

PREJUDICE & POLICY

Racial Discrimination in the Union Army Disability Pension System, 1865-1906

Sven E. Wilson, PhD

The Union Army disability pension was an early experiment in colorblind social policy. However, it shortchanged Blacks in 2 ways. First, the law was unable to account for the challenges Blacks faced in proving their eligibility because of the legacy of slavery and discrimination against Black troops during the Civil War. Second, the increasing leniency accorded White soldiers by the Pension Bureau was not extended in the same measure to Blacks. Active discrimination against Blacks resulted in part from local discretion, evidenced by the significantly lower approval rates for both White and Black veterans in the South. Furthermore, when Whites and Blacks claimed disabilities that were easily verifiable, outcomes were similar, but when verification required a degree of trust, Blacks fared considerably worse than Whites. (*Am J Public Health*.2010;100:S56–S65. doi:10.2105/AJPH.2009.172759)

THE UNION ARMY PENSION

system was the nation's first large-scale social insurance program. It began during the US Civil War as a tightly controlled system of war-related disability compensation that, over time, developed into a general disability system and, finally, into a broad-based old-age pension for almost all Union Army veterans. Indeed, the Union Army pension dominated the federal budget and the political debates of its day to much the same extent as Social Security and Medicare do today. At the program's peak in 1893, 41.6% of all federal budget

expenditures were being paid out to military veterans.¹

Given the ubiquitous racial discrimination in American life during this era, the *de jure* equality of Blacks and Whites in the disability pension system was truly remarkable. Black and White veterans were subject to the same eligibility requirements and received the same schedule of benefits. Thus, the racial discrimination² that was such a prominent part of official military practices during the war did not carry over into the statutes and regulations that governed the new pension system.

But what were the *de facto* experiences of Blacks and Whites in the pension system? Could such a system achieve racial parity in a world where racial prejudice was so pronounced? In this study, I used original data sources on over 40 000 Union Army veterans to compare systematically the treatment of Black and White veterans by the pension system. The data used

here came from wartime military service records, from the pension applications made by the claimants, and from the rulings of the Pension Bureau. Thus, we can trace the veterans' experience in the system from the time of their military service until their deaths.

This tracing shows that the nature and patterns of discrimination faced by Black veterans changed as the laws and practices governing the pension system evolved. The seeds of the discrimination were planted during the war, as Black soldiers who were sick and injured were much less likely to be hospitalized, which left them without the documentation they needed to prove that their disabilities in later life were war related. The deficiencies in medical records, as well as other challenges Blacks faced as a result of their poverty, illiteracy, and history of enslavement, put them at a considerable and immediate disadvantage in obtaining pension support. Over time, increasing political pressure

led to leniency toward White veterans who did not have wartime disabilities, but this leniency was largely denied to Black veterans, and the White–Black differential in enrollment percentages widened continually in the 25 years after the war.

In 1890, the law was formally liberalized to eliminate the need for wartime medical records, and the enrollment rate for Blacks increased dramatically in short order. Nonetheless, even after 1890, Blacks still faced the same difficulties as before in applying for pensions, as well as obstacles in getting the Pension Bureau to approve their claims, particularly if they were for conditions that required a “benefit of the doubt.”³ Furthermore, widows and dependents of veterans also encountered discrimination in gaining pensions⁴ (although only veterans’ “invalid pensions” were analyzed here). In sum, race-neutral policies gave Blacks a measure of financial assistance and dignity, but the larger potential of the pension program was systematically undermined by the prejudice of human actors exercising discretion within the system.

THE UNION ARMY DISABILITY PENSION

In July 1861, when Congress authorized Lincoln to raise 500 000 volunteer troops,⁵ it also authorized the creation of a pension for those volunteers, which was essentially the regular army pension system applied to the volunteers.⁶ A year later, in 1862, this system was replaced with the “General Law,”⁷ which governed the distribution of pensions for Union Army volunteers, including the United States Colored Troops (USCT).

The statutory requirements for pension eligibility remained relatively constant until the law was liberalized in 1890, whereby the requirement that the disability be war related was dropped (as long as it was not due to “vicious habits”).⁸ In arguing for a liberalized pension system, the new president, Benjamin Harrison, noted that the requirement that disabilities have an origin in military service was “difficult, and in many deserving cases, impossible to establish.”⁹ The 1890 law opened the floodgates, and a surge of new applications were received by the Pension Bureau. The next major change in the law was in 1907, which formalized old age as a pensionable disability. By that time, however, almost all the veterans who were going to enter the pension had already entered, and relatively few Black veterans were still alive.

Pension eligibility was determined by rigorous review by the Pension Bureau. Applicants had to provide legal proof of their identity and their military service. The bureau then examined the military records to verify that the soldier had served at least 90 days, and the claimant’s statement about wartime experiences was checked against the wartime medical records, which recorded the hospitalizations for each soldier in the war. The claimant then had to receive a medical examination, following which the examination results were reviewed by the bureau and a financial award was made. The medical review board often disallowed the disabilities indicated by the medical examination.

The Early Indicators Collections

The primary documentary sources used in this analysis were

the veterans’ pension applications and the Pension Bureau’s rulings on those applications, including rulings on condition-specific claims. The data were collected from the US National Archives beginning in 1981 under the auspices of a massive, multiyear data collection project entitled *Early Indicators of Later Work Levels, Disease, and Death*, funded by the National Institute on Aging.¹⁰ The aim of the *Early Indicators* project is to collect and digitize health, demographic, and socioeconomic information on Union Army recruits across the course of their lives from birth to death. The data files used in this analysis consist of the individual records

“The seeds of the discrimination were planted during the war, as Black soldiers who were sick and injured were much less likely to be hospitalized, which left them without the documentation they needed to prove that their disabilities in later life were war related.”

of 35 570 White enlisted men who served as part of 303 randomly selected companies in the Civil War. The Black recruits come from a sample of 5905 Black enlistees from a random sample of 53 USCT companies. Neither sample contains officers.

