

Transcript
Coronavirus Q & A – Episode 49
November 5, 2021



Alex Metricarti: Hello! I'm Alex Metricarti, chief marketing and public relations officer for Living Branches, and today is Friday, November 5. Hello to you, and hello to Ed Brubaker, our Living Branches President and CEO.

Ed Brubaker: Good morning again, Alex.

AM: Good morning! Here we go.

EB: Here we are. Who would have thought that we'd still be here doing videos in November of 2021? Frankly it's probably good we did though, to be honest.

AM: I would agree with that completely. So as we speak right now, we have only two people – well I should say two clusters, how about that – on our campuses of persons testing positive. We have one person who is testing positive in Dock Manor on our Dock Woods campus, and we have a couple who would be testing positive in Dock Acres. But that's it right now, which is certainly better than we were a week or so ago. Maybe we should talk about that first.

EB: Yeah, a week or so ago, we had a situation at Park View, which is our Memory Care unit at Souderton, and so there was a resident who was taken to the hospital. We did not note any particular symptoms; in hindsight, there may have been some, but they weren't necessarily traditional symptoms. She maybe had some falls or something, which *can* be a symptom of Covid, but it's not typically one you look at. We didn't really know that anything was going on, as we don't do regular testing with residents at this moment in time, and so she tested positive when she went to the hospital and then of course we needed to do testing. That's when we found out that more people tested positive, both staff and residents. Unfortunately because of the numbers, we needed to close the unit again, and I think we're now back out of that – that closure. So while some of the regulations have changed in that if there's one case, we don't have to close down; if there's multiple cases, it becomes our judgement as to what we need to do. We felt that to try and stop this spread, we needed to do that. The good news is, I think with the exception of one person, the symptoms were minimal.

AM: Yeah.

EB: And so, we still believe that maybe the evolution of the disease, but more importantly the vaccines we believe, helped tamp down the symptoms that people had. That's a good thing, but it didn't change, unfortunately, the fact that we did need to close for I think around 10 days or something like that.

AM: I think if I recall from my conversations with Monique Cole, the executive director at Souderton, that we were also pretty pleased that we were able to source monoclonal antibodies for the residents who were in that particular unit. I think enough people don't know about them as an option if people do develop Covid; especially the fact that you have to take them quickly – it's not something that works once you're really ill.

EB: Yeah, you need to get it once you have exposure as opposed to once you're in the depths of the illness. I'm not sure how that compares...I know there's now pills that are coming out to reduce the symptoms. I know Pfizer just announced today about a pill that they were showing that could show a 90% reduction of severe illness, hospitalization, and death. And so over time, I think we'll continue to see those things. But at the end of the day, yes we are using monoclonal antibodies, and we've been using them, in fact, probably last December maybe it was...December or January...is when we were first using monoclonal antibodies. We actually had a relationship at that point with a Penn program that was just a special, shorter time program, that no longer exists, but we had used them for that. That seemed to make a difference, and while we don't know for sure how much of a difference it made for Park View, we did administer monoclonal antibodies to some of the residents. So I guess, which was it? Which was the silver bullet, so to speak, and we would say well, it was a combination of things: vaccine, closing the unit, monoclonal antibodies. It feels a lot different. It's still very frustrating when we need to close units because of the impact of our residents, and on our staff, of course, but primarily on our residents. That's still challenging, and frustrating, and sad, frankly. But it is really different as to how we emotionally deal with the decision making compared to a year and a half ago when we were just starting.

AM: And it's not scary anymore.

EB: Correct.

AM: I don't think that grip of fear comes when you hear the tests were positive, which is nice.

EB: Yeah, exactly. And there's not kind of the fear like, "Oh my goodness, how many people are going to die?" People are still dying from Covid – absolutely they are. But because of the vaccine, because of monoclonal antibodies, because of other things, we can really work to mitigate that.

