

TRANSCRIPT:

*Asking the Right Questions: Aging and the Presidential Election*

Media Briefing | February 15, 2024

**Featuring**

[S. Jay Olshansky](#), Ph.D., Professor in the School of Public Health at the University of Illinois at Chicago and a research associate at the Center on Aging at the University of Chicago and the London School of Hygiene and Tropical Medicine.

[Ben Barnes](#), formerly Speaker of the Texas House of Representatives from 1965 to 1969 and the 36th lieutenant governor of Texas.

[Bradley Willcox](#), M.D., MSc, FGSA, Professor and Director of Research at the Department of Geriatric Medicine, John A. Burns School of Medicine, University of Hawai'i Mānoa.

**Moderator**

[Steven Austad](#), Ph.D., AFAR Senior Scientific Director, and Distinguished Professor, Protective Life Endowed Chair in Health Aging Research, University of Alabama-Birmingham

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Host-AFAR  
(John Beilienson): 00:01

Welcome to "Asking the Right Questions: Aging, and the Presidential Election." This webinar is a media briefing sponsored by the American Federation for Aging Research, a national nonprofit organization that supports and advances pioneering biomedical research that is revolutionizing how we live healthier and longer. For more than four decades, AFAR has served as the field's talent incubator, providing more than \$200 million to some 4,400 investigators premier research institutions to date. In 2023, AFAR provided approximately \$12.5 million to more than 60 investigators. A trusted leader and strategist, AFAR also works with public and private funders to steer high-quality grant programs and interdisciplinary research networks. AFAR-funded researchers are finding that modifying basic cellular processes can delay and even prevent many chronic diseases, often at the same time. They are discovering that it is never too late or too early to improve one's health. The science funded by AFAR is paving the way for innovative new therapies that promise to improve and extend our quality of life at any age. And you can learn more about AFAR at [www.afar.org](http://www.afar.org).

Host- AFAR  
(John Beilienson): 01:16

Our moderator for today is Steven Austad, a distinguished professor and the inaugural Protective Life endowed chair in Health Aging Research, Healthy Aging Research in the Department of Biology at the University of Alabama at Birmingham. He's also the founding director and current co-director of UAB's Nation Shock Center of Excellence in the Biology of Aging. As noted here, he is the Senior Scientific Director of the American Federation for Aging Research. In addition to conducting award-winning research in the biology of aging, Dr. Austad has an abiding interest in communicating science to the general public and has written four trade books, including most recently, "Methuselah Zoo, What Nature Can Teach Us About Living Longer, Healthier Lives." He has served on the Scientific Advisory Board of National Public Radio and written more than 150 op-eds and essays for electronic and print media, including the Huffington Post, The Atlantic, Wall Street Journal, and Salon. Please take it away, Dr. Austad.

STEVEN AUSTAD:  
02:16

Well, thanks, John. It's a pleasure to be here. And by here, I mean here we are nine months ahead of one of the most unique presidential elections in our history. Many things that make it unique but the striking thing that we're here to talk about today is the age of the candidates. As everyone probably realizes by now, the presumptive candidates from both parties will be the oldest candidates ever to run for the presidency. And in fact, the previous oldest candidates to run for the presidency were the same two people, Joe Biden and Donald Trump, four years ago. And this year, there's been an exceptional focus on the age of the candidates, particularly the age of President Biden.

AUSTAD: 03:08

And this is unusual in the extent that age has come up in presidential campaigns before. It's been used as early as 1940 when it was used against Franklin Roosevelt. To show the difference in between 1940 and today, he was 58 at the time when he

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was thought to be on the borderline of being too old. But now we have an 81-year-old president. And how much account should we take of that? I think one of the reasons that it's become such an issue is that it's an issue that's not simply being raised by his political opponents, but it's also being whispered about among people in his own party. So today we have three speakers who have different expertise on this issue. And they've recently collaborated on an [opinion piece published last month in The Hill, the title of which, "Is Joe Biden a SuperAger? Are we asking all the wrong questions?"](#) And so today what we're going to do is we're going to hear from each of those authors. And at the end of their short presentations, we're going to open this up for questions so that you could question any of them.

AUSTAD: 04:23

And I'd like to just introduce the authors as we go. So first is S. Jay Olshansky. Dr. Olshansky is a professor in the School of Public Health at the University of Illinois at Chicago and a research associate at the Center on Aging at the University of Chicago and also the London School of Hygiene and Tropical Medicine. Dr. Olshansky's research is on estimating the upper limits to human longevity, health and public policy implications associated with individual and population aging, and the pursuit of scientific means to slow human aging. Widely quoted on these and related issues in the popular media, Dr. Olshansky also testified in 2022 before the US House Committee on Science, Space, and Technology on the topic of aging and how advances in understanding aging biology are about to transform what it means to grow old.

