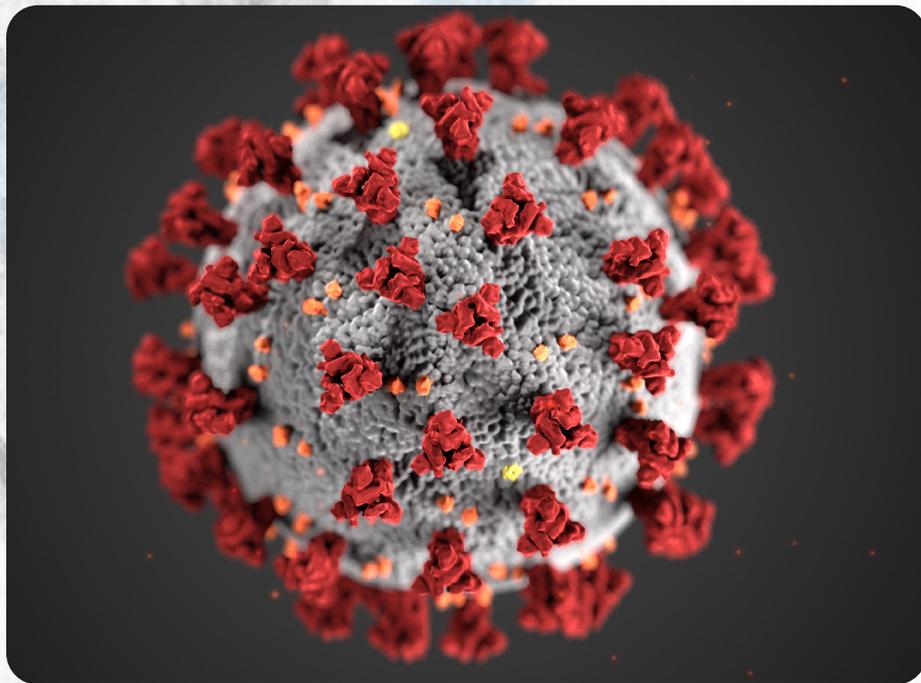


166,933 AVOIDABLE COVID-19 DEATHS AND COUNTING IN THE U.S.

By Irwin Redlener, MD, Sean Hansen

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National Center for
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EARTH INSTITUTE | COLUMBIA UNIVERSITY

ncdp.columbia.edu

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THE COVID-19 PANDEMIC

OVERVIEW SUMMARY

This report looks at the staggering and disproportionate nature of COVID-19 fatalities in the United States, which now ranks first in the world in number of deaths (twice that of India), to estimate how many of them were “avoidable deaths.” With more than 217,000 lives lost, the United States now makes up 20% of all Covid-19 fatalities around the world – despite comprising just 4% of the global population. With a proportional mortality rate twice of that of neighboring Canada, and more than fifty times that of a much older Japan, the United States has clearly turned a global crisis into a devastating tragedy. Through comparative analysis and applying proportional mortality rates, we estimate that at least 166,933 deaths in the U.S. could have been avoided with earlier policy interventions and more robust federal coordination and leadership. Even with the dramatic recent appearance of new COVID-19 waves globally, the consistent failures of U.S. government authorities to adequately mitigate the pandemic are particularly stark when compared with the response of both wealthy nations, such as South Korea, Japan, Australia, Germany, France, and Canada, as well low and middle income countries as varied as Thailand, Pakistan, Haiti, and Malaysia – all which have had much greater success in protecting their populations over both short and longer terms from impact of the coronavirus.

Introduction

Over the past nine months, the United States has witnessed an alarming jolt of vulnerability and anguish, as the novel coronavirus pandemic has wrought immense suffering and confusion in a country that only last year topped an international ranking of epidemic preparedness. This year, American exceptionalism has manifested in the worst way: 217,000 Americans have lost their lives to COVID-19, the highest toll of any country by more 65,000. Nearly eight million Americans have contracted the virus, while tens of millions more have had to endure watching a loved one suffer and sometimes succumb to the virus alone.

