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Hybrid Hearing

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"The New Normal: Preparing for and Adapting to the Next Phase of COVID-19."

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Good Morning and thank you to Chairs Johnson and Foster and Ranking Members Lucas and Obernolte for inviting me to discuss how we can best prepare for and adapt to the next phase of COVID-19.

My name is Dr. Lucy McBride, and I am a primary care doctor in Washington, DC. I have been practicing medicine for 22 years. I take care of teenagers all the way up to octogenarians. I trained at Harvard Medical School and The Johns Hopkins Hospital. I hold a masters in Pharmacology from the University of Cambridge, UK.

I am not here today with any political agenda but rather to share with you what I have learned firsthand caring for patients every day during the pandemic—real people who are on the *receiving* end of often confusing public health guidance and the unfortunate politicization of science.

Today I want to talk about trust. As we move forward into the next phase of COVID-19 and inevitably face more waves and variants, I of course worry about the ongoing death and destruction from COVID. I worry about the social, emotional, and economic fallout of the virus and of the mitigations themselves.

But at its core, I worry most about peoples' confusion and resulting anxiety about not knowing *who to trus*t in a global health crisis. Specifically, I worry about the risk that the erosion of trust in medicine and in public health poses to our individual and collective health.

This pandemic is about a virus; it's also about information, messaging, and the contagion of mistrust. To build back better we must start with trust.

In patient care, trust is hard-won and easily lost. To help my patients manage some of the most intimate parts of their lives—from sexual health and mental health to cancer treatments and end-of-life care—health care providers have to establish a relationship and a rapport first. We learn about patients' health as much as we try to understand who they are as people—their goals, their fears, their everyday experiences. We try to meet people where they are. We don't dictate or preach. Doctors are not moral authorities. We don't judge or shame. We don't sugarcoat information. We don't catastrophize.

We can help people eliminate risk when possible (for example, prescribing penicillin for strep throat is the easiest part of my day), but the lion's share of patient care involves helping people *manage* and *balance* the various risks that they inevitably face—from the risk of cancer to the risk of COVID. From the risk of the disease to the harms of the treatment itself.

I'll give you an example. My patient—let's call her Mary—is a divorced working mother with obesity, new-onset diabetes, a recent bout with COVID, and hesitancy about getting a COVID vaccine booster shot despite reading that she probably should get one given her risk for serious disease. She has also read about myocarditis and is worried because her dad died from a heart attack in his 50s. So, I recommend medication and lifestyle changes for her diabetes, and we discussed the benefits and limitations of each intervention. I also acknowledge the added stress of managing this chronic illness particularly given the realities of her busy life. In other words, I wouldn't ask her to exercise an hour a day or to *never* consume sugar—even if it would help her diabetes—because that just isn't realistically going to happen in her life. Rather, I help her replace some excess sugar in her diet with more nutritious foods and think of realistic ways to insert more movement in her daily life in order to lay the groundwork for a more sustainable way of improving her health—one where she has both information and agency.

Similarly, I explain the nuances of the immune system and how her immunity from her past Omicron infection helps protect her somewhat from BA.2. I give her the data on hybrid immunity as strongly protective against severe outcomes from reinfection. I explain the difference between a heart attack and the known rare vaccine side effect called myocarditis and reassure her about that low risk but also gave her the option of a booster—didn't force it—because she understands the potential risks and the potential harms. I also explain that *even better than a booster shot* would be for her to invest in managing the very underlying conditions that put her at higher risk for serious COVID outcomes. The concept of hybrid immunity was a welcome compromise.

She was glad for the information and glad that I trusted her and her immune system, and I felt confident she will come back to me when and if, for example, she isn't able to lose weight or her diabetes flares or she gets another infection. I won't shame or blame her; we'll simply try another plan that might work better for her life.

Trust is the *glue* in patient care. Being human carries occupational risk; our job in primary care is to help people navigate it.

Trust is born when doctors first acknowledge uncertainty—and then lean into things that *are* certain. Specifically, in order to help patients navigate the swirling information about COVID—and to help with decision-making about everything from booster shots to masks to how to safely attend a family wedding, I center my conversations with and advice to patients on the things that are known.

Here are the fundamentals—the well-understood tenets of this crisis—that we must re-center as we move forward:

1) the COVID vaccines,
2) the human immune system,
3) patients'—and the general public's—ability to understand nuance
4) people's unique medical vulnerabilities, lived experiences, risk tolerances, and the variability of their needs.