AUSTAD: 05:23

So coming from a medical perspective, Dr. Bradley Willcox is a geriatrician and a professor and director of research at the Department of Geriatric Medicine at the University of Hawaii School of Medicine. He also leads several studies on health span and lifespan and has been involved for years in the Okinawan Centenarian study. He's active clinically. He actually sees patients. He looks at medical records frequently. And he is a co-leader of long-term care hospitalist service to Queens Medical Center. Dr. Willcox is also an author of New York Times bestselling book on Healthy Aging, the Okinawa Program. And his work has appeared in cover articles in Time Magazine, National Geographic, as well as on Oprah, Good Morning America, Nova Science, and BBC among other things.

AUSTAD: 06:22

The third speaker is Ben Barnes. Ben is a protege of President Lyndon Johnson. He won a seat in the Texas House of Representatives at the age of 22. Three years later, Barnes was elected Texas Speaker of the House. At age 26, he was the youngest Speaker of the House in state history. Five years later, he was elected Lieutenant Governor of Texas. Again, the youngest ever, garnering the most votes of any statewide candidate in Texas history. Today, at the age of 85, he leads a successful public policy firm with offices in Washington, D.C. and Austin, Texas. The Ben Barnes

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Group has a global presence and represents numerous Fortune 500 firms, trade associations, and business groups.

AUSTAD: 07:12

Barnes is also actively involved with the Roosevelt Institute, the nonprofit think tank of the Franklin D. Roosevelt Library. He also sits on the Board of Directors of the LBJ School of Public Affairs at the University of Texas and serves as vice chairman of the LBJ Foundation. Welcome, gentlemen. It's good to have you here. Well, I'm going to start off by turning it over to Dr. Olshansky. And I'd like to frame this, Jay, by giving all the attention that's being paid to the age and the fitness of the presumptive presidential nominees, how should we be thinking about this issue? The piece you wrote was we're asking all the wrong questions. What are the right questions that we should be asking?

S. JAY OLSHANSKY,  
PHD: 07:59

Yeah, thanks, Steven. Thanks to AFAR for hosting this. And we are open to any and all questions. We're actually, really looking forward to that. And we're going to be brief. Look, let me start out by saying we're not new to this issue. It's not like we came to this issue of presidential aging and longevity out of the blue. Back in 2011, I published an article in JAMA, the first scientific article ever published on the longevity of all the US presidents. And the overall finding that I had come to in that article was that going all the way back to George Washington, presidents, on average, tend to live significantly longer than the rest of the population. Certainly, the cohort from which they came. We know it's due to the social determinants of health, access to higher income, education, all of the variables that we generally associated associate with longer life that the presidents have.

OLSHANSKY: 09:01

We also have evidence from the medical records-- and this is based on an article that Dr. Willcox and I, other geriatricians, and other scientists in survival analysis published just before the last presidential election, making projections about the longevity and health of both Biden and Trump. We're going to recreate that analysis this summer. But the overall conclusion we came to back then was that there's evidence to suggest that both candidates have attributes of SuperAgers. You're going to hear more about that from Dr. Willcox in a minute. Rule number one in aging science that I actually would really like to emphasize is that aging happens to everyone, but not at the same rate. There's a lot of heterogeneity that exists. The best way to understand that is to go to your high school reunion where aging touches some people more than others, but there's no question about it.

OLSHANSKY: 09:58

We published on this as well, demonstrating that about 25% of the population over 85 have really no significant impairments at all. They operate at levels that are consistent with people much, much younger. About 55% of those 85 and over do exceptionally well. So there's nothing really stopping older individuals from doing at later ages what they did at younger ages. You can't sugarcoat aging. There's no question that things go wrong as we get older, but aging is not what it used to be. It used to be all about

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loss and decline. The things that we lost back then like our sight and our hearing, those are just nuisances now if they even bother us at all. And aging science is really moving rapidly toward the development of interventions that have the potential to extend the period of healthy life even further.

OLSHANSKY: 10:56

The way I look at this-- and I got this message from my father who lived to the age of 96. And he basically told me at the age of 95, he said, "Jay, I don't actually really know what it's supposed to be like to be older." He said, "When I look in that mirror-- if I go up close enough to that mirror and I look only in my eyes, I am the 45-year-old version of myself." He said, "I don't recognize that body." But inside, he is the same person that he was at younger ages. I think this is a fairly common phenomenon. So the way I think of it is older people today, for the most part, are just younger people living in older bodies with the same goals, the same aspirations, the same desires, perhaps having attributes that they didn't have when they were younger like crystallized intelligence, the ability to make wise decisions based on an accumulated lifetime of knowledge that's acquired.

