

“There Is Nothing That Promotes Longevity Like a Pension”: Disability Policy and Mortality of Civil War Union Army Veterans

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Abstract

This Article investigates the effects of the federal government’s policies on postwar mortality of Union Army (“UA”) Civil War veterans. Decisions to raise a mass army, commission some soldiers as officers, and reject prisoner exchanges, among other policies, shaped the men’s wartime experience and influenced their postwar lives; the decision to provide pensions for the war’s survivors is another potential determinant of veterans’ longevity. Using military, pension, and census records, the risk of dying was analyzed for a sample of roughly 19,000 UA veterans who were observed until pensions became universal in 1907. Among wartime variables, only the time spent in an army hospital consistently affected veterans’ mortality; among postwar variables, the amount of a veteran’s pension reduced his chances of dying, even when circumstances such as homeownership and place of residence are held constant. The findings illustrate the expansive and profound life and death effects of laws and policies affecting persons with disabilities, both historically and today.

“If pension laws are potent in the making of diseases, pensions themselves have the opposite effect—they cure them. There is nothing that promotes longevity like a pension.”

— General M. M. Trumbull (1889)

I. Introduction

The Gilded Age does not spring to mind when researchers seek to understand the effects of governmental aid to individuals with disabilities. Grover Cleveland captured the era’s reigning philosophy: “Though the people support the Government, the Government should not support the people. Federal aid in such cases encourages the expectation of paternal care on the part of the Government and weakens the sturdiness of our national character.”

Nonetheless, the federal government maintained a remarkably generous entitlement program for Civil War Union Army (“UA”) veterans, granting pensions that consumed, at their peak, nearly half the federal budget. Numerous studies have analyzed the origins, provisions, and politics of the federal pension system. The effects of the pensions on recipients, however, have received far less attention. This Article focuses on a public policy effect of the most elemental kind—investigating whether UA pensions influenced veterans’ longevity.

Such an investigation must address two fundamental concerns about the study of mortality and the assessment of public policy. Patterns of mortality are complex phenomena, subject to a host

of variables. This Article does not attempt a comprehensive explanation of veterans' mortality; instead, we concentrate on the influence of a massive federal program on veterans' lives.

It also is true that the federal government's determination to pension UA veterans was intertwined with the earlier decision to mobilize a mass army. Pensions were based on Civil War experience, and it would be a mistake to study their long-term effects without assessing the long-term impact of the federal government's decision to prosecute the war. Soldiers were sickened, shot, malnourished, imprisoned, pushed beyond exhaustion, and subjected to countless hardships that surely influenced their life-chances. This Article therefore compares the importance of two momentous nineteenth-century policies, asking one central empirical question: How much, and for how long, did these policies shorten or lengthen veterans' lives?

II. Investigating the Civil War Experience

The data for this investigation are from the Early Indicators Project of the Center for Population Economics at the University of Chicago. The project's researchers recorded all extant military and pension information for 303 randomly selected companies of the Union Army. Excluding men who died during the war and those with missing birth or death dates, the records of 19,215 survivors are available for analysis. These records are referred to as the "postwar subsample." Union Army service records provide the majority of the variables examined in this Article.

Officers make up about four percent of the postwar subsample, with the predominant sample members being privates in the UA. Officers were not a superior class among volunteer soldiers. Civil War officers had to earn authority rather than command it. Their food and quarters were better, especially in camp and in transit. But part of the process of earning authority included taking chances under fire to demonstrate bravery. One question we examine is whether, all else equal, the privileges and risks of a wartime commission translated into different survival chances afterward.

Hospitalization

Other military-service variables reflect the hardships of army life. One obvious sign of poor health was time spent in a military hospital. Hospitalization was a common experience among UA soldiers: sixty percent of men in the postwar subsample were hospitalized at one time or another, and two-fifths of these men were confined three or more times. In this investigation we derive a measure that totals each survivor's hospital time as one indicator of the variety and severity of health and disability conditions of the soldiers.

Within this variety, the consequences of battlefield wounds merit special consideration. Service records indicate that approximately one in five of the men in the postwar subsample suffered wounds from minié balls, artillery fire, or hand-to-hand combat. Accounts from individual veterans frequently report the lingering effects of battle wounds—from the Wisconsin soldier whose shoulder wound produced pus after a year, to the Indiana veteran whose wound made him cough up blood for the rest of his life.

Prisoners of War

Only some six percent of the men in the postwar subsample spent time as a prisoner of war, but the experience took an extraordinary physical toll. One Indiana soldier lost nearly half his 160 pounds in captivity; his sister declared that "his health was all shattered and he would never be able to do anything." There also was a devastating psychological toll, described by one prisoner who "felt as if I were being pushed on by some unseen force in the direction of insanity." In this

investigation, each postwar subsample member's total recorded time of captivity serves as an additional measure of wartime trauma.

Nutrition, Supply, and Seasoning

Even when they were not hospitalized or imprisoned, soldiers suffered from poor nutrition. The War Department paid for ample food, but contractors were unreliable and distribution was inefficient. An Illinois soldier wrote, "I never knew what it was to be hungry [until] I came into the service." Irregular supplies of tents, blankets, and clothing likewise wore soldiers down.

