



**TESTIMONY OF MURIEL BOWSER,  
MAYOR OF WASHINGTON, DC**

**Before the Select Subcommittee on the  
Coronavirus Crisis**

**U.S. House of Representatives**

**Congressman James Clyburn, Chairman  
Congressman Steve Scalise, Ranking Member**

**A View from the States, Territories and District:  
Governors Respond to the Omicron Variant**

**January 20, 2022**

Chairman Clyburn, Ranking Member Scalise, thank you for inviting me here today to talk about the District of Columbia's ongoing response to the coronavirus pandemic. Even though we have been in our response posture for nearly two years, new variants, the most recent of which being omicron, have continued to force us to confront new challenges and repeatedly change our operating posture. We of course interconnected to our region, our country, and the world, and responses by other governments and people have affected circumstances in the District, as well.

Over the past two years, Washington, DC, operating as a state, a city, and a county - has faced numerous hurdles, but I am happy to testify before you today proud of how Washingtonians have come together and sacrificed to bring us into 2022. In many regards, I think the District has had an exemplary response to the virus and I'm pleased to share with you some of the factors that I think went well, as well as some of the challenges we have faced.

On March 2, 2020, before the first confirmed case of coronavirus in the District, DC began developing a whole-of-government approach to respond to COVID-19, utilizing the District's Emergency Operation Center (EOC) and Incident Command infrastructure. The EOC activated and aligned the activities of the DC Department of Health (DCHealth), the DC Homeland Security and Emergency Management

Agency (HSEMA), the DC Fire and Emergency Medical Services Department, and the Department of Forensic Sciences' Public Health Laboratory and allowed for better collaboration and planning across the District. Constant communication, data collection and continuous planning allowed for 60% of our 36,000-member workforce to work remotely with a week's notice and safely return to workplaces beginning in June 2021. Our public safety, sanitation, health, and medical and human services teams continued reporting into work throughout the pandemic.

On March 7, 2020, I announced the first known case of coronavirus in the District. Within weeks, on March 30, I, in conjunction with the Governors of Maryland and Virginia, issued stay-at-home orders. As the months continued, it became clear this would require a long-term response with the ability to dial up and dial back interventions. Orders limiting activity and requiring social distancing measures were implemented and repeatedly extended.

In the interim, the District rapidly stood up a Joint Information Center (JIC) to coordinate communications regarding Washington, DC's response. The JIC provided a remarkable trove of information about the virus and our response, including legal documents, medical and epidemiological information, and information about where residents could find the help they needed. At the early days

of the pandemic, the JIC was critical to facilitating daily press conferences that I held to update District residents on our response, new Mayor's Orders and guidance from DCHealth, and current resources available to residents. The JIC also facilitated our direct line to several federal agencies including the Federal Emergency Management Agency (FEMA) and the Centers for Disease Control and Prevention. These partnerships were critical to ensure our response aligned with the most recent federal guidance and to deliver projects and supplies for DC residents.

To support the work of the EOC, the JIC, and DCHealth, there were approximately 700 staff members who were detailed to support the health and medical efforts of the District. Their assistance was critical to ensuring the success of community engagement and outreach; ensuring the integrity of DC's Public Health and Health System Infrastructure, providing Public Health Mitigation; and procuring millions of PPE items such as masks, gowns, and gloves for our frontline health care workers and first responders. The EOC also opened a new Disaster Logistics Warehouse that continues to store these items and refurbish our supplies as we continue to plan for the threat of new variants such as the one we are seeing today with Omicron. Without their support, DC would not have been able to disseminate masks and other needed materials to residents and businesses and publish the more than 100 guidance

documents and associated public information materials to inform residents, businesses, and travelers of the District's COVID-19 related guidelines and policies.

The March 30<sup>th</sup> stay-at-home order came days after Congress passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act and I am proud at the speed by which we were able to use the funding provided under the Act to deliver services and prepare for the worst possible scenarios, even though DC was shortchanged \$755 million dollars in funding in the bill – something that wouldn't be rectified until the American Rescue Plan Act – almost a full year and two tranches of federal assistance – later. Similarly, our emergency management agency, HSEMA, organized our citywide efforts early in the pandemic to begin gathering the paperwork and financial documents necessary to apply for Public Assistance reimbursement through FEMA. Due to their efforts, by the late summer of 2020, we had already recouped \$90 million in District funds that had been allocated to our response, which included PPE purchases and distribution, the building of our alternative care site, and our efforts at safe school retrofitting and reopening. To date, with FEMA's assistance, we have been reimbursed over \$400 million through the Public Assistance program.

