

Transcript
Coronavirus Q & A – Episode 34
January 8, 2021



Alex Metricarti: Hello! I'm Alex Metricarti, Chief Marketing and Public Relations Officer for Living Branches. Today is Friday, January 8, 2021. Welcome to you and welcome to Ed Brubaker, our President and CEO. Nice to see you.

Edward Brubaker: Good to see you, Alex.

AM: Perhaps we should take just a minute and explain our new format.

EB: That might be good.

AM: We are meeting remotely today because I have a family member who is theoretically exposed to Covid right now, even though that person has tested negative. But in light of the fact that Ed and I do not wear masks when we film these videos so that it's easier for people to understand us, we wanted to make sure out of an abundance of caution, that there was no chance of infection. So we are miles apart and should be safe.

EB: That's right. And we typically are physically distanced in the room, so we try to do things appropriately, but I think it's just a good reminder – again – that we're still in the middle of a pandemic. And we also think about these things. So in some ways it's a good visual example that we're taking this seriously and continue to work at it.

AM: Absolutely. Let's start with a Covid round up, if we shall, with what is happening at our campuses. Right now at Dock Woods we have one positive resident and that person is in Dock Acres. Everyone else who was positive in Health Care is no longer testing positive, so the last few from last week have moved to the recovered column which we are very grateful for. Also at Dock Woods we have eight staff persons testing positive. At Souderton Mennonite Homes we have two persons in Personal Care, five persons in Health Care, and six staff persons testing positive. And this week at The Willows we have three staff persons testing positive. At The Willows we did complete our first round of resident testing because we have those positive staff members – we tested all residents at The Willows which is our Personal Care community. We did receive those results back this morning and all residents are negative at this time. So we're very pleased about that result. Well let's talk about vaccines, shall we! As it seems to be taking up a great deal of time and attention for everyone right now. As we speak there is a vaccine clinic going on at the Dock Woods campus.

EB: That's right. And it is the second one. Typically that is not what happens. You don't typically get two, but there was a snafu that happened, which turned out to be in our favor. But it's not typically what happens. And we're only anticipating one clinic at Souderton, so I just want to be clear about that. We did have our first one last week at Dock Woods. We announced that in our video last week that it was coming up. And then today is the second one. We are very, I would say, privileged to be at this place. When I've talked to staff and others – to be in the first in around 4.5 million to be vaccinated in the United States out of 330 million – that is a privilege that I don't take lightly. And I really would encourage everyone as it is available to them – now staff, residents in Health Care etc. eventually others – to view it in that light as well. We are among the privileged, early-adopters if you will. And getting the benefits of really smart people who have worked on this. I've reflected, too, sometimes that there is a twinge of guilt as well to say, "Wow – what did I do to deserve this?" The flip side is now it's available and we need to do it and one of the reasons I did it was to be an example to the organization – I think it's important for leaders to do that, but it's important to also recognize the privilege and the blessing it is to be at this place. And to be thankful even as that needle is going into your arm. Believe me – it didn't hurt. I literally hardly felt it going in. But to be breathing a prayer of thanks, honestly, when that is happening because this has been a challenging year and to be at this point – I can't over-emphasize how amazing it is and how privileged we are to be at this point.

AM: Let's give a summary of what happened at the Dock Woods clinic, because I do have family members writing in to ask about that. We had Health Care residents who were able to be vaccinated and then staff members from any area – any staff member could be vaccinated. I've had questions about what reactions were experienced. Were there allergic reactions? Did we experience anything like what we read about in the news?

EB: The reality is we did not have any serious reactions. My understanding is we had one person who had side effects – a fever or whatever it was that prevented them from being at work a day or so. There were some headaches reported. I know for myself, I didn't think about it a whole lot and on Saturday night I bumped my arm and realized it hurt. And then thought, "Oh that's right. That's where I got my vaccine." That type of thing. And I think maybe I felt a slight fever at one point. But not even enough to take my temperature. Also I was tired. But was that because of the vaccine or because we were there all day with the emotional intensity? It's hard to know. For me personally, it was minimal. I understand that the impact in the organization would be minimal as well. And that's what we've heard from others as well. That's not to say there won't be in the future or it's not happening in other places, but there absolutely were not any severe reactions. That would reflect what you know at this point, too?

AM: I had the opportunity to interview one of the nurses that was observing persons after they got their vaccine. We had to wait for 15 minutes, at least. We had 230+ people that went through that clinic. She was telling me there was one person that might have had a reaction there. She was feeling very warm. But once she instructed her to take off her coat and her sweater, she cooled down and felt better. So was it a reaction? Who knows!

EB: When you're inside in an elevated heat environment, having a coat and a sweater on can also make you feel feverish too. So yeah those kinds of things would be in that normal category. Just to clarify, too, the 230+ would be staff. We also had some vendors, such as Caring Hospice and other persons that came through. And then in addition to that, we also had residents in Dock Terrace.

