

Transcript
Coronavirus Q & A – Episode 22
September 3, 2020



Alex Metricarti: Hello! I'm Alex Metricarti, Chief Marketing and Public Relations Officer for Living Branches. Today is Thursday, September 3, 2020. I'm here today with Edward Brubaker, Living Branches President/CEO. Welcome to the unofficial last weekend of summer!

Edward Brubaker: Is it really? Oh yes with Labor Day. September – amazing.

AM: It went quickly.

EB: Yes it did.

AM: Let me start with a review of where we are with coronavirus at our campuses. I am pleased to say that we continue to have no cases of coronavirus anywhere at Living Branches – residents and staff. The caveat to that is there is one employee who does have COVID. This person knew they were exposed and was never on campus when there was potential to transmit the disease, so we do not have to count that in our official counts. Maybe you want to give a brief mention about that situation because prayers are needed.

EB: That's right. And I think we talked about this last week as well. The situation is that a member of the family is quite ill. We do need to keep them in our thoughts and in our prayers. We hope for a positive outcome with this. It reminds us again that this disease is not gone and it can be very serious – not in everyone's situation – absolutely not – but in some situations it can be very scary. And so certainly prayers would be desired in that situation.

AM: I feel like perhaps we've gotten a little complacent on campus. I had multiple calls this week from residents who were asking if we could talk about mask etiquette because they would reflect they've seen people wearing masks improperly – other residents – not at all. Actually I thought, that's probably a good conversation to have because some of the science has been changing about why you need the mask and how the disease is transmitted. So maybe we should touch on that again.

EB: When we say science has been changing it is our understanding of the disease that has been changing. Science really hasn't changed, but as we learn more – as with anything in life – we find out more about how it's transmitted. So we still need to wash our hands and keep our hands off of our eyes, nose, mouth, etc. Those are still very important. Now I remember some of

my very early videos I say keep your hands off the T zone, etc. Still a very important thing from a transmission of disease standpoint. To back up last fall I didn't even know what a coronavirus was and probably would have made a joke about beer or something like that. The fact is we didn't – now we do. I now know coronaviruses have been around for a long time. It's nothing new. The strain is different. But just think about that – it hasn't even been a year yet. And so we're learning so much through this. So we have to remember that. It seems to me that this does not mean we were – well it could mean we were wrong, but it doesn't mean we weren't doing the right thing. It just means we're learning. Just like with anything in life, we're learning as we go. And so absolutely the droplets, and breathing, and talking – and all those kinds of things – that's as we understand today how it's transmitted. And so that's why a mask is so important. And yeah I've seen masks in public spaces, in stores, employees of local stores that I won't mention – you know, they have a mask partially over their mouth. It's not over their nose and you just kind of shake your head because you say really? Like you think that's going to protect anyone? I don't mean to say that they're dumb people – we just need to keep educating ourselves and each other. It needs to go over your nose. It needs to go over your mouth. That is what's expelling things from your body and so that's why it's so important to have both of those areas covered. And it is not fun to wear a mask. I had one on all last evening. We were moving our daughter and her husband to a new apartment in Philadelphia last night and my mask was drenched. By the end of the night the rest of my clothes were, too. It was warm. I did most of the time have a mask, obviously not when I'm eating, but yes it can be a challenge – to wear it properly. And I think we also need to give each other grace and not assume that somebody is trying to be an anti-masker by not wearing it properly. It's easy to forget. It's easy – as you said – to be complacent as well. To forget. I've had people in rotary and otherwise – they're walking to the meeting and saying, "oh I forgot my mask," and go back and get it. It's just normal human stuff. Let's be gracious with each other. Let's also reminding each other, too, it needs to cover your nose and your mouth to do any good. But it's really important because that has been shown – maybe we'll learn more later – but as of what we know now, that's the primary transmission methodology. So let's do it right. The other thing is – wash it. I've had this conversation with my wife. A mask sitting in the car for days on end and just being worn when you need it – that's not really best protocol either. There's so many things like that that we just need to be aware of. And work at it.

AM: I'd say one group of people that are really learning right now are the scammers out there. We had a notification from one of our residents about some scams that are going around, specifically about COVID. And it might be worth it to note that to our viewers.

