

**Transcript**  
**Coronavirus Q & A – Episode 29**  
**November 25, 2020**



Alex Metricarti: Hello! I'm Alex Metricarti, Chief Marketing and Public Relations Officer for Living Branches. Today is Wednesday, November 25, 2020. Welcome! And welcome to Ed Brubaker, our President and CEO. Happy Thanksgiving!

Edward Brubaker: Thank you – same to you! A different Thanksgiving this year, obviously.

AM: Absolutely. Let's start with a list of where we are with COVID on our campuses. There have been a lot of changes – to say the least. So as of today, Wednesday at 2:30 p.m., we have one person at The Willows of Living Branches who we just learned has tested positive. Happily that person has not been at work recently so that does not have any impact on The Willows. At Souderton we have two staff persons who are testing positive and we just learned today that we have one Personal Care resident who is testing positive. And at Dock Woods we have two staff persons, for the first time, one villa resident, and in Dock Gardens, one resident who is positive and two residents who live in the same household who are presumed positive. There's a lot going on there.

EB: Yes there is a lot going on. And when you think about it, the numbers in the total resident population of 1,200-1,300, it's not a lot, but it's more than what we've had and it's in Residential Living and Personal Care. So the challenge is that reality is with us and could continue to keep going up. Because the single biggest impact on our organization is the community positivity rate. And the community positivity rates all over the country, all over the state, and in Montgomery and Bucks counties are going up and they have been going up. And so it is no surprise that it's going up within our organization as well. I can also speak for myself personally – early on in the pandemic when we had all the hardship we did in April, May, and June, and the challenges we had, there were still many people in the community that I would speak to and they would say, "well I don't really know anyone that has COVID." And I had to admit that for my personally, the reason I knew people who had COVID was because of my work, not necessarily in my personal life. That's different now. There's relatives, there's friends, there's pastors in the local community. There's all kinds of people that I can think of and I suspect I would be hard-pressed to find anyone in the local community to say today, "I don't know anyone who has had COVID." And so that is a big difference. And yeah, it's something we need to pay attention to. Now having said that, some physicians that I've spoken to in the area would indicate that the virus has changed – maybe more communicable but maybe not as severe. But the reality is that doesn't change the fact that the numbers are up and the severity percentage is still low – the real number of people can go up. The other side of it, too, is the news talks a lot about ICUs and hospitals being full. And that is true. What you can't extrapolate from that is to assume that means they're full of persons with COVID. Back in May people were shut down – elective procedures – and so today, that's different because hospitals have started doing elective

procedures. I think a local hospital this week had 14 – I believe it was 14 in the ICU, but only two – I think I have these numbers correct – only two were COVID, or some such number. The point being is people are in the hospital for other reasons and so that's also why hospitals are full. It's not untrue that they're full. It's not a correct statement to assume that they're full of COVID positive persons. So that's a difference from today versus the spring. Having said that, if a hospital is full and you need a hospital bed, it doesn't matter if it's full of COVID-positive patients or non-COVID patients. You can't get in if it's full. So that's the reality.

AM: I have been struck these last couple of days by the amount of nuance with what's going on with COVID on our campuses. It seems like in the spring it was a little bit more cut and dry. For example at Souderton right now we have a Personal Care resident who has tested positive, but perhaps thankfully this person had a known exposure so they were already quarantining and so thankfully not as many people have the potential to be impacted that way. I know people do not like to quarantine, but it is still a significant safety measure.

EB: Yes and I think that's the second situation now of a new move in who has quarantining and was tested and was positive during that time. I think the other situation was at The Willows. So yeah, it's really important. I think the other thing, too, sometimes, particularly in the spring, people would assume, "well the way it got on campus was through staff." That is absolutely one way it gets on campus, but in all of these other situations like this most current one, it was through a family member connecting with her when they were moving. So there's such community spread. There are so many ways for it to get within the walls, so to speak, of Living Branches. And so, it's very challenging in that way.

