

Pandemics and inequalities

1

- “Medical statistics will be our standard of measurement: we will weigh life for life and see where the dead lie thicker, among the workers or among the privileged” Rudolf Virchow, 1848
- “inequalities have powerfully sculpted not only the distribution of infectious diseases but also the course of health outcomes among the afflicted” Paul Farmer, 2001
- “Four different kinds of violent ruptures have flattened inequality: mass mobilization warfare, transformative revolution, state failure, and lethal pandemics.” Walter Scheidel, 2017
- “A situation like this, it highlights problems that already exist in society that people haven’t noticed. Suddenly you see things. It is like an x-ray machine.” Anderson Cooper, 2020

COVID-19 and inequalities

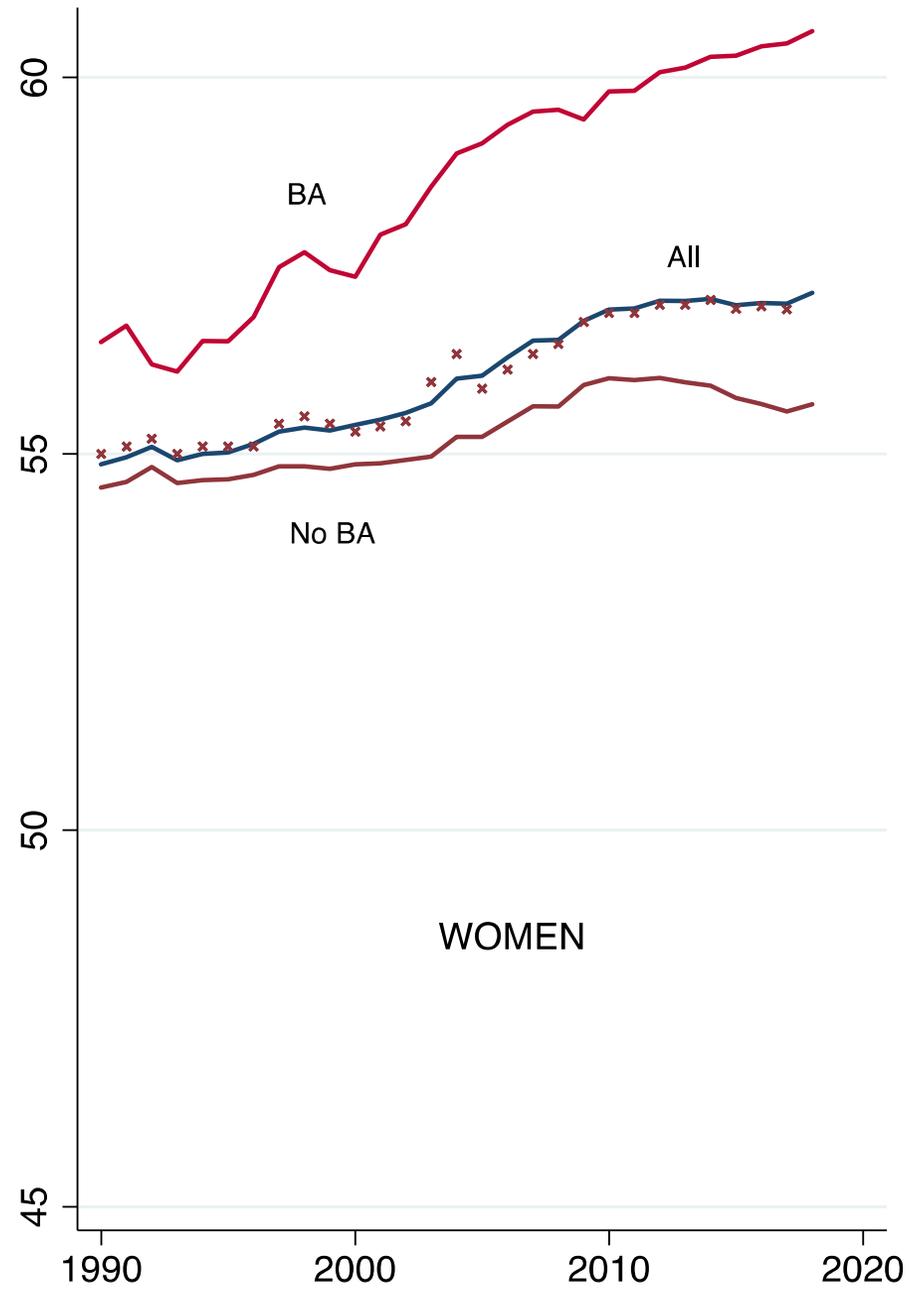
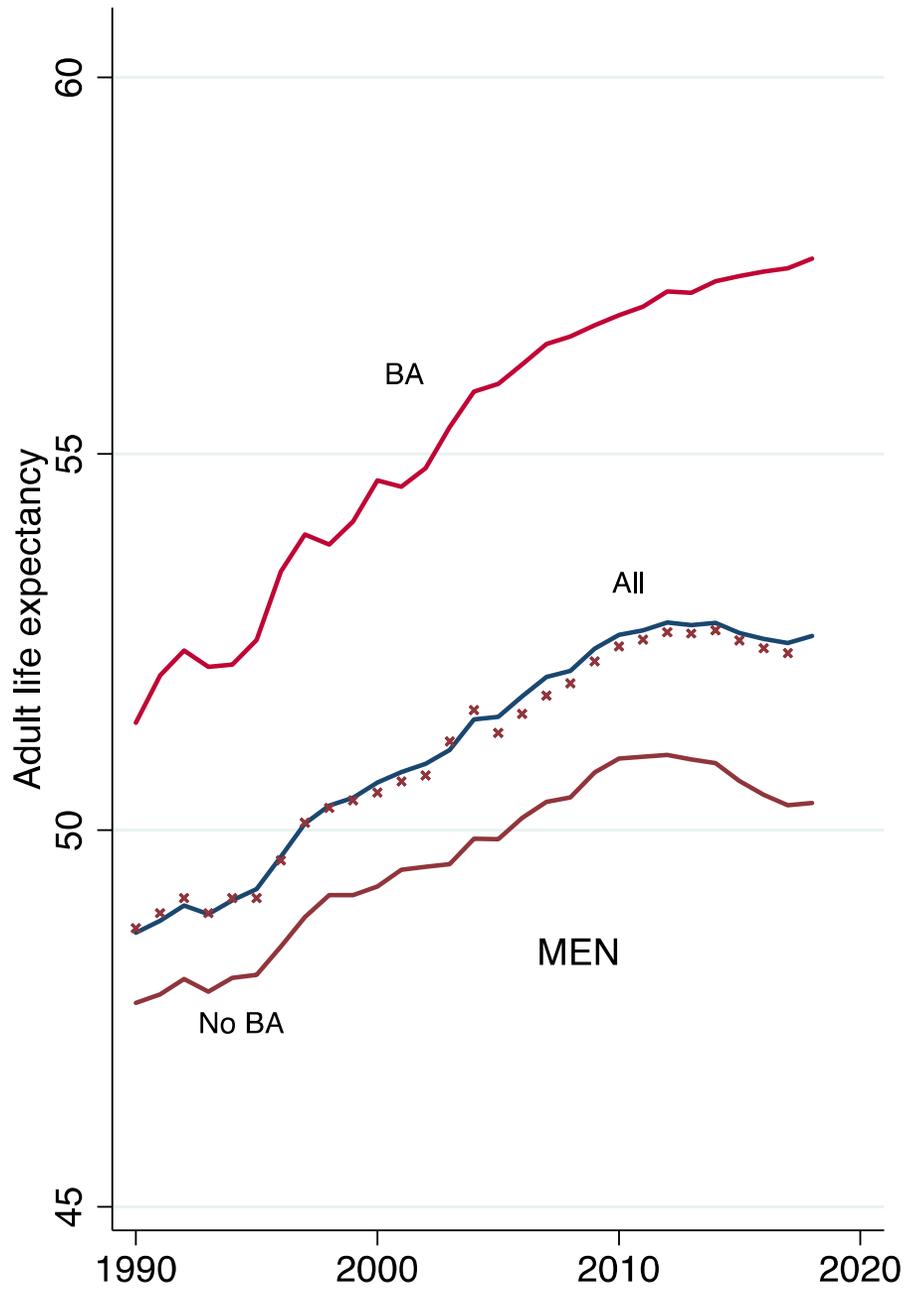
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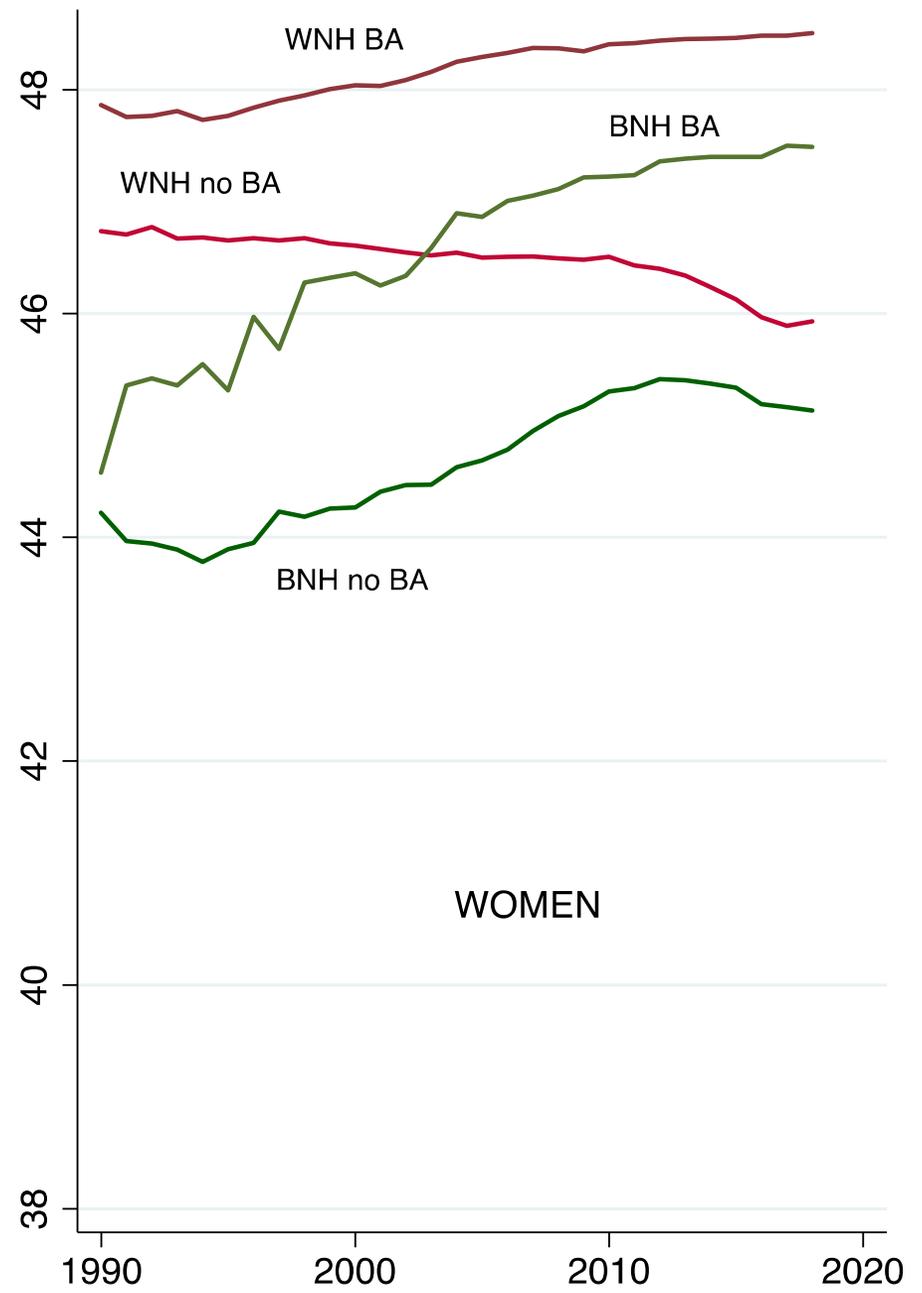
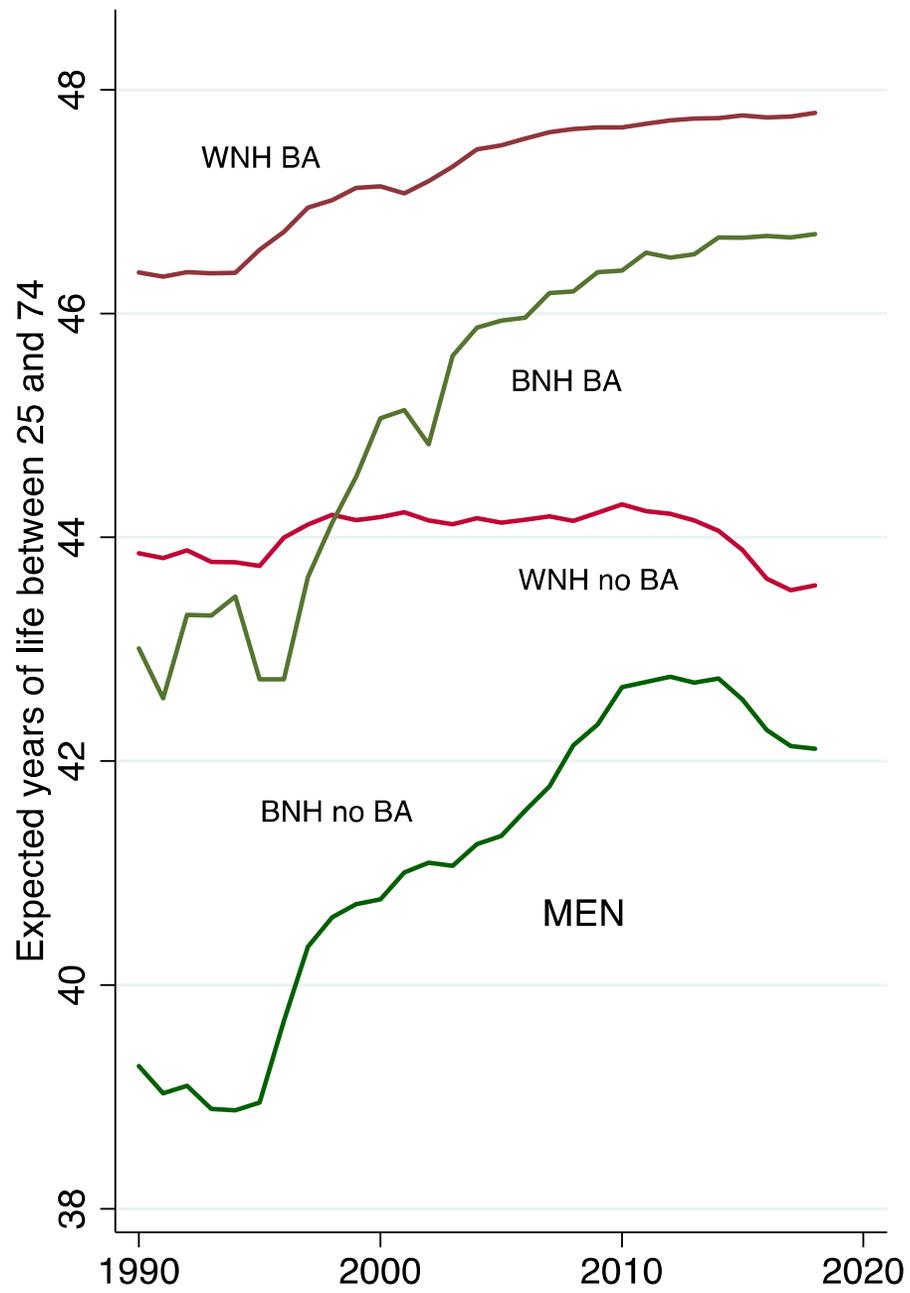
- Pandemic exposes and often exaggerates longstanding inequalities between people and groups
- Old inequalities become starkly visible
 - Salient in new ways
- New inequalities appear, or become more important
- Inequalities in earnings, in jobs, in education
- Inequalities between people in different countries
 - Between rich and poor countries
 - But even between rich countries
- Pandemic may turn tolerable inequalities into intolerable inequalities
 - But policy can perhaps help
 - Or we just revise our idea of what is and isn't tolerable

