

**Death on the Prescription Plan**  
**The ‘White Plague’ of the 21<sup>st</sup> Century**

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**Introduction**

Over the past two decades hundreds of thousands of Americans have died prematurely because of irresponsibly prescribed narcotic ‘pain killers’ and other central nervous system depressants, like tranquilizers and their deadly interactions. The undeniable fact is that they have been mostly from the white working and lower middle class from rural and deindustrialized regions. The governing elite and oligarch macro-decision makers have quietly dismissed this sector of the country as ‘surplus’. The victims or their surviving family members have no chance of redress for the widespread malpractice and greed that led to their addiction or death. The government as a whole and the oligarch-controlled mass media have deliberately failed to document and investigate the deep causes for the epidemic, except to spout the usual superficial ‘clichéd explanations’.

We will proceed to discuss the scope and depth of the epidemic and to identify the primary causes. We will then proceed to offer alternatives.

**Comparative Data**

The US can claim the dubious distinction of having highest rate of growth of premature deaths among its young and middle age working and lower middle class citizens among the advanced countries of Europe and Asia. Even most not-so-advanced countries have been spared such an increase in pre-mature mortality, outside of war. This uniquely American devastation is concentrated among the poorer, less educated whites living in small cities, towns and rural areas.

The trends are no longer deniable: Over the last sixteen years (2000-2016), the death rate among US workers between ages 50 – 54 doubled from 40 to 80 per 100,000<sup>1</sup>. In contrast, the mortality rate in Germany among a similar demographic declined from 60 to 42/100,000 and in France from 55 to 40 per 100,000<sup>2</sup>. Moreover within the US, the mortality rate for marginalized white workers has increased compared to that of African Americans and Hispanics. This upward shift in pre-mature death indicates significant deterioration in living standards for a huge slice of the US population. The main causes of death include a dramatic increase in suicide, complications of obesity and diabetes, and especially ‘poisoning’ – a broad term to include alcohol, illegal drugs, and, especially, prescribed opioid pain medications and an array of mixed drug interactions.

Some self-described ‘experts’ in addiction claim that the increasing mortality rates among US workers are due to ‘*globalization and automation*’<sup>3</sup>. This is an example of what we mean by ‘superficial’ or ‘fake explanations. This is because this phenomenon has not occurred elsewhere in other industrialized countries. Even though countries, like Japan, Canada and the United Kingdom, have seen their economies shift with ‘globalization’ and advanced automation, none have experienced declining mortality among their core population.

Mortality in the UK, Canada and Australia among workers remains at about 40 deaths per 100,000 – half the rate of the US, despite similar demographics and participation in the global market. The key to understanding this phenomenon lies in how American capital and the ruling structure have responded to the needs of its labor force, made redundant by shifts in the economy.

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<sup>1</sup> Shawn Donnan, “White ‘deaths of despair’ surge in US”, Financial Times, 3/24/2017

<sup>2</sup> *ibid*

<sup>3</sup> *ibid*

Within the United States, low wage young and middle age white workers with only high school education and less, especially those engaged in manual labor, experience four times higher mortality compared to college graduates. The dramatic increase in the mortality within this demographic corresponds to the increasing proportion of American workers and their families who no longer have access to adequate employer-provided health care. Premature deaths have risen with the demise of well-paid, secure manufacturing jobs for this sector of society.

In other words, as big corporate capitalism enjoys an ever-rising rate of profit through relocation of factories abroad, through automation, or by contracting immigrant and part-time uninsured US workers and therefore eliminating comprehensive health coverage for US workers, preventable worker deaths increase. Other advanced capitalist market economies in Europe and Asia have maintained intact universal national health and social welfare systems, which effectively serve to mitigate the damage that increasing job insecurity and falling living standards have on worker health. These systems continue to save millions of lives. This is one of the starkest contrasts between the US health care system and the systems operating in the rest of the industrialized world!

