Information for protecting our communities and keeping everyone healthy

Better For It

RESILIENCY & IMMUNITY:

PROTECTING OUR COMMUNITIES AND NATIVE TRADITIONS

American Lung Association.

CONTENTS

Better For It

An informational guide for understanding immunization and the COVID-19 vaccine.

How to use this Guide

National vaccination initiatives in the United States support the critical work of achieving health equity for American Indian, Alaska Native, Indigenous, and other peoples of color. This guide provides families and individuals with the information they need to explore concerns, answer questions, and start a conversation about general immunization and the COVID-19 vaccine.

The information you'll find here is a brief compilation of the vast information provided by the Centers for Disease Control and Prevention (CDC), the U.S. Food and Drug Administration (FDA), and other credible sources. It also features trusted American Indian and Alaska Native voices.

Use this guide to

- supplement your own research on the vaccine and CDC's current recommendations.
- start a dialogue with your family, friends, physician, traditional healer, and community members.
- share accurate information on social media.
- learn about the contributions of scientists and public health advocates who are helping to bring this pandemic to an end.
- find out how and where to get vaccinated.

The most influential voices are often those closest to you: elders, mentors, healers, etc. Use this guide to help you seek out the best information for making personal, familial, and community health decisions.

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COMMUNITY SUPPORT

> **“We are strong, and we’ll get through this as a people.[1]”**
>
> Dr. Evan Adams, April 7, 2020, *A Message about COVID-19*

Dr. Evan Adams is a citizen of Tla’amin (Sliammon) First Nation in Powell River, BC, and Chief Medical Officer at the First Nations Health Authority (FNHA), the first health authority of its kind in Canada.

If Dr. Evan Adams looks familiar to you, it’s probably because you’ve seen him in the movies such as *Smoke Signals* as Thomas Builds-The-Fire, or *The Business of Fancydancing* as Seymour Polatkin or in several TV series such as *Neon Rider* (Hardcase), *Hawkeye* (Long Feather), or *Canada: A People’s Story* (West Coast Storyteller), among others.

Dr. Adams has released a video produced by FNHA about COVID-19 and an interview about the release of the COVID-19 vaccines.

On April 7, 2020, Dr. Adams and FNHA released the COVID-19 video about the precautions and steps to keep families and tribal communities safe during the pandemic.

- **Wear a mask.**
- **Watch your distance (6 feet apart).**
- **Wash your hands.**

During his April 7, 2020, FNHA video, *A Message about COVID-19*, Dr. Adams remarked, “We are strong, and we’ll get through this as a people,” as a community, and as a family. Dr. Adams’ support for the vaccine efforts was captured during his APTN interview on January 4, 2021, interview on APTN, when he stated, “We see that the vaccine has been developed will be useful against the strains we are seeing. I would still recommend to the people, that the current vaccines are safe and effective. [...] The efficacy [of the COVID-19] vaccine of 98% is quite high, while the flu [vaccine] is at 50% [and] much lower.”[2]

Wes Studi, ᏪᏌ ᏍᏚᏗ, is a Cherokee citizen, internationally acclaimed actor, producer, and musician. He is responsible for changing the American Indian stereotype with his performances in “Academy Award-winning films, such as Dances with Wolves (1990) and The Last of the Mohicans (1992)”[3] among others.

Mr. Studi recorded a public service announcement for the Centers for Disease Control and Prevention in May 2020 that urged all people, specifically American Indians, Alaska Natives, and other Indigenous peoples to follow the CDC recommendations to mask up, wash hands, and keep our distance. He included the fact that the majority of the people affected by the virus included elders (60 years and older) and those with underlying conditions (diabetes, heart or lung disease).[4] Mr. Studi urged us to “protect the circle of life” by following the guidelines.

[1] First Nations Health Authority. 2020
[2] Adams, Dr. Evan interview by APTN News, 2021
[3] Wikipedia 2020 *Wes Studi*
[4] Centers for Disease Control and Prevention 2020 COVID-19 *Videos*

BETTER FOR IT

Introduction

Native Americans have been part of the U.S. since before the country became independent in 1776. The resiliency of the many peoples is recognized across the U.S. as an important asset and value. The endurance of being resilient is tested time and time again as social injustice like wealth gaps and health disparities continue to stifle our ability to secure legacies for our own families. Despite social and economic injustice, we continue to stand up for our personal wellbeing and that of the next generation. We are unafraid to call into question anything that threatens that legacy. We lean into skepticism and heed the wisdom of our ancestors—and we have been better for it.

An article released by Indian Country Today on March 2, 2021, titled the "First COVID-19 case in Indian Country," illustrates how the ancestors who lived through the Spanish Flu epidemic over a century ago survived. According to Indian Country Today's database, the first case of COVID-19 in a tribal nation occurred March 2, 2020, on the Confederated Tribes of the Umatilla Indian Reservation (CTUIR). It was also the day that the CTUIR Communications Director, Chuck Sams III, became the tribe's incident commander.[5] In the days that followed, the CTUIR emergency operating plan that was developed in 2016, was enacted. Although the plan had a pandemic section, Mr. Sams felt that he "needed to do more research on the medical emergencies section."[8] He consulted the Catholic church records about the Spanish Flu pandemic in 1919 and followed up with elders whose family members lived during that time. Mr. Sams "relied on the historical documents and oral histories to educate the Umatilla people that it is in their best interest to isolate. It was also "genetic memory.""[7] Mr. Sams remarked, "That's what kept us alive. It [isolation] was what kept that 5 percent of our people alive during those major pandemics [between 1780-1860] that wiped out 95 percent of us. [...] It wasn't because you were smarter than anyone. It wasn't because you had stronger genes. It's because you were able to isolate for whatever reason."[8]

In the wake of the COVID-19 pandemic, our resilience has been called upon again. Authorized vaccines for the virus have emerged, and we are now charged with making a critically important decision about our health, immunization, and specifically vaccination against the novel coronavirus. We are charged with choosing the best option for protecting our wellbeing and our resiliency.

