

A Fragile Legacy: The Contributions of Women in the United  
States Sanitary Commission to the United States Administrative  
State

By

Pam Tise

Applied Research Project

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Submitted to the Department of Political Science  
Texas State University-San Marcos  
In Partial Fulfillment for the Requirements for the Degree of  
**Masters of Public Administration**

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**Faculty Approval:**

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Abstract

*Purpose:* During the United States Civil War, the United States Sanitary Commission (USSC) was established to ensure hospitals and field camps met health standards, and to deliver needed supplies to Union soldiers. The supply arm of the USSC was managed by women. Employing the efforts of 7,000 ladies' aid societies, the women distributed supplies through regional hubs. The USSC became a national organization which delivered more than twenty-million dollars worth of supplies. The importance of history cannot be over stated; however, for the past to be usable, it must be accurate. By examining the history of the United States Sanitary Commission, using original Civil War era documents, this paper explores whether the Commission meets the criteria of an organization that can be considered part of the administrative state.

*Method:* To explore the methods of operation of the United States Sanitary Commission, this research uses seven working hypotheses based on Richard Stillman's seven characteristics of the administrative state. The hypotheses were tested using original documents of the Sanitary Commission.

*Findings:* The results support the theory that the United States Sanitary Commission meets all the criteria and is therefore an organization that qualifies as an example of the United States administrative state.

## About the Author

Pam Tise is an Adjunct Professor in the Department of Political Science at Texas State University-San Marcos. Pam completed her undergraduate studies at Texas State with a Bachelor's in Public Administration; she earned a Masters of Political Science with a minor in Legal Studies. Pam has served as a board member for Pi Sigma Alpha, the National Political Science Honor Society and Alpha Chi Honor Society. She is a member of the American Political Science Association and the American Society for Public Administration. Her areas of interest include civil liberties, women's issues, regulatory policy, and public policy analysis.

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# **A Fragile Legacy: The Contributions of Women in the United States Sanitary Commission to the United States Administrative State**



1

United States Sanitary Commission Seal

## **Preface**

Over sixty years have passed since Dwight Waldo (1946) observed the ahistorical nature of the study of the American administrative state. Today, a growing body of scholarly literature addresses the history of the administrative state, often with the goal of better understanding the present administrative state. Still, the study of American administrative history is not fully developed and scholars such as: Shields, Stillman, Stivers, and Raddshelder make a case for the need to peel back the layers of history. The birth of the modern state is generally traced to Woodrow Wilson’s 1887 essay “The Study of Administration.” Then, in the 1930s, the New Deal greatly increased American bureaucracy and empowered it with governing authority. While the New Deal era was considered the spring board, which broadly implemented the ideas

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<sup>1</sup> Official seal of the United States Sanitary Commission, From the United States Sanitary Commission Records, 1861-1872, New York Public Library. Image ID: 1947101.

of American Progressives,<sup>2</sup> the efforts and ideas of Progressives were not new to the United States. In the early 1800s, the First Reform Era began.<sup>3</sup> During this time, women were denied roles in politics and in the market economy; however, many women found that they could contribute to society by championing social change through benevolent organizations.

“Organizations run by women should be counted as part of the Public Administration historical legacy” (Shields 2009, 2). Unfortunately, until recently the historical contribution of women to Public Administration has been underdeveloped, or is missing altogether. Therefore, if the history of the American administrative state is to be meaningful, it should be accurate, and it must begin to include the stories of the women (and their organizations) who worked for social reform.

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<sup>2</sup> The Progressive Movement (late 1800s-1920s) was an effort to cure many of the ills of American society that had developed during the industrial growth and immigration waves in the last quarter of the 19th century. The frontier had been tamed, great cities and businesses developed, and an overseas empire established, but not all citizens shared in the new wealth, prestige, and optimism (Tyler 1944).

<sup>3</sup> The First Reform Era in the United States (1820s-1860s) focused on specific issues: temperance, abolishing imprisonment for debt, pacifism, antislavery, abolishing capital punishment, amelioration of prison conditions, humane and just treatment of Native Americans, the establishment of public institutions for the care of the destitute, orphans, blind, and mentally ill, the establishment of public schools, the abolition of tobacco use, vegetarianism, health reform, homeopathic medicine, woman's rights, and the amelioration of labor conditions (Tyler 1944).

## Chapter I - Introduction and Research Purpose

The administrative state is frequently referred to in scholarly work, although finding a definition of the administrative state proves difficult.<sup>4</sup> When a definition is available, it is often unclear, and sometimes controversial, even among public practitioners and scholars. Without a clear definition, it is difficult to understand what the administrative state is and what it does. Yet, no matter how unclear the definition, there are independent and identifiable concerns of every manager working within the administrative state. These foundational concerns include policies consistent with democratic values, universalized ethical leadership and decision-making based on the social contract, concern for the common good, and fiduciary responsibility (King et al 2006, 4-12). These foundational concerns include policies consistent with democratic values, universalized ethical leadership, decision-making based on the social contract, concern for the common good, and fiduciary responsibility. Along with these foundational concerns are recognizable characteristics of almost any administrative state, including a classical hierarchic organization, employment of expertise, and an emphasis on the rule of law (Van Riper 1983). Based on these concepts, and for the purpose of this paper, the definition of the United States Administrative State is an over-arching system of governance, under which administrative agencies and organizations administer to the common welfare. Knitted together through democratic constitutional power and national legislative policies, its agencies and organizations operate across state lines. The United States Sanitary Commission was such an organization.

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<sup>4</sup> Waldo's 1948 study of the administrative state resulted in the identification of four basic principles rather than a clear definition. Diver (1987) argued that, though difficult to define, the administrative state was created to meet a public need. Stillman (1973) states the administrative state is difficult to define, is a flexible interconnected system.

The Sanitary Commission, established in 1861 for the common good, by presidential order, existed until May of 1866, and has vanished from collective memory. The Sanitary Commission was established to do what government alone “could not do” (Livermore 1889, 129). The Commission, created by civilians, intended to “meet any emergency, to supplement, and never to supplant, the government” (ibid). Throughout its existence, the Sanitary Commission maintained its subordination to army rules and regulations in order to meet the needs of a nation in crisis. The Commission’s Inspection Services, managed and staffed mainly by men, provided for field inspections and offered sanitary advice to the army. The General Relief and Supplies Services, managed and staffed primarily by women, operated across state lines, knitted together a network of national ladies aid societies, and created an organization, which provided battle field relief including: funding, food, clothing, medical supplies, nursing relief, and emotional support (ibid). To understand the intent and actions of the women and men who managed and staffed the United States Sanitary Commission is to better understand the administrative state.

### **Statement of Purpose**

Jos Raadschelders (1998) defines administrative history as "the study of structures and processes in and ideas about government as they have existed or have been wanted in the past and the actual and ideal place of public functionaries therein"(7). However, it can be argued that the questions to be addressed are not simply what administrative history is, rather the question should be what the administrative state itself is. And, although there is no clear definition of the administrative state, the literature supports common features. Utilizing these features (Stillman 1998, 4-5), the goal of this research is to explore whether the contributions of the United States

Sanitary Commission (USSC), particularly the General Relief Services, are consistent with those of an agency that qualifies as an example of a member of the administrative state. In so doing, the role of women, in the history of the administrative state is highlighted.

## **Chapter Summaries**

Chapter Two introduces the controversy centered on the definition of the United States Administrative State as well as the founding and importance of the United States administrative state. The chapter also develops the historical context of the administrative state and offers a definition of its features. Finally, the chapter introduces the United States Sanitary Commission.

Chapter Three examines scholarly literature and develops a working hypotheses based on the essential features identified by Richard Stillman (1998). A summary of the conceptual framework is presented.

Chapter Four describes the research methodology used to evaluate the literature and documents. Using a case study, the chapter discusses the operationalization of the conceptual framework and discusses some of the advantages and disadvantages of the case study method.

Chapter Five delivers the results of the United States Sanitary Commission case study. The documents examined are official documents from the United States Sanitary Commission and published histories written by members of the Commission, as well as personal papers and diaries of Commission members.

Chapter Six provides conclusions based on the United States Sanitary Commission case study. This chapter also provides additional findings and suggestions for future research.

## **Chapter II - Historical Introductions**

### **Chapter Purpose**

Chapter Two introduces the controversy built around the definition and founding of the United States Administrative State and explores its importance. The chapter also develops the historical context of the administrative state and offers a definition of its features. Finally, the chapter introduces the United States Sanitary Commission.

### **Historical Introduction and Founding Features**

Citizens must realize that there are two essentials in government: politics and administration, deciding and execution (Waldo 1948, 14).

Prior to the late 1880s, the history of the United States government was steeped in patronage; corrupt political machines controlled real estate, banking, printing and much of government. Cronyism undermined competency, supported puritanism, and destroyed public faith in the integrity of government (Ackerman 2005, Bearfield 2009). Then in 1887, Woodrow Wilson published “The Study of Administration.” Wilson’s model formed the foundational ideas of neutrality and competency with attention to legislation (Wilson 1887). Wilson is often referred to as the father of public administration (Stillman 1973, Walker 1989). In 1883, Congress passed the Pendleton Act, which established the Civil Service Commission and caused politicians’ influence (patronage) over bureaucratic appointments to decline. However important the Pendleton Act is to the professional administrative state, the Act does not preclude the possibility that the United States Administrative State began before 1883.

In 1948, Dwight Waldo undertook the study of United States public administration in an attempt to understand and identify the administrative state. Waldo's method of study was to review and analyze "the theoretical element in administrative writings and to present the development of the public administration movement as a chapter in the history of American political thought" (Waldo 1948, xxiii). The result of Waldo's study challenged the idea that public administration was a neutral and objective government management practice. Waldo argued that the public sector must be passionate and infused with democratic principles. He asserted that an active public sector of well-informed, politically knowledgeable agents, all working for the improvement of the human condition, create a stronger democracy. Waldo (1948, 159-192) promoted four basic principles: 1) there is a tension between democracy and bureaucracy that obligates public servants to protect democracy, 2) public sector positions require more than implementing policy or legislation, 3) scientific management requires public administrators to manage with due process and transparency, and 4) government cannot be run like a business.

Collin Diver (1987) argues that Waldo's four basic principles support the understanding of the administrative state, but adds that, even though their work is not always clear, administrative agencies are usually created in response to a public need. Like Diver, Jos Raadschelders (2010) argues that even though agencies are important, "the history of such agencies and their work is not [always] clear" (236).

The debate over the origins of the United States administrative state is critical. For example, theorists such as David Hart (1989) and John Rohr (1986), claim the foundation of the administrative state can be found within the ratification of the United States Constitution. With ratification, the cornerstones were laid and the administrative state was built, piece-by-piece, into

a federal government (Stillman 1973). Politics and administration were fused together with cronyism and patronage, but small nations, with thirteen sub-units made the most of this development and transitioned and created a web of interconnected administrative systems, managed by unelected experts. Though often invisible, these systems touch every aspect of modern life.

Open, yet elusive, innovative, yet operating under complex regulation, the United States administrative state runs the Constitution and has fought two world wars; helped cure the Great Depression; secured prosperity for millions; nurtured abundant technological and material progress; become a global super power; and it is not easily definable (Stillman 1998, xi).

The founders of the administrative state are known for their flexibility and capacity for civil service reform. As Camilla Stivers (2008) points out, history shows that many of the administration founders, in the United States, were actually government reformers who were highly educated, well-to-do men, critical of 19<sup>th</sup> Century party machines. These key reformers reacted to the corruption of the crony system and called for an administrated structure run by experts (Stivers 2008). In other words, reform meant taking the politics out of administration. “Woodrow Wilson (1887) claimed that administration is a “practical science... [which] straightens the paths of government... strengthens and purifies its organization, and . . . crowns its dutifulness” (197). Wilson strove to get the people to understand that public administration and politics should operate in separate spheres, and that administration is complex and requires a scientific approach. Dwight Waldo (1847), on the other hand, claims that administration is not science, but political theory. He argues that administration requires political philosophy, and neutral expertise with a clear understanding of needs. By the same token, Richard Stillman defines administration as "the structure and the personnel of organizations, rooted in law: that



collectively function as the core system of U.S. government and that both determine and carry out public policies using a high degree of specialized expertise" (Stillman 1998, 2).

Although the founding date of the United States Administrative State is not clear, many scholars place the date well after the Civil War. In his book, *Creating the American State: The Moral Reformers and the Modern Administrative World They Made* (1998) Richard Stillman outlines some of these founders, such as: George William Curtis (1824-1892) who fought for the elimination of cronyism and championed merit; Emory Upton (1839-1881) who campaigned for public professionalism; Jane Addams (1860-1935) who led the way for the settlement movement and advocated for social reform, and Richard Childs (1882-1978) who was the first to advocate for cities to be run like business via a professional manager. From these founders, Stillman observed a set of characteristics, which define the administrative state. These characteristics are:

1. Employment of unelected experts
  2. Operation within a formal hierarchical organization
  3. Use of impersonal rules and procedures based on law
  4. Implementation of important government functions
  5. Employment of networks
  6. Employment of technology
- (Stillman 1987, 5).

The United States Sanitary Commission, hidden from view and run by women, may indeed represent a national agency that fits this definition. Stillman argues, that in a rational bureaucracy, it is essential to insure expert management specialization, that appointment and promotion must be based on merit (rather than favoritism), and that those appointed must treat their positions as full-time, primary careers. This theory suggests a similarity between Stillman's professional administrators and Weber's expert managers. Max Weber (1947) argues that organizations require clear lines of authority organized in a hierarchy, and that rational bureaucracies must be managed in accordance with carefully developed rules and principles. He

also claimed that management must be dedicated to efficiency (Weber 1947). Stiver (2008) argues that development of the administrative state should be bound in professionalism, with the intellectual development of expertise, leadership, and virtue as essential components. An example of the components (expertise, leadership, and virtue), which Stivers asserts is required for a professional administrative state, is that of the Civil War era United States Sanitary Commission. The Sanitary Commission was divided into two areas of concern: first, Preventative Services concerned with the unhealthy conditions and practices in the camps and hospitals; second, General Relief concerned with inadequate supplies for the soldiers. To address the issue of unhealthy conditions in the camps and hospitals, the Commission hired medical men to inspect and advise the army about how to create more healthy conditions. The supply issues created by the mobilization of over 2 million soldiers, from a base of 20,000, meant that the army's system was inadequate. Just as each division of the Commission provided for different needs of the army, each division was managed under different protocols. From the onset of the Commission, General Relief was under the direction of women volunteers, while men were given the management of Prevention Services. Shields and Rangarajan (2011) point out that it is the history of women's participation in the establishment and administration of the United States Sanitary Commission that may well be the vehicle that not only propelled women into the political sphere, but also "provided women with the sustained administration experience needed for them to contribute to public administration theory and practice" (Shields and Rangarajan 2011, 44).

## **United States Sanitary Commission Introduction**

Professionalism, expert leadership, and virtue were evident as women's relief societies took on the task of supplying Union soldiers with food, clothing, and medical supplies at the beginning of the Civil War. Then, from a meeting of the Women's Central Relief Association of New York in 1861, the idea of a relief collective was born. On June 18, 1861, by executive order of President Abraham Lincoln, the United States Sanitary Commission (USSC) became official (Stille 1866).

