Conclusion

After the Civil War, the measurements, medical cases, autopsy reports, and observations whites generated from their study of African American soldiers and civilians were used by white medical professionals, anthropologists, educators, statisticians, and insurance companies to support a wide range of flawed and fallacious conclusions. They were used to endorse the idea of race and also the notion of a racial hierarchy—and, most explicitly, the biologically determined inferiority of “the negro.” Out of these conclusions came a profoundly injurious health legacy: the rationale for dangerous public health policies, unsound medical theories and practices, harmful medical research and experimentation, and discriminatory insurance company practices. All would have long-term consequences for the health and well-being of people of African descent well into the next century.¹

The data collected and published by the U.S. Sanitary Commission (USSC) and the army would enjoy a long life in the scientific and medical literature published decades after the war. Notoriously self-promoting, the USSC circulated, free of cost, thousands of pamphlets and booklets among army physicians during the war, creating an eager audience for their ongoing publication concern. (As Benjamin Gould noted, those circulated works directed “public attention in some degree to the fact that the Comm. is doing scientific work as well as charitable.”²) The commission’s publications also paved the way for future military studies.³ Its wartime investments in the search for “racial anatomical peculiarities” added legitimacy, authority, and prestige to a wide array of racist research that deeply shaped medical and scientific culture. Journals as wide ranging as the American Journal of Dental Science, the Medical Examiner and General Practitioner: A Journal Devoted to Physical Diagnosis, and Popular Science published this research. It reached both professional and lay audiences, elevated the authority of the authors, and in turn sustained the centrality of race in medical and scientific education, as well as to the culture of professionalization in these fields of endeavor.⁴

Whether they sought racial difference in the hyoid bones or in the varying degrees of convexity in the external condyloid surface of the tibia, in the volume of the crania or the breadth of the heel, white researchers
continued their pursuit of physical manifestations of race, the necessary foundation for a racial ideology that ranked the value of people of African descent below whites. Although the project of bringing scientific authority to the “ordinary’ social fact” of racial difference had its origins well before the Civil War, the war was pivotal in accelerating the pace of that research, its legitimacy, and the investment of the state in supporting and circulating the conclusion that humans could be categorized and reduced to biologically distinct, ranked races.\(^5\)

The question that began this book’s research—why the Civil War ended slavery but failed to more substantially undermine anti-Black racism—might better be framed as a question about what happened during the war to reinforce white supremacy with the tools and legitimacy of medical and scientific research. The wartime modernization of the American race project was made both necessary and possible by the destruction of slavery (in the minds of many white Northerners, emancipation meant an unimaginable new status for Black Americans), as well as the unprecedented availability of an abundance of African American bodies. Wars and armies produce vulnerable populations, and, both before and after the Civil War, nations used armies and military conflict to pursue race science and race medicine. Regimental surgeons studied race medicine among Black soldiers in the nineteenth century West India regiments. European, African, and Asian prisoners held by Germans during World War I were exploited for anthropometric study.\(^6\) The U.S. Army conducted race studies on Japanese American, African American, white, and Puerto Rican soldiers as test subjects for mustard gas experiments in World War II.\(^7\)

As important and powerful as these long-term consequences were in sustaining the respectability and authority of medical and science-based arguments about the meaning of race and the inferiority of African Americans and other people of color, we should not overlook the immediate impact of this work on the experience and meaning of the war itself. The Union war effort—among both armies and civilians—was not only about waging a war to defeat the Confederacy and the destruction of slavery. The Union war effort was also turned into a race-making project, ultimately assuring Northern whites that the nation’s racial hierarchies and, specifically, the subordination of African Americans, would continue in the aftermath of the war.

As military officers and surgeons commanding or attending to Black troops, white men were conferred a new source of authority and identity: as astute observers of “race,” their government solicited their views to assess
the manifestation of racial inferiority in the bodies of Black soldiers, whom they were empowered to observe, measure, prod, and objectify as something “other.” Whatever their motivations for joining the army and serving in the war, their government invited whites to participate in a process of race-making, and many entered into the endeavor with confidence, revealing in the process the many popular sources of their race knowledge. For many, it was not prior contact with people of African descent, but commonplace white assumptions masquerading as “well-known facts” and widely circulated historical or biblical sources. “Universal opinion,” too, stood in for empirical grounding.

The officers who assigned Black soldiers the dangerous and difficult fatigue labor of building defense works and fortifications under constant enemy shelling expressed a confident assessment of a wide range of racial characteristics that confirmed the suitability of these particular and inferior soldiers not for fighting but for hard labor. The military surgeons assigned to Black regiments or to hospitals serving Black soldiers and civilians viewed the injured, diseased, and deceased that they encountered as useful objects upon which they could freely practice their surgical, medical, and anatomical skills. Particularly in locations where surgeons and other hospital workers had unprecedented access to Black cadavers, the opportunity to dissect and anatomize without regard to popular opprobrium was priceless. And, for a few whites, the Black ill, injured, and dead they encountered in their practice became the raw material for building their professional authority on the distinct features of the Black body. These commitments to racial ways of thinking—their own unearned privilege and the objectification of others as inferior—are shown here as widespread and substantial, regardless of their attitudes toward slavery.