### **'Oxycontin', the White Plague**

The root cause for the astronomical rise of worker mortality in the US is first and foremost the decision of the capitalist class to drop comprehensive, quality health coverage for its workers while lowering wages and shipping many jobs abroad. As a result, US workers, struggling with declining incomes, cannot afford to pay the astronomical insurance premiums, co-pays and high deductible for themselves or their family members. They cannot pay for

expensive ‘physical therapy and rehabilitation’ after an injury and often opt for a prescription narcotic to deal with chronic pain while they continue to work.

Secondly, medical ‘providers’ (physicians, nurse practitioners, physician assistants) are under intense pressure from their employers to spend as little time as possible with patients suffering from chronic pain or injuries, especially those with limited resources. Their salaries and bonuses often depend on the number of patients they can see in a day. Writing prescriptions, especially narcotics, sedatives, anxiolytics and sleep aids save doctors and corporate-run hospitals time and money. Careful history taking, skillful physical examinations, experienced insights and long-term, supportive treatment plans with effective follow-up for an injured worker or chronic pain sufferer are rare indeed (and big money losers)!

Billions of synthetic opioid narcotics have been cheaply manufactured and prescribed at extraordinary levels of profits – far exceeding those of the so-called ‘block-buster’ drugs. The billionaire owners of pharmaceutical companies specializing in narcotic pain medications have hired legions of drug salespeople to work with doctors and pain clinics in a largely unregulated field, without any intervention or oversight from the capitalist state. The lobbyists for the pharmaceutical industry spent hundreds of millions of dollars on politicians and bureaucrats to protect their profits even as the number of overdose deaths among prescription opioid addicts grew. The total absence of any state intervention in this epidemic is unique in the industrialized world. This malevolent indifference proves that there is an unstated, but official, Social Darwinism operating at the highest levels, an ideology and practice once relegated to ardent fascists and eugenicists.

### **What Gives Big Capital Impunity for Murder?**

Poisoning from prescribed narcotics, or fatal drug-alcohol-tranquilizer mixtures, comprise the single most important and preventable cause of early death among workers. Those workers, who have graduated from prescription drug addiction to street drugs, should still be included in this group of growing overdose deaths - because their addictions ultimately started in their local clinic. Although they have never met, the street dealers have their business affiliates in the corporate world and neatly scrubbed pain clinics.

While these early deaths by overdose cause incredible suffering to friends and family members of the victims, they are seen as a positive trend for 'big capital' – which is why the epidemic has remained largely hidden for almost two decades. Small town newspapers routinely devote long, loving paragraphs to describe a departed octogenarian, including tender references to their final illnesses, while the overdose death of a middle-aged father or mother laid off from a job is mourned in anonymity and silence.

Premature worker deaths by overdose mean higher profits on a grand scale because they lower the overall corporate cost for severance, pensions, worker safety measures and whatever health coverage the employer might provide. Unemployment benefits are cut, and local taxes for schools and services are lowered as the working class population declines. Demand for social services decline with the drop in population. It is no coincidence that the sharp increase in premature deaths among workers in the US coincides with the incredible concentration of wealth among the country's top oligarchs.

In this climate, tight corporate control over wages, benefits and increasing job insecurity has spread deep fear among workers. Terrified of the poverty that would devastate their families with the loss of a decent job, most workers continue to work despite injuries and illness,

often by taking prescription and other narcotics just to get through the day. Their insecurity, anxieties and insomnia are treated with other pharmaceuticals that compound the danger of overdose. Their fears and the poisonous workplace environment discourage them from taking any sick leave or demanding effective physical or rehabilitative therapy through their employer's health plans.

The most 'effective' and heavily promoted painkillers, like Oxycontin, happen to be most rapidly addictive and deadly. The pharmaceutical industry deliberately glossed over the dangerously addicting nature of these 'wonder drugs' through their drug representative visits to hospitals and clinics. Most of the victims of these addicting drugs have been low wage or unemployed workers, while the medical prescribers are subservient to their capitalist employers and big pharmaceutical companies. The pharmaceutical industries are protected by the State at the top. Corporate hospital and pain clinic directors and providers are protected in the 'middle'.

