

# UMC Newsletter

February 4, 2022

Volume 3, Number 8



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As part of our effort to THRIVE Until 2025, United Medical Center will:

**Value** the cultural, economic, and educational diversity of our team and our patients; welcoming the feedback and ideas that stem from our differences in backgrounds and experiences.

Celebrating the cultural diversity of our team and patients begins with acknowledging the contributions we have made in society.

In honor of Black History Month, we celebrate local legends like **Dr. Bette Catoe-Strudwick** who pursued and persisted in her goal to become a medical doctor despite the racial segregation and discrimination she faced along the way. Learn more about Dr. Catoe-Strudwick and may her story be an inspiration to us all, as we continue to overcome the challenges we face today.

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Unitedmedicaldc.com

- UMC Executive Leadership Team -



Who We Are...

Our Mission  
&  
Our Vision

The Not-for-Profit Hospital Corporation, commonly known as United Medical Center or UMC is a District of Columbia government acute care hospital servicing Southeast DC and surrounding Maryland communities

## Our Mission

United Medical Center is dedicated to the health and well-being of individuals and communities entrusted in our care

## Our Vision

UMC will be an efficient, patient-focused, provider of high quality healthcare the community needs

UMC will employ innovative approaches that yield excellent experiences

UMC will empower healthcare professionals to live up to their potential to benefit our patients

UMC will collaborate with others to provide high value, integrated and patient-centered services



Who We Are...

Values

## Values

### • *Compassion*

Empathy for patients, their families and staff is ingrained in our history and inspires our future. We do more than treat the patient we practice family-centered care as the cornerstone of compassion.

### • *Excellence*

Our promise to treat, prevent and cure disease is an enormous responsibility. We follow the highest standards of quality and safety and expect accountability from each other.

### • *Integrity*

At all times, we approach our work with openness, transparency, decency and humility. It is our responsibility to use resources wisely to sustain UMC for generations to come.

### • *Collaboration*

We work in partnership with patients, their families, staff, providers, volunteers and other caregivers. This spirit of respectful cooperation extends beyond our walls to our business partners and the community.

### • *Equity*

We embrace and find strength in the diversity of our patients, their families, staff and community. We believe all patients deserve exceptional care, the best outcomes, respect and a safe environment.

### • *Innovation*

We aspire to be an innovative leader in community healthcare and service. We continually seek new and better solutions. Because innovation springs from knowledge, we foster learning in all disciplines.

Who We Are...

Values

TO: Not-For-Profit Hospital Corporation Management Council

FROM: Jacqueline Payne-Borden, PhD, RN *JPB*  
Chief Nursing Officer

William Strudwick, M.D.  
Chief Medical Officer

Sylvia Clagon- Lloyd, BSN, RN, CIC  
Infection Preventionist

DATE: January 18, 2022

RE: Influenza Vaccine

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Occupational Health started administering flu vaccines in September 2021 with an intended mandatory end date of December 31, 2021, per Mandatory Influenza Vaccination Policy IC 6-08. However, the compliance date is extended to February 28, 2022, to accommodate staff who still require this **mandatory** flu vaccine. The goal is 100% compliance. The current compliance rate is less than 60%.

**Important Dates:**

1. February 28, 2022, is the last day Occupational Health will be providing flu vaccines.
2. March 14, 2022, will be the deadline to produce documentation to support exemption/ waiver or confirmation of receiving flu vaccine.
3. After March 14, 2022, staff will have voluntarily resigned employment or voluntarily terminated their contractual relationship.

**\*Occupational Health Office Hours: 7:00am-4:00pm**

**\*Closed – Lunch Break: 12:30pm -1:30pm**

Thanks as always for your follow through.

## MEMO

**To:** UMC Management Council  
**From:** Executive Office Suite  
**Date:** January 28, 2022  
**Re:** Shelia Murphy – ACTING CNO

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We are pleased to announce that Shelia Murphy, RN, MSN will be the ACTING Chief Nursing Officer for United Medical Center beginning **January 28, 2022**. Ms. Murphy will serve in this capacity in the absence of the current CNO.

Shelia has over 30 years-experience of diverse professional nursing experience. Her solid experience includes middle and executive leadership, emergency/trauma, critical care (medical and coronary), pre-operative, perioperative, peri-anesthesia and nursing education. Ms. Murphy is also a native of Washington, D.C.

