European Immigration and Patterns of Intra- and Interracial Mortality Inequality in the United States, 1900 to 1960

Elyas Bakhtiari

Abstract
European immigrants to the United States in the early twentieth century occupied a “middle tier” in the ethnoracial hierarchy. The author uses mortality data disaggregated by nativity (1900–1960) and parental nativity (1900–1920) to examine intraracial and interracial mortality inequalities during this period. The findings suggest that variation within the white population mirrored the ethnoracial hierarchy: the U.S.-born white population with U.S.-born parents had the lowest rates of mortality from 1900 to 1920, and the foreign-born white population had higher rates than their U.S.-born counterparts. Given this heterogeneity, interracial inequality is higher when various U.S.-born white populations are the reference. Disaggregation also reveals divergent trends, such as the exceptionally high foreign-born mortality rates during the 1918 influenza pandemic. The findings suggest that analyses of mortality inequalities that rely on white population averages may underestimate intra- and interracial inequalities in relation to the ethnoracial hierarchy of the era.

Keywords
mortality, immigration, historical demography, racial disparities

At the turn of the twentieth century, immigrant populations arriving to the United States from Central, Eastern, and Southern Europe by many accounts occupied a “middle tier” status in the U.S. ethnoracial hierarchy (Barrett and Roediger 1997; Brodkin 1998; Ignatiev 2009; Jacobson 1999; Roediger 2006). Available data suggest that European immigrants’ health and mortality outcomes during this period corresponded to this relative social position, yet intraracial heterogeneity within the white population is rarely incorporated into historical analyses of mortality patterns and disparities.

Nativity differences in mortality are not only important for understanding variation within the white population but also have implications for assessing historical interracial disparities. Comparisons of black and white mortality have shown substantial mortality inequalities that persisted throughout the twentieth century (Williams 2012). Yet using the aggregate white population as a reference may not fully capture the configuration of the early 1900s ethnoracial hierarchy, in which distinctions were made between white populations with origins in Northern and Western Europe and more recent arrivals. Aggregate comparisons may underestimate interracial inequalities relative to the multigenerational U.S.-born population at the top of the hierarchy.

Using national-level mortality data digitized from Vital Statistics of the United States published reports, I present estimates of age-standardized mortality rates by nativity status from 1900 to 1960. I calculate rates for foreign-born and U.S.-born white populations across the full period and use a subset of reports from 1900 to 1920 with parental nativity data to further disaggregate the U.S.-born white population into the second generation (U.S.-born with one or more foreign-born parents) and third-plus generation (U.S.-born with U.S.-born parents). Age-standardized rates were calculated using the age distribution of the white population in 1940 as a reference. These estimates were merged with age-specific death rates for the nonwhite population to measure interracial mortality inequalities.

See the online supplement for details about the Vital Statistics of the United States data and the handling of deaths with unknown nativity and parental nativity status.

William & Mary, Williamsburg, VA, USA

Corresponding Author:
Elyas Bakhtiari, William & Mary, 100 Ukrop Way, Williamsburg, VA 23185, USA
Email: ebakhtiari@wm.edu
Figure 1 depicts both the age-standardized mortality rates for each group (Figure 1A) and the relative ratio of age-adjusted mortality rates for nonwhite Americans in comparison with various reference groups within the white population (Figure 1B). For the subset of years for which parental nativity data are available, the U.S.-born white population with U.S.-born parents had the lowest mortality rates among the comparison groups, lower than the rate for the aggregate white population. The foreign-born mortality rate was highest among the white subpopulations. In 1900, for instance, the foreign-born mortality rate of 19.2 deaths per 1,000 was 1.38 times higher than the rate of the third-plus generation, representing an additional 5 deaths per 1,000 population. That ratio peaked at 1.59 in 1907. The rate for the U.S.-born white population with one or more foreign-born parents (i.e., second generation) fell between the foreign-born and third-plus generation white populations.

The degree of mortality inequalities between nonwhite and white populations similarly varied depending on the comparison group. In 1900, the age-standardized mortality rate for the nonwhite population was 1.57 times the mortality rate for the aggregate white population, but when the immigrant population is excluded and the reference is limited to the U.S.-born white population, the ratio of mortality rates increases to 1.68. In comparison with the U.S.-born white population with U.S.-born parents, arguably the best proxy for nonimmigrant whites at the top of the contemporaneous ethnoracial hierarchy, nonwhite mortality rates were more than twice as high for most years between 1900 and 1920.

Such distinctions within the white population were not static, and divergent temporal trends are also important for intra- and interracial comparisons. For instance, the foreign-born white population had the largest relative year-over-year increase in mortality of all groups during the 1918 influenza pandemic. Analyses using the white population average may underestimate the pandemic’s impact on immigrants, as well as interracial inequalities. Whereas relative inequalities between aggregate white and nonwhite populations appear to have declined during the pandemic (1.58 in 1917 vs. 1.51 in 1918), much of that is due to the increase in mortality among the foreign-born white population. Relative inequalities between nonwhite and various U.S.-born white populations exhibited smaller declines during the pandemic.

Such intraracial variation raises important theoretical and historical questions about the comparative standard for evaluating inequalities in outcomes. If mortality inequalities are assessed in relation to group(s) positioned at the top of a contemporaneous hierarchy, the U.S.-born population with ancestry in Northern and Western Europe arguably better represents that social position than the aggregate white population, which included many immigrants whose ethnoracial status and identities were in flux. In this light, historical research using averages of the white population may have underestimated the degree of intra- and interracial inequalities in health and mortality in the twentieth century. Future research would benefit from incorporating distinctions within the white population to better capture the ethnoracial hierarchy of the time and its affects on the distribution of health and mortality.

**ORCID iD**

Elyas Bakhtiari  
https://orcid.org/0000-0001-5766-5298

**Supplemental Material**

Supplemental material for this article is available online.

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**Author Biography**

Elyas Bakhtiari is an Assistant Professor in the Department of Sociology and William & Mary. His research examines how racial formation and immigrant incorporation shape health and mortality disparities. His work has appeared in *Journal of Health and Social Behavior*, *Sociology of Race and Ethnicity*, *American Behavioral Scientist*, *Social Science and Medicine*, and other outlets.