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Explorations in Economic History

journal homepage: www.elsevier.com/locate/eehHealth, human capital, and African-American migration before 1910[☆]

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ABSTRACT

Using both IPUMS and the Colored Troops Sample of the Civil War Union Army Data, I estimate the effects of literacy and health on the migration propensities of African-Americans from 1870 to 1910. I find that literacy and health shocks were strong predictors of migration and the stock of health was not. There were differential selection propensities based on slave status—former slaves were less likely to migrate given a specific health shock than free blacks. Counterfactuals suggest that as much as 35% of the difference in the mobility patterns of former slaves and free blacks is explained by differences in their human capital, and more than 20% of that difference is due to health alone. Overall, the selection effect of literacy on migration is reduced by one-tenth to one-third once health is controlled for. The low levels of human capital accumulation and rates of mobility for African-Americans after the Civil War are partly explained by the poor health status of slaves and their immediate descendants.

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“The evidence that is beginning to accumulate suggests that the attack on the material conditions of the life of blacks after the Civil War was not only more ferocious, but, in certain respects, more cruel than that which preceded it.”

–Robert W. Fogel and Stanley Engerman

Time on the Cross (1974)

1. Introduction

In the aftermath of the Civil War per capita income fell sharply in the South relative to the non-South, as did wages (Goldin, 1979; Margo, 2004). The poor state of the Southern economy after the War created a strong incentive for migration from the region, particularly for former slaves. Yet, as of 1900, a full generation after the end of the Civil War, approximately 90% of African-Americans still lived in the South.

The apparent propensity of African-Americans to remain in the South after the War could be explained by a lack of demand for their labor in other regions or by “supply-side” factors that reduced geographic mobility. This paper considers two such supply-side factors, health status and literacy, the idea being that poor health and the inability to read and write reduced geographic mobility in the 19th century. If the shadow of poor health was a long one it may have taken two or more generations to overcome

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the cumulative negative health effects of slavery and its aftermath, partially explaining the low mobility rates of African-Americans after the Civil War. Given the harsh working conditions of the plantation system and its general level of violence, long migrations may have been physically difficult for large portions of the ex-slave population, even children born near the end of the antebellum era (Steckel, 1986a,b,c, 2004). Even more, the poor childhood health of slaves may have affected their ability to accumulate large amounts of human capital after Emancipation and could have long-lived consequences on future generations both through the transmission of low socioeconomic status itself and subsequent poor health for slave descendents (Fogel, 1994; Case et al., 2002; Steckel, 2004; Costa, 2005; Case and Paxson, 2006; Costa et al., 2007). New research has shown that blacks were consistently shorter than whites during the antebellum period, and that the heights of blacks actually declined during Reconstruction (Carson, *in press*), so the potentially negative effects of poor health on slave outcomes may have been even more pronounced for the first generation born outside of chattel slavery. Subsequent generations of African-Americans may have been particularly sensitive to the effects of health on the acquisition of human capital.

Until recently, researchers could only use Census records to estimate migration propensities for African-Americans during the late 19th century. Census estimates indicate that more educated blacks were more likely to migrate than those who were less educated (Woodson, 1918; Hamilton, 1959; Shryock and Nam, 1965; Leiberson, 1978; Margo, 1988, 1990; Tolnay, 1998; Bernstein, 1998). I use IPUMS data not available to earlier scholars and confirm those results—migration and education were positively correlated from 1870 to 1910, and disproportionate shares of black migrants were literate. Using a new data source, the Colored Troops sample of the Union Army Veterans data, I estimate the effects of education and the stock and flow of health on the migration propensities of African-Americans.¹ I find that literacy was a strong predictor of migration for African-American Civil War veterans, but that controlling for shocks to health experienced during the Civil War significantly reduces the effect. Overall, the impact of literacy on migration decreases by one-tenth to one-third once health factors are controlled for.

Perhaps more intriguing, I find that both the presence and effects of health shocks during the war varied by slave status. Not only were slaves shorter than free blacks, but even after controlling for height slaves were more likely to experience a health shock (such as illness) during the war and were less likely to be literate afterwards. Health shocks for former slaves had a larger impact on migration propensities than for free blacks. Counterfactuals suggest that as much as 35% of the difference between the mobility patterns of former slaves and free blacks is explained by differences in their human capital, and more than 20% of that difference is due to health alone. The poor health status of African-Americans both during and after slavery had a negative impact on the acquisition of human capital and mobility of African-Americans. The shadow of slavery and Reconstruction on the economic outcomes of African-Americans may be longer than previously thought once the persistent effects of poor health are considered.

2. African-American migration and the role of human capital

2.1. The historical record

Panel A of Table 1 shows the distribution of the African-American population from 1870 to 1910. Even in 1910, on the eve of the Great Migration, only 11% of the African-American population lived outside of the South. The larger migratory movement of the time was from the rural South to its urban centers, which is shown in Panel B of Table 1. By 1910 more than 25% of the black population in the United States lived in urban areas.² The 500,000 African-Americans who did leave the South from 1870 to 1910 represented about 5% of the total African-American population, as shown in Panel C of Table 1.

In subsequent decades large numbers of African-Americans did leave the South, or what historians have called the “Great Migration”. The standard explanation of the Great Migration is that restrictions on immigration that arose during and after World War One created excess demand for labor in the non-South, a substantial portion of which was filled by African-Americans leaving the rural South (Collins, 1997). Yet the emphasis on demand-side factors may not fully account for the timing of the Great Migration. For example, even if demand for black labor in the North was as high in 1890 as it was in 1920, the flows of African-Americans North may have been dampened by supply-side factors.

One such factor, the educational selection of black migration, both before and during the Great Migration, has been advanced for some time and has received substantial empirical support (Margo, 1990; Tolnay, 1998; Vigdor, 2002). An important drawback is that it has not been possible to see if and how education would be correlated with other factors that might affect the migration decision. The current evidence that we have on educational selection is therefore suggestive, and we are not certain how reliable such estimates are. It is straightforward to see how the correlation of education with other elements of human capital would leave the previous empirical work wanting. In particular, one such factor is health status, healthy individuals may have been far more likely to migrate than the unhealthy. Given the large and growing literature on the health gradient, where more educated individuals are shown to be healthier in a number of ways which may be related to health (Case et al., 2002; Case and Paxson, 2006), and the evidence of poor slave health (Steckel, 1986a,b,c, 2004; Costa,

¹ Conceptually, this argument is similar to Margo's (1988) claim that schooling and migration cannot be considered independent processes, but rather factors that evolve together. This paper extends that approach to a different set of processes (education and health) at an earlier time period to uncover the impact of education and health on the migration propensities of African-Americans after the Civil War and before the Great Migration.

² This rural to urban migration has been seen by many to be the first step in the later South to North migration that would follow, but this belies the fact that significant portions of the Great Migration were rural South to urban North (Grossman, 1989; Trotter, 1991).

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