

Anchorage COVID-19 clinic that operated out of former hotel faces scrutiny

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The former Golden Lion hotel, now owned by the Municipality of Anchorage, is seen on Wednesday, April 27, 2022. (Loren Holmes / ADN)

Not many people had heard of an Anchorage company called WEKA before it set up shop at a makeshift clinic in a former hotel owned by the city last fall, administering a coronavirus treatment called monoclonal antibodies at the height of a crushing pandemic surge.

Until then, the private security and transport company, owned by Todd and Crystal Herring, had operated largely behind the scenes, escorting mental health patients around Alaska and providing security to hospitals and other facilities.

That changed last October, when Anchorage mayor Dave Bronson made WEKA an offer: A rent-free space to give monoclonal antibody infusions to the public.

At the time, [Alaska was in crisis](#): Hospitals were filled with coronavirus patients, most of them unvaccinated. Public health officials touted monoclonal antibody infusions [as a way](#)

[to prevent severe disease](#). In Alaska and nationally, the treatment gained acceptance even [among vaccine skeptics](#), and demand soared.

It was during those weeks that WEKA moved into the city-owned former Golden Lion hotel in Midtown Anchorage and, once it became clear that the company owners had also been significant donors to the Bronson's campaign for mayor, into a spotlight of scrutiny that only intensified when the clinic began asking sick patients for a \$550 upfront fee to receive a life-saving coronavirus treatment another clinic was giving away for free.

Even after the WEKA clinic shut down in March as demand for the treatment waned, questions lingered. In recent weeks they've multiplied as patients have come forward to describe puzzling experiences and unexpected bills. Their stories have raised further questions about the clinic's competency, its medical oversight and whether the treatments were effective. In at least one case, the clinic administered a treatment to a man using the wrong method, one that had not been approved by the FDA for that medicine.

Many of the questions posed by members of the public and Anchorage Assembly leadership boiled down to one central concern. As Assembly chair Suzanne LaFrance put it in a statement after receiving documents from the administration detailing the city's deal with WEKA: "Why would the (municipality) subsidize a for-profit organization that appears to have charged residents ... premium rates for services?"

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The co-owner of WEKA says the public is missing important context about how the Golden Lion clinic came to be, how it operated and who benefited from it.

"To view the provision of a large scale, potentially life-saving treatment during the height of the Delta variant surge ... in a cooperative agreement between the municipality and private enterprise (which, to date, has operated at a loss) as a 'sweetheart deal' rather than an attempt to fill an urgent need in the community, requires a very narrow perspective and clearly does not stand up to scrutiny," co-owner Crystal Herring wrote in an email last week.

The city did not answer specific questions posed about WEKA's operations at the Golden Lion site, offering a written statement instead.

"We offered a location to provide life-saving treatment, vaccines, and testing to residents during a pandemic in a state of emergency," Bronson administration spokesman Corey Young wrote in a statement Thursday. "Without this option, more Anchorage residents would have died of COVID-19."

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WEKA co-owner Crystal Herring spoke three times to the Daily News over a period of months about the clinic's operations, twice answering detailed questions by email and once in a phone interview. After examining public records, interviewing former patients and officials, and posing questions to Herring and city officials, here's what we know.

'This is what saved my life'

[WEKA](#) began as a medical transport and security company. Todd Herring, a former correctional officer, and Crystal Herring, a therapist, formed WEKA – the name stands for Wisdom, Experience, Knowledge, Abilities – in 2011. The company advertises services ranging from event security to surveillance, but the company's main business is behavioral health transports. When a psychiatric patient travels from one place to another in the state, a trained WEKA guard accompanies them 95% of the time.

The Alaska Psychiatric Institute and other state agencies have also contracted with the company for security. The WEKA owners also operate a gun store, [WEKA Tactical](#), among other business interests.

When the pandemic hit in 2020, WEKA was already planning to expand into emergency medical services to offer higher-level medical care to mental health transport patients, according to Crystal Herring. WEKA had applied for an EMS agency license and hired a paramedic as operations supervisor.

Running a clinic dispensing monoclonal antibodies was not in the plans until the summer of 2021, when the Herrings both contracted COVID-19. Crystal Herring said she was near death until she received an infusion of monoclonal antibodies.

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"I believe to this day that is what saved my life," she said in an October interview.

A visit from the mayor

After her experience, Herring says WEKA's medical director suggested using ambulances to deliver antibody infusions to eight to 10 patients at their homes per day. In September, the Herrings opened a clinic in a warehouse space off 68th Avenue and Old Seward Highway, increasing the number of patients to 30-50 per day.

