



TEN COMMON MYTHS ABOUT WOMEN IN THE CIVIL WAR AND HOW TO DISPEL THEM

by Jane E. Schultz

Twenty-five years ago, when I began to contemplate a dissertation topic concerning women's work on Civil War battlefields, a prominent historian asked me, "Were there any women at the front?" Since then, historians have documented the lives of women immersed in military operations in camp, field, and hospital, and have expanded the notion of "the front" to bring into range women whose households were situated in battle zones. We are now able to dispel ten common myths about women's roles in the Civil War.

Myth 1: The most significant role of women during the Civil War was as soldiers-in-cognito.

The stories of the several hundred women passing as soldiers in the ranks are intriguing and suggest the extent to which gender was a more permeable category of identity in the 19th century than we might once have believed.¹ But the more significant group were domestic laborers, the thousands who provided hospital relief services in urban centers, military camps, and the field.

Obviously, more women stayed home producing goods and laboring on their farms than went to war, but the significant group of women who chose this more active military role believed that they were *representative* American women who could volunteer their institutional and domestic knowledge on behalf of soldiers. Among them were women like Hannah Ropes, active in the abolition movement in Massachusetts, who had been out to "bleeding" Kansas in the 1850s; and Abby Hopper Gibbons, a New York Quaker, who had been involved in numerous philanthropic initiatives for free blacks and later contrabands.

Myth 2: Only several thousand women served as nurses in hospital, camp, and battlefield.

Historians have told us from 1865 on that several thousand women served as nurses in hospital, camp, and battlefield in the Civil War. But this number is artificially low. At the National Archives, I discovered, among other treasures, the Carded Service Records of Union Hospital Attendants. The tabulation of these dusty index cards revealed that more than 21,000 women alone had been on Union payrolls as nurses, cooks, matrons, laundresses, seamstresses, waitresses, and chambermaids.

We have no reason to believe that Confederate women constituted a smaller percentage of the hospital force in the South, which suggests that as many as 10,000 or more women did similar work there. Thousands of Confederate relief workers were slave women, and later contrabands, who found work in Union hospitals from Kentucky down to Louisiana and from Maryland down to Georgia. Among Southerners were also rural white women (the yeomanry), far more numerous than the planter class, who found ready work in military settings in the absence of breadwinners. Altogether this was the mobilization of a lot of women.

Myth 3: White middle-class women constituted the majority of relief workers.

In fact, white middle-class women constituted a minority of relief workers in both North and South. We were under the mistaken impression that they constituted a *majority* because most of our information about relief work came from books written by white middle-class women, whose literacy and social access made them more visible than other workers. In fact, elites were no more than one-third of the entire group of hospital workers (even fewer in the South).

When literate, well-connected women entered the service, they were called nurses; the working class and those who lacked literacy were given jobs as cooks, laundresses, matrons, waitresses, seamstresses, and chambermaids. Almost none of the black

¹ See Lauren Cook and DeAnn Blanton, *They Fought Like Demons: Women Soldiers in the American Civil War*, Louisiana State U., 2002.

women who made up 11 percent of the total were called nurses, whereas virtually all of the Catholic sisters involved in relief work--perhaps as many as one-fifth of the total--were hired as nurses. We can only guess at the demographics in the Confederate hospital system because many hospital records were burned when Richmond fell in 1865, but it is likely that 20 percent of the female workforce consisted of slaves hired out by their owners. Regardless of section, we can be sure that middle-class women were in a minority of at least 2:1.

Myth 4: Women were motivated by patriotism to serve in relief capacities.

What prompted women to serve? Myth #4 holds that women were motivated by patriotism, which in turn was linked to their Christianity; that they saw war service as work for the Lord and an arena for saving souls. If we look only at those middle-class narratives, at the triumphal narrative of hospital work, we might well conclude that women went to war for altruistic reasons, that working for the armies was tantamount to working for the state, and that they sought to embody the patriotism of the soldier through their work for the state.

