Life at the Top in America Isn't Just Better, It's Longer

JANNY SCOTT

Jean G. Miele's heart attack happened on a sidewalk in Midtown Manhattan in May 2004. He was walking back to work along Third Avenue with two colleagues after a several-hundred-dollar sushi lunch. There was the distant rumble of heartburn, the ominous tingle of perspiration. Then Miele, an architect, collapsed onto a concrete planter in a cold sweat.

Will L. Wilson's heart attack came four days earlier in the bedroom of his brownstone in Bedford-Stuyvesant in Brooklyn. He had been regaling his fiancée with the details of an all-you-can-eat dinner he was beginning to regret. Wilson, a Consolidated Edison office worker, was feeling a little bloated. He flopped onto the bed. Then came a searing sensation, like a hot iron deep inside his chest.

Ewa Rynczak Gora's first signs of trouble came in her rented room in the noisy shadow of the Brooklyn-Queens Expressway. It was the Fourth of July. Gora, a Polish-born housekeeper, was playing bridge. Suddenly she was sweating, stifling an urge to vomit. She told her husband not to call an ambulance; it would cost too much. Instead, she tried a home remedy: salt water, a double dose of hypertension pills, and a glass of vodka.

Architect, utility worker, maid: heart attack is the great leveler, and in those first fearful moments, three New Yorkers with little in common faced a single common threat. But in the months that followed, their experiences diverged. Social class—that elusive combination of income, education, occupation, and wealth—played a powerful role in Miele's, Wilson's, and Gora's struggles to recover.

Class informed everything from the circumstances of their heart attacks to the emergency care each received, the households they returned to, and the jobs they hoped to resume. It shaped their understanding of their illness, the support they got from their families, their relationships with their doctors. It helped define their ability to change their lives and shaped their odds of getting better.

Class is a potent force in health and longevity in the United States. The more education and income people have, the less likely they are to have and die of heart

Janny Scott, "Life at the Top in America Isn't Just Better, It's Longer," in *Class Matters*, correspondents of the *New York Times*, pp. 27–43, 45–47, 49–50.

disease, strokes, diabetes, and many types of cancer. Upper-middle-class Americans live longer and in better health than middle-class Americans, who live longer and better than those at the bottom. And the gaps are widening, say people who have researched social factors in health.

As advances in medicine and disease prevention have increased life expectancy in the United States, the benefits have disproportionately gone to people with education, money, good jobs, and connections. They are almost invariably in the best position to learn new information early, modify their behavior, take advantage of the latest treatments, and have the cost covered by insurance.

Many risk factors for chronic diseases are now more common among the less educated than the better educated. Smoking has dropped sharply among the better educated, but not among the less. Physical inactivity is more than twice as common among high school dropouts as among college graduates. Lower-income women are more likely than other women to be overweight, though the pattern among men may be the opposite.

There may also be subtler differences. Some researchers now believe that the stress involved in so-called high-demand, low-control jobs further down the occupational scale is more harmful than the stress of professional jobs that come with greater autonomy and control. Others are studying the health impact of job insecurity, lack of support on the job, and employment that makes it difficult to balance work and family obligations.

Then there is the issue of social networks and support, the differences in the knowledge, time, and attention that a person's family and friends are in a position to offer. What is the effect of social isolation? Neighborhood differences have also been studied: How stressful is a neighborhood? Are there safe places to exercise? What are the health effects of discrimination?

Heart attack is a window on the effects of class on health. The risk factors—smoking, poor diet, inactivity, obesity, hypertension, high cholesterol, and stress—are all more common among the less educated and less affluent, the same group that research has shown is less likely to receive cardiopulmonary resuscitation, to get emergency room care, or to adhere to lifestyle changes after heart attacks.

"In the last twenty years, there have been enormous advances in rescuing patients with heart attack and in knowledge about how to prevent heart attack," said Ichiro Kawachi, a professor of social epidemiology at the Harvard School of Public Health. "It's like diffusion of innovation: whenever innovation comes along, the well-to-do are much quicker at adopting it. On the lower end, various disadvantages have piled onto the poor. Diet has gotten worse. There's a lot more work stress. People have less time, if they're poor, to devote to health maintenance behaviors when they are juggling two jobs. Mortality rates even among the poor are coming down, but the rate is not anywhere near as fast as for the well-to-do. So the gap has increased."