[5] Bennett-Begaye, 2021
[6] Ibid.
[7] Ibid.
[8] Ibid.

The three COVID-19 vaccines recommended by the CDC have been thoroughly researched and tested. Native Americans have participated in clinical trials to ensure each vaccine is safe for American Indians, Alaska Natives, and other Indigenous peoples.[9] IHS is just one federal agency providing vaccines to Native Americans. To find a location anywhere in the U.S., the CDC provides a website link for VaccineFinder, a free, online service where users can search for pharmacies and providers that offer vaccination for COVID-19 (https://vaccinefinder.org/search/).[10]

The American Lung Association developed this guide that will help clarify scientific facts, answer key questions about vaccines, and help Native Americans make well-informed decisions about staying healthy.

[9] Indian Health Service 2021 Linkedin
[10] Centers for Disease Control and Prevention, 2021 *Vaccine Finder*

CURRENT VACCINATION DATA

How many Native Americans have received a COVID-19 vaccine thus far?

Native Americans have been deemed a vulnerable population when it comes to the COVID-19 virus. American Indians and Alaska Natives (AI/AN) "have experienced disproportionate rates of infection and mortality during the COVID-19 pandemic."[11] According to the CDC, AI/AN people aged 20-49 are at higher risk for illness and death from contracting COVID-19 and should be protected.

Urban Indian Health Institute (UIHI), one of 12 Tribal Epidemiology Centers (TEC), strives to strengthen the health and well-being of AI/AN people in urban communities across the nation. The UIHI is the research arm of the Seattle Indian Health Board, an Urban Indian Organization focused on bringing quality health care to Native Americans in the Seattle area. UIHI conducted a nationwide survey to AI/AN people about COVID-19 vaccination with 91% of the eligible participants completing the survey and recently released their findings.[12]

- **74%** of all participants believed getting vaccinated is their responsibility to their community.
- **72%** of all participants wanted evidence that the vaccine is safe right now and in the long term.
- **75%** of all participants were willing to receive a COVID-19 vaccine.
- **25%** of all participants were unwilling to receive a COVID-19 vaccine.
- **90%** of those unwilling to get vaccinated recognized COVID-19 as a serious disease.
- **75%** of those unwilling to get vaccinated felt they were at risk of infection.
- **64%** of those unwilling to get vaccinated now, indicated that they would receive the vaccine at some point in the future, with the greatest proportion (23%) reporting at least 1 year from now.[13]

[11] Arrazola, et al 2020
[12] Urban Indian Health Institute 2021
[13] Ibid.

"The primary motivation for participants who indicated willingness to get vaccinated was a **strong sense of responsibility** to **protect the Native community** and **preserve cultural ways**."[14]

Our willingness to be vaccinated is being seen across the nation as IHS clinics, Tribal Health Programs, and Urban Indian Organizations have been vaccinating since December 2020. According to the CDC, during the first month of the COVID-19 vaccination program, December 14, 2020 to January 14, 2021, over 12 million total vaccines were administered at least once. Of those, 51% were grouped by ethnicity where AI/AN non-Hispanics numbered 134,127 (2%).[15] The three limitations of this report included data for race/ethnicity were unknown for approximately one half of the population with six jurisdictions that reported no race/ethnicity data. As of February 8, 2021, 31.6 million people in the U.S. have received at least 1 dose of the COVID-19 vaccine. If the percentage of AI/AN non-Hispanics holds true, then 63,200 Native Americans have been vaccinated as of February 8, 2021.[16]

[14] Ibid.
[15] Painter, et al 2021
[16] Ibid.

COMMUNITY RESPONSIBILITY

The reason why vaccinations have taken place so far.

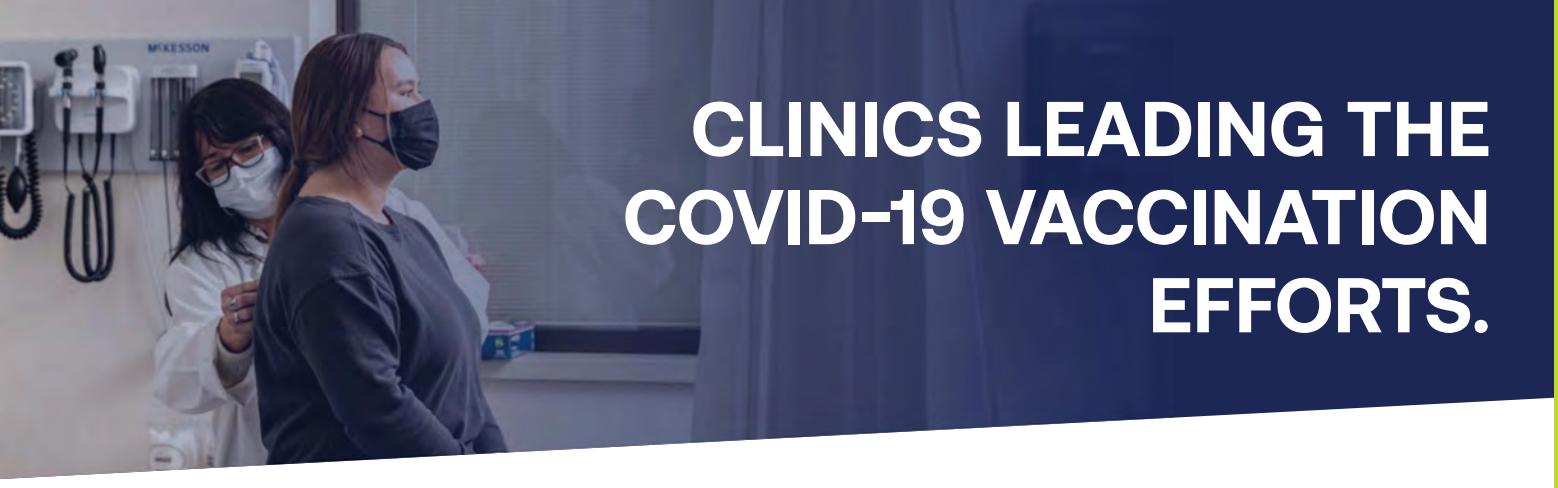
"When we lose an elder, we lose an entire body of knowledge, and we can't afford to lose more. We need this vaccine," said Joseph Gone, Aaniiih Tribe (Gros Ventre) from Montana and faculty director of Harvard University's Native American Program.[17]

