

City of Dillingham

COVID-19 Mitigation Plan



Clear, consistent, timely, and truthful communication is the lifeblood of a community in a pandemic.

Keep people safe . . . Sustain livelihoods . . . Learn always . . .

and everyone crosses the finish line together:

the **young people** who are our future,

the **adults** who love and provide for them, and

our **elders** who are living storehouses of wisdom, culture, and meaning

*Report prepared by Pearson Consulting
September 2020*

EXECUTIVE SUMMARY

Project Summary

Following the [City of Dillingham](#)'s initial response phase to the COVID-19 pandemic, City officials initiated a project to update its community COVID-19 plan based on a "fit for purpose" approach that aligns with key City stakeholders such as the School District and Hospital.

Based on feedback provided by City of Dillingham officials, City Council members and other community leaders, this project was undertaken with the following guiding principles:

- Mitigating the regional spread of COVID-19 to reduce the disease's impact and the suffering it causes
- Monitoring, updating and implementing a "fit for purpose" approach to managing the City's COVID response,
 - focused on the safety and wellness of residents and visitors as they engage in daily routines; and
 - ensuring that local economic activity remains sustainable
- An approach based on collaboration and mutual respect by all stakeholders (i.e. residents and visitors) doing their part to mitigate transmission risks as they have since the pandemic began.

Methodology

The City of Dillingham retained Pearson Consulting to assist with COVID-19 mitigation planning:

- being aware of the links and relationships between communities across the Bristol Bay region;
- knowing that friends, family and others often travel to and through Dillingham;
- understanding benefits of communities across the Bristol Bay region working together; and,
- recognizing the importance of engaging neighboring communities, tribal entities, and others for even greater alignment.

Coordination in response to the pandemic could go on for some time until a COVID-19 vaccine is developed and distributed. This is a marathon and not a sprint . . . as is clear from ongoing interviews with the Dillingham community, Dillingham Census Area, and Bristol Bay region.

The outreach conducted to date reinforced the usefulness of the draft mitigation plan (i.e. the matrix), as well as the importance that it be flexible and adaptable as required by the pandemic's fluid dynamics.

Recommendations: **EOC – Engagement & Education -- Enforcement**

1. Leverage the [Emergency Operations Center \(EOC\)](#) with regular check-ins as required by the developing situation
 - a. Rely on the current [Operations Manager](#) to prepare EOC agendas, as well as provide [coordination](#) and [communication](#)
 - b. Confirm key EOC roles and accountabilities (note: Manager and Mayor are in Policy section per 2018 EOC plan) and clarify joint coordination with partners (i.e. issuance of integrated news releases)

which is the linchpin to:

2. Increase community [Engagement & Education](#) within the Dillingham Census Area and Bristol Bay Region
 - a. Reinforce critical messages in ongoing manner via PSAs and other communications platforms
 - b. Confirm that the "door is open" to input and feedback from key stakeholders across the region
 - c. Develop a dashboard with meaningful metrics

which is reinforced by:

3. Promoting [social enforcement](#) from peers (example: "You Matter. I Care. We Mask.") and, as necessary, [official enforcement](#) as calibrated by the EOC (with everyone continuing to do their part since everyone is at risk and also a risk carrier)

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DRAFT

1.0 Recommendation: EOC – Engagement & Education -- Enforcement

1. Leverage the [Emergency Operations Center \(EOC\)](#) with regular check-ins as required by the developing situation
 - a. Rely on the current [Operations Manager](#) to prepare EOC agendas, as well as provide [coordination](#) and [communication](#)
 - b. Confirm key EOC roles and accountabilities (note: Manager and Mayor are in Policy section per 2018 EOC plan) and clarify joint coordination with partners (i.e. issuance of integrated news releases)

who: the Incident Commander with the Policy Section (i.e. City Manager and Mayor) decide who, with what expertise, is needed in the EOC.

__see organization chart in [EOP 2018, page 10](#) . . . which is flexible with key players including:

health: a solid line (formal, preferred) or dotted line (informal)

- a. BBAHC -- medical expertise regarding shifting from phase to phase
- b. State of Alaska -- Public Health -- contact tracing
- c. Capstone -- testing

what: the EOC is operational governance structure for handling

- a. breaking events in the situation
- b. operations and execution
- c. recommendations for changes in ordinances and needs for resources
- d. status updates to the public
- e. reports to: City Manager and Mayor . . . who handle policy and report to the City Council

when: meets as frequently as they decide is needed

where: on a communications platform that works for everyone (teleconference / Zoom)

why: the EOC is the tried, tested, and proven structure for handling incidents (see [NIMS](#))

how: focused, coordinated, timely, truthful conversations led by an Incident Commander

TIP: read about: [High Reliability Organizations \(HRO\)](#): [Karl Weick](#) and [Kathleen Sutcliffe \(Alaska\)*](#), [Managing the Unexpected, 2007](#) -- firefighting crews, emergency operating rooms, aircraft carrier flight deck crews, nuclear power plants, incident command [[*John Hopkins Medicine](#), fmr Dir. HSS, Aleutian Pribilof Islands Association]

- a. Track small failures -- they tip you off to future large failures
- b. Resist oversimplification -- become even more mindful . . . think of the interconnections
- c. Remain sensitive to operations -- this is where the rubber hits the road
- d. Build capabilities for resilience -- learn always
- e. Take advantage of shifting locations of expertise

• Too much advance planning can actually get in the way -- people assume their [mental model](#) of the situation is shared by everyone else and they interpret events to fit their expectations . . . but are unconsciously incompetent (see: [Dunning-Kruger effect](#); [ladder of inference](#); [learning organization](#))

• The person making decisions about how to solve a problem should be the person who knows the most about it – not the person who is highest on the organizational chart

• Stay in the conversation for one minute longer than may feel comfortable . . . and . . .

