Crusading
against ageism
in America's presidential elections

A landmark scientific analysis of candidates' personal risk attributes and medical data shows that chronological age is not a relevant factor and should not be weaponized for votes

by Beth Witrogen, BA, MJ

Ageism is rife in this time of COVID-19. From calls to sideline individuals solely based on age, to indifference to the virus-related toll on older populations, ageist attitudes reflect the lens of diminished value through which society too often views its older members. At the same time, the 2020 presidential election in the United States has amplified this age- *ism by injecting it into the public discourse about the candidates. Renowned scientist S. J. Olshansky, PhD, and his distinguished colleagues are standing up against the "weaponization of age" with a special online feature for the* Journal on Active Aging®, *released early in draft form due to its time-sensitivity. The* Journal's *Beth Witrogen recently interviewed Olshansky about this research. She contributes this article as the election enters its final weeks.*

Dr. S. Jay Olshansky is on a mission: He wants to eviscerate ageism in the US presidential elections. A professor of Public Health at the University of Illinois at Chicago, Olshansky specializes in the upper limits to human longevity

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and biodemography, a scientific field he created with Dr. Bruce Carnes in 1992. He is unabashedly vocal about the way age has been "weaponized" in this election cycle. And, he urges, it must stop, "because science shows conclusively that chronological age is not relevant for either candidate," Joe Biden (77) or Donald Trump (74).

Developed by Olshansky and Carnes with funding from the US Social Security Administration, the biodemography field was originally designed to help the government develop more reliable estimates of future mortality change. Biodemography's underlying principle, according to Olshansky, is "duration of life in humans is influenced by a combination of inherited (genetic) factors, behavioral risk factors acquired during the life course, and chance—which together are understood within the context of evolution biology. Principles of biodemography help scientists understand limits imposed on human longevity from our biology and inherited body 'design,'" he continues. "These principles also help us understand which of the various unique attributes of individuals influence survival and health."

In 2011, Olshansky published the first scientific article to appear in a medical journal, the *Journal of the American Medical Association* (now formally *JAMA*),[1] on the longevity of US presidents. That landmark work was based on a premise held by some that the typical president ages two years for every year in office, derived from medical records from the 1920s. Many papers and much world-renowned expertise later, he has demonstrated through rigorous science that most deceased US presidents lived longer than average and "all living presidents have either already exceeded the estimated lifespan of all US men" at inauguration or will likely do so.

As corresponding author of "Projected lifespan and healthspan of Joe Biden and Donald Trump before the 2020 election" (a special feature to the *Journal on Active Aging*® available online), Olshansky directed a team of scientists and physicians to determine if Biden and Trump could survive the next four-year term. The team used independent biodemographic assessments of the two candidates' personal attributes—inherited and acquired risk factors for health and longevity—and public medical data that was evaluated

independently by three physicians with expertise in human aging.

The *Journal on Active Aging*® spoke with Dr. Olshansky about his new research, why both candidates may be "super agers" and his message for those who would politicize aging.

Beth Witrogen: *Can you share a bit about your methodology for the research?*

Dr. S. Jay Olshansky: You might be wondering, who the heck are these scientists and why do they think they have authority to do what they did?

As it turns out, we're not just anybody when it comes to human longevity. We're a group of uniquely qualified research scientists from public health, epidemiology and demography, and physicians with decades of expertise in aging longevity and lifespan estimation. Many of us serve as advisers to national governments and to government organizations like the World Health Organization, Centers for Disease Control, and Social Security. We

Crusading against ageism in America's presidential elections

have published extensively on how to understand, measure and forecast lifespan and healthspan.

All three physicians are extremely accomplished in understanding human aging and longevity. Two study centenarians for a living, so they are especially qualified to comment on the attributes of super agers.

The metrics we use have been standardized across the globe for 50 years. So there is nothing new to this calculation, no questions about its validity. We can present the science and what it tells us, no ambiguity there.

Glossary

Biodemography: is an outgrowth of human (classical) demography that combines the biological and demographic determinants of health and longevity for the purpose of understanding and forecasting human longevity, and understanding why all species live as long as they do.

Healthspan: is the total proportion of the total lifespan considered healthy—that is, without frailty and disability. The disabled lifespan is the difference between the two; you want to compress it to a short duration of time so an individual is healthy for a greater proportion of life.

