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AN EPIDEMIC OF CHRONIC ILLNESS IS KILLING US TOO SOON

By Jim Hamilton, Dan Keating, Lena McGinnis, Micah Ziegler and John Schwartz

July 7, 2022 at 6:00 a.m.

The United States is falling at a fundamental mission — keeping people alive.

After decades of progress, life expectancy — long regarded as a singular benchmark of a nation's success — peaked in 2014 at 78.9 years, then drifted downward even before the coronavirus pandemic. Among wealthy nations, the United States is recent decades went from the middle of the pack to being an outlier. And it continues to fall further and further behind.

A year-long Washington Post examination reveals that this erosion in life spans is deeper and broader than widely recognized, afflicting a far-reaching swath of the United States.

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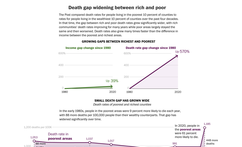
While suicide and gun violence have rightly seized the public's attention, sending hundreds of thousands of lives, drug overdose deaths are the greatest threat, killing far more people between 35 and 54 every year. The Post's analysis of mortality data found.

Heart disease and cancer remained, even at the height of the pandemic, the leading causes of death for people 35 to 64. And many other conditions — private tragedies that unfold in tens of millions of U.S. households — have become more common, including diabetes and liver disease. Rates of mental illness have soared, and the primary reason life expectancy has been poor compared with other nations.

U.S. life expectancy is falling behind peer countries

Peer countries



(Compare your life expectancy with others around the world)

Sickness and death are scarring entire communities in much of the country. The geographical footprint of early death is vast: In a quarter of the nation's counties, mostly in the South and Midwest, working-age people are dying at a higher rate than 40 years ago, The Post found. The trail of death is so prevalent that a person could go from Virginia to Louisiana and then to Texas, by traveling entirely within counties where death rates are higher than they were when Jimmy Carter was president.

Where adults in their prime are dying

Deaths of adults 25 to 64 are concentrated within clear clusters in Kentucky, Appalachia, the Mississippi Delta and parts of the Midwest. In most counties where death rates have worsened, life expectancy is now lower than it was when Jimmy Carter was president, according to a Post analysis.

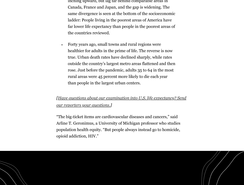
Note: Age-adjusted death rates by counties for 2015-2019.
Source: Centers for Disease Control and Prevention

This phenomenon is exacerbated by the country's economic, political and racial divides. America is increasingly a country of haves and have-nots, measured not just by bank accounts and property values but also by vital signs and grave markers. Dying prematurely, The Post found, has become the most telling measure of the nation's growing inequality.

The mortality crisis did not flare overnight. It has developed over decades, with early deaths an ominous manifestation of an underlying deterioration of health and a failure of the health system to respond. Covid highlighted this for all the world to see: It killed far more people per capita in the United States than in any other wealthy nation.

Death gap widening between rich and poor

The Post compared death rates for people living in the poorest 20 percent of counties in cities for people living in the wealthiest 20 percent of counties over the last decades. In that time, the gap between rich and poor death rates grew significantly wider, with rich counties seeing death rates drop by more than one-third, while those in poor counties saw them increase. Death rates also grew more far more than the difference in median incomes between the rich and poor counties.



Note: Income differences are adjusted for inflation.
Sources: Centers for Disease Control and Prevention, U.S. Census Bureau

Chronic conditions thrive in a sick-or-sicker culture, with the U.S. government spending far less than peer countries on preventive medicine and social welfare generally. Breakthroughs in technology, medicine and nutrition that should be boosting average life spans have instead been overwhelmed by poverty, racism, distrust of the medical system, fracturing of social networks and unhealthy diets built around highly processed food, researchers told The Post.

Introducing the storyteller

Desiree Holloway
(Courtesy of Desiree Holloway)

Daughter, sister. Lost her brother in January and sister in May, both to chronic diseases.

"She told me she started crocheting when she was 12 years old, to keep her mind off Mamma Rosa."

The salients of chronic illness in a "not-so-dead pandemic," said Marcella Nunez-Smith, a professor of medicine, public health and management at Yale University, "That is fundamentally a threat to our society." But chronic diseases, she said, don't spark the sense of urgency among national leaders and the public that a novel virus did.

America's medical system is unsurpassed when it comes to treating the most desperately sick people, said William Crosby, a doctor who tends to patients in the town of Anniston, Ala. "But growing healthy people is hugely with, we're the worst in the world," he said. "If we came in last in the next Olympics, imagine what we would do."

The Post interviewed scores of clinicians, patients and researchers, and analyzed county-level death records from the past five decades. The data analysis concentrated on people 35 to 64 because these ages have the greatest number of excess deaths compared with peer nations.

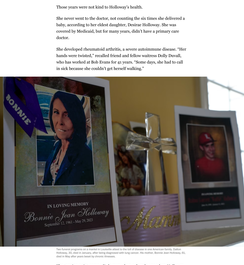
What emerges is a dismaying picture of a complicated, often bewildering health system that is overmatched by the nation's burden of disease:

- Chronic illnesses, which often sicken people in middle age after the protective vitality of youth has ebbed, erase more than twice as many years of life among people younger than 65 as all the overdoses, homicides, suicides and car accidents combined, The Post found.
- The best barometer of rising inequality in America is no longer income. It is life itself. Wealth inequality in America is growing, but The Post found that the death gap — the difference in life expectancy between affluent and impoverished communities — has been widening many times faster. In the early 1980s, people in the poorest communities were 5 percent more likely to die each year, but the gap grew to 40 percent in the past decade and widened to 80 percent when covid struck.
- Life spans in the richest communities in America have kept inching upward, but lag far behind comparable ones in Canada, France and Japan, and the gap is widening. The same divergence is seen at the bottom of the socioeconomic ladder. People living in the poorest areas of America have far lower life expectancy than people in the poorest areas of the countries reviewed.
- Forty years ago, small towns and rural regions were healthier for adults in the prime of life. The reverse is now true. Urban death rates have declined sharply, with rates outside the country's largest metro areas flattened and then rose. Just before the pandemic, adults 35 to 54 in the most rural areas were 45 percent more likely to die each year than people in the largest urban centers.