. . . consistently ask two **open-ended** (“**what**”) questions at the end of conversations:
(at first feels odd, but the learning will go exponential)

1. value: “**what** was of **greatest value** to you in this conversation . . . in just a word or a phrase?”

2. continuous improvement: “**what** could I do that would make the next conversation **even more valuable** to you?”

which is the linchpin to:

2. Increase community [Engagement & Education](#) within the Dillingham Census Area and Bristol Bay Region

- a. Reinforce critical messages in ongoing manner via PSAs and other communications platforms
- b. Confirm that the “door is open” to input and feedback from key stakeholders across the region
- c. Develop a dashboard with meaningful metrics

Who: EOC, Public Information Officers (PIO), Council, stakeholders (citizens, visitors, etc.)

What: Joint and consistent reinforcement of timely and critical messages (possibly via a Joint Information Center - JIC); continuous engagement with the community and region

When: ongoing through to exit from the pandemic

Where: multiple communication platforms and conversations

Why: there is a significant difference between **wanting** to survive and **deciding** to survive

How: multiple communication channels (Facebook, mail, radio) with emphasis on 1:1 relationships just like the COVID-19 virus is spread . . . word of mouth remains the single most powerful means of persuasive communication

TIPS:

Yupik survival tips that carry lessons . . . from Sam Gosuk, Yupik elder, Togiak:

[the world around you contains what you need](#) (permission to share)

- “If caught in a blizzard with no snowdrift to crawl into for shelter and warmth, sit down on a skin on the ice with your back to the wind and it will blow a warm snowdrift around you . . . uncomfortable, but you will survive”
(that which threatens you can be turned to an advantage)
- “If caught outdoors overnight with nothing for warmth, stuff grass down your pant legs for insulation.”
(insulate yourself and your community with stories . . . stories warm like air trapped in the spaces close to you)

“The Elders at the last of the generation would come together and deliberate for months, asking themselves what wisdom they had learned in their generation and how it could be reflected in a story.”

--Ilarion (Larry) Mercurieff in [Stop Talking: Indigenous Ways of Teaching and Learning and Difficult Dialogues in Higher Education](#), 2013 with Libby Roderick.

Peter deLisser’s Communication Principles, author of [Be Your Own Executive Coach](#), 1999:

- I accept 100% responsibility for my listening and speaking, no matter what the other person is doing.
- [We need to bridge the 650 wpm listening gap . . . between "fantasy" -- what we think about, and "reality" -- what person actually said . . .](#) we can listen at 750-950 wpm but people speak at 150 to 250 wpm
- When we become skilled listeners, we discover how much we miss in life -- relationships, information, self-esteem.

further reading:

[FROM WORDS TO ACTION: Towards a community-centred approach to preparedness and response in health emergencies, 2019](#), 67 pages

by the International Federation of Red Cross and Red Crescent Societies and the [Global Preparedness Monitoring Board \(GPMB\)](#) (see: [Participatory Action Research](#))

which is reinforced by:

3. Promoting [social enforcement](#) from peers (example: “You Matter. I Care. We Mask.”) and, as necessary, [official enforcement](#) as calibrated by the EOC (with everyone continuing to do their part since everyone is at risk and also a risk carrier)

Who: citizens; EOC, City of Dillingham and partners

What: consistent reinforcement of timely and critical messages

When: ongoing and at key moments

Where: multiple communication platforms

Why: people don't care how much you know until they know how much you care

How: messaging both verbal and non-verbally . . . example: just keeping 6 feet apart is a nonverbal message

TIPS:

Pass on history: “Grandfather buried people during the 1919 Flu Epidemic.” (he did)

Encourage behavior change: “You can lead a horse to water, but you can't make it drink . . . however, you CAN make it thirsty.”

Genuinely connect . . . video:

[Chris Voss - 3 Tips on Negotiations -- FBI hostage negotiator -- mirroring](#)

at 2:40 min -- 6:50 min total

--repeat the last 1-3 words (or selected 1-3 words) of person in order to better connect and to understand their position

Read and listen to: (it's that valuable . . . practical tips and stories of how to put positive energy into groups)

[The Culture Code: The Secrets of Highly Successful Groups](#), Daniel Coyle, 2018

-- 7 hrs // 4 hrs if you [listen to it at 1.75 speed](#) . . . we are capable of listening 4-5x faster than people usually speak

Three key skills:

[skill 1—Build Safety](#) — explores how signals of connection generate bonds of belonging and identity

[skill 2—Share Vulnerability](#) — explains how habits of mutual risk drive trusting cooperation

[skill 3—Establish Purpose](#) — tells how narratives create shared goals and values

Consider sending letters to the 1,200 to 1,500 commercial fishermen who come to Dillingham in advance of the 2021 fishing season. Let them know what to expect and to prepare for. Many consider Dillingham a second home. They're as much a part of the community as the salmon.

Remember the Yup'ik word: "Nutaanatam" -- (newt-don-a-tum) which means:

"[totally cool!!!, awesome!!!, wonderful!!!](#)" . . . because there is always sun above the clouds.

