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Aging America: The Iceberg Dead Ahead

Tom Lynch*

Abstract

The aging of the workforce presents massive problems to workers compensation systems. The problem is compounded by funding problems with other social insurance programs. Neither states, the federal government, or insurers are prepared for the claims and cost problems identified here. Recommendations are offered to address these problems, including the creation of a special federal commission.

*“Observe how he has made a breast out of his back.
In life he wished to see too far ahead of him,
And now he must crab backwards round this track.”*

Dante Alighieri, *The Inferno* (Canto XX, Circle Eight – The Fortune Tellers and Diviners)

In agreeing to pen some thoughts about what the future may hold for the world of workers' compensation, I was reminded of Dante's special place in hell for those eternally condemned to eat their words. Nevertheless, I approach the task confident that I have a 50/50 chance of getting it right.

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Introduction

As my colleague, Peter Rousmaniere, trenchantly notes elsewhere in this *Journal*, “Significant change...happens only in an environment of crisis.”

There may be many crises on the horizon, but the one that no one discusses, except to dismiss, is the one that concerns me – the aging of our population and its effect on workers’ compensation. The position I try to advance in this paper is that the coming crisis to which I allude is a looming catastrophe of the first order. This approaching crisis, bad enough in itself, is compounded by a confluence of unfortunate events. I will discuss each of these further on. They include:

- Seventy-eight million Baby Boomers and their retirement plans;
- A woebegone social security system;
- The global economic meltdown of 2008/2009;
- Ever rising health care costs; and,
- The insurance industry’s natural propensity to avoid troubling issues.

I suggest that over the next decade America’s increasingly aging workforce will significantly change the face of workers’ compensation and of America, itself. Why? How can I justify this assertion?

Workers’ compensation professionals agree that the injuries suffered by older workers take much longer to heal and cost at least a third more than similar injuries suffered by younger workers (Shuford and Restrepo, 2005). However, actuaries counter that older workers have proportionately fewer injuries than younger workers and that the two factors, less frequency but more severity, tend to offset each other (Restrepo, Sobel & Shuford, 2006). This is a position with which I would agree were the numbers of older workers, specifically older, blue-collar workers on the lower end of the income scale, not about to so dramatically increase and were the foundations beneath the American public and private pension and retirement system, painstakingly cobbled together over the last 75 years,

not under the sustained assault of forces that grow stronger as time passes and inaction continues.

First, A Little History

Social security, workers' compensation and health care insurance all came to us through the efforts of Otto Eduard Leopold von Bismarck, the 19th century Iron Chancellor and Unifier of Germany. Bismarck crafted these three initiatives in the late 1880s (Eyck, 1950), which Bismarck's fellow German conservative politicians considered misguided socialist entitlements.

The German Chancellor's health care plan (enacted 1883), paid 1/3rd by employers and 2/3rd by workers, provided medical care and sick leave pay for 13 weeks. His workers' compensation program, (enacted 1884) paid entirely by employers, kicked in at the 14th week and provided medical care and 2/3rd of worker wages. These were government-administered programs, and Bismarck, a true statesman pragmatist, embraced them in order to avoid even more radical proposals pushed by the growing liberal wing within the German government.

Bismarck's third great initiative was Old Age Retirement (enacted 1885). In 1889, German average life expectancy was 45 years. Bismarck, in another effort to appease socialists, created a government worker retirement program that took effect at age 70 (dropped to 65 in 1916) and was paid in equal shares by employers, the German government and worker contributions (Lerman, 2004).

Over the succeeding fifty years, each of these "entitlement programs" became American policy. We owe a lot to Germany's first Chancellor, whatever his motivations.

The Baby Boomer Phenomenon and Its Effect on Social Security

At one second after midnight on 1 January 1946, America's first baby boomer was born in Philadelphia, PA. Her name is Kathleen Casey-Kirschling, and over time she grew to become a dedicated seventh grade teacher and, on the side, a nutrition consultant. On 25 October 2007, Ms. Casey-Kirschling filed for early retirement with social security. On 1 January 2008, her 62nd birthday, she entered the social security system and began to collect retirement benefits (SSA, 2007).