Let's start with re-upping trust in the **vaccines** and their ability to work well where it matters most. In the Omicron era, they do less of a good job at preventing infection and transmission to other people, but they continue to dramatically reduce the risk for severe outcomes from COVID-19. Even though people can still get infected after vaccination, for most people the vaccines effectively take the claws and fangs away from the virus and turn it into a more manageable illness.

Next is the **human immune system**. It is vast and wide and much more sophisticated than the mere presence or absence of antibodies. In fact, it's our cellular immune system (the memory B cells and T cells) that does the heavy lifting and protects us from serious outcomes from COVID-19. Moreover, as is the case after an exposure to any respiratory viruses, an infection with novel coronavirus causes our body to mount an immune response that helps protect the infected person, albeit imperfectly, from the worst consequences from reinfection. In fact, hybrid immunity to COVID-19—that is, the combination of vaccine-induced and infection-acquired immunity—is, for many people, the strongest form of protection against this virus such that we can "count" prior

infection with Omicron as a booster dose, since a breakthrough infection with Omicron after vaccination leads to broad neutralizing antibodies and T cells against essentially all prior COVID variants. (*Note that I do not recommend getting infected in order to get that immunity.*)

We also need to remember that **patients and the general public are well-intended and smart**—much more than we sometimes give people credit for. For the most part, my patients want to do what's right. I now have eighteen thousand subscribers to my weekly COVID-19 newsletter from all over the country, and they, too, (at least the ones who email me) want to protect themselves and do what's best for their families and communities. They want to follow the rules. They also want to understand the *reasoning* behind the rules.

Most of my patients who are hesitant about the vaccine aren't anti-vax; they simply have historical or ongoing mistrust of medical institutions, limited access to trusted information, vulnerability to misinformation, a fear of needles, or other reasons to mistrust the vaccines that are worthy of understanding. Similarly, most of my patients who are ready to unmask aren't uncaring or callous toward others; they simply understand that by getting vaccinated they've taken the best step toward protecting themselves; they realize the limitations of masking and that the best way to protect others from respiratory viruses is to stay home when they're sick and to test themselves when they have symptoms.

Also like most Americans, my patients juggle multiple responsibilities—from working, caregiving and parenting to managing multiple medical problems themselves, all at once. In other words, my patients, like most people, understand trade-offs. They are used to navigating our perilous world—by tolerating some risk while mitigating the risks they can control. They simply need information and trusted guidance on how to calibrate risk and make everyday decisions.

And finally, we need to acknowledge the **variability of people's medical vulnerabilities; access to information and guidance and services; lived experiences; and risk tolerance.** There is no one-size-fits-all approach to patient care. Nor can any public health body, politician, or school board possibly speak to everyone's unique medical conditions. Which is why it's so important for nuanced messaging in the public space—and why it's critical for every American to have a primary care doctor to help people marry broad public health advice with their particular health issues, needs, and goals.

The problem is this: We seem to have lost sight of these fundamentals. And this is exactly where I and my patients have lost trust in our federal government's ability to protect us.

In the case of vaccines, people were spooked after the July 2021 Provincetown outbreak when politicians and public figures were begrudging the vaccines. But Provincetown was, in fact, a vaccine success story. It was a perfect storm, in fact a veritable stress test for the vaccines. And the vaccines performed well. But instead of messaging vaccine confidence and using this as an opportunity to explain how well the vaccines help up against death and hospitalization and to deliver more nuanced guidance about masking, the CDC instead reinstated mask mandates. It was a missed chance to help people understand the data on masking on a population level versus on an individual level. But instead, re-implementing mask mandates only exacerbated the mask culture wars by 1) suggesting that masks and vaccines are equally good at reducing the risk of COVID, 2) suggesting that everyone—vaccinated or unvaccinated, young or old—faces the same degree of risk from COVID when we knew that wasn't true, 3) suggesting that people are incapable of making their own decisions about how to best protect themselves and others from the virus, 4) making it harder to de-implement school mask mandates in spring 2022 such that now, despite falling case rates even *without* the school mandates in place, the mask wars rage on.

The lack of nuanced messaging on boosters has also sparked anxiety. Aware of the waning immunity by the vaccines, people unfortunately confuse the normal and expected drop in antibody levels with waning *total effectiveness* of the vaccines such that many are clamoring for 4th, 5th and 6th boosters shots even when they are already well-protected against serious outcomes from their primary series. In other words, we have again sowed doubt in the vaccines when they continue to be extraordinarily effective. We must do better about messaging: Let's not make perfect be the enemy of the great.

