

TIME



THE CORONAVIRUS BRIEF

Monday, October 12, 2020

[BY ELIJAH WOLFSON](#)

How Indigenous People Have Been Rendered Invisible During the Pandemic

The United States has a long and shameful history of violence of all kinds against the land's first peoples, and for some 200 years has pursued a project to bury this contemptible record through discrimination, exclusion and erasure. Indigenous Peoples' Day, observed today, is thus one of the country's most essential days of commemoration, an inadequate but still vital counterbalance to that history.

One aspect of this ongoing project of willful forgetting has been the systemic neglect of the health of Native American communities in the U.S., who, on average, [live about 5.5 years less](#) than the population as a whole. In addition to the systemic poverty and discrimination that puts Native Americans at higher risks of chronic and acute health issues, health programs for these communities have been [chronically underfunded](#), making them all but invisible to the U.S. public health apparatus. During the pandemic, this tragedy has only grown.

We know that COVID-19 has taken a [disproportionately high toll on Native Americans](#), who, according to the U.S. Centers for Disease Control and Prevention (CDC), have a [case rate ratio](#) some 280% higher than white Americans, a hospitalization rate 540% as high, and a death rate 140% as high. But that's likely to be a lowball estimate, given the ongoing misclassification and exclusion of Indigenous communities from the data sets used to make health policy decisions, [Lizzie Wade reported for Science](#) a few weeks ago. Specifically, Wade discovered, "Citing privacy concerns, for example, CDC initially denied tribal epidemiology centers ... access to data about testing and confirmed COVID-19 cases, even though it was making those data available to states."

A bipartisan bill introduced to Congress in August, the [Tribal Health Data Improvement Act of 2020](#), attempts to right this wrong by forcing the U.S. Department of Health and Human Services to give tribes, the Indian Health

Service and tribal epidemiology centers direct access to public health data. That, advocates say, would help truly illustrate how COVID-19 (and other diseases) are disproportionately impacting Indigenous peoples. The bill passed in the House of Representatives in September, and is pending in the Senate Indian Affairs Committee.

Of course, the time to act on the disparities of public health in Native American communities was yesterday. “I feel like I’ve been shouting this from the rooftops for 15 years,” Abigail Echo-Hawk, director of the Urban Indian Health Institute, [told Cronkite News](#) (the news division of Arizona’s Public Broadcasting Service), referring to the recent Congressional bill.

In the meanwhile, it remains difficult to fully comprehend the scale of horror COVID-19 has inflicted on these communities. *U.S News and World Report* recently attempted a national analysis and was able to find at least some data (through Sept. 27) for 31 states; in 23 of these, case rates were higher in Indigenous people and in white Americans. Worryingly, many of the states where the ratios were highest—that is, where Indigenous people were at especially high risk relative to white people—are some of the same states that are currently seeing the worst of the U.S.’s latest wave of case increases, including Montana, South Dakota, Wisconsin, Mississippi, and New Mexico. As the cold weather season begins, things are bound to get worse in the U.S.—and only more so among its most vulnerable populations like Indigenous communities.

TODAY'S CORONAVIRUS OUTLOOK

CASES

	total	Oct. 11	14-day change
GLOBAL	37,408,593	228,285	+4.5% ↗
U.S.	7,762,546	44,614	+27.2% ↗