AM: I think possibly part of it for us on campuses, too, is that we're taking aggressive action early, if you will, or at least we're not waiting around to say, "I'm sure it's nothing; this will just go away." It seems like I hear a lot of stories in the news about people who just wait too long to seek medical help, and then by that point, there's nothing they can do.

EB: That's right. In fact I heard a story from someone the other day. There was a person in their 60s that ended up dying – perhaps from Covid – not exactly sure, but they did have Covid, you know, post mortem when they did a test. So it's still out there, and in that case, not a vaccinated person, didn't pay attention to their symptoms type of thing, but at the end of the day, it is very different than it had been earlier. There's not kind of the dread, but partly because we understand the disease more, and there's more options for us.

AM: Yeah, and we don't have to close down the units as often, which is great. Well it's a bustling day today at Souderton Mennonite Homes. Yesterday it was Dock Woods, but today is Souderton – we are doing booster clinics for staff, residents, volunteers, you name it!

EB: Yes, and I think I'm scheduled for noontime today to get my booster. So yeah, it's a great opportunity. I know – and I don't know how many – but any number of staff or residents already got their boosters at other places; they don't have to depend on us. In that sense, it's quite different, you know, than earlier in the year. But yeah, we had Lori Borglum send over 200 or 220, or some such number...I forget exactly the number from yesterday, and we have 170-180 signed up today. It's a great opportunity for staff and residents to get it at a place that it's, you know, easier just to go walk down the hall than figure out which CVS or Walgreens you're going to go to.

AM: One of the other things that's different this time is we are able to source all three vaccine manufacturers, which is new.

EB: Yeah, that's right. Frankly, earlier in the year when we were doing Pfizer, and if I recall correctly, Moderna and J&J weren't even approved yet, even under an EUA. So yeah, it's very different now, and you know, some people would say some of the mixing and matching could potentially improve the response – the immune-response – we don't really make that decision or recommendation. It's really up to the person getting it as to what they'd like to do.

AM: And maybe for any residents or staff persons who are watching this video, if you didn't sign up for this week, we still have clinics coming back next week on Thursday and Friday. Check the website. The other big vaccine news – I was going to say and am so used to saying "booster," I keep saying "booster" for everything – but the other big vaccine news this week, of

course, is that the government has finally rolled out more details on the mandate that we knew was coming.

EB: Yeah, they had announced the other month that there was a mandate coming for employers over 100, and health care employers, and they are two different categories. That is now here; we've been waiting for those rules, and those rules being promulgated, so we're still figuring that out. We need to develop our own policies to comply by the fifth of December. Now interestingly enough, there's other things like you need to have either the full J&J vaccine, or the first the Pfizer or Moderna before that time, too. So for me it strikes me as a little bit odd that we can have until the fifth of December to develop our policies, but yet there's pieces of that that need to happen before, like for persons getting their vaccines. We're going to try to work on this as quickly as possible. I know we have a task group working on developing policies, doing the research, looking at what the rules are, what we need to follow, that kind of thing, and so, that's going to be worked on in the next two weeks – that's the eighteenth of November. We hope, you know, within a few days or a week or so after that we can have more clarity. Having said that, there is clarity that you need the vaccine. Some of this is just determining how this is going to play out at Living Branches, but I can unequivocally say today that our staff persons at Living Branches need to either get the vaccine, or have a bona fide religious or closely held belief – however that's described – exemption, or a medical exemption. There's not going to be the option to say, "I don't want to get the vaccine, and I'll get tested once a week or twice a week because I'm not getting the vaccine." For health care, you either need to get it, or have some type of exemption. Now for employers, with over 100 persons and staff, you can do testing if people opt out. But for us in health care, we cannot. We've also chosen because of the close interaction between levels of care, there could be some pockets of our organization that could comply with the 100-plus employee mandate rather than health care. Frankly it just gets way too confusing for staff, for residents, for everyone, for the tracking, and frankly there's so many staff that – do they just work in one area or the other? So we had announced earlier too and we're continuing with that direction, that we will comply in all areas within Living Branches with the health care mandate. So again what that means is that you either have to have a vaccine, or a bona fide exemption; there's not going to be any other options.

