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Personal Information:

Date of birth: October 13, 1988

Gender: male

United States Citizen

Undergraduate Studies:

BA, Economics, Haverford College, High Honors, 2011

Graduate Studies:

Brown University, 2014 to present

Ph.D. Candidate in Economics

Thesis Title: "Essays on Health and Human Capital"

Expected Completion Date: May 2020

References:

Professor Kenneth Chay

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Professor Emily Oster

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Jeffrey Lin

Vice President and Economist

Federal Reserve Bank of Philadelphia

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Teaching and Research Fields:

Primary fields: Labor, Health

Secondary fields: Demography, Applied Econometrics

Teaching Experience:

Fall, 2015

1st Year PhD Macro, Brown University, teaching fellow for Professor Oded Galor and Professor Peter Howitt

Spring, 2016	1st Year PhD Macro, Brown University, teaching fellow for Professor Neil Mehrotra and Professor Gaudi Eggertson
Spring, 2018	Labor and Population (PhD-level Causal Inference), Brown University, teaching fellow for Professor Kenneth Chay

Research Experience and Other Employment:

2012-2014	Federal Reserve Bank of Philadelphia, Research Assistant
2015-2016	Research Assistant for Professor Stelios Michalopoulos
2016	Research Assistant for Professor David N. Weil

Honors, Scholarships, and Fellowships:

2016	Distinction, 2nd Year Oral Exam, Brown Economics
2016	Graduate Teaching Award, Brown Economics
2017	3rd Year Paper Prize, Brown Economics
2016-2017	Funded as Demography Trainee of NIH T32 Training Grant
2017-2019	NBER Predoctoral Fellow, Economics of an Aging Labor Force
2019-2020	Funded as Demography Trainee of NIH T32 Training Grant

Publications:

[“The Paper Trail of Knowledge Spillovers: Evidence From Patent Interferences.”](#)

American Economic Journal: Applied Economics. (Forthcoming)

with Ina Ganguli and Jeffrey Lin

Research Papers:

“The Broad Decline in Health and Human Capital of Americans Born after 1947” ([Job Market Paper](#))

In the 1970s, American educational attainment and test scores declined sharply, and previously rapid growth in real wages suddenly halted. In the mid-1980s, the incidence of low birthweight births suddenly reversed trend and began increasing. In 1999, the mortality rate of white Americans at mid-life suddenly began to increase. I present evidence that *all* of these patterns are linked to a decline in health and human capital across American-born cohorts, which began suddenly with those born after 1947. This cross-cohort decline is evident from the estimation of standard age-period-cohort models of: earnings, maternal health as measured by the birthweight of infants, and the log mortality rates of men and women. I also implement a novel methodology in which the decline is graphically and statistically evident in each outcome as a sharp discontinuity. There is no decline for the foreign-born population, but the decline is otherwise remarkably widespread across race and geography. The decline in educational attainment for these cohorts appears too small to directly explain all of the other declines. I present suggestive evidence that the root cause may have been a worsening respiratory health environment when these cohorts were infants.

[“Increased mortality of white Americans and a decline in the health of cohorts born after World War II”](#)

I show evidence that recent increases in the mortality of white Americans are rooted in a decline in the health of cohorts born after World War II, relative to the trend for earlier-born cohorts. These cohort health differences are evident by the 1980s, suggesting recent mortality increases have deep roots which predate the opioid epidemic and recent economic distress. I identify the role of cohort health by imposing the impact of age on mortality to follow the log-linear, Gompertz form. This imposition yields the sharp, falsifiable prediction — strongly borne out in the data — that a decline in cohort health will result in changes in the slope of the age-profile of log-mortality at the same cohort in each year. That is, log mortality rates in each year between 1985 and 2015 exhibit slope changes centered at the 1946 cohort for white men and the 1949 cohort for white women — consistent with a health decline beginning precisely with those cohorts. The size of these slope changes imply that the average mortality rate of the 1960 cohort of white women has been 22 percent higher and that of men 37 percent higher, than they would have had health followed the trend for earlier-born cohorts. The cross-cohort decline in health appears remarkably widespread across the United States.

