Vaccine Passports and Indian Country: Nothing Fast About It

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Indian Country has been substantially affected by the COVID-19 pandemic, with similar hospitalization and mortality rates observed during the 1918 and 2009 influenza pandemics.1-4 Before the widespread availability of COVID-19 vaccines, tribes attempted to mitigate the impact of the pandemic in their communities but experienced serious legal and policy challenges at the state and federal level.5 Despite these challenges, tribes have administered successful vaccination programs for their citizens and communities.6-11 According to September 2021 data from the Centers for Disease Control and Prevention (CDC), American Indian and Alaska Native people had the highest rates of COVID-19 vaccination by race and ethnicity (56.3% had ≥1 dose; 48.5% were fully vaccinated) in the United States.12

With vaccination uptake steadily increasing, many jurisdictions have started to modify or completely lift COVID-19 restrictions.13 The effectiveness of vaccination in preventing hospitalization and serious illness, even amid variant-specific surges, has prompted officials to explore the utility of digital vaccine passports, which allow people to quickly verify their vaccination status using information from their electronic health record (EHR).14 The White House recommends a self-attestation or honor system for declaring COVID-19 vaccination status.15 This recommendation has not stopped jurisdictions from using digital vaccine passports. Digital vaccine passports may unintentionally create barriers for patients in health care systems with limited EHR interoperability and decentralized operations, such as the Indian Health Service (IHS). This commentary explores equity issues that may arise for American Indian and Alaska Native people concerning the issuance of digital vaccine passports.

Tribal Sovereignty and Public Health Authority

The utility and implications of vaccine passports in Indian Country are affected by the legal relationships among tribes, states, and the federal government. Tribes are sovereign nations with the inherent authority and obligation to promote public health in their communities. This authority can be in the form of public health policy making and enforcement, programmatic and community engagement, and other services based on the culture and priorities of a tribe. During the COVID-19 pandemic, for example, some tribes quickly barred nonessential travel through their communities, secured personal protective equipment, and sought relief from the federal government in line with the federal trust responsibility on which we elaborate hereinafter.16

As with all jurisdictions, tribes can work in partnership with other tribes, states, local governments, and the federal government to advance their public health goals. The federal government maintains treaty and trust obligations to provide health care to American Indian and Alaska Native people and to protect and support tribal lands, communities, and sovereignty.17 A product of colonization and genocide, the principles of federal Indian law allow the federal government to exercise concurrent jurisdiction in Indian Country. This body of law authorizes federal legislation on tribes and American Indian and Alaska Native people. In recent decades, Congress has passed more legislation to support tribal self-governance18; however, not all federal laws and policies potentially benefiting tribes are implemented with adequate consultation. In the context of health care, the federal government consistently reneges on its legal obligation to provide health care through chronic underfunding and mismanagement of critical agencies such as IHS.19,20

In addition, tribes regularly have to challenge infringement of their authority or lack of coordination by state and local governments. In general, state authority does not extend to tribal members on tribal lands, and tribes can assert jurisdiction over non-member activities with the reservation in limited circumstances. Here, too, the COVID-19 pandemic

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provides numerous examples. For example, South Dakota challenged tribal checkpoints put in place on the Oglala Lakota and Cheyenne River Sioux reservations to limit non-essential travel through highways on tribal lands, and non-tribal members disregarded tribal COVID-19 restrictions across the country.21,22

Vaccine Distribution and Tracking

The federal government purchased COVID-19 vaccines for distribution across the country through agreements between pharmaceutical companies under Operation Warp Speed. Vaccines were distributed to states, tribes, territories, and federal health programs such as the IHS and Veterans Health Administration.23-25 In consultation with tribal leaders, the federal government allowed for Tribal and Urban Indian health programs to receive COVID-19 vaccine allotments directly from the federal government or, if preferred, from state and county health departments.26

