

CDC's provisional US life expectancy and suicide rates for 2022: An indictment of the capitalist system

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On Wednesday, the Centers for Disease Control and Prevention (CDC) published two studies of the United States in 2022 that highlight the stark inequality that constitutes the social fabric of life for the working class: the provisional life expectancy estimates and the provisional estimates of suicide by demographic characteristics.

In the first study, life expectancy rose by a mere 1.1 years, from 76.4 years in 2021 to 77.5 years in 2022. This only partially offsets the 2.4 year drop in life expectancy during the first two years of the COVID pandemic, while in countries like Portugal, Belgium and Sweden, pandemic-related declines have been completely offset.

The gains were highest for the American Indian and Alaska Native category, which saw life expectancy climb from an abysmal 65.6 years to a still atrocious 67.9 years, or 6.5 years less than the rest of the country. Life expectancy for Blacks climbed from 71.2 to 72.8 years. Hispanics saw their life expectancy rise from 77.8 to 80, while non-Hispanic Whites saw life expectancy climb from 76.7 to 77.5. Asians, who have the highest life expectancy, had a one-year rise to 84.5.

The gains were not unexpected. After the 1918 Influenza pandemic, life expectancy leaped back to its previous trajectory. Similarly, the main factor in the current rises in life expectancy was significant declines (approximately 47 percent) in COVID-19-related deaths compared to the previous year, 2021.

However, the fact that the gains barely made up for the declines during the height of the pandemic, exacerbated by the policy of mass infection, reflects the worsening of social conditions for the working class, despite the vast resources that could be used to address

these conditions. The mainstream media obscures these social and class issues behind meaningless terms like “statistical incongruity.”

The death of 244,000 Americans from COVID-19 in 2022 was itself considerable and completely unnecessary, given the fact that the means to prevent these infections are well known and available to governments across the globe. The CDC and many in the media took pains to highlight that COVID had dropped to fourth place behind unintentional injuries as a leading cause of death in the US, meaning COVID remained behind cancer and heart disease for three years running.

Thus far in 2023, 60,000 people have died from COVID, while the public health system has continued to deteriorate. Under President Joe Biden, who promised to bring the pandemic to an end, more than 760,000 people have died, accounting for 67 percent of all those officially killed by COVID. This official figure is known to be a substantial under-count.

In short, the response of the White House to the pandemic is the culmination of the devastation brought on by the ruling elite's starving of the social infrastructure in order to shore up its crumbling financial institutions. The US national debt has hit a staggering \$33.8 trillion, up from \$5.6 trillion in 2000, when the rate of gains in life expectancy for the working class began to turn downward.

Driving life expectancy down in 2022 were diseases such as influenza and pneumonia, prenatal conditions, kidney disease and nutritional deficiencies. Deaths from heart disease, unintentional injuries, cancer and homicide slightly improved.

The CDC's focus on race in regard to life expectancy

obscures the more fundamental class issues of poverty and economic inequality. By comparison, a recent report submitted to the Brookings Institution by leading Princeton University economists Anne Case and Angus Deaton gives a conscientious account of the growing mortality gap, to a staggering 8.5 years, between Americans with and without a four-year college degree, a proxy for socioeconomic status. While those who have a four-year college degree saw life expectancy continue to climb at pace with Asian and Northern European countries, life expectancy for the working class in the US turned in 2010 and has continued to be in decline.

A study published in June 2023 in the journal *PNAS Nexus* that assessed excess deaths in the US and comparative countries from 1933 to 2021 found that death rates began to diverge in the 1980s, accelerating in the last two decades. This staggering loss of life has been predominately borne by working people.

The second report by the CDC, on provisional rates of suicide in the US, only substantiates the sharp decade in conditions faced by Americans. In 2022, 49,449 people committed suicide, the highest level the country has seen since 1941. Officials say this figure will continue to climb and possibly exceed 50,000 when all of 2022 is counted. The number of suicides carried out by means of firearms, 27,000, is the highest since at least 1968.

The data indicate that deaths of despair affect men disproportionately by a factor of four – 23.1 deaths for men and 5.9 deaths for women per 100,000 population. While rates among adolescent and working-age men and into retirement are similar, men over 75 are committing suicide at unprecedented rates. For women, the highest rates are among those between 25 and 65.

In conjunction with rising deaths of despair, there is a widening mortality gap between men (74.8 years) and women (80.2 years). This has grown from 4.8 years in 2010 to 5.8 years in 2021, the largest gap since 1996. In 2022 it slightly closed to 5.4 years. Besides suicide, COVID and the opioid crisis are factors affecting this trend.

A JAMA (*Journal of the American Medical Association*) report on this issue published in November noted:

Men experienced higher COVID-19 death rates for likely multifactorial reasons, including higher burden of comorbidities and differences in health behaviors and socioeconomic factors, such as labor force participation, incarceration, and homelessness. Differentially worsening mortality from diabetes, heart disease, homicide, and suicide underscores the twin crises of deaths from despair and firearm violence.

Professor Elizabeth Wrigley-Field, an associate professor of sociology at the University of Minnesota, speaking with *Scientific American*, said of the findings in the JAMA report:

The trends that reflect more deaths among men and countervailing trends such as increased maternal mortality are happening in the US, which has a significantly higher mortality rate than its peer countries. The right starting point for asking why any particular group in the US has such high mortality has is to ask why the entire United States does.

She added,

The answer isn't simple. Poverty, overwork, a lack of safety nets, a fragmented medical system, and daily stressors could all play a role. But the truth is probably something like "all of the above."



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