

**ALASKA STATE LEGISLATURE**  
**JOINT MEETING**  
**HOUSE STATE AFFAIRS STANDING COMMITTEE**  
**HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**  
Anchorage, Alaska  
September 9, 2020  
1:02 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 Steve Thompson (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 (via teleconference)

**MEMBERS ABSENT**

HOUSE STATE AFFAIRS STANDING COMMITTEE

Representative Sarah Vance  
Representative Laddie Shaw

HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

Representative Lance Pruitt

**COMMITTEE CALENDAR**

PRESENTATION(S): COVID-19 in Alaska on Local and State Pandemic  
Response

- HEARD

**PREVIOUS COMMITTEE ACTION**

No previous action to record

**WITNESS REGISTER**

KEVIN BERRY, PhD, Assistant Professor of Economics  
Department of Economics  
University of Alaska Anchorage  
Anchorage, Alaska

**POSITION STATEMENT:** Provided a PowerPoint presentation, entitled "Economics of COVID-19," dated 9/9/20.

NOLAN KLOUDA, Executive Director  
Center for Economic Development  
University of Alaska Anchorage  
Anchorage, Alaska

**POSITION STATEMENT:** Provided a PowerPoint presentation, entitled "The Economy and COVID-19," dated 9/9/20.

CHRISTY LAWTON, Division Manager  
Public Health Division  
Anchorage Health Department  
Anchorage, Alaska

**POSITION STATEMENT:** Testified during the presentation on COVID-19 in Alaska.

JANET JOHNSTON, PhD, Epidemiologist  
Anchorage Health Department  
Anchorage, Alaska

**POSITION STATEMENT:** Testified during the presentation on COVID-19 in Alaska.

JAKE METCALFE, Executive Director  
Alaska State Employees Association  
Anchorage, Alaska

**POSITION STATEMENT:** Testified during the presentation on COVID-19 in Alaska.

**ACTION NARRATIVE**

1:02:29 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 1:02 p.m. Representatives Claman (via teleconference), Drummond (via teleconference), Hopkins (via teleconference), Jackson (via

teleconference), Kreiss-Tomkins (via teleconference), Story (via teleconference), Thompson (via teleconference), Zulkosky (via teleconference), and Fields were present at the call to order. Representatives Tarr (via teleconference) and Spohnholz (via teleconference) arrived as the meeting was in progress.

**PRESENTATION(S): COVID-19 in Alaska on Local and State Pandemic Response**

[1:03:10 PM](#)

CO-CHAIR FIELDS announced that the only order of business would be a presentation on state and local response to the COVID-19 pandemic.

[1:04:02 PM](#)

KEVIN BERRY, PhD, Assistant Professor of Economics, Department of Economics, University of Alaska Anchorage, informed the committee that he has been studying the economics of infectious disease since 2011. He said today, he would provide an overview of pandemics economics and discuss the impacts of the COVID-19 pandemic on both a state and national level. He directed attention to the PowerPoint presentation, entitled "Economics of COVID-19," and on slide 2, explained that there are three steps in virus economics: control the virus, provide relief, and recover after the virus ends. He said there are tradeoffs within the three steps, such as, considering if controlling the virus is more costly than simply reopening and letting it run wild. He added that there is extensive recent research that attempts to better understand the tradeoffs associated with policy. Slide 3 highlighted a [2020] study by Lin and Meissner and the National Bureau of Economic Research (NBER) working papers series. The chart on slide 3 showed the impact on initial jobless claims of stay-at-home orders by state. He indicated that it is unclear whether stay-at-home orders increase jobless claims. Multiple studies have shown that some portion of the shock to both public health and the economy is due to people staying at home voluntarily to avoid getting sick, which is defined as "avoidance behavior." He said it becomes difficult to determine whether these impacts are influenced by the stay-at-home orders or avoidance behavior. In Alaska, for example, one of the conflating factors is that the first cases arrived in the state at roughly the same time that the stay-at-home orders were issued, which complicates the estimation. The research generally concludes that it is unclear that a tradeoff exists between health and wealth; further, that by fighting the

virus, avoidance behavior is reduced, and it becomes more likely that people are going to return to both work and spending. Slide 4 reviewed a study by Dave et al. on whether shutdown orders reduce spread. One of the key questions is whether costly policy measures intended to reduce the spread of the virus, like shelter-in-place orders, flatten the curve. The research suggests that shelter-in-place orders are associated with a 5-10 percent increase in the amount of time people stay at home; additionally, three weeks after a shelter-in-place order is issued, cumulative cases are reduced by 44 percent, indicating that stay-at-home orders are incredibly effective in reducing spread. Dr. Berry explained that these policy measures potentially cause increased jobless claims, but they are also reducing the long-term risk of the virus.

