

Sick from Freedom

*African-American Illness and Suffering during
the Civil War and Reconstruction*

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Introduction

How does one rewrite the chronicle of a death foretold and anticipated, as a collective biography of dead subjects, as a counter-history of the human, as the practice of freedom?

— Saidiya Hartman, "Venus in Two Acts," *Small Axe* (2008)

He was a casualty of war. Yet, he did not fall victim to a gunshot wound, nor was he stampeded by the thunderous march of troops, who ran toward enemy lines. He did not succumb to dysentery, pneumonia, or smallpox, which plagued Union and Confederate camps. Nor was he even a victim of one of the most lethal incubators of disease during the war: military prisons—where measles, rats, and lice proliferated among the emaciated bodies of soldiers. By strict definition, he was not even a casualty because he deserted the army, no longer able to stomach a war that pitted brother against brother.

It is difficult even to define him as a casualty, because the war had a much more triumphant and glorious consequence for him. It freed him and his mother, father, five siblings, and the roughly four million other slaves held against their will. The war offered him and his family "freedom," a chance to escape from the barbarity of a system that had transformed his body into a commodity, but the limits of his humanity were soon retested in a nation at war. After escaping from slavery, he and his siblings made it to a Union camp where an official diagnosed them as "nearly starved, their limbs are frozen." After taking a closer look at his condition, the Union officer noted that he was "likely to lose both feet."¹

Due to the fact that the war had ultimately freed them from the institution of slavery, it became almost linguistically impossible to articulate his family's suffering. Instead, a whole new vocabulary developed that enshrined the revolutionary destruction of slavery and anticipated the transformative coming of freedom. Military officials, federal authorities, Northern journalists, and even their main allies, abolitionists, did not classify freed slaves as casualties or count them among the soldiers who died, but defined them as "fugitives," "contraband,"

"refugees," and ultimately as "freedmen." Casualties referred only to white soldiers, whose deaths, as horrific and unfortunate as they were, were described as the ultimate sacrifice for a greater political cause. Their demise, in turn, became commemorated as part of a larger cultural discourse known as the "good death."²

Bondspeople who fled from plantation slavery during and after the war, and embraced their freedom with hope and optimism did not expect that it would lead to sickness, disease, suffering, and death. The Civil War, however, produced the largest biological crisis of the nineteenth century, claiming more soldiers' lives and resulting in more casualties than battle or warfare and wreaking havoc on the population of the newly freed.³ The causes of the high rates of illness and mortality during the Civil War resulted from various factors, including the unsanitary conditions of army camps, polluted waterways, unburied bodies of animals and soldiers, overcrowding, dislocation, and the medical profession's uncertainty about how to respond to the massive epidemics that plagued the South, among other issues. Disease and sickness had a more devastating and fatal effects on emancipated slaves than on soldiers, since ex-slaves often lacked the basic necessities to survive. Emancipation liberated bondspeople from slavery, but they often lacked clean clothing, adequate shelter, proper food, and access to medicine in their escape toward Union lines. Many freed slaves died once they secured refuge behind Union camps. Even after the war ended, they continually struggled to survive in a region torn apart by disease and destruction.

Our unnamed freedman, however, managed to survive, along with his five siblings. His father enlisted in the army based on a federal agreement that his military service would provide his wife and children with protection from Confederate guerrillas, who often lurked around the perimeters of Union camps. Yet, his family's arrival at a Union camp in Chattanooga, where roughly 2,500 other emancipated slaves had fled after Union occupation of the city in 1863, did not guarantee them the safety and stability they sought.⁴ Instead, the military ordered the family relocated to Nashville. In general, Union commanders saw the presence of newly emancipated slaves, who formed makeshift communities just outside Union barracks, as a distraction from larger military objectives. Struggling to survive, freedpeople frequently begged for scraps of uneaten food, worn-out boots, and unused tents. Since military officials did not provide ex-slaves with the necessities to survive, army leaders regularly ordered them to be moved from one camp to another. Yet, keeping freedpeople on the move and thereby preventing them from settling often had devastating consequences on their health.