These hardships might be expected to produce an effect reminiscent of "seasoning"—deaths, usually from disease, that peak soon after exposure to a new environment. Simply surviving prolonged campaigning may have fitted veterans for survival after the war. An additional predictor variable reflects each postwar subsample member's total wartime service.

III. Union Army Pension Scheme

The pension data set provides additional predictor or independent variables in this investigation, subdivided to reflect three distinctive periods in the evolution of the pension system.

Period 1: General Law (1862–1873)

The first period originated in 1862, when Congress established a regular pension system (often referred to as the General Law) for UA veterans and their survivors. These pensions were tied directly to war-related disabilities. To obtain such a rank-and-disability-based pension, a veteran had to establish that his condition, disease, or disability dated from his wartime service. Amendments to the General Law passed in 1873 relaxed the disability rule: thereafter, disabilities would be eligible for pension awards if their cause originated in the war, even if they had not fully developed then.

Period 2: Disability Pension Act (1874–1890)

The next fundamental alteration in the basis of pensions came in 1890. The Disability Pension Act authorized pensions for veterans who had any disability, whether or not it originated in the war. The 1890 law resulted in a dramatic increase in the number of pensioners; by 1900, nearly three-fourths of surviving UA veterans were on the pension rolls.

Period 3: Service Pensions (1891–1907)

The last major change began in 1904 with an executive order classifying old age itself as a disability. Congress enacted the concept into law in 1907. Since most veterans were by then past the minimum "old age" of sixty-two, UA pensions became "service pensions" rather than disability compensation. After 1907, UA pensions were tied directly to longevity, with older veterans receiving higher pensions. Further assessment of pensions' direct effect on mortality is not possible after this point, and this Article's empirical analysis ends at 1907.

Pension Amount and Physician Contact

From 1874 to 1890, the average yearly award for pensioners in the postwar subsample was \$108, constituting nearly one-third the yearly earnings of American workers. In the analysis, each postwar subsample member is assigned a pension amount for each period: from the beginning of observation under the General Law through 1873, from 1874 through 1890, and from 1891

through 1907. The dollar amount consists of a pensioner’s average monthly award during each period.

A variable is also created to assess the effect of contact with physicians. Pension regulations required applicants to be examined by one or more physicians. Medical attention may be estimated for men in the postwar subsample by tabulating their pension applications, adjusted for longevity—the longer a veteran lived, the more opportunity he had to apply. Each veteran’s number of applications in a period is divided by the number of years he survived in the period, producing a standardized application rate that reflects attention from physicians.

The regression models use proportional hazards, a statistical technique that compares the effects of explanatory or predictor variables on the risk of an event—in this case, mortality. The procedure produces coefficients that represent statistically the influence of each independent variable on the risk of dying, with the other variables held constant.

IV. Preliminary Findings

Table 1 shows descriptive statistics for the independent variables for the 19,215 cases studied. The table reveals men who were relatively young in the postwar period (average age in mid-1865 was 27.4 years). As the sample aged and as pensions became liberalized, claimants responded with more applications—an average of 1.5, 2.7, and 3.1 applications per respective pension period. Pensioners also received increasingly large average awards—\$6.84, \$9.00, and \$13.05 monthly, per respective pension period.

Table 1. Univariate Statistics, Postwar Subsample

Variable	Value
Percent commissioned officers	4.4%
Percent hospitalized	60.0%
Average hospital stay (months)	3.8
Percent captured	6.4%
Average time as POW (months)	4.6
Average wartime service (years)	2.2
Average age in mid-1865	27.4
Number of cases	19,215

Variable	1865–1873	1874–1890	1891–1907
Percent applied for pensions	9.7%	72.8%	78.9%
Avg. applications (those who applied)	1.5	2.7	3.1
Average monthly award	\$6.84	\$9.00	\$13.05

Table 2. Influences on the Risk of Dying, Postwar Subsample

Variable	(1) 1865–1873	(2) 1874–1890	(3) 1891–1907
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Time in hospital	.237**	.297**	.163**
Total wartime service	-.071**	-.027	.001
Time as POW	-.413	.172	.095
Wounded in battle	-.480**	.270**	.085**
Amount of pension	.035**	-.117**	-.050**
Commissioned officer	.067	-.013	-.098
Age	.044**	.072**	.090**
Pension applications/year	4.303**	-.308	-.189*
Number of cases	19,215	18,425	15,947

*Note: Figures in each variable's row are proportional hazards coefficients estimating the strength of each variable's effect on the risk of dying in the period shown. ** = significant at .05; * = significant at .10.*

Hospitalization and Wartime Variables

Hospital time was the lone wartime experience that, across the three pension periods, consistently shortened veterans' lives. From the immediate postwar years to the beginning of the twentieth century, the longer a soldier had been in an army hospital, the greater was his risk of dying (coefficients of .237, .297, and .163, respectively).

