childhood development, child welfare, and juvenile justice. And what's so important in that, as you all know, about looking at these issues, is that we need to understand the data and the research, identify best practices and models of collaboration, and what is so key in all this is have our community, lead it through the lens of who we are as people, and really understanding how we bring forward our values in this as well. We'll be, and so we'll be really thinking about issues facing Native children, not just in a reservation situation, but those Native children living in large, diverse urban communities as well. So, we're looking at the large, diverse urban, rural and reservation communities. And in families of all racial and cultural backgrounds. Once we've completed our study, we'll issue a report with our recommendations to move the needle both hopefully in programming, investment, and legislation to Congress, and also to the Administration. So, thank you for having your voice in this very, very, important piece of work. So with that, we have had a few other hearings, and what we've just asked our experts in in our community to do is, is not only inform us of, you know, your, your work, but also to be extremely forthright and directive of where you see, potentially the challenges but also the opportunities as we move forward.

So, with that, let's move into the virtual hearing. So, as you know this this panel will discuss what is known so far about how the COVID-19 pandemic is affect, impacting Native children, youth, and communities. Our entire world has changed as a result of this. And as we know, early on in the data, that we have really suffered from disproportionate rates of infection, hospitalization, and mortality among our people compared to others. So, what we really would like to do is focus our attention on what we all believe to be one of the greatest negative impacts of COVID-19, and that is both a mental health and educational well-being or outcomes of our kids. We know that we had a, going into this, that we actually had a lot of work to do to catch up with others in the world as it relates to academic outcomes. And so, we want to really be mindful about how this pandemic has potentially created a wider achievement gap for our young people and what can we do about it as we move forward in the work. So, I'm going to go ahead and get started because I want to hear from you as experts about what you're seeing. And wanted to let you know a little bit about process. So, we will, you will have 15 minutes, and five minutes, 15 minutes for your presentations and five minutes for questions. And forgive me in advance, if I, I'll give you each a warning, a one-minute warning. I hate to cut people off because I know you're gonna have so much to tell us and a lot of information, but I also want you to know that I would like to move through everybody, give everybody their allotted time. So that when we move to the end of the panel that we have time with the Commissioners to really have an intense discussion. So, there's going to be another opportunity to ask questions and get those answers, or to, you know, give additional information. And of course, this is being recorded too. So, if you have additional information that comes up as a result of the conversation, we would love to hear from you, and we'll get that out in writing to all the Commissioners.

III. **Panelist: Dr. Stephanie A. Fryberg** (Tulalip), Professor of Psychology at the University of Michigan.

Chair O'Neill — So, with that, I'm going to first introduce to you, Stephanie Fryberg, who is from the University of Michigan. And Stephanie, do you want to tell us a little bit about yourself. I think it's really sterile for me to read bios. But what I would love for you to do, Stephanie, is tell us a little bit about yourself as you are Professor of Psychology at the University of Michigan, and what, what, what is your work, what is your role, and, you know, tell us a little bit about some of the big pieces of work that you've worked on. And then, please move into your 15 minutes. Thank you, Stephanie.

Dr. Stephanie Fryberg — Sure. Yes. So, first of all, I'm a member of the Tulalip Tribes in Washington State, so part of the Coast Salish people. I recently moved to the University of Michigan, I'm a social cultural psychologist. And I really have two major areas of research. One is creating identity-safe classrooms and we built a curriculum based off Native children that it turns out works for all children, and have been working to pull out practices that are useful for teachers and building leaders for creating identity-safe spaces for low income and minority children, but with a particular emphasis on Indigenous children. My other area of research focuses on bias against Native people, and really trying to do narrative change work, and we recently received a $5 million grant from Mellon Foundation to start a center for its research for Indigenous Social Action and Equity. And so, the primary goal of this center will be to focus on equity issues but particularly around narrative change and telling the more powerful and truthful story. So, I think, is that a good start?

Chair O'Neill — I apologize for, for not introducing you with your "Doctor" title this morning, I'm still, you know, just kind of getting my brain aligned with the work of the day so please forgive me, but I want to be most appropriate.

Dr. Stephanie Fryberg — Absolutely no worries. So, are you all able to see my screen, I did the upload. So, I think someone who's the host has to show my slides.

Moushumi Beltangady — Yes, it is showing right now.

Dr. Stephanie Fryberg — Okay, so I'm just gonna kick off and talk about the work that we have today to share. And I want to be really mindful of the fact that this project was not really about COVID, we considered COVID impacts because, you know, the pandemic was going on and what did it mean to look at these other issues without consideration for what was happening across Indian country. So, I'm going to share with you, we only collected data on adults. So, I will focus more specifically on families making less than $45K because it's very relevant here and then, as well as our 18-to-24 four year old population. So, the Indigenous Futures Project was designed to be researched for Native people by Native people. The objectives of our survey were to identify Native peoples in tribal communities, priorities for narrative change, and building a more equitable future especially in the face of the COVID-19 pandemic. We will, we also strive to explore the implications of Native omissions, such as

invisibility, and narrative changes for well-being and everyday experiences, and to examine how to engage Native communities to promote shifts in public consciousness, such as engagement in collective actions and democratic processes.

So, last summer, we collected data between June 23 and August 15. And I will both share some timeline data as we look at how the data changes over time during that process. But I also wanted to spend a moment talking about how we collected data. So, we sent survey links with our partners on this project to 46 Native organizations, 75 tribes, 60 tribal colleges/universities and Native student organizations, and five Native media outlets. The survey took approximately 20 minutes, and I note here that we definitely saw huge diversity, but we got a lot of feedback from people who took the survey, including a number of elders who basically expressed feeling empowered that they never been asked these kinds of questions before. And the types of questions included COVID-19 experiences, voting behavior, and experiences of racism and discrimination.

I think I hear, is someone trying to say something? I'm definitely getting some feedback. No, I'll continue.

So, we had 6,460 Natives participate, they represented 401 tribes or villages in all 50 U.S. States plus the District of Columbia. We had 82% of our population reported being members of federally recognized tribes, 3% state recognized, and the others were not recognized. So here you can see the gender layout. This project was very much in line with the [inaudible] project, and similar to them we had higher rates of women than men, and it's something that we hope to improve on next year when we do our second data collection. Okay, the age breakout, we actually had a very nice breakout in terms of age, about 19% of our sample was over 55, 28% was between 40 and 54, 25% between 30 and 39, and 28% below 29, and it breaks down to about 25% when you get below 25. 19% from small towns, 23% reservation, 9% rural, 49% city. We had a very high academic, like, our sample was highly educated so about 6% had doctorates, 19% Masters, 25% bachelors, 12% associate's, 27% had some college, meaning that they had taken a course community college, and then 11% were high school educated or less. You know this is important, but actually really exciting, because of the different representation at different levels of education, it's not something we're often able to pay attention to, but in this case we will, and we're really excited about that. And in terms of household income, close to 40% of our sample reported that their household was less than $45,000 a year, 34% are between $45,000 and $89,000 and 28, a quarter of our population made above $90,000.

Okay, so first I'm going to talk about the impact on low income Native households. And I want to start here and sort of move down into the individual level in part because potentially I would argue the most important COVID finding we found is that there was a disproportionate impact of COVID on our low-income families. So, overall Native Americans feeling devastated by the virus yet overlooked in the data – our survey definitely supported that. 81% of participants in our survey believe that Native peoples' experiences with COVID-19 are overlooked in mainstream media. So Native people are disproportionately impacted by the pandemic. At the

time, so let's keep in mind this is June to August, so we know this number is much higher, but we then compared to a study collected at the same time, back in July to August, our participants, 12% reported that someone in their family or immediate circle had passed away during, due to COVID-19, whereas the COVID impact study which did not include Indigenous people that was conducted around the time of our survey showed that only 4% of whites were close to someone who had passed. Our data was much more similar to the disproportionately high rates reported for African Americans, which was 11% at that time. Low income households also reported more negative emotions, so, close to 40% reported feeling depressed, 65% of low-income households reported feeling stressed, 57% felt frustrated and only 41% felt hopeful. When we look at this, over time, what we do see here on the top, is that those who are noting that their family is experiencing financial hits due to COVID, I mean when you look at this, we're talking about two-thirds of our families that make less than 45K are reporting that this is hurting them financially. You also see here is that it increases over time. We're not seeing as big of an impact so [inaudible] high income households were really holding pretty stable, but even in this small time period we're seeing an increase for families between $45 and $90K. So, really important, we also collected data about trust, and so participants whose household income is less than 45K trust medical professionals and local government more, and U.S. government less, than those whose household income is more than $45K. This is actually particularly important because as we look at the vaccine and what it means for this pandemic as it continues, is trusting these different entities is important for people to decide to take the vaccine. Also to trust that the direction being given by local professionals is worth following. And we are doing some follow up work, which Karina will talk about later, trying to get at some of these motivations for vaccines, and so we, hopefully in a month or so, we'll have more about this. We also collected data on what are the most extremely urgent issues and people were asked to pick three issues that were impacting them and their communities. And when we look at this, we find that participants whose household income is less than $45K report that improving healthcare quality and mental health is an extremely urgent issue, and they were report a greater rate than those whose household incomes, more than $45K. Yet, 60% of both, so really across groups, across family household income are reporting the need to improve physical health, which we also know is an important indicator of how much a group was impacted, a person is impacted by COVID if they do contract the virus.

