JOHN TIRMAN: Hello, everyone. My name is John Tirman at the Center for International Studies and I welcome you to this webinar on the book *Deaths of Despair* with the authors Anne Case and Angus Deaton. Welcome. I'd like to start out by noting that this book has gotten an immense reaction, a very positive reaction, nationwide and all the book reviews and such that it's gotten. And for good reason.

Because it's touched on a phenomenon in this country which really went unnoticed in many respects until these two authors published a seminal article in the proceedings of the National Academy of Sciences five years ago on this same topic. Noting the remarkable fact that the lifespan of a certain segment of Americans-- of white Americans who do not hold a college degree-- the lifespan had been declining for uniquely of any group around the world. And they have now delved into this topic in much greater depth in this remarkable book.

This book, by the way, will be available at a discount with free shipping. The link and discount code can be found via the chat feature on this webcast. We'll be going for 60 minutes today, beginning with the authors presentations, of course, and then we will have a question and answer period. That will be for about a half an hour. The Q&A features on the bottom of your toolbar if you're not aware of that and this is where you can type in your questions. In addition, please pay attention to the chat feature, also at the bottom toolbar, where we will be sending out resource links such as bios, upcoming events, other information that may be of interest to you.

And now I am delighted and really honored to introduce our speakers. Anne Case is the Alexander Stewart 1886 Professor of Economics and Public Affairs, Emeritus at Princeton University, where she is the Director of the Research Program in Development Studies. Angus Deaton is a Dwight D Eisenhower Professor of International Affairs, Emeritus, and a Professor of Economics and International Affairs, Emeritus at the Princeton School of Public and International Affairs. He is also a Nobel laureate in economics. And they are, in addition, married. So without further ado, let us start with Professor Case.

ANNE CASE: Thank you so much John and thank you so much for this invitation. We're delighted

to be with you today. So--

ANGUS DEATON: [INAUDIBLE]

ANNE CASE: I think our video's on. Yeah? So we flipped a coin and I'm actually going to do the presentation today and Angus is going to answer questions. So I have about 25 minutes worth of slides or so that we'd like to share about our book. And the book grew out of-- as John was saying-- a body of work that we've been undertaking for the last five years now. And we are grateful to the National Institutes of Health for funding, which has allowed us to do this work. Just an overview here before we start.

Even before the arrival of COVID-19, it was the case that the lives of Americans without a bachelors degree were coming apart. And that's about 2/3 of the population between the ages of 25 and 64 without a BA. And in the book, what we do is document what that means in terms of despair and excess mortality and then we dig in and we try to uncover some of the long run forces behind that. So just to give you a sense of how big a sea change this was, let's start with all-cause mortality for white men and women, ages 45 to 54, over the sweep of the 20th century.

So the mortality rates that we're going to be showing you this afternoon are in terms of deaths per 100,000 people at risk. So you can just think of this as the risk of dying in any one of these years in this age group 45 to 54. And you can see the last great pandemic, this was the 1918 flu pandemic here in 1918, but we became accustomed to this idea that mortality rates were falling and would continue to fall. And if you look at the rest of the rich world that is indeed what has happened. So in the rich countries of Europe and the other English speaking countries for people aged 45 to 54, mortality fell on average 2% a year between 1990 and the 20 teens.

But in the US, we decided to leave the herd. So if you look at what happened to US white, non-Hispanics, which looked a lot like Germany until the late 1990s, their mortality rates started to rise, or at best were a constant since that time. For Hispanics, who look a lot like the Brits, mortality continued to fall. And for African-Americans, whose rates I should say right up front were higher and continued to be higher than the rates for whites, but over this period their mortality rates were falling at an even faster clip at 2.6% a year. So we started looking at the US whites

because that was the group that seemed to be moving in the wrong direction.

And how big a deal is this, that their mortality rate stopped falling and started to rise? Well, it turns out that life expectancy in the US fell for three straight years between 2014 and 2017. And that had not happened in the West for a century, not since that last great flu epidemic of 1918. This was also-- the decline was driven primarily by what was happening to mortality for prime-aged adults. So children were seeing some progress, the elderly were seeing progress, but in midlife things were beginning to go awry.