He and his family were moved from Chattanooga to Nashville and then back to Chattanooga without their mother. She had died in Nashville, more than likely from the undocumented illnesses that claimed the lives of so many emancipated slaves.⁵ He and his siblings were certainly casualties of war. Their starvation and illness compounded by the death of their mother defines them as

casualties, but since their dislocation unfolded in the context of liberation, they were, and still are, defined in terms of their newly freed status.

In the Union-occupied city of Chattanooga in the winter of the 1865, his unhealthy condition could easily be overlooked. Battle left a more indelible imprint on the region than his liberation. Several hundred tons of ammunition and "two thousand pieces of artillery" replaced the city that was once known for its proximity to the Tennessee River.⁶ Church bells no longer rang on Sundays alerting people to the commencement of services, because the Presbyterian church had been turned into a hospital for white sick, injured soldiers.⁷ A hill located in the southeast part of the town had been transformed into a burial ground for the hundreds of Union troops that perished in the Battle of Chattanooga.⁸ The war also ushered in a smallpox epidemic that threatened the city's residents. Fear of the epidemic did not prevent members of the Thayer and Noyal Company from following through with their plans to hold a circus. Yet before the event concluded, a storm blew in, causing the tent to collapse, and within minutes crowds of people were soaked with mud.⁹ In the midst of all this calamity and chaos, our nameless young freedman nevertheless remains an anomaly. While there were efforts to turn churches into hospitals and earmark a resting ground for fallen soldiers, caring for emancipated slaves was not a primary goal or concern of the military.

It is difficult to imagine how badly someone's feet must be frozen that an Army official had thought that the best solution would be amputation. It is at these moments that the historian's tools seem unable to convey the magnitude of the situation.¹⁰ A mere sentence scratched on a page from a century ago about a child escaped from slavery, separated from his father, mourning the loss of his mother, watching his siblings starve to death, and confronted with having his frozen feet amputated is only a tragic outline that barely captures the full story of his plight. How long did he suffer before he caught the attention of the military? How many days, weeks, or even months had he gone without shoes before the rain, cold, and ice made it too painful to walk? Had he escaped from slavery during the summer and lived in a place where most slaves walked around barefoot? Or does his lack of shoes reflect the mistreatment he endured during slavery? Perhaps his owner did not provide shoes to his labor force, or maybe he lost his shoes, or they were stolen.

It is almost impossible to answer these questions, partly because the child enters the historical record anonymously. No record of his name, birthplace, or destination appears in the Union officer's report. But telling the story, in a few sentences, of a child whose feet had frozen and faced impending amputation helps us to understand the challenges that emancipation posed and paints a more complex picture of the Civil War's meaning for freedpeople. Amidst the traditional stories of Northern and Southern white families whose fathers and

sons were separated from their homes during the war are many stories of former enslaved families for whom freedom brought dispersal, an inability to secure shelter and food, and fatal illness. In most accounts of the Civil War, sick and dying freedpeople rarely appear.

The few and scattered references of freedpeople suffering from the challenges of emancipation have been overlooked because these episodes do not fit into the patriotic narratives of the Civil War. Frozen feet and starvation complicate accounts dominated by heroic black soldiers or freedwomen in Union camps, caring for both freed slaves and Northern troops. These carefully cast representations of freedpeople were often created by white authors in the late nineteenth century who strove to highlight the happy outcomes brought by emancipation.¹¹ Recounting the hardships endured by former slaves during emancipation risked sending the erroneous message that the institution of slavery was not wholly cruel—inadvertently supporting the argument of antebellum, proslavery advocates in response to the abolitionist movement. White Southerners defended slavery as a more humane institution that protected the interests of black families compared with the fate of the working poor in the burgeoning industrial cities of the North, where families were torn apart by poverty, alcoholism, and immorality.