With respect to youth, so I just want to remind you here that these are 18-to-24 year-olds, who do not have IRB to collect younger than 18. A little, much like [inaudible], the youth are reporting being more depressed and more stressed and less frustrated and less hopeful that those are over 25 years of age. Similarly, reporting that trust in medical professionals, so really on trust, I would actually say overall Natives report low trust. And I do think this is really important to consider going forward that these low rates of trust are really important, and really we did collect data, on data on trust in tribal governments, and that really depended like that, that had more variability, but overwhelmingly very low trust in government. And I'm actually now, recognizing that there was a mistake in the, in the data up above so this trust data is, and I don't, I I'm not sure why that is, but we put this together for today so there's my [inaudible]. So, these trust scores are reflective of

the overall data. And, again, with 18-to-24 year-olds, participants who are older report that improving health care, quality, and physical health is an extremely urgent issue and they report this that, as a greater rate than 18-to-24 year-olds. But it's significant because of the large number, overall, you're not seeing huge differences, but you are seeing, there 18 categories in priorities, and these three priorities are really seen across the board as being the most important issues. When we look beyond issues related to the pandemic, the other really big issues that come up in our survey are caring for elders and dealing with violence against women and girls. Okay, and then, in terms of college students we had a section, 51% of college students reported that their household's financial situation worsened during the pandemic, 48% of college students that were employed prior to the pandemic reported having their work hours cut or being laid off as a result of the COVID-19 pandemic. And finally, one in three Native college students reported that they no longer plan to enroll this fall because they are no longer able to afford tuition, and I do think this is a really big deal for us as a group.

So I wanted to end by showing you some youth voices because we partnered with the Center for Native American Youth on this project, and they put together a one pager of youth voices and I think it's so important to really recognize the resilience, the strength, but also the fact that youth are trying very hard to impact and to be part of the solution for their communities. So, Michael Charles says, "*It is so important to both take the time you need to slow down, and yet still maintain movement. Take time to think of new ways to move your body, challenge your mind, pray, and engage in meaningful conversations with loved ones*." Another youth, Shavaugna Underwood said, "*During this very chaotic time for my community I want to share some calmness in the safest way possible. I did this by giving fresh filleted fish to elders in our village. I kept my distance and had a designated drop off area*." And lastly, Rory Wheeler from Seneca Nation said, "*I've been actively involved in the emergency response efforts here on our nation to help ensure community safety and well-being during these trying times, it will take all of us to get through this, whether it's helping out in your community, tending to family members, or practicing social distancing, we all have a role to ensure our community wellness*."

So, the takeaways today from our data is that Native people are disproportionately impacted by COVID-19 mentally and financially. This is particularly true for Native youth and households making less than $45K. Native people in general, report low levels of trust, something that will be essential to mitigate as the vaccine rolls out and the pandemic rages on. And lastly, Native people are very clear about what issues need to be urgently addressed within their communities. Aligning with the pandemic, they cite access to quality healthcare, mental health services, and improving physical health as being most urgent. Thank you.

Chair O'Neill Thank you Dr. Fryberg, you are a pro at this, because that was 15 minutes, it was a really great concise, but impactful presentation. And before we get into the five minutes of questions, I first want to acknowledge two Commissioners that have joined us. I see that, Commissioner Elizabeth Morris is online, along with Commissioner Carlyle Begay. Good day to you. Do you want to introduce yourselves

really quickly? Okay. Hearing, hearing none, I also want to turn over the chair of the, of the questioning portion to Dr. Tami DeCoteau. Dr. DeCoteau serves as the Vice-Chair of the Commission, and she has been extremely critical in leading the committee work of the COVID-19 impacts upon our young people, so Dr. DeCoteau would you like to lead off, because I know that your committee has put forward some potential questions.

Vice Chair DeCoteau: We do, yes thank you, Madam Chair. Thank you for that very thorough and precise presentation, it was really, just really informative, so appreciate that, Dr. Fryberg. One issue that the COVID Committee has brought to the surface that we're concerned about is the issue of the spike in suicides, that we're seeing on a national level, and you know within the veterans population. So, there's really this very preliminary data that's been studied that shows there's a significant increase in suicide attempts and completions a couple weeks after the individual has suffered from COVID. And so, we, you know, I'm wondering that are you aware of this research, do you have any relevant data or observations about this phenomenon among Native American populations. You know, obviously we have among our Native people a much higher rate of suicide, suicide without COVID, so I'm really concerned about what this could potentially look like if we start to see this among our Native people. And then also, if we do see this more of a spike than what we typically would suffer from, are we prepared to respond to it in our communities, how would we go about doing that?

Dr. Stephanie Fryberg: Yeah, I think that's a very good question. I don't think our data speaks much to that other than the fact that we have, we're seeing high rates of stress, and depression, and hopelessness. And this is by the majority of population who's actually not experiencing COVID. And so, you know when you start to think about how people who are ill are being quarantined, you know are in hospitals, unable to be supported by families, but also the effect on families who are losing family members, and having to, you know, live with the fact that as Indigenous people we like to be with our family when they're suffering or ill, and we can't be. And so, it's not surprising to me given my experience working with tribal communities. I do believe, and, you know, honestly like I'm just gonna say it again, that I think we will have much more to say about this in a few weeks with the new study that we're currently running, and Karina we'll talk more about that. But I think that will lead us, and help us to really have Indigenous-specific data on, on your question. But aside from that, I mean I, you know, I'm just gonna make a personal note here, that in my own community we've had a lot of deaths, we've lost six elders, and it has been really disheartening to our communities. And it's been something that, you know, we do feel a tremendous sense of loss culturally. But you know the impact it's having on young people, and even on people coming out of the hospital feeling left so disconnected, but, you know, there's been some really interesting research about how having COVID and, you know, being sick like that really affects your soul. And so that people feel so lonely and so disconnected that this combination, as relationship people, is really the perfect storm for these issues.

Vice Chair DeCoteau: Thank you so much for that response, are there other questions from Commissioners?

Chair O'Neill — And, Dr. DeCoteau?

Vice Chair DeCoteau — Yes.

Chair O'Neill — We, we do have all the experts that will continue to join us for the 45 minutes that we saved at the end of the panel, if folks are still formulating their questions.

Vice Chair DeCoteau — Okay. Do you want me to hold on those questions for the end?

Chair O'Neill — Yeah, we've got about a minute left. So maybe we can hold, and then I can introduce the next panelists. Thank you, Dr. DeCoteau.

IV. Panelist: Dr. Melissa Walls – (Bois Forte and Couchiching First Nation Anishinaabe) a Bloomberg Associate Professor of American Health in the Department of International Health at Johns Hopkins University and Director of the Great Lakes Hub of the Center of American Indian Health. Co-Presenters:

- **Dr. Emily Haroz –** Center for American Indian Health at Johns Hopkins Bloomberg School of Public Health
- **Novalene Goklish** (White Mountain Apache) **–** Center for American Indian Health at Johns Hopkins Bloomberg School of Public Health

Chair O'Neill — Thank you Dr. Fryberg. We will now move to Dr. Melissa Walls. Dr. Walls is a Bloomberg Associate Professor of American Health in the Department of International Health at Johns Hopkins University, and the Director of the Great Lakes Hub of the Center for American Indian Health. And Dr. Walls, welcome. Could you please introduce yourself a little bit more to us and some more of your work and then we'll get started with your presentation.

Dr. Melissa Walls — Yeah, definitely. I'm trying to share PowerPoint as well so we'll figure that out in just a second, I can't multi-task. Thank you everyone, Miigwech for having us here. My name is Melissa Walls and I am Bois Forte and Couchiching First Nation Ojibwe and I live in work in Duluth, Minnesota, out of the Great Lakes Hub of the Johns Hopkins Center for American Indian Health. And I'll be co-presenting, presenting today with my colleagues who are also on the line so I'll just ask them to briefly introduce themselves since we're doing that first. So, Emily and Novalene?

Dr. Emily Haroz — This is Emily Haroz. I'm at the Faculty of the Center for Johns, Center for American Indian Health at Johns Hopkins, and I am a psychiatrist epidemiologist by training, and I work closely with my colleague, Novalene Goklish on suicide prevention work. So, Novalene, do you want to introduce yourself too?

Novalene Goklish — Yes. This is Novalene Goklish, I'm a member of the White Mountain Apache Tribe. I'm housed here in Arizona on the White Mountain Apache Indian reservation. I work for John Hopkins Center for American Indian Health. I'm also associate faculty and I oversee the suicide prevention as well. Thank you.

