

As Senate health plan calls for gutting Medicaid

Study shows US has poorest health, widest health care gap between rich and poor

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A new study reveals findings that will come as no surprise to most American workers and youth: In the United States, your level of income defines your access to health care, the quality of care you receive, and whether you will meet with an early death because of it. The US also has the poorest health overall among high-income countries.

Using survey data to measure and compare patient and physician experiences across 11 countries, the Commonwealth Fund's "Mirror, Mirror 2017: International Comparisons Reflect Flaws and Opportunities for Better US Health Care" finds that the US ranks last overall on providing equally accessible and high-quality health care, regardless of income.

The report compares health care system performance in the US with that of 10 other high-income countries, ranking them in five areas: care process, access, administrative efficiency, equity and health care outcomes. The US ranks last overall, and last in all but one area studied, care process, in which it came in fifth.

If the United States were a politically healthy society, the release of this report would sound alarm bells in the White House and on Capitol Hill. Why, in "the greatest country on earth," is the health of its citizens in such a deplorable state? What can be done to remedy what can only be described as a health care emergency of crisis proportions?

Instead, the study's release follows the unveiling Thursday of the Senate Republicans' latest version of their Better Care Reconciliation Act (BCRA), which proposes to slash \$772 billion from the Medicaid program for the poor, and the Affordable Care Act's expansion of Medicaid. The Congressional Budget Office estimated that an earlier version of the bill

would leave 22 million more uninsured by 2026 than under current law.

The Commonwealth study points to factors contributing to this appalling US health report card, which will only be worsened under whatever health care "reform" is hatched in Washington. Life expectancy, after improving in recent years, has been aggravated by the opioid crisis. As the baby boom population ages, more people in the US are living with age-related disease, placing increased pressure on the health care system.

These are problems that could be confronted with timely and accessible health care, but these services are woefully inadequate. In particular, poor access to primary care has contributed to inadequate prevention and management of diseases. And in the US, far more than any other country studied, lower-income people are far more likely to lack access to affordable care, and to suffer and die because of it.

Forty-four percent of lower income people reported financial barriers to care, compared to 26 percent of those with higher incomes. By comparison, in the UK only 7 percent of people with lower incomes and 4 percent with higher incomes reported that costs prevented them from getting care.

According to the study, in the US population as whole in the past year:

- 33 percent had cost-related access problems to medical care.
- 32 percent skipped dental care or check-ups due to cost.
- 27 percent were denied insurance payment for care or did not receive as much as expected.
- 20 percent had serious problems paying or were

unable to pay medical bills.

- 60 percent of doctors reported patients often had difficulty paying for medications or out-of-pocket costs.

- 54 percent of doctors reported time spent on insurance claims is a major problem.

- 54 percent of doctors reported a major problem getting patients needed medications or treatment because of insurance coverage restrictions.

These problems are worse in the low-income segment of the US population. For example, 44 percent of this group had a cost-related access problem to medical care, and 45 percent skipped dental care or a check-up due to cost. There is also a 24 percent gap between those in the above average and below average income groups who skipped dental care due to cost.

The study uses “average” income, which was about \$75,000 in 2016, as the dividing line between upper and lower income. However, multimillionaires and billionaires skew this average upwards, and due to the growing income inequality in the US, the health care problems of those living in poverty in the “below average” group are most likely underrepresented.

Some of the most shocking statistics presented are on population mortality, in which the US ranked last in every category studied compared to the other 10 countries.

- Infant mortality: 6 deaths per 1,000 live births, compared to Sweden, with 2.2 (the lowest)

- Life expectancy at age 60: 23.5 years in the US, compared to 25.7 in France (the highest)

The study also examined “mortality amenable to health care,” or deaths considered preventable by timely and effective medical care. The US had 112 deaths per 100,000 people that could have been prevented with timely and effective care. This is more than twice the rate in Switzerland, at 55 per 100,000.

The US also had a much lower decline in these preventable deaths over 10 years, falling by only 16 percent compared to 34 percent in the Netherlands.

The US spent \$9,364 per person on health care in 2016, compared to \$4,094 in the UK, which ranked first overall in health care. In other words, while spending far more per person, the US population has poorer health than the other 10 countries studied.

Such figures evoke howls from both big business parties for spending to be slashed. Typical were the

recent comments of Trump’s Health and Human Services Secretary Tom Price who said, while claiming to be committed to fighting the opioid epidemic that killed 60,000 people in the US last year, “We don’t need to be throwing money” at the crisis.

What goes unmentioned in such statements is the root cause of the health care crisis in America: a health care system based on capitalist profit. The for-profit insurance companies, pharmaceuticals and giant health care chains are not in business to promote the health of the American people, but to boost their bottom lines.

Whatever health care legislation is passed in Congress—either by the Republicans, or in a bipartisan “compromise” with the Democrats—will be based on this capitalist model. The Republicans’ House and Senate health bills are, in fact, based on Obamacare, incorporating the structures set up under the Democratic legislation.

The central purpose of Obamacare was to shift costs from the government and corporations to the working class, with health care increasingly rationed on a class basis. The Commonwealth Fund’s findings on the state of US health care, particularly those on mortality, are an indication of the preliminary results of this bipartisan strategy.

Behind the BCRA’s proposals to gut Medicaid, and to give the private insurers even more latitude to boost profits through offering shabby, high-cost coverage, lies a calculated effort to reduce life expectancy for working people, and to send many of the old, sick or disabled to an early grave.



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