

**COVID-19 Tribal Leadership Session Minutes  
May 11, 2020**

Angie Gorn, CEO, NSHC	Reba Lean, NSHC	Mark Peterson, MD, Medical Director, NSHC
Kelly Bogart, NSHC	Megan MacKiernan, NSHC	Megan Alvanna-Stimpfle
Kristen Timbers, NSHC	Cameron Piscoya, NSHC	Howard Weyiouanna, City of Shishmaref
Preston Rookok, NV of Savoonga	Liz Johnson, Village of Solomon	Jason Harrell, NSHC
Charles Swanson, Native Village of Koyuk	Joanne Keyes, Native Village of Wales	Dorothy Barr, Native Village of White Mountain
Charlie Brown, Golovin	Tiffany Martinson, Nome Eskimo Community	Joanne Keyes, Native Village of Wales
Deanna Stang, Public Health	Frank Ione, St. Michael	Barb Gray, Council
John Waghiiyi, Savoonga	Toby, GLV	Irene Navarro, Native Village of Golovin
Dr. Anne Zink, State of Alaska Chief Medical Officer	Dr. Alexander Eastman, Sr. Medical Officer for US DHS	Opik Ahkinga, City of DIO
Glen Steckman, City of Nome		

\*Over 40 people attended today's meeting.

AGENDA ITEMS	DISCUSSION/RECOMMENDATION
Introduction to Meeting – Angie Gorn, NSHC CEO	<p>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:</p> <ol style="list-style-type: none"> <li>1) Prayer</li> <li>2) Medical Staff Briefing</li> <li>3) Dr. Zink and Dr. Eastman</li> <li>4) Comments and Questions</li> </ol> <p>Note- Any questions may be sent to Reba Lean at <a href="mailto:rlean@nshcorp.org">rlean@nshcorp.org</a> anytime or text to 907-434-1927 and they will be answered during the 11:00 am call.</p>
Prayer	Prayer was given
Medical Staff Briefing – Dr. Mark Peterson, NSHC Medical Director	<p><b>Dr. Peterson gave medical staff update on the following:</b></p> <ul style="list-style-type: none"> <li>- Alaska: 1 new case in the last 24 hours, and 1 new case the prior to that, 379 cases, 324 recovered, 10 deaths, 45 active cases</li> <li>- ANMC: No changes in their situation report, 13 outpatient, 0 inpatient, 4 employees</li> <li>- NSHC: 10% goal, 1,054 unique people test, 162 pending at ANMC, 891 negative, 1 positive case, 1 recovered, no active cases</li> <li>- Village testing: Just about every village over 5% <ul style="list-style-type: none"> <li>• Golovin – 26%</li> <li>• Koyuk – 10%</li> <li>• Diomedes – 10%</li> <li>• Nome – 12%</li> <li>• Teller – 11%</li> <li>• Wales – 15%</li> <li>• White Mountain – 13%</li> <li>• Gambell – 9%</li> <li>• Savoonga – 6%</li> <li>• Brevig – 5%</li> <li>• Elim – 8%</li> <li>• Shaktoolik – 3.5%</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Unalakleet – 8.4%</li> <li>• Shishmaref and Stebbins are low but testing will be this week</li> <li>- At NSHC starting mandatory testing for clinic staff at the end of the week, including those that have patient contact. Every two weeks they will be testing. This does include the villages</li> <li>- Non-Clinical staff can do testing voluntary every week</li> <li>- Currently a city mandate to quarantine for 14 days, including those that for live in Anchorage or Fairbanks and come to Nome</li> <li>- There is a city council meeting this evening and Dr. Peterson will propose the following:             <ul style="list-style-type: none"> <li>• Reduce quarantine and test that the people coming to Nome that have been in Alaska for 14 days or more and that have no symptoms and low risk</li> <li>• Testing would be on day 0(arrival date) and day 8(day after 7 full days of quarantining)</li> </ul> </li> </ul>
<p>Quest Speakers – Dr. Anne Zink, State of Alaska Chief Medical Officer, and Dr. Alexander Eastman, Senior Medical Office for US DHS</p>	<p><b>Dr. Anne Zink joined the meeting:</b></p> <ul style="list-style-type: none"> <li>- Thanks for the opportunity to join the call today</li> <li>- Here to answer any questions or concerns</li> <li>- Great to hear about testing and quarantine options</li> <li>- Member from US DHS attending meeting today also</li> </ul> <p><b>Questions for Dr. Anne Zink</b></p> <ul style="list-style-type: none"> <li>○ <b>Any update on quarantine in the state mandate, any changes in the future? Are far as tourist coming up, heard there might be testing in Anchorage can you discuss that a little?</b> <ul style="list-style-type: none"> <li>▪ Great question and one that comes up quite often as both the travel mandate and quarantine is coming up on expiration here shortly. Our Epi team has been working closely and part of it is just trying understanding our resources for testing. I think we would love to have it so that we can test anyone coming into the state regardless and have been having kind of that conversation because we just don't have a gigantic volume but we have to find out if we have the resources to be able to do that to move through and what that would look like because we want people to bottle neck and expose each other as well so there's a flow of what that looks like. We are working with the industry closely to try and have them take on the responsibility of testing before they came in or testing in the airport and take off some of that volume because a lot of the people coming in right now are industry so that we the state can be focusing on other. We do see kind of 4 major categories to keep us out of the expediently phase of rapid growth and one of those is travel and realizing that we have been able to minimum the risk of introduction in the state as a whole and really are highly focused on trying to make sure we minimize the risk of introduction in the rural areas of our state. That is kind of a key part of our strategy that we trying to think about. We have also talked about what would it look like to open up potential travel to other areas that have been well controlled as well such as Hawaii and control borders and what that</li> </ul> </li> </ul>