Chair O'Neill	Novalene, you're echoing a little bit it's a little bit hard to hear you. So, when you speak if you could make sure that you're close to your speaker or whatever, mic, that would be great. Thanks
Novalene Goklish	Okay, I'll adjust my mic. Thank you.
Dr. Melissa Walls	Okay, so can we go ahead and get started.
Chair O'Neill	Please.
Dr. Melissa Walls	Great, thank you. And Emily, can you let me know, can you see this okay?
Dr. Emily Haroz	Yep, I can see it Melissa, thanks.
Dr. Melissa Walls	Perfect. Awesome. So, again Miigwech, thank you so much to all of you for letting us share some work. I just want to share that both Emily, Novalene, and I will present a little bit of epidemiological findings which I would say is like 10% of the COVID-19 response work our center is doing, and maybe even less. Novalene might argue its about 100% of our work is COVID-19, like on the ground response, including responses to mental health issues that Emily will share just a little bit about later on. So, we were invited today because both of our teams have sets of data related to COVID-19 from tribal communities. And in my case, I've been very fortunate, since 2002 to be able to work with a cohort of Ojibwe families who have been involved in a longitudinal study of mental health since the kids in the study were about 10 years of age. So back in 2002 at baseline, we enrolled 735 Native families, and we've been following these families over time to investigate changes in mental health related to culturally appropriate risk and protective factors. So as of right now we're wrapping up the 11th wave of data collection and the study now spans nearly 20 years. And so, I'm going to share with you just a tiny snippet of the COVID-19 specific data from a small group. So, 55 participants from the study, we're unrolling the COVID-19 survey as we speak so this is very preliminary, very fresh data. But of these, of this subsample of participants, about half of them live on reservation lands. The rest live in urban or non-reservation rural areas, primarily in the Midwestern United States and Canada. At the time of the survey, which just started, so this is, again, rather fresh information, 45% said they thought they might have had COVID at some point. So, to Dr. Fryberg's point a lot of exposures, or thoughts, thoughts of exposure and 7% of this sample actually said that they have received a medical diagnosis of COVID-19. Much to the interest of this group, I think, a good 75% plus of these folks are caring for children. So, I should mention that the participants of this study, while we started following them when they were adolescence, they are now young adults about 30 years of age. And so, in this young adult context we really wanted to drill down for you all today on the data we

have, for those of them who are caregivers to children themselves. So, parents or caregivers of another kind. Of those who have taken the COVID survey so far, you can see that 24% don't have kids that they're caring for. But, as I mentioned earlier, but the rest of them have one or more and even a couple of them are caring for more than five kids. So, lots of kids ranging everything from babies to 17-18 years of age at this point.

I think, we heard some questions beforehand that this Commission might have been discussing with regards to education. So, I wanted to share with you some data from the sample. With one exception, all of the parents in our study are telling us that they're experiencing some changes in their children's education due to COVID. I think we all can relate to that, my own child has been in online school since March, he's a high schooler. These included things like schools, classes being canceled, moved to online, hybrid formats, or distance learning. Of these, 85% of the parents said school is getting harder for their kids. So, I think, again, on a personal note, I can relate to this. Very few people do we hear saying that it's getting easier. So, this is an additional stressor on top of stressors that already existed. 12% of the parents are saying they don't really feel very confident, but, 40% say they are confident helping their kids with school work, and those folks I would love to talk to because I'm struggling myself trying to help my high schooler through, through his classes. Another issue is child care, we hear about this all the time. So, 83% of the participants in our COVID survey, all Native folks, are telling us that they are the primary caregiver to their kiddos throughout the day. So, during this pandemic they're balancing other things. So, for example, 44% said that their work is conflicting a great deal with child care, and about 26% household issues and dealing with household work is conflicting with their childcare. So, whether or not this is different than pre-pandemic, we did not measure. But I, I would suspect that these are stressors that we're all experiencing. I also wanted to mention that extended family, like many of our families, is a common feature of our Healing Pathways participants and 20%, or sorry, 26% of our participants are caring for an elder. This doesn't actually vary by whether or not they have kids themselves, but a good quarter of the sample has multi-generational folks that they're caring for within their homes.

Substance use. So, one of the things we really think about in our line of research is, how does substance use create issues within families, and how does that impact the way that we parent? So, what we're hearing from the parents is that over half of them have not used alcohol during this pandemic. Which is an incredible source of strength, and I think when we compare that to national data more people nationally are drinking. So, this is an incredible feature of Native resilience, I think, that we need to celebrate. But among those who are drinking, a good chunk, 63% are saying that they were experiencing changes that they feel are due to the pandemic, and of those 71% say they're drinking more, not less. Smoking, also we have very high rates of cigarette smoking in the Midwest among tribal community members, and nearly 60% of our sample smokes. And of those, 26% are smoking more during the pandemic. And I would share that, in some of our prior research we found high rates of smoking in the home, and if kids are in the home we know secondhand smoke exposure can be quite high. Very few are using drugs or

reporting using drugs, and this is a sample where we've had notoriously high rates of substance use, and self-reports of substance use, so we don't fear for bias in terms of social desirability. But it's good news that only three are saying that they're using drugs and of those one is using more drugs and they talked about using cocaine and methamphetamines more frequently during the pandemic than prior to it. I know this Commission again, is very interested in stress and mental health, so wanted to share a few points on that. We are, just anecdotally, I can share with you, and Dr. Fryberg mentioned this, we'll hear this from others. Profound words of stress, sadness, triggers of cultural loss and historical trauma that we hear, and 70% of the parents said that their mental health is getting worse during the course of the pandemic, and nearly 60% said that they're thinking about how the pandemic impacts their community. So, not just their family but their tribal community, that collectivist orientation. At least every day or more than once every single day so these are thoughts that happen very frequently. At the same time, lots of examples of strength and resilience that I just smile about. Lots of people when they talked about coping, would tell us in open ended questions, my kids are a part of my coping, I try to bring strength and joy to them, I bring them to gather medicines, I play with them, we put our tobacco up together and things like that. So, I want to mention those sources of strength and resilience as super critical for us to pay attention to, as Dr Fryberg also celebrated.

I just have two quick final points before I'll pass it to my, to my colleagues. This slide is a content analysis of open-ended responses. The bigger the box, the bigger, the more often people talk about these categories of issues related to COVID-19., The smaller the box, the less frequently. So, the biggest box actually is money. People are talking a lot to us and sharing with us that they experience extreme stress related to money, and I think that again parallels Dr. Fryberg's findings. Also, having concern for children and elders. But mental health is really tucked into many of these boxes so not just the green mental health box, but also things like despair and even hope in a positive sense. So, these are some of the things when asked, left to their own devices to write in on surveys and interviews what is important to them, this is what people are sharing with us. And finally, I'll say, this is just a snippet of some of the questions we're asking as part of this COVID supplemental survey, but people are really stepping up and helping out. I think we see this highlighted in many, many Native communities, 85% say they're providing food for others. You can go down the list, but, you know, a good chunk almost 100% are really helping one another through mental health issues, and we know that's a serious source of strength and help-seeking and a coping resource that is very much alive in tribal communities. So, with that, I'm going to pass it over to, I think, Emily is going to start this part off, and Emily you can tell me next and I'll progress the slides.

Dr. Emily Haroz All right, thanks so much Melissa, and thank you all. I just wanted to also express my, my gratitude towards all of you for the work you're doing and for letting me join you all today. And I'm going to be presenting the slides, but my colleague, Novalene, will be kind of answering lots of questions. She's doing this day-in and day-out, so she'll have a lot of perspective on these issues that we'll talk about. And then just one other thing I will start, as Melissa said, our center is doing a ton of COVID response work as well. And some of those projects I help focus on,

particularly ones related to kids and youth. And so, I'm happy to discuss any of those programs that we're working on developing, or that are developed already later on, or at another time. And I'm also happy to point you to other colleagues at our center who's doing, who are doing a lot of that work as well.

So, with that I'll talk about COVID-19 and suicidal behaviors. So, we, were presenting on two data sources here. Both of these, this information is coming from the White Mountain Apache Tribe reservation. And I will be able to, I can kind of talk about other, other data we're collecting or supporting tribes to collect in other places as well. But we didn't want to present on those right now.

So, the first is a study we're running, called the Southwest Hub for Youth Suicide Prevention, it's an NIH-funded study. It's aimed at testing, sorry, aimed at testing the effectiveness of two brief interventions to reduce risk and promote resilience for Apache youth at risk of suicide. So, we've been enrolled 136 of the 304 intended study sample. And, as you can imagine, in the midst of this ongoing study, COVID happened. And because this research was deemed life-saving, this research was able to continue. And we worked with our colleagues and the tribe to develop some questions that we can embed in our, embed in our assessment instruments to understand how COVID was impacting our samples. So, with that being said, it's a very small sample that we have data from COVID-related questions and it's 28 individuals, most of them are women, are female. You can see they, about a third are 10 to 14 years old, third 15 to 19, and a third 20 to 24. Most have been identified as having suicidal ideation or, a suicide an event related to suicidal ideation and some have had been substance use plus suicidal ideation, and just two have been identified with the suicide attempt. You can go to the next slide.

So, we asked a series of questions about how youth at risk of suicide, so, in this sample, are being affected by COVID. And so, about a third of our sample live with someone who's high risk, just under half have, know a loved one who's tested positive. Just under half again have missed an important event because of COVID. Finances, again came up in about 20% of our sample, 14% had trouble getting enough food, and just two or 7% had increased exposure to violence in the home. But also, as my colleague, Dr. Walls highlighted, there's been some positive things that have come from the circumstances we're in. And so, of those who have used substances, there's been actually 56% of those who have used substances have actually reported using substances less than they used to because of COVID-19, 90% of our respondents spent more quality time with their family, and 61% felt more connected to family and friends. And then, again, something that's really inspiring is that 40% of these youths who you know struggle with, with suicidal behaviors have actually reported helping in the community in the last month. You can go to the next slide.

So, the second data that I'll be presenting on is from the Celebrating Life Suicide Surveillance System. And I don't know how many of you are familiar with this, but it's one of the only community-based suicide surveillance systems in the world. It, it, a tribal mandate required all community members to report individuals at risk for self-injurious behaviors to a central registry. And this was done in response to a

cluster of youth suicides. And, so, basically everybody in the community is mandated to report behaviors related to a suicide attempt, suicide ideation, non-suicidal self-injury, and binge substance use, as well as suicide deaths, to our Celebrating Life Team. And then our Celebrating Life Team, who is made up of Apache case managers, follow up on these reports. So, they go out and verify what happened at the event, collect other information about the event, do wellness checks, in addition, if requested. And then they provide case management and aid in getting these, aid in getting referrals. So, you can go the next slide.