Part of what happened was we stopped making progress against heart disease, which had long been an engine for longer life in the US. And we can come back to that if you'd like at the end. It's not fully understood yet why our heart disease progress became anemic. But the other thing that happened was that for three causes of death, mortality rates started to rise very rapidly, and those were for drug overdose, for suicide, and for alcoholic liver disease.

And in this picture I've now divided up each one of these causes of death between the risk borne by people with a BA or more-- that's the blue lines-- or people with less than a BA. And you can see that this really market increase was happening for people without a bachelors degree. We tend to bend these things together-- drugs and suicide and alcohol-- in part because it's hard for a medical examiner sometimes to know what the intent was. Was it accidental or was it purposeful? And we also bend them together because we think of them all as being signs of great despair.

Suicide, obviously, that's by one's own hand. But drugs and alcohol also being something that people turn to when there is a great deal of despair. What we find, and what we document in our book, is that this dividing line between people with and without a four year college degree is a meaningful dividing line not just for death but also for a lot of social dysfunction. A lack of labor force attachment, reduction in marriage rates, an increase in out of wedlock childbearing. A lot of pain that people report now.

So what started as a divide that we took up because it's actually on the death certificate education turned out to be a very meaningful divide for a lot of life

coming apart for this group of people. Now this picture that I was showing you was just for one age group, people aged 45 to 54, between the early 1990s and the 20 teens. But we see that same thing happen for every five year age group. For people aged 25 to 29 in the upper left hand corner here, 60 to 64 in the middle right corner, and it's beginning to bleed into the early elderly here, ages 65 to 69.

We had sort of hoped that what we might see happen is that when people hit retirement age and became eligible for Medicare and received their social security that maybe these dysfunctions would disappear. But instead what we're seeing is these birth cohorts are taking this with them into old age. There were 158,000 deaths in 2018 from drugs, alcohol, and suicide in the US, up from 65,000 in 1995.

So obviously this is less than the number of deaths that we are seeing in the COVID epidemic. But unfortunately, unlike COVID where we can hope that there may be a vaccine or there may be treatments that are helpful in keeping the death rates down, we don't see any reason to believe that these sources of death will in any way suddenly, magically, be reduced.

Instead of looking up by age group, it's sometimes more useful to look at it by birth cohort. So the blue line at the bottom right here tells you what the risk is of dying from one of-- what we came to call, as a shorthand, deaths of despair, between their mid-late 40s and their mid-70s. And it's pretty constant over the period in which we observe them. The same is more or less true for the cohort of 1945. But when you look at people born in 1950, at any given age, they're at higher risk of dying from drugs, alcohol, suicide.

The cohort of 55, higher still. 60, higher still. And I've drawn this little arrow in here so that you can see this yawning gap between what was true for people born in 1945 when they were in their mid 40s and people born in 1970. That was for people without a BA. If you compare it to people with a bachelor's degree, it looks like they belong in different universes. There's a little bit of action here for the birth cohorts born in 1980 and 1985 with a BA or more. But it's absolutely dwarfed by what you see for people without a bachelors degree.

Now, all of this took us back to Durkheim and Durkheim writing about suicide in 1897. And Durkheim wrote about social integration and social regulation. And

talked about the fact that suicide seems more likely at times of great upheaval. And we think-- that for us was very helpful in thinking about what is happening now. Now what do we know about these people who are dying? One thing we know is that it's geographically widespread.

Every US state saw increases in each of these causes of death between 2000 and 2018. So it's not as if it's just the Rust Belt or it's just a problem along the Eastern seaboard. This is happening everywhere. And it's happening to men and to women. So a lot of the news write-ups of our work, the write-up will be fine but the headline writer would write about white men dying. And indeed white men are dying with less than a bachelor's degree. But white women without a bachelor's degree, the increase between 2000 and the late teens is almost identical.

We think the headline writers might not have imagined that women would kill themselves in these ways. And if you go back far enough in the day, they didn't. But that changed.