OLSHANSKY: 11:59

So I'll end by saying something really simple and straightforward. I see older individuals and especially, healthy older individuals - and I'm not the only one to suggest this - as one of the most valuable assets to our society. And any work that we do, certainly in the world of aging science that's designed to extend the period of healthy life is going to pay off in multiple ways going forward. And in these particular cases, both in Biden and Trump's case, we've got evidence to suggest - and you're going to hear about this in a second - that they're doing exceptionally well, and don't believe a lot of what you see in the media about loss of cognitive functioning and the like. So I'll stop there and turn it over to Dr. Willcox.

AUSTAD: 12:48

Thanks, Jay. So Dr. Willcox, let me ask you as a doctor, a geriatrician, what are the right clinical questions that we should be asking and answering about the two candidates?

WILLCOX: 13:03

Thank you. And thank you for the kind introduction, Dr. Austad. I've been a geriatrician for over 20 years now. My first faculty position was in Hawaii, and I'm still here because we have one of the best programs of geriatric medicine as well as one of the best resources to study aging in the world. We have studied over 8,000 American men of Japanese and Okinawan Japanese ancestry for over 60 years now. And we've studied their cognitive function. We've studied their other biological functions. So we know a lot about aging. So as a geriatrician, I mean, the first thing we're taught is to really-- we're rather minimalists in terms of interventions because what we think of homeostasis, balance in the body. As people get older, it's more like homeostenosis, right? There's less wiggle room when you start making major changes in people.

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WILLCOX: 14:22

But I think - and this is part of what we're talking about today - has a lot to do with biological versus chronological aging. And we on the call obviously understand a lot about that. But I think it's just kind of filtering down into the public now. And when I think of biological age, it's more like how you're aging on the inside. How old are your organs? Blood is an organ, your lung is an organ, your brain is an organ. And then chronological age, I think of-- well, most of us think of it as your calendar age. What year were you born? Biden's 81, Trump's 78. Two and a half or so years apart. And that's what people are focusing on right now, I think in the media, is chronological age, not the biological age of the person.

WILLCOX: 15:27

I think of the rate of aging. You see a lot of tests these days like looking at DNA methylation tests and other tests that say, "Oh, you are X years old and your calendar age is chronological age is X years older. You're 10 years younger." I think there's a lot of trouble with that kind of analysis. I think that kind of test is more a test of your rate of aging, which you can slow by doing certain things. So you eat a healthier diet, you reduce the inflammation in your body, your DNA methylation test improves. But did you actually change your biological age? Maybe after years, you might change it, but not after a couple of months. So I think biological age is also measuring aging more like the odometer on your car rather than the speedometer. Rate of aging, speedometer. The odometer, how many miles are on your body? If you've aged more slowly over the entirety of your life, you may have less miles.

WILLCOX: 16:32

There's evidence to suggest that for biological aging, as you get to middle age, you can be 20 years younger or up to 20 years older. So me as a 60 year-- well, 62. Okay. Anyone can look it up. So 60, I could be biologically 40 or maybe less. And I could be biologically 80, or maybe more depending on how I've lived my life, my genetics, exercise, and other health habits. I'll give you an example. Recently, I did a test that measures the-- it's a good test to measure how healthy or how old your arteries are, which is obviously, important for your cardiovascular health. It's called pulse wave velocity. And I scored, well, 40. Some tests, I was 35, some 42, but let's just say 40. So I like to think I'm aging more slowly. And I have no cardiovascular disease whatsoever. So I think those are important questions.

WILLCOX: 17:42

When you look at-- if you're an armchair geriatrician, and you're looking at the television, and you say, "Oh look, Biden. He's not speaking clearly. He's speaking slowly and sometimes making the mistakes about names of people and that kind of thing. I mean, think about being a president. The guy's flying 24/7 everywhere. He doesn't know what time zone he's in. I think any one of us under those circumstances could be found to make a few gaffes. And I think Trump, he makes just as many as more gaffes, but he looks sort of really peppy and in your face. And so I think a lot of people think, well, Biden must be getting demented. But dementia is a diagnosis that requires a large number of blood tests to rule out other causes, MRI, and other

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studies. And we're getting to the point now where we can through an MRI and some questionnaires predict your ability or your risk for dementia with about 90% accuracy over a five-year period. And that's a new test that's been FDA-approved. So there are ways to sort of get at how quickly are we aging. And I think those are the kind of questions that we should be asking.

