ALASKA STATE LEGISLATURE
JOINT MEETING
HOUSE STATE AFFAIRS STANDING COMMITTEE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE
Anchorage, Alaska
May 27, 2020
1:01 p.m.

MEMBERS PRESENT

HOUSE STATE AFFAIRS STANDING COMMITTEE

Representative Zack Fields, Co-Chair
Representative Jonathan Kreiss-Tomkins, Co-Chair (via teleconference)
Representative Grier Hopkins (via teleconference)
Representative Andi Story (via teleconference)
Representative Sarah Vance (via teleconference)

HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

Representative Tiffany Zulkosky, Chair (via teleconference)
Representative Ivy Spohnholz, Vice Chair (via teleconference)
Representative Matt Claman (via teleconference)
Representative Harriet Drummond (via teleconference)
Representative Geran Tarr (via teleconference)
Representative Sharon Jackson

MEMBERS ABSENT

HOUSE STATE AFFAIRS STANDING COMMITTEE

Representative Steve Thompson
Representative Laddie Shaw

HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

Representative Lance Pruitt

OTHER LEGISLATORS PRESENT

Representative Dan Ortiz (via teleconference)
Senator Elvi Gray-Jackson (via teleconference)

COMMITTEE CALENDAR
PRESENTATION(S): IMPACTS OF PHASE III & SAFETY FOR WORKING ALASKANS

- HEARD

PREVIOUS COMMITTEE ACTION

No previous action to record

WITNESS REGISTER

ANDREW ELSBERG, M.D.
Emergency Room Physician
Anchorage, Alaska
POSITION STATEMENT: As a physician, provided information about the current COVID-19 pandemic.

JAKE METCALFE, Executive Director
Alaska State Employees Association (ASEA), Local 52
Anchorage, Alaska
POSITION STATEMENT: Testified regarding ASEA's efforts to collaborate with the State of Alaska on safety measures for Class 1 employees.

KATE SHEEHAN, Director
Division of Personnel and Labor Relations
Department of Administration (DOA)
State of Alaska
Juneau, Alaska
POSITION STATEMENT: Answered questions regarding what the State of Alaska is doing to ensure the safety of state employees and the public.

CHARLES STEWART, Adult Probation Officer
Anchorage Correctional Complex
Department of Corrections
State of Alaska
Anchorage, Alaska
POSITION STATEMENT: Offered suggestions for providing safety to staff and inmates.

KELLY FERGUSON, Nurse
Alaska Pioneer Home-Sitka
Department of Health and Social Services (DHSS)
State of Alaska
Sitka, Alaska
POSITION STATEMENT: Testified about the importance of screening employees and providing them with personal protective equipment (PPE).

RANDY MCLELLAN, President
Alaska Correctional Officers Association (ACOA)
Anchorage, Alaska
POSITION STATEMENT: Stressed the importance of COVID-19 testing to protect correctional officers and inmates.

JOSHUA WILSON, Business Agent
Alaska Correction Officers Association (ACOA)
Anchorage, Alaska
POSITION STATEMENT: Urged cooperation between the State of Alaska and employees in adopting measures to protect correctional officers and inmates.

ROBERT LAWRENCE, M.D., Chief Medical Officer
Health and Rehabilitation Services (HARS)
Department of Corrections (DOC)
Anchorage, Alaska
POSITION STATEMENT: Reviewed the process that takes place when someone tests positive within the DOC system.

KELLY HOWELL, Special Assistant to the Commissioner/ Legislative Liaison
Office of the Commissioner
Department of Corrections (DOC)
Anchorage, Alaska
POSITION STATEMENT: Answered questions regarding COVID-19 and DOC.

ERIN BROMAGE, Ph.D., Associate Professor of Biology
College of Arts and Sciences
University of Massachusetts Dartmouth
Dartmouth, Massachusetts
POSITION STATEMENT: Testified regarding the risks of COVID-19 and how to avoid them.

MARY SWAIN, Executive Director
Camai Community Health Care Center
Naknek, Alaska
POSITION STATEMENT: Testified about the testing and collaboration going on within her community to reduce or prevent the spread of COVID-19 during the commercial fishing season.

ACTION NARRATIVE

1:01:48 PM

CO-CHAIR ZACK FIELDS called the joint meeting of the House State Affairs Standing Committee and the House Health and Social Services Standing Committee to order at 1:01 p.m. Representatives Story, Hopkins, Kreiss-Tomkins, and Fields of the House State Affairs Standing Committee were present at the call to order. Representative Vance arrived as the meeting was in progress. Representatives Tarr, Jackson, and Zulkosky of the House Health and Social Services Standing Committee were present at the call to order. Representatives Claman, Drummond, and Spohnholz arrived as the meeting was in progress. Also present were Representative Ortiz and Senator Gray-Jackson.

PRESENTATION(S): Impacts of Phase III & Safety for Working Alaskans

1:02:34 PM

CO-CHAIR FIELDS announced that the only order of business would be a presentation on Impacts of Phase III & Safety for Working Alaskans.

1:02:56 PM

ANDREW ELSBERG, M.D., Emergency Room Physician, stated he is an emergency room physician at Providence Alaska Medical Center, but is testifying as an individual, not a representative of the hospital. He said he has been responsible for helping guide the clinical care for the 2019 novel coronavirus ("COVID-19") patients in the Providence emergency room. He is a volunteer medical director and assistant medical director for the Alaska Mountaineering School, Alaska Guide Collective, and a number of other programs. He has kids in the Anchorage School District. He is providing his background, he said, because this community is his community. He is before the committee to share information about COVID-19 and is fully aware that the decisions made to manage this pandemic at both the state and local levels have economic, educational, social, and health impacts.

DR. ELSBERG addressed why a person doesn't want to get COVID-19 and why public policy should aim to limit the spread of the disease. He explained that the mortality rate goes up with age and comorbidities, but that people of any age can get seriously ill from COVID-19. While many people will be asymptomatic or have mild illness, those who get severe illness get very, very sick. Early system-wide data shows that, in general, people who present with more severe illness and who meet sepsis criteria have an 8-10 percent mortality rate. So, a serious COVID-19

patient has more than a one-third chance of not making it out alive from the hospital. Getting worse than mild illness with COVID-19 is very, very dangerous at any age. At his hospital, patients at the level of the intensive care unit (ICU) aged 18 and up have had to be intubated. Although chronic problems raise the risk of death, many previously healthy people on no medications are getting sick and dying worldwide. In kids specifically, there is an inflammation of the arteries of the heart similar to the rare disorder called Kawasaki's Disease. Sometimes it kills, but more often it leaves permanent/life-long heart damage to otherwise healthy kids. It hasn't yet been seen in Alaska, but will if COVID-19 explodes in the state.

DR. ELSBERG said much has been learned about treatment. For example, addressing silent hypoxia early on by administering oxygen with nasal cannulas to try avoiding intubation; carefully managing intravenous fluids; and changing people's positions early on before they get super sick to keep the lungs open and continuing that in very sick patients. There are no proven medications to treat this, which shouldn't be a surprise since very few viruses have proven treatment directly against the virus. There is only supportive treatment. A vaccine is the only hope for herd immunity. Getting to 80 percent exposure to this virus by letting the illness move through the population will leave thousands of Alaskans dead, will overwhelm Alaska's medical system, will put providers at risk due to shortages of personal protective equipment (PPE), and patients will get suboptimal care because sick patients need nurses, doctors, and respiratory therapists at a safe ratio to provide good care. For example, in New York there were stories of orthopedic physicians running ICU care. That is scary because these doctors are really good at dealing with bones and tendons, but not at running ICUs. Nursing ratios in New York were 12:1 in an ICU; normal in an ICU is 2:1 or 1:1. If Alaska has an explosion, people will be lost just because of the inability to give them the care that is needed to give them the best shot to survive this illness. Alaska needs to maintain a reasonable burden of illness.

