

Social counterrevolution and the decline in US life expectancy

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A study published this week in the *Journal of the American Medical Association* (JAMA) details the fall in life expectancy in the United States from 2015 to 2017, a streak unprecedented in modern times.

Virginia Commonwealth University professor Dr. Steven H. Woolf and Eastern Virginia Medical School student Heidi Schoomaker analyzed life expectancy data for the years 1959-2016 and cause-specific mortality rates for 1999-2017. The data shows that the decline in life expectancy is not a statistical anomaly, but the outcome of a decades-long assault on the working class.

The report exposes a country in the grips of a profound social crisis. The record stock prices touted by Trump are, in fact, a measure of the increased economic exploitation that has produced the fall in life expectancy among workers.

The shuttering of thousands of factories and mines, countless store closures and downsizings, along with the slashing of wages, pensions and health care benefits to meet the demands of Wall Street investors have literally killed hundreds of thousands of workers across the United States.

Life expectancy increased annually from 1959 until it stopped rising in 2010, plateauing at zero growth before beginning its descent after 2014, when it peaked at 78.9 years. By 2017, life expectancy had fallen to 78.6 years.

Not coincidentally, 2010 was also the year that Obamacare was signed into law an attack on health care sold as a progressive reform. The decline in life expectancy since then exposes Obamacare's regressive character, only one of the reactionary legacies of the Obama administration.

Obamacare was part of a deliberate drive by the ruling class to lower the life expectancy of working

people. As far as the strategists of American capitalism are concerned, the longer the lifespan of elderly and retired workers, who no longer produce profits for the corporations but require government-subsidized medical care to deal with health issues, the greater the sums that are diverted from the coffers of the rich and the military machine.

A 2013 paper by Anthony H. Cordesman of the Washington think tank Center for Strategic and International Studies (CSIS) frankly presented the increasing longevity of ordinary Americans as an immense crisis for US imperialism. "The US does not face any foreign threat as serious as its failure to come to grips with... the rise in the cost of federal entitlement spending," Cordesman wrote, saying the debt crisis was driven "almost exclusively by the rise in federal spending on major health care programs, Social Security, and the cost of net interest on the debt."

Meanwhile, conditions for the rich have never been better. This is reflected in the growing life expectancy gap between the rich and the poor. The richest one percent of men live 14 years longer than the poorest one percent, and the richest one percent of women 10 years longer than the poorest.

Despite expending far more per capita on health care than other major capitalist countries, the United States has fallen far behind when it comes to life expectancy and mortality. The US began to lose pace with other developed countries beginning in the 1980s, and by 1998 had fallen below the average for countries in the Organization for Economic Cooperation and Development.

The first nodal point, in the early 1980s, corresponds to the initiation of the social counterrevolution by the administration of Ronald Reagan, which involved union busting, strikebreaking, wage-cutting and plant

closings on a nationwide scale, combined with cuts in education, health care and other social programs. This was launched with the breaking of the PATCO air traffic controllers' strike in 1981, carried out with the complicity of the AFL-CIO. Reagan's social policies were rapidly adopted by the Democrats and continued by the Clinton and Obama administrations.

The second major inflection point was the Wall Street crash of 2008, which was followed by trillions in bailouts for the banks on the one hand and brutal austerity against the working class on the other. The ensuing decade has seen the explosion of the opioid crisis, which has ravaged communities across the United States.

According to the JAMA report, the decrease in life expectancy is the outcome of nearly three decades of increasing mortality among midlife working-age adults, those 25-64. This is mainly the result of a dramatic rise in drug overdoses, alcohol abuse, suicide and a series of organ system diseases.

Between 1999 and 2017, drug overdose mortality among those in their prime working years increased an astounding 386.5 percent, going from 6.7 deaths to 32.5 deaths per 100,000. The increase in mortality was greatest for the youngest of this cohort, between the ages of 25 and 34, rising 531.4 percent.

The report found that between 2010 and 2017, the overall midlife mortality rate increased from 328.5 to 348.2 per 100,000, resulting in 33,307 deaths that would not have occurred if the rate had held steady.

The rise in mortality has impacted workers across every racial and ethnic group, with the largest number of excess deaths occurring among white workers—a grim refutation of the concept of “white privilege.” By means of such racist conceptions, the ruling class seeks to promote racial and national divisions even as the reality of social life confirms the fundamental identity of interests of workers of all races and nationalities.

Wolf and Schoemaker found that the largest relative increase in midlife mortality was concentrated in New England and the Ohio Valley, two areas that have been hit particularly hard by deindustrialization and the opioid crisis. Approximately one third of the excess deaths since 2010 occurred in just four states—Ohio, Pennsylvania, Indiana and Kentucky. Eight of the top 10 states for excess deaths are in the Midwest and

Appalachia.

“What’s not lost on us is what is going on in those states,” Dr. Woolf told the *New York Times*. “The history of when this health trend started happens to coincide with when these economic shifts began—the loss of manufacturing jobs and closure of steel mills and auto plants.”

This JAMA analysis exposes the commission of a crime on an immense scale. “When society places hundreds of proletarians in such a position that they inevitably meet a too early and an unnatural death,” Friedrich Engels wrote in 1845 in *The Condition of the Working Class in England*, “yet permits these conditions to remain, its deed is murder just as surely as the deed of the single individual.”

The responsibility for driving workers to an early grave lies with the capitalist system’s insatiable demand for ever greater profits. The key accomplices in this crime have been the unions, which serve as the corporations’ industrial police force on the shop floor, ensuring the orderly closure of plants and imposing one concessions contract after another.

In this mad drive for profits, workers are being squeezed past the breaking point. The Amazonification of work and the growth of the “gig economy” in the last decade have dramatically increased the exploitation of the working class. Workers are driven to powerful painkillers including oxycontin and opioids simply to cope with the injuries and illnesses that result from overwork.

The reemergence of the class struggle across the US and internationally has shown the way forward. However, while tens of thousands of auto workers, teachers and other workers have taken strike action in the last year, their struggles have been betrayed by the unions.

What is required to meet the needs of the working class is a conscious political leadership with a socialist program on the basis of which workers can take control of the banks and corporations and run them democratically to meet human need, not private profit.



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