

Transcript
Coronavirus Q & A – Episode 50
December 6, 2021



Alex Metricarti: Hi! I'm Alex Metricarti, chief marketing and public relations officer for Living Branches. Today is Friday, December 3, and I am back with Ed Brubaker, our Living Branches president and CEO, for a very special edition of our Coronavirus questions.

Edward Brubaker: Yes, it's amazing. December the third, 2021: who would have guessed that we'd still be talking about Covid? But we are, and so it's the reality of our life and we need to do it. Again I just want to reflect, too, that it has been a hard year – a hard year and a half, going on two years soon – but I just really applaud the perseverance of our staff, our residents, our volunteers, our board, and our families. It's been a very hard year, but the people have been amazing. It doesn't take long to read the news about airplanes and other behaviors of human beings in the U.S. and elsewhere, and you know overall, yes we've had some emotional times and heightened emotions around here, but that's to be expected. Overall, people have just been amazing, and I'm really thankful for that.

AM: This is our fiftieth episode of our Coronavirus Q & A, and when I started thinking about the fact that this is coming up a couple of months ago, I was thinking, "Well, perhaps we'd be at the point where we could have more of a celebratory edition." I could get balloons, or party streamers, or something like that, but that would not be appropriate for this episode. We are right back in the thick of it with Covid. Let me just quickly run through the numbers of where we are: at Souderton right now, in Personal Care, we have 16 residents who are testing positive, and five staff members at Souderton. At Dock Woods, we have seven staff members who are testing positive, and at The Willows we have one resident testing positive and – as of just a few hours ago now – one staff person at The Willows testing positive. So all campuses seem to be experiencing Covid again with a vengeance.

EB: Yeah, that's right, and I think it's easy also to assume that staff, and that's maybe from before...early in the pandemic, was bringing it in, particularly when we were more in the lockdown mode.

AM: True.

EB: But now there are so many people coming in and out of our campuses. I mean we don't have the public coming into our cafes, our gift shops, and things like that, but we have fairly free access to visitors and families, as it should be, but the risk of that is that we know for a fact that there are exposures. We know of them, and so when we had the more significant outbreak at Personal Care at Souderton over the past week and a half, early on there may have been one

person – there's more now, but probably not related to the outbreak – but one staff person who tested positive, but there were 17 residents. So the reality is likely it came in through a family member, it came in through going out on the community; we're living life, right?

AM: Right.

EB: And so the reality of life is that you expose yourself to things, so that's what happens. But I think the positive is that we are seeing that the vaccine, and the boosters were maybe not put in people early enough to get them protection on this round just because of the time that they were given, but we do feel that that's an important piece of it. We do see that the symptoms are lessened, and we can manage them much better, when we have vaccinated staff and vaccinated residents. So within our population, we definitely continue to see the benefits of vaccination.

AM: And you just indicated there that we have 17 residents test positive at Souderton, and I said 16. The reason for that is that, for the first time in 2021, we did have a resident pass away.

EB: Yeah, that's right. When you think about that, that is a significant period of time that we did not have any deaths from Covid. We are very fortunate; we are very pleased with that, but our condolences certainly go out to the family in this situation, and again we won't get into the reasons and whys as to why they chose not to be. But the bottom line is they were not. Now all the people who tested positive were given a monoclonal antibody treatment, including the unvaccinated resident, and we don't know how much that helped because we don't kind of have a test group and control group of persons that didn't get it, but we do feel that that, along with the vaccine, certainly helped and unfortunately it did not help the resident who was not vaccinated. We also gave it prophylactically to another two persons who were vaccinated and had been exposed. To date they are not positive; again we can't draw a conclusion that had to do with the monoclonal antibody, but certainly we feel good about the ability to have that our disposal...to provide the monoclonal antibodies to our residents. The positive of that is we have a pharmacy that has a relationship with, through some connections that Monique Cole had made through the state, and they're very responsive – very responsive! In fact, I think they gave Monique and indicated same-day service on the day after Thanksgiving. Now they probably had all their shopping done already since you do that online now, right? You don't go to the store on Black Friday. I'm obviously being facetious, but the point is: they were very responsive, and we appreciate that very much.

AM: Well and I feel like, at least in the wider public, we don't spend a lot of time hearing about monoclonal antibodies, but we certainly have been giving them to anybody who has tested positive that wants them, and anyone – like you said in this case – who's been exposed. I believe in these cases, those were perhaps household exposures, or we knew they had been exposed for an extended period of time.

