

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**



**Public Hearing on**

**“The Public Health Element of the District’s COVID-19 Response”**

**Testimony of**

**Wayne Turnage  
Deputy Mayor for Health and Human Services  
and  
Director, Department of Health Care Finance**

**Before the  
Committee on Health  
Council of the District of Columbia  
The Honorable Vincent C. Gray, Chairperson**

October 28, 2020  
9:00 AM  
WebEx Virtual Platform  
The John A. Wilson Building  
1350 Pennsylvania Avenue, NW  
Washington, D.C. 20004

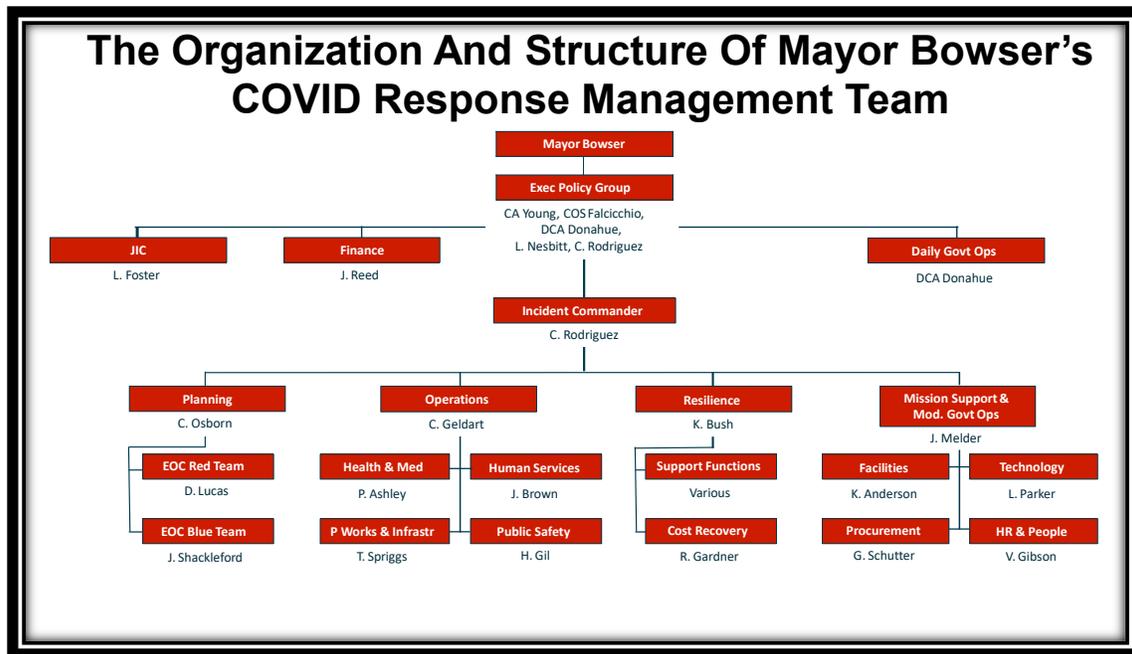
## **Introduction**

Good morning, Chairman Gray and members of the Committee on Health. I am Wayne Turnage, Deputy Mayor for Health and Human Services and the Director of the Department of Health Care Finance (DHCF). I am joined today by Dr. LaQuandra Nesbitt, Director of the Department of Health (DC Health) and a critical member of the District's COVID-19 response team, and by Melisa Byrd, Medicaid Director for the Department of Health Care Finance. Melisa has played a vital role in developing changes to Medicaid policies that have increased beneficiary access to health care and ensured key providers receive an enhanced reimbursement during the declared public health emergency.

I appreciate the opportunity to offer brief remarks on the District's public health response to the pandemic, and broadly outline Mayor Muriel Bowser's approach to containing the virus, focusing specifically on the four key strategies that drive the District's response and the objectives associated with each of these strategies. Following my remarks, Dr. Nesbitt will present information that demonstrates the outcomes associated with the District's response. At the conclusion of her remarks, Melisa will join the two of us in addressing any questions you or other members of the Committee might have regarding our efforts to help contain the viral spread in Washington DC.