Shelia is currently the Director of Operations for Emergency, Critical, and Dialysis Care at United Medical Center. Prior to this role she was the Vice President of Surgical Services with Louisiana University State Hospital/Ochsner. She has held many clinical and executive leadership roles at academic and community health organizations such as St. Joseph and Redwood Memorial Hospitals, Johns Hopkins Hospital, and Grady Memorial Hospital to include regional director of surgical services, director of perioperative services, and clinical director of perioperative services.

Shelia received her Bachelor/Master of Science in Nursing Education from Stevenson University. She is currently pursuing a doctorate in nursing at Catholic University in Washington, DC. She is a member of the Association of Peri-Operative Room Nurses (AORN), American Society of Peri-Anesthesia Nurses (ASPAN) and Sigma Theta Tau International Nursing Honor Society. Ms. Murphy was also the recipient of the state of Maryland "Nurse Educator" of the year in 2016.

Please welcome Shelia Murphy as she transitions to our Sr. Leadership Team.



Regards, Marcela Maamari

UMC



## Celebrating Local Legends

**Dr. Bette Catoe-Strudwick**

**April 7, 1926 – February, 2022**

*“After I got married, they took away my scholarship because married women were not supposed to be in medical school. I persisted. I was interested in research. I found the growth rate of black babies and toddlers was lower than that of whites, even at the same socioeconomic level, but Dr. Roland Scott, the Head of Department, wanted me to study sickle cell.”*

Dr. Bette Catoe-Strudwick, an African-American pediatrician, delivered health care to generations of children in Washington DC. She came of age when opportunities were very limited for black people in America because of legal and customary racial discrimination. Dr. Strudwick studied medicine at Howard University, one of the oldest and foremost black universities in America and the world. She then proceeded to establish her own practice, which she ran for almost sixty years. She and her late husband, Dr. Warren Strudwick, a surgeon, retired in 2003. They raised three children, a lawyer and two doctors. Dr. Bette Strudwick is an icon, a leader, a pathbreaker, and an inspiration to generations of young people growing up everywhere.

This is her story in her own words:

I was born in April 7, 1926 in the black ward of the Columbia Hospital in Washington, DC. My mother, Laura Beola Adams, worked there. Both of my parents were born in Washington, DC, and they both attended public schools. My mother was very smart and her teachers wanted to send her to college but her mother said she needed to be at home to support her brothers' education. My grandmother herself had two years of training in a teachers' college. My parents divorced when I was six years old. I was the only child of my mother. She was the smartest person I know. She enrolled in a cooking school in the South East of Washington, DC when I was born. She was my sole parent after the divorce. My father remarried and had other children. My mother became a cook for wealthy white people and later became a pastry chef at the White House. She was a very hard worker, a taskmaster, and she believed strongly in education. She believed education is the only way to save black people.

After the divorce, we lived with a family where the father was a principal; the mother, a teacher; and the son, a number writer. People would put money on numbers in a lottery and he would write the numbers down. I learnt to write numbers. I also learnt to dissect frogs. We lived with them until I was twelve. The city was beginning to integrate parts of Adams Morgan in Washington, DC. My mother got an apartment on Ontario Road, and we lived there until I got married at twenty-three years of age. There were a lot of strivers, ambitious, and hardworking people around me when I was growing up. My mother refused to marry again, devoting herself to working and raising me.

I attended Morgan Elementary School in Washington, DC. We had black teachers with Masters degrees and Ph.Ds. They could not find better jobs because of segregation and racial discrimination.

Also, in my junior high school, Banneker Junior High School, our teachers had higher degrees, which meant the level and standard of instruction was very high. I attended Dunbar High School, which was a very prestigious black school, where upper class black families sent their children. I got into trouble with the Dean of Women after three years there. I had severe menstrual pains and couldn't find her to seek permission to go home, so I went home. She told my mother I was a truant. I was very annoyed at her and told her I scored 99.9 per cent in my Civil Service exam and that if I were working, I would make more money than her. I was sent away from Dunbar for a year. It was during World War II, so I got a job at the Office of Economic Improvement, since I already did very well in my Civil Service exam.