Emerging Research on the Black Veterans’ Experience

Only very recently have Black contributions in the Civil War and the lives of Black veterans have received scholarly attention. Even as recently as 1992, Theda Skocpol’s treatise on the origins of social welfare policy analyzed the Union Army pension in depth but made only passing references to Blacks¹¹ (she conjectured—quite wrongly—that Black

and White veterans were treated equally by the pension system).¹² The previous lack of attention to the Black veterans' experience by scholars is a manifestation of larger patterns of minimizing slavery and race as root causes of the Civil War.¹³ As Blight has argued,

A segregated society required a segregated historical memory. . . . Most Americans embraced an unblinking celebration of reunion [between North and South] and accepted segregation as a natural condition of the races.¹⁴

The most comprehensive treatment to date of the postwar experiences of Black veterans is by Shaffer, who discusses multiple aspects of the veterans' lives, including their experiences in the pension system.¹⁵ He describes the difficulties Black veterans had in applying for and obtaining pensions and provides a limited statistical analysis showing a lower pension approval rate for Blacks than for Whites.¹⁶ Logue and Blanck have recently published the first rigorous statistical comparison of the experiences of Black and White veterans in seeking pensions.¹⁷ Using the *Early Indicators* data, they find that race played a key role in both the propensity to apply for a pension and the likelihood of having one's application approved. They also show the importance of the regimental records in the Pension Bureau's decision to award a pension.

COMPARISON OF BLACK AND WHITE PENSION OUTCOMES

Given the longer service time of Whites, it is not surprising that White soldiers had a higher rate of combat mortality than did

Black soldiers, although the mortality differentials are not as high as one might expect: 4.7% of White recruits in the *Early Indicators* sample died of wounds or injuries, compared with 3.0% of Blacks. Dyer reports that for the entire Union Army over the course of the war, 1.6% of Black soldiers and 4.1% of White soldiers were killed in action.¹⁸ Furthermore, in the final year of the war, General Grant summoned every available soldier to defeat the Confederate strongholds in Virginia, including numerous soldiers in the USCT. As Berlin et al. claim, "By war's end nearly all black soldiers received a taste of combat."¹⁹ Also, the last 2 years of the war were particularly bloody. In the *Early Indicators* sample, for instance, two thirds of deaths that occurred among White troops during the war occurred in the last 2 years. It is clear from these casualty numbers that the USCT was not just sitting on the sidelines of the war and that these experiences may have had long-term consequences on their health.

As is well known, the biggest killer of all Civil War soldiers was not combat but disease, and Blacks suffered much higher mortality from disease than did Whites.²⁰ In the *Early Indicators* data, 18.7% of the Black sample died from disease while in service, compared with 9.6% of Whites. The cause of this difference was probably both higher disease susceptibility and higher case fatality. This is consistent with Humphreys' argument that Black regiments were understaffed in terms of medical care and received appreciably worse care.²¹

Given higher disease mortality, we would anticipate that hospitalizations for illness during

the war would be much higher for Blacks than they were for Whites, even if the case-fatality rates were higher for Blacks. However, the medical records are sharply at odds with the mortality data. Only 45.3% of Blacks were hospitalized for illness during the war, compared with 53.7% of Whites. We thus have a puzzle: Blacks had twice the illness mortality of Whites, but they were less likely to be admitted to the regimental hospital for illness.

The most likely explanation for this apparent enigma is that the Black soldiers who were ill or injured were less likely to be hospitalized. Berlin et al. conclude that

[R]acism compounded a problem all soldiers faced. Exasperated by their inability to reverse the high morbidity and mortality rates, some medical officers accused blacks of feigning sickness in much the same way that masters and overseers accused slaves of shirking work. They mistreated, abused, overworked, or neglected such soldiers, thereby contributing to further deterioration of their health.²²

Because hospitalization of a Black soldier required an order from a White officer, it is likely that Blacks who were ill were sent to the hospital less often, or at least less quickly, than Whites. This can be seen in the records: of those soldiers who died of illness during the war, 74.9% of Whites had a prior hospitalization for illness, compared with only 63.1% of Blacks. Of those who died from wounds, rates of previous hospitalization were 64.1% for Whites but only 32.6% for Blacks.

What are the implications of the wartime experience for Blacks following the war with respect to their pension status? First, the combined burden of

disease and wounds resulting from the war was high for Blacks. Recent research has demonstrated that illness during the Civil War was associated with a higher prevalence of chronic conditions in later life.²³ Furthermore, the hard manual labor slaves faced while in servitude before the war and their higher probability of manual labor following the war suggest a higher risk of both disease and disability in later life. All these factors suggest a heavy disease and disability burden for Black veterans in later life. The most convincing evidence of this is that only 29% of Black veterans lived until 1900, compared with 45% of Whites.

Second, without a record of hospitalization, both Black and White veterans had a difficult time claiming that their disabilities were linked to wartime events, which was required prior to 1890. Because Blacks were less likely to be hospitalized for their wounds and illnesses, Black survivors of the war lagged significantly behind Whites in their ability to produce documentation that they experienced wartime events that might be linked to their disabilities in later life.