(permission to share from Annie Fritze, Yupik elder from New Stuyahok)

5. DURATION:

question: *How much longer do you personally think that the COVID-19 situation will last, starting from today (mid-Sept. 2020) until there is a vaccine and things are relatively back to normal or a new normal?* 3, 6, 9, 12, 18, 24 months or longer

responses:

Mean (average):	13.7 months
Mode (most frequent number):	12.0 months
Median (middle number, 50% above and 50% below):	12.0 months
Maximum (highest number):	30.0 months
Minimum (lowest number):	4.5 months
Standard Deviation: (variation from mean)	6.1 months

n = 27

article:

[When will the COVID-19 pandemic end?](#)

McKinsey & Company
September 21, 2020

epidemiological end point: most likely time for the United States to achieve herd immunity is the third or fourth quarter of 2021 (most optimistic: 2Q 2021 . . . at worst, long-tail possibility into 2023 and beyond)

normalcy end point: first or second quarter of 2021

The epidemiological end point

Based on our reading of the current state of the variables and their likely progress in the coming months, we estimate that **the most likely time for the United States to achieve herd immunity is the third or fourth quarter of 2021**. As we wrote in July 2020, one or more vaccines may receive US Food and Drug Administration Emergency Use Authorization before the end of 2020 (or early in 2021) and the granting of a Biologics License Application (also known as approval) during the first quarter of 2021.

Vaccine distribution to a sufficient portion of a population to induce herd immunity could take place in as few as six months. That will call for rapid availability of hundreds of millions of doses, functioning vaccine supply chains, and peoples' willingness to be vaccinated during the first half of 2021. We believe that those are all reasonable expectations, based on public statements from vaccine manufacturers and the results of surveys on consumer sentiment about vaccines.

Herd immunity could be reached as soon as the second quarter of 2021 if vaccines are highly effective and launched smoothly or if significant cross-immunity is discovered in a population. On the other hand, the epidemiological end of the pandemic might not be reached until 2022 or later if the early vaccine candidates have efficacy or safety issues—or if their distribution and adoption are slow. At worst, we see **a long-tail possibility that the United States could be still battling COVID-19 into 2023 and beyond** if a constellation of factors (such as low efficacy of vaccines and a short duration of natural immunity) align against us.

The transition to normal

The **second end point** of the pandemic may be reached earlier than the first. We estimate that the mostly likely time for this to occur is the **first or second quarter of 2021** in the United States and other advanced economies. The key factor is diminished mortality. Society has grown used to tracking the number of COVID-19 infections (the case count). But case counts matter primarily because people are dying from the disease and because those who survive it may suffer long-term health consequences after infection. The latter is an area of scientific uncertainty, but there is concern that some recovered patients will face long-term effects.

6. TIMELINE -- Regular Council Meetings (first Thursday) -- for the next 18 months

mo	Regular Council Meetings 2020 - 2022	COVID-19 Plan EOC operates through Transition phase out of pandemic	events of note
1	October 1 4Q	--Oct. 1 -- Council looks at Plan --Oct 15 -- Ordinance introduced	--Sept. 29 -- Council Workshop on Plan
2	November 5 4Q	--Nov. 5 -- Public Hearing and adoption	
3	December 3 4Q	60 day mark	--winter holidays
4	January 7, 2021 1Q		--winter holidays
5	February 4 1Q	60 day mark	--Beaver Round-Up 2021 community mid-winter carnival
6	March 4 1Q		
7	April 1 2Q	60 day mark	
8	May 6 2Q		--fishing season --school out
9	June 3 2Q	60 day mark	--fishing season
10	July 1 3Q		--fishing season
11	August 5 3Q	60 day mark	--fishing season --school starts
12	September 2 3Q		--hunting season --school starts
13	October 7 4Q	60 day mark	
14	November 4 4Q		
15	December 2 4Q	60 day mark	--winter holidays
16	January 6, 2022 1Q		--winter holidays
17	February 3 1Q	60 day mark	--Beaver Round-Up 2022 community mid-winter carnival
18	March 3 1Q		

7. RESILIENCE: mental strength under conditions of extreme duress

Balance optimism with realism.

And take one day at a time . . . [James Stockdale](#), eight years as highest ranking POW . . . [Stockdale Paradox: A Message for Uncertain Times, Mar 31, 2020](#) via [Jim Collins video: 6:41 min](#)

Creativity is key . . . [E. Paul Torrance](#) on survival training and POWs.

[Shaughnessy, Michael \(1998\). An Interview with E.Paul Torrance: About Creativity.](#) Educational Psychology Review. 10. 441-452. "The truly creative is always that which cannot be taught. Yet creativity cannot come from the untaught. Creative solutions to air-crew survival situations required imaginatively gifted recombination of old elements (information about how the American Indians had lived off the land, how the early explorers survived in the Arctic, how many survived shipwreck, how airmen in World War I and II had escaped and evaded, etc.) into a new configuration--what is required now. [The elements of a creative solution can be taught, but the creativity itself must be self-discovered and self-disciplined.](#)"

[Genter, Robert \(2015\). Understanding The POW Experience: Stress Research And The Implementation of the 1955 U.S. Armed Forces Code Of Conduct.](#) Journal of the History of the Behavioral Sciences, Vol. 51(2), 141–16

In putting together survival courses for the U.S. Military, "Torrance outlined those attitudes that impacted survival chances, a list that borrowed heavily from the list of defense mechanisms crafted by ego psychologists. [Productive attitudes](#) included "[flexibility](#)" and "[appropriate release of aggression](#)," while negative attitudes included "panic-like behavior" and "loss of will" (Torrance, 1956a, p. 1). Torrance focused on instilling in trainees the proper state of "readiness" for survival, which included training in basic survival skills, [practical application of such skills](#), and [maintenance of larger goals](#) to moderate anxieties (Torrance, 1954a, p. 61). Through such training, trainees would develop a basic "[will-to-survive](#)," which Torrance defined, using the lens of ego psychology, as "[continued adaptive behavior and the successful control of internal tensions](#)" (Torrance, 1955b, p. 16)."

