SUNDAY OPINION

If you want to know where the world economy is headed, look at the bottom of this toy car

BY ERWIN R. TIONGSON

What if I said you could read real-world history on the underside of your kids' Hot Wheels?

In my Philippine childhood in the 1970s, my brother Hector and I played with die-cast toy cars. I remember the first time I looked at the underside of these cars, soon after I had learned to read, and realized they had been made in different countries in different years. Some were made in the United Kingdom and the United States; the newer ones were made in Japan. Decades later, as my work as an economist brought my family to the United States, my two children got toy cars nearly identical to mine — first made in China and, later, Vietnam.

We now have a small collection of these cars, and occasionally I use them as a teaching tool. I ask students in my economics classes to inspect the cars' undersides, and together we trace the gradual movement of toy car manufacturing: from England and the United States in the 1960s to Japan in the mid-1970s, from South Korea in the mid-1980s to China in the late 1990s and Vietnam after.

I tell them the process of making die-cast toy cars is nearly unchanged since the 1960s and has been steadily passed from one country to another, marking the beginning of the transformation of entire economies. We observe how toy-export data mirrors worldwide trends in industrial sector employment over the past 60 years: the gradual rise of toy manufacturing and toy exports in developing economies, the expansion of light manufacturing in those countries, followed by the growth of more complex production and the entire industrial sector, soon dwarfing the traditional agriculture sector and lifting people out of low-pay, low-productivity work.

And then we see, almost as rapidly, the decline of the industrial sector in a now-richer economy, as production at lower prices becomes available from the next industrializing country. In the graphical representation of this phenomenon, individual countries' data looks like hills all over the world and over time; it is a beautiful, astonishing understatement of how countless lives have been changed in the process.

This much world history reflected in a handful of toy cars.

Several years ago, at the end of those class conversations on economic transformation, I would boldly tell my students: If you would like to know where the world economy is headed, go to a toy store and look at the underside of a die-cast car. I was confident they would find some from Vietnam, considering my children's cars and the country's rapid industrial transformation. Or maybe from fast-growing Bangladesh or Ethiopia.

I was wrong.

The covid-19 pandemic arrived, and the industrial world reeled from massive supply chain disruptions. In early 2022, Mattel — which makes Hot Wheels and Matchbox toy cars — made a move to "near-source" some production, bringing its supply chain closer to the United States and away from Asia and China: It announced an injection of $50 million to its factory in Mexico. So I expected to start seeing toy cars manufactured in Mexico.

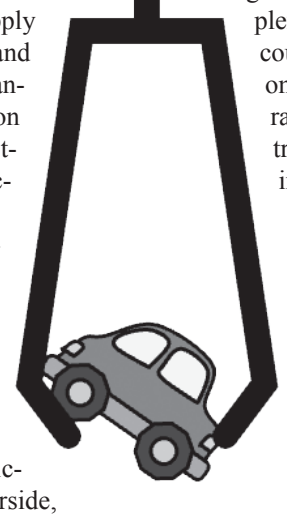
Wrong again. In two years, sometimes things change, sometimes things remain the same.

This past holiday season, my children and I took turns visiting the toy section of a large store just outside Washington. It was like a game: find a random car, take a picture of the box and the car's underside, send it to our group chat. We found none from Bangladesh, Ethiopia or Mexico. They came from Malaysia, Thailand and, surprisingly, China, still. In the journey toward the inevitable transformation of economies, it seemed the world had taken a few detours.

It turns out that near-sourcing is more complicated than expected, as recently documented in the case of Mexico. Part of the difficulty involves scaling and coordination: As more businesses seek nearby production facilities, the nearby economy, with its limited human and infrastructure resources, is quickly overwhelmed. And just as critical pieces in toy manufacturing are still imported from China, inputs from China more generally are integral parts of more sophisticated global supply chains.

In addition, toy manufacturing reflects not only the promise of industrialization but also its disappointments. In late 2022, Mattel commemorated its 40th year of manufacturing in Malaysia by announcing the growth of its Hot Wheels factory there, the world's biggest. This was a positive development, but Malaysia's economy reached middle-income status decades ago; in the familiar pattern, it would by now have progressed to manufacturing more complex, profitable products. Instead, the country has remained in what economists Indermit Gill and Homi Kharas defined as the "middle-income trap" — caught between developing and rich nations.

