

OECD report: US life expectancy below international average

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A new report finds that life expectancy in the United States is now lower than the average in the 34 countries of the Organization for Economic Cooperation and Development (OECD). The OECD report shows that while life expectancy in the US has been growing over the last several decades, it has grown more slowly than in other countries.

The OECD's Health at a Glance 2013 report points to social and economic factors contributing to the lag in the growth of US life expectancy: a large uninsured population, poor access to physicians, poor health behaviors, social inequality and poverty. For the most part, these factors will be exacerbated, not ameliorated, with the implementation of the Obama administration's Affordable Care Act (ACA), which keeps the for-profit health care system in place.

The OECD's report shows that life expectancy in the US has increased by about eight years since 1970, rising to 78.7 years in 2011. Other OECD countries, however, saw an average 10-year gain over the same period. While in previous decades the US achieved better than average gains, it now stands more than a year below the OECD average life expectancy of 80.1 years.

US life expectancy in 2011 ranked below that of every Western European country in the study, and hovered just above Chile, the Czech Republic, Poland, Estonia, the Slovak Republic, Hungary and Turkey. It was below Greece, Portugal, South Korea and Slovenia.

The US fell significantly behind Switzerland, which has a life expectancy of 82.8 years, as well as Japan and Italy, both of which have a life expectancy of 82.7 years.

Mexico, the only other OECD country besides the US without some form of government-sponsored universal or quasi-universal health care system, ranked lowest in

2011, at 74.2 years. The study also included data from Brazil, China, India, Indonesia, the Russian Federation and South Africa. The latter ranked below all of the OECD countries in life expectancy, excluding Mexico.

Although the US spends more by far on health care than any other country—\$8,500 per capita, compared to an OECD average of \$3,322—this has not translated into improved life expectancy gains. The US also has a higher than average GDP per capita, but still falls short of the majority of its OECD peers when it comes to life expectancy—a key indicator of quality of life.

The high per capita health care spending in the US is not resulting in dramatically improved health care services, but rather in higher profits for the private insurers, giant hospital chains and drug companies. The US GDP per capita disguises conditions of worsening social inequality, in which a tiny minority at the top controls ever more of the wealth, while the vast majority of the people are either treading water or growing poorer.

Access to medical care is one of the main drivers of improved health and life expectancy. The report explains that most OECD countries have government-sponsored coverage of health care costs for a core set of services, usually including doctor consultations, tests and examinations, and surgical and other procedures.

In the US, however, 53 percent of the population was covered solely through private health insurance in 2011. Another 32 percent received their coverage through a government program such as Medicare or Medicaid, leaving a staggering 15 percent of the population uninsured. The best-case scenario under the ACA, according to the Congressional Budget Office, will still leave 31 million Americans, 10 percent of the population, without health insurance.

The United States also ranked above the OECD

average for out-of-pocket costs, with the average household spending 2.9 percent of its income on health care.

The report also found that in the US “richer people are significantly more likely to visit doctors” than in other countries. Besides the US, countries showing sharp inequities in doctor visits in line with income were Brazil, Chile and Mexico.

The US fell significantly below the OECD average in the number of practicing doctors per 1,000 population. The average for the 34 member countries stood at 3.2 in 2011. With 2.5 doctors per 1,000, the US trailed Slovenia, Estonia and the Slovak Republic.

The US also ranks lower than the OECD average in the proportion of gynecologists and psychiatrists. When compared to other countries, a lower proportion of US doctors overall are primary care physicians.

The US also had a greater share of doctors over age 55 than the OECD average, and ranked fifth from the bottom in the number of medical graduates per 100,000 population.

The OECD report points to other factors contributing to the poor standing of the US in life expectancy. Suicide rates in the US were above the OECD average in 2011, at 12.5 per 100,000. The obesity rate in the US is the highest of all countries in the OECD and has been rapidly increasing, rising from 30.7 percent in 2000 to 36.5 percent in 2010. The report also notes that the obesity rate in the US “tends to be higher among disadvantaged socio-economic groups, especially in women.”

The US infant mortality rate, 6.1 per 1,000 live births, is significantly higher than in most OECD countries. It compares to rates of 1.6 in Iceland, 2.1 in Sweden and 2.3 in Japan. The US level of low birth weight infants is also higher than the overwhelming majority of OECD states, and increased by 13 percent between 1999 and 2011.

The OECD report is a devastating indictment of the health care system, and social conditions more broadly, in America. The lag in the growth of life expectancy demonstrates that despite the advances in medical technology, income inequality and social distress are having a detrimental impact on the lifespan and quality of life of millions of working people.

Medical care in the US is driven by corporate profit. Under the overhaul of the health care system commonly

known as Obamacare, the profit drive will only be intensified.

The key provision of the ACA—the so-called “individual mandate”—is aimed at forcing millions of uninsured people to purchase health coverage from private insurers. There are no government-imposed restrictions on what the insurance companies can charge for their premiums, and people shopping for coverage are discovering that the cheapest policies carry huge out-of-pocket costs, including thousands of dollars in deductibles and other “cost-sharing” expenses.

Instead of expanding coverage, Obamacare will severely restrict the choice of doctors, hospitals and other patient services for millions of Americans. This is in line with the real aim of the health care overhaul, which is to reduce and ration care for the vast majority of the people, while cutting costs for the government and big business and boosting corporate profits.

The prospect of people living longer and enjoying their retirement is seen by the US ruling elite as a negative phenomenon that must be countered by reducing access to health care for millions, limiting “unnecessary” treatments, and slashing health care spending. The OECD report provides an indication of the life-and-death consequences of such policies.



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