Jim Downs offers a reinterpretation of emancipation during and after the American Civil War in his latest book, *Sick from Freedom*. Downs sets up his primary arguments by first viewing emancipation ‘as a process’ rather than a single, heroic moment. Through this perspective, we are able to more clearly see that emancipation ‘liberated bondspeople from slavery, but they often lacked clean clothing, adequate shelter, proper food, and access to medicine in their escape to Union lines’ (p.4). This view of emancipation as a process allows him to take a longer purview and move beyond the initial moment of abolition. He contends that Freedman’s Bureau doctors and the federal government as a whole were unprepared for the burden and diseases that the Civil War and emancipation would eventually cause. Downs argues that this oversight occurred due to the primary focus of both the federal government and northern policy-makers upon political and strategic consequences of emancipation. He posits that historians have ignored the suffering the emancipation initiated because it does ‘not fit into the patriotic narratives of the Civil War’ (p.6). Throughout the book, he stresses the pervasive fear of African American dependency and the changing conceptions of employment and labor and how this fear interacted and affected the policy of emancipation.

While some readers might interpret Downs’s thesis as a tacit endorsement of the benevolence of slavery and slaveholders, this is a gross overstatement of his central argument. He does not contend that slavery was a superior alternative to emancipation or that slavery itself was an inherently benevolent enterprise. Rather, he asserts that the federal government ultimately failed to meet the demands that emancipation created.

The fact that his thesis can be misconstrued in this manner is directly related to one of the book’s few flaws. There are moments where Downs seems to place the blame for the disease and suffering of African Americans squarely on the federal government’s policy of emancipation. Downs would have been better served to explore how the roots and limitations of slavery, not emancipation, were the predominant culprits in the suffering of freedpeople. The federal government should undoubtedly have been more responsive and proactive. The fact remains, however, that were it not for the institution of slavery and the desperation it created in those who fled so hurriedly, the mass suffering of escaping slaves would not have occurred. Downs finally addresses this point on the last page of his conclusion noting that descriptions of the malnourished and infected former slaves ‘may say less about the severity of illness and the effects of emancipation and more about the conditions of slavery; those who encountered and described freedpeople were for the first time witnessing the effects of slavery’ (p.170). This is a point that he should have explicitly emphasized throughout the book rather than adding it as an afterthought.

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Another small quibble is with Downs’s epilogue. He cursorily describes the consequences of Reconstruction on the West and Native Americans. While this is an interesting and novel topic, it does not fall within the scope of his narrative and it jars the reader away from his already provocative arguments. A simple reference to potential for further research in the introduction would suffice.

Despite these minor qualms, Downs’s contribution to the historiography of emancipation and race relations during the mid-nineteenth century cannot be understated. The interconnectedness of health care, labor, and civil rights offers unique opportunities for historians to push the boundaries of Civil War historiography. *Sick from Freedom* is a groundbreaking and important study on the harsh realities of the Civil War and emancipation and provides scholars with new avenues for compelling research.