As a condition for enrolling as a state-based vaccine provider, health care providers were required to register in state immunization registries and collect and report vaccination information.27,28 Tribal and Urban Indian health programs opting for state-based vaccine allotments are required to log their vaccinations in state-maintained registries (eg, California Immunization Registry), but those requirements are optional for IHS and Tribal and Urban Indian health programs opting for allotments directly from the federal government.29 CDC collects vaccine administration data, but it does not maintain patient-specific vaccination records.30 Thus, while optional vaccination reporting requirements protect tribal health data, they will likely lead to regional gaps in vaccination reporting to states from a subset of Indian health facilities.31 As of October 2021, 356 IHS, Tribal, and Urban Indian health programs chose to receive COVID-19 vaccines directly from the federal government, representing 54.6%, or just more than half of all IHS facilities (N = 652). Data source: IHS.32,33

| IHS area                     | No. of facilities (IHS/Tribal/Urban) receiving COVID-19 vaccines (n = 356) |
|------------------------------|-----------------------------------------------------------------------------|
| Albuquerque Area             | 28                                                                          |
| Bemidji Area                 | 36                                                                          |
| Billings Area                | 20                                                                          |
| California Area              | 73                                                                          |
| Great Plains Area            | 25                                                                          |
| Nashville Area               | 28                                                                          |
| Navajo Area                  | 23                                                                          |
| Oklahoma City Area           | 63                                                                          |
| Phoenix Area                 | 34                                                                          |
| Portland Area                | 23                                                                          |
| Tucson Area                  | 3                                                                           |

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Emerging Vaccine Passport Policies

State health departments, third-party companies, and tribes began developing vaccine passports and/or vaccination verification systems in early 2021.

New York State was the first to announce a digital vaccine passport (“Excelsior Pass”) for use at sporting events and other commercial venues. The Excelsior Pass draws from COVID-19 vaccination registries maintained by New York State and is not linked to other state or federal immunization registries. No specific mentions of COVID-19 vaccination data-sharing agreements with tribes in New York State appear on the Excelsior website.34

In June 2021, Ehave, Inc, announced a partnership with Health Wizz, a mobile health record application on Ethereum blockchain, launching its own version of a digital vaccine passport (“Ehave Medical Passport”) to allow individuals to voluntarily share their verified vaccination status. Their application relies on the use of Fast Healthcare Interoperability Resources (FHIR) application program interfaces.35 Similarly, the MITRE Corporation and a Steering Group comprising representatives from the Mayo Clinic, Microsoft, The Commons Project Foundation, Evernorth, CARIN Alliance, UC San Diego Health, and Apple developed an open-source SMART Health Card Framework allowing for states and other entities to develop vaccine verification systems.36 The framework has already been adopted by the California Department of Public Health, and, like the Excelsior Pass, it is linked to state vaccination registries.37

Selected vaccine data practices involving Indigenous governments or communities include maintaining separate vaccination registries and creating vaccination cards (Table 2). In the Pacific Northwest, the Affiliated Tribes of Northwest Indians, an organization representing 57 tribes in 6 states, adopted recommendations from the American Indian Health Commission Tribal/Urban Indian Health Immunization Coalition (TUIHIC) calling for an official COVID-19 vaccination record for American Indian and Alaska Native people. TUIHIC requests recognition of tribal vaccination records in “non-Indian, nationwide health systems and federal, state and local jurisdictions,” citing the public health authority of tribes to issue these documents in an accurate and timely manner.43 This recognition is unlikely to be an issue in states such as Oregon, where the state’s health authority describes proof of vaccination as a document from a “[t]ribal, federal, state, local government or health care provider,” so long as it displays the
same information as the federal COVID-19 vaccination card. However, recognition of tribal vaccination cards may be an issue for states unfamiliar with tribal public health authority. Additional examples of vaccine data practices can be seen with tribes in California and Alaska and Aboriginal communities in Australia and Canada.

