

Transcript
Coronavirus Q & A – Episode 52
February 7, 2022



Alex Metricarti: Hello! I'm Alex Metricarti, chief marketing and public relations officer for Living Branches. Today is Friday, February 4, and I'm here today with Ed Brubaker, our Living Branches President/CEO. Hello!

Edward Brubaker: Hello, Alex!

AM: It's nice to be back in our usual room.

EB: Yeah! February 4...wow.

AM: I don't know how that happened, but I will take it.

EB: Unbelievable, but yeah here we are.

AM: Well let's start with a recap of case counts. Luckily we don't have quite as much to report as we would have a few weeks ago. Right now at Dock Woods we still have two residents in Dock Terrace who are testing positive, and seven staff persons. Then at Souderton we have five residents in Health Care, three residents at villas, and nine staff persons. At The Willows I believe we have one staff person getting very close to coming back to work. So those are significant improvements.

EB: Oh yeah! They're way, way better than they were just three weeks ago. Literally three weeks ago we had more than 100 people out. Now I want to be clear: that doesn't mean they were all Covid-positive. I think maybe 42 or 45 were Covid-positive, but the rest had exposures because – you know – kids are going to school and bringing it home; that's happening to a lot of our staff. The Covid is having nothing to do with them or the level of safe precautions they're doing; it's because of the world continuing to move on, and things happen around them – school and other connections. So yeah, while we'd love to be at zero, these numbers are really so much better than they were just a few weeks ago.

AM: Yeah. I think it's probably worth mentioning that we have seen – I think maybe in response to the fact that who knows how long it's going to be until we all get back to zero again. We have seen some changes in guidance coming out with regard to how long people need to be out

before they can return to work or to daily activities, what we need to do for quarantine, etc. Some of that is having a real positive impact on quality of life for staff and for residents.

EB: That's right. The reality is, I don't know that we'll ever be at zero. You know the challenge about this is that the flu, for instance, pneumonia, tend to be seasonal diseases. That's not say people can't get that outside of the winter, but it tends to be winter. That has typically not been the case; it may drop in the summer or other times, but it can happen all year round. So we really don't know what's going to happen in the long-term with the trajectory of the disease. I know that reading about China having a zero tolerance policy – that may or may not even be possible to do, and we'll have to find ways to live with it. But the flipside is, right now, whenever we get a case in Health Care, people who don't work in this industry really – in my opinion – have no idea. I mean we have to put up zip walls; people have to put on PPE to go into the room; we have to, you know, put meals on paper so that the plates can be disposed of. There is so, so much more work particularly in Health Care, but in Personal Care, too. It's just a little different in Health Care because we still have a number of two-person rooms, so then you say, "What do we do with a resident?" We have to move them to this room or that room. The work – the work that it takes to address this is just incredible, and staff have just done really good work on that. But for people that say, "Let's just let everyone get it and see where it goes," I'd invite them to come visit someday and say: here's what it look like. "Hey, let's just let it spread," that's not a really good choice, and I would connect that to vaccines as well. We still are pushing for vaccines; that is still what we believe is the best way to get to the other side. Certainly having Covid can give some level of protection, too, but we don't recommend Covid parties. I mean that would just be dumb, in my opinion. The vaccine really does make a difference. We've had deaths in the last few months, but as of now, every one of those deaths from Covid has been an unvaccinated person. And it's really heartbreaking to see that, but that's the reality. So we want to continue to encourage people to get vaccinated so we can keep moving to the other side of this. As long as Covid has a host – a host that it can infect – the potential of having variants continue to happen, and it will happen. It is so draining for staff to have to go through these cycles. This January to me was unbelievable because last January, we were full of hope, and the vaccine. Our case counts were probably next to nothing. Then this January comes and it's like, "What in the world happened?" But again we didn't attack it as quickly as we should have or could have, so we continue to encourage people to get vaccinated, but also to get boosted. Let's work together to get to the other side of this.

AM: Yeah. When you say, "We didn't attack it as quickly as we could have or should have," not us at Living Branches.

EB: Yes – that's exactly right.

AM: That's the point you're making.

EB: Society!

