

# THE ECONOMIC CLUB

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O F W A S H I N G T O N, D. C.

## **Virtual Signature Event**

**The Honorable Rochelle P. Walensky, MD, MPH**  
**Director, Centers for Disease Control and Prevention (CDC)**

**and**

**The Honorable Muriel E. Bowser**  
**Mayor, Washington, D.C.**

**David M. Rubenstein**  
**President**  
**The Economic Club of Washington, D.C.**

**Thursday, May 13, 2021**

ANNOUNCER: Please welcome David Rubenstein, president of The Economic Club of Washington, D.C.

DAVID M. RUBENSTEIN: Welcome, everyone. Today we are having our 18<sup>th</sup> Virtual Signature Event of our 35<sup>th</sup> season. And we are very fortunate to have two special guests who have been in the news recently for a lot of the things they're doing, and they have many things to talk about today that I think you'll find quite interesting.

The first will be Dr. Rochelle Walensky. She's the director of the Centers for Disease Control and Prevention – CDC, as it's often known. She is a person who has assumed this position at the beginning of the administration of President Biden, and I will introduce her appropriately in a few moments.

And we also have the mayor of the District of Columbia, Muriel Bowser. Mayor Bowser has been a guest of ours before and she has a lot of things to talk about today that she's been dealing with in terms of our health situation in the District.

Rochelle has the distinction of being the first person who has ever spoken at The Economic Club of Washington as a guest whose father was a member of The Economic Club, and still is. Ed Bersoff was one of the early members of The Economic Club and he's still a member, and I want to thank Ed for making certain that we were able to get his daughter to come here.

Rochelle Walensky grew up in the Washington area. She is a graduate of Winston Churchill High School, Washington University, Johns Hopkins Medical School, and the School of Public Health at Harvard University. Until she assumed the CDC position as the 19<sup>th</sup> director of the CDC, she was the chief of the Division of Infectious Diseases at Massachusetts General Hospital, and she's a professor of medicine at Harvard Medical School. She's also one of the nation's leading experts on infectious diseases, but also on HIV and AIDS, where she spent a great deal of her career.

So, Dr. Walensky, thank you very much for making time for us today.

ROCHELLE WALENSKY, M.D.: Thank you so much. It's a pleasure to be here.

MR. RUBENSTEIN: So is the worst of the pandemic behind us? In other words, can we say finally the worst is behind us and we can see the light at the end of the tunnel? Is it too early to say that or not?

DR. WALENSKY: You know, what I think is – we have to be humble with this virus. We have said before we thought we were through it, that spring would be a good time last year and that summer we wouldn't have any more surges. So on the one hand I think we have to be humble.

On the other hand, I am really cautiously optimistic. Our case rates are coming down. Our vaccine rates are going up. Having a vaccine here is really, really critical as we – as we look in what the future will hold.

I do think about variants a lot. Variants do serve to potentially threaten our vaccine efforts coming from other places. But I would like to say with cautious optimism that I – that I'm hopeful that the worst is behind us.

MR. RUBENSTEIN: So I think we have about 150 million people that have been vaccinated already in the United States, but we have 331 million people. So less than half, really. So how are we going to get the other half vaccinated? And do we need to get the other half vaccinated to get so-called herd immunity?

DR. WALENSKY: So first I'll just highlight an important step that happened yesterday. So yesterday the CDC approved through the ACIP – the Advisory Committee on Immunization Practices – what FDA had authorized on Monday, which was that we have now a vaccine for 12- to 15-year-olds. This expands the pool of eligible people by 17 million, which I think is great. We still do not have a vaccine that is authorized for children less than 15, so that is a pool we can't vaccinate quite yet.

I think your point is actually a really good one, though, that we have hard work ahead. We have vaccinated about 44 percent of people who are over the age of 18, about 35 percent of the entire population. And we knew late April/early May we'd hit this inflection point, this point where people would not be flocking in to get vaccine and we now needed to do the hard work with vaccine available of getting to people who might be hesitant for one reason or another.

MR. RUBENSTEIN: Well, many people – just some do not want to get a vaccine. Either they're just afraid of having a jab in their arm or they just think that they're – the government – they don't trust the government, or whatever reason they have. How much do you need to get vaccinated, what percentage of the population, so we can feel we have so-called herd immunity? And you can explain what herd immunity really is.

DR. WALENSKY: [Laughs.] So herd immunity, interestingly, was not a term that anybody was really bouncing around before the pandemic. Herd immunity is actually an epidemiologic term which is defined as one-minus-one over R-naught, where R-naught is the transmissibility of the virus of whatever disease you're trying to reach herd immunity. Practically, that means that you need to have enough people immunized in a population so that if a virus – or, immune in a population so if a virus was going to hit the next person, that they would stop the train of transmission because they were immune.

The challenge is that with our variants we have had increased transmissibility of the virus. So pinning what exactly the number is for herd immunity changes if we have a more transmissible virus. And so, you know, I think people generally believe we need to get to somewhere between 70 and 80 percent in order to reach herd immunity.

I think the other thing that's really, really important is to recognize that the country is not homogeneous; that on average 70 to 80 percent would be great, but if you have communities that are 40, 50 percent, you don't have herd immunity in that community and, in fact, you – the virus is an opportunist, so that's where the virus will surge.

MR. RUBENSTEIN: Let's suppose for the 12- to 15-year-olds – by the way, for people under the age of 12, there hasn't been enough testing yet, is that right? But you – when do you expect you'll have tests so that 5-year-olds, 6-year-olds, 7-year-olds can get – can get the vaccine?

DR. WALENSKY: So they do it stepwise downward. So we were at 16 and 17, then we went down to 12 to 15, and now they'll go down to nine and they'll go down to six. We're hoping that by the end – by late fall we'll have data down to nine and I believe down to six, and perhaps ability to use it at the tail end of '21 if not early '22.

MR. RUBENSTEIN: So let's suppose I'm 14 years old and I want to get the vaccine, but my mother or father say they don't want me to do it. Can I show up and get my vaccine? Do I have to have parental permission to get it? Or how does that work?