The office was full of educated people who noticed I finished my assignments quickly. They advised me to go back to school, so I went back to Dunbar. I did so well at Dunbar I got into the Honor Society and graduated at the top of my class. I didn't know what I was going to do after graduation because I didn't have the money to go to college. I applied to Howard University and they gave me a \$50 scholarship, which only covered books and some other necessities. I took part-time jobs to supplement my scholarship, while my mother provided room and board. My Physics teacher at Howard asked me what I wanted to be. I told him I wanted to be a lab technician. He said I should go to medical school. I told him I couldn't afford it, but he said I should apply. I did and I was accepted. I finished college in three years, so my senior year of college was also my first year at Howard Medical School. I was about 19 or 20 years old.

I met my husband in medical school. He had just returned from World War II. He served in the Marines Officer Training School. He was in Engineering. The supervisor there said he should sign up for another four years, but my husband didn't see too many opportunities there to grow as a black man. He resigned and went to Howard Medical School. We got married at the end of his first year and at the end of my second year in medical school. After I got married, they took away my scholarship because married women were not supposed to be in medical school. I persisted. I was interested in research. I found the growth rate of black babies and toddlers was lower than that of whites, even at the same socioeconomic level, but Dr. Roland Scott, the Head of Department, wanted me to study sickle cell. I was not interested in studying sickle cell. I put in an application to the government to do research, and a grant was awarded to me. I didn't know Dr. Scott had interjected and changed my subject of interest to sickle cell on the application. When the grant came, I rejected it, and this made him very angry. Since I couldn't find the money to do the kind of research I was interested in, I opened a practice in the basement of my mother's house. My father laid the floors, my husband made the tables and mother made the curtains. I ran my own private practice for fifty-nine years, taking care of generations of children, many of whom have come to visit as adults, saying I know them more than their parents.

There were challenges I experienced as a doctor, wife, and mom. Washington, DC was very different then. There was a lot of colour stratification among black people, which affected all areas of life. I was brown-skinned and I went to school with many light-skinned black people, who were considered superior because of their skin colour. Some of them were very mean to dark-skinned people. I was discouraged by light-skinned teachers when I shared my aspirations, but fortunately, I had many dark-skinned teachers who encouraged me.



As a student in medical school, a professor said I should be home having babies, instead of studying medicine. I was married for fifty-nine years. My husband and I have three children, ten grandchildren and five great grandchildren. I enjoyed practicing. I miss it. And I also miss Warren, my husband, who passed in 2008. He was 84. Sometimes, my husband and I were hard on our children because we expected a lot from them. Many children of accomplished parents are not held up to very high standards by their parents, so there is a lack of continuity. Parents need to spend time with their children to nourish them. To be able to hold children to high standards, parents must hold themselves to high standards as well.

As a two-doctor family, we had to work on our schedules. When we were in medical school, my husband would come home and study, and I would come home to study and cook. I did what all other housewives did, and then did medicine. When we started working as doctors, we scheduled our work so that there would always be one parent with the children. Whenever there was a change to our schedule, my first obligation was as a mother, but his was to medicine. The idea was that women can stop working whenever they want to, but men have to keep on working to be able to provide for their families. We hired housekeepers to help us as the responsibilities increased, but that was not always easy, because you still had to manage and supervise them. Many young doctors around the country and the Caribbean did their rotation in my practice over the years. The president of Howard University, Wayne Frederick, and the Head of Pediatrics, Joseph Wright, rotated through my office when they were students. Some of the students had to be taught how to dress, how to wear nice shoes and clean white coats. They learnt general pediatrics in my practice.

I wanted to study Law after medical school because I could see the practice of medicine would be in trouble down the line. Health care should be between patients and their doctors, and not all the other people making money from it now in our country. The philosophy of medicine in my younger years was to treat patients and make their lives better. Now, it's more of a business. Doctors felt it was a calling back then, to save patients. Now, it's how much money people can make. After I retired in 2003, I started consulting for the city government. I reviewed applications for health insurance programmes managed by the city. My job was to approve or reject applications. I was doing this until 2018 when my peers and I were told we needed to have malpractice insurance to do the job, even though we were not practicing medicine. When I started practicing medicine in 1956, there was no malpractice insurance. It's hard for young doctors now to go into private practice. Doctors and their work have been taken over by entrepreneurs and lawyers. Over the years, I've served on so many city committees, people thought I worked for the government. I've always been civic-minded. I enjoy the company of my children and grandchildren, and great grandchildren. I've accomplished my goals.



