

**Transcript**  
**Coronavirus Q & A – Episode 54**  
**March 16, 2022**



Alex Metricarti: Hello! I'm Alex Metricarti, chief marketing and public relations officer for Living Branches. Today is Monday, March 14, and I'm here today with Ed Brubaker, our Living Branches President/CEO, for a special edition of our videos!

Edward Brubaker: Yes, it is a special edition. I think part of the reason it's special is because we couldn't do it last week because you were camping, and wow – it was not quite summertime yet! I guess you survived because you're here, but zero degree camping is probably not my idea of a good time. Good for you.

AM: We may have been slightly optimistic in our assessment of the weather in March for camping, yes. But it's nice to have survived and to be back. Let's start for a moment with our Covid case counts at Living Branches, and we're happy to be able to say that – as of right now – it looks like there's only one person who has officially tested positive for Covid in all of Living Branches, and that is an employee at our Dock Woods campus.

EB: Yeah, and it's really nice to be in that place. When you think about it, it was a little more than exactly two years ago today that we were shutting down and saying it was two weeks until we'd reopen. I think even the governor of Pennsylvania may have said that; instead of saying two years. Of course you need to start gradually, right? To get used to it, but none of us would have had any idea that this is where it would go – but here we are two years later. The other thing I would say, too, is it's so dramatically different than it was in January of this year. And again as I've said many times over the last whatever many videos we've done in the last two years that our case counts internally are directly correlated to what's happening in the community. Community case counts are down, so it bears to reason and stands to reason that our case counts are down as well. Regardless of how we get there, we're really glad to be at this place; it feels good to be here.

AM: It does feel good to be here, and I did check that they sent out our memo on March 12, 2020: "closing the campus for a few weeks."

EB: Oh wow.

AM: Here we are. Well let's roll out good news today instead of our usual, and let people know that because our case counts are lower, we're able to make changes to our guidance for Residential Living, which is our – shall we say – unregulated areas of our campus.

EB: Yeah, that's right. When we think about Residential Living (some places called it "Independent Living"), it's – you know – these people are like you and I who happen to live in a retirement community. In other words many of them are on and off campus, interacting with the wider community, making their own decisions as to how they want to interact with the world. Some people might want to stay home more, other people are out and about and have been out and about. So that's the level of service, or the level in our community that we're talking about.

The reality is the other two levels of care: Health Care, or skilled nursing as other people might call it, and Personal Care are regulated. And so we continue to need to follow those regulations, as might be expected. We want to get paid from Medicare and Medicaid, and we want to do the right thing of course, so there's going to be this differentiation that can become confusing to residents, too. There are times, particularly between Personal Care and Residential Living, that there might be times of interaction. But yes – today we're specifically talking about some changes in Residential Living because of the changes in the wider society. The other thing I would say, too, is what feels maybe a bit different about this phase than maybe even last summer because if you recall last summer we had a pretty good summer, and then right away in September they changed how they were analyzing things – the CMS did. It was also in the 5% range, so just in the last two or three weeks has been the first time since September of 2021 that we were actually below 5% positivity. Now they also added the rate per hundred thousand that we need to look at for Health Care, so those two factors together are significantly different. I would also say that I have not been reading anything about any variant on the horizon, you know like the Delta or Omicron in the past; now there could "Omicron 2B, 1" or whatever, but there's nothing that I've been seeing that is "Oh, we need to watch this coming out of South Africa" or something like that. That is not to say that it won't happen again; we really have no idea where this may go, but it is feeling a little different in that regard. We feel like the time is right to make some changes.

AM: Yeah. So the big change that will be impacting our residents in Residential Living is that face masks are now optional for residents and guests in Residential Living.

EB: That's right. That's a key point too, in saying that they're optional. If someone wants to continue to wear – and these are residents, not staff – if a resident wants to continue to wear a face mask, that is perfectly fine, and we support that. We're saying if you choose not to, it's not required anymore within our buildings.

AM: The caveat for that is for people who are going into Personal Care, Health Care, or Memory Care: we must follow the guidelines, and for now the guidelines say that everyone in there has to be masked.

EB: That's right. So yes – that's correct. Even as I said that I realize the confusion of coming into our buildings, and if you're going into a Residential Living area where there's common spaces, that's one thing. If you're going into Personal Care or Health Care, the masking policies are still in effect.

AM: We really haven't – at least I haven't seen – anything coming out from CMS or CDC suggesting that they might be loosening those guidelines in total. I've seen a couple of things here and there if you're down in the low category of Covid spread in your county that you can talk about it in an individual, private room. But nothing in total.

EB: Yeah. I would agree with that, and with that piece, whether we – and hopefully we'll be able to make some changes there too – but it almost seems at times that some of the things that are coming out are perhaps even getting...I don't know if I'd say more stringent, but more carefully nuanced of things we need to do in Health Care and Personal Care. So we won't get into the details of that here, but clearly right now there are no changes happening in Health Care and

Personal Care.

AM: Yeah. I think the other thing we probably should mention, too; I went back and checked – the last time we announced that Residential Living residents could go “masks optional,” we made it seven weeks before our case counts rose again to the point where we had to reinstate mandatory masking. So I guess we’ll see how long it lasts this time; hopefully we can beat seven weeks.