DR. WALENSKY: So that actually is a state-by-state law. The federal government does not actually govern over what kind of consent or assent you need for these teenagers. Those are state-by-state laws. So I would say each person has to go to their state. Many places will say your parent doesn't need to be there but your parent needs to have information or your parent needs to have signed off. So it really does vary by state.

If you're looking for vaccine, you can text your ZIP code into GetVax or 438829 and you will get a list of five places around you that have vaccine available.

MR. RUBENSTEIN: OK. I've gotten two shots of Moderna.

DR. WALENSKY: Great!

MR. RUBENSTEIN: Do I need a – do I need a booster shot ever?

DR. WALENSKY: We don't know. So, you know, what we are following right – first of all, I should mention – and this has been a source of confusion, so I think it's really important to understand – if you've gotten your two shots of Moderna, you're protected right now. So it's not that you need a booster to protect you now. The real question is, how long will your immunity last? And so we're doing those studies right now to see if immunity wanes, if immunity wanes particularly in frailer populations, older populations that might – at long-term care facilities and things like that, and we want to be prepared. So we are working now with the companies to ensure that we have boosters available if they are needed and when they are needed.

The other question that comes up a lot with regard to boosters is can you now get your booster as Pfizer, right? If you got two doses of Moderna, well, can you get your booster as Pfizer? Those studies are ongoing as well.

MR. RUBENSTEIN: Now, some people have gotten one shot and they haven't gotten the second shot, and maybe they're not going to get it. What happens to them? Do they have a little bit of immunity, or not that much?

DR. WALENSKY: First of all, I would encourage everybody to get the second shot of their two-shot vaccine – of their two-dose vaccine.

What we know is the first shot is likely not as durable, it's likely not as protective, and it probably doesn't have the breadth of coverage that we would really like to see for all of the variants out there. So it boosts your response, it makes it more durable, and it probably makes – gives you a broader breadth of being able to cover the variants we have.

MR. RUBENSTEIN: Now, when you get a shot, your arm hurts for a while. Why is that?

DR. WALENSKY: So that's really your immune system. It's your arm hurting. It's your – my joints hurt a little bit. I had a little bit of aches and fevers. So that's really your immune system revving up, kicking in, and creating the response as if it sees this foreign thing. It's pretending it's – your body is pretending it's seeing a virus, right? It's making that immune reaction to the virus – or the mock virus, the vaccine – so that it will be ready to rev up again should it actually see the virus.

MR. RUBENSTEIN: But I – my arm hurt, but after that I didn't feel – I didn't have any chills. I didn't know whether it was really working or not. So how do I know whether it really took?

DR. WALENSKY: You know, we don't really have a good sense. Whether or not you get symptoms is not really a good marker of how well you are protected. So some people get the symptoms; some people don't.

MR. RUBENSTEIN: OK. Let's talk about masks. I know you –

DR. WALENSKY: [Laughs.] My favorite subject. [Laughs.]

MR. RUBENSTEIN: – that you've testified a little bit about masks. So what is the story on masks? Now that I've been vaccinated, do I need to wear a mask in my house? Do I need to wear a mask in a restaurant? What's the story, in your view?

DR. WALENSKY: So we are looking at the data really carefully, and we have to look at sort of three general things.

One is how much disease is out there in the community. You know, how much – how much disease is out there, how many people are being able to do – have been vaccinated.

Two is, is vaccine available to people in the community? And increasingly now we have widespread eligibility since April 19. We have availability now for 12- to 15-year-olds. And essentially, we have enough vaccine that if you want a vaccine, you can get it.

And then a third really important thing is where is the science right now, and we're looking at this really carefully. There are several things that I feel like we need in the science to be able to say we can take off our masks.

One is: Does the vaccine work in the public the way it does in clinical trials? People who are eligible and work in clinical – and enroll in clinical trials are sometimes different kinds of people, but it's selective kinds of people. They're healthier people. What are the data that say that it works in the real world and not just in clinical trials?

Second is: What are the data that say it works against the variants that we have out there circulating in this country right now?

And third is – and this the trials did not assess – if you are vaccinated, what is the chance that you could potentially have asymptomatic disease and still give it to somebody else?

And so there's evolving science in all of those areas. And we're looking at it really carefully, and we're really hoping to update our mask guidance soon.

MR. RUBENSTEIN: Right. But right now do you think if I – if I've been vaccinated, what is your recommendation if I'm going to a restaurant? Do I – should I wear a mask when I'm not eating, or what should I be doing?

DR. WALENSKY: Our current guidance says you – if you're outdoors and you're vaccinated, then you can take off your mask. And we are looking to update our mask guidance soon with regard to other indoor settings.

MR. RUBENSTEIN: OK. And how far apart should you stay from somebody else if your mask is off? Should it be three feet, six feet, 10 feet?

DR. WALENSKY: If you're vaccinated and outside, you need not distance. Our current guidance if you're vaccinated is that you wear your mask but you also need not distance.

Now, what I do want to say is this is all for vaccinated. And if you are not vaccinated you still have the guidance that says wear your mask, maintain your distance, and most importantly get vaccinated.

MR. RUBENSTEIN: Right. But let's suppose I'm meeting somebody. I'm wearing a mask and I go to – shall I shake their hand? Can I – is it OK to shake somebody's hand? How do you know if they're really vaccinated when you meet them for the first time?

DR. WALENSKY: Yeah. You know, if you don't have the knowledge of whether somebody or not is vaccinated, you know, I would say that our – you know, it's really about individual risk at this point. And so, you know, if you want to shake their hand, I might Purell afterwards, really we're going back to the basic principles of if you don't know then probably best to wash our hands, wear your mask, distance.

MR. RUBENSTEIN: You don't think it's insulting to shake somebody's hand and take out the Purell and wash your hands right away in front of them? That doesn't look bad?

DR. WALENSKY: [Laughs.] I have to say I've been doing a lot of elbow bumping. [Laughs.]

MR. RUBENSTEIN: OK. And if somebody wants to kiss you on the cheek, what do you do? You just turn around or you say don't do that anymore?