Vaccine Passports and Tribal Health Equity

Five themes emerge when considering vaccine passports through the lens of tribal health equity. First, as others have identified, technology access and compatibility can prevent access to vaccine passport systems. The lack of access is acutely felt in Indian Country, where only 65% of residents on reservations had access to fixed broadband services, according to a 2018 report. Similarly, while the FHIR standard has wide implementation across modern EHRs, it is not widely available in EHRs used at IHS facilities. Findings from the IHS Health IT Modernization Project reveal that FHIR standards are not easily implementable within the commonly used IHS Resource and Patient Management System, an outdated EHR system that IHS is working to retire. Complicating the matter, Tribal and Urban Indian health programs maintain their own instance of the IHS Resource and Patient Management System or their respective EHR, which may or may not have the capacity to use the FHIR interface. This means that there is no standardization or central collection of IHS health records to facilitate a less burdensome creation of digital vaccine records for personal use. IHS maintains the National Patient Information Reporting System (NPIRS) to collect various types of financial, environmental, and health care information from IHS, Tribal, and Urban Indian health facilities. While NPIRS collects COVID-19 vaccination data, facilities that do not use an EHR that is compatible with IHS’s central EHR system are not able to submit data to NPIRS.

Second, tribes that implement their own vaccine passport systems may struggle with having them recognized by other governments. This difficulty can be demonstrated by challenges to tribal membership cards. The recognition of documents issued by tribes for the purposes of travel, such as a tribal membership card for use at an airport or an Iroquois passport at an international border, has precedent. However, these forms of identification have not been without controversy, with routine incidents between tribal members and Transportation Security Administration officers and long-standing concerns about the legality of the Iroquois passport. Similarly, state election laws that require photo identification can recognize tribal membership cards as a valid form of identification. Here, too, state election laws can be subject to litigation when they do not recognize these forms of identification.

Table 2. Selected data-related practices involving vaccines and Indigenous governments or communities

| Jurisdiction or organization | Document/framework | Description of practice |
|------------------------------|--------------------|-------------------------|
| Australian government        | COVID-19 Vaccination Program Implementation Plan: Aboriginal and Torres Strait Islander Peoples | Establish and manage a system to track and trace vaccine doses that directly interact with existing systems such as the Australian Immunisation Register and clinical software. |
| Algoma Public Health (Canada) | Indigenous Health and COVID-19 | If you received your vaccine out of province or country, you can send Algoma Public Health a request to enter your COVID-19 vaccine into the Ontario database (COVax). |
| Qemirtalek Coast Corporation (Native Village of Kongiganak, Alaska) | Not available | Sheila Phillip, Kongiganak Traditional Council Secretary, said that the vaccine passport is a way to start reopening businesses in a safe manner. “The general manager for Qemirtalek Coast Corporation, Harvey Paul, said that his store is only allowing four people in at a time. Paul said that his employees verify that a customer is vaccinated by checking that their name is on a list of vaccinated individuals that they get from the [T]ribe.” |
| Oregon Health Authority      | Interim Guidance for Fully Vaccinated Individuals | The Oregon Health Authority describes a proof of vaccination as a document issued by “a [T]ribal, federal, state, local government or health care provider” that includes the citizen’s name, date of birth, the COVID-19 jab administered, and date and place of vaccination. |
| Indian Health Service (United States) | COVID-19 Vaccine Data Management | In addition to submitting the data to IHS, Tribal, and Urban Indian health programs may also report these data to state or local jurisdiction immunization information systems. |
| Harrah Resort Southern California (an enterprise owned by the Rincon Band of Luiseño Indians) | Resort Health and Sanitation Plan | Face masks are required for unvaccinated guests and recommended for all guests indoors, regardless of vaccination status. |
Third, it is imperative that tribes have the right to access vaccination reporting systems and assert control over their own data in accordance with the principle of Indigenous Data Sovereignty. A strong example of this principle in practice can be seen with the National Institutes of Health All of Us Research Program, which released guidelines detailing the collection, ownership, and right to access biospecimen data specific to American Indian and Alaska Native participants. This principle ensures that such data, and any physical or digital derivatives, are managed in a way that respects the laws and cultural practices of tribal governments, and no data can be accessed or disseminated without prior authorization.