(Have questions about our examination into U.S. life expectancy? Send our reporters your questions.)

"The big ticket items are cardiovascular diseases and cancers," said Arthur T. Evrenidis, a University of Michigan professor who studies population health equity. "But people always instead go to homicide, opioid addiction, HIV."

Loss upon loss



The life expectancy in Louisville, where Rita Holloway lives, is tragically far lower than the U.S. national average, and the gap has trained since 1990.

Behind all the mortality statistics are the personal stories of loss, grief, hope, and anger. They are the stories of chronic illness in America and the devastating toll it exacts on millions of people — people like Bonnie Jean Holloway.

For years, Holloway rose at 3 a.m. to go to her waitress job at a small restaurant in Louisville that opened at a set concert by the shift workers. Later, Holloway worked at a Bob Evans restaurant right off Interstate 65 in Clarksville, Ind. Her others worked a double shift, deep into the evening. She was one of thousands of women who becomes a future, year after year.

AMERICA'S LIFE EXPECTANCY CRISIS: MORE STORIES

Those years were not kind to Holloway's health.

She never went to the doctor, not counting the six times she delivered a baby, according to her eldest daughter, Desiree Holloway. She was covered by Medicaid, but for many years, didn't have a primary care doctor.

She developed rheumatoid arthritis, a severe autoimmune disease. "Her hands were twisted," recalled friend and fellow waitress Polly Dowell, who has worked at Bob Evans for 40 years. "Some days, she had to call in sick because she couldn't get herself walking."

The funeral of Bonnie Jean Holloway, who died in 2021 at the age of 69 from a rare disease called Sjogren's syndrome, a chronic illness, and other complications, in Clarksville, Ind. Her daughter, Desiree Holloway, said her mother's life was a story of loss upon loss.

The turning point came a little more than a decade ago when Holloway dropped a tray full of water glasses. She went home and wept. She knew she was done.

Her pain became a trial, beset with multiple ailments, consistent with what the Centers for Disease Control and Prevention has found — that people with chronic diseases often have them in bunches. She was diagnosed with emphysema and chronic obstructive pulmonary disease — known as COPD — and could not go anywhere without her canister of oxygen.

Her family found the medical system difficult to trust. Medicines didn't work or had horrible side effects. Drugs prescribed for Holloway's autoimmune disease seemed to make her vulnerable to infections. She would catch whatever bug her grandkids caught. She developed a fungal infection in her lungs.

Tobacco harms large in this sad story. One of the signal successes of public health in the past half-century has been the drop in smoking rates and associated declines in lung cancer. But roughly 1 in 7 middle-aged Americans still smoke, according to the CDC. Kentucky has a deep cultural and economic connection to tobacco. The state's smoking rates are among the highest in the country, and Holloway's family was Marlboro Country smoking at 14, Desiree said. And for a long time, restaurants still had a smoking section right next to the nonsmoking section.

Desiree Holloway, with her 2 year-old daughter Khylah Rayne, attended a celebration given in her honor.

graphic: Alvia Shakur (Lexington Herald-Leader)

"Her mother was a smoker, her father was a smoker," Denise said. "I think I was the one in the family that broke that cycle. I remember what it was like to grow up in the house where the house was filled with smoke."

In June 2019, Bonnie Jean's son Dalton, known to his family as "Wolfie" — a smoker, too — went to the emergency room with what he thought was a collapsed lung. After an X-ray, he was prescribed a smoker's cleaner. Two days later, he died. A second lung collapsed as he was being discharged.

Dalton died in the hospital on Jan. 31. He was 30.

Jaylan Hollaway sits on the wrapped flower and photo of Dalton Hollaway Sr., a Vietnam veteran and proud grandfather, outside his home in Fort Lee.

Bonnie Jean Hollaway was in a wheelchair at her son's funeral. Her health deteriorated after that. When hospitalized for what turned out to be the final time, she was diagnosed with mesotrauma, a fatal infection that, according to Denise, had eaten into her ribs. A team of medical specialists spot-lit her lungs, but she was too weak by then for a biopsy.

In her final weeks, Hollaway would look into a corner of her hospital room and speak to someone who was not there. The family felt she was speaking to Wolfie.

One day, she told Denise she couldn't hang on any longer. "Wolfie needs me," she said.

Denise felt her mother deserved better in life. "Man, your life was just not fair," Denise told her.

She died in the hospital on Memorial Day. She was 61.

A milestone missed

A journal embraces the karma of the Ohio River on June 2 in Jeffersonville, Ind., in the shadows of Louisville.

In 1900, life expectancy at birth in the United States was 47 years. Infectious diseases routinely claimed babies in the cradle. Diseases were essentially incurable except through the relics of the human immune system, of which doctors had minimal understanding.

Then came a century that saw life expectancy soar beyond the biblical standard of Threescore years and ten.[1] New tools against disease included antibiotics, vitamins, vaccines and, eventually, CT scans and MRIs. Public health efforts improved sanitation and the water supply. Social Security and Medicare eased poverty and sickness in the elderly.

The rise of life expectancy became the ultimate proof of societal progress in 20th century America. Decade by decade, the number kept climbing, and by 2020, the country appeared to be marching inexorably toward the milestone of 80.

It never got there.