EB: We say "don't waste a good crisis" – scammers must have that in their mantra because with every challenge in society it seems like there is a new scam that comes out. I've commented already – these are not stupid people. They're figuring out the psychology of people. Wouldn't it be wonderful if these smart people who scam people could figure out ways to help society? Wouldn't that be wonderful? I know that's utopian. And I digress – I dream. But that would be nice. But yes, that's the reality. It's a challenge, too, because they pose sometimes as contact tracers. And that's the unfortunate thing because then it makes people distrust the potential real contact tracer. So when you have a false person – false prophet if you will – and a real person – how do you distinguish between the two? That's, for me, one of the unfortunate things, too, that

it just makes people distrust the real stuff more when there are scammers out there. But yes, absolutely, scammers are out there. They're working the system. And it's no different than what preach all of the time with any of those phone calls. Basically, if you don't know the number, don't answer it. If it's that important, they'll leave a message. If it's that important, they'll call you back. It's amazing how this little device can activate parts of our brain that all of the sudden it becomes the most important thing in the world. We get a text or a tweet or a phone call – maybe it's fear of missing out. I don't know. But just relax. Don't answer the phone if you don't know who it is. If you do answer it, don't get sucked in. There are definitely scams out there.

AM: If you have any questions about whether it's real or not, you can reach out to our team. I sit across from Bruce Alder, our chief risk officer, and I hear the phone calls he gets from residents asking, "hey, is this real or not?" So we are here to help if people have questions about that.

EB: That's right. A relative of mine got one the other day, again, posing as a grandson. It's so easy to get sucked into those things. But it was no grandson and when my wife got on the phone and started asking questions, there was a quick click on the other end. The best thing is don't even answer.

AM: If you don't know, don't answer. Let's talk a little more about testing and rapid testing possibilities. I was at the Dock Woods campus earlier in the week and I was talking to a couple of residents who were asking me when water volleyball was coming back and how nice it would be if we had a rapid test machine that we could use to determine before you wanted to do anything. Are you positive or not? But some of the information we're getting now from the government about our use of their testing machines makes that look highly unlikely in the near future.

EB: Yes it's not going to happen right away, but I really do believe that is a key part of us managing this. It's a key part of it. Vaccines are part of it, I think. Perhaps the virus and virulence of the virus drops off. There are many things that could happen. But I believe testing – and you know – you've been on CRT (coronavirus response team) since March and I've been preaching that testing has to be there. But the challenge is getting there. That there is a test available. We are intending and working on having a testing strategy. The challenge is we didn't really prefer the BD equipment because it wasn't as accurate as we had hoped, but lo and behold, that's what we got at Souderton and Dock Woods. So we need to use it. We are also then allocated test kits because of the equipment we have. We would have preferred Quidel. Having said that you work with what you've got. Even so, there's not enough test kits to do the level of testing that needs to be done. So the concepts are good, the movement and direction is appropriate, the boots on the ground reality is not there yet. There's another test that almost works like a pregnancy test – the kind of more rapid testing ability, if you will, as opposed to one that has to go to a lab. The word that I've seen recently is sometime in September. I think it's a \$750,000,000 contract with Abbott. You get the swab, put it in this credit card type thing, wait 15 minutes, and then look at it. It appears the rates of correctness and how you can rely on it are

fairly high. The challenge is, is that with symptomatic or asymptomatic individuals? So there's so many things to look at before you know whether the test is good or not. That's another one that's coming. So there are other things in the pipeline as well, but we want to keep working at those things. The challenge is the supply chain keeping up with the demand that's out there. There's no question that a testing strategy is a key part of what we're looking at but we would be there now if it weren't for the supply chain issues, so those are the things that we continue to work through.

AM: And just so that I don't misunderstand, when you talk about a test similar to a pregnancy test, you don't mean you're taking anything into the bathroom?

EB: No, no. That's how people have been referring to it, but maybe I shouldn't even say it that way. Absolutely not. It's just the idea that it's something you can do quickly.

AM: And at home.

EB: Quick and at home. It doesn't have to go to a lab. Or doesn't need special equipment. Because even though the rapid antigen test – even though it could be done at point of care, it needs a piece of equipment to read it, whereas some of these new things like the one I just referenced, it's apparently around a five dollar test that is all self-contained and you do your thing. That's what I mean when I talk about a pregnancy-like-test. It's a home test. So that's probably what I should change the language to – it's a home test approach as opposed to something that needs a laboratory to be involved.

