

The Process of Covid-19 Vaccination among Native American Nations

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Abstract

The COVID-19 pandemic has disproportionately affected American Indian and Alaska Native (AIAN) people who account for over 5 million people in the U.S.

The article aims to discuss and analyze the distribution of the COVID-19 vaccine among the above-mentioned Nations of the U.S. The accelerated process of vaccination will help these people to prevent widening racial disparities and achieve broad population immunity.

The article presents available data on COVID-19 vaccinations among Native American and Alaska Native population federal and state sources and factors contributing to success in these vaccination efforts.

Keywords: Alaska Native, Covid-19, Native American, Vaccination

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Introduction

It is already known that Native American nations throughout the U.S. have been significantly suffering from the coronavirus pandemic. Experts discuss various reasons of this problem: poor access to healthcare, significantly higher rates of communicable and non-communicable diseases, lack of access to essential services, sanitation, and other key preventive measures, such as clean water, soap, disinfectant, etc. (Nations, 2021).

Very often Native Americans face stigma and discrimination while having an access to healthcare services. Emphasis are made on the importance of providing services and facilities for these indigenous populations in their native languages that will help them to be more aware of all the threats that Covid-19 poses on their health.

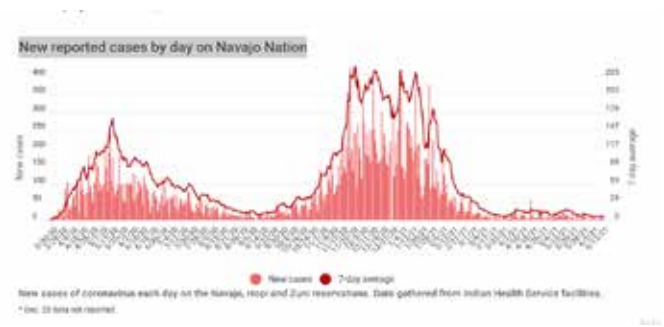
United Nations, Department of Economic and Social Affairs provided another interesting point concerning the threats in preventing the spread of the virus among Natives, e.g. it is well-known that Native Americans are used to organize traditional gatherings to mark special events e.g. harvests, coming of age ceremonies, Pow-Wows, etc. Some indigenous communities also live in multi-generational housing, which puts these people and their families, especially the elders, at risk (Nations, 2021).

Taking into consideration their historic trauma, these communities still experience a social and economic marginalization and are under the risk in public health emergencies and this global pandemic made them even more vulnerable, "owing to factors such as their lack of access to effective monitoring and early-warning systems, and adequate health and social services" (Nations, 2021, p. 1).

Damage Caused by Covid-19

Native Americans try to find their own solutions to this pandemic. They apply traditional knowledge and practices such as voluntary isolation and sealing off their territories, as well as preventive measures – in their own languages (Hill & Artiga, 2021).

Important is to mention the Navajo Nation which has been significantly damaged by the Covid-19 virus.



(In numbers: Tracking COVID-19 Across the Navajo Nation, 2021).

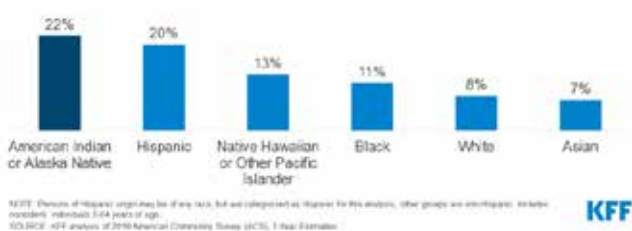
According to the data provided in June 13, 2021 two new COVID-19 cases were reported in the Navajo Nation. A total of 30,925 people have been sickened or died from the coronavirus. The seven-day average of new cases is 24 percent lower than two weeks ago. It is 6 new cases per day. No new deaths were reported. Compared to two weeks ago the seven-day average is 22 percent lower, and on par with the U.S. averages. A total of 1,340 people have died from the virus. At least 29,518 people on the Navajo Nation have recovered. As it is reported, approximately 29,518 people on the Navajo Nation have recovered from the virus (In numbers: Tracking COVID-19 Across the Navajo Nation, 2021).

Health Care Services for Native Americans

As it is known, Native American nations and the federal government of the U.S. have a unique government-to-government relationship based on the treaties, laws and agreements. In this regard, the U.S. federal government is responsible to provide health care services for the indigenous peoples of the U.S. Through the Indian Health Service, the federal government fulfills this responsibility for members of federally recognized tribes, who make up approximately 2.6 million of the over 5 million individuals who self-identify as AIAN (American Indian and Alaska Native) nationwide (Hill & Artiga, 2021). This agency provides services and funds Urban Indian Organizations to make health care services accessible to people who reside in urban areas, who include most of the AIAN population (Hill & Artiga, 2021).