DEATHS

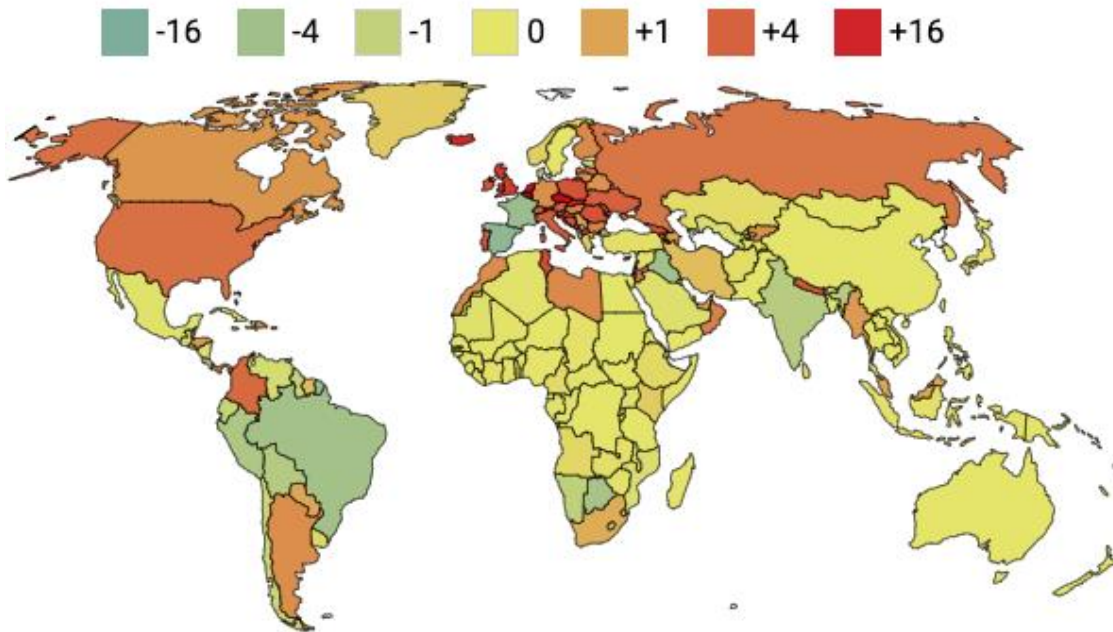
GLOBAL	1,075,942	3,636	-6.5% ↘
U.S.	214,768	398	+2.9% ↗

RECENT SINGLE-DAY CASE RECORDS IN THE U.S.

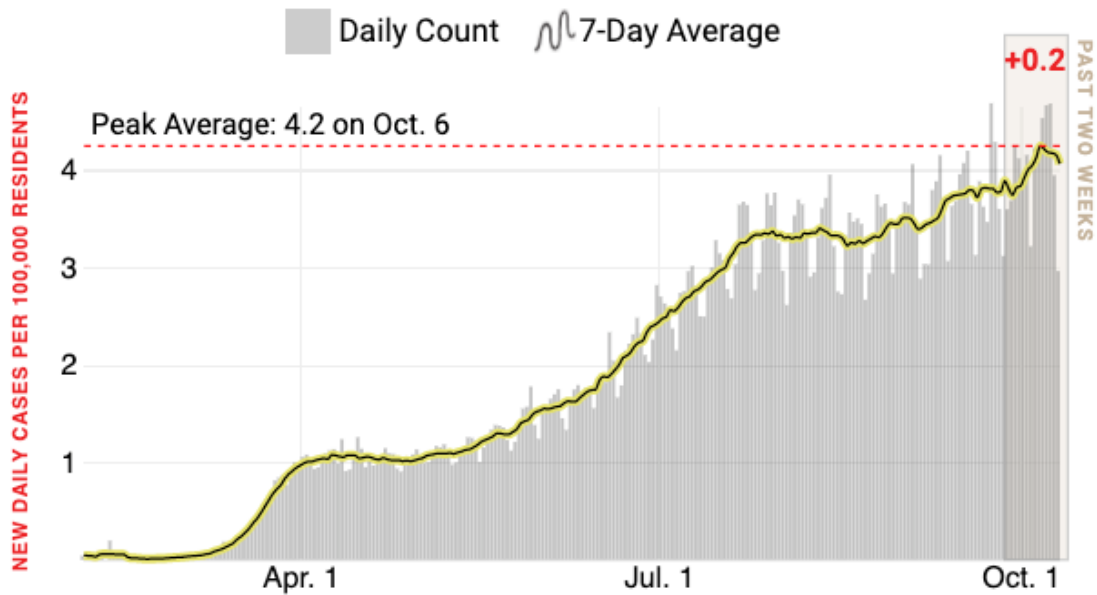
Oct. 11	AK: 255
Oct. 10	CO: 1,023 IN: 1,918 MN: 1,516 MO: 4,679 NE: 1,828 OK: 1,533
Oct. 9	KS: 1,213 MT: 722 ND: 655 NM: 485 OH: 1,840 WV: 374 WY: 243
Oct. 8	OR: 482 UT: 1,501 WI: 3,132
Oct. 7	KY: 2,393 SD: 1,030