Bruce G. Link, a professor of epidemiology and sociomedical sciences at Columbia University, said of the double-edged consequences of progress: "We're creating disparities. It's almost as if it's transforming health, which used to be like fate, into a commodity. Like the distribution of BMWs or goat cheese."

The Best of Care

Jean Miele's advantage began with the people he was with on May 6, when the lining of his right coronary artery ruptured, cutting off the flow of blood to his sixty-six-year-old heart. His two colleagues were knowledgeable enough to dismiss his request for a taxi and call an ambulance instead.

And because he was in Midtown Manhattan, there were major medical centers nearby, all licensed to do the latest in emergency cardiac care. The emergency medical technician in the ambulance offered Miele a choice. He picked Tisch Hospital, part of New York University Medical Center, an academic center with relatively affluent patients, and passed up Bellevue, a city-run hospital with one of the busiest emergency rooms in New York.

Within minutes, Miele was on a table in the cardiac catheterization laboratory, awaiting angioplasty to unclog his artery—a procedure that many cardiologists say has become the gold standard in heart attack treatment. When he developed ventricular fibrillation, a heart rhythm abnormality that can be fatal within minutes, the problem was quickly fixed.

Then Dr. James N. Slater, a fifty-four-year-old cardiologist with some twenty-five thousand cardiac catheterizations under his belt, threaded a catheter through a small incision in the top of Miele's right thigh and steered it toward his heart. Miele lay on the table, thinking about dying. By 3:52 P.M., less than two hours after Miele's first symptoms, his artery was reopened and Slater implanted a stent to keep it that way.

Time is muscle, as cardiologists say. The damage to Miele's heart was minimal.

Miele spent just two days in the hospital. His brother-in-law, a surgeon, suggested a few specialists. His brother, Joel, chairman of the board of another hospital, asked his hospital's president to call New York University. "Professional courtesy," Joel Miele explained later. "The bottom line is that someone from management would have called patient care and said, 'Look, would you make sure everything's okay?'"

Things went less flawlessly for Will Wilson, a fifty-three-year-old transportation coordinator for Con Ed. He imagined fleetingly that he was having a bad case of indigestion, though he had had a heart attack before. His fiancée insisted on calling an ambulance. Again, the emergency medical technician offered a choice of two nearby hospitals—neither of which had state permission to do angioplasty, the procedure Jean Miele received.

Wilson chose the Brooklyn Hospital Center over Woodhull Medical and Mental Health Center, the city-run hospital that serves three of Brooklyn's poorest neighborhoods. At Brooklyn Hospital, he was given a drug to break up the clot blocking an artery to his heart. It worked at first, said Narinder P. Bhalla, the hospital's chief of cardiology, but the clot re-formed.

So Bhalla had Wilson taken to the Weill Cornell Center of New York–Presbyterian Hospital in Manhattan the next morning. There, Bhalla performed angioplasty and implanted a stent. Asked later whether Wilson would have been better off if he had had his heart attack elsewhere, Bhalla said the most important issue in heart attack treatment was getting the patient to a hospital quickly.

But he added, "In his case, yes, he would have been better off had he been to a hospital that was doing angioplasty."

Wilson spent five days in the hospital before heading home on many of the same high-priced drugs that Miele would be taking and under similar instructions to change his diet and exercise regularly. After his first heart attack, in 2000, he quit smoking; but once he was feeling better, he stopped taking several medications, drifted back to red meat and fried foods, and let his exercise program slip.

This time would be different, he vowed: "I don't think I'll survive another one."

Ewa Gora's experience was the rockiest. First, she hesitated before allowing her husband to call an ambulance; she hoped her symptoms would go away. He finally insisted; but when the ambulance arrived, she resisted leaving. The emergency medical technician had to talk her into going. She was given no choice of hospitals; she was simply taken to Woodhull, the city hospital Will Wilson had rejected.

Woodhull was busy when Gora arrived around 10:30 p.m. A triage nurse found her condition stable and classified her as "high priority." Two hours later, a physician assistant and an attending doctor examined her again and found her complaining of chest pain, shortness of breath, and heart palpitations. Over the next few hours, tests confirmed she was having a heart attack.

