

# Data analyst Greg Travis speaks on COVID pandemic-related excess deaths in the US

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One of the critical byproducts of the “forever COVID” policies implemented by the ruling elites, abandoning any fight against the pandemic and even dismantling monitoring of COVID cases by public health agencies, has been the emergence of a layer of principled health care experts, data analysts and researchers who are providing real-time information on the actual state of the pandemic.

The COVID-19 infection trackers maintained by Dr. Mike Hoerger and data scientist Jay Weiland, with modeling based on wastewater levels of SARS-CoV-2, have documented the massive scale of infections that have been sweeping across the United States and the rest of the world. Their weekly reports underscore the continuing high rates of daily infections, giving a glimpse into the public health catastrophe that is taking place under a complete media blackout of the pandemic.

Viral sleuths like Ryan Hisner, Raj Rajnarayanan and others have turned to their social media channels, which function as information hubs to accumulate information on the latest subvariants and their mutations. Many of their initial reports, such as on Pirola in August and then JN.1 in September 2023, were critical in giving the world a substantive alert on the massive wave of infections that has since washed over the globe, while national public agencies like the US Centers for Disease Control and Prevention (CDC) were taking pains to cover up these developments.

Health care expert and data analyst Greg Travis has been maintaining the only excess death tracker available to the public, meticulously documenting the clinical and, by extension, the societal impact of the ongoing pandemic in the US. Not only do his charts and graphs cover nearly every category of death—all cause, deaths with disease, cardiovascular, cancer, COVID, influenza, suicide, and others—but the data is sub-categorized by state, region, and age categories, including year and month of death.

The data for these plots and figures has been extracted from the WONDER database of death certificates submitted by individual states to the CDC. In a real sense, his analysis provides graphic evidence of the real impact of the ruling elite’s criminal pandemic policies on the health and well-being of Americans.

Travis is highly critical of the CDC and public health leadership, who have systematically covered up the pandemic at the behest of the ruling elites. He has used his social media platform to highlight the devastation wrought by the SARS-CoV-2 virus and expose the policies that have sought to normalize mass infection and death.

For instance, his recent February 15 Twitter (now X) post shows there were over 2,400 excess deaths among children during the pandemic attributable to COVID. In the same period, just 578 children died of influenza (CDC Wonder data).

With respect to all ages, the pre-pandemic baseline for annual influenza deaths stood at around 8,300 per year from 2015 to 2020. For the 2021 flu season, the figure dropped to around 1,000 deaths, mostly because of the initial response to the COVID pandemic, which saw widespread masking, remote learning in schools, and isolation and quarantine

recommendations.

However, by 2022 the CDC had ended many of the restrictions, and the baseline for annual flu deaths climbed back to pre-pandemic baselines. Meanwhile, COVID killed 246,000 people in 2022 and another 77,000 in 2023, a figure nearly 10 times higher than the flu. Most of these deaths occurred among the elderly. The corporate media has toed the line and maintained a complete silence on the implication of these figures.

The recent report written by Travis in collaboration with Arijit Chakravarty, scientist and CEO of Fractal Therapeutics, on *How to Hide the Pandemic*, provides needed context on the methods employed by the CDC and public health agencies to minimize the threat posed by the pandemic. It amounts to a public health alert on the dangers posed by such agencies charged with protecting the public in the present terminal state of capitalism. Indeed, it underscores the analysis made by the *World Socialist Web Site* that the CDC is a pillar of the state apparatus.

Earlier this month, we spoke with Greg Travis on the state of the pandemic in the US and the information provided by his tracker on the impact of COVID on the population.

Travis explained that based on death certificate reports, during the initial 2023/2024 winter wave of COVID there were around 6,000 COVID deaths from September through November. In December, the figures jumped to above 8,000 and he expected that in January they will reach 10,000.

Furthermore, on the question if these were considered deaths from COVID or with COVID, he said:

That is not a discussion I frankly engage in. The distinction is entirely artificial and was invented during the pandemic as a way to downplay COVID. Obviously, a death from COVID is a death that would not have occurred had the individual not been infected with the SARS-CoV-2 virus. However, the problem is that the attribution of a cause of death is complex. It’s very rare for there to be a single cause of death. Instead, there is a chain of events with some trigger that ultimately lead to that death. When someone brings up the issue of “with” versus “from,” it’s a signal that the individual is not prepared to discuss matters in good faith.