On May 11, 2020, with the assistance of the Federal Emergency Management Agency (FEMA), Army Corps of Engineers, Events DC, Medstar Health and the DC National Guard, the District opened the Washington Convention Center as a 440-bed alternate care site. At the time, the region's hospital system was starting to show signs of distress, and some other cities had faced bed shortages were forced into tough decisions made under crisis conditions. Thankfully, the District never needed to utilize the space. We did, however, need to build and use expanded capacity for our human services system, which had begun to experience COVID outbreaks in our shelters that housed individuals experiencing homelessness. In this case, we entered into agreements with four (4) Isolation and Quarantine Sites that were run by the Human Services Branch of the EOC, which allowed us to place COVID-positive individuals and close contacts there with a full suite of wrap-around services. These sites were absolutely critical in ensuring that some of our most vulnerable residents did not experience the kind of negative health impacts that we saw in other cities' and states' congregate settings.

Thanks to our rapid response, stabilized healthcare system, and the support and cooperation of DC residents, DC government was able to focus on supporting our residents who were staying home or limiting their activities at our behest. We were able to:

- Rapidly shift to virtual learning for our students. On April 17, 2020, I announced that students would not return to classrooms, and the school year would end three weeks early. On July 30, 2020, DC Public Schools announced that public schools would have an all-virtual start to the upcoming school year, and DCPS ramped up efforts to ensure each student had access to a laptop and adequate internet access.
- Roll out the supplemental unemployment insurance benefits provided under the CARES Act to DC residents and the thousands of Virginia and Maryland residents who were employed in DC. To date, more than \$1.5 billion in funds have been distributed.
- Offer nearly \$16 million in COVID-19 relief funding to local childcare facilities to support operations
- Make over \$200 million available in relief funding to local businesses through various grant programs including:
  - \$100 million through the Bridge Fund to support workers and employees in the hotel, restaurant, retail and entertainment sectors.
  - \$40 million program for Hotel Relief
  - \$34 million to 6,500 businesses through our DC Small Business Recovery Microgrant Program.

- \$8 million for the Arts and Entertainment Venue Relief Fund to provide financial relief to art and entertainment venues
  - to help restaurants design and build streateries for outdoor dining during the winter.
- We supported the opening of outdoor dining through a Streateries program that continues to this day and provided \$3.5 million in grants for restaurants to purchase propane heaters and otherwise serve people in safer, outdoor circumstances.
- From April to December 2021, the STAY DC program which was created to distribute the federal rental assistance provided by the US Treasury paid 48,427 applications representing \$248.6 million in rental assistance. An additional 986 applications representing \$6.4 million in rental and utility payments will be paid through an additional award of \$17 million from the Treasury Department that was provided this month of reallocated Emergency Rental Assistance (ERA) funds. This funding is critical for STAY DC to meet the rising demand for the locally funded District's Emergency Rental Assistance program.
- We digitized and simplified critical processes to allow employees, residents, and businesses to remotely access government services. We automatically renewed many licenses and eligibility certifications and pivoted governmental



operations as far as possible to provide services and public access to meetings online.

- Established the DC Contact Trace Force with 530 total contact tracing program staff (at peak staffing of which over 90% were District residents) routinely contacting newly diagnosed persons and close contacts within 24 hours;
- Established free COVID-19 public testing accessible to District residents, workers, and visitors six days/week within a 20-minute walk from their place of residence/employment. This facilitated 800,000 free COVID-19 tests at publicly operated testing sites as of January 2022. Well over two million COVID-19 tests have been administered throughout the District as of January 2022.
- And most importantly, we launched a successful vaccination campaign. The DC Department of Health currently estimates that 89% of DC residents are partially or fully vaccinated. This is nearly unparalleled in the nation. Our efforts allowed the District to provide at least one dose of a COVID-19 vaccine to 70% of DC residents 18 years of age by June 21, 2021, and allowed the District to *fully* vaccinate 70% of DC residents 65 years of age and older by June 7, 2021;

Even with these successes DC saw several challenges. Washington, DC constantly had to fight for additional vaccines. Because of our structure, we were in effect providing vaccinations for the Washington, DC metropolitan region, not just our residents. Additionally, we faced repeated requests for vaccination priority from members of federal agencies and members of Congress.