AUSTAD: 19:11                    So if I could just follow up, you've actually looked at the public medical records of both of the presumptive candidates. Is that correct?

WILLCOX: 19:20                   That is correct.

AUSTAD: 19:21                   And what did they look like to you, as a practicing geriatrician?

WILLCOX: 19:27                   Well, I think, as a geriatrician, I'm looking at markers of inflammation. I'm looking at actual medical tests that have been done. And remarkably, they both had very low inflammation in their bodies as measured by C-reactive protein. Bidens was a little bit lower. But in certain instances such as cardiovascular tests, Trump has had a history of poor diet and lack of exercise. And so his numbers were not as good. He got on several drugs, and it started to slow down or improve his lipids. [inaudible]. [inaudible] we're having a test called [inaudible].

AUSTAD: 20:31                   We're having some technical difficulties with hearing you at this point, Dr. Willcox. Maybe we could jump to Ben Barnes and come back to you when those difficulties clear up.

WILLCOX: 20:46                   Maybe I can move locations.

AUSTAD: 20:49                   That might help. This must seem kind of strange to you. I'm sure you don't hold the youth of the candidates against them. But given at your age having not only had an illustrious political career but also being a very active and vigorous 85-year-old businessman. You recently became one of the oldest people in the state to receive a kidney transplant, I understand. And I'm curious what you learned about ageism from that experience.

BEN BARNES: 21:32               Well, thank you very much. And I think probably having a kidney transplant is one of the most maturing experiences a person can have. And I'll speak briefly to my experience. I developed kidney disease a couple of years ago. I went to two different hospitals that specialized in kidney disease, and they indicated that they thought that I might be too old to get a transplant at Harmon Memorial Hospital in Houston. That's part of the University of Texas. Has an outstanding transplant team. And they said, "Ben, we'll give you a transplant. You just got to find a recipient that matches. And that's your responsibility." And I said, "Well, how do you find a kidney? You go down the street and tell people you need a kidney?" But anyway, they said, "No, it'll happen. Your friends will do it. And sure enough, my assistant of 22 years gave me her



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kidney, and it was a great success. And that was last year on my 85th birthday that I received a new kidney.

BARNES: 22:32

I have always been active, and it's kind of my life is kind of reversed now. I spent my young days in politics. And I spent a lot of time trying to figure out how that I could be older and be seen more mature and wear darker suits and make sure my hair was combed and not look so youthful that I wanted to be older because I was so young. And now I spend just the opposite. I like to sit on the back row instead of the front row. But I feel wonderful and I have had a very active life. Just this last week I was in Europe. I was in Austria and in Holland. I had two meetings and was there for four days and came back. And since I've gotten back from Europe, I've been to Washington one time. I'm in Florida now. I'm going back to Austin on Monday. I'll be in New York on Tuesday and I'll be back. And I'll be in my Washington office on Wednesday. So I am still very active.

BARNES: 23:35

And I do believe that Biden and Trump both are-- that it's not their age that we should be concerned about as far as which man is going to be the next president of the United States. And the question that was raised by the special counsel that President Trump appointed in the Biden confidential papers case after he made the statement that Biden couldn't remember when his son Beau was passed away. And I thought about that and I said, "Well, only how valid that is. Well, I lost my brother who's two years younger than me. He lived in Washington, and he died two years ago. And I gave his eulogy, and I was honored to do that. I love my brother very much. But I couldn't remember the month that he had died two years ago, and it's only been two years." And I said, "Well, that's maybe I am slipping. Maybe that is. Maybe the special counsel raised a valid point." But then I called four of my grandchildren that were a part of honoring my brother at his death. And they could not remember what month that my brother had died and what month that they had heard me do the eulogy.

BARNES: 24:59

And so if you ask yourself and you think back to somebody in your family passes away and if a couple of years have gone by or maybe even a couple of months in some instances you can't remember the day or you can't remember the month or the year. And so I thought that was a kind of one of those things that the wrong questions are being asked. There's no doubt in my mind. As a client said to me recently, "Barnes, we like to hire you because you've had so much experience. You give us suggestions, to answer to questions that we have much quicker than a lot of people that are younger than you because you've had so much experience." And I say that what the person's record has been in public office, what they're able to get done and what they can still get done has more to do with who should be president than the numerical age of the of the of the people that are running.

AUSTAD: 25:59

Well, thanks. Thanks so much. Good to hear from all of you. Now we're going to start taking some questions from the audience. So the first question is from Joseph



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Stepansky says, "Hello, the US Representative Katie Porter said earlier this week that age limits are a conversation for all elected officials that we ought to be having." So he wanted to get your thoughts on this statement. Is there a place for discussing age limits for elected officials as opposed to term limits and political discourse? Can that conversation be had in a productive way? Or is the framing fundamentally off? Are there any concerns with that? So who would like to take that? Jay, why don't I toss that to you first?