DR. ELSBERG discussed the factors for how Alaska got to where it is with a low disease burden. He said Alaska was late to get cases, the state and municipalities took relatively early action to shut down or geographically isolate the virus, and Alaska has space. The actions of Governor Dunleavy, Anchorage Mayor Berkowitz, and others saved the state from a serious outbreak. Staying open, he advised, requires avoiding a big outbreak. Social distancing, wearing masks, good hand hygiene, and smart

business practices are all necessary to protect Alaska's economy. Fully shutting down again, whether regionally or statewide, isn't wanted. Many individuals and businesses are acting responsibly, but many are not.

DR. ELSBERG opined that it's the domain of the state government to have policies that create a safe place to work and live. It isn't a political issue; it's common sense. Businesses should be required to have patrons and employees wear masks. Mass gatherings should be off the table. Long exposure at less than six feet in indoor settings should not be considered okay. This is simple and manageable and doesn't require shutdown to be maintained, but it does need policy and required guidelines.

DR. ELSBERG said the importation of more cases is of serious concern. The disease burden is higher nearly everywhere else in the U.S. and the world than it is in Alaska. Despite tight screening and quarantine protocols, Alaska has seen a consistent but slow flow of new cases with the fishing industry ramping up. Travel in and out of the state by Alaskans and others is going to continue being of concern. The [current] self-isolation of 14 days is a joke. Each passenger arriving in Alaska should be required to provide his or her quarantine plans before getting off the plane. The state and municipality need to make this happen instead of expecting the other party to do it. Thought is needed in drawing up this requirement. Can rapid testing be set up for every [flight] arrival and can it be done without creating a bottleneck where people cannot distance? Can a seven-day isolation, then a test, be required? Exemptions for essential workers are being exploited inappropriately at times. Can these exemptions be replaced with seven days and then a test? A state tourism industry can't be had without a coordinated plan that involves public health and industry working together to prevent importing a lot more disease burden.

1:11:28 PM

DR. ELSBERG stressed that transparency of data is extremely important. For example, what is the actual positive rate, not the rumored rate, of the fishery workers who are being tested out of state before coming to Alaska? Public-health-relative data should be public information; it is needed to make sensible decisions. State and federal dollars helped industry establish the Experian programs; the data should be publicly available. The addition of nonresident cases to the dashboard was an important and welcome development. Pre-screening data for what

is happening outside Alaska in the oil and fishing industries is important and needs to be shared.

DR. ELSBERG addressed testing. He said that continuing to ramp up Alaska's testing capabilities is required for opening up general healthcare elective procedures, dentistry, safely operating industries where employees work in close proximity, and keeping the state's hospitals, group living facilities, prisons, and other places safe. Alaska is not there, he maintained. State coordination is required, and state people power is necessary to make it happen.

DR. ELSBERG concluded by saying that no one wants to be the person who gets a severe case of COVID-19. The chance of death is way beyond sepsis and influenza - 100,000 Americans have died in two and one-half months. Alaska is both lucky and reaping the benefits of some very strong moves by state and local leaders. To sustainably maintain this position, the state must make social distancing, masking, and hygiene the norm; it's not a political act, it's economic and health self-preservation. Policies should reflect the known ways the virus is transmitted. Screening of people traveling in and out of Alaska is needed and having that capability is necessary before consideration is given to dropping the 14-day self-isolation mandate. This mandate must be made real. Essential exemptions must be truly essential and essential workers must be responsible, which most have been. Strong screening, testing, contact tracing, and transparent data are needed. The Department of Health and Social Services (DHSS) must be funded and staffed at a level where the department can do the coordination that is needed.

1:14:14 PM

REPRESENTATIVE HOPKINS related that Foundation Health Partners in Fairbanks is offering to provide consultations and recommendations to local businesses to help set up guidelines for safe working and spacing policies. He asked whether any hospitals are offering these services to Anchorage businesses.

DR. ELSBERG replied that he is unaware of anything. He is a volunteer with the local groups he mentioned earlier but doesn't know what might be happening on a larger basis with businesses.

1:15:48 PM

REPRESENTATIVE TARR noted that due to lots of misinformation, people are choosing to not believe things. For example, the

U.S. Surgeon General advised not to wear a mask just before the change was made urging people to wear a mask. She asked Dr. Elsberg for suggestions on how to overcome the misinformation that has been put forth.

DR. ELSBERG postulated he hasn't contracted COVID-19 because he wears PPE at work from the minute he walks into the hospital, only takes off his PPE to eat or drink in an isolated spot, wears gloves, washes his hands before and after every encounter, and escalates to higher levels of PPE depending on the situation. It's hard for legislators and state government, he continued, when the federal government hasn't put forth a coherent message. Pandering to certain demographics with that [misinformation] has been done instead of sticking to the scientific response, which has fanned the flames of what Representative Tarr is talking about. At the state level it is important that politicians representing all spectrums put forth a clear message about what is known to work to slow or stop the spread of this disease. It is incumbent upon people across the political spectrum to fight back against the misinformation. The debate is how to proceed forward while keeping people safe and minimizing the impact on the other aspects of people's lives including the economy. The debate is not on how does this disease spread.

1:20:12 PM

CHAIR ZULKOSKY said she has witnessed a false sense of security with the easing of various health mandates, but easing these health mandates doesn't make the virus any less contagious or the serious cases any less serious. She requested Dr. Elsberg to discuss, from a clinical perspective, how much further Alaska needs to go to achieve widespread immunity.

DR. ELSBERG responded that the only numbers he has seen so far regarding the likely burden of disease in Alaska are from [Alaska's state epidemiologist, Dr. Joseph] McLaughlin, who believes Alaska is between 0.5 and 1 percent. To have herd immunity to a virus such as this, Dr. Elsberg advised, the best estimates are 70-80 percent. For perspective, antibody testing was recently done in New York City to try to get an idea of what percentage of people have been exposed to the virus and, if there is immunity following exposure, how many people have that immunity. It is thought that there is decent immunity, but that thought isn't 100 percent for sure yet. The estimates for New York City were in the 25 percent range. It needs to reach 70-80 percent to have herd immunity. That isn't going to happen until

this virus circulates for years or until there is a vaccine. A vaccine can give herd immunity by induced immunity and this is the most hopeful route to get out of this with an intact economy and intact healthy population; there is no other way to get there. What is being done right now is mitigating the spread as best as possible and riding that fine balance between having an economy and health until there is a vaccine.

1:23:36 PM

CO-CHAIR FIELDS requested Dr. Elsberg to discuss the current uncertainty regarding herd immunity and how long immunity lasts even if the population reaches that 70-80 percent exposure.

DR. ELSBERG explained that COVID-19 is so new there isn't yet the ability to demonstrate that someone who has had the infection has a long-lasting immunity. The modeling is being done with what has been seen in the past with other coronaviruses. Regular coughs and colds are caused by coronaviruses and there are others like MERS [Middle East Respiratory Syndrome] and SARS [Severe Acute Respiratory Syndrome] that are more serious viruses. In general, most coronaviruses induce a decent immunity response and antibody testing is showing that people who are exposed are producing antibodies. The belief, based on what has been seen with the others, is that people will have 6-12 months of immunity, but this isn't known because it hasn't been proved. There have been some reports of people testing positive after having tested negative. Other reports say it is unclear whether these are just residual fragments of virus versus active virus. He hasn't read any literature that says people who have already been through the illness have contracted a significant illness again. This is where the uncertainty is, he added, because the virus hasn't been around long enough to know how strong the immunity is or how long it lasts. The hope with a vaccine is that it induces an immunity that lasts a reasonable amount of time.