While much was said publicly about their wish to serve their respective sections, almost nothing was said about the wages that most hospital workers received (between \$6 and 12 per month). Elite women volunteered for this work because they were able to, and they made it a point to differentiate themselves socially from those women who accepted wages. The many thousands of non-elites did not have the luxury of volunteering. The vast majority sought a wage to sustain themselves and their families in their men's absence, or because they were widows seeking respectable employment. Some joined their husbands' regiments and brought their children because they could not survive at home, and runaway slaves often attached themselves to military camps to gain their freedom.

Myth 5: Cooking, cleaning, and laundering jobs differed appreciably from nursing jobs.

Though nurses were given responsibilities related to their literacy skills, which sometimes amounted to administrative authority, the domestic nature of their work differed little from that of cooks, laundresses, et al. Even the doyennes of Philadelphia society stooped to mop floors, wash clothes, ride cattle-style in boxcars, and tote cauldrons and washtubs where wages were scarce.

The relationship between job title and duties helps us better understand the class and racial demographics of the larger group of workers. Nurses were expected to read and write for patients, to help prepare and deliver food and medicine, to change bed linen, to wash their charges, to keep their surroundings clean, and occasionally to assist in medical procedures.² Regardless of their job title, workers in the field performed most of these duties and then some, even helping to take care of livestock and cleaning rifles. Susie King Taylor, a 14-year-old slave who escaped from the Sea Islands to Fort Pulaski (Georgia) in 1862, was called a regimental laundress, but did all of these jobs, including nursing typhoid patients and doing the wash.

Where work was difficult, like at the Cavalry Corps field hospital near Washington, 12 of the 15 workers were African-American laundresses; the three white women were all hired as nurses. Nearly half of the cooks and laundresses hired by the Union army were African-Americans, and they were prevalent in Baltimore and Nashville hospitals (but not in Philadelphia, where the city hospitals hired only white women).³

In large urban hospitals, like Washington's Armory Square or Richmond's Chimborazo, we do find greater differentiation in assigned tasks, but it is a misconception--especially when hospitals were inundated with wounded after battles--that the domestic work of nurses was different in substance from that of cooks and laundresses. Clearly job title was predicated on class and racial status. This would set in motion a system of valuing that had enormous impact on the pensioning of hospital workers in the 1890s.

Myth 6: The organization of the U.S. Sanitary Commission (USSC) centralized Union relief efforts.

Early in 1861 several well-to-do New York women brought local ladies' aid societies together in the Women's Central Relief Association. Well-connected men (some of them the women's husbands) observed their example and met to plan the USSC, which would provide the link between homefront products and the Union Army medical department.⁴ The USSC was formed to deliver food and relief supplies to soldiers in the field, but its professed centralization was never realized. It became a clearinghouse for thousands of ladies' aid societies, but the philanthropic New Yorkers who assumed its leadership took credit for its operations at the expense of the women producing the goods.

The Confederacy had no centralized benevolent umbrella, but individual states opened hospitals near the fighting, which were administered by state governments. Juliet Opie Hopkins, for example, the wife of the governor of Alabama, administered a hospital in Virginia during the first two years of the war. Ella Newsom, a 22-year-old widow from Mississippi, sunk all her wealth into establishing hospitals in Memphis and Bowling Green.

Significantly, this notion of centralized benevolence tended to lessen women's authority to oversee the transportation and distribution of supplies. In the North, men became the USSC's decision-makers, and the model of scientific efficiency they

² See e.g. Mary A. Newcomb, *Four Years of Personal Reminiscences of the War*, H. S. Mills, 1893.

³ NARA, Carded Service Records.

⁴ See Alfred J. Bloor, *Letters from the Army of the Potomac*, McGill and Witherow, 1864.

embraced augmented their authority. Women like Iowa's Annie Turner Wittenmyer resisted surrendering her state's aid societies to the Commission for fear of losing their administrative autonomy.

Similarly, when in 1862 the Confederate government formally organized its medical department, it closed individual state hospitals and built the pavilion-style Chimborazo and what would become the forerunner of mobile army surgical hospitals, or "flying" hospitals attached to armies in the field.⁵ The results were similar: the centralized structures had no place for women administrators.

