Chapter 36
The Unique Challenges Faced by Indigenous Communities During the Pandemic

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36.1 Introduction

Nationally, American Indians have experienced disproportionate rates of hospitalization and death due to COVID-19. While the healthcare of Indigenous people is coordinated nationally by the Indian Health Service (IHS), not all Indigenous people have access to the IHS, especially in urban areas, and IHS is deeply underfunded (Epperson et al. 2022). In some ways, COVID-19 was just another form of failure on the part of the settler-colonial government in meeting their obligations to Indigenous people.

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Healthcare disparities among Indigenous communities drive Foxworth et al. to claim that the spread of COVID-19 in Native nations was conditioned by neglect and marginalization; indeed, they claim that the outcomes associated with COVID-19 were nothing new for tribes (Foxworth et al. 2021, 2022). In some ways, however, the response to the COVID-19 pandemic in Minnesota offers an opportunity to rethink the relationship between the state and Indigenous communities and what effective public health communication looks like in a pandemic.

Now, after the height of the pandemic, scholars have given us some initial insights into pandemic communication, especially pandemic communication with Indigenous communities. For example, elsewhere in this volume, Berube articulates some of the key principles for collaborating with communities to increase vaccination rates. According to Berube,

Increasing COVID-19 vaccinations requires easily accessible vaccines and meeting people where they are with compelling information from trusted sources. Connecting with your communities virtually through trusted messengers is essential to sharing timely information about COVID-19 vaccines and vaccination sites, answering questions, and addressing misinformation (Berube 2021).

Berube's general impulses are matched by specific research into Indigenous communities. Epperson et al. articulate some of the central concerns among Indigenous people, including a need for cultural tailoring of messaging (Epperson et al. 2022). Cultural tailoring of messages includes two dimensions: using the language of the community and appealing to the values of the community.

- Foxworth et al. point to the linguistic dimension of this messaging: Native American health is also compromised by the shortage of health information available in Native languages" (Foxworth et al. 2021); see also Rodriguez-Lonebear et al. (2020)).
- Materials in English and the Indigenous language should be prepared in a process that includes cultural tailoring. Sanchez and Foxworth note the messages that seemed to resonate with Indigenous people, noting that: "34 percent of those yet to be vaccinated indicated that "getting the COVID-19 vaccine can protect the lives of my family, friends, and those I love" was a message that would make them much more likely to get the vaccine" ((Foxworth et al. 2021) np), a message which surely connects with the values of the community.

Vaccine hesitancy is a challenge for pandemic communication. Epperson et al. articulate the need for communicating vaccine evidence among NAs (addressing whether the vaccine has specifically been evaluated among Indigenous people, accounting for cultural, dietary, and other differences) (Epperson et al. 2022).

After all, according to Griffith, "Over the years, Native Americans have been wronged in aspects of public health, including unwanted sterilizations for women and unethical research practices" ((Griffith 2020) np). Trust has been damaged and needs to be earned. Griffith offers the words of an indigenous community leader on hesitance to take the new vaccine.

Spirit Lake Nation Chairman Doug Yankton said he does not know if he will take the vaccine once it becomes more widely available. He said he is concerned about

the Pfizer vaccine because only 1% of the approximately 45,000 volunteers who took part in the trials were Native American.

"To me, this is still on a trial basis," Yankton said. "We're taking it, but we are being tried to see how it works on Natives and the rest of the Natives throughout the country." (Griffith 2020).

While other communities could feel sure the vaccine would be safe for them, the case for safety among indigenous people needed to be made.

Finally, and in ways that connect with Berube's work, Epperson et al. articulate the need for public health partnerships (Epperson et al. 2022). The most innovative dimension of our case study, the story told in this chapter, is the unique and powerful public health communication generated by a series of strategic partnerships between a community nonprofit and the state Department of Health.

