




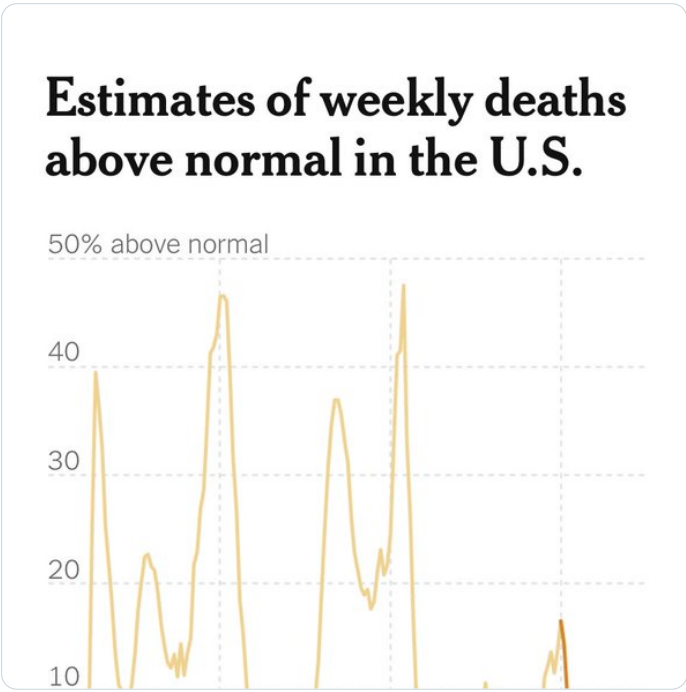
**Justin Feldman** @jfeldman\_epi

Jul 18 · 17 tweets · [jfeldman\\_epi/status/1681132480848355328](#)

The claim, that we have 'normal mortality' in 2023, is bullshit on its face. Even forgetting about covid deaths, the overdose epidemic is killing huge numbers of people. Pre-pandemic, we weren't doing well either, with US life expectancy declines from 2014-16.

 **David Leonhardt**  
@DLeonhardt · [Follow](#)

The U.S. has reached a major milestone in the long struggle against Covid: The total number of Americans dying each day — from any cause — is no longer historically abnormal. [nytimes.com/2023/07/17/bri...](https://www.nytimes.com/2023/07/17/bri...)



**Estimates of weekly deaths above normal in the U.S.**

50% above normal


40

30

20

10

12:22 PM · Jul 17, 2023

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Excess mortality is the difference between observed deaths and expected deaths.

Observed deaths are easy to count in countries like the US that document virtually all deaths.

Expected death counts can only be estimated. They are a counterfactual: the number of deaths that \*would have\* happened if trends prior to some event or time period had continued. You need a statistical model that makes certain assumptions to estimate it.

It's relatively easy to estimate an expected death count for a short period of time. That's how you can understand how a specific, time-bounded event like a hurricane or limited disease outbreak affected mortality.

But 3.5 years is a long time demanding a lot of extrapolation.

How does CDC estimate expected death counts? It uses a model (essentially just Poisson regression) that extrapolates 2014-2019 trends to 2020-present.

So 2014-2019, a period during which the US mortality was in a pretty bleak place, gets baked in as 'normal'.

The model tells us that, as long as there are 'only' ~150,000 more deaths in 2023 than there were in 2017, there is no excess.

This might be an okay estimate! The US population is aging after all, so you would expect deaths to go up even in the absence of multiple exacerbating public health crises. But there is reason to be skeptical.

Again, the 2014-19 period that was treated as a baseline in estimating expected counts was especially bad, with a couple years of life expectancy drops. Historically, life expectancy falls only in societies in deep crisis, e.g. the collapse of the Soviet Union.

Additionally, there's a thing that demographers call "mortality displacement". In essence, many people who would have died in 2023 were killed by covid in 2020-22.

Ideally, an excess death model would account for this and it would lower the # of expected deaths for 2023.

But that is hard to do, methodologically speaking, and none of these models do it. But failing to do so paints an overly rosy picture.

And finally, you'd really want to look by age, race, and other subgroups to get a full picture of what's going on.

Another day, another shitty piece of panglossian 'data journalism' by David Leonhardt in service of a reactionary centrist worldview.

Addendum, now that I actually read the piece. DL misrepresents two sources when arguing that covid deaths are overcounted. First, he claims CDC claims that a third of covid deaths are not due to covid. This is not, in fact, what they say.

CDC says in 2023, 31% of death certificates that mention covid categorize it as a contributing cause rather than underlying cause. (1) These classifications are pretty arbitrary. Contributing cause doesn't mean the death wouldn't have happened in covid's absence.

(2) This doesn't get at the question of whether covid deaths are being underreported. Prior research has estimated that the true count of covid deaths is ~25% \*higher\* than enumerations based on cause-of-death codes.

The other study simply looks at the % of vaccinated people at VA hospitals who die of covid among those who died of \*any cause\* within 30 days of a covid diagnosis. It may have implications for one system (NNDDS) but not for the main data (NVSS) we're talking about otherwise.

These are not misunderstandings. The "with vs. for" argument has been out there by opponents of public health measures for a couple years now. He's used the argument before, and been criticized by major public health organizations for it.

I know how DL works because he once spoke to an epidemiologist colleague, who spent substantial time working through an analysis with them. He didn't like the conclusion, so he simply discarded it and went with the argument he wanted to make.

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