Harriet Eaton, the widow of a Portland minister who traveled to Virginia to nurse Maine soldiers, noted in her diary that it was nearly impossible for USSC boxes to reach regiments in the field, and that it was only through the efforts of local and state relief organizations--individuals lumbering around the countryside in wagons--that sick men left behind in huts could be tracked. Thus we begin to see state and regional organizations popping up a year *after* the USSC was founded, and their employees expressing thinly veiled contempt for the pretensions of the USSC.

Other organizations with a national emphasis also became competitors, like the US Christian Commission and the Western and Northwestern Sanitary Commissions in St. Louis and Chicago, which did not recognize the USSC as a parent organization. Thus, despite intentions to centralize, the organization of relief services could not finally be centralized.

Myth 7: Wartime relief work demonstrated a model of women and men working together harmoniously.

The postwar memorialization of relief work, a process under way during a period of sectional reconciliation in the 1880s and '90s, represented women as accommodating, subservient, and self-sacrificial. But primary sources indicate that conflict between relief workers and surgeons was common and harmony rare. Nurses were shocked that men of their own elite status paid them little heed concerning soldiers' needs, and they became as dismissive of the African-American and working women in their midst as surgeons were of them.

Though relief workers praised many surgeons for their dedication, sympathy, and endurance, they were not reluctant to criticize when propriety was transgressed.⁶ Hannah Ropes had a surgeon at Union Hotel arrested for graft--selling food and clothing meant for hospital patients on the side for a profit. This exempted Ropes from the trust of the entire medical staff and probably hastened her death from typhoid a month later. Phoebe Pember, a widowed nurse at Chimborazo, struggled continually to keep surgeons out of the medicinal liquor cabinet and complained that they were too often AWOL when new shipments of misery arrived on the premises. As self-appointed guardians of soldiers' well-being, nurses leveraged morality, and surgeons chafed at their self-righteousness and scrutiny. Surgeons wished to help only those who appeared likely to survive, whereas nurses regarded triage protocols as heartless and too often faulty. There is a favorite motif in the triumphal narrative of the nurse who saves a soldier that all others had given up for dead.⁷

Union surgeon general's records feature letters from surgeons asking that so-called troublemakers be dismissed. When surgeon John Brinton arrived at Mound City, IL (he was an elite Easterner who felt that he had been banished to Siberia), he expressed displeasure with the women that Army Nursing Superintendent Dorothea Dix had sent him: "Can you fancy half a dozen or a dozen old hags, for that is what they were, each one clamoring for her little wants?"⁸ Another complained to Surgeon General William Hammond that even "dilapidated" nurses were harassing vulnerable soldiers: "My Dear General," he wrote, "in behalf of modesty do I beseech you to issue an order prohibiting Feminine Nurses throwing themselves into the Arms of Sick & wounded Soldiers." Whether he was really concerned about this or merely wanted to get these moral watchdogs out of the way, we cannot know. But it is clear that morality plays were invoked both to "protect" nubile women from lusty soldiers and, evidently, to protect the bedridden from the advances of "shriveled up old maids."⁹

The relations among women in military hospitals were fraught as well. Feminist scholars initially found bonds of sisterhood among relief workers, relying too heavily perhaps on the words of Katharine Wormeley, the daughter of an admiral, who was a great advocate for the USSC. She spoke of her partners on board hospital transports during the Peninsular Campaign as "efficient, wise, active as cats, merry, light-hearted, and thoroughbred."¹⁰ These accolades were heaped upon women of Wormeley's own social milieu, like the wife of George Templeton Strong, a pillar of New York society. When they had the opportunity, women like Wormeley sought to direct the work of social inferiors, even if those "inferiors" were as well educated

⁵ See Rebecca B. Calcutt, *Richmond's Wartime Hospitals*, Pelican Publishing, 2005; Carol C. Green, *Chimborazo, the Confederacy's Largest Hospital*, U. of Tennessee, 2004; and Glenna R. Schroeder-Lein *Confederate Hospitals on the Move; Samuel H. Stout and the Army of Tennessee*, U. of South Carolina, 1994.

