

**Transcript**  
**Coronavirus Q & A – Episode 41**  
**April 16, 2021**



Alex Metricarti: Hello! I'm Alex Metricarti, Chief Marketing and Public Relations Officer for Living Branches. Today is Friday, April 16, 2021. Welcome to you and welcome to Ed Brubaker, our President/CEO. Welcome!

Edward Brubaker: Good afternoon, Alex. I could say the day after tax day, but it really isn't because you have until May this year.

AM: I'm taking advantage of every second that I have. Yes, it is not tax day.

EB: You still may need to get your money in if you don't want a penalty – I can't remember how that works. I'm not giving tax advice.

AM: I won't panic and run and check then. Let's start with our Covid cases counts. We do have some to talk about again. I believe by my count right now we have four confirmed staff persons testing positive across Living Branches. That is one at The Willows, two at Souderton, and one at Dock Woods. Still no residents, which is what we've seen, really, since we've completed our original vaccination clinics.

EB: That's right. And I think what's happening, too, is that our staff don't live on campus, obviously, so they need to go home and there is potentially interaction with more people – perhaps they have children that go to a local school that has cases, etc. And so that's kind of assumed that's how it's going to be, particularly because that positivity rates are going up unfortunately. We probably talked about this in the last video, but they went up again. Bucks county is now over 10% again unfortunately and Montgomery county was at 8.2% the other day and now it's closer to 9%. That's a challenge. But yeah, you're right, the good thing – the positive news is that because of the vaccination rates of our residents and our staff, so far there have not been any cases that have transmitted to our residents – even with the opening up of visiting on our campuses, which is wonderful. Because this roller coaster of opening and closing and opening and closing in Personal Care and Health Care is very disruptive. So we do what we can and we try to interpret the regulations appropriate and in keeping with what is best for our residents now, too. But yeah, that is the positive news. Whether that will continue, who knows? But we also hope the positivity rates go down and the vaccination rates continue to go up.

AM: Speaking of vaccinations, we are back to doing a modified version of vaccination clinics on our campuses and that was through a lot of good work by various team members to make that happen.

EB: That's right. We had a contact with Phoebe Pharmacy and shout out to them because they did a great job for us. Our pharmacy CPS is now able to get it as well, they're going to be using Moderna and they have some access to J&J – and we'll talk about that in a minute. But yes, we've been able to work through those things and have vaccinated quite a number of people – not like our original clinics, but quite a few people. I think there were between 40 and 50 just yesterday. And so that's been a great thing because it's just so important to continue to get those numbers up. I read there are some places in the US where there's appointments that aren't being used – they have more vaccine than is being put in people's arms. That's really troubling and I recognize that not everyone sees it the way I do, but working in this industry, seeing what it is – I believe in my heart of hearts that the vaccine is the way – one of the best ways to get us to the other side of this disease. If people are unsure, whether it's residents of staff, I just encourage you to read from legitimate sources. I can't tell you how much stuff I've seen and been given and it says Dr. so-and-so and then I find out it's a PhD. My father was a PhD. That's no medical doctor, folks. And you know, people that are using this behind their name and putting out things that frankly are not true or not based on science. When you're doing your research, please go to the legitimate sources and do the research you need. Get comfortable. I'm very glad. I'm very glad I got the vaccine in January – very minimal side effects, and that's not the case for everyone, but it was the case for me. I feel blessed and fortunate to have been able to do that.

AM: I think part of it for me – it's one thing to say read, see what other people are doing, listen to the news – but we can say, we've seen a difference in our communities with the number of persons who have tested positive but also with what we're able to do to get life back to normal because of the vaccine.

EB: Yes. That's absolutely correct. And I'm very pleased that we're at 75% for staff – we want to go above 80%. But when I see other places - some in this area, but across the country – that's a good number. And 90-100% - most places have good resident participation, so 90-100% is good, but that's relatively common. I'm pleased with where we're at with staff, but I want to get that up because it's the best way we have to protect ourselves and protect our residents.

AM: The news this week about the J&J vaccine being paused hasn't helped any with figuring out who do I talk to and who do I listen to.

