Why the Biden Admin is ‘Briefly Extending’ the COVID-19 ‘Emergency’ Until May 11

President Joe Biden told Congress on Monday that he wants to briefly extend both the national emergency and public health emergency declarations for COVID-19 before terminating them on May 11.

In 2020, the Trump administration declared both a national emergency and a public health emergency, which are set to expire on March 1 and April 11.

Ending the “emergencies” would formally and legally restructure how the federal government responds to the pandemic. It would shift the development of vaccines and treatments away from being directly managed by the federal government.

Biden’s announcement came in a statement opposing resolutions

brought to the floor this week by House Republicans to bring the COVID-19 emergency to an immediate end and comes at a time when House Republicans have announced their intent to investigate the government's COVID-19 response.

"An abrupt end to the emergency declarations would create wide-ranging chaos and uncertainty throughout the health care system – for states, for hospitals and doctors' offices, and, most importantly, for tens of millions of Americans," the Office of Management and Budget wrote in a Statement of Administration Policy.

Would it, though?

Of course, the response from those who heard the news was either one of outrage that the government would end its emergency COVID powers after three years when there is still an "emergency" or confusion as to what is so magical about May 11.

Why doesn't the Biden administration end its powers today?

It likely has something to do with the fact that emergency declarations need to be in place to ensure vaccine makers have liability protection for the harm caused by their products until their new bivalent boosters can be fully approved for all age groups. The Republican's plan to immediately halt federal emergency powers could put a wrench in this plan and open the floodgates of liability.

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On Jan. 26, the FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) voted to replace all "original" COVID vaccine doses with the new bivalent booster shots in the name of "simplifying the process." This outcome was aligned with the wishes of the FDA in its briefing document published

before the meeting. These are the same bivalent boosters authorized based on a safety study of only eight mice and an "efficacy study" based on a vaccine targeting an entirely different Omicron subvariant.

What hasn't been mentioned—and nobody brought up during this meeting—is that this change allows a "fully approved" vaccine to be replaced with an experimental vaccine only authorized for emergency use, which, as you know, has implications as it pertains to liability and mandates. Technically speaking, you can't mandate vaccines authorized for emergency use. Herein lies the problem for healthcare workers and students required to receive COVID vaccines.

Biden's decision to end emergency powers on May 11 likely has something to do with giving U.S. regulatory agencies (FDA, CDC) enough time to sign off on this new annual booster shot plan and to fully approve the bivalent boosters so that schools and healthcare facilities can mandate them—and to ensure vaccine makers have liability protection when emergency powers end.

What's concerning is that Pfizer was to turn over data in December on its vaccine and heart inflammation, but FDA quietly changed the "due date" of the study to June 2023. So, all of this is being done without having the heart inflammation study (the first of several) or data establishing the correlate of protection. (It has been brought up numerous times during previous meetings that a vaccine's ability to generate an antibody response does not correlate with actual protection—a little problem the FDA said it would address a long time ago and hasn't.)

So, on May 11, pharmaceutical companies will have liability protection even when the "emergency" ends, will have been allowed to skirt by without providing data on the risks of their products, and will get to bump up the cost of their vaccine to a whopping $130 per dose now that vaccines are not

being subsidized with our U.S. tax dollars.

It really is the ideal windfall. The only perceived benefit to the American people is that our tax dollars will no longer be used to subsidize pharmaceutical products that are reportedly harming tens of thousands of people, and we might have access to alternative treatments for COVID that have been suppressed to provide vaccine makers with emergency use authorizations for their vaccines.