The clinic was licensed, at the warehouse and later at the Golden Lion, through a Health Professional Group license from the federal Centers for Medicare and Medicaid Services, required to bill Medicaid, and was supervised by a physician, Dr. Donald Hudson, Herring said. Lower level EMTs performed check-ins, rapid testing, vaccinations, started IVs and monitored after-treatment, according to Herring.

“Only paramedics or higher are allowed to administer the actual dose of antibodies,” she said.

In general, regulation of pop-up infusion clinics that proliferated during the pandemic is a gray area. The Alaska Department of Health and Social Services said it has no regulatory authority over pop-up infusion clinics like WEKA’s. The department “does not license or regulate clinics,” said spokesman Clinton Bennett.

Try the Department of Commerce, Community and Economic Development, he said. For its part, the department says it does not regulate the clinics themselves, but does have authority over the physicians and nurses working at them, according to Sara Chambers, director of the Division of Corporations, Business and Professional Licensing.

WEKA was operating its warehouse antibody clinic when one day, “without any notice or announcement” the mayor showed up, Crystal Herring said.

“I am unaware how (the mayor) heard about it,” Herring said in early October. “He spoke to our paramedic that was on duty and reportedly asked, ‘What would you need in order to see more patients and save more lives?’ ”

The WEKA employee said the company “would need significantly more space” to up the number of treatments, according to Herring.

Since taking office in July, Mayor Dave Bronson had opposed mask and vaccine mandates but had championed monoclonal antibody treatments.

Soon, the administration called with an offer to let WEKA use the former [Golden Lion Hotel building](#) on East 36th Avenue to give the antibody treatments. WEKA did not have a contract with the city to give the treatments, only a lease agreement that said it could use the space, for \$0 in rent, for a period of three months. The city would also pay for electricity and heat. WEKA would pay for snow removal, internet and other additional facility expenses.

At the time, the Bronson administration described the encounter in similar terms, with the mayor visiting the monoclonal warehouse site and asking how the city could help, and an offer of the Golden Lion space shortly thereafter.

“The move was to assist in increasing treatment availability for residents,” a city spokesman said at the time.

There was no selection process, no formal bid, just an agreement to let the company use the space.

“WEKA was not selected,” Young said. “This is a private entity who stood up to help during the pandemic to provide monoclonal antibody treatments.”

(The Herrings had unusual connection to another high-level government official: In 2018, when state legislator Nancy Dahlstrom was named commissioner of the Department of Corrections, she was described as working as a “[consultant for WEKA](#),” a claim repeated [on her resume](#). She did not file income from the company on her financial disclosures for that year. When asked about the discrepancy at the time, Dahlstrom’s spokesperson said that she hadn’t received a paycheck from WEKA since 2016 but “continued to contribute pro-bono” to the for-profit business for more than two years.)

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In [an Oct. 7 memo](#) from the Anchorage Health Department, the city said it would provide WEKA with a trailer, cots and other medical supplies in order to get the clinic up and running.

The company “has offered to begin providing monoclonal antibody treatments ... and in doing so may relieve the strain on local hospital resources,” the memo says.

A series of documents – including [the Oct. 7 memo](#), an agreement between the city and WEKA, a [use permit for the building](#) and a [list of utilities paid by the city](#) during the clinic’s tenure there – were sent to Assembly Chair LaFrance by the administration in April. That was more than a month after LaFrance first asked members of the Bronson administration for the information and after she sent repeated follow-up requests for the documents, email records show.

LaFrance said that she and other Assembly members had received questions from members of the public about the city’s deal with WEKA and said that the five-week delay in information was a point of frustration for Assembly leadership.

The information and documents have raised further questions about the arrangement, such as whether other monoclonal antibody providers sought a subsidy from the city, she said in a statement sent shortly after receiving the documents.

“I look forward to learning how and why the decision was made to allow WEKA to use this (city) facility and equipment for free with utilities paid by taxpayers,” she said.

To critics of the Bronson administration, it seemed like an eyebrow-raising deal for a private business: The Herrings had been big donors to Bronson’s campaign. State records show they gave at least a total of \$15,000 to Bronson and a political action group supporting him, through direct individual donations and through their corporations.