So, what we've seen through the surveillance system is, is kind of twofold. One is, and so, I'll just orient you to the graph here. This is the number of reports and deaths by suicide for youth, aged, 24 and younger in the Celebrating Life System from 2001 through 2020. And so, on this X axis you can see the number of reports in the red. So, these are the reports that come into our system. And on the blue, you can see the number of deaths over time. And then on the, sorry on the X axis here you can see the dates. And so, what you see here is that a number of reports go up and down fairly regularly. This kind of mimics different tribal priorities of the tribe and what to monitor and things like that. But what you see is this dramatic drop-off in the number of referrals due to COVID. And so, our team is getting way fewer referrals because of COVID. And we think this has to do with a number of reasons. One is school closure so, referrals used to come regularly through schools. And those are being, teachers aren't seeing kids in school, and so they're seeing them virtually and so they have less of an ability to sort of provide, to assess the students at risk and provide that referral. And then another issue is ER utilization was down for a long time and so people used to come into the ER for suicidal related behaviors and that has also dropped. But so, I can just go back and sorry. But what you do see is despite this drop in referrals, the number of deaths has remained consistent, meaning that it doesn't seem to be that we're, that the behaviors are going away. It seems that we're just not able to identify people quite as early.

Chair O'Neill Ms. Haroz, Dr. Haroz.

Dr. Emily Haroz Yes.

Chair O'Neill Yes, we'd just like you to know that we've, we've come to the 15 minutes I'm not sure if there's a slide or two that you think is really important to share with us and then we'll, we'll wrap up. And we have Dr. DeCoteau who will leave, lead the five-minute question period.

Dr. Emily Haroz I apologize. This is the last slide, which is just the rate over time. And you can see from 2013 to 2019 the average rate. The blue is that U.S. all races, red is the White Mountain Apache Tribe. We've made great progress on U.S. suicide overall this has dropped significantly from previous years. But in 2020, we're seeing this kind of uptick in youth suicide rates. So, I'll stop there. Thank you.

Chair O'Neill Thank you. And before I turn it over to Dr. DeCoteau, I just want to let Commissioner Morris know on our end, it doesn't look like you're muted so if you

have questions, please let us know. And if you can't, for whatever reason, something's going on with technology, if you can send us a chat that would be great. We can help you through that. So, Dr. DeCoteau.

Vice Chair DeCoteau: Yes. Thank you, Madam Chair. Thank you, Dr Walls, thank you so much for the very informative presentation, I always love to hear about the resiliency factors among our Native communities, especially, those are exciting. And I, Dr. Haroz, I'm also familiar with quite a bit of the work that is done and researched at the White Mountain Apache and always find it so very fascinating as I did your presentation as well. I want to just open it up to Commissioners who may have some questions for you. I know, Commissioner O'Neill had a question, do you want to start, Commissioner?

Chair O'Neill: Yes, my question really connects back to the last screen that you shared with us, the slide. To me this is dramatic. What inference do you make from this as you are starting to look at and analyze the data?

Dr. Emily Haroz: Yeah. So, one, yeah, one thing I'll just note is that, if you remember this is a small community. And so, you know, these are rates per 100,000. So I just, I just want to mention that because I think it is scary, I think we, Novalene I don't know if you want to talk more about this and what you've seen, I think that this would be a good time, if you could talk a little bit about, sort of what you've been witnessing and feeling.

Novalene Goklish: So, this is Novalene. Is it staticky or can you guys hear me okay? So, in response to your question. I know that when we started to, when we got the first positive case on the reservation, you know the hospital, the Indian Health Service, they set up a variety of different checkpoints. And so, it made it a little bit difficult for community members to access the emergency department where they just couldn't drive up and walk in anymore. They had to go through a variety of different checkpoints. And we noticed that we started seeing a lot more youth going through, to the emergency department with their families. They're spending a lot more time at home, you know, and they're also sharing more information with their family members or either friends, either in person or through social media that's where we started receive, receiving a lot more referrals on, on our youth. You know, with this pandemic we see 11 death by suicides in our community. We have a population of 17,500 plus enrolled tribal members. We have about 15,000, between 13,000 and 14,000 that reside on the reservation. And just with COVID itself, being at home, not being able to go to school. You know, back in March the schools closed down, the students were all sent home, majority of the kids go to school on the reservation. And so, they are not able to go and socialize with their friends, spend any time with their peers. You know we've been going into lockdown, shelter in place lockdown, and it hasn't stopped, their numbers fluctuate. And so, we know that the youth on the reservation are impacted significantly. Our staff are doing the best they can for behavioral health. Also, went into where they were working from home. Everything was being done virtually, so a lot of community members were not able to have that access of face-to-face contact, and you know we still went out and did all of our face-to-face contact. But we know that that's still not enough,

especially for the families that are placed on quarantine, that's where we saw a lot of our youth really struggling. We did provide them with a lot of books. We do order books for them such as, you know sketchbooks, journaling books, and coloring books to help them during this time, and they told us that it really helped and it allows them to be able to write down things, you know that they can release rather than holding on to. And, so, I don't know if you have any other questions.

Vice Chair DeCoteau: Thank you Novalene. We have one minute left if anybody has a real quick question, and if not we'll go ahead and have the next presenter introduced.

Commissioner BigFoot: Hi. Tami, this is Dee. I was just wondering, again you know looking at this, this is very, you know, disturbing. But I also recognize the small numbers, and, you know, it's proportional to population. And I think we can be encouraged by what we heard about what, what people are doing, kids are doing to, you know, build that resiliency. So, is there anything in terms of community, are any of the communities doing anything jointly, I mean, collectively within their communities that is helpful? I can see that there are individual families that are doing things you know, helping one another, preparing food, you know, taking, you know, salmon to family members. But are there any communities that have, you know, regular, you know, Friday virtual meditation or something? Are there, are there communities that are doing anything?

Novalene Goklish: So, for our tribe specifically I know that we have our church leaders and traditional healers that are reaching out, you know, virtually. They're offering a variety of different things that community members can do, you know to deal with, you know, whatever issues they're going through. We know a lot of our kids are dealing with anxiety and depression because of COVID and their you know, the lack of them being able to go out and socialize. And so, the community is trying to mobilize behind, you know what's happening within our community and our staff are going out and making direct contact with all of the individuals we receive a referral on. And so, we work really hard to try to make that connection and then also refer for additional services if needed.

Vice Chair DeCoteau: Thank you, everyone. If there are other presenters that have a response that you want to share, I certainly want to give you the opportunity to do that. But I'll just ask that you hold that towards the end, when we have 45 minutes for discussion. So, with that I will turn it back over to Commissioner O'Neill.

V. Panelists: Dr. Karina Walters – Indigenous Wellness Research Institute at the University of Washington

Chair O'Neill: Thank you Dr. DeCoteau. So, our next expert panelist is Dr. Karina Walters. Dr. Walters is an enrolled member of the Choctaw Nation of Oklahoma, is the Katherine Hall Chambers Scholar, and the director and principal investigator of the Indigenous Wellness Research Institute at the University of Washington. Welcome Dr. Walters, would you like to introduce yourself?

Dr. Karina Walters: Thank you. Yes, I just wanted to get my screen up. [Introduction in Native language] Duwamish and Snohomish and their relatives. I greet you today and thank you for having me here. It's great to see some old friends and I'm excited to share this information. Can, can you hear me okay?

Chair O'Neill: Yes. Yes, we can.

Dr. Karina Walters: Okay. Alright, great. Thank you, and I just wanted to acknowledge the relatives whose land I'm sitting in right now, which is, my house is literally in the Snohomish summer encampment area. So, so I send my greetings from here to you and I'm also enrolled in the Choctaw Nation of Oklahoma. And a little bit background, most of my last 30-year career started as actually a mental health, I was a therapist in L.A. County. And then went on to get my doctorate after much probing from and prodding from the Native community to continue in studies. And, and now most of my research is dedicated to looking at social and cultural determinants of health, with this focus on looking at culturally specific impact of historical trauma, as well as other kinds of everyday stressors on our well-being. And I've moved in the last 10 years into designing and developing, in partnership with, collaboration with our tribes, developing and designing culturally grounded prevention research focused in the area of obesity prevention, other kinds of mental health related concerns, and diabetes prevention. So, that's a little bit my back, my background of who I am. I currently co-direct the Indigenous Wellness Research at the University of Washington, with my colleague Dr. Tessa Evans-Campbell. And today I'm going to be sharing a little bit about the Native American COVID-19 Alliance, our project. We just literally got started. Dr. Stephanie Fryberg, who's on this call is, is a critical collaborator in this this work. And I believe. Dr. Danica Brown and Birdie Wermy from Northwest Portland Area Indian Health Board, who have also been supportive of this effort. And I'm also gonna share a little bit of information that they've shared in terms of the data they've been collecting as well today. I want to acknowledge them.

