COVID-19 Tribal Leadership Session Minutes April 21, 2020

r		
Angie Gorn, CEO, NSHC	Reba Lean, NSHC	Mark Peterson, MD, Medical Director, NSHC
Kelly Bogart, NSHC	Megan MacKiernan, NSHC	Megan Alvanna-Stimpfle
Charles Swanson, Koyuk	Howard Weyiouanna, Shishmaref	Toby Haugen, Native Village of Unalakleet
Andrew Norris, Kawerak	Jolene Oleson, Kawerak	Carol Piscoya, Kawerak
Joann Keyes, Wales	Dolly Kugzruk, Teller	John Waghiyi, Savoonga
Barb Gray, Council	Village of Savoonga	Bertha Koweluk, BSWG
Donna James, Kawerak	Blanche Garnie, Teller	Deborah, Wales
John Bioff, Kawerak	Roy Ashenfelter, Kawerak	Liz Kugzruk

AGENDA ITEMS	DISCUSSION/RECOMMENDATION
Introduction to Meeting – Angie Gorn, NSHC CEO	Angie gave an introduction regarding the purpose, standing agenda, and frequency of the call. The daily call will be at 11 am Monday through Friday and will include NSHC administration and Medical Staff. The Standing Agenda includes:
	 Prayer Medical Staff Briefing Subsistence Talk Comments and Questions
	Note- Any questions may be sent to Reba Lean at <u>rlean@nshcorp.org</u> anytime or text to 907-434-1927 and they will be answered during the 11:00 am call.
Prayer	Prayer was given
Medical Staff Briefing – Dr. Peterson, Medical Director	 Dr. Peterson gave updates on the following: Alaska: 24 hour period only 2 new case, 321 cases ANMC: 0 inpatient cases, 10 outpatient Region: 194 tests, 86 in house, rest at ANMC, 136 negative, 57 pending, 1 positive
	Bullet points on what's to come on testing: Now that we have capability testing want to be doing more testing, ANMC is able to supply us for this Plan to be put into place to test employees in hospital, community in Nome, EMS, Police, First responders, 10% in each of our villages, if the person wants testing NSHC employees will receive email tomorrow Working with Health Aide Testing all residents in QCC and staff Opening testing in Nome but will take a day or two to figure out Each village will work with our staff to set up what will work out in that specific village

GENDA ITEMS DISCUSSION/RECOMMENDATION	
	 The health aides and midlevels in the village will set up what is best for the village they are in Encourage health care providers, store employees to get tested in the village
ubsistence Talk – Reba Lean	Reba shared the following about working with Kawerak on subsistence safety: Last week on this call we identified a new key on education and guidance to help reach our subsistence and gathers at this time. We meet a couple of time over the phone to come up with important tips for hunters and gathers around the region. We looked at the difference types of hunting and some areas of concern. Subsistence is essential and has to be done. We came up with these tips. They are available on social media and Norton Sound website and you download them: We want people to be aware of other communities travel restriction. Bring enough supplies so you don't have to enter another communities. If you have to reach out to local contact to reach out to in an emergence work with some group if possible. If you are experiencing any symptoms to stay home. While working with others outside your household try to wear protective equipment. You can wear cloth mask and goggles to minimize any spread or exposure. Don't share items with other crew members. Bring your own water food, or cigarettes. We are not trying to condone smoking but we keep people smoke we are just suggesting not to share. Stay in separate spaces from different household members like different tents or cabins. When sharing the catch with the community limit interaction. We also want to offer communities and community members to call into this call and can designate Tuesday and Thursday to have subsistence as a topic so we can discuss.
Question and Comments	 Comment was made that we should focus on testing the villages that actually have a population. For example Council and Mary's Igloo only have a few or none at all. Can someone get tested to see if they had it in the past? The test would be a blood test and ANMC is working on getting the set up there. Is there variation of covid-19? Dr. Peterson has been reading and it looks like there may be differ forms and some might be more aggressive. We do not have any idwhat we have around here. It may not be the virus it could also be genetics that make the virus worse. The virus can change like influenza and change year to year. So me people are studying it so only time will tell. On the antibody test, where are we at on finding out about getting test see if we had it? Dr. Peterson's thoughts right now is 1) test broadly, 2) Data, 3) tale about how we open the region back up, 4) antibody test. Test will test first, then roll out antibody test, and also open up the region. Is it possible to get more testing with the current supplies?

