**FACEBOOK LIVE**

**10 FEBRUARY 2021**

**341 MDG VACCINE TOWN HALL**

<https://fb.watch/3B2E-VdMxW/>

**intro**

* HELLO TEAM MALMSTROM! I AM colonel MaRK POMERINKE, COMMANDER OF THE 341 MEDICAL GROUP. WELCOME TO A SPECIAL EDITION TOWN HALL ON COVID 19 VACCINATIONS. WITH ME TODAY IS doc salzman, she’s been here before, AND dOC CHRISTENSEN, the head of my medical staff, TO PROVIDE you the latest UPDATES ON COVID 19 AND THE MEDICAL GROUP’S VACCINATION EFFORTS.

* BEFORE I TURN THE TOWN HALL OVER TO MY medical experts, Some quick reminders about the vaccine before we get into our other information along with some other things I want to continue to reinforce:
* we need to keep our basic precaution measures in place. that would be handwashing as much as you can; distancing (that six feet spacing); and mask-wearing -- even if you’ve received the vaccine and/or have TESTED POSITIVE AT Any time in the past.
* we are vaccinating ACCORDING TO THE DOD PHASED PLAN AND AT THIS TIME WE HAVE PROVIDED 1ST DOSES TO active duty service members, government civilians, contractors and TRICARE benficiaries 65 years of age and older.
* we have also recently starting vaccinating individuals between the years 18 and 65 who have co-morbidities. and we have reached out to those inviduals to provide them the opportunity to get vaccinated.
* vaccine quantities are expected to be distributed on a rolling delivery basis. as more vaccines become available we will continue moving down the DoD schema from the tier 1 and tier 1-B into the tier 2. As we do we will let everybody know when it is an opportunity to get vaccinated.
* this will take several months, probably the rest of february and into march. we will then communicate updated groups and times on our social media channels.

**TESTING/contact tracing**

* Call 731-4MED for A testing time if you feel sick, if you’ve been told by the city public health team, or if you’re a contact and you’re not sure when to come in. please make an appointment.
* we’re still running the covid testing line and we have open appointments monday through friday unless it is a down day or a federal holiday and a weekend.
* EVERYONE WHO IS A TRICARE BENEFICARY is highly encouraged to GET TESTED IN OUR LINE at the clinic on base—IT’S FASTER AND WE CAN CONTACT TRACE MORE QUICKLY.
* again, please call before coming through the drive thru or the clinic as we are conducting testing by appointment only.
* right now we are vaccinnating active duty service members, government civilians, contractors and TRICARE benficiaries 65 years of age and older. and we have started with the 18 to 64 year olds who have co-morbidities.
* TO MAKE AN APPOINMENT CALL 731-4633.
* pleasE be patient. we are moving through the tiers and we want to make sure everyone has an opportunity to receive a vaccine before we move onto the next tier or phase.

**Pre-Question transition**

* At this time I’m going to turn it over to **Doc Salzman AND DOC CHRISTENSEN** to answer questions, provide an update on the vaccine and give a little information. Doc Salzman, over to you…

Doc Salzman (3:30): Thank you Sir. Hi everybody. So I reached out to a lot of the active duty service members to talk to you a little bit about some of the risks and benefits of the vaccine. We have the Moderna vaccine here on base. And I wanted to give you that same opportunity so you can make an informed decision whether you would like to sign up to get it. As I said, here on base we have the Moderna vaccine. In town, here in Cascade County, we have both the Pfizer and the Moderna vaccine. Those are the two that are currently authorized and being delivered to us. They are not FDA approved yet. They are just emergency use authorized. For that reason they are an optional vaccine for the military service members. That’s one of the reasons we wanted to reach out and give everybody the best information possible, so you can make an informed choice.

