Conventional Wisdom Tells Us . . . Money Is the Root of All Evil

This essay documents the impact of income on issues of mortality and life chances. Money, with all its alleged downfalls, can still mean the difference between life and death.

When it comes to issues of wealth and poverty, conventional wisdom spins a compelling tale. On one hand, we are warned of money's ills. Money is touted as the "root of all evil," an intoxicating drug with the power to enslave us. (Charles Dickens's Scrooge could tell us something about that!) Biblical scripture contains similar cautions, noting that one "cannot serve God and money." And adages of popular culture warn that "money can't buy happiness or love."

In conjunction with admonitions regarding the perils of wealth, conventional wisdom often paints a rather comforting picture of poverty. From Shakespeare, one hears that "poor and content is rich, and rich enough." In the modern era, Gershwin promoted a similar sentiment, writing that "plenty o' nuttin'" is plenty enough. These messages reflect a more general belief that poverty brings serenity and simplicity to one's life. The poor are lauded as free of the possessions that can cloud the mind and tempt the spirit. Indeed, the conventional wisdom on poverty suggests that it can breed great character. Such beliefs may explain why politicians—Abraham Lincoln, Richard Nixon, and Bill Clinton among them—love to remind us of their humble beginnings.

Is money the root of all evil and poverty a blessing in disguise? The everyday world of wealth and poverty contradicts such conventional wisdom. Indeed, when we review the connections between one's wallet and one's well-being, it becomes quite clear that the difference between wealth and poverty can literally have life-and-death consequences.

Consider, for example, the issue of mortality. Mortality rates document the number of deaths per each 1,000 or (10,000 or 100,000) members of the population. Such rates suggest that the length of one's life is greatly influenced by one's socioeconomic status.
Americans in the highest socioeconomic status live significantly longer than those in the lowest status. Research shows that the richest 1% of men lives an average of 14.6 years longer than the poorest 1% of men; among women, the richest 1% lives an average of 10.1 years longer than the poorest 1%. And increased life expectancy is growing faster among the rich than it is for the poor. People in the top 5% of the income distribution have seen life expectancy increase by roughly 2.5 years since 2000. During that same time period, the life expectancy for those in the bottom 5% of the income distribution has increased less than 4 months (Chetty et al. 2016).

Infant mortality rates gauge the number of deaths per 1,000 live births for children under 1 year of age. Rates of infant mortality are nearly four times higher among the economically disadvantaged as they are among the privileged (A. Chen, Oster, and Williams 2016).

The link between poverty and mortality stems, in part, from issues of health care. The economically disadvantaged have less access to health care than do members of any other socioeconomic status. Furthermore, the quality of care received by the disadvantaged is significantly worse than that enjoyed by those with higher incomes. Thus, people at the bottom of the U.S. economic hierarchy face the greatest risk of contracting illness and disease. When the disadvantaged get sick, they are more likely to die from their ailments than are those who are more economically privileged (Baciu et al. 2017; Bor, Cohen, and Galea 2017; Cockerham 2017; Hill and Jorgenson 2018).

Your Thoughts . . .

On December 12, 2012, the United Nations adopted the “Global Health and Foreign Policy Resolution,” urging all governments to move toward providing all people with access to affordable, quality health care services. The United Nations argues that health care is a right, but in the United States (unlike most industrial nations), it is still a privilege. Thinking sociologically, how might you explain the U.S. government’s current position?

Poor individuals, for example, are much more likely to suffer fatal heart attacks or fatal strokes or to die from cancer than members of any other socioeconomic status. Interestingly, these economic patterns of health hold true even for diseases nearly eradicated by modern medicine. Disadvantaged patients are several times more likely to die of tuberculosis, for example, than are their more privileged counterparts. Similarly, the poor are more likely than are members of any other socioeconomic strata to die from generally nonfatal illnesses, such as influenza, stomach ulcers, and syphilis. These trends led former U.S. Surgeon General C. Everett Koop to remark, “When I look back on my years in office, the things I banged my head against were all poverty.” Thirty years later, little has changed (Cockerham 2017; Lorenz et al. 2016; National Center for Health Statistics, 2017).

Poverty’s relationship to life and death, to health and well-being, is a worldwide phenomenon. According to the World Health Organization (WHO; 2018a), 1.2 billion people around the world—just over 20% of the world population—suffer from serious illnesses attributable to poverty. Poor sanitation, unvaried diet, and malnutrition all set the stage for poor health. The lack of medical care also greatly contributes to the high rates of death and disease among the poor.
Note that in the world’s most disadvantaged nations—for example, Ethiopia, Liberia, Sierra Leone, Mozambique, Niger, Burundi, Tanzania—there are fewer than three doctors for every 100,000 of the country’s inhabitants (NationMaster.com 2018a; WHO 2018b).