The mobilization of relief societies into a collective, sanctioned by the United States government, allowed women to expand their role, and not only did they provide supplies and funds, but the women of the Sanitary Commission also managed and administered a national service organization (Shields and Rangragajan 2011). J.M. Gaus (1930) stated that the field of public administration needed a usable past; he argued that studies of the past will bring to light buried aspects of public history and enlighten discussions of social policy. Thus, history is crucially important to the administrative state, for without knowledge of the past, there can be no true understanding of the present. When Camilla Stivers wrote the words, "A usable past for public administration would make room for the voices of women, reminding us of the crucial questions of public purpose that inhabit our most practical administration concerns" (Stivers 1995, 392), she was referring to the settlement women of the Progressive Era. However, those very words also apply directly to the women of the United States Sanitary Commission.

In 1864, there were more than 1050 women's relief organizations operating under the umbrella of the United States Sanitary Commission (Giesberg 2000, 139). The Commission served as a training ground for women, such as Abigail May (suffragist and abolitionist), Mary Livermore (women's rights activist and USSC volunteer staff member), Katherine Prescott

Wormeley (Civil War nurse and author), Elizabeth Blackwell (doctor and women’s health advocate, and many others. These women learned how to: organize, hold meetings, keep accounts, manage inventory, and most of all, how to maneuver through the maze of the male-dominated world of politics. The Civil War generation of women no longer needed male counterparts to accomplish political action. The women of the USSC moved forward of their own initiative and affected public service in the United States in a way that no other group had done. “Knowingly and unknowingly the women of this bottoms-up organization pushed the boundaries of the women’s sphere as they invented new ways to serve...” (Shields 2009, 13).

**Figure 2.1: Women of the United States Sanitary Commission**

**Mary Livermore**

**Abigail May Alcott**

**Dr. Elizabeth Blackwell**<sup>5</sup>



<sup>5</sup> New York Public Library. United States Sanitary Commission 1861-1873. Digital ID# 1109173&t=t. Available: <http://digitalgallery.nypl.org/nypldigital/dkeysearch> Results.cfm?num=40&word= Women’s &s=notwor d=&d=&c=&f=&j=0&1 Worrd=&lField=&sScope=&sLevel=&sLabe l=&sort= &imgs= 20&pNum.

Recovering the history of the United States Administrative State is critical to its future. The inclusion of women's history and women's contribution to the administrative state is necessary if history is to be accurate. Therefore, the question must be asked, can the United States Sanitary Commission meet Stillman's features of an administrative state, and if so, can the United States Sanitary Commission, which was organized and run by women, be considered part of the administrative state?

**Figure 2.2: Albany, New York, Army Relief Fair Volunteers, 1864** <sup>6</sup>



Volunteers in the military trophy booth at the Army Relief Fair in Albany, New York, 1864. Pictured from left to right: Miss Susie Kerney, Miss Bow, Mrs. Benjamin Richards, Mrs. John de P. Townsend, and Miss Thornburn.

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<sup>6</sup> Available:[http://www.carlisle.Army.mil/ahec/AHM/civilwarimagery/Sanitary\\_Commissionl.cfm](http://www.carlisle.Army.mil/ahec/AHM/civilwarimagery/Sanitary_Commissionl.cfm).

## **Chapter III - Literature Review and Conceptual Framework**

### **Chapter Purpose**

This chapter examines the literature on the application of Stillman's (1998) essential features of the administrative state; it also develops a set of working hypotheses which deepen the meaning of Stillman's criteria. The working hypotheses are used to collect and assess documentary evidence which should help determine whether the United States Sanitary Commission meets Stillman's administrative state criteria.

### **Unelected Experts (Working Hypotheses 1)**

Richard Stillman (1998) suggests that management by unelected experts, separated from politics, helps protect the administrative state from patriotism, cronyism, and localized party preference, and creates a more rational, effective, and responsible state that best accomplishes the goals of government. He borrowed from Weber's formative insight about the bureaucracy to help develop the features of the administrative state (Stillman 1998, Weber 1947).

Weber (1947) considers the administrative state a major social innovation. He argued that professional, full-time expert administrators should be appointed or hired based on merit, rather than on favoritism. These experts are necessary for the maintenance of an ethical, efficient public management, which would prevent political corruption and misuse (Weber 1947).

Weber (1948) argued that patronage, nepotism, cronyism, and favoritism may place unqualified or corrupt individuals in positions of power, and that misuse of power inserts government (elected officials) into the lives of citizens where it is unintended. Furthermore, public administrators act, "not as an agent of a particular government entity, but as a center of social cooperation." They should be above corruption and expertly serve (Waldo 1948, 94).

If the United States Sanitary Commission employs Stillman's first criteria for an administrative state (the employment of unelected experts), one would expect to find:

*WH1: The United States Sanitary Commission employed unelected experts.*

### **Appointed Leaders**

Stillman (1995) argues that ethical administrative leaders are not experts in a narrow sense, rather they are specialists in generalization and democratic leadership. These leaders are experts who can also exercise the functions of Plato's Guardians. They should have knowledge of the place of public service and realize that government should meet the human needs of the citizenry (Waldo 1948). Like Waldo, Weber (1947) argued that it is essential to ensure expert management specialization, that appointment and promotion must be based on merit (rather than favoritism), and that those appointed must treat their positions as full-time, primary careers. Weber also suggests that large organizations require clear lines of authority, organized in a hierarchy, and that rational bureaucracies must be managed in accordance with carefully developed rules and principles (Weber 1947). Contemporary bureaucrats are life-time professionals, dedicated to participation and efficiency. Professional, full-time experts are necessary for the maintenance of an ethical, efficient management, and for the prevention of corruption and misuse in the public state (Weber 1947). Arguably, unelected, highly-trained experts could govern more rationally, effectively, and responsibly than politicians, who are beholden to voters and special interests.

If the United States Sanitary Commission employs Stillman's first criteria for an administrative state (the employment of unelected experts), one would expect to find:

*Wh1a: The leaders of the United States Sanitary Commission were appointed experts.*

## **Specialized Expertise**

A formal organization is a group of people who systematically and consciously combine their knowledge and efforts towards the accomplishment of a common goal. The accomplishment of administrative tasks and the realization of organizational objectives is the underlying goal of the administrative state. Stillman implies that through expertise public administrators search for the most efficient and effective methods to manage the administrative state (Stillman 1998, Stene 1940). Waldo (1948) argued that “knowledge accumulates with experience” (158). Experience is the best teacher, and theorists such as Max Weber (1947), Henry Fayol (1926/1949), Mary Follett and Chester Barnard argued that the flow of information within an organization must emphasize the understanding of organizational operations. Leaders in any organization must understand what members do and how they work in order to find the ‘one best way’.

If the United States Sanitary Commission employs Stillman’s first criteria for an administrative state (the employment of unelected experts), one would expect to find:

*Wh1b: A specialized area of expertise was needed to fulfill the mission of the United States Sanitary Commission.*

## **Influence Policy**

Waldo argues that a “simple division of government into politics and administration is inadequate,” and that the two must meld and work together to avoid constitutional upheaval (Waldo 1948, 128). Stillman suggests that the administrative state, not only implements governmental policies, but also helps to shape them. As agents of the sovereign state,



administrators engage in matters of policy making and implementation (Stillman 1998, Weber 1947, Waldo 1948).

Policy influences many areas of the political agenda. Five key areas of influence are: First, attitudinal change (drawing attention to new issues and affecting the awareness, attitudes or perceptions of key stakeholders); second, discursive commitments; third, procedural change; fourth, policy content; and fifth, behavior change (policy change requires changes in behavior and implementation at various levels in order to be meaningful and sustainable) (Jones and Villar 2008).

If the United States Sanitary Commission employs Stillman's first criteria for an administrative state (the employment of unelected experts), one would expect to find:

*Wh1c: The actions of the unelected and expert leadership of the United States Sanitary Commission influenced policy within the Commission and within the U.S. government.*

### **Formal Hierarchical Organizations (Working Hypotheses 2)**

Stillman (1998) identifies the second feature of the administrative state as operations within a formal hierarchical organization. Hierarchies are created to support an idea or goal; traditional hierarchies are a top-down pyramidal structure. The top-down structure gives organizations choices of function, allowing for group relationships, and hierarchical flexibility or delegation. At the same time, hierarchy, through clear lines, clearly defines chain of command. Authority is delineated in hierarchical structures, and the United States government is an example of a hierarchical organizational structure. At the top of the pyramid is the Constitution, which is the governing concept (idea, goal) on which the government is based. Below the Constitution are the three branches of government: the executive branch, the judicial

branch, and the legislative branch. Directly below the three branches, are departments that answer to that branch (authority) and below the departments are the offices and personnel subordinate to those departments (Stillman 1998, Spicer 1998). Such hierarchies or administrative structures allow for clear lines of authority and enable decision-making over distances. Federalism, an example of hieratical structure, is a way of organizing a nation, so that more than one level of government has authority. The federal system allows both the national government and state governments to play a role in policymaking. Federalism is a crucial structural factor that affects many aspects of government, including the way public policy is organized. Federalism makes for a complex state; it permits varying responses, and experimentation with new ways of governing. Federalism makes it possible to implement policies across state lines, which would not be possible on the state and local levels. Voting age is an example, for without federalism the national government's ability to press state and local governments to conform to federal standards would not exist.

If the United States Sanitary Commission employs Stillman's second criteria for an administrative state (the operation within a formal hierarchical organization), one would expect to find:

*The United States Sanitary Commission worked within a formal hierarchical organization (WH2).*

### **Officially Sanctioned**

The administrative authority is grounded in the rule of law and is binding over the actions of the citizens it serves and over the actions of the authority itself, by the authority of delegation (Waldo 1948, Stillman 1998, Raadschelders 2010). The term, "delegation," is used to describe the transfer of authority from the legislative principle (Congress) to a subordinate

agent (public servants operating within the administrative state), who is charged with the implementation and enforcement of legislative policy (Lindseth 2004). The administrative agent often has significant autonomy, but is duty-bound by ethics, if not by law, to act according to legislation. Legislation imposes substantive and procedural constraints on an administrative agent's authority, which helps to maintain a connection between the administrative agents and constitutional principal.

The administrative authority is grounded in the rule of law and it is binding over the actions of the citizens it serves and over the actions of the authority itself. Through the authority of an executive order, the President of the United States has the authority to establish commissions and enable organizations to perform important government work <sup>7</sup> (Stillman 1998, Lindseth 2004, Raadschelder 2010, Waldo 1998).

If the United States Sanitary Commission employs Stillman's second criteria for an administrative state (the operation within a formal hierarchical organization), one would expect to find:

*WH2a: The United States Sanitary Commission was officially sanctioned.*

### **Hierarchy of Leadership**

A well-defined hierarchy is a logical structure which differentiates levels of authority in any organization. While authority is what holds an organization together and prevents

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<sup>7</sup> Article II, section 1 of the U.S. Constitution reads, in part, "The executive power shall be vested in a president of the United States of America." And, Article II, section 3 asserts that, "The President shall take care that the laws be faithfully executed..." Although the Constitution does not specifically define executive power, United States presidents since George Washington have used executive authority to execute orders for operational management of the executive branch and for operational management of federal agencies or officials.

unchecked discretion, hierarchy is a way to allocate power and apportion resources. Hierarchical systems allow leaders to effectively coordinate diverse tasks in the pursuit of organizational objectives, and help to establish and implement rules designed to standardize operations and to restrict the need for direct supervisory intervention — largely for extraordinary cases. Formal organizational structures, with clearly defined roles, and delineated responsibilities leave little room for interpretation. Formal structures consisting of official governance, and guided by specific rules and regulations, provide a foundation used to build standards and determine how organizational decisions are made and who gets to make those decisions. The administrative state must operate under the direction of a formal hierarchy, which implies that leadership roles indicate such a structure (Stillman 1998, Rohr 1986).

If the United States Sanitary Commission employs Stillman’s second criteria for an administrative state (the operation within a formal hierarchical organization), one would expect to find:

*WH2b: Titles of leaders of the United States Sanitary Commission indicate hierarchical organization.*

### **Chain of Command**

Stillman’s (1998) assertion of the need for a hierarchical organization in the administrative state, by implication, stresses the need for a chain of command.<sup>8</sup> A chain of

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<sup>8</sup> The chain of command principle, in application to management, was systematized in the twentieth century. Both Henri Fayol and Max Weber contributed much to the understanding of this principle.

Fayol's (1949) principle of the unity of command states that subordinates must report to only one supervisor, and that clear lines of authority are necessary to prevent conflicting orders. Fayol's Scalar chain (or level of responsibility) establishes an organization's hierarchy which promotes efficient management.

command is a clear line of authority or responsibility. Implying ranking, responsibility is taken at the top of the organizational pyramid and delegated in decreasing discretion below. Henry Fayol (1949) argued that the more evident the chain of command, the more efficient an organization. He emphasized that a worker should always receive orders from one superior, because an undermined authority puts discipline in jeopardy, which disturbs order, and threatens stability (Stillman 1998, Fayol 1949, Weber 1947).

If the United States Sanitary Commission employs Stillman's second criteria for an administrative state (the operation within a formal hierarchical organization), one would expect to find:

*WH2c: The United States Sanitary Commission utilized a chain of command to issue orders.*

### **Impersonal Rules and Procedures (Working Hypotheses 3)**

Rules are the lifeblood of organizations within the administrative state. Rules provide a rational foundation for procedures and operations. Administrative decisions grounded in codified rules and in precedents are the basis of a legal-rational authority and ensure that decisions are not capricious. Stillman (1998) identifies the application of impersonal rules to management and procedures as the third characteristic of an organization that is part of an administrative state. Weber (1947) implied that impersonal rules support legitimate authority and divide legitimate authority into three types: charismatic, traditional, and rational. While charismatic authority is legitimate because of the follower's loyalty to leader, traditional authority is legitimate because of position; on the other hand, rational authority is legitimate because of the rule of law. However,

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Weber (1947) also studied the problems intrinsic in large organizations and proposed bureaucracy as a model of efficient organization. He argued that bureaucratic characteristics have clearly defined hierarchies of authority and responsibility, consistent with the chain of command principle.

unlike charismatic or traditional authority, a rational authority is formalized by law and obedience and is not directed to a specific leader, but rather to principles.

The rule of law creates an administrative state that exists under the framework of legitimate authority or legal authority.<sup>9</sup> A rational-legal authority provides uniform rules, procedures, and official behavior, which creates a more efficient organization. The emphasis on impersonal objectivity has the function of disallowing the infusion of irrational factors into official decisions (Stillman 1998, Weber 1947).

If the United States Sanitary Commission employs Stillman's third criteria for an administrative state (the operation under impersonal codified rules), one would expect to find:

*The United States Sanitary Commission operated under impersonal, rules and procedures.*

### **Standardized Procedures**

Stillman (1998) maintains that the use of impersonal rules and procedures are necessary to the administrative state. Operations under standard rules and procedures allow organizations within the administrative state to be continuous and independent of a specific leadership. Standardization of procedures allows for an organizational memory, and enables precedent. Standardization allows organizations to function effectively and efficiently, and to succeed in advancing organizational goals. Organizational leaders use rational-control, based on organizational knowledge, which regulates an organization and aims at achieving maximum efficiency (Stillman 1998, Weber 1947).

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<sup>9</sup> Weber (1947): rational-legal authority rests on a belief of the legality of patterns of normative rules and the right of those elevated under those rules to issue commands.