The perpetrators of mass murder by overdose have profited immensely and with total impunity for the ensuing havoc – unlike the small street pushers who crowd the huge industrial-size prisons. No security, police or federal agency would ever dare prosecute the directors of these big pharmaceutical corporations. Indeed, the security and justice arm of the state act as accomplice to addiction, although police are no more immune to prescription drug addiction than are nurses and other health providers with access or on-the-job injuries. In fact, the problem of addiction overdose death among security and health care personnel (often victims of suicide by overdose after having lost their jobs to drug dependency) constitutes an undocumented and un-mourned public tragedy. This problem also extends to soldiers returning from imperial wars in the Middle East and South Asia.

The contradictions of a society granting impunity for the corporate perpetrators of this epidemic of death, the ‘opioid war’ against the surplus working class, while spending billions of public money to incarcerate petty street dealers and users, describes a federal and state government in disarray and denial and unable to effectively intervene on behalf of its citizens.

Last year’s presidential primary races and the election campaign broadcast (for the first time) many national politicians being confronted by small town citizens alarmed by the devastation of drug addiction and overdoses in their communities. Candidate Trump made several highly emotional statements about this issue. Interestingly, the Democratic Party presidential candidate Clinton totally failed to ever mention this crisis in her campaign despite touting her ‘record on health care’.

In recent months, the scale of drug overdose deaths in the rural and small town communities led to popular demands for government action. And as predictable as summer mosquitos, a small armies of academics, experts and NGOers buzzed in to plead for greater funding for ‘research, education and treatment’. The same owners of pain clinics, that produced so many addicts, now expanded their business horizons by setting themselves up as ‘Addiction Treatment Centers’ to complement the Community Addict support groups, which have popped up like mushrooms.

None of these arguably opportunist ventures are inclined to engage in political ‘education’ to mobilize the worker-victims of addiction and other citizens to demand a universal national health system like other countries where the prescription addiction problem does not exist. They don’t even address the problem of workplace injury and the workers’ lack of access to effective rehab and physical therapy facilities rather than treatment with opioids. The medical

community would rather send their patients to these treatment centers – where more addictive drugs, like methadone, are used to treat addiction – than face the real devastating consequences of the broken profit-mad US private insurance-controlled health care system and organize to truly serve their patients.

By the same token, the nation’s labor departments and labor unions at the federal and state levels have studiously ignored the toll that this has taken on the labor force. A New York Times editorial (October 16, 2016) pointed out that millions of working age men are totally out of the job market due to ‘pain and disability’ and a substantial proportion are on prescription narcotics. The long-term effect is clear: These addictions have destroyed internal worker discipline, essential for productive industry. It would be unimaginable for the German or Chinese industrialists and policy makers to accept the long-term consequences of such a phenomenon. This is just one glaring example of how cavalier the American oligarch and political classes view their native work force.

Murderers and their victims have come to be defined by their social class and not by their ‘education’ or access to ‘technology’. The capitalists of the pharmaceutical industry produce deadly products and distribute them at huge mark-ups to tens of thousands of for-profit pharmacies. The working and lower middle class recipients are the addicted victims.

For their part, capitalists and oligarchs have absolutely no need for any health insurance. They have their own exclusive boutique clinics and stables of elite doctors and nurses to provide them with the highest standards of care. They would never dream of allowing their family members to be prescribed the addicting products that have devastated so many millions of lesser

citizens and made them such enormous profits. Although we may never see, let alone visit, these elite clinics, the deadly consequences of the medical-health care apartheid are not hard to fathom.

With predictable optimism, the US mass media reported that the drug overdose crisis has provided the organ transplantation industry with many needed body parts. Such silver linings!

As a group, the capitalist perpetrators of this '*opioid war against the working class*' can easily donate tens of millions of dollars to presidential candidates and other political leaders to ensure that appointees to the so-called *regulatory* bodies will work hard to protect their profits rather than the health of the citizens. These oligarchs enjoy near total and eternal immunity from government regulators. If any outrage over the immense human losses to addiction ever manage to filter into their rarified lives of fine art philanthropy and other elite activities, they can rely on legions of public and media 'moralists' to blame the victims for their life destroying habits.