Oh, this is to remind me to ask you, can you find the Great Recession in this picture? Right, the financial crisis of 2008. What we see is that deaths of despair were rising before the Great Recession, they rose during the Great Recession, they're rising after the Great Recession. And indeed, what we found when we dug into what was going on was the [INAUDIBLE] current economic conditions really cannot explain these increases in deaths. So we think it's something that's actually much older, much deeper, that's playing out over a very long period of time.

Underneath these mortality patterns we document in the book, increases in pain and then social isolation and poor mental health. But that's happening only among those with less than a college degree. Now, with pain, which is by its nature self-reported, and social isolation and mental health, all self-reported, they're much easier to dismiss. But when you combine them with what's happening with these increases in mortality, they fit into a bigger picture of despair.

What do we turn to when we're trying to see why we think this has happened? And we think one of the major routes is long term labor market decline for people with less education. So if you just look at men of the prime-age, 25 to 54, with less than a college degree. If you look at their median wages-- so these are wages at the

middle of the distribution. And you'll see what happened to those median wages between 1979 and just before the COVID epidemic. It's been on a long term trend downward.

Now it goes up and down a little bit with the business cycle. And indeed this last increase here after the end of the financial crisis got a lot of attention. Wow, wages are going up again for less skilled workers. You can see that it's nowhere near what it was in 2000, which is nowhere near what it was in 1980. And at the same time, attachment to the labor market has changed as well. If you use the employment to population ratio, so this is literally the number of men aged 25 to 54 employed relative to their size in the population, you can also see that's been on a long term downward trend.

These little red lines tell you about recession years. So people lose their jobs during recessions, then they climb back up and find jobs, then a recession hits and they lose their jobs again. And they climb back up but they never reach the last peak of the employment to population ratio that they were on prior to the last recession. So there is a real ratcheting downward here in attachment to the labor market.

There's little wage change within a job. So the loss of wages in the lower labor force participation come from losing and replacing jobs. And many of those replaced jobs are worse. Many of them are in outsourced companies in transport, security, food services. And we'll come back to that in just a minute here. But in those outsourced jobs, there's much less commitment between either the employer or the employee.

They have less meaning. It's harder to see it as part of the good life. Even low skilled workers could think of themselves or see themselves as belonging to a larger company. But that's not the case when I'm working for Integrity Staffing Solutions and then that Amazon fulfillment center.

Now, there are Amazon employees who are working side-by-side with me. We know the difference between us because of the color of our badges. But my job is much more tenuous, my benefits are much more tenuous. So we think these outsourced jobs leave people with much less sense of self, of meaning, of status that comes from work.

We see it less as being the loss of material well-being and more about status. It's

also the case that without a good job, working class people have decided they cannot get married. They can't get married until one of them has a good job so they cohabit. But unlike Europe, where those cohabitations tend to be quite stable, in the US, those cohabitations tend to be very fragile.

We might have children together, or a child together, then we split up, re-partner. The father of my first child may not spend much time with the child because he's in a new relationship with the new kid. And so what we see is then fragility at work, fragility in home life, and a real loss of community.

And in the book, what we argue is that this has serious parallels with what happened to the African-American community in the late 1960s and in the 1970s. That when manufacturing pulled out of inner cities and took the jobs with them, it was at that point that marriage rates fell, that out of wedlock childbearing increased very dramatically, and ultimately there was a crack epidemic.

Now, the parallels are obviously not perfect. Whites do not face the same kind of covert or overt racism that blacks face. But we have the sense that the wheel came around the first time for African-American jobs-- the wheel has come around again this time for less skilled whites.

So what happened to that sleeper market? Well, it was weakened by globalization and automation. But that's true in every rich country and we haven't seen deaths of despair rise in the rich countries of Europe. So what's different about the US? We actually argue there are a couple of things going on. The first is that we lost control of heavy duty opioids in this country. And that that's sort of symbolic of what happened in the health care system more generally.

The despair, we argue in the book, preceded the opioids. So drug and alcohol and suicide mortality rates were rising before the arrival of Oxycontin, which is basically heroin in a pill form with an FDA label on it. But certainly the prescription opioid crisis made this much more horrific. We think the opioids landed on fertile soil. Landed on people who are looking for ways to check out and that pharma actually targeted these people. They sent their marketers out to the parts of the country that they thought the demand would be high for these heavy duty opioids.