Life expectancy: is population metrics. So in the United States life expectancy may be 80 years, but the lifespan can vary considerably.

Lifespan: is the observed duration of the life of an individual. So if a person is 90, the lifespan is 90.

Super agers: are "a subgroup of people that maintain their mental and physical functioning into late life and tend to live longer than the average person their age."[6]

– Dr. S. Jay Olshansky

Finally, it's important to emphasize that Dr. Robert Butler—the founding director of the National Institute on Aging and the person who coined the term *ageism* in 1969—was a direct or indirect mentor to most of this paper's authors.

BW: *This isn't the first time you've tackled this issue. What historical precedent is there for your passion to eliminate ageism in presidential elections?*

SJO: I've published on the aging and longevity of US presidents perhaps more than anyone else. In this modern era, with the weaponizing of age to encourage people to vote for one person or another, the irony here is that both candidates are septuagenarians, so whatever complaints about age they lob to the other side, they can pretty much apply to themselves. So, it makes no sense to do this!

I was captivated by the 1984 Walter Mondale/Ronald Reagan debate when Reagan masterfully diffused the age issue by saying, "I am not going to exploit, for political purposes, my opponent's youth, and inexperience."[2] He completely diffused the age issue and it never came up again. Some people seem to think the moment he did that, the election was over. [**Ed**. Some commentators were questioning Reagan's fitness for a second term in the White House; at 73, he was the oldest serving US president at that time (Biden would be the first to reach 80 in the first term if he wins this year's election). The age issue arose even among Republicans after Reagan's poor performance in his first debate with Mondale.]

I remember John McCain's running and media asking, "Why should we even consider him for president? He's already very old, he's had cancer." I said leave him alone; his mother's still alive and he's probably going to outlive you. Since the *JAMA* piece, I'm now contacted every election cycle.

BW: *You recently published in* Public Policy & Aging Report[3] *about the* projected lifespan and healthspan of all 2020 presidential candidates. Why publish another paper now?

SJO: When that first paper came out, we did plenty of news media stories. We were asked multiple times whether we would do this assessment again when the field narrowed to two. So, we decided to take a much less generic approach that is more specific to documented attributes of the two individual candidates. This analysis uses publicly available data on personal attributes as well as medical records released to the public by each candidate's physician in order to generate estimates of lifespan and healthspan based on the relationship between these attributes and survival and health.

I see this every day: ageist news stories suggesting that one candidate or the other is too feeble or feebleminded, and too old, to carry out the duties of the president. They're trying to weaponize age to encourage people to vote for one person or another.

If the candidates stumble with a little slip here and there, well, join the club—people of all ages stumble. Don't expect perfection; it's not going to happen. But stop attributing it to their age! People will make mistakes, people will trip, but that's no reason why they can't be president.

We know that in studying aging, plenty of people who make it to their 80s and beyond are perfectly capable of doing anything—including being president—primarily because of experience with age. There is a lower age limit to being president of the United States: It's 35, because they wanted a president to have enough experience and track record to be evaluated by the voting public. But there's not an *upper* age limit. The founding fathers recognized the importance of age, and not in an ageist sense but clearly recognizing the value of having individuals with experience.

So, we are trying to diffuse the issue of chronological age, based on science. Everything in our paper is confirmed, and our

findings are consistent with what both candidates' own doctors have told them.

This is why we must bring to bear the scientific evidence demonstrating that the ages of these candidates are completely irrelevant. Their policies have nothing to do with their age. I'd like to see both candidates pledge to leave age and physical and cognitive functioning out of the remainder of the campaign.

Ageism in elections has got to stop.

BW: *It would seem that being president is the most stressful job in the world. What are some surprising findings? (See the sidebar on page 25 for some findings from the new article.)*

SJO: Stress is actually what prompted the 2011 *JAMA* article[1]: the opinion that high stress has got to lower a person's lifespan. Our primary focus in this paper is, are the candidates going to make it four years with their mental and physical health intact? Not their chances of making it to 90 or 100, because there are no guarantees and we never sugarcoat aging.