In this chapter, we will outline the story of the vaccine campaign generated by the partnerships between the American Indian Community Housing Organization (AICHO) in Duluth, Minnesota, the Minnesota Department of Health, and indigenous artists throughout the region and nation.

That campaign offers a powerful dataset of works in Indigenous vaccine communication. We will examine that dataset through the theoretical lenses of biopower (and its recreation or inversion or something through the work of Indigenous resistance) and the methodological lenses of visual communication. In so doing, we will demonstrate how a health campaign led by the community it is designed to reach, and even more so, led by artists within that community, can create innovative health communication strategies.

36.2 The Story of the AICHO Campaign for Vaccination After COVID-19

Pandemic communication among Indigenous communities in Minnesota was innovated by a partnership between the American Indian Community Housing Organization and the Minnesota Department of Health (MDH). The *American Indian Community Housing Organization* (AICHO) began in 1993, as an Indigenous response to social conditions in Duluth, MN, powered by the urban Native American community. It works in three areas: housing and supportive services, arts and culture, sustainability, and food sovereignty. Meanwhile, as an office of the state of Minnesota, the mission of the *Minnesota Department of Health* employs about 1500 people with an annual budget of approximately $500 million in state, federal, and fee-based funds, a budget which ballooned during COVID, creating new opportunities for work with the diverse communities of Minnesota.

The partnership occurred over three phases. In the first phase, AICHO served as a "community engagement contractor." In the second phase, AICHO served as a COVID-19 Community Coordinator (Minnesota Department of Health n.d.-a). In the third phase, AICHO has broadly integrated the lessons from the COVID campaigns into health communication.

At the outbreak of the pandemic, the Minnesota Department of Health mobilized three structures—the *Cultural, Faith, and Disability Communities (CFD) Branch*, the *Tribal COVID-19 Healthcare Team* (Tribal Team), and the *Vaccine Equity Branch* to reach the diverse communities within Minnesota. In addition to the predominantly white communities descended from often Scandinavian immigrants in the nineteenth century, the population of Minnesota includes one of the largest Somali communities in North America and one of the largest Hmong communities in the world. The *Cultural, Faith, and Disability Communities* worked to reach communities like those, while *the Tribal Healthcare Team* worked to reach Indigenous Minnesotans.

MDH collaborated with these teams through three contract systems—tools for funneling federal and state funds into creating new partnerships for public health:

Diverse media contracts and *Community engagement contracts* connected MDH with the diverse communities across the state. *Diverse media contracts* allowed MDH to work with media vendors to get culturally relevant, linguistically appropriate, accurate, and timely messages related to COVID-19 vaccinations and testing to communities of color, American Indian communities, LGBTQ communities, and disability communities in Minnesota. While messaging was important, MDH prioritized building relationships with community organizations for outreach. *Community engagement contracts* with community-based organizations and Tribes helped MDH connect with communities around COVID-19 vaccines, testing, case interviews, contact tracing, and other topics.

The third form of contract, creating *COVID-19 Community Coordinators* (CCCs), was enacted after the vaccine was made available to the public. *Community Coordinators* are community-based organizations that use state and federal funding to staff COVID-19 hotlines, conduct community vaccination and testing events, and work in other ways to connect Minnesota's diverse communities to COVID–19–related resources. COVID-19 *Community Coordinators* also provide access and support for comprehensive health recovery post-pandemic. According to MDH, the CCC understand their communities' cultural norms and values.

At a base level, these contracts were merely economic relationships. However, the available funding created opportunities to try something new. "Since COVID-19 began, community partners have reached an estimated 1 million members from Minnesota's diverse communities, in over 22 languages and 25 different media formats including radio, television, interviews, blogs, commercials, and social media" ((Minnesota Department of Health n.d.-b) np).

These new relationships between MDH and the diverse communities of Minnesota were driven and made possible by the individuals at, for example, AICHO. These community leaders saw an opportunity to do something different, and they seized it. Chief among these were Ivy Vainio and Moira Villiard.