If the United States Sanitary Commission employs Stillman's third criteria for an administrative state (the operation under impersonal codified rules), one would expect to find:

*WH3a: The United States Sanitary Commission leaders organized around impersonal rules and procedures to influence standards and impartiality.*

### **Influenced Governmental Behavior**

Stillman (1995) argued that an organization within the administrative state must use impersonal rules and procedures, based on law, to influence governmental behavior. The use of rules usually implies an advanced determination of permissible conduct. Therefore, standards commonly leave the determination of permissible action to the leadership of an organization. Part of these standards are federal regulations perceived as legally-authorized rules,<sup>10</sup> and when a social or economic need arises, the United States government passes laws or issues Executive Orders to meet those needs. Using congressionally approved regulatory procedures, administrative agencies establish rules and standard operating procedures to enact law. This process is generally referred to as the rulemaking process.

If the United States Sanitary Commission employs Stillman's third criteria for an administrative state (the operation under impersonal codified rules), one would expect to find:

*WH3b: The United States Sanitary Commission's use of rules and standards influenced government behavior.*

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<sup>10</sup> The *Administrative Procedure Act* (APA), Pub.L. 79-404, 60 Stat. 237, enacted June 11, 1946, is the United States federal law that governs the way in which administrative agencies of the federal government of the United States may propose and establish regulations. The Administrative Procedure Act (5 U.S.C Subchapters) is available from the National Archives, accessible from <http://www.archives.gov/federal-register/laws/administrative-procedure>.

## **Implemented Government Functions (Working Hypotheses 4)**

According to Stillman's (1998) fourth criteria, organizations are part of the administrative state if they act to implement important government functions. It is this criterion that makes public organizations and private organizations different. While the goal of most private organizations is profit, the legitimate purpose of government is to protect society. Congress and the President have employed many different forms of governmental authority in allocating the day-to-day work of government. Agencies created by legislation, executive commissions, or independent regulatory commissions all require federal cooperation. Organizations and agencies are created to handle serious national issues and crises. Through the power of executive order, the President has the authority to create agencies and commissions to administer the work of government. Whether created by Congress or the President, agencies are staffed with subject matter experts related to the agencies mission, and they are charged with issuing rules and regulations to achieve the goal of their mission (Stillman 1998, Wilson, 1887, Waldo 1922).

If the United States Sanitary Commission employs Stillman's fourth criteria for an administrative state (implementation of important government functions), one would expect to find:

*WH4: The United States Sanitary Commission implemented important governmental functions.*

## **Government Standards**

Actors in the administrative state implementing important government functions is supported by the idea that agencies and organizations are unique governmentally appointed bodies, capable of exercising governmental powers. Although organizations have been



employing standard rules and procedures since the inception of the United States Government, today one sees the formalization of this practice in the Administrative Procedure Act. Passed in 1946, the purpose of the act is to manage the activities of administrative agencies through a set of rules and standards. The act requires that all agencies maintain transparency in their actions, and limits agency function to insure there is no conflict with either the legislative or judicial branches. Stillman's (1998) submission that actors in the administrative state implement important government functions is supported by the idea that agencies are unique governmental bodies, capable of exercising governmental powers.<sup>11</sup> The Administrative Procedure Act is intended to: first, insure that agencies keep the public informed of their organizations procedures and rules; second, provide for public participation in the rulemaking process; third, establish uniform standards for the conduct of formal rulemaking and adjudication; and fourth, define the scope of judicial review (Clark 1947).

If the United States Sanitary Commission employs Stillman's fourth criteria for an administrative state (implementation of important government functions), one would expect to find:

*WH4a: The United States Sanitary Commission employed rules and procedures to effect government functions implemented in a way which promoted standards.*

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<sup>11</sup>The *Administrative Procedure Act* (APA), Pub.L. 79-404, 60 Stat. 237, enacted June 11, 1946, is the United States federal law that governs the way in which administrative agencies of the federal government of the United States may propose and establish regulations. The Administrative Procedure Act (5 U.S.C Subchapters) is available from the National Archives, accessible from <http://www.archives.gov/federal-register/laws/administrative-procedure>.

## **Functioned Across State Lines**

Ties between national, state, and local governments allow organizations to move from narrow local functions and fields of service to broad, national organizations. Constitutional morality in a federal republic is fostered at the local level by an attachment to local issues and place. In order for this morality to grow, the spirit of volunteerism must be active. The power of local forces in politics was noted by Alexis de Tocqueville, one of the earliest examiners of American democracy. Richard Stillman refers to Tocqueville's descriptions of United States federalism as a "stateless origin" of American government, and Stillman agrees that decentralization in the United States Government is rooted in their early "political culture . . . characterized by strong traditions of loyalty to local interests" (Stillman 1991, 19).

While local interests are important, the bond across state lines creates a sense of commonality and nationality, and maintains direct lines of communication between the citizens and all the governments that serve them (Stillman 1998). The ties between national, state, and local interests are never clearer than in American volunteerism; this is what Tocqueville was referring to when he stated that America was of stateless origin. And it is this that creates a national character in which state and local communities take up the spirit of compassion and comradeship that extends across the nation.

If the United States Sanitary Commission employs Stillman's fourth criteria for an administrative state (implementation of important government functions), one would expect to find:

*WH4b: The United States Sanitary Commission employed rules and procedures, across state lines, to implement important government functions.*

## Networks (Working Hypotheses 5)

According to Stillman's (1998) fifth criteria, organizations which are part of the administrative state participated in both formal and informal networks. Informal and formal networks<sup>12</sup> are most important avenues for communication, and have a major influence on the ability of an organizations goal achievement. While informal networks are somewhat unstructured, they allow for the opportunity to access a variety of resources, such as family and friends; however, formal networks are structured and rule bound. Formal networks are often based around organizational structure, culture, philosophy, mission, and funding. These networks are easily identified and include such entities as: a board of directors, agency study groups, focus groups, professional conferences, and associations. Stillman asserts that networking is an essential feature of the administrative state (Stillman 1998).

Networks are very different from hierarchies. Networks are collaborative, often informal structures, which involve autonomous members, government agencies, and non-governmental stakeholders. Networks are communities of individuals linked through a common idea, action, or goal, who exchange information and favors, and share advice. They are self-inspiring and emphasize one-to-one relationships. Networking, formal or informal, is essential to the administrative state. Networks provide support and cooperation towards the achievement of goals; they create bonding and sharing and unite people towards a common good (Durant et al.

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<sup>12</sup> Putnam (2013) Networks—structures are patterns of interaction, which may include two people, small groups of people, or large numbers that flow within and/or outside the organization. Formal Networks are officially sanctioned hierarchies of organization; they have established organizational structure which follow the chain of command; are designed for a clearly stated purpose; and provide channels of information. Informal networks arise due to situations; emerge out of a need; have no permanent structure; may be faster than formal networks; and have a spontaneous flow of information that may or may not be connected or correct.

2001). Networks enable organizations to move from narrow, local functions to one with a national perspective and motivation.

If the United States Sanitary Commission employs Stillman's fifth criteria for an administrative state (employment of formal and informal networks), one would expect to find:

*The United States Sanitary Commission employed the use of both informal and formal networks.*

### **Networks<sup>13</sup> – Formal**

Stillman (1998) argues that the administrative state must employ the use of networks; this implies that unity of purpose and coordination, and the work of network members is a common goal. Cooperative relationships among individual organizations affect the structure and application of work. Networks are service-delivery vehicles that provide value to communities of people in ways that cannot be achieved through uncoordinated services (Provan 2012). "Formal Networks are officially sanctioned hierarchies of organization; they have established organizational structure which follow the chain of command; are designed for a clearly stated purpose; and provide channels of information" (Putnam 2013). When multiple organizations deal with multiple sets of constituencies, problems regarding resource sharing may occur. To operate effectively, all members of a network must act in accordance with commonly agreed upon standards, and there must be an agreed upon administrative or coordinative member of the network. The key advantage of a network is that it allows for the "provision of a broad range of services that collectively address the full needs" (Provan et al. 2012, 418) of those being served,

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<sup>13</sup> Alan Scheffer (1999) defined unity as the collective cohesiveness, empowering alignment, and fundamental sense of oneness that can permeate an organization, or as the "ultimate power" behind any organization's performance. Scheffer argues that to succeed at their highest levels by any measures, organizational unity must be adopted as a pragmatic requirement.

which might not be available to individual organizations or agencies. Networks potentially provide more versatility than a single organization or agency.

If the United States Sanitary Commission employs Stillman's fifth criteria for an administrative state (employment of formal and informal networks), one would expect to find:

*WH5a: Experts in the United States Sanitary Commission employed formal networks to achieve goals.*

### **Networks – Informal** <sup>14</sup>

Stillman's (1998) suggestion that an administrative state employs the use of networks puts forward the idea of an organizational form of social capital.<sup>15</sup> This capital is created by networks; however, networks do not replace the administrative structure, rather they work with the administrative structure adding layers to its complexity. Although not always visible, these layers are the foundation of the structure of the administrative state, and networks make this foundation stronger.

On the other hand, Robert Durant (2001) argues that "federal agencies arrange, coordinate, and monitor networks of public, private, and non-profit organizations" (222) that these networks are loosely (and often informally) coupled, and that they operate within ever-expanding discretionary bounds. These "people networks [are]; unpredictable in how they operate; the communication is often spontaneous and situationally derived; [and] employees

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<sup>14</sup> Scheffer (1999) defends unity of work as the cooperative relationships among individual organizations, which affect the structure and application of work, and create uniformity and consistency in purpose and outcome.

<sup>15</sup> Although there is no absolute definition of social capital, it relates to shared value of social networks, bonding similar people or organizations together, bridging differences between diverse people and organizations with norms of mutual beneficial actions.

may choose to use these or not” (Putnam 2013). Though not officially sanctioned, informal networks are able to affect budgets, personnel decisions, priorities, and rules of, not only agency members, but of government as a whole.

If the United States Sanitary Commission employs Stillman’s fifth criteria for an administrative state (employment of formal and informal networks), one would expect to find:

*WH5a: Experts in the United States Sanitary Commission employed informal networks to achieve goals, as well as implement and change policy.*

### **Technology (Working Hypotheses 6)**

Technology is a broad term and can be used to describe almost anything created by humans, such as a way of doing something, the act of manipulating the environment, or even machines. Today, the word is often assumed to refer to high technology such as computers, cell phones, and even rockets; however, anthropologists use the term technology when referring to ancient man’s ability to control fire or the invention of the wheel. Hickman (1990) defines technology as:

the invention, development, and cognitive deployment of tools and other artifacts, brought to bear on raw materials and intermediated stock parts, with a view to the resolution of perceived problems (17).

At best, the definition of technology is ambiguous, in order to help alleviate the ambiguity of technology, it is necessary to distinguish between hard technology and soft technology.

Hard Technologies are physical, in the domain of tools, machines, and equipment, as well as skills and rules employed by humans to alter, accommodate, or manage human survival and development. Zhouying Jin (2005) argues that hard technology is systematically codified and understood knowledge, and that it exists because of invention and it relies on the laws of information. On the other hand, soft technology is associated with emotion, values and world

views, and it involves thought and behavior (human mediated processes). Soft technologies are human factors that are necessary adjuncts of hard tools. Hard and soft technologies are both important, involve knowledge, and affect the human condition.

Since the 15<sup>th</sup> century, technology and the scientific method have developed at a fairly fast rate, and by the 19<sup>th</sup> century, technological development touched nearly every aspect of Americans' lives. Farmers used more productively effective tools to produce less expensive and greater quantities of food; manufacturers employed improved processes resulting in increased quality and quantity of goods; Samuel Morse invented the telegraph; and Alexander Graham Bell invented the telephone; and, in the United States, access to rail travel increased dramatically. In 1840, the United States had a little over 28 hundred miles of railroad tracks, and by 1861, there were almost 200 thousand miles of tracks (Meier 1975, Glass 2013). There is no doubt that the benefits of technology are vast; however, to understand fully the effects technologies have, it is necessary to look at both hard and soft technologies.

If the United States Sanitary Commission employs Stillman's sixth criteria for an administrative state (use of technologies), one would expect to find:

*The United States Sanitary Commission used technologies to accomplish goals.*

## **Hard Technology**

Stillman (1998) argues that the employment of technology is a criterion for the administrative state. This implies that hard or tangible technology, such as communications equipment and machinery employed in travel are fundamental to an administrative state. Larry Hickman (1990) argues that [hard] technology is any use of a tool, or means to accomplish a task

or end. While Eric Mullis (2009) contends that technology is a slippery term, [its] common usage and reference to science-based devices began to emerge in the 19<sup>th</sup> century (111).

By the middle of the 19<sup>th</sup> century, United States industries had begun to use automation in production; the steam engine improved efficiency in both manufacturing and travel, and the telegraph created an almost instant form of communication. However, tools are not just tangible objects; rather they are any human invention used in problem solving or creation (Hickman1990). Both problem solving and creation are undertakings of the administrative state. The missions of the administrative state are to provide essential services to the people of the United States and this is accomplished with the use of hard technology.

If the United States Sanitary Commission employs Stillman's sixth criteria for an administrative state (use of hard technologies), one would expect to find:

*WH7: The United States Sanitary Commission used hard technologies.*

### **Soft Technology**

Stillman (1998) suggests that the employment of technology is a criterion for the administrative state; this implies soft or intangible technology. Soft technologies are flexible, support creativity and often change. It is soft-technology that guides and directs actions towards a more rational and well-defined end. The use of analysis and assessment, collaborative and strategic planning, as well as standardized training and motivation tools are examples of soft technology. Soft technologies aid in the development of new delivery and management skills, and also help to move ideologies from a traditional to a more contemporary methodologies (Mandal and Rawat 1997). Soft technologies are critical instruments used to “guide and direct public-sector actions towards more rational and well defined ends” (136). If the United States



Sanitary Commission employs Stillman's sixth criteria for an administrative state (use of soft technologies), one would expect to find:

*WH6: The United States Sanitary Commission used soft technologies.*

### **Summary of the Conceptual Framework**

The Stillman (1998) criteria were transformed into a set of working hypotheses that are used to determine how close the United States Sanitary Commission is to an organization representing an administrative state. While the working hypotheses were initially based on Stillman's seven features of the administrative state, the sub-hypotheses were designed to enhance the meaning of the corresponding hypotheses and were drawn from scholarly literature. The working hypothesis, sub-hypothesis, and supporting literature are summarized in Table 3.1. This chapter outlines key literature as it relates to each working hypothesis. The next chapter discusses the Methodology used to test the hypothesis.

