

**Transcript**  
**Coronavirus Q & A – Episode 45**  
**July 16, 2021**



Alex Metricarti: Hello! I'm Alex Metricarti, chief marketing and public relations officer for Living Branches. Today is July 16, and I'm here with Ed Brubaker, our Living Branches president and CEO. It's been a while since we've done this!

Ed Brubaker: It has been a while. How long has it been?

AM: Mike, our photographer, tells us that the last time we filmed was — he believes — June 11.

EB: Wow, so about a month. I think that's an illustration, kind of, of what's happening. There's, I was going to say, positive things happening, but — and that is true, there is positive — negative tests, and positive things.

AM: It is positive. We do not have anybody, staff or residents, with Covid on our campuses right now. It's been that way for a couple weeks, I believe, at least. It's nice to see! I think that in our conversations in our Coronavirus response team meetings, we would tie that directly to the fact that we've got some pretty good vaccination rates.

EB: Yeah, there's no question about that. Vaccination, I think, has made such a difference over the last couple of months. It's really pushed down the positivity rates in Montgomery County. Montgomery County and Bucks County track pretty close together. This week they did both go up two-tenths of a percent after going down two-tenths of a percent last week, but they're both still under one percent. I think Montgomery was at 0.6 percent and Bucks County at 0.7 percent this week when checked. So, the concern is it did creep up, but it was after going down the low point of 0.4 and 0.5 percent. What that means in the long-term, we don't know, but we obviously pay attention to that stuff. At the end of the day, what we have found over this period of time is the county positivity rates can be the biggest indicator of what will happen within Living Branches. Obviously, we'd like to think that we're so good that we don't track with that, but the reality is that we're part of the counties, and if the county rates are low, our rates are low; if the county rates go higher, our rates tend to be higher. Having said that, the vaccine has made such a difference for our residents and for our staff.

AM: And we are keeping with our commitment of reporting our vaccination rates for staff persons on our website. All of that is on our Coronavirus page if people want to see that. We're tracking at 79 percent, I think, overall are right now.

EB: Yeah, we've kind of varied, and part of it is people start and stop employment, and so that can make a difference. But we've been tracking right around — overall — 79 or 80 percent. Interestingly enough, the areas that are most challenged are Health at Souderton and Health Care at Dock Woods; Personal Care at Souderton and Personal Care at Dock. So, it's just fascinating to me that in the areas where, particularly Health Care, were probably the hardest hit are also the ones...so I don't know if it's partly because a staff person may think, "I survived that; I'll survive anything," or you know, what are all the different reasons for that. But it is kind of fascinating to look at that, and overall it's at 79 or 80 percent. I would say that I'd love it to be better — oh, I'd absolutely love it to be 85 or 90 percent. It is good, though, compared to others in our industry and other industries. I was just speaking with a person in the Lancaster area this morning and overall, they were about 69 percent. Which again, is not awful, but it's not where we want to be. So, we continue to keep pushing that bar up and pushing the numbers up, but we also feel pretty good about where we're at.

AM: Definitely. We met yesterday in our Coronavirus response team, and updated a little bit of guidance that I think I will probably attach to this email when we send it out to families and to residents so that they can read more about it. Maybe we can highlight some of the things that are happening on campuses right now, because we really have opened our doors significantly compared to where we were even a couple of months ago. When you reference the fact that the positivity rates in the surrounding counties have so much impact on us, it's easy to see why because we have visitors coming back to campus and doing all sorts of things, including if they are vaccinated, they're able to eat in the bistro or café with their loved ones. We have Health Care residents, Personal Care residents, Memory Care residents that are able now to go more out to family gatherings, so it's starting to feel — and I don't like to use the word normal — but it's starting to feel more like that.

EB: Yeah, it definitely is. It feels so much better than last year. There are still risks involved, and we'll probably talk about some of those later in the video. There's things that are so much better, but we also are differentiating between vaccinated and unvaccinated. Again, the reason for that is that it's proven that the vaccine makes a difference. The people in the hospital today, in Mississippi, Missouri, and other places — the vast, vast majority of the people that are really sick and in the hospital — are unvaccinated persons. I think that people that are unvaccinated watching this video need to think about that and say, "Is that the risk that I want to take?" Those are the facts, so that's why we do differentiate between vaccinated and unvaccinated, whether it's masking policies at times, or persons who could come on campus. We still serve the population that was the hardest hit. It's also the population that has probably the best vaccine participation rates: 90 to 100 percent. We have some our facilities that 100 percent vaccinated, so that is wonderful and that makes the difference. What we don't know is how long it lasts. There's been debate and all the things — you can read the stories as well as me — but, the question is, for a senior or older person, does the immunity last as long as it does in a younger person? That's kind of the million dollar question today. We're not sure yet, but we need to keep watching that. People are talking about boosters, etc., but we're not anywhere close — as Living Branches — to be able to talk about that yet, but it's something we think about. We want to do

the things that will keep us safe in the long-term and allow us to continue to function at these levels because none of us want to go back. Frankly, if we have one case, it potentially causes us to shut that level of care down. That rule has not changed, we've just been fortunate that we haven't had cases. The rules, Personal Care and Health Care, in that regard, haven't changed.

