



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION  
Services, Inc.

**Written Testimony of the  
American Psychological Association  
By Katherine B. McGuire  
Chief Advocacy Officer of the American Psychological Association  
Submitted to the House Energy and Commerce Committee  
Hearing: Addressing the Urgent Needs of Our Tribal Communities  
Wednesday, July 8, 2020 – 11:00am**

The American Psychological Association (APA), the leading scientific and professional organization representing psychology in the United States, with over 121,000 researchers, educators, clinicians, consultants and students, applauds the House Energy and Commerce Committee for bringing attention to and addressing the needs of tribal communities. Some of APA's expert members on this issue have provided their support and expertise for this written testimony. APA urges Congress to continue to invest in programs to address tribal needs, especially in programs that support deeply needed mental health support.

### **Long Term Health Crisis**

Currently, there are 573 federally recognized tribes. Before the COVID-19 pandemic, American Indian and Alaska Native (AI/AN) communities already suffered from great health disparities compared to the majority of the population and often lacked access to adequate health care, including behavioral health. Particularly striking are the suicide rates among adolescents and young adults in these communities. Suicide rates in 2014 for AI/AN individuals between the age of 15 to 24 years old was 39.7 per 100,000, compared with the overall U.S. rate of 9.9 per 100,000. This rate is more than 3 and a half times the suicide rate for males of all races in the age group. The suicide rate for AI/AN females in the same age group was lower than males at 20.2 per 100,000. However, this rate was still nearly six times the rate for females of all races.<sup>i</sup>

Furthermore, AI/AN communities are especially vulnerable to COVID-19, partly due to the long-term inequalities, high rates of poverty and high rates of underlying medical conditions within these communities. Now more than ever, it is important that Congress continue to address the needs of the most vulnerable, especially those impacted so strongly by COVID-19. In addition, the stress, trauma and isolation that individuals have already experienced during this crisis will likely have serious future implications on their mental health. Therefore, access to mental and behavioral health services is now more important than ever. If more resources are not provided, the high level of health needs for AI/AN that already exists will become even greater.



### **The Additional COVID-19 Factor**

The COVID-19 pandemic—which is having a disproportionate impact on AI/AN communities—will only exacerbate the already existing health crisis for this community. Pre-existing infrastructure issues on tribal lands contributes to the high rates of COVID-19. For example, approximately 30% of the Navajo do not have access to running water, making it difficult, if not impossible, to comply with safety measures such as the recommended frequent washing of hands to stop the spread of the virus.<sup>ii</sup> The lack of these basic needs results in higher levels of stress and only contributes to the mental health crisis of the AI/AN communities. We recommend the allocation of much needed resources for long overdue infrastructure improvements to support tribes with basic functions such as running water.

According to APA's recent report, *Stress in the Time of COVID-19*, 70% of parents reported stress related to meeting the basic needs of their families during this crisis.<sup>iii</sup> There is a robust body of psychological research indicating that when basic human needs such as safety, food, and shelter are threatened or not met, individuals will suffer serious mental and physical health consequences. As demonstrated by the Navajo and their lack of basic running water, it is very likely that by not having such necessities, these individual's mental health will also be further negatively impacted. To address these compounding issues, APA urges the Committee and Congress to enact policies that invest in programs to mitigate inequities and promote mental health.

### **Access to Data**

Reliable data on the impact of COVID-19 on AI/AN communities remains largely unavailable, limiting the ability to target assistance to where it is most needed. While there may be other sources to get some of the data, the Centers for Disease Control and Prevention (CDC) has refused to grant access to data to the nation's 12 tribal epidemiology centers.<sup>iv</sup> Therefore, it remains a challenge to get an accurate understanding of the impact the pandemic is having on AI/AN communities. These communication gaps also slow down efforts to track the virus and hinder tribal authorities' ability to help. For example, without adequate data, authorities cannot impose lockdowns or other restrictions or organize contact tracing on tribal lands. The lack of data also makes it difficult for epidemiologists who track the public health of Native Americans who live in urban areas rather than on reservations.<sup>v</sup> We recommend that this Committee and Congress ensure that the CDC and other key entities release vital data on tribal communities in order to best address the high number of cases for this population.



Even with the data currently available, we know that AI/AN communities represent a much larger number of confirmed COVID-19 cases compared to the share of the total population in New Mexico (37% vs. 9%) and they make up five times more deaths compared to the share of the total population in Arizona (21% vs. 4%).<sup>vi</sup> Furthermore, the Navajo, the second largest Native American tribe, has been severely impacted by the pandemic with death tolls equating a rate of 177 per 100,000, higher than any single US state.<sup>vii</sup> These figures demonstrate how necessary it is that tribes and medical professionals be able to access essential data to control the spread of COVID-19.

## Recommendations

As mentioned throughout this testimony, now more than ever, the existing research and data show that tribes and other minorities are in desperate need of resources and infrastructure. If Congress does not act, the mental health crisis in these communities that existed long before the COVID-19 pandemic will rise to even higher levels. The current world-wide health crisis has only highlighted the need for resources and investments to curb the spread of the virus and contain its impact on mental health. It is essential that Congress invest in mental health resources for this community. We also underscore the importance of the CDC releasing data to enable accurate measures to slow the quickly spreading pandemic for American Indian and Alaska Natives.

Thank you for considering these recommendations and thank you for holding this very important hearing. We look forward to working with you to improve the lives of American Indians and Alaska Natives.

### Contact

Serena Davila, JD  
Senior Director  
Congressional and Federal Relations  
American Psychological Association  
sdavila@apa.org

---

<sup>i</sup> U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, (2017). Suicide Clusters within American Indian and Alaska Native Communities: A review of the literature and recommendations. HHS Publication No. SMA17-5050. Rockville, MD. Retrieved from: <https://store.samhsa.gov/sites/default/files/d7/priv/sma17-5050.pdf>

<sup>ii</sup> Kaplan, E., Davis, T., (2020, May 30). 'Huge disparity' in COVID-19 death rates for Native Americans in New Mexico. Albuquerque Journal. Retrieved from: <https://www.abqjournal.com/1461218/huge-disparity-in-covid19-death-rates-for-native-americans-in-nm.html>

<sup>iii</sup> American Psychological Association (2020) Stress in the Time of COVID-19. *Stress in America 2020, 1*. Retrieved from <https://www.apa.org/news/press/releases/stress/2020/stress-in-america-covid.pdf>



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION  
Services, Inc.

---

<sup>iv</sup> Tahir, D., Cancryn, A. (2020, June 11). American Indian tribes thwarted in efforts to get coronavirus data. Politico. Retrieved from: <https://www.politico.com/news/2020/06/11/native-american-coronavirus-data-314527>.

<sup>v</sup> Ibid.

<sup>vi</sup> Artiga, S., Orgera, K., Pham, O., & Corallo, B. (2020, April 21). Growing Data Underscore that Communities of Color are Being Harder Hit by COVID-19. Retrieved from Kaiser Family Foundation: <https://www.kff.org/coronavirus-policy-watch/growing-data-underscore-communities-color-harder-hit-covid-19/>

<sup>vii</sup> Lakhani, N., (2020, June 18). Navajo nation reinstates lockdown as COVID-19 cases surge near reservation. The Guardian. Retrieved from: <https://www.theguardian.com/us-news/2020/jun/18/navajo-nation-coronavirus-lockdown-arizona>