

Congress of the United States

Washington, DC 20510

February 10, 2022

President Joseph R. Biden
The White House
1600 Pennsylvania Ave NW
Washington, D.C. 20050

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear President Biden and Secretary Becerra,

More than two years ago, the Chinese Communist Party covered up the beginnings of a pandemic that spread across the world and required invoking the federal government's public health emergency (PHE) powers. On January 31, 2020, the Trump administration issued a PHE to position the federal government to combat the virus and support state efforts. Thanks to the Trump administration and Operation Warp Speed, we have ubiquitous vaccines and highly effective treatments, and we now have clear data on the strength of natural immunity.¹ Thus, today we call on your administration to do what so many states and other countries already have: accept that COVID-19 is endemic, recognize that current heavy-handed government interventions are doing more harm than good, and immediately begin the process by which we unwind the PHE so our country can get back to normal.

A recent report from the Johns Hopkins Institute for Applied Economics, Global Health, and the Study of Business Enterprise delivered a devastating blow to pro-lockdown public health officials and pro-lockdown Democrats in finding that the government-imposed lockdowns had "little to no effect" on saving lives, but "imposed enormous economic and social costs."² The report also highlights a 2019 analysis that found widespread quarantines to be the "least likely [nonpharmaceutical intervention] to be effective in controlling the spread" and a 2006 report from the World Health Organization Writing Group that made clear "forced isolation and quarantine are ineffective and impractical."³ Pro-lockdown advocates should have known the ineffectiveness and damage these drastic policies would do before COVID-19 hit our shores.

As the Johns Hopkins report notes, government's response to COVID-19 has led to significant economic and social disruptions. So many Americans have lost their businesses and jobs, far too many children have been left behind in school, while some remain locked out of their classrooms, and there has been a concerning spike in mental health issues and drug overdoses. In 2021, drug overdose deaths increased 28 percent to over 100,000 and, notably, fentanyl overdose became the leading cause of death in 18- to 45-year-olds, followed by suicide.⁴ School closures left students months behind in math and

¹ <https://www.reuters.com/business/healthcare-pharmaceuticals/prior-covid-infection-more-protective-than-vaccination-during-delta-surge-us-2022-01-19/>

² Jonas Herby, Lars Jonung, and Steve H. Hanke, *Studies in Applied Economics: A Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality*, Johns Hopkins Institute for Applied Economics, Global Health, and the Study of Business Enterprise (Jan. 2022), available at <https://sites.krieger.jhu.edu/iae/files/2022/01/A-Literature-Review-and-Meta-Analysis-of-the-Effects-of-Lockdowns-on-COVID-19-Mortality.pdf>

³ *Id.* at 35-36.

⁴ <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

reading⁵ and significantly reduced their future earning capacity.⁶ There have also been troubling spikes in mental health visits for children, particularly young women. In fact, during February 21 through March 20, 2021, suspected suicide attempt emergency department visits “were 50.6% higher among girls aged 12-17 years than during the same period in 2019.”⁷ Further, vaccine mandates have stretched hospitals and nursing homes thin, raising serious concerns about staff shortages and patient care.⁸

Unfortunately, some state and local governments will continue to impose failed, restrictive policies as long as the federal PHE remains in effect, which sends the message that the country is still in a crisis that requires emergency powers. Thankfully, states are beginning to move in a different direction. Just this week, California, New Jersey, and Connecticut finally followed Republican-led states and began removing various masking mandates, but much more work needs to be done, especially where masks are still required for children in schools. Many other states have completely returned to normal with no significant negative impact on public health, and other countries around the world have done the same.⁹ It is time for your administration to abandon its overbearing and authoritarian approach and show the country that the COVID-19 emergency is over.

Although the PHE was certainly necessary at the outset of the pandemic, it was always meant to be temporary. Our country is now in a much different situation than we were when the PHE was originally enacted, as evidenced by the most recent Omicron wave. During the Omicron wave, widespread vaccination and natural immunity among American adults resulted in lower rates of hospitalizations and deaths amongst the total number of cases that the country saw relative to other waves like in December of 2020 or this past summer with the Delta variant.¹⁰

We recognize that the PHE cannot end overnight, and that certain actions must be taken to avoid significant disruption to patients and health care providers, including working with Congress to extend certain policies like maintaining access to telehealth services for our nation’s seniors. A plan and concrete timelines to exit the PHE are long overdue, and it is time for you to take the necessary steps to begin immediately identifying and addressing all of the emergency measures and regulatory flexibilities enacted by the Department of Health and Human Services (HHS), such as telehealth flexibilities and Emergency Use Authorizations, that need to be phased out or made permanent before the PHE is ended. It is long-past time your administration show leadership in moving us to pre-pandemic life.

