

Transcript
Coronavirus Q & A – Episode 11
June 12, 2020



Alex Metricarti: Hello! I'm Alex Metricarti, Chief Marketing and Public Relations Officer for Living Branches. Today is Friday, June 12, 2020. Welcome to another one of our weekly videos. I'm here today with Ed Brubaker, Living Branches President/CEO. Hello again!

Edward Brubaker: Hello again Alex.

AM: Let's start with our update, as we usually do. This week at Dock Woods, I'm pleased to be able to say, this is the only place at Living Branches right now where we have any active COVID cases. And our numbers are dwindling. There are 10 residents in Dock Terrace who still test positive for COVID and most of them are in the Country Cottage wing of Dock Terrace. That is the place where all of the residents who have tested positive at Dock Woods are residing right now. There are no residents at Souderton Mennonite Homes or The Willows who have tested positive. I know people always ask, so I do like to repeat that information. We had a new development this week at the Dock Woods campus, as we talk about testing. For the first time we had a resident in Oakwood Court, which is Personal Care, test positive. That resident has since transferred to Country Cottage in Dock Terrace, so she is there right now. But maybe we should talk about why this was a significant test for us.

EB: It is an interesting situation because she had been out at another facility, another Health Care facility, for a period of time and had two negative COVID tests before she came back, which is our protocol. Our protocol is also that persons coming back go on a 14-day quarantine. But the risk is, as we've always said, if you have a negative test it can give a false sense of security. And there are still a great number of false negative tests that are out there, unfortunately. A positive test you typically believe and then you do whatever you need to do. So in her particular case there were some symptoms that were coming up shortly after she returned. And so she was tested and she's positive. Now the question is: is that a false positive because of the symptoms? We're not sure that it is. But the reason we tell that story, as you said, is that we'd love for this disease to be something that we could have definitive answers on. Unfortunately even after this period of time, which in the course of human history is still very short – but we still don't have a lot of these answers. Like why do these things happen? But for us it reinforced that idea of we need to be ever-diligent and working at these things, but we also need to continue with that 14-day or some type of quarantine. That could change over time as well, but we really need to pay attention to these kinds of things.

AM: I know for us in the marketing team, we're working with residents that are new to the community or residents who may have been at the hospital and are now coming back – all of that funnels through marketing. And so we hear in our conversations with families and residents

how much they do not like the idea of a 14-day quarantine. But this was, in some ways, very instructional for the marketing team even, as a reminder of this is why we do it and why we're going to continue to do it.

EB: Yeah that's right. And I would also reflect that in some ways, 14 days feels like a long time, but I can tell you, for me and serving on the coronavirus response team (CRT), it is always amazing to me when get updates at every meeting about staff updates and resident updates, and particularly for staff who may have been out for testing or out for quarantine or out because of a positive, it's always astounding to me. It's like the blink of an eye and they're back. So I don't want to minimize, because it is hard. I don't want to minimize it, but in the scheme of one's life, 14 days is actually a very short period of time.

AM: And we need the safety that that measure provides. Definitely. Another big thing that happened this week is that we were able to roll out some revised guidance on our pandemic guidelines. And we're not green and everything's not back to normal, but we were able to take some baby steps this week, I think, that are going to make people pretty happy.

EB: Yes. They were distributed on our website and via email and otherwise, so we won't go into the details here, but certainly things like visitation and other things – the reality is, as I said on the video last week, there's not huge amounts of change from red to yellow and even for us to green. But we do feel like we need to begin to think about how are we going to accommodate visits. So we're starting some exciting things on that, too, where we can have outside visits in something called a chat box. We're trying to do some things that we feel create safety for our residents and their loved ones, but also get at this need to see your loved ones. And find that balance is a challenge, but we're working at it and we feel good about some of the plans we're making in that regard.

AM: And that chat box is still necessary for residents who are in Personal Care, Health Care, and Memory Care because we do not have – I was going to say the green light, but I probably shouldn't say colors anymore because it gets confusing with all of the charts. But we do not have permission from our regulatory agencies yet that oversee those areas to start unfettered visitation. And so that needs to be reminded to people, I think.

EB: That's right. And if you think about it, I'm not exactly sure what you mean by unfettered visitation, but let's pretend you meant pre-March visitation, meaning visitation is resident rooms in Health Care, etc. And I would say, from my perspective, that's going to be some period of time. I envision the potential for inside visitation in other parts of the facility, but to have persons actually come on to the Health Care unit, I'm not envisioning that for some period of time yet. And as you said, the state regulatory and federal regulatory agencies are charged with helping us understand more about what that means. But we do want to find ways that we can creatively have other alternatives to that possibility.

