CHAPTER ONE

Militarizing Race

The War Department and the U.S. Sanitary Commission (USSC) had a powerful and lasting impact on American ideas about race.¹ The army and the USSC included abolitionists and advocates for racial equality in their ranks and others whose ideas about slavery or race changed significantly over the course of the war. But members of both organizations also acted to protect white supremacy with a profound impact on how they organized and whom they identified as worthy of inclusion. A careful consideration of race in the formation and operations of both organizations helps us understand how and why they became engaged in wartime efforts to affirm and advance the notion of race as a biological and hierarchical construct. Even with their important differences, these two organizations shared more than a dedication to Union military victory: they shared a commitment to their own position in American racial hierarchies and a corresponding view of African Americans as an immutably inferior people. The Civil War provided both organizations with the opportunity to enact and advance those commitments, and each organization endeavored to contribute to the premise that race was embodied in the human form, character, and intellect.

Why and how did the two largest bureaucracies of the Union, the U.S. War Department and the U.S. Sanitary Commission, become powerful advocates for a definition of race that could be read in the human body? Their civilian and military investments in the science of race were nurtured and sustained by circulating ideas about the body, the anatomical and physiological locations of race, and its currency in explaining and predicting social structures and relationships. Race was not simply what they studied; it was also endorsed by what they did. As the next two chapters demonstrate, both the army and the USSC perpetuated the everyday racism of the midcentury nation, which sustained the structures of white empowerment and Black exclusion.

In their membership, their leadership, their understanding of the meaning of the war, and their approach to the work of war, the Union’s military bureaucracy as well as its largest civilian war relief organization held similarly entrenched ideas and practices that ensured racial disparities in the antebellum North. This proved foundational and complementary to their
medical and scientific work in pursuit of new racial knowledge during and after the war. They replicated and extended the racial hierarchy that governed public life in the North first by excluding African Americans and then by circumscribing their participation, as soldiers and civilians, in the Union war effort—on the battlefield and beyond. In this and the following chapters, we consider the centrality of race-based practices to how white Unionists and Northerners conceived and led the Union war effort in military and civilian settings.

Race and the U.S. Military: Black Soldiering

Early in the war, congress, the Lincoln administration, and the War Department’s leadership first rejected then moved very cautiously toward Black enlistment. By 1863, it was military necessity and the progress of the war, rather than a commitment to Black equality, that ultimately opened the door to Black enlistment. As historian John David Smith succinctly concluded, “The freeing and the mobilizing of Black troops were consequences, not objectives, of the war.” With reason, Northern Blacks and radical abolitionists within and outside the army understood that Black enlistment strengthened the war’s attack on slavery and their critique of racial discrimination while reinforcing the long struggle among Northern Blacks for full citizenship rights. At the same time, the War Department limited the radical potential of Black enlistment through policies and practices that perpetuated a lasting structure of inequality for Black soldiers. Confining that radical potential in a web of racializing policies and actions amounted to an overwhelming devaluation of Black humanity, one that came at a very high human cost.

Even with Black enlistment, the wartime army was segregated and organized around the premise of Black inferiority and white intolerance for Black authority. For the most part, neither the Lincoln administration nor the nation’s leading military commanders believed white soldiers could or would serve with African Americans; until late in the war, many also doubted the ability of Black men to meet the rigors of soldiering, and certainly most whites refused the notion that white soldiers could be officered by Black men.

White prejudices immediately and lastingly shaped Black military service. For the first year of Black enlistment, the army paid Black soldiers at the same rate as Black military laborers rather than the same rate as white soldiers, evoking extensive protest and causing great hardship among the soldiers who
refused to accept Jim Crow pay. Yet the pay controversy was only the opening salvo in military racial discrimination. Throughout their service, Black soldiers would be treated unequally. They were conscripted into service through violence or its threat by Union enlistment agents in the border states and occupied South. They were denied commissioned office and were forced to serve under white commanders. They were disproportionally assigned heavy fatigue duty, posted in the South’s most unhealthy regions, denied furloughs, deprived of adequate rations, issued second-class weapons, subjected to humiliating and abusive punishments—the list of disparaging and prejudicial treatment was long and costly to soldier morale, their families back home, and the survival rate in Black regiments.