In terms of vaccine adverse events, people are well aware of the rare but real risk of vaccine-associated myocarditis but were spooked when experts weren't transparent about this. This furthered exacerbated vaccine hesitancy. People are also aware that after someone gets infected and recovers from COVID-19, they have some sort of immunity, but the CDC only this year recognized natural immunity as valid.

Parents are a particularly smart bunch. They knew intuitively that opening bars, restaurants and gyms before schools didn't make sense. They saw the data that schools aren't intrinsically superspreaders while many schools remained closed. They know that kids face the lowest risk for severe outcomes from COVID-19 yet have been

subjected to the strictest mitigations. Parents know—and parents won't soon forget about—the harms to kids from prolonged school closures, particularly parents of kids with disabilities, speech and language delay, autism, mental health issues, working parents trying to manage kids on Zoom school while working. We all saw this month's GAO report, showing that an estimated 1.1 million students *never showed up at all during the 2020-21 year,* which no doubt contributes to the widening of educational and social disparities along racial lines and to the pre-existing mental health crisis among kids and teens.

Instead of inadvertently scaring parents, *reassuring them* would have gone a long way. Nuanced information about the relatively low risk kids (as a cohort) face from COVID-19, about the vaccines, about the seroprevalence data showing that most kids under 18 have some sort of immunity at this point, about the data from Spain that kids don't spread the virus as much as adults do, and about the reassuring data on long-COVID (specifically that vaccination reduces the risk of long COVID back to baseline) would have gone a long way to help them and their children. We should have reassured parents about the relative safety of school (when weighed against the harms of NOT being in school given that most transmission happens in the community). We should have reassured teachers about how well the vaccines protect them. But instead we scared parents and teachers.

People are also scared and aware that COVID isn't going away but also see that the funding for COVID prevention and treatment is being cut at the very moment we most need ongoing monies to advance vaccines, testing, and surveillance.

And last, many Americans are naturally frustrated that the responsibility of protecting oneself and one's community from COVID is being shifted onto the individual when 80 million Americans don't have access to a primary care provider (PCP). (Indeed, many of my newsletter readers don't have a PCP—which is a large part of why I've been writing it for two years.) Even if they do, they tend to have very little time with their provider and have a hard time getting through to them in a pinch. So they land in the ER because they don't have anywhere else to go when they're sick.

Of course the fear, confusion, and erosion of trust isn't the fault of any one institution, person, or administration. The concern also is not new. We have witnessed the deliberate dismantling of national confidence in our public health institutions from both sides of the aisle, and this will have another level of ramifications for future patient outcomes and our democracy as a whole.

For example, had our prior president messaged vaccine confidence and not spread conspiracy theories back in 2020 we would have saved many lives and a lot of suffering—including among doctors trying to help people get to the truth. We might not have seen patients end up in the ER after self-administering large doses of hydroxychloroquine. We might have seen fewer patients regret not getting the vaccine only after they found themselves on a ventilator, having transmitted COVID-19 to their loved ones.

That vacuum of trust has been and continues to be filled with a cacophony of voices calling out from across a variety of platforms, from celebrities, media personalities, and internet influencers. Without a source of truth, people look to the showy salesmen and get easily tangled in webs of harmful medical advice.

As a result, we've seen outsized fear of COVID-19 on one end of the political spectrum and outsized COVID skepticism on the other side.

Unsurprisingly, today, only 30.8% of Americans trust Anthony Fauci's advice when it comes to COVID—a staggeringly disheartening statistic given his early stature as the trusted voice of pandemic guidance

As Ezra Klein has artfully stated, "Policy lies downstream of society. Mandates are not self-executing; to work, policies need to be followed, guidance needs to be believed. Public health is rooted in the soil of trust. That soil has thinned in America."

So again, no one person or entity is to blame. But when the very public health guidance that's meant to steer us through a global crisis underestimates people's ability to understand nuance and is frankly out-of-touch with the reality of the human immune system and Americans' daily lives—people naturally lose trust.

Many loud critics of the federal COVID response say "We did too much." Or "We did too little." Rather than too much or too little, I think the problem is that we did too *much* of the wrong things and too *little* of the right things.

Here is my prescription for what to do to rebuild trust:

First, we need to recognize that there is nothing "normal" about our world right now—and that the "old normal" was pretty awful for too many people. We need to acknowledge ongoing disease and suffering from COVID-19 and admit our past mistakes.