AM: Exactly. And so at Souderton we are going to have a clinic on January 14, which is next Thursday. And the information we have right now is that persons who are able to vaccinated at that clinic will be staff and then also Health Care residents. So our team in Health Care is working to make contact with all families to say, "Do you want your loved one to be vaccinated?" If you are a family members and you're unsure about whether permission has been given and you want to make sure your loved one can be vaccinated, you can email vaccines@livingbranches.org as we can make sure to pass that on. It is probably worthwhile to note that someone who very recently had Covid or someone who received the monoclonal antibody treatment – those persons are not eligible to get a vaccine for at least 90 days. So there are a fair number of people that are falling into that category. But for others, the team in Health Care has been working to sign people up. Now, there may be a change. Who knows! Because based on what happened at Dock Woods today – when the vaccine clinic clinicians arrived from CVS to Dock Woods today, they indicated that they knew they would have extra vials of vaccine available and could vaccinate our Personal Care residents.

EB: It happened maybe slightly differently than that, but the point is they made us aware of this but they didn't know what to do. And so Nancy Donnelly, the executive director, was certainly interested in getting our Personal Care residents vaccinated. So she called me this morning – the challenge in these kinds of situations is we tell people what we believe to be the truth of what's happening. So as things change we want to give those updates. And honestly, it's probably fitting that here on January 8, 2021 it is a capstone to a year of things happening at the eleventh hour and we need to make jukes and jives to figure out what we're doing. That's been the nature of our life this past year. So to have that happen again today was a fitting culmination to that, I believe. The bottom line is this they came and turned out they had extra doses - so what do you do? Who might you vaccinate? So Personal Care residents are the next ones – the next in the grouping that would have been happening. And so the bottom line is this: do you vaccinate? Or do you throw it out? Because that's really the option. You can't put it back in a deep freeze. So it wasn't a hard decision in that sense. Except for the fact that we want to be clear on this video and in our communications that it was not part of the plan. It was a last minute change. We are very pleased that we were able to do that. But that does not mean that it will happen at Souderton or elsewhere. I read a story where they ran into a situation where they planned to vaccinate a certain group and it wasn't able to happen. I think there was a prison nearby so they vaccinated prisoners and some other people. So the other option would be to throw it out and certainly you don't want to do that. So that's what our situation was and we want to be clear about that so people knew. I think most people, given the circumstances we're in, would say yes that's the obvious choice. But we want to be clear and transparent. As we've tried to do all year. Just because that happened today, does not mean it will happen at Souderton next week. In fact, it likely will not happen at Souderton next week because that is not how it happened last week at Dock Woods. But that's the way it is. We've dealt with enough things

over the past year of last minute bad news. This was nice to have last minute good news. So you deal with it. And transparently communicate it with everyone.

AM: And you're right: What would the choices have been? We would never have wanted to say, "Well we're just not going to use the serum." Probably we should just clarify, too, because I have had several emails from Residential Living residents asking: What have you heard about when we're going to be able to get vaccinated? And the short answer is, not really anything.

EB: That's right. And as soon as we know things – we're not even sure if the vaccinations would happen on campus, whether you would need to get it from your physician, from CVS – we really just don't know that and we wish we did, but we don't. So we'll let people know as soon as we know, but that's the best we can do.

AM: So we have two questions this week for our question and answer session that nicely reflect the two ends of the spectrum that we're dealing with when it comes to vaccinations. So one is from a family member of a residents who says, "How is it possible that staff persons can choose whether or not to get the vaccine? I would assume you would require it just like you do the flu shot." And then a staff person who says, "What does it mean when you say if you do not get the Covid vaccine that you won't be eligible for Covid leave? I don't want to take this vaccine because I don't know about the long-term impact." So we've been working hard on education. There's a lot to learn about this vaccine. There's a lot of specific information that residents and families want to know, that employees want to know – so education has really been our overall push for the last week. But I think those two emails show we have very different opinions with constituents in our organization as far as what should be happening.

EB: These are very good questions and illustrate the different mindsets that are out there. And so good information – I'll try to summarize it because I'm paying attention to the time so we can get the zoom seminar taped well. But the bottom line is this, we understood or thought we understood early on, that because it was under an EUA, or Emergency Use Authorization, that it was not either advisable or even permissible to require this vaccine like we do the flu shot. Having said that, we're not sure because honestly I've read things written by different attorneys and one says one thing and one the other. So, theoretically, maybe we could have required it. We made the decision, I made the decision not to require it because it is relatively new and we wanted to say let's get educated, let's get comfortable, let's work at this. Maybe it will be something like the flu shot – it took many years to get there. It's a process to get from where we have been – which was when it was not required to have it be required to then if you didn't get it you needed to wear a mask. So it was a four or five year process to get there. So we need to remember how we got to this place. That would be one thing. The other thing is, it is new and people have legitimate questions about it. We're putting out a lot of information. I've told my own personal story of my wife and I and how a medicine that was given to her mother impacted she and I as far as the ability to have biological children. So I totally get the reality of long-term consequences. I was disturbed with what was feeling like the politics of this over time. I've done