[1:09:30 PM](#)

DR. BERRY turned attention to slide 5, which highlighted work by Chetty et al. at Harvard University on case studies of reopenings in different states. Graph B, he said, shows consumer spending in re-opened states compared to control states, indicating that there's not a significant difference between states that stay closed and those that reopen. He said to keep in mind that re-opened states are often responding to an improved situation regarding the virus. He explained that it's not clear whether the increase in consumer spending is caused by the relaxed restrictions or by an improvement in caseloads, which results in people feeling safer and more comfortable. Graphs C and D performed similar experiments; C, using employment data; and D, using data on the number of merchants open. The research suggests that post-reopening, employment is not increasing rapidly relative to control states. The evidence suggests that reopening does not cause rapid economic recovery - people are more likely responding to the risk of becoming sick. He noted that there are many other costs of lockdowns, including lost education, domestic violence, drugs, and alcohol, which must be balanced against the additional risk of the virus and avoidance behavior in response to higher caseloads. He stated that while lockdowns might be blunt, evidence suggests that they are effective and that they are not the sole cause of economic pain - mostly likely due to avoidance behavior.

DR. BERRY continued to slide 6, which examined the cost of reopening in Alaska. The graph shows that as Alaska reopens, there is an associated rapid increase in new cases. Evidence suggests that reducing restrictions on mobility increases virus spread. He noted that outbreaks have long-term impacts on the

economy, such as potential loss of elders or high-risk individuals, as well as possible long-term health effects of COVID-19. He added that the cost of reopening in regard to additional infections indicates fatalities, which means less productive workers as people deal with long-term consequences and fewer people in the economy. He stated that the additional cases from reopening can be considered an additional cost. He directed attention to slide 7, which highlighted the cost of remaining closed. Research by Dr. Guettabi from the Institute of Social and Economic Research (ISER) indicates that the tourism and hospitality industry bear a disproportionate burden. The economy in Alaska has been significantly impacted by the outbreak. Monthly employment has declined dramatically since 2019 and a recovery isn't predicted until 2022. Furthermore, certain industries are facing a much larger cost than others.

DR. BERRY directed attention to slide 8, which read as follows [original punctuation provided]:

- It is unclear that there is a tradeoff between health and wealth
- People want to avoid getting sick, and stay home voluntarily
- Estimates of the impact of government intervention range from 12% decline in consumer mobility to 60% of lost employment
- The benefits were in lives saved and consumer willingness to return to normal
  
- Ending lockdowns and restrictions is not a panacea, and makes some problems worse
- Alaskans need help now, and some more than others
  
- There is room for more targeted interventions to avoid the blunt instruments of lockdowns and uncoordinated avoidance behavior

[1:17:57 PM](#)

DR. BERRY reiterated that Alaskans need help now. He said implementing policies, such as the AK CARES grant program, as quickly as possible is ideal. He explained that mask mandates are only as effective as people are willing to respond to them. He stressed the importance of making policies targeted. He continued to slide 9, which demonstrated impact on the leisure and hospitality industry.

[1:19:51 PM](#)

NOLAN KLOUDA, Executive Director, Center for Economic Development, University of Alaska Anchorage, provided a PowerPoint presentation, entitled "The Economy and COVID-19." He directed attention to slide 2 and noted that Alaska was in a recession from 2015 to 2018. The chart on slide 2 showed the year-over-year employment change for Alaska, indicating the loss of 12,600 jobs in that three-year timespan, which was an effect of low oil prices and state budget complications. Alaska's economy slowly started to recover at the end of 2018 with a projected return to 2015 employment levels in 7-8 years. However, the scale of job losses in 2020 dwarfs the magnitude of the prior recession. He reported that July 2020 was down 39,900 jobs compared to July 2019, which was a faster pace of job loss than the Great Depression. Slide 3 highlighted unemployment claims in Alaska. Before COVID-19, there were typically 1,000 new unemployment claims per week; in early 2020, initial unemployment claims increased to 12,000-14,000 per week. He noted that the number of new unemployment claims is dropping, but the rate is still 4-5 times higher than the normal baseline in 2019.

