

US life expectancy lowest among industrialized countries

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Life expectancy in the United States continues to lag behind that in Western Europe, Canada, Australia and Japan, according to a new report commissioned by the National Institutes of Health (NIH). The study's findings are a stinging indictment of social inequality in the US and its impact on the conditions of life for wide layers of the American population, young and old.

The panel of experts from the National Research Council and the Institute of Medicine identified the inaccessibility of health care, high levels of poverty and income inequality, as well as the prevalence of gun violence as major contributing factors to the poor life expectancy rate in the US.

The 378-page report, "U.S. Health in International Perspective: Shorter Lives, Poorer Health," compares life expectancy and health in the United States with that in 16 "peer countries," examining data beginning in the 1970s, but relying mainly on statistics from the late 1990s through 2008.

The panel found that Americans are not only dying at younger ages than people in almost all other higher-income "peer countries," but that this pattern of poor health "is strikingly consistent and pervasive over the life course—at birth, during childhood and adolescence, for young and middle-aged adults, and for older adults."

"This goes all the way back to the beginning of life," said Dr. Steven Woolf, chairman of the Department of Family Medicine at Virginia Commonwealth University, who led the panel. "We found that American babies are less likely to survive to their first birthday than babies born in other high-income countries. Young children are less likely to survive till age five. American adolescents are in worse health than their counterparts in other countries. American adults have higher rates of obesity, diabetes and chronic

diseases."

Among the 17 countries examined, in 2007 the US ranked last in life expectancy for males (75.64 years) and second to last for females (80.78 years). The disparity was the greatest for females, with a woman born in the US in 2007 expected to live more than five years less than a woman in Japan, where the highest life expectancy was 85.98 years. Male life expectancy in Switzerland, 79.33, was 3.69 years higher than that for US males.

Compared with an average of the other countries, Americans also fared worse in at least nine health areas: infant mortality and low birth weight, injuries and homicides, teen pregnancy and sexually transmitted disease, HIV and AIDS, drug-related deaths, obesity and diabetes, heart disease, chronic lung disease, and disability.

These health conditions have a particularly acute affect on younger layers of the population, reducing the odds of Americans living to age 50 to the lowest among the countries studied. While earlier studies had shown the US lagging behind other countries in health and life expectancy for those over 50 years old, this was the first comprehensive study to show the dire impact on young people.

The study found that leading causes of death in the US before age 50 include car accidents, gun violence and drug overdoses. Citing a 2011 study of 23 countries, the panel found the rate of firearm homicides to be 20 times higher in the US. And despite a lower overall suicide rate in the US, firearm suicides were six times higher.

"One behavior that probably explains the excess lethality of violence and unintentional injuries in the United States is the widespread possession of firearms and the common practice of storing them (often

unlocked) at home,” the report notes. “The statistics are dramatic.”

The study, however, does not attempt to probe the reasons why the wide accessibility of firearms translates into a rate of violent acts in the US that outstrips that in other countries to such an alarming extent. Such an examination would have to take into account police brutality used against the US population at home, the government’s endless military pursuits on an international scale, and the general glorification of violence by the political establishment.

The study’s authors do point to some of the underlying social causes of what they term the “U.S. health disadvantage.” “Unlike its peer countries,” they write, “the United States has a relatively large uninsured population and more limited access to primary care. Americans are more likely to find their health care inaccessible or unaffordable and to report lapses in the quality and safety of care outside of hospitals.”

What is described here is a health care system that is entirely subordinate to the capitalist market. The inaccessibility and unaffordability of health care will only be exacerbated by provisions of the Obama-backed Affordable Care Act (ACA), whose primary aim is to slash costs for corporations and the government, while rationing treatments and services for the vast majority of working families. US health insurers are already hiking premiums by double-digit rates as the ACA begins to be implemented, making quality health care increasingly out of reach for growing numbers of people.

The study notes that social inequality is a prime driver of poor health outcomes in the US. While the average income of Americans is higher than in the other countries studied, the authors write, the US has higher levels of poverty, particularly among children. This, combined with “income inequality and lower rates of social mobility,” is one of the greatest contributing factors to both lower life expectancy and poor health overall.

Americans also benefit far less from a social safety net to buffer the effects of poverty and social inequality, according to the report. These same social programs—already inferior when compared to those in most of the US “peer countries”—are now targeted for even deeper cutbacks by the ruling elite, threatening

even poorer health and conditions of life for the wide layers of the population.

Health care spending per capita in the US far exceeds that in any of the other countries studied by the panel commissioned by the NIH, yet the health of the US population continues to deteriorate. In a society dominated by extreme levels of social inequality, combined with a health care system motivated by profit, the well being of the majority of the population falls victim to this seeming contradiction.



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