

Transcript
Coronavirus Q & A – Episode 26
October 9, 2020



Alex Metricarti: Hello! I'm Alex Metricarti, Chief Marketing and Public Relations Officer for Living Branches. Today is Friday, October 9, 2020. Welcome to another edition of our weekly video chats. I'm here with Ed Brubaker, Living Branches President/CEO. Ed, something looks a bit different about us today!

Edward Brubaker: Yeah, what is it? Is it Halloween? What's going on? You have a mask on!

AM: So do you! And the reason that we do is that we are going to have a visitor in our taping very shortly. And so we need to take the most stringent precautions that we can. First I want to start with an update on testing, because we have had positive cases – previous positive cases – at Harmony House at Dock Woods and also at The Willows of Living Branches. Ed, would you like to give a quick update with where we are?

EB: I think a thing to keep in mind is that in both cases it was one case. At Harmony House it was a staff member who was symptomatic. And The Willows it was a resident who was not symptomatic. The testing revealed that no further persons were positive for coronavirus, so that was very positive news. But we still needed to go through the process of the 14 days and the multiple tests and that kind of thing. So we're pleased we're beyond that at Harmony House and now in step 2 of reopening. And we're getting ready for the second round of testing next week which would prepare us for getting out of the 14 days as well. So it was a challenge but it was positive news in that it was contained, if you will.

AM: Yes, that's very good news. As always, for the most up to date news, check our website at livingbranches.org.

EB: This afternoon we're very pleased to have Jim Gotlewski, from, well you work at a lot of campuses, I believe. But first, maybe introduce yourself to our viewers so they know who you are, where you work, and what your role is at Living Branches.

Jim Gotlewski: I'm Jim Gotlewski. I work primarily at Dock Woods but I also pick up shifts at Souderton Mennonite Homes and The Willows. I started at Dock Woods and I've been there for about three and a half years now.

EB: We really appreciate you being here today and your work in our facilities on all campuses, and the good work you do for our residents and the care you show them. One of the reasons you are here is probably a reason you would have preferred to not go through or a reality you would have preferred to not go through, but you contracted coronavirus. And that was back in May, is that correct?

JG: End of May, beginning of June.

EB: We wanted to hear about your experience and what you experienced as far as symptoms, you were hospitalized, in the ICU at one point, never on a vent, but maybe just to talk about your experience and some of the symptoms you had and then how that eventually took you the point of saying I think I may need to go to the hospital.

JG: I actually never got to that point. My family got to that point and I was taken along. When this whole thing started, I was in Kenya. It was February when I was hearing vague reports of this whole thing. On the eve of coming home in March, my mom messaged me and said you tend to downplay these things, but this one is getting serious and you need to be careful. It was a direct flight from Nairobi to New York, which at the time had no cases, so that was just fine. I was able to return to work and at that point we were just starting to implement the precautions incrementally that were deemed necessary as we went along. And we were doing pretty well for a couple of weeks. We didn't have any cases. And then the first case we had at Dock Woods – I was working with the resident the day she showed symptoms. In my mind I wasn't even thinking – at that point in time we had new residents quarantined on one side of the hall and long-term residents, which was the one with the symptoms, on the other side of the hall. And in my mind, I'm thinking I'm wearing a mask to protect these guys from me and then I'm wearing all of the other garb over there to protect me from them. So it was kind of a shock that the resident who got it first was not really expected. In fact I even looked at my calendar and I had worked with them twelve days before. And briefly I thought, maybe I'm the asymptomatic carrier, maybe I brought this in here. And then I realized they didn't have it at Souderton or The Willows where I had been working, so ok, I'm not patient 0. But then as the thing developed further, and we had some challenges with the PPE that everyone had, and the protocols of what to wear and when to wear it for whom, and as more and more residents tested positive – ok this person tested positive today and I've worked with them eight or nine times over the last two weeks, so I was exposed. And I'm thinking as an adult, I've been tremendously healthy my entire adult life. So at this point I knew I had been exposed and I either had an asymptomatic case already or I've been exposed to enough antibodies already that I'm building up an immunity to it, so either way, I'm not getting it. It's going to bypass me. So after a few weeks – maybe three or four or five weeks – of working with people who we knew were positive and were positive before we were treating them as positive, so this is going to pass over me. Then I got the symptoms and it was a real warm day and I had the chills and shaking. And everyone around me asked why I was so cold. I took my temperature and it was 99.5. An hour later it was 101-something. At one point it even got up to 104.5. I broke out in a sweat and I thought ok, this is it. This is the immune systems final battle against this thing. But it was just beginning really. So I was sick at home for a week with it, quarantining in the basement. I got my test results on a Friday. On Saturday my