Trends in Pension Enrollments for Blacks and Whites

The overall time trend in pension enrollment is presented in Figure 1, which shows estimates over time of the percentage of living veterans who had made a successful pension application.²⁴ These approval rates are broken down by race and by military medical history (MMH), yielding 6 groups overall. The MMH status has 3 categories: (1) those who were wounded in the war (as obtained from the army's medical

records, not the claimant's statements), whether or not they had recorded illnesses; (2) those who were not wounded but did have wartime illness; (3) those with neither wound nor illness.

The enrollment rate is a product of both the application rate and the approval rate. Table 1 shows approval rates for each historical period under consideration. The first period corresponds roughly to the Reconstruction period in the South and ends in 1878, just before the Arrears Act of 1879 was passed,²⁵ which allowed applicants to receive back payments for their disabilities going all the way back to the war. The second period is from 1879 to 1889, the year before the liberalization. The third period begins with the liberalization of the pension law in 1890 and ends in 1906, the year before the pension became

officially age based. In all 3 of these periods, approval rates for Whites were higher than for Blacks, as will be discussed in the following sections.

The Reconstruction period:

1865–1878. Pension awards in the Reconstruction period were dominated by war wounds, and most of the veterans in the pension had a wartime hospitalization to confirm their disability. This is true for both Blacks and Whites. The initial racial gap in the late 1860s is probably because Whites were injured more often in battle than Blacks, but different injury rates do not explain the growth in the racial gap during this period. After about 1868, the growth in enrollment for wounded veterans is about 1 percentage point per year for Blacks but 2.5 points for Whites. Thus, by the end of the period,

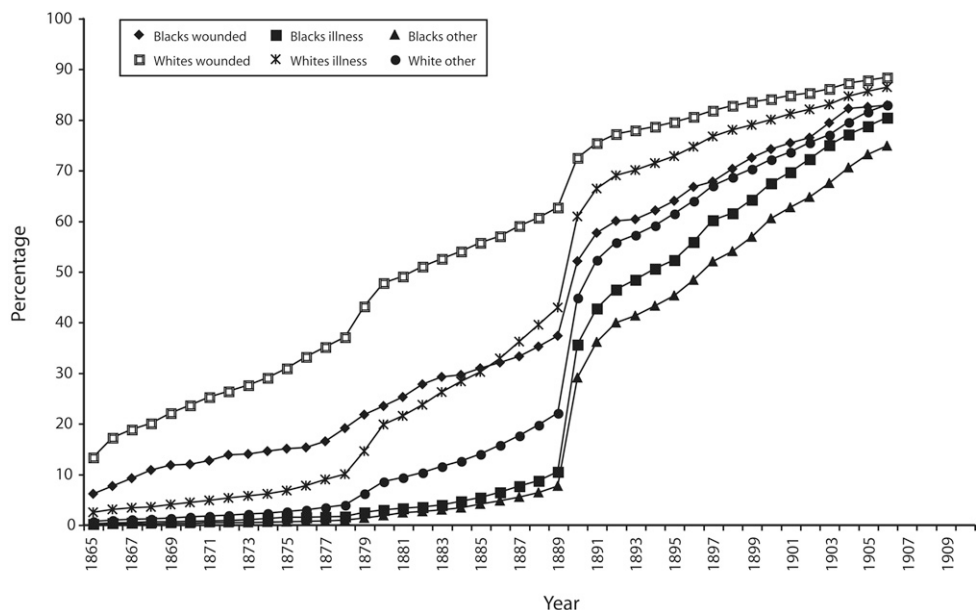


FIGURE 1—Percentage of pension enrollment among living Civil War veterans, by race, illness or wounded status, and year: United States, 1865–1906.

the White–Black gap had grown considerably.

A dominant reason for the widening gap was that Blacks faced so many obstacles in applying for a pension.²⁶ It was difficult and expensive, and Black applicants were often poor and illiterate. Furthermore, the Pension Bureau often appointed special investigators to verify claims. According to Shaffer, Blacks were investigated about twice as often as Whites and these investigations were more thorough and took longer. Furthermore, claim agents (who often assisted in the application process) often took advantage of Black soldiers by submitting fraudulent claims. Finally, the difficulty Blacks had in providing essential dates, including dates of birth, marriage, military service, wounds, and illnesses, “led to frustration and suspicion on the part of pension bureaucrats.”²⁷

By the end of this early period, a minority of both Blacks and Whites had applied for a pension, but the numbers for Blacks lagged significantly behind. For wounded veterans, 40.0% of Whites and 20.0% of Blacks had applied; for those with a history of illness, 12.7% of Whites and 3.0% of Blacks had applied; for those with no military medical history, the

percentages were 5.0% of Whites and 1.4% of Blacks.

Thus, the gap in enrollment rates between Whites and Blacks in Figure 1 was dominantly a function of the lower application rate of Blacks. However, Table 1 indicates that differential approval rates by race were present in this early period as well. The approval rate for Blacks was lower for all MMH groups, although the number of Black applicants was too low to precisely estimate approval.

The period of informal liberalization: 1879–1889. As shown in Figure 1, during the 1880s, rates of pension enrollment for veterans without war wounds increased dramatically for White veterans but only modestly for Blacks. By 1889, the year prior to formal liberalization, the enrollment rate for those with recorded war illness had risen to 43% for Whites compared with only 10% for Blacks. For those without any documented military history, the enrollment rate was 22% for Whites but only 8% for Blacks.