[1:23:13 PM](#)

MR. KLOUDA continued to slide 4, which demonstrated job losses by sector between July 2019 and July 2020. At 14,300 job losses, the leisure and Hospitality industry is suffering the most because it has the most exposure to the visitor industry and locals are exhibiting avoidance behavior. Other industries that took a hit are trade/transportation/utilities, manufacturing, and local government. Slide 5 examined the number of small businesses that are open in Alaska. He reported that as of August 9, 2020, about one-third of Alaskan businesses are closed. He pointed out that it's difficult when a business is closed with certainty and whether it's permanent or temporary. He further noted that stay-at-home orders are not the only factor in the decrease in business closures, as many of them closed before those orders were issued. He indicated that there's not a clear relationship between stay-at-home orders and [economic] downturn. He turned attention to slide 7, which addressed consumer spending. In Alaska, consumer spending was down 14.7 percent on August 20, 2020 compared to pre-COVID-19. He noted that consumer spending started to increase on April 1; however, the rate of recovery is slower in Alaska compared the U.S. as a whole. He expressed concern that Alaska's underlying economic weakness from the prior recession could slow the

state's recovery from COVID-19. Additionally, research suggests that the expiration of the supplemental unemployment benefits caused a contraction, or slower recovery, in consumer spending, as much of that money was being spent at local businesses. Furthermore, there was no evidence to suggest that the extra unemployment benefits were inhibiting people's return to work.

[1:28:18 PM](#)

MR. KLOUDA directed attention to slide 7, which provided the annual average unemployment in Alaska from 2011-2022, as well as a forecast. He explained that Alaska reached its peak in unemployment in 2015; after which it subsequently declined until experiencing a small post-recession recovery in 2018. He indicated that 2020 would experience an overall loss of 25,000 jobs compared to 2019. He emphasized the long and slow recovery that lies ahead for Alaska, which is further complicated by relatively low oil and gas prices and ongoing fiscal issues.

[1:30:08 PM](#)

REPRESENTATIVE ZULKOSKY pointed out that a patchwork of protective health measures is not effective in preventing the spread of infection. She asked if there has been economic research on states that have taken a statewide approach to protective measures compared to states that passed the responsibility to municipalities.

[1:32:05 PM](#)

DR. BERRY said there is a small amount of research from NBER's working paper series that focuses on coordination between different locales and their policy responses. He said there is suggestive evidence that there are proficiency losses from prevention and control measures when they are uncoordinated across municipalities. He noted that the aforementioned research is focused on the Lower 48, which has a different transportation network than Alaska. He opined that it might not translate because Alaska has communities off the road system and different movement around the state. He stated that the suggestive evidence indicates that coordinated policies are going to outperform uncoordinated policies; however, whether that is statewide policy or policy that is otherwise developed is unclear in the existing literature thus far.

[1:33:16 PM](#)

REPRESENTATIVE ZULKOSKY returned attention to slides 5 and 6 and asked if there has been an analysis of the symbiotic relationship between economic impact and rates of infection in Alaska.

[1:34:18 PM](#)

MR. KLOUDA explained that there is a consensus among economists that long-term economic health depends on good public health and that it's hard to have one without the other. He stated that people are afraid to leave their houses and spend money as long as the virus is dangerous, adding that it's hard to understand whether the stay-at-home orders have more impact than the general fear of the virus. He said in general, a healthy economy will depend on the control of the virus.

DR. BERRY agreed that a healthy economy depends on having healthy workers and consumers. He added that some of the unexpected costs of the pandemic are in lost education and potentially long-term health impacts, which suggests that there could be long-term health impacts from an uncontrolled public health crisis.

REPRESENTATIVE ZULKOSKY expressed interest in further analysis of the relationship between the health impacts and the economic impact in Alaska.

[1:38:14 PM](#)

REPRESENTATIVE FIELDS surmised that a health mandate would have zero negative economic effects. He asked if that is correct.

DR. BERRY said he would expect a mask mandate to have a positive impact because it would help people feel safer to participate in the economy. He noted that there are always unexpected behavioral responses that cannot be accounted for.

MR. KLOUDA added that economists at Goldman Sachs looked into how a national mask mandate would affect the economy. Their research suggested that a nationwide mandate would prevent a loss of around 5 percent GDP because it would forestall closures and stay-at-home orders.