Travis added:

The average death certificate where the individual died from a disease has about four or five causes listed, all of which contributed to the person’s demise. Trying to parse out how each cause contributed to that death is complex. We are only now beginning to understand more fully how a long chain of health events can play out over years or decades. The egregious notion of

whether someone died *with* or *of* COVID was introduced to confuse the lay public not familiar with how difficult it really is to ascribe any cause to a death.

One of Travis' main concerns about how public health officials are messaging COVID is that it was held out to the public as a disease that only affected the elderly. In other words, the signal to younger people was that they were effectively immune and needn't worry about what amounted to "an old person's disease."

However, as he explained, every disease, every cause of death exhibits a very characteristic "J-curve," where it hits the very young heavily, and then it goes down for older children and young adults, and then it keeps going up the older you get.

That's not only true with diseases such as the flu, but it's also even true with natural disasters like hurricanes ... and nobody would say that because young people are at no risk statistically from hurricanes so there is no need to do anything about climate change or even put-up flood walls. You can easily see what kind of rabbit hole you go down when you apply such ridiculous reasoning to major social issues.

Travis said, "Naturally, when death certificates are accrued over a given time, a vast majority will be among older people. Even with age adjustments, looking at total excess deaths, these can completely obscure the signal about what's happening to those among the younger demographics."

Travis used the history of polio infections in the US in the first half of the 20th century as a case in point.

When polio infections and deaths were at their peak, it didn't affect the excess death figures at all. If we were to simply look at excess deaths, we would conclude that there was nothing wrong. But no one said polio wasn't serious and, in fact, there was a robust vaccination campaign to address the problem. So, if we want to assess the significance or impact of a given disease, we should compare it to the impact of other diseases within the same age group. And when you compare COVID in children to other diseases, COVID shoots to the top. Children don't normally die, but when they do, they die *from* COVID.

When the bar graphs for COVID versus Influenza deaths among children under 18 are placed side by side, a clear picture emerges. First, most of the pediatric-related flu deaths in 2020 occurred before the pandemic had taken off and the lockdowns were implemented. Secondly, flu deaths among children dropped by nearly 90 percent when the US was in some form of lockdown. It was objectively shown for the first time in modern human history that the flu could be eliminated. And finally, it showed how much deadlier COVID has been by comparison.

As Travis also showed, children under 18 are the only demographic that has seen a steady rise in excess death in all four pandemic years, with a figure of zero percent in 2020 (i.e., at the 2015-2019 baseline) to six percent above the baseline in 2021, 14 percent above in 2022, and 16 percent above in 2023. Adding to their vulnerability, children are also the least vaccinated age group in America, in terms of COVID.

This rise in excess deaths corresponded to the policy of the availability of remote learning versus compulsory infection policies. The black line

notes expected deaths and the shaded light green area in winter of 2020 indicates excess lives saved (because anti-COVID efforts cut death rates from other respiratory illnesses). With the reopening of schools and in-person education, rates of excess deaths quickly rebounded.

However, among young working adults (18 to 44 years of age), he noted, excess death from disease remains high, with nearly 12,500 more deaths in 2023 than the pre-pandemic normal. In particular, this group had the highest rate of excess deaths of any age group in 2021. More than 75,000 excess deaths occurred in that year among young adults, who were told they had to return to work despite many not being vaccinated and having to face the brunt of the ongoing waves of infection. Astounded by the figures, Travis bluntly noted that young adults shouldn't be dying at this rate.

One point that Travis wanted to emphasize is the class character of these deaths. He emphasized that while the demographic of 18 to 44 represents the "blue collar" workers who are constantly exposed through their work to the virus, the percent of excess deaths among those that are 45 to 75 years of age has declined almost to baseline. Travis calls this demographic more representative of "the managerial class," such as "factory superintendents, upper-level corporate management, newspaper editors, the publishers of fancy magazines like *New Yorker* and *The Atlantic*, as well as healthcare administrators and tenured academics. For them, indeed, the pandemic is over."

Evidence for the impact of the pandemic on the working class has been documented in a few studies that dared to address this issue, including the drastic decline in their life expectancy, although these studies are often couched in racial terms to cover for the class nature of society that the pandemic has exposed. Travis' graphics offer some support for these conclusions, but would require analyzing county-level data and documentation on the social aspects of these excess deaths that the CDC data fails to capture.