Next, vaccine passport policies can lead to jurisdictional challenges that arise from such factors as the scope of the provision, the jurisdiction implementing it, and its enforcement. As discussed previously, states generally do not have jurisdiction on tribal lands, and tribes may have limited jurisdiction over non-tribal members even within the boundaries of a reservation. These relatively simple legal principles are riddled with exceptions, nuances, and ambiguities. For example, a state or local government attempting to implement and enforce a vaccine policy in tribal lands could infringe on tribal jurisdictions.

Finally, it is imperative that states establishing vaccine passport policies engage in formal, government-to-government consultation with tribes. Lack of or inadequate consultation can lead to poor health outcomes for American Indian and Alaska Native communities. Tribal consultation would ensure that COVID-19 vaccine passports or verification systems respect tribal sovereignty and the right of tribes to maintain control over their data and related health information in the digital space.

**Conclusion**

American Indian and Alaska Native people may not have equitable access to digital COVID-19 vaccine records, especially those served by IHS, raising digital equity concerns with the greater US population. Tribes should not have to release their own health data to third-party companies to regain access to businesses and institutions that require proof of COVID-19 vaccination. Furthermore, it is unclear if most state health departments will accept COVID-19 vaccination records issued by tribes.

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**References**

1. Indian Health Service. Coronavirus (COVID-19). July 23, 2020. Accessed July 28, 2021. https://www.ihs.gov/coronavirus

2. APM Research Lab. The color of coronavirus: COVID-19 deaths by race and ethnicity in the U.S. March 5, 2021. Accessed July 27, 2021. https://www.apmresearchlab.org/covid/deaths-by-race

3. Fletcher MLM. Indian lives matter: pandemics and inherent tribal powers. Stan L Rev. 2000;73:1-10. Accessed July 28, 2021. https://www.stanfordlawreview.org/online/indian-lives-matter

4. Castrodale L, McLaughlin J, Imholte S, et al. Deaths related to 2009 pandemic influenza A (H1N1) among American Indian/Alaska Natives—12 states, 2009. MMWR Mortal Wkly Rep. 2009;58(48):1341-1344.

5. Hoss A. COVID-19 and tribes: the structural violence of federal Indian law. Ariz State L J blog. August 16, 2020. Accessed July 28, 2021. https://arizonastatelawjournal.org/2020/11/25/covid-19-and-tribes-the-structural-violence-of-federal-indian-law

6. Morgan SB. Tribes embrace vaccine, virus containment measures. Indian Country Today. February 17, 2021. Accessed July 28, 2021. https://apnews.com/article/native-americans-coronavirus-vaccine-93b3101d306442fbc5198333017b4737d

7. Siegler K. Why Native Americans are getting COVID-19 vaccines faster. National Public Radio. February 19, 2021. Accessed July 28, 2021. https://www.npr.org/2021/02/19/969046248/why-native-americans-are-getting-the-covid-19-vaccinesfaster

8. Brown A. In hard-hit Indian country, tribes rapidly roll out vaccines. Pew Stateline. February 9, 2021. Accessed July 28, 2021. https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2021/02/09/in-hard-hit-indian-country-tribes-rapidly-roll-out-vaccines

9. Hatzipanagos R. How Native Americans launched successful coronavirus vaccination drives: “a story of resilience.” Washington Post. May 26, 2021. Accessed July 28, 2021. https://www.washingtonpost.com/nation/2021/05/26/how-native-americans-launched-successful-coronavirus-vaccination-drives-story-resilience