The civilian men and women of the USSC also played an important role in the war’s racial project. As advocates of medical and social modernization through the work of the commission, the white women and men of the USSC envisioned the modern nation’s midwives as white. They rejected nearly all the Black organizations formed to assist with soldiers’ relief, and they stumbled over the commission’s obligations to assist the nation’s most needy population during the war—the refugees from slavery. White women who found themselves capable leaders and effective managers were unwilling to risk learning that Black women, too, shared those skills, and many were unwilling to share public recognition with the Black women who also organized and led patriotic relief efforts. They were unwilling and unable to embrace an integrated democracy.

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Furthermore, the men of the commission understood that relief was after all “women’s work”—not the kind of work or accomplishment that would establish commission men as “men of mark.” That achievement would lay in medical and scientific advancements that modernized the organization and delivery of wartime medical care, and in exploiting their access to Black soldiers to conduct the nation's first large-scale, government-authorized racial research. Even the white soldiers who were measured, their lung capacity tested, their lifting power assessed, likely understood this as a competition they were ordained to win.

For Black Americans, their encounters with the race project of white Unionists magnified the devastating impact of military conflict and the tenuous and fitful wartime destruction of slavery. Called to military service by their own dedication to freedom and by the expanded rights that many imagined would follow, many Black soldiers faced military command and medical treatment that made the war far more dangerous for them than their white comrades in arms. The experience of joining an army that they believed was committed to Black emancipation, only to encounter officers and a bureaucracy that viewed them as objects of study, animal-like, and beasts of burden, must also have shaken their hopes for survival, let alone expanded citizenship after the war. As Margaret Humphreys noted in her study of Black soldiers, the policies and actions of white officers and health care workers showed them to be “poor stewards of the men in their care. Their decisions, great and small, careless and deliberate, doomed these soldiers to early graves.”

For Black civilians, especially refugees from slavery, the human cost of the war remains uncounted. No historian has yet been able to estimate with any reliability the mortality among Black civilians in the South. Certainly recent works on life in refugee camps, by Chandra Manning and Amy Murrell Taylor, have documented the inadequacies of army-supervised refugee camps. Jim Downs, in his study of illness and suffering among freed people in the postwar South, has shown the continued loss of life that followed the failures of the Freedmen’s Bureau Medical Division and federal policy in providing for the health care needs of Southern Blacks after the war. But Civil War historians have long focused on death rates to easily convey the significance of the war; as long as the civilian dead remain uncounted, so too their experience of the war remains outside the more easily recited “facts” of the war.

As historian Rana Hogarth has noted in her study of medical ideas about Blackness in the Atlantic world, the pursuit of medical theories of race and
the practice of race-based medicine has a long and storied past.\textsuperscript{10} \textit{Medicine, Science, and Making Race in Civil War America} helps historicize race-making. It demonstrates how this race project accelerated during wartime emancipation—at the moment when race-based slavery was undermined by the actions of enslaved people, Union military victories, and federal policy. Northern white commitments to the constitution and to the abolition of slavery were accompanied by their commitments to racial ideologies that sustained white supremacy, which attempted to root the subordination of Black Americans in nature rather than the institution of slavery. The result was and continues to be catastrophic for people of African descent, weaving a dedication to racial essentialism into the practice and professionalization of medicine in the United States.

It is a matter of grave concern that medical racism and the ideology of biological race continue to deprive Black Americans of health and life in the twenty-first century. As historians Deirdre Cooper Owens and Sharla Fett have recently highlighted in the \textit{American Journal of Public Health}, institutional racism and racial bias in health care provision are distressingly evident in the three to four times higher pregnancy-related mortality rate Black women experience compared with whites in the United States.\textsuperscript{11} As they note in reference to the practice of medicine, “Black people have a right to be suspicious of an institution that has historically victimized their ancestors for centuries.”\textsuperscript{12} This centuries-old practice of dismissing Black ill health, devaluing Black life, and regarding Black patients through a lens uninformed by a critical consideration of the long legacy of medical racism has life-and-death consequences. Medical science and medical care continue to replicate ideas and practices that not only fail to heal but also perpetuate the lethal consequences of American investments in anti-Black racism.

Medical historian Lundy Braun has conclusively illuminated the persisting impact of medical and scientific racism in the “race correction” that continues to be used with spirometers, a practice that draws uncritically on centuries of assertions that lung function varies by race. More pointedly, people of African descent are considered to have biologically determined pulmonary dysfunction. As Braun notes, the spirometer, a tool that is essential to the diagnosis of respiratory disease and to the assessment of eligibility for compensation for workplace hazards, regularly dismisses lower lung function of Black Americans as a product of biological race rather than as evidence of disease or impairment. “Race correction” infiltrates a wide range of medical algorithms and has a daily effect on the diagnosis and treatment of African Americans.\textsuperscript{13} Similarly, scholar Dorothy E. Roberts has pointedly argued
that the routine use of “race-based adjustments” in diagnostic algorithms “shows a failure to understand the meaning of race and its connection to racism.”

My intention in *Medicine, Science, and Making Race in Civil War America* is to encourage readers to grapple with the historical, in order to be better equipped to challenge and change one of the many ways in which racism, so substantially a part of Civil War medicine and science, shapes our present.