People who, like Ms. Casey-Kirschling, enter social security at age 62 receive 75% of what would have been their full wage benefit had they waited until age 66 to retire (67 if born after 1960). Those who wait until age 70 can get up to 132% of their full benefit. Moreover, at 65 everyone qualifies for Medicare.

Early retirement has a strong magnetic pull. Until recently, the historic average age of retirement for social security benefits has been 63 (Muldoon & Kopcke, 2008). That is, until we arrived at our present economic predicament in 2008. Obviously, until now many people thought they had salted away enough money to be able to retire early with only 75% of their social security entitlements, and, with the arrival of Ms. Casey-Kirschling, America's Baby Boomers were set to follow in that tradition.

And, oh, those Boomers. There are so many of them. At least 78 million. The first wave, 3.2 million men and women, turned 62 in 2008 – at the rate of 330 an hour (U.S. Census Bureau, 2009).

According to the Bureau of Labor Statistics, US total employment from 1986 through 2006 grew at the rate of 1.2% annually, from 118 million workers to 151 million, a cumulative growth of 21.8%. Yet, during this same period the number of workers receiving SSDI benefits grew from 2.7 million to 6.7 million, an increase of more than 150%, and total monthly benefits paid to all disabled workers (excluding payments to widows and adult children) grew by more than 500%, from \$1.3 billion to \$6.7 billion

(Annual Statistical Report, 2007). Although a recession and statutory changes account for some of this increase, the demographic tectonic shift caused by Boomers beginning to reach middle age during this time is the predominant cause. As their bodies began to exhibit the inevitable signs of wearing down, making them prone to more serious and costly injuries, many entered the SSDI system.

In 2011, a mere two years from now, the first Boomers will qualify for Medicare because they'll turn 65. In 2012, 12,000 Baby Boomers will turn 65 every day - one every 7 seconds (*Ibid*).

When I consider the pure scope of this phenomenon three facts stand out (Pergamit, Pierret, Rothstein & Verum, 2001):

1. In 1985, the median age of American workers was 35; today it is 42. Federal age discrimination statutes classify "older workers" as those 40 years of age and older.
2. Today, there are 16 million more older workers in America than in 1998, a 37% increase.
3. By 2025, 18% of the populations of 39 states will be over the age of 65; today that is true only of Florida.

The sheer numbers involved suggest that the system cannot sustain itself in its present form. In 1945, only ten years after the advent of American social security, 42 workers paid into the system to support each retiree (Gillion, 2000). Today, the Social Security Administration reports that 3.3 workers must shoulder the entire burden for one retiree (Social Security Trustees, 2007).

Moreover, in a macro sense, things look even worse. Until 2006, New Hampshire Republican Senator Judd Gregg was chairman of the Senate's subcommittee on Retirement and Aging within the Committee on Health, Education, Labor and Pensions. With data from the Congressional Research Service (CRS), he would routinely play Cassandra before the full Senate prophesying the coming social security calamity. He told me that one of his best moments happened when he pulled out what he called

his “ski jump” chart which showed the rapidly increasing, almost overwhelming, share of the US budget social security, Medicare and Medicaid would consume between now and 2028 if nothing changed.

His colleagues got tired of hearing it, but Gregg noted the following:

- Federal spending currently equates to 20% of GDP.
- Social Security, Medicare and Medicaid make up 40% of federal spending, or 8% of GDP. Spending on health care by Medicare and Medicaid makes up a disproportionately large share of this cost. (Aaron, 2009)
- According to the Social Security Administration and CRS, by 2028, if nothing changes, the three entitlement programs will consume 20% of GDP, or the entirety of all federal spending, leaving, as Senator Gregg put it, “nothing for national defense, education, you know, all those other programs.”

As Herb Stein, Chairman of the Council of Economic Advisors for Presidents Nixon and Ford, famously said in what has come to be known as Stein’s Law, “If something cannot go on forever, it will stop (Stein, 1997).”

However, it is alarming, indeed, that fixing Social Security in a binary way, that is, raising payroll taxes *or* cutting benefits, would mean a 16% increase in taxes or a 13% decrease in benefits. Fixing Medicare similarly would be worse – a 122% increase in payroll taxes or a 51% cut in spending, and that’s just for hospital care. This is what American Baby Boomers face (Furman, 2005; Romig, 2008).

