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By Benjamin Mateus
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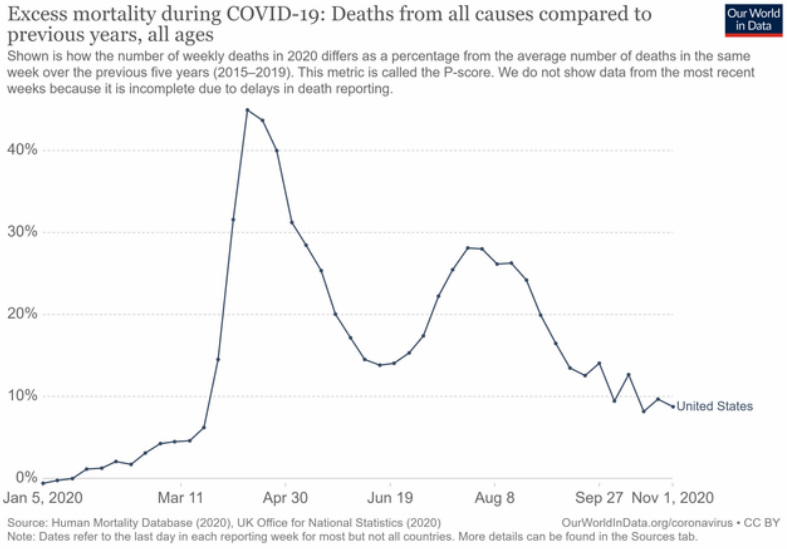
Surge in "excess deaths" points to broader impact of COVID-19 pandemic

Even as the death toll from the COVID-19 pandemic in the United States cases surges over 300,000, it is becoming clear that the actual toll of the pandemic is much greater than the official death count.

According to a *New York Times* report, 356,000 excess deaths occurred nationwide from March 15 to November 21, which is 19 percent higher compared to previous years. Even this figure may be an undercount since recent death statistics have to be updated and the Centers for Disease Control's archaic system is lagging in actual numbers. If the current estimates hold, the total deaths by the end of December will be a staggering 401,000.



Excess mortality all ages in the US 2020—March to November

Excess deaths, also known as mortality displacement, refer to a temporary increase in the mortality rate in a given population attributed to environmental problems, wars or epidemics. Epidemiologists calculate these by determining the difference between the observed and expected numbers of deaths. They are considered a better measurement of total mortality, whether caused by the pandemic or its consequences. According to the Health Foundation, "It

measures the additional deaths in a given period compared to the number usually expected and does not depend on how COVID-19 deaths are recorded."

Last spring, New York City had the highest per capita excess deaths during the first wave, with 320 people per 100,000. Approximately 27,000 excess deaths were calculated, 75 percent above average. New Jersey saw 19,300 excess deaths. Louisiana, Michigan, Massachusetts, Maryland and Connecticut saw a more than 20 percent rise in excess deaths.

During the summer wave, the shift in excess deaths impacted states like Arizona, Mississippi, Texas, South Carolina, Georgia and Alabama. Florida saw 26,500 excess deaths, while California had 31,100. In the current early winter surge that has seen the virus run rampant throughout the nation, Illinois ranks highest with 18,200 excess deaths, 25 percent above normal levels. Indiana, South Dakota, Arkansas and Missouri have also been devastated. Presently, the pandemic is moving swiftly towards the coasts where population densities are most significant.

It is difficult to determine to what extent deaths are directly or indirectly related and attributable to COVID. More than 25 percent of these "above normal" deaths have been chalked up to diseases like diabetes, Alzheimer's, hypertension and pneumonia. Regardless, with hospitals throughout the nation seeing admissions for COVID-19 soar, many people are once again deferring their health maintenance or prefer not to brave a trip to the emergency room out of fear of contracting the coronavirus. This very same population of high-risk individuals is also at increased risk of suffering from the coronavirus's consequences.

Adding insult to injury, the economic stress of unemployment, overdue rent and rising debt has forced millions of families to make the difficult choice of paying for prescription medications, getting groceries or paying their mortgages and credit card bills. The *Washington Post* noted that almost 12 million renters will owe an average of nearly $6,000 in back rent and utilities come January. Job opportunities remain scarce as small businesses are facing closure with the surge in cases. These same millions will be pushed into poverty, which will claim an untold number of lives in years to come.

The scale of the health crisis in the US due to the COVID-19 pandemic is unprecedented. The only comparison to this event would be the "Spanish Flu" of 1918 at the end of World War I, which killed approximately 675,000 people in the US. In modern times, not even previous wars have kept pace with the death caused by the coronavirus, which has become the leading cause of death in the US, far outpacing even heart disease.

However, even the present coronavirus dashboards being used to track the social impact of the pandemic do not wholly capture the real devastation being wrought on the population. The blame is entirely attributable to the utter disregard of local, state and national authorities for the consequences of this health crisis, preferring to chastise individual behavior rather than the policies implemented by authorities to keep workplaces and schools open.

A health care worker wears personal protective equipment as she speaks to a patient at a mobile testing location for COVID-19 in Auburn, Maine. (AP Photo/Robert F. Bukaty, File)

All this is being compounded by the continuing rise in hospitalizations, which have now reached 110,000 nationwide. One in two patients admitted to intensive care units (ICUs) is for COVID-19. As these facilities are reaching capacity, the need to ration care is being openly discussed. The eldest and sickest may be turned away.

Exhausted nurses and health care workers have turned to social media to share their horrific experiences.

One nurse from Huntsville, Alabama wrote, "We are canceling all elective and urgent procedures and converting inpatient holding and PACU to ICU's… we have a makeshift ER pod in the ambulance bay, holding patients on stretchers because we have nowhere to put them!"

A nurse from Warrick County, Indiana said, "Our ICUs are maxed out, and our CV [cardiovascular] ICU is now having to fill with COVID and MS [med-surg] ICU instead of surgical because of need. They filled our pediatric ICU with adults. And that's four full ICUs with RNs having to work four and five shifts trying to make staffing better. They had to intubate and hold a patient on a regular floor till our ICU could make room for them."

Public health experts have repeatedly mentioned health system capacity as a milestone of last resort. As the health care system begins to collapse under the weight of rising admissions and understaffing, the case fatality rate will edge upwards, meaning preventable COVID-19 deaths will be added to these grim statistics. These same concerns will impact those seeking medical attention for ailments other than COVID-19, which will further contribute to excess deaths.

However, establishment politicians and scientists would prefer to downplay the death toll as they begin to shift their rhetoric with the vaccine's rollout. All agree that not much will change until the next few months when the vaccines are manufactured, distributed and administered broadly to the population.

That there are no serious questions raised as to how to stem the present mortality rate points to an acceptance that nothing can be done to stop the parade of death. Meanwhile, the rollout will cost states and taxpayers billions in revenue, impacting poorer states the most. Though the vaccine is being provided to states by the federal government, states will have to hire medical workers, establish storage facilities, conduct educational and community outreach initiatives, and set up vaccine clinics.

According to the *Wall Street Journal*, "Officials in several states said they would spend whatever is needed to get residents vaccinated. Some said that might force spending cuts in

areas like education unless Congress provides additional funding, or the federal government reimburses a large chunk of their rollout costs."

15 December 2020