

Transcript
Coronavirus Q & A – Episode 38
March 5, 2021



Alex Metricarti: Hello! I'm Alex Metricarti, Chief Marketing and Public Relations Officer for Living Branches. Today is Friday, March 5, 2021. Welcome to you and welcome to Ed Brubaker, our President/CEO. Nice to see you.

Edward Brubaker: Yes, thank you Alex. Good to see you as well.

AM: Let's start with a wrap up of where we are with Covid cases on our campuses. Once again this week we only have two staff persons testing positive at Souderton Mennonite Homes – and that's it! So that's reassuring.

EB: Yes, that's very good. That would mean there are no residents with an active case, either. It's a good place to be and we hope it continues, but there are no guarantees. With the vaccine being much more prevalent, it's a helpful sign.

AM: Let's continue with good news and talk about something that happened this week. The Governor removed travel restrictions for Pennsylvania and that has had an impact for us.

EB: It's not so much the reduced restrictions. It's the requirements. So if you went out of state before, you needed a test before coming back in the state. Someone coming from out of state needed to give proof of a test. Because I think what people tend to say is, restrictions were lifted, so it's fair game – I can do whatever I want! No. That's not what they mean. There are a number of states, but Texas is one in particular – I would not recommend going to Texas right now. It's an interesting state and always has been interesting. They're quite independent. The whole issue of masking is not being taken as seriously. And it still needs to be taken seriously. Having said that, you are right. The Governor changed the approach to what you need to do when leaving the state. We with our staff persons are still discouraging travel, and airline and cruise travel in particular. And we do have requirements for persons who would do that. There is a differentiation if they have received their vaccine or have not received the vaccine. So there's those kinds of things that we're working at. It doesn't mean it's now safe to travel. It means you don't have to have a test before you come into the state. So that does make a difference for us because we know there are families from out of state that wanted to come visit, so we are making adjustments to that. That is what we would consider to be in the necessary travel – if you will. It's more the leisure travel that will eventually be here, but we want to be careful because we don't have 100% of our staff or 100% of our residents vaccinated. So we need to pay attention to those things. It does represent an easing of the restrictions, or requirements, I should say. But I think it's too easy sometimes when we hear that change in restriction or

change in requirement, that we say “Oh, it’s now safe.” And that’s not what that means. Those are two different things and we need to keep that in mind. Having said that, I have more confidence and hope today than I did a few months ago. The vaccine certainly has a big part in that – that hope for the future. Things are changing, but as Dr. Fauci and others say, we can’t just throw out the masks and throw our precautions. Let’s keep the discipline going, but let’s celebrate that things are getting better.

AM: For our residents and families who haven’t seen them in a while, we are following the Governor’s recommendations and so there will be – we will allow people to come on campus and visit with their loved one if they’re coming from out of state. We’ll provide more detailed information on that, but it’s some good news. It will be interesting to see if we end up going back to where we were in the summer – meaning Texas is now on a no travel list for Pennsylvania or something like that. We got away from that, but we may be going back.

EB: That’s right. And that’s interesting too, because I talk about things getting better, and they are, but part of it is, compared to what? It is better than it was in November, December, and January, but it’s not as good as it was last summer and fall. We’re still not below 5% - at least we weren’t earlier this week in Montgomery County – for a positivity rate. Last fall I remember specifically in October watching the rate go up. We were at two, then three, then four. So we’re not back down to the fall levels. And that’s the point that some of the scientists are making. That is maybe better than it was in the spike in November, December, and January, but don’t get your hopes up. There’s still – I think 1,200 people in the United States died yesterday. Better. But better than what? We are not back to our fall and summer levels. We need to get there. And that’s also why it’s so important to get as quickly as possible to herd immunity. And that’s why it’s so important to get the vaccines rolling. I know President Biden talks about that and others talk about that. There is the J&J vaccine and its like don’t worry about which vaccine it is – get one of them. That’s the importance of getting us to 80%+ - to herd immunity. That then doesn’t allow the virus to spread because it doesn’t have those places – the hosts if you will. If we don’t get to that place before the other variants go crazy, there could be more challenge ahead. So we need to be careful, we need to get vaccinated, and we need to keep paying attention so we can see what can we safely do?

AM: Europe has been kind of a bellwether for us in the United States. What happens to us tends to happen to them a few weeks or months before it hits us. And I was reading that cases are going back up again and they’re thinking the variants may have something to do with that. So it’s a race against time.

EB: It really is.

AM: I got a lot of questions this week from residents and family members asking questions about the vaccines, and now that the resident is vaccinated, or in some cases the family

member is vaccinated, and they're asking, "How does this change what we're able to do?" And I keep telling them, it doesn't - which isn't an answer that anyone wants to hear. So maybe we can talk about why we're not able to make any of the changes that people think we should be able to make.