The effects of world poverty seem especially harsh when one considers the plight of children. Despite the technological advancements of the 20th century, nearly 7 million children worldwide will never see their fifth birthdays. In nations such as Chad, Central African Republic, Lesotho, Mali, Nigeria, Sierra Leone, and Somalia, among the poorest in the world, roughly one in 10 children face this sad plight. And it is important to note that about one-third of the children who die before the age of 5 will not succumb to incurable diseases or tragic accidents. Rather, their deaths will be linked to malnutrition, a problem that is clearly solvable (WHO 2018b).

Poverty also helps explain the short life expectancy of those living in the poor nations of the world. For example, the average life expectancy for a U.S. citizen is approximately 79 years; those in Japan have the longest life expectancy at roughly 84 years. But individuals in many African nations such as Cameroon, Guinea, Guinea-Bissau, Mali, Nigeria, Sierra Leone, Somalia, South Sudan, or Swaziland will never reach age 60 (WHO 2018b). Clearly, for many parts of our world community, poverty can be viewed as the leading cause of death.

Poverty’s link to mortality goes beyond issues of health and hygiene. Simple membership in a society’s lower economic ranks, regardless of one’s health, increases the risk of premature death. The sinking of the Titanic in 1912 offers a stark illustration of this phenomenon. Among passengers on that ill-fated ship, socioeconomic status was a major determinant of survival or death. When disaster strikes on the high seas, norms dictate that women and children should be the first evacuated. On the Titanic, however, that norm apparently applied only to wealthier passengers. Forty-five percent of the women in third class met their deaths in contrast to the 16% death rate of women in second class and the 3% death rate of women in first class. What explains the discrepancy? Historians tell us that first-class passengers (both male and female) were given the first opportunity to abandon ship, while those in third class were ordered—sometimes forced at gunpoint—to stay in their rooms. It was only when the wealthy had been safely evacuated from the ship that third-class passengers were permitted to leave. Thus, for many aboard the Titanic, mere membership in the ranks of the poor proved to be a fatal affiliation (W. Hall 1986; Lord 1981; Zeitlin, Lutterman, and Russell 1977).

Of course, we don’t have to travel very far in time to see a repeat of the lessons learned from the Titanic. Research on natural disasters in the United States from 1920 to 2010 shows that disasters increase economic inequality. The rich move away from disaster-prone areas, while the poor are left behind (Boustan et al. 2017). And the link between disasters and growing inequality is a global phenomenon. The Center for Research on the Epidemiology for Disasters (CRED) released “Poverty & Death: Disaster Mortality 1996–2015.” The report shows that disaster death tolls are directly related to nations’ income and development levels. Low-income countries such as Haiti (229,699 deaths), Indonesia (182,136 deaths), and Myanmar (139,515 deaths) suffered the greatest loss of life. No high-income countries appear on the list for most disaster deaths. While much suffering and property loss was caused by storms such as Katrina, Sandy, or Harvey, loss of life was miniscule compared to that suffered in poor nations (CRED 2016).
The link between poverty and mortality haunts every corner of American life. In the United States, poverty doubles one's chances of being murdered or raped and quadruples one's chances of being assaulted. Similarly, members of the lower economic strata are more likely than others to die as a result of occupational hazards—that is, from diseases such as black lung, from machinery injuries, and the like. Among children, those of the lower class are more likely to drown, to die in fires, to be murdered, or to be killed in auto accidents than their more affluent counterparts. And during wars, the sons of the poor are most likely to serve in the military and therefore most likely to be casualties (Cockerham 2017; Jansen et al. 2012; Kriner and Shen 2010; Reiman and Leighton 2016).

Physical health, life, and death—poverty influences all of these. But the negative effects of low socioeconomic status extend beyond physical well-being. Many studies document that poverty can also negatively influence mental and emotional states. For example, the poor are more likely than those in middle and upper economic groups to report worrying all or most of the time that their household incomes will be insufficient to meet their basic family expenses. Similarly, the poor are less likely to report feelings of happiness, hope, or satisfaction than their more wealthy counterparts. As a result, the poor are more likely to greet the day with trepidation, despair, and depression than with enthusiasm, drive, and stamina (American Psychological Association 2017; Cockerham 2017; MacLeod 2018; National Center for Health Statistics 2017; Weller 2015).

Negative life events also befall the disadvantaged more frequently than those of any other socioeconomic status. For example, divorce occurs most
frequently among the poor, with rates steadily decreasing as one moves up the socioeconomic hierarchy. Similarly, job loss and unemployment are most common among those of the lower socioeconomic strata. The frequency with which the poor experience such events affects their mental and emotional well-being as well. Negative life events have been linked to increases in depression, low self-esteem, and use of drugs and alcohol (American Psychological Association 2017; Cockerham 2017; MacLeod 2018; National Center for Health Statistics 2017).

