

THE BROOKINGS INSTITUTION
BROOKINGS CAFETERIA PODCAST
RACE AND GENDER GAPS IN COVID-19 DEATHS

Washington, D.C.

Friday, June 19, 2020

PARTICIPANTS:

Host:

FRED DEWS
Managing Editor for New Digital Products
The Brookings Institution

Guests:

RICHARD V. REEVES
John C. and Nancy D. Whitehead Chair
Senior Fellow, Economic Studies
Director, Future of the Middle Class Initiative
Co-director, Center on Children and Families

MOLLY REYNOLDS
Senior Fellow, Governance Studies
The Brookings Institution or Affiliation

* * * * *

PROCEEDINGS

DEWS: Welcome to the Brookings Cafeteria, the Podcast about ideas and the experts who have them. I'm Fred Dews. On this episode, Senior Fellow Richard Reeves discusses his analysis of data on: COVID-19 deaths, and why a disproportionate number of men and Black people are dying.

Also, Molly Reynolds explains what action Congress is taking in response to the protests against police misconduct, and why it matters that many of the proposals are being sponsored by Black Members of Congress.

You can follow the Brookings Podcast Network on Twitter @PolicyPodcasts to get information and links to all of our shows including Dollar & Sense, the Brookings Trade Podcast, The Current and our Events Podcasts.

First up, Molly Reynolds on: What's happening in Congress?

REYNOLDS: I'm Molly Reynolds, Senior Fellow in Governance Studies at the Brookings Institution. The aftermath of widespread public protests of police violence and racial injustice in recent weeks, the question of what, if anything, to do to address these and related issues sits before legislators in the House and Senate.

The majority party in both Chambers, the Democrats in the House, and Republicans in the Senate; have brought forth high-profile proposals to reform policing nationwide. Directing the House measure has been led by Representative Karen Bass of California, the Chair of Congressional Black Caucus. Other key authors include fellow Black Caucus Members, Senator Cory Booker of New Jersey, and Senator Kamala Harris of California, as well as Representative Jerry Nadler of New York, who chairs the House Committee with jurisdiction over the bill.

The legislation would make a wide range of changes including prohibiting the use of

chokeholds, make it easier to pursue penalties against the police for misconduct, outlawing certain no-knock warrants, and creating a National Police Misconduct Registry.

On the Senate side, meanwhile, efforts have been led by Tim Scott of South Carolina, the Chambers' only Black Republican. The Scott proposal also targets actions like no-knock warrants and chokeholds, but does so in a more limited way.

It's not surprising that many of the principal sponsors of each of these bills are Black legislators. Political science research has long found that Black Members of Congress pay particular attention to issues affecting the Black community.

Work by political scientist, Michael Minter, for example, shows that Black and Latino representatives devote more time and effort to oversight on issues like racial profiling and employment discrimination in congressional committees than their white colleagues do, even when white legislators are dressed (phonetic) as liberal.

Recent research by Matthew Platt, meanwhile, finds that when we look at the introduction of legislation addressing police brutality specifically, bills come mainly from Black legislators, and usually appear in response to high profile incidents, like the murder of George Floyd and the resulting nationwide protests.

Indeed, as work by Virginia Gatz (phonetic) has argued, elected officials, including Members of Congress are more responsive to protests when engaging in that kind of public action is more costly for protestors, such as by a pandemic, means that individuals are literally risking their health to voice their grievances.

Legislation is not, of course, the only tool at Congress' disposal to address the underlying issues of structural racism by police departments, and more recently responses by law enforcement to protests. Committees in both Chambers can hold hearings on these issues and

send letters to executive branch agencies involved in policing.

The COVID-19 pandemic, however, has forced Congress to adapt its oversight tools to changing circumstances. The House and Senate Judiciary Committees have each held one hearing to examine issues related to law enforcement accountability with a mixture of both witnesses appearing and members participating in person, and virtually. The House Panel also held a hearing on the Democrats' legislature proposal.

Letters, meanwhile, don't require in-person interaction like hearings do, and House committees have certainly made use of this tool, sending 13 oversight inquiries relating to policing generally, and the recent protest since the beginning of June.

