MSP Air Reserve Station

934th Airlift Wing

Issue 4

27 May 2020

Leaders Leading from Home–

Mike Sanford, 934th Violence Prevention Integration

We've heard a lot about resilience, especially during the last few months. The last thing you probably want is to read an article about resilience.

We all have a general idea of what resilience means and it's a bit different for everyone. I want to talk about is how I view resilience.

About four weeks ago, I adopted a young pup. He is an English Setter and goes by the name of Charlie. Charlie was born on a farm in SE Minnesota. He came from a litter of six pups.

To bring Charlie home, he had to endure a 2+ hour car ride. He had never been in a car before.

Then he comes to his new home, away from his parents and his siblings.

Charlie has to learn the personality of a new owner, a new environment, and a new way of life that does not have the free reign of a farm but rather the confines of city life.

I tell you this because if you have a pet, you'll understand they are resilient animals. They adapt to their environment, with their family, and being alone. Similarly, that is what we are doing during this pandemic. We are adapting to our environment, with our families, and being alone. We are resilient and can adapt to most situations.

Motivational speaker and author Steve Maraboli states, "Life doesn't get easier or more forgiving, we get stronger and more resilient."

During this pandemic, we are getting stronger and more resilient. We have adapted and continue to adapt to make things better for us.

I challenge you to take this opportunity to make things better than previously. Use your imagination and create something that can be shared for the good. Reach out to those who you know are by themselves and have little support. And lastly, continue to grow emotionally, spiritually, and mentally. These are the times that what you do now can have a long-lasting effect in the future.

Be like Charlie, adapt and be resilient!

Inside this issue:

AAFES STILL Closed Weekends

MILITARY DISQUALIFICATIONS & COVID19

On May 5th, the Military Times published an article titled: "**Corona Virus Survivors Banned from Joining the Military**," based on guidance for MEPS to process new applicants on delays between testing dates and when applicants may process through MEPS. The MEMO highlighted, "During the medical history interview or examination, a history of COVID-19, confirmed by either a laboratory test or clinician diagnosis, is permanently disqualifying…"

A variety of factors remain unknown regarding recovery rates, reinfection potential, and long term physiologic impacts related to COVID-19. Research continues to be conducted on potential respiratory damage and long term impacts on individual's health. With more research, the guidance may change. More information is likely on the way.

It is important to note that this guidance only applies to new applicants and at this time does not affect a current service member's retain-ability.

THE MORE YOU KNOW—The Spanish Flu

SSgt Peter Simon

We've all reached our limit on COVID-19 news, so let's take a step back and focus on something else for a second. The Spanish Flu.

Spring 1918 brought with it the deadliest strain of influenza in modern history. Over the following 18 months, the virus infected as much as 40% of the global population. Nearly 50 million people died, most notably President Woodrow Wilson. The wide-reaching pandemic spread from the U.S. and Europe to Greenland and the Pacific Islands.

By fall of 1918, the pandemic had reached unmatched magnitudes, it had become commonly known as the "Spanish Flu" or the "Spanish Lady" in the U.S. and Europe. Many assumed this was because the sickness had origins in the Iberian Peninsula.

These misnomers are the result of an equally wide-reaching misunderstanding. If you have spent any time on Facebook in the last 2 months, you'll know that the only thing that spreads faster than a pandemic is misinformation.

During World War 1, Allied and Central Power nations implemented wartime censors to suppress news of the flu in hopes to avoid it affecting morale. Due to Spain's WWI neutrality, the Spanish media was free to report on it in visceral detail.

News of the sickness was making headlines in Madrid as early as May 1918. A week later the Spanish King Alfonso XIII came down with a particularly nasty case, leading to further coverage.

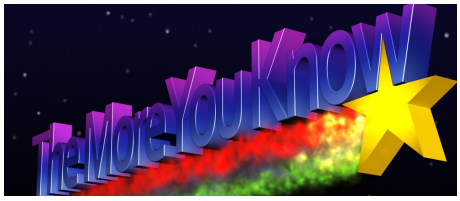
Nations with suppressed media were only able to receive accounts through Spanish news sources. Naturally, they assumed that the country was the source of the outbreak.

Meanwhile, the Spanish believed the virus had been imported from France. As a result, they had taken to calling it the "French Flu." Who does not love alliteration?

Scientists are still unsure of its source, though it is unlikely that the true origin was Spain.

Suspected locations include France, China, and Britain. The United States has also been suggested as a potential birthplace, where the first known case was reported at Fort Riley, Kansas on March 11, 1918.