AM: I've had a fair number of emails, I would say, over the last couple of months from family members, especially, saying, "Hey, when is this going to roll out?" So I think as an overall organization, at least there are certainly members who are very pleased that this is the direction that we're going. We had positive - we had *good*, ha don't say positive! We had good vaccination rates; we have good vaccination rates for staff right now.

EB: Yeah, that's right. We're at 83% overall, and when I talk with other CEOs in other parts of the country or state, I feel very, very good about 83%. As I've always said, we want to get it as close to 100% as possible, and by my math that's still 17% off, but for organizations that are 40% and 50% vaccine rates, it is a lot better. So I am pleased with where we're at, but we really do believe that this mandate will push it higher. We believe there's employees in the category of, "Hey, I was holding out, then when I have to: I'll do it instead of losing my job." But there's also ones that are going to apply for religious exemptions, and potentially have already

established that with the flu vaccine, or perhaps there would be some in the category of a medical exemption. And so I believe that employees are going to – the majority – are going to treat this appropriately, do what they need to do: whether it be apply for an exemption or get the vaccine. I would anticipate there will be some who move on, and we're sorry about that if that is the case in those situations. At the end of the day, we need to comply. We do not have a choice, and so we will be complying with the rules and regulations.

AM: I made it through, I think, page 51 of the 200-plus page announcement that came out, and I was struck by the fact that even, you know, information coming from the government...one of the things they pointed out is as persons who work in health care, we have an ethical obligation to the people that we serve. And I think that's kind of the bottom line here.

EB: Yeah. That's very true, and I think personally, I believe that strongly. I know there are some people that say, "I'll take my chances. Maybe I won't get it. But when I choose to put something in my body – that's an argument I've heard – that's different than just taking my chances." And I understand that, but I would say...I would challenge those people, too. Do you know exactly all the chemicals in those potato chips you eat; the milk you drink; the food you eat; the pesticides that are used on the farmer's field? You know, if you take Ivermectin, do you know what's in that? Do you realize that that's also manufactured by those big drug companies that you might like to lambaste who are only trying to make money off this? So it's just a fascinating time to talk with people, and to understand the divergence of opinions on this. I like to push people to think: Why do I feel this way? Am I consistent across what I put in my body? If I'm concerned about the vaccine, am I equally concerned about all those other things I put into my body? I just challenge people to be consistent, to think about this, but also think: what is the way to get to the other side of this, whatever that may look like? I still truly – for myself...I speak for me – believe that the vaccine, and getting the numbers up is one of the best ways we can do it.

AM: I think universally we're just tired of this, and there isn't a better option at this point. Let's just end it.

EB: Exactly. That's the other interesting thing, too. I tend to tire of the naysayers who are always critical, but don't have a better plan. My thought is: here's the plan that we have, that we are thinking of. I can understand if you don't like it, but then alternatively, what's the better plan?

AM: Yeah, yep. Well it's going to be vaccines for now.

EB: Right. That's exactly right.

AM: We'll have more information coming out for our employees, obviously, in the next few weeks. People will see information, but we've known it was coming and here it is. Any closing thoughts for us?

EB: Well I don't know if there's any in particular for today, other than that we are glad to be at this place, yet there's anxiety clearly. We don't know how this is all going to play out with our staff. And so I would be lying if I didn't have some measure of anxiety about it, but I believe our staff will do the right thing for them, and determine what category they're going to fit within. I hope we don't have many that move on, because we have a lot of great staff people that we want to keep, and we need them, but it's also good to be through the time of, "Oh no! When's this coming through?" We now know what we need to do; we're going to do it, and we're going to keep moving on.

AM: Yeah, what else can we do, right? Well, thank you. Thank you to our viewers, and as always, if you have questions you can email them to coronavirusquestions@livingbranches.org, or check our website – always the latest information is there. Thank you so much.