Generally, these letters have focused on the involvement of Federal law enforcement including the park police, DEA officers and Bureau of Prisons personnel, and of the Military in the protest in Washington, D.C. Even with these proposals working their way through both Chambers, any attempt at meaningful reforms spurred on by Congress faces several challenges. Most notably, the large partisan divides between the two Chambers.

House and Senate leaders have indicated plans to bring their respective bills to the floor before the Chambers' July 4th recesses, perhaps in an effort to use that to outline as a mechanism for forcing action. Deadlines can often prompt Congress to reach deals they might not otherwise agree to. In this case, any sense of urgency would have to come from public pressure, rather than from an existing deadline, like the expiration of government funding.

Whether the legislators continue to feel this pressure from their constituents to act on structural racism and police violence in the coming weeks will certainly affect what happens in Congress.

DEWS: And now here's my interview, Richard Reeves; Richard, welcome back to the

Brookings Cafeteria.

REEVES: Thanks for having me.

DEWS: Let's start with a piece that you wrote in May with Tiffany Ford, where you wrote that the virus, the coronavirus does discriminate. Can you explain in general terms what you all meant by that?

REEVES: You know, it's partly a reaction that Tiffany and I had, this line that was going around which was that the virus doesn't discriminate. And I think the idea behind that was, we are all in it together, and everyone should do their part. And of course that's true, but it seemed to us to stand in stark contrast to the way in which the virus was affecting different people very differently.

And so to that extent the virus absolutely does discriminate. It discriminates certainly on the basis of your age, it discriminates on the basis of your health condition, and it also discriminates on the base of your sex, whether you're male or female.

And so there are various ways in which a virus is really differentially affecting people, for different reasons, it has to be said. And so that was something that kind of motivated the work we've done now, both on differences by sex and by race in terms of the way that the COVID-19 pandemic has played out. And I think in some ways it's exactly something like the flash of an X-ray bulb exposing fractures of one kind or another, vulnerabilities of one kind or another in our society.

And so it's been revelatory in that sense, and the question then is: what do we learn from that process, and from this very, very difficult time, that we are going through that could be useful and as we move forward?

DEWS: So, you referenced your newer piece that you published this week, also

coauthored with Tiffany Ford plus Sarah Reber on differential death rates by race, and I do want to get to that in the latter half of this conversation. Let's focus on the gender gap first, this was the piece that you wrote in May with Tiffany Ford. Can you cite some examples, maybe country examples of where men are dying at a higher rate than women?

REEVES: Well, the international data suggest that that's pretty much everywhere, that men are dying at higher rates than women, in every country where we've got sex disaggregated data. And there's a danger in this conversation, we'll go do down some really, really, data-wonky rabbit holes about what's the denominator, and what are we talking about.

But the data that we assign is from a very good organization called Global Health 50/50, which has long argued for more sex disaggregated data. I think actually one of the ironies, if you like, of the current situation, is that it's very often been women groups who've argued that we must be breaking this data down by sex, because otherwise some of the health conditions of women tend to get overlooked. But in this case the fact that we can disaggregate for some countries shows that it's men who are at greater risk.

DEWS: You've made that same argument for disaggregated gender-specific data for the U.S. social Science Research as well.

REEVES: Yeah. One of the things we're seeing is that there are just a lot of countries that have better data, and that's obviously a big theme of this whole pandemic, and actually for policy wonks, people at Brookings Institution that lament the lack of data is the daily occurrence. But actually what this experience is showing us is that, you know, it really matters, good, high quality, timely data that can be carefully aggregated and dissected is actually not just a thing that policy wonks should be complaining about, it's actually, in this case, a matter of life and death.

And so where we do see sex disaggregated data, we're able to see not only that there are

differences in the death rates between men and women which we do see, but that there are differences in the mortality risks conditional on getting infected. Holland is one example where very good data shows that getting infected men are twice as likely to die. In Spain, Italy, Belgium, Switzerland, China, et cetera, it's way more than 1.5 times as much.

Overall, the pattern is, just that condition on getting infected, men are much more likely to die. And so it's important to remember in this conversation that there are various elements in the risk chain, if you like, of COVID-19 is: Do you get it? If you get it what are your risks? And it's very important to kind of keep those separate.

The problem with the U.S. is we don't have very good data on who is getting it, and so we have to rely on crude death rates, by both race, sex, and so on, without actually knowing whether there are differential of risks of infection. And it's quite important from a public health point of view to know whether the reason why group A is dying in greater numbers, is because they're getting it in greater numbers, or because conditional on getting it they're more likely to die, or just suffer badly.