a lot of research, a lot of reading, and a lot of talking with physicians. And I believe that even the population we serve who live here, many of them may have experienced polio and have seen what a vaccine can do. We now have anti-vax movements in the United States. So that to me is very distributing to be honest with you. Because it doesn't take long for diseases to come roaring back if you don't keep them under wraps. But the generation that is growing up now, this is what they know. It's not their fault – we created this world for them – but the bottom line is this is what they know. So it's easy to think, "oh this is the way life always was!" – couldn't be further from the truth. This is not the way life always was, but it's a process to get there. Those questions to me illustrate generational difference. They illustrate personality differences. Some people tend to say you just tell people to do stuff. Others say let's educate and get people on board. So it's a great illustration of the differences in people, in generations, in approaches. So we, I would say, are taking a very strong approach. We are encouraging it very strongly. We are ramping up encouragement slash pressure to get it. But there are reasons we did not require it at this moment in time. As of now, I believe you indicated earlier today in another meeting we were in, that we're at about 61% of our staff that have gotten it or signed up. Our goal is to get to 70-80% which I would consider a generally accepted herd immunity standpoint. I'd love to get 80-90% or above 90%. And we are above 90% on the Living Branches leadership group right now as of ten minutes ago. Having said that, it's a process to get there. I'm confident we'll get there. We're doing tons of information. You're involved with it, I'm involved with it, HR, Merry Sheeran – so many people, so many opportunities. We're really working very hard at this. I'm confident that we can get where we need to be. But we celebrate the 61% who have signed up and will be vaccinated, but we are working very hard at it.

AM: I was on campus yesterday talking to various team members in Personal Care, Health Care, and Memory Care, and it was interesting – some of them have already gotten it. One person I talked to was in the first hour on the first day it was eligible. She was ready and she was there. There are other people who are still doing research, have been doing research. I was pleased that I didn't have anyone who said, "I don't want it," and walked away. They're being very thoughtful about it. And I think it's fair to remember that we have a lot of young women who work for us. One of the questions we hear repeatedly is: How does this impact potential abilities to get pregnant? Or what if I am pregnant? What am I supposed to do? So there's a lot of good thoughtful research that's going into this right now, and prayerful consideration, I think, by some of our team members.

EB: Yeah. The flip side of that is nobody knows what the long-term consequence of having Covid is. So we're also encouraging staff – this was a point that someone made this morning in our meeting – those are legitimate concerns about the vaccine, but we also need to talk about the flip side. Look at what happens to the bodily functions of a person who gets Covid. We don't know what the long-term impact of that is, either. And we know it's not the flu. It doesn't just primarily impact your respiratory system. It can impact any system in your body. So Covid can be incredibly dangerous too. For all we know it could cause long-term consequences as well. So it's like which side do you want to be on. For me personally, I'll absolutely hands down believe the scientific community and the smart people working on this. Who I feel are working on our behalf – so absolutely, get the vaccine. It is a much better way to get society back to safety.

Those are the things to balance, too, that people need to think about. It's not just about the vaccine. This is to keep Covid away. It is a nasty, nasty disease. Look what it did to us in 2020.

AM: And some of the research I was doing this morning to be able to answer these questions better – they have been using mRNA technology for cancer research for decades. They've been doing human trials with mRNA since 2011. I was reading report after report in medical journals where they were saying: this is a safe and proven technology. I understand that people are concerned because they haven't heard about it, but when you do the research, this is very safe.

EB: That's right. And I think the other thing, too, is if we want to be consistent, we need to be consistent. We have a person retiring in the Shared Services Office today and he likes to joke about donuts even though he doesn't really like to eat them. So we got some donuts [audio skip]. Do the research. Don't just ask the questions and then run away. That's not intelligent. That's not appropriate. That's not consistent. Do your research. Come to an answer. I can respect that. What I can't respect is people who say no but I have no interest in looking into it further. That's just sticking your head in the sand. And that's what we want to keep working at. Overall we're at a good place and I feel confident. We're going to keep working at it. I just like for people to do the research. Make it happen.

AM: Exactly. Any final thoughts?

EB: I don't know, other than just saying I'm excited to be at this place. You said 2011 was mRNA technology. What would have happened if we had Covid in 2010? What if I had lived in 1850s? There's a lot of things of this past year – having nothing to do with Covid that were quite uncomfortable and frankly what happened this week in Washington was very unsettling and uncomfortable, but I still appreciate being alive today than the Middle Ages or 1800s, even though it's very interesting to read books about those times. But think about it folks – we are privileged to be living now when the minds that are working on this – it's amazing. I would encourage us to first and foremost breathe a prayer of thanks that we are at this place and there is hope on the horizon. And that these men and women that are doing the research are using their God-given brains to help all of us. It's very humbling when you think about it that way. So that's maybe the thought I would leave you with today.

You can feel free to email any questions to coronavirusquestions@livingbranches.org.

Thank you!