The More You Know.



MIS-C – SSgt Peter Simon

A recent Health Advisory was released by the CDC Health Alert Network, regarding a potential new complication with the COVID-19 pandemic.

The CDC provided background information and case definition for a new illness they are calling Multisystem Inflammatory Syndrome in Children (MIS-C). MIS-C is the result of an overactive immune response following exposure to COVID-19.

On April 26th UK clinicians reported a marked increase in the number of previously healthy pediatric patients presenting with what they called Kawasaki disease-like features. These cases occurred in children positive for current or recent SARS-CoV-2 infection.

The primary purpose of the alert is a call for information gathering from providers around the country, not to incite panic among parents. It is important to gather as much data as possible to accurately characterize the disease.

The CDC Advisory puts forth criteria for providers to report the illness including: fever lasting longer than 24hrs, inflammation multisystem impact, positive result for COVID-19, COVID-19 antibodies, or exposure to COVID-19 w/in 4 weeks of symptoms.

Symptoms have been **likened** to Toxic Shock syndrome and Kawasaki disease. Symptoms like: prolonged fever, rash, abdominal pain, vomiting, puffiness of hands and feet, red eyes/ throat.

As of 14 May, NYC had confirmed more than 100 MIS-C cases. This is still an **extremely rare** complication and more research is imperative.

There are currently 19 states investigating cases of the inflammatory illness. MN and WI are not among them. NYC's MIS-C cases emerged 4-6 weeks after their COVID-19 Case peak. MN and WI are not expected to reach their COVID peaks for another 3-5 weeks, according to state modeling.

COVID19 has created ever changing environments in every aspect of life. Adjusting to the constant, and sometimes conflicting, information can be frustrating and stressful.

The CDC remains the gold standard in guidance, research and messaging to the Minnesota Department of Health. The following link to their COVID19 page contains valuable information and precautions. https://www.cdc.gov/coronavirus/2019-ncov/index.html

It is important to stay the course. Practice good hand hygiene by washing your hands for twenty seconds, wipe down frequently touched surfaces at home and in the workplace, and take an inventory of your physical and mental health.

Specificity and Sensitivity– Maj. William Wilson, IV

Epidemiology and its Role in the COVID-19 Pandemic

Many of you are probably being bombarded with COVID-19 data from the media including infection rates, death rates, and accuracy of testing. Making sense of this information can be difficult without an understanding of epidemiology principles. Epidemiology is the study of causative, preventive, and controlling factors of diseases and other health conditions within populations. It has been used to discover characteristic of disease such as the increased risk of cancer associated with smoking.

In this article, I'm covering a variety of principles within the field of epidemiology that may help to better understand the data during the pandemic.

Understanding disease and disease rates

Disease can be characterized with **prevalence** and **incidence** of disease. **Prevalence** is the current number of people with a disease within a population at a given time. **Incidence**, refers to the number new cases of disease over a time period and is expressed as a rate.

Here's an example: 100 people were infected with disease X over 1 month and 50 were successfully treated. Fifty people are still with the disease at the end of the month. The incidence over the month would be 100 people per month and the prevalence at the end of the month would be 50 people.

Understanding the reliability and accuracy of medical tests

The reliability of medical tests can be characterized using **sensitivity**, **specificity**, **positive predictive value (PPV)**, and **negative predictive value (NPV)**. Different tests made by different manufacturers or performed at different laboratories have different values.

Sensitivity is the likelihood that a person with the disease will test positive (a true positive). **Specificity** is the likelihood that a person without a disease will test negative (a true negative). These values are independent of the prevalence of the disease in the population

Positive predictive value is the likelihood that a positive test proves disease. **Negative predictive value** is the likelihood that a negative test proves no disease. Unlike sensitivity and specificity, these two values are dependent upon the prevalence of the disease in the population.

For this example, consider a population with a rare disease. Let us assume a prevalence of 1% or that 1000 out of every 100,000 people have the disease. This would mean that in a sample of 1000 people, 10 people have it and 990 would not. Let us use a test that has a sensitivity of 99% (10 out of 10 with disease test positive) and a specificity of 99% (990 out of 1000 without disease test negative). We can characterize this in a 2x2 grid:

	Disease	No Disease
Positive Test	10 True Positive	10 False Positive
Negative Test	0 False Negative	980 True Negative
	10	990

From this table, we can calculate the positive and negative predictive values. The PPV is the number of true positive tests divided by the total number of positive tests.

