



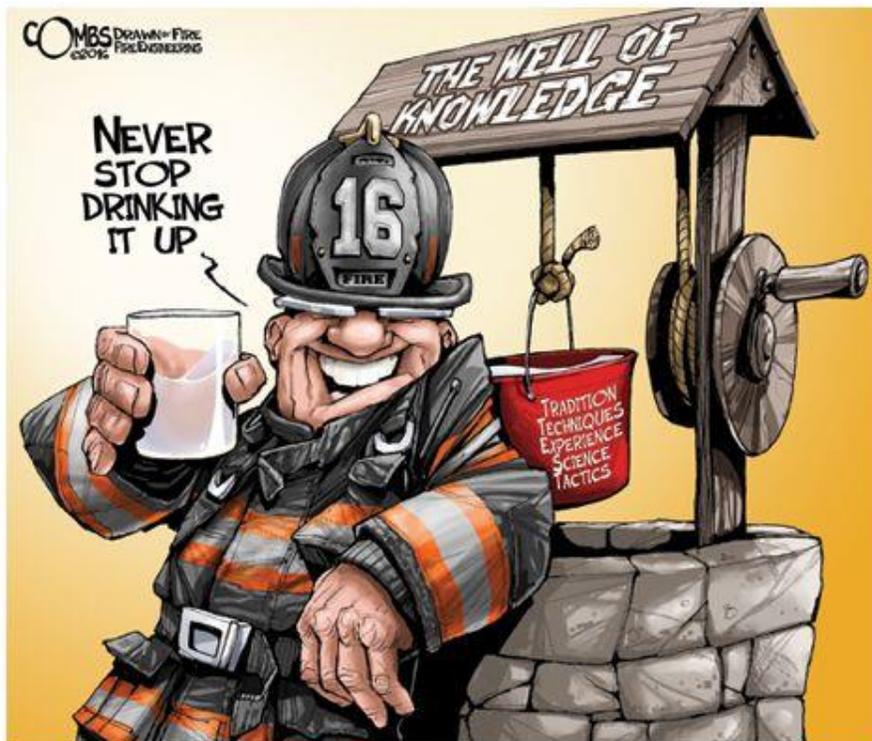
THE REVIEW

Central Arizona Fire and Medical - 8603 E. Eastridge Dr., Prescott Valley, AZ 86314 – **May 21, 2021**

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"I wish to have as my epitaph: Here lies a man who was wise enough to bring into his service men who knew more than he."
– Andrew Carnegie



The Chief's Desk

Let FREEDOM ring!! We are nearing the end of the two weeks to flatten the curve. It's only been way longer than two weeks. Confusing I know, but that's what happens when you work with flawed models, bad data, and you weaponize something for political purposes. It's also what happens when the "entertainment" media perpetuates a narrative focused on fear and blind compliance. But, I digress, we are finally starting to see the light at the end of the masquerade.

I'm sharing an article this week that provides a summary of a study regarding COVID hospitalizations. Researchers believe that nearly 64% of the hospitalizations related to COVID could have been avoided, if Americans were in better health. The four underlying conditions that in combination with COVID resulted in the majority of hospitalization were/are obesity, hypertension, diabetes, and heart failure. Many of these patients had two or more of these conditions. It's not that the patients would not have had the virus, it's just that they would not have required hospitalization.

So, what is the real problem we have in the United States, and is the CDC or Federal Government willing to take the extreme measures they took with COVID to identify and deal with them? Will they mandate all foods high in fat be removed from store shelves? Are they willing to close restaurants, fast food or otherwise, that do not serve only healthy options? Or, will they provide free gym memberships for every American citizen? My guess is ... no. And, honestly, they should not.

In my opinion, more studies like this one need to be publicized and fully explained. People need to hear the hard truth that we are creating some of our own health issues as a result of our life styles. Some sort of get healthy initiative may be advisable and it's something that people can support no matter which side of the political aisle they sit on. Maybe even some of the ultra-left and ultra-right can come back from the edge enough to agree that we need to do a better job promoting health and wellness in our country.

