Seattle Indian Health Board
For the Love of Native People
611 12th Avenue South
Seattle, WA 98144
(206) 324-9360

Abigail Echo-Hawk
Executive Vice President
Director of the Urban Indian Health Institute
Seattle Indian Health Board

Chair James Clyburn
Ranking Member Steve Scalise
Select Subcommittee on the Coronavirus Crisis
2157 Rayburn House Office Building
Washington, DC 20515

July 1, 2021

RE: Hybrid Hearing on Building Trust and Battling Barriers: The Urgent Need to Overcome Vaccine Hesitancy

Please accept the following comments to the Select Subcommittee on the Coronavirus Crisis, *Hybrid Hearing on Building Trust and Battling Barriers: The Urgent Need to Overcome Vaccine Hesitancy,* hearing held July 1, 2021 on behalf of Seattle Indian Health Board (SIHB). These comments and recommendations are follow-up to my witness testimony at the *Ensuring Equity in Coronavirus Vaccinations* hearing held February 19, 2021.

Data, Evaluation, and Research by and for Indigenous Communities
SIHB is one of 41 Indian Health Service (IHS)-designated Urban Indian Organizations (UIO) in the Urban Indian Health Program and a HRSA 330 Federally Qualified Health Center, which serves over 5,000 American Indians and Alaska Natives living in the greater Seattle, Washington area. As a culturally attuned service provider, we offer direct medical, dental, traditional health, behavioral health services, and a variety of social support services on issues of gender-based violence, youth development, and homelessness. We are part of the Indian healthcare system and honor our responsibilities to work with our tribal partners and to serve all tribal people by supporting the community and health needs of the over 71% of American Indian and Alaska Native people living in urban areas.

Our research division, the Urban Indian Health Institute (UIHI), is a public health authority and IHS-designated tribal epidemiology center – the only national tribal epidemiology center serving more than 62 UIOs nationwide. UIHI recognizes research, data, and evaluation are integral to informed decision making by policy and funding partners. We assist Native communities in making data-driven decisions, conducting research and evaluation, collecting and analyzing data, and providing disease surveillance to improve the health of our entire Native community. UIHI is a national leader in COVID-19 response for urban Indian populations by developing culturally attuned resources, conducting public health surveillance, addressing data barriers to accessing and analyzing public health data for tribal public health authorities.

Disproportionate Impact to American Indian and Alaska Native People
In response to the COVID-19 pandemic, UIHI mobilized to create COVID-19 fact sheets, reports, and online resources for tribes, tribal organizations, and UIOs. Since August 2020, UIHI and other tribal epidemiology centers co-authored two COVID-19 studies on American Indian and

Alaska Native people in partnership with the Centers for Disease Control and Prevention (CDC). These Morbidity and Mortality Weekly Report (MMWR) revealed American Indian and Alaska Native people experience disproportionate morbidity and mortality due to COVID-19, with the rate of new infections and death among American Indian and Alaska Native people estimated to be 3.5 and 1.8 times that of non-Hispanic Whites, respectively.[1]

These disproportionate impacts are not an accident, but a product of hundreds of years of systematic oppression that has resulted in inequities and perpetuated health disparities among Native people. American Indians and Alaska Natives living in urban areas experience a disproportionate burden of disease, including chronic disease, infectious disease, and unintended injury with extraordinarily high levels of co-morbidity and mortality.[2] Centuries of chronic underfunding of trust and treaty obligations impact access to medical care, education, housing, clean water, healthy foods, and traditional medicines among Native communities.

Continued Efforts to Address a National Data Failure

Gaps in COVID-19 case surveillance data revealed in the February 2021 national report card released by UIHI titled, *Data Genocide*, are a stark reminder of our nation's inability to accurately collect, report, and analyze race and ethnicity data that drives health inequity and Indigenous erasure. Many state and local health jurisdictions continue to erase Native people by not collecting and reporting race and ethnicity, and/or lack of data disaggregation of "multiracial" and "other" data categories. Since the release of *Data Genocide,* UIHI has engaged federal, state, and local public health agencies, funders, and policymakers to improve the collecting and reporting of COVID-19 surveillance data on American Indians and Alaska Natives. Resources such as the *Best Practices for American Indian and Alaska Native Data Collection*[3] support non-tribal public health partners to assess and implement strategies that generate more accurate data and improve data-driven decision making in tribal and urban Indian communities.