family wanted me to call my doctor. They said if you go to the ER they're just going to send you home anyway, so we didn't do it. But then the next day – I hadn't even noticed it. I was just having a fever, chills, but unbeknownst to me, I was showing signs of being hypoxic and short of breath. My family called the doctor back again and they said go to the ER.

EB: Wow. And then you went to the ER. Did they admit you to the hospital?

JG: They did. It was my first hospitalization ever in my life. So it was a shock. Some of the staff were questioning why I was admitted. And one nurse pointed out my pulse-ox was 91% on six liters of oxygen, which is not good. I definitely needed to be there at that point.

EB: What kind of treatment did they give you while you were there? And I believe you were admitted to the ICU?

JG: Yes. Initially they said I had pneumonia and gave me two IV antibiotics the first night. And I'm thinking it's a virus, so why are we doing this? I guess to treat the pneumonia. But then the next morning they put me on the high-flow oxygen, which even in my professional career I had never encountered anybody utilizing that. So it was my first experience with that. It's kind of like being water-boarded through your nose continuously, but it did improve or manage the symptoms enough to allow the body to take over and for the other treatments to take effect. They gave me three doses of remdesivir and then they stopped doing the antibiotics because they said it was inflammation. Well if it's inflammation they should be doing a steroid and I think a day or two later they started giving an IV steroid. Which then throws your blood sugars out of whack - if it could happen, it happened to me! Then they gradually turned the scale down on the oxygen. While I was in the ICU there were a couple times they needed to crank it up before they took me off. I was there for three days I think.

EB: So you never needed a ventilator, is that correct?

JG: No. Not a vent. Just oxygen. I think I went from that to regular oxygen to room air pretty quickly after that.

EB: So as you reflect on your experience – and I remember when you were in the hospital, it was a point of conversation in CRT, and at this point have been our most seriously ill staff-member. And frankly, we were quite concerned and there were many people praying and thinking of you during that time. It was distressing and I'm sure it was for you as well, very much so. As you think on your experience, how do you reflect on that? Learnings from that. Things that you say, wow, that was an aha moment. Anything like that? Or reflections on that experience and how it has impacted you in various ways.

JG: Well I was shocked one morning when I got a text from Ed Brubaker, the guy that runs Living Branches! I was in contact with Nick [Rosato, assistant director of health care services and Jim's supervisor], and that was expected, but I was surprised to get your message. And it speaks to the kind of organization that this is that we're working for. As far as the other things – for a brief time, gee I might not pull through this thing. But other than that, not really. I can't think of anything I would do differently. But it's one of the mysteries of this disease that we don't understand yet. There are residents in their 80s and 90s who tested positive and never really showed any significant symptoms.

EB: Right. Exactly. And it does, as you say, impact different people in pretty substantially different ways. And yeah, I know it was a concerning time. I'm glad you connected with reaching out to other people in Living Branches as well. We are glad you pulled through and are able to describe your experiences. I think it's helpful for people to know that. And I think you also reflected that clearly we were learning in these early stages, too. And we know more today than we did back in the times you were first experiencing this. That's a positive thing. And we continue to work at these things and learn. I know you were also at The Willows so we now have the resident who tested positive there. Fortunately no one else test positive, so I know you were testing negative from there as well. But it shows one person can really create a situation where we have to lock down and it's a pretty significant reality. Thank you Jim for taking the time today, sharing your experience. Most of all we are glad you pulled through this and you're doing better. Before the interview you shared you are feeling well and seemingly don't have any residual symptoms.