EB: That's right. One on hand it's unfortunate. On the other hand, it's good. People are paying attention and taking this seriously. But having said that, we really need to look at the big picture. This is not to minimize at all those people that had some issues related to J&J, but you have to

look at it in how many shots were given? What is your chance of getting Covid if you didn't have the vaccine? And how many people may have had clotting regardless for other reasons in that same period of time in that same kind of a group? And so it's so easy to jump to conclusions – and frankly, if you don't want to trust something – in this case the vaccine – but anything in life. If you have the mindset - Malcolm Gladwell calls it the positive mindset or negative mindset. Do you have a negative sentiment override or a positive sentiment override? He references that more in your impression of other people, but the same thing is true of this. If you have a negative sentiment override about the vaccine, you will seek out things that prove your point and your bias. And I would just encourage people to read other things. Do just trust the AI in Facebook to determine what you're going to be fed. But really look at the data and understand the context of the data. I think it's also time to trust the scientists. If I wanted to invest in real estate, I would talk to someone with expertise in that. I would not speak to my daughter, who is a wonderful musician. If I want to hear about music therapy, I'll talk to her. And so it's the same thing with science, etc. So anyway, I feel good about where we're at and I applaud the residents and staff who have gotten the vaccine. Get comfortable about it. Read up on it. But yes the J&J piece – I'm hoping they can get to the bottom of it quickly. A one-dose vaccine is definitely easier than a two-dose. But having said that, whichever it is, get it in your arm.

AM: Take what you can get! Before our last video we had some revised guidance coming out from DOH and DHS which has allowed us to change the response that we have when anyone tests positive in any particular area. And I have gotten a fair number of questions over the last few weeks that are essentially – What is going on? I can't keep track. Are you open? Are you closed? Is there dining? Is there not? I feel very sympathetic to that because it's very easy to say someone tested positive – we're closed for 14 days and we'll see you when this is over. But that's not where we are and it is confusing to people.

EB: Yeah. It is confusing and maybe part of the response is welcome to our world over the last year, you know what I mean? And so it is very understandable that it's confusing because we're confused at times and that's why we have a team that works at it and says what was your interpretation? Well what was yours? So that's very understandable. We'll try to make it as clear – I know you do a great job with the website- and we want to be as clear as we can, but we recognize it is confusing because things have changed. And the way we did it in the past and how we had to close down and how quickly we could open – we may have mentioned this in the last video, too, that the state agencies have realized, along with us, that the emotional needs of our residents are very important too. Visiting gets closed if there's a positive test, but if you do a round of testing and there's no more, you can open back up again. But depending on the exposure, you may need to keep communal dining closed or other things. I'm hoping new guidance that our infection control nurse said is coming will clarify some of that, because there's some thing that don't make logical sense with that. But it is confusing and we'll try to keep it as clear as possible. The positive is that because of the vaccine levels, etc. we're able to have a bit more flexibility with reopening when we do have a person testing positive.

AM: I do appreciate that as a coronavirus response team, we are coming together and talking through how each person interprets these guidelines and coming to a point where we can be – if

you want to say it this way – as permissive as we can be, without the possibility of overly damaging resident safety and health.

EB: That's exactly right. Merry Sheeran is our infection control nurse and by her nature but also her job, she would take a more conservative approach. And that's great. That's what we need her for. And then you may take a different approach. I find myself going in both directions depending on the issue. So together we can come to place that is appropriate. We also look at things differently than we did a year ago. The big thing is we have the vaccine. We have a level of protection that we can use that as also a layer or a lens to evaluate what we need to be doing.

AM: In some ways we also have an understanding on the ground of: this has been the result of the vaccine, than perhaps people at the regulatory agencies that are taking a wider approach or don't quite want to trust the results that we're seeing.

EB: That's right. And how we respond to it, too. I know you and I got a text last Friday night from Monique about a situation. And I will say my blood pressure spike was much less last Friday than a year ago when...

AM: We got the same text!

EB: ...you needed to see a doctor because of where your blood pressure is. So that's normal. You learn more about things and it becomes – not old hat or comfortable – but you understand it better and you have an approach of “we've got this – we know what we need to do.”

AM: For our viewers, we're going to continue to have to evaluate things on a case by case basis, but we're going to do our very best to enable them to be able to see their loved ones who are living with us. And also that we're not threatening safety in any way. And we're very hopeful that we'll be getting guidance soon that may help make sense of all of this. So we'll wait and see if that happens. I'm not holding my breath, but I'm cautiously optimistic. Anything you'd like to close with?

EB: Maybe just a reflection that it does feel like we're making some headway, even though the positivity rates are going up. Continuing to be vigilant with our mask-wearing in public and doing those things that are good safety protocols, and encouraging our friends, neighbors, and everyone else to get vaccinated, we can get to where we need to be with this disease. So I'm hopeful, but we still need to continue to be vigilant.

AM: Thank you. 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.