Culturally Attuned Vaccine Resources for Native Communities

UIHI released the results of the first-of-its-kind survey of Native people's beliefs, perceptions, and hesitations related to COVID-19 vaccines. This information was used nationally to inform vaccine campaigns and public health materials. This data highlighted the need to resource and amplify the work of trusted messengers and community organizations to address vaccine hesitancy and continued distribution. UIHI is expanding efforts to resource tribes, tribal organizations, and UIOs with culturally attuned COVID-19 information through the recent launch of the *For the Love of Our People*, a broad campaign dedicated to providing accurate and culturally attuned information on vaccines, virus variants, and other COVID-19 related health information. Currently, UIHI is developing several surveys to assess the willingness of the community to receive vaccine boosters, should they become medically necessary, willingness and hesitancies of parents to vaccinate children ages 2-28, and hesitancies of Native people

---

[1] Arrazola J, Masiello MM, Joshi S, et al. COVID-19 Mortality Among American Indian and Alaska Native Persons - 14 States, January-June 2020. *MMWR Morb Mortal Wkly Rep*. 2020;69(49):1853-1856. doi:10.15585/mmwr.mm6949a3

[2] Urban Indian Health Institute, Seattle Indian Health Board. (2018). Urban Indian Health Data Dashboard. Seattle, WA. Retrieved from: https://www.uihi.org/urban-indian-health/data-dashboard/

[3] Urban Indian Health Institute, Seattle Indian Health Board. (2020). Best Practices for American Indian and Alaska Native Data Collection. Retrieved from: https://www.uihi.org/projects/data-genocide-of-american-indians-and-alaska-natives-in-covid-19-data/

currently not vaccinated. These efforts center culture to increase adherence to COVID-19 safety measures, including masking, social distancing, and vaccinations.

In addition to public health resources, tribes are launching vaccination campaigns contributing to increasing vaccination rates in many American Indian and Alaska Native populations, many of these campaigns are based on UIHI's initial data on vaccine willingness and hesitancy. Tribal health care workers are fostering conversations centered around how the vaccine can stave off deaths, particularly among elders, and therefore preserve tribal culture and language. To encourage herd immunity, Cherokee Nation, Nisqually Indian Tribe, Stockbridge-Munsee Tribal Council, and Colville Tribes are offering incentives to vaccinated tribal members. To encourage community safety, the Spokane Tribe of Indians are requiring local powwow attendees to verify vaccination. These are few examples demonstrate tribes exercising their sovereignty to increase vaccination rates and address vaccine hesitancy.

Reaching Native Youth

Anticipating a potential surge of vaccination demand with the eventual eligibility expansion to children 2-14, we developed numerous resources and campaigns that encourage vaccine uptake among children and youth. The *Everyday Warriors: Native Stories of COVID-19* video series includes multiple young peoples' firsthand accounts of COVID-19 in their families. UIHI published a fact sheet about the Pfizer vaccine to support parents and youth in making informed decisions about the vaccine. This supplements existing youth-oriented resources, including an illustrated guide to talking with children about COVID-19 and toolkit on COVID-19 conversations with teens. The #vacciNATION campaign has brought informative, fun graphics, posters, and giveaways to our 10,000+ followers nationwide, over 900 of whom are ages 13–17.

