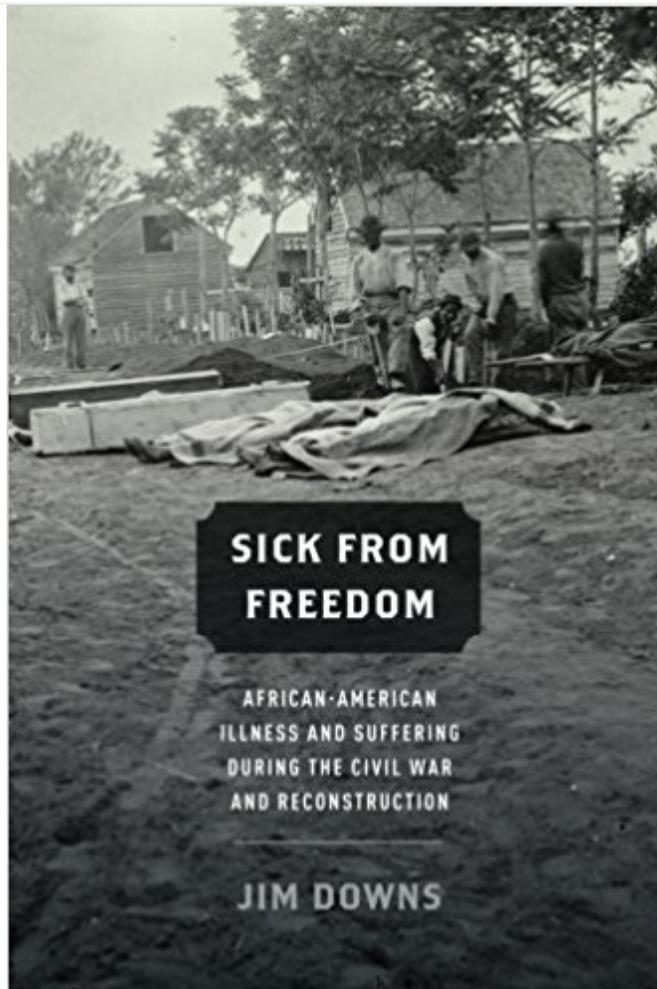


{essays in history}

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Sick from Freedom: African-American Illness and Suffering During the Civil War and Reconstruction



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Reviewed Work(s)

Sick from Freedom: African-American Illness and Suffering During the Civil War and Reconstruction. By Jim Downs (New York: OxfordUniversity Press, 2012). Pp. 264. Cloth, \$29.95.

Jim Downs' *Sick from Freedom* details the dark side of the American emancipation story, one in which "tens of thousands" of African-American slaves gained freedom, got sick, and died between 1862 and 1870 (7). While recent scholars of emancipation have tended to tell a celebratory story of African-American autonomy and perseverance, [i]Downs argues that, sadly, "dislocation and disorder defined the experiences of emancipation" early on (169).

Downs shows that Union political and military leaders were wholly unprepared to deal with the exigencies of wartime emancipation, as thousands of runaway slaves ran to Union lines in search of freedom, safety, and sustenance. Federal authorities, focused first and foremost on ensuring Union victory and reuniting the nation, initially provided the runaways, whom they labeled "refugees" and "contrabands," not "freedpeople," with minimal assistance. Downs contends that Union relief was predicated on the ideology of free labor. Authorities wanted to build a healthy southern labor force; more specifically, they wanted to get all "able-bodied" refugees working (e.g., in the Union military, on plantations, etc.) as quickly as possible to prevent them from becoming dependent, a condition many believed caused physical illness. While waiting for work, refugees congregated outside Union lines in dilapidated, disease-ridden contraband camps, which Downs says resembled antebellum "slave pens" (47).

Those deemed unfit for work—freedwomen, children, the elderly, and the disabled—were frequently sent to hospitals, which were more akin to nineteenth-century almshouses or asylums than medical facilities. Southern state and municipal asylums and hospitals initially refused to admit freedpeople because they were not citizens; in response, the U.S. government created the Medical Division of the Freedmen's Bureau,

which established “the first-ever federal health care program” in the form of Freedmen’s Hospitals (74). But Downs finds a dark side to this story, too. Chronically underfunded and understaffed, the Freedmen’s Hospitals provided more food, clothing, and shelter to freedpeople than actual medical care, which was usually subpar anyway. In fact, a number of doctors interpreted the freedpeople’s ailments as evidence of the black race’s pending extinction.

The smallpox epidemic that struck the United States between 1862 and 1868 hit the malnourished, transient freedpeople particularly hard, prompting some white authorities to turn “a biological crisis into a discourse about racial survival” (15). Moreover, some Bureau officials and Republican Congressmen downplayed the freedpeople’s struggles for fear that the North’s white population would oppose funding relief for a “backwards” and “peculiar” South (97). Interestingly, federal officials aggressively sought to thwart a cholera epidemic, but they chose not to combat smallpox because, as Downs shows, “they believed that it was an epidemic confined to emancipated slaves” (117). The emancipation crisis was further exacerbated by southern crop failures in 1866-67 and drought in 1867-68, which made it even more difficult for “able-bodied” ex-slaves to find meaningful work. Thousands of freedpeople died, and even more suffered from physical and psychological ailments.

Downs finds one bright spot in an otherwise tragic story: in addition to gaining their freedom, African Americans actively reported their illnesses to doctors, military authorities, and Bureau officials and petitioned them for relief; most conspicuously, black veterans sought federal assistance via the Union pension system. In Downs’ view, these acts were just as “political” as voting or officeholding. Moreover, the passage of the Civil Rights Act of 1866 and the ratification of the Fourteenth Amendment meant that southern asylums and hospitals could no longer legally deny freedpeople medical care on account of their non-citizen status. In the end, Downs argues, freedpeople’s “health became embedded in the meaning of citizenship” (167).

In a brief Epilogue, Downs compares Reconstruction policy in the South to federal efforts to “civilize” Indians in the West in the 1870s and 1880s. Like Elliott West, Downs sees a “Greater” Reconstruction in which the U.S. government enacted similar programs to convert southern freedpeople and western natives into citizens and agricultural laborers.

[ii] But, like freedpeople, western Indians were decimated by epidemics made worse by government efforts to relocate them and make free laborers out of them.

Downs' book is a welcome addition to the voluminous scholarship on the emancipation process. As he correctly notes, scholars have avoided highlighting the tragic aspects of freedom for fear of denying freedpeople agency, or worse, echoing nineteenth-century pro-slavery arguments that African Americans were better off in slavery than in freedom. Downs, however, persuasively argues that “the obstacles that freedpeople faced could not have been defeated no matter how willing or independent they may have been” (6). Put another way, he convincingly shows that emancipation had both triumphant and tragic results.

G. David Schieffler

University of Arkansas

[i] See, for example, Steven Hahn, *A Nation Under our Feet: Black Political Struggles in the Rural South from Slavery to the Great Migration* (Cambridge, MA: The Belknap Press of Harvard University Press, 2003).

[ii] See Elliott West, *The Last Indian War: The Nez Perce Story* (New York: Oxford University Press, 2009). See also Elliott West, “Reconstructing Race,” *Western Historical Quarterly* 34 (Spring 2003): 7-26



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