The Global Situation

More than 37.4 million people around the world had been sickened by COVID-19 as of 1 a.m. E.T. today, and more than 1 million people have died. Here's where daily cases have risen or fallen over the last 14 days, shown in confirmed cases per 100,000 residents:



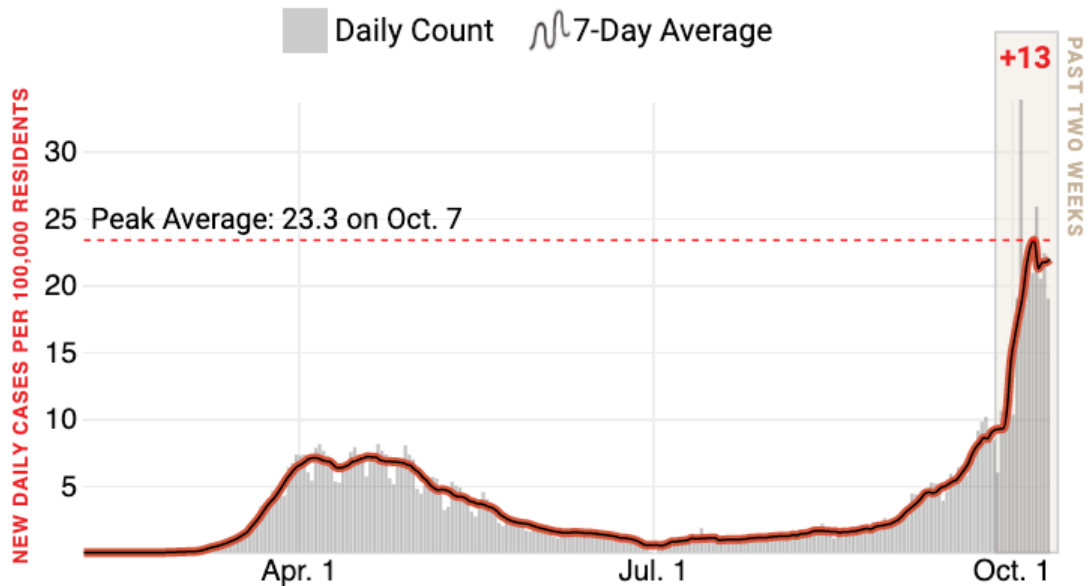
On Oct. 11, there were 228,285 new cases and 3,636 new deaths confirmed globally. Here's how the world as a whole is currently trending:



Here is every country with over 400,000 confirmed cases to date ("per cap" is number per 100,000 people):

Country	CASES		DEATHS	
	Total	Per Cap.	Total	Per Cap.
Total	37,408,593	485	1,075,942	14.0
United States	7,762,546	2,356	214,768	65.2
India	7,053,806	511	108,334	7.85
Brazil	5,094,979	2,397	150,488	70.8
Russia	1,291,687	885	22,471	15.4
Colombia	911,316	1,791	27,834	54.7
Argentina	894,206	1,979	23,868	52.8
Spain	861,112	1,842	32,929	70.4
Peru	849,371	2,576	33,305	101
Mexico	817,503	640	83,781	65.6
France	732,407	1,122	32,601	49.9
South Africa	692,471	1,168	17,780	30.0
United Kingdom	606,447	893	42,915	63.2
Iran	500,075	595	28,544	34.0
Chile	481,371	2,518	13,318	69.7
Iraq	402,330	1,000	9,852	24.5

