

educational interventions produce dollar returns.⁴ Therefore, shifting societal resources toward improving the educational attainment of African Americans makes sense from a public policy standpoint, regardless of the relative gains in health. ■

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REDISTRIBUTION AND HEALTH

In their evocative thought experiment, Woolf et al. demonstrate that reducing racial disparities might result in greater gains in life expectancy than investments in medical technology.¹ In calculating reductions in mortality attributable to medical technology, the authors conservatively assumed that medical technology was responsible for 100% of the observed reduction in mortality over the study period. Unfortunately, there is a catch to this assumption that renders it less conservative. Over the 1991–2000 study frame the authors used, increases in the Gini coefficient occurred.² This suggests that socioeconomic disparities for the overall population (not just African Americans) worsened. If disparities are causing declines in health, they will hide a portion of the observed gains in life expectancy owing to medical technology.

For instance, suppose that increasing disparities resulted in a loss of 1 year of life expectancy for the overall US population over the 1991–2000 study frame. The actual improvement in life expectancy was 1.5 years.³ Therefore, if improvements in medical technology were responsible for all gains in life expectancy, the actual gains from medical technology would have been 2.5 years rather than the observed 1.5 years. Nonetheless, the study points to a critical issue that requires further examination by policymakers. Most