The experience of sick freedpeople was often pushed aside in favor of a liberation narrative that heroically described the abolition of slavery, or it was chalked up as a natural outcome of the war, which caused massive carnage and produced an enormous death toll among soldiers. Consequently, agents of the federal government did not tell the stories of the tens of thousands of emancipated slaves who suffered and died during the Civil War from the explosive outbreak of epidemic disease. The names and experiences of these freedpeople were too politically problematic to be recorded.¹² Generations later, historians have certainly documented freedpeople's struggles, but they often define hardship as freedpeople's fight for suffrage, equal wages, and land ownership. They conclude these studies by revealing how freedpeople either overcame the adversity that stood in their way toward freedom, or they explain that even when freedpeople failed, these episodes serve as powerful examples of black people's indefatigable determination and invincible autonomy.¹³ This book reveals the obstacles that freedpeople faced that could not have been defeated no matter how willing or independent they may have been. The outbreak of epidemics and sickness compounded by the inability to secure clothing, shelter, and food left many freedpeople dead and caused inordinate suffering among those who survived.

Freedpeople suffered from sickness and poverty, and struggled to have their voices heard by contemporary officials, who were hell-bent on portraying the South as rebuilt, and later by historians, who were in search of heroic icons to shatter racist stereotypes. The destruction of slavery left little rhetorical room for freedpeople to articulate how emancipation was a glorious achievement but one

that brought new struggles that threatened their survival. While some journalists and federal officials certainly exposed and even exaggerated the problems of the postwar period, those who supported federal intervention in the South carefully orchestrated depictions of progress in the Reconstruction South. In general, federal officials avoided documenting freedpeople's suffering, because they wanted to promote an image of the Reconstruction South as prosperous. They often praised the military in their efforts to rebuild the South and described freedpeople as healthy and robust, suggesting that the federal government could terminate its efforts in the South.

The mere reference to freedpeople's health spurred debate that reflected Americans' ideological position on the polemical subject of emancipation rather than insight into freedpeople's actual health and well-being. Proslavery advocates pounced on any sign of freedpeople's illness as proof that the antebellum parable was true: that without white people's instruction, bondspeople would suffer and die. Former abolitionists, bondspeople's most sympathetic allies, did document freedpeople's health conditions but it is unclear in their depictions of suffering if what they were seeing were the medical problems caused by emancipation or if they were coming face-to-face with the harsh realities of slavery; or, if their descriptions reflected more about their own Victorian-inflected notions of health and cleanliness than freedpeople's actual health conditions.

Based on a careful analysis of a broad range of sources from government documents to newspaper reports to medical records, *Sick from Freedom* reveals that tens of thousands of freed slaves became sick and died due to the unexpected problems caused by the exigencies of war and the massive dislocation triggered by emancipation. The distress and medical crises that freed slaves experienced were a hidden cost of war and an unintended outcome of emancipation. While sickness and epidemics certainly existed in the South before, the Civil War, like many major wars throughout the nineteenth century, gave rise to explosive epidemic outbreaks and inordinate mortality and suffering. Contemporary wars such as the Crimean War fought between England and Russia in the mid-nineteenth century resulted in high mortality rates due to the biological crises that erupted. When Cuba revolted against Spain in 1895–98, enteric fever, smallpox, and yellow fever broke out in proportions; and during the Russo-Turkish War of 1877–78, typhus spread beyond the battlefields to nearby cities and towns.¹⁴

Military officials on both sides of the Mason-Dixon Line scrambled to develop effective medical corps and sanitary commissions, but the rapid spread of disease compounded by the lack of understanding of microbiology and germ theory during the mid-nineteenth century often thwarted their efforts. Furthermore, the destruction of slavery and the gradual erosion of the plantation economy, combined with the federal government's initial ambivalence and often ambiguous plans on how to rebuild the South, left former

slaves without an institutional structure to help them survive the biological crises that the war generated. The ending of slavery led to the abrupt dismantling of antebellum systems of medical care (both those organized by enslaved people and by individual slaveholders on local plantations), and it exhausted the networks of support provided by municipal almshouses and state hospitals.

