

COVID excess deaths “saved” \$300 billion in Social Security payments

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The devastation of the US public health system over the past month, since the inauguration of Donald Trump, may seem at first to be chaotic or even accidental, as groups of workers have been fired, then in some cases hastily rehired when it emerges that they were conducting vital work, as in monitoring H5N1 bird flu outbreaks.

Much of the damage comes as a consequence of Trump appointing an array of quacks and enemies of public health to fill the top positions in the Department of Health and Human Services, including anti-vaccine demagogue Robert F. Kennedy Jr. to head the agency, television doctor Mehmet Oz to head the Centers for Medicare and Medicaid Services, and COVID-19 denialist Jay Bhattacharya to head the National Institutes of Health.

A study recently published by the National Bureau of Economic Research, a leading corporate-backed think tank, suggests a more sinister, even malevolent motive. In deliberately wrecking the public health system, the Trump administration is counting on the ensuing rise in death rates to reduce the overall expenses of the Social Security and Medicare Trust Funds, thereby freeing up money for Trump’s priorities of military spending and tax cuts for the wealthy.

The NBER study estimates the effect of US COVID-19 excess mortality on Social Security outlays. There were 1,755,354 excess deaths in the US during the deadliest phase of the COVID pandemic between March 28, 2020, and January 21, 2023, for Americans 25 years old and older, according to the NBER working paper utilizing CDC data. While COVID directly was responsible for more than 1 million people in this time frame, a staggering 700,000 more Americans died of supposedly non-COVID deaths above what was expected. The death rate stood at 76 per 10,000 people.

(The WWSW has been informed that the NBER is reviewing the excess deaths estimate, after issuing the study in preprint, and may revise it, but the overall conclusion about the link between COVID deaths and reduced payout of Social Security benefits stands).

The data shows the horrific impact on retirees. Three-quarters of the excess deaths, or more than 1.2 million, were among those receiving disability benefits and OASDI (Old-Age, Survivors and Disability Insurance; the official name of the Social Security Insurance program) at the time of their death. On average they were 79.2 years of age and lost nine years of life due to the pandemic.

According to this study, the members of this group would have collected on average \$184,000 in retirement benefits. Their deaths had a net positive effect on the OASDI fund, “because of a reduction in future retirement benefits” to the tune of \$287 billion that will not need to be paid out.

The analysis also found that close to 600,000 were employed at the time of their death. In this category, the study estimated that had they lived, they would have worked an average of 10 more years and could expect to earn another 14.4 years in retirement benefits. Without the pandemic, this group would have paid \$89,000 in OASDI taxes and received around \$203,000 in retirement benefits. On average they lost 23.7 years of life.

The COVID pandemic left a legacy of grief and destruction with 313,000 additional Social Security beneficiaries—243,000 surviving children under 18 and 70,000 surviving spouses who have children under 16. The study estimates that “on average, surviving children and spouses will receive 8.4 years and 7.5 years of benefits, with lifetime benefit amounts of \$121,000 and \$58,000.”

These additional benefit payments to survivors come to \$82 billion, partially offsetting the amount “saved” by the Trust fund from not paying benefits to those who died, leaving a net gain of \$205 billion. However, since many surviving spouses and children do not claim their benefits, a further adjustment estimated at \$32 billion in the savings by the Trust fund raised this amount to around \$237 billion.

These calculations demonstrate in cold economic terms what has been a major aspect of the “let it rip” approach to the COVID pandemic from the beginning. Those over 65 have accounted for the vast majority of those needlessly killed under a deliberate policy of social murder. The

financial oligarchs regard the retired, who do not contribute to surplus value and profit, as a drain on their wealth, and the NBER study provides a numerical estimate of the “benefit” of COVID deaths for the finances of the capitalist system.

One should recall the notorious 2014 article, “Why I hope to die at 75,” written by Ezekiel Emanuel, where he claimed society would be better off if the elderly simply just died “swiftly and promptly.” The oncologist brother of Rahm Emanuel, former White House chief of staff and mayor of Chicago, Ezekiel Emanuel held office as Chief of the Department of Bioethics at the National Institutes of Health Clinical Center and was named by President-elect Joe Biden as a member of his COVID-19 advisory board. In a 2019 interview, he directly stated that older Americans were no longer useful members of society and questioned “whether our consumption is worth our contribution.”

As the *World Socialist Web Site* noted in a December 2022 perspective on the disproportionate elderly victims of the pandemic, “The implementation of a policy that accepts and even promotes mass death among a physically vulnerable section of the population has no modern precedent in a country claiming to be democratic. The dismantling of serious and systematic public health measures to stop the spread of COVID is viewed by powerful sections of the ruling class as an effective means of reducing the societal ‘burden’ of caring for large numbers of elderly people.”

Consideration of the NBER study leads us back to the chaos at HHS. The vacancies being created in the federal institutions of public health will be filled by droves of vaccination and public health contrarians with the mindset of completely dismantling decades of scientific gains that have been made over the last two centuries.

The long-term implications are profound. The stifling of the next generation of scientists and public health leaders means that the pipeline for innovation will dry up. As universities pause hiring and research labs face funding gaps, the US risks a slow-motion exodus of talent—a development that could permanently weaken the country’s capacity for biomedical research. In a time when new health threats are emerging globally, the weakening of domestic public health infrastructure not only compromises the lives of Americans, but endangers billions of people across the world.

In little more than a month after being sworn in as president of the United States, Donald Trump’s wrecking operation on the entire public health structure has provoked shock and dismay. The critical work by academics and scientists at the National Institutes of Health (NIH) on illnesses like cancer, diabetes and Alzheimer’s has been

severely disrupted. The scouring of websites at the Centers for Disease Control and Prevention (CDC) is more than just censorship of an extreme nature. It will prevent public health experts from performing essential actions to protect the well-being of the population.

Furthermore, parallel to the data purge, the drastic personnel cuts—nearly 5,200 employees at the CDC and about 1,200 at the NIH—only work to further undermine the entire health apparatus. Meanwhile, within days of Robert F Kennedy Jr.’s confirmation as head of HHS, it is clear he intends to remove personnel who are not aligned with his anti-vaccine and anti-public health vision.

Senior officials from the Food and Drug Administration, NIH and CDC have resigned rather than work under the new regime. Employees describe a climate of fear and uncertainty, with many questioning whether the department’s deep institutional knowledge and scientific expertise will survive this radical restructuring.

In particular, Kennedy is eyeing a shakeup of committees responsible for vaccine recommendations. The postponement of the upcoming Advisory Committee on Immunization Practices (ACIP) where review of evidence on several vaccines and recommendations was to be had speaks volumes about these intents. President Dr. Tina Tan of the Infectious Diseases Society of America said in a statement, “Postponing a meeting of the Advisory Committee on Immunization Practices delays vital discussions and needed decisions on a variety of vaccines by trusted and well-vetted experts. ACIP relies on a well-established, transparent and evidence-based process for evaluating the optimal use of vaccines that plays a critical role in strengthening public health.”

Meanwhile, COVID remains at sustained levels across the country (668,000 daily infections) since before January, with approximately 1,000 deaths per week. One of the worst flu outbreaks since the 2009-2010 season has put more than a quarter million people into hospitals and killed over 11,000 people thus far. At the same time, one of the worst measles outbreaks seen in 30 years is taking place in Texas, predominately among children and teenagers. And, finally, there is the very real threat posed by the potential for bird flu to become a pandemic among human beings as well.



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