Ivy Vainio has served as the Cultural Arts Coordinator, the Communications Coordinator, and the Cultural Coordinator for AICHO. She has worked, in the past, at the Center of American Indian & Community Health program at the University of Minnesota Medical School in Duluth. She is married to Arne Vainio, an Indigenous doctor, and has earned a reputation as an Indigenous photographer. As a community

organizer, artist, and someone whose professional and personal life has connected her with the intersections of indigeneity and medicine, Vainio was uniquely positioned to lead these campaigns. To secure arts participation, Vainio sent an email to their listserv of 80 Indigenous artists to build the campaign.
Moira Villiard is a regionally recognized artist and graphic designer. (Villiard has provided us with a sidebar text explaining her workflow; see the adjacent text.)

About the Campaign from the Designer's Perspective
Many COVID-19 awareness materials produced at a state and national level featured sterile, geometric human figures with non-human skin tones. The approach to marketing vaccines and protections against COVID-19 was to create designs that could appeal to "everyone." However, in doing so, materials were criticized for achieving the opposite. They were often perceived as sterile and inhuman, appealing to a person who does not exist.

At the same time, grant funding was made available for nonprofits across social service sectors to create materials specific to their clientele and communities.

In Native American communities, there's a wide range of content and references to draw from, both historical and contemporary. Native artists were already sharing their custom designs on social media and finding ways to protect each other and spread information. It was a natural fit for them to find ways to collaborate with service organizations in their communities to create materials.

In my role as a designer, I was tasked with assembling these materials, as well as occasionally illustrating my own for different campaigns. My goal in collaborating with AICHO and several other Native-focused nonprofits were to create materials that, in some ways, countered the wave of "Corporate Memphis" illustration that took off during the pandemic. Artwork contributed to vaccine campaigns by Native artists was in stark contrast to this wave, relying heavily on metaphor and often on imagery that reflected on the things important to Indigenous communities: our elders and future generations, our spiritual practices, and social gatherings, and more.

36.3 Theory of Biopower

Our arguments center around the concept of biopower, as theorized by Michel Foucault (1990). According to Foucault, biopower refers to the ability of the state to regulate and control life and death within populations. This often involves the ways in which the state allows certain populations to 'die' so that others may live (Foucault 2005).

Existing literature on biopower and Indigenous peoples is often trauma-focused, positioning the state as something that acts upon Indigenous peoples in genocidal and violent ways within a variety of socio-political spheres and structures (Wolfe 2006). Within settler colonial structures (see Wolfe (Smiles 2018); see also Smiles (Necropolitics n.d.)), this often means that Indigenous people are placed into spatial and embodied structures that are designed to eliminate their existence, even if it is a discursive elimination–although the threat of physical extermination is never far away.

This becomes part of broader structures that work to take physical and political life away from (Indigenous) bodies, or as Achille Mbembe (Braun and Clarke 2006)) phrases it, a form of 'necropolitics.'

Indigenous bodies are placed on an Agambenian 'state of exception,' where they are constantly on the brink of the power of the state coming to bear on them–or withstanding the worst of state-driven neglect.

However, dogmatic adherence to this framing, while in keeping with general readings of Foucault and how he theorized biopower/biopolitics within his lectures and writings, intentionally/unintentionally obfuscates a broader reading of the concept that can return agency to Indigenous communities/peoples and how they preserve life within their own communities and socio-political spaces. It is here, we argue, that campaigns such as those that occurred in Minnesota surrounding COVID-19 mitigation efforts have space to operate and thrive.

36.3.1 Critical Analysis

36.3.1.1 Data Collection

We collected eight texts for analysis. Four were regional-level billboards, three were posters, and one was an informational video. As previously mentioned, all ten texts were generated by partnerships between AICHO in Duluth, Minnesota, the Minnesota Department of Health, and indigenous artists throughout the region and nation.