CO-CHAIR FIELDS related that he has heard the virus should be left to rampage the population to reach herd immunity. He said there needs to be public understanding that that would produce mass deaths and even worse economic problems than are had now.

1:26:25 PM

REPRESENTATIVE JACKSON inquired about how there can be assurance that vaccines will work, given the uncertainty about immunity

because COVID-19 is so new. She further inquired about the uncertainty for how long immunity from a vaccine would last.

DR. ELSBERG confirmed these are the exact things being faced in terms of uncertainty. Based on models of prior coronaviruses, the hope is that people's immune systems will act similarly and there will be some immunity. It is definitely a question as to whether there will be a viable vaccine. Until there is a vaccine, if there is one, there needs to be a way to manage keeping the burden of disease at a low enough level that the state's healthcare resources can manage that, while still being able to perform regular preventative health care, cancer care, and elective surgery outside of the COVID-19 crisis, as well as keeping the economy rolling at some level. That will be the case until there is a vaccine, or something changes with the virus, or the virus has gotten through the community, which would be incredibly destructive if it is allowed to happen fast.

1:29:36 PM

CO-CHAIR FIELDS requested Dr. Elsberg's advice on communities holding Fourth of July parades.

DR. ELSBERG advised that any mass gatherings in the age of COVID-19 are not realistic and should not happen. "Superspreader" events happen more easily indoors, he said, but getting people in close proximity in large groups [outside] will spread the disease because some people with the disease will be there.

1:30:46 PM

REPRESENTATIVE STORY asked whether Dr. Elsberg is recommending the seven-day quarantine followed by a test that he mentioned earlier. She offered her understanding that the 14-day quarantine in Alaska significantly prevents infection.

DR. ELSBERG agreed Alaska's 14-day quarantine has played a major role. Along with what is happening in the Lower 48, it has dissuaded Alaskans from traveling, which is good because it has limited the amount of disease burden. He noted that, for himself, he couldn't afford not to work for 14 days. People in the medical field are considered essential workers, but they are still subject to this quarantine. He said he recently talked to [Alaska's chief medical officer] Dr. Anne Zink, who said the state is looking at seven days plus a test. About 90 percent of people who contract COVID-19, he explained, will show symptoms

within seven days. So, a seven-day quarantine followed by a test would likely screen out 90-95 percent of those possibly having the virus. This would not necessarily be applied to everybody, but in terms of taking away some of those exceptions for essential workers, it would be a more workable timeframe for people who do need to travel in and out of the state for work. While he doesn't know if this will be adopted, it does seem like a reasonable perspective that will screen 90-95 percent of the asymptomatic carriers.

1:33:59 PM

REPRESENTATIVE STORY asked whether Dr. Elsberg is recommending that this should be just for essential workers.

DR. ELSBERG replied that the problem is testing. In order to test people after seven days there must be that much availability of testing and it must be ensured that those people actually get tested. Therefore it seems more realistic to apply this to a limited population of people in certain industries that are considered essential. To apply it to everyone coming in and out of Alaska gets into public health logistics that are beyond his world; while it would be a reasonable alternate strategy, he is unsure how to make it work on that level.

1:35:10 PM

REPRESENTATIVE DRUMMOND related that she just returned to Anchorage from Juneau on a plane that came from Seattle and she was impressed with Alaska Airlines' cleaning process. In the Juneau [airport] she barely noticed the forms for the 14-day quarantine for incoming travelers and in Anchorage she didn't see any. She asked whether Dr. Elsberg and Dr. Zink have discussed enforcing the signup for quarantine and tracking of the information to know a person is following the quarantine.

DR. ELSBERG offered his understanding that the state is looking at local municipalities to enforce that at the airports and the municipalities are looking at the state. Enforcement takes people power, and given the state's tight budget, both sides have decided they don't have the people power. Some people are aware of that and are taking it to heart and self-isolating, but there are plenty of people who don't know it exists or who are ignoring it. The state and the municipality must come up with a solution because it is necessary, he advised.

1:38:21 PM

CO-CHAIR FIELDS outlined three takeaways from Dr. Elsberg's testimony: 1) mandate the use of masks in public buildings; 2) quarantine procedures need to be meaningful, accountable, and enforceable; and 3) an expanded testing regime is needed, particularly in Pioneer Homes and other facilities.

DR. ELSBERG concurred and added that no one wants to get this disease because it is a roll of the dice as to whether a person gets a more severe case. While certain things can make a person at higher risk for getting a more severe case, plenty of young or otherwise healthy people still get a severe case or die.

1:39:19 PM

REPRESENTATIVE CLAMAN related his understanding from talking with a physician in California that when there is screening the screening is for specific hot spots, such as New York and New Jersey. Folks traveling from those areas are being asked to quarantine, but folks traveling from non-hotspot areas aren't being asked to quarantine. He inquired whether Alaska has looked at being more specific about which travelers should be quarantined [like California has done].

DR. ELSBERG opined that Alaska should stick with anywhere outside of the state because he cannot think of a place that has a lower burden than does Alaska.

1:40:41 PM

JAKE METCALFE, Executive Director, Alaska State Employees Association (ASEA), Local 52, said ASEA represents over 8,000 general government unit employees at the State of Alaska, which includes the largest group of Class 1 employees. Class 1 is a designation in law that says these employees are so essential they cannot strike, he explained, government needs their services in order to function. The Class 1 employees represented by ASEA include police officers, state troopers, airport police, court service officers, probation officers, correctional officers, many employees within the Department of Health and Social Services, Pioneer Home employees, Alaska Psychiatric Institute employees, youth center employees around the state, Alaska State Trooper dispatchers, public health nurses, Office of Children's Service employees, and wild land firefighters.

MR. METCALFE noted he is a lifelong Alaskan born in the Territory of Alaska. He has lived in Juneau, Bethel, and Anchorage for significant amounts of time. His children have all gone through the Anchorage school system. His family went through the 1918 Spanish Flu pandemic in Alaska and survived it, he continued, and it is important that the state's essential employees survive this [COVID-19] pandemic.

MR. METCALFE specified that ASEA is very interested in maintaining safety on the job site and safety when employees return to work. Essential workers are going to work to continue providing the essential services that the entire state and its communities need. The ASEA has been gathering information and working with other unions in the state to stay on top of what is going on so it can ensure that its members are safe on the job.

MR. METCALFE offered ASEA's wholehearted agreement with Dr. Elsberg that for services to continue, and for ASEA's members to be safe, there needs to be a coherent message, transparency, and sharing of data. Since the pandemic started ASEA has pushed for communication and while it hasn't always been a great system it has gotten better. A number of public employee unions meet once a week with the Department of Administration to ask questions and get answers for sharing with their members about what is going on in the workplace regarding safety. A letter is being sent to a number of commissioners, including Commissioner Tshibaka of the Department of Administration (DOA), and Commissioner Crum of the Department of Health and Social Services (DHSS). He spoke from a paragraph in the letter:

> We recently sent a letter requesting and recommending that public employee representatives serve as cooperators in appropriate meetings. Together we seek not only answers to our questions directly affecting member rights, employment, policy, and implementation, but also development of workplace mitigation plans and transparent communication with state employed workers. To help move this step forward we are working on a draft workplace mitigation plan for consideration. It is time to elevate our conversations to an appropriate level of decision-makers. Our members deserve answers. They deserve timely information and assurances of safety. It is apparent through our teleconferences that cooperation and open dialogue must occur at a level within the state at which decisions may be made and answers may be provided.