This created an institutional vacuum that left ex-slaves defenseless against disease outbreaks, which was further exacerbated by freedpeople's nebulous political and economic status. Emancipated slaves did not have a clear political status during and after the war. While the ratification of the Fourteenth Amendment in 1868 granted former enslaved people the right to be recognized as citizens and the ratification of the Fifteenth Amendment enabled freedmen to vote in 1870, it took a great deal of time for these transformations to occur. In the context of political history, 1862 to 1870 represents a short time frame, but when viewed from a medical perspective, eight years is a rather long time to struggle with inadequate food, clothing, shelter, and medical treatment.¹⁵

Economically, freedpeople's health was often connected to their employment status. Without gainful employment, many freed slaves became sick during the early transition to the free labor economy. Military officials rigorously evaluated freedpeople's bodies, determining who could work and in what capacity. Before the war, slaveholders and auctioneers developed the maxim of "soundness" to describe an enslaved person's economic value in terms of their physical health.¹⁶ During the war, the military replaced this term with the formulation "able-bodied," which evaluated freedpeople's bodies and health based on their ability to work. Unlike slaveholders, the military privileged the employment of men, which left thousands of freedwomen, elderly, orphaned, and disabled freed slaves without formal opportunities to earn incomes. Living under such uncertain economic conditions left many freedpeople vulnerable physically as well as economically. Compounding matters, both during and after the war, freedpeople suffered from limited employment opportunities in agriculture, the industry for which the government considered them most suitable. The war destroyed much of the land for cultivation, while drought and the crop failures of 1866–67 further devastated large parts of the South—leaving thousands of emancipated slaves penniless. The onset of famine in 1867 led to chilling mortality rates among newly freed slaves.

Due to the massive epidemics, suffering, and poverty that inundated the South, health increasingly became a political issue. While health had been a political issue during slavery, Reconstruction was an empty promise without some semblance of reasonable health.¹⁷ Freedpeople needed to be somewhat healthy to participate in the political campaigns for citizenship and suffrage or even to pursue any other benefits associated with the coming of rights, namely education, marriage, and land ownership. Freedpeople petitioned military officials for

food, clothing, shelter, medicine, and proper burials for their families, which represented their first efforts to gain political rights. By requesting federal medical intervention, freedpeople expanded the notion of political rights.

The federal government responded to these appeals by arguing that state and municipal authorities in the South should assume responsibility for freedpeople's health. These institutions, which had historically offered universal support to the poor and dispossessed, began to claim that they would only assist "citizens," who, according to their definition, referred to white Southerners; they summarily refused to provide assistance to formerly enslaved people. The federal government thus created the Freedmen's Bureau to serve as a temporary institution to facilitate freedpeople's quests for access to the benefits of citizenship. Under the auspices of the War Department, the federal government created the Medical Division of the Freedmen's Bureau, which included the construction of more than 40 hospitals and almshouses, and the employment of over 100 doctors and countless nurses, stewards, and aides to provide medical treatment to over one million freed slaves.¹⁸ The overarching, often unspoken, mission of the Medical Division was to facilitate the creation of a healthy labor force. By establishing hospitals and hiring doctors to provide medical treatment to emancipated slaves, the federal government aimed to temporarily fill the void that civil authorities and slaveholders left in the wake of the war and emancipation. The creation of the Medical Division facilitated the development of a free labor economy in the postwar South by systematically dividing the population of freedpeople into those that the government and military defined as "able-bodied" and those marked as "dependent." These hospitals, in turn, served more as shelters and almshouses than as institutions devoted to comprehensive medical care. Doctors often supplied freedpeople with clothing, food, and shelter, and provided only scant reports to federal officials about the actual diseases or sicknesses that infected freedpeople.

It was a struggle for doctors to administer even this basic care and protect freedpeople from illnesses. On a practical level, federal officials failed to develop a workable administrative structure that effectively distributed supplies to the South and provided doctors with the necessary money to hire staff. On an ideological level, many federal officials feared that providing ample support would encourage freedpeople to become dependent on the government for food, shelter, and clothing; as a result, many federal administrators limited the amount of support that hospitals received. Ironically, the government initially created the Medical Division, in part, to facilitate the creation of a healthy labor force, but the inefficiencies of the hospital system, combined with many federal officials' reluctance to support this form of federal intervention, left hospitals unprepared to respond to the sickness and epidemics that broke out across the postwar South.