[E. Paul Torrance designed the Future Problem Solving Program that UAF/Bristol Bay Campus professor George Guthridge wrote about in The Kids From Nowhere, 2006](#) . . . the 10 kids from Gambell, Alaska who took top honors in the Future Program Solving Program competition in 1984 . . . the leading creativity and academic competition in the U.S.

Understand the paradox of hope.

[Frankel, Viktor \(1946\). In Man's Search for Meaning, via Hope: a paradox by Robert Kishaba:](#)

"Psychiatrist and Holocaust survivor Viktor Frankl spent time as a prisoner at various concentration camps during WWII. He writes that between Christmas 1944 and New Year's 1945 the camp's sick ward experienced a death rate "beyond all previous experience," not due to a food shortage or worse living conditions, but because, "the majority of the prisoners had lived in the naïve hope that they would be home again by Christmas." When this hope was unmet, prisoners found no reason to continue holding on, nothing to look forward to. When a mind lets go, so does its body."

Watch out for the third quarter . . . a quantifiable drop in morale and mood after the midway point. (seen at high Arctic weather stations and the Antarctic where the midpoint is actually known) in

[Geiger, John \(2010\). The Third Man Factor: Surviving the Impossible.](#) p. 24. **And in extreme duress: [Ernest Shackleton](#) in [South](#):** "When I look back at those days I have no doubt that Providence guided us, not only across those snowfields, but across the storm-white sea that separated Elephant Island from our landing-place on South Georgia. I know that during that long and racking march of thirty-six hours over the unnamed mountains and glaciers of South Georgia it seemed to me often that we were four, not three. I said nothing to my companions on the point, but afterwards Worsley said to me, "Boss, I had a curious feeling on the march that there was another person with us." Crean confessed to the same idea. One feels "the dearth of human words, the roughness of mortal speech" in trying to describe things intangible, but a record of our journeys would be incomplete without a reference to a subject very near to our hearts."

Place a premium on every action . . . it reveals actual inward character.

[Gilkey, Langton \(1966\). Shantung Compound: the story of men and women under pressure.](#)

"A marginal existence neither improves men nor makes them wicked; it places a premium on every action, and in doing so reveals the actual inward character that every man has always possessed." "This book is about the life of a civilian internment camp in North China during the war against Japan . . . Because internment-camp life seems to reveal more clearly than does ordinary experience the anatomy of man's common social and moral problems and the bases of human communal existence, this book finally has been written." —Langdon Gilkey

Richard Subber, reviewer: "[This is the most provocative book I've read in my adult life.](#)"

note: [Eric Liddell](#), the Scottish runner in [Chariots of Fire](#), was a missionary teacher also held the [camp](#). He focused on the psychological and physical survival of the children, teenagers, and elderly by organizing games and teaching science and Bible classes. He succumbed to a brain tumor five months before liberation with the words, "It's complete surrender."

8. RESOURCES

"The longer you look back, the farther you can look forward."
— Winston S. Churchill

[Bristol Bay Remembers: The Great Flu of 1919](#)

by Tim Troll. Anchorage, Alaska: Bristol Bay Native Corporation and the Bristol Bay Land Trust, 2019
133 pages \$20.00

The book commemorates Bristol Bay's influenza outbreak and serves as a remembrance of those who died, those who responded, and the children who survived to give birth to today's Bristol Bay.

--estimates are that 40% of the adult population of Bristol Bay perished . . . no one will ever know . . . entire communities died . . . communities at the time were 15 to 150 in population

--some say only 400+ survived as orphans

--the impact in Bristol Bay was larger per capita than on the Seward Peninsula of Alaska to the north

--world-wide the [1918-1920 Spanish Flu Pandemic](#) had a greater impact than the Black Death in the Middle Ages which occurred over 100 years . . . the Spanish Flu occurred over only a few years and killed 50 to 100 million globally

--the effect of intergenerational trauma on the Bristol Bay orphans and their descendants is a genuine consequence . . . example: some orphans who lost their parents and their village, and later siblings in the orphanage, prohibited their families from speaking Yupik for two generations.

websites:

CDC: Centers for Disease Control & Prevention:

[Coronavirus Disease 2019 \(COVID-19\) -- daily](#)
<https://www.cdc.gov/coronavirus/2019-ncov/index.html?>

CDC: Centers for Disease Control & Prevention:

[Travel Notices](#)
<https://wwwnc.cdc.gov/travel/notices>

WHO (World Health Organization):

[Situation Reports -- daily](#)
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

State of Alaska:

[COVID-19: Situation overview](#)
[The Latest COVID-19 Data in Alaska](#)
Updated at Noon Daily (AKDT)
<http://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/default.aspx>

[Alaska Coronavirus Response Hub -- cases dashboard](#)
<https://coronavirus-response-alaska-dhss.hub.arcgis.com/>

[Alaska DHSS COVID-19 Updates](#)
<https://public.govdelivery.com/accounts/AKDHSS/signup/16046>

also useful:

[COVID-19 Dashboard](#)

An interactive web-based dashboard to track COVID-19 in real time from Johns Hopkins University Applied Physics Lab
<https://coronavirus.jhu.edu/map.html>

[Rt COVID-19 -- by State \(U.S.\) -- how fast the virus is growing.](#)

These are up-to-date values for Rt, a key measure of how fast the virus is growing.

It's the average number of people who become infected by an infectious person.

If Rt is above 1.0, the virus will spread quickly. When Rt is below 1.0, the virus will stop spreading.