The study seems to indicate, at least in my mind, that shutting down gyms, beaches, telling people to stay inside, etc. were not the best decisions. Keeping people inside out of the sun and away from the healthy activities that help prevent obesity were clearly not the best direction. People joke that they put on the COVID 19. HELLO!!

Between the long-term behavioral health challenges, increased drug usage, increased domestic violence, decrease in preventative care, and extra weight people have packed on, we are in a worse position to deal with a future pandemic. Nice work!

It is great to see so many more faces in the stores. Personally, I shopped very little with the exception of online over the last year because of my aversion to masks. Not that Jen wants to hear this, but I'm actually starting to go back into stores and saunter around a bit just because I can. **Cont. Page 4**

Upcoming Events:

May 24-27: Chief on Vacation
May 24: Board Meetings

Board Meetings:

May 24 Administration
CVFD – 1600-1630
CYFD – 1630-1700
CAFMA – 1700-1830

What hill would you be willing to die on?

By: (Ret) Fire Chief Scott Ferguson

Apparently, its origin is debated, but the implication of "a hill that one is willing to die on" is a goal, principle, or cause that one believes so deeply in that they are willing to make a great sacrifice on its behalf. It's a warning that the struggle you're facing could cost you everything—maybe not literally your life, but your job, or a friendship, or something else you can't get back.

Decisions on whether to fight could be very practical and easy to explain, or they may be very personal, and difficult to defend. One's reasons may be deeply rooted in courage, fear, experience, or simply attributed to a lack of sleep. These filters cause a person to stop and think whether the sacrifice is worth making, or whether it would be a waste to expend it on an issue no more important than this one.

Choices related to when and how to take a stand is an area of professional development that we need to spend more time exploring. Whether on the fire ground or in the firehouse, the implications of ignoring these lessons can have significant physical, emotional, and even legal consequences. But, this can be hard. Balancing the innate relational side of the job with a responsibility to conform to a list of "industry standards," could require participants to peel back a few protective layers that may expose a wide range of fight or flight insecurities.

There is a distinct difference between a mountain worth risking your security and reputation over, and a molehill that may require a simple sidestep in order to avoid a twisted ankle. Charging them all with equal fervor is at the very least a nuisance that will eventually be ignored, and at most, reckless. Thus, not all hills should be defended to the death. Instead, one should consider their own value system as a touchstone from which to evaluate the risk.

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Most COVID-19 hospitalizations due to four conditions

By: Erin Bryant

Studies show that certain common medical conditions put people at higher risk for severe illness from COVID-19. These include metabolic disorders like type 2 diabetes and obesity, as well as heart conditions like high blood pressure (hypertension) and heart failure. People with these four conditions are more likely to be hospitalized with COVID-19.

To better understand how these conditions affect hospitalizations, a research team led by Meghan O'Hearn and Dr. Dariush Mozaffarian of Tufts University developed a statistical model. They incorporated data on the association of these four underlying conditions with COVID-19 hospitalizations in the U.S. They also included national data on COVID-19 hospitalizations and prevalence of the conditions by age, sex, and race/ethnicity.

Based on this data, the model calculated the percentage of COVID-19 hospitalizations that could have been prevented without these four underlying conditions. Results were published in the *Journal of the American Heart Association* on February 25, 2021.

The researchers estimated that more than 900,000 COVID-19 hospitalizations occurred through November 2020. Based on their model, 30% of these hospitalizations were attributable to obesity, 26% to hypertension, 21% to diabetes, and 12% to heart failure. These people would still have been infected with COVID-19, but likely would not have been sick enough to need hospitalization.

nih.gov

Chief's Desk Continued

As you are aware, CAFMA no longer has any COVID-specific protocols. We simply follow our infectious control policies, and I think we do a better job of sanitizing our spaces. Those who choose to don a mask are still welcome to do so, and we will continue to provide them for you while at work.

We recently had three separate entities that wanted to work with our agency, however, each one wanted us to follow their COVID protocols. That may work if we were going to their house, but their protocols are not enforceable in our house. One of those entities is the Center for Public Safety Excellence (CPSE). We plan to seek accreditation again, however, before we can start the process we have to take one of their classes. We worked to schedule a class with them at CARTA for this November. When we received their contract, it included a clause that stated all attendees will wear a mask. As a vendor we are paying to teach at our facility, they do not get to dictate policy to us. To that end, I asked Chief Parra to re-contact them and express our disapproval. They hope to have a change in the very near future, at which time we will schedule training.