It is important to note that these services are limited to members of or descendants of members of federally recognized Tribes and not all individuals who self-identify as American Indian or Alaska Native belong to one of these tribes. Besides, they are limited to have an access to the Medicaid and other health insurance programs. In 2019, 22% of American Indian and Alaska Native nonelderly people were uninsured, this is the highest rate compared to all racial and ethnic groups (Hill & Artiga, 2021).

Figure 1
Uninsured Rates among the Nonelderly Population by Race/Ethnicity, 2019



The Process of Vaccination among Native Americans

An interesting is to discuss the process of vaccination among Native American nations, according to the information provided by Hill and Artiga (April 9, 2021), indigenous populations of the U.S. are being vaccinated at a higher rate compared to other racial/ethnic groups (Hill & Artiga, 2021). As it is provided in the Federal data, 32% of AIAN people had received at least one dose of a COVID-19 vaccine, compared to 19% of White people, 16% of Asian people, 12% of Black people and 9% Hispanic people of as of April 5, 2021 (Hill & Artiga, 2021, pp. 1-2). Tribal leadership is concerned to implement vaccine prioritization and distribution strategies that meet the preferences and needs of their communities.

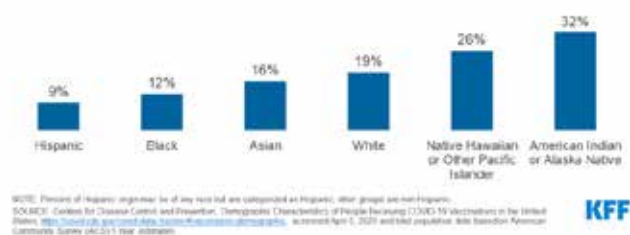
There is a specific process of vaccine distribution among Native American reservations. According to the regulation, Covid-19 vaccines are directly allocated to the Indian Health Service; Tribal health programs and Urban Indian Organizations receive vaccines either directly from the Indian Health Service (IHS) or through their state distribution mechanism. According to the data of March 15, 2021 351 of the 609 IHS facilities, Tribal health programs and Urban Indian Organization facilities had elected to receive vaccines directly through IHS (Hill & Artiga, 2021).

According to the data provided by the Centers for Disease Control and Prevention nearly 1.5 million vaccine doses had been delivered to IHS, over 1 million doses had been administered via IHS, and more than 630,000 people had received at least one dose through IHS, making up over 30% of the population served by HIS on April 5, 2021 (Prevention & Tracker, 2021).

According to the data of April 5, 2021 over 720,000 American Indian and Alaska Native people had received at least one COVID-19 vaccine dose, making up over 30 percent of the 2.2 million people who self-identify solely as AIAN (Prevention C. f., 2021) (Figure 3). In contrast, these data show 19% of White people, 16% of Asian people, 12% of Black people and 9% of Hispanic people had received at least one vaccine dose.

Figure 3
Percent of Total Population that has Received 1 or More COVID-19 Vaccine Doses by Race/Ethnicity, April 5, 2021

Based on 53% (56.5 million) of vaccinations with known race/ethnicity.



Effective Vaccination Process among Native American Nations

There are several factors that help to provide a high vaccination process among Native American Nations. First of all, it should be noted that, Indian Health Service, Urban Indian Organizations, Tribal health programs have autonomy and flexibility to provide distribution strategies that meet the needs of their communities. For example, there has been developed a COVID-19 Vaccine Task Force (VTF) in order to implement vaccine administration, distribution, data management, safety, monitoring and communications (Hill & Artiga, 2021). Furthermore, tribes are using the networks and resources in order to reach every tribal member with various access barriers. For example, between 4,000 and 5,000 homebound citizens have been vaccinated in the Navajo Nation. Tribes were actively collaborating with the public health representatives and managed to reach those residents who live in rural communities (Hill & Artiga, 2021).

Besides, in the late 2020 there was conducted a survey (Institute, 2021) among American Indian and Alaska Native people; as a result of this survey, the majority of Natives expressed willingness to receive a COVID-19 vaccine, they felt a responsibility that it is crucial to protect their community and preserve their cultural ways. Some tribes even managed to employ fluent language speakers to get all necessary information about this process. E.g., the Cherokee Nation utilized Cherokee language speakers who would address concerns about the vaccination and convince them in the safety of the vaccine (Kaur, 2021). Same case was with the Navajo Nation, who directed to fluent doctors and health care professional and got reliable information about the vaccine.

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Conclusion

Though American Indian and Alaska Native populations of the U.S. have been significantly damaged by the Covid-19 virus, tribes have achieved success in vaccinating their communities and managed to design and implement vaccine distribution strategies to meet the needs of these Nations.

According to the American Rescue Plan Act passed in 2021, Indian Health Service is provided with an additional \$600 million for vaccine efforts, \$1.5 billion to trace COVID-19 infections, \$240 million to establish and sustain a COVID-19 public health workforce and \$600 million for COVID-19 related facility improvements (Hill & Artiga, 2021), which may help to enhance Tribal vaccination efforts and will respond to COVID-19.

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