

**Transcript**  
**Coronavirus Q & A – Episode 31**  
**December 18, 2020**



Alex Metricarti: Hello! I'm Alex Metricarti, Chief Marketing and Public Relations Officer for Living Branches. Today is Friday, December 18, 2020. Welcome to you and welcome to Ed Brubaker, our President and CEO. Nice to see you.

Edward Brubaker: Nice to see you, Alex.

AM: We're back on our weekly video schedule right now as there is a lot happening on our campuses. Let's start with some updates about Covid. At Souderton Mennonite Homes right now we have two persons in Residential Living testing positive. One is in the cottages and is finishing quarantine and one is in the apartments. In Health Care there are ten residents testing positive. And for staff members, eight who are testing positive. At Dock Woods in our Covid unit there are six residents testing positive and three residents in Residential Living finishing their course of the disease. Then three staff persons testing positive. At The Willows we continue to have one staff person continuing to test positive, but no residents are positive right now. Unfortunately – we haven't had to make this announcement since June I believe – but we did have two persons at Dock Woods pass away from Covid. Which we were hoping not to go there again, but...

EB: Yeah that's right. We definitely were hoping not to go there again, but I think it's an illustration of a number of things. One – the seriousness of the disease. Two – the fragile persons we do care for. The persons in our Health Care facilities are there for other reason – most times physical. So Covid can unfortunately be that thing that pushes them over the edge. Now the reality is in other years pneumonia or other things like that could have done it as well. That's not to minimize the situation, but just to say, these are fragile people. When someone mentioned the weight of one of the residents who passed away, it was eye-popping to say, wow, this was a person who was quite fragile. And so that is the reality but it's still sad when we have these kinds of situations.

AM: And had been that way before she got Covid.

EB: That's exactly right. And typically that's going to be happening in a lot of cases. But it doesn't change the fact that it's sad to see. And that's the reality. I was on a call with some of our sister facilities across the area and also Lancaster and other places. My sense was we were all exhausted and overwhelmed almost by what is going on. Some facilities had not had it in the spring – I know one reported 49 deaths, another one 40. Someone else had 59 positives in their nursing center – I don't think they had any people pass away. But it just illustrates this second

wave is coming back and coming back strong. We're not sure whether the death rate will be lower than the spring, but it's still here folks. And need to still continue to do the right thing. Wear the mask. We're appropriately distanced in this room, but out in public, or when I step outside my office, that mask goes on my face. It's really, really important.

AM: I think at Souderton, too, when we look at the ten persons who have Covid at Souderton right now, there are some of those who are very medically fragile. Hopefully this won't happen, but if someone does pass away, it will be the first time that they're encountering that and it really does bring a different reality to what this is.

EB: It does. And I think in some ways – and this happened at Dock Woods in the spring. At first you think, well maybe we can keep Covid out! Like it doesn't even come in. Then it's in. Well maybe we can keep people from getting sick. Ugh now they're getting sick. Maybe we can keep them from dying. Then people passed away. And you just feel – you feel helpless and you feel like you've let people down as well. You can see that on the faces of staff and other people. It's a challenge. It's sad. But we're doing the best we can. At the end of the day that's all we can do.

AM: And it is – what we're trying to do is compounded by the community spread that is so wide. We heard in our meeting yesterday that the positivity rate in Bucks County was over 17%.

EB: Yeah it was definitely over 15%. I can't remember the exact number – but yes. And that impacts us, too. Yeah it's the unfortunate reality. But later on we'll talk about the vaccine. I think we talked about that first last week. We do have the monoclonal antibody therapy that we've been using on a number of people. We had one person that got it that ultimately did go to the hospital, but again, it was because of her other preexisting conditions. But it seems like people are responding to that. Pretty early to tell. But it is really nice to have another tool in the toolbox and it feels like it gives some hope to staff and families as well. That maybe there are some things that we can do. The vaccine is a big part of that, too.