DEWS: Well, can you talk a little bit more about what those conditions could be, the differential conditions that could lead to one group, one gender, one race, more likely to get or be exposed to coronavirus than others?

REEVES: Yes, so a big one is geography we know clearly that the virus is spreading much more in certain places than others at a very micro-scale, just in nursing homes, and prisons, and so on, where, if someone gets infected then you'll see it's spread very quickly. It's quite a super-spreader then. So in that sense in terms of micro-geography, but even more broadly, it's well-known of course that places like New York are seeing much, much, higher rates than say, rural Idaho.

And so geography is really one reason, of where you live, your zip code, is that going to change risk of getting it. That's an obvious one and a big one. Another where it's occupation: Are you in an occupation that is going to put at greater risk? For example, with the healthcare workers, and so on, but to some extent frontline workers in other areas like grocery stores, food delivery and other essential workers, that's work that Molly Kinder has done. I know you've spoken to Molly on this show, and so there's an occupational risk as well.

And then there'll also be something around, how able are you, for one reason or another, to socially distance, and how exposed are you to other people? And so one example that I think doesn't get enough attention is multigenerational households. So, if you've got those who are at greatest risk of having bad health problems as a result, or those who are older.

But there are big differences, for example, by race and geography, and your chances of living in a multigenerational household, and so a young person going out and getting it, they might be fine, but bring it back into the home. And that's more likely in crowded accommodations it's more likely among Hispanic and Black Americans, for example. And so a mixture of geography, household conditions, and occupation may well change your chances of being infected in the first place.

DEWS: Let me ask one more question about this age divide in coronavirus cases, and COVID-19 deaths, before we start focusing on race a little bit more. You noted in your analysis that in the oldest cohort in America, the oldest age cohort there are a lot more women, because men tend to die at younger ages than women. How does that change your interpretation of the data?

REEVES: Well, it's one of the motivations saw Tiffany Ford and I are doing this piece in the first place was realizing that, first there's this huge gradient in the mortality risk by age.

That's the sharpest line you're going to see on a chart, which is the older you are, the much greater risk you face should you become infected.

And so looking overall at the gap, say, between men and women, might miss the fact that actually there are a lot more older women than there are men. And so if everything was equal more women will be dying. So, for example, if you just look at the very oldest, over 85, there are 4.2 million women over the age 85, but only 2.3 million men. And the death rates are obviously very high in that group.

Now that's a relatively small group, but you're seeing this, really quite significant gap, almost twice as many women in that age group as men. And so that makes it very important to age-adjust the mortality rates, and it's something that hadn't really been done by that point.

And it's an obvious point once you say it, which is that if you have a disease like COVID-19 that so strongly affects those who are older more, and there's a difference in who is old, in this case there are a lot more women who are older, then you have to take that into account when you're looking at death rates.

And so we've age-adjusted death rates, and there you see the gap between men and women will become wider, then it's twice as high for men as for women, because there are more older women, which reflects the fact that men do die at higher rates, generally, but actually the difference is much higher for COVID-19 than even more generally.

And so, it's really important to take all of these factors into account when you're considering these death rates. There are so many numbers flying around in the media particularly that don't necessarily wait for age, or geography, that don't take into account the financial risk, and of course the U.S. lacks high quality data in many cases. So, the intuition here was: we really need to think about age when we're thinking about the gap by sex, and that does show quite

dramatically this much higher risk from it.

DEWS: Let's switch over now to your analysis, again, with Tiffany Ford and Sarah Reber, that looks at death rates compared across Black, white and Latinos, and it's particularly trenchant at this moment when we're seeing protests against the murder of George Floyd, and other police violence against Black Americans. Can you describe what you and your coauthors found in your newest analysis.

REEVES: Sure, and I agree that it is an important moment, to look particularly at the differences by race, and look hard at what the data are telling us, given what's happening, because to some extent the protest that we're seeing against the murder of George Floyd is drawing attention to these much slower-moving crises.

