

Death on an unprecedented scale: One year since the first death from COVID-19 in the US

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This week, many of the national COVID-19 trackers will mark the death of 500,000 Americans in the United States from the coronavirus. It was just one year ago, on February 29, that the first official US fatality from COVID-19 was reported, a man in his 50s residing in Washington state. Postmortem testing in Santa Clara County, California, indicates that there may have been two earlier deaths, one on February 6 and another on February 17.

Still, a closer examination of these horrific numbers, including excess deaths, a term that refers to the number of deaths from all causes during a crisis, above and beyond what would typically be seen, demonstrates that the present catastrophe is far more massive than official figures and, most likely, on par with the 1918 influenza pandemic and even the US Civil War. More on this later.

In time, historians will write on the actual deaths that befell the nation during this pandemic, considering those, directly and indirectly, related to the contagion in their accounting. Most importantly, they will need to explain why it happened. However, it is instructive to take a measure of the scale of this devastation wrought primarily by the ruling class. Much can still be done to avert further calamity. It is not too late for the working class to take the initiative to turn the tide of this pandemic.

According to the Worldometer COVID tracker, on February 20, 2021, the United States reported 28,706,473 cases of COVID-19 with 509,875 deaths. There are almost ten million active cases. Using back-of-the-envelope math, taking account of new cases and deaths since January 1, 2021, and utilizing a lag in deaths of two to four weeks, the crude case fatality rate for the winter surge was estimated at around 1.5 percent of all confirmed cases of COVID.

This implies that based on present active case estimates, an additional 150,000 deaths may be forthcoming. When health care systems can function at standard capacities, there is an improvement in outcomes, which would help reduce this estimate. Hospitalization rates for COVID-19 have been on the decline since their January peaks.

Yet, as the new B.1.1.7 strain of the SARS-CoV-2 virus is rapidly dominating previous versions, the present retreat in infections will slow in the next few weeks only to be followed by a massive wave unrivaled by previous surges. Some are describing the rapid transmission with this new strain as a second pandemic.

Dr. Michael Osterholm, an epidemiologist and director of the Center for Infectious Disease Research and Policy at the University of Minnesota, has repeatedly warned about a spring surge. In his reply to a question about his prediction of the “darkest days of the pandemic,” he said during a press conference on February 18, “I’m more convinced that that’s actually the case. I think right now what we’re

seeing is basically the lull before the storm.”

He explained that the B.1.1.7 strain that first emerged in the United Kingdom has demonstrated it is 30 to 70 percent more transmissible, as well as causing more severe infections, including deaths and hospitalizations. He further added that the virus follows the same path in North America as was seen in Europe and the Middle East.

Dr. Osterholm continued, “If you just think about this right now, we’re loosening up everything, governors and mayors are under such pressure to loosen up everything. When you look at the vaccine, it’s coming, and it’s in right now with the B.1.1.7. This vaccine will work, but we’re not going to have nearly enough in time.” He noted that by the end of March some 30 million of the 54 million people over the age of 65 will still have not been vaccinated. According to the *Washington Post* vaccination tracker, approximately 13.5 percent of the US population has received at least one vaccine dose.

From the time President Joe Biden was elected to office in November to his inauguration on January 20, a period of two-and-half months, 181,276 people died. One month has passed since he swore to protect and defend the population. In that time, 88,212 have perished under his tenure.

Given his promise that there would be no future lockdowns and that schools would fully open for K-12 even though the new variant is threatening the population anew, the memorial held for 400,000 victims of COVID on January 19, the eve of his inauguration, was the height of hypocrisy.

Rather than averting more deaths and suffering, Biden is banking that the vaccines can be administered at a sufficient pace to blunt the misery of future surges. At the G7 virtual summit last week, the White House stated in no uncertain terms that its national vaccine efforts would take priority over the rational and equitable distribution of the vaccines globally.

As Americans continue to die at tragically high numbers, Biden has essentially assured Wall Street that his first hundred days will be spent seeking a rapid return to economic normalcy, whatever the cost to the population. The fundamental difference between Biden and his predecessor, Donald Trump, is his more efficient and deliberate use of the levers of power to achieve these objectives.

The question, again, is how many have died since the beginning of the pandemic?

Last week, a report from the *New York Times* stated that since COVID arrived in the US, there were half a million more US deaths than usual. Over the period spanning from March 15, 2020, to January 30, 2021, using the conservative estimates provided by the CDC, “about 512,000 more Americans have died than would have in a normal year,” a figure that is 20 percent higher than expected.

According to a STAT News report from October 20, two-thirds of the excess deaths were counted as COVID-19 fatalities. (They were using the CDC data as well.)