 There are some pretty significant benefits that we’ve seen across the country and here in our own population so I want to share those with you. Some of those benefits are to the individual, to the community and to our service. So whoever gets vaccinated, some of the benefits we’ve seen are decreased severity of illness and hospitalizations. So when people come in contact with COVID, if you have been vaccinated your illness looks more like a cold. Like a stay at home kind of illness rather than something that may progress to a hospitalization or an ICU visit. So the symptoms are still the same, still headaches and body aches, muscle aches, fatigue, maybe some nausea or vomiting, maybe some shortness of breath – it depends on the person – but the goal is to reduce the severity of these symptoms so you don’t feel like you can’t make it through the night and have to go to the Emergency Room. It’s been very successful across the country in reducing those symptoms. Here in our local area we’ve seen the capacity of our local hospital go from 160 percent down to under 100 percent which is great because then doctors now have the time and resources to treat everybody who comes to the door. That helps everybody. So we want to make sure that when you are exposed -- because it probably will be ‘when’ -- you don’t have a severe illness. Also you’re able to still go to work, you’re still going to be able to care for those that you are responsible for, you’re able to participate in the things around you. You’re not taken out because you’re feeling so sick. So this is a great benefit to the individual.

 The benefit to the society is that we don’t have so many people gone from work. For our organization is we don’t have to try and cover two and three positions because people are out because they are sick. That helps organizations stay afloat and do their mission and do it well. We don’t want to struggle and limp along. The more people we get vaccinated the more able we are to do what we do every day.

 What we have been reaching for is ‘herd immunity’ which for this virus has been calculated to be 75 percent. Now some studies have suggested recently in the past week that even when we reach herd immunity we’re still going to have to do some risk mitigation measures because this virus is probably not going to go away. But, when we target those herd immunity thresholds we know that the people we are encountering are also vaccinated, and we’re vaccinated. If we have 75 percent we may be able to roll back some of our risk mitigation measures and we’ll be able to do some more of the things we all miss doing. That being said it sounds pretty good but there are some risks.

 Before I tell you about the risks I want to tell you what this vaccine is made of. It’s an old science. It’s a science we’ve used in the past usually for cancer fighting. We haven’t ever used it to fight a virus before so that’s part of why it is “new” but it really just a new allocation of an old science. What we do is we target a cell that doesn’t belong, so either a cancer in the past or right now a virus, and we pick a part of that cell that isn’t usually there in the human body that we can say, “Look for this” to our immune system and our immune system watches out for it. So we picked the spiked protein on the COVID molecule. COVID looks like a ball and it’s got all these little spikes that stick out on the outside and those are what the COVID virus uses to get into your cells to hide. They’re called spike proteins. We imaged not the dangerous part, just the receptor (the spiked protein on the outside) and we made a blueprint of it. It’s called a Messenger RNA. That’s what your body uses all the time to make any protein. So just the messenger RNA is what you get, along with Polyethylene Glycol which some of you know as MiraLAX. So you get this little blueprint to make a protein and when your body makes that protein it looks at it and it doesn’t know what to do with it so it throws it out. The way it throws it out is it makes an antibody to escort it to be destroyed. Your body then will make a few antibodies, a pretty focused response, to watch out and kind of clean up those spiked proteins that don’t belong. And those antibodies will stick around for a short time. That’s why we have a second dose, the same exact blueprint molecules, those messenger RNA. If we give those 28 days later, plus or minus four days, we can remind your immune system “Hey remember when you saw these before? This is still a problem.” Your immune system will make a systemic response that has a longer duration, is more persistent, and those we know from COVID infections last at least 90 days and in some people much longer. So we anticipate they’ll last 90 days or much longer after the vaccine as well. I say anticipate because it hasn’t been quite 90 days yet since we’ve started this part of the vaccination effort. But we get those 90 days of protection and then some studies have suggested that it may persist with some memory cells in your body which also help to regenerate those antibodies. So that’s great.

 So that’s what we’re trying to do with the vaccine that we’re giving. We’re giving a blueprint to make a protein and that tells your body “Hey look for this.” Now it’s not that your body has seen the virus yet. So those antibodies will be there and they’ll monitor for those spike proteins when they come in and they’ll be ready to help escort the virus out but it will still have to do something to make you feel better. So you still may have symptoms. You still may feel sick. So it is like the flu vaccine: if you get it you might still get the flu it just won’t be as bad because your immune system is primed and ready to fight. So that’s what the vaccine does for you.