AM: And that's what we've seen at Dock Woods, too. Where we have now in Residential Living at the Villas and Dock Gardens. Some of those we know more about – or it was easier, should we say, to figure out where it came from with some of those situations than other situations. And it's a little bit scary if you don't know.

EB: Yeah. And the other thing to keep in mind is it's spreading what seems to be more rapidly. But it doesn't change the fact that when we have only one case, we have to shut down that facility, if it's a care facility – Residential Living is a little bit different. So a few weeks ago when we had one staff person – in Health Care one at Dock Woods – and then one staff person at Souderton, those units closed down. We needed to go into testing protocols for two weeks to get out of that period. And during those protocols we were very fortunate - there were no additional persons through the protocols – I think in other ways yes, but not through those testing protocols that we found any more positive COVID residents or staff. Which when you think about it is kind of mind boggling. That out of all those people and two weeks of testing, it didn't show up any positives. But those one persons – and I'm not blaming them – but one person and that whole health unit closed down and all of that testing needed to take place. So it's the power of one, so to speak, but it also shows that as it spreads more, one case has such an impact on our organization and that's maybe one thing I want to be clear on with folks today.

If you go to that Thanksgiving dinner, and you're willing to take the risk, and you get COVID, and you come back to the organizations and somehow spread it, it's not just you. It's not just your life or your situation. It impacts us. It impacts stress levels of staff who need to communicate to residents and families, who need to close down. Bruce Alder was telling me that when we do weekly testing, it costs us \$18,000 a week. One eight with a comma and three zeros. Just for Health Care. Ok. So people need to think about that before they say, "I'm so sick and tired of this that I'm going to go to that Thanksgiving Dinner and see my family." There's a lot of I language there – a lot of I language. And we just need to be aware of that because we will get to the other side of this but in the meantime, how much pain, emotional pain, and financial pain are you wanting to inflict before you do that? So I think it's helpful for people – for us as staff and residents to think about that. It's not just about me and my pleasure for a few hours with my family. It's the potential impact to the organization and world around us that we really need to be paying attention to, from my perspective.

AM: And also, from a resident perspective, in Personal Care it was pretty easy to say if you made the decision and you're going out for Thanksgiving, you are going to have to quarantine when you get back. And so that way we at least have the ability to lessen the impact of it in one way on other people. It doesn't change anything for the need for testing or closing down. But at least you could prevent it from spreading. I was reminded in Residential Living when we started to see people testing positive this week that that level of control in Residential Living doesn't exist. So we are relying on the good graces of our residents – if they go out, if they get exposed, to say when I get back I'm going to quarantine. We're not locking them in their room.

EB: That's exactly right. And I know of another retirement community that is more secure, if you will, than we are because they have one main entrance into their community. It's a large community. And they will check even Residential Living visitors to be sure they're on the book. We have more entrances than that. We've also chosen not to do that, but we have more entrances to monitor. So yes you're absolutely right. It's no different than you and I that the trust we have in you as an organization, and in our staff and our residents in Residential Living to do the right thing. That's a very important point that we don't have that same control. And it's been interesting too, going through this that even in the phone calls we were making, even in a time when there was someone positive on their hallway, there were people still saying, yes, but I'm still going to my family for Thanksgiving. Very interesting. Very interesting when you come to think about it. We were joking that we should read the names, so to speak. A you're not wearing your mask correctly list, like the naughty list at Christmas. And then we'll have the other list of people who shouldn't have gone to their family's house for Thanksgiving. We're not doing that this week but I can't promise for the future. People just need to think. Ok is this worth the risk? It's hard. Oh my goodness I know it's hard. The vaccine is coming. As a physician on our board described to the board yesterday, some of the new vaccines or the ones that are early are two doses. And so there's a gap between before you build up antibodies. So his comment was, if a staff member gets a vaccine in mid-December it may not be until the end of January that they start building the antibodies and may have some level of protection. So the point of that is there are five or six weeks between that. I do believe there's hope on the horizon, but we've got a long a tough winter yet. And unfortunately I think this is going to be the reality of – and I said at

one point close down and open up, close down and open up. It's probably going to be more like close down and see you in the spring because it's that's level of seriousness.