In 1877, the commissioner of the pension noted that

it is comparatively rare that claim is now made for a disability contracted in service; it is a

question of *sequels* to disabilities incurred in service.²⁸

However, this was an era when very little scientific basis existed to support etiologic arguments linking the chronic disabilities of middle-aged veterans to their wartime experiences. The most common disabilities among veterans were arthritis, heart disease, and various gastrointestinal conditions. Connecting these types of conditions to wartime events involved a fair amount of creativity, to say the least. This scientific vacuum helped open the door for the politics of bureaucratic discretion. As Sanders has noted, the Pension Bureau had considerable discretion in this period in terms of the

speed with which applications were processed, the states and communities from which they were drawn, and the rigor of the review (both medical and clerical).²⁹

The political pressure for a more lenient attitude toward applicants started with the passage of the Arrears Act in 1879, which allowed for back payments of pension awards. The Arrears Act awoke veterans’ groups to the possibilities of political activism.³⁰ Indeed, the dominant veterans’ group of the time, the Grand Army of the Republic (GAR), grew in membership from 31 016 in 1878 to 397 974 in 1889,³¹ and the centerpiece of their political efforts was increased support for disability pensions. Largely as a result of this activism, Congress passed the Dependent Pension Act in 1887, which would have granted pensions to all disabled veterans without respect to the cause of the disability. However, President Grover Cleveland vetoed this act in 1887,³² a move that angered

TABLE 1—Pension Approval Rates for Civil War Veterans, by Period, Race, and Military Medical History: United States, 1865–1906

Period	APPROVAL RATE OF PENSION APPLICATIONS					
	Wounded		Illness		Neither	
	Whites % (No.)	Blacks % (No.)	Whites % (No.)	Blacks % (No.)	Whites % (No.)	Blacks % (No.)
Reconstruction (1865–1878)	83 (799)	77 (22)	74 (813)	48 (23)	73 (300)	58 (19)
Informal liberalization (1879–1889)	73 (1591)	59 (64)	73 (4554)	31 (265)	68 (2021)	28 (310)
Postliberalization (1890–1906)	64 (1303)	47 (152)	70 (4565)	45 (933)	73 (4204)	43 (1245)

Note. Percentages reflect approval rates for an initial pension among those without an existing pension.

Source. Based on data in *Early Indicators of Later Work Levels, Disease, and Death*.¹⁰

the GAR and contributed significantly to his defeat in 1888.³³

In addition to activism by the GAR, politically appointed pension commissioners had enormous influence in shaping pension policy during this period. James Garfield was elected president in 1880 and appointed William Dudley to be the pension commissioner. Dudley's predecessors, Henry Atkinson and John Bentley, had been convinced that examining physicians were, because they were predominantly neighborhood doctors (rather than full-time employees of the Pension Bureau), subject to "local prejudices"³⁴ in favor of the applicants, and they repeatedly proposed reforms to the system of medical examination and adjudication processes designed to limit the fraud they believed to be rampant in the system.³⁵

The tone of Dudley's reports to Congress, on the other hand, was vastly different. Reforms in the method of examining questionable claims took on a whole new light, as Dudley argued that the new approach "frequently establishes meritorious claims" that would have been otherwise ignored and, in these cases, "the government comes in to help the poor but worthy claimant, and gives him the benefit of her strong arm and generous purse."³⁶ Instead of advocating reforms to limit fraud, he recommended numerous reforms to make pensions more widely available.³⁷ Whereas Atkinson had urged Congress in 1875 to post in a public place a list of all pensioners so that citizens could report cases of fraud to the bureau,³⁸ Dudley urged Congress to pass laws facilitating the prosecution in federal courts of any persons who swore "falsely and maliciously against a meritorious and worthy claimant's right to a pension."³⁹

Historians have argued that Dudley's main intent in expanding pension awards was to create a political base for the Republican Party.⁴⁰ In 2 short years (1881–1883), the administrative budget of the bureau increased by 152% and the number of employees tripled.⁴¹ Dudley was supported by a newly formed committee on pensions in the GAR, which pressured Congress to increase the number of bureau employees.⁴² During the election of 1884, Dudley instructed bureau clerks to reject no applications until after the election, and he ordered that claims from Ohio and Indiana be reviewed before other outstanding claims to shore up Republican support in those key states.⁴³

Republican efforts, however, were unsuccessful in 1884, and Dudley's Democratic successor, John Black, claimed that under Dudley the Pension Bureau was "all but avowedly a political machine, filled from border to border with the uncompromising adherents of a single law."⁴⁴ But bureaucracies are easier to build than to take apart. Under President Cleveland, the federal expenditures for the Pension Bureau leveled off, but the number of total pensioners under Black grew at an average annual rate of 8.5%, compared with only 5.2% under Dudley. The Cleveland administration had to walk the fine line between alienating veteran support in the North and alienating the Democrats' political base in the South. Furthermore, the large majority of permanent Pension Bureau staff were hired and trained under the Dudley regime, and more than one third of the newly elected 49th Congress were Union Army veterans.⁴⁵

The examining physicians and the Pension Bureau staff owed

their employment to a political establishment that faced intense pressure to extend the reach of the system. They were clearly not indifferent to the political forces of the day. For instance, members of Congress, feeling the political pressure of the GAR and their constituents, flooded the bureau with requests for help with their constituents' claims. For instance, in 1888, Commissioner Black reported that the bureau had received 94 000 congressional inquiries (on top of 2.7 million inquiries from citizens) during the fiscal year.⁴⁶

Thus, in the 1880s we see that the seeds of more liberal policy took firm root, but one whose benefits were racially based. These roots were nourished by the political activism of the GAR and the political maneuverings of a commissioner who was eager to use the Pension Bureau as a tool for galvanizing the support of veterans for the Republican Party. However, neither party faced significant political incentives to use the pension system to court Black support. Indeed, no better evidence of the increasing leniency toward White applicants exists than the wide disparity in pension approval rates between Black and White applicants seen in Table 1. During this period, the approval rate for Black applicants was 31% if only a wartime illness was found and 28% if no MMH was found. By contrast, the approval percentages for similarly defined White applicants were 73% and 68%, respectively. In sum, only a paltry percentage of Black veterans were enjoying the benefits of a regular disability pension before the 1890 liberalization gave their chances for success new life.