Compounding matters, the Bureau's system of documenting illnesses led to an incomplete and inaccurate portrait of health conditions in the South. When

Bureau physicians narrated illness, they either summarized the general health conditions of their jurisdiction in very broad and often terse terms, or they tallied mortality rates and the numbers of sick freedpeople using statistical reports, which represented new global trends in late-nineteenth century medicine. The Bureau uniformly adopted nosological reports from English and French doctors, in which they classified, quantified, and documented the diseases they diagnosed among freedpeople. Similar to the ways in which these reports were deployed throughout England, continental Europe, and parts of Asia, the Bureau's use of quantitative data helped to solidify medical authority during Reconstruction.¹⁹

While Bureau doctors relied on this form of disease classification to chart freedpeople's health, the data that they obtained from these statistical reports did not offer them a clear explanation or understanding of disease causation or transmission. The discovery of the microbe as the cause of a number of bacterial diseases, such as tuberculosis, diphtheria, and cholera, did not take place until the late nineteenth century. In the decades leading up to these revolutionary changes, physicians and hygienists on the ground began to move away from an understanding of disease that emphasized morality, social standing, and personal appearance as the central culprits for disease causation and began to investigate how the conditions of the physical world contributed to the spread of sickness and disease.²⁰ While the lack of understanding of microbiology certainly meant that doctors and scientists did not have a cure or even an etiological awareness of the behavior of diseases, it did not leave them entirely helpless against the spread of disease. In general, the recognition of the physical environment as a component of disease causation mobilized reformers on both sides of the Atlantic to organize sanitary reform efforts. In the United States, these efforts began locally, but as the Civil War produced an alarming amount of unexpected bloodshed and illness, reformers created the U.S. Sanitary Commission, modeled after the British Sanitary Commission, to promote healthier environments.

Additionally, the efforts of some Bureau physicians to create a sanitary environment unfolded within a broader, albeit more polemical, context about the role of the physician as either healer or scientist, which animated debates within the medical community throughout the early to mid-nineteenth century. At the beginning of the nineteenth century, American society questioned the efficacy of "regular" physicians as healers who employed aggressive forms of treatment, which included bloodletting, purging, and vomiting, and turned to "irregular" physicians or sectarians who practiced less aggressive forms of medical care, such as hydrotherapy and homeopathy.²¹ By the 1830s, a number of American physicians began to travel to France for medical education. There they learned to investigate the causes of illness and value science in medical diagnosis and

treatment. When they returned to the United States, older generations of physicians were impressed with their scientific knowledge, but questioned their efficacy as healers. Consequently, a divide developed between doctors who valued the practical, experiential methods of healing and those who were formally trained and emphasized scientifically based medical treatment.²²

Despite this intense debate, the architects of the Medical Division of the Freedmen's Bureau did not take a direct stand on this issue; they neither committed themselves to a scientific approach that investigated the cause of illness and relied on new ideas about science to treat freedpeople nor did they identify themselves with healers while seeking to cure freedpeople from the many diseases that plagued them in the postwar years. Instead, Bureau doctors stationed throughout the South often provided treatment based on their own assessments, training, and understandings of medicine. Some Bureau physicians did attempt to investigate how the placement of privies led to outbreaks of dysentery among the freedpeople, while some hoped to prevent smallpox among freedpeople with rudimentary forms of vaccination. By and large, however, the majority of Bureau physicians simply responded to emergency medical crises and provided former slaves with basic necessities, such as food, clothing, and shelter. The distribution of these supplies indirectly suggests that Bureau doctors understood disease causation as rooted in the physical world, yet the Medical Division's administration never formally issued a detailed protocol on medical treatment that Bureau physicians should follow. The common practice that unified Bureau doctors across the South was their use of nosological reports, which they sent to their supervisors in Washington, DC.