But first, I kind of want to set the context before I talk about our data, and I do, very similar to a number of our colleagues here, our data is really hot off the press. I mean, we literally launched less than 24 hours ago. So, I'll be reporting on about 87 participants that have participated in our online survey so far. But before I get to that I kind of want to contextualize a little bit of our work and our approach to our data collection. And I just want to acknowledge, that I know we've kind of alluded to it on the call, but we've all, all of us sitting on this call we're all Indigenous, we've all been directly impacted by COVID-19 with losses in our own families, as well as our communities. And it's been pretty intense. And of course, you know, pandemic issues are not new to us as Indigenous people, and I kind of wanted to acknowledge that, I think that was important to contextualize, how we understand COVID-19 data as it's coming in. You know, just thinking about the Spanish Flu, and the impact on our communities more recently, as well as H1N1 in 2009. I mean we know we've had devastating impacts in the past, right, 80% of deaths in Alaska were among Native people during the Spanish Flu, and certainly at that time, one out of four Mississippi Choctaw also perished. And so, now we're starting to see, you know the impact of COVID-19 in some of the very same communities. And we know from

H1N1 even then, that it was, death rate it was four to five times higher than for other Americans, and we're again we're seeing similar parallels in terms of the impact of COVID-19 already. But, I just, I want to kind of acknowledge that this isn't really though a story of disempowerment, and because our ancestors have gone through this before, we've, we've found creative ways to survive these kinds of situations. And I just think about my own ancestors that they walked the Trail of Tears. We literally, I have the stories in my own family, one of my ancestors, literally walked the Trail of Tears when we were having a cholera outbreak, there's malaria, and there was dysentery, and still they survived. I mean, we also died along the road, obviously. But, but I want to acknowledge that they walked that path with a vision of love in their hearts that they held for us, a vision of life that they held for us. And, and I think about if we take action now to address COVID-19 for the health and wellness of our children and our families, we're not just impacting our current kids, and our families, but we're impacting future generations. But we're also impacting, kind of, the comorbidities and other issues that we still carry from previous generations and trauma. So, we've got, this is actually a place of incredible power, empowerment, not disempowerment. So, I kind of, kind of wanted to bring that to the conversation because I think that emphasizes a little bit of how we approach our data collection, our work with our communities and trying to address COVID-19.

The other thing I want to acknowledge is that we focus a lot on the issue of embodiment. How do these kinds of traumatic stressors, thinking about pandemic stress. It's a stressor. We've had tremendous losses. We've had social distancing which has increased isolation and we're talking about suicidality you can see the impact of some of the data today. And so, this, this, this has an impact on our physical health, as well as our mental health, and it's all connected, obviously. A lot of our work is guided by our Indigenist Stress-Coping Model. You know, looking at the impact of historically traumatic events but also everyday discrimination. But most importantly, and I think this is critical in the COVID-19 work we're doing now, is we're looking at the role of culture, the role of family, the role of cultural practices, traditional health and healing practices, and so forth. How can that buffer or protect the impact of these kinds of stressors on our well-being? And again, we're looking at our psychological well-being, we're looking at our physical well-being, we're looking at our spiritual well-being. And this is just the model if you want to look into it more in a geeky way in terms of how we model it for our data.

I also want to talk and give a little head nod to historically traumatic events. And our communities talk a lot about that and of course, we know from boarding school and other kinds of things, and this is a Native presentation, so we all are familiar with this. But I want us to think about it in terms of understanding the role of the pandemic in our communities. I do know that a lot of elders, and I've talked to some folks personally, who have expressed concern that elders in their own communities, especially those who are really up in age, who were either very young children during the Spanish Flu, or their parents survived the Spanish Flu, are feeling triggered by the current crisis at hand. So, that, that is an issue. So, we've been thinking a little bit about that.

And also want to talk a little bit about one of the impacts of historical trauma, and settler colonialism is erasure or the invisibility of Native people. It's a longer conversation and get into the, the, the theory about that. But, one of the big issues we have with being rendered invisible, is no data. And this no data leads to really big problems in allocation of resources because we know data actually drives the prioritization of resources, especially in times of emergency. So, I'm really grateful to all of the folks here who are collecting data. But I know at the local and community levels, and a number of community people are also collecting data, we really need to continue to support each other and getting this data and sharing it so that we can really have culturally and community responsive practices. Thinking about historical trauma, and again, this is to contextualize the data I'm about to talk a little bit about. We know that historically traumatic events have had a direct impact on disrupting our ability to fulfill our original instructions, our, our teachings, our way of being in the world. It also disrupts our relational way of being. And so that's made me think a lot about how, how does the current pandemic even though it's not a historically traumatic event. Although, if we have poor federal response, and that could lead to historically, another historical trauma. It does parallel the impact that we see in historical, historical trauma. And I know from our own research, we actually have found that people who have had chronic historically traumatic events tend to still, even in this generation, still carry some PTSD and some depressive symptoms, that there is a relationship there. So, we do know that historically traumatic events disrupt people's ability to fulfill their original instruction. It disrupts our ability, our relational ways of being in the world. And we can see this get played out in terms of the pandemic in terms of original instructions. The loss of knowledge keepers. Everybody is very concerned, and I've heard about this from a number of communities, about first language speakers dying. Ceremonial disruptions, inability to practice ceremonies that are tied to particular seasonal events or other kinds of ceremonies. And that that puts strain on people, peoples' ability to fulfill their, their cultural responsibilities. In terms of relational restoration, this social distancing clearly disrupts the abilities and people's abilities to connect, and kids and schooling is a major factor there as well. Some of the communities have been talking about, this as a great opportunity time to develop land-based healing approaches. Kids are not in school. Let's get them back out to the land, let's work on upstream approaches to deal with the upstream social determinants of health. And if we can improve our eating, if we can improve our exercise, because we're worried about sedentary behaviors increasing during this time. All these factors help to mitigate the impact of COVID if we're exposed to it. So, this seems to be an opportune time that's influenced, some communities are taking to look at getting kids outdoors, getting back into the land, revitalizing language, language schools, and other kinds of things. We've even seen this virtually, in terms of holding social distance, not only pow-wows, but actually social distance medicine gathering, where we've had people go out into the community and gather medicines and, and, and do online teachings with youth as, as they're doing that. And then of course, the importance of humor of medicine to get through some of this, as well, as some people have talked about.

So, culture really matters and I'm going to talk a little bit about our actual data that I'm going to share a little bit with today. This is through a project called the COVID-

Alliance. It's the COVID-19 Communities of Color Needs Assessment. This was actually championed by the Congressional Tri-Caucuses +2, that's what they call themselves, which is Representatives Sharice Davids and Deb Haaland. It's funded by the National Urban League and the Indigenous Wellness Research Institute or IWRI, we're the Native arm of the COVID-Alliance. And this is an Alliance of the National Psychological Association for Racial and Ethnic Equity. So, this is basically an alliance of the Association of Black Psychologists, the National Latinx Psychological Association, AAPA and, and IWRI. And we're currently in the phase one process of data collection. What makes this really exciting, is this is, we have a direct pass through and connection between philanthropic organizations, tribal communities, and, as well as community based agencies, as well as collecting this data and then sitting with, getting this information immediately to Congress, as well as back to our tribal communities. Some of the objectives of this Alliances, is to: identify how COVID-19 is affecting the health and mental health of tribal, as well as communities of color; to examine how COVID-19 has impacted the economic status of these communities; and identify the differential pandemic experiences. Out of this, we developed at IWRI, what's called Native American COVID-19 Alliance. This actually came up organically, even before we got contacted to be part of the COVID-Alliance, because we were frustrated and we started just working, I started working with a number of Native researchers to start to share data and trying to find even surveillance data that accurately could track what was happening in our communities. But these are some of the folks who are part of that. This assessment, the survey, the Indigenous Needs Assessment that's part of the Native American COVID Alliance, is led by a team of Native researchers from IWRI, as well the University of Hawaii with Dr. Keawe Kaholokula the Department of Native Hawaiian Health, the University of Michigan with Dr. Stephanie Fryberg, and the University of California Berkeley with Dr. Ari Eason. It's also in partnership with the Center for Native American Youth, IllumiNative; Papa Ola Lokahi, Mni Wiconi Clinic and Farm, and many other organizations.

Hold on a second. I'll try to get my dog to be quiet. Hold on…sorry about that, my daughter's coming home so my dog got kind of excited.

Our survey focus is similar to other folks. We will have a chance to cross share our survey data across different populations. Certainly, we're hoping to also connect with, with Dr. Fryberg and others with their, their Indigenous Futures Project and share some guidance across that. But, some unique aspects of the project is that we're looking at traditional health and healing practices, identification of cultural challenges during COVID times, such as funerary practices, ceremonies, identification of the role of land and outdoor activities and environment and cultural practices and revitalization practices, and other aspects of resiliency and strength in our community. We only have 87 folks that participated, but we've been live only 20 hours right now on this. So, in just the last 20 hours, we've collected data. We did quickly targeted outreach last night so that we can get some information to you. We were hoping to get younger people, which we did, we are. Mean age of the participants so far is 23 years old. 73% identified as women; 20% identified as men; 5% identify as two-spirit; 74% mostly straight; 8% mostly gay or lesbian; 9% mostly bisexual; 91% were enrolled in a federally recognized tribe; 5%

were not enrolled but said that they were 25% or more if they combined all tribes; 12% have reported that a medical provider has told them that they had COVID-19.

In terms of mental health outcomes, we looked at the PHQ [Patient Health Questionnaire] to look at anxiety and depressive symptoms. It currently what's being used with the MMWR [Morbidity and Mortality Weekly Review] and CDC [Centers for Disease Control and Prevention] to look at COVID-19. So, we felt that that would be a good start for comparative purposes. And you can see that right now, even with a small sample, pretty high levels of not being able to stop worrying, little interest in, pleasure of doing things and feeling pretty down and depressed. Among the 18-to-24 year olds specifically, which is 14 in the sample, 64% had reported that they had at least one adverse behavioral health symptom. And I say versus 74.9%, because as compared to the MMWR data that's out there that by the way, does not have American Indians or Alaska Natives in it, we're relegated to the other category. 57% of the sample reported anxiety, which right now is looking like it might be a little bit higher than what's reporting nationally, and 50% reported COVID-19 related trauma and stressor-related disorder symptoms, which looked like it's higher than the national as well. And 14% reported depressive symptoms in that age group and 7% said that they have started or increased substance use to actually cope with pandemic stress.

