

# New pandemic projections place US death toll at over 400,000 by end of the year

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The Institute for Health Metrics and Evaluation (IHME), a research institute working in the area of global health based at the University of Washington in Seattle and often cited by the White House on COVID-19 trends, recently updated their projections on pandemic deaths. It stated that cumulative deaths expected by January 1 are 410,000, meaning they expect close to 225,000 more deaths from now until the end of the year.

IHME bases their estimate on the change to the autumn and winter seasons as well as “declining vigilance of the public” to adhere to recommendations to wear masks and maintain social distancing. By December, they forecast that daily deaths will approach 3,000 per day. They also warn that “if herd immunity strategy is pursued, namely no further government intervention is taken from now to January 1, then the death toll could increase to 620,000.” Such numbers would inundate all the health care services throughout the country and mobile morgues would once again be a common sight.

The almost casual reference to such a scenario is not surprising, but one that the working class should heed with great alarm. The callous suggestion that the declining use of public masking is somehow the fault of the population is malicious in light of every effort by this administration, the political parties of the Wall Street financial embezzlers and public agencies—the Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC) and Health and Human Services—which have all worked in concert to ensure that markets are sustained at the cost of risking the population to a viral contagion that remains rampant, fast-moving and deadly.

The globe is fast approaching 27 million cases of COVID-19, with over 877,000 deaths. According to the

Worldometer coronavirus dashboard, the United States has had 6.37 million cases and 192,000 deaths in a little more than six months since the first confirmed death in Washington state. The seven-day moving average has settled at just under 42,000 cases per day as deaths have begun to decline slowly, with close to 900 per day.

Reports have indicated that rural communities are one of the hardest-hit and fastest-growing areas in the nation for the COVID-19 outbreak. There is a clear correlation between the opening of schools and universities with the rise in cases seen in these regions.

Infectious disease expert Dr. Anthony Fauci and others have urged universities to convert dorms and residence facilities to quarantine and isolation sites to care for students who have contracted COVID-19. The concern is that if they are sent home it will further fuel community transmission and endanger students’ parents and families. To suggest that these events were not foreseen is the essence of criminal recklessness.

To place the policy of herd immunity into its proper but grotesque context, presently death due to COVID-19 has become the third leading cause of death in the United States, trailing heart disease, with 650,000 deaths in 2017, and cancer with 600,000 deaths. A complete disregard of any containment efforts, according to the IHME forecast, would push COVID-19 to the lead in almost a dead heat.

This prediction would also place COVID-19 deaths comparable to the fatalities suffered during the 1918 influenza pandemic, which took 675,000 lives in the US. With only eight states having more than 10 percent of their population infected with COVID-19—Arizona, Louisiana, Mississippi, Georgia, Delaware, New Jersey, New York and Massachusetts—means a significant portion of the population remains vulnerable before herd immunity can be achieved.

This week, the CDC suddenly announced that states should prepare to distribute COVID-19 vaccines as soon as the end of October, advising that health care workers, workers designated as essential, national security “population” (read military, police and government agencies), and those residing in long-term facilities would receive priority. This announcement was in conjunction with President Trump’s statement at the Republican National Convention that a vaccine may be ready before year’s end.

CDC Director Dr. Robert Redfield, speaking with Yahoo Finance, said, “Right now I will say we’re preparing earnestly for what I anticipate will be reality ... that there’ll be one or more vaccines available for us in November, December—and we have to figure out how to make sure they’re distributed in a fair and equitable way across the country.” This is simply a face-saving hypocritical aside.

By all accounts, every expert knowledgeable about the COVID-19 vaccine trials has stated that a vaccine against the virus will not be available until after the end of the year, in a best-case scenario. Dr. Stephan Hahn of the FDA has continued to voice that he would be willing to authorize an experimental vaccine before phase three clinical trials are complete. Currently, there are three phase-three trials in the US, those developed by Moderna, Pfizer and AstraZeneca.

In a letter, Medscape Editor-in-Chief Dr. Eric Topol said, regarding Hahn’s statements, “I’m writing because I’m gravely concerned about your leadership of the Food and Drug Administration (FDA). The circumstances of your statements in recent days have led to a crisis of confidence. Not only has your credibility been diminished, but so has that of the FDA, its 15,000-plus staff members and, most importantly, your ability to oversee the health interest of the American people.”

The ability to transfer millions of doses of vaccines to the US population will be hampered by the same incompetence that has impacted the delivery of personal protective equipment and masks to health care workers. This is the same incompetence that failed to protect nursing homes from the ravages of the infection that have killed so many of the elderly population and the same criminal neglect that is forcing schools and universities to open for business.

The Moderna vaccine requires storage temperatures

of minus four degrees Fahrenheit; for Pfizer’s, a frigid minus 94 degrees Fahrenheit. In a note from SVB Leerlink analysts to investors, “These storage conditions would make traditional office or pharmacy administration very difficult. These conditions could be met at tertiary hospitals and laboratories and could be accommodated in intensive one-day vaccination events at such sites, but this would still only cover a fraction of the healthy population.”

In the race for a vaccine, the US, the European Union, Japan and the UK have made agreements to purchase at least 3.7 billion doses from their manufacturers, nearly monopolizing all production and distribution at the expense of the billions living in the poorest nations.

The IHME’s predictions for the globe by January 1 indicate a massive loss of life will begin to occur. They expect that a total of 2.8 million globally will succumb to the infection, or “1.9 million more from now until the end of the year.” Daily deaths could reach as high as 30,000 per day. They write, “The increase is due in part to a likely seasonal rise in COVID-19 cases in the Northern Hemisphere. To date, COVID-19 has followed seasonal patterns similar to pneumonia, and if the correlation continues to hold, northern countries can anticipate more cases in the late fall and winter months.”

The ruling elites should be warned that they will be facing a winter of discontent.



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