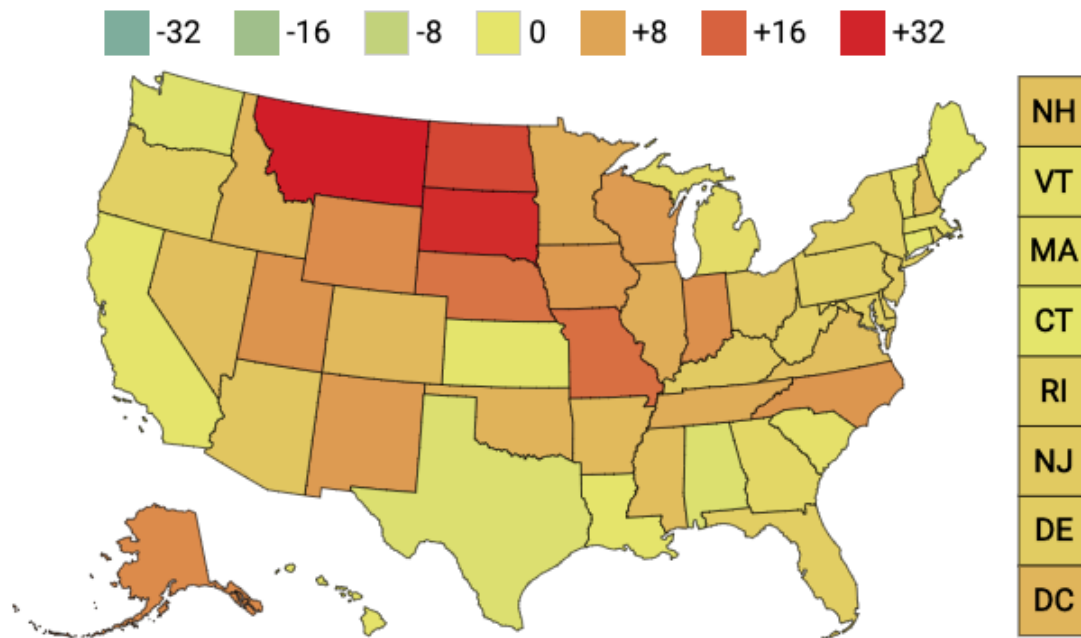
In the U.K., Prime Minister Boris Johnson detailed his government's new three-tier lockdown system—"medium," "high," and "very high"—while also announcing Liverpool as the first region to be placed on "very high" alert. The city region will be forced to close all pubs, bars, gyms, casinos and certain other facilities, according to the [BBC](#). Johnson said that most areas of England will be on "medium" alert, [with curfews for bars and restaurants](#). The U.K. has had a brutal October so far, with cases skyrocketing and a new national high for daily cases set on Oct. 7:



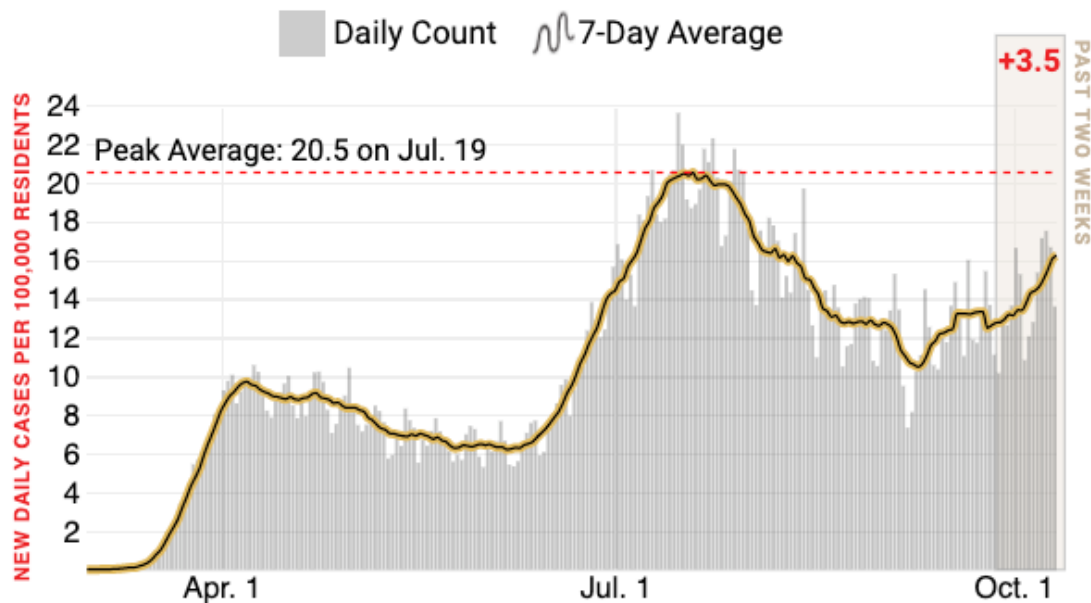
Across the Eurasian continent in China, the city of Qingdao [announced today](#) that it will test all of its 9.5 million residents, after reporting 12 cases of community-transmitted infection on Sunday. Reuters reports that all the cases appear to be linked to the Qingdao Chest Hospital, and to have initially been spread by an overseas traveler who was being treated in isolation there. These are, according to China's official tally, the first domestically transmitted cases of COVID-19 in nearly two months.