Among the various articles and reports published thus far on the Native American population getting the vaccine, the two main themes seen are:

- A sense of duty, respect, and love for community.
- Vaccination is a form of resistance to longstanding colonial and racist violence.[18]

In short, continuation of resiliency as Indigenous peoples, communities, and families compels us to get vaccinated. The survival of the Native traditional ways of knowing, culture, language, and ceremonies is at risk if vaccination flattens or drops in Native communities.

[17] Mabie 2020
[18] Urban Indian Health Institute 2021



CLINICS LEADING THE COVID-19 VACCINATION EFFORTS.

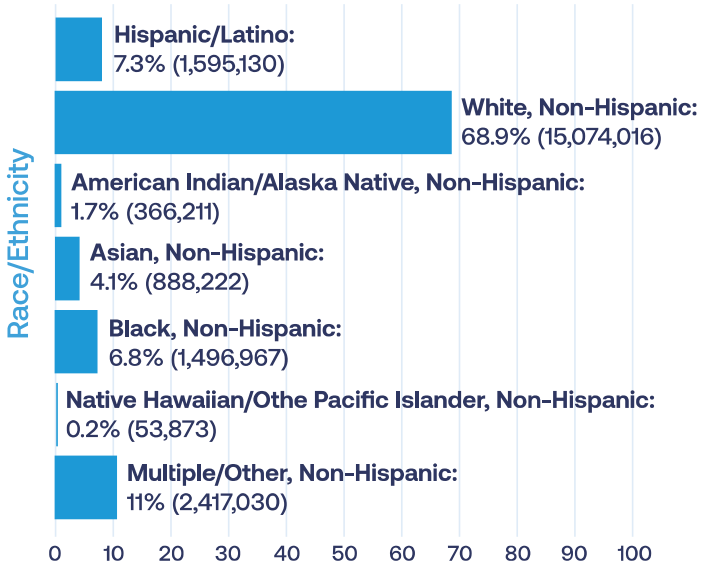
Indian Health Service (IHS) and CDC Partnership

To assist in the distribution of the COVID-19 vaccines, the CDC recognized "the IHS as a jurisdiction, along with states."[19] The Indian Health Service (IHS) began working with the tribal communities and IHS, Tribal, and Urban Indian Health (I/T/U) facilities in September 2020 to consult and confer about the COVID-19 vaccination plan for Indian Country. Following the consultation, confer, and written comment period in October 2020, the input collected by IHS was incorporated into the IHS COVID-19 Pandemic Vaccine Plan November 2020. This plan is the key to why the AI/AN populations across Indian Country have managed and administered vaccine doses within tribal and urban communities. The IHS estimated the critical populations within the I/T/U facilities served as of November 16, 2020 with over 2 million healthcare personnel, essential workers, long-term healthcare patients, elders, and patients at high-risk to be vaccinated. Young healthy adults were not included in this estimate.[20]

IHS gave Tribal Health Program and Urban Indian Organizations the choice to receive vaccine allotments from either IHS or the state in which they are located. IHS clinics did not have the choice and received their vaccine allotment from IHS. To receive their allotment from IHS, Tribal Health Programs and Urban Indian Organizations had to sign participation agreements.[21]

The CDC provides daily updates on vaccinations provided to the U.S. population. The information that follows were current as of March 18, 2021.[22] "These demographic data only represent the geographic areas that contributed data and might differ by populations prioritized within each state or jurisdiction's vaccination phase."[23]

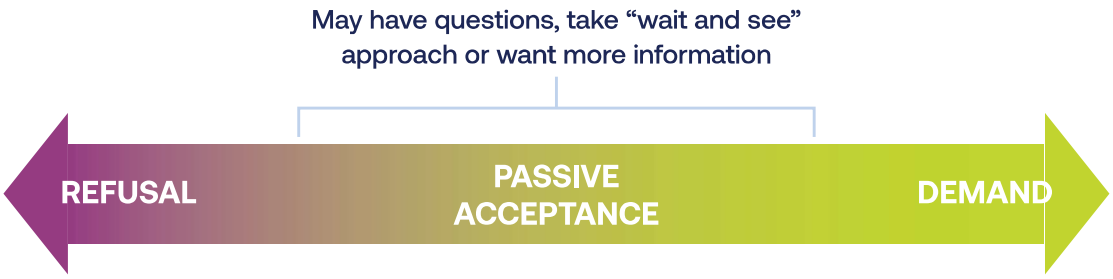
Data from 40,981,464 people fully vaccinated. Race/Ethnicity was available for 21,891,449 (53.4%) people fully vaccinated.[24]