DR. WALENSKY: [Laughs.] Yeah, that might be evolving as this pandemic evolves. [Laughs.]

MR. RUBENSTEIN: So for the rest of my life, should I take my vaccination card and keep it in my wallet? So how do I – if somebody says to me are you vaccinated and I say yes, sometimes they say, well, prove it. What am I supposed to do?

DR. WALENSKY: You know, this I think is going to be an evolving area. The federal government has not – has not – is not planning on weighing in with regard to vaccine passports. Really, a lot of discussion about whether and how we make sure that verification of vaccination is equitable, right – that if you have it on your phone, what if everybody doesn't have a phone; if it's on an app, what if everybody doesn't have an app – crossing the digital divide. So there's a lot of active work in this area with regard to both travel and other places that might do it for business purposes and whatnot.

MR. RUBENSTEIN: OK. So let's talk about for a moment the CDC. We didn't really talk about it. Everybody's heard of the CDC, but what really is it? And why is it in Atlanta? Why isn't it in Washington, D.C.?

DR. WALENSKY: So the CDC is the nation's public health protection agency. And it's not really just for the nation; it's for across the world.

CDC this year will be celebrating its 75<sup>th</sup> anniversary. It was originally established to try and stomp out a potential malaria threat that was happening in Atlanta, Georgia, and it's in Atlanta because of the work that was going on there at the time and because Emory [University] actually sold a piece of land to the CDC – to the federal government to establish the CDC. It's on, essentially, Emory property at the time, and that's really where we've grown and flourished.

MR. RUBENSTEIN: And how many employees do you have at the CDC? How big is it?

DR. WALENSKY: It's about 12,000 employees and then an additional 12,000 contractors.

MR. RUBENSTEIN: OK. And let me ask you about what your authority is. When you say this is the CDC policy, you don't have policemen to enforce it or anything. You just kind of make recommendations to people. You just can't – you don't enforce anything. Is that right?

DR. WALENSKY: That's it. So we make public-health recommendations. And you know, while everybody has sort of focused hard on our public-health recommendations for what we say about COVID and summer camps and schools and cruise ships and all sorts of things, what I really want to articulate is, wearing my prior hat as a – as an infectious disease doc, I have been going to the CDC guidance for my entire career about what vaccines you should get when you travel to X foreign country or how do you quarantine somebody who's had the measles or what do you do about directly observed therapy in tuberculosis. So we in infectious disease and truly

in public health have been going to a huge menu of CDC guidance for many, many infectious and non-infectious diseases.

MR. RUBENSTEIN: Let's suppose I were offered the chance to get the Russian Sputnik vaccine or the Chinese one. Should I take those? Are they as good, or you don't know?

DR. WALENSKY: You know, I haven't seen any published data on those and I don't believe those two yet are WHO-approved. I would have to confirm that. But I would stick to either something that is FDA-approved or WHO-approved – or, authorized, I should say.

MR. RUBENSTEIN: OK. These vaccines were produced in less than a year. Normally, it takes four to seven years at least to get a vaccine. If we didn't have so-called messenger RNA and those kind of synthetic techniques, would we have a vaccine now if we used the traditional vaccine methods, or are we just fortunate that we have these methods now?

DR. WALENSKY: So yes is the answer. So the J&J vaccine is actually not an mRNA vaccine. It's an adenovirus vector vaccine, as is the AstraZeneca vaccine not yet approved here but used in many countries around the world. So it is the case that we've been able to have vaccines pretty quickly.

I want to be really clear about how quickly these were developed because the mRNA technology has been studied for decades. We were able to make these vaccines and do the trials quickly for numerous reasons, but – and we were able to leverage the science at a really critically important point, but the reason we were able to do this so quickly is because the science was primed and ready to go. We overlapped in our – in our – we were able to, like, remove the dead time in our – in our phase one-two-three trials. We manufactured the vaccine at risk, meaning that we did it while the trials were enrolling. And in fact, the trial endpoints at the time they were enrolling were pretty easy to reach because we had so much disease.

MR. RUBENSTEIN: Now, is there a White House coronavirus taskforce now? Is there a White House taskforce on this?

DR. WALENSKY: I don't know. I believe so. You know, I don't know that it officially – yeah, I guess so. I guess we officially have that name.

MR. RUBENSTEIN: So like –

DR. WALENSKY: We certainly are a team that meets often.

MR. RUBENSTEIN: How do you – who do you make your recommendations to? You report directly to the HHS secretary, or how does that work?

DR. WALENSKY: I do. I report directly to Secretary Becerra and he's been wonderful. And I also – so, you know, I look to my agency.

We have extraordinary subject-matter experts in so many different areas. So I look to my agency about the – and the subject-matter experts and scientists there as to how science will evolve. I then, you know, present to the secretary to make sure he agrees. I also bring in – I have sort of what we call the white coats around the table. [Laughs.] So I'll talk to Dr. Fauci. I'll talk to the surgeon general. I'll talk to Bechara Choucair, who is the, you know, COVID taskforce – so we – or, the COVID liaison at the White House.

So we spend a lot of time just chatting with each other, thinking about what are the next big things that we need to be conquering, what are things that are, you know, concerning to us. We all have different outreach, which has been really, really helpful.

MR. RUBENSTEIN: Have you talked to/met with President Biden?

DR. WALENSKY: I have. I have. We meet with him about weekly.

MR. RUBENSTEIN: OK. And so he wears a mask a lot. People sometimes ask him, why are you still wearing a mask? You're vaccinated. Why do you think he still should wear a mask, if you do think that?

DR. WALENSKY: You know, I think – [Laughs] – I'm not familiar with in what setting he is and in what setting he isn't. I know he was – there was some discussion about how he wore it outside when our guidance has changed and then he didn't. I will say that sometimes when I am walking from one place to another I don't take off my mask. It's kind of a habit at this point. But so I think as more and more of us are – as the guidance is evolving, as more and more of us are getting more comfortable now taking our mask off, which we've been spending the last year and a half doing – putting our mask on, I think people, their behaviors will change.