REPRESENTATIVE FIELDS speculated that targeted interventions, like a mask mandate or workplace safety standards, could protect jobs by preventing the necessity of lockdowns.

DR. BERRY answered yes. He explained that the blunt instrument of a lockdown is probably the most economically damaging way to control the virus; nonetheless, it's the most likely to have a positive cost benefit ratio. He said, "it's the difference between cutting off an entire leg to stop an infection or treating it with antibiotics."

REPRESENTATIVE FIELDS questioned whether either testifier wished to elaborate on targeted measures beyond a mask mandate and workplace safety measures or if those are two key measures that the state should be working on.

[1:41:01 PM](#)

DR. BERRY deferred to his public health colleagues. He said as an economist, he is most aware of the mask mandate as a way of reducing transmission, as well as restrictions on spending time in poorly ventilated areas.

MR. KLOUDA deferred to public health officials.

[1:42:07 PM](#)

CHRISTY LAWTON, Division Manager, Public Health Division, Anchorage Health Department (AHD), explained that she oversees the Public Health Division, which comprises the clinical nursing team that was activated in January 2020 to prepare to respond to the virus. Now, nine months later, 50 percent of the AHD staff has been activated in either part-time or full-time capacity for that response, whether it's at the department or part of the emergency operations center. She noted that since the beginning of the pandemic, resources have been a challenge; consequently, the department activated and trained all the nurses and shutdown most of the essential health services to respond in a dedicated fashion. She applauded the public health nursing team for providing an optimal level of response by helping people with everything from food assistance to contact tracing, as well as providing emotional support at a time when information on the impact of the virus was inconsistent. She commended the division's partnership with the Anchorage School District, which provided 15 additional nurses. She said that partnership enabled the nurses to provide individual attention and thorough contact tracing for every case.

[1:47:15 PM](#)

MS. LAWTON explained that initially, people needed a lot of time and education; however, with enough time and proper counsel, the public health nurses were able to keep many of those people in isolation, which helped slow the spread. When the number of cases started to increase in June, she said things started to go "haywire." She recalled that the department was behind and unable to respond to cases in a timely manner. She said they hit critical levels as the state and UAA were developing a sizeable collaboration to allow for the staffing capacity to respond to any number of cases, which the municipality, as well as any community, could benefit from when numbers exceeded capacity. She opined that the partnership was innovative and helped the municipality avoid a dangerous tipping point that it came close to exceeding. She reported that there are currently several hundred statewide contract tracers between combined resources from AHD, the state, the UAA workforce, and volunteers, which ensures that each new case is contacted and outreached within 24 hours. She opined that the various emergency orders have been very effective in helping AHD reduce the spread that was transpiring from large gatherings. She said although the mitigation efforts have been painful for business owners, they helped prevent worse outcomes in terms of the number of exposures that ultimately required hospitalizations. She conveyed that the AHD team is currently recruiting 11 new permanent fulltime staff who would be dedicated to COVID-19 to help replace the school nurses who have returned to their regular duties. She further noted that the municipality added a contractor who built five additional large scale testing sites and has been the "go-to" person for establishing a testing schedule for large congregate care settings, like homeless shelters. To conclude, she opined that the state has been successful in its proactiveness and responsiveness to [the pandemic].

[1:53:12 PM](#)

REPRESENTATIVE SPOHNHOLZ asked if there is information on how the CARES ACT pandemic unemployment assistance program and its subsequent expiration at the end of July specifically impacted individual Alaskans and the state economy.

[1:54:00 PM](#)

MR. KLOUDA said there is a working paper by NBER that shows how that supplemental benefit was spent by its recipients. The paper suggests that the loss of that extra \$600 per week would lead to a 44 percent decline in local spending. The research

indicated that the supplemental payments were supporting more employment because more money was circulating instead of acting as a disincentive. He pointed out that in terms of local spending, households that were receiving the supplemental unemployment insurance are disproportionately below median income, which means they must spend what they earn on essentials, like gas, food, and rent. He noted that it's exact effect on the state is unclear.

DR. BERRY added that there is some work on how quickly the CARES Act supplemental unemployment supported consumer spending and kept the economy from collapse. He said the opportunity insights data suggests that consumer spending has stayed flat since the expiration of the supplemental unemployment insurance. He noted that particularly for low-income homes, the supplemental benefits kept people in their homes.