American parting of the ways

3

- Inequalities BEFORE the pandemic
- Case and Deaton in *Deaths of Despair*
- Widening divisions by whether or not people have a four year college degree
- In labor force participation, in earnings, in quality of jobs, in marriage, in childbearing, in churchgoing, in pain, in disability, in socializing
- And in life itself
- The destruction of the labor market for less educated workers is at the root of this
- Michael Sandel, *The tyranny of the meritocracy*
 - “the college degree is a condition of dignified work and of social esteem”
- Even lifespans are diverging
 - Next slide shows life expectancy at 25 by sex and BA





Within these diverging lifespans

6

- Widening gaps in marriage
 - Widening gaps in labor force participation
 - Widening gaps in earnings
 - Widening gaps in disability
 - Widening gaps in pain
-
- Taken altogether, many aspects of wellbeing are coming apart in America along the educational divide

What is causing the split?

7

- Smoking related disease, especially for white women, who started later and quit later
- Deaths of despair: suicides, alcohol, drugs, all with a self-inflicted component
- Drug overdoses the most important of these
- But it is not “just” a drug epidemic, because the increase is ONLY among those without a BA
- The BA seems to act as a sort of vaccine against the despair that is killing those without a BA
 - Again, the labor market is a key part of the story here

8

And then came COVID-19

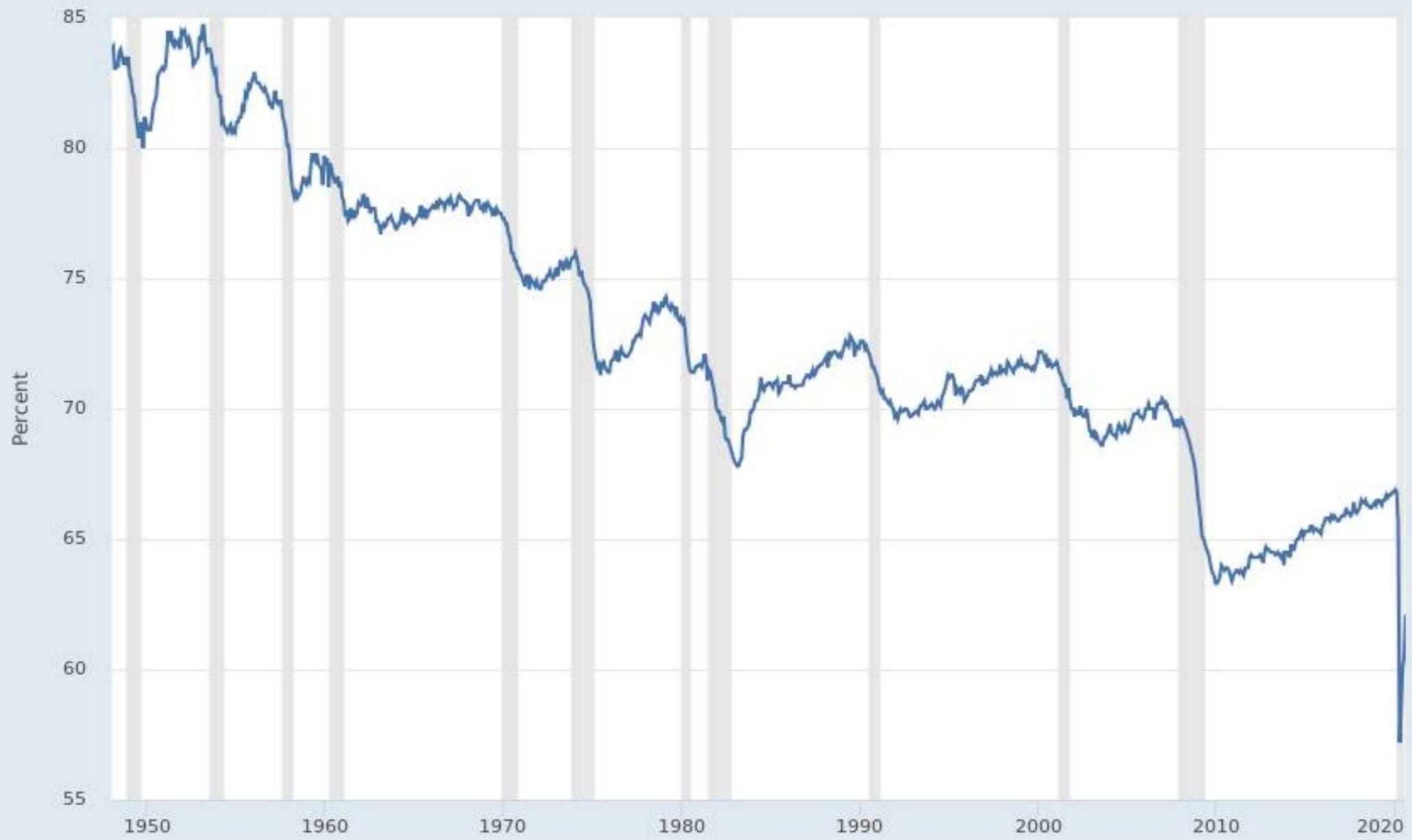
Widening pre-existing inequalities

9

- Less-skilled/poorer/more deprived are suffering more in both disease and earnings
 - Must work but cannot shelter
- Widens the income gap
- Widens the gradient of health between high and low income

- Pre-existing conditions make death more likely: to the sick shall be taken away
- Healthcare appears to matter for this disease
 - Lower quality healthcare to start with widens the gaps further
- Segregation and transportation

- Huge concerns about children and schooling, rich and poor
- Already wide educational gaps will widen, perhaps last for many years



New inequalities

11

- Deaths of despair, at least until 2013, spared African Americans
- See earlier graphs
- African Americans have been more likely to be infected, and more likely to die
 - Data on deaths as of September 22, 82 percent of deaths with data, 143,000 deaths in all

Race/ethnicity	Percentage (pop)	Count
Hispanic/Latino	16.6 (18.5)	19,692
AIAN	0.8 (1.3)	932
Asian	5.0 (5.9)	5889
Black NH	21.0 (12.1)	24,827
Native Hawaiian	0.2 (0.2)	248
White NH	52.1 (60.1)	61,640
Other	4.3	5,036

More on ethnicity and race

12

- Pre-COVID, Black mortality rates higher than white rates
- Pre-COVID, Hispanic mortality rates **lower** than white rates

- In the UK, Blacks have higher COVID mortality rates than whites, but had **lower** pre-COVID mortality

- Native Americans hard hit in some locations early in the epidemic
 - New Mexico and Arizona

- The mortality ratios are changing as the geography of the epidemic changes
 - From international trading centers, like New York, Los Angeles, Detroit, Boston, to other cities and rural

Men versus women

13

- Deaths of despair have risen almost equally for men and women
 - Though people seem to think it is mostly men
- Deaths from COVID are slightly higher for men than for women (54:46)
- But unemployment worse for women than men

