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### Emancipated Into Illness

*By Jim Downs*

The charged debate over Obamacare may seem like a new policy furor. But the federal government's role in health care did not begin with Obamacare, nor did it start two decades ago with the Clinton administration's health-care initiative, nor even with President Johnson's establishment of Medicare and Medicaid in 1965. In fact, Johnson's Great Society happened 100 years after the federal government's first broad efforts to offer medical care to its citizens.

Those original efforts began in the aftermath of the American Civil War, and the first advocates of federal health care were former slaves. In a war during which more soldiers died from disease than battle, former slaves quickly became infected with smallpox, dysentery, and yellow fever as they fled from plantation slavery to Union lines during and after the war. An estimated one million former slaves suffered from disease outbreaks from 1865 to 1869—roughly a quarter of the newly freed population. The end of slavery led to the abrupt dismantling of antebellum systems of medical care (those organized by slaves as well as slaveholders), and it exhausted the networks of support created by benevolent and charitable

institutions. Ex-slaves were left defenseless against illness.

With nowhere else to turn, freed slaves petitioned military and government officials stationed in the South for shelter, clean clothing, food, medicine, and—because of the high rate of mortality that devastated the black community—burial grounds. In one chilling case, a freedwoman in a Union camp in Southern Illinois begged military officials for help as her 8-year-old son became sicker by the hour. The captain in charge of the camp brushed off the woman's appeal, claiming that he barely had the resources and time to care for his own troops, let alone for the former slaves who had taken refuge in the camp and whom, he claimed, fabricated "excuses."

Stunned by the captain's callous response, the freedwoman panicked. She ran through the camp searching for help, and discovered a female abolitionist who was working with the soldiers. The abolitionist offered to petition the captain on behalf of the freedwoman. But meanwhile, her son died. Her troubles continued when the captain refused to properly bury the boy. He ordered that all the freedpeople in the camp be evacuated. The freedwoman was forced to leave, not knowing the fate of her dead son's body.

This story is exceptional in that it actually made it into the historical record. It was documented in the abolitionist's diary. Tens of thousands of other freedpeople suffered illness and deprivation in regions where neither the federal government nor abolitionists had established a medical presence. As a result, the experiences of those freedpeople did not make it into the archives.

After the war ended, federal officials recognized that the reconstruction of the South depended on a healthy labor force. To the degree that former slaves' concerns overlapped with the federal government's desire to mobilize a work force and protect public (i.e., white) health, freedpeople enjoyed some improvements in care. In 1865 the federal government created the Medical Division of the Freedmen's Bureau, which led to the construction of 40 hospitals that employed over 120 physicians and treated more than a million former slaves from 1865 to 1870.

The founding of the Medical Division marks a watershed in the history of federal power. While the federal government had established a dozen or so marine hospitals in port cities for disabled veterans at the end of the 18th century, the establishment of the Medical Division of the Freedmen's Bureau represents the first time in U.S. history that federal officials came in direct and intimate contact with the bodies of citizens who weren't and hadn't been in the armed services.

Strangely, the story of this institution has been virtually absent from history books and public memory. That amnesia might be partly explained by the polemics around discussions of black people's health in the war's aftermath. In the 19th century, former abolitionists feared that if they called attention to the devastating mortality that affected the black population, they would unwittingly substantiate the proslavery parable that slaves were better off in slavery under white dominion. Late-20th-century historians, inspired by the civil-rights movement, were politically committed to portraying freed slaves as autonomous political actors. These scholars didn't want to discuss them as sick and dying, and feared

that such representations would support stereotypes about black inferiority.

I hope that my own new book's formulation of freedpeople as the first advocates for federal health care won't be misunderstood. Will readers misconstrue my argument and condemn African-Americans as "dependent" on federal medical assistance since the 19th century? I hope not, for that perspective would entail blaming blacks for their suffering and poverty without recognizing the longstanding economic problems and social conditions that facilitated the spread of illness.

Freedpeople's sickness and suffering during the Civil War and Reconstruction period can be traced to the chaotic and often abrupt organization of the labor force, and the devastating dislocation that defined the era. Emancipation produced vast movements of former slaves from plantations to cities and from farms to refugee camps.

In Virginia, Bureau officials reported in June 1866 that the counties of York and Elizabeth were "filled with thousands belonging to other counties." Authorities needed to get the refugees back to their "old homes" to work before a "large mass of helpless, naked, starving people" settled into "counties that cannot support them." Those movements coincided with the migrations of both Union and Confederate soldiers, as well as white Southerners who were displaced by the exigencies of war. All of that movement accelerated the spread of epidemics.

Compounding matters, federal policies favored the hiring of able-bodied men as agricultural laborers. That summarily excluded from the work force single freedwomen, children, the elderly, and

physically disabled former slaves. With little opportunity to earn a living, many freed slaves became sick and died during the period of liberation. When the able-bodied men were taken away as woodcutters and gravediggers on Craney Island, Va., a Northern teacher reporting to the American Freedmen's Inquiry Commission described the condition of women, children, and disabled men that were left on the island as worthy of a "Government Poor House."

Even aside from the tumult of war, 19th-century doctors could not keep up with the explosive ways in which disease outbreaks turned into epidemics overnight. In an age before the advent of germ theory and microbiology, physicians had little training and understanding of disease causations on such an unimaginably broad scale.

It was the former slaves, in Union camps, on deserted plantations, and on abandoned roads, who, while they may not have understood the etiology of disease, were the first to observe the effects that smallpox, dysentery, and yellow fever had on their communities. Seeing the arrival of ex-slaves in Washington during the Civil War, Elizabeth Keckley, an enslaved woman and Mary Lincoln's seamstress, commented on the abrupt change wrought by emancipation: "Poor dusky children of slavery, men and women of my own race—the transition from slavery to freedom was too sudden for you!" The freed slaves were the first to report on the alarming outbreak of illness during that period, and they were the first to petition military and other government officials in the Civil War South for assistance.

As the debates on national health care continue this campaign

season, one thing is for sure. Whether or not you support government-sponsored intervention in matters of health, you can't argue that such intervention is some radical new or recent notion. It has been a hard-won infrastructure. And America has its freed slaves of the mid-19th century to thank for raising the matter as a policy priority.

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