[1:57:14 PM](#)

JANET JOHNSTON, PhD, Epidemiologist, Anchorage Health Department, reported on metrics pertaining to epidemiology, health care capacity, and public health capacity. She said in terms of epidemiology, AHD is tracking the total number of cases, number of new cases, and the case rate, which is the number of new cases per 100,000 residents. She noted that the key number is the 14-day rolling average because numbers can increase or decrease for various reasons, but the average provides a sense of where things are going. She explained that currently, cases are plateauing at a level that is considered the high-alert level for the state, which is keeping schools from opening in person. Regarding health care capacity, AHD is focusing on hospitals' ability to handle surgeon patients if cases were to increase dramatically, meaning available hospital beds, ICU beds, and ventilators. She acknowledged that [the municipality] has helped AHD's facilities serve as the backup for most of the state in terms of extra capacity in case of surgeon cases from other parts of the state as well as Anchorage. Additionally, health care capacity considers PPE availability for health care providers and first responders, as well as testing capacity. The third metric, public health capacity, focuses on the ability to interview cases quickly and contact and monitor the case's contacts quickly. Currently, AHD's public health nurses are conducting the first interviews with major clusters within the city, such as the homeless outbreak. They are also working with statewide contact tracing in terms of monitoring contacts and ensuring that people get tested, particularly those displaying symptoms. She relayed her

focus on the science of how the disease spreads. She emphasized the importance of masking in decreasing the spread; additionally, reducing the size of close, indoor gatherings. She said AHD is trying to get the public to internalize the need for masking, social distancing, and frequent hand washing.

[2:02:20 PM](#)

REPRESENTATIVE ZULKOSKY acknowledged the leadership that was taken by AHD. She pointed out that the interconnectedness of Alaskan communities and community health was highlighted as the surge of COVID-19 cases in Anchorage began to seep into rural communities in the absence of statewide leadership. She asked for further information on the existing capacity for contact tracing and how well it's working on the local level.

[2:04:12 PM](#)

MS. LAWTON said [AHD] has been in a better position since the Municipality of Anchorage, in collaboration with the state, implemented the CommCare database, which manages COVID-19 information and allows any trained contact tracer to take on a case regardless of his or her location. She said the CommCare application helped manage the backlog in July when the municipality was overwhelmed with new cases. She explained that CommCare ensures that every new case is immediately assigned in real time. She noted that the municipality has nine staff members dedicated to contact tracing on a day-to-day basis. She said the only disadvantage is that, aside from the clinical team, many of the AHD staff transitioned to telework, which is not conducive for ensuring patients' privacy and compliance with Health Insurance Portability and Accountability Act (HIPPA). She continued to explain that AHD has the autonomy to manage all the cases associated with a particular hotspot to allow the team to focus on the high-risk outbreaks. She opined that the process has been successful, adding that the AHD team is continuing to provide high-quality and timely contact tracing services both locally and statewide.

[2:09:50 PM](#)

REPRESENTATIVE ZULKOSKY pointed out that there is a challenge for different classes of cities and municipalities across the state, which makes the implementation of a patchwork of statewide protective measures tenuous for second-class cities or communities in unorganized boroughs. She asked for insight on

how the Municipality of Anchorage is using metrics to govern public policy decisions.

2:12:06 PM

DR. JOHNSTON offered her belief that interpreting metrics and acting on the data is a combination of art and science. She said a lot of time is dedicated to analyzing metrics related to case counts, rate of new cases, and healthcare capacity, which is all channeled to the mayor daily. She added that there is a meeting held once or twice each week to discuss metrics and the mayor is concerned about weighing both the public health aspect with the economic aspect of every decision. She offered her understanding that the municipality has taken the stance to protect the public health in order to protect the economy. Furthermore, Anchorage's population size provides numbers that are relatively stable and can simulate trends, which is a challenge for smaller communities in Alaska. She stated that the municipality is considering CDC guidance, state alerts, and metric forecasts, all while bearing in mind the life cycle of the virus. She noted that UAA is conducting surge modeling with a focus on the conditions that could lead to strain on ICU capacity. She opined that changes would be made if a surge in Anchorage or across the state would compromise the municipality's ability to provide sufficient ventilators and ICU beds.

2:15:00 PM

REPRESENTATIVE ZULKOSKY opined that Ms. Johnston's response underscores the complexity of the COVID-19 response and the importance of having statewide measures to protect small communities that don't have sufficient capacity.

