

## November is National Native American Heritage Month

You may not know that November is officially known as **National Native American Heritage Month**. You may not know that this month-long celebration of the accomplishments of the original inhabitants of the United States began as a week-long celebration. Congress authorized and requested that then-President Reagan proclaim the week of November 23-30, 1986 as American Indian Week. The law and his proclamation recognized American Indians as the first U.S. inhabitants and noted:

*“Many of the foods we eat and the medicines and remedies we use were introduced by Indians and more than one highway follows an Indian trail. Indians make contributions in every area of endeavor and American life, and our literature and all our arts draw upon Indian themes and wisdom. Countless American Indians have served in our Armed Forces and have fought valiantly for our country.”*

You may not know that this celebration has not always been in November. It has also been celebrated in December. The month of the November was formally chosen by Congress in 1990 to recognize the American Indians as this month concluded the traditional harvest season and was generally a time of thanksgiving and celebration for the American Indians.

Since 1995 Presidents Clinton, George W. Bush, Obama, and Trump have issued annual proclamations which designate November as National American Indian Heritage Month, or since 2009, as National Native American Heritage Month. During this month, all Americans are urged to celebrate the unique contributions of American Indians and to learn more about American Indian cultures.

**There is one more thing you may not know** – you may not know that the NAIC has a committee dedicated to this group of Americans – it is the NAIC/American Indians and Alaska Native Liaison Committee. The committee was established in 2014 and is led by its Chair, Alaska Insurance Director Lori Wing-Heier, in pursuing its mission statement:

*“The mission of the NAIC/American Indian and Alaska Native Liaison Committee is to provide a forum for ongoing dialogue between NAIC Members and the American Indian and Alaska Native communities concerning insurance issues of common interest. Specifically, the Liaison Committee will provide a forum for an exchange of information and views on issues surrounding the availability of insurance for American Indian and Alaska Native consumers and tribal interests, an opportunity for American Indian and Alaska Native groups to bring insurance consumer protection issues to the attention of NAIC Members, and a dialogue on best practices for dealing with insurance issues unique to sovereign tribal nations.”*

Draft: 11/13/20

NAIC/American Indian and Alaska Native Liaison Committee  
E-vote October 9, 2020

The NAIC/American Indian and Alaska Native Liaison Committee conducted an e-vote that concluded Oct. 9, 2020. The following Liaison Committee members participated: Lori K Wing-Heier, Chair (AK); Michael Conway, Vice Chair (CO); Trinidad Navarro (DE); Steve Kelley (MN); Matthew Rosendale (MT); Mike Causey (NC); Jon Godfread (ND); Russel Toal (NM); Andrew R. Stolfi (OR); Larry D. Deiter (SD); Mike Kreidler (WA); and Jeff Rude (WY).

1. Adopted its August 30 Minutes and Reaffirmed its 2020 Mission Statement for 2021

The Liaison Committee considered adoption of the Liaison Committee's August 30 minutes (Attachment One) and reaffirming its 2020 Mission Statement for 2021. A majority of the Liaison Committee members voted in favor of adopting the minutes and reaffirming the mission statement. The motions passed unanimously.

Having no further business, the NAIC/American Indian and Alaska Native Liaison Committee adjourned.

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# Why I chose to be a guinea pig, and how it went



By [Cindy Yurth](#) | Oct 8, 2020 | [CORONAVIRUS UPDATES](#), [Reporter's Notebook](#) |

## CHINLE

I got the Pfizer-BioNTech coronavirus trial vaccine last Friday.

If you're like my Facebook friends, you're probably saying, "Wow, you're very brave!"

I am pretty brave for an old lady, actually, but that's not why I participated in the vaccine trial. The rest of you are actually much braver, considering one out of every 17 people on the Navajo Nation has or had COVID-19 (that we know of, with more cases reported every day), and the death rate, at 5.5 percent, is much higher than that of the nation as a whole.

I now have a chance of being protected from the virus (depending on whether I got a placebo or the actual vaccine, and whether the vaccine turns out to be effective), and of the 34,000 people who have taken it so far, only minor side effects have been reported, which is not true of the actual virus.

There are, of course, some good reasons not to participate in the vaccine trial that's now going on all over the world, including the Navajo Nation.

The messenger RNA technology the vaccine uses is pretty new, and though on paper it's much safer than using a killed or live virus and has been tried in animals since 1990, this is the first large-scale human trial.

My sister, a physician, noted that drug side effects sometimes pop up "years down the road" and urged me not to participate. But at 61, the road behind me is much longer than the road ahead, and I'm willing to take that risk.

**As a public service, the Navajo Times is making all coverage of the coronavirus pandemic fully available on its website. [Please support the Times by subscribing.](#)**

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There are many completely vacuous reasons for avoiding the trial that have been floating around social media, such as that the vaccine “changes your DNA” (if that were true, your DNA would change every time you produced antibodies to fight off a cold) and that Bill Gates or someone else completely unaffiliated with the vaccine trial is using it as a chance to inject you with a tracking chip.

