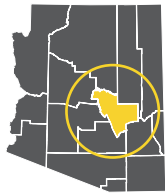


A POOR PEOPLE'S PANDEMIC REPORT:

MAPPING THE INTERSECTIONS OF POVERTY, RACE AND COVID-19

County Snapshot



San Carlos Reservation, Gila County, Arizona



Vanessa Nosie
PHOTO: STEPHEN PAVEY

Before the pandemic, there were approximately [2.9 million](#) poor or low-income people in Arizona, accounting for over 40% of its population (SPM). This included 58% (950,000) of children, 59% (172,000) of Black people, 67% (1.6 million) of Latino people and 31% (1 million) of white people. Poverty was also widespread among the nearly two dozen officially recognized Indigenous tribes and nations living in the state.

Gila County is among the lowest income counties in the US and 44.68% of the population lives under 200% of the poverty line (OPM). Its population is 62% white, 18% Hispanic or Latino and 16% Native. During the pandemic, it had a death rate of 641 per 100,000, one of the highest death rates in the country. Approximately one in ten of its residents are uninsured.

Gila County is also one of the counties where the San Carlos Apache Reservation is located. The reservation was established in 1872 as a concentration camp for the Apache. With no means to survive on the land - the area was called "Hell's 40 Acres" by U.S. cavalry - snipers monitored the area for people who tried to escape and return home. Over time, the designated reservation land was severely downsized, in large part to ensure government and private access to the mineral wealth that surrounds it. Even today, the sacred lands of [Oak Flat](#) are sought after by one of largest mining companies in the world, an endeavor that would completely destroy the area.

As of 2022, the San Carlos Apache have approximately 17,000 members, 13,000 of whom live on the reservation. During the pandemic, their [Tribal Emergency Response Commission](#) (TERC) established a COVID response team to assess community needs. They closed the reservation to non-tribal members and implemented strict mitigation measures that were better suited for their members and living conditions, including mask mandates, testing and quarantine protocol. Given inconsistent access to running water and crowded living conditions - small, two- and three-bedroom homes may be occupied by ten or more family members - the Tribal Council turned the Apache Gold Casino into an Alternative Care Site to isolate and quarantine positive individuals and direct contacts. If a household could not be quarantined at the casino and stayed in their home, they were provided with food boxes, sanitizer and other personal care products and were visited by San Carlos medical staff.

This entire approach relied on the [San Carlos Apache Healthcare Corporation](#) (SCAHC), a privately run health care system that stands outside Indian Health Services. Established after tribal leadership visited other tribes in Alaska that had done the same, the SCAHC employs its own physicians, nurses and support staff and has been building up capacity for nearly a decade.

Vanessa Nosie, a member of the San Carlos Apache who works on historic preservation and archeology, describes how this approach allowed them to survive the worst impacts of the pandemic: "Alongside protecting our children, one of our main goals was to protect our elders: they hold our history, prayers and traditions. If we lose our elders, we lose who we are. We did everything we could to protect them, including shutting down our casinos and the reservation as a whole. Looking at what happened in the nursing homes and the elderly in other parts of Arizona, I think that if we had not established our own health care and our own protocol, we would have lost many more of our people."

TERC's recommendations are regularly updated and available online. As of March 2022, they have tested over 43,000 people and nearly 90% of their eligible population have received one dose of the vaccine.