would look like. None of that detail has been worked out 100% yet but is thinking about that as we think of a strategy moving forward. Think the big strategy original was really making sure the disease was identified to increase our testing across the state. We still have a long ways to go but think we have done a lot of that and now really as we are start to figure moving up we can start to interact more freely if we can keep it out and identify early. That's why we are kind of starting to slowly open back up. Over the weekend we had one case each day and it's reassuring to see those numbers so if we can really control those geographic entry points we'll be more likely to control the disease progress as a whole.

- **The City of Nome has had its own travel mandate, a 14 day quarantine, Norton Sound is making a recommendation to the city that for those individual who have been in the state for 14 days and coming into to Nome, we are looking potentially reducing our 14 day city quarantine down to a 7 day quarantine with testing on both ends, testing on day 0 and testing on day 8. I would assume that is something that you would support or would fine reasonable option to 14 day quarantine. Again this is only for those who have been in Alaska and not coming from the lower 48 but traveling from Fairbanks, or Anchorage, into Nome.**

- Great question and was just talking about that with Dr. Joe McLaughlin, who is our head of Epidemiology, the other day and kind of what would be the acceptable miss rate. I think that your strategy that reduces the quarantine time is a very reasonable strategy and wrapping us all in a bubble in our room would be the most effect way but we also need to find ways to be able to live and to move, and we are looking at that at a state wide way and think that it is very reasonable for Nome as well practically given our low numbers in the state. That pretest probability is key, and I think right now in the state that is low. The other thing we are talking about is what the reason for movement and travel is. So if you are going out to fix a generator and you're not interacting with anyone else then the 14 days quarantine doesn't matter as much because the risk of exposure is a lot less, or if you or someone is a firefighter going out to an area and what way we can keep them as a group and not have them interact with the rest of the public and minimize the introduction in that group versus if someone is coming back into the community to live the introduction is slightly different from that perspective so also just taking into consideration the reason for travel as well as the exposure during that travel to make sure that we are having a more near launch approach. We are also just concerned about the medical unserved needs that are happening out in their so thinking about preventative care, childhood vaccines, making sure people are coming in for chest pain and stroke like symptoms, and we want to make sure we are not missing those other aspects that are critical to health and not having people fearful of to get help if they are worried that they are not able to get home. So what ways we can use testing in the hospitals, and other ways to make sure people get the

important health care that they need and be able to get back home afterwards.

