

More Will Die from the Response to COVID-19 Than From the Virus

By [Kevin Ryan](#)

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The initial, alarming estimates of deaths from the virus COVID-19 were that as many as 2.2 million people would die in the United States. This number is comparable to the annual U.S. death rate of around 3 million. Fortunately, correction of some simple errors in overestimation has begun to dramatically reduce the virus mortality claims. The [most recent estimate](#) from “the leading U.S. authority on the COVID-19 pandemic” suggests that the U.S. may see between 100,000 and 200,000 deaths from COVID-19, with the final tally likely to be somewhere in the middle.” This means that we are expecting around 150,000 U.S. deaths caused by the virus, if the latest estimates hold up.

How does that compare to the effects of the measures taken in response? By all accounts, the impact of the response will be great, far-reaching, and long-lasting. To better assess the difference we might ask, how many people will die as a result of the response to COVID-19? Although a comprehensive analysis is needed from those experienced with modeling mortality rates, we can begin to estimate by examining existing research and comparative statistics. Let’s start by looking at three critical areas of impact: suicide and drug abuse, lack of medical treatment or coverage, and poverty and food access.

Suicides and Drug Abuse

According to the National Center for Health Statistics, over 48,000 suicides occurred in the U.S. in 2018. This equates to an annual rate of about 14 suicides per 100,000 people. As expected, suicides increase substantially during times of economic depression. For example, as a result of the 2008 recession there was an approximate 25% increase. Similarly, during a peak year of the Great Depression, in 1932, the rate rose to 17 suicides per 100,000 people.

[Recent research](#) ties high suicide rates “to the unraveling of the social fabric” that happens when societal breakdowns occur. People become despondent over economic hardship, the loss of social structures, loneliness, and related factors. There is probably no greater example of these kinds of losses than what we are experiencing today with the extreme response to COVID-19 and the effects will be felt for many years. The social structures might return in a few months but the economy will not. Some think that the economy will recover in three years and others think it will never recover in terms of impact to low-income households, as was the case for the 2008 recession. However, if we estimate a full recovery in six years, the effects will contribute around 3 suicides per 100,000 people every year during that time for a total of over 59,000 deaths in the United States.

Related to suicides are drug abuse deaths. According to the National Institute on Drug

Abuse, over 67,000 [deaths from overdose](#) of illicit or prescription drugs occurred in 2018. This does not include alcohol abuse. Only 7% were suicides and 87% were known to be unintentional deaths largely due to drug abuse caused by depression or other mental conditions. Such conditions can be expected to rise during times of economic collapse and if we estimate the impact due to COVID-19 over six years as being a 25% increase (as with suicides) that projects about *87,000 additional deaths* due to drug abuse.

Lack of Medical Coverage or Treatment

Unemployment is expected to rise dramatically as a result of the COVID-19 response and the effect is already being seen in jobless claims. One of the major impacts of unemployment, apart from depression and poverty, is a lack of medical coverage. A Harvard study found nearly [45,000 excess deaths](#) annually linked to lack of health coverage. That was at the pre-COVID-19 unemployment rate of 4%.

As reported recently, [millions of Americans](#) are losing their jobs in the COVID-19 recession/depression. For every 2% increase in unemployment, there are about 3.5 million lost jobs. The U.S. Secretary of Treasury has predicted a 20% unemployment level, which translates to 12 million lost jobs. If the 45,000 excess deaths due to lack of medical coverage increases uniformly by unemployment rate, we can expect about 225,000 deaths annually due to lack of medical coverage in the U.S. at 20% unemployment. Extrapolating this over a 6-year period would mean *1.35 million deaths*. This assumes that funding for important health-related programs are not further cut or ignored, a bad assumption that means the estimate is probably low.

Beyond lack of coverage, medical services are being reprioritized to respond preferentially to COVID-19, causing less resources to be available for treatment of other medical conditions. The capacity of medical service providers has already been significantly impacted by the COVID-19 response in some areas. Additionally, clinical trials and drug development are expected to be severely impacted. This means that important new medicines will not reach the market and people will die who otherwise would have lived. There is not yet enough information on the overall impact to medical service provision therefore we will not include an estimate.

Poverty and Food Access

The Columbia University School of Public Health studied the effects of poverty on death rates. The investigators found that [4.5% of U.S. deaths](#) were attributable to poverty. That's about 130,000 deaths annually. How will this be affected by COVID-19? One way to begin estimating is to consider how the number of people living in poverty will increase.

Before the COVID-19 response, approximately 12% of Americans lived below the officially defined poverty line. That percentage will undoubtedly rise significantly due to the expected increase in unemployment. If unemployment rises to 20% (from 4%) as predicted, the number of people living in poverty could easily double. If that is the extent of the effect, we will see another 130,000 deaths per year from general poverty.

Although deaths due to poverty are not entirely about food access, it is a significant factor in that category. In times of economic hardship many people can't afford good food, causing malnutrition and, in some cases, starvation. People also can't access food causing the same outcomes. Limited access to nutritious food is a root cause of diet-related diseases,

including diabetes, cardiovascular disease, and infant mortality issues. A recent estimate suggests [20% of all deaths](#) worldwide are linked to poor diets.

Food access issues will be further exacerbated with the COVID-19 problem due to the anticipated issues with food production and prices. If the COVID-19 response lasts for years as expected, our estimate will need to be a multiple of the 130,000 annual figure. Using the 6-year estimate, we get 780,000 deaths.

Conclusion

The total deaths attributable to the COVID-19 response, from just this limited examination, are estimated to be:

- Suicides 59,000
- Drug abuse 87,000
- Lack of medical coverage or treatment 1,350,000
- Poverty and food access 780,000

These estimates, totaling more than two million deaths above the estimated 150,000 expected from the virus itself, do not include other predictable issues with the COVID-19 response. An example is the lack of medical services as stated above. Other examples include the EPA's [suspension of environmental](#) regulations. It has been estimated that the EPA's Clean Air Act alone has saved [230,000 lives](#) each year. Moreover, the anticipated failure of the U.S. Postal Service (USPS) will lead to more illness and death. The USPS "delivers about [1 million lifesaving medications](#) each year and serves as the only delivery link to Americans living in rural areas."

Even using these low estimates, however, we can see that the response will be much worse than the virus. The social devastation and economic scarring could last more than six years, with one expert predicting that it will be "long-lasting and calamitous." That [expert has noted](#) that he is not overly concerned with the virus itself because "as much as 99 percent of active cases [of COVID-19] in the general population are 'mild' and do not require specific medical treatment." Yet he is deeply concerned about the "the social, economic and public health consequences of this near total meltdown of normal life." He suggests a better alternative is to focus only on those most susceptible to the virus. Others have reasonably suggested that only those who are known to be infected should self-quarantine.

Some public health professionals have been pleading with authorities to consider the implications of the unreasonable response. Many [experts have spoken](#) out publicly, criticizing the overreaction to COVID-19. A professor of medical microbiology, for example, has [written an open letter](#) to German Chancellor Merkel in an attempt to draw attention to the concerns.

The real problem we face today is not a virus. The greater problem is that people have failed to engage in critical thinking due to the fear promoted by some media and government officials. Fear is the mind killer, as author Frank Herbert once wrote. Ultimately, the fear of COVID-19 and the lack of critical thinking that has arisen from it are likely to cause far more deaths than the virus itself.

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