 But there are some risks. Part of the risks are this is new. We haven’t done this for a virus before largely because viruses mutate. Every time they infect a new person they have the opportunity to change their look. And we’ve seen that. We know there are a few variants of new mutations coming across the U.S. right now. So there is a chance you are going to have to get this vaccine again because the virus might change. And all of the vaccine producers that we have access to have announced in the last ten days that they are going to improve their formulation to address those new variants in the spring. So when we get our booster shots, which I anticipate will be a thing, in the late spring or potentially summer they may contain something additive to also address those variants. We don’t know for sure because we haven’t done it before. So that’s a risk. We know what the short term side effects are but we don’t know there may even be long term.

 So there are short term effects of the vaccine. Three out of 10 people usually feel them. And that’s the feeling of your immune system turning on. And you’ll feel them until your body clears those spiked proteins out. You’ll feel like you have COVID for a good 24 to 36 hours usually, if you are one of those three out of ten people that feel your immune system turning on. So you’ll feel the headache or tired. You could feel an achiness at the site you got your shot. It could be a little swollen, probably because we put a little MiraLAX in there, it could be a little swollen for a day or two. You could feel tired. You could feel nauseous. Or you could feel short of breath and just want to take a nap.

 We have spoken to the leadership in the base and so those members of Active Duty who get the shot, if they don’t feel good the next day they should call their leadership chain and they’ll be able to stay home to recover. And that’s okay. Just take a Tylenol and take a nap, and if you feel worried at all you can call 731-4MED and you’ll reach one of us and we’ll help talk you through it and make sure there is nothing to be concerned about and if there is we’ll certainly help you address it. But typically are the typical short term side effects, feeling like you have COVID until your body clears out those spiked proteins that it doesn’t need and builds some antibody response.

 Other risks include if you have an allergy to MiraLAX. So if you have an allergy to MiraLAX, which I’ve never actually met anyone – (to Doc Christensen) Have you ever met anyone? – No I’ve never met anyone with an allergy to MiraLAX. But if you are one of those people I would say don’t get this because it has MiraLAX in it. So Polyethylene glycol.

 If you are pregnant that is something you want to talk to your healthcare provider about but in general I’d say early in a pregnancy it’s something to consider carefully in your first or second trimester. In your third trimester the OB’s I’ve talked to in town have generally recommended it because it is a time you can deliver antibodies through the placenta to the baby and help protect the baby for when they are born. Also if you are breastfeeding it’s a great time to get the shot because those antibodies can go through the breastmilk to the baby and again help protect the baby.

 If you have health conditions, if you are immuno-suppressed either through medicine or for other reasons, it may be that your body won’t make as good of a response or as big of a response as other people but it is still recommended that you get the shot. The CDC came out with a recommendation on the 21st of January that noted that the benefits far outweigh the risks for those who are immune suppressed. So I would recommend you consider it if you have an immune-suppression condition. And if you’re concerned and you don’t know if your personal health is what you would want to… If your health is concerning you and you want to ask a provider just one-on-one you can always call 731-4MED. You can ask to talk to either your specific provider or the COVID provider, which is really one of us, and we’ll look at your medical record and talk you through it and make sure what you are about to decide makes medical sense or is recommended. Again, it is your choice. So we’re just trying to provide you with the information you need to make a good one.

 (To Col. Pomerinke) Do you think I missed anything?

Col: Pomerinke (15:10): I think you got it all. We’re getting some questions in. Let’s move to a question or two.

**questions**

**Question: With the governor of Montana expiring the mask mandate, will Active Duty have more restrictions again? How does will this affect the base?**

**A1: (Doc Salzman):**  So I’ve talked to Colonel Feugate Opperman a couple of times – regularly, actually – and so really what the restrictions are for Active Duty are going to be her call. But we will take a close look at what the prevalence is of the disease in our area but also how much of our population has been vaccinated. As we step up our vaccination percentages I know that leadership is looking at trying to roll back some of our restrictions. So opening up theater access is in our future. Opening up dining is probably in our future pretty soon. Some of those things that we’ve been avoiding because of our risk we will start to explore again in a safe and measured way as we increase our vaccine response. The governor is in charge of everything off of the base but, as you guys all know, Colonel F15 is in charge of everything on the base. So we’ll talk with her and we’ll get you back.