“The color line circumscribed virtually every aspect of Black military life,” one historian concluded.6 The white surgeon Benjamin Woodward, who served with the 22nd Illinois and after the war as an investigator who interviewed white commanders of Black troops about Black soldiering, offered insight into the appalling conditions endured by the Union’s Black soldiers. “The whole history of the negro in the South since the war began even his treatment by northern men has been one of cruelty and neglect. He has been trampled on and outraged in every way, and though legally free, it is but in name.”7

Race and Military Medicine

Among the first white officers and military medical practitioners that Black soldiers encountered were the examining surgeons who performed the requisite physical examinations that determined the fitness of potential recruits and draftees for service. When surveyed at the close of the war about their observations on the qualifications of Black men for military service, 62 percent of responding examining surgeons commented extensively on what they perceived as racial characteristics that marked the anatomy, physiology, and mentality of African American men.8 Those surveys will be discussed more fully in chapter 3, but it is important to note that even as they offered their lives to the Union war effort, Black enlistees were viewed by white medical men as living proof of the bodily meaning and appearance of racialized anatomies.9

There was considerable pressure on examining surgeons to overlook disability, ill health, or suffering in order to increase the number of successfully enlisted men. As observers of the recruitment of three Black regiments in Missouri noted:
The examining surgeons were instructed to examine the men as if they were conscripts, taking it for granted that they [the Black men] would exaggerate all their physical defects. But the negroes were generally anxious to enlist, and as a rule tried to pass themselves off as healthier than they really were. The rejection of a single recruit provoked censure from the General Commanding and the strongest pressure was employed to override their decisions. Rejected recruits were ordered before a Medical board, and passed into the service in defiance of the judgement of the Regimental Surgeon. A vast amount of worthless material was thus incorporated into the Regiments. Some of the men thus sent have never done a days duty since enlistment. Of one squad of 11 thus passed contrary to the surgeon's judgement, not a man survives.¹⁰

Examining surgeons also underestimated the punishing physical consequences of the wartime flight from slavery. The majority of Black troops enlisted were from slave states: “fatigue and exposure” were a constant threat to their ability to survive the flight from enslavement as well as their enlistment experiences.¹¹ Formerly enslaved soldiers suffered from the physical consequences of slavery, but many white commanders concurred with the anonymous major general who wrote in one of Washington’s newspapers that he was sure he could extract more physical exertion from Black soldiers than white.¹²

In a war where disease felled the majority of soldiers and a far higher proportion of Black than white soldiers, access to medical care at the hands of skilled and knowledgeable physicians could be pivotal to a soldier’s ability to survive the war. When Black regiments were finally authorized in the summer of 1863, the majority of white medical men eager to serve had already found their places in white regiments. As historian Margaret Humphreys noted, the new regiments meant 138 new positions opened for regimental surgeons, but the pool of qualified candidates was very small (although now Black physicians had a chance to serve). Humphreys also has pointed out that white applicants for appointment as surgeons to Black regiments were allowed to meet lower standards; some applied simply for the opportunity of promotion—no empathy toward African Americans or opposition to racial discrimination were required from officers in Black regiments. As a result, many Black soldiers served in units with inept, hostile, or absent surgeons.¹³

One sympathetic agent of the U.S. Sanitary Commission volunteering at City Point, Virginia, reported in a family letter, “We have had to almost fight the
doctors to get them to treat the colored men decently and to give them proper attention.”

Black soldiers demanded better care; they protested that their regimental surgeons were inept. As one soldier complained, “They do more harm than good for they Poison the Soldiers. They are called doctors but they are not. They are only students who knows nothing about issueing medicines.”

Even in the most celebrated Black regiments, white medical officers could be cruel and sadistic toward their charges. Surgeon Charles E. Briggs, who served with the 54th Massachusetts (Colored Infantry), unhappy with a court-martial that found a soldier innocent of charges of bestiality, took it upon himself to punish the man in question. Briggs had the soldier brought to his tent under guard, chained, partially stripped, and gagged so that Briggs could forcibly perform a circumcision on the soldier.