<https://rt.live/>

9. RELEVANT QUOTES:

When an elder dies, a storehouse of wisdom, culture, and meaning disappears.

in Ilarion (Larry) Mercurieff, Libby Roderick, [Stop Talking: Indigenous Ways of Teaching and Learning and Difficult Dialogues in Higher Education](#), 2013

A successful response “is never going to be one thing done perfectly. It’ll be a lot of different things done well enough.”

-- Natalie E. Dean, PhD, @nataliexdean, Assistant Professor of Biostatistics at, @UF specializing in emerging infectious diseases and vaccine study design. @HarvardBiostats, PhD. University of Florida

“The ability to deal with a crisis situation is largely dependent on the structures that have been developed before chaos arrives. The event can in some ways be considered as an **abrupt and brutal audit**: at a moment's notice everything that was left unprepared becomes a complex problem and every weakness comes rushing to the forefront.”

--Pat Lagadec in [Managing the Unexpected: Resilient Performance in an Age of Uncertainty](#) by Karl E. Weick, Kathleen M. Sutcliffe, 2007

“All truth passes through three stages:

First, it is ridiculed.

Second, it is violently opposed.

Third, it is accepted as self-evident.”

--19th century German philosopher Arthur Schopenhauer

“A team is only as strong as its checklist.”

--Atul Gawande, [The Checklist Manifesto](#), 2008

Where are you going? (Quo vadis?)

Question everything. (Quae quaestio)

“There are two kinds of Arctic problems, the imaginary and the real. Of the two, the imaginary are the most real.”

--Vilhjalmur Stefansson, Canadian Arctic explorer and author (1879-1962), in *The Arctic in Fact and Fable*

“The single biggest problem in communication is the illusion that it has taken place.”

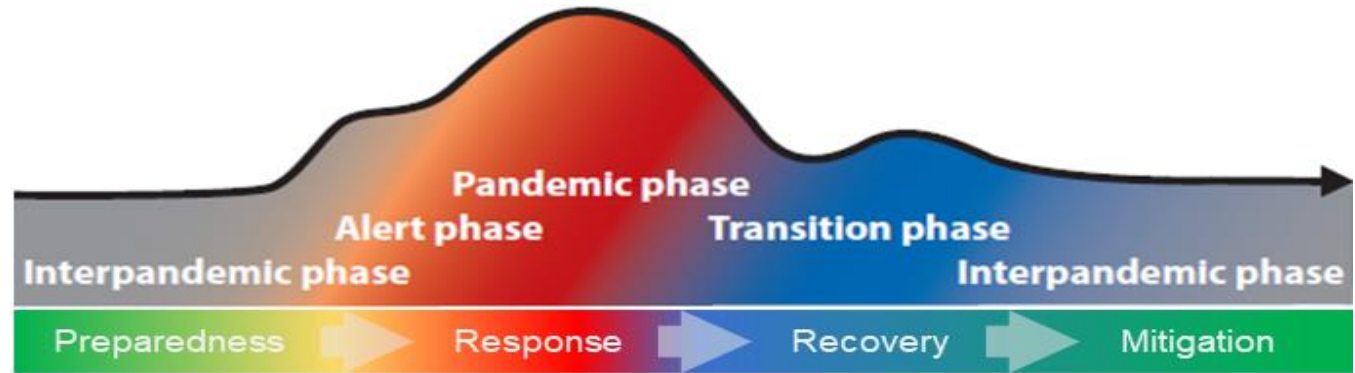
--William H. Whyte

From [Tim Pearson](#):

Dedicated to [Sam Ailak](#) (1911 - 1983) of McKinley Creek on Grantley Harbor, Teller, Alaska who was an eight-year-old orphan of the 1918 Flu Epidemic and my first mentor the winter of 1973-1974. He was fluent in Iñupiaq, English, and Norwegian (from the orphanage). He taught how to set herring nets under the sea ice. In so doing he first introduced me to the true art of listening at the age of 14. He spoke hardly any words other than, “Want to go set herring nets?”

And “Quyanaq” (thank you in Iñupiaq) to all the other elders, including: Grandma Eyuk, Grandma Kugzruk, Gussie Topkok, David and Annie Kakaruk, Maggie Foster, Sarah Kakaruk, Norbert Kakaruk, Willie Kugzruk, Johanna Ablowaluk, Spike and Queenie Milligrok, and Vincent Okleasik. Life truly takes a village.

DRAFT



Preparing and responding to a pandemic requires coordinated action by all stakeholders in a community. Origins of pandemics like the COVID-19 virus do not respect distinctions of race, sex, age, profession or cultural backgrounds, and are not constrained by geographic boundaries. Due to the potential for broad impacts from a pandemic, a solid response strategy extends beyond health and medical boundaries, to include the sustainment of critical infrastructure, private-sector activities, the movement of goods and services, as well as a number of economic and security considerations.