As if things weren’t bad enough, into this entitlement sea of storms, in 2008, sailed the USS Economic Meltdown.

Until our very leaky financial vessel sank, 43% of men and 48% of women had chosen to retire early, at 62, like Ms. Casey-Kirschling (Muldoon and Kopcke, 2008). Will they now? Can they now? We don’t know for sure, but, anecdotally, we hear over and over again that retirement portfolios

have shrunk so much that they no longer support the retirement aspirations of the workers who paid into them over many years.

Working Past Retirement – Wanting To vs. Having To

Since 2000, the Gallup organization and the MetLife Mature Market Institute have surveyed older workers and reported on their retirement views and plans. Additionally, the Sloan Center on Aging and Work at Boston College has analyzed the aging workforce extensively, most recently in “Older and Out of Work: Trends in Older Worker Displacement” (Sloan Center, 2008). Gallup, MetLife and the Sloan Center each suggest a bleak future for many Baby Boomers, and this has significant implications for workers’ compensation.

In 2007, Gallup reported the following:

- Whereas in 2000, 36% of America’s older workers planned on working past retirement age, in 2007 that percentage had grown to 62%;
- By 2007, only half of all Americans thought they would have enough money to retire comfortably; and,
- In mid-2008, 45% of older workers believed they now “had to” work past retirement age.

The MetLife Mature Market Institute, in coordination with David DeLong & Associates, studied the coming “brain drain” in larger, mostly white-collar companies as older workers prepare to retire. Their work suggested that these companies are making increasingly more intense efforts to retain their older workers and the experience they represent (MetLife, 2006). However, left unstudied was the fate of older workers in blue-collar, labor intensive jobs who are less well paid than their white-collar counterparts and more prone to industrial accidents. Gallup had previously reported that these workers, making less than \$75,000 per year, were disproportionately and heavily represented in the group saying it “had to” work past retirement (Jacobe, May 8, 2008).

Boston College's Sloan Center on Aging and Work reported in September, 2008, that workers over the age of 50 took a third longer to find work after displacement than younger workers. Further, the jobs they did find paid anywhere from 25% to 40% less than their previous employment (Muldoon and Kopcke, 2008).

Older Workers and the Costs of Workers' Compensation

I have already demonstrated that as the front end of the Baby Boomer generation marched through middle age SSDI awards grew by 150%. The burgeoning of SSDI rolls will likely continue until the tail end of the Boomers passes out of the workforce and is emblematic of what I suggest is about to happen in the world of workers' compensation.

Actuaries and the NCCI point out with regularity that older workers, whose injuries are more costly to treat, have fewer injuries than their younger counterparts. Therefore, the lower frequency of injuries offsets the higher severity of their costs.

However, we are facing a phenomenon not encountered before the Baby Boomer generation. As I have shown, millions of older, blue-collar workers, with few transferable skills, will remain in the workforce considerably longer than their parents. If actuarial history holds, they will continue to have proportionately fewer injuries than younger workers. However, because there will be so many more of them, the sheer number of injuries the group suffers will increase significantly. More workers will result in more injuries, which will result in more costs. A lot more. This will happen in the area of indemnity wage replacement, but to a much larger degree in the cost of medical treatment.

In the spring of 2008, I authored an essay entitled "The Best Health Care in the World" in which I compared the cost and efficacy of US Healthcare, primarily Group Health, to that within the other 29 most economically developed countries in the world, all members of the Organization for Cooperation and Economic Development (OECD) (Lynch, 2008).

The data led to two remarkable conclusions: First, American per-capita health care spending is two and a half times the average in the OECD and 25% higher than our closest competitor, Switzerland. Second, despite the heavy spending, Americans do not live longer and are no healthier than the average among OECD countries (Lynch, 2008).

I also discussed the relationship between medical costs within workers' compensation and those within American group health, and I argued that workers' compensation, while only "a small closet in the American health care house that Jack built," is actually proportionately more costly. This is because the cost of workers' compensation health care has consistently risen at twice the rate of group health, driven primarily by severe over-utilization of physical medicine services (Robertson & Corro, 2006).