2:16:13 PM

REPRESENTATIVE SPOHNHOLZ asked for an update on the recent surge of COVID-19 cases in Anchorage and its homeless population and questioned whether it's under control.

2:16:45 PM

DR. JOHNSTON said it's difficult to say whether it's under control. She reported that progress has been made regarding the implementation of testing to ensure that cases are identified quickly. She added that capacity for isolation and quarantine has also been fulfilled. She said the challenge with the

homeless outbreak is that it's a migratory and amorphous population, which makes it difficult to identify who is truly homeless and who is at risk of being homeless. She added that the population difficult to track; nonetheless, testing is being expanded beyond the shelters to identify cases at the next level out. She said she is mildly optimistic that it's getting under control, but it's not totally controlled at this point.

MS. LAWTON added that the homeless providers have been incredibly responsive. She conveyed that they already had mitigation strategies in place and have added additional precautions to prevent the spread. She said AHD is consulting with the CDC to determine additional recommendations, as well as with the Division of Behavioral Health, DHSS, for input on this unique population, many of whom have substance issues that can be a disincentive to isolate. She further noted that the Municipality of Anchorage has provided a hotel that has the capacity to house all of them for safe shelter. She said AHD would continue to work with the CDC and the state to work on improvements and to keep this population safe.

[2:20:47 PM](#)

REPRESENTATIVE SPOHNHOLZ deduced that [the homeless outbreak] is not under control right now, but there is a building that has the capacity to provide people with safe shelter. She asked if that is correct.

MS. LAWTON answered yes, there is a dedicated place for isolation and quarantine that is sufficient to meet the current needs. She noted that it will continue to be evaluated as weekly numbers are analyzed. She observed that the number of new additional positives is slowing; however, it will be continuing issue for the next several months that will require a high-level effort to maintain and respond to.

REPRESENTATIVE SPOHNHOLZ encouraged AHD to keep the legislature informed if the building reaches capacity. She pointed out that if community spread is not managed, it jeopardizes the economy and the ability to keep the community healthy.

[2:22:26 PM](#)

REPRESENTATIVE JACKSON asked if mass antigen testing could help manage COVID-19 in Alaska. She underscored the importance of economic recovery and opined that fear of the virus would not disappear if a mandate is lifted.

[2:23:44 PM](#)

DR. JOHNSTON opined that there are additional testing strategies that could be implemented depending on the processing speed and the cost. She said Dr. McLaughlin conveyed that if the testing could be frequent and affordable for a large portion of the population, it would be a "gamechanger." She offered her belief that cheaper and more frequent testing is a possibility, but it depends on the cost. She said, for example, noninvasive saliva testing that costs \$1 each could be implemented in schools to students as they enter the building. She pointed out that even if they weren't as accurate as PCR tests, the testing would still be administered to a large number of people, which could control the virus and make people more comfortable. However, she opined that both the municipality and the state aren't quite ready for that.

[2:25:35 PM](#)

REPRESENTATIVE THOMPSON offered his understanding that it currently takes 3-5 days to receive test results. He asked for further clarification on the rapid test machines.

DR. JOHNSTON explained that rapid test machines produce results in 15 minutes, which works for some situations. For other situations, like the homeless outbreak, test samples need to be collected from every person in a homeless facility, which would take hours for one rapid testing machine to process. She reiterated that there are many different testing options available. She agreed that it would be beneficial to acquire the high throughput PCR testing. Additionally, she reported that depending on the facility, the municipality is averaging under three days [for test results].

REPRESENTATIVE THOMPSON sought to clarify whether the municipality is in the process of acquiring rapid test machines. He offered his understanding that the university is processing test results in a couple hours.

DR. JOHNSTON said she is unsure of whether the university is using rapid testing. She noted that PCR tests can be "turned around" in under 24 hours with access to a lab. She reported that rapid PCR testing was done in the public health lab when the case count was low.

MS. LAWTON added that AHD acquired several ID NOW COVID-19 rapid test machines. She said AHD is considering how to employ those as strategies in the high-risk congregate settings, particularly as the weather gets colder. She noted that the national supply of required cartridges for the rapid test machines have been intermittently unavailable, which without the proper equipment, makes it difficult to produce test results quickly.

[2:29:31 PM](#)

REPRESENTATIVE FIELDS noted that the state was invited to participate in this hearing, but they declined. He inquired about the long-term health impacts that medical professionals are observing in COVID-19 survivors.

