

US surpasses most of the world in health care inequality

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9 June 2017

Being poor in America is a clear predictor that the health care you receive will be far inferior to that of your wealthy counterparts. This reality, documented in a new study published in *Health Affairs*, will come as no surprise to workers and the poor who struggle daily to gain access to health care and pay for it.

At the other end of the income spectrum, the superior health care received by the super-rich directly correlates to their ability to pay out-of-pocket for the best care that money can buy.

The new study, “The United States Leads Other Nations in Differences by Income in Perceptions of Health and Health Care,” examines self-assessments of personal health and health care among income groups in the period of 2011-13 across 32 middle- and high-income countries.

The study period does not take into account the implementation of the Affordable Care Act (ACA), in particular its expansion of Medicaid, the insurance program for the poor. However, contrary to the claims of the Democratic Party, Obamacare has not led to an increase in the quality of health care for most Americans, and in many cases has reduced quality and increased costs. The Trump administration is now escalating the attack on health care, with plans to cut \$1.4 trillion over 10 years from Medicaid.

The US has among the largest income-related inequities in health care among rich and middle-income countries studied. Over half of those polled felt that income-based health care inequalities were unfair; those among this group were also significantly more likely than others to support major health system reform.

The study charted disparities in health care and attitudes between the top and bottom tertiles (thirds) of respondents by income. The first measure was on self-

perception of health. The results showed that 38.2 percent of the bottom income tertile reported their health as “fair” or “poor,” compared to 21.4 percent in the middle tertile and 12.3 percent in the top tertile.

This means that there was a 25.9 percentage point difference in self-perceived health quality between those in the top and bottom income groups. The study’s authors consider anything above 10 percent as a large disparity. Only Portugal (26.7 percent) and Chile (33 percent) showed wider disparities between the rich and poor in self-perceived health.

Although the researchers did not document the various health conditions afflicting the poor in America, rates of diabetes, obesity, asthma, heart disease, cancer, substance abuse, domestic violence, and myriad other afflictions occur at higher rates in the low-income population.

Almost a quarter of the lower-income tertile in the US reported not getting the medical treatment they needed due to costs, about 16.5 percentage points higher than the top tertile. Only in the Philippines, at 20.1 percent, was there a higher disparity between rich and poor receiving care due to cost.

Asked the question: “In your opinion, how many people are there in the United States who do not have access to the health care they need?” 68 percent of Americans answered “many.” Asked: “Is it fair or unfair that people with higher incomes can afford better health care than people with lower incomes?” 54 percent responded “somewhat unfair” or “very unfair.”

The lack of access to quality health care is contributing to declining health and life expectancy for millions of Americans, which is documented in the following chilling statistics:

* Deaths from drug overdoses in the US jumped by the largest margin ever in 2016, according to figures

compiled by the *New York Times*. An estimated 59,000 people died from drug overdoses, a 19 percent increase over 2015.

* Overall life expectancy in the US fell between 2014 and 2015 for the first time since 1993, the *Lancet* reports. Wealthy Americans can now expect to live up to 15 years longer than their poorest counterparts.

* Research by Princeton University economists shows that the sharp rise in the mortality rate for white, middle-aged working class Americans is being driven by “deaths of despair”—from drug overdoses, complications from alcohol abuse, and suicide.

* A study by the American Medical Association found a staggering 20.1-year gap between the lowest and highest life expectancy among all US counties.

* The maternal death rate in the US rose by 27 percent between 2004 and 2014, according to the journal *Obstetrics & Gynecology*.

Reflecting the ongoing crisis of health care access, over a thousand people braved rain, fierce winds and cold temperatures last month to line up for the Remote Area Medical Clinic in Smyth County, Virginia to receive free treatment. People came from as far away as New York, New Jersey, Connecticut and New Hampshire to receive medical and dental care they would otherwise be forced to go without.

On the other pole, in a growing number of cities across the US, a new crop of “concierge” medical practices now caters to the super-rich. The wealthy can pay as much as \$40,000 to \$80,000 per family annually to have immediate access without wait times to their primary care physician, the best specialists, the best hospital suites—whether in their hometowns or across the country.

The health care crisis is set to dramatically worsen. The centerpiece of the Republicans’ American Health Care Act, passed in the US House last month, is the gutting of Medicaid. Trump’s budget proposal incorporates the AHCA’s cuts to Medicaid and calls for \$1.4 trillion in cuts to the health program for the poor, along with other massive cuts to social programs.

Like Obamacare, the Republican plan takes as its point of departure a health care system based on the subordination of the health needs of the vast majority of the population to the profit requirements of the health care industry and Wall Street.

A socialist solution to the health care crisis, and the

vast social inequities that underlie it, must take as its point of departure the needs of working people and society as a whole, not the financial interests of the giant insurance companies and the banks, as part of a reorganization of the economy along socialist lines.



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