## FEBRUARY IS AMERICAN HEART MONTH

It's February – American Heart Month – a time when the nation spotlights heart disease, the No. 1 killer of Americans.

President Lyndon B. Johnson, among the millions of people in the country who'd had heart attacks, issued the first proclamation in 1964.

Since then, U.S. presidents have annually declared February American Heart Month.

Throughout the month, the American Heart Association's "Heart to Heart: Why Losing One Woman Is Too Many" campaign will raise awareness about how 1 in 3 women are diagnosed with heart disease annually. The first Friday of American Heart Month, Feb. 4, is also National Wear Red Day as part of the AHA's Go Red for Women initiative. Coast to coast, landmarks, news anchors and neighborhoods go red to raise awareness and support for the fight against heart disease. For more information on the event and other activities during the month, visit [goredforwomen.org](https://goredforwomen.org).

This year, the federally designated event is even more important due to the impact of the coronavirus on the public's heart health, including potential harmful effects on the heart and vascular system, according to recent research.

And while in lockdown, more people have engaged in unhealthy lifestyle behaviors, such as eating poorly, drinking more alcohol and limiting physical activity, that can contribute to heart disease.

Meanwhile, heart disease continues to be the greatest health threat to Americans and is still the leading cause of death worldwide, according to the AHA's Heart Disease and Stroke Statistics – 2021 Update.

The update, published in the association's flagship journal *Circulation*, reports that nearly 18.6 million people across the globe died of cardiovascular disease in 2019, the latest year for which worldwide statistics are calculated. That's a 17.1% increase over the past decade. And 523.2 million cases of cardiovascular disease were reported in 2019, a 26.6% increase over 2010.

During American Heart Month, the AHA and other organizations reinforce the importance of heart health, the need for more research and efforts to ensure that millions of people live longer and healthier.

In most cases, heart disease is preventable when people adopt a healthy lifestyle, which includes not smoking, maintaining a healthy weight, controlling blood sugar and cholesterol, treating high blood pressure, getting at least 150 minutes of moderate-intensity physical activity a week and getting regular checkups.



# Wellness News

A Healthy Heart, Nothing Beats It!  
Issue XIV ■ February 2022



## A Healthy Heart, Nothing Beats It!

### American Heart Month

Every February, we come together to celebrate and raise awareness for all things heart related. American Heart Month is a time that we focus specifically on heart disease and improving cardiovascular health. Why is this month so important? Heart Disease is *the leading cause of death* for both men and women in the United States. To put this into perspective, approximately **659,000 people** die from heart disease each year (1 in 4 deaths). These statistics are a helpful reminder of why it is so crucial to raise awareness on how we can improve our heart health and reduce risk this month!

[Heart Disease Facts | cdc.gov](https://www.cdc.gov/heartdisease/facts/)

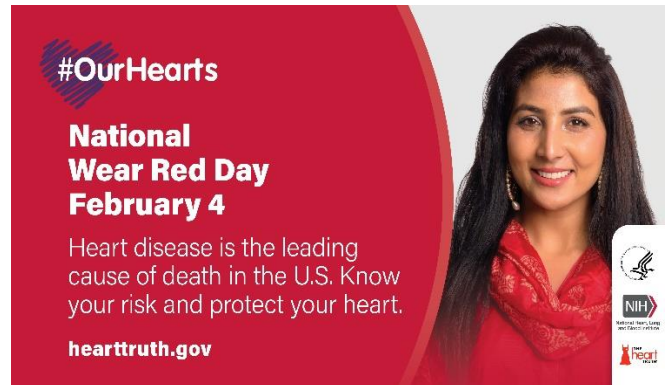
## Raising Awareness

### Wear Red Day

National Wear Red Day is celebrated every year on the first Friday of February to raise awareness for the leading cause of death in the United States. On **February 4<sup>th</sup>, 2022**, be sure to put on something red to show your support!

### Get Social!

Check out the NIH social media toolkit for #WearRedDay. [Here](#) you can find sample posts, social media images, posters, and flyers you can use to spread awareness and education on heart disease.