AM: And for residents in Residential Living, where we don't have the same kind of oversight from regulatory agencies, we're talking now about visits outside with a maximum of two persons at a time. And of course everyone has to be masked and taking proper safety precautions. But even, I think, will be very welcomed.

EB: And I would say, maybe another way to call the yellow, and potentially even the green phase – instead of using colors, maybe we use words. And I would call yellow and green the confusing phases. And red being the clear phase. And the reason I say that is, in red, and we've talked about this in CRT, we've reflected that you know you're in restrictions, you know what it is. In yellow and green you have more options. And frankly, since there's no specific dictates or mandates from the state and federal governments, we're finding our way forward by talking with other people and seeing what other people are doing. But I can say, what we're doing is different from other facilities. And so people can say, "so-and-so is doing this" or "so-and-so is doing that." Yes, that's absolutely true. Each place is ending up coming to their own spot. And that's what makes it confusing and challenging. It gives an opportunity for us set the way forward, but it is a challenge in that regard.

AM: I heard from multiple residents this week and it's been interesting the spectrum of responses we've been hearing. So certainly I've heard from a couple of people who have say, "Why are we going so slowly? Just open the gates!" – metaphorically speaking, of course – "And let us do what we want." But I've had significantly more residents saying, "We appreciate the fact that you're taking your time with this. We realize that the guidelines in place are there for our protection and we want to be sure we're operating within those because we realize this could have the potential of having severe ramifications for us."

EB: That's right. And to pay attention to the news – it's really hard to gauge what is the "normal," if you will, person doing? I'm not even sure if there is a normal person anymore, anyway, but what are they doing. And it's really hard to gauge that because we tend to see, in public, the more extreme behaviors. But our videographer, Mike Landis, who takes these videos each week was sharing a story about a family he was taking a picture of, that literally had not left their house since the beginning of this. I believe their older relatives were on their same property. But the point is, there are some people that take this very, very seriously. And kudos to them, frankly. But then you have the other side who don't wear masks and don't care to wear a mask and fight against wearing a mask. And so that really is the conundrum that we're in. And so we need to find our path forward, knowing that, frankly, we won't please anyone. And if we please a few, that will be great. I remember Marcus Clemens, some people watching this video with remember him, said once, as a trustee in a church, "if you have some people putting on their jacket and some people taking it off, the temperature is probably about right."

AM: That's a very good thing for all of us to remember, as my feet our freezing in our environment today. I would propose, also, perhaps, that the legislature did not make things any

clearer this week in Pennsylvania with their vote to override something, and so maybe it's worth pointing out as well, that whatever that was, it really didn't have any impact on us.

EB: That's right. And certainly did not give any more clarity. I would just a side comment on your feet, if you would wear a closed-toe shoe, maybe you would be ok.

AM: It's summertime! The other thing that's happening in the news this week that we've seen, that gives me pause and brings some concern to me, is that, I haven't seen this in Pennsylvania yet, but in other states where they've been, perhaps, a little bit more relaxed about their pandemic guidelines, they're starting to see increases in persons testing positive.

EB: That's right. And the thing to keep in mind with that is, I would caution us to read the numbers well, because you can almost put numbers out there than can almost say anything that you want to say. And so the critical thing to keep in mind as we're testing more people, you will have more positive because your factors are larger. What I think we need to pay attention to is hospitalization rates and also ICU rates. When you see hospital filling up or the threat of hospitals filling up, that's when we need to be concerned. Because that is what has been the concern all along and why we wanted to flatten the curve, if you remember that. We haven't really used that a whole lot recently, but we used to talk about that all of the time. That was the reason for it. So I'm not quite as concerned with the numbers going up because I think that will naturally go up with more testing. The big factor is making sure we don't get over-run in our hospitals with really sick people. And it is a serious disease. With regularity I hear stories of persons not just in their 80s and 90s, but 40s and 50s in the ICU. That certainly is not the majority of people, but it's serious if you get it in a significant way. And so it's still something that we need to pay attention to.

AM: I saw something in the Philadelphia area saying that right now our hospital and ICU counts were in good shape, which was encouraging.

EB: Yes, that's right.

AM: And it probably also bears repeating for us that we are going to be monitoring what happens in the wider community in our coronavirus response team. And that these pandemic guidelines that we just released, we will be potentially modifying them based on what is happening in the larger community.

EB: Yeah, that's right. That's a very good point.

AM: Hopefully we won't be going back, but you never know. You were talking about how as the number of persons being tested increases, obviously the number of people who test positive will increase. We're going to be doing more staff and resident testing at Living Branches. We've already done a lot more than last week, so let's talk a little bit about that.

