

Subcommittee on Oversight and Investigations on Energy and Commerce

Hybrid Hearing

Wednesday, March 2, 2022, at 10:30 a.m. (EST)

John D. Dingell Room

2123 Rayburn House Office Building

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

Witness: Lucy McBride, MD

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Thank you to Chairs Degette and Pallone and Ranking Members Rodgers and Griffith for inviting me today. My name is Dr. Lucy McBride. I’m a primary care physician here in Washington, DC.

I trained at Harvard Medical School and the Johns Hopkins Hospital. I hold a degree in pharmacology from the University of Cambridge in the UK. I have been practicing medicine for 20 years and have a large panel of patients, from ages 15-92.

I am here today to share my perspective on the pandemic, from a somewhat different vantage point than is often highlighted—someone who has seen patients every day on the receiving end of public health guidance.

As a primary care doctor, I have witnessed a lot of suffering—much of it preventable.

As you know, more than 950,000 Americans have died. More people have been hospitalized. Many are suffering from a long tail of the infection (like we see with many other viruses.) And COVID continues to cause widespread death and destruction.

I have cared for adults and teens who have experienced serious illness and loss from COVID-19, and also those who have suffered from isolation, educational loss, economic hardship, delayed medical care, and decreased physical activity.

I’ve also witnessed my patients’ stress over getting crucial information, facts, and trusted guidance on testing, quarantine, isolation, vaccines, therapeutics, and managing COVID risks. Navigating the deluge of information to make everyday decisions about school, work, caregiving, and simply being human during a pandemic has posed its own set of challenges.

Despite their necessity at various times along the last two years, the mitigation measures themselves have had unintended harms on our economy, our social fabric, and our physical and mental health. Remote schooling has hampered learning and now affected three school years. School closures and disruptions to normal school and

activities have promoted learning loss, widening educational gaps along racial lines. Kids with learning disabilities, speech and language delay, English as a second language, and autism for example have suffered disproportionately from school mask mandates.

Not to mention the social-emotional toll—particularly for kids—of living through a pandemic and not being able to appropriately connect with peers, teachers, coaches, and mentors. The country's mental health has taken a toll. The US Surgeon General declared a mental health emergency in kids and teens; the American Academy of Pediatrics and other expert groups also [has declared a mental health emergency](#) in children. As the Surgeon General recently highlighted, combined [analyses of 80,000 children found](#) that symptoms of depression and anxiety have doubled among young people during the pandemic, with 1 in 4 showing depressive symptoms and 1 in 5 showing anxiety.

Medically, we will be seeing the effects of the pandemic for a long time. Elective procedures were suspended. Preventive care and screenings were postponed because of fear and sometimes undue anxiety, thereby exacerbating people's underlying conditions. Obesity rates, for example, soared during COVID due to relative inactivity, poor nutritional choices, lack of access to nutritious foods, stress, missing medical appointments and preventative care. Every day, I witness the effect of stacked stressors on people's physical and mental health and their medical outcomes.

In focusing solely on COVID we have lost sight of the other risks to our health and well-being and our policies haven't always reflected a broader definition of health. To me and my medical colleagues, *health is about more than the absence of COVID-19*. And good health comes from reducing *total* harms and balancing risks—not trying to eliminate something that we cannot eliminate.

Like we do with everyday threats to our health and well-being—from COVID-19 to driving a car to intimate relationships—we must manage risk, understand our unique medical vulnerabilities, and calibrate our thoughts and behaviors to match our *actual* risk. Public policy must do the same. Like primary care providers do, public health's job is to arm people with tools and nuanced information to navigate the everyday risks people face—with compassionate (and not fear- or shame-based) messaging.

COVID-19 is an outpatient disease. Even before the vaccines (which beautifully reduce the risk of needing hospital level care), most patients infected with SARSCoV2 didn't require being admitted to the ER or ICU. But without a primary care provider, too many people landed in the ER—for lack of anywhere else to go—and because they needed help managing symptoms and anxieties and navigating testing etc.

Public health guidance is crucial, however policy lives downstream of society. These policies are not self-executing. There must be societal understanding and internalization for there to be widespread compliance. There is nowhere better for this to happen than a trusted primary care home.

Role of Primary Care

According to a study from 12/2019 in [JAMA Internal Medicine](#), about 25% of Americans don't have a PCP. There has been a shortfall of U.S. primary care doctors for a long time, with much of the problem concentrated in rural and poverty-stricken urban areas. A new 3/2021 study in [Annals of Internal Medicine](#) by Sanjay Basu MD PHD projects that the United States could save thousands of lives each year by addressing its lack of primary care providers, particularly in underserved U.S. counties. The shortfall is directly responsible for the U.S. having some of the worst COVID outcomes in the world.

