Congress of the United States

Washington, DC 20515

October 25, 2022

The Honorable Joseph R. Biden, Jr. The White House 1600 Pennsylvania Avenue Washington, D.C. 20500

President Biden.

On October 13, 2022, the American people were notified of U.S. Department of Health & Human Services Secretary Xavier Becerra's extension of the Coronavirus Disease 2019 (COVID-19) pandemic public health emergency (PHE). This latest extension of the COVID-19 PHE bafflingly came less than one month after your own September 19, 2022 declaration that "the pandemic is over."

As you know, a PHE grants the President and his Agencies extraordinary powers to address threats to Americans' health and is meant to be declared only under extraordinary circumstances, including significant outbreaks of infectious disease or bioterrorist attacks.³

Your September 19 statement was a breath of fresh air to many Americans who feel this PHE has long outlived its usefulness as a response to COVID-19. However, we are now left wondering why your HHS Secretary would extend the PHE for a disease that you yourself believe has ceased to be an emergency and a pandemic that no longer exists. While COVID-19 may at one point have warranted such emergency considerations, it is now clear to many Americans that their lives and liberties are more at risk from government overreach committed in the name of fighting COVID-19 than from the disease itself.

You will be pleased to know that the latest Centers for Disease Control and Prevention (CDC) metrics corroborate your September 19 statement and confirm that it is time to return our country to pre-pandemic normalcy. According to the Friday, October 14, 2022 CDC Outbreak Update provided to Congressional offices, a mere 2 percent of American counties have high levels of COVID-19 spread and a full 79 percent of counties were identified by the CDC as having low COVID-19 levels. Furthermore, the CDC studies have found that the overwhelming majority of Americans have COVID-19 antibodies, which they gained from vaccination or previous infection. These antibodies were always the key to freeing Americans from fear and their high prevalence is another indication that the pandemic is over.

Given the incontrovertible scientific evidence underpinning your declaration that the COVID-19 pandemic is over, we are seeking answers to the following questions:

- Were you aware of Secretary Becerra's intention to renew the COVID-19 PHE before he made his October 13 declaration and, if he did consult you, what rationale did he offer for this extension?
- If the COVID-19 pandemic is over, why do HHS and other federal agencies still require the extraordinary emergency powers granted under the PHE declaration?

https://aspr.hhs.gov/legal/PHE/Pages/covid19-13Oct2022.aspx

https://www.politico.com/news/2022/09/19/biden-pandemic-over-covid-team-response-00057649

³ https://aspr.hhs.gov/legal/PHE/Pages/Public-Health-Emergency-Declaration.aspx

⁴ https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html

⁵ https://covid.cdc.gov/covid-data-tracker/#nationwide-blood-donor-seroprevalence

• What conditions must be satisfied before HHS allows the COVID-19 PHE to expire? Has HHS articulated metrics to you by which the agency judges its progress in combatting COVID? What are those metrics?

On the topic of COVID-19, we were disturbed to learn that the CDC's Advisory Committee on Immunization Practices (ACIP) met on October 20, 2022 and voted to add COVID-19 vaccines to the childhood immunization schedule. This was a surprising move for many because the COVID-19 vaccine does not convey durable immunity and does not prevent disease transmission. Additionally, the vast majority of children are not at risk of severe infection. However, the CDC does recognize that myocarditis and pericarditis heart inflammation conditions can be side effects of the COVID-19 vaccine, especially in adolescents and young adult males.

Such a far-reaching decision emboldens states to require that children who attend public schools receive the COVID-19 vaccine. This action would also continue your administration's trend of ignoring the concerns of dissenting medical professionals and running roughshod over the rights of parents to make medical decisions for their children.

Given that, in the words of Harvard Medical School, "most children who become infected with the COVID-19 virus have no symptoms, or they have milder symptoms such as low-grade fever, fatigue, and cough," and that COVID-19 vaccine effectiveness wanes in a matter of months, we are also seeking answers to the following additional questions:

- How long does the CDC expect the COVID-19 pandemic to last if they are considering adding the COVID-19 vaccine to childhood immunization schedule? Under what circumstances would the CDC remove it from the schedule?
- Does the CDC still believe that the COVID-19 vaccine imbues recipients with long-term protection from severe infection or prevent disease transmission for any period of time?
- Given that the COVID-19 vaccine's effectiveness would wane in schoolchildren before the end of a school year, is the CDC considering the addition of similarly flawed COVID-19 boosters, administered at any interval, to the childhood immunization schedule?
- Is the CDC concerned that cases of myocarditis and pericarditis caused by the COVID-19 vaccine will rise if states require teenage boys to be vaccinated to attend school?
- Is the CDC concerned that this seemingly unnecessary addition of the COVID-19 vaccine to the childhood immunization schedule is being construed as a mechanism to shield COVID-19 vaccine manufacturers from vaccine injury liability?

We appreciate your attention to this issue and request answers to these pressing questions by Monday, November 28, 2022.

Sincerely,

Lisa C. McClain

Member of Congress

⁶ https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html

 $^{^{7} \}underline{\text{https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html\#:}} \sim : text = \underline{\text{Most\%20children\%20with\%20SARS}} \\ \underline{\text{\%2DCoV,mechanical\%20ventilation\%2C\%20and\%20death16}}.$

⁸ https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/myocarditis.html

 $[\]frac{\text{https://www.health.harvard.edu/diseases-and-conditions/coronavirus-outbreak-and-kids\#:}\sim:text=Most\%\,20children\\ \text{\%}\,20who\%\,20become\%\,20infected,to\%\,20the\%\,20spread\%\,20of\%\,20coronavirus.}$

¹⁰ https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fag.html

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