Research Statement

My dissertation, *Income Inequality and the Great Depression*, was a first step in what will become a life’s work in identifying the institutional causes and social and economic effects of inequality. Post-Depression studies of income inequality are confounded by social insurance programs which obfuscate the role and even the definition of inequality making study extremely problematic. By studying income inequality before and directly after the advent of widespread federal social programs, I am able to control for these programs in a more systematic way. I found that income inequality, on average, was not a statistically significant factor in determining welfare as measured by city infant mortality and stillbirth rates.

The mechanism by which income inequality acts on infant mortality and stillbirths is through either the availability of medical services or the through the biological effects of the psychosocial stressor of social failure. Pre-natal and birthing services offered by hospitals, of which wealthier women had access, were not particularly better than the services offered by midwives, the option open to poorer women. Therefore availability was assumed not to be the primary mechanism. Thus, I assumed the primary mechanism was the psychosocial stressor, failure.

The near ubiquitous effects of the Great Depression re-scaled the social metric on which social failure was defined. Thus, the depth of the Great Depression could have had the unintended consequence of shielding citizens from the more detrimental psychological effects associated with income inequality.¹ This would explain an insignificant effect of income inequality on infant mortality. It is necessary to conduct a similar study of income inequality at different stages in the business cycle to get a wholistic view, however. Since the New Deal ushered in, at the very least, an amendment to the social contract the US government had with its citizens, it is necessary that any future investigations should be conducted at every stage in the business cycle both pre- and post- Depression. For example, a follow up research question could be: "How does income inequality effect infant mortality during a post WWII recession?"

Non-pecuniary measures of welfare are valuable, and I will continue to use birth, death, and chronic disease outcomes to measure the social effects of income inequality. In investigating infant mortality and income inequality, one of the factors that sociobiologists and biological anthropologists find particularly pertinent was the different ways in which cultural groups both define and cope with a stressful environment. An average income

inequality effect was useful, but it could dampen the differential effect on a target group. To motivate the point, the African American infant mortality rate, in 2007, was 13.3 infant deaths per 1000 live births while the infant mortality rate for Non-hispanic whites in the US was 5.6 infant deaths per 1000 live births. The African American infant mortality rate was greater than Botswana (11.14 deaths/1000 live births), Panama (11.64), and Grenada (11.43).\textsuperscript{2} The US GDP per person was 3.37 times that of Botswana, 3.63 times that of Panama, and 4.62 times that of Grenada.\textsuperscript{3}

Low birthweight was the leading cause of African American infant death. Jasienska (2007) suggested that this is due to an epigenetic inheritance deriving from the slave experience.\textsuperscript{4} Green and Darity’s (2009) discussion on allostatic load and its maintenance by way of discrimination seemed to be in line with a stressful environment consistent with an epigenetic expression that would lead to lower overall health outcomes for African Americans.\textsuperscript{5} It stands to reason that the income and medical availability are not factors in this difference between African American and white birth outcomes. It is necessary then to study self-identified cultural groups separately. For example, a follow up question would be the following: "How does income inequality effect African American infant mortality during a post WWII recession?" However, this question requires a clear definition of the unique circumstances of African Americans both socially and medically. In so doing, I would like to bridge my work with the existing literature on health disparities in the US. This is an open area of interdisciplinary study in which economists have only begun to breach.

I am also interested in long run effects of income inequality on welfare. My third paper on income inequality and education outcomes is a natural addition given this dynamic approach to studying inequality. Education is highly correlated with long run individual and group income paths. Any future investigations would also have to consider long run implications of income inequality. For example, a potential research question would be the following: "How does income inequality effect high school attendance rates for African Americans during a post WWII recession?" The answer to this question will offer perspective on the long run effects of income inequality in the African American community.

Inequality is an interdisciplinary concept, and the subject requires an interdisciplinary researcher. My research would be furthered by a more thorough immersion in different

\textsuperscript{2}https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html

\textsuperscript{3}Admittedly, Botswana, Panama, and Grenada have higher levels of income inequality, as measured by the gini coefficient, than the US. However, it could be argued that the social comparisons in these countries are much more localized and thus, the probability of social failure mitigated.


disciplines. One of my goals is to collaborate with investigators from other fields. I am committed to the study of inequality. And ultimately, I would like to add to the existing literature that creates viable policy instruments that will address the detrimental effects of income inequality.