36.3.1.2 Data Analysis

Our analysis combined three analysis techniques. First, we employed Braun and Clarke's (2006) thematic analytic method. Thematic analysis is a widely used data analysis plan for "identifying, analyzing, and reporting patterns (themes) within data" ((Yamasaki et al. 2014), p. 79). Second, Yamasaki et al.'s (2014) approaches to narrative analysis drew particular attention to the storied elements of campaign texts, including *characters*, *setting/context*, *plot/arrangement and timing of events*, *storytelling activities, and relationships*, *consequences of narratives*, *purposes/*

*motivations of narratives (*Rose 2016*)*. Third, Rose's (2016) critical visual methodology was employed, which "thinks about the visual in terms of the cultural significance, social practices and power relations … that produce, are articulated through and can be challenged by ways of seeing and imagining" ((Suter et al. 2022) p. xxii). Braun and Clarke's thematic analytic method provided us with the general framework for our analysis, Yamasaki et al.'s approaches to narrative analysis provided us with the theoretical underpinnings, and Rose's critical visual methods provided us with the methodological nuance necessary for conducting a critical visual analysis.

Our collaborative data analysis process began with phase 1, *becoming familiar with the data*, which was collected after initial conversations with Ivy Vainio and Sasheen Goslin of AICHO and with Moira Villiard (formerly with AICHO, as of this writing, an independent artist. The artifacts were assembled from AICHO and Moira Villiard's digital collections. We assembled the artifacts based on media (e.g., messages available as stickers, billboards, posters, or in multiple formats).[1]

In phase 2, *generating initial codes*, we inductively analyzed, asking, "What is being written/visually depicted or implied about [(a) the story of the vaccine campaign]? "((Lincoln and Guba 1985), p. 293). Coding analyzed keywords, key images, visual meanings, spatial structure, composition, sensory qualities, and relations between components (Suter et al. 2022). As Yamasaki and colleagues outlined, special attention was paid to the campaign texts' storied elements (Rose 2016). Examples of initial written codes include: "get vaccinated," "our indigenous future," and "protect my culture." Examples of initial visual codes include: "four-point star," "jingle dress," and "woodlands floral pattern."

In phase 3, *searching for themes*, initial codes were collapsed into larger coding categories. Examples of written coding categories include: "community," "duty," and "vaccinate." Examples of visual coding categories include: "ceremonial," "relationality," and "cultural-protective factors." Also, during phase 3, we clustered different coding categories together to form larger themes. Examples of written themes include: "futurism," "healthism," and "resiliency." Examples of visual themes include: "idealized," "naturalized," and "traditionalism."

Once our themes were identified and reviewed during phase 4, *reviewing themes*, we verified our findings through collaborative member checking with Moira Villiard, one of the Indigenous artists of the texts themselves (Lincoln & Guba (Hepner n.d.)). Our interpretations and conclusions were verified, although additional insights were gleaned, adding to the depth and breadth of our findings. At the end of phase 5, *defining and naming themes,* we had a set of themes defined, named, and ready to be included in a research report. Phase 6, *producing the report*, involved the write-up of the analysis and the selection of exemplars.

[1] Because the works were created using MDH funding, AICHO granted us permission to analyze and reproduce them after only a courtesy email to the artists informing them of our project; rights for these works and permission to use them remain with AICHO to be shared with the community.

36.3.2 Analysis of Data: A Campaign for Vaccination

The artist-led campaign for vaccination was genuinely multimodal and multimedia. It operated on the scale of the handheld (flyers, stickers, magnets, yoyos), at the scale of the backboard at the grocery store (posters and calendars), and at the scale of the billboard (Fig. 36.1).