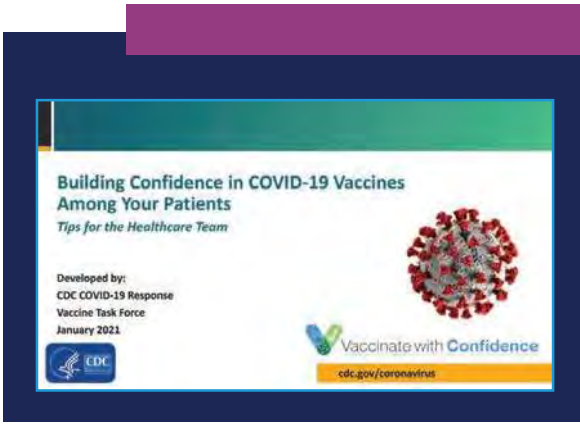
[19] Indian Health Service, 2020, *Coronavirus*
[20] Indian Health Service, 2020, *IHS COVID-19 Pandemic Vaccine Plan.*
[21] Ibid.
[22] Centers for Disease Control and Prevention 2021, *COVID-19 Data*
[23] Ibid.
[24] Ibid.

VACCINE ACCEPTANCE IS A SPECTRUM.

To show how the UIHI survey results can be visualized, we've included a continuum from the CDC's "Building Confidence in COVID-19 Vaccine."[25] As seen in the UIHI survey[26], 25% of the people surveyed were refusing to get a COVID-19 vaccine (far left on the continuum image: Refusal), whereas 75% were willing to become vaccinated (far right on the continuum image: Demand). It is interesting to note that about 2/3 of the 25% that were unwilling, will at some point in the future (~ 1 year) get the vaccine. They will be about the mid-range area indicated by the "May have questions, take a "wait and see" approach, want more information" area on the continuum image.



Information developed by the CDC COVID-19 Response Vaccine Task Force and made available in January 2021 provides the following strategic points on encouraging more people to protect themselves and their community.[27]



- The vaccine demand continuum illustrates behaviors, whereas confidence is both a feeling and can be acted on. Most people may fall in the middle of this spectrum with a wait-and-see approach.
- We want to move people toward the right. The closer you get to active demand on the right side of the continuum, the more confidence the person likely feels in the vaccine, the vaccinator, and the health system, because they actively chose vaccination. This requires effort.
- People vote with their feet. If there is sufficient confidence, trust, and ability, then people will seek out vaccines, overcoming barriers to do so. People with less confidence, motivation, or ability may be less willing to overcome real or perceived barriers, such as transportation or getting time off work.
- It's also important to note that where a person falls on the continuum may depend on whether the person is considering this relative to themselves or others that they care about such as minor child, adult child with disabilities, an older adult parent, etc.

[25] Centers for Disease Control and Prevention 2021, *Building...*
[26] Urban Indian Health Institute 2021
[27] Centers for Disease Control and Prevention 2021, *Building...*

VACCINE HESITANCY

Historical data (skepticism of vaccines).

Based on the data provided earlier from UIHI's survey, about 75% willing to be vaccinated, 25% of the Native Americans participating in the survey are hesitant about accepting the vaccine.[28] The hesitancy is embedded in the "legacy of government exploitation and incompetence."[29] According to Joseph Gone, "We're sensitized to and wary of government because we carry wounds of prior subjugation into current consciousness. It translates to acts of mistrust."[30]

The courage to move through the hesitancy abounds as more and more Native peoples voluntarily receive the vaccine. In the UIHI report, a survey respondent provided this thought:

> "It [the vaccine] is the only real precautionary and preventative step the US Federal government is providing the people. Although the US government should have and could have done so much more for all people living here, if we turn down the vaccine, we not only risk our lives and the lives of others...we undermine all the struggles our tribes have gone through to keep our people safe. Even when the US government has directly worked against our tribal checkpoints and safety efforts. To not get vaccinated, is to say the US government's failure to protect the people is right, and our tribal efforts, wisdom, and courage is wrong."[31]

[28] Urban Indian Health Institute 2021
[29] Mabie 2020
[30] Ibid.
[31] Urban Indian Health Institute 2021

HOW THE BODY FIGHTS DISEASE

The immune system is the body's defense against disease and infection. Whenever a person is exposed to or infected with germs such as a as a coronavirus, his or her body's immune system will make use of germ-fighting tools like white blood cells and antibodies to fight the infection. After exposure to the germ, the person's immune system remembers *how* to protect the body against that germ that causes that particular disease, should that person encounter it again. A vaccine causes your immune system to make antibodies, exactly like it would if you were exposed to the disease.[32]

How Vaccines Work

Several types of vaccines have been developed over the years. Some contain the same germ that causes disease, but the germs are weakened or inactivated. Examples of this kind of vaccine include smallpox vaccine, mumps, measles, and rubella (MMR) vaccine and the chickenpox (varicella) vaccine. "These vaccines are so similar to the natural infection that they help prevent, they create a strong and long-lasting immune response."[33] Another way to think about this is "getting the disease or getting a vaccine can both give you the future protections from that disease. The difference is that with the disease you must get sick to get that protection. With the vaccine, you don't."[34]