AM: One of the things I've always appreciated about the Living Branches communities is the residents truly care for one another. The vast majority of residents are so concerned about their neighbors and making sure they do the right thing.

EB: That's right.

AM: And I think it's also important to remember that you as an individual still have some control over this. So if you are concerned about what others or neighbors are doing, you still have the ability to limit your contact and wear your mask and wash your hands. There are things you can do.

EB: Peer pressure doesn't work just for teenagers.

AM: That's right. We're going doing the little motion now to tell people to pull their mask up.

EB: There's been more than one nasty look that I've given someone in a Wawa for not having their mask on properly.

AM: That's exactly right. Another thing we should reference is that we released new pandemic guidance that is taking effect on Friday, November 27. We are tightening up restrictions again to limit the number of persons on campus so that we can remain as free as possible within campus.

EB: That's right. And that goes with all the things we've been talking about so far on the video, so it should be clear as to why we're doing it. But that's right – you want to limit that exposure to the outside because as your wider community infection rates are going up as are the positivity rates, the likelihood of someone have some connection with someone – I can't remember if I told this story, but it's an important one. There was a local retirement community that a – I think it was a son-in-law – and that's not important – but a family member had it. His wife didn't know she was infectious, brought it in to her mother unknowingly, certainly not purposefully, her mother got it, her mother gave it to a table-mate, and her mother subsequently passed away. So who knew? But it was those connections. And a lot of times you make an assumption that family is safe, and that's just not a good assumption. And especially with community positivity rates increasing – just very important to be safe out there.

AM: We talked in a recent video – a family member asked us what we are doing about the psycho-social engagement for residents. So even though we're having to shut down visits, in-person visits in Personal Care, Memory Care, and Health Care, we still are going to be able to have activities. Pastoral care can be in. Music therapy and creative arts therapy can be in. Life enrichment will still be going on. So residents in those levels of care will have more of an opportunity to still interact with each other, because we know they don't have the virus.

EB: That's right. And that's assuming that they don't have the virus through our testing methodologies. And so that's a really key and important point. Because if people keep coming in and they give it to someone, that closes that window, too. So we just need to be careful. We need to be careful and do the right things.

AM: It's not a cheery message to have to deliver to people.

EB: No it's not.

AM: But it can make a huge difference.

EB: That's right. I would also say – tomorrow is Thanksgiving, right. Even amidst the pandemic, we have a lot to be grateful for. I know toilet paper is getting scarce again, but we can toilet paper, right! Joking a bit, but really we were upset about not getting toilet paper. Interesting. There are some people in the world that can't even get food. I can't say I've had that problem personally. The grocery store is stocked enough. We have money to purchase food. We have a warm home to go to. Friends and family that we can connect with on Zoom. Isn't it nice that this happened now? Well not nice. But I mean now instead of 20 years ago when there was no Zoom, no Teams. So we really need to stop and say let's not focus on the fact I can't go to Florida this year, which that did impact my wife and I and our college friends. Let's focus on what we were able to do this year. And that's always a better place to start I think. It's hard to do sometimes. But it's a better place to start to say, what do I have? And what do I have to be grateful for? An opposed to what don't I have.

AM: At Souderton today, Donna Godshall, an employee on the marketing team, is assisting the Personal Care team with making phone calls to resident families to let them know that we have had a person test positive. And that can be scary, when you think you're going to have that conversation. She called me not too long ago in tears over the gracious, warm, supportive conversations that she was having with families. They were saying, "Thanks for letting me know, I know my mom's in a great place, I know you're all working together, I know you're all working

hard.” And I was reminded just how far simple gratitude and thanks and yeah, looking at things with a positive spirit can take us.

EB: That’s right.

AM: Thank you, Ed. Thank you for watching. We’ll be back in two weeks. In the meantime, if you have questions please feel free to email them to [coronavirusquestions@livingbranches.org](mailto:coronavirusquestions@livingbranches.org). Thank you!