AM: I believe I heard at Dock Woods, one of the people who did receive the monoclonal antibody treatment is over 100, so this will be a real opportunity to help expand the knowledge of medicine to see how that person responds. Hopefully very, very well.

EB: Yes that's right.

AM: Before we talk about vaccines, let's talk about something – more exciting, more lighthearted? We have a question today from a family member of a resident and this person says, "My father is going to celebrate his 90<sup>th</sup> birthday on December 27." And I should say I was shocked that it was his 90<sup>th</sup> birthday – I did not realize this person was that old. But this family

member is wondering could you recommend some ways for people to celebrate while still socially distanced. And I thought that was a great questions, especially as we are a week from Christmas.

EB: And really the other thing to clarify, too, is 90 is the new 60.

AM: Absolutely.

EB: Just to be clear. We have so many persons that are 90 or above. It's amazing. And many are doing great. Having said that, there are a lot of creative things you can do. As I was thinking about this question. When you think about it - these large family gatherings are wonderful. But if you really break it down and say – my wife and I have done this leaving those gatherings – ask yourself, how many people did I talk to today? It tends to be not that many. Particularly if it is a meaningful, extended conversation. So it's wonderful to be together in those large groups, but I would suggest that meaningful conversations don't always happen at those large – if there are 60 people at your gathering – and certainly not this year, but in past years – you're not going to have 60 intimate conversations. It's just not possible. Unless you do something better than I do. So having said that, I think what has happened this year is it has forced us to say what are other alternatives? What better way for a grandchild to have a meaningful conversation over FaceTime, or some other virtual means, with this resident. Or any other resident for that matter. The forgotten art of conversation right? Getting people off text and actually eye-balling each other over virtual opportunities. So actually I would suggest there is potentially more opportunity more for intimacy in this time because it forces us to do things differently and potentially forces us to have more one on one time. So whether it be a phone call or a card. I know I sent my father-in-law a card this year. Hopefully he thought I sent a nice note. You know, you do those things and you do them differently. It's probably been a while since I wrote him a card. But typically we might be together so you can say something to him. You know, the lost art of letter-writing. There are so many things like that you can do. Send a care package. Send a favorite thing to tell the grandparent your memories. They can then savor that letter for days. They can also savor a visit, but then they have to remember that visit in their mind. Whereas a letter or a note or something else they can keep reading over and over and kind of bask in that family love. So it really means creativity, right? There are so many different things we can do this year that require creativity but potentially, potentially be even more meaningful when done with great love.

AM: That's a great point. I heard a story – not in one of our communities, but another community – where the family had arranged for a special cake to be delivered for the celebration and then all of the extended family arranged to call every hour on the hour their mother, grandmother, aunt – you know, this person. And just what a beautiful celebration that ended up being. But I like your idea of the notes, too. Because I am reminded – I've been cleaning out closets and finding old letters from my parents are so meaningful.

EB: That's very interesting. And that's a great idea with calling. And what a great way to extend it through the day. And honestly, I know for some older folks getting together in a large group is really hard for hearing and connecting. And it's almost information overload – or at least noise overload. I know my mother-in-law turned 85 in September and there was a card shower for her. And so my wife was there to see her the other month – visiting safely obviously. But she had the stack of cards and they went through them and read them. That was so meaningful to be able to keep reading them and looking at things and basking in the love of your family and friends. And so would we wish for this pandemic so we could do that? Absolutely not. But given that this is what we've got, there are some ways that we can be creative that really are still very, very meaningful.

AM: One of the other things I thought of was based on the Montessori principles that we're trying to roll out and this idea of favorite things boxes. So to have family members go and find a little thing that will remind your loved one of a special event or time you had together or something that is their favorite. Wrap everything individually and drop it off. And then call to go through it together.

