

# US life expectancy falls for first time since 1993

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A new report from the federal Center for Disease Control and Prevention found that between 2014 and 2015 life expectancy fell in the US, the first time this has happened since 1993, at the height of the AIDS epidemic.

Life expectancy at birth decreased 0.1 years, from 78.9 years in 2014 to 78.8 years in 2015. This leaves the United States behind Cuba and Costa Rica and well behind Japan, Germany, France and other industrialized countries where life expectancy is still on the rise.

In 2015, just over 2.7 million deaths were registered in the US—86,212, or 1.2 percent, more than in 2014. White males and females and black males experienced higher death rates last year.

After declining for years, deaths increased from heart disease and stroke, as well as from chronic lower respiratory diseases, Alzheimer's disease and diabetes. Mortality also rose from kidney disease, unintentional injuries and suicide.

The report also showed a rise in the infant mortality rate, from 582.1 infant deaths per 100,000 live births in 2014, to 589.5 in 2015. The US already ranks 26th out of the 35 nations in the Organization of Economic Cooperation and Development (OECD) in infant mortality. For infant deaths, the economically hard hit industrial states like Ohio and West Virginia rank just above the traditionally poorest states in the Deep South.

"These figures are very disturbing," University of Pennsylvania sociology professor Irma T. Elo told the *World Socialist Web Site*. "Life expectancy declined for those under the age of 65, particularly from unintentional injuries, and that may be related to drug-induced mortality. Unintentional injuries and suicide had already increased from 2013 to 2014, and the trend continued last year."

"Life expectancy is declining in the US but not in

other developed countries," Professor Ilo added. "The US does a very poor job on this. If you look at the disparities in life expectancy according to income and in parts of the country where there has been a loss of jobs, this might give you the greatest clues as to why this disturbing downward trend is happening."

A study by Harvard professors published in the *Journal of the American Medical Association* in April 2016 found a 15-year difference between the life expectancy of men in the richest 1 percent of the population and those in the poorest 1 percent. For women, the gap was 10 years. Life expectancy for the most impoverished American men is roughly the same as it is in Sudan and Pakistan.

The Harvard study also found that low life expectancy is not concentrated in the Deep South, but is prevalent across the so-called Rust Belt states in the US Midwest. These are the areas where Trump was able to exploit immense social anger over decades of deindustrialization, declining living standards and the Democrats' hostility to the social concerns of working-class voters.

The decline in life expectancy is a verdict on eight years of the Obama administration. Obama's signature domestic "reform," the Affordable Care Act, has, in fact, made access to adequate health care even less affordable for workers whose real wages have stagnated or fallen since Obama's "economic recovery" began in 2009.

The past eight years are a continuation of a decades-long process of social counter-revolution. The American ruling class never reconciled itself to the gains won by workers during the "labor wars" waged by industrial workers between the 1930s and 1970s. The right to employer-paid health care and pension benefits, along with Medicare and Medicaid, led to a

great improvement in life expectancy, which rose from 59.7 in 1930 to 69.7 in 1960 and to 77 by 2000.

The class war policies initiated under the Democratic Carter administration (1977-81) and accelerated under the Reagan years (1981-89) were aimed at clawing back everything the working class had achieved. In the face of this, the United Auto Workers, United Steelworkers and other unions abandoned any resistance, transforming themselves into appendages of corporate management. In the name of making American capitalism “more competitive,” the unions sabotaged every struggle by workers to defend their jobs and living standards.

By the mid-2000s, there was a steady drumbeat of complaints within corporate and political circles that workers were living too long, and that defined-benefit programs—i.e., employer-paid pensions and health care—were unaffordable.

Summing up the attitude of the ruling class, Steve Miller, the CEO of automotive parts maker Delphi, declared in 2005, “Back in the days when you worked for one employer till age 65 and then died at age 70, and when health care was unsophisticated and inexpensive, the social contract inherent in defined-benefit programs perhaps made some economic sense.”

He continued, “People are living longer these days. And medical science is rapidly expanding the capability to spend vast amounts of money keeping you alive for decades. Of course, that is a good thing. But the question is, how can we afford it?” Similarly, Miller said, the government could no long sustain Medicare, Medicaid and Social Security.

The Obama administration was tasked with carrying out the unfinished businesses from the Reagan years, particularly in sharply reducing health care costs for corporate America by shifting the burden to workers and driving them into substandard plans that would shorten their lives.

The incoming Trump administration is assembling a government of billionaires, generals and ultra-reactionaries committed to dismantling whatever restraints on the exploitation of the working class remain. Trump’s pick for the US Department of Health and Human Services, Georgia Representative Tom Price, is a longstanding opponent of Medicare and Medicaid. These government health insurance programs for the elderly, the handicapped and the poor

cover a combined total of 130 million people, or nearly half of the US population.

Price’s appointment is part of a scheme to use the total or partial repeal of Obamacare to begin the dismantling of both Medicare and Medicaid as government-run, universal entitlement programs, and their transformation into voucher programs, in which seniors and poor people would be given government subsidies that would cover only a fraction of the cost of private insurance.



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