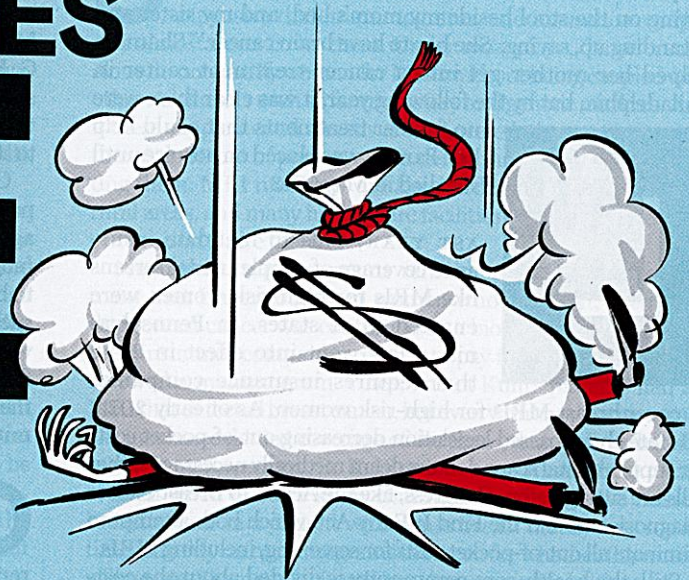


HOW BILLIONAIRES DIE



THE MORE MONEY YOU HAVE, THE LONGER YOU LIVE—UNTIL...

THE LIFESTYLES OF the ultrarich can be deadly. Private planes are 32 times more likely to crash than commercial airliners, and crash they do, killing 23 people on U.S.-registered jets alone last year. In an especially chilling incident, from 1999, a luxury jet flew across the U.S. off-course and unmanned for 1,500 miles before slamming into a field in South Dakota. Everyone inside was already dead or unconscious: The cabin had depressurized, and the two pilots and handful of sports professionals onboard had likely died of hypoxia. Helicopters are no more safe a form of elite travel; more than 500 crash each year on average. Last year, seven yachts unexpectedly burst into flames. The adventuring members of the privileged class often seem to court disaster: Take the case of the *Titan* submersible, which imploded on its way down to visit the *Titanic*. Between 2010 and 2024, at least 124 climbers died attempting to summit Everest, a trip that costs an average of \$59,000.

Of course, a position in the top income brackets can itself be perilous. Consider the fates of Russian oligarchs who regularly fall out windows, over the sides of boats, down staircases, and off balconies. In the past six years, at least ten crypto millionaires and billionaires have

died under suspicious circumstances—found shot, stabbed, dismembered in a suitcase, and, in one case, drowned on a beach in San Juan shortly after posting online that the CIA and Mossad were running a sex-trafficking ring in Puerto Rico and the Caribbean. Heavy is the crown that controls the means of production and the flow of commerce: After a South Korean shipping magnate was blamed for an accident in which a vessel sank with hundreds of high-school students onboard, he was discovered dead in an apricot orchard, lying beside a magnifying glass, two bottles of soju, and a bottle of “peasant wine.”

But the truth—despite the unique challenges that accompany majority stakes in the world’s resources—is that most of the ultrarich seem to die bloodless, unperturbed deaths, and at advanced ages. Between March 2022 and March 2023, 29 of the world’s known billionaires, and one former billionaire, traveled on to the great beyond. The obituaries of about half of this departed class—among them a subprime lender, junk-food moguls, and the widow of a previously murdered (asphyxiated) billionaire—list no specific cause of death, describing the subjects as having “passed away,” either “peacefully” or of “old age.” Only one—or possibly two—had an exit that we would describe as anything other

than natural: One committed suicide, and one was said to have had a “completely unexpected death” (the person in question was 81). The rest died of unspecified “illness,” pneumonia, neurological diseases, cardiac-related issues, and cancer. It seems they might have bought themselves some tranquility in death, but they definitely bought themselves time. The Dead Billionaires of 2022–23 enjoyed an average lifespan of almost 86 years, outperforming average Americans by more than ten years.

This trend holds in the broader population. The very rich die of the same causes as everyone else—in the U.S., heart disease, cancer, and other smoking-related illnesses—but they live longer. How rich? Researchers have found that Americans who make more than \$335,000 a year live 14 years longer than the poorest one percent. If you have more than \$300,000 in assets, you have a 31 percent greater chance of surviving from ages 65 to 85 than those who have none. In fact, the fourth-greatest “risk factor” for death, according to a study published by the American Medical Association, is being poor: specifically, having an income less than 50 percent of the median income. Being in that lower half of the have-nots is responsible for 10.5 percent of American deaths per year. The mere presence of the rich can apparently kill the poor. In communities where poor people

BY JOE KLOC

live next to wealthy people, the poor are more likely to die of suicide, alcoholism, and other deaths of despair.

But strangely, after that \$335,000 a year in income, the rate of return dramatically declines: The ultrarich don't live any longer than than a typical male dermatologist. Our late 2022–23 billionaires, despite having access to the best of everything, survived no longer, on average, than a typical American man who earns \$335,000. The more interesting question may not be what kills the superrich but why, with their vast fortunes, aren't they living any longer?

