

**Transcript**  
**Coronavirus Q & A – Episode 40**  
**March 26, 2021**



Alex Metricarti: Hello! I'm Alex Metricarti, Chief Marketing and Public Relations Officer for Living Branches. Today is Friday, March 26, 2021. Welcome to you and welcome to Ed Brubaker, our President/CEO. Welcome!

Edward Brubaker: Nice to see you Alex and nice to see you have your Covid t-shirt on. I do not. I discovered this morning that it must still be in the wash this week.

AM: It's great that you do not, because now I will know it's this week's video. You've solved my problem, so thank you! Let's start today with Covid case counts. We've had a couple of weeks with zero to report, but today we are back up to three staff persons who have tested positive: two at Dock Woods and one at Souderton Mennonite Homes. And this is having a variety of interesting ramifications. The first of those is that the first question people will ask now is: were those people vaccinated?

EB: Yes that's exactly right. Some were and some were not. So we'll talk later about some of these breakthrough cases. But the challenge is this – last fall – and I may have mentioned this in other videos – we were watching the case counts to see when it went beyond 5% because 5% is a marker for when we needed to test and start regular weekly testing. And then we blew past 5% and went to 10% and 10% is twice-weekly testing – this is for staff. The challenge is the case counts have been going down nicely over the last few weeks. We've been watching that and it's easing back down. Bucks County tends to be higher than Montgomery, but easing back down towards 5%. But then the daily positivity rates were going up substantially in Montgomery County. And we thought oh no – this is going to be a problem. This week after going down for quite a few weeks, it ticked back up from 5% last week to 5.2% this week. And these numbers are higher than what they were last September and October. So you need to look at those things for comparability because it's easy to think we're going in good directions, and overall I think we are, and certainly the vaccine is great – but you have to think about it in context. And so we are not out of this yet. The variants, depending what you read, can be a challenge. So we still need to be aware. Obviously we're separated, but we still need to wear these masks in public. Obviously I don't in my private office, but when I leave my office it goes on my face. Even though I'm vaccinated and have been for almost two months now. Very, very important.

AM: I was waiting for this beautiful future magic day when we were all vaccinated and wouldn't have to worry about this anymore, and that horizon is receding a little bit in my mind because we are seeing that persons who are vaccinated can test positive. We have one that I know of who is symptomatic – very mild symptoms – which is of course when you read the vaccination information it is exactly what they told us could happen.

EB: That's right. When you look at the vaccine as our medical director, Dr. Haimowitz, would say when people ask why get the vaccine? – so you don't die. And that's a very stark statement, but the point is, it doesn't in all cases prevent you from getting the disease. But it tampers down the symptoms so it's not as serious. I recently read an article about a community in Kentucky and we call them breakthrough cases when you've had the vaccine. And residents and staff were vaccinated. Staff was not as high of a percentage as we are, but I think it was 30% or 30 people – I can't remember which. There were 30 people I believe who were vaccinated who came down with the disease – some were symptomatic. And then 80 were not vaccinated who had the disease. So just that story alone can show you that it made a difference in the number of people affected. And then the seriousness of the illness was much less in the 30 – the vaccinated group – rather than the 80. But it still was concerning because it was a variant in Kentucky and needs to be paid attention to. But it just goes to show you the continued importance of the vaccine, continued importance of infection control techniques – just very important. Because we all want to be done with this. I want to be done with this. But we're not done with this. So we need to continue to be disciplined and we need to look at the facts and the logic of all of this and not have an emotional reaction to it, but really be thoughtful and say what is the data telling us and what do we need to pay attention to? But it's clear that we are not done with Covid.

AM: Maybe just to share that this question of variants is starting to come up in Montgomery County now. Two of the swabs from staff we're passing on to the state where they are going to do some analysis to see if we do have a variant, but we're not expecting those results back for quite a while is what I understand. They're very backed up.

EB: Yes that takes a while, so we won't know that reality for a while. But it does kind of set you back until you start looking at the facts and the data and kind of remind yourself what is going on. But I would have to admit I was hoping the vaccine would hold these breakthrough cases off until later, but it is what it is and we need to keep paying attention.

AM: The other thing is I think we're confusing a fair amount of people. We're all accustomed to our fall and winter guidance which said if anyone tests positive, everything in the unit shuts down. Now that we have new guidance from the state, it's slightly different. So maybe we should talk a little bit about that.