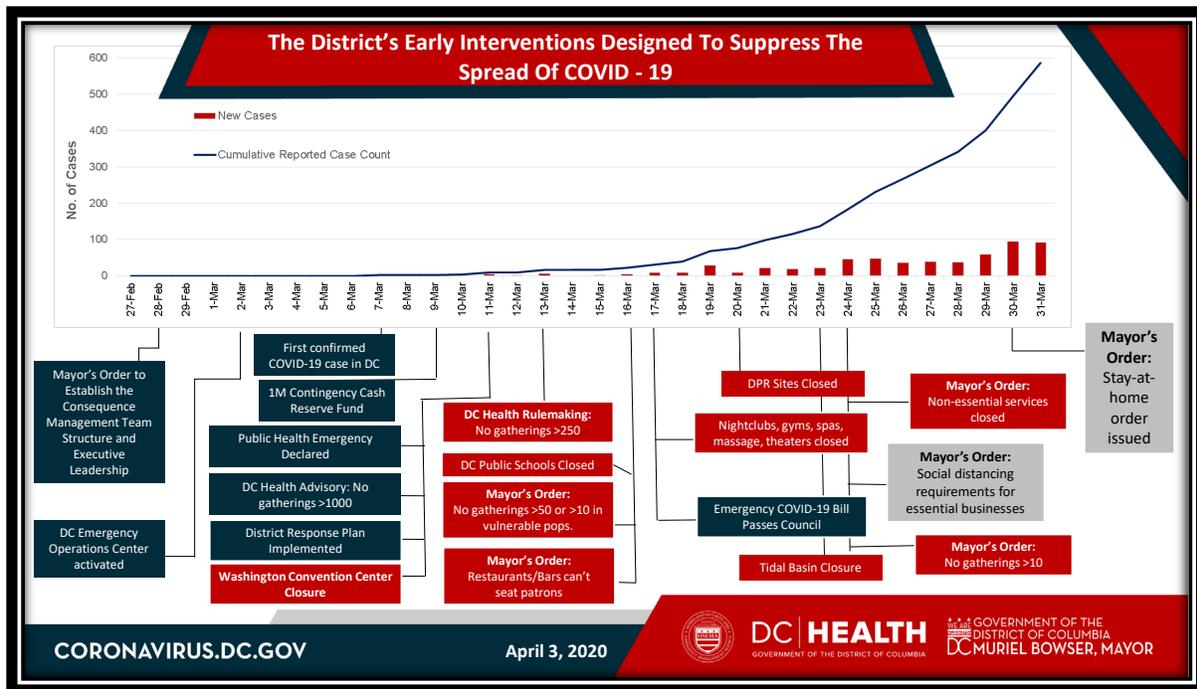
## **Initial Steps Taken to Organize and Respond to the Pandemic**

On February 28, 2020, in response to national news about the threat that this country faced from a potentially deadly pandemic, Mayor Bowser ordered the establishment of the Consequence Management Team and Executive Leadership Structure (see illustration on the next page).



The purpose of this structure was to be an exception to the normal operating structure of the Executive branch to allow for direct, streamlined reporting to the Mayor and her senior team of advisors. The goal, of course, was to permit a real-time response to emerging problems without the sometimes cumbersome requirements of normal government protocol. As witnessed by the organizational chart, the Mayor used this structure to apply the full weight of government to the problems presented by the pandemic.

Subsequent to this organizational change, the Mayor took a number of steps as the problem of reported COVID-19 infections evolved in the District. Initially, this included the activation of the DC Emergency Operations Center, declaration of a Public Health Emergency, issuance of an advisory limiting all gatherings to no more than 1,000 people, and the closure of the Washington Convention Center (see illustration on next page).



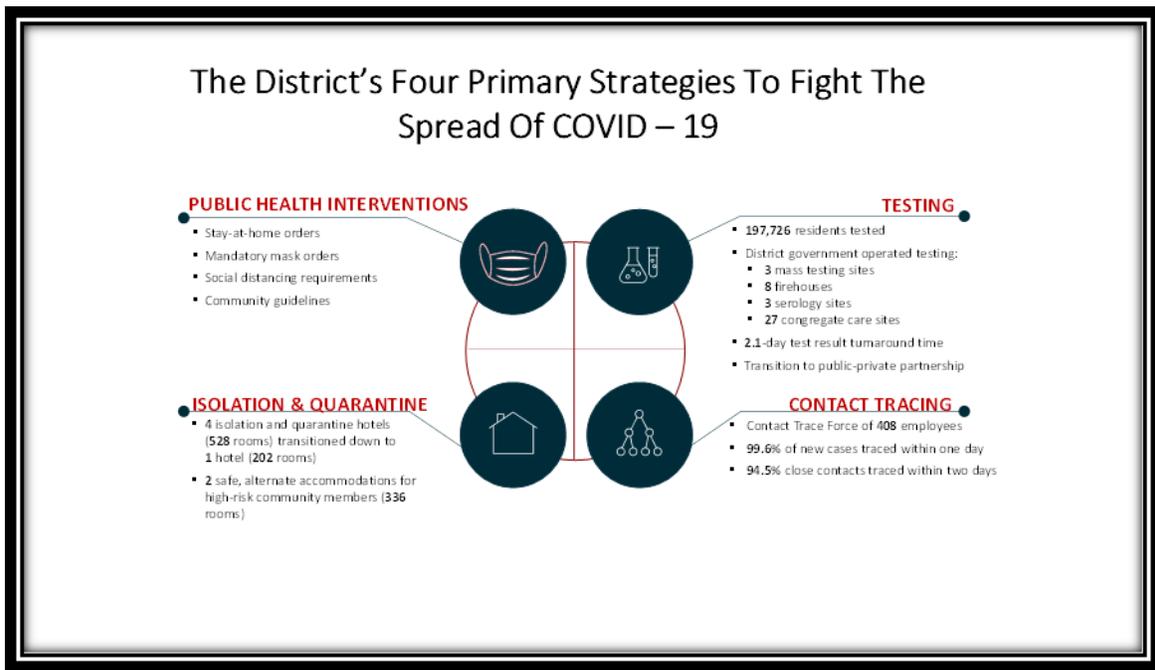
As the number of cumulative reported COVID cases in the District continued to increase, the Mayor directed DC Health to establish regulations limiting gatherings no more than 250 people. Less than one week later, the Mayor issued a Mayor's Order reducing the permissible size of gatherings to less than 50 people and, in the case of vulnerable populations, no more than 10 people. This Order also prohibited restaurants and bars from seating patrons.

