

**House Energy and Commerce Oversight and Investigations Subcommittee**

**“Lessons from the Frontline: COVID-19's Impact on American Health Care”**

**Testimony**

**Daniel J. Calac, MD**

**Chief Medical Officer**

**Indian Health Council**

**Pauma Band of Luiseno Indians**

The following is a brief description of the effect and response to COVID during the period of March 2020 to January 2022. The context of this response is based in the Southern California area. My primary role at the facility is the Chief Medical Officer at this facility for the past 19 years. I serve as the primary care provider for a panel of patients that services 9 American Indian tribes. The 50,000 square foot facility is located approximately 40 miles northeast of San Diego. There is an additional 12,000 square foot facility that is an 25 additional miles that services tribes in those areas. The organization is a multidisciplinary ambulatory care facility that provides care to approximately 20,000 clients in the surrounding area. Approximately 5000 of these American Indian clients are active patients meaning that they have had a visit in the last 18 months for one of the services at the facilities. The organization provides multiple disciplines including Internal Medicine, Family Practice, Pediatrics, General Dentistry, Behavioral Health guidance, and Public Health Outreach. Additional specialty services include orthodontics, endodontics orthopedics, acupuncture, chiropractic, optometry, obstetric/gynecology, substance use disorder mgt, marriage/family therapy, pharmacy services, and podiatry. The organization also contracts for specialty services in neighboring cities that are approximately 20-30 miles away.

I. COVID Response

- a. Community- The community that is serviced by the organization is spread over ½ of Northern San Diego County. From the Pacific Ocean to the Salton Sea (118 miles) and ½ the distance from the Salton Sea to the Mexico border (180 miles), the service area for the clinic is just under 10,000 square miles. Of note, California is home to over 110 American Indian tribes and the region south of Los Angeles has the most American Indian tribes per capita across the United States. Although other areas have more individuals in mass, the concentration of differing dialects and cultures in the San Diego county area is unique to this region.

In is in this setting that the community must respond to a pandemic not seen since the beginning to the 1900s. In a community were the average life span is 10-15 years less than the average American, the tribes from Indian Health Council's service area were required to mount a response replete with challenges that have been exacerbated by decades of underfunding by Health and Human Services in partner with Indian Health Service. According to the NIHB recent analysis for Indian Health Service budget, requests for FY 2020 for 7 billion and phasing in an additional 36 billion over 12 years to

support shortfalls in providing comparable health care for American Indian tribes over the 12 Service sites across the US.

Considering the limited resources from which to work, tribes provided a cogent “boots-on-the-ground” approach by spreading word by traditional means of word of mouth, flyers, and social media. It is important to acknowledge that due to the geographic variation in Southern California, internet services are only available to ½ of the tribes in Indian Health Council’s Service area. Additionally, the challenge of health literacy further makes receiving, processing and disseminating true and accurate information a monumental challenge; especially if you are over 50 years of age. This is not to discredit the analytical capacity of tribes, but as we have seen in the last 2 yrs, misinformation can have a powerful effect on communities; especially those with large health disparities.

- b. Corporate – Effectively managing a pandemic is not in a typical job description though it should be for American Indian tribes and the staff that support the health care facilities that provide care to these communities. Ravaged by fires in 2003 (Cedar Fire), in 2007 (Witch Creek Fire), and 2014 San Diego County fires, Indian Health Council is adept at coordinating Emergency Response Actions due to these experiences. In response to yet another emergency, the Pandemic initiated Incident Command Team (ICT) immediate activation and spawned events producing effective and redundant failsafe interventions that provided staff and the partnering tribes a strong mechanism for communication and health care delivery. Examples include regular telephone communications with Tribal Councils. This was coupled with regular emails from the CEO that provided fresh and up to date detail on hours, testing, vaccine access, and available services. The ICT provided regular and culturally appropriate posts on social media aimed at population segments at most risk. Videos, live Web Casts, and Instagram accounts were posted and shared by staff and subscribers to make the audience aware of any and all changes. Lastly, the Governance Board led by 2 representatives from each consortia tribe provided sage guidance and direction as voices for the community.
- c. Cultural – The tribes in these areas have thrived for tens of thousands of years. They have survived fires, drought, rain torrents, plague, invasion and contemporary persecution. This is a credit to their resilience as a people and the bond they share in their culture. The pandemic has ravaged the world and its heaviest effects have been felt in under represented communities with little to now depth in their age demographics. When documenting the number of elders over 60 years of age who have been vaccinated, it is thrilling to see that those numbers reached peaks of 80-90 percent. This is based on the context that in some of those age groups there were only 20-30 people over 60-69, and 70-79 years of age. Coupled with high levels of morbidity due to limited access to health care, low health literacy, and limited access to transportation, the death of these persons providing care to young children, guiding the very board that governs the health facility and providing guidance to the tribal governments themselves manifests as a heavy burden to carry.

- II. Effect on Children – Having served as the Chief Medical Officer and resident Pediatrician for the clinic, it has been a privilege to guide these young people over the past two decades. I am not shamed by confessing that since 2003 when I began at Indian Health Council, that I have been whispering in those young ears that they should become physicians. These are the same children that I have seen born, attend kindergarten and then off to college. COVID has yet to determine the full effects on this group. Whether long terms risks for pulmonary disease/asthma, unknown complications from MIS-C, or the effects of increased ACE (Adverse Childhood Event) scores, the pandemic will certainly be remembered by those over 5 as when their grandparent died or when their young father died.
  
- III. Long Term Effects on American Indian Community – Recognizing the protracted effects on the psyche is an important touchstone to recognize. The intergenerational trauma that has persisted over the last five hundred years is punctuated by the significant “blip” of the pandemic. By no means is the pandemic insignificant and to be sure that the lives lost and those affected are no less important than those American Indian lives lost and affected, but in a community devastated like the AI/AN community, there is an important lesson to be taught. In this testimony, I want the remembrance of those lost and affected not to be a “blip”, but a turning point with an opportunity to make an effective and long lasting change for a people that have suffered long enough.