In the "Our Indigenous Future" billboard, Moira's design reflects the inclusivity of the campaign. Not all members of a tribal community are enrolled as citizens within a tribe, but every member of a tribal community shares in "Our Indigenous Future." According to Villiard,

The image is of an elder wrapping a youth in a ceremonial blanket, and embossed on the edge of the blanket are the words "Fully Vaccinated;" in my head, I saw this as a moment that's gentle and joyous, and these two generations share in the protection that vaccines afford. My role as an artist sometimes is to create the characters and use my skills to bring to life what others see in their minds. I grew up in a skeptical household regarding vaccines, but I believe in the COVID-19 vaccine and the protection it offers, and I am happy to create work that promotes the gift of this protection—because it is a gift!

The billboard features an Indigenous elder and youth, both wearing ribbon skirts and facing toward the viewer against a reddish background. The elder wraps the youth in a yellow ceremonial blanket patterned with red four-point stars and a turquoise border embossed with the words "Fully Vaccinated." The elders and youth smile as they share in the protection vaccines afford.

The imagery here connects most broadly across Indigenous communities. The four-point star on the ceremonial blanket reverberates with cultural significance. The four-point star alludes to the four directions, four seasons, four stages of life, four traditional medicines (sage, sweetgrass, cedar, and tobacco), and four parts of the body (head, trunk, arms, and legs), among other things. Four is a sacred number in Indigenous tradition, representing balance and harmony in life.

Fig. 36.1 "Our Indigenous Future, Resilient Because We Are Together - Fully Vaccinated." (Billboard designed by Moira Villiard and published by the American Indian Community Housing Organization and the Minnesota Department of Health, ca. 2022. Located next to AICHO's building in downtown Duluth, MN. Copyright 2022 by American Indian Community Housing Organization. Reprinted with permission)

The elder and youth wear ribbon skirts—a garment laden with historical and contemporary significance. Within a historical context, the ribbon skirt is a symbol of womanhood, the core of resistance and resiliency in Indigenous cultures. Within the contemporary context, the ribbon skirt reflects the adaptation and survival of Indigenous peoples. Ribbon skirts are increasingly visible in the media and pop culture, being integrated, for example, into the Missing and Murdered Indigenous Relatives (MMIR) advocacy movement, which has grown in popularity in recent years. Integrating the ribbon skirt imagery into this billboard means placing this billboard in dialogue with both history and the growing awareness, the MMIR cause, and above all, the elders and the youth who wear them—they are the core focus of this visual art.

Finally, the elder wears a beaded medallion. The medallion is designed in a woodland style of beadwork. It offers a sense of separation from the fast pace of modern society; while earrings are worn daily, medallions are saved for special occasions and ceremonial events. Receiving the vaccine becomes a special occasion in the lives of these Indigenous elders and youth (Figs. 36.2 and 36.3).

The design is calling on Indigenous people to "Keep Our Future Safe. Vaccinate." Created by Kayla Jackson (a Pyramid Lake Paiute tribal member, a tribe located northeast of Reno, Nevada), the designs were available in sticker, poster, and billboard size, with identical text across all three materials. The imagery, consistent across all three sizes and media, is of an Indigenous mother kneeling on the ground with two young children. One is an infant on her back, in a cradleboard adorned

Fig. 36.2 Kayla Jackson designed the "Keep Our Future Safe" billboard. (Copyright 2022 by American Indian Community Housing Organization. Reprinted with permission)

Fig. 36.3 Kayla Jackson designed the "Keep Our Future Safe" sticker and poster. The photograph is from AICHO's social media. (Copyright 2022 by American Indian Community Housing Organization. Reprinted with permission)

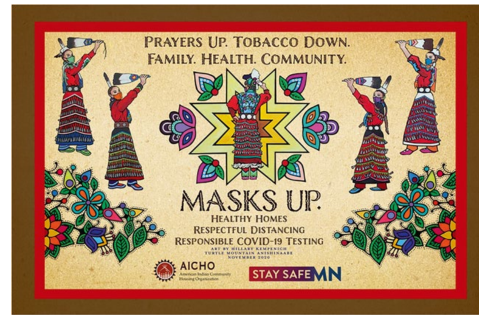

Fig. 36.4 "Masks Up" design by Hillary Kempenich. (Printable poster version, ca Nov 2, 2020. Copyright 2022 by American Indian Community Housing Organization. Reprinted with permission)

with an embroidered thunderbird. The other, a female child, sits on her mother's lap, having her hair braided. Both mother and child wear ribbon skirts. The scene is set against a mint-green background with culturally important Paiute imagery.