- **Need to find out a protocol. Family in Savoonga is faced with a dilemma where a family member was placed on comfort care in Anchorage yesterday and per the observation made by the doctor at ANMC the family member could have up to a few days of earthly life. What is the protocol call in situations like this where persons who pass on are transported on the state side and how you deal with the quarantine situation?**
  - They have been able to make exceptions in time of needs like this.
  - Dr. P: As far as travel to Anchorage to ANMC you certainly would be allowed to travel. You would need an entry permit with the City of Nome and an exit permit out of Nome to ANMC but certainly your reason for travel is justify. You are certainly allowed to travel. Now upon your return we would need to have conversation about quarantine and how long that may be and where that may be. You are not restricted in that way.
  - MAS: Suggested that they can possibly do a video conference with family and ANMC.
- **Can you clarify on the state's position on taking a walk or taking your dog for a walk while on a travel quarantine? We have recently have had a discussion of this in the community of Nome and whether or not this is a safe activity and understanding is that if a person can follow the recommendation and they are staying 6 feet or more away from other, they are not in a public location, and they have their cloth face mask with them, and a walk is a very health activity and low risk transmission to other. Can you speak to that? Thanks.**
  - Thank you for that question and we do get that a lot. We have supported being outside since the beginning of this and just like you mentioned the big thing is that we want to make sure people are staying 6 feet away, they are not going into other public settings, they don't have the disease, they don't go into restaurant and buy food and things like that. Going out for a walk with your dog and staying 6 feet apart is fantastic and good for your physical and mental health and we support that in any way we can. If there is way that we can provide clarity in writing on that let us know. The COVID questions are at Alaska.gov and how we try to make sure if you need anything in writing we get that back out to people as quickly as possible.
  - DS: That would be wonderful if we could have something in writing because there is a city council meeting tonight and we would love to present some of our input on that because we agree that it is a really healthy activity and we want individuals to get out and enjoy Alaska while they can.
- **What is the mandate on charter planes going into communities? To let us know there is a plane coming into a community and sometimes people won't know who landed.**
  - Great question. Will have to bring that back to the joint command center. There's a transportation team specifically on there. We have

talked about the interstate mandate quarantine. There are pretty good CDC recommendations on how to keep a plane clean, and what to think about small planes. We have been encouraging the small aircrafts to be looking at that mandate to minimize the risk there. As far as notification goes I will have to ask that to my team on that because there are individual pilots who you know choice to move differently and there's the commercial airfare that have different regulations specifically on that. Particularly for Alaska it's a really important question and I will follow up on that.

- **On phase 1 for the mandate there's 14 days quarantine for inner state and international travelers. Is that also in phase 2, 3, and 4?**
  - That's a great question. In phase 2 there's still that same 14 day quarantine for anyone coming out from the lower 48, any one going off the road system, or any international travel. Travel is kind of thought of a little separately than the phases. Really those phases we are thinking about business and industries. We are in the process right now of looking at that quarantine period coming into the state. We are trying to provide more clarity and detail on specifically things like critical infrastructure and what that looks like. There have also been a lot of great questions about what if you're your critical infrastructure but want to go on vacation that doesn't really count as the same as critical infrastructure work so making sure we are clear about that. We understand there are a lot of health care providers that do travel back and forth and a lot of other critical infrastructure and we did see a lot of our introduction cases related to critical infrastructure workers. We know this disease doesn't not care about critical infrastructure or not so we want to make sure we are litigating the risk as a whole and working through that process this week on trying to have more detail to that mandate. I think that mandate has been one that really needs a lot more clarity and on the critical infrastructure particularly on fishing giving the large volume of critical infrastructure there and making sure that is clear. Also on top of that thinking about other aspects of that mandate so hopefully a lot more information for you this week on that. Our Epi team is working closely with the governor's office on that.
- **We went a little further in our community by having quarantine from travel just from any other villages or Anchorage or Nome in state travel. We were thinking that maybe we could change our villages quarantine if it is just in region travel to just 1 week because that is a little more than what the state doing. I'm not sure if that is necessary or how long we should have that for or if we should have it at 14 days.**
  - We have been hearing stories that people have ended up with a 6 or 8 week quarantine because they come into Anchorage and get quarantine for 2 weeks and they move to the next hub and get quarantine and then they go to their village and quarantine. I think the intention was to never make the quarantine that long as they move between the communities but understand the risk between communities in general and what does that look like. The closer someone is in contact with

other people; the CDC defines a close contact being 10 minutes within 6 feet of someone. Someone in transit, has a face mask on, and really not in close contact within that time their risk is quiet low. Thinking about what that looks like moving forward. We have been working with Artic Investigation on what other communities has done through the artic region on quarantine and testing to minimize the risk of entrance into rural areas and seeing what that looks like. I think the other thing to be thinking about is what does the epidemiology in your region look like. If there are no cases in your region at all, we understand there is no way to make no risk but then to really minimize that quarantine to particularly get people to go to critical health care and to other services that you really need to do. If we get to a point where we are having a lot of cases than it's really different. That's the other thing we need to be thinking about, while we want eliminate the risk it's fantastic to see some of our regions not having any cases with aggressive testing and think that is the other component of it. So I think thinking about losing up the quarantine rules for kind of an in region travel if that region has no cases and really trying to focus your quarantine on the entrance into that region rather than inter region you'll be more strategically use your quarantine and or testing just like we use geographic for other kind of pressure points looking forward. It's hard because every region has a slightly different travel pattern because there are people that go in and out of it for different reasons and there's no perfect bubbles but I think of it in term of all these kind of bubbles like what way can a region be thought of as a bubble, or a city, or a town, and a lot of it depends on how much movement there is in and out and were thinking of Alaska as its own little bubble and what way we can try and keep it out of Alaska so that cases in Anchorage don't pile up because that will put patients in Nome at higher risk. So we can use that phase strategy together.