AM: That's right. When people say, "I'm not getting the vaccine and that's my choice," it is. But your choice definitely impacts other people.

EB: That's right. That's the thing that has kind of been – I'll just say it – amazing to me. It feels like it's empathy; there's an empathy gene that might be missing. Because I got my vaccine for me – sure I got it for me. But I got as much for other people as for me. Some people would call me "old."

AM: Ha, I would not say that!

EB: Well that's good, Alex, but some people would: my daughter, or people younger than her. But the point is, I feel like I'm still relatively healthy and I'm not terribly concerned about the disease, but I work in a place where we need to be concerned about it. So if I want to have empathy for my fellow human beings, sometimes I need to do things that maybe I don't want to do, but I do them because it's for the good of the whole. I don't want to get too philosophical here, but it feels like we need some learning again in our culture, and we often talk about how individualistic our society is in the Western world and particularly the U.S. I just think some of this...let's work together. Let's be together.

AM: Yeah. It's hard to overstate what an impact this had on staff. It certainly is challenging for residents, but it was just beyond exhausting and I can't imagine how terrible it's been in the hospitals as well.

EB: Yeah, that's right. I mean my wife, Lucy, and I came in a few weeks ago to give out trays. So maybe two hours we had an N95 on, and I said, "How would you like to wear that eight or twelve hours a day?" And I think the following week she volunteered in the testing team room and of course had to wear an N95 and all that stuff. She literally kind of got stuffed up because of that, and frankly ended up doing some rapid tests because she was going to go see her parents. She was negative for Covid, but that breathing caused challenges. Now it was an N95, not a regular surgical mask, but the point is it gave her new appreciation. There's nothing like walking in someone else's show to gain appreciation for what they're going through. I just hope we can continue to learn that muscle better in our society.

AM: Yeah. If we're appreciating people, I think we should also – you maybe want to give a special shout out to our Personal Care and Health Care team members and residents because not only are they dealing with Covid, they are also dealing with norovirus. That's been incredibly difficult.

EB: Yeah, that's right. It's a gastrointestinal thing that goes through pretty quickly, which is the positive thing, but it wipes you out. It is incredibly transmissible - I mean incredibly. The last two years we really haven't had that. But we have a lot more people coming in and out anymore; residents are going in and out. So we're going to see some of those kinds of diseases again, and it was heartbreaking to see them have to go through that.

AM: Yeah, I agree. Well I've got quite a few questions from residents. Everyone wants to know what's going on. The first question we have comes from residents at Souderton, and they are asking why do we allow staff to request a religious or medical exemption for the Covid vaccine? Obviously we believe the vaccine is effective, so why would we allow people to have an exemption?

EB: Maybe the quick answer is because the vaccine mandate allowed for that, so you could either comply with the mandate by getting your staff vaccinated, or a religious or medical exemption. Now I absolutely, personally as CEO of Living Branches believe that the vaccine is important, and I believe it makes a difference. But I also know that not everyone sees things the way I do, and we have people who have worked for us the last two years – some of whom haven't gotten Covid, and who knows why? I really do think some people are more susceptible than others for whatever reason that might be, just like any other disease frankly. But we have people in those situations; I know people who are not vaccinated and never got it, but they have been working equally as hard as anyone else. And so part of it is trying to be respectful of that. Even though I don't agree with it; I'll be the first to say I don't agree with it, and I would say that to them – in some cases I have. But it's an option to allow us to still have some of those good employees. Does that mean we're going to stop encouraging them? Absolutely not. But it is a way that we can still continue in a very tough – very tough – employment environment. We can continue to see that. I can totally understand where that person is coming from. The quick answer is that it's allowed for in the mandate; the follow up is all the other things I've talked about.

AM: Maybe just to point out: we're starting back up with Covid vaccine clinics. We're opening those to residents, staff, family, and even family members of residents. So if there's anybody out there who hasn't been vaccinated yet and wants to, check our website because there's information there.

EB: Yeah, that's right. The new language in the CDC, etc. is "up to date," not "fully vaccinated" but up to date. Which essentially means – fully vaccinated really needs to now say boosted. "Up to date" means having everything you could in your situation. If there's enough time elapsed since you got your vaccine to get a booster and you haven't gotten a booster, you would not be up to date. It's kind of some shifting of the language that's happening.