Crystal Herring said the couple donated to Bronson because they had seen friends lose their businesses during pandemic shutdowns and felt he would “support and represent Anchorage small businesses best.” In October, she said the couple had “even greater

respect for him in attempting to provide more treatment spaces for sick patients to get the monoclonal antibody treatments.”

Herring disputes any suggestion that donations factored into WEKA getting the space. Campaign donations are a “fairly routine practice under the American system and are not ... indicative of anything other than a political preference,” she wrote.

“Private political donations ... have not in any way translated/resulted in an economic windfall for WEKA operations, nor would WEKA seek or expect such a result,” she wrote.

‘The demand was so high’

When WEKA started its infusion clinic, the state was getting expensive monoclonal antibody treatments — costing thousands of dollars per dose, on the market — from the federal government for free. And the state needed ways to distribute them.

Most of the places set up to give people infusion medications in Anchorage were for cancer patients. Bringing COVID-19 positive people into contact with people whose immune systems were already compromised was not going to work, said Coleman Cutchins, with the state Department of Health and Social Services.

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So a few entities created pop-up infusion centers, temporarily outfitted with the basic equipment, like IVs, needed to give the medication and staffed by people who could legally oversee it, such as EMTs and nurses.

Fairweather was one. [The company](#), owned by Louisiana marine and offshore services behemoth [Edison Chouest](#), was an “established occupational health group” that had worked providing medical services on the North Slope oil fields and elsewhere. “They had an existing medical staff,” said Cutchins.

Fairweather received a \$3.6 million contract with the state to provide vaccinations, COVID-19 testing and monoclonal antibody infusions, among other pandemic services, according to state contract documents.

City spokesman Young pointed out that the municipality helped Fairweather obtain a low-cost space at Tikahtnu Commons in East Anchorage. Fairweather’s state contract paid its rent and utilities, said clinic manager Jyll Green. Patients paid nothing for treatment.

WEKA became the other company to start a pop-up antibody infusion clinic in Anchorage. It had no contract with the state and operated the center as a private business -- albeit one getting free monoclonal antibodies from the federal government as well as free rent and

electricity from the city. WEKA worked on a “direct bill” model, submitting claims to insurance on behalf of patients, Crystal Herring said.

[Touted by some as a cure, monoclonal antibody demand is high in Alaska’s least-vaccinated places, but it’s no replacement for a vaccine]

The company was new to the kind of care it was going to provide, but the state badly needed ways to distribute antibodies, Cutchins said.

“They came in at a time when we really needed another infusion center,” he said. “They came in during our peak delta surge, when delta was just running us over. The demand for monoclonals was so high.”

‘Everything else COVID-related was being paid for. Why would this not?’

The Herrings say they set up the WEKA clinic under the assumption that private insurers would pay for the costs of delivering the monoclonal treatments.

“Everything else COVID-related was being paid for,” Crystal Herring said. “Why would this not?”

But that didn’t happen. At first, the WEKA clinic charged patients nothing because the company expected to be paid by private insurers, Herring said. The company applied to be credentialed by insurance but had not yet received the status when it started treating patients, she said.

“The emergency circumstances of the delta variant COVID wave last year did not lend itself to waiting for the completion of that credentialing process because patients required immediate care,” Herring said.

Because WEKA was not credentialed by insurance carriers, it was considered out of network. That led to patients being told by their insurers that they were responsible for the entire bill.

Despite the free rent and gratis medications, WEKA still had significant overhead costs to pay including staff and protective gear, Crystal Herring said. Lacking reimbursement from insurance for months, WEKA began charging a \$550 fee upfront to patients starting at the end of December, she said.

Some doctors expressed shock that sick patients were being asked to put down their credit cards in order to access monoclonal antibody treatment at the WEKA clinic.

Meanwhile, people could get the treatment, subsidized by the State of Alaska contract, at Fairweather for free.

‘Death on one side ... \$550 on the other’

Other complaints began to surface about whether people were even getting the correct medication, properly administered, at WEKA. One was Scott Selman, an owner of restaurant Club Paris in downtown Anchorage.

Six years ago, Selman received a double lung transplant that saved his life. That means that he has a high risk of death if he contracts COVID-19. So when the ultra-contagious omicron variant began circulating, his post-transplant doctor advised him to seek out a potentially life saving treatment: Evusheld, an investigational medicine under emergency use authorization by the FDA that is given to high-risk patients to help prevent COVID-19 infection.

In March, he received his first Evusheld treatment at the WEKA clinic -- but providers there administered the medicine incorrectly, Selman said.