A vaccine stimulates your immune system to produce antibodies that you would have made if you had been exposed to the real disease. A vaccine helps your body learn to recognize and fight an invasion of a particular germ. In other words, the vaccine teaches your body's immune system about the disease without you having to suffer through the illness itself. "Vaccines are powerful medicine in that they *prevent* disease."[35]

Familiar Vaccines

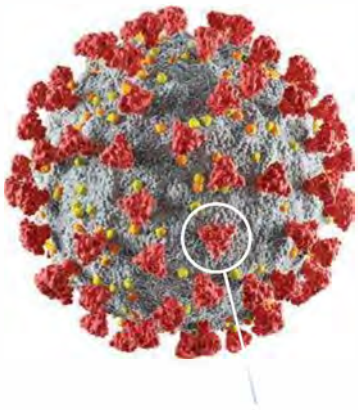
Your family and community may have already received some of the commonly accepted vaccines in the U.S. Vaccines are a vital part of preventing disease and maintaining a healthy community.

- Seasonal Flu
- Pneumonia
- Measles, Mumps & Rubella (MMR)
- Tetanus
- Smallpox
- Polio
- Tuberculosis (TB)
- Whooping Cough
- Rabies
- Chickenpox
- Hepatitis A & B
- Meningitis
- Human papillomavirus (HPV)

[32] Centers for Disease Control and Prevention 2012
[33] Vaccines.gov 2020
[34] Centers for Disease Control and Prevention 2019
[31] Centers for Disease Control and Prevention 2012

COVID-19 VACCINES

The chart on the following page describes three types of vaccines that are either being researched or distributed throughout the U.S. Currently, the Pfizer vaccine is approved by the FDA and all three vaccines are recommended by the FDA: Pfizer-BioNTech (Comirnaty), Moderna and Johnson & Johnson.



Pfizer-BioNTech's and Moderna's COVID-19 vaccines are made with messenger RNA (mRNA) instead of weakened or inactivated virus. The mRNA provides our immune system cells with a map or instructions on how to make a "spiked protein." This harmless protein is found on the surface of COVID-19 viruses, but it does not cause disease. In short, the vaccine teaches our immune system to make the "spiked protein," which in turn triggers the response to produce antibodies against the COVID-19 virus.[36]

These two vaccines do not contain live or weakened virus and they do not interact with your body's DNA (genetic material). Also, neither vaccine contains preservatives, eggs, or latex. Their inactive ingredients are oil, sugar, and salt.

The Pfizer and Moderna vaccines require two shots: the first shot starts to build protection, and the second shot that is given a few weeks later is needed to get the most protection the vaccine has to offer.[37]

Johnson & Johnson/Janssen's COVID-19 vaccine is the third vaccine recommended for use by the FDA. Johnson & Johnson uses a harmless modified version of a different virus, also known as a viral vector. A small piece of the genetic instructions with coronavirus genes for the SARS-COV-2 spike protein is added to the vector. After vaccination, the modified virus enters a person's cells which read and follow the genetic instructions needed to make the spike protein on their own surface. The immune system takes notice of these foreign proteins and makes antibodies against them that will protect you, if they are ever exposed to SARS-CoV-2 in the future.[38]

All three of these vaccines are safe and available for the public. You can find a vaccine location anywhere in the U.S. through the Centers for Disease Control and Prevention's website link for VaccineFinder, a free, online service where users can search for pharmacies and providers that offer vaccination for COVID-19 (https://vaccinefinder.org/search/).[39]

[36] Centers for Disease Control and Prevention 2020 *Understanding ...*
[37] Ibid.
[38] Centers for Disease Control and Prevention 2020 *Understanding ...*
[39] Centers for Disease Control and Prevention 2021 *COVID-19 ...*

Types of vaccines	 DNA and RNA	 Subunit	 Viral vector
How it works	This vaccine uses DNA or RNA molecules to teach the immune system to target key viral proteins.	This vaccine uses a piece of virus' surface to focus your immune system on a single target.	This approach takes a harmless virus and uses it to deliver viral genes to build immunity.
Advantages	Easy and to quick design.	Focuses the immune response on the most important part of the virus for protection and cannot cause infection.	Live viruses tend to elicit stronger immune responses than dead viruses or subunit vaccines.
Disadvantages	Never been done before. There are no licensed DNA or RNA vaccines currently in use.	May not stimulate a strong response, other chemicals may need to be added to boost long-term immunity.	Important to pick a viral vector that is truly safe. An immune response to the viral vector could make the vaccine less effective.
Existing examples	None	Pertussis Hepatitis B Human papillomavirus (HPV)	Ebola Veterinary medicine
Group testing this approach for COVID-19	Moderna (RNA) Inovio (DNA) Pfizer (RNA)	Novavax AdaptVac	University of Oxford & AstraZeneca CanSino Biologics Johnson & Johnson

Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html

As of December 28, 2020, large-scale (Phase 3) clinical trials are in progress or being planned for two additional COVID-19 vaccines in the United States: AstraZeneca's COVID-19 vaccine, and Novavax's COVID-19 vaccine.[40]

[40] Centers for Disease Control and Prevention 2021 *Different ...*

WARP SPEED VACCINE

Before the COVID-19 vaccines, the fastest vaccine ever developed was for mumps and took 4 years. This has given some people pause about the rapid production of the COVID-19 vaccines. Fortunately, the methods for the vaccines' speedy development were scientific and ethical. The shaded area below explains how FDA accelerated the approval process.