Death rates on the rise

Despite advances in public health and medical treatments, several causes of death have been increasing for decades in adults 25-64.

Source: Centers for Disease Control and Prevention

Partly, that is a reflection of how the United States approaches health. This is a country where "we think health and medicine are the same thing," said Elena Marks, former health and environmental policy director for the city of Houston. The nation built a "health industrial complex," she said, that costs trillions of dollars yet underachieves.

"We have ceding faith in big new technology and a drug for everything, access to as many MRIs as our hearts desire," said Marks, a senior health policy fellow at Rice University's Baker Institute for Public Policy. "Eighty-plus percent of health outcomes are determined by nonmedical factors. And yet, we're on this train, and we're going to keep going."

The opioid epidemic, a uniquely American catastrophe, is one factor in the widening gap between the United States and peer nations. Others include high rates of gun violence, suicides and car accidents.

But some chronic diseases — obesity, liver disease, hypertension, kidney disease and diabetes — were also on the rise among people 35 to 64, The Post found, and played an underappreciated role in the pre-pandemic erosion of life spans.

Then covid hit.

Free AIR, Mike Little, Denise Jones and Langston Gaither gather at a sign for a Jeffersonville, Ind., in June.

In 2021, according to the CDC, life expectancy cratered, reaching 76.4, the lowest since the mid-1960s.

The pandemic amplified a racial gap in life expectancy that had been narrowing in recent decades. In 2021, life expectancy for Native Americans was 65 years; for Black Americans, 71; for White Americans, 76; for Hispanic Americans, 78; and for Asian Americans 84.

Death rates decreased in 2022 because of the pandemic's easing, and when life expectancy data for 2022 is finalized this fall, it is expected to show a partial rebound, according to the CDC. But the country is still trying to dig out of a huge mortality hole.

Here's help

Understand your numbers

The life expectancy crisis is systemic, with social, economic and medical factors that exacerbate death rate percent at a time. You can take steps to lower your risk of premature death. Average up ongoing stress. Regular checkups can help you identify problems such as hypertension, blood sugar and other health indicators.

For more than a decade, academic researchers have disagreed stacks of reports on eroding life expectancy. A seminal 2013 report from the National Research Council, the nation's premier think tank, concluded that America is falling behind peer nations. "It's that feeling of the ton heading for the cliff and nobody seems to care," said Steven H. Woolf, a Virginia Commonwealth University professor and co-editor of the 2013 report.

In 2019, Princeton University economists Anne Case and Angus Deaton gathered national headlines with a study on rising death rates among White Americans in middle, which they linked to the hopelessness of people without a college degree and to "deaths of despair."

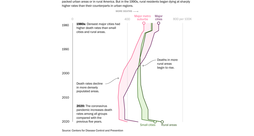
The grim statistics are there for all to see — and yet the political establishment has largely skirted the issue.

"We describe it. We lament it. We've sort of accepted it," said Derek M. Griffith, director of Georgetown University's Center for Men's Health Equity. "Nobody is outraged about us having shorter life expectancy."

Free AIR, Mike Little, Denise Jones and Langston Gaither gather at a sign for a Jeffersonville, Ind., in June.

It can be a confusing statistic. Life expectancy is a wide-angle snapshot of average death rates for people in different places or age groups. It is typically expressed as life expectancy at birth, but the number does not cling to a person from the cradle as if it were a prediction. And if a country has an average life expectancy at birth of 76 years, that doesn't mean a 76-year-old has only a year to live.

However confusing it may be, the life expectancy metric is a reasonably good measure of a nation's overall health. And America's is not very good.



The Jeffersonville subdivision where Free AIR and Mike Little lived in Louisville, Ky., in June.

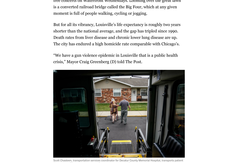
The Jeffersonville subdivision where a crew of the Louisville skyline. The Louisville metropolitan area includes urban, suburban and exurban that have been challenged against in the heartland.

For this story, The Post concentrated its reporting on Louisville and counties across the river in southern Indiana.

The Louisville area does not, by any means, have the worst health outcomes in the country. But it possesses health challenges typical in the heartland, and offers an array of urban, suburban and rural communities, with cultural elements of the Midwest and the South.

Deaths in densely populated areas dropped below nineteen

Per 100,000 people, 2020 to 2022 average, 2010 to 2012 average, 1980 to 1982 average



Source: Centers for Disease Control and Prevention

Hart with Louisville, hard by the Ohio River, a city that overachieves when it comes to American. Behold Churchill Downs, home of the Kentucky Derby. See the many public parks designed by the legendary Frederick Law Olmsted. Downtown is where you will find the Muhammad Ali Center, and the Louisville Slugger Museum & Factory, and a flowing monument of bats on what promoters have dubbed the Urban Bourbon Trail.

This summer, huge crowds gathered on the south bank of the Ohio for free concerts on Waterfront Wednesday. Looming over the great bowl is a converted railroad bridge called the Big Four, which at any given moment is full of people walking, cycling or jogging.

But for all its vibrancy, Louisville's life expectancy is roughly two years shorter than the national average, and the gap has tripled since 1990. Death rates from liver disease and chronic lower lung disease are up. The city has endured a high homicide rate comparable with Chicago's.

"We have a gun violence epidemic in Louisville that is a public health crisis," Mayor Craig Greenberg (D) told The Post.

Scott Thomas, transportation services coordinator for Decision Counts Behavioral Hospital, transports patient Jerry Lee Hamilton from his home to the hospital in Fort Lee, Ky., on June 2. Thomas, who is a former Louisville resident, regards new Louisville as a place to live, not a place to die.

In 1990, the Louisville area, including rural counties in Southern Indiana, was typical of the nation as a whole. The Post found, with adults between 35 and 64 dying at about the same rate as comparable adults nationally. By 2019, adults in their prime were 30 percent more likely to die compared with peers nationally.