The pandemic has also generated a host of legal issues. City lawyers tackled novel legal issues related to the public health response throughout the pandemic, such as the capacity limits on businesses and in apartments and condominiums, vaccine requirements, the Mayor's authority over the DC National Guard, whose assistance we required in matters ranging from dispersing crowds at the Tidal Basin in the spring of 2020 to assembling test kits today, the government's emergency contracting authority, and personnel matters affecting city employees. 2020 was also an extremely active year for First Amendment activities and we worked hard to ensure activists understood our COVID protocols.

Despite our public health campaign, we saw vaccination hesitancy in some of our population due to some of the dangerous negative messaging from some news sources and influential public figures, as well as longstanding issues relating to disconnection from medical professionals. The impact of that messaging and

underlying health equity challenges has continued to today. But we employed and are employing a multi-prong program, including provision of access throughout the city and at a variety of times including weekend and evening hours; provision of home visits for vaccination; co-locating vaccine clinics at public events where people are expected to gather; use of messaging from trusted persons in various communities through a wide range of media; employment of youthful vaccine ambassadors through trusted non-profit partners who went door-to-door, answering questions, making appointments, facilitating transportation. We also provided various incentives \$51 gift cards and airpods to students for receiving their first shot; 4 winners, selected at random, received vehicles (a Ford Escape Hybrid or a Jeep Wrangler); 8 winners, selected at random, received groceries for a year in the form of gift cards and 40 winners, selected at random, received Metro passes for a year.

More recently, based upon our health guidance on the effectiveness of vaccines we begun implementation of vaccine requirements. We first asked District government employees to report their vaccination status. Then we rolled out requirements, at first for health care licensees and persons working in health care settings, and persons in our schools and student athletes beginning in November, corresponding to the start of the winter sports season. In August, I signed a Mayor's Order requiring other District employees to either be vaccinated or submit proof weekly of negative

test results. We later moved to eliminate the test out option for District government employees and implementation will occur soon. And I issued an Order in December, effective this past weekend, that businesses in certain sectors – restaurants, gyms, events, and cultural and entertainment establishments – require proof of vaccination or an exemption for people to be admitted to their indoor spaces.

In thinking about other contributing elements to the District’s public health response, I would have to give some credit to our strong and relatively unified front with our legislators. No one wants to govern a city by emergency powers, and our law sharply limit a Mayor’s authority to declare a state of emergency to 15 days unless the Council of the District of Columbia authorizes a longer time period. The DC Council has recognized the emergency we are in and has empowered the Executive to respond to it. It never attempted to overturn mask or vaccine requirements or testing programs or capacity limits on businesses. The City Administrator hosts weekly conference calls, with several agency Directors, to respond to Council questions. I host very frequent community briefings that keep all of us on the same page – residents, Council, businesses, and the press. We try to have a spirit of togetherness in Washington, DC because it’s impossible to respond to a deadly virus singlehandedly – as a resident or as a Mayor.

In Summer 2021, I pushed to fully reopen DC, as our vaccination numbers increased. On June 23, 2021, I held a rally to announce that “DC is Open!” In the following months our metrics continued to improve as vaccinations increased and the warm weather made outdoor activities and social distancing easier.

However, the newest wave of coronavirus, prompted by the omicron variant, has once again required us to dial-up our layered mitigation strategies. Even so, we are not in the same place we were two years ago, and that is again due to the work of DC residents. In December, as the omicron variant reinforced the importance of testing, Serve DC, our volunteerism agency, pushed out a call to DC residents to assemble testing kits procured by DC Health. An unprecedented 1,600 residents responded to our call and in a short seven days were able to prepare over 75,000 kits.

DC was able to designate testing and test kit pick up locations throughout the city. Our libraries and fire stations have been tremendous partners in this. Two days ago, I launched COVID Service Centers in each ward to expand COVID-19 testing and vaccine services for District residents.