Travis then highlighted the overall excess deaths in the US by year of the pandemic, comparing it to the baseline period before the pandemic bracketed by various age groups. What becomes readily apparent is the sustained massive loss of life that had such a devastating toll on older people. Even in 2023, though the estimates remain to be finalized due to delays in reporting deaths, deaths are still more than 200,000 above the baseline from 2019.

Travis cautioned that restricting one's examination of the data to all-cause mortality fails to capture granular data on COVID, other diseases or the overall public health-related crisis plaguing the US. It was one reason why he included the various categories of death, such as death from disease, overdose, accidents, etc., in his explorer, to provide access to such vital information.

In addition, Travis separates out deaths according to age bands, instead of using the more common technique of "age-adjusting" deaths. Age-adjusting deaths causes the effects of large rises in death rates among younger populations to be obscured by large normal "background" deaths among older populations. For instance, although deaths per month among the young during the pandemic have jumped 20 to 30 percent on average above expected baseline levels and remained elevated, because of the relatively small total number of deaths they get hidden in the overall excess deaths. Figure 9 shows the surge in monthly deaths over the expected baseline during the pandemic.

Given that COVID is known to have a propensity to cause vascular and cardiac inflammation, which leads to higher rates of cardiac events, Travis then showed the graphics on cardiac/circulatory deaths in the US among all ages. As anticipated, rates of cardiac events in the first three years of the pandemic exceeded the expected rates, underscoring the findings in studies by pandemic researchers such Dr. Ziyad Al-Aly and others that COVID infections put people at risk for cardiovascular events and other health complications.

However, what was also disturbing was that such events appeared to have a seasonality congruent with peaks in the flu season. In other words, Travis identified the flu, as well as COVID, as a trigger event for cardiac events, with at times a 15 percent rise in such events. Although never discussed by public health officials, such seasonality has been documented in the literature with “most studies reporting ‘winter peaks’ in cardiovascular-related hospitalizations and mortality. Event rates in winter are typically 10 to 20 percent greater than during summer troughs.”

In a 2018 *New England Journal of Medicine* article, the authors reported that people were six times more likely to have a heart attack in the week after being diagnosed with the flu. The CDC also recently posted an update in its flu section based on an August 2020 study published in the *Annals of Internal Medicine* of more than 80,000 patients hospitalized for a flu infection. Among the elderly, there was a 12 percent chance of an acute cardiovascular event within a week of hospitalization. Notably, cardiovascular deaths have remained the leading cause of death in the US for decades.

Travis made the point that his findings make it clear that infection control is essential, not just for the control of SARS-CoV-2, but to reduce the transmission of all these airborne pathogens.

And if we control infections, we drive these cardiovascular deaths right down. I think that’s something that really needs to be talked about. This would reinforce the case for things like ventilation in all public buildings and universal masking, which are a lot of things that the people who get to call the shots don’t want to talk about. But these are the inconvenient truths that are emerging that COVID is not the flu and flu is not just a cold that causes sniffles.

One can’t help but describe this work as monumental and of significant benefit to the working class, for whom such data and analysis are vital for their well-being. It also enhances their political understanding to appreciate the necessity of a public health infrastructure rooted in the principles of epidemiology and prevention of disease.

Travis’ work also functions as critical forensic evidence that demonstrates without a shred of doubt that the policies the CDC and the White House, and every other health agency across the globe, including the World Health Organization, have knowingly endangered life. They have placed the interests of the capitalist class and its financial prerogatives ahead of the well-being of the working class, which has faced the brunt of a pandemic that has seen close to 30 million excess deaths in the last four years of endless waves of infections.

However, principled scientists and researchers who call to eliminate or mitigate these infections cannot fight the ruling class with their present political understanding. Although meticulously scientific in conducting their work on the pandemic, they have little knowledge of the science of society: scientific socialism and the historical-materialist analysis of the class struggle. This was made all too clear when Dr. Ziyad Al-Aly made a plea to Senator Bernie Sanders at a recent congressional hearing for the federal government to invest more in preventing and treating Long COVID.

Nothing will materialize from such calls when the entire state apparatus is hell bent on prosecuting the next war and every resource is spent to arm Israel in its genocidal campaign while expanding the ongoing conflict in Ukraine and more broadly in the Middle East. The only social force on which scientists can turn to and rely on to grasp and act on the lessons of the ongoing COVID-19 catastrophe and warnings of future pandemics is the international working class.



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