OLSHANSKY: 26:44

I've had this question several times over the last couple of years on whether there should be an upper limit. My usual question is, "Yeah, well, so when should it be? How would you identify a particular age?" It sounds like institutionalized age discrimination to me. I mean, the moment you pick an age, you've identified a subgroup of the population that are already older than that or going to be older than that. And remember, many of us aspire to be these older ages, healthy, vibrant, and working. And all you've done is created a circumstance where you prevent people that are perfectly capable of what they're doing from doing it.

OLSHANSKY: 27:25

Way back when I was a graduate student or an initial faculty member at the University of Chicago, one of my mentors Bernice Newgarden, one of the more well-known scientists in the field of human development, was forced to leave the university because of an age limit. So she went to Northwestern University and experienced some of the most productive years of her life after a forced retirement. So the idea of forcing everyone to leave a particular position because of the number of trips around the sun, I think is a terrible loss of talent. Again, keep in mind, older individuals in my view are worth their weight in gold to our society. And we need to find a way to unlock them, not corral them. So my view is it should be the exact opposite.

AUSTAD: 28:19

So I can't help but mention here that Raymond Pearl, who was one of the earliest people to really study aging scientifically, thought that the voting rights ought to be taken away from people at the age of 50 because they'd be too foolish to know what they were doing after the age of 50. This was in the 1920s. So you can see how things have changed. Do others have anything to say to that before we go to the next question?

WILLCOX: 28:45

This is Brad Willcox here. I think that that plays really well into the chronological versus biological aging issue. And it totally sort of abrogates that relationship because you can be 20, 25 years younger biologically. So are you going to make it your calendar age, or your biological age that is the limit?

AUSTAD: 29:13

Yeah, and I mean, the world is full of examples of people at what we consider very advanced age doing remarkable things, right? So--

WILLCOX: 29:25

Like Ben.

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- AUSTAD: 29:25 --I always tell people that aging makes us more different from one another. And at the extreme, there's a tremendous difference. [crosstalk]. Go ahead.
- BARNES: 29:38 Oh, well, it depends on the individual and looking at what that person has accomplished and has plans for the country and their vision and how they believe that the United States should react to these difficult times. There's so many more important things about the candidates and about who the next president of the United States is going to be rather than their age. Obviously, there's some people that cannot function at the ages that these two candidates are and should not be considered for president. But I don't think the age is something that should preclude either one of these people from being president. And I teach a couple of classes at graduate level at the University of Texas as a visiting professor from time to time. And I assure you those bright young graduate students that I have, they put you to the test, and they keep you very young from the standpoint that they've got it. They do have a different perspective. But I assure you that if people will take the time to know the candidate, understand the candidate, look at their accomplishments, look at their failures, and analyze how that compares their dreams, compare with the dreams of each of us, and what we want to see accomplished in our country, that's what we need to be worried about.
- AUSTAD: 30:56 Yeah, that's a good point. I also teach a class on aging for undergraduates. And I recently asked them, well, there should be an upper limit on age. And they thought there should be. But of course, they're 20, 25 years old. So I said, "Well, what about driving?" "Yes, there should be an upper limit on driving." So then I showed them the fatality records of drivers of various ages and the highest fatality records are those under 25. So I said, so we raised the age to 25 for getting a driver's license and they were against that. Well, we do know that there is a genetic component to aging. And I'm wondering if in your research that you did on the presidential candidates, if you looked at the ages of their relatives, their parents, that kind of thing, and did that tell you anything?
- OLSHANSKY: 31:53 So look, both of them have family histories of exceptional longevity. Brad can elaborate on this a little bit more. So I think they both had nonagenarians parents. So they made it to extreme old age. There was no history of Alzheimer's disease on Biden's side. Trump's father died from Alzheimer's disease. So there is Alzheimer's on his side, but there is great longevity on both sides. Let me exercise a word of caution here on one of the things that we did. So when you're looking at medical records like we did, you have to be very careful about what you're looking at. You have to ensure that the information that you're getting is reliable. So anything that is self-reported, like height and weight, for example, if height and weight is self-reported, I'm a little skeptical. That just doesn't just apply to the presidential candidates. It applies to national health surveys. Or even if when you report your height and weight on for your

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driver's licenses, yeah, those are often not correct either. So we tend to rely on the information that we can get that is unambiguous.