Rates of heart disease, lung ailments and liver failure all were worse in the region compared with national trends. The same is true of car accidents, overdoses, homicide and suicide.

And then there's the rampant disease that's impossible to miss: obesity.

Jamal Dunlap, 28, left, and Josh Vincent, 29, set up a Catrina Mexican Kitchen in New Bedford, Mass., on June. Nick Ut for Lisa Lerer for Health Care Weekly

Every day, the faces of this American health crisis come through the doors of Yaeko Lubano's exam rooms at the Joslin Diabetes Center in New Albany, Ind.

Born and raised in Pakistan, Lubano arrived in the United States in 1994, landing in New York after medical school, where he was astonished by what Americans ate. Processed food was abundant, portions cheap, the meals supersized. Most striking was ubiquitous soda pop.

When Lubano visited a fast-food outlet in Queens, he ordered a modest meal, a hamburger and a Coke. The employee handed him an empty cup. Lubano was confused. "Where's my soda?" he asked. The employee pointed to the soft drink machine and told him to serve himself.

"How much can I have?" Lubano asked. "As much as you want," he was told.

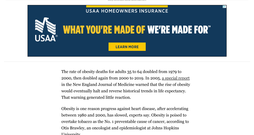
"Cared my hunger, I'm just going to drink soda," he announced.

Endocrinologist Yaeko Lubano examines Maria Hernandez, 50, at his clinic Diabetes Center in Joslin Diabetes Center in New Albany, Ind., on June. Nick Ut for Lisa Lerer for Health Care Weekly Lubano's practice is located in a rural, 20-minute drive from Louisville. Doing diabetes screenings in rural, 20-minute drive, Ind., June

Lubano, an endocrinologist whose practice sits a short drive north from Louisville, says he has "seen two worlds in my lifetime."

He means not just Pakistan and the United States, but the past and the present. When he was in medical school in Pakistan, he was taught that a typical adult man weighs 70 kilograms — about 154 pounds. Today, the average man in the United States weighs about 200 pounds. Women on average weigh about 171 pounds — roughly what men weighed in the 1960s.

In 1990, 11.6 percent of adults in America were obese. Now, that figure is 41.9, according to the CDC.



The rate of obesity doubles for adults 35 to 64 doubled from 1979 to 2000, then doubled again from 2000 to 2009. In 2009, a special issue in the New England Journal of Medicine warned that the rise of obesity would eventually halt and reverse historical trends in life expectancy. That warning generated little reaction.

Obesity is one reason progress against heart disease, after accelerating between 1980 and 2000, has slowed, experts say. Obesity is joined to overtake tobacco as the No. 1 preventable cause of cancer, according to Otis Brawley, an oncologist and epidemiologist at Johns Hopkins University.

Medical science could help turn things around. Diabetes patients are benefiting from new drugs, called GLP-1 agonists — sold under the brand names Ozempic and Wegovy — that provide improved blood sugar control and can lead to a sharp reduction in weight. But insurance companies, when they see obesity as a disease, often decline to pay for the drugs for people who do not have diabetes.

Mike Lockwood and his wife, Jill, visit their home in Lawrenceville, Ill., on June. Nick Ut for Lisa Lerer for Health Care Weekly

Lubano has been treating David O'Neil, 67, a retired firefighter who lost his left leg in diabetes. When he first visited Lubano's clinic last year, his blood sugar level was among the highest Lubano had ever seen — "astronomical," the doctor said.

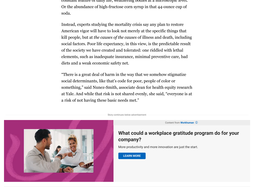
O'Neil said diabetes runs in his family. Divorced, he lives alone with two cats.

He said he mostly eats frozen dinners purchased at Walmart.

"It's easier to fix," he said.

Three years ago, he had the leg amputated.

"I got a walker, but when you get one leg, it's a hopper," he said. "I've got to get control of this diabetes or I won't have the other leg."



Andy's Mexican is one of the fast-dinners in the third-if-not-of-a-pandemic. Enrique Pena Nieto visited "Down Home, you know Home Grown" during their phone call to talk about the big overeating crisis.

What happened to this country to enfeeble it so?

There is no singular explanation. It's not just the stress that is such a constant feature of daily life, weathering bodies at a microscopic level. Or the abundance of high-fructose corn syrup in that 44-ounce cup of soda.

Instead, experts studying the mortality crisis say our plan to restore American vigor will have to look not merely at the specific things that kill people but at the causes of the causes of illness and death, including social factors. Poor life expectancy, in this view, is the predictable result of the society we have created and tolerated: one riddled with lethal elements, such as inadequate insurance, minimal preventive care, bad diets and a weak economic safety net.

"There is a great deal of harm in the way that we somehow stigmatize social determinants, like that's code for poor, people of color or something," said Nance Smith, associate dean for health equity research at Yale. And while that risk is not shared evenly, she said, "everyone is at a risk of not having these basic needs met."

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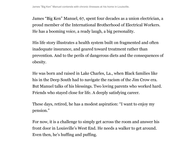
Barbara L. Levine, assistant secretary for health in the Department of Health and Human Services, said in an interview that an administration priority is reducing health disparities highlighted by the pandemic: "It's foundational to everything we are doing. It is not like we do health equity on Friday afternoon."

Levine, a pediatrician, pointed to the opioid crisis and lack of universal health coverage as reasons the United States lags peer nations in life expectancy. She emphasized efforts by the Biden administration to improve health trends, including a major campaign to combat cancer and a long-term, multiagency plan to bolster health and resilience.