It seems some who were bent on following CDC guidelines are now struggling to follow CDC guidelines. I mean, I do not have much faith and trust in the CDC, but those balking now were staunch supporters of following the "guidelines" over the last year. So, what the CDC said was "law" until the CDC came out with something they didn't like. As an aside, I just had to book my flight for FRI at the end of July. American Airlines website had a big banner at that top that proclaimed as a result of "federal law" all passengers must wear a mask. Executive fiat is not a law, it is an arbitrary rule. I think American Airlines along with so many others in our country would benefit from a civics lesson specifically regarding the making of laws. I say bring back School House Rock!

I reposted a picture from a friend on social media last weekend. In the picture is a man at a grocery store wearing a shirt that said "My Mask is on the Inside, it's called an Immune System." Personally, I found it funny, and it fits with my personal beliefs. Out of 121 respondents, only one was angry. I'm sure others scrolled past as I do with so many that I disagree with. To each their own I say 😊

However, I did respond to one comment from a family member that was funny. I mentioned that we never had a mask requirement and that throughout the pandemic we fared very well. That prompted a message over the weekend from a friend and researcher. The individual was not looking to start an

argument, they just wanted to have an open dialogue regarding some research their team is undertaking with first responders. One of the questions I was asked was “do you not believe the science.” My response was that I felt there have been two different scientific tracks as it relates to COVID. The first is the popular narrative promoted by the media, politicians, and some scientists. The second track is one that acknowledges the challenges that COVID presents, but promoted the idea that there is a better way to approach addressing it.

I subscribe to track two – just in case you were wondering. Yes, I believe COVID can be bad for some who are at risk in our population. No, I do not believe, based on science and numbers, that draconian measures and masks were effective. Masks may have had a limited effect for some who are at risk, if they were to wear an appropriate mask, fitted properly, donned and doffed properly, and either properly disposed of or cared for, if reusable. I also pointed out that scientists failed to consider the human factor:

1. A majority of Americans did/do not want to wear a mask;
 2. Masks are hung from rearview mirrors which degrades the material as they hang in the direct sunlight;
 3. People were grabbing masks from their back seats, floors, pockets, etc. Those things are nasty;
 4. People have no idea how to fit a mask properly. Studies show that a leak in a mask decreases its effectiveness by 50%;
 5. The mask gave some a false sense of security so they did not follow other safety precautions. No one ever explained the true efficacy of the different types of masks and how they work. To that end, we did not have a well-informed populous;
 6. Many people were scared and did not seek care for other illnesses. The lack of care led to an increase in cardiac issues, worsening diabetes, increased respiratory issues, etc.;
 7. A recent study shows that new cancer cases are being discovered in much later stages as a result of delayed medical care/treatment;
 8. Behavioral health, drugs, incidents of suicide, domestic violence all realized sharp increases.
- All of this was ignored by the science community for nearly a year. Yet, these are supposed to be part of the decision-making matrix. Do I think the scientific community failed the American public? Without a doubt. We all know that you cannot yell “bomb” on an airplane, and you cannot yell “fire” in a crowded theater. You can be arrested for causing mass panic. Just saying ...

More recently, they determined that there are really two categories of COVID deaths. One category includes people who actually died as a direct result of COVID. The other category includes people who had COVID, but COVID was not their cause of death. Unfortunately, as we’ve pointed out before, the two categories were combined to report the number of COVID deaths. Bigger numbers, bigger fear factor. That is not how data is supposed to be tracked or reported.

Yes, this is an opinion piece – pretty much every week is my opinion of something. This week is just a bit more pointed. I am very happy that things seem to be drawing to a close, but there is still a ways to go before we get back to a sense of normalcy. Not a new normal, I mean get back to where we should be. If you want a new normal, and you’re not already doing it, watch your diet and make sure you exercise. Obesity leads to diabetes, hypertension, and heart failure. Let’s get ourselves and our immune systems in better shape so future viruses have less of an impact.