AM: Gotcha! I guess if that was going to be the case, I might prefer something being jammed back up my nose. It's amazing to me to see how quickly people are coming up with new tests and how they're able – we were talking about how science doesn't change and it doesn't change – but it's amazing to me to see what people can do when you put resources to solve a problem.

EB: That's right. That's very true.

AM: And even now we hear more conversation about vaccines and what may or may not be happening with that. Which is another whole different topic, and certainly something that we'll have to be thinking about in CRT. But it's hard now because we just don't have any information.

EB: That's right. And they're talking about phase three trials and that happening by the end of the year. There are other things around could they move them up? That will be a topic we'll

want to talk about too and I'll want to reflect on, because there are a lot of layers to all of these issues. Whether it be testing, whether it be vaccines, etc. Even if you have a vaccine, will people trust it? How is their trust impacted by the rhetoric? There are just so many things that impact this. How is it allocated? Who is first? Yeah. There's a lot of things to consider and something we can probably devote a whole video to – reflections on that area. So we won't get into those details today, but it is something that I think we'll need to be dealing with at some point.

AM: Another common theme that I heard from people this week is visitation. People want more visitation and want to be able to see their family, of course. We're making progress, I think. I know The Willows was able to open more slots for visitation, Dock Woods is looking at some things. Lynne Allebach, our volunteer coordinator, has been reaching out to people to see if they would be interested in volunteering to assist with visitation. Because of course the challenge is that per state requirements, visits must be monitored and so we have to have staff or volunteers who are doing that. It's an interesting situation because here she is reaching out for volunteers and we've spent 22 weeks telling people to be careful, stay away from others, etc. It's a conundrum.

EB: That's right. People need to do what they're comfortable with and we certainly wouldn't want our requests or openness to volunteer to be construed as everything we've been saying to date is incorrect. People really need to do what they're comfortable with. I recognize that many people may not be comfortable with that. On the other hand it's an opportunity, too. There will be appropriate PPE and those kinds of things for those tasks. But yes it's in the weird space that we need to be aware of. It's something we are certainly not requiring people to do, but it's putting the offer out there to say this in an opportunity. You mentioned before masks and friends and things like that. I think you had mentioned before the video that The Rock, Dwayne Johnson, got COVID from friends. And so it illustrates again how it can come from anywhere. And that's the risk with this change in visitation. And why we need to be vigilant. We need to wear our masks. Eating with friends is probably the highest risk because you're unmasked at that time. So we want to do everything we can to protect people. As more and more people come on our campus, the commitment and vigilance around mask wearing and appropriate distancing just becomes that much more important. There are illustrations every day of those situations where people thought they were safe and let down their guard a little bit and that's what we need to keep thinking about.

AM: That is so true. It's interesting for me to see how we're trying to balance that need to keep everyone safe, but also say there are emotional, mental, psychological ramifications of not being able to visits and see family, so how can we try to reach that happy medium with those.

EB: That's right. That's very true. Very true. It's not an easy fix. It's not a clear answer. But it's something we just need to be working at, be open to feedback, be making modifications, be

learning from our successes and mistakes, and just continuing to move forward to work through it.

AM: And we continue to develop strategies for how we can get more people in. So that will keep happening. Final thoughts?

EB: I don't think anything today other than wear your mask in public and in private if you're with people that aren't part of your typical household. But keep doing those things. Stay vigilant. And keep working at it. Because it's so easy to let your guard down. Let's be gracious with each other, not condemning of those people that may have forgotten. But assume the best. Malcolm Gladwell talked about this in one of his books I read – about positive sentiment override and negative sentiment override. If I have a positive sentiment override about you and you do something that I'm wondering about, I will assume that you had positive intention. If I have a negative sentiment override about you, I'm going to assume the worst. I'll just speak for myself, but I think in general for human beings, but for myself I too often go to the "gee, what were they doing?!" as opposed to taking a positive potential for this. So I think we need to have grace with each other but keep laying out the reminders as we work through it.

AM: Thank you all for tuning in. If you have any questions, feel free to send them to coronavirusquestions@livingbranches.org and you can always check our website which is where we have the most up to date information. Thank you very much and we'll talk to you next week.