

US COVID death toll surges in third winter of the pandemic

Elderly account for 92 percent of recent deaths

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The United States is entering its third COVID winter with a new surge of COVID cases, hospitalizations and deaths being reported on the few COVID dashboards that continue to provide a glimpse into the state of the pandemic. The seven-day average of cases has nearly doubled since mid-October to 61,570 cases, although these figures remain unreliable and woeful undercounts.

Even worse, the seven-day average in COVID deaths has turned sharply upwards again. While pre-Thanksgiving figures were trending under 300 per day, they surged to over 560 per day on a seven-day average after the holidays. Specifically, Johns Hopkins Coronavirus Resource Center logged more than 1,000 COVID deaths on December 7.

Hospitalizations have followed the same trend seen in deaths, having surged 25 percent to almost 38,000 admissions in the last two weeks. These are only compounding the strain on health systems from the flu and RSV epidemic.

As COVID deaths turn upward from an already unacceptable level, one major demographic issue is coming more and more to the fore: the elderly, despite being the most heavily vaccinated age group, are dying in massively disproportionate numbers.

For the week ending November 19, the Centers for Disease Control and Prevention (CDC) reported that Americans aged 65 and older accounted for 92 percent of COVID fatalities.

In the summer of 2021, when the vaccination campaign had attained its peak among the elderly, that figure was only 58 percent, and most of these were unvaccinated. This figure demonstrated the life-saving aspects of vaccines, particularly for those over 65. However, as the virus has continued to evolve, it has become more immune-evasive and is killing the elderly at an alarming

rate, regardless of their vaccination status.

Overall, those 65 and older, who make up 16.8 percent of the population, have accounted for 75 percent of the 1.07 million COVID deaths in the US, or 808,113, as of the latest figures from Statista.

Those 65 to 74, who represent 10.1 percent of the population (33.67 million), accounted for 22.7 percent (244,086) of COVID deaths, or a rate three times higher than their representation. COVID wiped out 0.7 percent, or 1 in every 138 in this age group.

The 75-to-84-year age group represent 4.9 percent of the population (16.21 million) and accounted for nearly 26 percent of all COVID deaths (279,276), a rate five times higher. There was one COVID death for every 58 people in this group.

Those who are 85 and older paid the highest price. With around 6 million in this age demographic, representing just 1.8 percent of the US population, they accounted for 26.5 percent of COVID deaths (284,751), a rate of nearly 15 times their representation in the population. Almost 5 percent of all those over 85 and older have been killed by COVID so far, one in every 20.

The meaning is clear: COVID disproportionately kills the oldest in society, and the older the person infected, the more likely the infection will be fatal. The bipartisan Trump-Biden policy of promoting mass infection of COVID amounts to “geronticide,” the deliberate culling of the elderly on a massive scale.

This is not an accident, but a deliberate policy, and it is viewed as having significant benefits for capitalist society, disproportionately removing those who are regarded as a “drain” on “society’s resources,” by which the capitalists mean people who can no longer work and contribute to their profits.

That COVID is “forever” is not a byproduct of the

adaptation of the virus, whatever its ability to evade immunity. It is the product of policies that prohibit any constraints on economic activity, and which demand the public minimization of the continuing COVID danger by the White House and the CDC.

Political hacks like Dr. Ashish Jha and Dr. Rochelle Walensky have failed in their public health duties to put into place measures to protect the population against what is still a life-and-death threat.

Uptake of the bivalent boosters—the centerpiece of the White House’s COVID response—has been abysmal. Only 13.5 percent of all eligible people have received the bivalent boosters since they became available in September. Among the elderly, little more than a third have taken these jabs. This is not some failure of personal initiative on their part.

The lifting of all mitigation measures across the country, the reopening of schools to in-person instruction without the infrastructure initiatives to ensure safe clean air, and the infamous remark by Biden in September that the pandemic was over and it was time to put the pandemic behind us and return to normal, have created the conditions that continue to give the coronavirus free rein.

When COVID deaths were evaluated through the microscope of socio-economic indices, a study published in April 2022 found that COVID mortality was five times higher among adults in low socioeconomic positions, 72.2 per 100,000, compared to the richest with only 14.6 per 100,000. Furthermore, 72 percent of these differences were attributed to a job that was never performed remotely, “particularly blue collar, service, and retail sales workers.”

These differences were not racial in character, but occupation-linked, with the COVID death totals for whites, blacks and Hispanics corresponding roughly to the proportion of each group in the population.

A study published in *JAMA Network* not only demonstrated that life expectancy disparities existed before the pandemic between those in low versus high socioeconomic groups, two years into the pandemic, the poorest saw nearly a five-year decline in life expectancy while those in the richest deciles held on to their privileged life expectancy well over 85 years of age. As such, the working class can expect to retire and fall immediately into the grave.

With the surge in COVID cases, once more, the most vulnerable in nursing homes are being placed at risk. The latest estimates by the Kaiser Family Foundation on

deaths in long-term care facilities. Fewer than half of them are up to date on their COVID vaccinations and only 23 percent of nursing home staff are. Additionally, primary care physicians and prescribers are wary of ordering them anti-viral therapeutics like Paxlovid when they are infected.

Meanwhile, with the world’s population recently passing the eight billion mark, discussions in the bourgeois press have turned to the issue of the cost of caring for the elderly. *The Economist* recently posted a glossy, high production video titled “the true costs of ageing,” that opens with the lines, “When people retire, they start costing more money and the cost will soon be unsustainable. The current approaches for the care of the elderly are a drain on society’s resources.”

The editors go on to discuss that with a reduced work force the cost of paying out pensions and health care will be catastrophic because the elderly “spend less, pay less in taxes, and cost more,” driving down GDP and leading to economic stagnation. They add, “If you look at it from an economic perspective, we are spending too much money doing the wrong thing ... and the mistakes cost more than just money.”

According to RBC Wealth management, “the projected lifetime cost of care for a healthy 65-year-old is \$404,253—and that doesn’t factor in long-term care costs, which could be as high as \$100,000 a year.” The removal of 800,000 such people (the number of over-65s killed by COVID in the US) would save the American government \$320 billion, plus another \$80 billion a year, plus additional “savings” from additional deaths. Such calculations are undoubtedly being made in government and Wall Street offices.

The International Monetary Fund (IMF) has reported that the “cost of aging” means high-income countries will have to drop their population’s consumption considerably due to the “new demographic realities.”

The pandemic has been a boon to the financial sectors, and the working class, as reflected in the massive decline in life expectancy, has paid the price.



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