Pursuing the Longevity Dividend Scientific Goals for an Aging World September 12, 2006 (updated 10/03/06)

Aging for both populations and individuals is on the verge of a new era. Humans are approaching old age in unprecedented numbers as a result of large baby boom cohorts born in the middle of the 20th century that are approaching traditional retirement ages. Increases in the prevalence of age-related disease, frailty, and disability are visible harbingers of the potential costs and social burdens arising from this historic demographic shift. Advances in the scientific knowledge of aging, however, have now created new opportunities that may allow us and those that follow to live healthier and longer lives than our predecessors. We have reached a historical moment as scientists learn enough about aging to allow us to postpone a wide range of fatal and disabling diseases expressed throughout the lifespan, the result of which would be health and economic benefits for current and all future generations.

Why are we so optimistic now? The primary reason is that science has revealed that aging is not the immutable process it was once thought to be. Interventions at a variety of genetic, cellular, physiological, nutritional, and behavioral levels not only increase longevity in laboratory organisms, but also dramatically increase the duration of disease-free life. The realization that some humans retain their physical and mental functioning for more than a century suggests that genes associated with the extension of healthy life already exist within the human genome. Biogerontologists have now gone from merely describing cellular aging and cell death to manipulating the mechanisms responsible for these phenomena. Important strides have also been made toward understanding the effects of hormones on cellular pathways that influence the rate of aging. Since these pathways have similar effects in both humans and laboratory organisms, intervention strategies can be evaluated quickly, in shortlived animals, to find the ones most likely to work in humans. In short, we now believe that extending the duration of healthy life in humans by slowing down the processes of aging is a scientifically plausible goal, and adequate funding in this area might well lead to dramatic advances in preventive medicine and public health within the next few decades.

Pursuing the Longevity Dividend Scientific Goals for an Aging World

Even a minor deceleration in the rate of human aging could have profound benefits for individuals and societies. Because prolonged, chronic illness is a powerful driver of medical costs, enormous cost savings would be achieved if mortality and morbidity could be compressed within a shorter duration of time at the end of life. At least some of the manipulations that appear to slow aging in animal models do just this, maintaining excellent physical and cognitive function well beyond the usual ages at which illness and disability start to affect most untreated individuals. In fact, aging interventions have the potential to do what no surgical procedure, behavior modification or cure for any one major fatal disease can do; namely, extend youthful vigor throughout the lifespan. Extending the duration of physical and mental capacity would permit people to remain in the labor force longer, amass more income and savings, and thereby lessen the effect of shifting demographics on age-based entitlement programs, with a net benefit to national economies. The combined social, economic, and health bonuses accruing from a slowing of the rate of aging is what we call the Longevity Dividend – benefits that might begin with those now alive, and then continue for all generations that follow.

We now have good reasons to think that slowing aging in humans is scientifically plausible, and given sufficient research investment might prove to be within our technical grasp in the foreseeable future. There are a number of compelling reasons why this effort should now be aggressively pursued: 1) the costs, to individuals and to society, of debilitating late life illnesses are already increasing in many countries as the population of elderly people mounts to unprecedented levels, leading to escalating health care costs; 2) compressing mortality and morbidity into a shorter duration of time at the end of life will pay substantial health and financial dividends for members of the first generation to which they can be applied, dividends that will be compounded as new generations benefit from existing and expanding technological advances; and 3) a modest deceleration in the rate of biological aging would produce the equivalent of simultaneous major breakthroughs against every single fatal and non-fatal disease and disorder associated with growing older.

The time has arrived for governments and national and international health care organizations to make research into healthy aging a major research priority, exploiting new discoveries towards the goal of manipulating aging rate to prevent or postpone multiple forms of late life illnesses and disabilities. We look forward to developing a national and international strategy that will lead to the permanent extension of healthy life that would result from a successful effort to slow the rate of aging.

###

Pursuing the Longevity Dividend

Scientific Goals for an Aging World

Endorsers

- Tomoko Adachi, M.A., Ph.D Candidate in Physics, Catholic University of America
- David Allison, Ph.D., University of Alabama at Birmingham
- Robert Arking, Ph.D., Wayne State University
- Steven N. Austad, Ph.D., University of Texas Health Science Center
- Mark Azbel, Ph.D., Tel-Aviv University
- Jane Barratt, Ph.D., Secretary General, International Federation on Ageing
- Anthony E. Bell, Ph.D., OHSU and OGI Electrical Engineering Department
- Debra Bemben, Ph.D., FACSM, University of Oklahoma
- Michael G. Bemben, Ph.D., C.B. Hudson Presidential Professor, University of Oklahoma
- Elliot Bergman, Ph.D., ChemLifeSciences
- Marie A. Bernard, M.D., University of Oklahoma College of Medicine
- Russell Blackford, Ph.D., Monash University
- Monica Bock, MFA, University of Connecticut
- Nick Bostrom, Ph.D., Director of the Future of Humanity Institute, Oxford University
- Jacob A. Brody, M.D., University of Illinois at Chicago
- Dan Buettner, Executive Director, Blue Zones
- Robert A. Burt, J.D., Alexander M. Bickel Professor of Law, Yale Law School
- Robert N. Butler, M.D., International Longevity Center
- John Cacioppo, Ph.D., University of Chicago
- Arthur L. Caplan, Ph.D., Director, Center for Bioethics, University of Pennsylvania
- Bruce A. Carnes, Ph.D., The University of Oklahoma Health Sciences Center
- Piu Chan, M.D., Ph.D., President, Chinese Association of Gerontology, Director of the Beijing Institute of Geriatrics
- Jung-Bong Choi, Ph.D., New York University
- Nicholas A. Christakis, MD, PhD, MPH, Harvard University
- A. Mark Clarfield, M.D., FRCPC, Ben-Gurion University of the Negev, Israel
- James Clement, J.D., LL.M., President, The MaxLife Fund
- L. Stephen Coles, M.D., Ph.D., Supercentenarian Research Foundation and UCLA
- T. Michael Cooper, Ph.D., MSEE, Southern Methodist University
- Lia Susana Daichman, M.D., President, International Longevity Center, Argentina
- Christopher Allen Dowling M.D., Spectrum Medical Group, Maine Medical Center