The wording of the design ("Keep Our Future Safe. Vaccinate.") is future-oriented, pointing toward the role of vaccination in ensuring the health and safety of future generations.

Like other designs in the campaign, Jackson integrates a ribbon skirt (with all its resonances with the role of women in Indigenous resilience). Braiding hair is an act of care for the next generation, in much the same way that being vaccinated is for the next generation.

The image includes a cradleboard (*tikinagan*)—a plank of wood (usually birch bark, dogwood, maple, or cedar, and spruce root with a moss bag sewn onto the wood plank). The cradleboard is the traditional way of carrying an infant, and its use has experienced a resurgence in popularity in recent years.

For all the intimacy of the loving care a mother gives a child in this imagery, the poster is framed against a mint green background with abstract imagery. The color green is often associated with or symbolic of Mother Earth below and connects vaccination acts with a broad spectrum of health. The embroidered thunderbird also invokes a spirit of protection. The thunderbird is a powerful spiritual being; it maintains a special relationship with the Anishinaabe people as a protective, invisible force. The gentle intimacy and care of the mother for a child, then, in this design, happens within a backdrop of power, energy, and protection.

The design by Hillary Kempenich (a Turtle Mountain, North Dakota, Anishinaabe artist) is interesting because it cycled through two iterations of the campaign—the prevaccination campaign for masking and social distancing (see Fig. 36.4) and the vaccination campaign (see Fig. 36.5).

The design includes five female dancers, primarily adorned with red jingle dresses. The center dancer faces away from the viewer, holding a fan that is made of eagle feathers. She dances away from the viewer into the geometric designs at the center of the image. Four additional female dancers wearing jingle dresses and carrying eagle feather fans surround the central dancer. Their bodies are turned to face each other, with two dancers positioned and staggered on each side of the central dancer. Their masked faces and gazes are turned in the direction of the viewer. Surrounding the geometric designs at the center of the image are colorful

Fig. 36.5 “Family. Health. Community. Vaccinate” design by Hillary Kempenich. (Copyright 2022 by American Indian Community Housing Organization. Reprinted with permission)

Anishinaabe/Ojibwe floral patterns. Additional floral patterns rest below the four dancers’ moccasins and are crafted in such a way as to echo floral beadwork patterns. The colorful ceremonial scene is set against a primarily tan background, making the color symbolism in this design the richest of any discussed so far.

Rhetorically, the documents’ text embeds good public health practice in cultural values. By connecting “Family. Health. Community. “Vaccinate,” Kempenich introduces a pattern of four words as a nod to four as a sacred number representing balance and harmony. The remainder of the design can be parsed in three dimensions: the figurative representations, the decorative dimensions, and the color scheme.

Figurally, the design depicts female jingle dancers holding eagle feather fans. They are in ceremonial poses, with a ceremonial atmosphere—and at the same time, the women are masked. Masking and vaccination are compatible with cultural traditions and ceremonies. The Ojibwe people are intimately connected to the origin of jingle dress and the ceremonial use of eagle feathers (which are known to be sacred, a symbol of honor). The passing of a feather to an individual is a sacred gift, symbolizing honesty, truth, strength, courage, wisdom, and freedom. Depicting the feather in this design invokes these values as intrinsic to the vaccination process.