10. Starbard V. Alaska Native vaccine rollout: commendation not condemnation. Writing Raven. January 30, 2021. Accessed July 28, 2021. https://verastarbard.com/2021/01/30/alaska-native-vaccine-rollout-commendation-not-condemnation

11. Delkic M, Ngo N. COVID-19: with big vaccine push, Navajo Nation has tamed virus. The New York Times. April 4, 2021. Accessed July 28, 2021. https://www.nytimes.com/live/2021/04/04/world/covid-vaccine-coronavirus-cases

12. Bennett S. American Indians have the highest COVID vaccination rate in the US. PBS. July 6, 2021. Accessed July 27, 2021. https://www.pbs.org/wgbh/nova/article/native-americans-highest-covid-vaccination-rate-us
13. Centers for Disease Control and Prevention. Stay up to date with your vaccines. Updated January 6, 2022. Accessed February 21, 2022. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

14. Brown RCH, Kelly D, Wilkinson D, Savulescu J. The scientific and ethical feasibility of immunity passports. Lancet Infect Dis. 2021;21(3):e58-e63. doi:10.1016/S1473-3099(20)30766-0

15. The White House. Press briefing by White House COVID-19 Response Team and public health officials. April 14, 2021. Accessed July 28, 2021. https://www.whitehouse.gov/briefing-room/press-briefings/2021/04/14/press-briefing-by-white-house-covid-19-response-team-and-public-health-officials-28

16. Hoss A. Tribes are public health authorities: protecting tribal sovereignty in times of public health crisis. SSRN. doi:10.2139/ssrn.3759311. January 4, 2021. Accessed April 6, 2022. https://dx.doi.org/10.2139/ssrn.3759311

17. Warne D, Frizzell LB. American Indian health policy: historical trends and contemporary issues. Am J Public Health. 2014;104(suppl 3):S263-S267. doi:10.2105/AJPH.2013.301682

18. Fletcher MLM. Federal Indian Law. West Academic Publishing; 2016.

19. US Commission on Civil Rights. Broken Promises: Continuing Federal Funding Shortfall for Native Americans. US Commission on Civil Rights; 2018. Accessed July 28, 2021. https://www.usccr.gov/files/pubs/2018/12-20-Broken-Promises.pdf

20. US Government Accountability Office. COVID-19’s disproportionate impact on American Indians. June 11, 2020. Accessed July 28, 2021. https://www.gao.gov/blog/covid-19s-disproportionate-impact-american-indians

21. Walker D. South Dakota tribes stand firm behind checkpoints. Indian Country Today. May 11, 2020. Accessed July 28, 2021. https://indiancountrytoday.com/news/south-dakota-tribes-stand-firm-behind-checkpoints/?redir=1

22. Doshi S, Jordan A, Kelly K, Solomon D. The COVID-19 response in Indian country: a federal failure. Center for American Progress. June 18, 2020. Accessed July 28, 2021. https://www.americanprogress.org/issues/green/reports/2020/06/18/486480/covid-19-response-indian-country

23. Centers for Disease Control and Prevention. COVID-19 vaccine distribution allocations by jurisdiction—Pfizer. Updated June 17, 2021. Accessed July 28, 2021. https://data.cdc.gov/Vaccinations/COVID-19-Vaccine-Distribution-Allocations-by-Juris/saz5-9hgg

24. Centers for Disease Control and Prevention. COVID-19 vaccine distribution allocations by jurisdiction—Moderna. June 17, 2021. Accessed July 28, 2021. https://data.cdc.gov/Vaccinations/COVID-19-Vaccine-Distribution-Allocations-by-Juris/b7pe-5nws

25. Centers for Disease Control and Prevention. COVID-19 vaccine distribution allocations by jurisdiction—Janssen. Updated May 5, 2021. Accessed July 28, 2021. https://data.cdc.gov/Vaccinations/COVID-19-Vaccine-Distribution-Allocations-by-Juris/w9zu-fywh