Just consider the numbers. In 1986, medical costs made up 40% of all workers' compensation loss costs; indemnity wage replacement accounted for the other 60%. By 1997, medical costs had risen to 48% of total loss costs. And in 2008, medical loss costs ballooned to 60% of total losses and to this day show no sign of slowing down (Shuford & Restrepo, 2008).

Add to this stew of high-priced medicine the arrival of 78 million older workers marching at 7-second intervals past the age of 65 for the next twenty years. Stir in the fact that more than 50% of them must continue working into the foreseeable future, because they can no longer afford to retire (Jacobe, May 6 2008). Drop into the mix the inevitable injuries that this group will suffer and the significant medical costs these injuries will incur, the rotator cuff injury being the most common by far (Restrepo). And don't forget to toss in a very large measure of higher indemnity wage replacement costs that will ensue, because older workers take longer to heal. This is a recipe for disaster.

This is a problem largely ignored by the insurance industry. Rather, it has preferred to invest in information technology (which would be good if only the mined data would be used wisely) and the design of, or contracting with, large medical networks whose goals seem to be to get doctors to do more with less. Left a-begging are quality of care and evidence-based

medicine, two issues that the American College of Occupational and Environmental Medicine says should be dominant themes now and in the immediate future (Occupational Medicine Practice Guidelines, 2008). Unfortunately, insurers tend to focus on process rather than outcomes.

Unless the insurance industry takes seriously the looming threat posed by the prospect of an avalanche of Baby Boomers, particularly blue-collar Baby Boomers and all their attendant baggage, it will be forever relegated to a reactive existence, rather like driving a car by focusing on the rear view mirror instead of down the road ahead through the windshield.

There is one other factor to consider, and it is a big one. Our system of workers' compensation differs somewhat from state to state. Although some may say that what we have is the same wine in 50 different bottles with 50 different labels, there are significant distinctions among the various states, and each state is certainly parochial in its approach to workers' compensation issues affecting it. However, all states face the Baby Boomer problem. They can choose to confront it separately or together.

All of this leads me, as if I were following a bright red rope in the snow, to the following questions:

- What happens when a 65 year old worker, with forty years proficiency at hanging wallboard, for example, suffers a severe rotator cuff tear and does not heal sufficiently enough to return to work?
- What gainful and productive employment does this unfortunate laborer take up?
- Will anyone hire him at his former rate of pay, or will he simply exist for years in workers' compensation Limbo?
- Does workers' compensation become the retirement plan of choice for people with no other choices?
- How will workers' compensation judges react to such situations?
- Will insurers continue to firmly and deeply stick their heads in whatever sand is available and push to settle these cases, moving

these damaged workers into the social security disability system, the one that is bursting at the seams already?

These are questions that both the nation and the insurance industry must confront eventually. I suggest the sooner the better. For now, following are some conclusions and recommendations for consideration.

Conclusions

- America's Baby Boomers will overwhelm the nation's entitlement programs, specifically Social Security, SSDI and Medicare;
- This will happen rather quickly, beginning in 2012 when the first Boomers turn 66;
- More than 50% of the Boomers will stay in the workforce pushing the median age of the American worker to 45 within 5 to 10 years;
- Workers' compensation losses will rise significantly due to Boomer injuries, driving up employer premiums;
- Workers' compensation medical costs will rise significantly due to Boomer injuries. This will seem as nothing compared to the rise in Medicare costs attributable to Boomer disease and off-the-job injuries; and,
- The national government, all of the states and the insurance industry are totally unprepared to confront the problems of America's aging population

Recommendations

- President Obama should immediately appoint a blue-ribbon commission to study and report on this issue within six months;
- Because this is a Macro problem, states should not micro-manage a solution. They should work with the federal government to find a unified solution;

- The insurance industry should assist in the funding of the Presidential Commission, thereby guaranteeing its active participation; and,
- The National Safety Council, the American Society of Safety Engineers and the NCCI should work together to design viable programs aimed at assisting older workers to remain in the workforce safely.

There is time to successfully confront the issues that our aging population will bring us. But not much time. We need to act now.

In his recent inauguration, President Obama said, "America is still a young nation." As a nation, maybe, but as a people, I'm afraid not.

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