This was a **pandemic of underlying conditions**, making Americans uniquely vulnerable. PCPs are best positioned to treat—and prevent—they. The role of outpatient medicine and primary care in general is prevention—to prevent disease and to keep people out of the ER and ICU, where doctors like Dr. Ranney work so tirelessly. The biggest risk factors for poor outcomes from COVID (other than age) are obesity, diabetes, heart disease—all of which are managed best in PCP offices.

As the pandemic evolved, Americans didn't know who to trust. Fighting **misinformation** has become a part time job for PCPs, not to mention sorting through the deluge of data and confusing public health messaging. And this is limited to those with access to a PCP. People without access look to the internet salesmen, media personalities, and get easily tangled in webs of harmful medical advice. Primary care providers fill vacuums of trust. We are well positioned to help get people to vaccinate, balance risks, etc.

Our job is to marry broad public health advice with the unique patient in front of us and dispense nuanced advice to help people make everyday decisions — which, in a pandemic, includes delivering real-time, fact-based information and guidance on COVID symptom management, isolation, quarantine, testing vaccine information.

[When asked](#) if Americans trusted Anthony Fauci's advice about COVID-19, only 30.8% said yes. That number decreased to 15.5% when asked about President Biden. Out of desperation, many have sought advice from those whose interests don't always align with protecting the public. Conversely, 63% of Americans trust their primary medical providers, many of whom are members of their own communities. Their children attend the same schools, they root for the same football team, and attend the same places of worship. During regular check-ups, patients engage with their physician in face-to-face conversations where empathy and reason can reign—an impossible feat in 240 characters or less.

We provide safe, non-judgmental spaces. We ensure the dissemination of accurate medical information and marry broad medical evidence with the patient in front of us. We build relationships to promote health and well-being. We meet people where they are—whether they're vaccine hesitant or want a fifth booster. Understanding patients' lived experiences is the ground game of improved health.

Time with a trusted physician has been proven to improve vaccine uptake and patients' overall health. Establishing rapport with a PCP can save lives. For example, [data show](#). A study in JAMA last month showed that COVID vaccine uptake increases with the number of PCPs per capita. The common thread between countries who successfully navigated the pandemic was not GDP; It was trust. A [Lancet study](#) published last month concluded that higher levels of trust in public health measures were the most predictive factors of lower COVID infection rates. Where else better to translate government-issued health guidance than the primary care office?

Invest in Primary Care

With an endemic virus like SARSCoV2 that will be woven into the fabric of our lives—just like the other four coronaviruses and the flu—we need to work to limit the severe consequences—through vaccination, boosting as needed, scaling up therapeutics, and giving people access to a medical “hub”—where they can care for their underlying health, get fact-based information, understand how broad public health advice applies to them, and feel fully seen and heard.

Primary care medical providers, if well-funded and scaled up, are the best line of defense against our most insidious health problems, the harms of misinformation, and misallocated hospital resources. To prepare for the next pandemic, we must invest proactively in medical systems founded on relationships, rapport, and reason.

We can protect the vulnerable, while returning to defining health as more than the absence of COVID, but rather a state that incorporates physical, mental, social and spiritual well-being. This will be essential for our community to heal in the months and years ahead

We have a lot of healing to do—physically, emotionally, socially—to restore our collective wellbeing. We can also expect another wave of COVID and/or another pandemic. To build back better, we cannot afford to make the same mistakes twice.

Investing in primary care is investing in our nation's health. Primary care isn't just about getting an annual physical, it's about building a relationship with a medical professional, so that when you do get sick that doctor knows everything about you.

Without more PCPs in the next pandemic, we can expect the merry-go-round of overwhelmed emergency rooms, increased wait times, staff burnout, and diminished quality of care.

The COVID-19 pandemic exposed the ailing condition of crucial American infrastructure. We tossed over \$5 trillion at the problem through three necessary, but reactive, spending bills. If we hope to truly protect the health of our communities moving forward, we must fortify the frontline of the American healthcare system: primary care providers.

Debates about masking children are becoming a distraction from fixing the structural problems that have made the pandemic so deadly. We should instead be uniting around equitable, evidence-based policies that invest in long-ignored healthcare infrastructure that have exacerbated the worst effects of the pandemic.