Looking specifically at the PTSD or the COVID-related trauma and stressors, we see that, again, people are feeling moderately to quite a bit stressed. For example, trouble concentrating, having difficulty not thinking about it, felt logical or on guard. In terms of self-harm, we did ask, you know, kind of, in the last 30 days, have you considered suicide; 4% recorded seriously considering suicide in the last 30 days. Among this overall sample, the majority is among nine, nine and a half percent seriously considered suicide who are over the age of 25 so it's the older folks in the sample that was considering it more than the younger. And, again, looking at the mental health outcomes overall means in comparison based on COVID, you can see with PTSD, and PHQ, and suicidality, some of the findings that we have there. And we looked at those who are living with COVID and those without COVID. That was one of the questions that was posed to us by your panel, and it looks, again, we can't really conclude from this because it's so early. But it does look like perhaps that people with COVID, versus those without COVID, may be experiencing higher rates of depression, anxiety, and suicidality. And in terms of the effects on actual families, the top sources of stress were not being able to see friends and family outside of your household, followed by impacts directly on your family members, of people, high levels of mental health concerns. People, 25% said that they are stressed because they're not able to attend Native ceremonies, and that they're separated from their friends and not being able to properly mourn, or comfort their sick, sick or loved ones. And people are pretty worried about keeping their own family safe if they get the virus and impact on the community. [Inaudible]. Sorry. I'm out of time?

Chair O'Neill Yes, if you if you don't mind summing it up.

Dr. Karina Walters: No problem. I'm just gonna wrap it up with this last slide, the top things that people report needing the most help getting, getting is traditional health and healing support care, mental health services and grief counseling, and internet Wi-Fi, foods and meals, dental services, utilities, and help with homeschooling. So those, those are some of the big issues that have been targeted by some of the families so far.

Chair O'Neill: Thank you, Dr. Walters.

Dr. Karina Walters: Thank you.

Chair O'Neill: We, I just want to be really thoughtful of time. We're gonna keep the next five minutes here on track just because I want to make sure that we have at least 30 minutes or so for the Commissioners. So, Dr. DeCoteau can we quickly go through this question and answer period, and then we'll move into the broader conversation with the Commission?

Vice Chair DeCoteau: Sure, thank you. Yes, thank you Dr. Walters for that very informative presentation and great slides too by the way, it was really helpful. So, we have just a few minutes if there are questions from other Commissioners for Dr. Walters.

Commissioner McDonald: Dr. DeCoteau, or Commissioner DeCoteau.

Commissioner DeCoteau: Yes, Dr. McDonald.

Commissioner McDonald: I guess one thing, and I don't know maybe if this is better left to the end, but I, I wanted to just ask a question. Are there any, have there been any efforts that in regard to the traditional medicines and spirituality piece in regard to providing those types of resources to the communities? I mean just a real similar thing, not similar but simple, sage, cedar, and those things that we kind of, Lakota we use in our communities prepare, those type of things?

Dr. Karina Walters: Yes, actually I just, I didn't get a chance to share this today, but I did speak with a medicine man before coming on to hear his point of view and what he's been experiencing. And, definitely, communities are still engaging in a number of their ceremonies. And I know that in that particular community, he has been instructing and meeting with people who are sweat, sweat leaders at the local level to make sure that they're taking precautions and doing things correctly so that people remain safe. And I know other tribes have actually, you know, put out materials in terms of how to be able to think about conducting ceremonies to stay safe. I do know that what's been really neat is, and we actually will have data on this from this study because we actually asked questions about this, but there's been a lot of sharing of medicines of how to, for example, air out your homes. Also, smudging and other kinds of practices that communities have really come together and shared, even virtually, even if they can't do it safely in person because there's an outbreak or they're on lockdown. So, communities have been incredibly

resourceful. Having said that, one of the stressors that has come up with, from another person that I had just recently reached out to and talked with yesterday, who's worked with four different tribal communities. She said that sometimes it's really caused a lot of cultural strain, because when people have had, because we've had so many high number of funerals and, and deaths, sometimes culturally there's a lot of strain because people don't want to put parameters or they feel that they might be ostracized that they put on parameters, culturally, or they're committing a cultural faux pas. If for example, they ask people not to just show up at the house. For example, to provide, provide food unannounced or things like that. Or large family members will come in and celebrate, or, you know, even an important event, not necessarily death. And so, the, some of the communities are trying to come up with very creative and culturally-anchored ways of still providing important celebrations or providing customary practices, especially funeral practices, that will help people continue to, to remain healthful and safe in that process.

VI. Questions and Discussion

Vice Chair DeCoteau: Thank you for that response, Dr. Walters. So with that, I think we're about up at our five minutes. But I would like to open it up to our lengthier discussion and, and any questions that we have for the presenters. I, I do have a couple of questions on behalf of the COVID subcommittee that I want to address. And I just want to make sure that I allow Commissioner O'Neill to ask any questions she may have before we open it up to the group.

Chair O'Neill: Thank you Dr. DeCoteau. Commissioner Morris can, it does not look like you're muted, so what I would like to do, I know you have several questions, and thank you for the written text. I do, many of your questions, looks as though you would like to see some more data or some of the background and what we could do is ask that we actually, you know all of our experts are reading this as well, and can respond with some of those, with that additional data. But I'd like to open it up to you since you've had a few questions and you've been waiting in the queue. Commissioner Morris?

Commissioner Morris? Okay, well, it might be, it does not look like you're muted at all on our side. So, and we're, we're driving this, correct Josh. Mo?

Moushumi Beltangady: Yeah, Commissioner Morris is not muted on our side.

Chair O'Neill: Okay, because I don't see it on ours either so there might be an issue there with technology. She said she's speaking.

Moushumi Beltangady: Do you want to just read her questions?

Chair O'Neill: No, I just, because there's, there's, there's a lot here so I just wanted her to be able to ask a few of those and then we can respond in writing. Something must be going

on with your voice technology, Commissioner Morris. The host tells me that you are not muted. Mo, will you check that again and then I'll come back to you?

Tiffany Taylor — Commissioner, Chair, sorry to interrupt. This is Tiffany, maybe I could suggest if she's on the computer she could try to call in on the phone, because I've had similar issues in the past and maybe that might work or vice versa if she's on the phone, trying the computer.

Chair O'Neill — Okay, great.

Tiffany Taylor — It's just a suggestion.

Chair O'Neill — Thank you. So, Dr. DeCoteau, why don't we leave a few minutes for Commissioner Morris to try to get her voice into this conversation, I think that would be really important. I'll turn it back over to you.

Vice Chair DeCoteau — So, on behalf of the COVID-19 subcommittee, I have a couple more questions that I want to address. From your perspective, presenters, what resources do you feel are needed to help Native people through the process once they've lost family members. So, you know, we've talked about the issue of the stress that they endure because of COVID or secondary to COVID. But what about the grief? Many people have experienced the loss of loved ones and they haven't been able to get full closure or complete the funeral arrangements or ceremony because of continued shutdowns. The focus really seems to be sort of nationally on vaccines, but what do you feel like has needed to be put in place in order to help those who have suffered these traumatic losses?

Dr. Melissa Walls — I have one point that I'd like to make that's related to this and I think, as Dr. Walters was pointing out, we hope that data drives some, some policy, we know that it's not a uniform thing. But the COVID curve, so the curve that everybody in the nation now knows how to interpret. I've been wishing since the start of this that we could have a mental health curve and a loss curve overlaid upon that. So that we have more attention nationally, within tribal communities and beyond tribal communities, to the mental health impacts of this issue. And I think, I wanted to invite Dr. Haroz, I don't know if you could speak a bit to the, the CETA modules and some of the things that are happening, not necessarily in aligned with, well it is related to grief and loss. Do you want to mention that to this group?

Dr. Emily Haroz — Yes, so, I think our center's working on developing, or have developed some brief modules that could be embedded in contact tracing efforts or Family Spirit home visiting. I think the, the idea that we've seen is really the need to get services to people where they are. And for so long this, I mean, even before the pandemic happened in all this, like mental health services and, and access to different kind of community mental health services was really limited in rural communities, but also particularly in Native communities. And particularly, even when you had access, sometimes you had access to people that didn't really understand your community or where you came from and there's, there's lots of research on that. So, really the idea being that, can we get mental health services more to people where they are

and meet them where they are, either through embedding some of this in home visiting programs, like Family Spirit which is our national home visiting program, or in contact tracing efforts. And, and the modules we're developing specifically are focused on dealing with grief, traumatic grief, providing skills and building on coping skills and things like that to sort of build up the, and they're based on our rigorous evidence base for these types of modules that you can kind of plug into different interventions in that way. And so, our hope is that we can teach these contact tracers who are, you know, community members themselves often, to deliver these modules in their, in their efforts as needed, going forward.

Vice Chair DeCoteau: Thank you. So, my final question on behalf of the COVID subcommittee is, are you aware of other research or data collection that is underway or planned that will be looking at the long-term impact of COVID among Native populations?

Dr. Karina Walters: Yes, hi, I'd like to speak to that for a minute. I know Northwest Portland Area Indian Health Board, Dr. Danica Brown, and also, Birdie Wermy, are collecting some data right now from the northwest tribes, looking at their COVID-19 needs in particular, suicide prevention needs. And I don't know if either are still on the call, they were listeners, if they have anything to add to that, but I do know that that is one group that is also collecting data.