One such company is Purdue Pharmaceuticals, the maker of OxyContin. It is owned by the oligarch Sackler Family, whose founders are among the most elite high cultural philanthropists in the country. Since entering the unimaginably lucrative US 'pain' market in 1995, OxyContin has earned Purdue over \$35 billion dollars and brought the Sacklers into the Olympian heights of the America's 'Uber-rich'. None of curators in the Sackler Galleries or the Sackler Wing at the Metropolitan Museum of Art would dream of displaying any 'social realist' depiction of the immense human suffering and loss caused by the drugs their bosses have peddled to millions of low-income Americans. But then tastes have changed: 'Social realism' is obsolete in the class-apartheid America that the Sacklers and their friends enjoy.

Quality research and investigation into major demographic changes is also obsolete. Describing the promiscuous dissemination of prescription opioids as one of the ‘biggest mistakes in the history of modern medicine’, a former FDA commissioner, did nothing to curtail the epidemic during his tenure (1990-1997) or to draw attention to the devastation after stepping down until just recently. Dr. David Kessler joined the chorus bemoaning the opioid epidemic after the highly publicized overdose death of the rock star Prince, writing an Op-Ed in the New York Times on May 6, 2016.

Academics receive grants from big national foundations to ‘study addiction’, focusing on the individual psychological disorders affecting the victims of overdose and the social pathologies of the street dealers. This deflects attention from the corporations, which profit from, and the capitalist decision makers, who set the stage for, massive deadly addiction on a national scale. But university careers, peer recognition and fat research grants are not awarded to anyone foolish enough to identify the killer corporations, or the dangerous work conditions, the overtime, low pay, and increasing rates of injuries and despair which send the workers from one killer employer to ‘Big Daddy Pharma’, and the doctors who encourage them to rely on addictive pain killers rather than demand better pay, better health care, better work conditions and a real future for their families.

There is a crying need for effective action. The reality of hundreds of thousands of ‘deaths by prescription’ and millions of addicts should call for a special national prosecutor and body of dedicated, independent investigators who are willing to identify the profit motive among the country’s highest elite as the underlying basis for this continuing crisis. Any investigation should pursue the wide net of racketeers and enablers, ranging from lobbyists and corrupt bureaucrats and regulators to doctors and publicists, because this epidemic has touched tens of

millions of working Americans, their families and friends, workmates and communities. And where are the child advocates to represent the interests of the thousands of addicted infants born to rural ‘Oxy-Moms’ and whose neonatal withdrawal crises have overwhelmed the capacity of rural and small city hospitals?

### **Alternatives**

Ending the cycle of addiction and overdose deaths requires more than just making photo-ops at small town treatment centers. It requires focusing on the role of prescription opioids and the prosecution of corporate criminals. This includes prosecuting capitalists who exploit vulnerable workers, denying them protection, safe working conditions and access to quality health care. What is required is a fundamental change in capital-worker relations in this country.

Corporate economic strategies, which undermine wages and security, require an expanding reserve army of low paid or unemployed workers. With so many American workers disabled or dropped from the work force because of addiction, many temporary replacement workers are immigrant, who have been raised, trained and educated at the expense of their own country or society. This was once called the ‘brain drain’, but now includes the ‘brain and skilled brawn drain’. The fact that other societies have spent their resources to raise and educate these workers who then immigrate has allowed US capitalists and political decision makers to drastically cut social spending for education and health for American workers.

To counter this trend, a rational immigration policy in this country should address this issue and be calibrated to the size, scope and security of the domestic labor force. It must limit the power of capital to freely hire and fire American workers – and devastate entire communities.

The lobbyists of ‘Big Pharma’ and the state regulators, who profited from or just ignored the growing problem of drug addiction and overdose deaths should be treated like any other criminal charged with causing death or injury.

