

Finishing the Second Year

The COVID-19 pandemic broke in mid-March 2020, so as your blogger writes this piece, the United States is closing in on its second year. Worldometer (<https://www.worldometers.info/coronavirus/country/us/>) indicates that over 915,000 people in the United States have died of COVID-19. On February 1 (<https://www.nytimes.com/interactive/2022/02/01/science/covid-deaths-united-states.html>), Benjamin Mueller and Eleanor Lutz of *The New York Times* reported that, of the high-income countries, the United States now has the highest level of cumulative deaths per 100,000 people throughout the entire pandemic, and the highest cumulative deaths per 100,000, due to the Omicron variant.

They referenced a study in the *Lancet*, appearing on February 1, 2022, that reported the factors that explained the most variation in cumulative rates of SARS-CoV-2 infection between January 1, 2020, and September 30, 2021 included the proportion of the population living below 100 meters (5.4% of the variation), GDP per capita (4.2% of the variation), and the proportion of infections attributable to seasonality (2.1% of the variation). Most cross-country variation in cumulative infection rates could not be explained, and much of the variation is impervious to policy intervention.

Looking across countries, the factors that explained the most variation in COVID-19 infection-fatality ratio (IFR) over the same period were the age profile of the country (46.7% of the variation), GDP per capita (3.1%), and national mean Body Mass Index (1.1%). Over forty-four percent of cross-national variation in IFR could not be explained, and again, much of the variation is impervious to policy intervention.

Although the authors professed difficulty in determining country-specific vaccination rates for the study, they related the vaccine effectiveness to trust in the government, and they concluded that:

an increase in trust of governments such that all countries had societies that attained at least the amount of trust in government or interpersonal trust measured in Denmark, which is in the 75th percentile across these spectrums, might have reduced global infections by 12.9% ([confidence interval of] 5.7–17.8) for government trust and 40.3% (24.3–51.4) for interpersonal trust. Similarly, if all countries had a national BMI equal to or less than that of the 25th percentile, our analysis suggests global standardised IFR would be reduced by 11.1%.

Where does all that leave the United States? The share of the population not fully vaccinated is 36%, compared to 28% in Britain and 20% in Canada. The share of the population age 65 and over (at 17%) trails Japan (28%) and several other advanced countries. The share of obese adults (BMI greater than 30) is 36%, again the highest among the comparison nations. The US population thus

February 2, 2022

has several risk factors that suggest higher rates of COVID-19 infections and deaths. In the recent weeks the death toll has been about 2,500 per day, or 75,000 per month. It is almost certain that the number of COVID-19 deaths will pass one million by the end of March 2022, 24 months after the pandemic reached the United States.

In the *Times* article, Anne Sosin, a policy analyst who studies health equity at Dartmouth, notes that “We’ve normalized a very high death toll in the U.S., ...if we want to declare the end of the pandemic right now, what we’re doing is normalizing a very high rate of death.”

YB has ventured into this territory before. Early in the pandemic (and repeatedly in this blog), he wrote that the United States has routinely accepted the loss of over 35,000 lives per year due to traffic accidents throughout the last century, despite current technology (smarter cars) and available policies (lower speed limits) that could reduce these fatalities significantly. (Curiously, in 2020, the number of fatalities rose by 7.2%, even though people drove 13% fewer miles (<https://www.reuters.com/world/us/us-traffic-deaths-jump-105-early-2021-2021-09-02>)) – people drove less, but less carefully.) The reason that we accept these 35,000 deaths is that it is not WORTH IT to us in terms of increased travel time and travel cost, to save the lives.

Will 75,000 COVID-19 deaths per month become the new normal ... and will the US public accept it? Are 75,000 deaths per month “worth it”? This is an important question as Year 2 of COVID-19 draws to a close.

Allen C. Goodman
Professor of Economics