What else is different about the US? Well, the health care industry. Health care is the

most expensive in the world. On many metrics, Americans have the worst health in the rich world. We argue in the book that life expectancy fell in the US not in spite of what we spend on health care but because of what we spend on health care. And if you look at a comparison with other rich countries over the period between 1970 and 2015, you'd get a real sense of where the US is relative to the rest of the rich world.

So if you graphed health care expenditure per person from 1970 to 2015-- 1970 is always going to be the lower left corner and 2015 the upper right. If you graph this against life expectancy at birth, this is what it looks like in the UK. This is what it looks like in Australia, same neighborhood. Canada, a little more expensive, but still right with the others. France, the same. Switzerland is more expensive than the others and we make comparisons in the book to the Swiss because they are the next most expensive system.

But if you look at the Swiss relative to the US, here's the US between 1970 and 1982. You can see that we're much more expensive than, say, the UK and we don't have much to show for it in terms of life expectancy. That gets worse. Here's what it looks like between 1982 and 1990. And this is what it looks like by 2015. So we are stunningly different. Our health care industry has become incredibly powerful and calls the tombs.

How much bigger is it than the rest of the world? Well for us it's almost $1.05 goes to the health care industry now. The Swiss are the next highest at 12% of their GDP. Now, the Swiss live five years longer on average than Americans live, but the difference in spending, this 5.4% of GDP, is more than a trillion dollars a year. That's more than $8,300 a household. And that's just the excess spending. That's half, again, as much as we spend on the entire military in the US.

And this comes-- has to come out of somewhere. So where does it come out of? Wages, comes out of profits, it comes out of taxes. People know that the health care insurance that they have is complicated but they may think that their employer provided health care insurance is a gift. But that gift is being deducted in part or in whole from what would be their paycheck. Lower wages we can actually-- much of the decline can be matched to the increase in health insurance premia that

employees must pay.

And firms facing their share of a $21,000 a year premium, which was the average in 2019 for a family policy, they decide to outsource those jobs because the low skilled worker is not worth spending that kind of money on. So they decide they'll just not have those jobs in-house anymore. These premiums don't vary very much by what the worker earns. So it's like a poll tax. It's actually-- it's like raising the minimum wage where there's an enormous amount that's been written and a lot of discussion. Well, the minimum wage goes up, maybe that's actually going to reduce employment among low skilled workers.

But very little has been written on the fact that these premia could be holding down employment among low skilled workers. We argue that financing health care in this way takes a wrecking ball to the low skilled labor market in the US. And it's also the case that US governments have to pay their share of Medicaid, which leaves less for them to spend on schools, on state university systems, on infrastructure. And Medicaid was-- went from 20.5% of state spending in 2008 to nearly 29% in 2019. So it's denying us, it's depriving us, of these things that the states would have been providing in the past.

So what to do here? In the book, we talk about the future of capitalism. We didn't title it the failure of capitalism because we actually believe that it needs to be fixed, not abandoned. It needs to be made fairer. And we think health care reform is central to this. But this is an injury the US is inflicting on itself, being one of the only rich countries in which we tie health care insurance to employment.

Now, the health care industry is very powerful. They have five health care lobbyists for every member of Congress. What we hope is that if there is any silver lining to this horrible COVID epidemic, is it possibly-- it may give us an opportunity to start a real discussion about change in the way health care is financed and the cost of health care.

As millions of people fall sick, as they begin to get bills they cannot pay, instead of shrugging their shoulders and saying, it's complicated, but I don't really want to tangle with it. Maybe the discussion will move from it just being something that people on the far left of center talk about to something that people way up the

distribution really begin to talk about. And we might be able to think about change.

More generally in the book we talk about the rise of corporate lobbying and the decline of unions, which no longer is able to protect workers and raise their concerns in Washington. And as the old saying goes, if you are not at the table, you're on the menu. So that was a very quick trip through the highlights of the book and I am going to stop talking and turn it over to my co-author to start answering questions.

ANGUS DEATON: I'll do my best. [INAUDIBLE]

ANNE CASE: I think John's going to--

JOHN TIRMAN: Did you want me to--

ANNE CASE: Curate it.