As my children and I inspected this generation of toy cars, I struggled to explain what we were seeing. Not because toy cars do not tell us something about the world but because they do. They reflect the world's reality, including its surprises.



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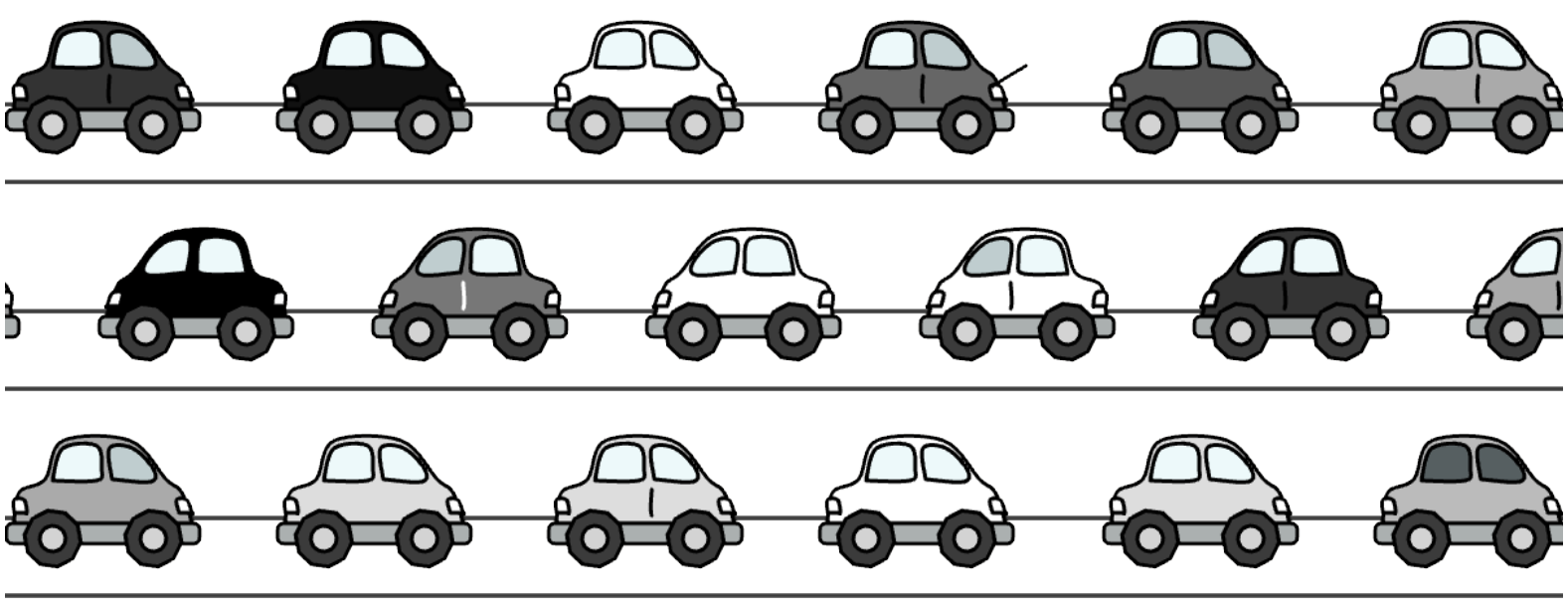

ANA KONZEN FOR THE WASHINGTON POST

EDITORIAL

The most effective blocking in the NFL? Money for injured former players

You might call it a trick play: The National Football League promised in a landmark settlement to pay every former athlete who developed dementia or any of several brain diseases linked to concussions — but almost a decade later, players and their families are discovering that the promised compensation isn't actually within reach.

The Post this week published an investigation into the 2015 NFL concussion deal, finding a disturbing reality hidden behind the $1.2 billion the league has awarded to more than 1,600 applicants. The NFL has touted this sum as proof that the arrangement is fair, but the only thing it shows for sure is the extent of the damage to athletes' brains. According to The Post's reporting, the NFL has saved hundreds of millions of dollars more by denying money and medical care to those who request relief, even when they are living with dementia or chronic traumatic encephalopathy (CTE).

