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BRIEF19

A daily review of covid-19 research and policy.

RESEARCH BRIEFING

A new covid-19 resource: The US Gender/Sex Covid-19 Data Tracker by the Harvard GenderSci Lab.

Gender and sex-related outcomes have been of substantial epidemiological interest during the covid-19 pandemic. We invited researchers at the Harvard GenderSci Lab to describe a new tracker that they have developed and released. *—Brief19*

On June 24, the Harvard GenderSci Lab released the US Gender/Sex Covid-19 Data Tracker, the most comprehensive collection of state-by-state statistics of covid-19 cases and deaths that have occurred in the United States broken down by sex. The tracker offers a time series of mortality rates that shows how the gap between female and male covid-19 deaths has evolved since mid-April.

Our data show that there is great variability in sex disparities in covid-19 case and mortality rates nationally. Overall, the differences have been narrowing over the eleven-week time period captured by the tracker. The GenderSci Lab findings emphasize that when popular covid-19 trackers and even government agencies exclusively report on covid-19 cases and death counts and percentages without breaking the numbers down by demographics, inaccurate conclusions are more likely: sex disparities in covid-19 should always be contextualized within existing gendered and sexed patterns of disease, aging, and mortality. In particular, data showing mortality rates is far more informative when reported and analyzed in relation to the underlying population's age distribution, sex ratio, as well as baseline mortality rates for women and men (which, even before covid-19, were higher for men). It should also be recognized that data refer to covid-19 among people categorized as female and male, and that the nuances of their sex-linked biology and gender identities are not known and therefore not captured by the tracker. The tracker will be updated weekly and offers analyses of not just simple percentages of female and male deaths, but also population rates and analyses for various age groups. By accounting for the population size and age distribution in each state, the tracker allows for more meaningful covid-19-related comparisons between states than raw percentages do. For example, Florida has more seniors than every other state, which implies that mortality rates there would likely appear artificially high if statistical adjustments were not made for that important demographic difference. The main take-aways? It has been widely claimed that sex disparities in covid-19 are related to differences between female and male biology. In a New York Times Op-Ed "What's Really Behind the Gender Gap in Covid-19 Deaths?" the directors of the GenderSci Lab outlined problems with over-reliance on biological explanations only. The essay explains why it is critical to consider the role of gender and other variables in producing apparent sex-differences in covid-19 (and other) outcomes. In past respiratory pandemics, gender-segregated occupations and gender-related comorbidities have, through careful statistical analyses, fully explained similar apparent sex-differences in male to female mortality rates. The substantial variation across time and place captured by the tracker strongly suggests that gender and sex differences in covid-19 too are mediated by social context. However, the extent of these associations are not yet clear. To do so will require further analysis that takes into account both covid-19 data broken

down by sex and gender as well as other potentially influential factors including existing medical comorbidities, occupation, race, and living environments. Once these data become available, a more complete assessment that addresses the root causes of sex and gender differences in covid-19 cases and mortality will be possible.

–Ann Caroline Danielsen and Tamara Rushovich for the Harvard GenderSci Lab

POLICY BRIEFING

Covid-19 relief and taxes burdens.

In a letter submitted to Congressional leadership, the American Medical Association, the United States Chamber of Commerce, and a variety of medical specialty and professional organizations have requested clarification on the taxation status of funds disbursed as part of the Public Health and Social Services Emergency Fund (PHSSEF), also called the Provider Relief Fund. Unlike the Paycheck Protection Program, which was passed by Congress as part of the CARES Act, and which included specific language that exempted any distributed funds from taxation, the PHSSEF, which was also created within the CARES Act, does not have language to this effect. The concern is that under current federal guidelines for grants, twenty one percent (or more) of the money given out as grants would eventually be taken back by the federal government by way of income tax. The letter calls this process "inefficient." There has been bipartisan support to correct this issue. The HEROES Act, (as covered by Brief19) has language that, if enacted, would exempt the Provider Relief Funds from taxation. The act passed the House of Representatives but appears to be stalled in the Senate. Unless resolved, the lack of language exempting PHSSEF funds from being taxed could be a potentially expensive omission for stakeholders who otherwise benefitted from the law. *The American Medical Association*

–Joshua Lesko, MD