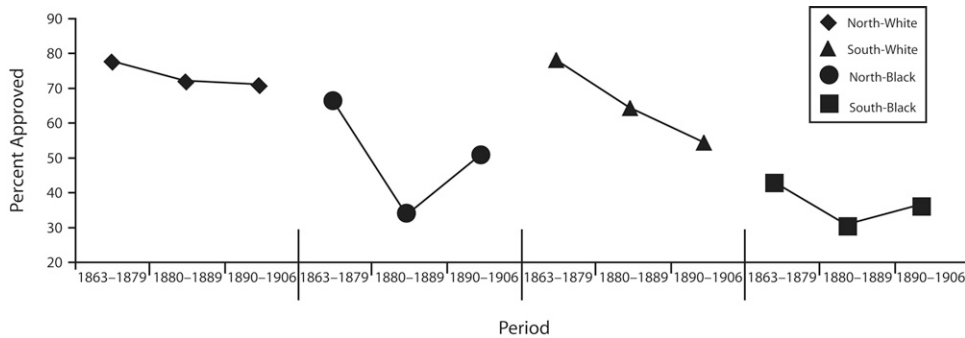


FIGURE 2—Approval of pensions for Civil War veterans, by race, region, and period: United States, 1865–1906.

The postliberalization period: 1890–1907. The liberalization of the law in 1890 was a great equalizing force. It weakened significantly the discriminatory legacy that had been hanging around the necks of Black veterans since the Civil War by dropping the requirement that disabilities be the result of military service and therefore eliminating the need to produce wartime documentation of wounds and injuries. This allowed significant numbers of Blacks to start taking their place in the pension system for the first time. In approximately one year, the enrollment rate for Blacks without war wounds more than doubled; during the subsequent decade, enrollment doubled yet again. In terms of correcting racial disparities, however, the 1890 law was far from a cure-all. Blacks still lagged behind Whites in terms of approval and enrollment for each of the MMH groups; although the approval rates in Table 1 show improvement along these lines, Black veterans still had the same difficulties as before in establishing their identity and proving that they had served.

Thus, the decade following liberalization saw a significant narrowing of the racial gap, which

continued to narrow over time as the pension system became a *de facto* age-based pension. And even though the public clamor that led to this liberalization was not designed to narrow racial disparities, it had that effect, much as the provision of clean water helped eliminate racial disparities in disease even though racial equality was not a prominent concern in Jim Crow America.⁴⁷

One should keep in mind, however, that by the turn of the century, Blacks were denied pension assistance for a fundamentally different reason: most of them were dead. The 1890 liberalization came too late for many Blacks to finally receive the compensation received by their White comrades. (The dependent widows of soldiers could apply for pensions as well, but in those cases, Blacks had further problems in establishing legal marriage. Widows' pensions are not examined as part of the analysis here.)

Race and Region

Although Reconstruction attempted to instill civil rights for Blacks in the South, it was short-lived and of limited effectiveness. In the Reconstruction period, the pension approval rate for Black

applicants was significantly lower (by more than 20 percentage points) in the South than in the North. As more veterans applied for pensions, approval rates during the informal liberalization period fell for all groups. This decrease, however, does not seem to be significantly associated with region. Blacks in the North fared almost as poorly as Blacks in the South. Again, the main force for change in this period was the increasing leniency of the Pension Bureau. During this period, the increase in racial disparities dominate the regional disparities.

In the period following the 1890 law, however, we see a relatively profound regional effect. Blacks did relatively better after the law was liberalized; however, this gain was confined almost entirely to Blacks living in the North. Gains for Blacks in the South were modest, and approval was still lower for this group than for any other. Things also got considerably worse for White Union Army veterans living in the South: their pension approval rate during the postliberalization period was 10 percentage points lower than in the preceding period. Indeed, in the post-1890 period, regional differences among Whites were comparable to racial differences in both the North and the South.

In sum, the period of informal liberalization saw sharp changes in racial disparities, whereas the postliberalization period saw an increase in regional disparities. The sum of these effects was huge: in the postliberalization period, Northern Whites had approval rates of over 70%, whereas Southern Blacks were approved only 36% of the time. These patterns are confirmed by logistic

regression analysis (not shown) that controls for age, MMH, and reported health and that estimates each model separately by time period. In this analysis, race and region values are all highly significant ($P < .001$), and the race and region effects predicted by the models are very close to the raw numbers shown in Figure 2.

Racial Differences in Specific Conditions

The final analysis involves the condition-specific claims made to the Pension Bureau by applicants. The hypothesis was that Blacks will do relatively poorly for conditions where verification by physicians of the day was difficult—in other words, where giving the benefit of the doubt was essential. Even today, medical diagnoses often critically rely on

the patient’s report of symptoms. This was particularly true for diagnostic procedures in the 19th and early 20th century. In some cases, the role of discretion was small (a missing leg is a missing leg), but in many cases discretion was paramount.

