

**Transcript**  
**Coronavirus Q & A – Episode 33**  
**December 31, 2020**



Alex Metricarti: Hello! I'm Alex Metricarti, Chief Marketing and Public Relations Officer for Living Branches. Today is Thursday, December 31, 2020. Welcome to you and welcome to Ed Brubaker, our President and CEO. Hasta la vista to 2020. So glad to be putting that in the rear view mirror.

Edward Brubaker: That's right. And this is episode 33, so we have not done these every week. But with 52 weeks in a year, it's been a long time since March or April – probably April when we started these. So it's been a long year. And one year that we're all eager to put in the record books – still a lot of learning that we had and there were good things that happened as well, but for the most part I would say it was a really hard year and I think we're welcoming the opportunity and the hope that things will be different in 2021.

AM: Yes. I've come to the acceptance that the first week of January is not going to be significantly different than the last week of December, but it still does seem nice to turn the page. Let's start with a roundup of where we are with Covid-19 at our campuses. At The Willows of Living Branches we continue to have no residents or staff testing positive at this time, which is very good news. At Dock Woods, our persons in Residential Living who tested positive previously have all recovered. In Dock Terrace, the skilled nursing area at Dock Woods, we have four residents we would still consider as having Covid-19 symptoms and we moved four into the recovered category – among those is our 100-year plus resident, so that was very nice to see.

EB: That goes to show you that what your age is doesn't always signify what the outcome is going to be for this disease. It impacts people differently. I think there was a 41-year-old congress-person elect from Alabama or Louisiana – I can't remember which state. But he passed away. And it's very sad to see that. He had two young kids. So while that's not the primary category – meaning age category – it does impact people in different ways. The other thing to keep in mind, too, is Covid is not – N-O-T – the flu. The flu is a primarily respiratory impacting disease. And Covid can impact almost all of your bodily systems – your heart, your lungs – many different things. And so the symptoms that are created – to equate it with the flu is really just an incorrect statement and I think one we need to keep preaching. Because it is very serious. Not that the flu is not serious, but it is impacting the respiratory system.

AM: I was talking to someone who works here this morning who shared that a relative in California tested positive. They were talking with this person a day or two ago and he said that literally everything hurt – including his hair. And he said, "I know it sounds ridiculous to say that,

but my hair hurts. This is unlike anything I've ever experienced before.”

EB: I think I had seen something on Instagram or something of someone brushing their hair who had Covid and their hair was coming out. So it just impacts all different bodily systems and it can be different for different people. So it is absolutely not the flu, and so I don't think as many people are saying that anymore, but we need to keep combating those, frankly, false narratives that are out there that we need to keep working at.

AM: At Souderton Mennonite Homes we continue to have one Residential Living resident testing positive. In Personal Care we have four persons testing positive. And in Health Care, our skilled nursing area, we have eight people testing positive. We have moved three to the recovered category in Health Care. For the first time this week we did have three persons pass away which is something that have not experienced before. And I think we would reflect that some of those we're not surprised at that – that they had been medically fragile before, but at least one I know was a real surprise.

EB: Yeah there was one that was a surprise and I believe the monoclonal antibodies were not given in that case – and again people choose one way or another and that's totally up to them. But we have experienced, I would say, overall fairly positive results with the antibody treatment. The challenge is it doesn't work for everyone and I believe there were some people that passed that had gotten it – one of those being a person who had been on hospice pre-Covid. So those are the things we need to keep in mind – not to minimize the passing of anyone. But the reality is other realities of our health conditions do impact our ability to fight any kind of disease, whether it's cancer, the flu, Covid. So those things need to be kept in mind as all of those studies are made, but yeah it was a sad time at Souderton because we've had overall a very good experience there. But we did have some persons that tested positive who did subsequently pass as well.

AM: From a resident question perspective this week, all of the questions I've received have been the exact same and they've been: When can I get my vaccine? So perhaps we should talk a little bit about that and we have new information to relay from the last time we spoke. Unfortunately we've had updates from CVS, so why don't you share what we've heard from them.