The eight-point star symbolizes hope, guidance, and protection within the decorative geometries of the design. In the Anishinaabe symbolic vocabulary, the eight-point star symbolizes hope, guidance, and protection. Like other designs, this one integrates floral patterns constructed from dots resembling woodlands-style beadwork, again embedding the act of vaccination into tradition.

Finally, the color scheme carries the symbolic load, too: red, yellow, black, and white are sacred colors.

- *Miskwaa*—in Anishnaabe culture, this red color represents the south, summer, youth, life, and living.
- *Ozaawaa*—the yellow category represents the east, where we come from, and springtime.
- *Makade*—the black color category represents the West, the adult stage of life, fall, and harvest. At its darkest, it represents constant change and death.
- *Waabishkaa*—the white color represents north, death and rebirth, rest and reflection, winter, and wisdom.

This imagery connects taking actions consonant with public health to Indigenous values at every level of the designs.

Fig. 36.6. "Warrior Wombyn" by Voltan Ik. (Printable poster version Copyright 2022 by American Indian Community Housing Organization. Reprinted with permission)

While the designs we have discussed have emphasized a connection to tradition, Indigenous peoples are not monolithic. While designs integrating jingle dresses speak to a cultural understanding of femininity stretching back in time, other designs speak to contemporary youth's changing femininity and sensibilities. Figure 36.6, entitled "Warrior Wombyn," by Voltan Ik, transforms the campaign to speak to a younger generation than earlier iterations of the campaign had done.

Voltan Ik is a Los Angeles-born Native artist with Maya and Naoa ancestry. He operates the NSRGNTS collective of indigenous artists; when Ivy Vainio and Moira Villiard initiated their campaigns, they reached nationwide for artists. Ik plays with more symbolic vocabularies than we have discussed so far.

The design in "Warrior Wombyn" borrows heavily from the "We Can Do It: Rosie the Riveter" poster produced by Westinghouse during World War II for the War Production.

Co-Ordinating Committee (in 1942). In that poster design, a muscular figure of a woman, her hair tied up in a polka dot kerchief, flexes her muscles, rolling her sleeve over her bicep. The art style is very modernist, with sharp lines delineating her face, the curve of her muscles, and the folds of the denim-like fabric of her shirt. Rosie is depicted as "one tough lady," then nearly masculine in her power—a revolutionary strength representing the power of women in the war effort during World War II.

In "Warrior Wombyn," we see the same pose but represented in softer angles, dressed not in the hard denim of the factory but in attire that might evoke to some viewers the familiar flannel of the Midwest, masked in response to the Coronavirus. While the original Westinghouse image was constructed against a blank backdrop, "Warrior Wombyn" stands before a revolutionary flag.

The Indigenous vocabularies integrated into the design are visible in the braided hair and the wrist bangle. A braid is created in the forming of three or more strands together, the hairs within the braid being stronger together than apart. Within the Anishinaabe culture, hair is cut once there is a significant loss. Ik may be inviting us

to connect vaccination to protection from loss. On her wrist, the woman wears a "bangle," a piece of jewelry akin to a cuff, with a turquoise center stone with geometric patterning reflecting cultural values. In many tribes, turquoise is conceived as a healing and protective stone. By association, the vaccine takes on protective and healing properties.

Playful references complement the Indigenous iconography, for example, the red and blue rays typical of revolutionary imagery in the background, and the pose of Rosie the Riveter (with softer femininity not reflective of the original Rosie imagery). The result of this kind of "mashup" is a design with energy to engage younger audiences who want to see themselves and their strength in the vaccine campaign.

36.3.3 Integrating the Lessons of the Vaccine Campaign into Campaigns Against Medical Mistrust

The insights of the vaccination campaign have been threaded into the ongoing public health work of AICHO. Most specifically, the vaccine campaigns have informed work in resisting "medical mistrust" among the Indigenous communities.

Two communication strategies attempted to address "medical mistrust" in the vaccine campaign by giving a face to the people in the community.