THE DEATH AGE GAP between the rich and the poor is relatively new. Until the last century, the wealthy fared about as well as anyone else. The rich still tried to live forever: Medieval aristocrats sucked on gold nuggets and swallowed pearl powder to stave off the end, and 15th-century Italian doctors recommended infusions with the blood of “willing, healthy, happy” boys and avoiding sneezing, having sex, and clipping fingernails during improper star alignments. All to no avail. (A proponent of the last few was murdered by the family of a dissatisfied patient.)

When lifespans increased dramatically in the 19th and 20th centuries, wealth did not affect age of death. And as late as 2005, billionaires lived only three years longer, roughly, than the average American man. It was in the past 20 years that the rich really gained their lead, grabbing about 10 percent more time on earth than everyone else. This gain corresponded with the advent of concierge medicine, in which patients bypass insurance and purchase doctors' time directly. Alexa Carlin, the chief administrative officer of the concierge service WorldClinic, where the average patient is worth about \$5 million, says that clients seem to start worrying about death at around age 50, when they begin asking about ways to delay heart attacks and cancer.

But in reality there's not that much that the superrich can do. “There is a ceiling,” says Haider Warraich, a cardiologist and the author of *Modern Death: How Medicine Changed the End of Life*. “The best medical therapies become available before you become a billionaire.” Way before: The cutting edge is accessible once you make a few hundred thousand dollars a year. Most of these treatments—those that have proved effective—adds Warraich, are “boring,” like changing one's diet, taking vitamins, joining drug trials, getting regular preventative MRI screenings (upwards of \$2,000 a pop), and in some cases under-

going preemptive surgeries to reduce the risk of cancer, such as colectomies. (When purchased outside an insurance network, a common approach for wealthy patients like the clients of WorldClinic, this operation costs about \$40,000.)

Of course, billionaire and multimillionaire longevity enthusiasts also try therapies that as of yet have no track record of success. According to Carlin, the rich have a particular penchant for supplements with no known medical value (these are “huge,” she says)—not the “Ultimate Krill Oil” of Alex Jones fame but the quietly luxurious fisetin, an extract of the smoke tree. The very wealthy also favor frequent blood transfusions (around \$8,000 each), sometimes from teenagers, as in the case of tech entrepreneur Bryan Johnson, worth roughly \$400 million, who is famous for having injected himself with his son's plasma. (Last year, he admitted that the practice had not benefited his health.)

We should note that many of the superrich sampling unproven efforts to live forever are relatively young—in their 40s and 50s. Some of the practices they proselytize are free—eating and sleeping at weird times, for example—and many others are not especially expensive, such as following a paleo diet and frequently testing their fecal matter for signs of cancer. On the pricier and harder-to-access side are therapies like cryostimulation, photobio-modulation, and low-level electromagnetic radiation. Gonzo outliers include subjecting one's penis to targeted sound waves.

But as of now, at least, death still comes for us all. Some longevity researchers currently believe that the average human life will never extend much above 85. And despite the chatter and experimentation among the Soylent and surveillance-contractor crowds, biologists suspect that there may be a distinct limit on our lifespan: that it might be impossible for

human beings to survive beyond their 120s. The oldest person to ever live, a Frenchwoman who died at the age of 122 in 1997, is often cited as support: Jeanne Calment, who smoked for almost a century and ate two pounds of chocolate a week. (“I've only got one wrinkle,” she declared. “And I'm sitting on it.”) The fact that no one has broken her record in the past nearly three decades, despite advances in medicine, bolsters reports from clinicians who deal regularly with supercentenarians and say that no mind or body lasts much beyond the age of 117. Researcher of risk management and insurance David McCarthy, at the University of Georgia, isn't so sure if this boundary is inherent to human architecture. Based on his own mathematical modeling, he believes it might be an environmental effect: influenced by microplastics, forever chemicals, and any number of other human-engineered toxins, many of which are by-products of billionaire-owned enterprises.

Putting aside this physical limit—whatever its cause—it also seems that the wealthy learn to accept that we're all going to die. The world's 350th-richest person, who is 56 and worth \$7.8 billion, maintains a strict paleo diet and has signed up to be cryogenically frozen and reanimated in the future on the off chance he dies. The world's ninth-richest person, who is 93 and worth \$134.6 billion, every day eats McDonald's and drinks five cans of Coke. As Warraich says, people in general tend to accept the coming curtainfall as they get older. Fifty percent of all Americans die in hospice, where they willingly forgo further attempts to fight off the end. The wealthy patients of WorldClinic, Carlin says, generally stop efforts to prolong their lives when they have a neurological disease—“anything that has to do with memories,” she said—or when all of their friends and family have died.

At some point, if people live long enough, they wind up alone to a degree that's difficult for most of us to imagine. Even if they remain healthy—not confused and reliving snippets of their childhood in the hallways of some care facility—all the luxury on earth isn't enough to make them want to stay. When medically assisted suicide first began to be broadly available, late in the last century, ethicists feared it would be used disproportionately by the poor, who wouldn't be able to afford the medical procedures required to comfortably stay alive. But the opposite has proved true. Those in the top 20 percent of incomes turn out to be 40 percent more likely to knock back a tall glass of barbiturates and take their leave. ■

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