**#OurHearts**

**National Wear Red Day  
February 4**

Heart disease is the leading cause of death in the U.S. Know your risk and protect your heart.

[hearttruth.gov](https://hearttruth.gov)

### Check-Out Other February Well-being Awareness Dates:

**February 14, 2022:** National Donor Day

**February 14, 2022:** Congenital Heart Defect Awareness Day

**February 2022:** National Children's Dental Health Month

## Do Your Part, Care for Your Heart...With These Tips!

- Learn your health history.
- Eat a heart healthy diet.
- Move your body daily.
- Maintain a healthy weight.
- Quit smoking.
- Take medications as directed (*If you take medicine to treat high cholesterol, high blood pressure, or diabetes, follow your doctor's instructions carefully*).
- Reduce your stress.

# Eat Smart for a Healthy Heart!

## Nutrition & Heart Disease

A healthy diet is one of the key components to maintaining a healthy heart and preventing chronic conditions such as heart disease. What exactly does it mean to eat “heart healthy”? Check out the list below of what the American Heart Association considers a heart healthy diet!

- A variety of fruits and vegetables.
- Whole grains such as oatmeal (rolled or steel cut), brown rice, wild rice, quinoa, popcorn.
- Healthy sources of protein such as legumes and nuts, fish, low-fat or non-fat dairy products, lean unprocessed meats, and poultry.
- Foods with minimal added sugar and sodium.
- Liquid, non-tropical vegetable oils.
- Minimally processed foods.

[The American Heart Association Diet and Lifestyle Recommendations | American Heart Association](#)

## AHA Heart-Check

An easy and effective tool you can use when grocery shopping to ensure you are picking out heart smart foods is the American Heart Association Heart-Check. When you see this mark on products, you can be confident that the item aligns with the AHA guidelines for healthy eating. (See image below for reference)



[Check for the Heart-Check Mark Infographic | American Heart Association.](#)

# CareFirst Member Resources

## [Scale Back Weight Management Program-](#)

Reduce your disease risk and lose weight with Scale Back! Work collaboratively with a Registered Dietitian and Health Coach to learn how to eat healthier, lose weight, and maintain your weight loss!

**[Health Coaching-](#)** Receive individual Coaching targeting areas like: Healthy Eating, Weight or Stress Management, and Tobacco Cessation.

**[Craving to Quit-](#)** Find support through mindfulness tactics and support tools with the Craving to Quit Tobacco Cessation program.

## [Blue365 Featured Deal for February](#)

One great way to [Achieve a Healthier You](#) is to take advantage of the Blue365 Health and Wellness discount program provided to insured CareFirst members (includes those with Medical, Dental, Vision and Disability).

Eating healthy has never been easier with USDA Organic and all-natural produce options at the click of a button. Right now, Blue365 members are eligible for \$25 off your first box of Organic and Natural Produce Delivery.

Blue365 members can get the Farmer's Market delivered to your door year-round with Farmbox Direct's customizable fresh produce CSA (community supported agriculture) program. Farmbox Direct delivers the ultimate at-home Farmer's Market experience, without the crowds.

There is no commitment ever, nor fees charged for registration or membership. If you are going on vacation, or just need to skip a delivery, Farmbox Direct's system makes it easy for you to manage your delivery cycles.

[Farmbox Direct - \\$25 Off S | Blue365 Deals](#)

## New to CareFirst Well-being!

### Wallet

Visit [www.carefirst.com/sharecare](http://www.carefirst.com/sharecare). Under **YOU** in the CareFirst well-being platform, there is a new feature, **Wallet**. Here you can upload 4 images, such as your vaccination card, insurance card, and even your driver's license to have pictures at your fingertips. Check it out next time you log-in!



# Jump-Start Your Heart Challenge

Show yourself some love this February.



Show your heart some extra TLC. Improve your cardiovascular health by stressing less, exercising more, getting adequate sleep and eating a nutritious diet. Aim to track 21 green days this February to support your heart health!

## The Goal

Update your trackers daily. When 8 trackers are in the green, you score a green day! Earn 21 green days between February 1 and February 28 to meet the challenge goal.