26. Indian Health Service. COVID-19 vaccine distribution. 2021. Accessed July 31, 2021. https://www.ihs.gov/coronavirus/vaccine/distribution

27. Centers for Disease Control and Prevention. How to enroll as a COVID-19 vaccination provider. 2021. Accessed July 28, 2021. https://www.cdc.gov/vaccines/covid-19/provider-enrollment.html

28. Centers for Disease Control and Prevention. CDC COVID-19 vaccination program provider requirements and support. 2021. Accessed July 28, 2021. https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html

29. Indian Health Service. COVID-19 vaccine data management frequently asked questions. 2021. Accessed July 31, 2021. https://www.ihs.gov/coronavirus/covid-19-vaccine-data-management

30. Centers for Disease Control and Prevention. Technical standards & reporting data to CDC. Updated August 25, 2021. Accessed July 28, 2021. https://www.cdc.gov/vaccines/covid-19/reporting/requirements/index.html

31. Centers for Disease Control and Prevention. Contacts for IIS immunization records. 2021. Accessed July 28, 2021. https://www.cdc.gov/vaccines/programs/iis/contacts-locate-records.html

32. Indian Health Service. COVID-19 vaccine distribution list. 2021. Accessed December 21, 2021. https://www.ihs.gov/sites/coronavirus/themes/responsive2017/display_objects/documents/IHS_COVID-19_Vaccine_Distribution_List_by_Area.pdf

33. Indian Health Service. IHS profile. 2021. Accessed July 28, 2021. https://www.ihs.gov/newsroom/factsheets/ihspage

34. New York State. Excelsior pass: frequently asked questions. 2021. Accessed July 28, 2021. https://covid19vaccine.health.ny.gov/excelsior-pass-frequently-asked-questions

35. GlobeNewswire. Ehave to release vaccine passport as part of its medical passport. June 3, 2021. Accessed July 28, 2021. https://www.globenewswire.com/en/news-release/2021/06/03/2241474/0/en/Ehave-To-Release-Vaccine-Passport-As-Part-Of-Its-Medical-Passport.html

36. VCI. The VCI charter. 2021. Accessed July 28, 2021. https://vci.org/about

37. California launches new digital tool giving residents convenient access to their COVID-19 vaccine record [news release]. California Department of Technology. June 18, 2021. Accessed July 28, 2021. https://cdt.ca.gov/news/california-launches-new-digital-tool-giving-residents-convenient-access-to-their-covid-19-vaccine-record

38. Australian Government. COVID-19 vaccination program implementation plan: Aboriginal and Torres Strait Islander peoples. 2021. Accessed July 28, 2021. https://www.health.gov.au/resources/publications/covid-19-vaccination-program-aboriginal-and-torres-strait-islander-peoples-implementation-plan

39. Algoma Public Health. Indigenous health and COVID-19. 2021. Accessed July 28, 2021. https://www.algomapublichealth.com/disease-and-illness/infectious-diseases/novel-coronavirus/indigenous-health-and-covid-19

40. Kim G. Kongiganak requiring people to be fully vaccinated against COVID-19 to enter store. April 14, 2021. Accessed July 28, 2021. https://www.kyuk.org/post/kongiganak-requiring-people-be-fully-vaccinated-against-covid-19-enter-store

41. Oregon Health Authority. Vaccinations/COVID-19-Vaccine-Distribution-Allocations-by-Juris/saz5-9hgg

42. Algoma Public Health. Indigenous health and COVID-19. 2021. Accessed July 28, 2021. https://www.algomapublichealth.com/disease-and-illness/infectious-diseases/novel-coronavirus/indigenous-health-and-covid-19

43. Harrah’s Resort Southern California. Health and sanitation plan. Accessed October 4, 2021. https://harrahssocal.com/health-sanitation