Conditions were categorized as they were grouped in the original records, not by how we would construct disease categories with modern data. Thus, some categories (such as cardiovascular or respiratory disease) correspond to body systems, whereas some (e.g., arthritis, hernias) are specific conditions and still others (e.g., diarrhea) are symptoms. Verifiability is a function of how readily the physician could determine that the condition was present and chronic. Verifiability is characterized as follows:

- High: hernias, varicose veins, cardiovascular disease, rectal conditions (mostly hemorrhoids), injury

- Moderate: genitourinary conditions, kidney disease, unspecified debility, arthritis, respiratory disease, eye disorders

- Low: stomach disorders, diarrhea, malaria, miscellaneous infections, back pain, ear disorders

Disease in the high category can be readily determined by the examination methods of the time (an important specific exception to this is coronary artery disease, but murmurs, hypertrophy, dyspnea, cyanosis, and other cardiovascular disease indicators such as peripheral arteriosclerosis were observable indicators used to determine cardiovascular disease). In the moderate category are conditions where more

TABLE 2—Pension Approval Rates for Civil War Veterans, by Race, and Medical Condition: United States, 1865–1906

Disease Category	Condition Claimed		Claim Approved		Predicted Approval Rate ^a		White:Black Ratio	z ^b	P ^b	Verifiability
	Whites %	Blacks %	Whites %	Blacks %	Whites %	Blacks %				
	Diarrhea	15.2	6.9	74.0	23.8	76.9	35.1	2.19	11.06	<.001
Ear	8.1	6.7	47.4	14.0	42.9	20.6	2.08	4.41	<.001	Low
Malaria	2.6	1.1	65.2	20.6	66.4	32.9	2.02	3.18	.001	Low
Back pain	7.3	11.0	44.3	15.7	39.8	19.8	2.01	4.96	<.001	Low
Respiratory	9.6	11.1	60.7	27.4	60.9	31.3	1.95	9.39	<.001	Moderate
Eye	9.8	20.0	49.4	22.4	47.1	25.1	1.88	8.45	<.001	Moderate
Stomach	9.2	7.3	49.1	20.8	47.8	25.7	1.86	5.84	<.001	Low
Miscellaneous infections	6.0	4.5	40.5	22.8	39.3	22.3	1.76	4.35	<.001	Low
Kidney	6.1	8.6	12.5	6.4	9.3	5.6	1.66	2.47	.014	Moderate
Rectum	15.2	12.4	75.9	40.2	77.8	54.3	1.43	10.26	<.001	High
Injury	22.8	22.2	79.2	44.4	81.9	62.1	1.32	11.54	<.001	High
Hernia	5.5	5.5	78.8	68.7	79.9	68.8	1.16	3.45	<.001	High
Arthritis (rheumatism)	25.5	45.2	64.7	49.0	65.0	56.8	1.14	5.72	<.001	Moderate
Cardiovascular	19.5	23.3	64.9	65.5	65.9	58.7	1.12	4.12	<.001	High
Unspecific debility	5.5	26.3	51.3	40.9	51.1	43.5	1.17	4.04	<.001	Moderate
Varicose veins	2.8	1.8	69.2	59.9	70.2	63.1	1.11	1.22	.223	High
Genitourinary	3.0	2.9	58.5	47.2	58.4	53.3	1.10	1.02	.305	High

^aPredicted approval rates are based on the estimated logistic regression models that included controls for race, age, military medical history, region, period, and other disabilities claimed by the applicant.

^bValues reported for the regression coefficient on the race variable.

context is needed to determine verifiability: respiratory diseases could sometimes (but not always) be determined by listening to the lungs; genitourinary conditions usually consisted of visually apparent diseases of the genitals,⁴⁸ but could also be urinary problems that were harder to verify (for instance, the physician would have to believe there was pain present); if swelling in the joints was visible, arthritis could be verified, but arthritic joints are not always visibly swollen; kidney disease was likely often confused with back pain by claimants, but it could be indicated by primitive urinalysis (although this test was seldom approved for either Blacks or Whites), and unspecified disability (often determined by the general appearance, such as gait, posture, skin condition, weight, or other visible factors) depended on the severity of the debility and the physician's judgment. Conditions with low verifiability rely critically on the physician's believing the claimant about symptom history, such as diarrhea. Infectious diseases had to be chronic to be pensionable, requiring, again, that the claimant be believed about the duration of the symptoms.

Table 2 gives the frequency with which specific claims were made and their approval rates for Blacks and Whites. In addition, logistic regression models were run for each category, and controls were included for race, age, MMH, region, period, and other conditions claimed. On the basis of these regression estimates, "predicted" approval rates were calculated for Blacks and Whites, with all other characteristics held constant at sample mean levels, and the ratio of Black–White approval was

calculated from these predicted approval rates. Generally, the ratio of approval rates was similar for the predicted and actual values, although the range of predicted values was less extreme. The statistical significance level is based on the *t* statistic of the regression coefficient for the race variable.⁴⁹

Although conditions with moderate verifiability are a little harder to pin down, there is a compelling distinction between high and low verifiability, as seen in Table 2. Approval rates for the low verifiability group were often more than twice as high for Whites than Blacks, whereas highly verifiable conditions had relatively little difference. Of particular importance was diarrhea. Whites claimed chronic diarrhea at much higher rates than did Blacks, and they were believed much more frequently.

The relatively high rejection rates for most conditions for both Blacks and Whites suggests that the Pension Bureau took its job of verifying claims seriously, but a part of its discretion involved believing what the claimant said—a trust that was extended far less often to Blacks than it was to Whites.

CONCLUSIONS

Black veterans did not come out of the Civil War with as many obvious battle injuries as their White counterparts, nor did they serve as long; however, their service was significant, and the burdens of disease and injury they faced over the course of their lives were profound. The pension assistance received by Black veterans was a financial lifeline to them, as

well as to their families and communities. But in this, as with so many other matters, Black veterans were not given their fair share.