But there has been a lot of missed detail, misuse of available medical records and misinformation. We now know that many of the things people have complained about are simply not valid reasons to suggest either candidate is old and feebleminded. While stress may cause your hair to fall out or become gray more rapidly, or skin to wrinkle faster, we don't die from gray hair or wrinkled skin. Presidents tend to live exceptionally long lives.[2]

If I'm asked what the most significant factor is that influences health and longevity, my usual response is to choose long-lived healthy parents (the importance of genetics, for example). Both Trump and Biden did that somehow. Both candidates are likely to have lifespans and healthspans that exceed the average population, and both have a higher than average probability of

surviving the four year term [**Ed.** See the glossary on page 22 for definitions].

They also both have powerful indicators of longevity, like education: If you are more highly educated, you have a tendency to have a higher income. The combination leads to better decision-making, access to healthcare, better food and smarter health decisions across the lifespan—a whole suite of benefits exceptionally powerful beyond age and gender. [**Ed.** More about "Indicators of longevity" appears on page 26.]

Joe Biden has a nearly perfect health profile for a man his age. He has had some problems with atrial fibrillation, now asymptomatic. He exercises regularly, takes very few medications, and he's in excellent shape for somebody his age.

Donald Trump has a familial history of exceptional longevity. His risk factor profile mirrors that of Biden, but with some notable differences such as a lack of physical activity and obesity, and an

elevated familial risk of heart disease and late onset Alzheimer's disease. Both of Trump's brothers died at a much younger age than might have been predicted. That tells you how it's possible to override a familial inheritance of longevity genes by adopting unhealthy lifestyles: smoking, doing drugs, obesity, lack of exercise.

Biden has done an exceptional job in controlling his risk factors, Trump not so much. He has some challenges, and his doctors have encouraged him to adopt a healthier lifestyle—eat better and exercise more. Biden maintains a slight edge over Trump in terms of his chances of surviving, and surviving healthy, during the next four years, in spite of the fact that Biden is three years older than Trump.

There's no evidence of any cognitive deficits in either candidate. So many were questioning Trump's cognitive function when they were probably questioning his

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Resources

Internet

S. Jay Olshansky, PhD
http://sjayolshanksy.com/sjo/Background.html

Multimedia

American Federation for Aging Research. (2020, September 25). *AFAR speaks with Dr. Olshansky and Dr. Willcox on new research analyzing the age of the 2020 presidential candidates* [Video file]. Available at https://vimeo.com/461929881

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Crusading against ageism in America's presidential elections *Continued from page 23*

The antidote for ageism

Karl Pillemer, PhD, has conducted groundbreaking research on the oldest Americans and ageism and writes on topics that include elder wisdom. He is the Hazel E. Reed Professor in the Department of Human Development, professor of Gerontology in Medicine at Weill Cornell Medicine, and senior associate dean for Research and Outreach in the College of Human Ecology at Cornell University in Ithaca, New York. The Journal on Active Aging® *asked Dr. Pillemer to weigh in on age and ageism in the 2020 US presidential election.*

JAA: *How would you define the value of elder wisdom, and what ageism takes away from this contribution to society?*

KP: Anthropological research shows that for as long as human beings have been human, the knowledge of the oldest members of the group has been extremely valuable. In contemporary society, it is sometimes difficult to remember that it is only around the last 100 years that people have gone to anyone other than the oldest person they knew for advice for living. Because of their accumulated life experience, as well as having lived through historical crises, the practical wisdom of older people remains uniquely valuable.

In addition, research shows that elder wisdom is a distinct and measurable phenomenon. Pervasive ageism negates this potential, relegating older people to the status of second-class citizens and keeping them from meaningful roles in society.

JAA: *What might a septuagenarian as president offer as a role model for aging well?*

KP: Of course, not all older people are good role models. People on either side of the political spectrum would debate whether the other party's standard-bearer is a good role model. However, I feel that the engagement of people in their 70s in the presidential election process may indeed have reduced ageist stereotypes. An excellent example is Bernie Sanders, who has immense appeal to younger people. We also have politicians like [House Speaker] Nancy Pelosi who are clearly leading vigorous public lives.

So I am, in fact, encouraged that age is not seen as a disqualifying factor for these political candidates and leader.

