

US health care debate: A bipartisan drive to lower life expectancy

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The new overhaul in the US health care system that is being prepared is a highpoint in a war against the working class in the United States. The debate in Washington and the media obscures the basic motivation guiding both big business parties: to restrict access to affordable health care and sharply reduce the life expectancy of American workers.

The divisions between the Democrats and Republicans are over secondary and tactical questions. Far from “repealing and replacing” Obamacare, the Republican proposal builds on its basic framework while driving up the number of uninsured workers, making health care unaffordable for older, lower- and middle-income workers, and accelerating the destruction of Medicaid and Medicare.

The aim is to free up resources for a massive increase in military spending, while funneling even more money to the stock market and the financial aristocracy. It is a continuation of a decades-long social counterrevolution, pursued regardless which party controlled the White House and Congress.

According to the Congressional Budget Office report released Monday, 21 million Americans will lose coverage by 2020, and 24 million by 2026. How many of these people will die as a consequence?

Under the Republican House plan, a 64-year-old worker earning \$26,500 will see his or her premium increase from \$1,700 to \$14,600 by 2026 due to the disproportionate cuts in tax credits for older consumers. A 21-year-old earning the same amount would see his or her premium drop from \$1,700 to \$1,450.

In so far as overall premiums drop, this is because older workers—whose health care costs are higher—will simply leave the market because they can no longer pay for insurance. The result will be a sharp increase in mortality and fall in life expectancy, which is already on the decline in the US due to the rise in suicides, drug abuse and other

social ills.

These changes are only a prelude to raising the eligibility age for Medicare to 67 and beyond and transforming it into a voucher program. At the same time, the Republican plan would slash funding for Medicaid—the federal entitlement program for the poor—by 25 percent by 2026, reducing the number of Medicaid beneficiaries by 17 percent, or 14 million people. Trump’s appointee to head the Center for Medicare and Medicaid Services (CMS), Seema Verma, has already tested out work requirements for Medicaid and health savings accounts in Indiana.

When Medicare was passed in 1965, a byproduct of a powerful wave of social struggles, the average life expectancy of a male in the US was 66.8 years, and for working class men it was even lower. At the time, the government program was designed to provide a couple of years of health care. But to the growing horror of the American ruling class, increased access to health care and major advances in science and medicine led to a significant increase in life expectancy, with the government paying out benefits for a decade or two longer than had been anticipated.

The mid-1960s was also the period when many workers secured pensions and won retiree health care benefits, which enabled them to live many years after they stopped producing profits for corporate America.

This has provoked ever-greater anger and bitterness in the ruling class. By the 1990s, there was a chorus of complaints about the aging population, and how out-of-control health care costs were undermining the global competitiveness of US businesses. In 2005, Delphi CEO Steve Miller complained that “people are living longer these days.” He declared that employer-paid benefits made sense only in an era when “you worked for one employer till age 65 and then died at age 70...”

Obamacare was the first significant effort to reverse this

trend by undermining the system of employer-paid health benefits and shifting the costs of medical care from the corporations and the government onto the backs of workers. The plan, drawn up by insurance and medical business interests, rationed care and dumped low-income workers into barebones plans.

In opposition to all of those who claimed Obamacare was a progressive social reform, the *World Socialist Web Site* explained that it was the opening shot of a health care counterrevolution aimed at stripping the working class of access to affordable and decent coverage, and substantially reducing life expectancy. This assault is now being vastly expanded.

The war against the working class in the US is inseparable from the criminal wars being fought abroad. In a major article in *Foreign Affairs* magazine in 2016, entitled, “Preserving Primacy: A Defense Strategy for the New Administration,” House Armed Services Committee Chairman Mac Thornberry and national security strategist Andrew F. Krepinevich Jr. concluded that expanding US military operations against China, Russia, Iran and preserving US military domination would require taking on “the expanding cost of entitlement programs.” The main confrontation the next administration would have would be on “the domestic front,” they wrote.

The assault on health care, like the attack on jobs and living standards, the attack on immigrants and democratic rights, and the drive to war, will provoke enormous social opposition. The fight against Trump requires a fight against the bankrupt capitalist system and both big business parties, which laid the groundwork for the most reactionary government in US history.

This requires the building of a revolutionary leadership to unite every form of social opposition in mass political movement of the working class for a workers’ government and socialism. This is the only way that profit can be taken out of health care and high quality medical coverage established as a social right for all.



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