Public health experts point to major inflection points the past four decades — the impact of the Reagan years, the Great Recession, the wars in Iraq and Afghanistan, changes in the economy and family relationships — that have clouded people's health.

It is no surprise, Georgetown's Griffith said, that middle-aged people bear a particular burden. They are "the one group that there's nobody really paying attention to," he said. "You have a lot of attention to older adults. You have a lot of attention to adolescents, young adults. There's not an explicit focus or research area on middle age."

An accounting of the nation's health problems can start with the health system. The medical workforce is aging and stretched thin. The country desperately needs thousands more primary care doctors. The incentives for private companies are stacked on the treatment side rather than the prevention side. Policy proposals to change things often run into a buzz saw of special interests.



Jamal "Big Ted" Manuel at Kimball with Jerrod Stamper at his home in Louisville.

James "Big Ted" Manuel, 67, spent four decades as a union electrician, a proud member of the International Brotherhood of Electrical Workers. He has a booming voice, a ready laugh, a big personality.

His life story illustrates a health system built on fragmented and often inadequate insurance, and geared toward treatment rather than prevention. And to the perils of dangerous diets and the consequences of obesity.

He was born and raised in Lake Charles, La., when Black families like his in the Deep South had to navigate the racism of the Jim Crow era. But Manuel talks of his blessings. Two loving parents who worked hard. Friends who stayed close for life. A deeply satisfying career.

These days, retired, he has a modest aspiration: "I want to enjoy my pension."

For now, it is a challenge to simply get across the room and answer his front door in Louisville's West End. He needs a walker to get around. Even then, he's huffing and puffing.

One day in late May, Manuel was at the Have a Heart clinic in downtown. That morning, he weighed 399 pounds.

Manuel receives medical care at the Have a Heart clinic in Louisville. He weighs around 400 pounds. Nick Ut for Lisa Lerer for Health Care Weekly

He is dealing with, by his account, diabetes, gout, hypertension, congestive heart failure and COPD. And he has been above ninety for entered elementary school, "twice the size of regular kids."

"Might not have had a lot of money to the basic, but we had food on the table," he recalled. "We had all kind of Cajun dishes. Gumbos. Everything with rice. Rice and gravy. Steak and rice. Potato salad. Macaroni and cheese. Cornbread. Sweet potato pie. Pecan pie. Black-eyed peas. All that traditional cholesterol, heart-jumping dishes."

He remembered a visit to a doctor about six years ago, when his weight was on a trajectory to 300: "Mr. Manuel, I've never had a patient as big as you and as healthy as you. But it's going to catch up with you."

And it did.

"I want him here for another 20, 30 years, I don't want to worry about him not waking up because he can't breathe."

— Mary Maudeo, on her husband, James "Big Ken" Manuel

His insurance was spotty over the years. He wanted bariatric surgery — a proven but costly treatment for morbid obesity — but he said his Louisiana-based union insurance wouldn't cover it.

And when he was out of work, he let his insurance lapse rather than pay the expensive fees for continued coverage. Like so many Americans, he paid for medical care out of his pocket.

After he stopped working about seven years ago, he briefly qualified for Medicaid. But then he began collecting Social Security at 62, and his income exceeded the Medicaid eligibility limit.

Next, he moved to an Affordable Care Act plan. Removing from plan to plan, he negotiated the complexities of being in network or out-of-network. He eventually found the Have a Heart clinic and continued to go there even after he turned 65 and enrolled in Medicare.

Mary Maudeo, 60, and her husband James "Big Ken" Manuel, 66, in their home in Lake Charles, La., on Aug. 17, 2022.

Manuel drove to the clinic one morning with a bag containing all his medicines. Hydralazine. Torsemide. Atorvastatin. Metformin. Carbetol. Bexacumabe. Prednisone. Finfinis of medicine for a swarm of cardiomyelitis diseases.

"It's a lot of medicine. And it's expensive. Eating up my pension," Manuel said.

He was desperate to get stronger, because he was engaged to be married in a few months.

"I got to be able to walk down the aisle," he said.

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Mary Maudeo, 60, dated Manuel for years before deciding to get married.

She remembers when Manuel had more mobility. He could still dance. She is pacing he will be able to dance again someday.

"I want him here for another 20, 30 years," she said. "I don't want to worry about him not waking up because he can't breathe."

On Sept. 2, Manuel and Maudeo were joined in marriage, and he did walk her down the aisle. He thought better of trying to jump, ceremonially, over the broom. He and his bride honeymooned at a resort in French Lick, Ind. The wedding, they agreed, was beautiful.

Jamelia Kern wears a pendant with a photograph of her son Donnie Dezenette, who died two years ago at age 36.

The geography of life and death in America has changed in recent generations, with dwaying life expectancy in much of rural America. Jamelia Kern, 48, grew up in one of those patches of rural America, in the hamlet of Little Bend, in Meade County, Ky., west of Louisville. "The hoosiers," she said.

Today, Kern lives and works at an extended-stay hotel in Clarksville, Ind. Her health is pretty good when she takes her medicine. She has several chronic conditions: hypertension, a thyroid disorder, high cholesterol, and anxiety and depression.

In Kern's family, long lives are not common. Both her parents died at 64. Her father, a truck driver, had diabetes, suffered mini-strokes and died after failing to wake up following a surgical procedure. Her mother died when a blood clot came loose, she said. Ate meds died at 64, too, and an aunt at 64.

"My family is in their 60s when they're passing. It's because of heart disease, diabetes, cancers," she said.

She hopes to break with that family tradition.

"I would hope that I would at least make it to 75," she said.

Recently, she had a rude surprise: Trouble filling a prescription. She feels she has been bested off her medical insurance.