The City of Dillingham diligently maintains a state of readiness for emergencies through its [Emergency Operations Plan](#) and [Hazard Mitigation Plan](#). The City also operates an Emergency Operations Center (EOC) to effectively manage and coordinate its emergency response. In collaboration with regional, state and federal partners, critical information is regularly updated via the following online resources:

- **City of Dillingham** – [News & Announcements](#), [COVID-19](#) and [FAQ](#) (Frequently Asked Questions) pages
- **Bristol Bay Area Health Corporation (BBAHC)** - <https://www.bbahc.org/>
- **Dillingham City School District** - <https://www.dlgsd.org/covid-19-information.html>
- **State of Alaska** - <https://covid19.alaska.gov/>
- **U.S. Centers of Disease Control (CDC)** - <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

In the initial response phase to the pandemic, the City of Dillingham enacted several resolutions and ordinances that included:

- [Declaring a Public Health Disaster](#) (2020-11; March 19, 2020)
- Implemented [Travel Restrictions](#) (2020-06(A); April 2, 2020)
- Adopted [Travel Quarantine Requirements](#) (2020-07; April 30, 2020) then [amended to extend](#) (2020-15; June 9, 2020)
- Adopted [Protective Measures](#) (2020-08), [Quarantine & Isolation Measures](#) (2020-09) and [City Facility Use Standards](#) (2020-10(A); May 8, 2020)
- Enacted [Testing, Isolation & Other Measures](#) (2020-14; June 4, 2020) that were [amended](#) (2020-16; June 16, 2020)
- Implementing the [CARES ACT Grant Program](#) (2020-17; August 6, 2020)
- Adopted the City's [Travel Notification Form](#) (2020-19; August 6, 2020)
- Updated the City's [Protective, Isolation & Other Measures](#) (2020-20; August 3, 2020)

Building on insights from the adoption and implementation of the above resolutions and ordinances, City of Dillingham officials are considering the following guiding principles for its COVID-19 mitigation plan going forward:

- Mitigating the regional spread of COVID-19 to reduce the disease's impact and the suffering it causes
- Monitoring, updating and implementing a "fit for purpose" approach to managing the City's COVID response
 - focused on the safety and wellness of residents and visitors as they engage in daily routines; and
 - ensuring that local economic activity remains sustainable
- Approach based on collaboration and mutual respect by all stakeholders (i.e. residents and visitors) doing their part to mitigate transmission risks as they have since the pandemic began.

	Low Risk	Medium Risk	High Risk
Pandemic Stage			
Phases (Resource: CDC Pandemic Phases)	Interpandemic	Alert / Transition	Pandemic
Rate of Transmission	No community transmission	Some community transmission based on multiple positive test results	Widespread community transmission; Frequent outbreaks
Transmission Control (Resource: DHSS Contact Tracing)	Full ability to isolate cases and quarantine contacts	Some ability to isolate cases and quarantine contacts	Limited ability to isolate cases and quarantine contacts
Regional Healthcare System Readiness	No healthcare worker infection; Full capacity to handle cases locally	Some healthcare workers infected; Some capacity to handle cases locally; Ability to transfer more severe cases to in-state facilities	Several healthcare workers infected; Limited capacity to handle cases locally; Limits on transferring more severe cases to in-state facilities
Mitigation Measures			
Personal Hygiene	Wash hands often for at least 20 seconds; If soap and water are unavailable use alcohol-based hand sanitizer; Avoid touching eyes, nose, and mouth with unwashed hands	Avoid close contact with people who are sick; Stay home if sick or feel unwell; Cover coughs and sneezes; Clean and disinfect frequently touched objects and surfaces using household cleaning spray or wipe	Stay home if sick or feel unwell; Cover coughs and sneezes; Consult doctor via phone before checking in @ office or Emergency Room
Social Distancing & Gatherings	Indoor/outdoor gatherings with >100 attendees with official City consultation (permit if required)	Indoor gatherings of <20 with safety measures; Outdoor gatherings of <30 attendees with safety measures	No gatherings of >20 people; Virtual events recommended
Mobility	Able to venture from home while taking safety precautions	Limited travel outside home for essential activities (i.e. groceries)	Stay@home; Essential services only
Testing	Currently free testing is available to the community through a regional partnership at the following testing facilities: 1. Non-urgent, asymptomatic screening are provided at the Capstone Clinic located at the Dillingham Airport from noon to 6:00 p.m. seven days a week. 2. BBAHC prioritized testing at Kananak Hospital and village clinics for symptomatic/urgent situations; patients must call ahead to speak with a nurse		
Self-Isolation & Quarantines	Review Guidelines, Enforcement & Remedies below for details.		

	Low Risk	Medium Risk	High Risk
Economic & Other Activities			
City Property & Facilities Use	Available for public use	Use restrictions enforced	Facility closures in effect
Social & Recreational Activities	Face Covering or mask recommended; Practice basic personal hygiene	Expanded activities with safety precautions (i.e. hiking; fishing)	Local activities with safety precautions (i.e. socially distant walking)
Food Service/Restaurants (State of Alaska Advisory)	Regular cleaning and disinfecting per health code	Partial dine-in service; % occupancy	Pick-up/Delivery service only
Faith-based Organizations (State of Alaska Advisory)	Adhere to personal hygiene recommendations; socially distance	Members of different households need to socially distance; % occupancy	Outdoor or virtual services recommended (see CDC guidance)
Conducting Business: Reopen Alaska Responsibly Plan	Review latest updates to the Reopen Alaska Responsibly Plan on State's website		
Airport: Residents & Visitors	<p>During periods when the City of Dillingham has a Public Health Disaster Emergency declared in response to pandemic transmission risks (in addition to State of Alaska mandates), a fourteen-day self-quarantine is imposed on individuals arriving in Dillingham from places outside the Dillingham Census Area. Persons mandated to quarantine upon arrival in Dillingham will proceed directly to their quarantine location.</p> <p>A. The following will be considered to have already completed a mandatory quarantine:</p> <ol style="list-style-type: none"> Persons that have completed a quarantine immediately prior to arrival in Dillingham and received a negative COVID-19 test within 72 hours of arrival in Dillingham. (Time spent in quarantine on a vessel or at an employer designated and supervised quarantine site immediately prior to arrival in Dillingham after initially entering Alaska shall be credited towards completion of the required quarantine.) Persons that have chosen to and obtained two negative COVID-19 tests administered no less than ten days apart. One COVID-19 test must be done in Dillingham no less than 72 hours after arrival. Persons identified by the State of Alaska in the Essential Services and Critical Workforce Infrastructure Order dated April 10, 2020 whose travel to Dillingham originated from elsewhere in Alaska. State of Alaska Mandate 18 and Mandate 17 will be observed. <p>Travelers to the City of Dillingham are also required to complete and submit a Notification of Travel Form prior to travel; details about this requirement and copies of the form can be accessed online here.</p>		
Commercial Fishing	State of Alaska Protective Measures for Commercial Fishing		
Harbor: Residents & Visitors	See 2020 Season Harbor Notice		
Educational/School District	See Dillingham City School District website , including 2020-2021 Operations Overview		
Mental Health	Support to deal with stress and behavioral health concerns are available from the State of Alaska as well as BBAHC		