Many of the underlying factors amplifying the pandemic’s deadly impact have existed long before the novel coronavirus first arrived in Washington state on January 21st – a fractured healthcare system, inequitable access to care, and immense social and physical disparities among America’s most vulnerable groups. Yet compounding this was an Administration that has made no secret of its efforts to defund and denigrate its own public health officials – and science more generally -- thereby hamstringing efforts by its vaunted public health service to curb the pandemic’s spread.

¹ as of [October 16th, COVID-19 Map](#) - Johns Hopkins Coronavirus Resource Center

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THE COVID-19 PANDEMIC

Introduction *(Continued)*

The result has been nothing short of a tragedy: for a country with just 4% of the world's population, U.S. citizens make up 20% of all global cases. In President Trump's America, the more than 217,000 U.S. residents that have lost their lives account for one-fifth of all COVID-19 deaths worldwide.

This brief report will look at how many of those deaths can be categorized as "avoidable," if U.S. officials had undertaken different policies, guidance, and leadership at the pace of other high-income nations such as South Korea, Japan, Australia, Germany, Canada, and France.

Comparative Analysis: Deaths per 100,000 population.

When comparing U.S. fatalities with other wealthy countries, the contrast becomes particularly stark. Beyond the total deaths of U.S. citizens – which officially stands at 217,717 but is likely much higher – the best way to compare total fatalities is using the proportional measure of the number of deaths per 100,000 people.

The United States currently has the 9th highest proportional mortality rate globally, with some 66 deaths per 100,000 population. It stands behind only Peru, Belgium, Bolivia, Brazil, Ecuador, Chile, Spain, and Mexico in this statistic -- surpassing even Sweden, despite that country's infamous *laissez faire* approach to herd immunity.

When compared to a sample of other high-income nations, however, the U.S. becomes even more of an outlier. As seen below, the U.S. mortality rate per 100,000 is fifty times higher than Japan's, and more than twice as high as our Canadian neighbors. Although both the U.S. and South Korea confirmed their first case of coronavirus on January 20th, South Korea was able to institute an aggressive diagnostic testing strategy and isolate infected patients, leading to a proportional mortality rate today that is 78 times smaller than that of the United States.

Figure 1: Deaths per 10,000 Population



² [Coronavirus Pandemic \(COVID-19\) - Statistics and Research](#)

³ Woolf SH, Chapman DA, Sabo RT, Weinberger DM, Hill L, Taylor DDH. Excess Deaths From COVID-19 and Other Causes, March-July 2020. JAMA. 2020 Oct 12. doi: [10.1001/jama.2020.19545](#). Epub ahead of print. PMID: 33044483.

⁴ Excluding micro states of San Marino and Andorra

⁵ [Mortality Analyses](#) - Johns Hopkins Coronavirus Resource Center

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THE COVID-19 PANDEMIC

Methodology: Calculating “Avoidable” Deaths.

Using the data, we can estimate the number of “avoidable deaths,” or the number of deaths that the U.S. could have prevented if it had mirrored the policies and responses of the six more proactive high-income countries listed above. By comparing the per-capita mortality, and assuming equal underlying risk of mortality on an individual basis, we calculated the total deaths as a percentage of the population, which is multiplied by the total U.S. population to determine the number of deaths that each specific nation would have encountered if its population were the size of the U.S. By finding the difference between this number of proportional deaths and the total of U.S. deaths (217,717), we are left with an estimate for a total number of “avoidable deaths.”

Results.

By failing to implement the type of response strategies employed in the six comparison countries, our analysis shows that the United States may have incurred approximately 166,933 avoidable deaths. As shown in Table 1, if the U.S. had followed Canadian policies and protocols, there might have only been 85,192 U.S. deaths – making more than 132,500 American deaths “avoidable.” If the U.S. response had mirrored Germany’s, the U.S. may have only had 38,457 deaths – leaving 179,260 avoidable deaths. And in the unique case of South Korea -- which had one of the quickest and most effective intervention strategies – the U.S. might have seen just 2,799 deaths, leaving nearly 215,000 deaths avoidable.