**Table 3.1: Conceptual Framework**

<b>Table 3.1 - Conceptual Framework</b>	
Research Purpose: The goal for this research is to explore whether the contributions of the women in the United States Sanitary Commission (USSC) are consistent with those of an organization that qualifies as an example of member of the administrative state (Stillman 1998, 4-5).	
Working Hypotheses	Scholarly Support
<b>WH1: The United States Sanitary Commission employed unelected experts.</b>	
WH1a: Leaders of the USSC were appointed.	Stillman (1973,1998), Stene (1940), Weber (1947), Waldo (1948)
WH1b: A specialized area of expertise was needed to fulfill the mission of the USSC.	
WH1c: The actions of unelected and expert leadership of the USSC influenced the policy within the Commission and within the U.S. government.	
<b>WH2: The United States Sanitary Commission worked within a formal hierarchical organization.</b>	
WH2a: The USSC was officially sanctioned.	Fayol (1949), Lindseth (2004), Spicer (1998), Stillman (1998), Raadschelders (2010), Rohr (1986), Waldo (1948), Weber (1947)
WH2b: The titles of leaders of the USSC indicated hierarchical organization.	
WH2c: The USSC used the chain of command to issue orders.	
<b>WH3: The United States Sanitary Commission operated under impersonal rules and procedures.</b>	
WH3a: The USSC leaders organized around impersonal rules and procedures to influence standards and impartiality.	Administrative Procedure Act (1946), Stillman (1998), Weber (1947)
WH3b: USSC use of rules and standards influenced government behavior.	
<b>WH4: The United States Sanitary Commission implemented important governmental functions.</b>	
WH4a: The USSC employed rules and procedures to effect government functions that were implemented in ways, which promoted standards.	Administrative Procedure Act (1946), Clark (1947), Department of Justice (1947), Stillman (1191, 1998), U.S. Constitution (Article IV & Article VI), Waldo (1948), Wilson (1887)
WH4b: The USSC employed standard rules and procedures, across state lines, to implement important government functions.	
<b>WH5: The United States Sanitary Commission employed the use of both formal and informal networks.</b>	
WH5a: Experts in the USSC employed formal networks to achieve goals.	Durant (2001), Gaus (1933), Provan (2012), Scheffer (1999), Stillman (1998, 2001)
WH5b: Experts in the USSC employed informal networks to achieve goals, as well as implement and change policy.	
<b>WH6: The United States Sanitary Commission employed the use of technologies.</b>	
WH6a: The USSC used hard technology.	Bryson (1998), Gawthrop (2009), Mandal & Rawat (1997), Scheffer (1999), Rohr (1986), Shields (1997, 2003, 2008), Stillman (1998), Taylor (1911), Weber (1947)
WH6b: The USSC used soft technology.	

## **Chapter IV - Research Methodology**

### **Chapter Purpose**

Chapter Three describes the research techniques used to assess the United States Sanitary Commission focusing on the characteristics of an administrative state. This chapter follows the collection and assessment of material that define the United States Sanitary Commission as part of the administrative state.

### **Research Method**

The methodology used in this research is a case study. This is appropriate because of its intensive and comprehensive purpose of understanding a bounded phenomenon, observed over a specific period of time. A case study allows researchers to understand meaningful and inclusive characteristics of real-life events, such as the events, which took place during the United States Civil War. This methodology is an intensive analysis of a single unit, the United States Sanitary Commission, and aims to generalize across a larger set of units, organizations which are part of the administrative state (Geering 2004). Case study methodology in this research gains understanding by review and analysis of historical documents through the development and testing of working hypotheses.<sup>16</sup>

The unit of analysis of this study is the United States Sanitary Commission. The selection of this particular unit supports the research purpose by focusing on historical documentation, which includes personal papers and diaries of United States Sanitary Commission members. Official documents of the Commission are also used, such as: accounting records, inventories,

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<sup>16</sup> For examples of other Texas State Applied Research Projects that use case study methodology see: Alexander 2009, Este 2004, Gillfillan 2008, Ruiz 2010, and Swift 2010.

manuals, letters, and pictures, as well as official histories of the Sanitary Commission written by members.

### Operationalization of the Conceptual Framework

The working hypotheses and corresponding sub-hypotheses were operationalized through the use of document analysis. Table 4.1 outlines the source of evidence (historical documents) used to test the working hypotheses and the questions that shape the analyses of the historical documents operationalization of the conceptual framework. The conceptual framework is divided into seven sections, each with an operationalization of the corresponding working hypotheses. Each section of the table contains three columns. The first column numbers the working sub-hypotheses. The second column lists the document sources evaluated. The third column identifies the questions evaluated.

**Table 4.1: Operationalization Table**

Working Hypotheses	Original Documents and Scholarly Support	Evidence Questions
<b>WH1: The United States Sanitary Commission employed unelected experts.</b>		
WH1a: Leaders of US sanitary were appointed.	Bellows (1863) Brinton (1914) Livemore (1866) NY Public Library (USSC Records 1861-1872)	Who managed the USSC? Where they unelected experts? What unique expertise did the leaders of the USSC have? Were the leaders appointed?
WH1b: Specialized expertise was needed to fulfill the mission.	Stille (1866)	What area of expertise was needed to fulfill the mission of the USSC?
WH1c: The actions of unelected experts influenced policy.	Wormeley (1898)	Did the leaders of the USSC influence policy? If so, how?

<b>WH2: The United States Sanitary Commission worked within a formal hierarchical organization.</b>		
WH2a: The USSC was sanctioned under Department of War, by the President of the United States.	Bellows (1863) Brinton (1914) Livemore (1866) Stille (1866) New York (1862) Wormeley (1898)	Did the USSC employ a formal operational hierarchy? Was the USSC sanctioned by the United States Government? Did the Commission cross state lines?
WH2b: Titles of leaders indicate hierarchical organization.		Did the structure of the leadership indicate a hierarchical organization?
WH2c: Orders were issued through a chain of command.		Did the USSC follow a chain of command?
<b>WH3: The United States Sanitary Commission operated under impersonal rules and procedures.</b>		
WH3a: Leaders organized around impersonal rules necessary to ensure standards and impartiality.	Brayton (1869) Bellows (1863) Livemore (1866) Stille (1866) Van Buren (1861) Wormeley (1898)	Did the USSC use standards and impartiality through the use of impersonal rules? What type of management structure did the USSC employ? Was it vested by authority?
WH3b: Impersonal rules effected government behavior.		Did the rules and standards of the USSC effect governmental behavior?
<b>WH4: The United States Sanitary Commission implemented important governmental functions.</b>		
WH4a: Standard rules and procedures are needed to effect government functions.	Brayton (1869) Brinton (1914) Kring (1864) Livemore (1866) Steiner (1862) Stille (1866) Van Buren (1861) Wormeley (1898)	What important government work did the USSC perform? Did this work contribute to public health, safety, and well-being? How were standards, rules, and procedures of the USSC established? How were they implemented and managed?
WH4b: Leaders used official rules and procedures, across state lines, to implement government functions.		Where (in what states) did the USSC operate? How were rules used to obtain operational access in these states? Did operating across state lines affect the work of the USSC, if so how? How did the rules under which the USSC operated influence the U.S. government?

<b>WH5: The United States Sanitary Commission employed the use of both formal and informal networks.</b>		
WH5a: Expert employment of formal networks is needed to achieve goals and implement change.	Brayton (1869) Bellows (1863) Livemore (1866) Stille (1866) Wormeley (1898)	Did the USSC employ the use of formal networks? If so, how and where? Did the use of networks affect the work of the USSC?
WH5b: Expert employment of informal networks is needed to achieve goals and implement change.		Did the USSC employ the use of formal networks? If so, how and where? Did the use of networks affect the work of the USSC?
<b>WH6: The US Sanitary Commission used technologies.</b>		
WH6a: Hard technology is need to achieve goals and implement change.	Livemore (1866) Stille (1866) Thomason (1912) Wormeley (1898)	What hard technologies did the USSC utilize?
Wh6b: Soft technology is need to achieve goals and implement change.		What soft technologies did the USSC utilize?

## Document Analysis

Document analysis is the primary collection tool used in this study. Analyzing documents provides an advantage which allows understanding of their capacity to support working hypotheses on their own. Document analysis also provides for exactness, and the ability to repeatedly review. Weaknesses includes content familiarity, difficulties in obtaining documents, and bias selectivity (Yin 2009, 102). Document analysis is used to assess all of the working hypotheses under the conceptual framework. The documents are used to verify the categorical features of the administrative state.

The document analysis of the United States Sanitary Commission was affected by accessibility. Although the electronic access has made digital copies of many historical documents much more easily available than in the past, the process of digitizing documents is

expensive and time consuming. The documents analyzed in this study are based on electronic availability. Table 4.2: Document Lists outlines the documents reviewed in this study for operationalization of the conceptual framework.

**Table 4.2: Document List**

<b>United States Sanitary Commission Historical Documents used to test the working hypotheses</b>	
<b>Document</b>	<b>Supporting Content</b>
Bellows, <i>Speech of the Rev. Dr. Bellows</i> (1863).	Speech outlining the need for and purpose of the USSC.
Brayton and Terry, <i>Our Acre</i> (1869).	Historical sketch of the Soldiers' Aid Society of northern Ohio, contains: records of finances, donations, inventory, distribution, sanitary fairs, and personal accounts, from creation in 1861 through the end of the Civil War.
Brinton, <i>Personal Memoirs of John Brinton: Civil War Surgeon, 1861-1865</i> (1914).	Field notes of Dr. John Brinton, including: medical records, personal observations and thoughts, and accounts of interactions with the Sanitary Commission.
Kring, <i>Diary of the Civil War, 1860-1865: Henry Whitney Bellows</i> (1864).	Historical account of the United States Sanitary Commission, with concentration on Dr. H.W. Bellows.
Livermore, <i>My Story of the War</i> , (1866).	Historical accounts of the day-to-day life of a USSC (female) branch agent.
New York Public Library, <i>Records of the United States Sanitary Commission, From the United States Sanitary Commission Records Project, New York Public Library, 1861-1872.</i>	Historical documents, including: personal and branch diaries, letters, pictures, operating manuals, accounting and inventory records, newspaper articles, and meeting minutes of the USSC.
New York Times, Online Archive (May 16, 1864).	New York Times newspaper articles from the Civil War era, includes: field reports, journalism articles and letters.
Steiner, <i>Field Reports of Lewis H. Steiner, M.D.: Inspector for the Sanitary Commission</i> (1862.)	Medical records kept by Dr. Steiner, field doctor.
Stille, <i>The History of the United States Sanitary Commission</i> (1866).	A complete history of the USSC, including: copies of letters, government documents, and accounting records.
Van Buren, <i>United States Sanitary Commission: Rules for Preserving the Health of Soldiers</i> (1961).	Records and responses to the rules of the USSC
Wormeley, <i>The Other Side of War</i> (1898).	Historical accounts of the Civil War and the actions of the USSC through the eyes of a nurse.

## **Chapter Summary**

This chapter discussed the research methodology used in this study. This research, a case study, is supported by document analysis and the conceptual framework is operationalized.

Table 4.2: Operationalization Supporting Document List is a list, in summary format, of the Civil War era documents used in operationalizing the conceptual framework. The following chapter presents the results of the United States Sanitary Commission case study.



## Chapter V - Setting: The United States Sanitary Commission

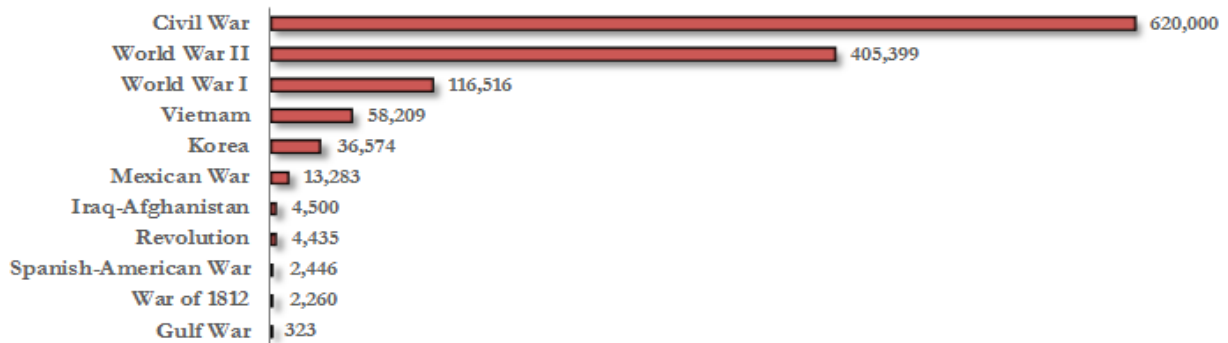
### Chapter Purpose

The purpose of this chapter is to familiarize the reader with the United States Sanitary Commission beginning with the necessity for the commission and the establishment thereof. Therefore, this chapter begins with a brief overview of the human destruction caused by the Civil War, followed by a historical introduction of the establishment of the Commission. Finally, the chapter ends with an overview of the work of the United States Sanitary Commission.

### Introduction

The last battle of the War Between the States ended May of 1865, yet almost 150 years after the war there is still debate over the causes of that conflict. While historians argue over the ultimate cause, whether it was economic, political, cultural, or religious, there is no argument over the appalling number of civil war military fatalities. The following graph indicates the enormous number of lives lost in that war.

**Figure 5.1: U.S. fatalities (in losses) from the American Revolution to the Iraq-Afghanistan Conflict<sup>17</sup>**



<sup>17</sup> Statistics are from the Civil War Trust. Available: <http://www.civilwar.org/aboutus/>.

It is estimated that 620,000 men died in the Civil War – approximately 360,000 in service to the Union, and 260,000 in service to the Confederacy. However, of those numbers, only about 110,000 Union soldiers and 94,000 Confederate soldiers were killed in action (Vinovskis 1989). Many soldiers, in both armies, lost their lives, not because of battle-related injuries, but because of disease. Estimates place the number of soldiers who died of disease at approximately 415,000 (Livermore 1901, 1-35). For every soldier killed in battle, two soldiers died of disease. These diseases included dysentery, diarrhea, typhoid, and malaria. Outbreaks of these diseases, often referred to as camp diseases, were caused by overcrowding, as well as unsanitary conditions in the field (Wheelock 1970).

### **The Beginning**

In the spring of 1861, Fort Sumter, South Carolina fell to the Confederacy. On April 15<sup>th</sup>, the Lincoln administration called for 75,000 volunteer soldiers. Lincoln’s initial intent was for the Union to take back Fort Sumter, and to return home within three months. However, two weeks later, Lincoln was forced to call for another 42,000 volunteers. Meanwhile, in the South, the Confederate Congress authorized an Army of 100,000 troops. A wave of patriotism surged across the country, and citizens were excited; they dreamed of the honor, and glory of war, and many men volunteered (Stokesbury 2011). While many men set out for the battlefield, women across the country looked for ways to contribute from home. The same patriotism that spurred men to fight for county and honor, “flourished in the self-sacrifice of women” (Livermore 1889, 109). The initial wave of patriotism among the men abated and both the North and the South was forced to conscription; however, the women continued their work in aid societies.

If men responded to the call of the country when it demanded soldiers by the hundred thousand, women planned money-making enterprises, whose vastness of conception, and good business management, yielded millions of dollars to be expended in the interest of sick and wounded soldiers. If men faltered not, and went gayly to death, that slavery might be exterminated, and that the United States might remain intact and undivided, women strengthened them by accepting the policy of the government uncomplainingly. When the telegraph recorded for the country, "defeat" instead of "victory," and for their beloved, "death" instead of "life," women continued to give the government their faith, and patiently worked and waited (Livermore 1889, 110).

On April 15, 1861, the same day President Lincoln called for troops, the women of Bridgeport, Connecticut, and Charlestown formed a relief society; then a few days later, women in Lowell, Massachusetts formed their own relief society (Stille 1866). Working outside of the government, the women of these organizations proposed to supply clothing, provisions, comfort, and even nursing for soldiers. On April 19<sup>th</sup>, the women in Cleveland organized, with their objective being the care of soldiers' families, specifically with the aid of food and clothing. Stille (1866) states that that this was the very "grounding of benevolent action" (40). Originally aid societies were fulfilled by the benevolent action of sending supplies to the young soldiers of their own communities. However, those actions proved to be inadequate and these organizations began to coordinate their efforts to meet needs.