City of Dillingham Public Health Disaster Emergency Declaration Guidelines, Enforcement & Remedies

The guidelines and standards detailed below reflect recommendations by the U.S. CDC and State of Alaska DHSS to slow/stop the transmission of the COVID-19 virus. When the City of Dillingham declared and extended a Public Health Disaster Emergency in response to the pandemic, the City adopted Emergency Ordinances and Resolutions that incorporated these recommendations as part of its guidelines, enforcement activities and remedies.

Protective Measures

A. Cloth Face Coverings

All customers, employees and visitors of businesses and organizations that are open must wear face masks covering their nose and mouth to provide additional protection from spread of COVID-19 when entering and when inside those premises. Face masks shall also be worn in public settings where other social distancing measures are difficult to maintain.

1. Face coverings should not be placed on children under age 2, anyone who has trouble breathing, is unconscious, incapacitated, or is otherwise unable to remove the mask without assistance.
2. A business owner or operator of a building open to the public may refuse admission or service to any individual who fails to wear face coverings as required by this ordinance.
3. A cloth face covering may be factory-made, sewn by hand, or can be improvised from household items such as scarfs, T-shirts, sweatshirts or towels.

B. Social Distancing

The U.S. CDC and Alaska DHSS recommend the practice of social distancing which involves maintaining keeping space between yourself and others to reduce the chance of contact and transmission with those who may knowingly or unknowingly carry an illness. To help stop the spread of coronavirus, health officials recommend to the extent possible maintaining a distance of at least 6 feet between individuals when in public or in a work area.

1. The City of Dillingham may issue additional rules and regulations governing use of city facilities to implement social distancing. All persons utilizing the City of Dillingham Harbor dock shall comply with all dock, harbor, and commercial fishing vendor rules (See [2020 Season Harbor Notice](#)).
2. The owners or operators of all commercial fishing vessels in Dillingham shall comply with applicable social distancing requirements set forth in [State of Alaska Health Mandate 17](#).

C. Cleanliness Standards

The current COVID-19 pandemic demonstrated how quickly a virus can spread through a community, state, nation and internationally. Concerns over its transmission underlines the importance of cleaning standards during and after a pandemic.

1. Personal Hygiene

- a. Wash hands often with soap and water for at least 20 seconds, especially after coughing, nose blowing or sneezing, and avoid touching one's eyes, nose or mouth.
- b. If soap and water are not available, CDC recommendation is to use hand sanitizer with at least 60% alcohol.
- c. Clean and disinfect frequently touched surfaces such as doorknobs, faucets, toilets, phones, light switches and countertops at least daily.
- d. Monitor for symptoms such as fever, cough, or shortness of breath. Alert a healthcare provider via phone if infection is suspected.

2. Commercial Considerations

- e. All businesses in Dillingham shall comply with applicable hygiene, cleaning and disinfecting requirements and protocols set forth in [State of Alaska Health Mandates](#).
- f. The owners or operators of all commercial fishing vessels in Dillingham shall comply with applicable hygiene, cleaning and disinfecting requirements and protocols set forth in [State Health Mandate 17](#).

Testing

Currently free testing is available to the community in the Dillingham area through a regional partnership at the following testing facilities:

1. Non-urgent, asymptomatic screening are provided at the Capstone Clinic located at the Dillingham Airport from noon to 6:00 p.m. seven days a week.
2. BBAHC prioritized testing at Kakanak Hospital and village clinics for symptomatic/urgent situations; patients must call ahead to speak with a nurse

If quarantine is being completed while in Dillingham, a COVID-19 test must be taken in Dillingham on the thirteenth day of quarantine. Persons shall continue in quarantine for an additional day after this test is administered unless the test is positive in which case the person shall immediately self-isolate and comply with the isolation requirements of Section 8.

1. Seafood Processors who have an approved plan filed with the State of Alaska may fulfill testing requirements as outlined in [State Health Mandate 10](#), Appendix 01.
2. Persons required to quarantine who are leaving Dillingham prior to completion of a 14-day quarantine shall complete a COVID-19 test in Dillingham and must receive a negative result prior to departure returning to Dillingham or complete a 14 day quarantine.

Mandatory Self-Isolation/Quarantine

When exposed to an illness like COVID-19, there is an incubation period of up to 14 days before symptoms appear and a person starts to feel sick. Staying away from public places lowers the chance of spreading the virus to others particularly when an infected individual isn't experiencing symptoms. Mandatory self-isolation means staying in a place of isolation such as a home and limiting contact with others. A person that is self-isolating must not go to work, school, grocery shopping, any public spaces or take part in outdoor visits. People in quarantine should separate themselves from others, monitor their health, and follow directions from their state or local health department.

