

MINU PHILIP

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EDUCATION

Ph.D. in Economics, New York University 2018 - 2025 (expected)

M.Sc. in Economics, Indira Gandhi Institute of Development Research, Mumbai 2014 - 2016

B.A. in Economics (Hons.), St. Stephen's College, University of Delhi 2014 - 2016

REFERENCES

Professor Debraj Ray
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Professor Martin Rotemberg
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Professor Guillaume Fréchette
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FIELDS

Applied Microeconomics, Health Economics, Development Economics

TEACHING EXPERIENCE

Development Economics (Undergraduate), New York University Fall 2021

Course Assistant to Professor Debraj Ray

Econometrics II (PhD), New York University Spring 2021

Teaching Assistant to Professors Timothy Cogley and Timothy Christensen

Money and Banking (Undergraduate), New York University Summer 2020

Course Assistant to Josue Cox

Introduction to Econometrics (Undergraduate), New York University Fall 2019

Teaching Assistant to Professor Sharon Traiberman

RESEARCH EXPERIENCE AND OTHER EMPLOYMENT

Research Assistant to Professor Debraj Ray, NYU and NBER	2020 - 2024
Summer Intern, The Reserve Bank of India, Mumbai	Summer 2015
Experienced Associate, PricewaterhouseCoopers DIAC-US Advisory	2017 - 2018
Associate, PricewaterhouseCoopers DIAC-US Advisory	2016 - 2017

HONORS, FELLOWSHIPS AND GRANTS

Department of Economics Dissertation Fellowship, New York University	2023 - 2024
Doctoral Dissertation Research Improvement Grant, National Science Foundation (\$25,000; Returned)	2023 - 2024
The Weiss Fund for Research in Development Economics (\$23,340; Returned)	2023 - 2024
SurveyCTO Primary Data Collection Research Grant	2023 - 2024
Best Third Year Paper Award (co-awardee), New York University	2020 - 2021
Henry M. MacCracken Fellowship Program, New York University	2018 - 2023
Chancellor's Medal, Indira Gandhi Institute of Development Research, Mumbai	March 2017

WORKING PAPERS

Disparate Treatment and Outcomes in Emergency Departments: Evidence from Florida
(with Ozde Ozkaya) — Job Market Paper

This paper studies racial disparity in stroke diagnosis at emergency departments. The unique feature of this contextual setting is that the underlying state of whether the patient actually had a stroke can be inferred retrospectively. We find that strokes are roughly twice more likely to be missed among Black patients, with most of the disparity arising from physicians testing Black patients less often. We then ask how much of this disparity comes from disparate treatment by physicians. Disparate treatment by race within a facility is indicated by difference in testing rates conditional on the same disease risk. Physicians, however, infer disease risk based on signals such as symptoms or patient history that potentially vary in quality or informativeness across racial groups. To facilitate cross-group comparisons, we benchmark testing decisions against objective algorithmic risk projections. We show that disparate treatment accounts for about 60% of this racial disparity in testing, yielded via two mechanisms: *unjustified skill gap*, wherein physicians make noisier risk assessments for Black patients, and *racial prejudice* in the canonical sense, where physicians apply differential thresholds. The two mechanisms are not only distinct conceptually but also have different implications for policy.

Who are Sex-Selecting, and When? (Co-Awarded Best Third Year Paper 2020-21 at NYU)

Parents who prefer sons are known to engineer the sex-composition of their children using prenatal sex-selective abortion and differential fertility stopping. When parents optimize over when to stop childbearing and if/when to sex-select, simple heuristics emerge that broadly describe the parents' composition-engineering strategies given their preferences and birth histories. This paper identifies such a heuristic whereby son-preferring parents in India sex-select when they are at their ideal number of children so as to avoid exceeding it. Identification of fertility heuristics involve two components: (1) identifying instances of use of sex-selective methods, and (2) linking the use of sex-selective methods with parental preferences. To identify use of prenatal sex-selective methods, I compare inter-birth intervals preceding the birth at any order, since intervals preceding male births would be artificially longer than those preceding female births if sex-selective methods were used. To infer the heuristics, I check for the use of sex-selective methods at various birth-orders defined relative to the mother's ideal number of children. I find parents to typically

sex-select when at the ideal number of children, even if means sex-selecting at the first birth order. I also find evidence of reversals in the decision to sex-select following unsuccessful attempts at select birth histories.

Group-Bias in Interpersonal Interactions

Groups, including those created based on trivial and meaningless criteria, exhibit group-bias; i.e. they favor their in-group relative to the out-group. What generates this bias has been a source of debate: Is it an effect of salience in categorization, or is what appears to be group-bias merely a consequence of strategic behavior to gain from the interdependence of payoffs in settings with groups? Using groups induced in the lab, I experimentally manipulate payoff structures to study what drives this bias in interpersonal interactions. I find subjects favor their assigned in-group even when their respective in-groups cannot affect their payoffs. Categorization is hence a sufficient source of group-bias that operates even in the absence of any strategic pecuniary interests or expectations of generalized reciprocity. Additionally, I find subjects to attach importance to group labels more than just as a salient dimension of categorization, and care about how they're perceived by their in-group. Subjects are asked to nominate two out of a total of four group members for a bonus, and the nomination results are revealed only to treated groups. Subjects informed of being nominated by their in-group not only increase their allocations to the in-group but also decrease allocations to the out-group, thereby exhibiting more group-bias. This is consistent with subjects identifying with their assigned group and drawing non-pecuniary gains from the categorization. Those informed of their non-nomination decrease allocations to all and do not maintain any positive distinctness between their in-group and out-group, as if having disidentified from the group labels.

PUBLICATIONS

Minu Philip, Debraj Ray, and S. Subramanian (2021). Decoding India's Low Covid-19 Case Fatality Rate, *Journal of Human Development and Capabilities*, 22:1, 27-51, DOI: [10.1080/19452829.2020.1863026](https://doi.org/10.1080/19452829.2020.1863026)

Mentions: [The Economist](#), [mint](#), [The Federal](#), [Business Today](#), [BloombergQuint](#)

WORK IN PROGRESS

Motivated or in Denial? Explaining the low take-up of Tuberculosis Preventive Therapy
Intra-household Health Rationing and Policy Perspectives

REFeree

Journal of Health Economics (2021), Young Economists' Symposium (2020)

SKILLS

Python, R, Stata, oTree, Tableau, SurveyCTO

Updated: October 2024