DR. JOHNSTON related that recovering from a ventilator takes a long time and is often accompanied by long-term [health] effects. She also recalled seeing people with micro blood clots that affect the entire body. She said as she is not an MD, there is a lot that she does not know about the long-term effects; however, she indicated that they can be serious. She expressed concern that the large number of asymptomatic cases makes people forget about the serious ones.

[2:31:14 PM](#)

REPRESENTATIVE FIELDS asked if unmasked co-workers who are six feet apart in an office environment for eight hours are still at risk of transmitting the virus.

DR. JOHNSTON emphasized that six feet of distance is just a general rule. She added that significant factors include activity level, duration of exposure, and ventilation. She stressed the importance of increasing fresh air in buildings and improving the ventilation. She recommended masking if people are in an environment all day with just six feet of distance between them, adding that masking doesn't cause harm and benefits the individual wearing it as well as others around them.

[2:32:54 PM](#)

REPRESENTATIVE FIELDS expressed concern about the lack of statewide standards and emphasized the importance of the public recognizing that six feet is not adequate distance in indoor environments. He recalled an op-ed by Alaska State Hospital and Nursing Home Association (ASHNA) that reported Alaska being on

the verge of overwhelming its ICU capacity, after which the Municipality of Anchorage issued public health mandates in attempt to suppress the spread. He asked for the case rates at that time and how effective the municipal health mandates were.

MS. LAWTON reported that the spread was occurring around clusters associated with people socializing and gathering. She anecdotally recounted that AHD was escalating concerns to the administration and had many conversations about how to respond knowing that none of the decisions would be popular. She noted that it can be difficult to pinpoint one particular moment or decision due to the latent nature of the virus.

DR. JOHNSTON reported that cases began increasing in early July and spiked at 75 new cases per day. She said currently, Anchorage is averaging at 34 new cases daily.

REPRESENTATIVE FIELDS surmised that the public health measures cut the statewide infection rate by approximately half.

DR. JOHNSTON said she is unsure of the statewide rate. She pointed out that Anchorage's numbers are important because Anchorage accounts for a large percentage of Alaska's population; therefore, when the municipality's numbers decrease it drives the statewide number down with it. Additionally, the ripple effect can occur when the high number of cases interact with the rest of the state, spreading the virus in both directions.

[2:36:47 PM](#)

REPRESENTATIVE FIELDS turned attention to a dataset from the European CDC [included in the committee packet] that showed cumulative confirmed COVID-19 cases per million people. The data table indicated that the infection rate in Brazil and the United States was magnitudes higher than any other developed country in the world. He directed attention to a second dataset, dated 9/9/20, from The New York Times [included in the committee packet] that displayed U.S. states with the most cases per 100,000 residents in the last seven days. The data indicated that Alaska's infection rate was higher than many states, both rural and urban. He asked how the lack of state policies limits Alaska and whether effective state policies are necessary to achieve lower infection rates.

DR. JOHNSTON said there are many factors that affect the infection rate in a specific location. She maintained that

lowering the infection rate would require everyone to wear masks, social distance, and quality ventilation. She added that getting to that point would entail a combination of education and policy.

[2:39:33 PM](#)

REPRESENTATIVE JACKSON inquired as to the average cost of PCR testing.

DR. JOHNSTON said she is unsure of the cost. She explained that between the supplies and manpower it requires, PCR testing is not an affordable option for Alaska right now.

REPRESENTATIVE JACKSON asked who would know how much the state is paying to perform PCR tests.

DR. JOHNSTON surmised that someone at the state lab might know.

MS. LAWTON offered to follow up with requested information.

[2:41:57 PM](#)

REPRESENTATIVE FIELDS echoed Representative Zulkosky's comments and thanked the municipality for implementing public health measures that significantly reduced the spread of the virus. He expressed his continued concern that infection rates are higher than they should be due to a lack of effective state and federal policies. He introduced Mr. Metcalfe and asked for an update on whether the state has taken action on any of the expert recommendations to implement universal masking in state facilities and upgrade HVAC filters to reduce the risk of spreading COVID-19 through ventilation systems in state facilities.

