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Hearing Title: Pandemic Response: Confronting the Unequal Impacts of COVID-19

Chairman Thompson, Ranking Member Rogers, and members of the committee – thank you for the invitation to testify about our national response to the ongoing COVID-19 pandemic.

Illinois is the 6th most populous state with the 5th largest economy. We have some of the world's best hospitals like Northwestern Memorial and Rush, and we have renowned researchers, modelers and public health experts at world-class institutions like the University of Illinois and the University of Chicago.

When it became clear that COVID-19 was not a phenomenon limited to Asia or Europe, we fully expected the federal government, home of the Centers for Disease Control and U.S. Department of Health and Human Services, would arm the states with information, equipment, testing capability, and personnel. After all, the federal government had the experience fighting H1N1, SARS and Ebola. A global pandemic requires a national response. But that's not what happened.

First, though, I want to talk about what did happen. We took action early, with Illinois' hospital leaders, epidemiologists, modelers, public health officials and emergency management leaders quickly helping to put plans together. We were among the first states to close nursing homes to visitors and do wellness checks on the staff. In consultation with local officials, I shut down St. Patrick's Day celebrations, and then closed bars and restaurants, and then schools. And we were the second state in the nation to issue a stay-at-home order.

The federal government wasn't leading. We were.

Illinois is home to the country's third largest metropolitan area and to major international transit and tourism sectors – we had all the potential to become a major early hotspot like New York, and like Florida and Texas have now become. Early March projections showed that without intervention, our healthcare system would be overrun, leading to tens of thousands more deaths.

Our curve peaked approximately six weeks later. Today, our COVID-related deaths per day are down 85% from a high eight weeks ago. Even as our testing continues to grow to over 30,000 tests per day now, our COVID cases are down 71% from a high nine weeks ago. And the number of COVID-positive hospitalizations, including in the ICU, has dropped by over 70% since early May. Our case positivity rate was over 23%, and it's now at 2.5%.

That isn't to say that the cascade of decisions that got Illinois to this point were easy – in fact, every one of them has been a choice between bad and worse, muddled further by the White House's broken promises on testing supplies and PPE deliveries. I spoke with many of my fellow

governors, Democrats and Republicans – they had the same problems. Because the Defense Production Act was not broadly invoked, we were in a bidding war for life-saving supplies against each other and against international allies. We were paying \$5 for masks that should cost 85 cents. There were states calling other states to try and figure out if some international businessman offering a warehouse of 2 million N95 masks was a scammer. Many were.

In the midst of a global pandemic, states were forced to play some sort of sick Hunger Games game show to save the lives of our people. Let me be clear. This is not a reality TV show. These are real things that are happening in the United States of America in the year 2020.

If there's one job government has, it's to respond to a life-threatening emergency – but when the same emergency is crashing down on every state at once, that's a national emergency, and it requires a national response. When medical professionals across the nation are crying out for supplies, it's the federal government's job to make sure that a nurse being properly equipped in Peoria doesn't come at the cost of a doctor being ready for work in San Antonio.

There was no national plan to acquire PPE or testing supplies – and as a result, people died.

I am so grateful to the incredible, experienced public servants inside FEMA, the CDC, HHS, VA, and the Army Corps who worked so hard along the way to give us their expertise and assistance – we will need more before we have vanquished COVID-19.

I want to offer my thoughts on what the federal government can still do to step up and help us get through this pandemic.

First, we need to see a coordinated national strategy for containment – that means more testing and more contact tracing, and it may even mean national restrictions that will be followed in every state.

Second, every state has suffered revenue loss because of COVID-19, and without help there will be massive layoffs of public servants, teachers and firefighters. A bipartisan coalition of governors thanks the House for taking swift action on state and local support in the HEROES Act.

Third, the federal administration also needs to provide clarity on insurance coverage for COVID-19 testing. Testing is not a one-off tactic: we need regular testing across our populations, and that means people need to know their insurance will cover their testing every time.

Fourth, we need to continue COVID response funding for the National Guard through next year in the face of a possible, maybe likely, second wave.

Finally, and this might be the most important thing we can do to save lives: we need a national masking mandate. We instituted ours in Illinois on May 1st, one of the first in the nation, and it aligns with our most significant downward shifts in our infection rate.

It's not too late for the federal government to make an impact – in fact, it's more important than ever. Thank you and I look forward to your questions.