### **Women's Central Association of Relief**

One of the many aide societies that formed in the first months of the war was the Women's Central Association of Relief (WCAR). Established in New York City, by Dr. Elizabeth Blackwell, the WCAR organized over 4,000 women volunteers to collect and distribute bandages, blankets, food, clothing, and medical supplies. By July of 1861, Dr. Blackwell and the women of the Women's Central Association of Relief realized the need was

greater than they could meet alone and began to systematically organize the many aid societies across the North.

The first public presentation which focused on the ideal of a national organization was presented on April 25, 1861, at the New York City Hall of the Institute, when a large group of women assembled to discuss the war effort. By invitation, Dr. D. Field presided at the meeting and addressed the women with “practical suggestions as to the duty of women in emergency, and to the modes by which they might contribute to the comfort and health of the Army” (Stille, 1866, 42-43; Wormeley 1889, 7).

**Figure 5.2: Artist rendition of the organizational meeting of the "Women's Central Association of Relief"<sup>18</sup>**



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<sup>18</sup> New York World-Telegram and the Sun Newspaper Photograph Collection, Library of Congress Prints and Photographs Division: Wood engraving of great meeting of the ladies of New York at the Cooper Institute, on Monday, April 29, 1861, to organize a society to be called "Women's Central Association of Relief," to make clothes, lint bandages, and to furnish nurses for the soldiers of the Northern Army. Artist is Unknown, the engraving date is 1861. <http://www.loc.gov/pictures/item/2002719631/> Accessed 2.1.2013

Women became aware of the fact that at the onset of the war, the mortality rates in the Union camps were high, in many cases this was due to the unsanitary conditions of the camps, and lack of proper nutrition. More men died from disease than in battle (Wheelock 1970). Ignorance of nutrition and of proper hygiene, as well as a shortage of supplies contributed to the spread of disease.

**Figure 5.3: Army field hospital in Savage Station, Virginia** <sup>19</sup>



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<sup>19</sup> A U.S. Army field hospital in Savage Station, Virginia, during the Peninsular Campaign of May–August 1862. (Photograph by James F. Gibson in *Civil War photographs, 1861-1865*, compiled by Hirst D. Milhollen and Donald H. Mugridge (Washington, D.C.: Library of Congress, 1977), No. 0090.

From the first meeting of the Women’s Central Association of Relief (WCAR), the women understood that to effectively contribute to the war effort, and to help eliminate the issues in the field, the civilians of the WCAR had to work with the army, and fulfill the Army’s needs. The WCAR appointed Dr. H.W. Bellows to meet with the army’s Medical Department in New York, in order to determine exactly what the needs were and how civilians could help elevate these needs. Although Bellows managed to meet with Surgeon Satterlee, the army’s Medical Purveyor, the meeting proved fruitless. It was “apparent that this scheme of outside and supplemental aid to the troops was not likely to be looked upon with much favor in official quarters” (Stille 1866, 43). “In the opinion of the “Medical Bureau”<sup>20</sup>, the plans proposed by the women [to supplement Army medical care and provide and develop a national supply effort] proved of no practical value whatever to the Army” (44). The Department thought that the women were superfluous and obtrusive and would be more likely to cause trouble than to help, however, the women persisted.

**Figure 5.4 Dr. H.W. Bellows from the New York Public Library digital gallery<sup>21</sup>**



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<sup>20</sup> Note: some documents and letters refer to the Medical Department of the Army as the Bureau or the Medical Bureau.

<sup>21</sup> New York Public Library. United States Sanitary Commission 1861-1873. Digital ID# 1109173&t=t. Available: <http://digitalgallery.nypl.org/nypldigital/dkeysearchResults.cfm?num=40&word=Bellow's&s=notword=&d=&c=&f=&j=0&1Worrd=&lField=&sScope=&sLevel=&sLabel=&sort=&imgs=20&pNum>.

Meanwhile, the assembly troops continued to grow, and so did women's concerns for medical preparations, adequate supplies, and the employment of nurses. After receiving no encouragement from the army's Medical Department office in New York, the WCAR, in conjunction with the New York Association of Physicians and Surgeons, and the Lint and Bandage Association sent a delegation to Washington to investigate. The delegation was comprised of: Dr. Van Buren, delegate for Physicians and Surgeons; Dr. Harrison, a member of the Lint and Bandage Association; and Dr. Bellows and Dr. Harris representing from the Women's Central Association of Relief. Once in Washington, the delegation met with General Scott of the Surgeon General's office; then in a second interview, the delegation met directly with Acting Surgeon General Wood. Stille (1866) reported that Dr. Wood was courteous and willing to listen to practical suggestions; however, Wood assured the New York delegation that the Bureau was an

...organized, thoroughly-tried, and hitherto wholly successful Department of Government, and any attempt from outside which interfered with its methods could produce only confusion, embarrassment, and all those evils which destroy an Army... (Stille 1866, 49).

During the interview with Dr. Wood, the New York delegation realized that for the Medical Department to acknowledge that it needed outside help would seem a weakness in the Medical Staff. The delegation tried another strategy, they proposed a "scheme of preventive service" (Stille 1866, 50). This proposal stressed the causes of preventable disease in camps and hospitals, and it urged the use of civilians, medical men, and military officers working together to meet the hygienic and sanitary needs of the Army. Dr. Harris, of the New York Women's Central Association of Relief, stressed the need for preventative care and that the need to improve living conditions for the men in the field should be foremost. Dr. Harris stated that

preventative care should be “founded on the same principles... that had produced such happy results [of the British Sanitary Commission] in the Crimea”<sup>22</sup> (52). The proposal was presented, in a letter to the Secretary of War, on May, 18, 1861. The request for a Commission, for the good and the health of the troops, included the following to be assigned as duties of the Commission: 1) rigorous inspection of the troops and immediate discharge of those destined to succumb to diseases; 2) the order of a skilled cook in each command; 3) the consent and pay for female doctors and nurses in the field and in Army Hospitals; and 4) the consent and pay for male field hospital dressers (Stille 1866, 528-530). The acting Surgeon-General supported the delegation in their mission; he wrote to the Secretary of War that “The Medical Bureau would derive important and useful aid for the counsel and well-directed efforts of an intelligent and scientific Commission” (54). And, he advised for a “Commission of Inquiry and Advice in respect for Sanitary Interests of the United States Forces” (55).

The persistence of the delegation paid off and on June 9<sup>th</sup>, 1861, the Secretary of War issued an appointment to Dr. Bellows for the Commission of Inquiry and Advice in Respect to Sanitary Interests of the United States Forces [the United States Sanitary Commission]. The order

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<sup>22</sup> The Crimean War 1853-1856, was a conflict between the Russian Empire and the Kingdom of Sardinia. Great Britain, France and the Ottoman Empire joined the Russian Empire in conflict over control of the Eastern Mediterranean. During the conflict, British and French losses were great, medical supplies were in short supply, hygiene was being neglected, and infection was common and fatal (Sokoloff, 1982). Florence Nightingale, an upper-class, self-educated British woman, felt herself called by God into the service of others. Under the authority of Secretary of War, Lord Sidney Herbert, Nightingale (with a staff of thirty-eight women volunteer nurses) took on the task of reforming field medical care in the Crimea and established the British Sanitary Commission (Shields, 2009). It was Nightingale’s work both in medical care and administration that found solutions for the poor field care. During the time of the American Civil War, the methods of hygienic nursing that Nightingale developed in the Crimea were seen as the “the only true way to guard effectively against diseases affecting the health and lives of men living together in mass” (Stille, 1866, 51).



for appointment was signed by Simon Cameron, Secretary of War, and approved and signed by President Abraham Lincoln on June 13, 1861 (532-3).

## **The Work**

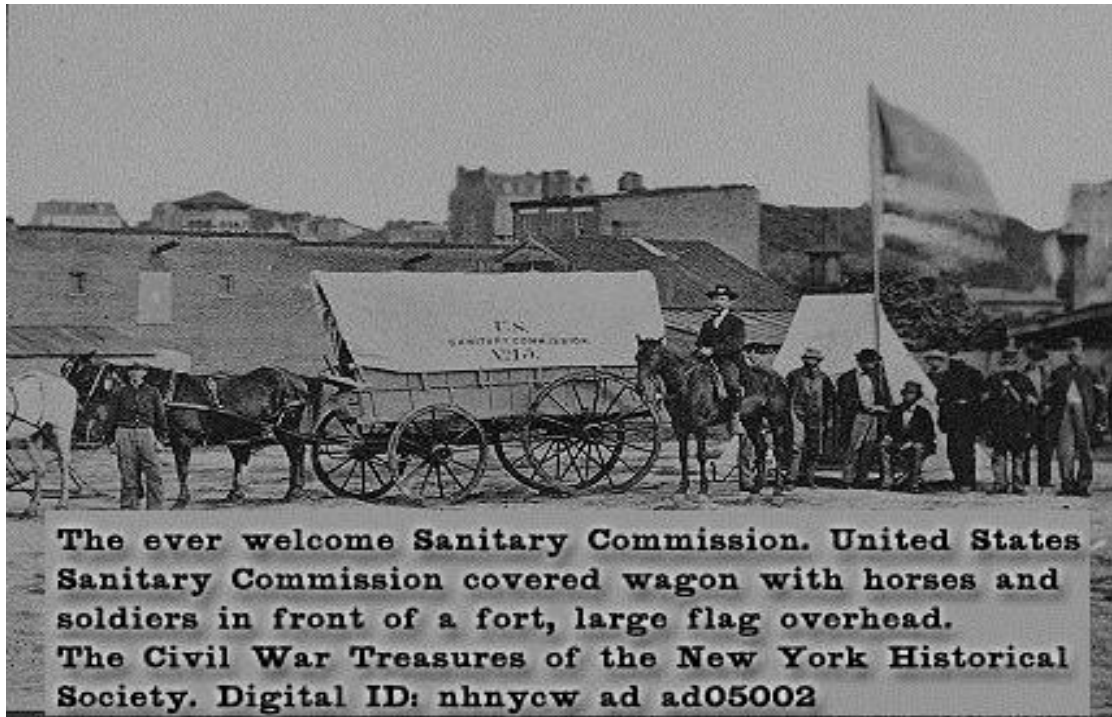
“The work of sanitary relief [was] very soon outlined by the necessities and sufferings of the men at the front” (Livermore 1889, 123).

The intent of the United States Sanitary Commission was to do what the government could not do, that is to meet the needs of emergency, and to supplement the government. The Sanitary Commission sent both supplies and medical inspectors into the field. The inspectors reported on

quality of rations and water---the method of camp cooking---ventilation of tents and quarters---the drainage of the camp itself---the healthfulness of its site---the administration of the hospital---the police of the camp---the quality of the tents---the quality of the clothing, and the personal cleanliness of the men (Livermore 1889, 123).

And over the course of the war, the United States Sanitary Commission collected, managed, and distributed \$4,514,124.90 of supplies. The supply efforts were organized into hubs of collection and distribution; these hubs were managed and staffed by women volunteers, at no cost to the government, thanks to civilian donations (Stille 1866, 545-87). The United States Sanitary Commission also recruited, trained, and sent nurses into the field, and it established and staffed “kettles on wheels” to provide meals (often hot soup) for the ill and wounded, and for the men on the battle fields.

**Figure 5.5: Sanitary Commission Wagon<sup>23</sup>**



**The ever welcome Sanitary Commission. United States Sanitary Commission covered wagon with horses and soldiers in front of a fort, large flag overhead. The Civil War Treasures of the New York Historical Society. Digital ID: nhnycw ad ad05002**

The women of the Sanitary Commission, so concerned with the comfort and relief of the wounded and ill soldiers, designed and installed hospital cars with beds suspended on strips of rubber to prevent the jolting of the ill and wounded soldiers in transport. The women of the Commission managed over forty soldier's homes, which were established all along the battle routes and served as free hotels for ill, impoverished, and traveling soldiers. In these homes, the women of the Sanitary Commission sheltered over 800,000 soldiers, served over 4.5 million meals, and provided a million soldiers with overnight lodging (124-26).

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<sup>23</sup> New York Public Library Archives. United States Sanitary Commission 1861-1872. New York Public Library Image ID: 2011480. Available: <http://digitalgallery.nypl.org/nypldigital/dkeysearch>.

**Figure 5.6: United States Sanitary Commission [Ohio] Relief Home** <sup>24</sup>



Intent on helping provide supplies to the field, relief to the sick and wounded soldiers, and care for soldier's families, women across the North established relief organizations similar to the New York Women's Central Association of Relief. There were a dozen or more relief

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<sup>24</sup> New York Public Library Archives. United States Sanitary Commission 1861-1872. New York Public Library Image ID: 1150245. Available: <http://digitalgallery.nypl.org/nypldigital/dkeysearch>

organizations in Chicago alone (135-6). At the beginning of the war, these were independent organizations raising funds and sending supplies to the front. However, as public confidence grew in relief efforts, the scope and power of the organizations grew, and many of the local societies merged into the Sanitary Commission. The Sanitary Commission “became the great channel, through which the patriotic beneficence of the nation flowed to the Army” (136). However, this growing movement also expanded the role of women, and at the same time brought a uniquely feminine compassion to assisting the sick and wounded.

This assistance was apparent immediately after the Battle of Bull Run.<sup>25</sup> Stille (1866) describes Bull Run as a “fearful cost of blood and national humiliation” (93). While the Army re-organized, the Sanitary Commission focused on the health of the troops. The government was not prepared for the great need for military hospitals. There were far too few military hospitals, and buildings converted into hospitals had problems with construction, ventilation, and conveniences. Not only were the hospitals inadequate, the hospital staffs were not trained and overall conditions were so poor that Dr. Van Buren and Dr. Agnew protested and advised the government that new hospitals had to be constructed. The Sanitary Commission set about to devise a plan for the construction and maintenance of these hospitals, and eventually settled on the Pavilion System. The War Department took the advice of the Sanitary Commission and not only adopted this plan, but asked several members to aid in the construction of five new Military

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<sup>25</sup> Bull Run was the first major land battle of the Civil War in Virginia. On July 16, 1861, the untried Union Army marched from Washington against the Confederate Army, which was camped at Bull Run near Centerville. Five days later, the Union Army cross attacked the Confederates, and fighting raged throughout the day as Confederate forces were driven back. Late in the afternoon, Confederate reinforcements extended and broke the Union right flank. The Union Army immediately began a retreat, and by July 22, the shattered Union Army reached the safety of Washington (Stokesbury 2011).

Hospitals (93-95). These hospitals were built, but however well-constructed, there was still the question of staffing and supplies.

