Over one million American lives lost to COVID with Andrea Garcia, JD, MPH

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Featured topic and speakers

In today’s COVID-19 Update, AMA Chief Experience Officer Todd Unger and Andrea Garcia, AMA’s director of science, medicine and public health, discuss the grim milestone of one million COVID deaths in the U.S. Also covering rising cases—especially in the Northeast and Midwest, where daily case reports are higher now than at the peak of 2021’s summer Delta surge. As well as news from last week’s second global COVID-19 vaccination summit.

Learn more at the AMA COVID-19 resource center.

Speaker

- Andrea Garcia, JD, MPH, director of science, medicine & public health, American Medical Association

Transcript

Unger: Hello, this is the American Medical Association’s COVID-19 Update video and podcast. Today we have our weekly look at the numbers, trends and latest news about COVID-19 with the AMA’s Director of Science, Medicine and Public Health, Andrea Garcia in Chicago. I’m Todd Unger, AMA’s chief experience officer in Chicago.

Andrea, thanks so much for joining us today. At the time of filming, at least, we had not yet reached the tragic milestone that we’ve been expecting, which is 1 million COVID deaths in the U.S. but it is very likely by the time that this episode airs that it will be making headlines for days already. Let's start there. What responses are we seeing?
Garcia: Thanks for having me, Todd. It is truly tragic. I think few could have fathomed a number like this at the start of the pandemic. Although those numbers do vary slightly across the different COVID databases, many look to Johns Hopkins as the most reliable. That number currently is 999,852 COVID deaths, which means we'll likely hit that million mark within the next day. In anticipation of that, President Biden ordered federal flags to fly at half staff until this past Monday. In a formal statement, he said the U.S. must remain vigilant against a virus that has forever changed the country. We know that COVID-19 is now the third leading cause of death among Americans behind only heart disease and cancer, and an estimated 250,000 children have lost parents or caregivers to COVID and nearly 200,000 have lost one or both parents.

Unger: As we look back at all these numbers, what have we learned about those deaths?

Garcia: Well, the New York Times I think did a good job of trying to put those numbers into context over the weekend, citing that more Americans have died of COVID-19 than in two decades of car crashes or on battlefields in all of the countries’ wars combined. The news outlet analyzed 25 months of data on deaths during the pandemic and really confirmed, I think, what we've already known to be true. That is that some demographic groups, occupations and communities who are at greater risk than others. A significant portion of the nation’s oldest residents died making up about three-quarters of total deaths. Among younger adults, Black and Hispanic people died at much higher rates. When we look at people of working age, it's those essential workers that really bore at the brunt of the virus. And I think, equally tragic, when we think about it. More than 429,000 people have died of COVID since adults in the U.S. became eligible for COVID-19 vaccines in April of 2021.

While some of those deaths did occur among the vaccinated, many in older persons, or those who hadn't yet received booster notices, the majority of those were unvaccinated. One statistic shows that people who are unvaccinated have been at least nine times as likely to die since April of 2021. Of course, that means that many of these deaths were preventable. I think, unfortunately, one of the key takeaways has been that we as a country have fared far worse than almost all wealthy nations. That was confirmed by our recent analysis in the Lancet.

Unger: Yeah. I happened to see the same article in the New York Times. Those graphics are very compelling and very sad as well. The AMA also released a statement. What did that say?

Garcia: Yeah, we released a joint statement with the American Hospital Association and the American Nurses Association. That statement really focused on the incredible impact this has had on our health care workforce, seeing that our nation’s nurses, physicians and other dedicated health care professionals and essential workers have been on the front lines from day one. They’re seeing firsthand the devastating impact the virus has had on far too many patients and families and communities. That's taken a really large toll on the well-being of many of our caregivers and put a spotlight on the need to continue to support those who take care of us. The statement went on to, of course, urge continued vigilance in fighting the virus, reminding us that cases are again on the rise in
much of the country. As we've seen over the past few years, the virus and its variants are unpredictable. We must remain vigilant and adaptable in the coming months.

**Unger:** Where are we exactly with cases right now?

**Garcia:** According to the New York Times, the virus is continuing to spread at an alarming rate nationwide. Those cases have increased threefold since the start of April. They're now rising in nearly every state but the Northeast and the Midwest continue to be especially hard hit in much of those two regions. Daily case reports are higher today than they were during the peak of last summer's Delta surge. We're averaging around 95,000 new cases each day. It's a 57% increase from two weeks ago. Most of those cases, about 50% are the BA.2 Omicron subvariant. We know a growing percentage are BA.2.12.1 and that currently represents a 47.5% of cases. That's a variant is increasing. As we know, I think the impact of this surge is greater, we've talked about this before, than the numbers suggest because a lot of those infections are going uncounted due to the rise in at-home testing.