 They are making swabs and test kits in the state. We should be able to test more and they should be able to keep up with the test kit. 10% is a reasonable number to start with. It's just number that Dr. Peterson chooses based on the rest of the country which is way below that. If it runs smoothly we will keep going and go 20%, 30%. If we see that a village uses 50% or more of the swabs and more people want to get tested that would be great and we can send out more. One of the ways that would be effective for testing the village would be to send out a group of nurses to a village set up in the clinic and test everyone. Right now that is not reasonable to do because of the travel restriction, which is understandable. This is something to think about in the communities. Will bring this up later down the road to bring it up again and would like villages to be open to think about this. Discussion was held on getting nurses and other supporting staff to the villages when time comes to complete testing, and what the travel bans intel and if there has already been communication about NSHC employees going into the village. What does it mean random testing in the villages when sending a team out to the village? 10 people, 15 people? What is the percentage? Dr. Peterson asked the following question: We are going to open up the clinic during certain day's and time for anyone to go in and get tested, what percentage in your village do you think would go and get tested? Statement was made of likely 50% in Stebbins as long as it is advertised and it's always nice to notify people when you are coming. How is it going to work? Dr. Peterson mentioned the plane going out but that is not the plan as of right now and that is for down the road. The plan is going to be the village providers in the villages already and the health aide's will open what they think is a good time and date for that village. We will start sending test kits to match 10% of the population and once we see
1
 Example was given using Savoonga as the example on how many
households there are and to possibly test at least one person in each
household. Good recommendation, if someone in a household has the virus it is
most likely possible someone else in the household has it. We cannot
force people to get tested and cannot say only certain people can get
test. But we can talk to leadership and request a minimum of 1 person
from each household to get tested and if there are more people in the

DISCUSSION/RECOMMENDATION

AGENDA ITEMS

DISCUSSION/RECOMMENDATION
household that want to be testeam. Will work on the two testing at least one person from a Last week we had a request if that is a request of a commodate of testing an amount of people gives to virus is out there at any one time in to be careful and not give false reast village and everything is negative the distance, and other measurements of fashion too and that everyone gets to that they do not have the virus right else in the community doesn't have distance, hand washing, and quarared. Discussion continued about testing testing will be and what it can grow of MAS: The governor meets every date the economy in Anchorage and there going to be part of the strategy. It is amount of testing in these discussions strategy for your consideration is the front as possible. Need to be aggrest possible. In Megan M does the supply or yesterday. Megan M stated that we are kits per week, 500 every two weel not been getting the level we getting 100 at a time but will meeting the needs and have the meeting the needs and

- household that want to be tested great. Will pass on the advance to the team. Will work on the two targets, 1) getting 10% of the population, 2) testing at least one person from every household.
- Last week we had a request for community wide testing in the village, if that is a request of a community Norton Sound will put together a plan and that would be our goal as well to strive for community wide testing.
- We will try to accommodate whatever we can.
- Testing an amount of people gives us kind of an ideal on how much of the virus is out there at any one time in the percentage being test. We do want to be careful and not give false reassurance with negative test. We test a village and everything is negative that's great but that doesn't replace social distance, and other measurements we need to do. We will educate in that fashion too and that everyone gets tested and is negative that's good and that they do not have the virus right now but that doesn't mean someone else in the community doesn't have it so we need to continue that social distance, hand washing, and quarantining once arriving back to the village.
- Discussion continued about testing in the villages and what this new broad testing will be and what it can grow into.
- MAS: The governor meets every day at 5pm and talking about reopening the economy in Anchorage and there are 15,000 in our state and testing is going to be part of the strategy. I think that there is going to be a large amount of testing in these discussions for reopening the economy. One strategy for your consideration is that you need to request as many test up front as possible. Need to be aggressive as possible and request as much as possible.
 - Megan M does the supply ordering for us and we talked about supplies vesterday.
 - Megan M stated that we are currently asking for 250 Abbott ID Now kits per week, 500 every two week, 250 for swab transport media which is 500 every two week. It gives us a really good start. We have not been getting the level we have been asking for at this point. We are getting 100 at a time but will continue to ask and make sure we are meeting the needs and have enough for screening.
 - MAS: Knowing the population we need to know the amount a head of
 - Dr. Peterson discussed the number for our region and that we will request more test kits and supplies so that we can roll out this new strategy of 10% per community.
- Is the state going to take the responsibility on contract tracing out in the rural communities or how is that going to work?
 - Public health staff in Nome will do the contract tracing in our region unless they get overwhelmed then they will ask for help.
- The health care providers in the village, will they assist public health in the tracing?
 - This is not something new to our village staff. They do help with contract tracing with other diseases for example TB. I think they will

