

Great Depression did not significantly improve life expectancy in the US

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A study published today provides a new perspective on the Great Depression of the 1930s. A widely held view is that there were remarkable improvements in life expectancy of over five years. Using data from urban populations, researchers found that it was actually associated with an increase in suicides but reduction in motor-vehicle accidents, a pattern consistent with the impacts of the current recession in Europe and the U.S. The study, led by the London School of Hygiene & Tropical Medicine, is published in today's issue of the *Journal of Epidemiology & Community Health*.

Senior author of the study, Dr David Stuckler, of the London School of Hygiene & Tropical Medicine and Harvard School of Public Health, said: "Our study provides evidence that even major depressions do not imply mortality crises. Whether health improves or worsens during hard times depends mainly on how governments choose to respond."

Professor Martin McKee, of the London School of Hygiene & Tropical Medicine, said: "This study reminds us of the importance of learning the lessons of the Great Depression for the situation we face now, both in terms of the implications for the economy and for health."

Previous studies had mainly relied on countrywide data to study trends in health during the Great Depression. For the first time, the authors looked at mortality data on 30 causes of death covering 114 US cities and 36 US states between 1929 and 1937. Banking crises were an iconic feature of the depression, and also one of the very few measures available to

capture the variation in the impact of the Great Depression among states. Importantly, at that time, banks were not allowed to operate across state borders, whereas workers and production could do. Banks may 'suspend' temporarily, but no one knew at the time how permanent this would be, creating a loss of a sense of control. The authors investigated the relationships of bank suspensions and personal income with the rises and falls in mortality.

Overall, the authors found that a higher rate of bank suspensions was significantly associated with higher suicide but lower death rates from motor-vehicle accidents; no significant effects were observed for 30 other causes of death. Consistent with smaller-scale studies of this period, the authors found no evidence of a delayed, longer-term effect of the Great Depression on population health. Using alternative measures, such as economic output and personal income, the authors found similar patterns.

The authors concluded: "We found that mortalities in US urban populations significantly fell during the Great Depression. We were able to confirm our hypothesis that, within this overall change, there were some components, such as reductions in infectious disease mortality and increases in deaths from chronic diseases that were independent of bank suspensions. Thus, these changes cannot clearly be linked to the [Great Depression](#)."

The authors note that it is likely that the New Deal, the birth of the U.S. social security system and large fiscal stimulus, combined with Prohibition of alcohol, helped to prevent a major mortality crisis. They show that, after Prohibition was lifted in 1933, in an effort to stimulate the economy, alcohol-related mortality increased significantly. Other regions that introduced major cuts to social welfare had differing patterns of mortality during crises, the authors note, pointing to the mortality crises in eastern European during their economic depressions

of the 1990s. They conclude, "Future work is needed to understand the potentially protective effects of the New Deal and Prohibition."

More information: Stuckler D, Meissner C, Fishback P, et al. Banking crises and mortality during the Great Depression: evidence from US urban populations, 1929-1937J Epidemiol Community Health (2011). [doi:10.1136/jech.2010.121376](https://doi.org/10.1136/jech.2010.121376)

Provided by London School of Hygiene & Tropical Medicine

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