⁶ See Stephen B. Oates, *A Woman of Valor: Clara Barton and the Civil War*, Free Press, 1994; Elizabeth Brown Pryor, *Clara Barton, Professional Angel*, U. of Pennsylvania, 1987; and Fannie A. Beers, *Memories: A Record of Personal Experience and Adventure During Four Years of War*, J. B. Lippincott, 1888.

⁷ Mary E. Roberts Anderson, *The Story of Aunt Lizzie Aiken*, Jansen, McClurg, 1880; Sophronia E. Bucklin, *In Hospital and Camp*, John E. Potter, 1869; Jane Hoge, *The Boys in Blue; or, Heroes of the "Rank and File,"* E. B. Treat, 1867.

⁸ *Personal Memoirs of John H. Brinton, Major and Surgeon, U.S.V., 1861-1865*, Neale, 1914.

⁹ NARA, Union Surgeon General's letters.

¹⁰ Katharine Prescott Wormeley, *The Other Side of War with the Army of the Potomac*, Ticknor, 1889.

as they.

Amy Morris Bradley, a schoolteacher and the eighth child of a shoemaker from rural Maine, resented “the Aristocracy of the Commission” because they expected her to flush the decks on a James River transport of unmentionable effluvia. However, aboard the *Knickerbocker* after the Seven Days battles in 1862, when Bradley encountered staterooms piled high with soiled linen, she hired “four girls (colored)” to sort out the mess, so obviously she was looking for women of lower rank to attend to the chores that she herself wished to avoid.¹¹

As to racial dynamics, while abolitionists like Esther Hill Hawks of New Hampshire attempted to shield black women in the Sea Islands from sexual assault by Union officers, other northern whites invoked the language of slavery, referring to servants as “my contraband” and making plans “to carry [them] home” to New England after the war, as if they were material possessions. Louisa May Alcott noted in *Hospital Sketches* (1863) the prejudice of coworkers who wouldn’t touch black children for fear of contamination, but she also labeled “colored” laundresses a “swarm.” This “othering” of blacks was all too conventional at the time. Whenever female relief workers *could* exploit social or racial Others, they did so. This was the dark side of sisterhood.

Myth 8: As a battlefield nurse, Clara Barton was exceptional.

In fact, Clara Barton, spinster, teacher, and Patent Office clerk, was a brilliant self-promoter. Hundreds of women spent more time than she in strenuous relief work, and scores of them in battlefield roles. Barton’s work was not unique, but her postwar lecture tour billed her as the Civil War nurse whom all would remember in perpetuity. She spoke poetically about her bond with the common soldier: “Under the guns our love grew up. Under the sod it shall remain.”¹² Veterans loved her.

Barton served in field hospitals at 2nd Bull Run and Antietam, managing to preempt the USSC’s slower supply wagons. She received tips from the Quartermaster General that allowed her to mobilize precisely at the right moment. Beyond these two battles, however, Barton gained little traction, and she refused to align herself with the USSC.

Barton had no corner on intense battlefield experience. Scores of others found themselves under fire. Juliet Opie Hopkins took two balls to the leg during Seven Pines; others described the sounds of bombardments as they helped field surgeons with the wounded. Nor was her service protracted. Vermont’s Harriet Patience Dame served as a field nurse for more than four years without a furlough and was under fire with her regiment more than 20 times. Many others could make similar claims, but were too modest to do so. Barton’s war work only looked exceptional in retrospect, when it became the training ground for her lifetime of philanthropic service.

Myth 9: All female relief workers were eligible for military pensions and most applied for them.

From 1865-92, ex-Union Army nurses lobbied legislators for a pension bill. While legendary nurses like Harriet Patience Dame and Mary Ann Bickerdyke were pensioned by special acts of Congress in the 1870s and ’80s, they believed that a standardized pension would offer more complete access to aged and needy women. The passage of the 1892 nurses’ pension act was both in concert with the grand expansion of pension benefits available to nearly all relatives of soldiers and signified that their war labors were comparable to those of soldiers.