Strong Head Start

It's important to understand that since COVID-19 is a member of the coronavirus family, scientists benefited from existing data and years of vaccine research that began with SARS (2002) and MERS (2012). These viruses laid the groundwork so that the scientists didn't have to start from scratch to develop a vaccine. Additionally, researchers advanced mRNA technology which had already been studied for decades. This technology does not involve a live virus and is easier to manufacture.

Global Cooperation

The speedy development of the COVID-19 vaccines was accomplished through worldwide cooperation and data-sharing among international researchers, scientists, and government agencies. Chinese researchers shared the needed viral genome sequence with 20 institutions in January of 2020, and the World Health Organization combined the work of 300 scientists to make important assessments about the virus. Plus, because scientists utilized mRNA technology, they were able to start testing within months.

Unprecedented Investment

Developing a vaccine under normal circumstances requires researchers to spend time raising millions of dollars. That's why the U.S. Congress, through the CARES Act, dedicated $10 billion to the rapid development of COVID-19 vaccine research and development. These financial commitments took years off of the usual process.

Working in Parallel

Vaccine development is usually done in a step-by-step order. To expedite the COVID-19 vaccine, many processes were done simultaneously instead. Manufacturing of potential vaccines began before they were proven to work so that they could be sent out soon after approval. Likewise, instead of waiting for the final vaccine, The Advisory Committee on Immunization Practices held early meetings to prioritize the distribution of the vaccine before it was even developed.

Efficient Clinical Trial Processes

While experts agree that rigorous safety testing, patient enrollment and clinical trial phases were not "fast-tracked," the paperwork for regulatory approval was accelerated. The U.S. Food and Drug Administration shortened its approval timeline from 10 months to 3 weeks and offered emergency use authorization. And because of the large number of testing sites and increased volunteer interest, trial participation quickly reached tens of thousands. Phase 2 and 3 of clinical trials were combined (a common practice), and that helped to ethically speed the process along.

[1] Center for American Indian Health 2021 *Overview* ...

CLINICAL TRIALS

About Clinical Trials

Human clinical trials are tests done in a clinical research setting to observe the safety and effectiveness of a vaccine. All clinical trials include a series of mandatory phases that must be completed before a vaccine can be approved for dissemination. Many Native Americans are concerned that the clinical trials for the COVID-19 vaccine were rushed. This is not the case. Take a look at how classical trials compare to COVID-19 trials in the graphic below.

Preclinical Stage:

Scientists test a new vaccine on cells and then on animals to see if the vaccine triggers an immune response.

Phase 1 Safety Trials:

Scientists give the vaccine to 30-100 people to test for safety, dosage, and confirm immune response.

Phase 2 Expanded Trials:

Scientists give the vaccine to several hundred people who are divided into target populations and demographics to test if the vaccine acts differently in them.

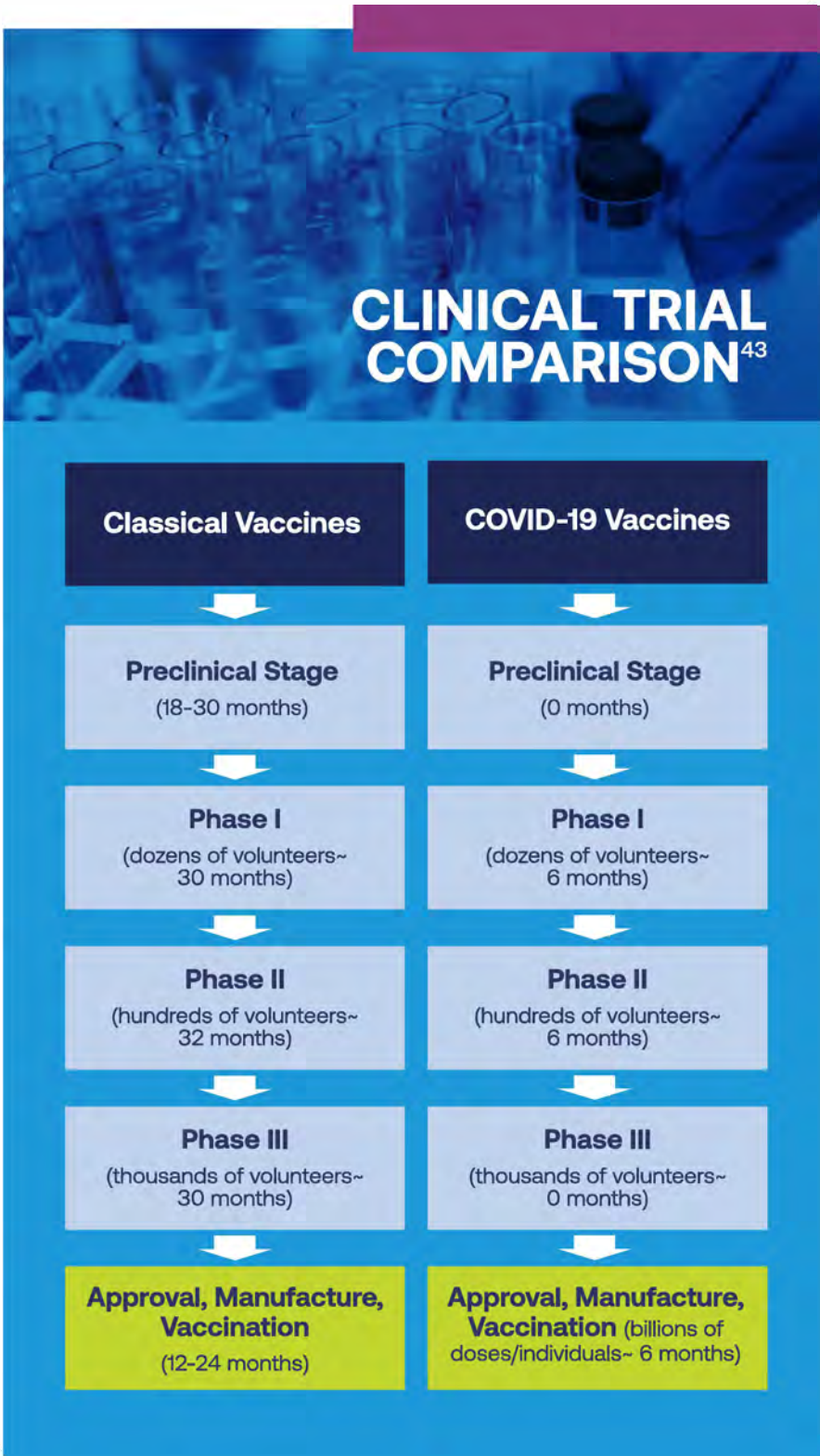
Phase 3 Efficacy Trials:

