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Interview

CWBR AUTHOR INTERVIEW: DOCTORING FREEDOM: THE POLITICS OF AFRICAN AMERICAN MEDICAL CARE

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Interview with Gretchen Long, Associate Professor of History and Chair of the Africana Studies Program at Williams College

Interviewed by Michael Frawley

Civil War Book Review (CWBR): Today the Civil War Book Review is proud to speak with Gretchen Long, Associate Professor of History and Chair of the Africana Studies Program at Williams College, and discuss her recent book *Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation*. Thank you for joining us today.

Gretchen Long (GL): It's good to be here

CWBR: So, healthcare and control over healthcare decisions were important steps towards freedom and independence for slaves?

GL: Yes that's right, before the war and during the war and after actually. I had found when I started researching, or not even researching the book, but thinking about this topic, how often medical care came up as a kind of area of conversation between slaves and masters in terms of what kinds of medical care slaves would receive or master's displeasure with the kind of care slaves were giving each other and that just sort of got my wheels turning and I took it from there.

CWBR: How successful were slaves then at controlling their own bodies?

GL: That's a really interesting question because it's something that sources hint at but we never get a complete and full answer. But certainly, I think the level of frustration that slave owners had with and would report in journals or

diaries or conversations with buyers or sellers of slaves, the level of frustration they had with slave medical practice, combined with the fact that many white families had black slaves look after them themselves. That to me says there was quite a bit of medical care that the slaves managed to keep under their own purview and did not yield to white authority.

CWBR: How did their roles as soldiers during the war, especially after injury, change the relationship between African-Americans and the government?

GL: The thing about the Civil War is that particularly for slaves who fled toward the Union lines, but even ones that stayed behind, is that both systems of care were really offended. Both care that the slaves communities provided for one another for fellow slaves and under the systems of white masters control or provision of medical care, both of those kind of have the rug pulled out from under them and in the Union Army so many slaves, slave men who joined the Union Army, showed up at recruiting stations in terrible health. They had walked a long way they were malnourished. Their families were in rough shape but they immediately, soldiers at least immediately, see medical care as part of the contract that they have with the Union Army. That they are providing labor or military service and one of the things that they see the government needing to provide for them, and what the government does provide for white soldiers, is medical care. So one of the most interesting things I found in terms of letters from black soldiers complaining to the government about the medical care they received because even though the soldiers felt that they were entitled to it, and did get some it, was often substandard and not at the level the white soldiers care was.

CWBR: How did the problems of medicine and healthcare effect African-Americans in their transition from slaves to freedmen?

GL: Yeah, I think particularly the ideal when you achieve freedom is when you own your own body. Now how that body is taken care of and who takes care of it then becomes really essential to expressing that freedom, to any expression of that freedom, and giving that freedom meaning. So, I have been really inspired by a lot of work that you are referring to that kind of puts the school house, or the church, or the polling place, or even sort of different realms of labor, that looks at those places as places where freedom happens, or where black people figured out how to be free in those places, and what I wanted to do is put the doctor's office, the sick bed, and ultimately the medical school, on that list of places where black

people gave their freedom meaning.

CWBR: Why did organically developed black associations and brotherhoods work so much better to harness the efforts of the community rather than government directed efforts?

GL: Yeah that's a really good question too. I think in the associations, and like you said there's a whole chapter in the book on this, for one thing the black associations I'm painting with kind of broad strokes here, but were better at identifying leaders, of knowing who should be in charge and how things should be organized. Than when the Freedman's Bureau came in and sort of ordained certain black men as the spokesmen for the group. So, and of course, sometimes the black people were terrible at choosing leaders and I have some stories in there of leaders who swindled their associations out of money and this and that, but I think, for the most part, people, black people, knew certain men by reputation or kind of stature in their community, and those were ways of knowing that the white Freedman's Bureau did not have access too so, and I think it was also a natural selection of the kind of community care that happened under slavery even though those slave communities were upended and disrupted with emancipation.

CWBR: How did African-American attempts to become medical providers relate to the problems faced by the larger African-American community?

GL: I think the one who gives us kind of where the window opens the widest on that period, is one of the doctors, John Hamilton, who lived in Austin, Texas, because he called himself a doctor and what he wants is for the Freedman's Bureau to help him collect money from freedman that he says he's treated, and the Freedman's Bureau also to encourage freedman to go to him for their care instead of to the white doctors. The Freedman's Bureau has kind of set up their services and what happens is the Freedman's Bureau says no way he's a quack and a conjurer, and what's interesting to me is that a group of freedmen themselves write to the Freedman's Bureau back in Washington and say yes indeed he is a quack and a conjurer. So, his case really shows the diversity of opinion among freedmen and how impossible it can be to talk about a free community, or a freedman thought this, or that you know here was real division about who some freedman who thought he was a good doctor but refused to pay him and some thought he was a conjurer and a quack and should give up calling himself a doctor. So I like that case because partially because it doesn't really show an answer exactly but it does point to how those letters happened in 1866

and the kind of the writing on the wall of what happens to folk healers like Hamilton. They are not going to be able to make livings, or maintain respectability, in the eyes of white authority as we go forward in the decades. You know his system of medicine is on the way out and the system of the whites Freedman's Bureau, doctor's practices, and that more and more black doctors, and I talk about them, want in on them. They want for more medical training that is what's ascending, not just in the black South, but all over the country.

CWBR: How did the professionalization of medicine by the turn of the century help or hinder the development, political activism, and solidarity of the greater African-American community?

GL: I think that that last chapter in the book chronologically, the last couple of decades that the book, deals with the story, really shifts from a context of slavery and emancipation to a context of Jim Crow and segregation. So even in scholarly literature we know that the waves of protests, and resistance, and solidarity, happened under those different kind of regimens, is very different by the end of the book. There are very few, and by the turn of the century there are very few white medical schools that let in African Americans. By 1910 most black medical schools have been shut down with increasing regulation, which did raise standards for medical education, but also cut off then most of the avenues by which young black mostly men, could get medical training. So when the book sort of ends right before World War I, we have a handful of black medical schools that are functioning, that are graduating black doctors, who want to become part of sort of this talented 10th class. But, they are just a handful, and those doctors have a kind of political consciousness that I talk about. That they manage to combine medical expertise in an almost urban sophistication with their political activism. But it's very different than the kind of challenges to white authority that we see from black soldiers, or from slaves, so the story really shifts when we start talking the kind of era of segregation, the ways in which black doctors and patients are able to mount any kind of protest is really shaped by the kind of larger American order.

CWBR: So, in the end then, the role of health care in the black community paints a picture of the entire movement from slavery to freedom?

GL: Yeah that's right and it plays an integral part in the development of the community in the midst of incredibly cynical suffering that a lot of black soldiers, and their families and freed people in contraband camps are really

suffering during the war, and just after there the small pox epidemic, there's a lot of poverty in cities, there's a cholera epidemic in 1866, but through all this in advocating for the care they do get even though it is scant, and for advocating for medical education even though it is often substandard, they really seize on their rights and their kind of language that helps them present themselves as freed people.

CWBR: Professor Long, I appreciate you taking the time to sit and discuss your most recent work, *Doctoring Freedom: The Politics of African American Medical Care*. **GL:** Thank you for having me.