US deaths from COVID-19 lead to a more than one-year decline in life expectancy

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According to an analysis conducted by researchers from the University of Southern California (USC) and Princeton University, deaths caused by COVID-19 have reduced the overall life expectancy in the United States by 1.13 years. In epidemiologic terms, this is an enormous decline. Life expectancy is one of the most accurate barometers of the health of a society.

Adding to the catastrophe of the pandemic, a new variant of the coronavirus has been detected across more than 12 states, threatening to further exacerbate the crisis.

On New Year's Day, the US had registered 20.7 million COVID-19 cases and nearly 357,000 deaths, making it the third leading cause of death behind cancer and heart disease. However, this conservative figure only represents confirmed cases.

Overall, the US Centers for Disease Control and Prevention (CDC) found more than 475,000 excess deaths through early December. It has been estimated that almost two-thirds of excess deaths are attributed directly to COVID-19. Compared to 2019, deaths in the US have climbed more than 10 percent.

The term "life expectancy" is frequently used in epidemiology to assess a nation's health but allows comparison between countries and groups of people. In its simplest expression, it is an estimate of the average age that people in a given population will be when they die.

The more commonly used metric by international organizations such as the United Nations and World Bank, termed "period life expectancy," is the estimated average length of life for a particular population from birth through death. It does not take into account how mortality rates change over time. Instead, it focuses on mortality patterns at one point in time.

Despite the US spending more on health care per capita than any other nation, these efforts have not translated to people leading longer lives in the US. In 2019, life expectancy stood at 78.9 years compared to 80.7 years for the rest of OECD nations. This is directly attributable to massive social inequality.

Specifically, the US does poorly in areas such as avoidable mortality. It also suffers from a higher chronic disease burden and greater obesity among the population. Additionally, the US does worse with access to health coverage and financial stability. It should come as no surprise that given the massive austerity and cutbacks in the US public health infrastructure that the SARS-CoV-2 virus has thrived so well.

Since 1860, when life expectancy stood at a stark 39.4 years, predominately due to high infant and maternal mortality, medical advancements and improvements in living standards have seen it climb steadily over the intervening decades to 78.9 years by 2020. Only in three historical periods has life expectancy significantly dropped; the Civil War, 1860–1865; the Spanish Flu of 1918; and, since 2015, the opioid epidemic, alcohol abuse and rising suicides that have surged as a byproduct of economic and social distress. Between 2010 and 2017, the mortality rate had increased 6 percent among all working-age adults, but particularly those aged 25 to 34.

Deaths from the COVID pandemic have now further reduced life expectancy to 77.48 years. In historical terms, this is the lowest level since 2003. Compared to the annual declines seen due to drug overdoses, the decrease in life expectancy due to COVID is 10 times larger.

According to the USC and Princeton study, "The US reduction in 2020 life expectancy is projected to exceed that of most other high-income countries, indicating

that the United States—which already had a life expectancy below that of all other high-income nations prior to the pandemic—will see its life expectancy fall even farther behind its peers."

The study goes on to provide estimates by race. While life expectancy declined for whites by only 0.68 years to 77.84 years, the reduction was dramatic for blacks, with a loss of 2.10 years to 72.78 years and for Latinos by 3.05 years to 78.77 years. Blacks and Latinos have real median household incomes of $46,073 and $56,113, respectively, compared to whites with $76,057 and Asians with $98,174.

Throughout the pandemic, race has been used to cover the pandemic's impact on the working class as a whole. As the economic indices indicate, it is the poorest in society that fare the worst. The WSWS has chronicled on an almost daily basis that workers holding low-paying jobs with little autonomy are most impacted by the ravages of the pandemic. Health care, food, retail and meatpacking are but a short list of the industries where workers face high exposure risks. Dire economic necessity forces many workers to make the difficult choice to continue to work while risking the consequences of the infection.

Additionally, chronic poverty also means a lack of access to adequate health care, nutrition, exercise and healthy living conditions. Many chronic health conditions that put people at risk for severe outcomes with COVID-19, such as high blood pressure, obesity, diabetes and heart disease, are overrepresented in the more impoverished sections of the population at an even younger age.

Since the first of the year, 3.578 million new COVID-19 infections have befallen the country, and 48,595 more people have died in the last 16 days. Despite these glaring statistics, President-elect Joe Biden and his incoming administration are pushing to see schools reopen, despite the chaos of the vaccine rollout. Schools must remain open at all costs, they argue, so that children's parents can be herded back into the workplace.

Adding to the catastrophe of the pandemic, in the face of the B.1.1.7 variant of the SARS-CoV-2 virus that has been detected across more than 12 states, the CDC's modeling analysis suggests that it will become the dominant strain by March.

They warn, "The increased transmissibility of this variant requires an even more rigorous combined implementation of vaccination and mitigation measures (i.e., distancing, masking and hand hygiene) to control the spread of SARS-CoV-2. These measures will be more effective if they are instituted sooner rather than later to slow the initial spread of B.1.1.7 variant. Efforts to prepare the health care system for further surges are warranted. Increased transmissibility also means that higher than anticipated vaccination coverage must be attained to achieve the same level of disease control to protect the public compared with less transmissible variants."

With increased transmissibility, the number of new cases will begin to rise dramatically in just a few short weeks without any further interventions. Already beleaguered health care workers will face a new onslaught of sick patients, further exacerbating an untenable situation. The working class must unite based on a common struggle to fight the pandemic by organizing independent workplace and neighborhood committees to demand the closure of all nonessential workplaces and full financial assistance to all those impacted by the pandemic.