JOHN TIRMAN: Ask the questions? Yeah.

ANNE CASE: That would be great.

JOHN TIRMAN: Yes. First one is, what institutions or individuals will lead change of the kind you hope for? Government, civic institutions, grassroots organizations. Where's it going to come from?

ANGUS DEATON: I think it's going to have to come from the grassroots. I mean, one of the things we've been thinking about and talking about is that you've got this incredibly well-defended industry, the health care industry-- and we could also talk about big tech and all that sort of thing-- but they're very, very well protected in Washington. And we wonder whether the COVID epidemic might be an opportunity for change in which people get very upset about the performance in the health care system.

And we don't know the answer to that yet but you could have very large numbers of people left with bills that they can't pay, we really haven't seen that yet. You know, there were supposed to be protection for that from Congress but it's not clear it's really going to work and there seems to be a very wide diversity of ways in which people would be charged or having to pay for these things. So there's going to be a

reckoning at the end of that and that might really promote change.

I think a lot depends on the behavior of the industry. Will pharma produce a vaccine? Will it be available cheaply? All that sort of stuff. But I think it's a very volatile situation and maybe change will come from that. We're not very keen on rolling back capitalism and replacing it by some sort of control of the means of production by the state, for example. So I think that would not be great [INAUDIBLE].

JOHN TIRMAN: Here's a question that's sort of the related to the first one. Do you feel that the decline of civic and public commons-- libraries, parks, good schools for kids, social services, and so on-- is leading to this excess mortality?

ANGUS DEATON: Well, not straightforwardly. I mean, we're talking about-- there's been this decline pretty generally in some things. There's a lot of discussion in the decline in our public health system, for example, during the present crisis. But yes, in the sense that we feel that working class communities are not what they once were. And that-- you always have to keep in mind this BA versus non-BA distinction and some of these dysfunctions are happening in those communities and there's a lot going on.

So the declining labor force participation, the declining marriage rates-- we've got pictures of those, which we didn't really show today. You know, people in their 50s who've had kids that they don't know them anymore because the kids are living with other people. So there's a lot of social destruction going on and certainly that's a part of it.

ANNE CASE: And union halls.

ANGUS DEATON: And union halls, as Anne's pointing out. In Bob Putnam's book, *Bowling Alone,* the guy who's Bowling Alone is in an union hall. And presumably nowadays, the union hall doesn't exist anymore. So yes, I think that's all part of the story but we don't think of it so much as that cause as part of the unraveling that's going on.

JOHN TIRMAN: Another question. You said that we do not see this pattern of increased mortality among working class Hispanics or African-Americans. That seems perhaps counterintuitive to what one might expect. Could you elaborate on why this is?

ANGUS DEATON: Well, we spent a lot of time wrestling with that. And you know-- first of all, there's a sort of bolded line in the presentation that Anne talked about. To some extent,

African-American communities went through this already. So the first wave of globalization destroyed a lot of inner city industries where African-Americans who migrated from the south were working and there was a lot of social destruction and drug addiction and so on there.

And so in some sense what you could say is, OK, capitalism has now come for the next rung of people, who are the less educated white people, having already dealt with the least educated people, which in many cases were blacks from the south. So it's not that blacks escaped, it's just they got it first in the current statistics. But what you do see is that there's-- African-American mortality is higher than white mortality has ever been since we [INAUDIBLE] statistics. From the 90s through to about 2010, there was a lot of catch up.

But then what's happened is the black mortality rates are now going up along with the white mortality rates again, but once again, for blacks without a BA. And what seems to have happened is the drug epidemic has found its way into the inner cities, especially fentanyl, and there's been an upsurge of deaths among working class blacks and working class Hispanics, which are now following the mortality line tracking along with what's happening to less educated whites. So if they had a reprieve, it was because they'd been hit before and that reprieve was only temporary.

JOHN TIRMAN: What is the role of universities as a [INAUDIBLE] of this BA or non-BA distinction that seems so deterministic of success in our current society? And producing elites that seem to have captured our political system. What's the role of the universities?