### **Regional Efforts**

Along with the ten official branches of the United States Sanitary Commission, Ms. Livermore (1888) estimated that there were more than 10,000 aid societies in the North, all intent on supplying relief. Supplies from these aid societies were sent to the ten Sanitary Commission regional branches, which served as sub-depots. Here the supplies were assorted, repacked, and stamped with the mark of the Commission. Livermore details the procedures:

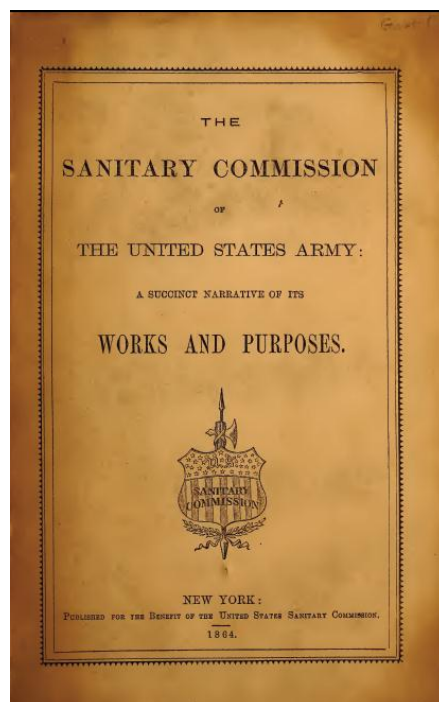
...only one kind of supplies [was] being packed in a box, and then a list of the contents was marked on the outside. The boxes were then stored, subject to the requisitions of the great central distributing depots, established at Washington and Louisville. Through these two cities, all supplies of every kind passed to the troops at the front, who were contending with the enemy (Livermore 1889, 143).

The Sanitary Commission used a “rigid system” (143) in receiving, processing and distributing hospital supplies. The same methods were used throughout the Sanitary Commission to ensure that the methods “were those of the best business houses” (143). All the branches used the same methods of planning and execution and thus were able to trace the packages sent to hospitals back to their original contributors, with vouchers being taken of those who received the packages, at every stage of their progress, to their ultimate destination. Only a very insignificant fraction of them was lost or misused (Livermore 1889, 143).

The organizational procedures of the Sanitary Commission were evident in the distribution of supplies, but could also be seen with the hiring of Inspectors in the field. It was through the work of these men that camp inspections were accomplished. Fourteen, well-

qualified physicians were employed by the Commission; in addition, six professional men with specifically assigned duties were employed. Manuals were written, outlining the duties of an Inspector, and they also included military hierarchical protocol (Sanitary Commission 1864). These manuals were distributed to each of the men responsible for field work, and a copy was sent to each Branch Office.

**Figure 5.7 : The United States Sanitary Commission Works and Purposes Manual**



Source: New York Public Library: United States Sanitary Commission, Works and Purposes Field Manual, USSC Records, 1861-1872, New York Public Library. Image ID: 1947393.

## **Field Inspections**

The inspections by these men were thorough and careful, and eventually the Sanitary Commission's field Inspectors became 'listened to as advisers.' The men were accepted into the camps, respectfully received by officers, and their requests were taken into consideration.

Therefore, it was no surprise that six months into the war, it was clear to the Medical Bureau and the Surgeon-General that inspectors of the Sanitary Commission had accomplished their objectives in the field (Stille 1866, 99-100). On the other hand, the board of the Sanitary Commission felt it was clear that the “old traditions of the Army never looked beyond the wants often of fifteen thousand men, and for that reason, if for no other, [the Army’s practices were] wholly inapplicable to the existing emergency” (101).

### **National Effort**

In the meantime, it became evident to the women of the Sanitary Commission that the tides of war were taking a toll on the Army’s ability to provide much needed supplies to the men in the field. In the first letter from the New York delegation, (comprised of The Women’s Central Association of Relief, the Lint and Bandage Association, and New York Association of Physician’s and Surgeons), to the Secretary of War, there had been an offer of aid in the form of supplies and volunteers. The letter included a statement declaring the “least possible interference” (Stille 1866, 169) with Military Medical Bureau protocol and also outlined a plan “to secure contributions from patriotic and benevolent individuals and associations” (169). Immediately after the Sanitary Commission received its appointment, the plan was made public, and the Commission began to receive donations. By September 5, 1861 the Sanitary Commission had received more than 60,000 donations. By the first week in October, the Sanitary Commission had established public depots in New York, Boston, Philadelphia, Washington, Cincinnati and Wheeling to accept donations for both funds and supplies. The task of aiding the Government in these matters fell to the women of the country and was managed by the women of the Sanitary Commission(170). Nowhere was this more evident than in the work of Mary Livermore.

During the war I was called into the country on frequent errands. Sometimes it was to organize aid societies — sometimes to attend mass conventions—[sometimes] called for inspiration and instruction in the work to be done. Sometimes a meeting would be called in a large town for the double purpose of stimulating hospital supplies and enlistments — sometimes I went in charge of soldiers, too ill or enfeebled from wounds to be sent alone (Livermore 1889, 145).

The ‘admirable plans’ of the women of the Commission was organized, systematic, and had practical results. Women were urged to organize and devote time and energy to the

...sacred service of the country. Thus the women of our American civilization, in the vast work of supplying deficiencies of the Government, became its agents. Organizations for benevolent purposes had been for a long time under the control and management almost exclusively of women (Stille 1866, 170-71).

The work of the Sanitary Commission was no exception, as women in the Sanitary Commission even found a way to supplement additional supplies.

As the Army of the North moved, all of its resources were spent on transportation with little left for food and shelter, and often, due to fatigue, soldiers set aside their own blankets, overcoats, and even rations. Families of soldiers often attempted to help with ‘gifts’ from home, but however well-intended and welcome, carrying these ‘gifts’ was often a burden to the soldiers. Recognizing the need for supplemental supplies, the Sanitary Commission sought a way to meet the need, not just for individual soldiers, but for the entire Army. Mary Livermore (1891) would later call this the “cooperative womanhood serving the state (186).

In November 1862, the Commission invited delegates from the chief auxiliaries (of the Commission) across the country, to attend a Women’s Council in Washington, D.C. The Women’s Council established an organizational supply plan and “agreed that it was the duty of the women of the country to provide assistance and consolation for the sick and suffering



abundantly, persistently, and methodically, and that such aid should be as far as possible an expression of pure patriotism and love of the Union” (Stille 1866, 179).

The supply organization of the Commission became the hub of distribution for the unwavering labors of women’s societies across the country. Although there was a great patriotism among the people, an organization of a central relief system was needed, and the Women's Council" met this need (Livermore 1889, 283). In order to consistently maintain the relief, the Women’s Council held periodic strategy meetings and changed the details of the method of operations to meet the ever changing circumstances of war (Stille 1866).

One of the changes the Women’s Council made to their operations was to employ the aid of men. By the beginning of 1862, more than 400 men were associate members of the Commission. Their duties, defined in a circular issued in June, 1862, stated they were "to consist in efforts to promote the establishment of auxiliary associations and so to direct the labors of those already formed, for the aid and relief of the Army, that they might strengthen and support those of the Commission" (Stille 1866, 180). This support included managing the principal depots of stores for the Commission in: New-York; Boston; Providence, R.I.; Philadelphia; Cincinnati, Cleveland, and Columbus, Ohio; Wheeling, Va.; Chicago; St. Louis, and Washington. According to an 1862 New York Times article, the demand for articles of clothing and care for the sick naturally increased during the war, but the aid rendered by the community allowed the Sanitary Commission to keep pace with the need. During the Month of November 1861, the Washington depot distributed 34,481 articles of hospital clothing during the month of November; the Cleveland depot received 69,000 articles of clothing, and issued 51,000 to the Army of the West; while at the Wheeling depot, 4,814 articles of bedding and clothing were distributed. “The estimated value of supplies issued to the Army, by agents of the Commission,

during November 1861, amounted, at a very moderate estimate, to the sum of \$40,000” (New York Times 1862).

The United States Sanitary Commission was organized in 1861 and operated until 1870. Although it was authorized by the United States Government, it was organized by concerned citizens (unaffiliated with the federal government), funded by donations, and relied heavily on citizen volunteers. The Commission provided expert medical services and organizational management in the direst of conditions. The Commission supplemented the government functions, doing what government could not do. In order to meet the needs of the soldiers, the United States Sanitary Commission did what the government could not do.

## Chapter VI - Results

### Chapter Purpose

Chapter Six describes the results from the document analysis used to evaluate the characteristics of an administrative state found within the United States Sanitary Commission. This chapter is organized by the working hypotheses which recall the six criteria of an administrative state, including: 1) employment of unelected experts, 2) operation within a formal hierarchical organization, 3) use of impersonal rules and procedures based on law, 4) implementation of important government functions, 5) employment of networks, and 6) use of technology.

### Unelected Experts

*WHI*: The US Sanitary Commission employed unelected experts.

Stillman's (1998) first criteria suggests that management by unelected experts, separated from politics, helps protect the administrative state from patriotism, cronyism, and localized party preference, and creates a more rational, effective, and responsible state that best accomplishes the goals of government. Waldo (1948) argued that public administrators must act, "not as an agent of a particular government entity, but as a center of social cooperation... that they should be above corruption and expertly serve" (94). The evidence shows that the United States Sanitary Commission was such an organization, managed by unelected civilian experts that served the best interests of government.

The United States Sanitary Commission was commissioned by appointment from Simon Cameron, Secretary of War of the United States of America, and approved by President

Abraham Lincoln on June 13<sup>th</sup> 1861. The United States Sanitary Commission was an organization established by civilians, funded by civilians, staffed by civilians, and managed by civilians, under the authority of the United States Government (Stille, 1866).

Through a well-planned and organized system of relief, the Commission approached the organization's goal from two separate spheres, one managed by men and one managed by women. The women of the Commission were well-experienced in managing homes, and caring for the sick and the poor (Livermore 1889). The men of the Commission were experienced with the economic integrity of their businesses and the political integrity of the nation. The spheres of the Sanitary Commission divided upon these lines set out to do what the government could not do. The "Government undertook to provide all that was necessary for the soldier.... but, from the very nature of things, this was not possible. . . . The methods of the commission were so elastic, and so arranged to meet every emergency, that it was able to make provision for any need, seeking always to supplement, and never to supplant, the Government (122-125).

### **Appointed Leaders**

*Wh1a:* The leaders of the United States Sanitary Commission were appointed.

Simon Cameron, Secretary of War, was particularly concerned that men who served on the Board of Directors of the United States Sanitary Commission be men of knowledge, integrity, and of class. He was also concerned that the members of the Board have familiarity with the organization of military hospitals, and for this reason, he insisted the Board include officers from the Medical Staff of the Army. The Surgeon General Wood recommended that primarily medical doctors and prominent civil leaders be appointed to serve on the Board. The leaders were neither elected officers, nor were they military officers, rather they were experts in their

fields. Hence leaders such as: Dr. Henry W. Bellows-President, Professor A.D. Bache-Vice President, Elisha Harris, M.D.-Treasurer, and Board Members: George W. Cullum, U.S. Army Surgeon, Alexander Shiras, U.S. Army Surgeon, Robert C. Woods, U.S. Army M.D., William Van Buren, M.D., Wolcott Gibbs, M.D., Samuel G. Howe, M.D., Cornelius R. Agnew, M.D., and J. S. Newberry, M.D (Stille 1866).

The women were also not elected, and they did not work for the government, and thus it could be argued that they were appointed. However, their expertise was less obvious because these women had held positions organizing benevolent groups, aid societies, or working with abolitionist organizations. These were women like: Mary Livermore, a reporter and editor of a newspaper; Elizabeth Blackwell, was a physician, and founder of a clinic for poor women and children in New York City; Katherine Wormeley, an editor and translator; and Mary Bickerdyke, a nurse; as well as many more (Livermore 1889, Stille 1866, Wormeley 1863).

There is adequate evidence that the United States Sanitary Commission met Stillman's first criteria of an organization which could be considered part of the administrative state:

*The leaders of the United States Sanitary Commission were appointed, unelected experts.*

### **Specialized Expertise**

*Wh1b:* An area of specialized expertise was needed to fulfill the mission of the US Sanitary Commission.

The United States Sanitary Commission was a private relief agency created by federal appointment, on June 18, 1861. Its purpose was to support sick and wounded Civil War soldiers. The Sanitary Commission divided its work along expert lines in both preventive services and general relief. Preventive services by the Commission, led by the executive board, took place in

the field. Both field Inspectors and Relief Agents, who were medically trained men (many of whom were experienced medical doctors), examined military camps and hospitals, identified health issues and supply shortages, and prepared written reports for the Medical Bureau, Department of the Army. The field Relief Agents, who followed the Army, served under the direction of Inspectors and were attentive to issues such as: change of climate, exposure, hard marching, or any failure of supplies or transportation, and they noted how these issues affected the health and well-being of the soldiers (Brinton 1914, Livermore 1889, Stille 1886).

Livermore remembered the work of the Inspectors and Relief Agents:

The Commission did a more extensive work than was at first contemplated, or is to-day generally known. It sent Inspectors, who were always medical men [doctors], to the Army, to report on the "quality of rations and water...the method of camp cooking...ventilation of tents and quarters ...the drainage of the camp itself...the healthfulness of its site...the administration of the hospital...the police of the camp...the quality of the tents, and the material used for flooring them— the quality of the clothing, and the personal cleanliness of the men"—and other points of importance to the health and efficiency of the Army (Livermore 1889, 130).

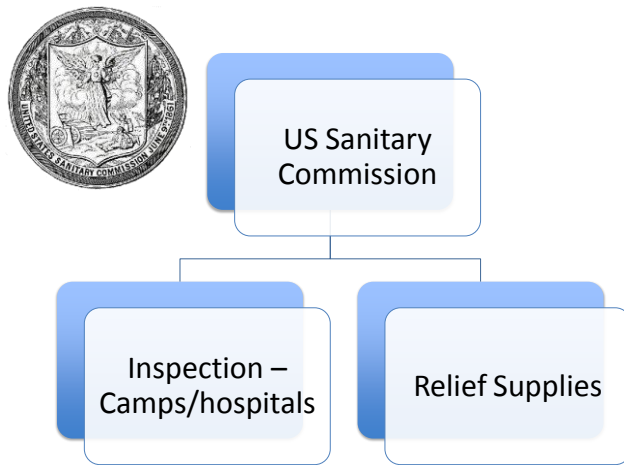
Figure 6.1: Detail of printed Camp Inspection Return, Number 3 -August 21, 1861

New York Public Library, United States Sanitary Commission Records, 1861-1872: Camp Inspection Return Form, Number 3, August 21, 1861.

While the expertise of the men of the Sanitary Commission came from business, political participation, and medical training and practice, the expertise of the women of the Sanitary Commission came from intelligence and expertise gained from decades of activity in the anti-slavery movement, temperance and benevolence societies, and from the women’s experience as homemakers, and care givers. A large majority of the work of the Commission was relief work and this was primarily the work of women (Livermore 1889, Stille 1866, Wormeley 1898). The work of the women of the Sanitary Commission often brought great comfort in times of peril.

My own experience was with the Chicago Branch of the Sanitary Commission. And the brief resume of the varied phases of life that flowed and ebbed through its unpretentious rooms... [with] patriotic zeal, the noble self-denial, and organized work of the women of the war, in which they were grandly assisted by men (Livermore 1889, 134).

**Figure 6.2 - Organizational Chart of the United States Sanitary Commission Divisions**



(Shields 2013)

It was their capacity for caring and their ability to see need that led the women of the Commission to: establish kettles on wheels to provide soup to soldiers on the battle fields;

invent hospital cars with beds suspended by rubber for transporting the wounded without jolting; maintain Soldiers Lodges, which were scattered along the Army route; provide food and lodging to traveling or lost soldiers; establish a Claim and Pension Agency to help soldiers secure pay and pension; maintain a hospital directory; and raise funds, and procure, manage and dispense supplies. In other words, these women, by virtue of the jobs they performed in the Sanitary Commission, gained experience as they went along (Livermore 1889, 130-136, Stille 1886, Wormeley 1889).