The trouble starts with the settlement's definition of dementia, which is more exacting than the standard medical definition in the United States. Typically, patients can be diagnosed by displaying substantial impairment in a single area, such as memory, language or executive function. NFL settlement-seekers must prove impairment in two domains to receive compensation. The NFL's attorney has called this test more objective, characterizing it as a "necessity … in the context of a compensation-for-diagnosis" program — a fancy way, it seems, of saying the settlement was designed to spare the NFL significant expense.

The strategy works. Irv Cross, a defensive back who made history as a pioneering Black broadcast analyst of CBS's "The NFL Today," couldn't speak coherently, forgot to change his clothes and experienced urinary incontinence. But he didn't score low enough on cognitive tests for the settlement's terms. The same goes for defensive lineman Ed Lothamer, who consistently became lost on simple drives around town. His learning and memory were deeply impaired, but that was only one domain — not enough, it turned out, for the settlement

. There are more obstacles in former players' paths. Applicants for relief also have to qualify as sufficiently handicapped according to the Clinical Dementia Rating (CDR) scale. So to demonstrate even "mild dementia," they must have abandoned hobbies and interests, struggle to independently function at social events, and forget to take care of their hygiene. That's a high bar, which is probably

KATE MANNE

Doctors have fatphobia, too — which does serious harm to patients

Many nurses admit: They feel repulsed by our bodies and do not want to touch us. Doctors are more likely to view us as a waste of their time and have less desire to help us. We are hence, unsurprisingly, far more likely to die with serious health conditions that have gone undiagnosed.

We are people who live in larger bodies. And the discrimination we face is incredibly harmful.

I am one such person who has spent a lifetime dieting and trying to shrink myself down to size. It has never worked for long, and little wonder: Virtually every study of intentional weight loss has shown that many people can lose a modest amount of weight in the short term, but then the weight comes back, inexorably, for the vast majority.

I have come to believe that we need to work on changing not our bodies but the world that unjustly down-ranks us. And, like many who share my view, I no longer see "fat" as a bad word. To me, it is merely a neutral description of some bodies.

Despite the fact that weight is largely out of our control — in large part because of genetics and the food environment, among other unchosen factors — there's a prevalent sense that, when fat people are teased and bullied, we have only ourselves to blame. We have no willpower, people believe. We attract some of the most disgusted reactions of any group of human beings. When it comes to the health-care system, this all leads to serious injustice, from hostility to outright negligence.

Many fat people recall going to the doctor with symptoms unrelated to their size yet being summarily told to lose weight, when a thin patient with the same symptoms would receive treatment and medication. In addition to facing misdiagnosis, or no diagnosis whatsoever, larger people are often mistreated during the medical encounter. One study showed that fat patients were rated more negatively by doctors on 12 out of 13 indexes, including "this patient would feel like a waste of my time" and "this patient would annoy me."

We receive fewer expressions of empathy and concern from providers, who build less rapport with fat patients and often hold that we are lazy and noncompliant. Such views are not only false — they contravene the moral principle that everybody deserves humane, compassionate medical care, regardless of their weight or health status.

The relationship between weight and health is complicated. But simple assumptions that fat people are necessarily unhealthy, even doomed to die of our fatness, are clearly inaccurate: Research has shown that "overweight" people have the lowest risks of premature mortality and that "moderately obese" and "normal-weight" people have similar mortality risks. Yes, being heavier than "moderately obese" is correlated with an increased mortality risk; but so is being very thin (even excluding people who smoked or had preexisting illnesses). And whether certain elevated health risks for heavy people are caused by their weight per se remains unclear, given that they face serious independent health harms because of weight stigma, weight cycling and, again, inadequate health care.

Whatever the case, the idea of not treating someone for health problems because she is regarded as too fat — and thus unhealthy — is simply indefensible.

Some people will point to the promise of a new class of weight-loss drugs, such as semaglutide (known by its brand names Ozempic and Wegovy), in treating fat patients. Originally intended for Type 2 diabetes, these drugs do have an important role in treating that chronic illness, and they might have cardiovascular benefits for some patients (which kick in before, and hence independently of, weight loss). But they also have high costs and well-documented side effects that ought to be considered soberly — including serious gastrointestinal distress and, in rare cases, life-threatening problems such as gastroparesis (stomach paralysis) and bowel obstructions.

More subtly, there's a major worry that patients will face more health-care inequity than ever as a result of these new treatments. Not only will many patients be unable to afford them, but, in addition, doctors might push them on patients without