⁵ <https://www.mckinsey.com/industries/education/our-insights/covid-19-and-education-the-lingering-effects-of-unfinished-learning>

⁶ Penn Wharton Budget Model Analyzes Tradeoffs in Reopening Schools: K-12 Students Lose \$12-15K in Future Earnings Each Month of School Closure (Oct. 2020), available at <https://news.wharton.upenn.edu/press-releases/2020/10/penn-wharton-budget-model-analyzes-trade-offs-in-reopening-schools-k-12-students-lose-12-15k-in-future-earnings-each-month-of-school-closure/#:~:text=School%20Closure%20%2D%20News-,%20Penn%20Wharton%20Budget%20Model%20Analyzes%20Trade%20Doffs%20in%20Reopening%20Schools,the%20spread%20of%20the%20virus.>

⁷ Centers for Disease Control and Prevention, *Emergency Department Visits for Suspected Suicide Attempts Among Persona Aged 12-25 years Before and During the COVID-19 Pandemic – United States, January 2019-May 2021* (June 2021), available at <https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm>

⁸ Melanie Evans, Anna Wilde Mathews, and Julie Wernau, *Stretched Hospitals, Nursing Homes Fear Losing More Staff Over Vaccine Mandate*, Wall Street Journal (Jan. 2022), available at <https://www.wsj.com/articles/stretched-hospitals-nursing-homes-fear-losing-more-staff-over-vaccine-mandate-11642183926>

⁹ <https://news.sky.com/story/scandinavia-to-become-almost-entirely-free-of-covid-restrictions-with-sweden-to-join-denmark-and-norway-in-scrapping-rules-12531449>

¹⁰ <https://www.washingtonpost.com/health/interactive/2022/omicron-comparison-cases-deaths-hospitalizations/>

The current extension of the COVID-19 PHE ends on April 15, 2022. As such, we call on you to take the following steps immediately:

- Establish a process with concrete goals and timelines for when and how we will exit the PHE;
- Identify all emergency measures, regulatory flexibilities, and related programs enacted during the PHE;
- Provide estimates of the projected costs to the federal government, any provisions necessary to address program integrity, any costs to states, and projected impact on patient health; and
- Identify any programs you recommend making permanent, including those which can be made permanent through existing regulatory authorities.

While you begin these steps to unwind the PHE, we call on you to take swift action to lift all vaccine mandates, which have not stopped the spread of COVID-19, but have alienated many Americans and have caused staff shortages at hospitals and other health care facilities; lift all mask mandates and the federal guidance that forces children to wear masks in schools and day care facilities (these are based on faulty data and are used in many Democratic-led jurisdictions to justify such mandates); and insist that schools fully open so children can learn in person. Americans, especially children, are in crisis. Instead of keeping us in a permanent state of emergency, it is time for this administration put people first and stop clinging to powers you currently enjoy under the PHE.

Given the urgent need to put an end to the harm caused by government's response to COVID-19, we request that you submit a comprehensive plan to Congress that addresses the items identified above no later than March 15, 2022. House Republicans are ready to review and consider expeditiously any legislation to address the issues needed to end this PHE and get America back to normal.

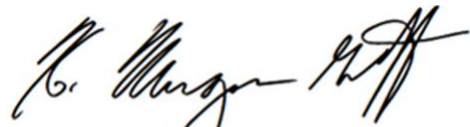
Sincerely,



Cathy McMorris Rodgers
Republican Leader
Committee on Energy and Commerce



Brett Guthrie
Republican Leader
Subcommittee on Health
Committee on Energy and Commerce



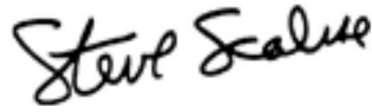
H. Morgan Griffith
Republican Leader
Subcommittee on Oversight and Investigations
Committee on Energy and Commerce



Fred Upton
Member of Congress



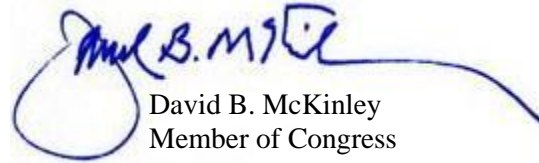
Michael C. Burgess, M.D.
Member of Congress



Steve Scalise
Member of Congress



Robert E. Latta
Member of Congress



David B. McKinley
Member of Congress



Gus Bilirakis
Member of Congress



Bill Johnson
Member of Congress



Billy Long
Member of Congress



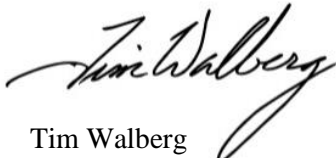
Larry Bucshon, M.D.
Member of Congress



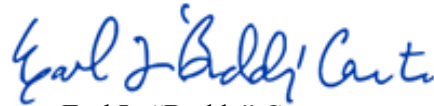
Markwayne Mullin
Member of Congress




Richard Hudson
Member of Congress



Tim Walberg
Member of Congress



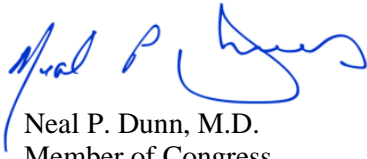
Earl L. "Buddy" Carter
Member of Congress



