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“A View from the States, Territories, and District: Governors Respond to the Omicron Variant.”

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Chairman Clyburn, Ranking Member Scalise, members of the subcommittee, thank you for inviting me here today.

Today I would like to share with you how Washington has saved lives throughout the COVID-19 pandemic and enabled the sustainable recovery and growth of our economy.

On January 21 of 2020 – two years ago tomorrow – the first case of the novel coronavirus in the U.S. was confirmed in Washington state. The next month, on February 29, we bore witness to the first death in the nation.

This was sadly the first of over 10,000 deaths we have seen in Washington.

While we mourn each of those deaths, I am thankful our actions prevented far more lives from being lost.

If you compare our success to other states, we’ve saved more than 17,000 lives. These people are still with us because Washingtonians are working together to stay safe and healthy.

As the first state faced with responding to this virus, we had no template or example to guide our actions in those early days. We chose to confront COVID-19 by hewing to the following three principles:

- We used science and data as our most trusted guides and put the advice of our public health experts at the heart of our decision making.
- We made saving lives the unwavering focus of our efforts.
- We safely reopened our economy by suppressing the virus.

Today I'd like to share with you how we put these principles into action to keep Washingtonians safe and set a course for long-term recovery and growth in our economy.

From day one, we have remained rooted in the hard facts of this pandemic and made decisions based on the best data available and the advice of public health experts. When data pointed to places where COVID-19 transmission was happening or activities that amplified the spread of COVID-19, we adopted mitigation measures to help turn the tide.

Face masks

For example, on June 26, 2020, we issued a statewide mandatory face covering order for all public spaces. To this day, this simple action is one of the most important mitigation measures in place.

The science has repeatedly pointed to the effectiveness of wearing masks to prevent the spread of COVID. We are confident that one reason we have lower cases in Washington state is that we have required and encouraged mask-wearing throughout the pandemic.

At the early stages of the pandemic, when the country was struggling to secure enough personal protective equipment for our hospital workers as their regular supply chains dried up, we launched an unprecedented effort to procure PPE at the state level, particularly N95 and KN95 masks, directly from manufacturers. We distributed these masks to hospitals and other prioritized frontline workers. While we were successful in establishing a temporary supply chain to alleviate the shortages, competing with other states and hospitals for necessary supplies to protect our health care workers is a circumstance I hope to never see again.

Today, my administration remains focused on ensuring our most vulnerable Washingtonians have equitable access to masks. With the emergence of the more transmittable Omicron variant, I announced earlier this month that we will release about 10 million more protective masks from our state supply for distribution into local communities, including through K-12 schools, local governments, nonprofits and businesses, and local health departments. More than 5 million of those masks have already been distributed in the last two weeks.

Vaccines

Ultimately, no intervention is as important as vaccination. Since the rollout of vaccines began in December of 2020, we have made great strides in getting our population vaccinated and we remain one of the highest vaccinated states in the nation.

As of January 18, nearly 80% of Washington adults are fully vaccinated and over 50% of the eligible population have received a booster.

These numbers are the culmination of tireless ongoing efforts including public education campaigns and partnerships with trusted community ambassadors in hard to reach, high risk or vaccine hesitant populations.

Our efforts to reach as many Washingtonians as quickly and equitably as possible with the vaccine started long before any emergency use authorization was issued. Understanding that any vaccine would start as a scarce resource until production could catch up with demand, I worked extensively with our Department of Health to develop a tiered prioritization structure that would ensure the Washingtonians most at risk for COVID-19 would be eligible to receive those early vaccine doses first.

The Washington Department of Health collaborated with a wide array of stakeholders. This resulted in a prioritization plan that struck a balance between people with individual health risk factors for COVID-19 or higher risks of exposure due to their occupation, and people in disproportionately impacted communities. Once the first vaccine doses began flowing into the state, we were ready with clear guidance for health care providers and the public.

As vaccine supply became available at scale, I established a statewide vaccine distribution and administration plan to increase the number of Washingtonians vaccinated through mass vaccination centers. Part of that plan was the Washington Vaccine Action Command and Coordination System Center, a statewide public-private partnership to boost vaccine distribution efforts. This nationally recognized innovative collaboration included in Washington corporations, labor unions, health care groups and government entities all working together to maximize our capability vaccinate as many Washingtonians as possible.

The Department of Health also formed the community-driven Vaccine Implementation Collaborative, which listened to community representatives to understand the biggest barriers to vaccination and lessons learned from earlier COVID actions. Their feedback and engagement helps spread trust in the COVID vaccine.

In August of 2021, we issued a vaccination requirement for state employees, education workers, and public and private health care and long-term care workers. The requirement became effective on October 18, 2021. Data showed that testing options are not comparably protective, so we did not include a testing option, but exemptions are allowed for individuals who are entitled to a disability-related reasonable accommodation or a sincerely held religious belief accommodation.

We took these actions to protect the lives of our state workers, make it safer for Washingtonians to receive state services, and ensure long-term continuity of operations at our state agencies.

The vaccination requirement has been incredibly successful. From early August prior to the requirement, the vaccination rate among our state workforce has nearly doubled, starting at under 50 percent, and growing to almost 96 percent as of December 31, 2021. This includes over 28,000 state workers who became vaccinated since the requirement was announced, resulting in thousands of saved sick days, and many avoided hospital stays. In October of 2021, prior to widespread vaccine availability, our Department of Transportation alone lost 17,390 total days of productivity to staff absences for COVID-19. We also had a very high degree of compliance with the requirement, losing less than 3 percent of the state workforce, while saving the time of thousands of hours of workers who could stay on the job. This saved lives.