1:48:16 PM

MR. METCALFE reviewed some of ASEA's questions and concerns. He said responses have been inconsistent to the question of whether there is sufficient personal protective equipment (PPE) for union members. It has been heard that some offices have sufficient PPE, and some don't. There is concern about testing in the 24-hour facilities where ASEA members work. If a resident, employee, or visitor tests positive, there needs to be some sort of rapid testing in place so that essential workers are not knocked out, because those facilities must continue to function. The union has asked for notice about either residents or employees who test positive. For example, an ASEA member in Juneau tested positive and no information went out within that facility for a number of days. Employees in that office building experienced a great deal of stress. The union has asked that there be some sort of protocol when there are positive cases in workplaces and notice to employees in those workplaces. Violation of HIPPA laws aren't being asked for, but ASEA is asking from a public health perspective that that information be shared with both essential and nonessential employees so measures can be taken to protect them as well as the public. Mr. Metcalfe said ASEA is also looking for information about what sanitation will be in place in the workplace and wants to ensure there is adequate social distancing when workplaces are opened.

MR. METCALFE further noted that because of Phase III changes, information has been insufficient regarding return to work. The union understands a master plan is being developed but has no idea what that master plan entails. Everybody wants to work, and everybody wants to ensure the state functions safely and ASEA believes it is essential that employees have a spot at the table and a voice in how that is done for the safety of every employee and resident within the facilities. It is essential for keeping the curve down on this virus.

MR. METCALFE added that ASEA believes the curve can be kept down through meetings and discussing the aforementioned issues. Communication is key, answers need to be received quickly, and the ability is needed to share that information at the highest levels. He said ASEA wants to continue toward cooperating and ensuring that the State of Alaska has safe workplaces, healthy employees, and a healthy public.

1:53:06 PM

CO-CHAIR FIELDS, in relation to coordinating with state employees, asked whether [DOA] has notified state employees about going back to work next week more or less as normal.

KATE SHEEHAN, Director, Division of Personnel and Labor Relations, Department of Administration (DOA), State of Alaska, replied that there has not been a statewide notification that employees are required to come back to work. She said that about 40 percent of employees are teleworking statewide in various departments. Depending on the missions of departments or divisions, some may be coming back due to the seasonality of their work, but as of this point there hasn't been a mandate. The department is starting to look at what that plan will be, how to follow all the social mandates, ensure there are PPEs for employees, and social distancing. Those employees that are able to continue to telework right now are teleworking. In the plan that is being put together there will be some statewide direction, but it is going to depend on a division's mission and what its jobs are.

CO-CHAIR FIELDS, in relation to Mr. Metcalfe's testimony, inquired whether DOA can commit to a protocol of notifying workers when someone in their workplace has tested positive, as well as notifying the workers' unions.

MS. SHEEHAN answered that [DOA] has been following the decisions and policy of the Department of Health and Social Services. An investigation is done when state residents or any person tests positive, and those employees who may have been in contact with the patient who tested positive are alerted. When a state employee tests positive, that same course of action and protocol is followed and the people who need to know are contacted. The offices are then cleaned and sanitized.

CO-CHAIR FIELDS asked whether the union representing employees at that worksite is notified.

MS. SHEEHAN responded, "At this point, no, we are not notifying the union."

1:55:39 PM

CO-CHAIR FIELDS inquired about the department's vision in regard to standards for providing adequate PPEs, such as masks or other equipment, for state employees working on the frontlines with each other and the public, sometimes in close proximity.

MS. SHEEHAN replied it would depend on the office. She said there are masks for state employees. Through the Department of Corrections, inmates have made thousands of masks that have been provided to state office workers, enough for two per employee. Shields are in place for healthcare workers. Offices that are too close are being reorganized to provide six feet in between. Staggered work times are being looked at so there aren't full loads in the elevators. Flexible workweeks are being looked at, perhaps with the ability to work on a Saturday instead of a weekday. It is being looked at on a statewide basis, but each division or office will be able to tailor things a bit differently to fit its needs.

1:57:13 PM

CO-CHAIR FIELDS asked whether the DOA could commit to engaging collaboratively with the employee unions on safety planning. He offered his understanding from Mr. Metcalfe's testimony that the unions had to draft a safety plan on their own because the administration isn't substantively engaged on that.

MS. SHEEHAN answered yes. The administration absolutely wants to work with and have a collaborative relationship with the unions. The goal is to keep government running while keeping employees safe. She said she has enjoyed the weekly meetings with the unions. She doesn't always have all the answers, but tries to get answers when questions are raised.

CO-CHAIR FIELDS pointed out that one reason to notify the unions in addition to the individual employees about a positive test is because the features and ventilation systems of each building are different and there is the possibility of infecting employees beyond the immediate area. He brought attention to the diagram of a call center provided to the committee where people on multiple floors were infected from a single person. He said the diagram demonstrates that six-foot distancing isn't sufficient to protect people who are around each other for a long time and that ventilation systems not designed with a pandemic in mind could quickly spread infection across multiple floors. He urged the administration to engage with the unions on notification to ensure people aren't continuing to come to work after they have been exposed.

1:59:13 PM

REPRESENTATIVE STORY expressed her hope that work from home will be stressed at this time. She recalled a statement that 40

percent of the State of Alaska workforce is working from home. She inquired as to how the department feels about working from home and assessing how many employees can work from home in order to provide safe distancing at work and providing safety to employees during this time of coronavirus.

MS. SHEEHAN acknowledged that the 40 percent figure is her data from mid-May, and she doesn't have the latest, but it is about 6,000 employees. The teleworking is going well, she continued, but obviously not every position is suitable for telework, nor is every employee. Also, some people prefer to be at [their office] because of their home environment or because they need multiple computer screens beyond a laptop. There is no state directive to return to work, but there some things that just cannot be done from home and need to be done at [the office]. The state is recognizing that there won't be a back to normal, there is going to be a new normal and telework is definitely going to be a part of that.

2:02:04 PM

REPRESENTATIVE TARR asked about the narrative that some state employees, as well as non-state employees, are trying to take advantage of the coronavirus situation so they don't have to work. She opined that that isn't a fair representation because it doesn't capture that some folks are in the predicament of, yes, they could go back to work, but they have personal health concerns, are concerned about someone at home, or they have childcare. She has heard that some state managers are not being supportive of employees who are trying to balance working from home and dealing with childcare. She asked what could be done to ensure flexibility in the workplace that is reflective of the times and that supports people with the aforementioned concerns.

MR. METCALFE replied that childcare is one of the biggest issues faced by ASEA members regarding a return to work since not all childcare facilities are open. Childcare and compromised immune systems are important reasons for why telework needs to continue. He related that ASEA sued because people weren't being treated the same on telework; as a result, the telework process was sped up. The union is grateful that it is now working well for both the state and employees, but there are still problems. He said ASEA's members want to work and they know that essential services have to continue for the state to function. Both sides must provide clear communication, must listen to one another, and must provide ways that people can come back to work safely. Making people have to choose between

taking care of their children or going to their job doesn't benefit anybody in Alaska.

2:07:59 PM

CHAIR ZULKOSKY asked how many state offices are operating on restricted public access or by-appointment-only access and whether that will continue in the future. As stated in previous testimony, Alaska has far to go to achieve herd immunity, and protecting employees should be a fundamental function of the state's government.

