

**Coronavirus Public Health Response to Alaska Fisheries in
Rural Alaska Native Communities**
Alaska Native Health Board May 2020

Alaska's coast line stretches for 6,640 miles, dotted with coastal villages and hub communities, and is longer than the entire coastline of the lower 48 combined. Each year, Alaska plays host to the largest fisheries in the country, drawing tens of thousands of non-residents to the state's coastal communities. The Alaska Tribal Health System (ATHS) provides care to thousands of Alaskans in these remote communities which hug the coast. Often, as the only health care provider in a region, the ATHS sees Native and non-Native patients alike in the clinics and hospitals that serve these remote fishing communities. Providing even the most basic health care services in these communities is both difficult and expensive. The ATHS has innovated by creating a network of referrals that allow our patients access to higher levels of care from these remote communities which is highly dependent on available commercial air routes. A chronic shortage of providers, difficulty sourcing supplies, and the dependence on air travel make the care costs delivered in these areas some of the highest in the country.

The outbreak of the Novel Coronavirus (COVID-19) has compounded all of these issues. Even during the best of times, the shortages of providers and resources in these remote communities makes delivery of care difficult. Recently, due to reductions in non-essential medical services, many of the health care providers in these remote regions are facing staff furloughs and layoffs due to declining revenue. This makes a dire situation worse. As the State moves forward to open the fisheries this year, there are some important pieces that are not currently in place for the public health of these primarily Alaska Native villages and communities which host the influx of non-residents each year. **These pieces are capacity, mitigation, and coordinating needs with local communities.**

Many of Alaska's remote communities are reliant on local Community Health Aide Practitioners to receive the most basic health care services. The spaces they operate in are usually one or two room clinic spaces in buildings shared with other public services like schools or council halls. Some of these clinics do not even have running water and use honey buckets. The system is reliant on hub community hospitals to provide physicians for elevated care. These rural hospitals themselves are often modest, hosting only a hand full of inpatient beds and equipment—many with limited intensive care units—and cannot provide the acute care COVID-19 patients frequently require.

This lack of capacity already threatens the local response for Alaskans living in these remote places. In recent weeks, regional hospitals have started to have to reduce staffing through furloughs eroding the capacity of these hospitals to provide effective response. Further, with massive interruptions to travel and medivac services due to Health Mandates and the collapse of the State's largest regional air carrier, even the capacity to quickly get acute patients to and from the Alaska Native Medical Center and their villages and hub hospitals has become strained.

The same lack of capacity impacts any enforcement efforts of approved mitigation plans or Health Mandates in rural Alaska. Tribal and local leaders in these rural communities have openly

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communicated their concerns¹ about a lack of enforcement of the Health Mandates. Most of these small rural communities do not have public safety officers, a point which was brought to a head early last year after the US Attorney General visited and declared a public safety crisis in rural Alaska. This has been further highlighted by an exposé completed by the Anchorage Daily News and ProPublica about the public safety capacity and enforcement issues these rural communities often face.² Many leaders in these same communities worry about the capacity to enforce Health Mandates and industry mitigation plans without having the resources, staffing, authority³, or access to the information necessary to enforce these requirements.

These capacity issues build to an overwhelming need for either closures to the fisheries, or substantial processes and resources to lessen the chance of COVID-19 entering rural Alaska and to prepare these regions for a COVID-19 outbreak. With the fisheries opening, thousands of fishermen from all over the United States and other countries will enter the coastal regions, and when the COVID-19 cases begin to spread, the outbreak will overwhelm these community health systems. Even the State's Chief Medical Officer has concerns of unmitigated spread of the virus as Alaska moves forward.⁴

The State has done an admirable job in guiding preparation and response efforts thus far to the COVID-19 crisis. In some parts of the State, it has allowed small villages to completely close off and sequester themselves. In an effort to limit the spread of COVID-19 to Alaska's rural fishing communities, the State has required the fishing industry to develop and submit mitigation plans, and directed individuals and companies alike to abide by local guidelines. These mitigation efforts, however, lack coordination and funding. Additionally, the plans allow for out-of-state or -country workers to travel directly to rural Alaska substantially increasing the chance of COVID-19 entry and spread. The State will not share industry provided mitigation plans with local and tribal leaders. This is unacceptable. On May 1, Alaska saw its first fisheries related COVID-19 positive test from a non-resident who followed their company's mitigation plan.⁵ This is evidence that there not only needs to be more communication and sharing for the mitigation efforts, but it shows that no mitigation plan is fool-proof.