EB: That's a good point because it does get confusing. I'll be honest – some of the things we know do not seem like a logical progression. But we also need to understand that if all of us took the same scrutiny on our own personal lives related to logic of behavior that we are ascribing now to government agencies and others, we would find we are as illogical as what we accuse others of being. I just think that's a reality. We always think we're the logical ones and everyone else needs some remediation. So that would be the first thought. But secondly we've also realized as people and government regulatory agencies, we really worked to keep people physically safe but the emotional health was really sacrificed. And so honestly the new visitor

policies, from a keep-you-safe-physically standpoint, probably are not the best. But we are whole people. We need to think about more than just the physical. So when we shut down dining for vaccinated residents, and we have to keep it closed for 14 days, whereas visitors can come back after we do one round of testing and no one else was positive with the disease, they can keep coming – all of these unvaccinated persons from the community. The first response is that logically that doesn't make sense, but it really – the regulations may update over time first of all, but secondly it's a recognition that it's important to have visitors. So it's trying to find that balance. It can be confusing, but read the website. We'll try to keep it as clear as we can. It's a challenge. It's not always as logical as what we may hope it to be but it's the reality of life.

AM: And this is why we're asking visitors who are coming – even if you are vaccinated, even if your resident is vaccinated – you still – please have to wear your mask and practice physical distancing. Because if someone test positive we're still shutting down dining for two weeks. We're still shutting down activities for two weeks. And those things impact our residents. They're happy to have visitors, but those things are important, too.

EB: That's right. It becomes this up and down rollercoaster that becomes challenging. Because you're so hopeful. I think it was at The Willows a few weeks ago that we opened it up, even before the visiting guidelines because we had our own practices that we were piloting, and two days later we shut it down. It really becomes challenging as a rollercoaster for both staff – but obviously for residents as well. I think it's going to be like this for a while. And we're just going to need to do our best to make sense of it and support each other.

AM: Maybe another topic we should talk about that perhaps also isn't quite as logical from a pure physical protection standpoint, but also equally emotionally-important, is that Personal Care, Memory Care, and Health Care residents can go home and visit with family. And so that's maybe the big announcement that we're making today – about how that can take place for vaccinated residents.

EB: That's right. And that's the key there. We will only allow vaccinated residents to be in that category, and the vast majority of our residents are vaccinated. But yes that may or may not always – you can go home but you can't do this other activity. I get that but there will be those realities that it is confusing and not 100% logical, but a way to thread the needle to get through this. And accommodate the need for human interaction and the emotional needs for human interaction, but also to try to monitor which might be a higher risk activity than another. So for instance, our staff was saying – I'm vaccinated, my coworker is vaccinated, why can't we eat at the same table? I see residents across the room in Residential Living sitting across the table from each other and they're both vaccinated. So the logic is, why is the logical? Well, I understand at first blush but when you start saying our staff members are all throughout the facility. If they're a caregiver they are going from resident to resident to resident. They're going home at night. They're not in as tight of a bubble so there are other risk factors to consider. But I understand that at first blush they might say: this isn't logical. But we need to break it down and

say here are some reasons. We did allow staff to have two at a table outside, but this was an issue about inside dining.

AM: We're just going to continue with this for the foreseeable future. We'll take things as they come and make the decisions that we need to, to be as permissive as possible, while still making sure we're holding tightly to those core infection control processes.

EB: That's right.

AM: I think people are going to be hearing about core infection control processes for a while to come.

EB: Hand washing is very important, but I can't over-emphasize the mask. It is really, really important.

AM: Anything else you'd like to discuss today?

EB: Well I'm glad to be at this place. I would also say, to be perfectly blunt, it's a little disconcerting when you see where the numbers are going. It's disconcerting when it seems like we can't get the vaccines at times as quickly as we'd like, when we kind of know that by May or June we may have a glut of vaccines. So we're in this – I would say – unsettled time that frankly maybe today feels a bit more unsettled than a month ago when we were rolling out vaccines. So it's this strange place again. But we will get through this. We will get to the other side. But we still have a ways to go. For me, personally, too, I like to control when I can. And I really am a believer that all things are solvable – you just need to think of the right solutions. And even with Covid – all things are solvable. But it doesn't mean they're immediately solvable or they'll be done tomorrow. So that is sometimes the frustration. We're ready to be done, but we still have work to do. So I really appreciate the work of staff. They really have done great work over the last year and continue to do so. But also the resiliency of residents and their families, as well. This has been a challenging year. But overall people have done amazingly well, really amazingly well.

AM: And it's encouraging to see that. If you have questions, please send them to [coronavirusquestions@livingbranches.org](mailto:coronavirusquestions@livingbranches.org) or visit our website at [livingbranches.org/coronavirus](http://livingbranches.org/coronavirus) for more information.