- **We have recently dialoged on this call with the different villages, we are testing well and testing 10% of our region and have no current cases in Nome. The message that we have shared with the villages is that if they want to lighten their quarantine, if they want to allow travel between the villages or from the village to Nome and back with no quarantine that it would be an okay thing to do and what I am hearing from you is that your supporting that ideal is that correct?**
  - That is correct Dr. Peterson. I think if that you are really limiting, that you are doing testing and spread, and really quarantining in Nome than travel in and out beyond that communities can consider limiting that quarantine and now having it come the same way.
- **We are, like a lot of communities and a lot of regions, everyone is focused on the number and we try to share realism on that. Right now it looks like was down like 45 active cases in the state. I told everybody that I think it's probably not realistic for the state to get to zero and stay at zero because as things have improved and we are opening up more and well probably continue to still have cases. Would you like to share your thoughts and**

**where you think numbers might be and more importantly from the aspect of the state if the state of Alaska has active cases under a certain number, your all feeling good about that, if they get above a certain number you're not feeling so good? Are you able to share your thoughts on that?**

- I appreciate that question. There are 4 major categories we are thinking about for the epidemiology and the number of cases. Our ability to test, our health care infrastructure, what we have there, as well as our contact tracing and investigation. Currently in our contact tracing and investigation we have been able to contact over 95% of our cases within 2 hours of being positive and 100% within 6 hours. So that is really important and continue to boost that up and trying to increase that capacity to also potentially monitor travelers with combination of positive cases. Testing, we are tenth in the nation for testing per capita. Continue to try to continue to increase that. We know asymptomatic spread continue to be a problem and part of the reason we are trying to test aggressively and appreciate your guys support and patients with that. As far as numbers, we do not have a magic number because it depends a lot on what the cases are. Can tell you that most of the cases that we are getting in the state are now are close contacts of other known cases and so where there are already at risk and are following closing and thinking about. We are starting to pick up asymptomatic cases that are being admitted into the hospitals and really with people admitting patients that is where the other aspect that has been. I am just grateful we are testing in that region as well. We have also mentioned testing with travel as well. Speaking of that specifically we have been work closely with our federal partners and ANTHC and are actually planning on coming to Nome tomorrow and plan to have Dr. Eastman here who is part of the team who has flown in and we have been talking a lot about quarantine and testing and so part of critical infrastructure aspect but has tested everyone, including myself this morning, as an layer appreciate to really make sure that we are preventing spread. With that if you are okay I would like to hand it over to Dr. Eastman to introduce himself.

- **Dr. Alex Eastman introduced himself and stated the following:**
  - First trip to Alaska
  - Senior Medical Officer for Operations at the US Department of Homeland Security
  - Run a small but impactful team who get out into communities all across the United States to try and make things better as best we can and to really smooth out some of the pieces to the federal response that at times have not been so smooth for states, regions, and communities
  - We are truly here to find out what we can do to help the State of Alaska
  - Background is practicing trauma surgeon who is also have a public health degree and a very unique background in fields of law enforcement and public safety
  - We are really excited to be here to help
  - In many ways Alaska is a model for the rest of the country to follow in terms of

coordination and integration of merit of different interests and entities that have come together to continue to keep the State of Alaska and the communities and villages safe and sound