There's been a slow-moving crisis of racial injustice and inequality in the U.S. for decades, centuries, and those tectonic plates, if you like, move pretty slowly, and then you'll see some kind of moments of eruption as we're seeing right now. But if you think about something about something health, someone's underlying health condition, plus their differential risk of exposure, that's actually a window into accumulated and intersecting disadvantages.

And so, actually the COVID-19 differential risk, the fact that we see just these very large gaps controlling for what we can control for by race, I think are indicative of the depth of the problem that we face in the U.S., the depth and extent of the racial inequalities.

So, whilst there's obviously this very focused attention right now, correctly, on issues around police brutality, and the treatment of Black Americans, and I would say, particularly Black men, by the criminal justice system, and by police forces in the U.S., there are just these much, much deeper issues, and looking at this issue by race is very important.

And again, very important to look at it as clearly as possible, taking something like age

into account. And we do find these very dramatic differences in the mortality rates for Black, and Hispanic, or Latino Americans compared to whites.

DEWS: Well, on that age point. It was very striking to me that you showed that the death rates for Black Americans are by the same age cohort much higher, and so Black Americans were dying at a higher rate than older white Americans. Can you kind of unpack that a little bit?

REEVES: Yeah. Because we've been able now, at least thanks to the work of the CDC, to collect some age-specific death rates by race. In other words, we can look within certain age groups, and say, okay, within that age group, where are we seeing the death rates. And that allows us to kind of compare across. And you're quite right, what we find is that there's a higher death rate among Black and Hispanic Americans aged between 65 and 74 than there is for whites, age 74 to 85, higher among Black and Hispanics who are 55 to 64 by comparison to whites who are 65 to 74.

In a nutshell, what we find is that the death rates for Black Americans especially, and to a slightly lesser extent for Hispanic and Latino Americans, are about the same as for whites who are at least a decade older. So, in terms of the risk that you face, you're safer being white, and at least 10 years older than being Black or Hispanic.

And given that this is so age-dependent, those are very, very striking numbers, those differences you see. So, there's an age-gradient for all racial categories, but they cut against each other, and you'll see that actually Black Americans who are over 85 are twice as likely to die as white Americans who are over 85, for reasons that we can get into.

And so it's really important to kind of zoom in, you need a level of magnification that allows you to see those differences, and it's particularly important to zoom in at the lower ages of 45 to 54, et cetera, as the older ages, because the death rates are just so much lower in those

middle-aged groups, but if you don't zoom in, then you'll miss the fact that there are also huge. In fact, even the large race gaps among the middle-age, and I hope we'll get into that.

DEWS: Just quick aside. It's my understanding that probably indigenous peoples and Asian Americans, their death rates were probably also much higher and widespread. Is it the case that we just don't have enough data about those groups?

REEVES: The numbers get quite small when you're starting to analyze by age and by race or ethnicity with particularly smaller populations, and that's true for Native Americans. For what it's worth, the data suggests that the death rates for Native Americans aren't very high, and it's just that the numbers are very small.

Actually the rates for Asian Americans are lower, so they kind of go the other direction, but in both places the numbers involved are pretty small, and so we weren't confident enough to put them alongside the white, Black and Hispanic numbers. White Americans, Black Americans and Hispanic Americans account for the vast majority of the deaths we're talking about here. But you're right, there are some differences for those groups too, but they go in another direction.

When you look at the ratio between white death rates and Black and Hispanic death rates for specific ages, that's when you can really see these gaps opening up, because you're zooming in, and in a sense you're sort of taking out what the overall number is, and just looking at what the ratios are, and what you find.

And let's take 45-to-54-year-olds, for example, that happens to be the age group that I find myself in, and what we find there is that the death rates for Black and Hispanic Americans, by comparison to white Americans in that group, in that middle-aged age group, are six times higher for Hispanics, and seven times higher for Black Americans in that middle-age group.

And so, the numbers of course are much lower, but actually those gaps are so big that

you're starting to see the actual numbers get close as well, and so what we're seeing is that the zooming in allows us to really see these very dramatic differences within these age groups.

And so it's not too much of an exaggeration to say that COVID-19 is really a high-risk factor for older folks, and if you're white, mostly if you're older, but it seems to be a significantly bigger risk factor for middle-aged Black and Hispanic Americans too, which is in contrast to the much lower risks faced by middle-aged whites.