AM: I think it's worthwhile to point out that in our experience, we have seen that people who are boosted and got Covid had less of a reaction to it, if you will. They had fewer symptoms – in most cases – they had fewer symptoms than people who are vaccinated or certainly people who are not vaccinated at all.

EB: Yeah, that's right. Absolutely people can always find a story of somebody that died or got really seriously ill that was vaccinated or even vaccinated and boosted – no question. There's always exceptions to the rule, but when you look at it, which you need to, from the bigger picture and that is to say: what do the stats say? Unequivocally they say that people who are vaccinated and boosted are better protected and stay out of the hospital in more significant ways, and do not have the same risk of death as persons who are not vaccinated. Those are just the facts.

AM: Yep, and we saw that.

EB: That's absolutely correct.

AM: This question comes from the Dock Woods campus, and I have residents who are asking – there's been a lot of information in the news lately about face masks: good, bad, what do you wear? The question is: what do we recommend that residents wear for face masks?

EB: Yeah. One of the things that came up with face masks is that the cloth face masks, and I myself had some – you know Eagles, Phillies, all that kind of stuff...I have some at home – they were talking about how cloth face masks do not really provide good filtration. This came up particularly with the Omicron variant. So like this, obviously we typically wear this, unless we're able to separate physically, appropriately for this interview, but we wear these in public spaces at Living Branches. They're surgical masks, and typically they are 3-ply. The thing with these is – what they talk about – is that you need to watch that they are tight enough here because things can come around and in the back. So that's the big thing with the N95 – they're a tighter fitting. That's why people who work in N95 get fit tested, because they test to make sure they stay tight to their face and does not allow filtration around that. When you get fit-tested you are smelling something, or that you normally shouldn't be able to smell because your nose is behind the mask.

AM: Yeah, they put like a hood on you!

EB: Yeah – a hood over you, so if you can smell whatever they put in the hood, that means there's some type of filtration. That's all that fit testing means. But that's the idea to have a tight-fitting mask. I would say for the general public, if you get a surgical mask that is decently tight-

fitting, that's good. N95, KN95s can be workable, but again the idea is: as tight to your face as possible so that you don't have filtration. With the cloth mask, it's really filtration through it. I've read that the surgical mask and the N95 – there's probably not a huge difference between what goes through the mask, it's really about the tight-fitting properties of it.

AM: It's about what goes around the mask.

EB: With that said, I'm not going to say any mask is better than no mask because cloth masks are probably not the greatest, but surgical masks or an N95...just having someone wear them is better than nothing. You know I go to Wawa, just like anyone else or wherever, and there's fewer and fewer people wearing masks. Right now you won't see me in a Wawa – unless I forgot to put it on – without my mask on, but a lot of people don't even wear them. A surgical mask is better than no mask, but if you want to upgrade it, you could to an N95. The tight-fitting nature of it is most important.

AM: Yeah, and I did read, too, that if you want to double-mask, that is an effective strategy if you're putting a surgical mask on first and then a tight-fitting cloth mask. But they are recommending that you don't do double surgical masks for whatever reason; again I think it's that question of fit.

EB: I think you were saying about surgical masks first and then cloth, all that does is push the surgical mask closer to your face to avoid the gaps. Certainly at the end of the day, though, if someone who typically is not wearing a mask: what should I wear? A surgical mask! Wear something!

AM: Any!

EB: But again rather than a cloth mask, surgical masks are readily available.

AM: Yeah. Question from both campuses: when can we have guests back in the Hearthside Bistro and Apple Orchard Café? People are looking for us to open those again.

EB: Yeah, and we're basically looking at the numbers. We had a high point of 30% positive in Montgomery County, and in my wildest dreams I would've never thought we'd be there. We were less than 1% last August, and that just means the number of positive tests in any given week. And so we're dropping – it's dropping now – but what's going on in the wider community is the biggest indicator of when we will allow guests again. It's because those guests live in the wider community and then the more you restrict your interaction with people in the wider community or our residents in the wider community, too – the more you restrict, the safer you

are. So that really just comes down to that, and we regularly evaluate where those positivity rates are, where the rate per hundred thousand is – infection rate per hundred thousand – so that's what we will look at to determine when guests are allowed. Eating is one of the most unsafe things you can do because I don't have my mask on, and that's when a lot of transmission can happen.