Rather than receiving two intramuscular injections as authorized by the FDA, the clinic gave him the medicine by IV infusion, he told the Daily News in an interview.

After the appointment, Selman called his post-transplant team in Seattle to inform them he had received the treatment they had ordered, he said. When his doctor learned how it was administered, she became furious, he said.

Selman paid \$550 upfront for his treatment, and said the clinic told him the amount would be refunded and the clinic would bill his insurance for a total of \$1,500. They told him that if insurance reimbursed him for the entire \$1,500, he would have to send them the balance. And if insurance didn't refund him, he'd be responsible for the entire amount.

“It was one of the weirdest things ever,” Selman said.

But he felt he had no choice but to pay.

“With death one one side, there's \$550 on the other -- it's a pretty easy choice,” Selman said. (He says he recently received reimbursement.)

Selman's experience at WEKA was first reported by [Endpoints News](#), a publication covering the biopharmaceutical industry. A spokesperson for AstraZeneca told Endpoint News that Selman's case was “concerning” and referred it to the medical affairs team for investigation.

Dr. Erika Lease, a transplant pulmonologist at the University of Washington and Selman's doctor, was particularly concerned for Selman because the medication may not have the same or full benefit when administered by IV, she said in an interview.

When a medication is approved only under an FDA emergency use authorization, it has not yet received a full, rigorous evaluation, Lease said. For treatments like Evusheld “it’s even more important that we only use the treatments or medications as they are currently approved. Because we have no data otherwise,” she said.

When she called WEKA to discuss her concerns, the person who answered the phone told Lease that the clinic allowed patients to decide between receiving the medication by IV infusion or intramuscular injection, Lease said. Lease then advised them that IV infusion of Evusheld was not approved by the FDA under its emergency use authorization and asked them to review their protocols, she said.

“There wasn’t really much of a response back,” she said.

At the Anchorage Assembly’s meeting last Tuesday, Anchorage physician Dr. Elizabeth Pietralczyk testified about her own experience at the clinic, where she said she had to ask for the correct type of antibodies to be infused and later received a notice from her insurance company that she is responsible for paying the entire \$1,200 cost of her treatment.

Pietralczyk sought treatment in January, at a time when it was widely known by medical professionals that [several types of antibody treatment were not effective](#) against the omicron variant.

But when she arrived at the clinic, the woman who administered her IV treatment told Pietralczyk they would “use whatever monoclonal antibody treatment that happened to be out and open at the time,” Pietralczyk said in an interview.

“I had to specifically request the only treatment that I knew was effective against the virus that was circulating in the community,” she said.

The Daily News first spoke with Pietralczyk in January about her concerns, but at the time, she did not want her name used publicly. After finding out she was on the hook for \$1,200 and learning of others who have received large bills, she decided it was time to speak out, she said.

“I have the money to pay for this,” she said. “But a lot of my patients don’t.”

Herring said medical privacy laws preclude WEKA from responding to specific patient care allegations.

It is not clear whether the Alaska Medical Board is investigating any patient-care complaints related to the WEKA clinic. The board does not release information about complaints or open investigations.

End of the road

As COVID-19 case numbers declined after an omicron surge and demand for monoclonal antibody treatments plummeted, WEKA shut down its Golden Lion clinic in March. By that time, the municipality had spent [\\$56,050 on utilities](#) for the space, according to the city.

The closure left some former patients confused and angry about bills of \$1,200 or more they found themselves still on the hook for. When they tried to call the WEKA clinic at the Golden Lion, nobody was around.

Herring said the clinic advised patients about billing practices upfront but understands people were coming to the clinic sick with COVID-19 and “may have misunderstood.” The company still thinks private insurance carriers should be paying for the treatment. Herring said people should directly call WEKA’s offices at 907-441-8559 (ext. 104) for help fighting insurance claims related to monoclonal antibody treatments from the clinic.

LaFrance, the Anchorage Assembly chair, still has questions about WEKA’s billing, patient care, the city’s liability and more.

“There are layers of issues,” she said last week.

Herring says that despite the criticism, she doesn’t regret operating the clinic. WEKA distributed monoclonal antibodies to roughly 3,500 people, she said. That’s a lot of Alaskans who might otherwise have ended up hospitalized or worse, she said.

Herring says the company didn’t make a dime on the monoclonal antibody clinic. In fact, “we are actually very, very far in the hole,” she said. “Even with some insurance that’s come in, we are not anywhere close to breaking even.”

Reporter Morgan Krakow contributed to this story.

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