Alongside that effort, I reiterated the importance of vaccinations for newly eligible children and boosters for adults. Today, over 64% of 12- to 17-year-olds and over

20% of 5- to 11-year-olds are currently vaccinated. Vaccination, alongside other robust and layered health and safety measures at our school, including regular testing, has allowed DC students and staff to fully return to in-school instruction, with transitions to situational virtual learning made as necessary. We know that in-person learning is essential for the academic and emotional well-being of our students, and keeping schools open amongst our top priorities as we face the newest challenges presented by the omicron variant. We have worked with our unions and adopted many of their suggestions for a safe return to school, and we are fortunate that our teachers and principals are with us in our efforts to keep kids in school safely.

The first week of implementation of our vaccination requirements is going well thanks again to the partnerships we have forged with our restaurants, and fitness, entertainment, and business communities. We have not had the pitched opposition to measures that keep us all safe that some cities have experienced, perhaps in part because we have deployed the Deputy Mayor for Planning and Economic Development, the Director of Nightlife and Culture, and the Director of the Alcoholic Beverage Regulation Administration, among others, to keep in touch with businesses and support them as partners in fighting this infection. Many of our concert and entertainment venues and restaurants and bars were implementing

vaccination checks before it was officially required. These vaccination requirements, whether adopted by businesses voluntarily or required by the government, bring more confidence to persons who are at low risk for serious disease that they can go out relatively safely.

However, in the midst of this ongoing effort, some members of Congress have second guessed our efforts and think it is more important to try to fight against our COVID-19 response, rather than support it. Five Republican members in particular have introduced bills or threatened to introduce bills that would nullify the District's vaccine policies. These actions are contrary to science and if executed, endanger the public health of Washington, DC's residents.

All of the vulnerabilities I have mentioned, from being shortchanged in the CARES Act, to having to fight for our fair share of vaccines, to the current efforts to dismantle our vaccination policies, can be traced back to the fact that even though DC has stood up and managed a strong state-level COVID-19 response throughout this pandemic, DC is not treated as a state. Majority Whip Clyburn, I would be remiss if I did not take a moment to thank you for recognizing the accomplishments of the District and inviting me here to testify alongside my counterparts from Colorado, Washington, Nebraska and Puerto Rico.

DC's vaccine policy is in line with the wishes of our residents and our businesses. Our business community has responded, and the rollout went forward without a hitch as they realize the alternative is being a potential super spreader location – something that must be avoided at all costs so that our businesses can remain open. DC has taken this virus seriously from the beginning, and we will continue to respond in a serious manner following the most up to date science. DCHealth prepares information for me that shows that a tiny minority of hospitalizations and deaths in the District are among the fully vaccinated and boosted; the overwhelming majority of hospitalization, ventilator use, intensive care unit occupancy and death are among the unvaccinated.

The future of COVID-19 remains unclear; however, what we need from our federal leadership is clear. We need sound policies based on science. It is equally important that the federal government continue to find ways to assist cities and states with the cost of vaccinations and testing, as well as wrap around supports to ensure that our students can attend school and that American families who lost a job or were otherwise impacted by the pandemic have a brighter future ahead.

Washington, DC and states nationwide will continue to face challenges after the coronavirus pandemic has passed, including grappling with Delayed Preventative



and Chronic Disease Care; Long-term Effects of COVID-19 Infection; Economic Impact and Job Loss; Mental Health Stress, Social Isolation, Trauma, and Grief, and; Loss of Academic, Social, and Emotional Growth in Children. Instead of disputing the science of the efficacy of vaccines and testing, we need to push for a unified message from our elected officials to get vaccinated and boosted and, for the time being, to wear a mask.

In closing, I would like to thank the many professionals who have paved the way for DC's recovery from the COVID-19 pandemic, especially Ambassador Susan Rice and Secretary Michael Chertoff chaired our 250+ member advisory group, engaging more than 27,000 residents and business owners, to help develop recommendations to reopen DC. DC and our key partners have remained committed to promoting health, wellness, and equity, across the District. Furthermore, District residents and businesses have made many personal and professional sacrifices. I would also like to take this time to honor those who are no longer with us and who throughout the pandemic, served our District residents with integrity, dignity, and compassion. Their commitment to public service serves as a role model and we continue to send our thoughts and prayers to their families and loved ones.

Thank you.