EB: And for people who have the ability to do the FaceTime or virtual calling. I know this isn't a birthday celebration, but on Thanksgiving, our daughter and her husband live in Philly. We went down and it was a beautiful day so we could walk outside. We left food with them and then at 2:00 p.m. we turned on FaceTime and we ate our dinner together. It was fun. It was a good time. It was different and we'll probably remember that more than other Thanksgivings in the past. Let's see it as an opportunity – an opportunity for creativity and creative thinking, rather than saying, oh we can't do what we always did. Well maybe it's nice to change things up sometimes, too.

AM: And maybe just a reminder for folks, that all of our campuses have tablets available, so residents can skype with family members. So if you are looking for how to do that, contact your life enrichment coordinator because they all have that capability. I'll add another inquiry I received this was from a resident in an apartment who was asking when we were going to be lifting restrictions because this person wanted to have friends over for Christmas. And I have not emailed her back yet and I will, but that is probably the most dangerous thing we could do right now.

EB: That's right. And I can say with almost absolute certainty – Christmas is a week from today – it will not be Christmas 2020. Hopefully 2021, but it's not going to happen in 2020.

AM: That's a great segue in getting things back to normal. I've been thinking that our slogan for a while with the Living Branches Experience has been "Get to Yes!" I think for 2021 we need to change it to be get to normal – that will be our slogan. But we're starting to get real information about vaccines, so let's talk about that.

EB: Yes it's very important that we talk about that. We're kind of on the cusp today, really, and this is the first thing we're doing for vaccine education and training. It's really important that we educate people because the vaccine is one of the primary ways – almost the only way – but at least one of the primary ways to get us to the other side of Covid. We want people to get to yes – to say yes to the vaccine. Our daughter said yes to the dress earlier this year – this is say yes to the vaccine. It is really important. I can't stress that enough.

AM: This first round, unfortunately, what we're hearing from the state of Pennsylvania is that Residential Living residents are not eligible to get the vaccine. They've made the decision that these first vaccines will focus on residents in Health Care, Memory Care, Personal Care, and staff. Which in a way, I've had a lot of Residential Living ask me when they can get the vaccine, so I know many are eagerly looking forward to that opportunity. So that would have been an easy group to get to yes. But it's the others we need to worry about first.

EB: I think potentially the resident population, our resident population, may be easier to get to yes than our staff – I don't know. Time will tell with that. But the reason for that is really nursing homes is where the vulnerable population is so it makes sense logically. If there was enough vaccine, we could do everyone all at once, but it's a process of getting it out there. So it's really prioritizing.

AM: For our Residential Living residents, even though you're not in the group to receive the vaccine now, when we have information on how it will happen for Residential Living residents, we will help explain that to them. And even if it's just oh you need to go to CVS, we will give you that information. So you don't need to worry about trying to get it on your own.

EB: Yes. We want to educate. One of the things we want to talk about today is education around the vaccine, why it's important, and why this needs to really be part of it. One other thing you and I were talking about – it seems like residents who would be over age 65 or older – they are like sign me up! Where do I get it? And I don't know what all the reasons would be. But that population, either themselves or their parents, would have experienced a time in this country when we didn't have a vaccine for smallpox, polio, and other diseases. So they would have seen the reality of life when we didn't have, frankly, these modern-day miracles. Let's think about it – it's only been in the last 100 years. How long has the world been around? A long, long time. And it's only been this recent period of time that we have this available to us. That's pretty amazing when you think about it. And I, for one, am thankful that I live in this time – can you imagine going through a pandemic like this in the 17<sup>th</sup> century when sewer is running through the streets and you're walking through it? I mean I think it's – you really need to read about history to understand where we're at. Because I being born today – I used to talk about it this way - I had an office in a trailer and then we moved to lovely new offices. I would say the people being hired now will never remember the trailer. Kind of where you came from. Where did you come from in your past? Really important to remember that. And when we remember where we can from with health in society – it wasn't always like this, folks. It was not always like this. And

so in order to keep this modern-day miracle going, we need to keep getting vaccines and doing those things that protect us. And this is another one in this regard. So really, really important.