MR. RUBENSTEIN: Do you think CDC should be independent of any government Cabinet department? It was criticized during the previous administration for being maybe politically pressured. Have you felt any political pressure to come up with any answers or anything?

DR. WALENSKY: I made it pretty clear before I took this job that the science was going to lead, that the subject matters were going to lead. I have not felt any political pressure. Certainly, there's a lot of stakeholders who are impacted by our change in guidance, but I have felt completely independent to make sure that the science is what guides the guidance.

MR. RUBENSTEIN: And what about schools? Do you think schools can open safely? And do teachers have to be vaccinated? And if the young children are not vaccinated, is that OK for the teachers?

DR. WALENSKY: So I'm really pleased that in March we had a big rollout of getting teachers vaccinated through our federal retail pharmacy program. About 80 percent – the surveys have suggested that about 80 percent of our teachers and educators have taken – have chosen to be vaccinated. They've all at least gotten one shot and I'm hopeful they'll follow up with the second and we'll get closer to 100 percent there.

I think schools – we should all plan for schools to be open in fall – in person come the fall. Not everybody has been able to – not every school’s been able to do that until now, but I think that by the fall we should absolutely be there. Whether they require vaccination for – [coughs] – excuse me – for teachers, that I think is going to be at the jurisdictional level. That’s not something that we at CDC are going to regulate. But certainly the more people who are vaccinated, the less risk there will be.

MR. RUBENSTEIN: What about summer camps? Are they OK to go to summer camps now?

DR. WALENSKY: So we clearly have to revise our summer camp guidance in lieu of what happened yesterday with our CDC vaccination policy for – our CDC vaccination for – availability for 12- to 15-year-olds, and we’re actively in the process of doing that now.

MR. RUBENSTEIN: OK. And so your predecessor said after he left office that he thought that the virus was – came from a lab in Wuhan. Is there any evidence of that? Or do you – as an expert in this area, what do you think about that chance of that happening – having happened?

DR. WALENSKY: So the WHO has engaged in a report. We’ve been looking at that report and numerous experts have been looking at that report. The data from that report do not – are not definitive and they’re not wholly transparent in terms of our being able to evaluate the individual line data. It’s sort of a summary of data. We have encouraged them. I believe the WHO is engaging in a second phase of that report where we really are encouraging transparency and open access to the data so that scientists here can evaluate that.

MR. RUBENSTEIN: But your thinking is it’s less likely or more likely? We just don’t know yet whether –

DR. WALENSKY: I don’t think we yet know, but the initial WHO report suggested it was less likely.

MR. RUBENSTEIN: So I know you don’t spend 99 percent of your time on this issue. What else do you work on other than this issue? I know you’ve got a lot of other diseases you’re working on. What’s your second- or third-biggest disease you’re working on?

DR. WALENSKY: Well, so I think my responsibility leading the CDC right now is to make sure that we as a country get out of this pandemic. So I have been spending an extraordinary amount of time on that issue specifically.

I have also spent a lot of time in addressing health equity. That has come up time and time again. It’s obvious with regard to who got disease, who died from disease, who is getting vaccinated. So we are spending a lot of time on health equity, and I think really now is the moment to make sure that we address health equity in this country not just for COVID but for all underlying chronic diseases. We know that most infectious diseases actually have a disproportional hit to vulnerable communities. So we’re spending a lot of time working toward a health-equity strategy.

And then I'm spending quite a bit of time in trying to mobilize resources for our public-health infrastructure in this country. I think we can all recognize that we as a public-health infrastructure were too frail and not prepared, too thin to handle a pandemic like this. I think public health works for us when we don't know that it's working. So while we have been handling this pandemic, I will say we've had a measles case, we've had two outbreaks of Ebola, we've had Legionnaires', we've had salmonella, all happening while everybody is working on COVID-19. We've been able to handle that.

But we as a public-health infrastructure really need a more robust workforce. We need a – data modernization, which has really been lacking, as well as modernization of our public-health labs.

MR. RUBENSTEIN: OK. I'm always worried I'm going to get some disease, so what should I be most worried about? If I'm not worried about the virus now, what should I – I'm not going to get Ebola, I assume – I hope – but what – should I worry about the flu? Should I get a flu shot?

DR. WALENSKY: You should most definitely get a flu shot. So we were all very worried last year that if we had a bad flu season concomitant with a bad COVID season, that really we were going to have real increase in mortality related to flu because we didn't have resources. We didn't have a bad flu season. We actually had quite a good flu season last year. And that's probably because we were all wearing masks and all the mitigation strategies that work for COVID also work for flu. But what that means is we're actually pretty vulnerable to a bad flu season in the year ahead. And so we are really asking everybody to make sure that they get a flu shot this year.

MR. RUBENSTEIN: OK. And what about AIDS? You're an expert on AIDS and HIV. Is AIDS still a growing problem in the United States, or it's growing more outside the United States than in the United States now, HIV/AIDS?

DR. WALENSKY: You know, HIV and AIDS is still a challenging issue both in this country and outside of this country. There is an active HIV outbreak happening right now in West Virginia among people who use drugs. Still one in seven people who have HIV do not know they have HIV. We really have a unique moment where we right now actually have the toolkit, the strategies, the truth, and then the prevention interventions to really end the HIV epidemic. And so we are working that, as that is high on my priority list to do in this country. And then, of course, around the world this is still one of the leading causes of death around the world, and CDC is actively working in getting prevention of mother-to-child transmission of HIV efforts as well as HIV treatment across the globe.

MR. RUBENSTEIN: Now, you have three teenage boys, I believe. If they don't wear their mask, does somebody call up you and say your –

DR. WALENSKY: [Laughs.]

MR. RUBENSTEIN: – your children – you know, the mother is the head of the CDC and they're not doing the right thing? Do you ever get those calls? Or do you tell your sons, be careful?

DR. WALENSKY: [Laughs.] Could you imagine what it's like to be my poor kid? [Laughs.]

MR. RUBENSTEIN: So any –

DR. WALENSKY: I haven't had too many calls telling on them, but they know they've got to behave. [Laughs.]

MR. RUBENSTEIN: Any regrets about taking this job?