JAA: *What antidote would you recommend against ageism?*

KP: We are in a peculiar situation in which younger voters appear to prefer the older candidate, Joe Biden, to the younger one, Donald Trump. Ageism seemed more pronounced, in my impression, with Ronald Reagan and John McCain. This may be because the candidates today are relatively similar in age.

Given the evidence evaluated by Dr. Olshansky and colleagues, it would be fantastic if age could be eliminated from the discussion, and we could just focus on the qualifications and positions of the candidates. I wish the pervasive ageist humor perpetrated by late-night talk show hosts, comedians and others could be toned down. Insulting and degrading jokes routinely based on age would be deemed intolerably offensive if directed to other population groups.

Older people seem to be the last "fair game" for negative jokes. It would be nice to move beyond that.

judgment. That's not the same as dementia. What was ordered for Trump was a screening test, and his personal physician did not see the need for a follow-up diagnostic cognitive assessment, which is a fairly detailed battery of tests for dementia. Neither candidate, to our knowledge, has ever been tested for their cognitive functioning because their personal physicians haven't found it necessary.

One of the attributes of super agers (people aged 80+ with physical and mental faculties intact) is that they seem to handle stress exceptionally well, and in fact some of them thrive on stress. Both candidates have these attributes. They're a very unusual subgroup of the population: Time has already selected them.

We're also dealing with two candidates who have very strong life purpose. They are both 100% fully engaged in every aspect of their lives. If you take most people in their 30s and 40s and put them on a schedule comparable to Biden and Trump in travel and speaking, most of us wouldn't be able to do it! So what they are experiencing now on the campaign trail is a litmus test—and they're passing with flying colors.

BW: *How might the active-aging industry benefit from your recent findings?*

SJO: It's always useful to measure what you can measure; one size doesn't fit all. If you don't have information on the personal attributes of your population, you can't draw conclusions about their future lifespan or health and wellness. It's fundamental to have appropriate measures. This can be done through a series of questions, very much like the analysis done in our paper; and through the use of health markers from blood and urine and genetic tests that can give you a sense of whether individuals possess genes associated with exceptional longevity.

Telling people just to adopt a healthier lifestyle can be useful, but that doesn't get to this level of detail. It's good advice to exercise more, but personalized risk assessments

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Dr. S. Jay Olshansky and colleagues looked at "inherited and acquired risk factors combined with an assessment of available medical records for both candidates" to assess the lifespan and healthspan of Joe Biden (77) and Donald Trump (74). The researchers found evidence to suggest the men are likely "super agers" (see the glossary on page 22). Below are some of the team's additional findings[6]:

- Both candidates have a higher than average probability of surviving the next four years relative to other men their age (95.2% for Biden—average is 82.2%; 90.3% for Trump—average is 86.2%). The main force influencing these favorable survival estimates is familial longevity. Socioeconomic factors contributing to this conclusion are that both have access to excellent health care, high income, they are highly educated, and both are married.

- Both candidates are expected to have higher than average healthspans relative to other men their age in the US (about 10 years more than average).

- Biden is expected to outlive Trump, even though he is three years older. The reasons are that Biden has an exceptional health profile for a man his age (e.g., ideal Body Mass Index [BMI], physically active, few prescription medications, no identifiable lethal conditions, excellent cholesterol profile, low inflammation). He also has a family history of longevity. Trump also shares most of this profile, except his obesity and sedentary lifestyle work against his familial longevity history and his otherwise healthy biological profile. Trump's risk factors are significant but modifiable—it is unknown whether he has adhered to lifestyle recommendations from his physicians.

- There is no evidence available in the public record to indicate that either candidate is facing a major cognitive functioning challenge—either now or during the next four years. Trump does face an elevated risk of Alzheimer's disease due to a family history of the disease on his father's side.

Extracted from: Olshansky, S. J., et al. (2020). "Projected lifespan and healthspan of Joe Biden and Donald Trump before the 2020 election," a special online feature to the Journal on Active Aging *released early in draft form. Used with the permission of the authors. Available at www.icaa.cc/2020elections.htm*

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can dig deeper; for example, you need to be tested in six months for this or 12 months for that, or not be tested based on family history and risk profile. But you've got to know what you're dealing with first.