But when they gained access to a \$12 monthly pension in 1892, fewer than 10 percent of those who had earned wartime wages as relief workers applied for them and fewer still were granted pensions. First, eligibility did not extend to Confederates. Second, the legislation stipulated that only those who could prove more than six months of service as nurses were eligible. Anyone who had entered the service with the job title of cook, matron, or laundress was out of the running, even though these were arguably the women most in need of monthly income. Not only were women in non-nursing categories paid less during the war based on a hospital administrator’s concept of their inferior social status, but they were penalized again a generation after the war when ex-nurses agitated on their own behalf by setting themselves apart from other relief workers.

Even after pension requirements eased, making it possible for women in other job categories to demonstrate that they had done work equivalent to nursing, finding witnesses to corroborate their claims by “competent authority” often became an insurmountable obstacle. Those with the poorest literacy skills had the greatest trouble persuading pension examiners that they met the requirements. Here again was evidence that limited social access constituted a punishment that kept on “giving,” while nursing victors could claim the spoils.

Myth 10: After the Civil War, relief workers sought further nursing opportunities as nurse training schools opened in the 1870s.

It has long been held that the collective experience of wartime medicine led to a demand for more stringent medical licensing and for a professional class of nurses. But when the first professional nursing schools appeared in Boston, New York, and New Haven in the 1870s, Civil War hospital workers were seldom among them. Though the war launched movements to improve the quality of medical and nursing care, surprisingly few women went to work to reform health care. Some became pillars of late 19th-century reform movements (suffrage, racial uplift, philanthropy), but a large majority returned to prewar occupations as agricultural, industrial, and domestic workers or retired to private life.

¹¹ Bradley letters, Duke University

¹² Library of Congress, Barton letters.

Women whom Amy Morris Bradley had considered among “the Aristocracy” of the USSC--Louisa Schuyler and Abby Woolsey--were instrumental in calling for a nurse training school at Bellevue Hospital in New York as early as 1873. But the students they had in mind were not those who had performed relief services during the war: They sought young, white, middle-class urbanites, taking the lead of Florence Nightingale, who had pioneered nurse training programs in the 1860s in the aftermath of the Crimean War.

Some wartime relief workers, like the widowed Mary Phinney von Olnhausen and Rebecca Pomroy, went to work as superintendents of orphanages and other charitable institutions, where wartime lessons could be implemented. But few of those who needed wages ended up in nursing schools. This was partly due to the advanced age by the 1870s-80s of relief workers, few of whom were still in their twenties. Nurses also connected their wartime occupation with misery, and they did not seek more misery--even though peacetime nursing offered less trying opportunities.

There may also have been a kind of Rosie-the-Riveter effect, where women were coached subliminally to return to domestic shelter, though of course this was not an option for the tens of thousands of widows the war had made. Also, there was no ready channel into which postwar nurses could be placed, given the seven-year lag between the end of the war and the opening of training schools.

Perhaps more significant is that training schools institutionalized the subordination of students by not paying them for their labor on the wards. This would have precluded working women who needed to bring in household income. The working class found industrial and agricultural labor more lucrative. The devaluing of domestic work that had been set in motion during the war was also a deterrent to women, who saw nursing as a professional form of subordination.

Very few used the war as a springboard to social activism, though Mary Livermore is a notable exception: Livermore’s experience organizing domestic services for the Northwest Sanitary Commission prompted her engagement in the woman suffrage movement, both at the state and national levels.¹³

We are left with no clear sense that the war advanced women’s autonomous interests. The success of the pension bill acknowledged that women were members of the polity; but that so few availed themselves of it suggests that most were unaware of it. To be sure, individual actors found the war transformative. As Livermore intoned, the war was a great class leveler when it came to hospital workers and the men they cared for. And we see women’s continued reverence for soldiers in the memorial initiatives in which they enthusiastically took part for the rest of the century--camp reunions, cemetery dedications, and history curriculum in schools.

That said, there is little evidence of a galvanic shift in women’s lives after the war. Many happily traded the public forum for private life, as was true of many men as well. What seems to emerge out of four years of war is a wish to return to domestic life and to assuage the psychic wounding that was inevitably the result of the conflict.

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¹³ Mary A. Livermore, *My Story of the War: A Woman’s Narrative of Four Years Personal Experience*, Worthington, 1889.