When evidence revealed that the virus was not abated by these early efforts, several additional actions were implemented. Namely, Mayor Bowser ordered the closure of recreation centers, places of entertainment, and health spas. Closely following these actions, the Mayor also established social distancing requirements, further limited the size of gatherings, and ordered the closure of non-essential businesses. On March 30, 2020, the Mayor culminated the District's initial response by issuing a stay-at-home order.

## The Framework for the District’s Ongoing Management of the Response

As we moved from the early response to the virus, the Bowser Administration worked to build a reliable framework to govern the ongoing management of the city’s response. The overarching goal was to apply four principle strategies in an effort to arrest the growth of COVID-19 cases in the city and hopefully flatten the curve. These strategies, which are listed in the graph below, are:

1. Implement proven public health interventions that hold the promise to slow viral spread;
2. Establish a robust program of testing using the resources of the District’s public laboratories, while leveraging partnerships with private labs;
3. Build a reliable program of contact tracing operating under the auspices of DC Health; and,
4. Create a sufficient number of isolation and quarantine sites to provide safe refuge for persons who have been exposed to the virus, or whose health is dangerously fragile, leaving them at considerable risk for an adverse health outcome should they remain in congregate living settings.



*Public Health Interventions.* The public health interventions employed by the government are evidenced-based strategies that are designed to reduce the opportunities for the virus to spread. Under a system of perfect compliance, sound public health interventions can greatly limit the “fuel” needed by COVID-19 to propagate in the community, eventually causing the virus to burn itself out. Accordingly, the Mayor’s mandatory stay-at-home orders, mask wearing requirements, and social distancing guidelines were instituted in conjunction with an extensive array of community guidelines promulgated by DC Health to work together and suppress the growth of the disease.

*COVID Testing.* It is widely understood that if the government hopes to identify, contain, and eradicate COVID-19 in the community in a substantial way, officials must establish a robust testing program. As shown on the graph, the District has designed and implemented a strong program of testing involving multiple mass testing sites, the use of firehouses, serology sites, 27 different testing programs at high-risk congregate living facilities, and several privately-run labs. Through these sites, the District has successfully tested more than 237,000 residents, turning around results in just over 2.1 days on average.

*Contact Tracing.* When test results reveal positive cases, it is critically important that the District have a system in place that allows follow-up with infected residents to determine the degree to which they may have exposed others who may not have been otherwise identified. DC Health manages the city’s contact tracing program using 408 employees, many detailed from other agencies. The goal of this program is to rapidly get in contact with those who have tested positive and secure necessary information to identify their close contacts before they have the opportunity to unwittingly expose others to the disease. In hopes of limiting the transmission rate, DC Health

is successfully reaching nearly 100 percent of all reported cases within one day and is meeting with 96 percent of the identified close contacts for those infected within two days.

*Isolation and Quarantine.* Finally, the District has spent considerable time and resources establishing facilities that are used solely to quarantine persons who have positive COVID tests but cannot separate themselves from others in their living arrangement. Additionally, we use isolation facilities for persons whose health status is fragile, placing them at serious risk for a possible fatal outcome should they acquire COVID-19.

In the first nine months of this pandemic, the District has established isolation and quarantine sites across five hotels, generating a capacity in the early days of the pandemic of 528 rooms. With the success experienced in controlling community spread, we have been able to reduce the number of beds needed to slightly more than 200. Complimenting these rooms, are the previously referenced two alternative locations which we use for persons who mostly live in congregate settings and are at a high-risk for adverse COVID outcomes.

*Ensuring Health Care Access.* Finally, Mr. Chairman, I would like to offer a few comments about our considerable efforts to ensure that persons who rely on public health insurance do not experience breaks in coverage during this pandemic. In the early phase of this virus, the Department of Health Care Finance quickly took the necessary steps to simplify the application process for Medicaid and the Alliance program, while also eliminating the much-discussed face-to-face recertification requirements for persons enrolled in Alliance. These changes, when combined with the steps we took to allow telemedicine in the homes of Medicaid enrollees, have provided consistent access to care for some of the District's most vulnerable residents.

## **Conclusions**

Mr. Chairman, as these remarks attest, the Bowser Administration has employed a sober, deliberate, and evidence-based approach to managing the worst pandemic this country has witnessed in more than 100 years. While pleased with our efforts thus far, we remain vigilant because of the efficient and explosive nature of this virus. As we participate in this hearing, national data indicates that the virus is surging across the country again as we head into the winter season. This brings its own set of challenges. Recognizing that we have porous borders around the city, we are mindful that this struggle is far from over.

At this time, Mr. Chairman, I will turn the discussion over to Dr. Nesbitt, who can share with you what we learn each day from DC Health's outstanding surveillance of this disease. Thank you.