

Lancet report shows pandemic death toll is triple the official total

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Tracking critical public health statistics like death and their causes is intended, at least in theory, to assist governments in addressing their population's social needs and assess the response to various measures employed. Public health statistics function as a sort of cartography to locate on a social map the life and wellness of the community and chart a safe course for the inhabitants.

Deliberately shutting down the collection of such statistics, as is now being done in the United States, is like a mariner trying to steer his ship blindfolded. It demonstrates that the essential goal of public health measures is being perverted by censorship, not to ensure the wellbeing of the population, but to maintain something even more vital—under capitalism—the profitability of the ruling class. It is determined by political considerations based on class interests.

As medical historian and public health giant Dr. George Rosen observed, “There can be no real comprehension of the history of public health at any period without a thorough understanding of the political, economic and social history of that period in its relation to the contemporary public health situation.”

These words, written more than six decades ago, remain very relevant today, as the world has entered the third year of the pandemic, and the leaders of capitalist nations have shed all pretense of concern for the well-being or even the physical survival of humanity. They have abandoned any attempts to mitigate against the repeated outbreaks of infections and deaths caused by ever more contagious versions of the coronavirus, which will have significant consequences.

Instead, they have turned their attention to war to deflect the ever-growing internal tensions accelerated by their disastrous response to the pandemic. The third year of the pandemic may well prove to be a decisive period in world history and one of the most dangerous for mankind.

In this context, the recent peer-reviewed study published in the *Lancet* on global estimates of excess deaths offers a window into the criminal policies that have been employed in country after country for the last two years, with the ruling elite placing profit over life at whatever the cost to their populations. The breadth and scale of the loss of life is immensely revealing, and the reader is encouraged to review the scientific document linked above.

It is no hyperbole to compare the devastation caused by the COVID-19 pandemic to World War I, with each wave of infections akin to another bloody and pointless battle slaughtering tens of thousands. Except, in this instance, rather than trenches and

frontlines, the battlelines were drawn in the neighborhoods of densely populated cities and towns. In both instances, war and pandemic have been foreseeable, preventable, and, in the final analysis, completely unnecessary.

The scale of death during the last two years has been mind boggling, especially as the means to bring the pandemic to an end in mere weeks has always been within grasp. All the resources, technological, scientific, and medical, have been available to end the public health emergency and suppress the virus within weeks of taking that decision. Instead, the mantra continues to be “learn to live with the virus” indefinitely.

In the *Lancet* report, the authors collected data on all-cause mortality from 74 countries and territories and 266 subnational locations, including 31 locations in low- and middle-income nations that had reported the data either on a weekly or monthly basis since the beginning of 2020. These observed mortalities were then compared to expected mortality based on complex “ensemble” modeling that also accounted for regions where mortality records were incomplete.

From January 1, 2020, to December 31, 2021, before the Omicron variant had begun its global assault, there were 5.94 million COVID-19 deaths reported worldwide. The new study estimates that excess mortality, above and beyond what would have been seen in a normal period, was more than three-fold higher, at 18.2 million.

Co-author Dr. Haidong Wang, an associate professor of health metrics sciences at the University of Washington, said, “Our estimates of COVID-19 excess mortality suggest the mortality impact from COVID-19 pandemic has been more devastating than the situation documented by official statistics ... [which] provide only a partial picture of the true burden of mortality.”

The report notes, “The cumulative global excess deaths from the pandemic makes COVID-19 potentially one of the leading global causes of death during the period of the pandemic, given the rates and trends in other causes of deaths before the pandemic.”

At the country level, India suffered the largest loss of life, with an estimate of more than four million deaths. The US was second with 1.13 million followed by Russia with 1.07 million deaths. Mexico (798,000), Brazil (792,000), Indonesia (736,000), and Pakistan (664,000) were also countries that incurred a massive loss of life. In addition, six more countries, Bangladesh, Peru, South Africa, Iran, Egypt, and Italy, all had more than a quarter-million in excess deaths.