AM: That's an interesting point because one of the questions that I do get asked by family members, especially family members in Personal Care, Memory Care, Health Care, is they will say to me: "Why do I have to wear a mask when I am visiting with a loved one? I'm in their room and they're vaccinated, I'm vaccinated...why are you making me do this?" We need to make sure that people understand that one case shuts everything down, and that we are operating with an abundance of caution — no question — in that particular area.

EB: Yeah, and those particular things we'll continue to evaluate because again, if both are vaccinated, we need to continue to look at those things. It is absolutely no question why masking, as with LA County, I'm sure people have read in the news, and because of the increasing rates in LA County, they are now going back to requiring masking inside for vaccinated and unvaccinated persons. And part of that, too, is like how are you going to track who is and who isn't? Frankly, people aren't always forthright in that, and so it makes sense that everyone needs to be. That's an example of going in a direction that nobody wants to go in. Having said that, I would have to observe that wearing a mask is a small price to pay for the safety of others. That's probably, for me, one of the things that has been a head scratcher frankly, this whole time: the way that we as Americans have equated that to infringing on our freedom. It's just fascinating to say how quickly we can go to that. I view it as caring for self and caring for others, and I know that people may disagree with that, but that's really how I view it. Are we willing to make those sacrifices? We don't want to have to go back to those restrictions, but we feel like the process we've gone through is a thoughtful one, and frankly not one that we know everyone's going to agree with, but that's okay. This is the direction we're forging and not everyone has to agree; that's perfectly fine.

AM: The question about variants is coming up more and more, and I have had residents asking me, "What do you know? Do I need a booster? Am I protected?" I guess maybe there's a lot of answers that we don't know, because no one knows, but maybe just to let people know: we are keeping our eye on that, if you will, and doing research.

EB: Oh absolutely, we watch that and I am not the expert; I leave the science to the scientists. They don't need to tell me how to lead a retirement community, and I won't tell them how to do their science, hah! But, at the end of the day, we do need to pay attention to that and to read what they're seeing. It's not clear yet where all this is going, but we are absolutely paying attention to it. It would appear that there is still a very strong measure of immunity that the vaccine gives to variants as well. Again, how long...and those sort of things we'll keep paying attention to. But the key is, again, getting to that herd immunity because frankly, if you get to that place where the virus doesn't have a host, that's the whole point of this. We don't have to

worry about variants as much if we get to the place where there's no host. The problem is because we still don't have herd immunity yet, there's still too many unvaccinated people that are hosts to this virus, so that is also why some of these other things will be needed, potentially, is if we don't get to elimination of the host and that is the thing that the vaccine can do. I would just encourage people to read the signs, do the right thing, and obviously in my mind the right thing is to get vaccinated.

AM: Well, and to be careful when you're traveling. Because Montgomery County does have a very low, and I think we probably are at herd immunity in Montgomery County. But, a lot of people are going to Florida, and a lot of people are traveling this summer.

EB: That's right. I'm vaccinated and did some traveling in June. Frankly, I have a measure of confidence because of the vaccine and, you know, they still require masks on the airplane and in the airports. I support that because why not? What's the big deal? Let's just do it; let's not make it into this big issue...let's just do it. You know, it feels like we're kindergarteners instead of adults at times. So, let's be mature, care for each other, and care for ourselves.

AM: That sounds like a very good closing line. Ha!

EB: Ha, yes sounds good.

AM: Shall we go with that? Do you have anything else you'd like to add?

EB: Sure, absolutely. Care for ourselves and care for others. If we use that as a guiding principle, I think that we can reduce our anxiety to show love and care to others, and to reduce the bickering about things. If we have a principle of using the litmus test: does this care for me and does it care for others? I guess that's kind of the goal of the world too, right? Let's get back to the basics, and use that as the litmus test as opposed to many other things that are being used as the litmus test.

AM: Absolutely. Thank you, and thank you for watching. If you have questions, please feel free to email them to [coronavirusquestions@livingbranches.org](mailto:coronavirusquestions@livingbranches.org), and of course the information is always on our website [livingbranches.org/coronavirus](http://livingbranches.org/coronavirus). Thank you.