Next, I think we must use this moment of relative COVID "quiet" to:

1. Surge resources to the highest risk patients and populations. For example, now that we know that the majority of persons under age 18 in the U.S. have evidence of prior COVID infection, we should focus more resources on vaccinating and boosting non-immune older and high-risk people before worrying about vaccinating kids.
2. Replace resource-intensive asymptomatic testing, contact tracing, and quarantines with efficient and sustainable monitoring through wastewater surveillance.
3. Improve data collection—specifically COVID hospitalizations sorted by vaccination status, age, and race to better allocate resources and calibrate restrictions to the degree of actual population risk. For a more targeted approach to boosters, for example, we need more precise reporting from the CDC, which involves categorizing severe breakthrough infections by the specific comorbidities and vaccination status of those hospitalized. More refined data will allow for more efficient targeting of further booster shots, prioritizing those most likely to benefit from regular boosting by age and health status.
4. Work on broader infrastructural changes to help reduce transmission of SARS-CoV-2 and other respiratory viruses like upgrading the ventilation systems of public buildings and schools
5. Continue to improve widespread access to rapid testing.
6. Scale up effective therapies like the oral antiviral Paxlovid, the twice-yearly injectable monoclonal antibodies Evusheld for high risk patients, and new monoclonal antibodies for IV infusion for newly infected high-risk patients.
7. Invest in President Biden's test-to-treat initiative to ensure that vulnerable adults have rapid access to effective therapies through community-based pharmacies and health centers.
8. Retire mask mandates (but not mask *recommendations*) for the long-term, given that evidence is lacking that the mandated use of masking (including in schools) had a significant impact on slowing COVID transmission or hospitalizations over the past two years—whether due to inconsistent use or variability in mask quality or both—and given that mask mandates are not harmless interventions.
9. Improve public health messaging. We have the opportunity to rebuild trust through better communication by recognizing that people are better able to take in information and follow guidance when the messaging is nuanced and not rooted in fear or shame; respecting the public's diverse medical vulnerabilities, resources, lived experiences, and risk tolerance; sharing complex information (for example about the power of hybrid immunity); communicating uncertainty with humility and candor; providing hope when appropriate; avoiding judgments on

human behavior; and meeting people where they are (ie setting realistic goals given people's finite emotional and financial resources and limited time).

10. And, in my mind, most crucially: Scale up primary care to allow every American unfettered access to a trusted guide, a medical home with mental and behavioral health integration—in sickness and in health.

The 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.

Indeed 80 millions Americans, particularly in rural and poverty-stricken urban areas, don't have a primary care provider, someone who can spend quality time answering their questions and allaying their concerns. Primary care providers are ideally positioned at the nexus between public health institutions and individual patients to build back and nurture the public's trust.

During regular check-ups, patients engage with their provider in safe, non-judgmental spaces where empathy and reason can reign. It is an opportunity to have a face-to-face nuanced conversation about a complex topic where the provider can marry broad public health advice with the unique patient in front of them.

Primary care providers are trained to build relationships and trust and to message complex information. We meet patients where they are—whether they're vaccine hesitant or come in asking for a fifth booster. Establishing rapport and understanding patients' lived experiences is the ground game of improved health. We can have the safest, most effective medical treatment in the world but without trust, no one would agree to take it.

Fighting *misinformation* has become part of the job for PCPs. Throughout the pandemic, we have been on the front lines of fighting misinformation. Every appointment is an opportunity to deliver real-time, fact-based information and guidance on COVID symptom management, isolation, quarantine, testing vaccine information.

63% of Americans still 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.

With an endemic virus like SARS-CoV-2 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.

Investing in primary care is investing in our nation’s health. 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.

Time with a trusted physician has been proven to improve vaccine uptake and patients’ overall health. Establishing rapport with a PCP can save lives. A February study in JAMA 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?

Each patient has their own pandemic story. No one’s pandemic story will be the same, nor will the same event affect people in the same way. But everyone needs and deserves trusted medical guidance in a health crisis.

There’s no way the CDC, even at its best, could possibly speak to every person’s unique medical situation, nor can elected officials or school boards; it’s just not their job. It is, however, the very essence of what primary care does best: marrying broad public health advice with the patient in front of us, meeting people where they are, and carrying the baton of trusted public health advice into people’s everyday lives.

Just like the federal government has finite resources, so, too, do human beings. People are exhausted and worn out. They are disillusioned and angry. They cannot live in a perpetual state of emergency.

As we move into the next phase of COVID-19, we must invest in the public health measures with the highest yield—from paid sick leave to ventilating indoor public spaces—while abandoning public policies that do more harm than good.

We must also give people a *place* to help people manage their everyday health—a personal health guide, someone to trust in a crisis. This starts by going back to the basics—to the self-evident truths about the virus, the immune system, and the fundamentals of relationship-building in medicine.

To build back better, we must build back trust first.