AM: I think that first-hand experience is – there is something significant about that. My great-grandmother died in the flu pandemic of 1918. My grandmother would have taken a flu shot in a second if that had been available to her.

EB: Exactly.

AM: So you and I and the coronavirus response team – we've been doing a lot of studying about vaccines. And I have been impressed to see this is actually – the question that everyone always asks: This was developed so quickly – How can it be safe? How can it be effective? But the more you read about it, there are very logical reasons why it is safe and why it is effective. And so I think once people start reading and understanding, from reputable sources, maybe not Facebook, but reputable sources – what they did to get this vaccine where it is today, it does make sense. So part of what we want to do is make sure – we will have links on our website, we'll have handouts with information for residents and staff, so they can start to read those sources themselves to understand what is happening here.

EB: Yes that's right. And I would say, read it quickly because the vaccines are coming quickly. But it really is quite amazing. Some of this stuff did not just start this year – it maybe started this year in earnest for coronavirus, obviously, but the concepts of mRNA or messenger RNA or other ways of approaching disease like this is not something that just started in January. As I would understand, and this is a layman's interpretation, but the mRNA – it's not DNA, to be clear, it is RNA – the messenger RNA basically delivers a message to our cells so our body creates the protein that then helps protect us. It's all natural things. So it's really just a way to assist our body – there's no live virus in this vaccine. And so it's an opportunity that gives instructions, essentially, to our bodies' cells to produce things that would fight the disease should we come in contact with it. When you start to study this stuff, it really is amazing and interesting, frankly. I find it fascinating to read and the minds of the physicians and scientists that are studying this, who really are working hard at this – just fascinating. Very interesting.

AM: One of the things I read, too, that in some ways is lucky for us, is that Covid-19 is a coronavirus and we've been studying coronaviruses for years. In an article I was reading, they were referencing that one of the reasons it took so long to develop a vaccine for HIV is because it was completely new. There was nothing to base it on. Whereas with Covid-19 – this is based on a coronavirus that we've been studying for years. So in a way, it's lucky!

EB: That's right. And that's a piece of this. I think a coronavirus causes the common cold, so it's a different version of it, but the point is you're absolutely right. The other thing to keep in mind,

too, when we think about the vaccine for AIDS. Unfortunately, when that was first happening, it was also affecting a population that was discriminated against. And so, I don't know that there was as much motivation to work at those things, perhaps. Some people debate that. But it didn't impact as many people, either. This impacts the entire planet. And so when you think about that and the numbers of people that it is impacting. The amount of money that has been poured into this. The fact that some of this research was going on about other diseases even before this year. It all then starts to make sense. But it all still was on a compressed timeframe because people were working on it like they worked on nothing else in their life before, really – it was that unusual. And so when you start to understand that it still went through phase three trials and phase four is the phase after it starts to be administered to the general population – it all starts to make sense and starts to be comfortable. And I, for one, we're talking about whether we video tape me getting the vaccine – just an example – but I am right there. This needs to happen. Another way to think about it is there are only a certain number of options that will make 2021 a different year than 2020 and so if we didn't like 2020 – and I'll raise my hand and say 2020 was not a stellar year in my life – there were things that were good about it, don't get me wrong – but I don't want to go through this again. I'd like to travel again. I'd like to see family again. A strong way – one of the few ways, almost only way of doing that – to get to herd immunity of 70-80% at least in the population across the country is through a vaccine. There's not a lot of options. So we want to get people comfortable with the science behind it. There's a lot of great resources out there and it's fascinating to read. It's very interesting.

AM: To be clear, you're going to get vaccinated?

EB: Absolutely. No question about it.

AM: Me too. No question about it. And I will say before I started doing my reading I was a little bit more – how could they have done this this quickly? But now that I've read it I have no concerns whatsoever. I will be getting a vaccine. And everybody else in my family that I could get a vaccine for, I would try and do that.