AM: And one final question! This is from, I think, a Dock Woods family member and she was saying to me...she read in the news that we are unable to get monoclonal antibodies – that they're not making them anymore. Could you talk a little about that?

EB: Yeah, and there's always...and it's not like they were saying untrue things on the news, there's always you know – the newscast of the rest of the story. I can't pull his name right now. I'm thinking Ralph Nader...

AM: Paul Harvey!

EB: Yes, Paul Harvey. Ralph Nader was even further back, but that was about the Corveyers, you know on save at any speed for those of you who remember that. But yeah, what was happening was the monoclonal antibody that was being used for pre-Omicron was not as effective with Omicron. They were changing the monoclonal antibodies as to what they would recommend for Omicron, and there just wasn't as much of it out there. At least that's what I understand it to be. What was happening was there wasn't as much; the previous was not as effective. As far as I'm aware, we have a contact – great pharmacy we work with – and when we have situations where we have residents who have had Covid or have Covid, we contact them, and I think in all cases if they chose to get it, they were able to get it.

AM: That's my understanding.

EB: The other thing to keep in mind: there's also a different grading system, if you will, like okay: "Is this person category one, or two, or three?" meaning the prioritization, so depending on what their situation was, they may not have been as high on the priority and so therefore they may not have been as eligible for it. So there's kind of the protocols that are used, but as far as I know, anyone who we offered it to and accepted it was able to get it to date.

AM: Yeah, and it seems to have been fairly helpful again. We really had a good number of people who were feeling much better by the time their 10 days of quarantine was up.

EB: That's right. We feel it's effective, again we've used it for persons who were not vaccinated, and I know at least in one situation it did not help her, but that was a few months ago actually I

believe. It is available, but I don't know that the average Joe on the street could call up CVS and say: "I need the antibodies," they might say "Well no, we don't have it." It's a little different when you're in the business we are and with the connections we have.

AM: Yep. Well that's it for my list of questions. Any final thoughts to share?

EB: Well, final thoughts to share...? It definitely feels like we're in a different place – and we definitely are in a different place than we were just a few short weeks ago. Frankly we' really don't know where this is going, and I would suggest the scientists who are ruminating about this really don't know. I mean they know much more about it than I do, but at the end of the day, nobody can really with 100% facts predict the future – I mean just look at the weather. What a great job! You look outside and it says, "Oh! It's raining," I believe it's going to rain today. So we really don't know, but we are glad that it's going down at this point in time. Does that mean it's going to stay down? We don't know. Does that mean it's in the endemic phase? We don't know. But I am so glad it's not what it was a couple weeks ago because that was not sustainable for us in the long-term. And again, we are most impacted by what's going on in the community around us. So if the rates are high in the community, the rates are going to go up here; if they're low, they're going to go down here. Those are the facts. I think that's what will continue to be the facts. We continue to encourage people to get vaccinated, to get boosted; we will do the best we can to open some things up again related to guests, etc. as it's safe to do so, but it's kind of like: hang in there. Hang in there! Particularly with staff and residents, staff have just done superb work and under very difficult circumstances, so I really appreciate that. And residents have hung in there, too, because yeah it's just been more challenging to live and to enjoy life the last couple of years. I for one am hoping for a better tomorrow and I believe it will eventually get here, but we don't know what the ups and downs will be before that. So I guess the word would be here: hang in there; we're in this together. We'll get through it together, and thanks for your perseverance!

AM: Yeah. Everyone has really been, I think, doing the best they possibly can in a difficult situation – residents and staff alike.

EB: That's very true.

AM: I think this might have been a marathon episode of our talk, so thank you to everyone who hung in until the very end! Again if you have questions, please feel free to send them to coronavirusquestions@livingbranches.org, or check our website because we always have the most up-to-date information there. Thank you, Ed, thank you viewers; we will see you again shortly.