

## PREFACE TO THE PAPERBACK

The hardcover edition of *Deaths of Despair* was published on March 17, 2020, four days after President Trump declared the COVID-19 outbreak a national emergency, in a week that saw states and municipalities begin to issue stay-at-home orders to protect citizens from the spread of the coronavirus. When researching and writing *Deaths of Despair*, we did not anticipate that the planet would be overtaken by a deadly virus, much less that the US would lead the world in deaths from it. But long before the arrival of COVID-19, the lives of Americans without a college degree had been disintegrating, with deaths from suicide, drug overdose, and alcoholic liver disease rising year on year. This book is about that other epidemic, one that began to take lives in the early 1990s, killing 158,000 Americans a year by 2018. As we write this preface, in September 2020, there have been 200,000 deaths officially attributed to COVID, though this is almost certainly an underestimate and will certainly rise by the end of the year.

Although far from identical, the patterns of death in the two epidemics have much in common. Death from drugs, suicide, and alcohol pose the greatest risk to less-educated Americans, and almost all of the increase in these deaths since the mid-1990s is among people without a four-year college degree. We will not know for some time, perhaps not until the end of 2021, about the educational status of those who have died from the virus, but it is already clear that less-educated people face higher risk of infection. In June 2020, the Bureau of Labor Statistics calculated that more than a third of those with a high school degree but no college were “highly exposed” by their occupation, as opposed to a fifth of those with a bachelor’s degree.<sup>1</sup> Many highly educated people are working from home and face little risk of losing their jobs. In

June 2020, 75 percent of those using computers to work remotely because of the pandemic have a bachelor's or more advanced degree, greater than twice their share in the population.<sup>2</sup> At the same time, less-educated Americans are more likely to use public transportation and to live in crowded quarters.

It is already clear that the pandemic is having a much larger negative effect on the earnings and employment of less-educated Americans, further accentuating the gap between those with and without a college degree. Many less-educated Americans work in retail, food preparation, cleaning and security services, and transportation—many of which are small businesses that have closed and may not reopen.<sup>3</sup> High-tech businesses have prospered relative to the rest of the economy, and these firms employ few workers relative to their size. Meanwhile, professionals have lost little in the way of earnings and have seen their stock and retirement portfolios rise to record levels. The gap between those with and without a four-year degree, which is a constant theme in the book, is widening still further in the pandemic.

There are also major differences between the epidemics. Deaths of despair have been concentrated among young and midlife adults, with later-born birth cohorts at ever-higher risk than those born earlier in the twentieth century. COVID deaths have disproportionately hit the elderly. Deaths of despair are more concentrated in white non-Hispanics, although, after 2013, drug mortality in the black community began to rise with the arrival of street fentanyl, an opioid many times more powerful than heroin. COVID deaths have disproportionately hit African Americans. COVID is a worldwide pandemic, affecting rich and poor countries, while deaths of despair, although not exclusively American, are much more serious in the US than in other rich countries.

There has been some speculation that the COVID epidemic, or the lockdowns that have accompanied it, will lead to further deaths of despair. There are media reports of increased use of suicide hotlines, some local reports of increases in suicides, as well as an increase in mental health problems, including suicidal ideation.<sup>4</sup> People are reportedly having difficulty accessing routine addiction treatment during the pandemic, and most twelve-step meetings have been closed or moved

online. Again, we will not have a full accounting for some time. In 2018, there were 158,000 deaths of despair, the same number as in 2017, the latest year covered in the book. Overdose deaths were down somewhat from 2017, but suicide and alcohol-related deaths were up. Preliminary data for 2019 suggest that drug deaths have resumed their upward trend,<sup>5</sup> and information on drug overdoses treated in emergency rooms suggest that this trend continued into 2020 before the epidemic.<sup>6</sup> As a result, there will likely be more drug deaths in 2020 than in 2019, even if the pandemic itself has no direct effect.