EB: I would reflect too, in my own person life with my wife, we have a personal experience with a medication being given to her mother that impacted her. It was called DES. But it was a totally different type of medication. It was not a vaccine. It was not for a disease. It was to prevent miscarriages in the parents and it impacted the daughters. So I understand the concept: oh gee, what's the long-term? But vaccines are in a different category of medication. And it's a different type of issue that's going on and how it's basically training your body to fight the disease. It's different from chemotherapy drugs. It's just totally different and you need to educate yourself about that. But frankly, I get some of the skepticism because we experienced that in our life personally, but I will absolutely be in line to get the vaccine because it is not in that category. It helps our body fight the disease. It helps protect me. It helps protect my loved ones. And it's the right thing to do for our society. And frankly, it is the best hope we have to get to the other side of this.

AM: Our vaccine clinic dates have not officially been confirmed yet, but we are looking at the beginning of January – this is what we're being told. So just so our viewers know what's going on, next week we will be rolling out communication. This afternoon you, Dr. Haimowitz, our medical director, and I are jumping on a Teams chat to answer some very specific questions about the vaccine. We will be getting that information out to folks later this weekend or early in the week, depending on how that goes. There will be written information coming out to residents, to staff, and to family members of residents in Health Care, Personal Care, and Memory Care so people can – for an organization that likes to be thoughtful and process oriented, this is an incredibly tight timeline to try and turn all of this around. We're basically going to try to get 800 vaccinated in a few hours over two days. So I guess maybe, bear with us, people! It's going to take a little bit of doing, but we'll be getting you information next week so that you can read more, learn more, and figure out what you need to do from a process standpoint. There are consent forms to be signed, we need copies of insurance cards – things along that line that we can give to the pharmacy. But that information is coming next week.

EB: In the meantime, too, go to the CDC website, go wherever it may be and educate yourself. Because the questions are legitimate. And I really do hope we can get to a 70% or 80% compliance with the vaccine within Living Branches. I really do hope so. Because it's the best hope for the future. Having said that, that's not all questions that we can answer. Honestly, if a person feels this is a mysterious way the government is going to implant chips or those kinds of conspiracy theories – honestly we're not going to convince people that believe that kind of thing. But those kinds of questions about the process, the process of development, the speed, the safety factors – all those kinds of things – those things can be answered. And I know from myself with my own reading, I've gotten much more confident - speaking to a physician friend of mine, our medical director, reading, listening, watching – just really important to do that. Particularly if you have questions about it and want to learn. But go to those legitimate places. There are a lot of great places – I think I joked last week – don't go to [EdBrubakersconspiracytheoriesonthevaccine.com](http://EdBrubakersconspiracytheoriesonthevaccine.com). That is not a legitimate source. Go to the CDC. Go to those trusted sources. There is a lot of excellent information.

AM: Johns Hopkins, the state of Pennsylvania has some good sources, the University of Pennsylvania – there are places you can go that you can get good, legitimate information. Any final thoughts?

EB: I'm hopeful. I really am. This, I think, is the best hope for a better 2021 than it was in 2020 and I really do believe that. It is going to take time thought, folks. It is going to take time. Even if I got the vaccine today, it would be another 21 days until I got the second shot, and probably one to two weeks after that until I had protection. And I'm still going to have to wear a mask because I want to protect others, because it doesn't – we don't necessarily know if you could infect others. So there's going to still be a period of discipline, folks. There's still going to be that time. So it's not going to happen overnight, but it will happen. And the best chance we have of having a better 2021 is if we get people vaccinated. And so I just encourage us to enter with an



open mind, read, study, learn, and we will do the best we can to listen as well. To make sure that our answers reflect what people are thinking about.

AM: Great. Well we'll be back next week with more video updates. If you have questions please feel free to email them to [coronavirusquestions@livingbranches.org](mailto:coronavirusquestions@livingbranches.org). Thank you!