EB: I'm thinking back to last week. I think we recorded on Christmas Eve and I think it was after we recorded the video that we got updated information. Because we were being given dates for when our vaccine clinics would be from CVS. And then I think it was Christmas Eve that we were told that at Dock Woods instead of it being January 7, it was January 2, which is this coming Saturday. So not only was it changed and earlier by five days, it was also on a weekend day. So you do what you can. You make changes. But that's just an example – not to complain about it – the logistics of this are challenging. But having said that, people don't always

understand how we're scrambling behind the scenes. They see the hopefully, typically very organized front of the house. But it is a challenge to keep up. And there have been other changes, too. Another of them being that we anticipated we would be vaccinating Personal Care residents and just earlier this week we were told that no, they're not going to be in this phase. And so, that's the challenge. We need to go with what we're told by CVS, who is vaccinating. But it just illustrates that things are dynamic and continue to change and we need to work at that. And so there's a lot of scrambling that I know you did and many other persons did to get organized and make this happen for Saturday. I feel pretty good about where we're at, but it took a lot of work by a lot of people to get us to this place. And I just want to acknowledge that and recognize the work that you did, but also many other people on staff as well.

AM: I do try to remain sympathetic to the fact that they're trying to roll this out across the United States and it's complicated enough for our organization, so I can't imagine what they're going through. I know our Personal Care residents and their families are going to be extremely upset about this decision because so many of them had already been emailing in to say, yes – please put my mom or my dad on the list. So just to clarify, for Personal Care and Memory Care we will have another clinic date where they will be vaccinated – is our understanding at this time. We do not have the date. I guess, I also want to say, we did everything we could to try to override that decision. So we talked to a lot of people. We put a lot of pressure on people. And we were just unequivocally shut down and told no – this is not something we're doing right now.

EB: That's right. And I guess I would just highlight your comment of, this is our understanding today, December 31<sup>st</sup> at whatever the time of the day it is. So we need to keep that in mind because we will let people know as soon as we know. But we need to know that we don't know all of the answers or details, and things are changing on a regular basis. So we do the best we can with what we know and what we have.

AM: I will be excited next week to report on what happened at our clinic. We did have the chance to learn from some of our sister communities who already had their first clinic and it went well. They did not experience any severe or significant results from allergic reactions or any of those horror stories that you hear. So I was very pleased about that.

EB: Yeah. And the feedback I got from their CEO was they did not have anyone – they had 160 employees that were vaccinated on Monday – they did not have any persons who had symptoms that were significant enough that they would have called out of work. So that's zero out of 160. I don't know what the count is now, but it's north of two million people in the United States that are vaccinated – still that means there's a long way to go because there's 300 plus million in the United States. Having said that, when you hear about one person here and one person there – certainly I understand the need for us to be aware of that, but you need to look at the entire data points to really understand the significance because if you have two people vaccinated and one had adverse reactions, that's 50%. If you have two million people

vaccinated and 10 have reactions, that's not 50%. So we just need to keep the data in mind and make sure we're looking at the entire picture.

AM: We've spent a lot of time over the last few weeks talking about vaccines, but another very complicated process that's continuing to happen on our campuses is testing of staff and residents in some cases for testing of Covid. And we made a change this week to the process that we're using to do that. So maybe we should share a little bit about that as well.

EB: We're looking to make the change, partly because we need to go to twice-weekly testing because of the positivity rate in Montgomery County. But also we can't afford to do a \$60 PCR test – it may be paid for by insurance, but if it's our insurance and we're self-insured, we're paying for it anyway. As opposed to Medicare paying for our residents. Now at the end of the day, I know you and I are paying for that, too. There's no free lunch so to speak, but the point is we needed to find a different way. The BD test is an antigen test, so we're going to begin with that next week. We also feel that there is some promise in the Abbott BinaxNOW test, which is a different type of test – still an antigen test, but easier than the BD test to administer. So we feel we need to go in those direction, so while we're still at a \$30 per test price point for the BD test, the BinaxNOW test is about \$5 a head. So when you're literally testing hundreds of staff people a week because of the two times a week testing, you really need to find something better than \$60, even though \$60 was a very good price for that from our lab. We've spent – I think in November it was \$80,000 or \$90,000 just in staff testing. So it's added up to hundreds of thousands and we cannot continue to do that in the long-term, particularly when we go to twice weekly testing. So we're working at that. The challenge is that the reality is that the antigen tests are not the ideal test for persons who may be asymptomatic but positive. They're most accurate, as we would understand from the testing they did to develop them, in persons who are symptomatic. But at the end of the day, we know of another facility in APG that has done 5,000 BD tests and maybe had 25 positives, and maybe 5-10 of those were false positives. So there is some good experience out that. So we're confident that we can make it work for us. And frankly, we need to make it work for us.