[2:42:57 PM](#)

JAKE METCALFE, Executive Director, Alaska State Employees Association, stated that ASEA is not aware of any action being taken on those items. Recently, he said, ASEA requested a labor management meeting, which refers to a clause in ASEA's collective bargaining agreement with the state. He explained that the labor management committee is when a group of ASEA members meets with management from various state departments to discuss labor management issues with the purpose of "[facilitating] communication between the parties and promote a climate conducive to constructive employee relations." He noted

that there are certain state departments, such as DHSS, where a majority of ASEA's members work. He added that facilities governed by DHSS, including the Pioneer Home, Office of Children's Services, and the McLaughlin Youth Center, are a major concern of ASEA, which is why the labor management meeting was requested. He explained that per the Department of Administration's (DOA's) request, ASEA created a list of issues to be discussed with the state, including test results in facilities, consistent communication with employees in the bargaining unit, access to testing, the return to work after testing, PPE availability/standards, safe work conditions, travel quarantine, and leave limitations. He said ASEA submitted the list two weeks ago and no response has been received. He noted that ASEA has been reaching out and asking to partner with the state for six months. He added that during that time, the biggest issue has been both a lack of communication and inconsistent communication. He stressed ASEA's interest in working in partnership with the state to ensure members are safe. He opined that the failure of leadership in the current administration has created unnecessary stress and anxiety among the workforce, which could be solved by a simple "labor management relationship." He expressed frustration and confusion as to why there is not more interest in working together on the existing issues. He conveyed that ASEA would have to file an unfair labor practice.

[2:54:02 PM](#)

MR. METCALFE reminded state employees that state law protects those that have concerns about workplace safety from retaliation; additionally, federal Occupational Safety and Health Administration (OSHA) laws protects employees from retaliation regardless of the context. He asserted that ASEA will continue to do everything in its power to represent them. He urged members to work with their supervisors if they aren't receiving the health or assistance they need. He continued explained that ASEA educates its members to contact their shop stewards or business agents. He conveyed concerns from a shop steward at McLaughlin Youth Center concerning the need for masks and PPE, as well as hazard pay given the increased risk that employees are facing at work. Furthermore, her reported that morale is low, and employees don't feel supported. He urged the committee to consider implementing a universal mask mandate and adequate ventilation systems in state facilities. He stressed the importance of equipping employees and residents of state facilities to prepare for future outbreaks that may come.

[2:56:57 PM](#)

REPRESENTATIVE ZULKOSKY asked Mr. Metcalfe to share additional information on the outbreak at McLaughlin Youth Center, such as their mitigation policy when a positive case is identified.

MR. METCALFE explained that ASEA has not been informed of a mitigation plan from McLaughlin Youth Center. He reported that a coalition from the public employee union presented a mitigation plan that they wished to discuss with the state, but they have not received a response. He noted that DHSS has been good about contacting ASEA when an outbreak occurs at a facility. He offered his understanding that McLaughlin ordered mandatory testing and required employees to return to work afterwards. He recalled that employees were concerned about returning to work before they received their test results. He said ASEA would like to know why that is happening.

[3:01:47 PM](#)

REPRESENTATIVE ZULKOSKY said physicians have communicated that quarantine is the best widely available treatment for COVID-19 and the only tool to prevent transmission. She agreed that although testing is helpful for detection, it doesn't necessarily prevent spread. She asked how many state employees ASEA represents and what the morale has been among that group.

MR. METCALFE stated that the lowest employee morale is in 24-hour facilities. He opined that inconsistent messaging and confusing policies are contributing to the low morale. Additionally, he reported that morale is low among essential workers who are scared, stressed, and anxious.

[3:04:57 PM](#)

REPRESENTATIVE FIELDS noted that the committee held a hearing where representatives from both the McLaughlin Youth Center and the Pioneer Home participated in and urged the state to implement protective measures. He said the state boycotted that hearing, failed to implement the measures, and there were outbreaks in those very facilities.

[3:05:32 PM](#)

REPRESENTATIVE STORY recommended that the committee ask DOA when they plan on meeting with ASEA to address the list of questions that was sent to them. Additionally, she requested a facility-

wide update on masks, hand washing, social distancing, and air filtration systems.

[3:07:33 PM](#)

REPRESENTATIVE FIELDS expressed his disappointment that the state is not taking steps towards preventing the likelihood of state facilities becoming vectors for COVID-19.

[3:07:58 PM](#)

**ADJOURNMENT**

There being no further business before the committee, the House State Affairs Standing Committee meeting was adjourned at [3:07] p.m.