

Questions for COVID Panel

Committee of the Whole September 7, 2021

1. Dr. Bramante, we have heard a lot of concern about hospital capacity and staff burnout at Central Peninsula Hospital (CPH). Recently I have become aware of unvaccinated CPH staff infecting patients with COVID, hallways are clogged with laundry and equipment while staff going through thousands of gowns and PPE per day. This sounds like a very stressful environment that is unsustainable. There has been a clear overwhelming message from Doctors that vaccine is the best solution to prevent COVID-19 or serious illness, hospitalization, and death from COVID-19.

I would like to see the demands and stresses on CPGH from Covid-19 decrease. I want members of our community to feel comfortable in protecting themselves from COVID by becoming fully vaccinated. I have heard that the vaccination rate amongst CPGH staff is about 50% - is this still the case? How can this community feel comfortable about trusting a vaccine for protection from COVID-19 when only half of the CPH staff has been vaccinated themselves?

2. Infusion centers for monoclonal antibodies from Regeneron have been installed in Anchorage and around the country. At these centers where people can come and receive early treatment for COVID-19. How can the Kenai Peninsula Borough facilitate the installation of centers like this?

3. Dr. Cutchins, we have since a significant need for increased testing. How can the Borough and cities in the Kenai Peninsula Borough increase capacity for testing that is free or of little cost to the public?

4. To the group, recently many healthcare providers have been urging Governor Dunleavy to issue another Emergency Disaster Declaration. How would such a move benefit the Central Peninsula Hospital (CPH)? Can CPH and the state of Alaska meet the healthcare needs of Kenai Peninsula residents without a new disaster declaration?

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1- Prior to getting covid a person has options to reduce their risk of contracting the virus. Those options include masks, social distancing, opening windows, washing hands, working remotely, testing, and one of the vaccines.

My question: After getting covid, are treatment options different for vaccinated and unvaccinated people?

2- Controversy for covid prevention and its risk of death focuses on masks, vaccines, hydroxychloroquine and Ivermectin. I have a question about each of these preventative measures:

I've heard masks protect "others" more than the wearer. South Korea has a population of 53 million. They have had 2,308 covid deaths, which is about 45 deaths per million people. The U.S. has a population of 333 million. We've had 663,000 deaths, which is a rate of 1,989 / million—over 45 times higher than S. Korea! S. Korea has a vaccination rate of about 32.5% while the U.S. rate is 53.3%, according to:

Vaccinations by location from [Our World in Data](#) · Last updated: 2 days ago Deaths per population data is from Worldometer.

2a. My question: are masks the reason for the different death rates between S. Korea and the U.S.?

Soon after vaccines were released in democracies, I heard of a few people getting headaches as a side effect. 5,343 deaths have allegedly occurred in the U.S. after 310 million people got doses of the shot. Locally, former Borough Assemblyman Jack Brown's obituary alluded to vaccination as a possible cause of his death.

2b: My questions: Is any new information available about side effects? Have the vaccines been changed at all since their first release?

Hydroxychloroquine gained popularity as covid prevention treatment for a while. On Facebook I saw a Kenai Peninsula doctor promoting it. But President Trump took Hydroxychloroquine, and then got covid. I've read about several studies that showed no benefit from the malaria drug regarding covid.

2c: My question: is there any new information regarding Hydroxychloroquine as either a preventative or a treatment for covid?

Ivermectin is now popular in some quarters as a preventative or a cure for covid. But a study reported March 4, 2021 in JAMA

<https://jamanetwork.com/journals/jama/fullarticle/2777389> showed no benefit for using Ivermectin.

A June 23 article in *Forbes Magazine* announced: Oxford Launches New Trial Of Ivermectin For Covid Treatment

The article concludes saying "Within a few months, the new study could finally prove whether or not Ivermectin is effective for treating Covid." Perhaps by the end of September or October the results of the study will be released.

2d: My questions: Are there local doctors who are prescribing Ivermectin as a preventative to covid? If a person is already inoculated, a mask can still be useful. Is there a possibility that doctor-prescribed Ivermectin could be useful, too?

During my school years I got vaccines for polio, tuberculosis, and other diseases. I've never had to get a booster for those diseases. How come the Johnson & Johnson Covid vaccine was only one shot? Why were the Pfizer and Moderna vaccines double-shots? Why is there talk of needing a booster shot?

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Why doesn't Central Peninsula Hospital have free Covid testing like South Peninsula Hospital does?

How are Covid patients being treated for Covid once they have been admitted to either CPH or SPH? Please describe.

How do our local hospitals determine who will be admitted when faced with limited space?

What is the probability of having adverse side effects after receiving a Covid 19 vaccine?

What is the probability of having adverse side effects after having Covid 19?
Without vaccine? With vaccine?

Does wearing a mask protect the wearer when no one else in an indoor area is wearing a mask?

Why aren't local doctors currently prescribing Ivermectin even though there are claims that it is an effective treatment for Covid 19?

What can my friends and family do to help local medical professionals who are overwhelmed with Covid patients?

What is one specific piece of advice you would give to your friends and family when discussing Covid 19 preventative measures and treatments?