There is adequate evidence that the United States Sanitary Commission met Stillman's first criteria, unelected expert leadership, an organization which could qualify as part of the administrative state:

*The leaders of the United States Sanitary Commission had specialized expertise; while the men had medical training, the women gained much of their expertise during their service in the Sanitary Commission.*

### **Influence Policy**

*Wh/c:* The actions of the unelected expert leadership of the United States Sanitary Commission influenced policy.

From the very beginning, the Sanitary Commission challenged the status quo of both social norm and political policy. In his initial proposal to the Secretary of War, Dr. Bellows suggested that women's relief work (i.e., women nurses) be sanctioned and supported by the government (Stille 1866, 136-138). Originally, the Sanitary Commission was given authority as an advisory agency only, but quickly, the Commission evolved into a major relief organization. What started as an investigation of diet, camp organization, nursing, and hospital conditions soon became an organization involved in many aspects of soldiers' lives (Brinton 1914, Livermore 1889).



Over the course of the Civil War, the Commission recommended improvements, which included field and hospital care for sick and wounded soldiers, and made administrative structural recommendations to the Army Medical Bureau (New York Public Library 1862-1866, Stille 1866). The Army adopted the administrative procedures of recording deaths and burials, which was a practice of the Sanitary Commission. The Commission was also responsible for creation of the “Morning Reports” or “Hospital Returns,” adopted by the Army. The reports “provided the hospital's gains and losses by individual patient name, with rank, company and regiment, for the report period cited. Gains and losses included admissions, return to duty, discharges, furloughs, desertions, transfers and deaths,” as well as “statistical summaries of the hospital's gains, losses, occupancy and capacity, for the report period [usually daily]” (New York Public Library 1862-1866). In addition, the investigation and relief work of the Sanitary Commission, which changed government procedures, also changed people’s minds about the roles of women.<sup>26</sup>

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<sup>26</sup> Before the Civil War, women were discouraged from pursuing careers. Within a year of the fall of Fort Sumter, this societal condition changed, because of the work of the women of the USSC, and women began to pursue careers. By 1862, the Office of the Surgeon General announced that local surgeons were to personally hire women to take up to one-third of the nursing roles in their hospitals (New York Public Library, 1862-1866). Although, the women played a major role in the work of the USSC, they were given little, if any credit. This is most evident in the recognized account of the USSC, written by Charles Stille in 1866, and titled, *History of the United States Sanitary Commission: Being the General Report of Its Work During the War of the Rebellion*. Stille lists only the names of prominent men in the “Internal Organization” section of this work. Such men as: architect Frederick Law Olmstead, Rev. Dr. Bellows, and, of course himself, Charles J. Stille. These executives’ leaders of the USSC are recorded prominently in history; yet it was actually the women of the North who performed the relief work and managed the relief organizations. Although Stille records the activities of the men, it was women who organized, handled business issues, reached across class and region, and did things their own way. These women discovered that the work they performed in the care of their homes and families had financial and social value. Through their work with the USSC, Civil War era women gained tools to change, not only their place in society, but their place in politics (New York Public Library 1862-1866, Livermore 1889, Stille 1866, Wormeley 1889).

The evidence that the United States Sanitary Commission met Stillman’s first criteria, leadership by unelected experts, of an organization which could be considered part of the administrative state, is adequate:

*The actions of the leadership of the United States Sanitary Commission influenced policy both within the Commission and within the U.S. government.*

**Table 6.1 - Summary of evidence: Working Hypothesis 1-Unelected Experts**

Question	Findings	Strength of Evidence
<b>WH1: The United States Sanitary Commission employed unelected experts.</b>		
<b>WH1a: Leaders of US sanitary commission had unique expertise and were appointed</b>		
Was the USSC leadership authorized and unelected?	The USSC was authorized and appointed by the Dept. of War and the President of the United States.	Strong
Were the leaders of the USSC experts?	The leaders of the USSC were experts.	Strong
<b>WH1b: An area of expertise was needed to fulfill the mission</b>		
What area of expertise was needed to fulfill the mission of the USSC?	USSC members needed patriotic zeal, the noble self-denial, understanding, compassion, determination, ingenuity and creativity, flexibility, intelligence, and the ability to learn. They also needed skills in negotiation, accounting, management, health and sanitation, medical care, and fundraising.	Strong – Prevention Services (Men) Adequate – General Relief (Women)
<b>WH1c: The actions of unelected experts influenced policy</b>		
Did the leaders of the USSC influenced policy?	USSC leaders influenced government policy, and policy within the USSC.	Strong
Overall evidence		Strong

**Summary of Findings (WH1)**

The document analysis supports that the United States Sanitary Commission meets Stillman’s first criteria of an organization, which is part of an administrative state - unelected

experts. While the strength of the evidence varied somewhat between the Inspection Service (men) and General Relief (women) division of the Sanitary Commission, overall the evidence is adequate. Table 6.1 summarizes the findings for working hypothesis 1.

### **Formal Hierarchical Organizations**

*WH2:* The US Sanitary Commission worked within a formal hierarchical organization.

Hierarchies are created to support an idea or goal. The United States government is a hierarchical organizational structure, which supports clear lines of authority and enables decision-making over distances. Like the United States Government, the Sanitary Commission had a hierarchical organizational structure, with its main headquarters in Washington, ten official (reporting) branch offices, and the cooperation of an estimated 10,000 aid societies across the North. The aid societies fell under direct line of supervision [although not the control] of the branch offices, while the branch reported directly to the Commission office in New York, with the Washington office serving as the hub for communications with the government (i.e. the War Department (Livermore 1889, 143). Ms. Livermore reported that the Sanitary Commission used a “rigid system” (143) of receiving, processing, and distributing hospital supplies and personal goods. The same methods were used in every office of the Sanitary Commission to ensure that the methods “were those of the best business houses” (143). All branches of the Commission used the same methods of planning and execution, and worked under the same hierarchical leadership, allowing the Commission to maximize efficiency and effectiveness (Livermore 1889).

## **Officially Sanctioned**

*WH2a:* The United States Sanitary Commission was officially sanctioned.

The United States Sanitary Commission received its official sanction from President Abraham Lincoln, at the suggestion of Simon Cameron, Secretary of War, on recommendation of Surgeon General Woods, in the Letter of Appointment, dated June, 9, 1861.<sup>27</sup> The letter not only sanctioned the Commission, and suggested the members of the Board of Directors, but it also stated that all the rules and regulations of the Commission must be approved by the Secretary of War, and that the government had the authority to dissolve the Commission at will<sup>28</sup> (Stille 1866, 532-33).

In a second letter from Secretary Cameron, the Organization Plan of the Sanitary Commission was approved. This plan laid-out “inspection and usage” procedures, and ordered the Medical Bureau, the U.S. Army, and the “several states” to abide in “Harmonious action and cooperation [to the] utmost of their ability” with the Commission (Stille 1866, 356-57).

There is adequate evidence that the United States Sanitary Commission meets Stillman’s second criteria (formal hierarchical organizational structure) of an organization which would qualify as part of the administrative state:

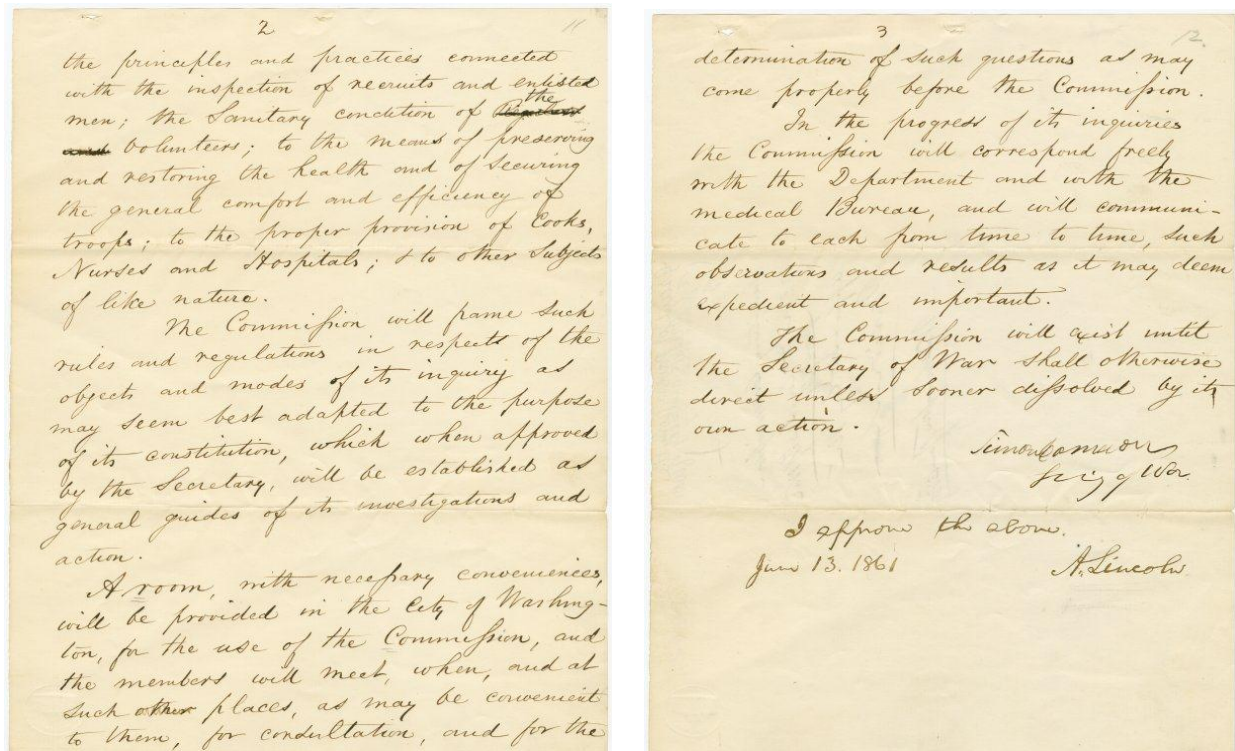
*The United States Sanitary Commission operated within a formal hierarchical structure and was officially sanctioned by the United States Government.*

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<sup>27</sup> See Appendix Document A for a copy of the original hand written appointment.

<sup>28</sup> See Appendix, Document B to view the letter in its entirety.

**Figure 6.3: Executive Order creating the United States Sanitary Commission**



Source: New York Public Library Archives. Order creating the United States Sanitary Commission, signed and approved by President Lincoln on June 13, 1861. UUSSC, 1861-1872, ID: 1947303

### Hierarchical Leadership

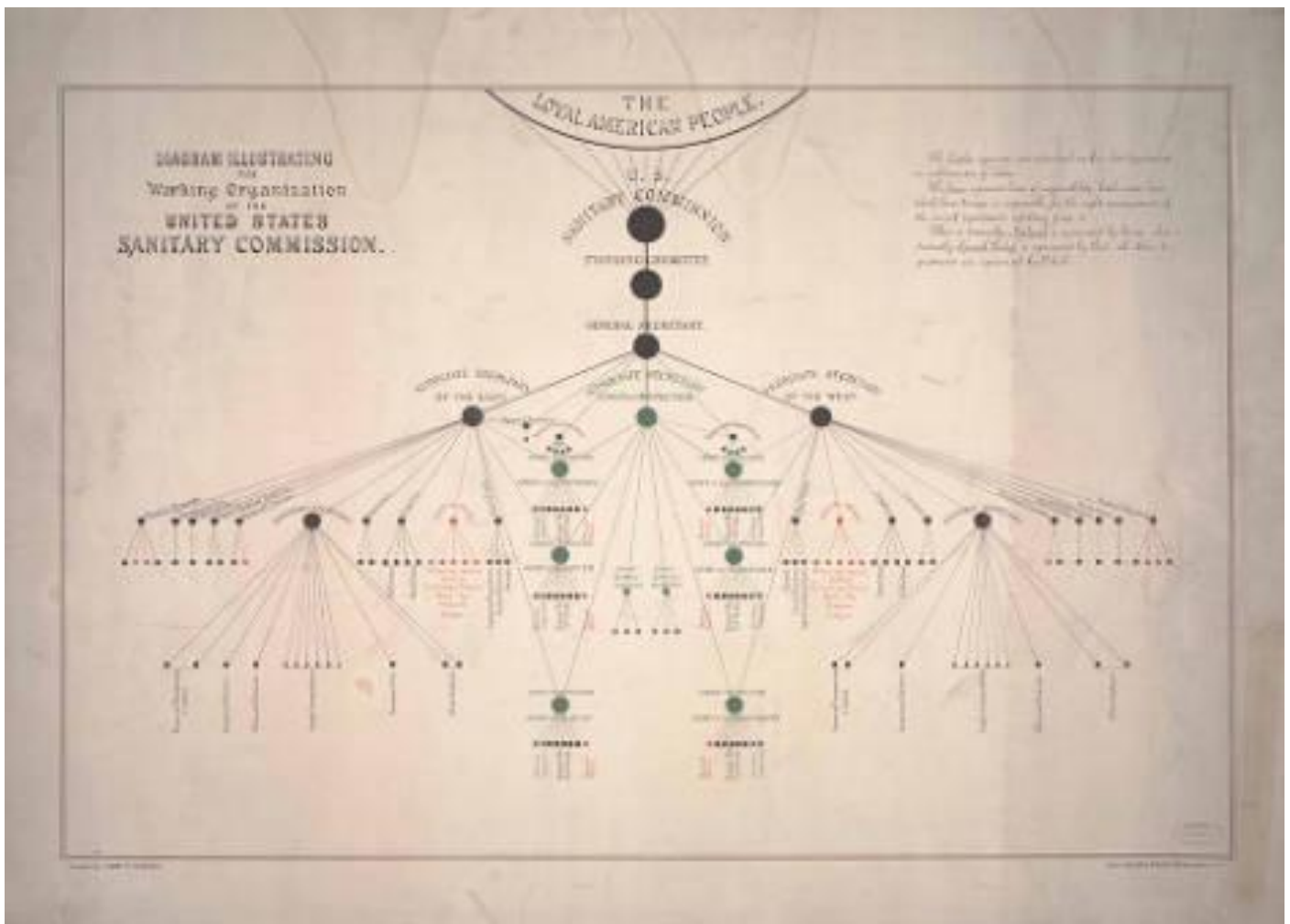
WH2b: Titles of leaders of the United States Sanitary Commission indicate hierarchical organization.

In the second letter of appointment, dated June 13, 1861, Secretary of War Cameron suggested the hierarchical organizational structure for the Commission.

- President: call and preside over all meetings of the Commission, and give unity, method, and practical success to its counsels.
- Vice-President: perform the President's duties in his absence.

- Secretary: charged with the chief executive duties of the Commission, in constant correspondence with its President; be resident at Washington, and admitted to confidential intimacy with the Medical Bureau and the War Department, responsible for agents, and serve as a member on all Committees.
- Treasurer: hold and disburse, as ordered by the Commission, the funds of the body (Stille 1866, 536-38).

**Figure 6.4 – Official Organizational Chart of the United States Sanitary Commission**



Source: New York Public Library Archives: Diagram the working organization of the United States Sanitary Commission, designed and printed by John Y. Culyer, United States Sanitary Commission 1861-1872 Archives. Image ID: 2011479

In the same letter, Secretary Cameron also suggested appointments for those positions:

Henry W. Bellows, President  
Prof. A.D. Bache, Vice-President  
Elisha Haris, M.D. Secretary  
George T. Strong, Treasurer

Board Members [civilians]:

William H. Van Buren, M.D.  
Wolcott Gibbs, M.D.  
Cornelius R. Agnew, M.D.