Scientists give the vaccine to 20,000 to 30,000 people and wait to see how many become infected compared to participants who receive a placebo. This phase is large enough to reveal evidence of rare side effects.

Native Americans participated in the Phase 3 Trials for the COVID-19 vaccines.[42]

Phase 4 Post Marketing Surveillance:

Scientists observe the vaccine in the general population with attention to long-term effects.



[42] Center for American Indian Health 2021 *Understanding ...*
[43] Calina 2020

A LESSON ON DOUBLE-BLINDED STUDIES

A double-blinded, placebo-controlled method of research is considered the gold standard for developing a vaccine. The COVID-19 vaccine clinical trials were conducted using this method. The infographic below illustrates how this method works. Visit covidvaccinefacts.org.

10,000 INDIVIDUALS ENROLL IN A CLINICAL TRIAL to study a vaccine meant to stop spread of a certain disease.

Participants are **RANDOMLY GIVEN EITHER THE VACCINE OR THE PLACEBO.**

P - Placebo **V** - Vaccine

NO ONE, NEITHER THE RESEARCHERS NOR PARTICIPANTS, knows who received the vaccine and who received the placebo.

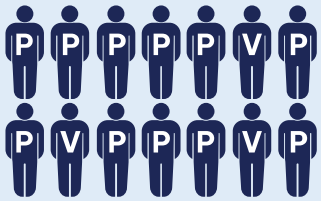
During the clinical trial, a number of individuals within the study **WILL CONTRACT THE DISEASE.**

As soon as a certain number of volunteers get sick, then the researchers "unblind" the study to **REVEAL WHICH PARTICIPANTS WITH THE DISEASE RECEIVED THE VACCINE AND WHICH NOT.**

This allows researchers to determine **IF THE VACCINE WAS SUCCESSFUL AT PROTECTING AGAINST THE DISEASE.**

P - Placebo **V** - Vaccine

IF A GREATER SHARE OF THOSE WHO ARE SICK RECEIVED THE PLACEBO INSTEAD OF THE VACCINE, then the vaccine has met an acceptable efficacy standard.



In other words, **THE VACCINE WAS EFFECTIVE AT PROTECTING AGAINST THE DISEASE AND KEEPING PEOPLE HEALTHY.**

This double-blinded, placebo-controlled method of research is considered

THE GOLD STANDARD FOR VACCINE DEVELOPMENT.

DR. ANTHONY FAUCI

Director of the National Institute of Allergy and Infectious Diseases, National Institutes of Health

“I feel extreme confidence in the safety and the efficacy of this vaccine, and I want to encourage everyone who has the opportunity to get vaccinated so that we can have a veil of protection that will end this pandemic.”

NOTE: from the UIHI report: “As for trusted vaccine efforts, those willing to get vaccinated had the highest trust in Dr. Anthony Fauci, scientists creating the vaccine, and their regular doctor, respectively. In contrast, those unwilling to get vaccinated had the highest trust in Urban Indian Health clinics, their regular doctor, and Tribal clinics, respectively. The greatest difference between the two groups was in trust of Dr. Anthony Fauci and scientists creating the vaccine, with those unwilling to be vaccinated having less trust in the vaccine efforts.”[44]

[44] Urban Indian Health Institute 2021, pg. 24

TALKING CIRCLE TALKING POINTS

Where can I get the vaccine for me and my family?

The IHS gave the tribes the option to either receive vaccines from the IHS or from the state in which the tribe was located.

Each IHS or tribal clinic has its own plan for vaccination. Contact your local IHS clinic or hospital or tribal clinic to find out the dates and places for vaccination.

If you are not close to a IHS clinic or tribal clinic, contact your county regional health district or your state health department to find out where and when the COVID-19 vaccine will be available.[45]

The goal is for everyone eligible to be able to get a COVID-19 vaccination as soon as large quantities of vaccine are available.

What are the most common side effects after getting a COVID-19 vaccine?

After getting vaccinated, you may have some side effects, which are normal signs that your body is building protection. The most common side effects are pain and swelling in the arm where you received the shot. In addition, you may have fever, chills, tiredness, and headache. These side effects may affect your ability to do daily activities, but they should go away in a few days.[46]

What can I do differently once I am vaccinated?