Even though the eligibility requirements were colorblind, Blacks, often illiterate and impoverished, faced numerous obstacles in applying for a pension. Even if they managed to initiate an application, the legacy of discrimination they faced during the war left them without the documentary evidence to verify their wartime service or their wounds and illnesses. And once they applied for a pension, they were not extended the leniency and benefit of the doubt that Whites often received. Finally, the health of Blacks was so poor that they died at much higher rates than Whites and therefore often did not live long enough to enjoy the pension benefits that might have come their way in later life, especially after liberalization of the law in 1890.

The colorblind policy experiment teaches 2 critical lessons. First, the law made few allowances for the obstacles that Blacks faced as a result of the conditions of their previous treatment—namely, living under slavery and the segregated, unequal treatment they received while serving their country during the war. Second, a measure of discretion and judgment is necessary and even desirable in administering any public program. The greater the discretion allotted to the program officials, however, the greater the opportunity for prejudice to govern the outcomes of the program. Finding the right balance between the benefits of bureaucratic discretion and the potential for abuse should be an

essential aspect of program design if we desire equal treatment under the law for all citizens. ■

About the Author

Sven E. Wilson is with the Public Policy Graduate Program, Brigham Young University, Provo, UT, and the National Bureau of Economic Research, Cambridge, MA.

Correspondence can be sent to Sven E. Wilson, PhD, Public Policy Graduate Program, Brigham Young University, 830 SWKT, Provo, Utah 84602 (e-mail: sven@byu.edu). Reprints can be ordered at <http://www.ajph.org> by clicking the "Reprints/Eprints" link.

This article was accepted September 19, 2009.

Acknowledgments

The data collection and research were supported in part by National Institute on Aging (grant P01 AG10120; *Early Indicators of Later Work Levels, Disease and Death*, Robert W. Fogel, principal investigator). S.E.W. is a senior investigator on the program project grant.

Human Participant Protection

This research did not involve living human participants. All data were collected by the University of Chicago and Brigham Young University with the approval of the institutional review board of the University of Chicago, Division of Social Sciences.

Endnotes

1. *Historical Statistics of the United States, Colonial Times to 1970, Bicentennial Edition, Part 2*, (Washington, DC: US Bureau of the Census, 1975), 1114. Total expenditures comes from Series Y457, and expenditures on pensions comes from Series Y463.
2. For excellent introductions to the Black military experience and the varieties of discrimination faced by Black soldiers, see I. Berlin, J.P. Reidy, and L.S. Rowland, *Freedom's Soldiers: The Black Military Experience in the Civil War* (Cambridge, England: Cambridge University Press, 1998), and Joseph T. Glatthaar, *Forged in Battle: The Civil War Alliance of Black Soldiers and White Officers* (New York: The Free Press, 1990), especially chapter 9. For a recent account that focuses on discrimination and the health of Black soldiers, see Margaret Humphreys, *Intensely Human: The Health of the Black Soldier in the American Civil War* (Baltimore: The Johns Hopkins University Press, 2008).