She was given drugs to stop her blood from clotting and to control her blood pressure, treatment that Woodhull officials say is standard for the type of heart attack she was having. The heart attack passed. The next day, Gora was transferred to Bellevue, the hospital Jean Miele had turned down, for an angiogram to assess her risk of a second heart attack.

But Gora, who was fifty-nine at the time, came down with a fever at Bellevue, so the angiogram had to be canceled. She remained at Bellevue for two weeks, being treated for an infection. Finally, she was sent home. No angiogram was ever done.

Comforts and Risks

Jean Miele is a member of New York City's upper middle class. The son of an architect and an artist, he worked his way through college, driving an ice-cream truck and upholstering theater seats. He spent two years in the military and then joined his father's firm, where he built a practice as not only an architect but also an arbitrator and an expert witness, developing real estate on the side.

Miele is the kind of person who makes things happen. He bought a $21,000 house in the Park Slope section of Brooklyn, sold it about fifteen years later for $285,000, and used the money to build his current house next door, worth over $2 million. In Brookhaven, on Long Island, he took a derelict house on a single acre, annexed several adjoining lots, and created what is now a four-acre, three-house compound with an undulating lawn and a fifteen-thousand-square-foot greenhouse he uses as a workshop for his collection of vintage Jaguars. . . .

His approach to his health was utilitarian. When body parts broke, he got them fixed so he could keep doing what he liked to do. So he had had disk surgery, rotator cuff surgery, surgery for a carpal tunnel problem. But he was also not above an occasional bit of neglect. In March 2004, his doctor suggested a stress test after Miele complained of shortness of breath. On May 6, the prescription was still hanging on the kitchen cabinet door.

An important link in the safety net that caught Miele was his wife, a former execu-

tive at a sweater manufacturing company who had stopped work to raise Emma but managed the Mieles' real estate as well. While Miele was still in the hospital, she was on the Internet, Googling stents.

She scheduled his medical appointments. She got his prescriptions filled. Leaving him at home one afternoon, she taped his cardiologist's business card to the couch where he was sitting. "Call Dr. Hayes and let him know you're coughing," she said, her fingertips on his shoulder. Thirty minutes later, she called home to check.

She prodded Miele, gently, to cut his weekly egg consumption to two, from seven. She found fresh whole wheat pasta and cooked it with turkey sausage and broccoli rabe. She knew her way around nutrition labels.

Lori Miele took on the burden of dealing with the hospital and insurance companies. She accompanied her husband to his doctor's appointments and retained pharmaceutical dosages in her head.

"I can just leave and she can give you all the answers to all the questions," Miele said to his cardiologist, Dr. Richard M. Hayes, one day.

"Okay, why don't you just leave?" Hayes said back. "Can she also examine you?"

With his wife's support, Miele set out to lose thirty pounds. His pasta consumption plunged to a plate a week from two a day. It was not hard to eat healthfully from the Mieles' kitchens. Even the "junk drawer" in Park Slope was stocked with things like banana chips and sugared almonds. Lunches in Brookhaven went straight from garden to table: tomatoes with basil, eggplant, corn, zucchini flower tempura.

At his doctor's suggestion, Miele enrolled in a three-month monitored exercise program for heart disease patients, called cardiac rehab, which has been shown to reduce the mortality rate among heart patients by 20 percent. Miele's insurance covered the cost. He even managed to minimize the inconvenience, finding a class ten minutes from his country house.

He had the luxury of not having to rush back to work. By early June, he had decided he would take the summer off, and maybe cut back his workweek when he returned to the firm.

"You know, the more I think about it, the less I like the idea of going back to work," he said. "I don't see any real advantage. I mean, there's money. But you've got to take the money out of the equation."

So he put a new top on his 1964 Corvair. He played host to a large family reunion, replaced the heat exchanger in his boat, and transformed the ramshackle greenhouse into an elaborate workshop. His weight dropped to 189 pounds, from 211. He had doubled the intensity of his workouts. His blood pressure was lower than ever. . . .