DR. WALENSKY: No. It's been – I was told ahead of time it would be extraordinarily hard. It's true; it's extraordinarily hard. But no regrets at all.

MR. RUBENSTEIN: Dr. Walensky, I want to thank you very much for an interesting conversation, and keep up the great work, OK?

DR. WALENSKY: Thank you so much for having me.

MR. RUBENSTEIN: Bye.

DR. WALENSKY: Bye.

MR. RUBENSTEIN: So now I would like to have a discussion with the mayor of the District of Columbia, Muriel Bowser. Mayor Bowser, thank you very much for being here.

WASHINGTON, D.C. MAYOR MURIEL BOWSER (D): Thank you, David. Thanks for having me.

MR. RUBENSTEIN: So Mayor Bowser I think everybody knows. She's been with us several times. She was first elected in 2014, now in her second term. And she was previously a member of the city council, first elected in 2007 if I recall.

And, Mayor Bowser, you have made some news recently about changes in our policy in the District of Columbia. Can you tell us what the big news is?

MAYOR BOWSER: Well, thanks for having me, David, and it was great listening to Dr. Walensky.

I will say that the news is that D.C. residents and businesses are crushing this virus. We're driving down our case rates, driving down our hospitalizations, and heeding public-health guidance. And so that has put us in the position to turn on activity in D.C. We're going to have a big turn-up on May 21 and we will continue that on June 11.

The big focus for us is to listen to the CDC's risk guidance and – for individuals to make decisions. First of all, to get vaccinated. We know that vaccinated people can safely participate in a full range of activities. And to wear your mask. And so that is going to allow us to get the city back open and to get people back to some semblance of their normal lives, but it also puts a focus on vaccination because you can safely participate in live activities with vaccination.

MR. RUBENSTEIN: OK. So when June 11 comes around, will people be able to basically go back to normal life in terms of going to a restaurant? I mean, you go to a restaurant, do you wear a mask still or not?

MAYOR BOWSER: You still wear a mask, and we're going to closely follow the CDC's recommendations on mask-wearing.

MR. RUBENSTEIN: OK. And how much has the economy of the District of Columbia been hurt by the pandemic? I assume many things have been closed and so forth. Do you have any way of measuring how bad the economy has been hit?

MAYOR BOWSER: Well, we – our economy is resilient, but certainly we are a – we are a hospitality town and we want to get our travelers back. Before the pandemic, David, we had 20 million people coming to the District of Columbia annually to visit. We're a food town. So over the years, we've had a burgeoning restaurant scene. And I have to tell you how proud I am of these entrepreneurs who have pivoted, who have been creative, who have kept their employees on the job in many cases. And – but they have taken a substantial hit. Our large venues, our, you know, arts and culture scene, as well as our sports scene, have all been impacted. And so we see those activities slowly coming – slowly coming back and we're very grateful for that, but that has been a significant hit on our economy.

MR. RUBENSTEIN: Part of the economy has been very damaging to people in the lower economic stratas, and obviously, you can see in some parts of D.C. people in homeless tents. And is homelessness increased dramatically? And what can be done about it?

MAYOR BOWSER: Homelessness has not increased dramatically. In fact, what we reported was a pretty significant decrease in family homelessness. Over the course of my tenure, we've actually seen those numbers go down over 40 percent. We've had a smaller – much smaller increase – I mean, decrease in single homelessness. And then we're looking at chronic homelessness for people who are, you know – who have interacted with the system over and over; we see a slight increase.

Certainly, what we see with tents is more a visible problem for people who are unhoused, but we do have shelter and we have shelter available. So we're working double hard to get those people in shelter.

MR. RUBENSTEIN: So in the District of Columbia, what percentage of people in the District have been vaccinated now? Is it –

MAYOR BOWSER: We are – we’re reporting over 50 percent of our people have gotten at least one shot, which is good. But it also – I got a, you know, report the other day. It puts us in the top quartile of states. But there’s a lot of work remaining. I just got some reports from our vaccination sites of the 12- to 15-year-olds showing up and walking up to those sites, them and their parents very excited to get the vaccine. We’re at 34 – I’m looking down at a note – just about 35 percent of our people fully vaccinated. So there’s a lot of work to do.

MR. RUBENSTEIN: OK. Let’s talk about for a moment the police situation. First let’s deal with what happened on January the 6. The D.C. Police came in for the rescue, I guess. Is that right? How did that work? Because you weren’t – the D.C. Police weren’t called in initially on January 6, but who ultimately authorized them to go in to help the Capitol Police?

MAYOR BOWSER: Well, David, you know, we work in concert with our federal partners, and that’s the way we have safe events, safe protests, inaugurations, Fourth of July, you name it. And we work with a mutual-aid agreement. Typically, it’s us, D.C. Police, who call on our county partners and federal partners to assist on large-scale events, but we are also there to assist them when called. And certainly, the insurrection of January 6 was a threat not just to the safety of Washington, D.C., but to our democracy. And we are very interested in a bipartisan or a nonpartisan commission to review what happened on January 6 and make sure it never happens again.

MR. RUBENSTEIN: I thought in the end the D.C. Police did come and help out, and you sent that –

MAYOR BOWSER: Not in the end. In the beginning, the middle, and the end.

MR. RUBENSTEIN: You were there all along. OK.

MAYOR BOWSER: Yes.

MR. RUBENSTEIN: I was surprised when – to learn during the course of a lot of these things that the D.C. National Guard is – you don’t – you can’t call out the D.C. National Guard; it’s the president of the United States that calls it, the D.C. National Guard. Is that right or wrong?

MAYOR BOWSER: No, that’s absolutely right. So in some ways, it’s not really the D.C. National Guard but the president’s guard. And in, you know –

MR. RUBENSTEIN: Can you change that or is there an effort to change that, or – so that you can actually call –

MAYOR BOWSER: There are a couple of efforts to change it. There’s a bill in – I think in both the House and the Senate that would give the mayor the same authority over the D.C. National Guard as the governors of the 50 states have over the D.C. National Guard. We’re also going to talk to the president about what he can do with executive authority to make this a more palatable situation for us.