OLSHANSKY: 33:12

And yeah, I mean, the story that the medical records told was crystal clear. They were both doing exceptionally well. The family history was favorable for both of them. So, yeah the evidence did not support many of the conclusions that we've seen that either of these individuals are doing poorly. I will say that one of the things we saw in the latest medical records from Joe Biden was he had neuropathy in his feet. And so he's now wearing tennis shoes and he gets on and off his airplane using fewer steps. Remember, I get a phone call every time either one of them stumbles or says something that's off-kilter. And they're going, yeah, "What's wrong?" I'm going, "Come on, seriously. This happens to virtually all of us." He's doing exactly the right thing by lowering his risk of falling. The people around him are helping, which is exactly what the rest of us should be doing. I don't think it's a good idea to not vote for somebody because they have neuropathy in their feet, and they're being more careful about walking. So these are normal things that we see in older individuals. And we are acutely aware of the both the genetics, the family history, and the personal attributes that we see in the medical records.

WILLCOX: 34:38

I would add one thing that I've heard from a lot of other physicians who say that we can't believe anything in the medical records. But that is absolutely not true because there are things in the medical records that give you a very good idea. For example, the coronary calcium score of Trump that he has coronary heart disease. It's not reported in his medical record, but it's right there in the scan, the CT scan. And he went on a higher dose of a statin to try to slow that down. So his heart age, I believe, is older than Biden's. I haven't seen that same scan, but Biden is physically active. He's eaten a healthy diet all his life. And he has also very good cardiovascular risk factors. So one thing that is interesting to me, and there's so many advances in neurology and the neurobiology of aging that we're getting some rather good predictive models of your risk for dementia, including Alzheimer's dementia. And so I looked at one of these models the other day. And when you put the risks that are publicly available in the medical records, Biden and Trump are within 1% of risk. They're virtually the same risk for dementia because Biden's worst, or should I say the biggest, risk factor is his age, but it's not that different. Two or three years. But Trump has a risk of dementia in his family. So that family history and the age are the two strongest risk factors for dementia. So when you plug them in and all their other risk factors, they're within 1% of each other. Virtually the same.

OLSHANSKY: 36:38

Yeah, let me give you a couple of statistics that we've picked up in our latest analysis. So both Trump and Biden, statistically speaking, have a roughly 75% chance of surviving a next term in office. Now of course, the flip side is there's a 25% chance of death occurring. So a 25% chance that the vice president would take over. That's what the statistics tell us. That's better than average by the way. The average is about 70%

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for men their age. Now from one year to the next, and this is an even more interesting statistic, Trump and Biden-- or let me just use Nikki Haley as an example. Nikki Haley, I think she's 52, has roughly a 99% chance of making it to her next birthday or one year from today, I would say. About a 99% chance. But for both Biden and Trump, it's about 92. Somewhere between 92 to 95 percent that they're going to make it to one year from today. But when you plot it out over four years, it drops down to 75%. That's what the statistics tell us. There's no guarantees in aging. There's no guarantees that something's not going to happen next year, but that applies to both Biden, to all of them, Biden, Trump, and Haley, even if she's in her 50s. So that's what the statistics tell us. And as Brad indicated, they're not really that far different from each other in terms of statistical probabilities.

AUSTAD: 38:06

So you both made a point about the accuracy of records. And Brad made the point, well, there are some things that you can fake and there are some things that you can't fake. And this does bring up an interesting point, which is, first of all, how much of the presidential candidates medical records should be made public? And should their evaluation be done by their own personal physician or by some disinterested party?

OLSHANSKY: 38:39

Yeah, Brad, do you want to comment on that?

WILLCOX: 38:42

Oh, that is a tough one. Ideally, you would think it would be a panel of physicians and other experts. And that could include their personal physician who would have the most insight at that time. But when you're president, I don't think that-- I mean, there has to be some-- how shall I say, you always want to present your best, how shall I say, evidence. Some things you can lie about, some things you can't. I don't think they're lying, but I think there may be some tests that we don't know about. But there's certainly a lot of information that is released to the public already that you can make a pretty good analysis of how quickly they're aging and what their true biological age is in various organ systems.

AUSTAD: 39:48

So we have had presidents in the past that had horrible health that we didn't know about. Eisenhower had a heart attack in his first term and spent six weeks in the hospital. John Kennedy was on so many drugs for various ailments. So it brings up the point, not just about the president, what's how much should we know about the president's health, but what about the candidate's health?

OLSHANSKY: 40:15

Yeah. Keep in mind. Medical records are private. They're protected by HIPAA. They don't have to release anything.

AUSTAD: 40:21

They don't have to. But should they? That's the question.