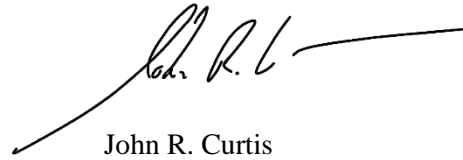
Jeff Duncan
Member of Congress



Gary J. Palmer
Member of Congress



Neal P. Dunn, M.D.
Member of Congress



John R. Curtis
Member of Congress



Debbie Lesko
Member of Congress



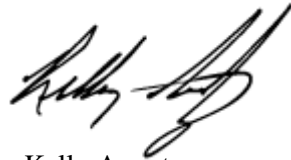
Greg Pence
Member of Congress




Dan Crenshaw
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John Joyce, M.D.
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Kelly Armstrong
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Mike Simpson
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Darrell Issa
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Bill Posey
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Rodney Davis
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Rick Allen
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Barry Loudermilk
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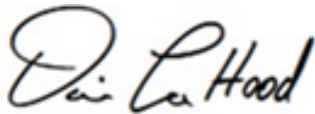
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Elise Stefanik
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Lee Zeldin
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Darin LaHood
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Warren Davidson
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Ted Budd
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Mike Gallagher
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Mike Johnson
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Brian Mast
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Lloyd Smucker
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Ralph Norman
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Troy Balderson
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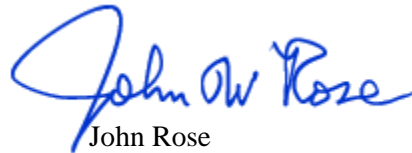
Kevin Hern
Member of Congress



Ben Cline
Member of Congress



Carol D. Miller
Member of Congress



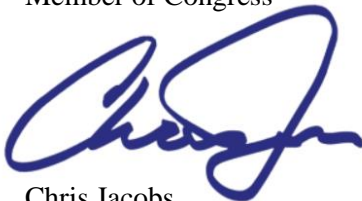
John Rose
Member of Congress



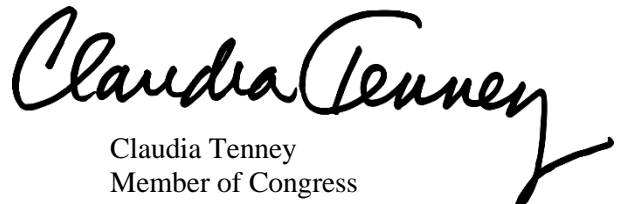
Michael Waltz
Member of Congress



Dan Bishop
Member of Congress



Chris Jacobs
Member of Congress



Claudia Tenney
Member of Congress




Cliff Bentz
Member of Congress



Kat Cammack
Member of Congress



Maddison Cawthorn
Member of Congress



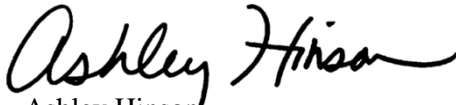
Andrew S. Clyde
Member of Congress



Randy Feenstra
Member of Congress



Diana Harshbarger
Member of Congress



Ashley Hinson
Member of Congress



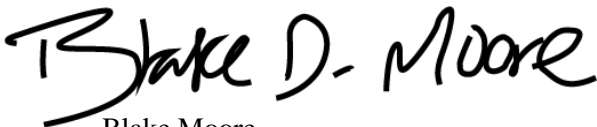
Jake LaTurner
Member of Congress



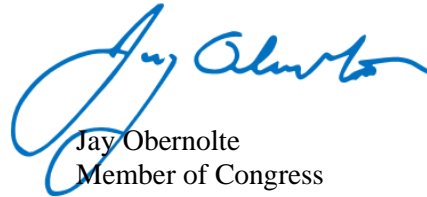
Peter Meijer
Member of Congress



Mariannette J. Miller-Meeks, M.D.
Member of Congress



Blake Moore
Member of Congress



Jay Obernolte
Member of Congress



August Pfluger
Member of Congress



Greg Steube
Member of Congress

A handwritten signature in blue ink, appearing to read 'J.C. Arrington', with a stylized flourish at the end.

Jodey C. Arrington
Member of Congress

A handwritten signature in black ink that reads 'Austin Scott' in a cursive, slightly slanted font.

Austin Scott
Member of Congress