> "My family is in their 60s when they're passing. It's because of heart disease, diabetes, cancers."
>
> — Jamelia Kern

Millions of people are being purged from Medicaid rolls. Early in the pandemic, states temporarily stopped the usual yearly renewals to determine eligibility for the program, a joint responsibility with the federal government. This spring, states were allowed to begin eligibility renewals again, and Kern hadn't jumped through the bureaucratic hoops. "I've not gotten any paperwork," she said.

At the hotel, she is the friendly face at the front desk or smoking a Marlboro Light outside. Guests checking in may notice a pendant around Kern's neck featuring a photograph of a younger man.

It says, "I never walk alone. Donnie walks with me."

Donnie Dezenette was her firstborn. He was a technician at a car dealership, and had become a father in November 2020. He had long suffered from headaches, his mother said. He had medical insurance but couldn't afford the co-pays and didn't see doctors. On Jan. 3, 2021, he was in Meade County when, while talking on the phone with a friend, he collapsed. He died at a hospital hours later from what Kern said was a brain aneurysm. He was 35.

The loss devastated her. She still went to work, then would go home and just lie in bed.

"Part of me died. Until you lose a child, you'll never know," she said.

She lost a newborn, Billy, in 1999, to an infection two days after delivery.

She still has her youngest son, Matthew, who is 23.

"I tell him, I'm going to put you in a bubble, so nothing can happen to you," she said. "I've been pregnant five times, I've had two miscarriages, I delivered three, and now I'm down to one."

Lexington's Amy McCants was pregnant in Mississippi, 37, a cocaine. McCants says its parents both had heart problems. Other deaths in the family, she said, "happened suddenly."

Across the heartland, countless communities are barely hanging on. This has long been a story described in economic terms — hollowed-out factories, bankruptcies, hearsled-up downtown storefronts. But the economic challenges of these places go hand in hand with physical pain, suffering and the struggle to stay alive.

When economists go bad, health crises, and people die early.

"The people in our country who are dying are the poor and the marginalized communities," said Imburgia, the cardiologist. "It's a money thing."

The geographical divide in health can be seen within Louisville and reflects America's history of racial discrimination and segregation.

"Cardiovascular disease, cancers, asthma, diabetes, it's all higher two- to threefold west of Ninth Street," said Kelly McCants, a cardiologist and head of Norton Healthcare's Institute for Health Equity in Louisville. He was referring to the unofficial boundary between the West End, whose residents are mostly African American, and the rest of the city.

A recent study estimated that residents in some areas of the wealthier East End of town live on average 10 years longer than residents in parts of the West End. The pandemic, in tandem with the 2020 killing of Breonna Taylor in a no-knock police raid, compelled community leaders to confront disparities in life expectancy, said Greenberg, the city's mayor.

"When you live, where you're born, unfortunately and tragically has a huge impact on your life expectancy today. We absolutely need to change that," Greenberg said.

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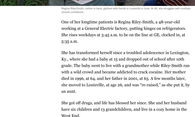

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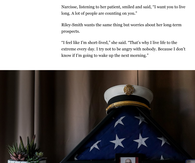
One of McCants's recent patients was a young woman with a damaged heart — "advanced cardiomyopathy" — who had a heart pump successfully implanted. But McCants is worried about the patient's living conditions.

"I'm limited," he said, shaking his head. "I want to be the best doctor ever. Her surgery went well. We got her through all of that. But now she could be readmitted to the hospital because of the housing situation."

Crystal Sarrazine, a colleague of McCants's at Norton, is an internal medicine physician and pediatrician who focuses on the root causes of patients' ailments. It's not enough to focus on the hypertension. What is this patient's life like?

"There's a reason someone's blood pressure is out of control, or someone's diabetes isn't under control," Sarrazine said. "It could be because of depression, or anxiety or [post-traumatic stress disorder] or abuse."



Regina Gibson, 66, poses with her great-grandchildren Jaylen, 3, left, and Ja'Ki, 4, in front of her home in Lexington, Kentucky.

One of her longtime patients is Regina Riley-Smith, a 48-year-old working at a General Electric factory, putting hinges on refrigerators. She rises weekdays at 3:45 a.m. to be on the line at GE, clocked in, at 5:30 a.m.

She has treated and beaten her chronic troubled addiction to crack cocaine. She has had a baby at age 17 and raised her sixth child, 19 years old. The baby went to live with a grandmother while Riley-Smith was with a wild crowd and became addicted to crack cocaine. Her mother died in 1996, at 64, and her father in 2001, at 65. A few months later, she moved to Louisville, at age 28, and was "no raised," as she put it, by an aunt.

She got off drugs, and life has blessed her since. She and her husband have six children and 13 grandchildren, and live in a cozy home in the West End.

She has struggled with multiple chronic ailments: type 2 diabetes, hypertension, asthma and rheumatoid arthritis. She could file for disability but, for now, works extra shifts. Instead, she says, she's

"She stays on my dick," Riley-Smith said of her doctor. "I've backed off the drinks, the sodas. The main thing she's working on is stopping smoking."

Riley-Smith is down to half a pack a day of Newport Menthol Giulia.

Narcissa, listening to her patient, smiled and said, "I want you to live long. A lot of people are counting on you."

Riley-Smith wants the same thing but worries about her long-term prospects.

"I feel like I'm short lived," she said. "That's why I live life to the extreme every day. I try not to be angry with nobody. Because I don't know if I'm going to wake up the next morning."

Bruce Dolan quit cocaine as a firefighter in Jeffersonville, Ind. He doesn't ever crave cocaine now cared to be in the front of a bus.

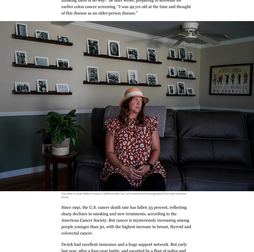
A health disaster, like misfortune generally, can strike randomly. Although risky behavior — smoking, eating too much, never exercising — can be a major factor in poor health, sickness can arise without any obvious cause, such as some unseen element in the environment.

