As coronavirus infections spike across Midwest

Excess US deaths during COVID-19 pandemic top 300,000

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Far more US deaths are linked to COVID-19 than the official figure of 220,000, according to new estimates released by the Centers for Disease Control and Prevention. The CDC found that excess deaths for the period from late January through October 3, 2020, nearly 300,000 more Americans died than would have been expected, based on mortality patterns in the previous five years.

In its Morbidity and Mortality Weekly Report (MMWR), Volume 69, the CDC found that from late January to October 3, 2020, there were 299,028 excess deaths compared to projections based on deaths occurring during the same time frame in 2015 through 2019. Only two-thirds of those deaths, 198,081 in all, were officially attributed to COVID-19.

The difference of 100,000 deaths in the United States reflects in part the overwhelming of the health care system by COVID-19—to the point where people were dying of the virus before they could be tested and confirmed positive—and the greater than normal impact of other diseases because medical resources were being diverted to the coronavirus crisis. Other research has found a spike in deaths due to cardiovascular disease, diabetes and Alzheimer's, because people were either afraid to or unable to visit a hospital.

The most important finding of the CDC, besides the larger number of deaths, was the age distribution. While the largest number of deaths occurs among the elderly, the highest percentage increase in deaths over expected levels, 26.5 percent, was seen among adults aged 25 to 44, those of prime working age.

While every other age category had a significant reduction in mortality rates after the initial peak in the spring, the death toll in the 25-44 age group remained sustained from March to June and then began to rise again in July in response to the campaign to reopen the economy. People in this age group were most likely to be classified as "essential workers," required to stay on the job no matter how terrible the conditions.

The CDC noted that minorities were disproportionately represented in the excess deaths. The Hispanic population was hardest hit, with 53 percent more deaths than expected, while the rate for Asian Americans was up 37 percent and for African Americans up 36 percent. The CDC did not offer a report on the socioeconomic status of those who died, thus concealing the true impact of the pandemic on the working class, although gathering and reporting such data is well within the agency's capabilities.

The calculation of excess deaths is a way of estimating a temporary rise in the number of fatalities due to unusual or irregularly occurring events like epidemics, heat waves, cold spells, and other natural disasters, or manmade catastrophes like war and famine. The term is defined as the number of persons who have died from all causes, more than the expected number of deaths based on an average of previous years, with population growth and aging taken into account.

The CDC figure provides a new yardstick for measuring the impact of COVID-19 under conditions where the second wave of the pandemic is hitting the United States with increasing force. The total number of COVID-19 cases in the nation has now exceeded 8.5 million. The seven-day moving average of new cases has catapulted to 61,000 per day, a 36 percent increase in just two weeks. According to the *New York Times*, the death rate has climbed to a seven-day average of 929 per day in the same two weeks, a seven percent increase. Yesterday, the number of deaths pushed above 1,100. Texas, California, and Florida each reported over 100 deaths.

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As alarming as these developments are, excess death estimates provide a dramatic insight into the grim nature of this pandemic that the official mortality figures have been underestimated and covered up. Furthermore, they suggest the devastation to be expected as the policy of herd immunity is being prosecuted with impunity by the White House with the full support of both Republican and Democratic officials at the local, state and federal levels.

The latest upsurge in COVID-19 in the United States is focused in the Midwest, with the worst impact in areas where state governments either never enforced lockdowns very strictly or did not impose them at all.

In Kansas, for example, rural Norton County is now the hardest hit in the state. The county health department announced that an outbreak at the Andbe Home, a private nursing facility, has led to the infection of all 62 residents with COVID-19, with 10 deaths. Another 22 staff members have tested positive, and the entire work force is now being tested.

This is a horrible throwback to one of the worst features of the initial outbreak in the spring, which ripped through nursing homes in states like New York, New Jersey, Massachusetts and Michigan, in many instances, because elderly people infected with coronavirus were transferred from hospitals back to their nursing homes, where they infected many more.

Though the nursing home residents account for about one half of one percent of the US population, they accounted for 40 percent of all deaths in the initial stage of the pandemic. Contrary to the advocates of "herd immunity" who claim in a recent document, the Great Barrington Declaration, that there can be "focused protection" of the most vulnerable in the population while the majority become infected, the reality is that the elderly and those with compromised immune systems and comorbidities will die at horrific rates.

In Wisconsin, the Department of Health Services reported that the seven-day moving average has risen from 700 daily cases in early September to 3,287 this week, more than quadrupling in a little more than a month. There are now 1,190 hospitalized patients, with 299 in the ICU.

Matthew Heywood, CEO and president at the Aspirus health system in Wausau, Wisconsin, told the *Milwaukee Journal-Sentinel*, "We have been adding a lot of beds. We have about 98 beds throughout the system that are COVID-designated. We only have about 18 left, so that means we have about 80 people in COVID right now that are pretty sick. … I think the thing that's most painful for them [hospital workers] right now, and most challenging for them, is while they're working their butts off—and they're working hard—it's the fact that they don't know if the community sees how serious it is. They see the politicization of it, and they see the repercussions of what's happening when they do their job every day. And they're watching people die."

There is a resurgence of COVID-19 along the East Coast as well, tied to the reopening of public schools. On Wednesday, Boston Public School Superintendent Brenda Cassellius announced that the district was halting the phased school reopening that began October 1 because the citywide COVID-19 positivity rate had hit 5.7 percent, well above the 4 percent threshold. Massachusetts has seen a 16 percent rise to nearly 1,000 daily cases. Deaths and hospitalizations have also started their ascent.

Thirty-nine states and the District of Columbia have seen a rise in COVID daily cases. Hot spots across the nation include counties in South Dakota, Kansas, Montana, Wisconsin, and Nebraska. Hospitalizations surpassed 40,000 yesterday, from a low of 28,608 on September 20.

To place the present pandemic in the US in its historical perspective, the H2N2 Influenza pandemic in 1957 killed about 116,000, and the 1967 H3N2 (Hong Kong) flu pandemic killed approximately 100,000 Americans. The Spanish flu of 1918 killed 675,000 in the US when the population was 103 million, about 0.6 percent of the total population.

Current projections place the number of deaths from COVID-19 at 316,000 by January 1, which would suggest that the excess deaths will be more than 400,000. According to a recent study, estimates indicate that US life expectancy for 2020 will decline by 1.41 years—a colossal drop in a figure which has been worsening in recent years, but more slowly because of the opioid crisis.

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