The Situation in the U.S.

The U.S. had recorded more than 7.7 million coronavirus cases as of 1 a.m. E.T. today. Almost 215,000 people have died. Here's where daily cases have risen or fallen over the last 14 days, shown in confirmed cases per 100,000 residents:



On Oct. 12, there were 44,614 new cases and 398 new deaths confirmed in the U.S. Here's how the country as a whole is currently trending:



Cases are surging in the U.S. yet again; over the past five days, 19 different states (see the chart at the top of this section) have set new daily records for confirmed cases, ranging geographically from the Northwest (Oregon, Montana, Wyoming) to Appalachia (West Virginia, Kentucky) to the Midwest (Indiana, Wisconsin, Ohio). One thing they do tend to have in common is

politics: 15 of the 19 states voted for Donald Trump in the 2016 Presidential election. Trump has inaccurately [blamed](#) the pandemic's spread on "blue states" for months, but it's clear now that when all is said and done, the virus will have had a bipartisan impact on public health.

Voters in some red states are starting to see it, too. For example, in Montana, where cases have skyrocketed in the last month, Trump's lead in the polls has shrunk from around 13 percentage points in June to eight in October, according to [FiveThirtyEight](#). In Wisconsin, which set a new daily record on Oct. 8 with 3,132 cases, Biden now has a [seven percentage-point lead](#); in the spring, the candidates polled evenly. And the New York *Times* recently [reported](#) that private GOP surveys" show Trump losing ground in a number of formerly secure red states, including Montana, Kansas, Missouri, Georgia, Texas and Arizona.

That's not to say the virus is no longer a concern of Democratic-leaning states. After months of keeping the curve flat, New York has seen a small but concerning tick upward in the past week or so. That triggered state governor Andrew Cuomo to issue new measures in certain hot spots in Brooklyn, Queens and some New York City suburbs; among those were limits to the number of people who could legally gather at houses of worship—right before a major Jewish holiday, *Simchat Torah*, which took place this past Saturday. In the nights leading up to the weekend, Orthodox Jews gathered in the Brooklyn neighborhood of Borough Park to protest the new mandates. A number of journalists who went to cover the events [reported being assaulted](#) by the protestors; yesterday, one of these alleged assaulters was [taken into custody](#) by the New York City police department.

All numbers unless otherwise specified are from the Johns Hopkins University Center for Systems Science and Engineering, and are accurate as of October 12, 1 a.m. E.T. To see larger, interactive versions of these maps and charts, [click here](#).

WHAT ELSE YOU SHOULD KNOW

The Contact-Tracing Apps that Couldn't

A number of states in the U.S. are beginning to use a platform built by Google and Apple for their contact-tracing regime. But based on failures of such systems in Europe earlier this year, writes my colleague Billy Perrigo, it's hard to be optimistic. [Read more here](#).

Are Our Fears About Schools Overblown?

The economist Emily Oster, writing in the *Atlantic*, writes about a data collection project she's been working on for the past few months. After gathering data on almost 200,000 kids in 47 states from the last two weeks of September, she argues, we can say that schools are not likely to be "superspreaders." [Read more here.](#)

"A Perfect Storm for Disenfranchising Nursing Home Residents"

Voting in the U.S. during an ongoing pandemic was and remains certain to be a mess, but nowhere is that more acute than in long-term care facilities like nursing homes. Mail-in and absentee voting are the obvious way to go, but as my colleague Abigail Abrams reports, these are far from perfect solutions. [Read more here.](#)

Finding the White House's Patient Zero

There's a lot we still don't know about President Trump's COVID-19 infection—and much we may never learn. For example, we could, in theory, figure out the origin of the White House outbreak using viral genome sequencing, writes Lois Parshley for *National Geographic*, but time is of the essence. [Read more here.](#)

Thanks for reading. We hope you find the Coronavirus Brief newsletter to be a helpful tool to navigate this very complex situation, and welcome feedback at coronavirus.brief@time.com.

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Today's newsletter was written by Elijah Wolfson and edited by Kathy Dowd.