Safe reopening and economic recovery

On March 23, 2020, I issued my “Stay Home, Stay Healthy” order requiring every Washingtonian to stay home unless pursuing an essential activity. This included restricting gatherings and closing all non-essential business operations. This action proved to be critical to stop the skyrocketing spread of COVID-19 and prevented our state’s hospitals from being dangerously overwhelmed.

Washingtonians endured significant sacrifices to stay home and avoid gatherings at this point, but they rose to the occasion and bent the first curve of infections – a feat that proved these measures were saving lives.

As our initial wave of infections waned and our mitigation efforts began to show progress, I introduced a phased economic recovery framework to safely re-open businesses and activities. Our plan provided data-based metrics such as COVID-19 infection rates and hospitalizations in each region of Washington. Using these metrics, we provided a flexible, evidence-based framework to allow more in-person activities to resume in places where COVID-19 transmission was manageable, while keeping mitigation measures in place where cases were high and rising.

We believe the fastest way to spur economic recovery and growth is by suppressing this virus and keeping everyone safe. To promote an equitable recovery, we’ve partnered closely with legislators and business and community leaders to launch multiple recovery and assistance programs. We’ve focused much of our small business assistance to regions, communities and sectors that have been disproportionately impacted or historically underserved.

Safe school reopening

I am pleased to report that even during the current Omicron variant surge, fewer than 4 percent of our schools have had to temporarily close because of staff or student outbreaks. Our schools have found great success through the use of layered prevention measures, including masks and distancing.

Although in March of 2020 we made the difficult but necessary decision to close schools statewide for in-person instruction, by June of 2020, we issued statewide guidance to help safely reopen schools for in-person or hybrid learning, including recommended layered prevention measures. Local jurisdictions determined school reopening based on COVID-19 transmission in each community. We have continued to adjust our guidance to allow schools to remain in person as much as possible.

Testing

Washington has also made advances in testing that have helped turn the tide in the pandemic. When our first cases were identified, we had to ship tests to the Centers for Disease Control and Prevention (CDC) in Georgia and then back to Washington state, because this was just an emerging virus, and only the CDC could perform testing at that time.

Once a test was made available by the CDC for use by public health labs, the Washington Department of Health's Public Health Lab quickly obtained new equipment and began building capacity to process COVID-19 tests in Washington. This significantly improved the turnaround time for tests in our state, and we also made significant investments in our Public Health Lab's genomic sequencing capability, which has provided valuable surveillance data on each new variant including Omicron.

With the emergence of the Omicron variant, tests are again in short supply. My focus is now on ensuring all communities have access to rapid at-home antigen tests, particularly communities experiencing disproportionate impacts from COVID, such as people of color and people with disabilities.

On January 3, 2022, I announced we had ordered 5.5 million at-home tests. These will be distributed in three ways: Washingtonians will soon be able to order at-home tests at no cost through a web portal with delivery facilitated in partnership with CareEvolution and Amazon; the state will send approximately 1 million tests to K-12 schools; and the state will send another 1 million tests to local health and community organizations in order to reach priority populations, such as people in long term care facilities, homeless shelters, or other people at increased risk for COVID-19 who may be unable to access the Biden administration's new online portal.

Preparing for the future

As we make our way through the surge of the Omicron variant, we are looking ahead to prepare for what COVID has in store for us next. We all want this pandemic to end as quickly as possible, even as we know COVID is here to stay. This is why we continue to stress the importance of vaccines. Vaccination is what will allow us to move out of pandemic life and into a post-COVID pandemic era.

As we do so, we know the pandemic will have lasting impacts that will need to be addressed.

While much of our focus is on the backlog of physical health issues confronting our communities, the pandemic has also taken a significant toll on the emotional and mental health of each of us individually, and collectively as a nation. We need to bolster our behavioral health infrastructure so we can provide the care that people need and deserve.

At the same time, workers in our country are having a reckoning with their working hours, conditions, pay and benefits. If we want our economic recovery to be strong, we need to rethink workforce conditions for lower income workers – both in health care and in other industries.

As COVID-19 becomes endemic in our communities, we will still need the federal government's help. Supplies like tests, PPE, vaccine boosters, and therapeutics will be necessary to keeping our communities safe. Congress and the administration are better situated than any individual state to ensure these resources stay available to everyone in the scale that the current situation demands. Doing this will require consistent funding and procurement mechanisms to ensure states are never again competing with each other to order lifesaving supplies like PPE on the open market with no support.

Congress is also well-positioned to fund public health at the global, state and local level. I have learned firsthand about the importance of this, and we don't want to be caught flat-footed in a future pandemic. I also call on Congress to provide ample funding for behavioral health needs and resources to ensure a strong health care workforce for our future.

Our ability to collaborate with our federal partners under the leadership of President Biden stands in stark contrast to the previous administration and their repeated refusal assist our state. I applaud the efforts of this Committee to record the experiences of experts and leaders during this tumultuous time. I would ask you to also remember this remains an ongoing emergency, and one that could be repeated if we do not stay the course on the public health measures that have proven to prevent the spread of the virus. We must continue to heed the guidance of our public health experts, and the pleas of our health

care workers. We must expand our public health infrastructure in the U.S. Our success at concluding this response soon, and preparing for others, rests on the ability of all levels of government to quickly respond in appropriate scale to the evolving threat approaching our population.

Many have grown weary of the COVID-19 pandemic, but it is not done with us yet – and we must stay the course to ensure it never roars back again.