

Epilogue

This posting puts a formal ending to this blog of COVID-19 writings. It started with two to three postings per week in March 2020. It settled down to about two posts per month after a year, and fewer after that.

Some anthropologists and sociologists view this activity as a “journaling” exercise. At the beginning, everyone was guessing what would happen. As the information got better, the analyses got better. One could do a content analysis of how your blogger’s information and analyses changed.

There have been almost 6.9 million COVID-19 deaths since the late 2019 beginning, with almost 1.2 million in the United States – and these numbers are almost certainly underestimated. As recently as early January 2023, according to the CDC, close to 4,000 deaths per week were attributed to COVID, and more recently the death rates have leveled at about 1,000 per week. On May 11, the Biden administration allowed the emergency declaration to expire. From here on, the government will treat Covid-19 like any other respiratory ailment. We are back to normal.

YB is a health economist. Yet he and his colleagues were “blindsided” by COVID-19. In a set of bullets:

- Previous teaching and policy models implicitly focused on “small” outbreaks.
- The last pandemic the size of COVID-19 occurred over a century ago.
- Most of the extant models (by early 2020) were (loosely) “partial equilibrium.” Even the HIV/AIDs epidemic was treated in partial terms. Nothing had prepared us for a “total” global immersion of COVID-19.
- No earlier model would have predicted widespread and long-standing interruptions in education to the population ages 5 – 20. Their impacts could be permanent
- No earlier model would have predicted supply-chain interruptions. As of 2023, they have abated, but we have not returned to the global supply chains of 2019, nor are we likely to return any time soon.
- No earlier model would have predicted loss of life of at least 1.2 million in the US and over 6.9 million around the world. These are losses in the trillions of dollars. They, too, are permanent

Analyses of the pandemic have been necessarily incomplete. It will probably take five years to estimate short term impacts, and ten years to estimate longer term ones. Applied health economists will have a lot of work to do. We can only hope that we are not interrupted by another global pandemic.

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YB and his coauthors had written seven editions of their text by 2012. They had created an “Economic Epidemiology” chapter in the fourth edition in 2004. When planning the eighth edition (coming out in 2016) they dropped the chapter on pandemics. HIV/AIDS had seemingly been brought under control and they wanted to move on to other things. In the forthcoming text, [*The Economics of Health and Health Care, 9th Edition*](#), they have rewritten a pandemic chapter (Chapter 9) from front to back; very little of the analysis from earlier editions remains. Many of the ideas and analyses will be familiar to readers of this blog. The text will be available in November 2023.

This has been a long, circuitous, and “never dull” journey. Thank you for joining it.

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