

Ohio politician proposes letting overdose victims die

## The policy of “social murder” behind the US health care debate

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At a June 20 meeting of the Middletown, Ohio City Council, Dan Picard, a council member, offered a novel proposal to contain surging costs associated with a worsening epidemic of opioid overdoses in the town. Like cities across the United States, this southwestern Ohio town of some 49,000 people is being ravaged by the explosive spread of drug addiction linked to opioid pain killers. This year it has already recorded nearly 600 overdoses, more than in all of 2016.

Picard, who is not planning to run for reelection, proposed that the City Council adopt a “three strikes” policy, under which those who make use of emergency services two times to deal with an overdose will be denied help the third time. As he told the *Washington Post*, “When we get a call, the [emergency services] dispatcher will ask who is the person who has overdosed. And if it’s someone who has already been provided services twice, we’ll advise them that we’re not going to provide further services—and we will not send out an ambulance.”

Defending his proposal, Picard said, “I want to send a message to the world that you don’t want to come to Middletown to overdose... We need to put a fear about overdosing in Middletown.”

This call for what amounts to state-sanctioned murder evoked an angry response from the public in Middletown and wherever else people became aware of it. Numerous health care organizations and advocacy groups involved in dealing with the drug abuse epidemic denounced Picard and his proposal.

Alexis Pleus, the founder of Truth Pharm, a nonprofit that seeks to raise awareness of the issues surrounding substance abuse, did not mince words in an open letter to Picard: “To suggest that you withhold emergency medical response to overdose patients is manslaughter at best and premeditated murder at worst.”

Most of the American population, however, never learned of the incident. This is because the establishment media, fixated on its campaign against Russia and saber-rattling against North Korea, China, Iran and Syria, along with the political warfare in Washington between the Trump administration and its ruling class opponents, did not widely report the story.

There are other political reasons for the downplaying of the story by the corporate-controlled media. Picard’s brazen suggestion that drug abuse victims be allowed to die comes uncomfortably close to lifting the lid on a basic policy question underlying the current official debate on health care “reform.”

Behind the proposals in the Republicans’ bills to cut costs and boost profits by gutting Medicaid, the government insurance program for the poor, and lifting the current requirement that insurance companies cover certain “essential benefits,” lies a deliberate and calculated effort to reduce life expectancy for working people overall and send many of the old, infirm and mentally or socially disabled to an early grave.

The effort, moreover, is bipartisan. The Democrats are pleading for negotiations on a “compromise” bill to “fix” Obamacare, a euphemism for incorporating the demands of the insurance monopolies for even higher premiums, copays and deductibles and fewer restrictions on their ability to gouge the public. Obamacare itself is a mechanism for cutting costs for corporations and the government, weakening the system of employer-provided health insurance and rationing access to health care on a more openly class basis. The Republican plans build on Obamacare to accelerate the health care counterrevolution it initiated.

The corporations, banks and hedge funds that are pushing health care “reform” and the politicians and

policy experts who are doing their bidding are well aware that many thousands will die needlessly as a result of the measures being proposed. Medicaid, slated to be cut under the Republican bills by some \$800 billion over ten years and terminated as an open-ended entitlement program with guaranteed benefits, provides about 80 percent of funding to treat drug abuse, which overwhelmingly affects working class and poor people.

In 2015, some 1.35 million low-income Americans had an opioid use disorder. As it is, only 25 percent of those people get treated in a year.

Last year some 60,000 people in the US died from drug overdoses, 60 percent of them from opioids. Drug overdoses are now the leading cause of death for Americans under 50. There is no starker barometer of the failure of the capitalist system and the descent of broad masses of the population into conditions of desperate social crisis.

Of the 22 million people who will lose medical coverage under the Senate health care bill, Medicaid cuts will account for 15 million of them. Moreover, both the House and Senate bills allow insurance companies to drop coverage of care for mental health and substance abuse, among other basic services.

Can there be any doubt that many will die as a result of these cuts? Lynn Cooper, director of the Drug and Alcohol Division at Pennsylvania's Rehabilitation and Community Providers Association, told National Public Radio last month: "It is a death epidemic all over the country. The loss of Medicaid expansion will be like the bottom dropping out for thousands of Pennsylvania citizens and their families."

The impact is so self-evident, and public opposition so pervasive, that government officials are obliged to resort to the most brazen lying when defending their proposals. Typical was the performance of Health and Human Services Secretary Tom Price, a notorious and longstanding opponent of basic social program such as Medicaid, Medicare and Social Security, in an appearance Sunday on NBC's "Meet the Press" program. Of the Republican plan to dismantle Medicaid, he said, "We want to make certain that Medicaid is a program that can survive."

While claiming to be committed to addressing the opioid epidemic, he declared, "We don't need to be throwing money" at the crisis.

Ruling class strategists speak more frankly on specialized think tank web sites meant for corporate and state officials and their academic advisers. In 2013, the

*World Socialist Web Site* drew attention to two policy papers published by the Center for Strategic & International Studies (CSIS) on the negative consequences for American imperialism and the national security apparatus of lengthening life spans for ordinary people resulting from advances in medical science and treatment and government health programs.

As the CSIS experts explained, the human and social achievement of better health and longer life for many millions of Americans spells disaster for the American ruling class and the capitalist system. The authors of the studies insisted that action had to be taken to deal with the "crisis," including increasing the eligibility age for Medicare and Social Security to force the "young elderly," those aged 60-69, to forgo retirement and keep working.

One of the papers, titled "The Budget Crisis and the Civil-Military Challenge to National Security Spending," was written by Anthony H. Cordesman, a longtime CSIS strategist who acts as a consultant for the US State and Defense departments. Denouncing the siphoning of money away from the military to pay for medical care for the elderly, Cordesman wrote, "The US does not face any foreign threat as serious as its failure to come to grips with... the rise in the cost of entitlement spending."

Behind such discussion papers are systematic studies and actuarial tables calculating the likely effectiveness in shortening life expectancy for workers—a process that is already underway—of various proposals to "reform" the health care system.

In his immortal 1845 work *The Condition of the Working Class in England*, Friedrich Engels accurately characterized as "social murder" the horrific conditions imposed on workers by the capitalist class, which "placed hundreds of proletarians in such a position that they inevitably meet a too early and unnatural death..."

The present crisis-ridden and bankrupt state of American and world capitalism is once again bringing to the fore the incompatibility of the profit system and the rule of a financial aristocracy with the satisfaction of human needs such as health and longevity. The health care counterrevolution in the US is a case of "social murder" at the hands of the capitalist class.



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