In that same period, the *Times* reported that there had been 439,375 COVID-19 deaths, plus another 73,525 excess deaths not directly attributed to coronavirus. If these additional deaths are carried over to the February's Worldometer total of more than 500,000 COVID-19 deaths, this would bring the total number of excess deaths to over 570,000.

A *Financial Times* report published on Sunday highlighting the excess deaths suffered in Mexico and by the population of countries that have allowed the pandemic to rip through their communities remarked that these deaths have disproportionately affected the most impoverished neighborhoods. This is true for every country that has embraced the “herd immunity” policy, including the UK and the United States.

Maximo Jaramillo-Molina, a fellow at the London School of Economics who researches inequality, notes, “These are the consequences of a strategy based on trying to do nothing to reduce the damage instead of trying to prevent the consequences.” According to their national mortality statistics and Kobak's World Mortality Dataset, by January 16, the US excess deaths stood at 467,897 or 19 percent above the previous five years. This is congruent with the data provided by the *New York Times*.

Even more dire figures are suggested by another report published on January 24 by the *New York Times*, headlined “Why Vaccines Alone Will Not End the Pandemic,” which cites modeling calculations by Dr. Jeffrey Shaman, an epidemiologist at Columbia, who estimates that actual numbers of infections are far higher than 25 million.

Citing underreporting of asymptomatic infections and those with only very mild symptoms, Dr. Shaman argues that the actual number of infections is closer to 105 million, a figure which has the positive implication that the crude fatality rate is much lower, standing at about 0.5 percent.

Dr. Shaman projects that if restrictions continue at the present level through the summer, the number infected with COVID-19 will reach 158 million by July. Policy actions make a huge difference. If restrictions were lifted this month, an additional 29 million people would be infected. If restrictions were strengthened and kept that way until late July, there would be 19 million fewer infections. In other words, the potential range is from 139 million to a staggering 187 million people infected—a figure that would represent more than half the US population.

Despite having all the therapeutic resources, as well as mass vaccination, the reopening of schools and businesses under President Biden could make the difference of 48 million infections. In the context of Dr. Osterholm's warnings, such a spring surge would have disastrous consequences on the lives and livelihood of the working class.

The scale of death from the COVID-19 pandemic will be unprecedented in US history. More than one-third of these deaths so far are attributable to those who perished in nursing homes and long-term care facilities. Deaths not directly attributable to COVID-19 infections include the thousands that have died from dementia and neglect. Suicide and drug overdoses have played a tragically prominent aspect in this misery. Overwhelmed health systems saw many with heart disease, malignancies, kidney failure, etc., succumb because access to medical treatments was curtailed.

Similarly, in wars, the scale of death includes not just those who

suffered in combat. Illnesses, accidents, and famine are contributing factors to these stark statistics.

World War II claimed 405,399 American lives, while in World War I close to 117,000 perished. If all American deaths from all modern conflicts in the 20th and 21 centuries going back as far as the Spanish-American war of 1898 were totaled, that figure is over 625,000 deaths.

The 1918 influenza pandemic caused by an H1N1 virus claimed about 675,000 lives in the United States. A unique feature of this pandemic was that it was so lethal among the 20-to-40-year age groups. The average life expectancy fell by 12 years. With over 25 percent of the population afflicted, only basic public health measures helped limit the devastation.

Approximately 620,000 soldiers died from combat, accidents, starvation, and disease during the Civil War. The number is based on a comprehensive study conducted in 1889 by William F. Fox and Thomas Leonard Livermore after an exhaustive review of combat and casualty records. A more recent estimate by J. David Hacker, a demographic historian from Binghamton University in New York, using a complex set of methodology and assumptions, placed the figure between 650,000 to 850,000.

For two decades, scientists and institutes of public health have warned of a respiratory contagion with pandemic potential. It isn't just the virus that has produced this calamity, but rather the response to it that was a byproduct of the growing crisis in global financial markets and their dependence on fictitious capital and massive speculations where the central banks play the role of the casino bankrolling their high rollers.

It has been estimated that America's public debt to GDP ratio, according to Nick Beams, will reach 104 percent by the fiscal year 2021, up from 79 percent in 2019. By the year 2023, it will increase to 108 percent, surpassing the post-World War II level of 106 percent in 1946.

Beams wrote, “But no matter how much it seems that ‘value’ can simply be created out of thin air, this gargantuan mass of fictitious capital ultimately rests on the surplus value obtained from the exploitation of the working class. Its claims can be met only if the available pool of surplus-value is increased.” It is not without its logic that the COVID-19 pandemic has caused such unprecedented massive loss of life.

There is no difference between the policies promulgated by the Democrats compared to the Republicans. The “herd immunity” policy is the policy to extract surplus value out of the working class at a more ferocious rate, no matter the consequences posed by the pandemic. As a trigger event, it has brought into stark contrast the struggle against social murder and for a rational organization of global resources to better the livelihood for all concerned.



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