- We take that seriously
- Got welcome to Alaska present in the form of a nasal swab and a needle in the arm and feel good to go
- Already received negative results so ready to go
- **Want people on the call to know that part of the reason that we are focusing on our region and other areas, we have been thinking mindfully and thoughtfully for a long time but really we don't want to see COVID introduced into your community so we are thinking a lot about what that looks like and when we meet with our federal partners and talk about what we need to focus on. We are talking a lot about industries, fishing, rural communities, what we need to do, and how can we do travel, and can we use testing, how can we use geographic pin points, how can we use other tools and every tool that we have and make this pandemic have a different outcome and that is just critically important. Looking forward to hearing of your stories, thoughts, and perspective because you live there and know what it is like there in a way we never will and that partnership in your perspective is just fundamental to making sure that we move through this safely together.**
- **If you can see your breath outside is that enough for the virus to attach to you?**
  - That is a great question. When you breathe outside those are little micro droplets to a degree that are out there. It's definitely not a perfect model for understanding where the virus can live. It's probably your breath more than the virus but it is reasonable to use that as a boundary to where your breath goes as to how far to stay from people. We have had a lot of conversation on just that conversation. This virus we believe lives mostly in larger droplets and in some micro droplets and your breath have even smaller droplets associated with that. In general the further we are away the better and you can use your breathe as a good tool to get an estimate on how far away to be from others.
- **At the state level how effective are masks because the statistics say it's only takes 10% away from your exposure limit. What is your stand on mask being worn?**
  - Thank you for that question. We thinking about this as we think about disease or something like a car accident. The more ways we can wear protection the better off we are. Not only do we try to make sure there are air bags in cars, but seatbelts, and not having people drive drunk, and even with that we have people that die in car accidents. That is kind of a phase and layers approach. I think that COVID in a similar sort of way. The more we can have a phase and layered approach the more we can minimize the spread of this disease. So a mask is a way to keep the droplets and micro droplets from coming out of your mouth when you talk and expressing it to other people is a way to protect those around you. It is not perfect and it's in no way a substitute for



	<p>having that 6 feet distance from people and so it's important to maintain that distance and that is why there were a lot of cases early on. Dr. Zink is a fan of the mask and thinks it is a small thing to do as well as it may feel like a lot. It's something we can all do to be able to minimize the spread of the disease and is something that she tries to wear in public in general to make sure we are minimizing the spread. The more we can normalize, it's not a part of our culture for the most part and is challenging to do but the more we come together to do this, we are stronger when we can all help minimize the spread and this is one way and small step when can all do to help minimize it even though it is not perfect.</p> <ul style="list-style-type: none"> <li>○ <b>MAS: We will leave Anchorage and fly to Nome and head to Bering Air and will be wearing masks and will get on a charter and head to Stebbins and have been coordinating. Will do a walkthrough of Stebbins and will not enter any building and will wear a mask. We will do a fly over all of our unserved communities and will try to fly over Teller, Wales, Shishmaref, and Diomedes and make our way to Stebbins. So if you see us maybe we will try to way. We will be in the region tomorrow.</b></li> <li>○ <b>Would really like to say thanks and really appreciate the time we called to be on. Have to head out to an industry call but it's just an honor to be here and just appreciate the time and effort and all the stuff that you are doing to keep your communities safe. Thank you.</b></li> </ul>
<p>Question and Comments</p>	<ul style="list-style-type: none"> <li>○ <b>OA: Thinking on this 14 day quarantine and is it the state people and the hospital thinking just to do the 7 day quarantine. To whoever is thinking that I am sorry I missed that information was on the telephone. Diomedes is going to be against the 7 day quarantine and anybody traveling into Diomedes will have to do 14 day quarantine in Nome. Do not like the ideal that if tourism is opening up and to lesion the quarantine to 7 days. That's just not cool. A lot of these people, there are village people in Nome waiting to come home and to lesion their 14 day quarantine is not a very good ideal. Diomedes will still expect that 14 day quarantine plus a test to be taken before traveling and then in the future, and I believe I am going to direct this to Norton Sound Health Corporation, any passenger traveling, and I think we can probably go light on the patients travelers that are staying at the hostel, if they stayed there a week and take the test are welcomed to go home but anybody who is staying in the community of Nome at a home and traveling for Norton Sound Health Corporation they do not call in and they do not take the test they are not allowed to fly back to Diomedes. We won't risk anybody getting sick out there.</b> <ul style="list-style-type: none"> <li>▪ Dr. P: We did not make any recommendations for the villages. Diomedes can certainly continue doing what they are doing.</li> <li>▪ Dr. Zink: From the state perspective we have not made any change as of yet. We are looking at the data on that and to better understand that better.</li> </ul> </li> <li>○ <b>OA: with the ideal with just doing just the 7 day quarantine, how did that ideal come up? You can be a carrier, it takes 14 days to know that you had the virus, how did that ideal come up?</b></li> </ul>

