

As COVID-19 continues to wreak havoc globally, Biden ends national emergency declaration

Evan Blake, Benjamin Mateus
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On Monday, US President Joe Biden signed into law a bill officially ending the COVID-19 national emergency declaration, despite the fact that the pandemic continues to rage across the US and internationally.

Each week, nearly 2,000 Americans continue to die from COVID-19 and thousands more are debilitated with Long COVID. Globally, each day there continue to be an estimated 10,000 excess deaths attributable to the pandemic. SARS-CoV-2, the virus that causes COVID-19, continues to mutate and evolve into new and potentially more dangerous variants, with the Omicron XBB.1.16 subvariant quickly becoming dominant in a growing number of countries.

The bill signed on Monday, H.J.Res.7, was introduced by fascistic Arizona Republican Congressman Paul Gosar on January 9 and adopted by the House with bipartisan support in February. After Biden initially postured as being opposed to the rushed ending of the national emergency declaration, following its passage in the House he changed tack and said that he would sign the bill if it arrived on his desk. This prompted several Democratic senators to join their Republican colleagues in adopting the legislation by a vote of 68 to 23 on March 29.

Underscoring Biden's contempt for the American population, the signing of the bill into law was accompanied by a brief 20-word statement from the White House. There was no reference to the over 1.1 million Americans killed by COVID-19, nor the estimated 20 million suffering from Long COVID, nor the ongoing death and debilitation caused by the unchecked spread of COVID-19. Evidently, Biden's offhand remark in January regarding the death toll from

the pandemic, "I sometimes underestimate it because I stopped thinking about it," remains in effect.

The ending of the national emergency declaration is the second of three major legal shifts which will privatize all aspects of the US government's response to the pandemic and make millions of Americans increasingly vulnerable to the virus and its devastating impacts.

The first and most consequential shift took place on April 1, when Medicaid disenrollment restrictions associated with the pandemic public emergency measures were lifted. This has initiated what is being referred to euphemistically as the great "unwinding" of Medicaid. As a result, upwards of 22 million people (including 7.3 million children) are at risk of losing their health coverage by next year.

According to the Medicaid.gov website, the "unwinding" represents "the single largest health coverage transition event since the first open enrollment period of the Affordable Care Act." It will see millions of poor and disenfranchised working class people lose their only lifeline to otherwise exorbitantly costly health care, including those without health insurance who will no longer be afforded free care if they develop severe COVID-19 infections. An untold number of people suffering from Long COVID will now have no access whatsoever to therapy or support.

The national emergency Biden revoked on Monday is less consequential because many of the emergency measures it was previously invoked to implement have already been eliminated. The main tangible impact it will have is the ending of the Department of Housing and Urban Development's COVID-19 mortgage forbearance program, which is now set to expire at the

end of May, threatening an unspecified number of Americans with eviction from their homes.

The primary purpose of Biden's revocation of the declaration of national emergency is to codify into law the bipartisan, media-backed propaganda campaign to falsely claim that COVID-19 is now "endemic" and no more harmful than the flu. This has culminated in Biden's lie last September that "the pandemic is over" now being effected as policy.

The third and final legal shift will take place on May 11, when the declaration of a public health emergency (PHE) will formally expire, and the White House will disband its COVID-19 Response Team headed by the mass infection advocate Dr. Ashish Jha. The ending of the PHE will privatize the future distribution of COVID-19 vaccines, tests and treatments, forcing roughly 30 million uninsured Americans to pay marked-up prices in full for these life-saving services.

The lifting of the PHE will also place restrictions on nursing homes that are already chronically understaffed, requiring nurse aides to undergo at least 75 hours of state-approved training before they can be employed in such facilities. The relaxation of these training requirements due to the COVID-19 emergency will be reversed.

Additionally, various telehealth services will gradually be wound down, including the treatment of drug addiction and prescription of life-saving treatments for paralyzing withdrawal symptoms. This threatens to undo thousands of patients' recovery from addiction, with many expected to die from this legislative stroke of the pen.

Health systems that have become reliant on the broader use of nurse practitioners and physician assistants, especially in caring for Medicare patients, will no longer be able to utilize their services and expertise in the same manner, leaving patients in the lurch. Many critical access hospitals, especially in rural areas, will now have to comply with federal rules for Medicare that will further cripple their ability to offer their communities health services.

The revocation of the PHE will also allow employers to modify health plans and benefits in order to opt out of covering services related to COVID-19. Workers who are considering changing health plans or jobs may be in a position where the flexibility in their plans will soon lapse, leaving them without critical coverage. If

they find themselves ineligible for coverage through Medicaid, they will be dependent on seeking "employment-based" health coverage to protect themselves and their families from a catastrophic health ailment. The US Department of Labor blog that details some of these issues reads like a threat to workers.

Finally, the expiration of the PHE will end any uniform federal requirements by states to report the spread of COVID-19. This is analogous to gouging one's own eyes out while standing on the edge of a precipice.

It must be reiterated that the ending of the federal COVID emergency measures has nothing to do with the actual state of the pandemic. Wastewater sampling, the only accurate measure of COVID-19 spread due to the dismantling of testing and data reporting systems, indicates that there remains a high degree of viral transmission across the US. As a result, hundreds continue to die each day and the "mass disabling event" of Long COVID continues unabated.

The "unwinding" of Medicaid enrollment and privatization of the entire pandemic response amount to the latest in a series of massive crimes committed against the American and world population since the beginning of the pandemic. The same processes have already unfolded in many countries, and the policy shift in the US will be invoked to justify ending the same measures wherever they still exist. Everywhere, public health resources are being sacrificed in the interests of profit and wealth accumulation for a tiny financial oligarchy.

The *World Socialist Web Site* is exposing these ongoing social crimes through the Global Workers' Inquest into the COVID-19 Pandemic, the only independent investigation uncovering the lies and misinformation used to justify policies that needlessly killed millions globally. As world capitalism falsely proclaims the pandemic over and seeks to cover up its malfeasance, this Inquest takes on ever greater urgency.



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