MR. RUBENSTEIN: Do you have a closer relationship with President Biden than you did with President Trump?

MAYOR BOWSER: Well, I think certainly we share the love of our democracy, the autonomy for the District of Columbia, the belief that D.C. should be admitted as the 51<sup>st</sup> state, a reliance on science to beat back this virus, and to support people while we go through this – you know, this 100-year pandemic.

MR. RUBENSTEIN: So right now the House of Representatives has passed legislation that would approve D.C to be the 51<sup>st</sup> state. It's now in the Senate.

MAYOR BOWSER: That's correct.

MR. RUBENSTEIN: And is there a reasonable chance you can get 51 votes there?

MAYOR BOWSER: This is what I know. First of all, it would take 60 with the current rules. And this is the best place we've ever been for the passage of D.C. statehood. We have gotten the support of our neighbors in Maryland and Virginia. We have the support of the speaker of the House, the leader of the Senate, the president of the United States. We have our business community supporting us. The federal city council was very helpful in commissioning a report about the history of race in D.C. and how it has impacted our status. So we're in the best place possible.

And what I also know is that our fellow Americans also see the impact on our democracy, so it's bigger than us in some ways. It's important for this region. I know there are a lot of members that are – that are listening from D.C., Maryland, and Virginia. And for our region, it's important that we have six senators. Our four senators are great, but we need six senators to really deliver for what our region needs so that we can remain competitive.

MR. RUBENSTEIN: During the first stimulus bill under President Trump, I think the District of Columbia was shortchanged by roughly \$700 million on a formula that – had you been a state you would have gotten, I think, \$700 million more or something like that. Did you ever get any of that money?

MAYOR BOWSER: We got it all.

MR. RUBENSTEIN: We did? OK.

MAYOR BOWSER: And so I want to thank President Biden and congressional Democrats who really made sure that we were made whole. Senator Chris Van Hollen played a huge role, and Senator Schumer, and the speaker of the House, to make sure that those funds were included. But it couldn't have happened without the support of the president.

And I don't care where you come from, \$755 million – three quarters of a billion dollars – is a lot of money. And to be shortchanged that money on politics during our pandemic response was unconscionable.

MR. RUBENSTEIN: So the District of Columbia in the Census turned out to be one of the fastest-growing parts of the United States. You grew at more than 14 percent.

MAYOR BOWSER: Yeah.

MR. RUBENSTEIN: It turns out the city is – we don't know officially, but it's more or less half white and half non-white. Is that more or less right?

MAYOR BOWSER: It's more or less half Black and half non-Black.

MR. RUBENSTEIN: OK. And to date, why do you think the District has grown so much? You had – you grew at 14.8 percent. And you know, is it because people just love the District of Columbia, or why do you think people are moving here?

MAYOR BOWSER: Well, it's a great place to live. I would say we have great leadership here.

MR. RUBENSTEIN: OK.

MAYOR BOWSER: If you like. That was a little joke. But I do think that people want to go places where it's livable, a beautiful city, great jobs, arts and culture. Easy access to other great cities along the East Coast as well has been helpful. It's a great place for families. It used to be, David, that people moved here; the second they had kids, they moved out. But now our investments in schools and parks and recreation and public safety have made us a great place to live – and to do business, I might add.

MR. RUBENSTEIN: Now, you've recently appointed a new person to be the head of the D.C. Police.

MAYOR BOWSER: I have.

MR. RUBENSTEIN: Right? So how are the D.C. Police doing? And have there been problems recently in the homicide rate in the District of Columbia?

MAYOR BOWSER: Well, what we've seen around the country – and we, unfortunately, are experiencing it here as well – is a(n) increase. While we see overall crime going down, violent crime, unfortunately, has been persistent and in some cases increased, especially with shootings in concentrated areas.

So we are attacking it from the whole of government, not just the police. But I introduced a program that focuses on 150 blocks in the District and focuses on the people who are most likely to commit crime or be victims of crime. So it's in its early stages, but it's showing some promise, really being able to invest resources in the people who are causing – really, wreaking havoc in our communities.

We are focused on policing. I think you know our council commissioned a report recently that recommended how to change policing in the city. So we are looking at some of their recommendations as I prepare my budget. I do think mayors like me are facing a challenge and being responsive to calls to remove police out of certain public-safety matters, but at the same time need our forces to be robust to respond to citizen calls. So that's what we're looking at now, how to fund the necessary police force that we need.

MR. RUBENSTEIN: Now, you've had a fair number of police retire or I guess just quit the force because of pressures and so forth –

MAYOR BOWSER: Right.

MR. RUBENSTEIN: – a couple hundred. So how are you going to get another – people to replace them? Is it hard to get people to want to be a D.C. policeman?

MAYOR BOWSER: It's hard to get the council to fund replacing them. That's what I would say is our biggest challenge. Our attrition numbers are about 300 a year. Last year, we weren't able to hire any police officers because of defunding. And so if we continue to have that challenge, having a police budget approved, we could see our numbers dip in a very short order to numbers that I would think are unacceptable.

MR. RUBENSTEIN: The reason the District of Columbia council – the city council doesn't want to fund it is there are political pressures not to fund the police? Or what is the reason?

MAYOR BOWSER: I think that that is their kind of philosophical approach to public safety in some cases. In other cases, I do think it's politics.

MR. RUBENSTEIN: Well, you have \$400 million of unpaid parking tickets. As I probably said to you before, probably some are mine. But is there an amnesty program if people want to pay that off soon?

MAYOR BOWSER: Yes. So we are going into our reopening posture, not just lifting of our restrictions. Some of our public services have been modified, too, to keep our employees safe, and part of that modification has been parking enforcement. And we're turning that back on, a word to the wise. So please mind your parking signs. Get your credentials updated. If you have an expired license or vehicle registration or tags get those things updated, including your inspection, because our parking enforcement will begin in earnest in June.

Also, we want to help people out who have either racked up tickets – they probably didn't in the last year, but they may have had some tickets going into the pandemic. They may have suffered some losses due to COVID. And we want to help them get their credentials in order by applying for amnesty. But if you don't ask you won't get it, so please find out so – how we can wipe out your fees and you can just take care of the underlying ticket.