Reaching Rural Tribal Communities

While IHS recently celebrated distributing more than 1.1 million doses of the vaccines across the Indian healthcare system, yet national vaccine distribution continues to have gaps for some rural communities.[4] Drops in vaccination rates in rural areas can be attributed to lack of access to transit, time constraints for vaccine distribution sites, and an individual's ability to take time off of work.[5] A recent CDC MMWR revealed that the rural counties with the lowest vaccination rates are counties with more households with children, more people living with disabilities and more single-parent households.[6] Specifically for rural tribal communities, vaccination distribution can stymie due to the logistics of receiving a vaccine order, staffing shortages, and a lack of transportation accessibility . These compounding complexities threaten ambitious national plans to reach rural tribal communities, yet tribes such as the Flandreau Santee Sioux Tribe are exemplifying a community guided response by partnering with the Federal Emergency Management Agency and IHS to offer a mobile vaccination site for rural residents.[7]

Recommendations to Addressing Vaccine Hesitancy and Expanding Reach

---

[4] Barry V, Dasgupta S, Weller DL, et al. (2021). *Patterns in COVID-19 Vaccination Coverage, by Social Vulnerability and Urbanicity* — United States, December 14, 2020–May 1, 2021. MMWR Morb Mortal Wkly Rep 2021;70:818–824. DOI: http://dx.doi.org/10.15585/mmwr.mm7022e1external

[5] Fast, Austin. (June, 2021). *Rural Communities Fall Further Behind in COVID-19 Vaccination Rates*. National Public Radio. Retrieved from: https://www.npr.org/sections/health-shots/2021/06/11/1005367753/rural-communities-fall-farther-behind-in-covid-19-vaccination-rates.

[6] Barry V, Dasgupta S, Weller DL, et al. (2021). *Patterns in COVID-19 Vaccination Coverage, by Social Vulnerability and Urbanicity* — United States, December 14, 2020–May 1, 2021. MMWR Morb Mortal Wkly Rep 2021;70:818–824. DOI: http://dx.doi.org/10.15585/mmwr.mm7022e1external

[7] Rachel Hatzipnagos. (May 2021). *How Native Americans Launched Successful Coronavirus Vaccination Drives: 'A Story of Resilience*.' Accessed 2021. Retrieved from: https://www.washingtonpost.com/nation/2021/05/26/how-native-americans-launched-successful-coronavirus-vaccination-drives-story-resilience/.

The following recommendations are strategies Congress can support to address vaccine hesitancy and improve the health and well-being of American Indian and Alaska Native people.

- **Improve public health surveillance.** Support the *Data: Elemental to Health* campaign,[8] a data modernization initiative that invests federal resources in reforming and maintaining surveillance systems to modernize public health data collection into a seamless and integrated framework. Currently, data-driven decision-making is not possible with the current state of public health data this is not properly collecting race and ethnicity. American Indian and Alaska Native surveillance improvements must be done in collaboration with tribal public health authorities, including tribes and tribal epidemiology centers to address decades of Indigenous erasure that has left Native communities out of public health responses.
- **Mandate and enforce the collection and reporting of race/ethnicity for COVID-19 related data.** To develop response efforts that are data- and equity- driven, Congress must require states to collect and report on race and ethnicity data.
- **Pass S.1397/H.R.3841: Tribal Health Data Improvement Act.** Ensuring tribal access to public health care data and public health surveillance programs allows tribal public health authorities to create data-driven distribution and vaccine hesitancy campaigns.
- **Fund tribal public health authorities.** IHS and CDC are well positioned to resource tribes and tribal epidemiology centers that are on the forefront of collecting, analyzing, and reporting American Indian and Alaska Native data, and developing culturally attuned public health campaigns and community outreach to addresses vaccine hesitancy among specific sub-populations such as children, youth, and people who birth in rural and urban Indian communities.
- **Encourage more cross-jurisdictional vaccination distribution planning.** Cross-jurisdictional vaccination planning between tribes, tribal organizations, UIOs, and federal health agencies can improve vaccination rates in Native communities.

Thank you for your consideration of these requests. If we can provide any additional information, data, or other resources on these issues, please contact me.

Abigail Echo-Hawk (Pawnee), MA
Vice President of Seattle Indian Health Board
Director of the Urban Indian Health Institute
206-812-3030
AbigailE@uihi.org

[8] Council of State and Territorial Epidemiologists. (2021). *Data Elemental to Health.* Retrieved from: https://www.cste.org/page/DM-2021#:~:text=The%20Data%3A%20Elemental%20to%20Health,Disease%20Control%20and%20Prevention%20CDC)