## How The Challenge Works

- Log in to your Sharecare account or register at [carefirst.com/sharecare](https://carefirst.com/sharecare).
- Find **Challenges** under the **Achieve** icon.
- Look for **Jump-Start Your Heart Challenge** and click **Join**.
- Start living in the green – track 21 green days by **February 28th**!

## How Do I Track My Activity?

There are two ways to track:

1. **Automatic Tracking:** Sync with your Samsung or iPhone's Health apps or Android's Google Fit app to allow for seamless, automatic input. You can currently track and sync glucose, sleep, steps, and blood pressure.
2. **Manual Tracking:** Each day, log in to the Sharecare app to manually update your trackers.

## Have Questions?

Call Sharecare support at **877-260-3253**.



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# Heart Healthy Fajitas

This healthy fajita recipe is an explosion for your taste buds. Enjoy healthy veggies paired with vibrant spices for a delicious meal for one.



## INGREDIENTS

- 1/3 tsp whole cumin seed
- 1/8 tsp paprika
- 1 dash black pepper
- 1/8 raw eggplant, peeled and cut into strips
- 2/3 tbsp coconut oil
- 1/6 tsp chili powder
- 1 dash salt
- 2/3 clove diced, raw garlic
- 1/6 medium zucchini, cut into strips
- 1/6 medium red bell pepper, cut into strips
- 1/8 cup raw coriander (cilantro) leaves
- 1/6 cup shredded green leaf lettuce
- 1/3 avocado
- 1/3 medium tomato, diced
- 1 organic sprouted grain tortilla or coconut wrap
- 1/3 small raw onion, diced
- 1/6 raw lime, squeeze for juice
- 1/6 jalapeño pepper cut into strips
- 14 oz can red, ripe whole tomatoes
- 1/8 tsp red or cayenne pepper
- 1/6 medium summer squash (or any variety) cut into strips

## PREPARATION

1. Preheat oven to 400 degrees F. Lightly oil two cookie sheets.
2. In a small bowl mix together oil (may need to be melted), cumin, paprika, chili powder, salt, pepper and garlic.
3. Place eggplant, zucchini, squash, bell pepper and onion on cookie sheets and lightly brush with oil mixture.
4. Place in oven and roast for 20-25 minutes or until eggplant is tender. Be sure to turn vegetables at least once.
5. Meanwhile heat the tortillas by wrapping it in foil and placing it in warm oven for 5-8 minutes. Do not overheat or it will crack and fall apart.
6. To make salsa, prepare food processor.
7. Place onion and garlic in food processor and pulse several times until onion has a coarsely chopped, but not over processed appearance.
8. Add cilantro, jalapeno, lime juice, tomatoes, and hot cayenne pepper.
9. Process until salsa is desired consistency but not mushy.
10. Add salt and pepper to taste.
11. Arrange vegetables separately on a serving platter and serve hot. Place avocado, tomatoes, and cabbage on a serving tray.
12. Serve warm vegetables, cold vegetables and salsa together.