EB: Right.

AM: It does...we don't hear a lot about it from the public, but it certainly does seem to make a difference for persons who are exposed or test positive. It may be something for us to tell our viewers, if you are exposed or if you do test positive for Covid: ask your doctor about monoclonal antibodies, and do it quickly because you've got to get them early.

EB: Yeah that's right. It has to be done early in the testing cycle, like when you have determined that you are positive. I think the protocols would be such, too, that in certain situations, perhaps age of person, other health conditions, and it may not be advisable because in certain people who are vaccinated, too, the level of severity of the illness is not as great. So the physician would definitely make the decision on that, but certainly among the population we serve, it certainly has been something that we – we actually got started with it I think it was last December through a special program that had been funded through Penn Medicine. That program now has expired, so they are no longer available to serve us, but we do have another contact that's been helpful.

AM: And I think, maybe touching on this same question or this same idea about people being exposed at Souderton, and just how many cases we have testing positive right now. We have seen a change in guidance from CMS, and therefore from the state of Pennsylvania, with regard to what happens when people test positive. The change that we've seen, in some ways, I think is a result of the last year and a half of one positive test, and then saying, "Let's shut everything down. No visitors; no dining; no activities; everybody stay in your room." So I think they were listening to a lot of public opinion about how detrimental that is to the emotional health, to say nothing of the physical health, of our residents, and they've gone to the other side now basically.

EB: Yeah, I think if I recall correctly, we even had a state senator in Pennsylvania from our local area who had introduced, and I think the bill was passed if I recall correctly, that prevented the state from going into the kind of shutdown that would prevent visitors from coming to facilities like this. While I understand the sentiment, it is interesting that it feels like sometimes providers, the health providers, are not given as much opportunity to make their own professional judgement, and I understand why that needs to happen in certain situations. It does feel like it's gone the other direction because we would regularly, pre-Covid, close facilities to visitors for Coronavirus – oh I'm sorry, not Coronavirus. For another virus: norovirus, and also for the flu. Now the reality is, with norovirus, it can go through pretty quickly and be done, and so both of those cases, no way, no how were we ever closed down for a year, or 18 months. So yes, I think there are differentiators, and I think part of it, too, is it potentially to prevent operators – because we tend to forget all the different kinds of scrupulous or unscrupulous operators that are out there – but to prevent some operators from having an excuse to say, "We're closing down, and not allowing families to come in." And so, you know, it's trying to find a balance there, but it definitely is different. I would say it creates anxiety for our staff, and perhaps for our

residents as well, but for our staff because we've been so used to doing it a certain way, and now we do it in another way. The positive is that it is important, and we have seen it to be important that the mental health and wellbeing, and emotional wellbeing of our residents is very important, so that's a critical factor as well. Our daughter is doing her music therapy internship, and she obviously doesn't tell us the details, but she works in a hospital in Philadelphia as part of her internship. A lot of the times she'll be in the psych area, and there was a young person who had a child who – I don't know if they were in a Covid hotel or where, but they were isolated – and they really had a psychotic break. You know, when people are isolated, you think about being in one room...wow. It gave me a new perspective on what some of our residents had to deal with this past year, and again, made me marvel at the resilience that they exhibited.

AM: Yeah. I think...I have at least had a couple of emails from family members who are saying, "Can you please clarify what's going on now as far as rules, guidance, and can we visit? Can we not visit?" Because it all has changed. So yeah, it really all has changed.

EB: Yeah, that's exactly right. We are trying to make sense of it, doing the best we can to do that. I would say that I'd just ask for patience of people as we're working through it, and we do the best we can. First and foremost we want to be focused on those we serve, keeping them safe, but also making sure that that safety keeps in mind their emotional health and wellbeing, too, so it's multi-faceted.

AM: Definitely. The other, I guess, big item that we've all been working on, in addition to understanding all of the new rules for the past couple of weeks, is the vaccine mandate that we're approaching on December 6. Perhaps we should talk a little about that.