AM: And another thing maybe that is a positive of this type of test is that you get the results in 15 minutes. Our lab has been doing a nice job for us, but it's still taking 36-48 hours to get results back. So to have that back while you're still essentially in the testing area will be wonderful, because then if you do test positive, we will send you home immediately and proceed from there with our process.

EB: That is an excellent point, too, and that is a very important point. The other thing that I'd like to say, too, is that with our lab, they're, as part of their fee, putting their data into the state websites. One of the other things that's going on and has been going on almost since the beginning – there is so much data that we need to report to the state, federal, and local authorities about this. And it's stuff that we do. But it is an impact on our organization. An impact on our leaders. An impact on other administrative persons. It's an organizational impact that is

really draining at time. And in particular, there is a federal place where we report the data that is like Fort Knox to get people their credentials to be able to put in the data. And that system is so backed up and overwhelmed that we have not been able to get more people to be approved for that. And I say that, not necessarily, maybe it's partly belly-aching, I'm sure it is, but it's also to say there are so many things like that, just to illustrate for the viewing audience that there is no clue by the general public – which is fine – that happens in any industry – but there is so much work that is going on behind the scenes by our team. And I just want to say kudos to them because it's been – you know when we say it's been an unbelievable year, it's been an unbelievable year. And you can say that from the things that are publicly observable. And I'm saying there are a lot of things that are not publicly observable that are going on in our organization that is causing stress and strain and anxiety, etc. and I just want to acknowledge that and express appreciation for people who have been involved that way.

AM: Talking about reporting data reminds me of an email I got this week from someone say, you know – “Why don't you guys report in to the systems? I can't find your information anywhere.” And I think perhaps they were looking for Living Branches, and not Souderton Mennonite Homes or Dock Woods. So just a reminder for folks that if you are looking at the data that the state provides, we're not listed as Living Branches. You have to look us up by entity. I was a little bit taken aback by the email, because I thought, “Oh if only you knew how much data we're reporting!” But we have no control over what the state does with it once we've reported it. Do you have anything additional you'd like to say before we head out for the year?

EB: Someone just emailed me an online sign that they were playing for the residents and they said, “I think there were residents in their party hats at 8:00 a.m.” So I think people are ready to say goodbye to 2020. As we said earlier, that doesn't mean it's going to be magically better tomorrow, but it is certain that we're on a progression to get to a better place. Last week I made some end of year reflections for my thoughts and prayers for 2021. And I won't repeat those necessarily. But I am hopeful. I really am hopeful. But it does require us to participate. Ok? When we think about the vaccine. I know there's a lot of fear out there. Is there is a side effect? Will it hurt? Will I have pain afterwards? Will I be impacted negatively? And I don't want to minimize that, because those things are real. We're human beings after all, and I recognize that. But I think on Saturday when I get stuck with that needle at 10:30 a.m. I also need to think about not just me, but I need to think about what I'm doing to help the collective we. I think Dr. Haimowitz says, “It's not just me. It's we.” You change one letter and you change significantly the meaning. So I'd just like to keep pushing that out with staff and residents and families. As we think about mask wearing, even after getting vaccinated. The physical distancing that we need to continue. The things that we need to continue to be disciplined with until we get to that place of herd immunity. Let's think about the we. My arm might hurt after Saturday. Maybe I'll have a bit of a fever. I don't know what my symptoms will be. But I have to remember it's not just me. It's not just me that I'm getting that vaccine for. It's the collective we. The collective we at Living Branches. The collective we in southeastern Pennsylvania. And the collective we in the United States. And frankly, the entire world. Because we as Christians are not just residents of the United States. We are world citizens and we need to think about our brothers and sisters across the planet. So that's maybe my word. Let's continue to be disciplined. Let's continue to

think about that. Let's think about the we. Let's make that our goal for 2021 - to be less self-centered as Americans. And I truly do believe – and I'll say myself as an American am self-centered and individualist. Let's keep thinking about the we. Because we need to act on we to get to the other side. It's important for me to get the vaccine and our staff to get the vaccine so our residents and their families can have a better life, too. And can see their families on a more regular basis in 2021. So it's not just about me – it's about we.

AM: Yep. Absolutely. I think getting families back together again is what our focus is. Well Happy New Year!

EB: Thank you. Happy New Year to you!

AM: Thank you. New year to all of you and we'll see you next week.

You can feel free to email any questions to [coronavirusquestions@livingbranches.org](mailto:coronavirusquestions@livingbranches.org). Thank you!