On a per capita basis, the highest estimated excess mortality rate due to COVID-19 was in Bolivia with 735 deaths for every 100,000 population. Peru saw 500 deaths per 100,000. The two South American countries are adjacent, sharing a border in the Andes Mountains.

Russia's excess mortality rate reached 375 deaths per 100,000. Mexico saw 325 deaths per 100,000. Brazil and the US were on the same order of magnitude with 187 and 179 deaths per 100,000, respectively.

In sharp contrast, countries that adhered to a Zero-COVID strategy actually experience negative excess deaths, with people living longer than "expected," even under conditions of a global pandemic by a killer virus.

When excess deaths were compared between regions based on per capita income, high-income regions saw excess deaths rates near the global average of 126 deaths per 100,000. Poorer Eastern Europe averaged 345 deaths per 100,000 while wealthier Western Europe averaged "only" 140 deaths.

The authors note, "At the regional level, the highest estimated excess mortality rates were in Andean Latin America, with several locations outside these regions having similarly high rates, particularly Lebanon, Armenia, Tunisia, Libya, several regions in Italy, and several states in Southern USA."

Figures for individual states in the US offer a comparison to countries around the globe. Some of the poorest states in the US—Alabama (294), Arkansas (256), Kentucky (242), Louisiana (257), Mississippi (330), Oklahoma (249), South Carolina (248), New Mexico (240), and West Virginia (278)—had rates comparable to Mexico and Russia.

Exceptionally noteworthy are the findings on China. Estimated excess deaths are only 17,900 total, for a country of 1.4 billion people, a per capita rate of excess deaths at 0.6 per 100,000 people, a figure 300 times lower than in the US.

The BA.2 variant of Omicron creates a perilous situation for China, but this is not a result of moving away from a policy of Zero-COVID. Rather, it is caused by the malign policy of ruling elites in most other countries, who have allowed the virus to persist, spread and mutate, generating new and more transmissible and dangerous variants.

The third year of the pandemic will only continue the mass killing of the poorest and most vulnerable people. Since the New Year, 600,000 COVID-19 deaths have been reported in the course of the Omicron wave. Multiplying this by three, upwards of two million more excess deaths are likely to have occurred worldwide in the first three months of 2022, underscoring the deadliness of the Omicron strain.

In a recent compelling commentary published in the journal *Nature Reviews Microbiology*, the authors, who include renowned virologist Dr. Aris Katzourakis, argue that evolutionary pressures will select for higher intrinsic transmissibility and immune escape.

They write:

The notion that viruses will evolve to be less virulent to spare their hosts is one of the most persistent myths surrounding pathogen evolution. Unlike viral immune

escape and transmissibility, which are under strong evolutionary pressure, virulence is typically a by-product, fashioned by complex interactions between factors in both the host and the pathogen. Viruses evolve to maximize their transmissibility and sometimes this may correlate with higher virulence, for example, if high viral loads promote transmission but also increase severity. If so, pathogens may evolve towards higher virulence. If severity manifests late in infection, only after the typical transmission window, as in SARS-CoV-2, but also influenza virus, HIV, hepatitis C virus and many others, it plays a limited role in viral fitness and may not be *selected* against. [Emphasis added] Forecasting virulence evolution is a complex task, and the lower severity of Omicron is hardly a good predictor for future variants.

The SARS-CoV-2 virus continues to undergo "antigenic evolution" as it responds to the pressures placed on it by greater population immunity due to mass vaccination. The direction of these mutations towards immune escape implies, on a population level, a rising rate of reinfection and overall severe illness.

Additionally, these "antigenic evolutions," like overall population health, are a political phenomenon, driven not simply by automatic biological processes, but by the policies of governments that allow the virus access to the conditions it needs to survive and adapt—namely, the human host.

The working class should heed the scientific knowledge that has accumulated in only a short time on the nature of the pandemic and support a global effort to eliminate the virus worldwide. This includes defense of China's efforts to suppress new outbreaks coming in to that huge country from outside. It is the war against COVID-19, not the imperialist war against Russia, that is the urgent necessity confronting working people.



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