DEWS: Well, let's turn to some of the explanations for why the deaths of Black Americans is so much higher than for white people. You mentioned earlier, that at least one, of the multigenerational households. Can you talk in more detail about some of those factors?

REEVES: So we know that there are these very big differences in the death rates for Black and Hispanic Americans within every age group, and particularly starkly in this middle-aged age group. The question then becomes, why? And there are lots of explanations for why and no one really, yet, has been able to satisfactorily get the data to be able to sort out these different factors.

One of them is geography, is that we see Black Americans, in particular, more like to be living in the areas that have been most badly affected. That seems, at least on the face of it, to be not as obviously true for Hispanic Americans, so it doesn't help us so much with explaining that gap. And so there's just a differential risk of infection in the first place because of where you live; so that's, I think, one factor.

The second big factor is the ability to either work from home or safely social distance which breaks along race lines too. And so the historic legacy of segregation, of housing discrimination, of low-levels of wealth among Black and Hispanic families, et cetera, means that it's just much harder to be able to socially distance in the way that white Americans have been

able to. So, there's that risk of infection too.

There's occupation, and there's the ability to work from home, or at least to be able to safely socially distance without loss of income, that breaks along race lines too, there are more multigenerational households, more crowded households in Black and Hispanic communities than there are for white. And there are different levels of underlying conditions.

The factor here is what the health professionals call comorbidities, which is hypertension, diabetes, obesity, chronic lung disease, et cetera, all of which are higher, particularly for Black Americans and Hispanic Americans than there are for whites, and so conditional on being infected your mortality risks are higher.

And so this combination of geographical inequality, occupational inequality, economic inequality and health inequality has costed together such that, put all of those into the equation, and then you see these really striking differences in death rates.

What we can't do at this stage is to satisfactorily separate out all those factors, and maybe we never will be able to, and of course to some extent it doesn't matter, what we're just seeing is just in the harsh glare of the pandemic, the result of accumulated and multidimensional inequalities along all of the lines I've just described.

DEWS: And we're also seeing all of this in full focus with all the protests about the George Floyd killing, it's sort of like these two storms that are colliding all at the same time.

REEVES: Yeah. And to some extent I've thinking about this as a crisis within a crisis but actually, what they are, and so they're intersecting crises. And so it's a unique moment, I think, certainly in the recent U.S. history, in which the particular position of Americans of color and of Black Americans in particular, and of young, Black men, even more particularly. But more generally racial inequality that's been exposed by the killing of George Floyd, and of so many

other, particularly younger Black Americans, has coincided with this glaring inequality that's being exposed along all dimensions by COVID-19.

And so there is a sense that if you were trying to marshal evidence for really very significant policy action to address racial inequality it would be hard, I think, to marshal more compelling evidence than the last few months has put in front of us. And I think that's why this does feel quite different to a lot of people that it's a moment where the weight of these different kinds of evidence are coming together, and just realizing how deeply interconnected they are.

And so even if it's true, for example, that one reason that Black Americans are dying at higher rates from COVID-19 is that they're living in the areas or in the institutions that have been most affected, which is true, it's one factor, that's not an accident. That didn't happen by random chance that happened as a result of intentional public policy, and so you can't control all of these things away. And one of the problems in social science, I've always thought, is that sometimes what there's a tendency to do, is to say, we'll be controlling for X, the difference between Black and white Americans isn't that great.

But that control, say, for education level, or for geography is actually part of the Black experience. And so it's just not enough to say we're controlling for X differences less, because X, in this case geography, or education, or wealth, and so on, is definitional of what it means to be Black in America.

And so it is just this extraordinary moment, as you say, for these two storms, but it's the same storm really, and that storm is one of the deep and enduring, extraordinarily stubborn race gaps that we see in our society today.

DEWS: Richard you, a scholar at Brookings Institution, have a very wide portfolio of policy issues that you study. What can you say about the impact of these trends, this storm, in

particular on the other issues that you look at, and in particular social mobility?

REEVES: I'm very worried about some of the intergenerational effects of some of what we're seeing now. We are obviously focused, quite rightly, on the crisis, and there are multiple crises right now that require immediate attention. We are in the ER room in that sense, on many fronts here. But I'm worried a lot about the long term. I'm worried about the impact on education, for example, because we know that those who are most marginal will be most affected by the disruption to education both K-12 and postsecondary. We already know that.