There have also been suggestions that the economic recession induced to deal with the pandemic will spur suicides, as has been the case in some recessions in the past. That is certainly possible, and social isolation also brings a risk of suicide. But evidence from the most recent recession, the Great Recession after the financial crisis of 2008, provides no support for any automatic link. As we document in chapter 10, deaths of despair were rising before the recession, they rose during the recession, and they rose after the recession; there is no sign of the recession in the mortality numbers. Even so, the current recession is different. No previous downturns brought social distancing nor fear of infection, so they may be a poor guide to what is happening today.

The US health-care system is deeply involved in both epidemics, albeit in different ways. In what follows, we argue that this structure, because it is so expensive, and because so much of it is funded through employment, has effectively taken a wrecking ball to the job market for less-educated Americans. Pharmaceutical companies and distributors made immense profits by manufacturing and distributing highly addictive drugs, essentially legalized heroin. In the COVID pandemic, the fact that we tie health insurance to employers has left us with a different kind of disaster: tens of millions of people lost their insurance when they lost their jobs, without any guarantee of alternative coverage. Even those who have health insurance can find themselves at risk for financial ruin if they become ill from COVID or from any other cause.

In the first six months of the COVID epidemic, health-care lobbyists succeeded in weakening price restrictions should a vaccine be found.<sup>7</sup> Both epidemics highlight the inadequacies of the public health system

and Americans' distrust of their government. Many less-skilled workers believe the system is rigged against them and have lost hope of a better life, leading them to find comfort in drugs and alcohol. In the COVID epidemic, pronouncements on the importance of wearing a mask and social distancing were met with skepticism by many, because they were seen as decrees coming down from a government they do not trust. In early August, Gallup reported that more than a third of Americans said that they would refuse to accept an FDA-approved free vaccination.<sup>8</sup>

We can hope that, within a few years at the outside, COVID deaths may be contained by treatments and vaccines. But there will be no vaccine for those at risk of losing their lives to drugs, alcohol, or suicide. The development of vaccines and treatments is difficult enough, but harder still is the implementation of reforms in the way that American capitalism works, reforms that will make it work for everyone, not just an educated elite.

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Princeton, August 2020

## Notes

1. Bureau of Labor Statistics, 2020, "Demographics, earnings, and family characteristics of workers in sectors initially affected by COVID-19 shutdowns," *Monthly Labor Review*, June, <https://www.bls.gov/opub/mlr/2020/article/demographics-earnings-and-family-characteristics-of-workers-in-sectors-initially-affected-by-covid-19-shutdowns.htm>.

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3. David Autor and Elisabeth Reynolds, 2020, *The nature of work after the COVID crisis: Too few low-wage jobs*, The Hamilton Project, July, [https://www.brookings.edu/wp-content/uploads/2020/08/AutorReynolds\\_LO\\_FINAL.pdf](https://www.brookings.edu/wp-content/uploads/2020/08/AutorReynolds_LO_FINAL.pdf).

4. Centers for Disease Control and Prevention, 2020, "Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, June 24–30, 2020," *Morbidity and Mortality Weekly Report*, August 14, [https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s\\_cid=mm6932a1\\_e&deliveryName=USCDC\\_921-DM35222](https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s_cid=mm6932a1_e&deliveryName=USCDC_921-DM35222).

5. Centers for Disease Control and Prevention, 2020, "Provisional Drug Overdose Death Counts," *National Center for Health Statistics*, <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

6. Aliese Alter and Christopher Yeager, 2020, "COVID-19 impact on US national overdose crisis," Overdose Detection Mapping Application Program, <http://www.odmap.org/Content/docs/news/2020/ODMAP-Report-June-2020.pdf>.

7. <https://www.politico.com/news/2020/03/05/coronavirus-drug-industry-prices-122412>

8. Shannon Mullen O'Keefe, 2020, "One in three Americans would not get COVID-19 vaccine," Gallup, August 7, <https://news.gallup.com/poll/317018/one-three-americans-not-covid-vaccine.aspx>.