3. This apt phrase is used in the title of a recent publication on this topic: Larry M. Logue and Peter Blanck, "Benefit of the Doubt: African-American Civil War Veterans and Pensions," *Journal of Interdisciplinary History* 38 (2008): 377–399. However, Logue and Blanck do not examine the data that come from Pension Bureau rulings on specific disabilities. Those data are analyzed later, with results presented in Table 2.
4. D.R. Shaffer, *After the Glory: The Struggles of Black Civil War Veterans* (Lawrence: University of Kansas Press, 2004), 209.
5. William H. Glasson, *Federal Military Pensions in the United States* (New York: Oxford University Press, 1918), 124.
6. R.L. Clark, L.A. Craig, and J.W. Wilson, *A History of Public Sector Pensions in the United States* (Philadelphia: University of Pennsylvania Press, 2003), 171.
7. Glasson, *Federal Military Pensions*, 125.
8. *Ibid.*, 234.
9. *Ibid.*, 230.
10. R.W. Fogel, *Public Use Tape on the Aging of Veterans of Union Army: Military, Pension, and Medical Records, Version M-5* (Chicago: Center for Population Economics, University of Chicago, 2000), available at <http://www.cpe.uchicago.edu>, accessed February 2, 2009.
11. T. Skocpol, *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States* (Cambridge, Massachusetts: Harvard University Press, 1992), vii.
12. *Ibid.*, 138. Skocpol based this conjecture on the research of Mulderink, which later appeared in Earl F. Mulderink III, *We Want a Country: African-American and Irish-American Community Life in New Bedford, Massachusetts in the Civil War Era* (Dissertation, University of Wisconsin, 1995), 239–312. Given that New Bedford was one of the most socially progressive parts of the country, former home to Frederick Douglass, and hotbed of abolitionist sentiment prior to the war, it is not likely to be representative of Black experiences after the war in general.
13. In addition to the Clark, Craig, and Wilson history in endnote 6, scholarly treatments of the political and legal history of the Civil War pension can be found in the following: Glasson, *Federal Military Pensions*, 210; John W. Oliver, "History of the Civil War Military Pensions, 1861–1885," *Bulletin of the University of Wisconsin*, 844 (1917): 1–120; Robert G. Bodenger, *Soldiers' Bonuses: A History of Veterans' Benefits in the United States, 1776–1967* (Dissertation, Pennsylvania State University, 1971). However, none of these pay more than passing reference to Black experiences in the pension system.
14. D. Blight, *Race and Reunion: The Civil War in American Memory* (Cambridge, Massachusetts: Harvard University Press, 2001), 391.
15. Shaffer, *After the Glory*, 119–137.
16. *Ibid.*, 209.
17. Logue and Blanck, "Benefit of the Doubt," 377–399.
18. F.H. Dyer, *A Compendium of the War of the Rebellion* (New York: Thomas Yoseloff, 1908), 11–12.
19. *Freedom: A Documentary History of Emancipation, 1861–1867, Series II: The Black Military Experience*, ed. I. Berlin, Ira J.P. Reidy, and Leslie S. Rowland (Cambridge, England: Cambridge University Press, 1982), 26.
20. A.K. Black, "In the Service of the United States: Comparative Mortality Among African-American and White Troops in the Union Army," *Journal of Negro History* 79 (1994): 317–333.
21. Humphreys, *Intensely Human*, 57–79.
22. Berlin et al., *Freedom's Soldiers*, 636.
23. D.L. Costa, "Understanding the Twentieth Century Decline in Chronic Conditions Among Older Men," *Demography* 37 (2000): 53–72; Dora L. Costa, "Changing Chronic Disease Rates and Long-term Declines in Functional Limitation Among Older Men," *Demography* 39 (2002): 119–138; Dora L. Costa, Lorens Helmchen, and Sven E. Wilson, "Race and Health in the Past: Infection and Arteriosclerosis," *Proceedings of the National Academy of Sciences* 104 (2007): 13219–13324; Judith Pizaro, Roxanne C. Silver, and JoAnn Prause, "Physical and Mental Health Costs of Traumatic War Experiences Among Civil War Veterans," *Archives of General Psychiatry* 63 (2006): 193–200; Sven E. Wilson, "The Prevalence of Chronic Respiratory Disease in the Industrial Era: The United States, 1895–1910," in *Health and Labor Force Participation Over the Life Cycle: Evidence From the Past*, ed. Dora L. Costa (Chicago: National Bureau of Economic Research and University of Chicago Press, 2003).
24. Figure 1 relies on the 19th-century estimates of Michael R. Haines, *Estimated Life Tables for the United States, 1850–1900* (Cambridge, Massachusetts: National Bureau of Economic Research, 1994), Appendix A (NBER Historical Paper No. 59). Because death dates are not found for many veterans who did not live long enough to apply for a pension, the life-table estimates and the pension records were used together to estimate the number of Black and White veterans alive at each point in time. The qualitative trends in Figure 1 are robust to alternative assumptions about Black–White mortality differentials. Further details on the estimation method can be obtained from the author on request.
25. For a discussion of the passage of the Arrears Act, see Glasson, *Federal Military Pensions*, 148–178.
26. Shaffer, *After the Glory*, 122–128.
27. *Ibid.*, 129.
28. "Report of the Commissioner of Pensions," in *Annual Report of the Secretary of the Interior on the Operations of the Department for the Fiscal Year Ended June 30, 1877, Part 1* (Washington, DC: US Bureau of Pensions, 1877), 731.
29. H.T. Sanders, "Paying for the Bloody Shirt," in *Political Benefits*, ed. B.S. Rundquist (Lexington, Massachusetts: Lexington Books, 1980), 148.
30. *Ibid.*, 139, 155–156.
31. *Ibid.*, 156.
32. Glasson, *Federal Military Pensions*, 210.
33. *Ibid.*, 217–225.
34. "Report of the Commissioner of Pensions," in *Report of the Secretary of the Interior; Being Part of the Message and Documents Communicated to the Two Houses of Congress at the Beginning of the First Session of the Forty-Fourth Congress, Vol. 1* (Washington, DC: US Bureau of Pensions, 1875), 442.
35. US Bureau of the Pensions, "Report of the Commissioner, 1877," 731–732.
36. "Report of the Commissioner of Pensions," in *Report of the Secretary of the Interior; Being Part of the Message and Documents Communicated to the Two House of Congress at the Beginning of the First Session of the Forty-Seventh Congress, Vol. 2* (Washington, DC: US Bureau of the Pensions, 1881), 736.
37. "Report of the Commissioner of Pensions," in *Being Part of the Message and Documents Communicated to the Two House of Congress at the Beginning of the Second Session of the Forty-Seventh Congress, Vol. 2* (Washington, DC: US Bureau of Pensions, 1882), 709–720.
38. US Bureau of the Pensions, "Report of the Commissioner, 1875," 444.
39. US Bureau of the Pensions, "Report of the Commissioner, 1881," 738.
40. Oliver, "History of the Civil War Military Pensions," 106. He claimed that Dudley's "one aim appears to have been that of building up a political machine."
41. Sanders, "Paying for the Bloody Shirt," 147.
42. Bodenger, *Soldiers' Bonuses*, 100–101.
43. Sanders, "Paying for the Bloody Shirt," 145.
44. *Ibid.*
45. Bodenger, *Soldiers' Bonuses*, 105.
46. "Report of the Commissioner of Pensions," in *Report of the Secretary of the Interior; Being Part of the Message and Documents Communicated to the Two Houses of Congress at the Beginning of the Second Session of the Fiftieth Congress, Vol. 3* (Washington, DC: US Bureau of the Pensions, 1888), 12–13.
47. W. Troesken, *Water, Race, and Disease* (Cambridge, Massachusetts: MIT Press, 2004).
48. If the condition was diagnosed as a sexually transmitted disease, however, it was not typically pensionable, since the disability could not be the result of "vicious habits."
49. Complete regression results are available from the author upon request.

Copyright of American Journal of Public Health is the property of American Public Health Association and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.