**A2: (Col. Pomerinke):** Let me add to that too. Right now there is a Presidential Executive Order that mandates 100 percent mask wear on all federal properties to include inside and outside of buildings as best of our interpretation, and DoD does have to follow that. So at least on base for the next month or two, I don’t know when it expires, sometime in April, we will all be wearing masks and that is at the behest of the President of the United States our commander-in-chief.

**Question: Will military members be required to wear masks OFF base even though Montana removed the mandate?**

**A: (Doc Salzman):**  When I advise the wing commander who makes that choice, I’m thinking about our ability to do our job right now and in the future. One out of 10 people who recover from a COVID infection have a prolonged heart or lung or some other remnant of the disease that just lingers for months and months, and can make members have a difficult time doing their job day to day job or be ineligible for deployment. So we are looking to protect as many of our service members as we can from this illness which I can tell you is very uncomfortable. So I would anticipate that as long as there is a significant disease burden in our local area, that’s going to be a requirement. But again, F15 will make that call and she’ll let you know through your chain of command.

**Question: Is asthma a condition that warrants early vaccination for dependents?**

**A: (Doc Christensen):**  So any type of lung disease, there are many comorbidities that involve the lung. There are several lists out there. I think we pushed out two of them. And so “Yes.” The answer is yes. Asthma and COPD and any kind of other underlying lung disease makes you more susceptible to the worst effects of the COVID infection.

**Question: Have you seen anyone on base that has been vaccinated with both doses that has contracted COVID at any point afterwards?**

**A: (Doc Salzman):**  Yes. So having the vaccine makes the illness that you get afterwards less severe but it doesn’t make you immune. The response in your body is a little bit different to a vaccine than to an actual illness and so you can still get COVID if you if have been vaccinated. It just won’t be as bad. The risk for us that we consider is that if you get COVID after getting vaccinated, are you still able to spread it to other people? And that’s a question that science really hasn’t answered very well yet. And because they haven’t answered it we have to be careful like you could. If you get vaccinated you could still get sick and we have to assume you can still spread that to people you work with or your family members. And so yes, you still have to be careful. For that reason we’re still wearing masks even though we’ve been vaccinated. So I would recommend to you especially if you have someone at home who has asthma or another comorbidity, another diagnosis that makes you concerned for them, that you are very vigilant out in the environment and the community about wearing a mask and keeping your distance from those who could be carrying germs so you don’t accidently bring it home to your family. Now that being said, if you are able to vaccinate your family members – we can vaccinate anyone over 18 but Pfizer vaccine which is available in town can vaccinate down to 16 – and if you feel like your 16 and over child would benefit from vaccination you can call us and talk to us and we can help coordinate that for you. But what we’d really like to do is make sure you and your family are protected.

**Question: Can dependents get vaccinated downtown as well as on base?**

**A: (Doc Salzman):**  Yes. Yes they can because Benefis has a memorandum of agreement with us and so they support us and all of our beneficiaries.

**Q: Colonel Pomerinke:** And do you know what they need to do to take advantage of that? Do they need to make an appointment?

**A: Doc Salzman:** So I would say put in a call to your provider and then we’ll look over the medical record just confirm and then we can essentially write a script to downtown to go get the vaccine.

**CLOSING REMARKS:**

Colonel Pomerinke (21:44): Okay, fantastic. Do we have any more questions? All right, with no more questions I think we’ll go ahead and wrap it up for tonight. I want to thank both Doc Salzman and Doc Christensen for coming and providing some information to our beneficiaries and our dependents so that they can make a proper choice in whether to receive this vaccine. And I just will close in the same way that I started. Please continue to wear a mask. Please continue to physically distance, especially if you are with individuals who are not part of your immediate family. And please continue to wash your hands. I’m not particularly sure how that became a big deal but evidently we don’t wash our hands quite enough. So with that do I have anything else?

Doc Salzman: “Wash your hands” is never wrong so thank you all for doing it.

Colonel Pomerinke: Yes, absolutely. All right I want to thank everybody for tuning in tonight to get a little more information and I hope you all stay healthy. And have a good evening.

 END