ANGUS DEATON: Well, I think it's broader than just the universities. I mean, one of the things that really is extraordinary is the extent to which we spend all this money on education. From K--

ANNE CASE: Pre-K.

ANGUS DEATON: Pre-K through universities. And only 30% of the people are going to college and yet this whole system is geared to send people to college and universities, to getting four year degrees, and that seems a very wasteful system. And I think we certainly need-- not the abolition of universities. But we need a range of institutions which

allow people paths of social esteem that don't involve necessarily going to a four year college.

I mean, that said, we're not against people going to four year colleges. The fact that not so many people have been going more recently has a lot to do with rising costs, we think, and availability of places. But it's clear that the educational system is not serving us, or not serving the majority of the people, very well right now.

JOHN TIRMAN: Will Medicare for all be the answer?

ANGUS DEATON: We've tried to avoid endorsing any particular health care reform. And, you know, because if you say well Medicare for all is the answer, then you immediately take a political stance which can be divisive among some people. I mean, the truth is that there are a lot of other systems around the world and none of them are as bad as ours. We have seen, in a way, the worst of all possible worlds. And we could adopt the Dutch system, for instance, or the Australian system, or--

ANNE CASE: The Taiwanese.

ANGUS DEATON: The Taiwanese system. Probably not the British system, where the doctors are employed by the state. It's hard to believe that Americans would really like that. But the key here is that we got to get costs under control and we've got to cover everyone. So it's very hard to see how you'd do that without more state intervention than is done now. And all these other systems do that in one way or another.

We've got to have death panels, I'm afraid. You know, [INAUDIBLE] all that. But you can't just let the doctors write their own tickets, or the hospitals write their own tickets, for any treatment, whether it works or doesn't work. And just make a lot of people rich on the back of everybody else. This is a horrible system. We can't allow that to happen. And that does involve controls.

ANNE CASE: If I can just--

ANGUS DEATON: Of course.

ANNE CASE: Lay in here. So in the Democratic debates, it was a lot of talk about coverage. We think we would argue that coverage is a lot easier if we could get costs under

control. And the coverage is definitely important, but it's the cost of this which is eating the working class labor market from the inside out. And what we'd really like people to do is to begin to connect the dots between what's happening to working class life and the money being funneled up to very wealthy pharma, device manufacturers, hospitals.

ANGUS DEATON: And we're a little concerned that too much of the debate is-- well, it's not that we're against coverage. Of course we're not against coverage. But it's that all the debate seems to be coverage and not enough about cost control. And Obamacare covered a lot of people who wouldn't otherwise be covered but it did so by basically paying ransoms to the producers. And so to get them onside, which is probably necessary to make it happen, they all got bought off. And that didn't do much to control costs.

JOHN TIRMAN: On that same topic-- the coronavirus has seemed to expose the weakness of employer based health care, even more so than before. Is there some way to reform that in the short term? I mean, we're looking at a crisis in health care due to the virus that is probably going to go on for another year, at least. Is there some way to address that in the short term that would also address some of these other issues?

[INTERPOSING VOICES]

ANGUS DEATON: If you're talking about over the next year, that seems unlikely. I mean, in the political chaos we're in right now, it's just hard to see how that could conceivably be negotiated. If we could-- one simple change, which is not enough, would be to have employers pay a fraction of the wage bill as their contribution to health care costs rather than on a per employee basis, right?

Because that effectively means that it stops being a poll tax. It stops being a fixed cost for each person. I mean, in the long run, funding this through value added tax, for instance, would be a terrific idea. But, you know, it's very hard to be sanguine about American politics right now. And it's not as if a lot of us think, OK, great, these things will resolve themselves if we manage to make Donald Trump go away.

But that's just not true. I mean these problems long predate Donald Trump. They more caused Donald Trump than are caused by Donald Trump. And whoever the president is, these issues are going to be faced, and there's just incredible amount

of rent seeking going on by very wealthy people and they're very well protected. So, you know.

ANNE CASE: The reason we tie it-- our health insurance to our employers-- is this really an historic accident. But my friends on the right like to argue that, well, they like it that way because they think it encourages people to go find a job. So there are--

ANGUS DEATON: While neglecting the fact that it destroys jobs.