That said, many Bureau physicians seemed to harbor beliefs that black people were inherently inferior and susceptible to certain illnesses and immune to others.²³ Compounding matters, Freedmen's Bureau doctors also interpreted freedpeople's health through the highly charged ideological prism of the South as a distinct region with its own peculiar etiology.²⁴ Consequently, their diagnoses often reflected stereotypes about the South and black people.²⁵

By late 1869, the federal government turned responsibility for freedpeople's health over to state authorities, which had been their plan since arriving in the postwar South. Many military officials did not return home to the North, but were assigned to the Western territories, where they facilitated Native Americans' transition from so-called nomadic life to federally organized reservations. The infrastructure that developed during Reconstruction for new black citizens was transplanted in the West and became a national strategy for Native Americans. Reformers who worked as teachers for the freedpeople also traveled west and established schools for Native Americans.

The restructuring of this region, like the postwar South, was not as seamless as federal officials may have hoped. The federal government's inability to deliver

supplies, resources, and food to Native Americans often exacerbated sickness and disease. As in the Reconstruction South, waiting for the crops to grow often led to devastating periods of starvation and sickness among Indians in the West. Comparing the West and the Reconstruction South illustrates that illness was often a byproduct of the federal government's efforts—including their relocation of populations and reallocation of labor—to rebuild a region.

This book, therefore, is not only a study of disease and death as consequences of emancipation but of the expansion of federal power during the mid- to the late nineteenth century. Long before the late twentieth century debates about health care, military officials, erstwhile abolitionists, and former slaves articulated the need for the federal government to create a system of medical care that would respond to the dire health conditions of freedpeople during and in the immediate aftermath of the Civil War. The establishment of the Medical Division marks a watershed in the history of federal power. By assigning doctors to provide medical support to black people throughout the urban and rural South, the Medical Division placed federal officials for the first time in U.S. history in direct and intimate contact with the bodies of ordinary people.²⁶

The federal government's creation of the Medical Division of the Freedmen's Bureau unfolded within a broader international context when many national governments became intimately involved in matters of health and medicine. The outbreak of the Crimean War between England and Russia produced enormous health crises that led to the establishment of the British Sanitary Commission. Additionally, British imperial powers stationed across Asia in the nineteenth century triggered the Chinese and Japanese governments to become more actively involved in sanitary and public health reforms. In general, the pandemic outbreak of Asiatic cholera in the nineteenth century caused European governments to take a more active role in matters of health and medicine. The United States' establishment of the Medical Division of the Freedmen's Bureau coincided with these larger international transformations.²⁷

Amidst evidence of the expansion of the federal government and the creation of the Medical Division, there is a lack of first person testimony by freedpeople about their health conditions. The format of the Medical Division's records did not capture freedpeople's narrations of their health problems. There was not a protocol in the medical records, which consisted mostly of quantitative reports, for doctors to document freedpeople's description of their medical conditions. In other divisions of the Freedmen's Bureau, freedpeople's voices appear in the shape of affidavits, contract disputes, and passionate requests for schools to be built. Their voices have been preserved because Freedmen's Bureau agents and Northern teachers recognized the value of recording freedpeople's desire to learn, to earn a fair wage, or to own land. These groups often wanted to showcase to their Northern contemporaries and sponsoring organizations that their

efforts were leading to the successful reconstruction of the South. A similar impulse did not exist among these groups to officially document freedpeople's pain, suffering, and illness. The lack of direct statements by freedpeople about their health conditions sharply contrasts with the preponderance of their voices in other records. These copious documents resulted less from the bureaucratic workings of the educational, labor, and legal administrative structures and more from the ways in which freedpeople, Bureau agents, and Northern reformers wanted to present a positive image of the Reconstruction South to the federal government and the rest of the nation.

The effort to excavate freedpeople's voices regarding their health conditions requires imagining the context in which medical treatment transpired. When Bureau doctors made requests to their supervising officials in Washington for more blankets, clothing, food, and medicine for former slaves, their demands did not simply result from their observations, but likely occurred because freedpeople asked for their help. As Bureau doctors entered hospitals, walked by freedpeople's living quarters, or passed families on their way to the fields, conversations surely took place between these individuals that did not get systematically documented. There was no need for Bureau doctors to offer a transcript to their commanding officers in D.C. about their brief conversations with freedpeople, so none were provided. It is also necessary to consider that freedpeople may have been reluctant to report their health conditions to army officials or to Bureau doctors in first place. From the perspective of many nineteenth-century Americans, black and white, rich and poor, hospitals were shelters for the dispossessed that carried a social stigma. Reporting a health problem would have also led white doctors to scrutinize, touch, and evaluate freedpeople's bodies in potentially uncomfortable and invasive ways.