## NUTRITION (per serving)

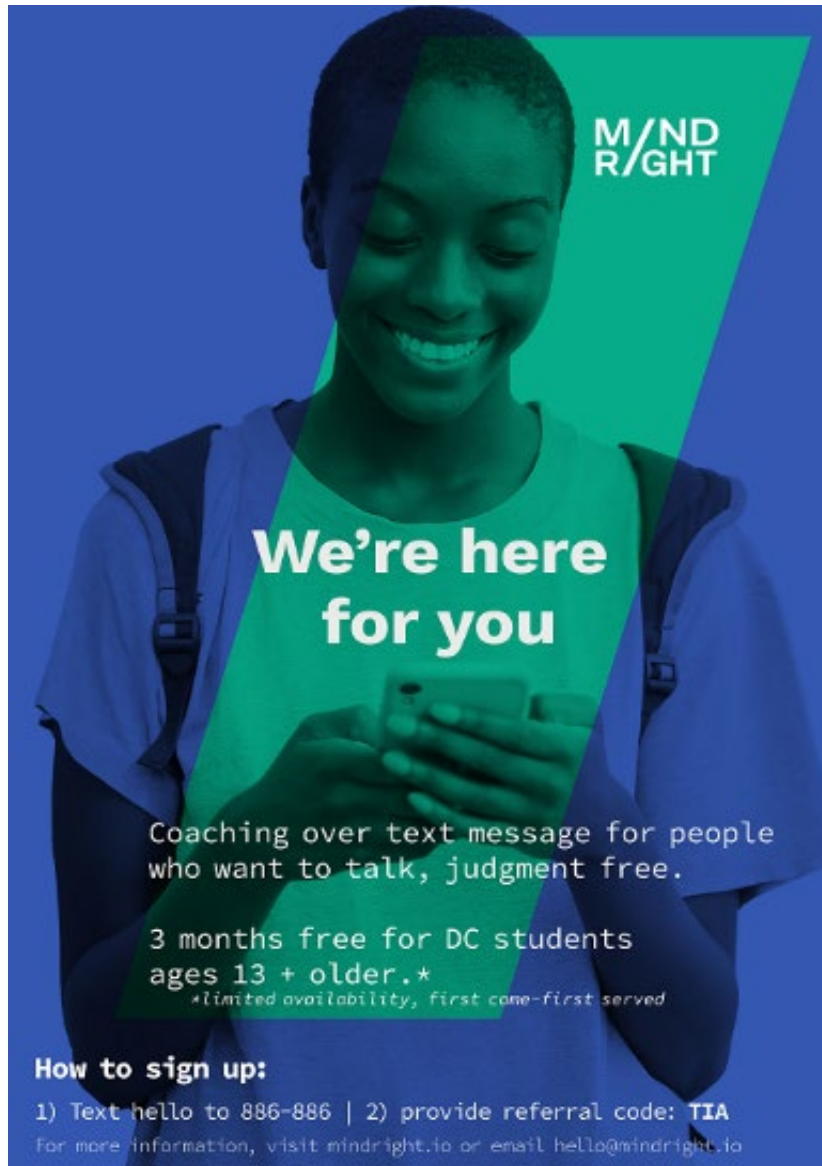
Calories 434; fat 23.4g; carbohydrates 52.4g; protein 11.8g; fiber 14.1g; sodium 1,378mg

To learn more helpful tips about maintaining a healthy lifestyle, visit [carefirst.com/sharecare](https://carefirst.com/sharecare) or call a health coach at **877-260-3253**.





# Community Resources & Events



**M/ND  
R/GHT**

**We're here  
for you**

Coaching over text message for people  
who want to talk, judgment free.

3 months free for DC students  
ages 13 + older.\*  
\*limited availability, first come-first served

**How to sign up:**  
1) Text hello to 886-886 | 2) provide referral code: **TIA**  
For more information, visit [mindright.io](https://mindright.io) or email [hello@mindright.io](mailto:hello@mindright.io)



**FREE!** *Online Class Series*

**Fight Diabetes  
With Food**

## ***Fight Diabetes With Food***

Tuesday from 3-4 p.m. ET

Register at: <https://www.pcrm.org/events/fight-diabetes-with-food>



## **UMC IN THE NEWS – January 7 – February 4, 2022**

UMC Staff are reminded to direct **ALL MEDIA INQUIRIES** to Toya Carmichael,  
VP of Public Relations @Tcarmichael@united-medicalcenter.com.



***UMC is internationally known, did you catch our team on MBC Korea?***



***Dr. Nicole Williams***



***CNO Shelia Murphy & Nurse Marie Nyangono***

**February 2, 2022 – Sujin Kim – [U.S. Confirmed Cases Down by Half](#) – MBC Korea**

**February 2, 2022 – Natalie C. Hockaday – [Jaren Lockridge Assumes the Helm for Ward 8 Health Council](#) – The Washington Informer**

**January 26, 2022 – [Kamala Harris' Unexpected Impact On COVID Vaccinations](#) – Proick**



For the latest information on the District Government's response to COVID-19 (Coronavirus), please visit [coronavirus.dc.gov](https://coronavirus.dc.gov).

Cases as of February 2, 2022

	Total Number Positives	
All	129,479	
Race		
Unknown	666	
American Indian/Alaska Native	157	
Asian	2,680	
Black/African American	63,190	
Native Hawaiian/Pacific Islander	237	
Two or More Races	33,861	
White	28,686	
Ethnicity		
Unknown	23,393	
Hispanic or Latino	15,784	
NOT Hispanic or Latinx	90,280	