Lukewarm Efforts to Reform

Will Wilson fits squarely in the city's middle class. His parents had been sharecroppers who moved north and became a machinist and a nurse. He grew up in Bedford-Stuyvesant and had spent thirty-four years at Con Ed. He had an income of $73,000, five weeks' vacation, health benefits, a house worth $450,000, and plans to retire to North Carolina when he is fifty-five.

Wilson, too, had imagined becoming an architect. But there had been no money for college, so he found a job as a utility worker. By age twenty-two, he had two children. He considered going back to school, with the company's support, to study engineering.

But doing shift work, and with small children, he never found the time.

For years he was a high-voltage cable splicer, a job he loved because it meant working outdoors with plenty of freedom and overtime pay. But on a snowy night in the early 1980s, a car skidded into a stanchion, which hit him in the back. A doctor suggested that Wilson learn to live with the pain instead of having disk surgery, as Jean Miele had done.

So Wilson became a laboratory technician, then a transportation coordinator, working in a cubicle in a low-slung building in Astoria, Queens, overseeing fuel deliveries for the company's fleet. Some people might think of the work as tedious, Wilson said, "but it keeps you busy."

"Sometimes you look back over your past life experiences and you realize that if you would have done something different, you would have been someplace else," he said. "I don't dwell on it too much because I'm not in a negative position. But you do say, 'Well, dag, man, I should have done this or that.'"

Wilson's health was not bad, but far from perfect. He had quit drinking and smoking, but had high cholesterol, hypertension, and diabetes. He was slim, five foot nine, and just under 170 pounds. He traced his first heart attack to his smoking, his diet, and the stress from a grueling divorce.

His earlier efforts to reform his eating habits were half-hearted. Once he felt better, he stopped taking his cholesterol and hypertension drugs. When his cardiologist moved and referred Wilson to another doctor, he was annoyed by what he considered the rudeness of the office staff. Instead of demanding courtesy or finding another specialist, Wilson stopped going.

By the time Dr. Bhalla encountered Wilson at Brooklyn Hospital, there was damage to all three main areas of his heart. Bhalla prescribed a half-dozen drugs to lower Wilson's cholesterol, prevent clotting, and control his blood pressure.

"He has to behave himself," Bhalla said. "He needs to be more compliant with his medications. He has to really go on a diet, which is grains, no red meat, no fat. No fat at all."

Wilson had grown up eating his mother's fried chicken, pork chops, and macaroni and cheese. He confronted those same foods at holiday parties and big events. There were doughnut shops and fried chicken places in his neighborhood; but Wilson's fiancée, Melvina Murrell Green, found it hard to find fresh produce and good fish.

"People in my circle, they don't look at food as, you know, too much fat in it," Wilson said. "I don't think it's going to change. It's custom."

At Red Lobster after his second heart attack, Green would order chicken and Wilson would have salmon—plus a side order of fried shrimp. "He's still having a problem with the fried seafood," Green reported sympathetically. . . .

Ignoring the Risks

Ewa Gora is a member of the working class. A bus driver's daughter, she arrived in New York City from Kraków in the early 1990s, leaving behind a grown son. She worked as a housekeeper in a residence for the elderly in Manhattan, making beds and cleaning toilets. She said her income was $21,000 to $23,000 a year, with health insurance through her union.

For $365 a month, she rented a room in a friend's Brooklyn apartment on a street lined with aluminum-sided row houses and American flags. She used the friend's bathroom and kitchen. She was in her seventh year on a waiting list for a subsidized one-bedroom apartment in the adjacent Williamsburg neighborhood. In the meantime, she had acquired a roommate: Edward Gora, an asbestos-removal worker newly arrived from Poland and ten years her junior, whom she met and married in 2003.

Like Jean Miele, Ewa Gora had never imagined she was at risk of a heart attack, though she was overweight, hypertensive, and a thirty-year smoker, and heart attacks had killed her father and sister. She had numerous health problems, which she addressed selectively, getting treated for back pain, ulcers, and so on, until the treatment became too expensive or inconvenient, or her insurance declined to pay.

"My doctor said, 'Ewa, be careful with cholesterol,'" recalled Gora, whose vestigial Old World sense of propriety had her dressed in heels and makeup for every visit to Bellevue. "When she said that, I think nothing; I don't care. Because I don't believe this touch me. Or I think she have to say like that because she doctor. Like cigarettes: she doctor, she always told me to stop. And when I got out of the office, lights up."