EB: Yeah, I joked with someone the other day that I needed to go to my chiropractor – and I shouldn't even say "my" chiropractor because I don't have one. My wife says I should go to one, but I haven't recently...I have already, but I joked that I should've gone to my chiropractor for the whiplash last year because that's what it feels like: we're on again, and we're preparing. I joked, "I wonder what it costs across the industry in the last two weeks – two months – to prepare for this, and what resources were expended now only to be driven to a screeching halt." With that said though, we are continuing to move in the direction because we believe, at some point, it's going to be part of the requirements. We feel it's not terribly onerous that we've forged this path. Our staff can either get vaccinated, and quite a number have done that; we've had persons applying for, and receiving, religious exemptions, and we did not have any medical exemptions that were applied for. We had, I think it was only about five or so, and many of them part time, persons who chose to leave the organization. So we were down to just a very few people that we needed to understand what their decisions were, and so we let our staff know via a mass email that yes the "stay" has been put on; we don't know what that means in the long term, we don't know how long it's going to be, but we want to be prepared and we're continuing just to move down in that direction. I think it's the best direction to go in, and we're almost there

anyway. It's been helpful to get some people vaccinated to clarify for others, and I think we're in a good spot.

AM: A couple things that have happened as a part of this that have been of interest to me...one is, I guess I feel like, "Okay government, if you're going to do this stuff, could you please do it in a more timely fashion?" Our staff spent, I think, and we were already 85% vaccinated, so the persons who were not vaccinated, had to spend some not – in some cases – not insignificant time really wrestling with, "What do I want to do?" So we had had a fair number invest their time in putting in an exemption, like you said a religious exemption. We had also a very fair number say, "I've made the decision, I'm going to go get vaccinated." In fact, we are doing one more vaccination clinic as we speak, and I know we have multiple people going to get their first vaccine at the clinic. They've made the decision; they're carrying through with it. I had received several emails from residents' family members who were very concerned that the mandate would mean that their loved ones' caregivers would be quitting. I'm so pleased that that appears not to have happened at all.

EB: Yeah, that's right. It is a complicated situation, and I think since the beginning of the time when vaccines were available, I've been pretty clear for me personally, and as CEO of Living Branches: I believe the vaccine is, maybe not this silver bullet, but it is a key, key part of the way that we get to the other side of this. I believe strongly based on the evidence that it's made a big difference, and I would encourage everyone to get the vaccine. Having said that, I also want to try to be respectful of those who have different opinions from me. I will absolutely still try to convince, and show why it is a good thing, and I won't deny that and have no problem with that. I think all of us could continue to learn, and grow, and learn new things. If it's, you know, based on politics or anything else, I'll be honest with you – I'm not sure that that makes sense when it's a scientific issue. But at the end of the day, we have differing opinions, and we – had at least one situation – had a staff person who appreciated that we were being respectful and having the opportunity to review a religious exemption, etc. At the end of the day, we want to try to show ways that we can be respectful of each other, because that seems to be at a pretty low point in our society right now. With that said, I still believe that the vaccine and boosters are really an important part of us in a retirement community keeping ourselves safe, keeping our residents safe, etc. I'll continue to say that, but I want to be respectful of others as well.

AM: It's nice if you're on campus right now, to see the holidays: Christmas decorating is taking place, the trees are going up, and the decorations are coming out. So I guess as we close, I should say Merry Christmas a little bit early to you! It's been, yet again, another type of year that I didn't think that I was ever going to live through, but here we are. It's nice, I guess, to see it coming to close, and looking a little bit more like a traditional holiday season on our campuses.

EB: Yeah, that's right. It definitely feels different than it did last year. It is still different than I would like to hope that it can be, again, in the future, but it certainly is different this year. I know that maybe it's a bit cliché, but it's also I think true when people talk about love coming down at

Christmas, and that kind of thing. Kind of the birth of the Christ child and what that represents...but I think that really is again, what we want to focus in on: our love for each other, our love for our residents, our love for our staff, our families, and really to continue to show that during this season and throughout the year. To be respectful, to be open and honest, and to show love and care to those around us – those more fortunate than us, and also those less fortunate that we really show the love of God to other persons. So that would be my wish and my hope for all of us during this season, and the coming year as well: that we continue to find ways to build bridges instead of burning bridges in our organization, and our country as well. So yes, Merry Christmas to all, and to all a goodnight!

AM: Ha! Well thank you. Thank you to our viewers. As always, if you have questions, please send them – you can email them to me at: CoronavirusQuestions@LivingBranches.org. I'll be happy to answer them. Have a wonderful holiday season, and we'll see you in a little while. Thank you!