OLSHANSKY: 40:25

Right. So this issue came up with former presidents that where Alzheimer's was identified in a second term. And I think Reagan is sort of the classic example. Now if you release medical records in advance and there's any indication at all of movement

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towards serious cognitive functioning, it's going to influence the election. I would be very surprised if it didn't. So I would be surprised if that information was released. Should it be required? Yeah, that's a hard one. And I'm not quite sure how I feel about it. The only thing that I'm concerned about is that this concept of running for president-- and I'll be honest with you, I've said this a few times. I'm waiting for the cartoon to come out with two presidential candidates on treadmills connected to every conceivable device running on the treadmill. This is what running for president will be. It's now a measure just of cognitive functioning and physical functioning and no longer about all the issues that everyone's interested in. It's like we're zero. This is the answer to your first question, Steve. We're zeroing in on the wrong thing. The right thing is what are the policies that they're bringing to the table, not their heart rate, their blood sugar. My goodness, that's what we should be zeroing in on. And I'm waiting for that cartoon to appear because it's only a matter of time.

AUSTAD: 41:52

If only you could draw, right?

OLSHANSKY: 41:54

Yes.

AUSTAD: 41:55

So, so I mean, there's an elephant in the room.

OLSHANSKY: 41:58

Ben wants to comment.

AUSTAD: 42:00

Sorry, Ben. Go ahead, Ben.

BARNES: 42:02

No, I'd just like to comment on my personal experience and observation of President Johnson. President Johnson had a heart attack at a very young age. And he had heart disease in his family and his father and grandfather both had died young. And so he was aware of these problems. But I think his early heart attack was a surprise to him. But from 1957 through the 1969 when he left the presidency, he led a relatively healthy life as far as his diet was concerned. He was careful to get some exercise. He was careful about-- he gave up smoking, and he did not use alcohol to excess in any way. And you look at-- this is very interesting. Both of these presidential candidates have neither one really drinking alcohol at all. And I don't know whether Trump had smoking or not, but Biden's never smoked. And I've known Biden a lot of years. And I've never known him not to eat healthy. He's one of the healthiest eaters I've ever known.

AUSTAD: 43:09

The elephant in the room that we haven't talked about yet, but it's there is ageism. How much of this controversy is about ageism, and how much of it is about more legitimate issues?

BARNES: 43:23

Yes. But when Johnson did [inaudible], and I was not there to observe this, but I have it from very good, reliable sources. When he got back on Air Force One to fly to Texas in January of 1969 [inaudible] a cigarette. And although he'd gone 15 years without smoking, he got a cigarette and started smoking again when he came back to Texas.

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And he ate a lot more red meat and ate a lot of more unhealthy and didn't hesitate to have a second glass of scotch. But he really seemed he knew that he was going to die early and had planned on that because of the heredity of heart disease in his family. But the habits, the personal habits and health habits of the candidates I think is something that should be looked at and what their diet is and how they've lived these 70-plus years that they both have lived. I think there's one place that that health can be observed and looked at it and the 70% that they're going to live is I agree with those statistics. But I think there is a-- there is an importance to observe what the health habits have been of the men and women that are running for office.

AUSTAD: 44:55

Yeah, no doubt.

OLSHANSKY: 44:56

But Steve, yeah, this issue of ageism, I will tell you, I find it particularly disturbing. And when I saw the cover of the New York magazine - I think it was back in October and November - illustrating four people using walkers, bent over. It is a misconception of what aging has become in the United States. The reality is far different from that. And when I have this discussion with my students often, they're often in their 20s. They haven't really experienced what it's like to grow older. And I asked them, "Is there anything good about growing old?" And they all say, "No." None of them have experienced it. Look, I'm 69. I'm about to turn 70 next week. I love being out here. What I was told about this age when I was younger is a lot different than the experience. I'm sort of pretty much feel exactly like my dad when he was 95.

OLSHANSKY: 45:59

And so the media, I think, is fundamentally getting it wrong and not understanding or appreciating the importance and the value of individuals as they get older. And once you get out here, you go, "Yeah, okay, it's not so bad after all. Yeah, I have to make some adjustments here and there. But my goodness, there's things I can do today that are far better than I did when I was younger." So I'd like to see-- I would like to see the media zero in on-- I don't want them to focus on ageism. I wanted them to understand and appreciate what aging is all about in today's world relative to what it used to be just a couple of generations ago when a lot of the things that we see that are negative associated with aging were common. Today, it's not. Aging is not like it used to be. And we're doing everything in the world of aging science to make sure that it's not going to be like that going forward. So yeah, it's no longer the elephant in the room, it's out. And it's definitely blatant.