Doctors, who have decided to prescribe highly addictive narcotics in large quantities leading to addiction and fatal overdose, should be re-educated and monitored or face the loss of their license and prosecution. Early on in the epidemic, they knew about the addictive nature of these drugs. Not a few doctors and other medical personnel found themselves ‘hooked’. Recidivist operators of ‘pill mills’ should face serious penalties, including long incarceration. Health care providers could have decided to fight to secure their injured patients’ access to effective rehabilitation and physical therapy. Their easy mercenary choices have facilitated a disaster. How are they different from the notorious consultant psychologists, hired by the US government, to devise system of torture against detainees?

But others tried to raise the alarm: Pharmacists, doctors, nurses, and government regulators who resisted the pressure to prescribe or promote opioids for profit and instead tried to intervene to protect vulnerable patients or raise the alarm should be recognized and rewarded. Many faced professional retaliation for as ‘whistle-blowers’. The US, with its ‘profit over patient’ ethos in health care, is the only industrialized nation to witness these demographic trends. This should be a cautionary tale to any country considering adopting US style health care and its lucrative but deadly approach to chronic ‘pain’. A recent investigation in the Los Angeles Times, entitled ‘*OxyContin goes global – “We’re only just getting started”*’ (December 18, 2016) details the mega-million dollar campaign of multinational opioid producers to break into other markets and documents an abrupt increase in overdose deaths.

An essential component to solving this huge crisis would be for the country to adopt a universal, publically funded, national health program. This could be funded by eliminating the cap on social security taxes and repatriating and taxing the trillions of overseas US corporate profits in tax havens; as well as by taxing big inheritance as a social redistributive remedy for immense wealth accumulation. This would open up opportunities in education, social mobility and careers. Only then will we see a decrease opioid addiction among the downwardly mobile workers and overdose deaths and reverse the trend of increasing mortality.

Taxes should be levied on corporations relocating abroad to combat capital flight. Speculative financial transactions, like stock trading, should be subject to a 1% sales tax.

A comprehensive national health system would drastically reduce the high administrative overhead. Unethical and unnecessary treatments and procedures and other scams endemic in our current 'for profit' health care system would be dramatically reduced. The resources, thus saved would go to effective health care and related services.

These financial, judicial and social services reforms would support a universal national health system expanded right on the existing Medicare structure, which has effectively served the older population for decades. This would help promote the growth a robust domestic labor market of secure, healthy and productive and well-paid workers.

Previous and current US Presidential Administrations and other political leaders have wasted trillions of public dollars on 'multiple foreign wars on terror' and 'regimes change' and financed the largest prison-industrial complex in human history, while ignoring the pre-mature death and destruction of their own citizens due to 'legal' pharmaceutical and medical practices. Alternatives have been left to future generations to ponder. Today there is a growing grass-root

demand to end this crisis. The marginalized workers and rural poor who massively voted for the first time against ‘Big Pharma’s Candidate’ Hillary Clinton and elected the opportunist ‘billionaire’ Donald Trump were concentrated in the same areas devastated by the opioid (and worker suicide) epidemic. This marginalized sector, long scorned by the traditional politicians and dismissed by Candidate Clinton as ‘deplorables’, would require very little convincing to support a national health system as a first step to addressing the life and death crisis facing working Americans.

Furthermore the global trends toward implementing technological innovations, such as robots, automation and artificial intelligence, currently serve capitalist profits by making workers redundant and easier to exploit, as well as cutting out expensive health care and pensions. This change in capital-labor relations can and should be replaced with one, which uses technology to benefit the workers by improving the conditions of works and reducing the work week from 40 to 30 hours at the same pay (a once widespread worker demand during the 1950’s).

But these changes will not come from the ‘classless’ research projects of corporate-funded academics, or from the vacuous educational seminars given by NGO ‘experts’.

Meaningful battles against this ‘class war by prescription’ will depend on sustained solidarity and struggle. Workers will have to shake off this scourge. They have nothing to lose but their degrading and dangerous addictions. They have a world and a real future to win. Only they can ‘make America great again!’