Vice Chair DeCoteau: Okay, thank you. So, with that, let me open it up to the rest of the Commissioners for questions for the presenters.

Commissioner McDonald: I'll go. First, I was just thinking that, I've just seen the, who was it here, Dr. Walters was on, on the line and is enrolled member of the Choctaw Nation. So, well congratulations on the McGirt vs. Oklahoma, I think it was. Great, great ruling. Yeah, great ruling. That's a giant rez now! We have to come down now and visit it. And then, and I appreciate it, that there was several of you that spoke to education. And, and what students were experiencing in regard to a combination of work, their own telework environments, along with the education the home schooling of their children, and how that was a challenge and stressful to those, to those individuals. Being a college President, we've seen that here on campus. So, it just affirmed what we, we already knew. And so it's good to see some data along those lines that helped to state that. I guess the one question I have, and I always talked about the traditional medicine spirituality and we've been doing that here on campus to provide the sage and, you know, these different things so people can smudge and make that a part of their communities. You know, when we use those things it's kind of like we put a protection on ourselves, we put a protection on our on our homes, and, and so, kind of like a, kind of like a blessing. And so, then when we look at COVID-19, what we will, when we've been praying at my house, when we do these things is that it will go over us or go around us. It's similar to what Christians believe in regard to the Passover and things along those lines. So, but I just wanted to make that statement. And then the last one is that, I am really curious because we've had some, some delays in regard to the vaccine rollout. And I know that the data didn't really touch on this and I suppose it was, you know, a lot of the methodology in the data question from started prior to, to the delay and we were kind of looking at towards December at that time, with a potential implementation

of 20 million, I think that's what we said by the end, end of the year. And so, and then we see that there was quite a bit less than that. But do you do you have any, in your research, have you, have you, is there any preliminary or just anecdotal information that, in regard to that of the delay of the, of the vaccine, or delay of the vaccine rollout impact on tribal communities? Anybody?

Dr. Melissa Walls

Well I can share from my, my own home community that, and from several tribes in Minnesota, where I work – that we're hearing that we are way ahead actually compared to other non-tribal communities, which is a good thing. There's some lessons to be learned. And I know one band of Ojibwe in the state of Minnesota is projecting that they may have their community fully vaccinated by the end of February. And I think we've heard that from a community in the southwest U.S. And Novalene maybe will speak of that from White Mountain as well.

Novalene Goklish

So, for White Mountain, the vaccine clinics have been set up in different parts of the reservation, and we are in phase 1-C. And so, they're done with phase 1-A and B. And so, they're trying to finish everybody in those phases and then wrapping up phase C so they can then open it up to everybody else. And I know that there was some confusion about, you know, how safe the vaccine is, they had a lot of questions and concerns. We also have a hospital, you know, that's off the reservation, and we have tribal members that were going there for private practice and their primary care provider was having them go to that hospital. But they were not receiving, you know, really good care and so they ended up having to go back to IHS. And so right now the Indian Health Service on our reservation has been doing a really good job in, you know, providing vaccine to the patients and then also really providing them with the treatment needed, and our mortality rate for COVID is really low compared to, you know, other communities within the state of Arizona and we're fortunate that the doctors have been doing a lot. We also have been doing a lot of outreach in helping the community members understand the vaccine and how important it is for them to receive the shot. But also trying to educate them about COVID itself. And so, there's a lot of confusion with our elders. We have an elder that called in, she's 74 years old, another one that was 82, and they told me that I needed to translate to them exactly what COVID was. I have to speak it completely in Apache. I couldn't use any of the words in English, because for them it didn't make any sense. And so, I had to do that, you know, and help the elders understand, you know, what this virus is, what it could do, but not saying that it was going to do it to them and making sure that I was talking to them. And whenever I was addressing it, it was in third person. And, you know, because in our language you're not allowed to say that this is what it's going to do to you, because then it's, you know, I'm saying something bad upon them. And so, you know we were very mindful. We've done a lot of radio talk shows. We've also been working closely with the Indian Health Service and trying to you know, disseminate a lot of the information as much as we can. We have been working addressing COVID in our community since our first positive case back in April. We've done a lot of door-to-door, delivering food boxes, wellness boxes to our community members. We have elders that will ask for the traditional medicine. And we'll go and get the medicine, you know the, the tea, the wild teas that they drink, and then the different types of medicine. We'll ask where we can go and get that for them, you know we're out in

the mountains trying to find things for them because for them this is medicine that they're going to use that's going to also protect them. Something similar to what you shared earlier. And so, there's a lot that we've been trying to do within our community. But we know that, you know translating the information, getting the information out, that's going to be the best medicine that we have right now is, encouraging them, and letting them know what's going on and how they're going, you know to make a difference by getting that shot.

Dr. Karina Walters — I'd like to add really quickly, that when speaking to some of the elders that I've been speaking to, that a lot of our traditional medicine people and traditional elders or spiritual leaders who are out in the community, whether they're giving people their last rites from this COVID, or they're helping families recover, or helping to prevent it from coming into the community. One of the things that, they are, they are on the front lines, and they're essential workers in our communities. But they're not recognized as such for the vaccine rollout. So that's become a little bit of an issue that they actually really need, they and their family. They also tend to be quite often, not always, the first language speakers. Sometimes living in more structural poverty than other folks. So, you know they are in high need to be protected. And, and so one of our elders said that, you know, that we need to be considered as first responders, as essential providers and have access to that vaccine as soon as possible. And the other issue is vaccine hesitancy and you know, justifiable worry and mistrust that we're seeing also crop up in our communities around taking a vaccine just because of the historically traumatic experiences with medical experimentation in Indigenous countries and communities, historically. So, we got some work to do, I think, to be able to, to address some of those worries and those fears in good ways. So, I just wanted to share those two things that, that kind of came up and we'll have some data on that as well once we finished collecting our data soon.

Commissioner McDonald — Thank you. I just wanted to close, and I know that I've seen some stuff out there from CDC in regard to comparisons, in comparing people of color, numbers with the general population. And we're seeing higher and what's been cited in there that higher rates for African Americans and the most recent one I seen was on American Indians was 2.5 times higher for Native populations. So, I think this, I think what you're sharing is in line with what the CDC is seeing, what I'm seeing, and what CDC is reporting as well. And, and when you look at it I wonder in regard to the demographics of this, is this just a low income piece, is a poverty, poverty piece that's a variable that's kind of playing in here in regard to what's impacting our populations even harder.

Dr. Karina Walters — I'd like to address that. I think one of the biggest issues is, our communities are not dealing with being at risk for just heart disease, or diabetes, or just obesity. But what we're dealing with in our community, and this is again from generations of dealing with high levels of poverty and lots of structural inequalities and structural racism. We're dealing with really comorbidities. Our communities are disproportionately represented compared to any other ethnic group for the most part, with the exception of some sub populations of African American rural communities. Some of the highest rates of co-occurring conditions. So, we don't

	just have diabetes, we have diabetes and heart disease. We have diabetes and obesity and, you know, so, our communities are already much more vulnerable to the negative impact. And that's why we have, that's why we do have the highest death rate compared to any other group. Because if we get exposed to this, we already have multiple health issues that are impacting us. And yes, I would say that's definitely tied to structural inequities that we disproportionately experience. Especially the high rates of poverty, underfunding, and poor access to adequate health care. Recent studies have shown that water and inadequate access to water and sanitation, also, is highly correlated with premature mortality related to COVID. So, we, we, we basically have these structural impacts that directly affect our health and well-being in dealing with this. So, those are major factors and I think that speaks a little bit to Commissioner Morris's question about what makes it a little bit different for Native populations. We are in structural situations, that structural inequities that reproduce health inequities.
Vice Chair DeCoteau	Thank you, great discussion. I just wanted to check in and see if Commissioner Morris was able to resolve her technology issues and if she is available to address the presenters and ask her questions. Commissioner Morris.
Chair O'Neill	It looks like she has left the line. Is that true, Mo?
Moushumi Beltangady	Yes, I believe she did leave.
Chair O'Neill	So, what I would, what I would suggest, so that we all, there were several questions, others have written questions. What I would like to do is, have Mo gather those questions and then work with experts to respond to each one of those questions. And those questions then are sent back out to all of us. Mo, can you help us facilitate that?
Moushumi Beltangady	Yes, absolutely.
Chair O'Neill	So, if Commissioners have additional questions that you would like in writing, please get those to Mo, and then we will make sure that we turn around. Can we can we do this within a week? Mo?
Moushumi Beltangady	I will send the questions out immediately. But obviously the, the witnesses are very busy, so hopefully they'll be able to do that.
Chair O'Neill	Thank you, I really appreciate that. Thank you.
Dr. Emily Haroz	And, just one clarifying question there are some answers in the chat box as well. Will those be preserved?
Chair O'Neill	Yes, and we'll integrate those into the responses.
Dr. Emily Haroz	Great, thank you so much.

Vice Chair DeCoteau: So, I guess that leaves us, perhaps another few minutes if Commissioners have one or two more questions. Are there other questions that are kind of hanging out there that you'd like to ask?

Commissioner Fineday: This is Anita Fineday.

Vice Chair DeCoteau: Yes, go ahead Ms. Fineday.

Commissioner Fineday: Thank you. I'm not an expert when it comes to doing research, so. But I'm wondering. We're still in the middle of this pandemic. And I'm wondering, are there, are there plans for large, larger studies if and when we come to the end of this? Because it seems, usually research is done after the fact, right. So, we're kind of still in the middle of it. So, just wondering if you know of other plans for larger studies, once, once this is over? Thank you.