Diagnosing Freedom

Charting the history of sickness, suffering, and death reveals the complicated legacy of freedom for many former slaves, and it reveals how emancipation functioned as a long, protracted process rather than as a shotgun moment of liberation. The phrase "from slavery to freedom," frequently used to describe the transformation of slaves into free people, eclipses emancipation as a process and fails to attend to the specificities of time and place. This problem is also discursive. "From slavery to freedom" posits a dichotomy. Yet, even when freedom is not explicitly defined as the opposite of slavery, but merely staged as a distinct moment separate from it, these episodes can be misleadingly seen as antithetical. These two distinctly separate events have different historical processes that need to be treated and investigated on their own terms, not as polar opposites.¹⁸

Within the broader context of the history of slavery in the Caribbean and Latin America, historians often use the term "the process of emancipation" to explain the complicated legal, political, economic, and social transitions that slaves confronted along their road toward freedom. In places such as Cuba and Guadeloupe, the ending of slavery was a protracted process, which at times inched toward liberation with the passage of various laws and the reformulation of economic contracts, but then other laws or policies retracted these earlier accessions and mandated a return to chattel slavery.²⁹ So, if historians were mathematicians, they might use a sine curve to represent graphically the ebbs and flows of emancipation followed in other parts of the Atlantic world. In the United States, historians have operated under the false presumption that the Civil War created a sudden halt to slavery, unlike the gradual process that characterized the emancipation of enslaved communities in the Caribbean and Latin America.³⁰ Taking a closer look at the health conditions of emancipated slaves and examining how and why freed slaves suffered and died suggests that the "process of emancipation" would be a more apt way to describe their experiences.

To that end, chapter 1 investigates the process of emancipation in the United States by paying particular attention to freedpeople's nebulous political status, the ambiguous military policies addressing emancipation, and the unhealthy environments in which they were forced to live. The chapter subsequently argues how these factors led to high mortality rates and epidemic outbreaks. It also uncovers how the military, federal government, the Office of Surgeon General, sanitary reformers, the medical profession, and even freed slaves were unprepared for the medical catastrophes produced by war and proved unable to stop the spread of illness and disease. Chapter 2 further examines why disease broke out among emancipated slaves by revealing how the federal government's inability to develop a free labor economy in the postwar South left thousands of former slaves unemployed and subsequently susceptible to disease outbreaks. It then traces how the Medical Division of the Freedmen's Bureau developed in response to the medical crises that plagued the Reconstruction South. Federal and army officials' concerns about freedpeople's medical condition were rooted in developing a healthy labor force, which contradicted former abolitionists and sanitary reformers' call for federal intervention based on a benevolent concern for freedpeople's health and well-being.

Chapter 3 outlines both the bureaucratic structure and administrative hierarchy of the Medical Division and moves toward the interior of Freedmen's Hospitals. Modeled on nineteenth-century Northern asylums, these hospitals were makeshift institutions that provided access to basic necessities, such as shelter, clothing, and food. The chapter explains how Freedmen's Hospitals were not systematically constructed throughout the South, but often established in response to a specific medical emergency.

The most devastating medical crisis that erupted throughout the postwar South was the smallpox epidemic, which is at the center of chapter 4. This traumatic episode claimed the lives of thousands of freed slaves from 1862 to 1868. The epidemic resulted in large part from the inefficiencies of Freedmen's Hospitals to establish effective quarantines and conduct vaccinations as well as the federal government's neglect of freedpeople's health. Although medical and municipal authorities understood how to contain outbreaks of smallpox since the late eighteenth century, when the epidemic first appeared among emancipated slaves in 1862, federal officials, Southern planters, and both the Northern and Southern press began to interpret the high mortality rates among freedpeople as signs of the extinction of the black race. By turning a biological crisis into a discourse about racial survival, the federal government consequently did very little to address the explosion of the virus throughout the South.