MS. SHEEHAN answered she will get back to the committee about the specific number of offices. She pointed out that the state is open for business and didn't shut down. Certain precautions have been implemented; for example, the Permanent Fund Division in Juneau has a table in the building's eighth floor lobby where the public can fill out information forms rather than going to the division's eleventh floor office. Floors have been blocked off and some offices have telephones for the public to use for calls and some have put up shields to prevent direct contact.

CHAIR ZULKOSKY requested Ms. Sheehan to also provide information on how the state is providing proactive outreach about the change in operations and which offices have restricted access.

MS. SHEEHAN agreed to do so.

2:10:37 PM

CO-CHAIR FIELDS inquired whether the state has mandated facemasks for members of the public entering buildings to interact with state employees.

MS. SHEEHAN responded that she doesn't know the answer and will include that in her response to the committee.

2:11:06 PM

CHARLES STEWART, Adult Probation Officer, Anchorage Correctional Complex, Department of Corrections, State of Alaska, related that the Anchorage Correctional Complex is one of the facilities that has had a positive case of COVID-19. He said the department has done an excellent job of screening people, but one problem is communication with staff. It would be helpful and appreciated if management would notify staff of a possible case as well as a positive case because waiting all day and

listening to rumors causes more stress for the staff. Resources within the facility are scarce and the department may want to do better preparing in the future. Staff recommends that everyone wear masks at all times for as long as new cases are popping up.

MR. STEWART said tension among the inmates is very high, with a noticeable increase in fights and unrest since the cancelling of programming and visiting privileges. With appropriate precautions in place, some of these things could be reinstated and would be helpful in decreasing tension levels, thereby increasing staff and inmate safety. Letting people back into the facility should be done slowly with proper mitigation planning in place. He related that the positive case was in a place isolated from the other residents, but had it been in a module of 60-70 inmates it could have passed around the whole facility in less than a week and caused more cases than there are total cases in the state.

2:14:15 PM

KELLY FERGUSON, Nurse, Alaska Pioneer Home-Sitka, Department of Health and Social Services (DHSS), State of Alaska, emphasized the importance of maintaining a strict health mandate, strong screening, inclusion of antibody screening, and [contact] tracing. She pointed out that many nurses are over the age of 45 and have an increased chance of complications and death when exposed to COVID. She stressed the importance of making full, structured, organized PPE kits available to staff, not piecemeal PPE. Organizing full PPE is very important when working in a 24/7 facility that houses the state's precious elders who deserve respect. Employees also deserve respect by providing them with the necessary equipment for taking care of these elders.

MS. FERGUSON stressed the importance of consistent testing. She said some employees working at the SouthEast Alaska Regional Health Consortium (SEARHC) in Sitka get screened every two weeks for COVID-19, but the Pioneer Home doesn't screen residents or staff at this point. The Pioneer Home has employees who also work at SEARHC or other facilities, so the importance of consistent organized structuring of combatting and controlling the disease process is very important. She further stressed the importance that all employees who work on the frontline be screened appropriately and be provided with PPE.

MS. FERGUSON stated that quarantine is very important as well. She related that a friend of hers who traveled to Africa was

immediately detained at the airport and quarantined for 14 days in a hotel at his own expense. She said she has lived in Sitka for 26 years and doesn't want to see it devastated by a virus. It is important for all communities and all departments to work together in finding an organized consistent plan of action that works everywhere in the state.

2:18:53 PM

RANDY MCLELLAN, President, Alaska Correctional Officers Association (ACOA), stated that the Anchorage Correctional Complex recently had a confirmed COVID-19 case, bringing the number of facilities in Alaska with positive cases to three. More than ever, he continued, it is imperative to protect correctional officers and other first responders who risk their lives and the lives of their families protecting Alaskans during this state and national health emergency.

MR. MCLELLAN urged that DOC follow the lead of other states by drastically increasing COVID-19 testing within correctional facilities. The DOC, he related, declined COVID-19 testing even when it was offered for free to everyone at the Anvil Mountain Correctional Center by the Norton Sound Health Corporation. Many states are aggressively testing for COVID-19 within institutions. For example, Ohio has tested over 5,000 people in its state prisons so far. It is still unknown how a Goose Creek Correctional Center inmate and an Anchorage Correctional Complex inmate, both having been incarcerated for a considerable amount of time and so didn't come to prison with COVID-19, tested positive for the virus. He said he thinks it is due to lack of testing. Every DOC staff member and inmate should be given the opportunity to be tested if it isn't mandatory. Every new inmate entering an Alaska correctional facility should be tested and quarantined until the inmate's test comes back negative.

MR. MCLELLAN quoted from a statement on the website of the Centers for Disease Control and Prevention (CDC): "Another population in which the prioritized testing of minimally symptomatic and even asymptomatic persons are long-term care facility residents, especially in facilities where one or more residents have been diagnosed with symptomatic or asymptomatic COVID-19." Dealing effectively with the virus can only be done, he continued, if the extent of the virus's spread within a facility is known. It is understood that the state doesn't wish to see an increase in diagnosed cases, but now is not the time to put politics before lives.

MR. MCLELLAN noted that the State of Alaska was awarded $3.6 million from the federal Coronavirus Emergency Supplemental Funding Program to support law enforcement during this COVID-19 pandemic. He said these funds should be used to support correctional officers, make appropriate protective equipment available, and conduct widespread testing of inmates within Alaska's correctional system. As of this date, none of this money has been specifically allocated to DOC. The DOC needs PPE to give to all security staff, not just medical staff. Making N95 masks available to all DOC employees would provide another tool that officers could use to protect themselves and others from COVID-19. This pandemic has resulted in additional significant dangers to correctional officers. Aware of the risk, correctional officers continue to perform their duties with dedication and courage, even in those facilities with confirmed cases of COVID-19.

2:22:53 PM

JOSHUA WILSON, Business Agent, Alaska Correction Officers Association (ACOA), noted he has been representing correctional officers in the state of Alaska for over seven years. Everything needs to be done, he said, to ensure the safety of the staff and incarcerated Alaskans within the state's correctional facilities. Any reasonable safety plan and mitigation strategy should include cooperation between the state and the employees. Last week the state refused to meet with ACOA to bargain about the changes unilaterally made to correctional officers' working conditions. A reasonable and appropriate solution that protects correctional officers and Alaska's institutions can only come about by working together.

MR. WILSON pointed out that the dangers are throughout the correctional institutions. He said DOC couldn't successfully adhere to the governor's COVID-19 mandate because social distancing is simply not possible within a correctional facility. On May 5, 2020, it was reported that over 5,000 correctional officers in the U.S. had contracted COVID-19 and 46 had died due to the virus. While none of those deaths were in Alaska, the staff and those incarcerated at correctional facilities are at significant risk of infection and outbreak. As such, the measures put in place reduce the spread of COVID-19 within Alaska correctional facilities, and it is extremely important that they be adhered to and maintained: no visitors, no nonessential staff or personnel in and out of correctional facilities, and continue to limit or cease altogether the

transfer of inmates between facilities or any other outside location other than for serious medical emergencies.

2:25:08 PM

REPRESENTATIVE HOPKINS inquired about the communication that Mr. Wilson is seeing with administrators and whether there seems to be concern about people being infected.

MR. WILSON replied that a great improvement in communication is needed, as there is very little. He said there is very little information for officers and things are not uniformly set at each institution, which leads to much confusion. Many questions have been sent to the state, but there haven't been many answers. Even receiving a response that an answer is being worked on would be beneficial and could be passed on to officers. The association has requested that names not be provided, but that it be alerted when officers have tested positive so support can be provided for something that could be life threatening. The state has refused to give the association that information, yet the state has had no problem providing that publicly to other entities.