Socioeconomic status can also influence the ability to cope effectively with life’s struggles; the poor again appear at a disadvantage in this regard. Consider that family members typically constitute the support networks of the poor. This stands in contrast to the networks of the privileged, which typically are made up of friends, neighbors, colleagues, and Internet-based support networks. The restricted outlets of the poor are not without cost. Research indicates that the poor experience less security in social exchanges with nonfamily members and greater distrust and fear of the “outside world” than do those in more privileged segments of the population (Cockerham 2017; Finney, Kapadia, and Peters 2015; MacLeod 2018; Sampson 2012).

Poverty’s links to premature death, physical disease, and poor mental and emotional health suggest that membership in the lowest socioeconomic strata can severely limit an individual’s life chances. Life chances are the odds of one’s obtaining desirable resources, positive experiences, and opportunities for a long and successful life. Poverty damages the general quality of life. The condition also limits the ability to improve or change one’s circumstances. In the face of disease, depression, unrest, or danger, it becomes hard to summon the motivation necessary for upward mobility (MacLeod 2018).

Given the debilitating consequences of poverty, why have societies been so ineffective in combating it? Sociologist Herbert Gans (1971) suggests that poverty may serve some positive social functions for society. In this regard, he offers a functional analysis of poverty—one that focuses on the interrelationships among the various parts of a society. The approach is ultimately concerned with the ways in which such interrelationships contribute to social order.

Consider the economic benefits afforded by the existence of poverty. The poor constitute an accessible pool of cheap labor. They fill jobs that are highly undesirable yet completely necessary to a functioning society: garbage collector, janitor, poultry processor, and so on. The existence of poverty also generates jobs for those in other socioeconomic strata. Social workers, welfare agents, and public defenders, for example, occupy positions created either to service the poor or to isolate them from the rest of society. A society’s poor also provide a ready market for imperfect or damaged goods. By consuming products that others would not consider, the poor help many manufacturers avoid financial loss.

At a social level, the poor provide a measuring rod against which those of other socioeconomic statuses gauge their performance. In this way, the continued existence of a poor class reassures the more privileged of their status and worth. Finally, the poor often function as social scapegoats, symbols by which the larger society reaffirms its laws and values. The poor are more likely to be arrested and convicted of crimes than are members of any other socioeconomic strata (Reiman and Leighton 2016). By focusing the social audience on the “sins” of the poor, societies can effectively convey the message that crime doesn’t pay.
Reviewing the realities of money and poverty and their place in a society casts serious doubt on conventional wisdom. Money may not guarantee happiness; it may trigger greed and, ultimately, personal pain. Yet the disadvantages of money pale in comparison to the absence of money and its effects. Poverty has clear, negative consequences for social actors. In fact, it can be argued that poverty has been a more destructive force in this nation than any medical disease or any international threat. Yet poverty also has clear, positive social functions for society as a whole. Perhaps this point best explains a harsh fact of our times: Despite society’s “war on poverty,” poverty has proved a tenacious opponent. The battle wages on, with casualties growing in number. Yet victory over poverty may come at a cost too high for the nonpoor to embrace.

Learning More About It


Jay MacLeod shows how social inequality is reproduced from one generation to the next in *Ain't No Makin' It: Aspirations and Attainment in a Low-income Neighborhood* (New York: Routledge, 2018).

For a very readable review of the plight of poor people in the United States, read Anna Maria Santiago’s “Fifty Years Later: From a War on Poverty to a War on the Poor,” (*Social Problems* 62[1]:2–14).


Going Online for Some Second Thoughts


Vox offers an interactive site that allows you to enter your gender, county, and state and see the discrepancies in life expectancy for the rich and the poor. Visit the site here: https://www.vox.com/2016/4/25/11501370/health-longevity-inequality-life-expectancy.

Want to calculate your life expectancy based on your personal and social characteristics? Visit the Life Expectancy Calculator: http://gosset.wharton.upenn.edu/mortality/perl/CalcForm.html.

The following organizations can help you learn more about poverty:

*Center for Community Change:* http://www.communitychange.org/

*National Center for Children in Poverty:* http://nccp.org/

*National Coalition for the Homeless:* http://nationalhomeless.org/
Essay 6, on aging, introduced the concept of master status. Consider the ways in which an individual’s financial position can function as a master status in our society. What auxiliary traits or characteristics are presumed to accompany the status of rich? Of poor? Under what conditions does one’s financial status fail to operate as a master status?

2. Choose one of the lowest-paid occupations listed on page 103. Using federal and state income tax tables, calculate your salary after taxes. (If you cannot find the tax tables, settle for deducting 15% of your salary.) Now take that figure and plan a monthly budget. Remember to budget for rent or a mortgage, food, gas and auto maintenance, medical expenditures, clothing, insurance, and so forth. (Use the classified section of your local newspaper and Internet sites to gather the estimates you need.) How far will your salary take you each month? What things that you now enjoy would you have to give up?