EB: There actually is a mandate for baseline testing, meaning a one-time baseline testing, from the state now. This would be for skilled nursing or what we call Health Care areas, for both staff and residents. So, we have done complete rounds of testing for all residents in both of our Health Care units at Dock Woods and Souderton already, and did our second round at Souderton more recently. So those things are underway. We've done a lot of staff testing but it's been more symptomatic-based testing. This is going to be a baseline. So we're working at doing that later this month. I think the deadline is late-July or something. So we'll have plenty of time to get that done. But we're also doing it not just in Health Care, which is the mandated area, but we're also looking at doing it in Personal Care as well. So it's a logistical challenge. I mean, it's unbelievable. And then even as we think about what shall we do in the future, people are still talking about weekly testing. We're not finding that to be the optimal use of funds because this costs tens-of-thousands of dollars. This is not a free lunch, here. But if it's the right thing to do, we need to figure out a way to do it. So we are getting to that baseline testing point, which we'll be doing, particularly for staff in the next number of weeks.

AM: The logistics of this are extremely complicated and I know that I've heard from a few different residents and families saying, "When are we testing?" And when you really think about the logistics of testing hundreds of staff that work 24 hours a day, on-shift, off-shift, thinking about getting them back and getting them tested. And then finding labs that can actually run the tests in the allotted amount of time – it's not simple.

EB: Yeah, that's right. And we're finding, I think I mentioned this last week as well, our lab that was getting them to us in 24 hours is now back up to 48-72 hours for results. And so it's just a challenge. We as the boots on the ground kind of know what's going on and it's not always as it may be stated when officials talk about the ease of testing, etc. There's a lot of details, as there is with everything in life when it comes down to taking care of the details of a particular project.

AM: Let's talk for a second about some changes in the wider community. We've talked about what's going on here, but let's also talk about – there's a change this week in the Mennonite world that we heard about.

EB: It was actually announced on Pentecost Sunday, or Pentecost, I should say – May 31st. There was a special service that was a zoom or a virtual service done by the conference. Franconia Mennonite Conference which is our sponsoring body for Living Branches merged in 2019 with Eastern District Conference. And so the connections between those conferences have been very close for many years, but this was the formal merger of them coming back

together. Then we wanted to develop a name and the Conference needed to develop a name. And so that was unveiled on Pentecost, on the 31st of May. And the new name is Mosaic Mennonite Conference, and you can look them up on the web ([linked here](#)). I think it's a great name. The concept I really think of what they were getting at – you can see this all on their website – the idea of: we are not this small, quiet in the land of eastern Pennsylvania group. Literally there are churches in California, Florida, eastern Pennsylvania, Vermont – many different place. And so conferences – all conference means is the organizing body of congregations, and part of it is that Mennonites come together to confer, to together figure out what should be done, as opposed to coming together to listen to the Pope or whomever to tell us what to do. So that's some of the origins of the name, but the idea is that it's a mosaic of a lot of different persons. Traditionally conferences were more geographic oriented. Now geography is not the dictating feature. The commonality of belief systems and other things like that would be what brings together, so it's a mosaic. It's a lot of different people coming together and so that is the new name for our sponsoring body: Mosaic Mennonite Conference and you can look them up at mosaicmennonites.org.

AM: And then perhaps you want to introduce our next video.

EB: If you reflect on some of the previous videos, we've used music at various times and shared songs that I've connected with or found. We want to do that again this week. For me, I've always enjoyed music. Unfortunately I don't have musical talent, our daughter does, but I don't. But I love music and it really touches my heart and my soul. And so when I hear songs out there – we shared one last week and a few weeks before that. Music touches people in ways that other things do not. That's certainly part of the reason why we have a music therapist here, Seth Laucks, and our focus on the creative arts, because it touches the soul, I think, in ways that other things do not. And as I think about these challenging times, - and frankly, we are not through this yet – how do we continue to maintain our centeredness? How do we continue to connect with those deeper things within our being. And I think music is one of the ways to help us do that and reflect. This song is done by the Dock Mennonite Academy touring choir. It was on our virtual service at Souderton Mennonite Church a few weeks ago and I'm sure it's been used elsewhere as well. It's a song called *I Believe* by Mark Miller. The theme is: even when God is silent or I don't see what God is doing, God is still there. And I believe that God is still there. And I would say, as we reflect on these last months, and last week we talked about George Floyd and some of the things related to the unrest in this country and racial relations, we've talked about COVID – it's an unsettling time. And sometimes it is easy to forget or say, "Where is God in all of this?" And so this is a wonderful rendition by the Dock choir and something we'd like to close with today.

"I Believe" by Mark A. Miller

Words scratched on the walls of a cellar in Cologne, Germany by a Jew hiding from Nazi persecution.

I believe in the sun even when it's not shining.

I believe in love even when I don't feel it.

I believe in God even when God is silent.