

This is bigger than COVID: Why are so many Americans dying early?

By Pierre Kory and Mary Beth Pfeiffer – The Hill

Food and Drug Administration Commissioner Robert Califf recently took to X to mourn the “catastrophic” decline in U.S. life expectancy.

But his post, which hit on smoking, diet, chronic illness and health care, ignored the obvious: People are dying in abnormally high numbers even now and long since COVID-19 waned. Yet public health agencies and medical societies are silent.

Life insurers have been consistently sounding the alarm over these unexpected or, “excess,” deaths, which claimed 158,000 more Americans in the first nine months of 2023 than in the same period in 2019. That exceeds America’s combined losses from every war since Vietnam. Congress should urgently work with insurance experts to investigate this troubling trend.

With the worst of COVID behind us, annual deaths for all causes should be back to pre-pandemic levels — or even lower because of the loss of so many sick and infirm Americans. Instead, the death toll remains “alarming,” “disturbing,” and deserving of “urgent attention,” according to insurance industry articles.

Actuarial reports — used by insurers to inform decisions — show deaths occurring disproportionately among young working-age people. Nonetheless, America’s chief health manager, the Centers for Disease Control and Prevention, opted in September to archive its excess deaths webpage with a note stating, “these datasets will no longer be updated.”

Money, of course, is a motivating issue for insurers. In 2020, death claims took their biggest one-year leap since the 1918 influenza scourge, jumping 15.4 per cent to \$90 billion in pay outs. After hitting \$100 billion in 2021, claims slowed in 2022, but are still above 2019. Indemnity experts are urging the adoption of an early-warning program to detect looming health problems among people with life insurance and keep them alive. Unlike in the pandemic’s early phase, these deaths are not primarily among the old. For people 65 and over, deaths in the second quarter of 2023 were 6 per cent *below* the pre-pandemic norm, according to a new report from the Society of Actuaries.

Mortality was 26 per cent higher among insured 35-to-44-year-olds, and 19 per cent higher for 25-to-34-year-olds, continuing a death spike that peaked in the third quarter of 2021 at a staggering 101 per cent and 79 per cent above normal, respectively.

“COVID-19 claims do not fully explain the increase in incurred claim incidence,” the Society said. COVID-19 deaths dropped 84 per cent from the first three quarters of 2021 to the same period in 2023. To some extent, we know *what* is killing the young, with an actuarial analysis of government data showing mortality increases in liver, kidney and cardiovascular diseases, and diabetes. Drug overdoses also soared nationwide, but not primarily in the young working class.

Therein lies the most pressing question for insurers, epidemiologists and health agency officials. Why is the traditionally healthiest sector of our society — young, employed, insured workers — dying at such rates? Public health officials aggressively oversaw the pandemic response, for better or worse. Why aren’t they looking into this?

In the United Kingdom, where post-pandemic excess deaths in similar demographics also persist, a government-funded independent inquiry is underway. “With each passing week of the COVID inquiry,” the BBC reported recently, **“it is clear there were deep flaws in the way decisions were made and information provided during the pandemic.”**

The United States needs such an examination of the measures taken to fight the pandemic. This probe — by a high-level, unbiased commission — should focus on what worked and what did not. Lockdowns limited access to education, social interaction and health care with documented harm to childhood development, mental health and the economy. Treatment protocols dictated how doctors should deliver COVID care — primarily in hospitals and with expensive medicines — and limited early access to generic drugs that might have helped. Vaccines were given to more than 270 million people, among them babies, pregnant women and workers under employer mandates. The therapeutic’s “warp speed,” emergency use authorization must be part of any post-pandemic analysis, in light of more than 1 million reports of possible harm to the Vaccine Adverse Events Reporting System and a new Yale University study validating a chronic post-vaccination syndrome.

Finally, government officials who sanctioned unprecedented censorship of dissent — enforcing pandemic measures through media pressure — must be called to account.

Actuaries and industry analysts predict excess deaths will continue among people with life insurance through 2030 and are “anticipated to be highest at younger ages.” This prediction defies normal expectations of mortality for a robust population of people with life insurance. Now consider how other disability-afflicted, poorly insured Americans may fare. To ensure future generations are protected and to be ready for the possibility of another pandemic, Congress needs to assess what worked and what did not.

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