Table 1: Number of Avoidable Deaths

Country	Deaths/ 100K population	Deaths as % of population	Proportional deaths	“Avoidable deaths”
South Korea	0.85	0.0009	2,799	214,918
Japan	1.31	0.0013	4,315	213,402
Australia	3.56	0.0036	11,699	206,018
Germany	11.72	0.0117	38,457	179,260
Canada	25.95	0.0260	85,192	132,525
France	49.43	0.0494	162,240	55,477
United States	66.33	0.0663	-	-
Average			50,784	166,933

Results *(Continued)*

Surely, none of these estimates are without flaws. Crude mortality estimates such as these have clear limitations, despite their value for inter-country comparisons. Many additional factors (such as demographics, geographical distribution of population, and health indicators such as obesity, health care access and equity) likely contribute to the unique mortality rate in each population. However, as shown in Figure 2, two well-documented factors associated with COVID-19 mortality – median population age, and obesity – do not explain the magnitude of the United States' disproportionate mortality rate. We therefore posit that had the U.S. government implemented an "averaged" approach represented by these countries, the U.S. would have lost only 50,784 lives. Thus some 166,933 deaths due to COVID-19 might have been avoidable given alternate policies, implementation, and leadership. This discrepancy, which continues to grow larger daily, provides an objective measure for assessing the government response to this unprecedented health emergency.

Figure 2: 7-County Comparison of Covid-19 Mortality Association with Median Age and Obesity



Why are U.S. deaths disproportionately high?

Understanding why the Covid-19 mortality rate is significantly higher in the U.S. than nearly all OECD allies is challenging, primarily because it is a confluence of factors, stemming from delayed responses, to missed opportunities, to inadequate guidance, coordination, and leadership. Each action – or inaction – had a substantial role in distinguishing the U.S. response from the nations discussed above.

Insufficient testing capacity.

- From the start of the pandemic, the U.S. lagged behind in virus testing efforts, contributing to the inability to rapidly identify, contain, and treat infected persons. More than two months after the virus first emerged in the U.S. Members of Congress wrote the Secretary of Health and Human Services on April 8th asking for a national strategy for testing – which never materialized.
- Meanwhile, South Korea – which had its first confirmed case on the same day as the U.S. – immediately “focused on rapid and widespread testing, and close tracking of all contacts between the exposed. These two pillars, testing and tracking, have allowed the nation to blunt the exponential spread of the disease, without having to halt all internal movement and access between its cities.”
 - By March 16th, over 250,000 South Koreans had been tested – or about one in every 200 citizens.
 - By comparison, the U.S. didn’t reach that proportional testing rate until April 4th.
 - Still, once testing became more widespread and available, significant problems remained in aggregating and streamlining state-wide data at the federal level. Without clear guidance on testing metrics and protocols, states often reported inconsistent data that contributed to an incomplete picture of the pandemic in the United States. Contact tracing efforts were also non-existent in the U.S.

Delayed response.

- Delayed interventions and lockdowns in the U.S. – along with a lack of federal guidance – contributed to the rapid spread of the virus, and caused at least an additional 36,000 deaths in the U.S. according to researchers from Columbia University disease modelers.
 - Former CDC Director Tom Frieden has said that if New York State and the city had adopted widespread social-distancing measures just a week or two earlier, the death toll could have been reduced by 50 to 80%.

⁶ [Bera Urges Administration to Develop National Testing Strategy](#)

⁷ [Testing on the move: South Korea’s rapid response to the COVID-19 pandemic](#)

⁸ [US Historical Data | Covid-19](#)

⁹ [Failing the Test – The Tragic Data Gap Undermining the US Pandemic Response](#)

¹⁰ [Differential Effects of Intervention Timing on COVID-19 Spread in the United States](#)

¹¹ [Stay-At-Home Orders to Fight COVID-19 in the United States: The Risks of a Scattershot Approach](#)

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REFERENCES

Reference 1

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Reference 3