JG: Nothing that I can really notice. It did take maybe another two weeks after leaving the hospital to feel back to 100% or close to that. The one thing I would maybe add is as far as our staff and the degree of seriousness that we place on this. If we work in a factory or an office, your community is your coworkers. We have a dual-community in that we have coworkers and our residents, who to one degree or another are part of a vulnerable population. We need to take into account the decisions we make, how often we got to the grocery store, or stop at Wawa to use the ATM, or go to Home Depot. Each time we do that we're sticking our heads out of the fox hole and exposing ourselves to risk, which then we bring that risk into our dual community of coworkers and residents. We need to be mindful of the choices we're making and the impact they have because like you said, one person tests positive and it has a ripple effect on that whole community.

EB: That's an excellent point. The thought about how our actions impact those we work with. And clearly our clients – if you work in a factory and make a car, you're not going to give the car coronavirus. But we could give coronavirus to our residents. So that idea of being safe and aware is very important. I appreciate that point. Thank you again, Jim. I really appreciate your time here today and wish you all the best. Very glad you're doing better. Thank you.

AM: I'm glad we were able to talk with Jim. I had been wondering what his experience had been like.

EB: It was very good to hear his perspectives. Here's a person that went through it himself. It was good to hear and certainly, most gratifying is that he was able to pull through it and particularly that he didn't ever need to go on a ventilator.

AM: It was wonderful that he had a positive outcome. We have someone else who did not have a positive outcome.

EB: That's exactly right. We have been speaking about this from time to time, to keep this person in people's prayers. I know Mark and his family were hoping for a miracle. Mark Snively, the director of Residential Living at our Souderton campus - he and a number of members of his family became ill with COVID. There's not a connection to Living Branches, meaning where they acquired it, so he was quarantined post-vacation. Unfortunately he had three family members actually in the hospital, in the ICU. And his wife who was most-substantially impacted by it, actually very sad to say that she passed away toward the end of September. Her visitation was just this past Monday. I was able to get there towards the end of the visitation time and it was wow – it was a sobering reminder that this is a serious disease. And we celebrate the ones who have come through it. But the reality is not everyone does. Our hearts go out to Mark and his family. It's a very sad time. And a reminder that we are not through to the other side of this yet. We need to take it seriously. We need to wear our masks in public. We need to physically distance. We need to do those things that keep us safe. That was a very, very sad situation.

AM: I know from the emails I've been getting this past week that for family members and for almost all of our residents, people are just sick of this. They are tired of being apart. They are tired of the masks. They are tired of having to think about things that you once just took for granted. But I think about what happened to Mark's family and it's a reminder that in some ways we all need to pay attention to, that no matter how much we all want this to be over and go away, that's not the reality that we're living in.

EB: That's right. We can hope and pray, frankly, all we want. But until it's over, it's not over. And we need to be aware of that. I'd love for this to be over as well, but it's not. We talked about Harmony House and The Willows – I call it the power of one. One person, one positive test can set us back in our visitation and all of those things. We absolutely want to allow more freedom but we have to do it within a safety zone. Because one positive test can dramatically change the course. I'm not saying it will result in serious illness or death, but the point is, it changes the dynamics and we have to close down and go through testing. The logistics and the cost of that are substantial. So we need to find a way to live within this and be patient and care for one another as we keep going through this.

AM: I'm glad we were able to have Jim come in. Thank you for taking the time today to do this. Just a reminder that we are filming these videos every other week, so we will be back in two weeks with another video. In the meantime, if you have questions please feel free to email them to coronavirusquestions@livingbranches.org. Thank you!