Failure to fight COVID-19 pandemic has caused record fall in life expectancy

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A report released Monday by Oxford University and published in its *International Journal of Epidemiology* finds that the decrease in life expectancy for 29 countries, including the United States, Chile and 27 countries in Europe, is the greatest in modern history.

For Western Europe, the decrease in life expectancy is the worst since the years of the Second World War, 1939–1945, and its immediate aftermath.

For Eastern Europe, the decrease in life expectancy is the worst since the collapse of the Soviet bloc in 1989–1991, which led to the restoration of capitalism and the dismantling of public health care systems and other social support.

For the United States, the decrease in life expectancy is the worst since official records began to be kept, in 1933, in the depths of the Great Depression. In other words, COVID-19 is the worst calamity to befall American society in living memory.

The declines in life expectancy averaged more than a full year across the 29 countries studied. The biggest decrease, 2.2 years, was for men in the United States, double the average across the 29 countries.

This massive social retrogression is caused not by the SARS-CoV-2 virus, but by the refusal of the ruling classes in these countries to conduct any serious struggle against it. Rather than seeking to suppress the pandemic and eliminate the virus, they have carried out a policy of "profits first," maintaining capitalist production at all costs, including that of human life.

In some countries the slogan has been "herd immunity," the brazenly pro-virus policy adopted in Sweden, Britain and elsewhere in Europe. In the United States, the Trump administration followed the same policy, under a different slogan: "The cure can't be worse than the disease."

The same policy is now being pursued almost everywhere, from Biden's America to Macron's France and Merkel's Germany, under a slightly different refrain; it is necessary to "live with the virus." This means in practice that countless people will die by the virus.

The study was carried out by scientists at the Leverhulme Centre for Demographic Science at the University of Oxford, who created a database of life expectancy figures from all 29 countries which was then analyzed to determine trends from 2019 to mid-2020 based on sex and age. In only three Scandinavian countries was there any improvement. In all others, there were declines for both men and women, and for over and under 60 years of age.

According to the study, "The magnitude of these declines offset most gains in life expectancy in the 5 years prior to the pandemic. Out of 29 countries, females from 15 and males from 10 countries ended up with lower life expectancy at birth in 2020 than in 2015…"

There are significant differences between the two main regions covered by the report, Europe and the United States. In Europe, deaths among people aged over 60 were the main factor in reducing life expectancy. In the United States, however, "Notably increased midlife mortality (0–59 years) was the largest contributor to life-expectancy losses between 2019 and 2020 in the USA among males."

This is only one of several findings that indicate that the working class in the United States, and particularly male workers, have suffered a disproportionate impact from the pandemic.

The report found: "Despite having a younger population, the USA also has higher co-morbidities in these age groups compared with European populations with greater vulnerability to COVID-19. Other factors, such as those linked to unevenness in healthcare access in the working-age population and structural racism, may also help to explain the increased mortality."

These comorbidities include the higher rates of heart disease, cancer and diabetes, in many cases linked to stress in the workplace and overwork, the impact of

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alcoholism, opioid addiction and other forms of drug abuse brought on by similar causes.

There is also a crowding-out effect from the swamping of health care facilities by COVID patients, as those seeking care for heart disease, cancer and other conditions may not be able to gain access. The report notes, "Emerging evidence further indicates that non-COVID-19 excess mortality was concentrated in working ages."

The Oxford report did not go further and examine the impact of economic inequality on life expectancy and COVID death rates. But recent data from a study in Ontario, Canada, found that those in the lowest income bracket had a five-times higher COVID infection rate in the highest income bracket.

While the virus which causes COVID-19 does not care whether its human target is rich or poor, the same cannot be said of the profit-based social order which determines which people will be exposed to the deadly virus and for how long, and how healthy and resistant to infection they will be. Nor is the profit-driven health care system indifferent to class and wealth when deciding what treatment a COVID-infected person will receive.

Working people in every country entered the coronavirus pandemic at a disadvantage compared to their capitalist exploiters, who had greater access to health resources and fewer comorbidities before the pandemic struck, and greater ability to isolate and protect themselves when millions were falling sick and dying.

In particular, once the pandemic hit, male workers were more likely to be working in industries deemed to be "essential," (other than health care itself), such as meatpacking and other food production, warehousing and logistics, electricity and other utilities, and trucking and transportation.

The Oxford report concludes with this warning about the long-term implications of the pandemic: "Although COVID-19 might be seen as a transient shock to life expectancy, the evidence of potential long-term morbidity due to long COVID and impacts of delayed care for other illnesses as well as health effects and widening inequalities stemming from the social and economic disruption of the pandemic suggest that the scars of the COVID-19 pandemic on population health may be longer-lasting."

The Oxford report is based on analysis of data collected before the production of vaccines and the onset of mass vaccination. But the vaccination of less than half of the world's population, and that very unevenly, ranging from more than 70 percent in China and parts of the industrial West, to 5 percent or less in Africa, has not halted the spread of SARS-CoV-2, and the virus continues to mutate.

The study noted that 1.8 million died worldwide of COVID-19 in 2020, without making the obvious warning that the death toll is far higher in 2021—2.9 million so far, for a global total of 4.7 million—so the decline in life expectancy is likely to be even greater this year.

The United States, for example, hit 342,000 total deaths by the end of 2020. Another 365,000 have died so far in 2021, with more than a quarter of the year remaining. At the current pace, the death toll in 2021 would approach 500,000. If it accelerates, as widely expected, due to school reopenings and the onset of cold weather, which drives people inside where they are more easily exposed to infection, the death toll could easily go far higher, with a corresponding impact on life expectancy.

The science is clear that COVID-19 can be eliminated in regions and eradicated worldwide, but only if the political will exists to carry out a program of maximum social struggle against the pandemic: the closure of schools and workplaces except those genuinely necessary to sustain life—not corporate profits—and a full-scale public health policy including masking, social distancing, testing and tracing.

No section of the ruling class will carry out such a program, which would be paid for through the expropriation of the wealth the capitalists have extracted from the labor of working people over countless decades. This policy will only be carried out through the political mobilization of the working class as an independent social power, fighting for its own interests and the interests of all those who wish to put an end to this deadly threat to humanity.

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