We know that remote learning, for example, seems to barely touch the academic performance of those at the top of the distribution, but it badly damages those who are further down the economic and academic distribution.

We've seen youth unemployment just skyrocket, so it's much harder for young people to be finding work, and so we're seeing this simultaneous shock to the labor market and the education system, which I fear could have these long-term scarring effects on intergenerational mobility.

This is a moment where many of the inequalities that were well known to social scientists, and mulled over on Brookings' panels, and at the academic conferences, suddenly may have become mainstream, and become much more strongly highlighted. I don't know where that will go, so the positive part of the story is that it could result in some long-overdue changes and reforms to our education, for example, in K-12, and our housing market, and our health care system which are long overdue, and maybe it will take a crisis to arrest them, but I'm concerned about that.

I am also quite concerned about the place of boys and men of color in the U.S., and to some extent, generally, of kind of a low socioeconomic background, including some white men

and boys too. And so one of my projects right now, is to be looking at what's happening to men and boys in the U.S., because I think we're seeing that some gender inequalities are pulling in different ways, for different groups.

And that's where intersectional thinking is very important because the prospects for Black men in the U.S. are very, very poor indeed, compared to other groups. Actually much worse than for Black women on most measures.

And so, actually looking at these things in all of those different dimensions is very important, and I think COVID-19 helps to show it, as you can see one inequality pulling one way, that men are much more likely to die. On the other hand, we're seeing the labor market the impact is much greater for women. We're seeing these differences by race, these differences by geography.

And so in that sense it's exposing the intersecting and overlapping inequalities we see in the U.S., in a way that really could guide our way as we embrace the necessary boldness in our public policy options. And in that sense it's both a terrible time to be thinking about mobility and inequality, and in some ways, a potentially hurtful time in the sense that many of the reforms and changes that I think we need are perhaps on the horizon the way they weren't before.

And the question we should ask ourselves about some of these performances: If not now, then when? And that's a cliché to say that, but it feels in 2020, as we see these racial gaps exposed, the class gaps, incredible economic inequality gaps. We see a pandemic which is not touching some Americans at all, barely at all, just economically, socially, just not at all. And I include myself in that group of people for whom the pandemic is happening, to a large extent, all around us, except in relatively trivial ways.

So, it's a cliché: If not now then when? But in 2020 it doesn't feel like a cliché. This is a

moment, and for those of us who dig into the data, and age adjust, and control, and argue for reforms to community colleges, or to a housing system, and we do so wonkily, and in the hope that somebody will pay attention. Well, we should pay attention now.

DEWS: Richard, powerfully said. We'll leave it there. I thank you very much for your time, expertise, and attention to all of these matters.

REEVES: Thank you so much for the conversation, Fred. I'm delighted as always.

DEWS: The Brookings Cafeteria Podcast is the product of an amazing team of colleagues, starting with Audio Engineer, Gaston Reboredo; Bill Finan and Robert Wicks of the Brookings Institution Press do the book interviews; thanks also to my colleague Adrianna Pita, Marie Wilkin, and Chris McKenna for their collaboration; finally, my thanks to Camilo Ramirez and Emily Horne for their guidance and support.

The Brookings Cafeteria is brought to you by the Brookings Podcast Network which also produces Dollar & Sense, The Current and our Events Podcasts.

Email your questions and comments to me at BCP@Brookings.edu. If you have a question for a scholar, include an audio file and I'll play it and the answer on the air. Follow us on Twitter @PolicyPodcasts. You can listen to The Brookings Cafeteria in all the usual places. Visit us online at Brookings.edu.

Until next time, I'm Fred Dews.

* * * * *

CERTIFICATE OF NOTARY PUBLIC

I, Carleton J. Anderson, III do hereby certify that the forgoing electronic file when originally transmitted was reduced to text at my direction; that said transcript is a true record of the proceedings therein referenced; that I am neither counsel for, related to, nor employed by any of the parties to the action in which these proceedings were taken; and, furthermore, that I am neither a relative or employee of any attorney or counsel employed by the parties hereto, nor financially or otherwise interested in the outcome of this action.

Carleton J. Anderson, III

(Signature and Seal on File)

Notary Public in and for the Commonwealth of Virginia

Commission No. 351998

Expires: November 30, 2020