EB: Yeah, that’s right. I would say even as you think about where we’re at in the pandemic, and kind of even what we tolerate – if you will – and saying, “Oh well we’re going to this,” and someone said, “Oh my goodness there’s still a lot of people dying in the U.S.” potentially even more than they were last summer and yet we’re relaxing things...I do not want to minimize whatsoever the people who have passed on, that is very sad. There’s a lot of people who have died in the U.S. from Covid, but I think it’s also part of understanding the disease: who does it impact the most, and how do we best protect each other and be as safe as we can? While not creating this sense of lockdown and things that are more difficult for some people to do.

AM: Well we’re very clearly going to have to figure out how to live with this as a world because it’s not going anywhere.

EB: That’s right, and I would compare – and I don’t even know if it’s a strategy, necessarily, in the U.S. – I just read an article again in China, that they have essentially a zero Covid policy. So again 71 million people were put under restrictions in certain areas of China – 71 million! It’s just incredible to think about it, but when you say, “We don’t tolerate any level of Covid,” you need to get to that level of restriction. I just kind of had to chuckle in my head when I read that because based on the U.S., that would be almost impossible to do in the U.S. just because of how strongly people feel about these things.

AM: I think maybe it would be good to, perhaps, give a word of encouragement to our residents. I know there will be people who are not comfortable with removing face masks with whatever their health reasons are, or their family health reasons: they want to be as safe as possible. We have seen repeatedly at Living Branches that being vaccinated offers you strong protection against becoming very ill with this disease.

EB: That’s correct. Articles I’ve read, and even articles that have talked about face masking and other kinds of protocols being used to try and prevent disease, and reflecting on that – the theme and the thread through all of that was that the vaccine was still very, very critical in tamping down the level of seriousness with the disease. We have absolutely seen that in Living Branches; the people who have passed away at Living Branches from Covid were not vaccinated. It seems to be clear from the data that that is still very important. Some of these other measures are maybe debatable, at times perhaps, but clearly vaccine is still important. On the other hand, I’ve read other articles, too, that because of the fact that we’ve been in “this time” for such a long period of time, for some people for who knows – various and sudden reasons...it could be health conditions, it could be other things – are not as comfortable with saying, “Oh okay, let’s just drop this thing. Let’s move on; let’s put Covid behind us.” Part of it for me has continued to be that lesson of how do we continue to be respectful of other people who may not feel that way? For me personally I’m vaccinated; I’m boosted; I feel comfortable in

certain places without a mask. Elevators would probably not quite be that yet, but I have that level of comfort and the way I do that. Honestly I'd still been wearing it until this last Sunday in church because, even though people don't at my church, partly out of solidarity in our policies here in Residential Living. That's now changing, so I might choose to change what I do. But with that said, if someone else feels as if they're more comfortable doing that: God bless them; they need to be able to do that. And I'm relating to someone who, particularly if I know – and if I don't know I can ask – that they have a concern because of health conditions or just because they're concerned about it, I think it's incumbent upon me to be respectful and not force them to be at my level of safety. You know if I'm comfortable without a mask, and I'm relating to someone who's not comfortable without that – if I can determine that – I think it's incumbent upon me to be respectful and put a mask on when relating to that person. I really do feel that way. In group settings we won't walk around saying, "Oh do you feel comfortable, etc." Groups are different than individual meetings or other things like that. It's something we don't want to force on people, as a person if I'm comfortable wearing or not wearing a mask, but we need to be respectful of others and where they're at because people are at different places on this topic. We just need to have respect.

AM: Yeah. Final thoughts?

EB: Final thoughts? Well I'm just glad to be at this place; it does feel different to me than the past, and maybe that's just partly because we're seemingly getting more used to where we're at. The numbers seem to be good where we're at. Wow, it seems like there's always stuff going on in our world, though. I remember back in the beginning of the pandemic George Floyd was killed, and all the unrest around that, and you're kind of like, "Wow. How much more can we take?" There's political things going on over the last couple of years, and just so many things has felt like it's going on. And now of course Ukraine and just this sad situation. We had an exchange student when our daughter was younger from Ukraine. I believe she's out of the country now, or was when the war started, but Covid all of a sudden doesn't seem quite as important. Still is very important – we need to pay attention, but wow it's so disheartening and sad to see what's happening over there. The news cycle keeps changing; what's happening in the world keeps changing; I really do hope that Covid stays out of the news. Not because other more horrific things are happening, like right now is happening, but because it is actually at the place of becoming endemic. But we will keep watching it, and keep doing what we need to do. Again thank you to you for these videos that we've been doing the last few years, but also to our residents and to our staff for their long suffering and excellent work on behalf of our staff, and long suffering and care and concern over these last two years for our resident.

AM: And I will say thank you for your good, solid leadership over these last two years. It really makes a difference.

EB: Well thank you.

AM: Thank you to our viewers, as well. As always if you have comments or questions, please feel free to email me at [coronavirusquestions@livingbranches.org](mailto:coronavirusquestions@livingbranches.org), and we will see you on a later video. Thank you!