Published on *Adam Smith Institute* (http://www.adamsmith.org)

And in the dust be equal made ? [1]

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A *New York Times* article by Robert Pearreports [3] on a US government research finding that the there is an widening socio-economic disparity in life expectancy, as well as in income levels. Not only has the income gap been widening, but the number of years that affluent people can expect to live is moving further ahead than those expected by poorer people. Tim Worstall discusses [4] the findings on his own site.

The trend has happened despite federal attempts to narrow the gap. It has widened between income groups, social classes and ethnic divisions. In two decades the gap between top and bottom had widened from 2.8 years to 4.5 years.

> *The gaps have been increasing despite efforts by the federal government to reduce them. One of the top goals of "Healthy People 2010," an official statement of national health objectives issued in 2000, is to ?eliminate health disparities among different segments of the population," including higher- and lower-income groups and people of different racial and ethnic background.*

Several possible reasons are advanced as possible explanations for the widening gap. Richer, better educated people are more likely to know about and take advantage of the latest discoveries in the treatment of cancer and heart disease. They are less likely to smoke, and more likely to have regular check-ups and screenings. More of them are covered by health insurance, and they are more likely to be well-informed about the importance of diet, exercise and healthy lifestyles.

Tim asks whether anyone thinks gains in life expectancy by the affluent are a bad thing because they increase inequality. Some people express the view that general gains in affluence are bad if their corollary is greater inequality of income. Do they take a similar view on life expectancy? There's a different view, though. In many areas, including education, some experts claim that the easiest way to improve the average is to pull the tail up; that is, to concentrate on improving the standard of those at the bottom. It is at least plausible that the same might be true of life expectancy, and that if the poor can be encouraged and enabled to take the positive actions which the affluent have been doing, the general average will be raised more readily. A general increase in healthy life expectancy seems a worthier goal than greater equality in this area.

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