- For Teller they have in region travel and no cases in region and the majority of the people get sick within 5 days and it is such a small percentage within 14 days and even a smaller percentage that takes longer than 14 days.
- Dr. P: As Dr. Zink has mentioned for in region travel, for travel better communities in Alaska you want to take into account do you have virus there or do you not have virus there? Is there a lot of virus or very little virus? We have done the extensive testing in our region, 10% of our region, and we don't have any active cases in Nome so Dr. Zink's comment was that travel between in region communities and Nome could be considered a fairly safe thing to do. So that was one comment from going to one village to Nome and back that should be a fairly safe thing to do. Each village community has to make its own decision on that. The other thing we talked a little bit about is that travel from other parts of Alaska outside of our region to Nome. So from Anchorage, or Fairbanks to Nome. Right now there are 45 active cases in the whole state. There are some in Fairbanks, Anchorage, other smaller communities. What is the risk of someone traveling from Anchorage or Fairbanks and coming to Nome, what is the risk of them carrying the virus? With very few cases that risk is much lower rather than people coming from Seattle, or Florida, or places like that. So the risk is lower because there are not a lot of cases within Alaska. One suggest, one ideal, was to reduce the 14 day quarantine that the City of Nome requires down to the 7 day quarantine with testing. You would have to test on day zero and on day eight. That should catch the vast majority of people who have the COVID-19. The vast majority would be caught by that strategy. Again it is only a strategy that makes sense when the number of cases in your state is very low. We just talked about that briefly but certainly every village like Diomedes has the right to keep their 14 day quarantine for as long as they need that and want that. That is not a problem.
- OA: Diomedes will. If the tourism does open up, and not sure why that's approved, but when cases do increase, being mindful that Diomedes people in Nome, traveling in, and a lot of them don't stay at the hostel they are staying at a friends or a family members house, and many of them are attending the bars. This virus, who knows who gets this virus when it does come up from Anchorage or Fairbanks, and they are at the bars as well. Not going to risk that exposure going to Diomedes so they are going to stay strong with their travel ban.
- **You are going to have recommendations in Nome to shorten their quarantine time with testing, would that work for the villages also? Our communities can do whatever they want but think it would help for communities decided if they heard recommendations from you.**
  - The city of Nome is making decisions about their travel permitting and quarantine and they had requested NSHC if we could present some options. We did not approach the City. The city is looking at possibly making changes and approached us with what we might suggest. We

would be in the direction of less quarantine and first step would be 7 day's with testing. Certainly if cases in the state go down further. That may change further down the road. We would not stay in quarantine for 5 years. That is our suggestion and is a fairly safe alternative when cases are low in the state which would be 7 days in quarantine with testing. Are you asking if the villages could use that same approach instead of 14 day quarantine? Certainly that would fit for villages that would want to do that. We would certainly be okay with that. We have no cases in Nome and even if we had a few cases in Nome that would be approach we would be willing to consider which would be 7 days of quarantine and testing. Yes every village has the ability to test and so that is a possibility for villages to do. They can come to Nome go back, get tested, quarantine for 7 days, get tested again and if the test is negative they can come out of quarantine. That would be a reasonable approach. Now remember in the villages if you get tested it may take 72 hours to get a test result. It may end up being 11 days of quarantine but that is better than 14.

- **If switched to 7 days quarantine with testing on day zero and day eight, will it overload our testing ability?**
  - Don't believe it would and do think we can handle that.
- **Had an elderly couple go back to Golovin from Anchorage for medical, and per Golovin they must quarantine and the couple stated that they got tested in Anchorage and were negative and they are requesting to not quarantine and not sure what they should do?**
  - Dr. Peterson stated that testing does not replace quarantine. Someone coming back from Anchorage and if they go to Nome they are requested to do 14 days of quarantine, if they return to a community with a 14 day requirement to quarantine they must follow that.
  - There are alternatives if wanting to change and NSHC is available to discuss if wanted.
- **Savoonga is going to visit their travel ban on May 27<sup>th</sup> and is requesting Dr. Peterson to join and can email Preston for a recommended time.**
- **The City of Diomedé would like to have a meeting with Glenn Steckman, Angie, and Dr. Peterson. When would be a good time to discuss travel ban.**
  - Glenn stated tomorrow would be a better day.
  - Dr. Peterson said 9:30 am – 11am or 1pm on 05/12/20.
  - Glenn stated 9:30 am tomorrow morning.
  - Angie stated that she will send an email to the party with a call in number.