Chapter 5 investigates who among the population of freed slaves were most affected by the outbreak of sickness and disease, which further underscores the relationship between freedpeople's economic status and their health conditions. The abrupt and often chaotic organization of the labor force excluded women, the elderly, the physically disabled, and children from opportunities to participate in the burgeoning labor economy. In fact, there were often not enough labor opportunities available to employ able-bodied freedmen. The war had destroyed much of the land available for cotton cultivation, which was then exacerbated by a crop failure in 1866–67 that led to a widespread famine.

Chapter 6 charts the eventual demise of the Medical Division of the Freedmen's Bureau when Bureau doctors and officials transferred authority of freedpeople's health to civil authorities. Since the Bureau's arrival in the Reconstruction South, its authorities desperately attempted to negotiate with municipal and state officials to take charge of freedpeople left by the void of Southern planters and the destruction of the plantation economy. The passage of the Civil Rights Act of 1866, combined with the creation of new state governments in the South, led civil authorities to allow emancipated slaves to enroll in municipal and state institutions. The chapter also explores how the political fervor of the period enabled freedpeople to voice their health concerns to local and state governments, and how these institutions of power ultimately heeded their petitions. Focusing on how the Reconstruction period inspired freedpeople to make claims about their health matters to the state, the chapter then turns to the national level and examines how the expansion of the pension system allowed black veterans and their dependents to articulate their health conditions to the federal government in hope of receiving financial assistance for their medical problems.

The Epilogue follows Bureau officials on their journey from the Reconstruction South to the West, where they, along with former abolitionists and military

personnel, worked to facilitate Native Americans' transition to reservations. Using the Reconstruction South as a model, these officials encouraged Native Americans to develop a system of agricultural production similar to the postwar plantation South. Consequently, illness broke out among Native Americans as government officials attempted to create a system of free labor in the service of Native American resettlement. Many of the same problems that developed in the South reemerged in the West. Federal officials lacked an understanding of the environmental challenges of transforming large plots of land into an agrarian economy. Moreover, government and army officials orchestrated mass, forced migrations of Native peoples that often led to outbreaks of sickness and disease.

The 1860s ushered in a number of changes that profoundly transformed the nation. While the emancipation of enslaved people and the increased resettlement of Native Americans represent critical turning points in the political, legal, social, and economic history of the United States, these transformations produced devastating and unanticipated consequences. When soldiers in the North reached for the rifles that hung above the mantles of their front doors and marched off to war, they did so in the name of ending slavery. But in the effort to dismantle the institution of slavery, very few considered how ex-slaves would survive the war and emancipation. An abstract idea about freedom became a flesh-and-blood reality in which epidemic outbreaks, poverty, and suffering threatened former bondspeople as they abandoned slavery and made their way toward freedom.

The process of emancipation had the potential to take many different directions. Some freedpeople would make it to the newly built schools that stood defiantly in the shadow of the former Confederate theater. Others would finally get their chance to own land and to earn a fair wage. Even more would take their place in line at voting booths and for the first time participate in the political franchise that would indelibly transform the meaning of citizenship for generations to come. Beyond the political, economic, legal, and social promises that the end of the Civil War would bring, some would find hope in a world where bondage no longer tied them to the land, and others would find love and finally gain state recognition for their marriages.

Some would never enjoy any of these rights and privileges of the free. They became sick, suffered, and even died. Those who survived starvation, abject desititution, and epidemic outbreaks lived with the haunting memories of having witnessed the deaths of their kin and contemporaries. More than likely they also saw a larger transformation begin to take shape. During the Civil War years, the military would slowly develop a policy that addressed their health concerns; thousands of benevolent workers would travel on train and horseback to deliver supplies and treatment; leaders in Washington would read the letters written by enlisted black soldiers condemning the conditions that their families were

forced to endure. The federal government, in an unprecedented move, would draw the blueprints for a national system of medical care in the South to respond to the health conditions of emancipated slaves. Yet, this system ultimately failed to adequately respond to freedpeople's health problems and often unwittingly exacerbated the medical crises that plagued the postwar South.