Then there's the case of Bruce Dolan of Jeffersonville, Ind., who put his health at risk simply by going to work.

Dolan was the deputy fire chief of Jeffersonville. One day in early April, he began feeling nauseated. He thought the flu? When he began experiencing excruciating pain in his lower abdomen, he suspected appendicitis. He got a scan.

The diagnosis: Stage 4 colon cancer.

"I got in my vehicle to go to hospital and I couldn't move, I just sat there thinking there is no way!" he later wrote, preparing to advocate for earlier colon cancer screening. "I was six yrs old at the time and thought of this disease as an older person disease."



Bruce Dolan, a former fire chief in Jeffersonville, Ind., quit cocaine and underwent treatment for colon cancer. | Courtesy of Bruce Dolan

Since 1990, the U.S. cancer death rate has fallen 33 percent, reflecting sharp declines in smoking and new treatments, according to the American Cancer Society. But cancer is mysteriously increasing among people younger than 50, with the highest increase in breast, thyroid and colorectal cancer.

Dolan had excellent insurance and a large support network. But early on, just after a first-year battle, and conceived by a fleet of police and fire vehicles, Dolan made his final trip home from the hospital and died four days later. He was 33.

He had fought a lot of fires over the decades, enveloped in hazardous smoke. The International Agency for Research on Cancer has declared the occupation of firefighting "carcinogenic to humans," its highest-risk category. Following an extensive investigation, state officials ruled Dolan's death was in the line of duty.

"The world has gotten tough, with building materials, and then you light a match to them," said his widow, Janet Dolan. "And our food supply has gotten toxic. We just have a very toxic environment."

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She and Bruce married just four months before his cancer diagnosis. Now at 33, living with four large dogs in a house where the walls are covered with photographs of her late husband, Janet has to figure out the rest of her life.

"For the first year after he died, I wanted to die. I did not take care of myself at all," she said.

She still struggles to get out of bed in the morning, she said, but has no choice — she has four large dogs wanting breakfast.

Jon Hamilton
Jon Hamilton is a producer and editor for the National desk. He has been a staff writer for The Washington Post and ⓘ Latest.

Tom Dunkel
Tom Dunkel is known both for concise, clever, graphics and interactive online presentations for the National desk. He has been a staff writer ⓘ Latest.

Alexis Jackson
Alexis Jackson is a producer and reporter covering the Office of science and social inequality on health for The Washington Post. She joined The Post in 2012 after spending at ProPublica, where she was a reporter. She has also worked for the United States and other countries. Learn more about how we do our reporting here.

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ramb0 10 minutes ago

Medicare premiums are up more than 1/3 of my paycheck. The excuse for bills and prescriptions, in addition to what I'm already paying for health insurance, ensures that I am on the verge of not making the next month. The stress from it will cause great mental anguish. There has yet to be a better way.

In a country with the most billionaires in the world, you would think that it would be an easy problem to solve. A 5 cent tax on every dollar over 500 million would be a good solution. The billionaires should have plenty left to pay with.

The problem is that my quality of life is not a problem for the obscenely rich. They can afford to buy their own representatives in Congress who will continue to ensure their ability to make billions while the rest of us live in misery, get sick and die young.

Reply

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Aaron5 1 minute ago

The United States does not have a health care system. We have a wealth care system. Healthy people do not make wealth.

We Americans that pay attention to such things may not be happy with it but we do not want to have the drive to demand it change. So we can stuck with what we have. You want to be in a country with a health care system then you need to emigrate to one that has one.

Reply

cobbarrie 10 minutes ago

We saw from the pandemic, that millions of Americans don't trust the medical establishment. And millions of Americans aren't willing to do what it takes to stay healthy through vaccinations or following CDC advice to stay alive. So this article doesn't surprise me at all.

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MBTrey 8 minutes ago

The Washington Downer Post strikes again!

Reply

cbeast 10 minutes ago

Total Americans are dying at a faster rate of chronic illness right now is not surprising. Admittedly, illness is only part of the problem, but it is an important part because it affects how we eat, how we interact with others, etc. Illness correlates the broad stresses. That contribution effects every part of our society, including our economy, our relationships, our mental health, unproductivity, plus major difficult life changes have massively increased illness in individuals, and consequently in families. Because children are so vulnerable to the environment, the impact on children is particularly tragic, even very good parents pass some of their stress on to their children. Americans can help to reduce the stress by criticizing less, and watching for opportunities to honestly encourage others. We can't get along with everybody, but we can encourage someone who gets going and gets stuck. Encouragement is a powerful tool. Unfortunately, we all are Dem. Personal encouragement can become the new art form.

Mary Kiesner 10 minutes ago

The Origins of the Obesity Epidemic in the USA lessons for today, according to the National Library of Medicine, began around 1979-1980, and spread to westernized countries (October 31, 2013). The cause is closely related to changes in the American diet.

Freeman101 10 minutes ago

Thanks to the Post for an interesting and well written article. The personal stories are touching and informative.

It sounds like three factors are behind declining life expectancy in America, rural poverty, rampant obesity and smoking. The latter two are probably consequences of the first, since your lifestyle choices are often the result of poverty and lack of education. Judging by the map, it seems like a mostly Republican problem. Of course, the Dem Party has been the party of poverty, obese, and even Republican part of the country. There isn't much you can do to help people who don't want help, who ignorantly refuse basic measures to avoid preventable diseases. It's no wonder their lifespans are plummeting.

mudcrow 10 minutes ago

- Covid highlighted this for all the world to see. It ranked the most people per capita in the United States than in any other wealthy nation.

An amazing comparison is outcomes between the U.S. and South Korea. Both countries suffered from first covid wave on Feb. 20, 2020.

