

# New estimates claim COVID-19 death toll is twice as high as reported

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A new global “excess mortality” estimate of deaths caused by the coronavirus paints a truly harrowing portrait of the real state of the ongoing pandemic. While official counts of the pandemic place the current global death toll at more than 3.26 million, the study calculates the dead at 6.93 million.

The study was conducted by the Institute for Health Metrics and Evaluation (IHME), a research center at the University of Washington. Throughout the pandemic, Dr. Chris Murray and his team have sought to use numerical methods to track and predict the cases and deaths caused by the pandemic, and are cited often by various agencies and departments of the United States government.

As the authors note, however, such reports, based on officially recorded statistics, are inherently underestimations. The amount of testing and reporting of deaths in countries, and in states and provinces within those countries, changes over time and varies greatly across national lines. Reported cases are also subject to manipulation for political reasons.

By estimating the excess mortality of a given region—the deaths in excess of previously calculated averages for a defined period—researchers at the IHME were able to get a more robust picture of the disastrous state of the spread of the disease in each country studied, as deaths as a whole are generally recorded with some degree of accuracy. Importantly, for the first time since the beginning of the pandemic, this analysis looks at excess deaths across the entire planet.

“Once we completed this analysis,” Murray said in an interview accompanying the data release, “our understanding of the magnitude of COVID to date has been much worse than what we have been thinking so far. We have estimated to date that 6.9 million people have died from COVID globally already.”

In terms of absolute number of deaths, the United States, India, Mexico, Brazil and Russia have the most fatalities caused by COVID-19. In the US, more than 905,000 people have died, 58 percent more than records indicate. In India and Mexico, deaths stand at 654,000 and 617,000, respectively, nearly triple officially acknowledged deaths. The adjusted number of dead in Brazil stands at nearly 596,000, about 46 percent above official counts. And Russia has an excess death count about that of Brazil, 593,000, indicating the tally of the dead in that country has been undercounted by at least a factor of five, around double previous excess mortality estimates.

Other countries had even higher ratios of excess mortality to reported mortality. Japan’s death toll was estimated to be more than 10 times higher. In Egypt, under the yoke of a blood-soaked military dictatorship backed by the imperialist powers, the IHME reports that the pandemic has claimed more than 12 times the lives reported by that regime. And in Kazakhstan, the total COVID-19 deaths are at least 14 times more than government tallies.

Notably, these adjusted death counts reveal high death counts in whole regions that to date have reported relatively low numbers of COVID-19 deaths. In sub-Saharan Africa, for example, the ratio of actual cases to reported cases ranges from 1.6 to 4.1, suggesting many tens of thousands more human lives have been lost in those countries that previously thought. A similar situation exists across the Indian subcontinent and in numerous countries in Southeast Asia and the Pacific.

The COVID-19 fatality rates, deaths per 100,000 people, reveal equally stark disasters in other parts of the world, particularly eastern Europe, the Balkans and Central Asia—not coincidentally regions that have suffered drastic declines in their living standards in the

past three decades as a result of the restoration of capitalism after the dissolution of the USSR and imperialist intrigue and war. In Azerbaijan, for example, the official pandemic death rate is 44.6, whereas excess mortality figures estimate a death rate of 648.8, a more than 14-fold increase. In Belarus, the estimated actual death rate is nearly 17 times the official numbers, nearly 460 dead for every 100,000 people.

Moreover, unlike previous excess mortality studies, the current IHME model was careful to as much as possible not include deaths not directly caused by the virus itself. They analyzed six “drivers of all-cause mortality” related to the pandemic, broad categories that make up the excess death counts. These include COVID-19 itself, deaths caused by delayed or deferred health care, deaths from increased mental disorders and drug use, a reduction in deaths from injuries because of lockdowns and social distancing mandates, fewer deaths from other diseases, including the flu, and measles, and reduced deaths from heart or lung conditions because many of those individuals instead died prematurely from the coronavirus.

The predictions also used weekly and monthly all-mortality data, rather than yearly, to get a very granular view of how the death rates in different countries changed over time.

This approach allowed the IHME team to accurately calculate deaths caused by the coronavirus even in places where excess deaths actually went down for the above reasons, as well as to differentiate between deaths caused by the virus itself and those caused by the pandemic’s impact on society. In total, the scientists were able to exclude 615,000 deaths that occurred from March 2020 onward, providing a very clear picture of the colossal death toll of the pandemic.

The data also suggest many areas for further study on the indirect human cost of the coronavirus. They show that, for example, opioid deaths in the US increased by about 15,000 last year, likely a result of increased anxiety and depression brought on by the immense social crisis.

In addition, the study makes clear the even its immensely high excess mortality calculations are likely an underestimation. In Europe, they excluded data during five weeks of late summer when a heat wave made accurately estimated COVID-19 deaths much

more difficult. They were also not able to use the reported all-cause deaths data from Brazil, which has been plagued by an incomplete registration of deaths since near the beginning of the pandemic and was forced to use a secondary record instead.

The authors further note that “As the evidence is strengthened in the coming months and years, it is likely that we will revise our estimates of the total COVID-19 death rate upward in future iterations of this work.” This will no doubt especially hold true for areas like sub-Saharan Africa where even reported deaths, the yardstick of this method, are difficult to get with any specificity and are generally undercounts.

Such a frank admission about the ongoing global catastrophe must not terrify but galvanize the entire working class. The cost in human lives is more than double official records, and likely even higher. And as new variants spread unchecked in countries such as India, the death toll is already spiraling to new heights. If millions more deaths are to be prevented, the response to the pandemic must be forcibly wrenching, through the method of class struggle and the struggle for socialism, from the politicians and oligarchs who have “let the bodies pile high in their thousands.”



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