AUSTAD: 47:04

So on a slightly different tack here, under certain conditions, physicians will administer a stress test to older people to see how they respond to stress. Is a presidential campaign a stress test for the candidates? It's a very hectic schedule. They're under a lot of scrutiny at every second. I'm just wondering if there's something that we might be able to learn about the health of the candidates just from observing them closely during the campaign.

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- WILLCOX: 47:37 Well, I would suggest it is a quite a severe stress test. And I'm not sure I could survive that, and I consider myself healthy. But I think it's difficult to make conclusions about that because the measurement criteria, I don't think, are there. I mean, Biden goes on a flight to, say that [inaudible] did what was a year or two ago, to Ukraine. And he was on that train for hours. And then he gives this surprise speech in a totally different time zone in the Ukraine. I mean, who's not going to have a couple of gaffes when they're completely jet-lagged? And I'm just surprised that both of them are doing as well as they are and functioning quite normally for I will venture to say that they're both in some aspects SuperAgers.
- OLSHANSKY: 48:42 Yeah, I mean, look, all of us on this call are we speak for a living. We give lectures. We travel around the world. We know what it's like. Not at their level, but at a much lower level. And all of us struggle with language and mistakes and gaffes. And I mean, I've watched a couple of my own videos from talks that I'm given and I'm just appalled. I know you are too, Brad, at some of the talks that I've given where it's like one mistake after another. It's like how does that happen?
- WILLCOX: 49:16 I thought you were going to accuse me of that too.
- OLSHANSKY: 49:18 No, no, I'll just accuse myself.
- BARNES: 49:21 Can y'all hear me?
- AUSTAD: 49:24 Yes, now we can, Ben.
- BARNES: 49:26 Okay. I just want to say to all of us, I think we've had our time, and I don't want our guests from the press think we're trying to do a filibuster and not answer any of their questions. If anybody's got any more questions before we run out of time, I don't want us to leave here and have questions unanswered if there's any member of the press that has any other questions.
- AUSTAD: 49:51 That's a that's a good point. And if they put them in the Q&A, we'll certainly get to them. I guess this is a learning opportunity. As we say, is this is an opportunity to change attitudes, or is this going to make it worse?
- OLSHANSKY: 50:10 Well, this kind of discussion, I think, is really important. I agree, that's why I prefer to have questions from the folks that are out there. I don't know how many interviews all of us have done, but there's a lot of misinformation out there. It's things like this that allow us to get the correct information out there. So yeah, it is a learning moment. We'll see if everyone learns their lesson. The real difficulty is, how do you advise somebody like Biden or Trump to deal with this issue? They're not getting any younger. It's not going to happen in the next year. My own advice has been to use humor as the only way to combat this. I don't know if you agree with that, Ben, but I don't know if there's a good way to combat this. What do you think?



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BARNES: 51:00

Well, I think humor is a way to do it. And I've really taken my hat off to Ronald Reagan, the way he handled difficult situations and questions all of his career. But I thought the line that he got off against Fritz Mondale in the presidential debate that he was not going to-- he didn't want Fritz Mondale being so young to be an issue in the campaign. And of course that was the punchline that every comedian used on television and all half of America talked about it. It was a great line, and I don't know who wrote it, but they deserve a bonus because it was a real tin strike for Reagan. But I think that definitely that it's unwise to show your anger, and it's wise to show your humor. And that's the way I would recommend to both of these campaigns they try to that they try to handle this.

AUSTAD: 51:59

And those are great words to finish on. I'd like to thank all of you for participating in this. I think it's been a tremendous learning experience for me and I hope it is for those of people listening. So John Beilenson, I'll turn things back over to you.

Host-AFAR  
(John Beilenson): 52:17

Thanks, Steve. Again, if folks do have additional questions that they would like to ask of the panel or individuals of the panel or even to set up interviews with any of the panelists that so grateful to have today, you can contact John Chaich, AFAR, John@afar.org. I want to also remind folks that the American Federation for Aging Research has a "Live Better Longer" webinar series. The next one is, "How old is old?" Very, very timely and related subject that will feature Dr. Austad and Sarah Smith, who's the editor-in-chief of prevention. That will take place on March 27th from 3:00 to 4:00 PM ET. We will be sending out more information about that, about how to register. But again, thank you, everybody. I want to first thank our panelists, Drs. Willcox, Olshansky, and Ben Barnes, for joining us today. And of course, our moderator, our able moderator, Dr. Steven Austad, for moving the conversation around and covering such important and useful information. So on behalf of the American Federation for Aging Research, we thank you for your time and attention today. And we look forward to seeing you next time.