Surviving a battle wound and enduring a prolonged enlistment did produce a temporary seasoning effect: survivors were less likely to die before 1873 (coefficients of -.480 and -.071, respectively). The benefits of any wartime seasoning disappeared after 1873, however. Wounded veterans now died sooner than their peers, and lengthy wartime service also lost its longevity advantage. Neither extended time in captivity nor the wartime privilege of an officer's commission had discernible effects on mortality in any of the periods examined.

Pension Effects

Two variables reverse their influence on veterans' health from negative to positive. Since pensions in the first period were tied to serious disabilities, applying for and receiving a pension signaled chronic health problems that would lead to an early death (coefficient of 4.303 for the application rate and .035 for the pension amount in the first period). After being associated with early death from 1865 to 1873, the pension application rate disappears as an identifiable influence until 1890, then emerges as a contributor to better health (coefficient of -.189).

A substantial reversal occurs in the effect of pensions themselves. After being associated with worse mortality in the early postwar years, larger pension payments are linked with lower mortality afterward (coefficients of -.117 and -.050 in the second and third periods). This suggests that, after the severely disabled veterans died, pensions became contributors to better health among surviving ex-soldiers.

The Disability Pension Act of 1890, though it transformed the eligible population of pensioners, had little effect on mortality. The more inclusive law created a new and larger population of pensioners clustered at the lower end of the payment scale (six to twelve dollars a month), whereas pensioners under the older General Law system received as much as \$125 monthly. Table 2 shows that the greater the pension amount received, the lower the claimant's chance of dying after 1873. This phenomenon suggests that General Law pensions drove the post-1873 reversal of pensions' impact on mortality.

Table 3. Influence on the Risk of Dying from 1900–1907, Subsample Members Linked to 1900 Census (n = 9,587)

Variable	Coefficient
Time in hospital	.108
Total wartime service	.009
Time as POW	.009
Wounded in battle	.098
Amount of pension	-.042**
Commissioned officer	-.107
Age	.094**
Pension applications/year	-1.399**
Owned own dwelling	-.263**
Lived in city of 10,000–49,999	-.044
Lived in city of 50,000 or larger	.109

Note: ** = significant at .05. For an explanation of coefficients, see Table 2 note above.

Homeownership and Urban Residence

Table 3 isolates the important effect of the indicator of UA pension claimant wealth. Homeowners' risk of dying was nearly twenty-five percent lower than was the risk for those who did not own their own homes (coefficient of $-.263$). Yet, even controlling for the effect of home ownership, the benefit of pensions remains significant (coefficient of $-.042$), and the pension application rate likewise contributes to longevity (coefficient of -1.399).

Whether a veteran lived in a city or a rural area had no clear effect on mortality. Whether or not he owned his home, large pensions and frequent physician visits were associated with a greater likelihood of living to 1907.

V. Conclusion

The Civil War left a complex legacy for its disabled veterans, both Union and Confederate ex-soldiers. The wartime variables examined in this investigation illustrate the lingering toll of soldier life. However, only the hospitalization variable had an unvarying effect until the early twentieth century.

After the immediate postwar years, Civil War UA pensions reversed their influence and began to be linked to lower mortality. The war thus continued to take casualties long after the close of fighting, while governmental policies arising from the war eventually contributed to improved chances of survival.

Regardless of whether they lived in a city or owned their homes, veterans with more generous pensions were less likely to die than were their peers in the final periods investigated in this Article. Economic circumstances appear to have been important determinants of veterans' longevity, but regardless of their pension income and property ownership, the more they appeared before

physicians, the longer the ex-soldiers were likely to live. Turn-of-the-century medicine may have been short on miracles, but the attention of physicians could apparently prolong some elderly men's lives.

Partisan Forces and the Pension Scheme

This emphasis on renewed consideration of the economic, political, and public policy forces behind the experience of disability and longevity after the Civil War is consistent with earlier work by Blanck and Song suggesting the strong partisan forces behind the pension scheme. UA military service was connected to veterans' post-war political behavior and to Republican Party strategy. The Republicans advocated for broad and generous pension awards.

Under a Republican administration in the early 1880s, Republican-dominated counties evidenced a higher proportion of pensioners. In the mid-1880s under President Cleveland's administration, Democratic-dominated counties evidenced greater numbers of successful pensioners. By the mid-1890s, when virtually all UA veterans were receiving pension awards so that the political salience of the pensions ceased, pension awards did not vary according to the strength of the dominant political party.

By the early twentieth century, the number of pensioners decreased because of sickness and old age, and the Civil War pension system faded as a political force. "Needs-based" social insurance programs emerged, reflecting a progressive view toward disability policy. Yet, we continue to observe the enduring legacy of the UA pension scheme, as in many contemporary disability policies that disproportionately benefit those disabled whom society deems "worthy."

Harlan Hahn stresses that America's conception of disability is best understood through its social attitudes, public policy, and political events. The modern disability rights movement and disability civil rights laws like the Americans with Disabilities Act question historical constructions of disability in American society. The lessons learned from the past help us to challenge today's misconceptions of disability and disability policy, and to recall the expansive and profound life and death effects of our laws and policies on persons with disabilities.

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