ANNE CASE: Yes. So there is going to be quite a lot of push back against ideas to try to remove it from employment from at least one part of the popular-- the voting populace.

ANGUS DEATON: But as you said, COVID has exposed an angle to this that we haven't really thought about, which is-- there was a mass layoff of people, then lose their health insurance at the same time. And that obviously didn't happen in other countries.

JOHN TIRMAN: Here's an interesting question. Do you think that the 1970s and 80s birth cohorts are so dramatically worse off than the 40s cohort? Because in part, the later cohorts see how much worse off economically and socially than they are compared with their parents.

ANGUS DEATON: I think that's true for the working class jobs that exist that-- sorry, the working class jobs that existed immediately after the Second World War, the blue collar aristocrats, I recall. Those jobs just don't really exist anymore. And so, you know, the steady progress that my generation saw where we just routinely expected to be better off than our parents.

Unless we really screwed up somehow, we were. And now it's much, much more divided so that parents of my generation and their children and grandchildren are looking at a much harsher world. And they're quite likely to be much worse off than their parents. Especially those that don't get a four year university degree.

ANNE CASE: It's also sadly the case that those birth cohorts of '70, '75, '80 are the children of the birth cohorts of '50--

ANGUS DEATON: '45.

ANNE CASE: '55, '60. And so the dysfunction-- you know, if you lost your mom, either through drugs or suicide, then your life chances are diminished as well. So we think that that's possibly also part of the reason there's almost like this rotation in the risk with age of dying from one of these things is partly that this is going to echo down the generations.

ANGUS DEATON: And, you know, if we talk about 158,000 people a year dying of deaths of despair-- and it will be higher in 2019 for sure. But a lot of people who don't die, even though they're addicted or have substance abuse disorders it's called, and there are kids of these people. And so that's something we've only seen sort of in the present and the past but it's clearly an enormous problem.

JOHN TIRMAN: How much is the distinction between the US and elsewhere at least partly a consequence of a lack of middle options between BA and non-BA? Such as Germany, where employer funded advanced technical education is common.

ANGUS DEATON: We think that's-- we suspect that's a big issue. We don't have any very direct evidence towards that but I think there's a lot of stuff coming out just over the last year or so on the failures of meritocracy, one way or another. And a lot of it is that gap that's left between social esteem and good jobs that come with a four year degree and the lack of those things for people who don't. One of the things that is very striking about Germany is that you get people we know-- academics, economists in Germany-- who are our age and younger. And their kids decide they don't want to go to college. They want to go and be an apprentice somewhere and do something.

And those are fully respectable jobs. And their parents are proud of telling you about them taking those jobs. You know, which in the US is almost a little bit of shame face. If you'd say, well, Joe decided he didn't need to go to college. Then it's a bit like saying, well, you know, Joe's got a disease or something. It's real problematic. And I don't think that's true in Germany. I don't know how we get from here to there, though.

JOHN TIRMAN: What is the connection between people who are suffering in the ways you describe and their political affiliation? And views on the role of government, specifically? Recently, the sociologist Arlie Hochschild spent time in Louisiana exploring the

reasons for the political divide in our country. She observed, for example, that people who have high cancer rates and that families, because of industrial pollution, often don't want government intervention in the form of environmental protections. Have you weighed these kinds of things?

ANGUS DEATON: You know, we read her book early on and she was kind enough to review our book very nicely. And there's a fair amount of literature along those lines. And it all feeds into, why did people vote for Donald Trump? And I don't think people voted for Donald Trump because they thought he was going to be their savior, though I'm sure some did. But you know, they had not-- the previous-- many years before that those people had not done very well and government was not doing very much for them.

And so authors, including Arlie Hochschild, in her book she talks about people cutting in line. And there's quite a literature. Andy Terlin at Hopkins and the most recent book by Isabel Wilkerson, for instance, on cast talking about how this white working class, who's had this white privilege for 100 years, and it's been so taken for granted and so ingrained that it's become invisible. And when they see African-Americans and other people doing well, this withdrawal of white privilege seems to them like oppression. There's a big push back against that and that comes through in all these books in one way or another.