We are encouraged to begin to see collaborative efforts with local and tribal leaders from the fishing industry and the State. For communities that cannot impose local orders more coordination is needed with the State and local authorities to help limit the exposure of local residents. The

¹ Herz, N. "Alaska is exempting some businesses from health mandates. But it's keeping their plans secret for now." *Alaska Public Media*. April 14, 2020. (Accessed: <https://www.alaskapublic.org/2020/04/14/alaska-is-exempting-some-businesses-from-health-mandates-but-its-keeping-their-plans-a-secret-for-now/>).

² Anchorage Daily News and ProPublica. *Lawless: Sexual Violence in Alaska*. Series. (Accessed: <https://www.adn.com/lawless/>).

³ Stone, E. "Alaska's health mandates aren't laws, so enforcement is murky". *KTOO*. April 21, 2020. (Accessed: <https://www.ktoo.org/2020/04/21/alaskas-health-mandates-arent-laws-so-enforcement-is-murky/>).

⁴ Kitchenman, A. "Alaska's chief medical officer pushes back against 'herd immunity' to control virus spread". *Alaska Public Media*. April 30, 2020. (Accessed: <https://www.alaskapublic.org/2020/04/30/alaskas-chief-medical-officer-pushes-back-against-herd-immunity-to-control-virus-spread/>).

⁵ Boots, M.T. "Seafood processing worker is Cordova's first positive coronavirus case". *Anchorage Daily News*. May 7, 2020. (Accessed: <https://www.adn.com/alaska-news/2020/05/06/seafood-processing-worker-is-first-positive-coronavirus-case-in-cordova/>).

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State's response to the opening of fisheries has so far failed to acknowledge the need for a broader, publicly available State mitigation plan for the fishing industry, one that addresses the State's response to outbreaks of COVID-19 on fishing vessels which must call to port in rural coastal communities for medivacs, how to quarantine and contain an outbreak at a processing operation in a remote community, and how to enforce the Health Mandates provided.

The development and sharing of fishing industry mitigation plans and a broader State mitigation plan will help local leaders feel better prepared for the coming fishing season. Otherwise, these leaders may sense that full closures are the only way to keep their communities safe. Isolated communities across the State have anxiety over the coming population explosion which characterizes Alaska's summer season. Working hand-in-hand with local authorities will not only help mitigate possible outbreaks of COVID-19, but it will help build the needed trust demonstrating that the State has the best interest of its rural, Native communities at heart. The anxiety comes from centuries of community trauma of diseases brought by Outsiders. In Alaska, there is still living memory of the 1918 Influenza outbreak which decimated local adult populations and left an entire generation orphaned, seeing Native communities with mortality rates as high as 90%.⁶ Whole Alaska Native communities were wiped off the Alaska terrain—and people fear the same with the current pandemic.

Deference must be shown to these concerns. Steps must be taken to prevent the entry of COVID-19 into rural Alaska and build regional infrastructure that can meet necessary surge capacity. Funding must be found to address the issues associated with COVID-19. Communication and cooperation are needed to make mitigation efforts successful. With the first fisheries related COVID-19 case already detected in the state, the time for action is now. Alaska's fishing industry is crucial to feeding America, and it is crucial that we take care of the communities that support and host it in their traditional homes.

⁶ Mamelund, S.-E., et al. "Influenza-Associated Mortality during the 1918–1919 Influenza Pandemic in Alaska and Labrador: A Comparison". *Social Science History* Vol. 37, No. 2 (Summer 2013). Pp. 177-229. (Accessed: https://www.jstor.org/stable/24573932?seq=1#metadata_info_tab_contents).