MR. RUBENSTEIN: OK. So you've been the mayor now for, what, six-plus years?

MAYOR BOWSER: Yeah.

MR. RUBENSTEIN: Do you still enjoy the job?

MAYOR BOWSER: I love it. We talked early on, I think, in my tenure.

MR. RUBENSTEIN: Right.

MAYOR BOWSER: And it is the – it is the – you know, the privilege of my life to be – my professional life, certainly – to be able to be mayor of my hometown. After six years, you really know how to do it. And when I look at my fellow mayors who are – who are in their first terms, I feel really bad for them for having a year like we had. You know, I had four-and-a-half years under my belt. And the challenge of this pandemic has really changed the job.

So now what our focus is, is on how do we bring the District back? How do we get those roaring revenues and jobs and restaurants? How do we get it back? We have a once, maybe, certainly in my political lifetime the ability to make huge investments. The American Rescue Plan is allowing us to make huge human-services investments. If this jobs and infrastructure plan goes through, we can transform systems and really promote urban innovation that's going to change the way we live in cities, and we have to. We have to, David. I don't have to tell you that our employees and workers and people who live in cities have spent the last year thinking about, you know, where they work, where they live, and you know, are they going to make different choices. So cities have to be in the game to keep our workers, our companies, and our residents.

MR. RUBENSTEIN: So are you – do you like the job so much you're going to say you're going to run for reelection, or you're not ready to say that yet?

MAYOR BOWSER: Well, that time is coming soon, isn't it? So we have a primary in the District in June. I've certainly focused all of my time right now on the pandemic, the response, and now reopening, and I'll turn to those political conversations soon.

MR. RUBENSTEIN: OK. And what would you say in the job is the biggest challenge of the job over the last six years? Has it been dealing with the problems associated with the pandemic or associated with some of the protests, or what would you say – or the funding issues?

MAYOR BOWSER: I think that those are – those are certainly all big issues. I could point to kind of the battle – sometimes unnecessary battle – that we had with the former president that caused a lot of anxiety in this city. Managing that anxiety among our residents and businesses was a huge challenge. But I also saw it as an opportunity as the District to come together to support our values and band together around things that were important to the District.

I would say the biggest challenge for us, however, a – you know, a very – a thriving city, a growing city, and a prosperous city, is to make sure that people aren't left behind in that progress. So that's why we've been very focused on economic development and the creation of good-paying jobs and housing and affordable housing. So I think we have some opportunities

coming out of this pandemic to really focus on getting our folks in higher-paying jobs so that they can afford a good life here in D.C.

MR. RUBENSTEIN: Now, you created the Black Lives Matter Plaza on 16<sup>th</sup> Street and then it recently was sort of being paved over a little bit or something. That's just temporary, but is it going to be permanently painted that way or something like that? How are you –

MAYOR BOWSER: It is. So what we created, we think, was a(n) inspirational piece of art that spoke to the time that we were in, that also speaks to who we are in the nation's capital where people come to protest and to address the federal government. And Black Lives Matter became that. We are installing the permanent artwork today, actually, and it is going to be – it's going to include more lighting and landscaping in commemoration of the events of last June.

MR. RUBENSTEIN: So –

MAYOR BOWSER: And it will also permit for pedestrians, special events, and vehicular travel north and south on 16<sup>th</sup> Street.

MR. RUBENSTEIN: So you have been working to run the city as mayor sort of remotely or in the office? How have you been managing this – to do this, remotely? Or you're in your office now, right? Have you been working out of your office, or?

MAYOR BOWSER: Well, we – yeah. We've been in our office for most of the pandemic, my executive team, and about 40 percent of D.C. government have reported in person throughout the pandemic. We're local government, David, so we're a city, a county, and a state all at once. And so D.C. government employees pick up the trash, and they haven't missed a week. D.C. government employees run various facilities, homeless shelters. We support, you know, our hospital facilities. So they've been reporting to work throughout. We've been communicating on almost a daily basis. So the mayor's Office of Communications, they probably have worked double time. Our Health Department is running this response; they've worked double time. So we have been reporting to work throughout.

MR. RUBENSTEIN: But are you bringing people back full-time in their office by a certain date or you're telling them to do that now?

MAYOR BOWSER: We are. We have been working on that plan for several weeks, and I think May and June all of my Cabinet members and managers and appointees – about 4,000 staff out of our 37,000 – are reporting. And by June 12, all of our employees will be reporting in person. We are – we are allowing some flexibility as people phase back in, and so they will be reporting to the office for the majority of the week.

We do recognize – and this is not just for, you know, city government operations directly, but also for our recruitment and retention efforts – that people are going to have some ideas when they come back about different ways to work. We'll be able to figure out what was efficient about our modified posture and what we want to retain going in. But it is important for us to get back together, for us to meet, for us to see each other, and for us to have in-person

meetings as well. As much as I love talking to you like this, I miss getting to meet an ambassador across the lunch table or getting to meet one of our CEOs that may have a question for me. So all of those things we miss, and we encourage people to get back.

MR. RUBENSTEIN: Now, with respect to COVID, the hospitals in the District of Columbia, are they still sort of filled with COVID patients or not so much now, it's not a problem?

MAYOR BOWSER: We watch – kind of proceeding how we go forward in monitoring COVID is to make sure that our public-health system can handle when people get COVID and get sick, and we don't want anybody to be in that position. That's why we're so focused on vaccination.

So we monitor on a daily basis. Our hospitals report to us and we report to the people of the District how many people we have in the hospital with COVID. And right now, only 5.3 percent of hospital admissions are COVID-related.

MR. RUBENSTEIN: OK. I was very sorry to read that your sister passed away because of COVID.

MAYOR BOWSER: Thank you.

MR. RUBENSTEIN: Not in the District of Columbia, I guess, but she was living – she lived elsewhere, or?

MAYOR BOWSER: No, she very much lived in the District of Columbia.

MR. RUBENSTEIN: District of Columbia she lived.

MAYOR BOWSER: Yeah. Yes.