- Women more heavily employed in retail and hospitality
- Women primarily responsible for child care

How political and geographical inequality overlays COVID

14

- Power in Senate is unequally distributed
- Four states (CA, TX, FL, and NY) have a third of the US population, but only 8 percent of Senate seats
- Even more unequal for COVID deaths
 - 22 percent of COVID deaths in 2 states (NY, NJ) with 4 percent of Senate
 - 68 percent of COVID deaths in 10 states, with 20 percent of Senate
- Rural states with few deaths have blocking power over states with many deaths
- House of Representatives is better, because related to population
- Deaths spread from blue cities and states to red cities and states
- I thought this would lead to more assistance as a higher percent of Senate was affected
- Didn't happen: as long as stock market is up!

- Geographical concentration of epidemic matters
 - US is a large and diverse federal country, and center refused to exercise central control

Final words on international inequality

America was coming apart before COVID
America is coming apart more with COVID

Is the rest of the world coming apart too?

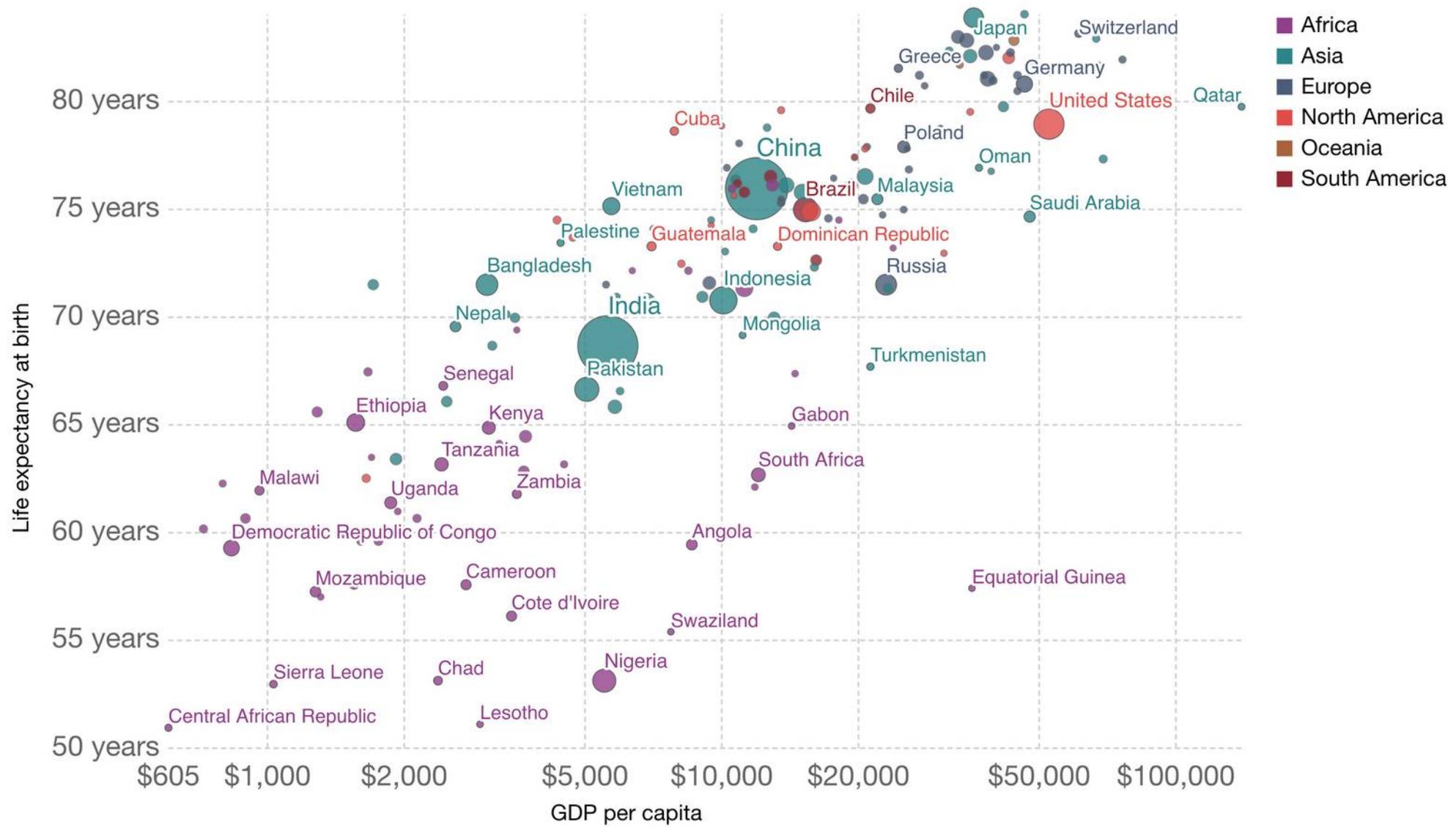
The Preston curve

- Standard pattern is that life expectancy is positively correlated with GDP per capita
- Been true for a century or more
- For some, wealth is health

- Here is the latest curve from Our World in Data

Life expectancy vs. GDP per capita, 2015

GDP per capita is measured in 2011 international dollars, which corrects for inflation and cross-country price differences.