44. Affiliated Tribes of Northwest Indians. Requests to federal, state and local governments as to official tribal vaccination...
record card and urban Indian health vaccination record card. May 27, 2021. Accessed July 31, 2021. https://atnitribes.org/wp-content/uploads/2021/06/Res-2021-17.pdf

44. US Government Accountability Office. Few Partnerships Exist and the Rural Utilities Service Needs to Identify and Address Any Funding Barriers Tribes Face. US Government Accountability Office; September 2018. Accessed July 28, 2021. https://www.gao.gov/assets/gao-18-682.pdf

45. US Department of Health and Human Services. Strategic Options for the Modernization of the Indian Health Service Health Information Technology: Final Report. US Department of Health and Human Services; 2019. Accessed July 28, 2021. https://www.ihs.gov/sites/default/files/ihs-hit-final-report-C-102019.pdf

46. Indian Health Service. National Patient Information Reporting System (NPIRS). Accessed October 1, 2021. https://www.ihs.gov/npirs/#text=NPIRS%20is%20a%20database%20of,throughout%20the%20Indian%20Health%20systems

47. Indian Health Service. COVID-19 vaccine HL7 2.5.1 format. Accessed October 1, 2021. https://www.ihs.gov/NPIRS/submittingdata/covid-19-vaccine-hl7-2-5-1-format

48. Sarmiento K, Kennedy J, Daugherty J, et al. Traumatic brain injury–related emergency department visits among American Indian and Alaska Native persons—National Patient Information Reporting System, 2005-2014. J Head Trauma Rehabil. 2020;35(5):E441-E449. doi:10.1097/HTR.0000000000000570

49. Marques NTC. Divided we stand: the Haudenosaunee, their passport and legal implications of their recognition in Canada and the United States. San DiegoIntl L J. 2011;13(1).

50. Transportation Security Administration. Identification. 2021. Accessed July 28, 2021. https://www.tsa.gov/travel/security-screening/identification

51. US Customs and Border Protection. CBP customer service. 2021. Accessed July 28, 2021. https://www.cbp.gov/travel/customer-service

52. National Conference of State Legislatures. Voter ID laws. 2021. Accessed July 28, 2021. https://www.ncsl.org/research/elections-and-campaigns/voter-id.aspx

53. Brakebill v Jaeger, 932 F.3d 671 (8th Cir. 2019).

54. Spirit Lake Tribe v Jaeger, No. 1:18-cv-222, 2020 U.S. Dist. LEXIS 22162 (D.N.D. 2020).

55. Nation v Reagan, No. CV-18-08329-PCT-DWL, 2020 U.S. Dist. LEXIS 143020 (D. Ariz. 2019).

56. Tsosie R. Tribal data governance and informational privacy: constructing “Indigenous data sovereignty.” Montana L Rev. 2019;80(229).

57. Walter M, Lovett R, Maher B, et al. Indigenous data sovereignty in the era of big data and open data. Aust J Soc Issues. 2020;56(2):143-156. doi:10.1002/ajs4.141

58. National Institutes of Health. NIH to enhance tribal engagement efforts for precision medicine research. March 29, 2021. Accessed December 21, 2021. https://www.nih.gov/news-events/news-releases/nih-enhance-tribal-engagement-efforts-precision-medicine-research

59. Rainie SC, Rodrigues-Lonebear D, Martinez A. A call to action for Native nations, tribal citizens, governments, organizations, scholars, and funders. University of Arizona; 2017. Accessed July 28, 2021. https://nni.arizona.edu/application/files/8415/0007/5708/Policy_Brief_Data_Governance_for_Native_Nation_Rebuilding_Version_2.pdf

60. Hoss A. Securing tribal consultation to support Indian health sovereignty. Northeastern Univ L Rev. doi:10.2139/ssrn.4024661. Posted February 9, 2022. Accessed April 6, 2022. https://dx.doi.org/10.2139/ssrn.4024661