REPRESENTATIVE HOPKINS requested DOA to comment as to whether there are any plans to communicate quickly or going forward with the ACOA and/or ASEA.

MS. SHEEHAN responded that she hears what Mr. Wilson is saying. She said the institutions are a unique environment and she feels she is often the middleman in getting the questions and probably the hang-up in getting out some of the answers, for which she takes responsibility. She added that ACOA will absolutely be communicated with and the state is working on answers.

2:28:13 PM

CO-CHAIR FIELDS invited Dr. Lawrence and Ms. Howell of the State of Alaska to provide testimony regarding communication, the availability of N95 masks, and testing frequency at facilities.

2:29:19 PM

ROBERT LAWRENCE, M.D., Chief Medical Officer, Health and Rehabilitation Services (HARS), Department of Corrections (DOC), State of Alaska, addressed communication. He said it is an important point to hear from the officers themselves because there are actually four different epidemics ongoing at the same

time. The first is COVID-19. The others are misinformation, fear, and stigma, and staying ahead of those waves is very difficult. In the attempt to stay ahead of those waves, care must be taken not to throw out the principles of patient privacy and making sure that communication, when it does occur, occurs to the right people at the right time.

DR. LAWRENCE explained that when there is an outbreak, DOC does its best to ensure that the patient is the first person who is given the test result information. The second people to be contacted are those who have been in close contact with that patient. By that point, the rumor mill has already spun out and there are many others who want information right then. But DOC's next move is to meet with its partners in the Section of Epidemiology and Division of Public Health because that is where a plan specific to the given outbreak is formulated, and this takes time. As soon as that plan is available, DOC goes back into the facility and speaks specifically to officers and inmates. In most cases it has been the superintendent of each facility who then personally goes and gives that communication. In other cases some of the officers are given the information to pass on to other officers. It is not a simple posting of an announcement on a wall or sending out an email because that would be a dangerous way to get out that information. Instead DOC does its best to keep that balance of patient privacy while ensuring that everyone who is affected by an outbreak receives that information in the appropriate amount of time.

CO-CHAIR FIELDS stated that it is important for the union to be integral in that process because employees have chosen to be represented by the union, including for purposes of workplace safety. He asked whether N95 masks are available to [correctional] officers as they are to Anchorage police officers and other frontline public safety officials.

DR. LAWRENCE replied yes, N95 masks are available to officers just like they are to medical personnel within the department. He said it is important to understand that that is only one form of PPE. For example, everyone in the room [where he is testifying] is wearing a mask and practicing social distancing. The masks are a form of PPE, but would not be appropriate if he were doing a medical procedure that required an N95 mask. There is an escalation of the appropriate PPE for a given situation. He confirmed that the department has the appropriate PPEs for any medical-type situation that arises within DOC. Additionally, one thing he values about the officers is that, even though he as a physician is taking care of some of the most

dangerous patients in Alaska, he has an officer right there at his back and he is going to make sure that that officer has the appropriate PPE to wear during that procedure because in that sense he also has the officer's back. He noted that DOC publishes materials to ensure that everyone knows exactly what type of PPE is appropriate for any given situation and that PPE is available.

2:33:37 PM

CO-CHAIR FIELDS requested clarification on whether N95 masks are available to any correctional officer who chooses to wear one at work on a daily basis.

DR. LAWRENCE responded that N95 masks are available, but are not always the appropriate mask to wear just because of being in a correctional facility or state office building. He added that N95 masks are not available at the entry door, but are available when that is the appropriate PPE for the given situation.

CO-CHAIR FIELDS asked whether N95 masks provided by DOC are available for correctional officers to wear on the job if an officer feels that that mask is appropriate. He offered his concurrence with ACOA's contention that making N95 masks available to employees is a reasonable thing to do.

DR. LAWRENCE answered, "Yes, N95 masks are available."

CO-CHAIR FIELDS asked what DOC's current testing frequency is of employees and inmates. He also asked what DOC's ideal testing frequency would be to catch an outbreak at the earliest stage given the anticipation that there will be a rise in cases with re-opening of the economy.

DR. LAWRENCE replied that DOC's testing follows CDC guidelines and that DOC also works in collaboration with the Section of Epidemiology and Division of Public Health. He said DOC's testing occurs in three different settings and formats: 1) anyone who has COVID symptoms, screening of inmates, screening of employees every day; 2) anyone being prepared for transport to the hospital; and 3) broad-base testing of asymptomatic people as part of contact tracing.

2:36:21 PM

CO-CHAIR FIELDS inquired whether, in the interest of safety, DOC will be able to move to a more proactive form of testing of asymptomatic people as has been done in some countries.

DR. LAWRENCE responded that there is not yet data to say broad-base testing in the absence of a known outbreak is actually beneficial. When testing an entire facility, he continued, it has been found that the virus hasn't spread beyond the index case. This is instructive when looking at models for what will work throughout the state to identify and then prevent spread.

CO-CHAIR FIELDS asked what assistance is offered by DOC to test, particularly in facilities that are off the road system where it wouldn't be wanted for the facility to be the primary vector for infecting an entire community.

DR. LAWRENCE answered that an offer has been made by certain hospitals throughout the state to provide testing. In this pandemic, hospitals and communities have told DOC to let them know if they can be of help with testing and Nome was one of those communities. When the offer was made there was no one in the facility with symptoms, and per CDC guidelines there was not a reason for broad-base testing at that time. However, if that point is reached, DOC will reach out to the hospitals in Nome, Fairbanks, and elsewhere.

2:40:10 PM

REPRESENTATIVE JACKSON inquired whether it is accurate that Alaska's correctional system has had only three cases.

DR. LAWRENCE replied it is important to separate the number of cases among staff members and the number of cases among inmates. Within DOC there have only been two cases among inmates, one at the Goose Creek Correctional Center and the other at the Anchorage Correctional Center. For cases among staff members it is important to note that the Division of Public Health is the agency that keeps those numbers, and the 11 published positive cases were at the Lemon Creek facility.

REPRESENTATIVE JACKSON asked why Alaska's correctional officers believe they are not receiving the $3.6 million that was to go to law enforcement.

2:41:55 PM

KELLY HOWELL, Special Assistant to the Commissioner/ Legislative Liaison, Office of the Commissioner, Department of Corrections (DOC), explained that this funding is coming from the Department of Justice and the $3.6 million is part of the carve-out to the State of Alaska's administering agency, which is the Department of Public Safety (DPS). The DPS, then, will allocate those funds as it determines appropriate to law enforcement agencies across the state. That application process is occurring right now, and DOC is submitting an application to DPS for a portion of that $3.6 million and DOC is looking forward to receiving funds to help support its efforts in combatting the COVID virus.

REPRESENTATIVE JACKSON offered her understanding that it is a matter of timing and process and the process hasn't gotten there yet, but a portion of those funds will be there to ensure that all departments are kept safe.

MS. HOWELL answered correct; DOC expects to receive a portion of that funding. How much is yet to be determined. The Department of Public Safety is the administering agency for those federal funds, DOC expects to receive some of the funds, and DOC will have its application submitted to DPS by the end of the week [May 29, 2020].

CO-CHAIR FIELDS requested Dr. Erin Bromage discuss why six feet of distancing indoors doesn't necessarily provide protection from the COVID-19 virus and to discuss the risks of being inside for long periods of time with multiple people.