John Allen, a member of the 60th U.S.C.I., explained of himself and his comrades that “we formed a kind of prejudice against the hospital.” He had gone once for treatment of his chronic diarrhea, but, as he explained, “the treatment was so bad that I had to get away.” Several fellow soldiers also noted their aversion to medical treatment at regimental hospitals. In another regiment, a Black sergeant with sores on his penis was treated by the white surgeon who poured “a bottle of nitric acid over the prone penis, in the presence and to the infinite delight of some of the officers.” Not only was this treatment intentionally, publically humiliating, it was harmful: diluted nitric acid was a common nineteenth-century treatment for syphilitic chancres, but full-strength acid was not. Tortured and mistreated for the entertainment of white officers, Black soldiers may have avoided white medical staff not only because of the specific therapies being used but also because of similar examples of dehumanizing and racist encounters.

Certainly, some regimental surgeons identified as abolitionists. Seth Rogers, for example, was recommended to his post as surgeon of the 33rd U.S.C.I. by Thomas W. Higginson, the notable commanding officer of South Carolina’s first Black regiment. Yet Rogers—who’s subordinate hospital steward wrapped up prescribed medicines in pieces of the abolitionist newspaper, the Liberator—described the men in his regiment as “children of the tropics,” whose physiology was demonstrably different from and inferior to that of whites, leading to racially differentiated disease vulnerability, which he hoped to prove through his attendance to the regiment’s medical needs. In addition, he commented on the “valuable information” he gathered from a proslavery surgeon about what he described as Black physiology.
White hospital nurses were among the abolitionists who advocated for fair treatment for Black soldiers while also regarding the Black women and children they encountered as something less than human. At Benton Barracks Hospital, Emily Elizabeth Parsons wrote home to her family asking if they wanted her to send them a “pretty” pickaninny: “I can have as many as I want,” she wrote, in a shocking disregard for family ties among the formerly enslaved.21

Black physicians who were able to gain appointment were few in number. Fourteen African American surgeons are known to have applied and served during the war, but only two gained appointment to Black regiments; most of the others were hired as inferior civilian contract surgeons at hospitals.22 They encountered harassment and violence both within the service and from a white public that took offense at Black men in uniforms with officer insignia. Alexander Augusta (as an examining surgeon he performed physicals on over 5,000 men and also had charge of a hospital) was the subject of protest by six white medical officers on discovering that Augusta’s appointment made them subordinate to a Black officer.23 He was also attacked by a white mob in Baltimore and his officer’s insignia torn off his uniform; in Washington, D.C., he was thrown off a whites-only streetcar.24 Cortlandt V. R. Creed, an 1857 graduate of Yale, was repeatedly rebuffed and ignored in his application for appointment as army surgeon until early 1864.25 Dr. Theodore J. Baker served in 54th Massachusetts, but as a contract steward, even though the regiment needed an assistant surgeon at the time.26

The other Black surgeons included Anderson R. Abbott, Benjamin A. Boseman,27 John Van Surly DeGrasse, William Baldwin Ellis, J. D. Harris,28 William P. Powell Jr., Charles Burliegh Purvis, John H. Rapier Jr., Willis R. Revels, Charles H. Taylor, and Alpheus W. Tucker. Only Augusta and DeGrasse secured commissions as regimental surgeons, and the remaining were hired as contract surgeons—employees, rather than officers, paid less than regimental surgeons and more easily dismissed.29 As historian Margaret Humphreys noted, “It took exceptional bravery and resolution to brook the army’s racism and the barriers to practice it created.”30

Male physicians were not the only Black medical workers who encountered institutional discrimination and other manifestations of racism as they served the Union cause. African American women, who were about 10 percent of the more than 21,000 female Union hospital workers, were employed in the lowest prestige and lowest paid jobs as cooks and laundresses; the highest status jobs (as nurses and matrons) were 93 to 94 percent white.31
According to historian Jane E. Schultz, Black women were most likely to be employed if the work was especially difficult, demeaning, or if the patients were Black soldiers. African American hospital workers endured insult and abuse from white soldiers, white female hospital workers, and white military commanders who presumed that Black women were at best a burden to the army, at worst prostitutes threatening the moral and physical fitness of white soldiers.32

In other words, the majority of Union hospitals were highly segregated and racialized spaces that reinforced white notions of Black incapacity and inferiority, regardless of the essential contributions of Black hospital workers to the comfort and survival of Union troops. In their recollections of the work they performed in hospitals, it is easy to see how important their labor was to the comfort, cleanliness, and efficiency of wartime hospitals.33