Wealth and life in COVID

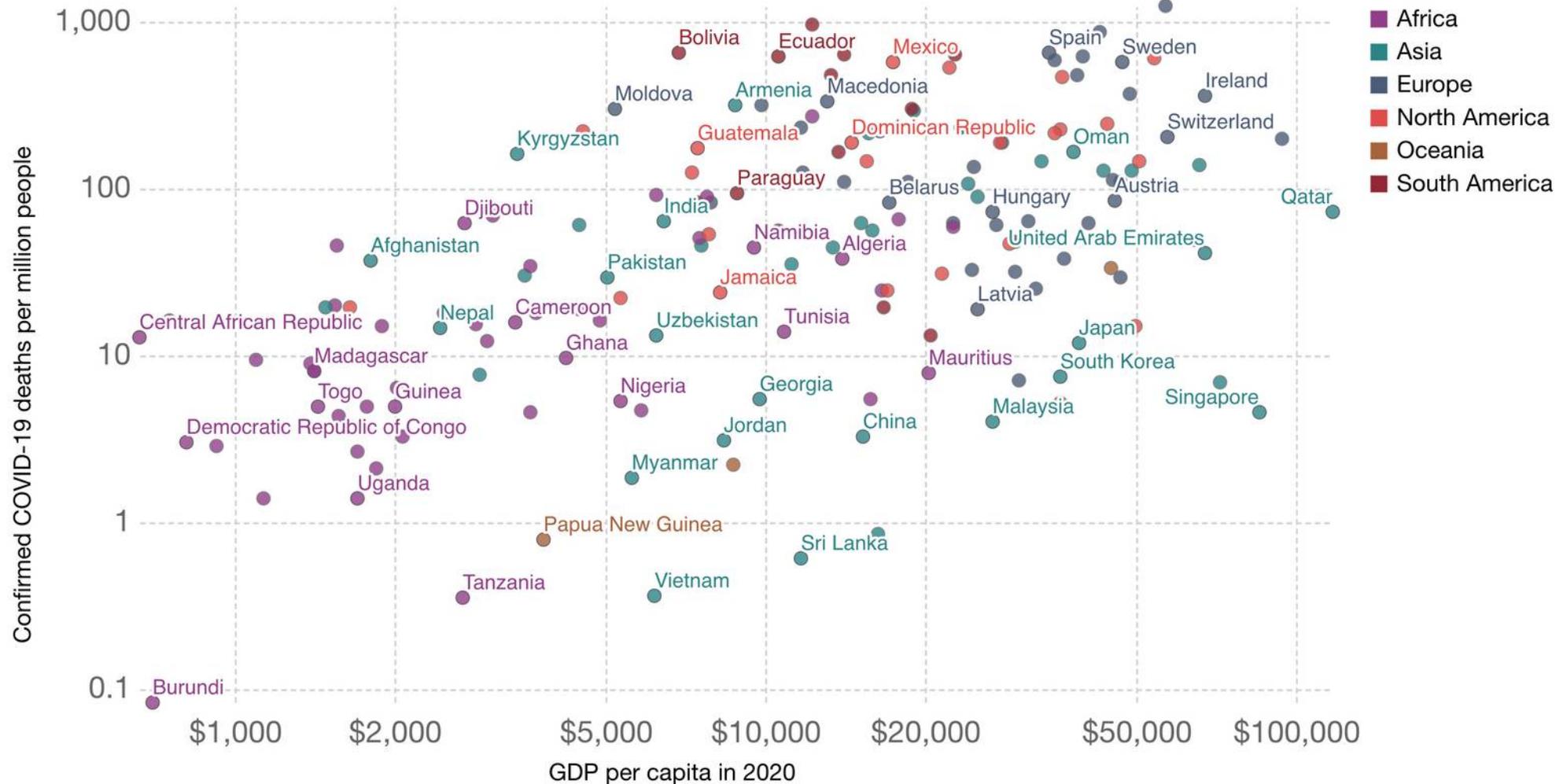
18

- We would surely expect this to continue during pandemic
- Rich countries have all the advantages
- Better healthcare
- More money, more infrastructure, healthier populations to start with

Total confirmed COVID-19 deaths per million vs GDP per capita, Sep 22, 2020

Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.