In an outdoor advertising campaign, AICHO deployed a billboard with a photograph of Fond du Lac Band of Lake Superior elder Ricky Defoe encouraging vaccination to "Help us end this pandemic." Defoe is both an elder and a prominent environmental activist; in many ways, his work in healing the earth gives extra weight to a vaccination campaign. Trust that the community extends to Defoe in environmental issues extends to trust in the vaccine campaign.

Even more transformative work was done in a video shared on social media. It broadcast television (on PBS stations across the US) of an Indigenous medical doctor receiving the vaccine on camera. The video depicts Indigenous medical doctor Arne Vainio moving through a clinic, rolling his sleeves, and receiving the vaccine. As an Indigenous doctor, Vainio has long been the intersection between the Indigenous community and the medical establishment. In placing his vaccination on video, he demonstrates trust to counter the medical mistrust. The video was later distributed not only on social media but on a network of PBS stations that receive "Native Report," a syndicated TV show produced in Duluth, MN.

In both cases, the vaccine campaign seeks to inoculate its users against a historical and cultural mistrust of the medical establishment by appealing to the community members' trust in these figures. The medical establishment has long overlooked the unique needs of this community, has long underserved this community, and has even participated in programs that have actively hurt this community. However, with the faces and voices of these trusted elders, some trust can return for the vaccination campaign.

After the vaccine campaign, the latest iteration and manifestation of the campaign to repair medical mistrust is the *Mino Bimaadizi* Community Science and Medicine Fair. (*Mino Bimaadizi* is the Anishinaabe Ojibwe translation for "be well.") This Community Science and Medicine Fair is a product of a partnership between the American Indian Community Housing Organization and the Center of American Indian & Minority Health at the University of Minnesota in Duluth. The free event included a fun walk/run, a science and medicine fair with local Indigenous and BIPOC science and medical professionals, a feast, traditional lacrosse games, and an Indigenous comedian. Integrating sport and performance was essential to bringing the community to the event.

When interviewed by "Northern News Now," Dr. Vainio said, "The community can see that we are just regular people, and they can talk to us, see us, learn from us, and trust us… We want people of color to see medical professionals that look like them" ([20] np). Lessons from integrating culture, traditions, and art into the vaccine campaign have informed public health work ever since.

36.4 Conclusions

In Minnesota, significant portions of the state's efforts during COVID-19 were about enforcing vaccinations as a means for returning to "normal." Vaccines were mandated for state, county, and city employees to enable "re-opening"—teachers from kindergarten to the university were required, for example, to be vaccinated to return to the classroom. Within the prison system, guards were required to vaccinate or submit to frequent (more than once a week) testing to demonstrate negative test results before returning to work. Public accommodation places, eager to avoid liability for COVID-19 or Long Covid, could require proof of vaccination for admission into events or public accommodations.

"Accept the vaccine," the state (in this case, both the literal "state government" and the Foucauldian "state") declared, and things will return to normal.

In all fairness to the best efforts of a progressive state of Minnesota, there is extraordinarily little about "normal" as defined by the settler-colonial state that would appeal to an Indigenous population. "Normal," as defined by the settler-colonial state, is not, for an Indigenous population, a condition to aspire to; it is a condition of often neglect and sometimes harm. It is the normal of necropolitics.

In contrast, the normal for the Indigenous community is described by resilience, survival, and resistance.

The American Indian Community Housing Organization generated a successful campaign for vaccination rooted in the values of its community, with attention to the values of the diverse generations of the community, and in doing so, provided another outlet to 'normal' for the Indigenous communities it served–one where they could support one another in ensuring the good health of their communities, and in turn, providing further space for their resurgence and resistance against colonial structures.

For More Examples of the Indigenous Vaccination Campaign in Minnesota and the Midwest, you may view more examples of COVID-19 materials created by AICHO and other MDH contractors, at https://www.health.state.mn.us/communities/equity/funding/covidexamples.html.

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