Gora had a weakness for the peak of the food pyramid. She grew up on her mother's fried pork chops, spare ribs, and meatballs—all cooked with lard—and had become a pizza, hamburger, and french fry enthusiast in the United States. Fast food was not only tasty but also affordable. "I eat terrible," she reported cheerily from her bed at Bellevue. "I like grease food and fast food. And cigarettes." . . .

If Jean Miele's encounters with the health care profession in the first months after his heart attack were occasional and efficient, Ewa Gora's were the opposite. Whereas he saw his cardiologist just twice, Gora, burdened by complications, saw hers a half-dozen times. Meanwhile, her heart attack seemed to have shaken loose a host of other problems.

A growth on her adrenal gland had turned up on a Bellevue CAT scan, prompting a visit to an endocrinologist. An old knee problem flared up; an orthopedist recommended surgery. An alarming purple rash on her leg led to a trip to a dermatologist. Because of the heart attack, she had been taken off hormone replacement therapy and was constantly sweating. She tore open a toe stepping into a pothole and needed stitches. . . .

And Gora was gaining weight. To avoid smoking, she was eating. Her work had been her exercise and now she could not work. Jad Swingle, her doctor, suggested cardiac rehab, leaving it up to Gora to find a program and arrange it. Gora let it slide. As for her diet, she had vowed to stick to chicken, turkey, lettuce, tomatoes, and low-fat cottage cheese. But she got tired of that. She began sneaking cookies when no one was looking—and no one was.

She cooked separate meals for her husband, who was not inclined to change his eating habits. She made him meatballs with sauce, liver, soup from spare ribs. Then one day she helped herself to one of his fried pork chops, and was soon eating the same meals he was. As an alternative to eating cake while watching television, she turned to pistachios, and then ate a pound in a single sitting.

When the stress test was finally done, Dr. Swingle said the results showed she was not well enough to return to full-time work. He gave her permission for part-time work, but her boss said it was out of the question. By November, four months after her heart attack, her weight had climbed to 197 pounds from 185 in July. Her cholesterol levels were stubbornly high and her blood pressure was up, despite drugs for both.

In desperation, Gora embarked upon a curious, heart-unhealthy diet clipped from a Polish-language newspaper. Day 1: two hardboiled eggs, one steak, one tomato, spinach, lettuce with lemon and olive oil. Another day: coffee, grated carrots, cottage cheese, and three containers of yogurt. Yet another: just steak. She decided not to tell her doctor. "I worry if he don't let me, I not lose the weight," she said.

Uneven Recoveries

Nearly a year after his heart attack, Jean Miele was, remarkably, better off. He had lost thirty-four pounds and was exercising five times a week and taking subway stairs two at a time. He had retired from his firm on the terms he wanted. He was working from home, billing $225 an hour. More money in less time, he said. His blood pressure and cholesterol were low. "You're doing great," Dr. Hayes had said. "You're doing better than ninety-nine percent of my patients."

Will Wilson's heart attack had been a setback. His heart function remained impaired, though improved somewhat. At one checkup in the spring of 2005, his blood pressure and his weight had been a little high. He still enjoyed fried shrimp on occasion, but he took his medications diligently. He graduated from cardiac rehab with plans to join a health club with a pool. And he was looking forward to retirement.

Ewa Gora's life and health were increasingly complex. With Dr. Swingle's reluctant approval, she returned to work in November 2004. She had moved into the subsidized apartment in Williamsburg, which gave her her own kitchen and bathroom for the first time in seven years. But she began receiving menacing phone calls from a collection agency about an old bill her health insurance had not covered. Her husband, with double pneumonia, was out of work for weeks.

She had her long-awaited knee surgery in January 2005. But it left her temporarily unable to walk. Her weight hit two hundred pounds. When the diet failed, she considered another consisting largely of fruit and vegetables sprinkled with an herbal powder. Her blood pressure and cholesterol remained ominously high. She had been warned that she was now a borderline diabetic.

"You're becoming a full-time patient, aren't you?" Swingle remarked.