BW: *Any final thoughts on "de-weaponizing" ageism?*

SJO: Guess what, America? We are lucky; we have two candidates who are likely to be super agers! You may not like what they say or how they say it or their personal judgment, but it's got nothing to do with how old they are. These folks are capable of doing anything.

The older segment of the population is a resource worth its weight in gold and we are not taking advantage of this. Ageism is stopping society from benefitting from the valuable resource of an aging population, and it's preventing older people from achieving a fulfilling life throughout their lifespan. Instead of disengaging people from society as they grow older, we should be finding ways to get them more involved in society because they bring such valuable assets to the table, including—among other things—the experience of time.

We couldn't be more fortunate with all the experience these two candidates bring. If you don't like what they say, vote for the other guy. That's the primary message against ageism: Chronological age is not important.

The bottom line: Leave them alone. Age is not an issue. 🌑

Beth Witrogen, BA, MJ, is a journalist and author in the field of aging and caregiving. Her book Caregiving: The Spiritual Journey of Love, Loss and Renewal *was nominated for the Pulitzer Prize. She appeared on the* Today *show, consulted on four PBS series on caregiving and edited a companion book,* And Thou Shalt Honor. *Witrogen is a contributing editor for the* Journal on Active Aging®. *She can be reached at witrogen@comcast.net, bwitrogen@yahoo.com, @bwitrogen.*

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Crusading against ageism in America's presidential elections

An Olshansky snapshot

S. Jay Olshansky, PhD, received his PhD in Sociology at the University of Chicago in 1984. He is currently a professor in the School of Public Health at the University of Illinois at Chicago and research associate at the Center on Aging at the University of Chicago. Among other things, his research has focused on estimates of the upper limits to human longevity, exploring the health and public policy forecasts of the size and the survival and age structure of the population. Olshansky serves on the Board of Directors of the American Federation for Aging Research. He has received multiple awards for his research on aging.

Indicators of longevity

- **Rule 1.** If you want to live a long and healthy life, choose long-lived healthy parents, which tells you the importance of genetics.

- **Rule 2.** Get the most education you can. The education/longevity gradient shows that the more you have, the longer you live. This has been well documented and published extensively and is well known in the field of public health.[4]

- **Rule 3.** Choose to be a female; you'll live several years longer.

- **Rule 4.** Social determinants of health are viable predictors. They have been documented and demonstrated definitively for more than 50 years. They're not anything that your mother and grandmother haven't told you. Don't smoke, exercise, don't eat so much, lose weight, find a loving partner, stay engaged, get educated—no news there.[5]

– Dr. S. Jay Olshansky

The value of aging

Barbara M. Resnick, PhD, RN, CRNP, FAAN, FAANP, focuses on healthy aging research and clinical work as a geriatric nurse practitioner. Dr. Resnick is the Sonya Ziporkin Gershowitz Chair in Gerontology, a professor of Organizational Systems and Adult Health, and a codirector of the Biology and Behavior Across the Lifespan Organized Research Center at the University of Maryland School of Nursing, in Baltimore. The Journal on Active Aging® *asked the longtime ICAA Advisory Board Member to offer her thoughts on age given its role in the 2020 US presidential election.*

Age cannot be used as a marker for ability—cognitive or functional. Everyone ages differently. You can have a 55-year-old who has early stages of dementia; I have patients as old as 105 who are doing their income tax, walking independently and engaging in routine daily activities. We see individuals working well into their 90s.

Taking Ruth Bader Ginsburg as an example: You can't assume age makes somebody incompetent or unable to perform. Certain things may be harder to do but, in fact, with many professions like lawyers and physicians, it's accrued knowledge that you can't get any other way but by aging.

Cognitive impairment is a major concern and the number of people with dementia in the future is scary. We can help people stay alive and functioning, but we can't help prevent dementia. No one really gets out without some cognitive changes.

How do super agers get there? Genetic components, behavioral aspects: We know that eating and drinking in moderation and exercise are the most important components to stay functioning at optimal levels. We need to stay engaged in meaningful activities, whatever they are—stretching ourselves more than we do, challenging brain and body.

Anybody who's not competent wouldn't be able to go through the process of political campaigns, even with great health. Individuals should be judged based on abilities—not age, color, ethnicity, religion or gender.

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