

Falling US life expectancy: The product of a deliberate ruling class policy

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An editorial in a British medical journal has focused renewed attention on the shocking reality that life expectancy in the United States is declining. “Failing health of the United States: The role of challenging life conditions and the policies behind them,” published Wednesday in *BMJ*, formerly the British Medical Journal, builds on reports in December by the US Centers for Disease Control and Prevention (CDC) that revealed US life expectancy declined in 2016 for the second year in a row.

The editorial’s authors, Steven H. Woolf and Laudan Aron, both sat on a joint panel of the National Research Council and Institute of Medicine in 2013 that investigated US health disadvantage compared to other member countries in the Organization for Economic Cooperation and Development (OECD). According to World Bank Data, the average life expectancy of an aggregate of 35 OECD countries stood at about 75.5 years in 1995. By 2015 the rate had risen to 80.3 years, while the US lagged behind at 78.7 years.

The editorial points to the myriad diseases and behaviors contributing to decreased lifespans in America, as well as to the social and economic factors driving them. The picture emerging is one of a society wracked by burgeoning social inequality, a catastrophic health crisis, and a government health policy aimed at deliberately lowering life expectancy while catering to corporate profit.

The opioid epidemic, alcohol abuse and suicides are leading causes of death in the US. The rate of fatal drug overdoses rose by 137 percent from 2000 to 2014. In 2015 alone, more than 64,000 people died from drug overdoses, exceeding the number of US fatal casualties in the Vietnam War. The suicide rate rose by a staggering 24 percent between 1999 and 2014.

These “deaths of despair” have disproportionately affected white Americans, including adults aged 25-59,

those with limited education, and women. The sharpest increases have been in rural areas.

As to why the rise in mortality has been greatest among white, middle-aged adults and some rural communities, the editorial points to possible factors, which all relate to class issues. They include “the collapse of industries and the local economies they supported, the erosion of social cohesion and greater social isolation, economic hardship, and distress among white workers over losing the security their parents once enjoyed.”

The 2013 panel found that “Americans had poorer health in many domains, including birth outcomes, injuries, homicides, adolescent pregnancy, HIV/AIDS, obesity, diabetes, and heart disease.” It found that Americans are more likely to engage in unhealthy behaviors, such as intake of high-calorie foods, drug abuse and firearm ownership.

The editorial also notes that such behaviors are linked to “weaker social welfare supports and lack of universal health insurance.” What does this mean in the lives of workers and their families? It means cuts to food stamps and cash welfare assistance, the shutdown of community clinics and scarcity of substance abuse programs, lack of health insurance and/or burdensome medical bills. All these factors contribute to poor health outcomes and premature deaths.

Falling life expectancy—one of the most important measures of the social health of a society—has elicited no response from any faction of the US political establishment, neither the Trump administration nor the Democratic Party. On Thursday evening, the US Senate was deliberating on a two-year budget agreement that would increase military spending by \$305 billion.

At his weekly press conference, House Speaker Paul Ryan said that the main factor contributing to the government’s increasing deficit is not the Pentagon’s

gargantuan budget, which funds the US military's aggression around the globe, but the so-called entitlements—Social Security, Medicare and Medicaid—programs that workers depend on for their retirement and their families' health.

As the Democratic Party continues its obsession with claims of Russian meddling in the 2018 US elections, the Trump administration has pursued its assault on social programs. After failing in numerous attempts to repeal and/or replace the Affordable Care Act (ACA), the White House repealed the ACA's individual mandate as part of the corporate tax overhaul, and has allowed states to begin imposing work requirements for Medicaid, the health insurance program for the poor and the disabled.

Discussion of health care and the well-being of American workers has become a non-issue for the Democrats, as they have emerged as the most adamant representatives of the military-intelligence agencies, supporting an impending war against Russia—in opposition to Trump and the Republicans and their saber-rattling against North Korea.

In reality, the war against the health of American workers has been a bipartisan conspiracy conducted over decades as part of a conscious strategy to pare back the gains won through the social struggles of the working class begun over a century ago.

Under the Obama administration, the implementation of the ACA was a key volley in the ruling elite's social counterrevolution in health care. Sold as an expansion of health care, it was in fact aimed at limiting and rationing workers' access to vital medical treatments and medicines as "unnecessary" and "lavish." At the same time, through the universal mandate, it required individuals and families to purchase coverage from private health insurers under threat of tax penalties.

Both the Democrats and Republicans bemoan the high cost of health care in America. But the reality is that the high cost of health care—Americans pay on average \$10,000 per person, per year—is not the result of actual spending on health care for workers and their families for vital treatments. It is because the US leaves the vast majority of pricing for drugs, procedures and hospital stays in the hands of the private sector. While hospitals and drug companies charge outrageous prices, millions of people remain uninsured and untreated.

For the ruling class, the increasing number of deaths

of working men, women and youth is a "cost of doing business." Indeed, it is seen as a positive good, as early deaths mean fewer costs associated with caring for the elderly—and more resources to pump into the stock market.

The US health care crisis is a national emergency. The ruling classes of the world, moreover, look to the US as a model for their own ruthless assault on jobs and social programs. To address this crisis requires a frontal assault on the wealth of the corporate and financial elite.

The Socialist Equality Party calls for the expropriation of the wealth of the corporate and financial aristocracy, and the transformation of the giant drug and health care corporations into public utilities, run on the basis of social need. The vast resources currently monopolized by the top one percent must be made available to finance a universal health care system, in which everyone has access to high-quality care as a basic social right.

Such a social and economic reorganization requires the building of a mass movement of the working class, in opposition to both Democrats and Republicans, uniting workers of all races and nationalities in a fight against the capitalist profit system.

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