Got news for you folks: the Chinese government, international corporations and even casual users of Google Maps can track you any time they want to. Those tracking devices you voluntarily carry around in your pocket and use to post conspiracy theories are way more convenient for them, and cheaper, than some hypothetical microscopic electronics that would fit through a hypodermic needle.

So I thought I would share my experience as a lab rat with Navajo Times readers so they can make a more informed decision on whether or not to participate in this historic moment in international scientific discovery.

After giving my name, birth date and assurance that I wasn’t pregnant over the phone (pregnant or nursing women are barred from the trial), I was given an appointment to come to the Johns Hopkins office in Chinle last Thursday. I showed up a few minutes early and was asked to wait outside (as a COVID precaution) until they were ready for me.

They came for me promptly at 2 and ushered me into a room in the converted house trailer Hopkins uses as its Chinle base. Using a thick laminated flip chart, a research assistant walked me through the process of the trial, mentioning at least three times that it was entirely voluntary and I could opt out at any time.

I learned a little about the mRNA technology. The messenger RNA in the vaccine is sort of like a blueprint for the protein that exists on the “spikes” of the novel coronavirus. The spikes are what lodge in your lungs and cause the respiratory symptoms associated with the virus.

After your body starts producing the protein, it recognizes it as a pathogen and starts producing antibodies to fight it. The hope is that these antibodies will also repel the real coronavirus. That is what the researchers want to find out. They will track participants for two years to see if they develop antibodies, how long the antibodies last and see how many participants, using normal precautions, get the virus.

The research assistant explained that I would randomly be assigned to either the control group, which would get an injection of ordinary saline solution, or the study group, which would get the vaccine.

Neither I nor anyone at the Chinle site would know which group I fell into; I would be assigned a number that would be used by the team who would actually analyze the data. I would get a second “booster” in three weeks.

After that there would be follow-up visits with blood tests one month, six months, 12 months and 24 months after taking the vaccine.

In the meantime, any COVID symptoms, or any ill health that might be associated with the vaccine, should be immediately reported to Hopkins.

I would also have to track my temperature and keep a daily symptom diary on an app downloaded to my cell phone (if you don't have a phone, they give you a device with the app on it).

There would be small stipends for getting the vaccine, making it to the follow-up appointments, and answering questions in the electronic diary to compensate me for my trouble.

She then assured me that if I decided not to participate, it would not affect my ability to get normal health care in the future (apparently this had been a concern of some participants).

After I assured her I still wanted to participate, she walked me through a lengthy contract and three additional forms that Hopkins could use to obtain medical records from my usual providers if they needed them. There was the usual exhaustive medical history stuff to fill out.

After signing, a doctor gave me a brief physical exam consisting of a blood pressure check, breathing and heart rate check, and a nasal swab to make sure I didn't already have COVID-19.

Women of childbearing age are also required to pee in a cup for a pregnancy test, but thankfully they took my word that I was way past that. If you're pregnant or plan to become pregnant within 28 days after your last injection, you're automatically disqualified. Both men and women participants who are fertile and sexually active are required to use birth control consistently during that time.

After that I expected to get the vaccine, but the doctor told me I could come back Friday so I could let my decision settle overnight and make sure it's what I wanted to do.

A whiteboard on the wall revealed I was the ninth person to sign up for the trial in Chinle (within the week the study had been in effect) and would be the fifth person to get a shot, but the doctor assured me 34,000 people around the world had already taken it, with only mild side effects like headache and fatigue so far.

The next day, I had my nose swabbed again and my blood drawn, to make sure I didn't already have COVID antibodies from being previously exposed unawares. My blood pressure was taken again, as well as the heart rate and breathing exams, and I had to assure them I still wasn't pregnant.

Then I had to wait a half-hour for the vaccine. Apparently they have to keep it at minus 70 degrees Celsius, so it takes a while to thaw out and for them to prepare it.

The actual vaccination was pretty anticlimactic. It took a few seconds, and was less painful than a flu shot.

I had to stay for another half-hour after the vaccine, with a nurse sitting with me in case I keeled over or sprouted a third arm or something, I guess. She was pleasant and we had a nice conversation during which she sneakily peppered in such questions as "Still feeling OK?" "How's that injection site?" etc.

She did not seem like a corporate plant or a Chinese spy, but you never know, so I didn't divulge any state secrets.

I suspect I got the saline, because normally even the flu vaccine throws me for a loop the rest of the day, but I felt fine. I asked her about the other participants. Were they first responders concerned about getting COVID?

"No," she said. "They're community members like you who want to help us develop a safe, effective vaccine so we can get this pandemic over with."

I was kind of surprised because of all the hysterical anti-vaxer hype on the Times' Facebook page, but the nurse assured me there are plenty of sane people who don't feel compelled to post their whole lives on social media but are willing to step up and take a shot in the arm for science.