MR. RUBENSTEIN: I'm sorry. Very sorry for your loss.

I wanted to ask you, as we wrap up now, your daughter, does she know what's going on? And how does she – or, she's only three, so how does – how do you tell her that there's a pandemic going on?

MAYOR BOWSER: I don't think she knows that it's a pandemic. She knows that she has to wear a mask. [Laughs.] And I think she's gathered that I was home a lot more in the evenings because there were no evening meetings. And she may recognize that those things are starting to turn on and so my schedule is changing a little bit. But she gets that she has to wear a mask.

MR. RUBENSTEIN: Did you get any time off during the pandemic where you can just say I'm leaving the District or I'm going to go somewhere with masks so nobody can know who I am so I can just relax, or you don't get any –

MAYOR BOWSER: No, it doesn't work that way.

MR. RUBENSTEIN: Oh.

MAYOR BOWSER: [Laughs.] I had – I had the bright idea to congratulate the new president on the day he won and that didn't go over too well.

MR. RUBENSTEIN: So, well, listen, I want to thank you, Mayor, for all you've been doing during this period of time. And thank you for appearing again with us and enlightening us on what the rules are in the District of Columbia, and I'm going to try to pay off my parking tickets as soon as I can.

MAYOR BOWSER: All right. Thank you. I appreciate that.

MR. RUBENSTEIN: Thanks a lot.

MAYOR BOWSER: Have a good day, everybody. Bye-bye.

MR. RUBENSTEIN: Bye.

Thank you all. This concludes our program for today.



**The Honorable Rochelle P. Walensky, MD, MPH  
Director  
Centers for Disease Control and Prevention**

Rochelle P. Walensky, MD, MPH, is the 19<sup>th</sup> Director of the Centers for Disease Control and Prevention and the ninth Administrator of the Agency for Toxic Substances and Disease Registry. She is an influential scholar whose pioneering research has helped advance the national and global response to HIV/AIDS. Dr. Walensky is also a well-respected expert on the value of testing and treatment of deadly viruses.

Dr. Walensky served as Chief of the Division of Infectious Diseases at Massachusetts General Hospital from 2017-2020 and Professor of Medicine at Harvard Medical School from 2012-2020. She served on the frontline of the link is broken: <https://bit.ly/PP2D-SCCOVID-19> pandemic and conducted research on vaccine delivery and strategies to reach underserved communities.

Dr. Walensky is recognized internationally for her work to improve HIV screening and care in South Africa and nationally recognized for motivating health policy and informing clinical trial design and evaluation in a variety of settings.

She is a past Chair of the Office of AIDS Research Advisory Council at the National Institutes of Health, Chair-elect of the HIV Medical Association, and previously served as an advisor to both the World Health Organization and the Joint United Nations Programme on HIV/AIDS.

Originally from Maryland, Dr. Walensky received her Bachelor of Arts from Washington University in St. Louis, her Doctor of Medicine from the Johns Hopkins School of Medicine, and her Master's in Public Health from the Harvard School of Public Health.



**The Honorable Muriel E. Bowser**  
**Mayor**  
**Washington, D.C.**

Muriel Bowser is committed to making sure every Washingtonian gets a fair shot in a growing and prosperous Washington, DC. Her administration is focused on making DC's prosperity more inclusive, advancing DC values, and building safer, stronger, and healthier neighborhoods across DC's eight wards.

Washington, DC is unique in the American political system – the mayor, DC's chief executive, functions as a governor, county executive, and mayor. Like governors, Mayor Bowser runs Medicaid, issues driver's licenses, and has tax authority. Like county executives, Mayor Bowser runs the local jail, and, unlike most mayors, also oversees the public school system. In 2020, Washington, DC is home to 705,000 people across 68 square miles, has a AAA bond rating, and an annual budget of more than \$15 billion.

On November 6, 2018, Muriel Bowser became the first woman ever re-elected as the Mayor of Washington, DC and the first mayor to earn a second term in 16 years. Since taking office, the Mayor has taken bold steps to reset DC's global and national competitiveness, speed up affordable housing production, diversify the DC economy, increase satisfaction in city services, and invest in programs and policies that allow more families to live and thrive in DC.

In the past five years, Mayor Bowser has:

- added more than 57,000 jobs, reduced unemployment by 28 percent, and increased DC Government's annual spending with local businesses by \$200 million;
- chaired the National League of Cities Task Force on Housing, doubled the District's annual investment in affordable housing, and set a bold goal to build 36,000 new homes by 2025;

- transformed DC's homeless services system, building small, service-enriched shelters across the city and bringing chronic homelessness to a 15-year low;
- championed a wide range of family-friendly policies, including: raising the minimum wage to \$15/hour, adding more than 1,000 new child care seats, and focusing the DC Government's attention on improving maternal health outcomes;
- delivered a new stadium for DC United (Major League Soccer) and a new arena for the Mystics (WNBA) that includes a practice facility for the Wizards (NBA);
- deployed the first major city body-worn camera program;
- collaborated with leaders from C40 cities around the world to advance the goals of the Paris Climate Agreement;
- led diplomatic and economic development missions to China, Cuba, Israel, Canada, El Salvador, and Ethiopia; and
- spearheaded the 2016 voter referendum on DC statehood, with more than 86 percent of voters approving of statehood.

Prior to becoming Mayor in 2015, Bowser served as the Ward 4 Councilmember on the Council of the District of Columbia – first elected in a special election in 2007 and re-elected in 2008 and 2012. As a Councilmember, she served as the Chairwoman of the Committee on Economic Development which created more than 5,000 units of affordable housing, passed legislation to build the new soccer stadium, and secured from the federal government the best portion of the Walter Reed campus for DC. She also led her colleagues to pass comprehensive ethics reform and increased transparency in government contracting.

Mayor Bowser earned a Bachelor of Arts degree in History from Chatham University and a Master's degree in Public Policy from American University, and received honorary doctorates from Chatham University and Trinity University. With more than 20 years of experience in local government, she first entered elected office as an Advisory Neighborhood Commissioner in the Riggs Park neighborhood.