- Aubrey D.N.J. de Grey, Ph.D., Methuselah Foundation
- Gregory M. Fahy, Ph.D., 21st Century Medicine, Inc.
- Colin Farrelly, Ph.D., University of Waterloo, Canada
- Monica Ferreira, D.Phil., University of Cape Town
- Robert Fogel, Ph.D., Nobel Laureate, University of Chicago Graduate School of Business
- Françoise Forette, M.D., President, International Longevity Centre France
- Alfred J. Franusiszin, B.S., University of North Carolina, Chapel Hill, Nuclear Reactor Operator - USS Nautilus
- Robert A. Freitas Jr., J.D., Institute for Molecular Manufacturing
- Cyrus Gitonga Kamichi, Master's Candidate, University of Nairobi
- James Goodwin, Ph.D, Helped the Aged, London, England
- Baroness Sally Greengross, OBE, Chief Executive, International Longevity Centre – United Kingdom
- Terry Grossman, M.D., Medical Director, Frontier Medical Institute Golden CO
- Gloria M. Gutman, Ph.D., Past-President, International Association of Gerontology & Geriatrics, Simon Fraser University
- Leonard P. Guarente, Ph.D., Novartis Professor of Biology, Massachusetts Institute of Technology
- Roberto Ham-Chande, Ph.D., El Colegio de la Frontera Norte, Tijuana, BC, Mexico
- Robin Hanson, Ph.D. George Mason University
- S. Mitchell Harman, M.D., Ph.D., Kronos Longevity Research Institute Henry P. Hirsch, Ph.D.
- Henry R. Hirsch, Ph.D.
- Dr. Reinhard Hittich, GreenPower B.V.
- Douglas A. Hosack, M.S., J.D.
- Irene Hoskins, Ph.D., President, International Federation on Ageing
- James J. Hughes Ph.D., Trinity College
- Donald K. Ingram, Ph.D., National Institute on Aging and Louisiana State University
- Alexandre Kalache, MSc, M.D., Ph.D, FRCPH, World Health Organization
- David A. Kekich, Maximum Life Foundation
- Cynthia Kenyon, Ph.D, University of California, San Francisco
- Kevin Kinsella, International Programs Center, U.S. Census Bureau
- Gunther Kletetschka, Ph.D., Catholic University of America and NASA
- Ray Kurzweil, Chief Executive Officer, Kurzweil Technologies
- Simon D. Levy, Ph.D., Washington & Lee University
- David Ludwig, M.D., Harvard University
- George M. Martin, M.D., University of Washington
- Nuno Ricardo Barbosa Martins, Ph.D. Candidate, University of Minho
- Roger McCarter, Ph.D., Pennsylvania State University, President-Elect, Gerontological Society of America
- Calvin Mercer, Ph.D., East Carolina University
- J. Meyerhoff, Ph.D., Tel Aviv University

- Richard A. Miller, M.D., Ph.D., University of Michigan
- Shigeo Morioka, President, International Longevity Center, Japan
- Timothy F. Murphy, Ph.D., University of Illinois College of Medicine
- William D. Novelli, M.A., Chief Executive Officer, AARP
- S. Jay Olshansky, Ph.D., University of Illinois at Chicago
- Sang Chul Park, MD, PhD, Director, Seoul National University Institute on Aging
- Graham Pawelec, M.A., Ph.D., University of Tübingen Medical School
- Kevin Perrott, Ph.D. Candidate, University of Alberta
- Daniel Perry, Executive Director, Alliance for Aging Research
- Stanley R. Primmer, M.A., Supercentenarian Research Foundation
- Peter S. Rabinovitch, M.D., Ph.D. University of Washington
- Suresh I. S. Rattan, Ph.D., D.Sc., University of Aarhus
- Neal R. Reisman, M.D., J.D., F.A.C.S., Baylor College of Medicine
- Bill Sardi, Knowledge of Health, Inc.
- John Schloendorn, Arizona State University
- Jacob S. Siegel, M.A., Georgetown University, former president of the PAA Richard L. Sprott, Ph.D.
- Pablo Stafforini, Ph.D. Candidate, University of Oxford
- Ilia Stambler, M.A., Bar-Ilan University, Israel
- Leslie Stayner, Ph.D., University of Illinois at Chicago
- Melecio F. Turao, poet, fictionist, The Philippines
- Karlis Ullis, M.D., Medical Director, Sports Medicine and Preventive Medical Group
- Derya Unutmaz, M.D., Vanderbilt University School of Medicine
- Natasha Vita-More, BFA, MS, Ph.D. Candidate, University of Plymouth, Extropy Institute
- Mark Walker, Ph.D., McMaster University, Canada
- Richard F. Walker, Ph.D., R.Ph., Society for Applied Research in Aging
- Huber Warner, Ph.D., University of Minnesota
- Andrew Weil, M.D., Program in Integrative Medicine, University of Arizona
- Noah J. Weller, International Research Centre for Healthy Ageing and Longevity, Australia
- Michael D. West, Ph.D., University of California, Berkeley
- Georg Wick, M.D., Medical University of Innsbruck, Austria
- Bradley J. Willcox. M.D., MSc, University of Hawaii
- D. Craig Willcox, Ph.D., Okinawa Prefectural University-College of Nursing