The PPV = 10/20 or about 50%

The NPV = 980/980 or nearly 100%

934 AW Resources

Customer Service Hours: 0730-1430 M-F

Call 613-713-1085

- **934th EOC** Jon Pieters

  Call 612-713-5911

- **934th Public Health Officer:** Chayo Smith, 612-713-1608
- **934th ATPM:** Robet Doyle, 612-713-1371
- **Communication Squadron**
- open by appointment only call 612-713–1262 or email 934cf.cfp@us.af.mil
- **AAFES** Hours: M-F 09:00 17: 00
- **Barber Shop** hours: 09:00-13:00
- **Royal Hot Plate**: 09:00-13:00

COVID-19 FINANCIAL ASSISTANCE

The COVID-19 Disaster Relief Grant: is a one-time financial relief grant of $1,000 for Veterans and their families. There is currently no close-out date for the relief grant. Close-out will depend on the length of the peacetime emergency declared by Gov Walz and the availability of funding.

The Special Needs Grant: is a one-time financial assistance to a Veteran or surviving spouse in need of assistance due to COVID-19. The goal of this grant is to promote stability and prevent homelessness. Funding awarded by this grant would go directly to a vendor or creditor of the applicant, no money awarded goes directly to an applicant or their family members.

To qualify for a Special Needs Grant or Disaster Relief Grant, applicants must be:

A Veteran of the surviving spouse (who has not remarried) of a deceased veteran as defined by MN Statute 197.447, and A Minnesota Resident, and have been negatively financial impact by COVID-19Two Veterans married to each other can both apply for and receive the disaster relief grant.

Application Statuses:

The Minnesota Department of Veteran Affairs team has received more than 3,000 applications as of April 23, 2020. Current estimated processing time is approximately 33 business days. To submit an application visit: http://MinnesotaVeteran.org/CovidRelief.

Continuing the Mission- Chayo Smith

Each day our Emergency Manager for the 934th Airlift Wing, Jon Pieters, reports to the EOC in in his standard civilian uniform, a pair of khaki pants and plaid fishing shirt. On May 8th, he leaned against the tasking whiteboard and muttered, "I should be on the beach right now, enjoying a delicious beverage."

It wouldn't be the first time I have heard him say that today. He and his fiancé, Pam, planned this getaway for over a year. Foregoing their annual vacation in 2018, they hunted for the perfect place, the views had to be spectacular, the accommodations first-rate for all guests. Jon is a planner. The perfect stretch of beach to say "I do," was located a stone's throw away from the luxurious rental house.

That was before COVID19. Many events and periods of our lives are now prefaced by, "That was before COVID19."

It's a way of separating what we knew as normal from a strange and uneasy time. Parents are forced to become teachers brushing up on the order of operations, coworkers became teleworkers coping with eyestrain and constant workload, and social interactions have completely changed.

The EOC was stood up on March 18, 2020, as we braced ourselves for the inevitable. At that point, Seattle's congregate care was hit hard. We saw that wave, undulating toward Minnesota in short order and began to plan. Members of the EOC, as everyone, maintained a pulse on the development of the virus as it spread across the nation. It's almost like Groundhog Day now. We listen to the State EOC at 0800, telecoms and meetings at noon, 934th EOC briefing at 13:00, Governor's briefing at 14:00; a constant bombardment of COVID.

The guidance from the CDC has served as national guidance. As new data and research becomes available, everyone tries to remain adaptable to the new symptoms, new guidelines, and new rules. The social changes; how we greet one another and social distancing will have long lasting impacts in how we respond in the future; whether it is a second wave of COVID19 or any other emerging infectious disease. Trying to make decisions for one, two, or three months into the future has become a labor intensive task. We still must live in the shifting present.

For the present, like so many others, Jon and Pam are missing their wedding day. Graduations, open houses, baby showers, and birthdays are rescheduled for a hopeful later date. We are all making changes to cope.

I can say that Jon and Pam have rescheduled their perfect day. This time has allowed them to forego their pre-wedding workout regime, he laughs.

Part of my responsibility is to record lessons learned; there are many lessons. Most of what I've learned isn't something I'd submit to AFRC on an AAR.

Resiliency is flexibility; bending and taking on different shapes. It's a kind smile and a joke when you are all stuck in the same chairs and someone's having a crabby day. It's a heavy sigh over the cancellation of the MN State Fair, and the hope that next summer we will be able to eat Sweet Martha's Cookies. It's laughter about a delicious cocktail you've missed on the beach today, and knowing you will say "I do," in the perfect place and setting, and safely, next year.