EB: That's right. And it's a great question – a question that if I was in their shoes, I'd be asking to. And frankly I am asking in my shoes. And that is: if the vaccine didn't allow anything to change, then what was the point? And that's a silly question, because it changed a lot. It changes setting the foundation for the future to get to the herd immunity, but it hasn't eliminated the disease. The other thing to think about is that getting the vaccine doesn't mean you won't get the virus. It means the likelihood of needing a hospital is much reduced. The likelihood of you getting a bad case of Covid is much reduced. But it doesn't mean you'll never have the virus in your body. And I think that's the thing people need to keep in mind. Even for myself, I think I won't get it. Well, not necessarily. It just won't be as severe. Hopefully you won't get it either, too. So there's that reality. So it doesn't eliminate it. And it doesn't eliminate it until we get to herd immunity. Some people say we're going to have this basically forever – it just won't be at the seriousness that it is now. So that's the piece that it's getting us to a better place, but until we're there, it doesn't prevent everything. The other thing to keep in mind, too, is that older persons' immune systems are not as robust as younger persons. For a person who is older they are potentially still susceptible to it. Having said that, a very important layer to keep in mind is this: in Health Care and Personal Care we have regulatory bodies - the Department of Health for Health Care and the Department of Human Services for Personal Care. They're the ones that tell us – part of the reality is the uncoupling and reduction of restrictions probably is going to happen more slowly than restrictions went into effect. So that's something to keep in mind. We still have to follow DOH and DHS regulations. And so it might sound logical – I got the vaccine, so I can do this or that. But it also is: are the other people you're with vaccinated. I know for myself I feel much differently interacting with someone else who has been vaccinated versus those who have not been. So those are some of the reasons. I know it's still hard, but it's also something we look at regularly at CRT to say – ok but the difference is from last fall is now we have the vaccine. We have to keep that in mind and use it to say, something we may have considered to be incorrect last fall may be more of a possibility today because of the vaccine and vaccination rate. So we are absolutely paying attention to that and it is absolutely impacting our changes that we're making and considering. But it's also the overlay of the regulatory bodies. People in Residential Living will experience life differently than Personal Care and Health Care, because Residential Living does not have the layer of regulation that we need to follow.

AM: I feel like the discussions that we've been having are bearing fruit, because we are now figuring out things like allowing more visitors. We talked before about the guest program we're piloting at The Willows. That pilot is wrapping up and soon we'll be making announcements about moving that to Souderton Mennonite Homes and Dock Woods in Personal Care. That I think is going to be a huge step forward for people, but yes, the days of 2019 are not here yet.

EB: No they're not. And that's what everyone wants us to be at and I get it, but it's just not there. The other thing to keep in mind, too, is if there is a positive staff member or positive resident, and there is exposure – I mean we had two staff persons that you noted but because of lack of exposure it did not impact the facility. If there was exposure according to the regulatory bodies, those places still need to close down even for one person. And so that is what I do hope can change a bit based on the vaccination realities and percentages, because it doesn't seem quite right that it should have to shut down in the same way. But until some of that is clarified by the regulatory bodies, we're still bound by that. But yeah, there is a difference now that the vaccine is here. It's much harder to unravel and remove restrictions than it is to put them in place. So that's what we need to keep in mind. But I can assure the viewers of this: we take this stuff really seriously and we are doing everything we can to safely provide opportunities for residents to see their families. It's just so, so important.

AM: I feel that we're making good progress in that area and it is reassuring. Final thoughts?

EB: Final thoughts. Well it's springtime. It's also – I may have commented on this in the last video – it's been a year. We commented on this in CRT yesterday and I looked back at my calendar. I think it was March 2, 2020 that we had our first meeting. And in fact, joked about do we want to call it a communications team or the coronavirus team? It came out yesterday that someone on the call remembered I was pushing to call it what it is – it's coronavirus. And someone else was saying well we don't want anyone to get too worked up. Wow! Little did we know - and thankfully, probably, that we didn't know the year that we would have. I want to say thank you to you for your great work this year, but also to all of the staff for their excellent, excellent work. It has been an unbelievable year. But also to residents and their families for the resilience displayed. It has been a year like none other. We're not truth it, but we're in this place and we've shown a strength of the human spirit, so I appreciate that.

AM: I would say staff have been amazing, but the support we've received from residents and families is really what carried the organization through this.

EB: Exactly. And I've had challenging phone conversations with family members, too. I'm sure many of us have. But there was still even within that, it wasn't just a bickering about you're a jerk. It was truly about we want to find ways that we can meet this resident's needs. We were finding common ground and focusing on that and not that you're not doing what I want you to do. It was really about how can we get to what is best for residents and the people we serve?

AM: I close most of the emails I send with a comment that we will get through this together. And it's never been truer.

EB: That's right.

AM: Thank you for watching. If you have questions, please send them to coronavirusquestions@livingbranches.org or visit our website at livingbranches.org/coronavirus for more information.