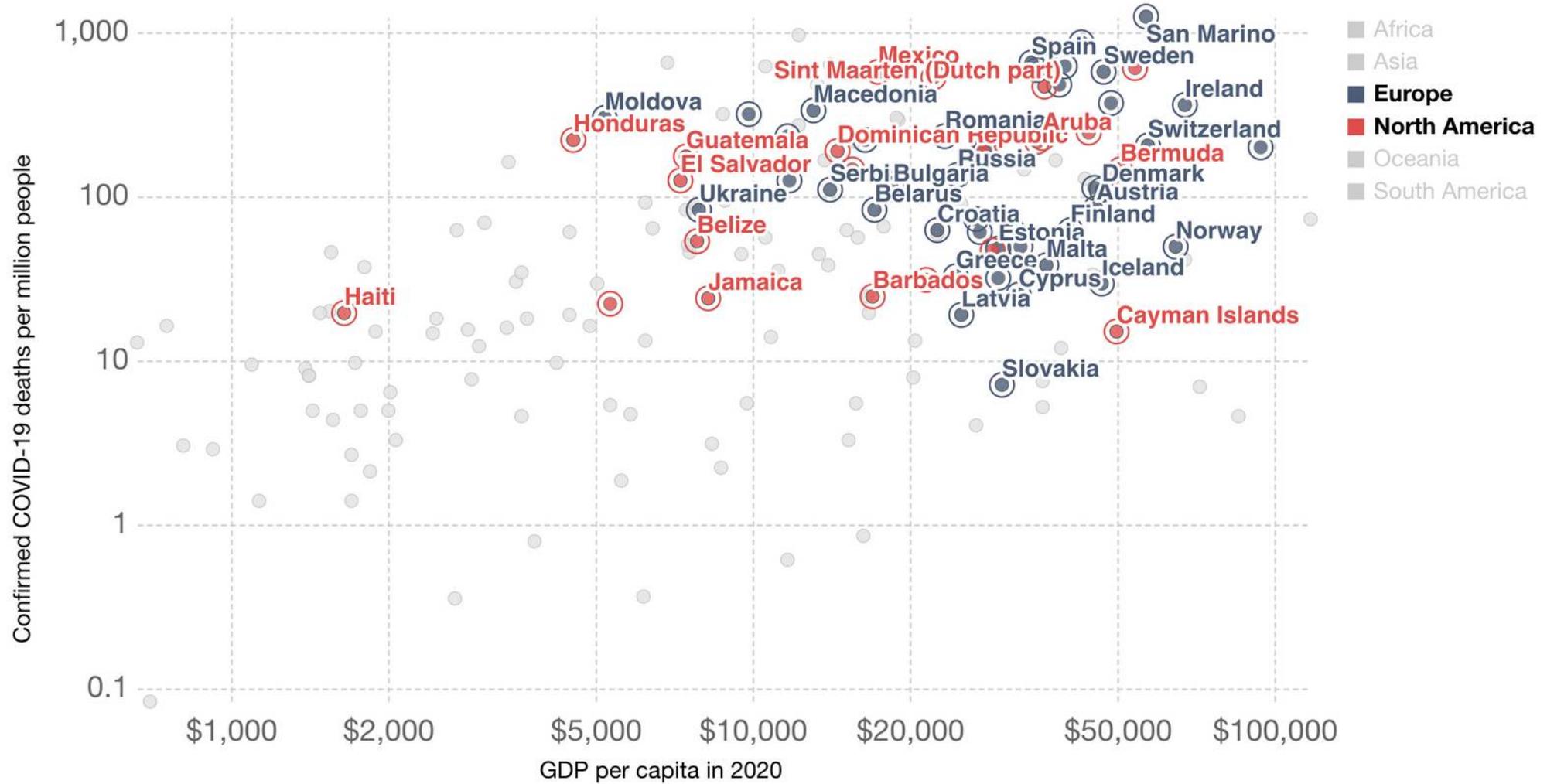
GDP per capita is adjusted for price differences between countries (it is expressed in international dollars).



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Source: European CDC – Situation Update Worldwide – Last updated 22 September, 10:35 (London time), World Bank, Our World In Data
OurWorldInData.org/coronavirus • CC BY

Dynamics and changing inequalities

- It is early days in the pandemic: pattern may reverse over time
 - Rich countries have the trading hubs which are early spreaders
- Same with individuals: spreads from rich first, then poor
 - From global elite to those who have limited means of control
- There is no standardization of COVID deaths across countries
 - Possible massive undercounting in poor countries
- Slowing of globalization might compress income inequalities within countries
 - Unlikely to offset the effects that we see now

- But my guess is reduction in cross-country inequality will last, even if much is not understood
- If so, this will be the only place where COVID makes the world more equal

THANK YOU! GRAZIE!