

1 in 3 Americans cannot afford healthcare without cutting essentials

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26 April 2026

The latest data from Gallup and Kaiser Family Foundation (KFF) provide a devastating statistical portrait of social conditions in the United States. The figures expose a society in which tens of millions are forced to sacrifice basic necessities, forego treatment and incur crushing debt in order to survive.

The Gallup survey finds that 33 percent of Americans, or roughly 82 million people, have cut back on essentials such as food, utilities and transportation to pay for healthcare in 2025. Among the uninsured, the figure rises to 62 percent, but even among those with coverage nearly 3 in 10 report similar sacrifices.

Among the uninsured, 32 percent borrowed money to pay for care and 24 percent delayed or prolonged medication use. Nearly 1 in 10 Americans (about 9 percent) reported postponing retirement due to healthcare expenses, while twice as many delayed changing jobs.

The financial strain extends well beyond low-income groups. Around 25 percent of households earning \$90,000–\$120,000 and even 11 percent of those earning \$240,000 or more reported cutting back to afford care. Healthcare has become a top economic concern, with over 60 percent of Americans expressing serious worry about costs and access.

The KFF data reinforces this pattern: 44 percent of adults report difficulty affording healthcare, while 36 percent say they delayed or skipped necessary treatment due to cost. Eighty-two percent of uninsured adults report difficulty affording care, compared to 42 percent of those with insurance.

One-third of adults report cost-related rationing of medications, including skipping doses or failing to fill prescriptions. A similar percentage say they skipped or postponed needed medical care due to cost in the past year. Meanwhile, 41 percent of the population carries medical or dental debt, with nearly a quarter unable to pay their bills at all.

Financial vulnerability is pervasive, with about half of adults unable to cover an unexpected \$500 medical expense

without going into debt. Healthcare costs now rank as a leading source of anxiety, with roughly two-thirds of Americans expressing serious concern about their ability to afford care, which only compounds mental healthcare conditions.

These statistics have profound political significance. Access to healthcare in the US, one of the most basic needs in human society, is determined not by medical need but by one's income, employment status and insured status. And having health insurance is not a guarantee of access medical care. The insured majority of patients increasingly face rising premiums, deductibles and out-of-pocket costs that render formal coverage largely meaningless. The result is a system of de facto rationing, enforced by the financial limits imposed on working class households.

This situation is the product of decades of bipartisan policy, carried out by both Democrats and Republicans, aimed at dismantling the social gains won through generations of class struggle. Programs established in the aftermath of the Great Depression and expanded in the postwar period have been systematically eroded. The guiding principle has been the same: to subordinate healthcare and other social needs to the profit requirements of the financial and corporate elite.

The expansion of privatization and deregulation has been central to this process. Public programs have been hollowed out or transformed into vehicles for private profit, while regulatory constraints on insurers, pharmaceutical companies and hospital systems have been weakened.

The Affordable Care Act, designed and signed into law under the Obama administration, was not a progressive reform; rather, it entrenched the role of private insurance and, above all, was based on the private ownership of the health insurance companies, pharmaceuticals and giant healthcare chains. The result is the present crisis, in which nominal coverage coexists with widespread inability to access care.

Under Donald Trump, these long-standing tendencies have taken on an especially aggressive and reactionary form. The

administration's 2025–2026 policies represent a direct assault on the most vulnerable sections of the population, while increasing funds for war abroad and repression at home.

Central to this is the so-called One Big Beautiful Bill Act, which imposes mandatory Medicaid work requirements of 80 hours per month and introduces monthly eligibility checks, while cutting \$900 billion from the fund. These measures are designed not to promote employment but to create bureaucratic barriers that strip millions of coverage through paperwork hurdles and administrative churn.

The impact is already evident. The expiration of enhanced Affordable Care Act subsidies (introduced in 2021 through pandemic relief laws) has driven up insurance costs, placing coverage further out of reach for low-income families.

At the same time, new restrictions on Medicaid and CHIP eligibility for immigrants have excluded broad layers of legally present residents from care. Frequent income verification requirements have produced a system of “coverage churn,” in which eligible individuals lose insurance due to minor reporting discrepancies or delays.

The essential aim of these policies is to reduce federal expenditures by cutting people off from care. The human cost, measured in untreated illness, preventable deaths and deepening poverty, is treated as irrelevant. What matters is the reallocation of resources to serve the interests of finance capital, including tax cuts and increased military spending.

Responsibility for this crisis does not rest with the Republicans alone. The Democratic Party has consistently facilitated and, in many cases, initiated similar attacks.

Under the Clinton administration, the “Pivot to Managed Care” integrated market-driven efficiency into public safety nets. This era was defined by the expansion of private HMOs within Medicare and the 1996 welfare reforms, which disassociated Medicaid from cash assistance and introduced administrative hurdles that reduced enrollment.

The Obama administration furthered this trajectory with the “Private Market Mandate” of the Affordable Care Act. By rejecting a “public option” in favor of an individual mandate, the ACA required citizens to purchase private products, effectively using federal authority to guarantee a customer base for the insurance industry. Additionally, the growth of Medicare Advantage plans, which use federal funds to pay for privately run Medicare plans under both administrations represents a form of “stealth privatization.”

In states such as California, under Gavin Newsom, austerity budgets have targeted essential programs with approximately \$5 billion in cuts, affecting particularly those serving immigrants and low-income communities.

The combined effect of these policies is a healthcare system that functions as a mechanism of social control and

economic extraction. Workers are compelled to remain in jobs they might otherwise leave due to fear of losing insurance. Families are driven into debt or forced to choose between medical care and other necessities. The system operates not to promote health but to sustain profitability for insurance companies, pharmaceutical firms and corporate hospital networks.

Significantly, the objective conditions reflected in these statistics are generating growing opposition. Across the US, workers in healthcare, education, logistics and other sectors have engaged in strikes and protests against austerity, declining living standards and the erosion of basic rights. In recent months alone, millions have taken collective action, expressing a deepening anger that extends beyond individual grievances to the broader social order.

This emerging movement reflects a fundamental contradiction. On the one hand, the productive capacity of society has reached unprecedented levels, making it entirely possible to guarantee high-quality healthcare for all. On the other hand, the capitalist system subordinates this capacity to private profit, producing scarcity and insecurity.

No solution lies within the existing political framework, as both parties defend profit and corporate dominance. Growing social struggles point to the need for an independent working class movement to transform the system, establish universal public healthcare and abolish corporate control. As millions already sacrifice basic needs, conditions will worsen, posing a stark choice between continued inequality or a mass socialist movement to reorganize society.



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