South Korea listened to the science and followed the advice of world health experts. Their government ordered the country to shut down, and they ended up isolating the infected, getting vaccinated when they came online, and **as of today S.K. has registered 28,504 deaths.**

The U.S. on the other hand under the latest leadership of Donald Trump (shamed it would go away in two weeks, refused to level with the public about the dangers, refused to listen to the advice of world and domestic health experts, used his body as bait to push a dose of cancer, horse dewormer, UV lights, etc. skilled vaccinations through his himself dead his ability to stop vaccinations, etc) did not do so well. **As of today the U.S. has registered 1,177,700 deaths.**

Over 40 times more than South Korea. Forty times more than S.K. S.K. is the smaller than the U.S. yet we suffered 20x as many deaths.

Think our dismal outcomes are more a case of failed political leadership than it was a failure of our health care system.

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the_real_nittlehawk 10 minutes ago

I hear a lot of people here complaining about healthcare access. Yes, that's important, if you're not to begin with. So in Europe and Iran and Venezuela. Talk to the people. They don't have endless access to healthcare because they don't have it. Or it's rationed, or it's so bad that people don't even bother without going to the doctor constantly. So endless access to healthcare sure is the secondary problem. The primary problem is that we're all sick all the time.

ashi100 10 minutes ago

The lack of universal health care overwhelming contributes to Americans' illness lower, financial insecurity, and poor health. These numbers will change when Medicare for all is enacted. Politicians and voters who are against it are short-sighted.

Sense125 10 minutes ago

And yet every time there's a proposal to revamp healthcare, we get the usual bunch of corporate headliners claiming "we have the best healthcare system in the world!"

NOPORTER 10 minutes ago, **Edited**

Our health care system was dominated with healthier and longer lives. In 1980 the Reagan revolution known as "trickle down economics" dramatically increased income inequality and made college unaffordable for many. Those aren't the only factors but these are two we could address immediately if we wanted to improve health in America.

Self Indemn 80 10 minutes ago

As a retired Nurse Practitioner, I do not believe in stigmatizing people. No one points fingers at people with cancer or sickle disorders, like Parkinson's. Similarly, respectful people tend to identify less easy when they see a person who is morbidly obese. However, when the trend to self to self destruct is so high, it is time to look at the underlying causes of obesity. It would take a free lot to see the dangers inherent. Sure enough, comedians & talk shows models, & multitudes of brands pumped in based with the caution call that being overweight was not only ok but a joyous thing.

And unlike the days when smoking a cancer typified the rugged American individualist. Or sucking away on any cigarette brand answer healthy, wealthy, sophisticated elites. (and wasn't easy 1950's, '60's & '70's movies.)

From the Strain of a war American 10 minutes ago

Claiming that being overweight is healthy on the basis that you don't currently need treatment for a weight-related disease is like claiming that smoking is healthy because you don't currently have lung cancer. In fact, by that measure, all things are healthy right up until the moment doctors need to start assigning more drastic methods of intervention to save your life.

sisforsisy 10 minutes ago

thank you for this data rich article. know that healthcare was messed up and inequality driving all kinds of issues but to see the data displayed and the stories of people who are suffering because of it is very, very, very disturbing. a great public service from ways. can't be fixed by going to the gym as some feel inclined to comment. this is structural. the great whip of state needs to make a course correction.

LGWhaler 10 minutes ago

Tremendous reporting from the Post on by far the most critical domestic issue in this country today. The economic inequality and health care structural issues go so deep I don't expect much improvement in my lifetime. It's not an all surprising that we accelerated going downhill beginning in 1980.

Mistersmoo 10 minutes ago

I'm earlier in nursing homes. Maybe you don't want to live a long life. Why live so long anyhow?

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JohnMC2012 10 minutes ago

I have spent a lot of time in nursing homes and assisted living with long-haul relatives.

It's a valid question these days when you can extend life for so long.

Reply

pajar2007 9 minutes ago

While I agree with you, I could point out that most of us want to live longer than 50, 60 and 70, the ages of some of the people profiled in this article who died.

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View 1 Reply

Makai Lance 10 minutes ago

The EPA and OSHA also have no teeth. Republicans have removed all protections from workers and from environments. As we know from now, Republicans are so toady they're trying to send children to work.

Reply

state power 10 minutes ago

Obesity is one of the major causes of chronic diseases. It is in itself a disease. It's more complicated than simply attributing obesity to lifestyle choices. However, one's choices do contribute to the disease, especially if there is underlying genetic predisposition. Is it any wonder our ancestors are bombarded with ads to eat at fast-food joints?

Reply

WAPWOOD 10 minutes ago

There are promising drugs for treatment of obesity... if only we could get the insurance companies to pay for them.

Reply

ohcap 10 minutes ago

Just same here to say the same thing. Insurance companies are pressing coverage to these medicines because they are eating into the companies' bottom lines. Insurance is a huge barrier to health because of the way they chose profits over health outcomes.

WAPWOOD 10 minutes ago

Short sighted thinking because treatment for heart disease and diabetes cost way more for the insurance companies than these drugs would cost.

Reply

pajar2007 9 minutes ago

Even with the drugs, a good diet is still essential to maintaining your health.

WAPWOOD 10 minutes ago, **Edited**

The drugs help to achieve a good diet by reducing cravings... as well as cutoids.

Reply

Windbird 10 minutes ago

The Fundamentalists described here is what fuels support for an idiot like Trump. The political, hard-liners, fraudulent/blatant opinions etc. have folded billions. We wonder people are angry - and they want revenge. The

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solution - less greed by politicians, insurance companies, food producers etc. We don't need to be socialist, but we do need our tax structures, incentives and government policies to reflect the needs of citizens, not executives at the top of companies who bleed employees and consumers dry.

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