

Amid fourth winter of death, COVID excess death toll approaches 30 million globally

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After more than two months of silence, on Wednesday the London-based weekly financial outlet, *The Economist*, finally updated their global daily estimate of excess deaths attributable to the COVID-19 pandemic. According to their projections, the cumulative global excess death toll now stands at 28.5 million, 4.1 times higher than the official COVID death toll, which surpassed 7 million at the end of 2023.

For inexplicable reasons, *The Economist's* tracker, which uses a machine-learning model that provides estimates of excess death for every country on every day since the pandemic began, suddenly stopped updating in mid-November, just as the winter surge of the JN.1 variant began.

To place this into context, in the US, the winter surge began to accelerate in mid-October and peaked just before the New Year. In the aftermath of the Biden administration scrapping the COVID public health emergency (PHE) declaration last May, this wave was completely covered up in official figures. Only estimates of the actual toll of infections were provided through wastewater collection data tracking levels of SARS-CoV-2 across the country's sewage systems, in particular those curated by *Biobot Analytics*.

Principled data scientists, based on their own initiative, like Jay Weiland and Dr. Mike Hoerger, model these wastewater data and provide estimates of the actual infection rates through their social media accounts. They also provide ample warning and guidance on how to protect oneself and take measures to minimize the impact of infections on one's health, performing essential roles of public health abandoned by the CDC and the entire political establishment.

Although daily COVID-19 infections are trending down again in the US, the rates of infection continue to remain high, with an estimated nearly 1 million cases

per day earlier this week. In all, more than 100 million Americans are believed to have been infected in the past three months of the current surge, accounting for nearly one-third of the population. The overwhelming majority of these are reinfections, which have been proven to compound one's risk of Long COVID, heart attack, stroke and other long-term consequences associated with COVID-19 infection.

Extrapolating these infection estimates to the rest of the world, this could very well mean that upwards of 1-2 billion more infections have transpired during the ongoing global wave of JN.1, meaning that tens of millions or more Long COVID cases should be expected to develop in the coming weeks to months. More concerning, the cumulative long-term impact of these repeated infections remains a disturbing unknown, but all data indicate that this will increase cardiovascular, metabolic, and neurological disorders being diagnosed.

With respect to immediate mortality from acute COVID infections, at their first press conference in 2024, the World Health Organization (WHO) remarked that the pandemic continues to rage and close to 10,000 people officially died of COVID-19 in December, pushing the cumulative toll above 7 million. This grim statistic passed with virtually no comment from the mainstream media to commemorate the horrific milestone or issue a reminder of the deadly nature of the ongoing pandemic.

The WHO also acknowledged that the deaths were significant undercounts. Fewer than 50 countries, mostly in Europe and the Americas, were reporting these figures to the international health agency. Considering the complete dismantling of all pandemic tracking measures and attempts to obfuscate the real figures, even these numbers must be viewed as

misrepresenting the real scale of mortality that is being covered.

Returning to *The Economist's* excess death tracker, with the benefit of hindsight, a clear surge in mortality was well underway in October, peaking at over 10,000 daily deaths at the end of November. These figures remained elevated through December. The data for January, which shows a sudden drop in deaths, may be the lag factor in obtaining data from a host of countries and institutions that inform their models, and will likely be revised upwards in the future.

What is evidently clear though, is that official COVID deaths and excess deaths now differ by as high as 50-fold or more. Specifically, while on November 27, only 183 COVID deaths were officially reported, there were 10,200 excess deaths above the pre-pandemic period.

What is most concerning is that excess deaths remained stubbornly high throughout the entirety of 2023. While official COVID deaths for 2023 stood at only 284,000 globally, the excess death toll was 3.2 million, a figure that is more than 11 times higher. During the JN.1 surge, while official public health agencies have counted a mere 31,802 COVID-related deaths across the globe, excess deaths have been estimated at over 700,000 so far, or 22-times higher.

Relatedly, the actual figures for hospitalizations and ICU admissions have risen considerably in December but are based on incomplete data provided to the WHO from a handful of countries, underscoring the complete blackout on the real state of the pandemic and its impact on healthcare systems. As *World Socialist Web Site* writer Evan Blake noted in a recent widely shared thread on the latest excess death figures and the JN.1 surge, "Hospitals have been slammed across North America, Europe and other countries for the fourth year in a row. This wave, as with all others, will have untold long-term consequences for the health of society as a whole."

There are important parallels between the ongoing pandemic and Israel's escalating genocide against the Palestinian people, which has the full support of the US and European imperialist powers. In both cases, the ruling elites have sought to normalize mass death and misery, while imposing regimes of censorship to cover up these social crimes that have radicalized masses of people and accelerated the global class struggle.

As the evolution of the highly mutated Pirola variant and its progeny JN.1 has aptly shown, not only has SARS-CoV-2 been given ample berth to infect anyone at any time who is not constantly on guard against the airborne pathogen, it has repeatedly demonstrated that it has the ability to find ever more novel mechanisms to evolve into immune-evasive variants and remain highly infective. This raises many additional concerns, as noted in recent studies on JN.1's ability to reach the lower respiratory tract and possibly achieve a virulence akin to the pre-Omicron variants.

The declaration to end the emergency phase of the pandemic in May 2023 was more than a mere official ending of any effort to address the dangers posed by SARS-CoV-2 and the ongoing pandemic. It was the acknowledgment that public health as a social obligation by elected officials to their constituents was dead in the water. In fact, it reaffirmed the basic truth of capitalist social relations that profits will always remain the priority regardless of the social crisis at hand. This dying social order must be overthrown and replaced with a planned world socialist economy.



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