2:44:02 PM

ERIN BROMAGE, Ph.D., Associate Professor of Biology, College of Arts and Sciences, University of Massachusetts Dartmouth, stated that for the past month he has been looking at where the primary risk factors for infection take place. He hasn't necessarily been looking at one-to-one interactions, he explained, but at single events where superspreading has taken place. All of these superspreading events tend to have a similar underlying cause - many people in an enclosed environment for an extended period of time. Poor air filtration and poor air exchange increase the magnitude of attack rates and the number of people who actually get infected. This is different from other respiratory viruses in the past. For example, with influenza most of the time face-to-face interactions for 10 minutes at less than six feet without masks will lead to infection. With COVID-19 there is a window of about five days where infected people are infectious but not showing any symptoms. With

influenza, as well as with the original SARS virus, this period is only 24 hours. This cryptic pathogen can stay hidden in people that appear otherwise healthy but who are literally shedding enormous amounts of the virus into the environment. When these people are put with lots of people into an enclosed space, rather than spreading to just one or two others, the virus can spread to tens, hundreds, and even thousands of others.

DR. BROMAGE specified that new data show that just breathing releases small amounts of respiratory droplets into the air. These droplets persist in the air for up to eight minutes in a still-infectious state. After eight minutes in the air the viral envelope begins to lose its moisture and breaks down, or the virus falls out of the air. However, he continued, an infected person who is just breathing in an enclosed space can build that up so that others in the room can inhale small amounts of the virus over a period of 30 minutes to hours, thereby building up to a level of viral load that can establish an infection. In the case of COVID-19, a person with a high viral load, which can only be told by testing the person, can result in half of the people in a building or half of the people attending a conference becoming infected. If there is also yelling, talking loudly, or singing, the amount of respiratory emissions increases between 10 and 100-fold over just breathing and these emissions will also be projected over a greater distance and reach more people inside that enclosed space.

DR. BROMAGE explained that to minimize the risk of jumping from 1-10 cases per day in the state to 100-200 cases from a single incident, a look must be taken at how interior spaces are engineered, how many people are in the spaces, and at airflow patterns. For example, Victoria, Australia, was down to fewer than two cases per day and then a single asymptomatic person went to work in a meat packing facility and caused 34 cases. In another event, 30 gym instructors came together at an event where 12 of them became infected and those 12 infected 108 of their customers. Failure to look at situations of a number of people close to each other in an enclosed environment for an extended period of time as being a high risk for a rapid escalation of cases will result in a rapid escalation of cases.

2:51:32 PM

CHAIR ZULKOSKY requested DOC to verify that the department refused the offer of COVID-19 testing of its employees.

MS. HOWELL confirmed the testing was offered. She deferred to Dr. Lawrence for further response.

DR. LAWRENCE clarified that the offer from multiple hospitals is that, in the case of an outbreak, the hospitals would be happy to test all the inmates. That offer, he continued, is separate from the offer to test DOC officers or employees. At this time that testing is available to anyone working within DOC within the respective communities. There has been no attempt to restrict employees from taking advantage of that testing offer within their communities.

CHAIR ZULKOSKY inquired whether she is correct in concluding that there has been no inclination to prohibit employees from receiving COVID-19 testing, but there has not been an accepted offer to test the inmates at these facilities.

DR. LAWRENCE replied that there have been at least two outbreaks involving inmates and three when counting staff members who tested positive through screening. Each of those outbreaks led to a broad-based testing and there is never a time that DOC declined to do the broad-based testing that was recommended.

CHAIR ZULKOSKY offered her understanding from today's testimony that it was previous thought there was no need for asymptomatic testing, but that there is now a growing body of evidence suggesting that COVID-19 is infectious even when a person is asymptomatic. She related from her experience within healthcare that many healthcare facilities have broadened their testing criteria to testing asymptomatic people because there are individuals who can test positive while remaining asymptomatic. She requested Dr. Bromage to speak to the growing body of evidence around the testing of individuals regardless of whether they are symptomatic.

DR. BROMAGE pointed out that those countries doing well in controlling the outbreak have provided testing for anyone wanting the testing while prioritizing the testing to people who are sick, at highest risk, or who have come in contact with someone who is sick. Alaska has done a remarkable job at keeping the general infection rate quite low and its testing is quite high. The desired test ratio is between 2 and 5 percent positive and Alaska is at 0.4 percent. This is good in that Alaska is capturing a lot of the community transmission just with its standard testing alone. Of concern, he continued, is that when this particular virus is brought into an enclosed environment it cannot be easily contained, as has been seen in

jails throughout the world. However that needs to be tempered with the fact that [DOC] could be testing all of its employees and prison guards today and they may actually be infected but not infectious at the time of the test and the next day there is enough virus to be detected and testing needs to be done again. When dealing with that type of situation, the utility of testing the guards and getting a single snapshot in time when there is already a good handle of it in the state may not have value unless there is regular testing every day in order to ensure the virus doesn't get in. He said he is unsure that that is practical given the limited testing capability and access to resources for testing. He would be giving different advice, he continued, if he were being asked about this in Boston or New York City. But from what he can see of the quality of testing and the amount done locally in Alaska, he isn't sure that would be money and resources well spent with the state's low level of community spread.

CO-CHAIR FIELDS pointed out that Alaska is just reopening its economy, including restaurants and places identified by Dr. Bromage as vectors in other regions. He asked how outbreaks could be prevented, and particularly prevented from spreading into rural communities that heretofore have been protected, as Alaska looks forward to a more open economy.

DR. BROMAGE responded that, in general, Alaska needs to keep its testing where it is in order to keep a handle on it. Alaska, he continued, is much better situated than the other states around the U.S. because it has an excess testing capacity because it has so fewer cases. If Alaska sees an uptick in its daily cases and the trend starts to go up, Alaska is able to implement a knowledge-based campaign to get people thinking about increasing their social distancing and using masks to tamp it back down again. Alaska has the capacity with its testing to capture it early before it goes crazy. When looking at stopping it from getting into high-risk environments, and maybe from employees and prison guards bringing it in, Alaska may want to consider categorizing its prison guards in regard to the contacts they have to the outside of their workplace. If they live in a house with someone who is in a frontline place or a place where it is high risk, then Alaska might want to allocate resources to be testing them more often. The risk is much lower for people who are more isolated and have fewer contacts in the day outside of work, and they can be put on a different testing or risk spectrum in regard to what is being looked for, such as how to evaluate, test, and mitigate risk in the best way possible.

3:00:34 PM

CO-CHAIR FIELDS requested Dr. Bromage to provide examples of where a restaurant or other workplace served as a superspreader event so that people can take risk into account as the Alaska economy reopens.

DR. BROMAGE cited a recent example of a bus trip where 64 people spent a little over an hour together and 27 of them became infected. A second bus traveling with the first had none, so the transmission happened on board the bus in that time during traveling. For restaurants, an example is where one infected person sat a table with nine other people. Five of the others at that table were infected, as were three of the four people at the table slightly downwind of the air conditioning blast from the first table. Two of five people at the table underneath the air conditioner and upstream of the first table also became infected. This was because the air conditioner blew the air downward and then the air circulated around the room. A workshop conference is another example. Sixty attendees spent two days together in a room and 34 of them became infected. Another example is the Biogen Conference held in Boston, Massachusetts, which resulted in many, many people becoming sick. At a call center in South Korea there was a single asymptomatic worker on the eleventh floor of the building; 94 of the 214 people on that floor became sick and 91 of those 94 were in the same vesseled area as the one infected person. Only three of the people sitting on the other side of the floor-to-ceiling partition became sick. Yet another example is a choir in Washington State where 60 people were in attendance. They had the requirements of the social distancing regulations in place. The choir was in a hall a bit larger than a volleyball court, the 60 people were as far apart as they could be and didn't touch one another or share food, they just sang for a few hours. Thirty-two of the people became sick and three died. It is being seen that when a lot of people are together in an enclosed space and the longer the time they spend together, the higher the chance that someone is going to get sick and the more people from that group will get sick.