CDC has come out with new guidelines for when you have been fully vaccinated. When you are 2 weeks out from your final dose, you can gather indoors with fully vaccinated people without wearing a mask. You can also gather indoors with unvaccinated people from one other household without masks as long as they are not at increased risk for severe illness from COVID-19.[47]

[45] Centers for Disease Control and Prevention 2021 *Frequently* ... [46] Ibid.
[47] Centers for Disease Control and Prevention 2021 *When* ...

COVID-19 VACCINE SIDE EFFECTS

Helpful Tips for Common Side Effects

Talk to your doctor about taking over-the-counter medicine, such as ibuprofen, aspirin, acetaminophen, or antihistamines, for any pain and discomfort you may experience after getting vaccinated. You can take these medications to relieve post-vaccination side effects if you have no other medical reasons that prevent you from taking these medications normally. It is not recommended you take these medicines before vaccination for the purpose of trying to prevent side effects, because it is not known how these medications may impact how well the vaccine works.[48]

To reduce pain and discomfort where you got the shot.

- Apply a clean, cool, wet washcloth over the area.
- Use or exercise your arm.

To reduce discomfort from fever

- Drink plenty of fluids.
- Dress lightly.

When to call the doctor

In most cases, discomfort from fever or pain is normal. Contact your doctor or healthcare provider:

- If the redness or tenderness where you got the shot increases after 24 hours.
- If your side effects are worrying you or do not seem to be going away after a few days.

VACCINE FINDER

All three vaccines available to the public are safe and are being distributed across the nation. You can find a vaccine location anywhere in the U.S. through the American Lung Association's Vaccine Tracker page, "Where to Get Your Vaccination," by clicking on your state at https://www.lung.org/lung-health-diseases/lung-disease-lookup/covid-19/vaccine.[49]

[48] Centers for Disease Control and Prevention 2021 *What ...*

[49] American Lung Association 2021

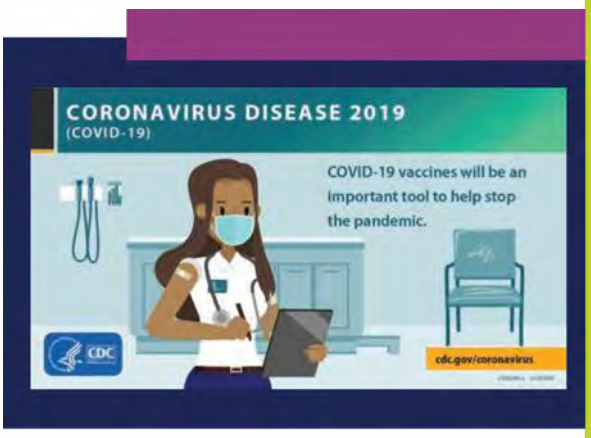
BEING A VACCINE AMBASSADOR: SOCIAL MEDIA

Inspire your social networks to get the answers they need to make a solid vaccine decision by sharing this guide. Use the hashtag #reslienceandimmunity. Feel free to use the Facebook and Twitter messages that follow, or visit Lung.org/vaccine-toolkit. The CDC has vaccination toolkits, too, at https://www.cdc.gov/coronavirus/2019-ncov/vaccines/toolkits.html

Facebook Sample Messages

Vaccination is important for adults with underlying health conditions because they are at an increased risk for severe illness from COVID-19.

Get more information for certain conditions, including those that cause weakened immune systems: Vaccination Considerations for Persons with Underlying Medical Conditions | CDC



You can get a COVID-19 vaccine and flu shot at the same time. Learn more about getting vaccinated: https://www.cdc.gov/ coronavirus/2019-ncov/vaccines/faq.html#Getting

Side effects after getting a COVID-19 vaccine are normal signs your body is building protection. Side effects may even feel like flu and might affect your ability to do daily activities, but they should go away in a few days. Learn more: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html

Twitter Sample Messages

Getting a #COVID19 vaccine is important for adults with certain health conditions because they may get very sick from COVID-19.

You can get a COVID-19 vaccine and flu shot at the same time. Learn more: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq. html#Getting

#COVID19 vaccines are effective at protecting you from getting sick. Based on what we know, people who have been fully vaccinated can start to do some things that they had stopped doing because of the pandemic. To learn more, visit: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html

FINAL THOUGHTS

Remember

- All three COVID-19 vaccines are equally effective, and the CDC recommends people to get the vaccine most accessible and available to them.
- Side effects can affect your ability to do daily activities, but they should go away in a few days.
- People are considered fully vaccinated:
  - 2 weeks after their second dose in a 2-dose series, like the Pfizer or Moderna vaccines, or
  - 2 weeks after a single-dose vaccine, like Johnson & Johnson's Janssen vaccine." [50]
- A COVID-19 vaccine booster is recommended for anyone 18 and older six months after their 2-dose series or two months after their single-dose vaccine.
- Continue to follow local public health recommendations until all have been vaccinated and protected.[51]

For more information about the COVID-19 vaccination and what it means to be fully vaccinated, please visit the CDC at this link: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html

Wear a mask

Watch your distance
(6 feet apart)

Wash your hands[52]

[50] Centers for Disease Control and Prevention 2021 *When ...*
[51] Centers for Disease Control and Prevention 2021 *What ...*
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American Lung Association.

RESILIENCY & IMMUNITY:

PROTECTING OUR COMMUNITIES AND NATIVE TRADITIONS.

The Better For It Series began as a collaboration between the American Lung Association and the Center for Black Health & Equity.

All information in this document is accurate and science based as of its publishing in March 2021. We acknowledge that the public health situation around COVID-19 is fluid and rapidly changing.