So far a steady stream of people has been calling to ask about the trial and Hopkins anticipates getting the couple hundred or so Navajo participants they need for a representative sample of the tribe.

The doctor who had given me my second examination explained they don't anticipate Native Americans reacting any differently to the vaccine than people of other races, but you just never know until you do the trial.

"There are some minute genetic differences between races that could possibly make people react differently," he said, "so the study is trying to get as diverse a population as possible."

I felt good after I was finally determined to be OK and allowed to leave the hospital. I've been wanting to help with the pandemic, but by the time I get home from work I don't have the energy to be driving around delivering food boxes, plus that seems like something that could be best left to the youngsters who are less at risk of getting the disease.

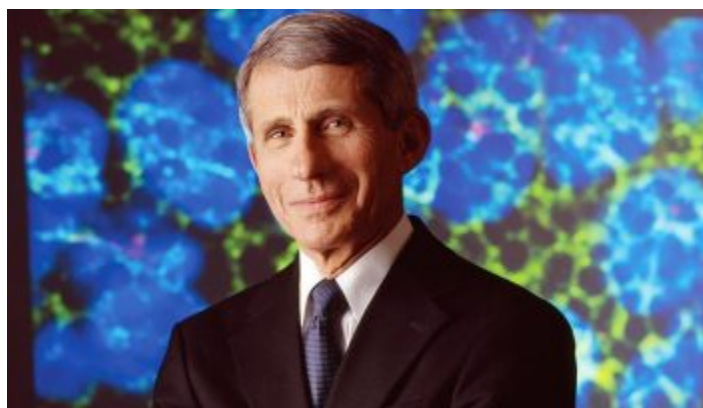
I've been donating to some of the GoFundMe accounts, but decades from now when my great-nieces and nephews ask me what I did during the pandemic, I don't want to say, "I contributed to several GoFundMe accounts."

So now when they ask me, "Great-Aunt Cindy, what did you do to help with the coronavirus pandemic?" I can proudly say, "I participated in the study for the vaccine you take every year to prevent you from getting it. And that's why I have this third arm."

Information: Chinle, 928-674-5051; Shiprock, 505-368-4030; Gallup, 505-722-6372; or johnshopkinscaih@gmail.com

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**About The Author**





**Cindy Yurth**

Cindy Yurth is the Tséyi' Bureau reporter, covering the Central Agency of the Navajo Nation. Her other beats include agriculture and Arizona state politics. She holds a bachelor's degree in technical journalism from Colorado State University with a cognate in geology. She has been in the news business since 1980 and with the Navajo Times since 2005, and is the author of "Exploring the Navajo Nation Chapter by Chapter." She can be reached at [cyurth@navajotimes.com](mailto:cyurth@navajotimes.com).

## **Lummi Nation Explores Participation in Novavax Covid-19 Vaccine Trial**

After withdrawing from the AstraZeneca Covid-19 vaccine trial, the Lummi Nation Public Health Department has submitted an application to participate in a coronavirus vaccine trial developed by Novavax.

BY NATIVE NEWS ONLINE STAFF NOVEMBER 03, 2020

BELLINGHAM, Wash. — The Lummi Public Health Department has submitted an application to participate in a Novavax Covid-19 vaccine trial, a move that is the first step in determining whether the tribe will enroll in the trial.

Earlier this month, the tribe withdrew from the AstraZeneca Covid-19 vaccine trial, with Lummi Public Health citing communication problems with AstraZeneca representatives following a pause in the study due to adverse reactions experienced by trial participants in the United Kingdom.

"Native peoples are at higher risk of severe symptoms or death from the coronavirus," said Dakotah Lane, medical director of the Lummi Public Health Department and member of the Lummi Nation, in a statement released by the Lummi Nation. "The AstraZeneca trial was not a good fit, but we continue to believe it's important for our people to have the opportunity to volunteer for a trial as we're at a much higher risk than other populations."

There will be a three-part process to determining whether the Lummi Nation will participate in the vaccine trial, including review and recommendations by the Northwest Indian College Institutional Review Board (IRB), the Lummi Health and Family Services Commission, and the Lummi Indian Business Council (LIBC). A recommendation will then be forwarded to the Lummi Tribal Health Commission, a six-member group made up of Lummi tribal members, which will review the application and respond to any public concerns.

If the health commission decides to recommend the vaccine trial, the decision to participate will then be put to a vote by the LIBC. If approved, the Lummi Public Health Department could begin registering volunteers sometime in November.

"We know there are concerns from our tribal members and we have taken this to heart," said Lawrence Solomon, chairman of the Lummi Nation, in a statement. "This decision will be made carefully and with community input. Other tribes have experienced such loss from this virus that we want to provide as many options to protect people as possible."

In a statement, Lane emphasized how much is at stake for Native communities when it comes to the impact of Covid-19.

"If the experts and community approve of proceeding with the Novavax vaccine trial, this will be just one more available option for our tribal members who want to participate."

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