- A. Any person who tests positive for COVID-19 shall immediately self-isolate and monitor for signs of sickness. Persons shall isolate at one the following:
 1. in a home with a specific 'sick room', or
 2. in a designated isolation site managed by their employer, or
 3. at a designated isolation site managed and supervised by the City of Dillingham or an authorized representative of the City of Dillingham if available.
 4. a separate bathroom facility shall be used for isolation when possible. If not available strict cleanliness procedures must be maintained.
 5. if a location outside the boundaries of the City is used for isolation, the person must obtain a negative COVID-19 test within 72 hours of arrival in Dillingham.
- B. Adherence to CDC procedures; period of isolation shall be a minimum of:
 1. seventy-two hours after the person has had resolution of a fever, without use of fever-reducing medications, and has improvement in respiratory symptoms (cough, shortness of breath); and,
 2. ten days after the date of the person's first positive COVID-19 diagnostic test without developing symptoms of COVID-19.

A quarantine location is any location identified to the City in writing by the person quarantining or by their employer that is safe, offers sanitary facilities, and can provide necessary space for quarantine purposes. Any person required to quarantine shall not leave their quarantine location during their quarantine period for any reason other than to:

1. Receive non-elective medical care.
2. Go to their worksite if their work is identified on the State of Alaska Essential
3. Service and Critical Workforce Infrastructure Order dated April 10, 2020.
4. Use designated portable toilets and shower facilities.
5. Be tested for COVID-19.
6. Leave Dillingham.

Entry to Quarantine Location is limited to the following:

1. Persons in quarantine.
2. Persons providing required goods or services for critical personal needs, and critical infrastructure needs.
3. Persons providing medical care to a person in that location.
4. All persons residing at the quarantine site if the quarantine location is their usual place of residence while in Dillingham. Those persons shall be subject to the same quarantine requirements with the quarantine period beginning from the date of arrival of the person quarantining at that residence.

Social Distancing will be maintained within quarantine locations to the maximum extent possible, including but not limited to the use of face masks, as recommended by the CDC.

Penalties & Remedies

When the City of Dillingham is under a Public Health Disaster Emergency declaration the following penalties and remedies will be applied and enforced by the Dillingham Police Department:

- A. Violations of the City's Emergency Ordinance shall be a minor offense.
In accordance with AS 29.25.070(a), citations for violation of the Emergency Ordinance may be disposed of as provided in AS 12.25.195 through 12.25.230, without a court appearance, upon payment of a one hundred dollar (\$100) fine for a first offense, a five-hundred dollar (\$500) fine for a second offense, and a one-thousand dollar (\$1,000) fine for all subsequent offenses plus the state surcharge required by AS 12.55.039 and 29.25.074. Fines must be paid to the court. The Alaska Court System's Rule of Minor Offense Procedures applies. This fine may not be judicially reduced. Each day of violation shall be considered a separate offense.

When the City of Dillingham is under a Public Health Disaster Emergency declaration, the use of City property and facilities are restricted as follows:

- A. No person may use any city facilities, including but not limited to, all city port facilities governed by DMC 2.42, unless the person:
 1. Does not present any symptoms of COVID-19; and
 2. Has completed required quarantine and/or testing mandated by City of Dillingham Emergency Ordinances, or
 3. Is using City facilities to leave Dillingham to complete their required quarantine outside the City.
- B. It is unlawful for a person to aid, abet, incite, compel, or coerce the doing of an act forbidden under subsection A of this section or to attempt to do so; such act shall be deemed a violation of subsection A.

- C. An organization shall be deemed to have violated this section if the violation was committed by or with the knowledge of any person with a fiduciary relationship to the organization, or other members of the organization, or where such relationship would exist if there were other members of the organization and specifically includes any officer, director of a corporation, member or manager of an LLC, partner in a partnership, and any person holding 10% or more of the equity or control of the organization.
- D. Violation of the City's property and facilities restrictions constitutes criminal trespass upon city property, in violation of Dillingham Municipal Code section 9.50.010 and may be charged as such provided:
- a. that notice against trespass under this section is personally communicated to a person so charged by a city official, including any city police officer; or
 - b. that notice that violation of A. of this section constitutes criminal trespass upon city property is given by posting in a reasonably conspicuous manner under the circumstances; or
 - c. for vessel owners or captains, that notice that violation of A. of this section constitutes criminal trespass upon city property is given through any method of communication or transmission customarily use by mariners and of which mariners have a duty to remain informed, such as published notices to mariners.
1. In addition to any remedy or penalty, violation of this section, provided that notice described in the section above has been given, shall be chargeable as a criminal violation of municipal code and punishable upon conviction by:
 - a. up to 10 days in jail and a \$1,000 fine, if the offender is a natural person; or,
 - b. up to a \$10,000 fine and forfeiture of any instrument or property used in the commission of the offense if the offender is an organization.
 2. In addition to any remedy or penalty, except those set forth Subsection D. (above), which shall not be cumulative, violation of this section, provided that notice described in subsection B.1 has been given, may be remedied following an administrative hearing by:
 - a. A civil fine of not more than \$1,000, if the violator is a natural person, or \$10,000 if the violator is an organization;
 - b. Forfeiture of any instrument or property used in the commission of the offense; and,
 - c. If the violator is an organization, forfeiture of any profits or benefits the violator obtained in connection with or proximately related to the violation, including, but not limited to, any fish caught or obtained in connection with or proximately related to the violation.
 3. A natural person found to have violated this section shall be placed on the denied services list established by DMC 4.40.010 and shall remain on such list for 365 days for violation of this section.
 4. An organization found to have violated this section, and any vessel belonging to the organization at the time of the violation, shall be placed on the denied services list established by DMC 4.40.010 and shall remain on such list for five years for violation of this section.