AGENDA ITEMS	DI
1	

ISCUSSION/RECOMMENDATION

be very helpful with this if needed. If the worst case scenario happens, how will be the reporting criteria are handled? If there is an issue of confidentiality factor or will you have some

communication with the big levels, tribes, and making sure the patient is

being isolated from the whole village?

Every patient that tests positive for COVID-19 needs to be treated in the same manner as any other patient in the state. To test positive that their identity is kept confidential. Norton Sound will never going to share more then what is allowed by federal law. We will never share more then on the state website and will share less than that. With the first case people in the region were unhappy with the limited information that was given. There is federal law that didn't allow us to share more than we could.

- Yesterday it was shared that we have learned from our first example and Norton Sound did everything right. We followed federal law by protecting the patient's privacy but we got together as a team including compliance to see if there is anything we can do with patient permission to identify the community. Our plan would be to coordinate that response with any future press releases and the way we are able to do that is to secure the patient permission and some type of statement to come from the patient. That is the only way we could do that. We would not release the patient's name, we would never ask for that. If we are able to say the patient stated that they are at home isolating in whatever village. It will depend on that patient and we will still follow up with Dr. Zink and see if something can be communicate more timely at their end but that will be at Dr. Zink's discretion.
- Is the concern on people finding out what village or is the concern that people don't know which village?
 - In our culture we protect and protection is key.
 - Discussion was held on protection of community members.
- OA: Love what was discussed about protection and protecting our value. Would like Glenn to join in with this conversation. Had an issue with a family member in Nome and will allow Glenn to share his part of his City of Nome. We had a family member in Nome who went and got drunk walked to the house and my dad who's 70 years old doesn't want anyone there so I called the police to go out to my father's house. I am going to suggest with this protecting our family and if they are setting free the ANMC people in Nome (Phone got disconnected).
 - If the family does not want the family back in the household we need to talk with the court system. We do have people on probation and we do have people that say their home address is the NEST shelter. We are facing some challenges with this situation.
 - OA: So if the people coming out of the jail they are going to put addresses on where they are going to go but that doesn't mean the people on the other side approve of them to be there. They should not be using addresses stating that they can go. The court needs to start working on this right away. Like I said posting signs on the door for

GENDA ITEMS	DISCUSSION/RECOMMENDATION
	 If you want to get tested just call the nurse call line and request to get
	tested and they will let you know where to go.
	 A comment was made on how fortune we are on our testing. In the lower 48
	in some places that are required to call a number like we are, they are
	asked a questions like we are, and they have to wait a couple of days to get a
	call back letting them know where they can go get tested. We are lucky to
	get tested in a really timely manner.
	o MAS: Wanted to share that the email that was sent out today for the call
	for the VHS talking points has recommendations for hunters if anyone
	wants to print that and share on VHS. There just some short notes.
	o There is a download, PDF if you go to nortonsoundhealth.org and click on
	the red banner at the top, under the resource tab on the right side, if you
	want to hang a sign on your door we have something called front door sign
	for homes and it says "Attention we have a person that is at high risk for
	contracting COVID-19"
	o If you have someone come over from another household to help with your
	subsistence harvest have them wash their hands, and wear a mask while
	helping. O Comments were made on subsistence and putting food away and what to do
	 Comments were made on subsistence and putting food away and what to do when they are putting food away and helping.
	o MAS: Megan has been sharing via text message of recording. If anyone
	wants a text message to be sent to them or their friend or hunting partner,
	text is another go way and to communicate and pass it on.
	 Nome-Teller highway was brought up about when the road opens, what will
	be the processes. Angie will contact Teller leaders to make sure NSHC, and
	the City of Nome are on the call to discuss with them.