Dr. Karina Walters: Hi Anita, this is Karina. I think, I think Dr. Walls, as well as myself and Dr. Fryberg and others. We're in the middle of collecting still the data. So, what we shared with you today were, were very small snapshots of the beginning of data collection. So, we're hoping to have between 4 to 6,000 people respond to our survey. So, that would, I'm hoping by mid-February we should be able to provide you with a more robust report, and we'd be happy to share that with, with the Commission. We are scheduled to go before the Congressional Tri-Caucus right around that period to present some, some of our findings. So.

Dr. Melissa Walls: And to Dr. Walter, Walters point, we embedded these COVID questions within a longitudinal study. So, it's a very unfortunate natural experiment where we have 11 waves of data spanning 20 years pre-COVID, in the middle of which COVID hits. And then if we get funded. So, we've applied for funding from the NIH to continue following this cohort. We would be able to see changes and trajectories and slopes, for example, of mental health issues, or stress issues, or resilience factors, over time, down the road and many years into the future. So, there's potential for that, you know it all depends on funding and if we get the resources. And nice to hear your voice, Anita.

Commissioner Fineday: Thank you so much. Thanks Karina, thanks Melissa. Great to see you both.

Vice Chair DeCoteau: So, that brings us to the, about the end of our discussion time. I just want to say thank you to all of the witnesses. This was a plethora of information and just really exciting to hear some of the work that you're doing. And I, I thank you for all of your efforts with Indian communities and the continued research that you will, that you are doing and will do. Let me hand it back to Commissioner O'Neill for the closing.

VII. Wrap Up

Chair O'Neill Thank you Dr. DeCoteau. I also want to thank all of our panelists. This was really enlightening. I really appreciated the information presented, how you presented, the efficiency of it as well. And I just want to thank you from the bottom of my heart for the work that you do and how you support our communities and having your voice in this social research arena. I think that the more that we are represented at the table when research is being conducted, the more accurately it reflects who we are as a people, and our value set. So, thank you for being partners as we do this work together, and I appreciate all the work you've done thus far and look forward to the next couple of years of working with you as our experts. Thank you so much. And I also want to thank the Commissioners for your time, and also the detailees for all that you do. Mo and team, you are incredible in supporting us. And so, I just look forward to our next Commission meeting. And I'm looking at Josh because I don't know off the top of my head. March 23, is that correct? So, I look forward to our next Commission meeting, but we'll continue to do our, our committee work in the meantime, so thank you very much. And with that, I'm done.

[END OF TRANSCRIPT]

[Transcript completed in-house by R. Gilbert, Department of the Interior]

Appendix

Virtual Hearing
January 19, 2021

Chat Log – COVID-19 Impact

from Moushumi Beltangady (internal) to everyone: 12:50 PM
We can hear you, Dr. Walters, but you are very garbled

from Moushumi Beltangady (internal) to everyone: 12:50 PM
You might want to try calling in

from Karina Walters to everyone: 12:58 PM
Yakoke, Dee! Great to see you too!

from Karina Walters to everyone: 1:00 PM
Thank you Ron! Great to see you too!

from Gloria O'Neill to everyone: 1:15 PM
Friendly reminder to please mute your mics if you are not speaking. thank you!

from Gloria O'Neill to everyone: 1:48 PM
Friendly one minute reminder

from Elizabeth Morris to everyone: 1:58 PM
For all witnesses - I want to know the amount of funding they or their organizations receive from federal funding. That is a question I want all witnesses to answer going forward at other hearings as well.

from Melissa Walls to everyone: 1:59 PM
i would also add that there are formal activities, like development of mental health interventions to embed in contract tracing, etc. that communities are working on in partnership with CAIH.

from Elizabeth Morris to everyone: 2:01 PM
I am not clear what the first witness meant by inequality. I would like to see the evidence of inequality claimed by the first witness and her report. I do not see comparison data within her report. Only the responses of person of heritage are noted. Therefore, inequality is not evident and I would like to see the rest of her data that she says shows an inequality.

from Elizabeth Morris to everyone: 2:02 PM
I would, in fact, want to see her full data - period. Bullet points and highlighted numbers in bubbles do not allow Commissioners the opportunity to fully analyze the data.

from Elizabeth Morris to everyone: 2:04 PM
I would like to know why the first witness used phrases like "as tribal people" when speaking of the need to be with family when they are ill. Does she not believe every people group wants to be with family

and elderly relatives when they are ill? Humans want to be with their families when there is a crisis. It is human nature - and all people groups are human.

from Elizabeth Morris to everyone: 2:11 PM
Do any of the witnesses believe that lack of referrals might be because families and individuals - who may or may not trust "health professionals" - and may have had various good reasons for not trusting medical "professionals" - including "mental health" and "trauma" professionals - might be able to successfully deal with personal and family crisis on their own? I personally chased away "professionals" from hospice when my father was dying in my home. I only wanted the RN, because I knew her as a friend, and the aides sent a couple times a week to give physical assistance. I did not want the chaplain, the mental health professional, or others that continually attempted to intrude into my home. I had my own pastor and people I am close to and share things with. Why do these people continually assume they are the only ones who can help a situation? Or that they are the 'best' at helping a situation? Do they not understand that sometimes - they increase the stress?

from Gloria O'Neill to everyone: 2:16 PM
Friendly one minute reminder

from Emily Haroz to everyone: 2:22 PM
Dr. Walls' team and others across the communities we serve have included these materials in COVID relief packages as well

from Melissa Walls to everyone: 2:22 PM
Thanks, Emily. Yes, we did create "holistic wellness" boxes that included teachings from a regional elder who allowed us to print his teachings during covid. We added traditional medicines, traditional medicinal tea, and other stress reduction tools in the kits.

from Elizabeth Morris to everyone: 2:24 PM
So far - I am not hearing anything from these witnesses that isn't true for all people across the board. ALL people are stressed by the events of the last year. ALL people miss their community events and opportunities to be together to worship God. ALL people are confused as how to handle our customary practices in the face of the disease. None of that is unique to tribal people. What this Commission needs to know is if there is a failing in current programs - or if there is a significant change that needs to be made in relation to government programs - a change that independent and sovereign families will accept and feel is a genuine benefit.

from Elizabeth Morris to everyone: 2:25 PM
I am speaking to you. I have been speaking to you.

from Elizabeth Morris to everyone: 2:27 PM
I am on the phone. You are not hearing me on that, either. Neither the phone nor the web is muted here - they both show unmuted.

from Elizabeth Morris to everyone: 2:28 PM
I have had the phone on from the start - because I use it to record the meetings.

from Moushumi Beltangady (internal) to everyone: 2:28 PM

Hi Commissioner Morris - If you could try hanging up the phone and then dialing in again, it might address the issue.

from Elizabeth Morris to everyone: 2:30 PM
At this point - I will let my questions on chat stand. I would like the witnesses to put their responses in writing.

from Melissa Walls to everyone: 2:31 PM
to answer the question about what is unique about tribal contexts: I think the issue, across the board, in part is funding. IHS is the top service provider and is so severely underfunded, NCAI has tremendous data on this point.

from Melissa Walls to everyone: 2:33 PM
another factor is the science of historical trauma and how it accumulates and could interact with the current pandemic trauma. This can create unequal outcomes for mental health, physical health, and can having lingering consequences across generations. I think Dr. Walters' talk speaks to these points in a compelling way.

from Emily Haroz to everyone: 2:34 PM
To respond to the lack of referrals - the uniqueness of our data is that we can see over two decades how the program has grown and the number of referrals prior to COVID is consistently high. So I think our historical data shows that the program and people who provide the services are well received. The program is also one of the only programs in the world that has contributed to substantial decreases in suicide rates prior to COVID. With all that historical data, we can then look at what happened with COVID and the pattern then changes significantly.

from Birdie Wermy to everyone: 2:35 PM
Hi everyone, yes we have recently collected information and data on suicide, ACES, IPV, trauma and depression during the time of COVID. We had a total of 36 respondents from our NW Tribes. We have analyzed the data and are finalizing the summary, recommendations and final report for dissemination. If you have any questions please contact Dr. Danica Brown: DBrown@npaihb.org myself at bwermy@npaihb.org.

from Emily Haroz to everyone: 2:42 PM
One other thing that is different in Tribal communities has been the lack of internet infrastructure and resources to support virtual school and in-person learning when possible. I believe the closures of schools is impacting efforts to promote mental health and prevent suicide. Yet at the same time, the historical trauma specific to many Indigenous communities is a big issue when building trust with families to re-open schools.

from Melissa Walls to everyone: 2:44 PM
will our answers to the questions here be preserved?

from Moushumi Beltangady (internal) to everyone: 2:44 PM
Yes, we will retain this chat transcript

from Melissa Walls to everyone: 2:45 PM
great, thank you.

from Anita Fineday to everyone: 2:48 PM
Thanks so much to all of the presenters! This is such important work!

from Leander McDonald to everyone: 2:49 PM
Thank you to all of the panelists for the great presenters to help us see how the COVID-19 pandemic has impacted our people and our children!

from Melissa Walls to everyone: 2:49 PM
miigwech/thank you for letting us share today. and for your work. we appreciate it.

from Melody Staebner to everyone: 2:49 PM
A lot of great information, thank you presenters!

from Emily Haroz to everyone: 2:49 PM
Thank you so much everyone. We appreciate all your work as well. Please let us know if we can be helpful in the future.