## Is Democracy Good for the Poor?

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Many scholars claim that democracy improves the welfare of the poor. This article uses data on infant and child mortality to challenge this claim. Cross-national studies tend to exclude from their samples nondemocratic states that have performed well; this leads to the mistaken inference that nondemocracies have worse records than democracies. Once these and other flaws are corrected, democracy has little or no effect on infant and child mortality rates. Democracies spend more money on education and health than nondemocracies, but these benefits seem to accrue to middle- and upper-income groups.

any studies claim to show that democracies do a better job than nondemocracies of improving the welfare of the poor (Boone 1996; Bueno de Mesquita et al. 2003; Dasgupta 1993; Franco, Alvarez-Dardet, and Ruiz 2004; Lake and Baum 2001; McGuire 2001; Moon and Dixon 1985; Przeworski et al. 2000; Sen 1981, 1999; Siegle, Weinstein, and Halperin 2004; Zweifel and Navia 2000). These claims are consistent with leading political economy models, which suggest that democracies produce more public goods, and more income redistribution, than nondemocracies (Acemoglu and Robinson 2005; Boix 2003; Bueno de Mesquita et al. 2003; Ghorbarah, Huth, and Russett 2004; McGuire and Olson 1996; Meltzer and Richard 1981; Niskanen 1997).

There is good evidence that democracies fund public services at a higher level than nondemocracies (Avelino, Brown, and Hunter 2005; Brown and Hunter 2004; Gerring, Thacker, and Alfaro 2005; Kaufman and Segura-Ubiergo 2001; McGuire 2006; Stasavage 2005a; Tavares and Wacziarg 2001). But it is not obvious that these infusions of money actually reach the poor; nor is it obvious that they produce better social *outcomes*, such as longer, healthier, or more productive lives. If democracy produces better outcomes for low-income families, then countries that transit from autocratic to democratic rule should see improvements in their infant and child mortality rates. In general, they do not. Figure 1 displays changes in the log

of infant mortality rates of all 44 states that made a single, unambiguous transition to democracy between 1970 and 1999. While the infant mortality rates of these states collectively fell by 7.4% during the first five years after their transitions, they fell by 10.7% during the five years before their transitions.<sup>2</sup>

Perhaps this helps explain why people in newly democratized countries often vote for candidates and parties associated with former dictators. A recent United Nations survey found that 54.7% of respondents in Latin America would prefer a dictatorship to a democracy, if it would help "resolve" their economic problems (UNDP 2004).

This article suggests that past studies of democracy and the poor have been flawed by a surprising form of selection bias: most cross-national studies omit from their samples nondemocratic states with good economic and social records, which creates the false impression that democracies have outperformed nondemocracies. Most also fail to control for country-specific fixed effects and global health trends. Once these flaws are corrected, democracy has little or no effect on infant and child mortality.

If democracies spend more money on public services than nondemocracies, why do they fail to achieve better results? Perhaps democracies subsidize the budgets of middle- and upper-income groups who can afford to buy food and health services privately, but not the poor, who

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