

### Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation

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## Review

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**Long, Gretchen** *Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation*. University of North Carolina Press, \$37.50  
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### Health Care as a Avenue of Change in the South

*Doctoring Freedom* explores the ways in which African Americans “creatively asserted themselves as independent, discerning, and deserving patients” (5), resisting the efforts of slaveholders to exert complete control over their bodies and after the Civil War, the claims of former slaveholders and white northerners that they were incapable of understanding either medical care or its culture and politics. Yet, as Long cautions, this book is neither “a medical history in which the reader will learn about specific illnesses that African Americans fell victim to during slavery and freedom,” nor “an institutional history.” Its aim, rather, is to offer “a holistic exploration of African American medical culture from slavery through the Civil War and Reconstruction and into the turn of the century.” To this end, the author traces what she terms the “critical battleground” of “medicine’s relationship to African American culture and politics.” (8). This battleground, she argues, was no less significant than the struggles for land and education. The cultural and political wars black people waged over medical care form “an essential part of the story of their struggle for freedom and autonomy” (179). This study joins a growing and important body of scholarship on the health and medical treatment of African Americans in slavery and freedom—including the recent work of Jim Downs and Margaret Humphreys. While readers in the field will find many of the arguments familiar, Long’s attempt to understand them through the rubrics of culture and politics opens the subject to important new insights.

*Doctoring Freedom* opens with the story of slaveholders’ efforts to manage and control slaves’ health and their bodies and the racial ideology in which these efforts were grounded and concludes with the struggle of black physicians to

gain professional standing and public respect in the early twentieth century. Following other scholars, Long stresses that black people's collective memory of slavery and the Civil War "furnished a context for African Americans' organized efforts to obtain health care after emancipation" (11). But by focusing on the cultural politics of medical care for African Americans, she moves the discussion forward and to new places. The struggle of slaves to gain "control over their bodies was about more than the physical. It was a way to control their families, their everyday lives, and to some extent their destinies" (21), a battle that continued in the decades after emancipation.

Long makes vividly clear the power of the ideological forces slaves, former slaves, and northern free black people were up against. The writings of antebellum proslavery writers in southern journals extended to the joined question of slave health and labor and the need for white control over such matters as when and how slaves ate and how their medical needs were addressed. Black people's diminished "resources for internal control," they alleged, demanded the rationing of their food, lest they "gobble it all up at once and become ill." Confinement to hospitals was necessary to prevent them from malingering and lounging "about their own homes when sick'" (25-26). Although attacked by free black people like the eminent James McCune Smith, the poor health of free blacks was also offered as proof of black inferiority and unfitness for freedom. A long-term effect, as other scholars have noted, was black peoples' suspicion of hospitals and modern medicine. But in a smart use of abolitionist and proslavery literature, Long analyzes these and other connections in new ways.

In slave narratives and the efforts of slaves challenging slaveholders' claims to hegemony over their bodies, African Americans presented a different picture and understanding of their bodies. In some ways, we are left to conclude, it was a losing battle as the "cultural connections between medicine and dependency persisted" into freedom (43). Northern and Southern white Americans continued to question whether black people could survive in freedom without white oversight. Union army officers, newspaper reporters, and agents of missionary and aid societies expressed concern that "free" medical care would lead to permanent dependency. Medical care for African Americans continued to be shaped by antebellum racial ideologies prevalent in the North as well as the South and the diseased bodies of ex-slaves continued to be seen as proof that black people had an improper understanding of freedom.

While scholars have explored the monumental change in the perceptions of African Americans wrought by the enlistment of black men in the Union army and their performance under fire, *Doctoring Freedom* adds to the historiography by examining how black soldiers used their wounded bodies—as evidence of their manhood, patriotism, and sacrifice—to fight for better medical treatment for themselves and their families and protest the image of black people as unworthy of freedom. Soldiering put black men in a category apart from the “contrabands.” In contrast to the descriptions of “contrabands” as dependents in need of charity and uplift, the wounded bodies of black soldiers elicited admiration rather than condemnation.

One of the more important insights of this book is in its discussion of the proactive stance African Americans took as freedom arrived barren not only of land but resources for medical care. In the face of claims that they would die out without white oversight, southern African Americans formed benevolent mutual aid associations to fund hospitals, “pest houses” for small pox victims, care for the indigent among them, and purchase burial grounds, proving themselves able to understand their own health needs and willing to erect what institutions they could to provide for them. The Freedmen’s Bureau established hospitals throughout the South but turned to African Americans for “administrative, financial, and medical assistance” (106). Yet, importantly, despite their willingness to assist the elderly and infirm on their own terms, African Americans protested policies that taxed their wages to support the indigent among them as discriminatory when no similar tax was levied against the wages of white workers.

While Long brings much needed attention to the formation of African American mutual aid societies formed during the war and in the immediate years following as evidence of the mobilization of the “collective power” former slaves brought to bear in articulating and addressing their medical needs which allowed them to claim in the process “a legitimate and tangible stake in a wider hostile society’s custom and legal structure” (92), her contention that these societies were a “widespread phenomenon” (90) is not firmly substantiated by her sources. She notes some ten organizations: one in Tennessee, four in the Hampton Roads region, two in Kentucky, one in Alabama, and two in Georgia. The evidence for her argument that the associations hired doctors, and contracted with druggists “to negotiate better fees and rates and better care” than individuals could, “produced schedules requiring members to visit and ‘sit with’ ill members,” and provided medical care and financial support to families when

breadwinner fell ill (99) might similarly have been more fully documented. Even so, her claim that such activities constituted “political acts” (5), a new arena for political action that allowed former slaves to practice new political skills in organizing and forging relationships to the state, is compellingly drawn.

Based extensively on the rich collection of documents in the files of the Freedmen and Southern Society Project at The University of Maryland drawn from the National Archives, this study might have benefitted from the use of additional archives. Long notes, for example, that “there are few instances of actual records from associations and brotherhoods,” but even these few appear to have not been consulted. One wonders, too, whether there any rural counterparts to these urban-based groups that might have assisted in the contract negotiations between former slaves and planters after freedom or if the work of the urban-based groups extended in any way to the rural sectors?

These questions notwithstanding, *Doctoring Freedom* offers a rewarding synthesis brimming with new insights and original analysis and makes an important contribution to the historiography. The chapters on the struggles of black doctors for professional recognition and the discussion of wartime aid societies established by southern black women to aid suffering noncombatants and black soldiers mark particularly significant and original contributions.

*Thavolia Glymph is the author of Out of the House of Bondage: The Transformation of the Plantation Household (Cambridge: Cambridge University Press, 2008) and currently completing Women at War to be published in the Littlefield Series, University of North Carolina Press.*