CO-CHAIR FIELDS said the takeaway is that indoors with prolonged exposure, even with social distancing, the rate of spread can be very high, which has implications for Alaska's state facilities.

3:04:33 PM

REPRESENTATIVE JACKSON asked whether the [first group of customers] in the restaurant example were screened before they went into the restaurant because without screening how would it have been known [someone at that table had the virus].

DR. BROMAGE answered that this is one of the best studies because it was known that the people at the different tables weren't related, didn't know each other, and had had no contacts with each other prior to coming into the restaurant. The authors did genetic sequencing to address the chance that other people in there might have been infected and it wasn't from that point source. This virus has a fairly predictable mutation rate, so if the customers had acquired the infection at different places before coming into the restaurant, and it just so happened they infected their own tables, it would be expected that the genetic sequencing between the viruses would be different. In this particular case the sequencing from the people that were infected there showed an identical viral sequence, so the transmission in this event was definitely from the first person with the virus to the others. What can't be discounted is that the person at the table infected two people at the table and then those two people in 24 hours infected the other people at the table in their home environments. But it is known that in this particular case the index case for all of those people in that environment was from that single point source.

3:07:47 PM

REPRESENTATIVE STORY said a plan of safeguards is being developed for when state employees working from home are brought back to [the workplace]. From Dr. Bromage's testimony regarding space and airflow, she surmised it would be best to have people who aren't essential employees be able to work from home if they can until there is a vaccination or getting through the pandemic in some other way.

DR. BROMAGE recommended that anyone who can work from home and who can work efficiently from home should be encouraged to do that. The Australian and New Zealand governments are doing this right now. Fewer people in any enclosed space results in a decrease in infecting others and a decrease in the size of an outbreak. He noted he is working with the U.S. District Court in Rhode Island on managing indoor environments and coming up with ways to engineer spaces most effectively with air flow and better filtration to make the work environment less conducive to the spread of this infection in the workplace. Collaborating

with other facilities and agencies is an important part of making government and private workplaces as safe as possible. Combining fewer people, air exchange, and air filtration will further reduce the risk of infection.

3:10:44 PM

MARY SWAIN, Executive Director, Camai Community Health Care Center, stated that a majority of the sockeye salmon harvested in the upper Bristol Bay region is processed in Naknek. With a fishery this large (38 million salmon processed in Naknek) and with a community of only 800, the expansion that takes place for the season is quite large. Over about four weeks Naknek grows to more than 10,000 and when the season is over the workers and fishermen leave faster than when they came in.

MS. SWAIN related that Camai Community Health Care Center is small, with only three exam rooms and two beds that are urgent and emergency care. In early March, she said, Camai began taking steps to protect the community. Camai had to plan for a worst case scenario and that meant fishing season with an outbreak of COVID-19. Camai began analyzing what it had and what it would need based on recommendations from state, federal, and other partners already dealing with the impacts of COVID-19 in their communities. The first decision was to increase staffing levels for the season. In a typical fishing season Camai has five providers for the peak; this year Camai will have seven.

MS. SWAIN said Camai identified the need to coordinate with as many fishing processors and industry businesses as possible as early as possible, so a plan could be built together. These once-a-week conversations include discussions about the changes and mandates, policies, and what is being put in place for businesses, as well as discussing the concerns of the industry and the community. Normally when there is an emergency or disaster, medical plays a part in the response. In the case of a pandemic, medical takes the lead in many cases in many areas. Camai's clinic of 14 employees came together to learn as much as possible to be as prepared as possible when making decisions. By working with the processors Camai learned about their plans for isolation and quarantine in response to workers becoming ill with COVID-19. Most plants will have medical staff in their facility to assist in the care of ill people. Community members will be able to isolate and quarantine in their homes and, if ill, they can be monitored by Camai staff, Bristol Bay Area Health Corporation, or public health.

MS. SWAIN continued and explained that this left the fishermen as outliers potentially needing a place to isolate if they became ill while they were on the water. A place close to the clinic was needed so as to not burden the staff because long travel distances to monitor the fishermen would be difficult. She said she was contacted by a freight company that offered several modular-housing units if needed. Camai decided that, with beds, staff could manage about 15 mildly ill patients. With help from the Bristol Bay Borough, Camai purchased an 11-bed unit and leased an 8-bed unit for the season. The units are on the barge and should be ready by the second week of June just before fishing begins.

MS. SWAIN further noted that the state contacted her regarding Camai's need for additional medical care in the event of an outbreak bigger than Camai can manage. The state has an offer from Samaritans First for a field hospital with the staff to manage it if needed and the Bristol Bay Borough seemed to be the right place to put it. Plans have now been made and if alerted the hospital can be set up within a couple of days. This has given Camai staff peace of mind knowing that if it becomes overwhelmed there is a plan for help.

MS. SWAIN said testing is the last part of Camai's response. Due to the mandates of the fishing industry, she stated, Camai had to ramp up its ability to test a lot of people in a short amount of time. Camai has tested over 600 people within the last couple weeks and today 250 people were added. Testing is being done in several ways. One is drive-up testing behind the clinic, and another is testing groups at their processing plants so they don't need to leave the plant. Samples are sent to the state lab for testing and results are usually received in two to three days. Tests can be run in the clinic setting with Camai's "Abbott ID Now" point-of-care machines, or samples can be sent to the state lab, whichever a provider prefers. This allows a patient who has been exhibiting symptoms to know exactly whether they are COVID-19 positive. Camai sends all negative Abbott results to the state lab for verification and as of today all negatives have been verified as negative by the state. Camai hasn't yet had one positive in the community. Ms. Swain continued her discussion of testing, announcing that today Camai opened its walk-in/drive-up testing site in the building across the parking lot from its clinic. This facility has a 16-port point-of-care machine, so 16 tests can be run at a time and the results reported within an hour. As well, Camai has the supplies necessary to send out tests from that facility.

MS. SWAIN concluded by stating that Camai believes it has a good plan in place to quickly identify positive persons and will be able to respond as needed. As the state decides to reopen, the community has, at this point, decided to continue to use precaution until the fishing season is over. Stores have continued to require face coverings, local eateries and bars have limited seating, local tribal organizations have put hand sanitizer and glove stations in high traffic areas in the community, and expediters are expanding to deliver to boatyards and to pick up groceries for those in quarantine. Community members are aware that the risk is still there, and they are personally limiting interactions in public buildings and public gatherings. Even if the state reopens, the community still plans to button down the hatch even further.

3:17:17 PM

CO-CHAIR FIELDS requested Ms. Swain's view of information sharing between processors, the state, and Camai as a local healthcare provider regarding the testing that is being done, including the testing that is being done in Seattle as workers are traveling up. He asked what an ideal system looks like and what can be done to get there.

MS. SWAIN replied that currently the local processors are working closely with her. She knows which ones are having tests done before arriving and which ones Camai needs to test upon arrival. Communication between Camai and the state, she said, is probably the best it has ever been. She hasn't gone more than 24 hours without getting a response to her question from the state, probably because the state feels that if an outbreak happens it is going to happen in the fishing industry. Testing is the flip side of communication. Several processors want to do both antibody and "PCU," which she doesn't think is a good mix because she doesn't believe it is at a point for antibodies. She offered her opinion that antibodies are a way to study the virus but not to diagnose it.

3:19:32 PM

ADJOURNMENT

There being no further business before the committees, the joint meeting of the House State Affairs Standing committee and the House Health and Social Services Standing Committee meeting was adjourned at 3:20 p.m.