The military’s entrenched racism had a high human cost. The shortages, inadequacies, and other challenges that plagued the entire army medical system were intensely manifested in the mistreatment of ill and wounded Black soldiers.34 When the newly organized 60th U.S.C.I. arrived at Benton Barracks in St. Louis, with sixty men already ill, the white medical director refused to allow the sick men access to the empty hospital beds that were only 100 yards from the barracks.35 All along the Mississippi valley, hospitals serving Black soldiers were more likely to be headed by hospital stewards (the equivalent of a pharmacist) rather than surgeons.36 Major General Nathaniel Banks, commanding the Department of the Gulf, was flooded with complaints about the treatment of Black soldiers by unskilled white medical personnel.37 Medical inspectors reported, sometimes with alarm, the exponentially higher mortality rate in hospitals that treated Black soldiers.38 Historian Joseph Glatthaar has documented many instances of brutal mistreatment of Black soldiers in hospitals at the hands of white medical officers.39 Soldiers themselves, along with officers of Black regiments, army medical inspectors, civilian volunteers, and observers, offered extensive testimony and protest about the filthy conditions and the mistreatment of hospitalized African American men by incompetent and racist doctors, as well as the constant pressure that sick men be returned to duty.40

In addition to the issues of hospital conditions and the impact of racism on how white surgeons approached their patients, the hospital edifice itself was part of the army’s commitment to institutionalized segregation. Hospital directors had to conform to changing army policies about how segregation should be operationalized. After Black enlistment, Benton Barracks
Hospital, for example, was required to shift from a post hospital with segregated wards to a desegregated post hospital and then into a racially exclusive hospital. Operationalizing segregation took time, resources, and effort away from patient care.41

Most mid-nineteenth-century Americans were averse to hospitals because of their association with the severely ill, but the formerly enslaved brought a distinct perspective to their encounter with military hospitals. Enslaved people had known hospitals as places of forced confinement, torture, and discipline.42 As soldiers, their distrust of white surgeons, the crude and filthy arrangements that passed for hospitals, the types of therapies offered, and the derision with which white physicians treated their Black charges left many soldiers averse to hospital care, just as they had been averse to white medical treatment under slavery.43

Yet Black soldiers, far more than whites, found themselves in need of medical treatment. A number of diseases took a severe toll on Black troops, including pneumonia, malaria, diarrhea, measles, and the mumps. Black troops were more likely than whites to contract smallpox, more likely to die from it, and in the Mississippi valley more likely to be injected with impure or ineffective vaccine matter as the army tried to curtail the disease as it swept through the troops.44 The Black regiments that gathered in St. Louis were vaccinated with both. One regiment vaccinated with impure matter was quickly infected with a serious Streptococcus infection, and smallpox subsequently spread throughout the unit; another regiment faced frightening consequences when the soldiers were vaccinated with matter taken from a syphilitic donor. As one Black soldier reported, “We all was vaccinated, [and] that killed a good many of them”; his own arm was so swollen he could not wear a coat, and the ulcerations at the site of his vaccination persisted for so many months that the surgeon cauterized them several times; the soldier ended up with an atrophied, lame arm.45 George Kebo, vaccinated with matter infected by syphilis, would suffer from syphilitic ophthalmia and ulcerations of his palate and throat.46 Hundreds of troops suffered similarly, along with the invisible victims of infection—wives and children.

Although some soldiers reported good and decent hospital treatment, many soldiers and their families wrote to the president, the secretary of war, and other Union officials to expose the hospital conditions they and their comrades endured and to beg for and demand better treatment. White surgeons and hospital staff discredited the ability of Black soldiers to report their symptoms, made light of their pain and discomfort, and did little to rectify the conditions soldiers encountered in hospitals.47
It is nearly impossible to overestimate the radical challenge that Black military service posed to white presumptions about Black inferiority. Skeptical and contemptuous white officers as well as military and civilian observers weakened in their commitments to anti-Black racial ideologies by witnessing Black soldiers’ courage, sacrifice, and valor—as well as their humanity. Yet we cannot ignore the weight and gravity of military racism in inflicting considerable and unnecessary harm on the Black men who offered their lives in defense of their nation.