**Unger:** Are we also finding that hospitalizations are increasing along with case numbers?

**Garcia:** Hospitalizations are increasing, but not as quickly as cases. If we look at the New York Times numbers that COVID hospitalization number has increased 20% over the last two weeks. It remains just around 21,000 nationwide. While it's increasing, it's still far lower than levels we've seen in prior surges. If we look at deaths, more than 300 deaths are being reported each day on average. That's still a significant number as we inch closer to that 1 million mark but it's still far fewer than we were seeing at the height of the Omicron surge several months ago, where we were seeing around 2,600 deaths being reported each day.

**Unger:** Well, as we think about being prepared for, again, anything that nature throws at us here, has there been any update on pandemic funding that's been, I guess, sitting in Congress? The White House gave some indication on how things would go if that funding doesn't come through. We'll just say that picture is pretty bleak.

**Garcia:** It is. Unfortunately, there's been really no significant movement. As a reminder, the President had asked Congress for 22.5 billion, including 5 billion to fight the pandemic globally. That proposal remains stuck. Lawmakers have been struggling to figure out how to advance that pared-down $10 billion COVID package.

On Thursday, we heard Dr. Jha, the White House COVID coordinator, outline what would happen if Congress does not approve that funding. Again, noting that we as a nation would be increasingly vulnerable to COVID in the fall and the winter if Congress doesn't approve more funding for vaccines and treatments soon. He went on to explain that immune protection from the virus is waiting. The virus is certainly adapting. It's becoming more contagious. Booster doses, for most people, are going to be necessary with the potential for enhanced vaccines to protect us so that new generation of vaccines in
the fall. The White House has predicted there could be up to a hundred million infections from the
virus later this year.

**Unger:** That is a very large number, both Dr. Jha and the President have repeatedly stressed the
need to vaccinate, not just in the United States but also globally. We heard a lot about that this week
as well. Tell us more.

**Garcia:** Yeah, I think we have to keep in mind that the variance we are seeing now in the U.S. were
first identified outside of the country. We've heard Dr. Jha say that there's just no room for a domestic-
only approach here. With this in mind, the President hosted a second global COVID-19 vaccination
summit this past week. It was a virtual gathering. It was co-hosted by Belize, Germany, Indonesia and
Senegal. Some countries were absent, including China, which we know is in the middle of its own
COVID surge, and Russia, who was not invited. The meeting was really meant to reinvigorate the
global pandemic response as vaccinations and testing lag. We know that many of those countries in
attendance noted that COVID fatigue has really become nearly as big a danger as COVID itself.
President Biden urged the international community in that summit to not get complacent.

**Unger:** Global COVID fatigue. I think we are definitely facing that. Is there anything else tangible that
came out of the summit?

**Garcia:** The Biden administration said that the summit produced more than 3 billion commitments
toward global pandemic response and the prevention of future pandemics, that Germany, Canada and
Japan pledged large sums to finance testing therapeutics and vaccines but this is short of the 15
billion that the WHO says is needed. The President could not commit as much as he had hoped to do
in part to the stalled funding in Congress. The U.S. has though already committed 19 billion to the
global response. This time he pledged 200 million for the World Bank fund to help prepare for future
pandemics and 20 million for pilot projects to bring COVID tests and treatments to economically
disadvantaged nations. He also made a pretty significant non-monetary commitment, which I think
some will argue will have even more impact in the funding.

**Unger:** What does that mean? Non-monetary commitment?

**Garcia:** Well, the NIH has agreed to license its stabilized, psych protein technology, which we know is
a crucial component to COVID vaccines and treatment. That will be shared with companies through
the medicines patent pool, which is a global nonprofit backed by the WHO. It works to bring medicines
to low- and middle-income nations at a low cost. This is significant because it could lay the
groundwork for other countries and companies to share their technologies. The U.S., of course, has
donated hundreds of millions of vaccines to poor nations that has also, I think, been less open about
sharing technology in the past and as one official pointed out, sharing those doses is viewed as charity
but sharing knowledge really is viewed as justice.
Unger: Well, that's a great note to end on. Andrea, thanks so much for being here today. We'll be back soon with another COVID-19 Update video and podcast. As always, for resources on COVID-19, go to ama-assn.org/COVID-19. Thanks for joining us. Please take care.

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