One of the things we've been working on right now is if you actually look at life expectancy between 25 and 74, for instance, that span, if you go back to 1990, the huge gaps were racial gaps. Big, big gaps, even if you condition that education. Whereas none of the big gaps are education gaps. And blacks with BAs are much closer to whites with BAs than they are for blacks without a BA. So it's not that-- there's been no crossover. Educated people still live longer than less educated people and whites live longer than blacks.

But these giant racial gaps have shrunk and educational gaps have become much, much larger. And I think that's a really important thing that's going on in society. It's not that class is replacing race. But the balance is getting much more balanced.

ANNE CASE: Can I just say a couple of things, though? So white working class people found themselves without a party. So the Democratic party after about 1968 kind of

reformed itself to being a party of the cultural elite and minorities. And the Republican Party continued to be the Main Street party. And that left the white working class without a voice. And I think that part of the can you hear me now election of 2016 was about the fact that people felt really frustrated and they saw one lever and they pulled that lever.

ANGUS DEATON: And that's still true. It's still a huge problem for the Democratic party. It's a sort of alliance between the educated elite and minorities. And where does that leave the White working class?

JOHN TIRMAN: Here's a different question. Can you speak to the OECD metric of number of years of good health? Lack of substantial infirmity in retirement. The US again comes out poorly in that comparison. So it's a quality of life question, not just mortality.

ANGUS DEATON: Right. Well that's something we talk a lot-- we don't actually use that particular measure. And also, you know, for our analysis it's still true that the elderly are doing pretty well. If you look back or think back on the cohort graph that Anne showed, the graph that said it's happening to everyone, it's happening much worse to young people than it is old people. Though these middle aged people who are moving into old age is beginning to happen in the youngest elderly.

So the elderly-- and you know this-- most of these things about years of free of mobility and so on are really focusing on the elderly. Whereas what we're seeing is this big increase in mobility in midlife. We have a paper that came out just a couple of weeks ago in the proceedings of the National Academy of Sciences on pain. And if you look at the US-- now this absolutely astonishing thing, which is if you plot pain against age, pain is higher at age 50 than it is at age 70.

And of course that's not because-- for those of us who are in our 70s-- we know very well that pain goes up with age. So there's something wrong there. And what it is, it's these younger birth cohorts have been in more pain throughout their lives. So there's this big increase in pain generation by generation. And it's not just pain, or at least that's many kinds of pain-- back pain, neck pain, face pain, sciatica.

But it's also disability, it's also an ability to socialize with other people. There's just a lot of stuff going on that's really not good. And you don't see that in other countries. I mean, if you plot pain against age in Europe, it goes straight up, the way it's

supposed to.

JOHN TIRMAN: Last question. It comes from me. And that is, your book has been very favorably reviewed, to say the least, and is a best seller. The New York Times and other lists. Do you feel like political elites are listening to you?

ANGUS DEATON: A really good question. We should both give our take on that.

ANNE CASE: Yeah.

ANGUS DEATON: We-- we published it about the worst possible time. It was published on March 17. So in the teeth of the beginning of a pandemic is not a great time. And so a lot of the publicity that was rolling-- the *Washington Post* sent a film team and spent the day filming an interview. That stuff's never been shown and probably never will be.

So we've been pleased with the reaction. We do talk to politicians, people pick this up. You know, the book is selling fairly steadily and we believe it's got legs. But who knows? And the coronavirus is certainly going to change a lot of things. Perhaps, in the end, for the better if it exposes some of these obvious ploys. But when you're talking about politics, it's really hard.

JOHN TIRMAN: It is hard. But you've made an enormous contribution to political discourse, and I hope political solutions, and--

ANGUS DEATON: Thank you very much.

JOHN TIRMAN: We thank you for this very informative hour. Thank you to our audience that stuck with us. And I'm going to apologize for not being able to get to all your questions. But don't let that discourage you. Come back another time. And thank you everyone.

ANNE CASE: Thank you so much, John. What a pleasure.

[INTERPOSING VOICES]

ANGUS DEATON: OK. Bye bye.

JOHN TIRMAN: Bye.

[MUSIC PLAYING]