Board Members [U.S. Army]

Robert C. Woods, M.D.,  
George W. Cullum, M.D.  
Alexander E. Shiras, M.D.

(Stille 1869, 532)

**Figure 6.5 - United States Sanitary Commission Board of Directors**



Source: New York Public Library Archives. USSC 1861-1872. Image ID: 201150.

Although each of these men was an expert in his own right, together they created a powerful and knowledgeable board, with a clear responsibility and reporting structure (Livermore 1889, Stille 1862). However powerful the board of the Commission was, the women of the Sanitary Commission held power and influence of their own.

Just as the national leaders of the Sanitary Commission were all men, the auxiliary (or branch) offices were all managed by women. These women came to hold leadership, not only by

appointment of the Surgeon General, but by appointment to the local auxiliaries themselves. These women were Louise L. Schuyler, Agent of the New York auxiliary, and Mary Livermore, Agent of the Northwestern Auxiliary. Although it is clear that these women were leaders in their own right, it is not so clear how they came into these positions. Others, like Dorothea Dix, Superintendent of Women Nurses, were appointed by agents of the government (Livermore 1889).

**Figure 6.6 - Dorothea Lynde Dix<sup>29</sup>**



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<sup>29</sup> New Jersey Women's History, Rutgers University: [http://www.njwomenshistory.org/index.htm/Dorothea\\_Lynde\\_Dix](http://www.njwomenshistory.org/index.htm/Dorothea_Lynde_Dix).



Katherine Wormeley, a Field Nurse (and historian), were selected by leaders of the Commission (the board members) themselves (Wormeley 1889).

**Figure 6.7 – Katherine Wormeley<sup>30</sup>**



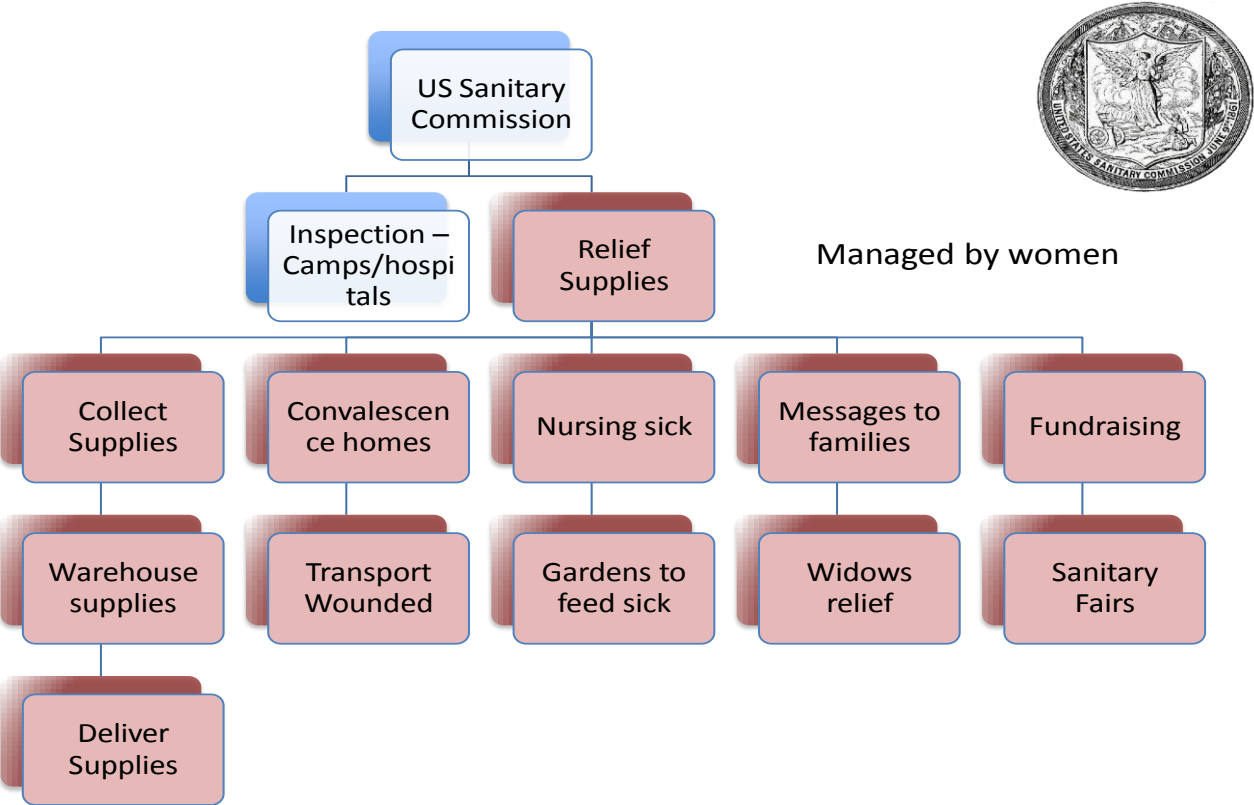
The reporting structure of the men of the Commission was quite different from that of the women of the commission. The reporting structure of the ladies aid societies which operated under the umbrella of the Sanitary Commission was somewhat linear and many of the women

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<sup>30</sup>Civil War Historical Society: <http://civilwarrx.blogspot.com/2011/08/katherine-prescott-wormeley.html>.

leaders did not always follow a reporting structure. Nevertheless overall there was a clear hierarchy providing compelling evidence for working hypothesis 2.

**Figure 6.8– Organizational Chart of the General Relief Division of the USSC, Managed by Women**



(Shields 2013)

The branch offices and the many contributing relief auxiliaries often maintained their autonomy, and because of this autonomy, women were able to accomplish what the government could not. However, there were times that independence and autonomy got in the way of immediate

solutions and accomplishments (Brinton 1914). Still, the evidence of appointments and designations within the organization of the United States Sanitary Commission is clear.

There is adequate evidence that the United States Sanitary Commission met Stillman's second criteria (formal hierarchical organizations) of an organization, which could qualify as part of the administrative state:

*Titles and positions of the leaders of the United States Sanitary Commission indicate hierarchical organization.*

### **Chain of Command**

*WH2c:* Within the United States Sanitary Commission, orders were issued through a chain of command.

As hierarchical organizations follow a chain of command, so did the United States Sanitary Commission. Within the organization, auxiliary organizations reported to Branch offices and Branch offices reported to the main office in Washington. In the field, Relief Agents each reported to a Field Inspector, and the Field Inspectors reported to the main office in Washington. When working directly with the Army, the Sanitary Commission followed a military chain of command (Brinton 1914, Livermore 1889, Stille 1866). The chain of command is clearly documented in an 1862 article in the *New York Times*.

Before entering any camp, they [Inspectors and Relief Agents of the Sanitary Commission] are required to obtain the formal approval of the Major-General, the Brigadier-General and the Medical Director, in whose military jurisdiction it is included, together with an introduction to the commanding officer of the regiment, and through him to the company officers (*New York Times* 1862).

Although the male leadership and the field Inspectors and Relief Agents followed the official chain of command, there were times when the volunteer (women) nurses organized their

own Army with their own chain of command and plans for their work. At times, the women nurses would call surgeon's actions into question, going outside the chain of command. These women appointed their own leaders and, unlike the men, reached across different classes and regions (Livermore 1889, Wormeley 1889). Although these women recognized the Board of Directors as the official head of the Sanitary Commission, women did things in their own way, independent of men's opinions. Dr. Elizabeth Blackwell was instrumental in the creation of the New York Women's Central Association of Relief, and she recruited Dr. Bellows into the organization, which exemplified the difference in the men and women of the Commission. Men were praised for their contributions and women were for the most part, ignored. In a letter to her friend, Barbara Bodichon, Blackwell wrote:

...you will probably not see our names...the doctors would not permit us to come forward...and refused to have anything to do with the nurse education plan if the 'Miss Blackwell's were going to engineer the matter (New York Public Library 1861-1877).

According to Army physicians, such as Dr. John Brinton (1914), women assigned to help in hospitals were not always trained, and they were not used to the strict hierarchy and protocol of the military. They often spoke out when they saw an area that needed improvement. These women sometimes challenged the surgeons and hospital staff, and they reported theft of supplies. There were even rumors of nurses reporting thefts to the governors of their home states, instead of following the Sanitary Commission chain of command (Brinton 1914, 198-201).

**Figure 6.11 - Dr. John H. Brinton<sup>31</sup>**



Even though female nurses sometimes stepped out of the chain of command, it must be said that these women were most often volunteers, and as volunteers they could quit at any time. As those appointed know, it is difficult to enforce chain of command on those who serve at their own leisure.

Even so, there is adequate evidence that the United States Sanitary Commission met Stillman's second criteria (formal hierarchical organizations) of an organization, which could qualify as part of the administrative state:

*Within the United States Sanitary Commission, orders were issued through a chain of command.*

### **Summary of Findings (WH2)**

The document analysis supports that the United States Sanitary Commission meets Stillman's second criteria of an organization, which is part of an administrative state – operates

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<sup>31</sup> Thomas Jefferson University, Civil War Surgery Manuals: <http://jeffline.jefferson.edu/SML/Archives/Highlights/Manal>.

within a hierarchical organization. While the strength of the evidence varied somewhat between the men and women of the Sanitary Commission, over all the evidence is adequate. Table 6.2 summarizes the findings for working hypothesis 2.

**Table 6.2 – Summary of evidence: Working Hypothesis 2-Hierarchical Organization**

Question	Findings	Strength of Evidence
<b>WH2: The United States Sanitary Commission worked within a formal hierarchical organization</b>		
<b>WH2a: The USSC was officially sanctioned.</b>		
Was the USSC sanctioned by the US Govt.?	•The USSC was commissioned by President Abraham Lincoln.	Strong
Did the USSC cross state lines?	•The USSC crossed state lines.	Strong
<b>WH2b: Titles of leaders indicate hierarchical organization</b>		
Did the structure of the leadership indicate a hierarchical organization?	•The leadership structure of the USSC indicated a hierarchical organization.	Strong Prevention Services  Adequate General Relief
<b>WH2c: Orders were issued through a chain of command</b>		
Did the USSC follow a chain of command?	•The USSC followed a chain of command. However, it is important to point out that many of the people who worked with the USSC were volunteers, and it is difficult to enforce a chain of command when people serve at their own leisure.	Strong Prevention Services  Adequate General Relief
Overall evidence		Strong

## **Impersonal Rules**

*WH3*: The United States Sanitary Commission operated under impersonal rules and procedures.

Rules provide a rational foundation for procedures and operations. Administrative decisions grounded in codified rules and in precedents provide a rational foundation for procedures. Stillman (1998) argues that the application of impersonal rules to management and procedures is characteristic of an administrative state. Uniform rules and official behavior create a more efficient organization and allow for objective function. Impersonal rules and procedures were part of the standard mode of operations for the medical Inspectors and Relief Agents of the Sanitary Commission.

## **Standardized Procedures**

*WH3a*: The U.S. Sanitary Commission leaders organized around impersonal rules and procedures to ensure standards and impartiality.

The medically trained men operated under written procedures, and their field reports were written and processed through the chain of command (Brinton 1914, Steiner 1862, Van Buren 1861). The Inspectors also advised on: "methods of camp cooking, ventilation of tents and quarters, drainage of camps, administration of the hospitals, tents and use of materials, quality of the clothing, and the personal cleanliness of the men," which were all outlined in a field manual (Steiner 1862). All of these United States Sanitary Commission impersonal rules and procedures supplemented the office (codified) Plan of Operation for the War Department.<sup>32</sup>

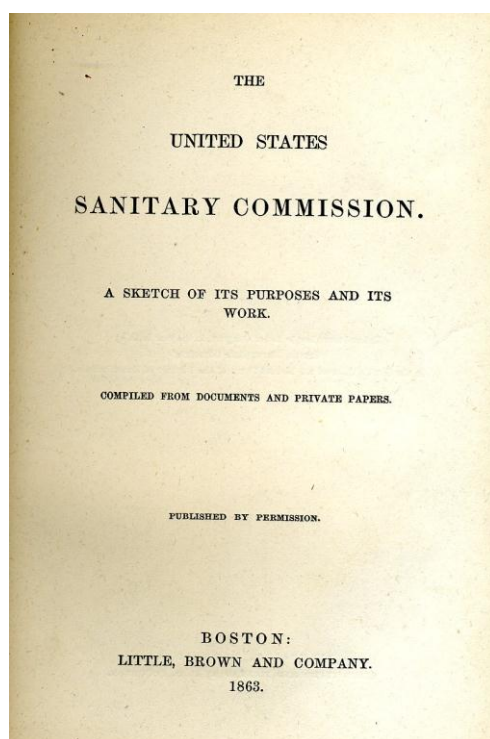
The Board of the Sanitary Commission adopted standardized rules and regulations for their field operations. These rules and regulations were outlined in a field manual titled "Rules

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<sup>32</sup> See Appendix, Document B

for Preserving the Health of the Soldier” (Van Buren 1861). The Fifth Edition of the manual, as with all field procedures, was approved by Fredrick Law Olmsted, General Secretary of the Sanitary Commission, on July 2, 1861. Standardized rules and regulations, approved by the Secretary of War, through the Board of Directors, were strictly followed by the men of the Commission; at the same time, the women of the Commission developed their own standardized procedures.

**Figure 6.10 – U.S. Sanitary Commission Sketch of Purpose and Work** <sup>33</sup>



Mary Livermore (1889) wrote that the Sanitary Commission used a “rigid system” (133) in receiving, processing and distributing hospital supplies. The same methods were used

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<sup>33</sup> This book is a sketch of the purposes and work of the USSC, and it provides details about the commission regarding its work to set up hospitals and tend to the injured and sick during the War. This book was compiled from documents and private papers and published by Little, Brown, and Company of Boston in 1862.



throughout the Sanitary Commission to ensure the methods used “were those of the best business houses” (134). All the branches used the same methods of planning and execution and thus were able to “trace the packages sent to hospitals back to their original contributors, vouchers being taken of those who received them, at every stage of their progress to their ultimate destination. Only a very insignificant fraction of them was lost or misused” (134). Field operations, based on a standardized manual, and “rigid system” of processes, led to consistency and professionalism. However, there were those who broke the rules, or created their own.

There were many women who placed the care of the soldiers above the rules and procedures, and Mary ‘Mother’ Bickerdyke was one of these women. In her special concern for enlisted men, she stopped at nothing to get supplies and care for ill and wounded soldiers. Bickerdyke held no official authority, however, because of her manner she was rarely questioned. When one surgeon dared to ask where she received permission to do what she was doing, Bickerdyke retorted she was given orders by ‘the Lord God Almighty. Have you anything that ranks higher than that?’ (Livermore 1889, 490). Often there were emergencies and the Sanitary Commission was unable to provide needed supplies. Women, like Bickerdyke would take matters into their own hands and use their own resources, even to the point of borrowing.

The gentlemen of the Commission, while they had no doubt that the good woman made a legitimate use of the money and of the articles purchased, objected to these irregular and unbusiness-like transactions... we [women of the Sanitary Commission] women raised money to pay them outside the Commission...” (498).

**Figure 6.11: Mary “Mother” Bickerdyke<sup>34</sup>**



Although Mary Livermore (1889) valued the rules and standard procedures outlined by the Sanitary Commission and of the army, in writing about one of her first visits to the Fifth Street Army Hospital, in St. Louis, Livermore recalled the surgeons at the hospital advised her that many persons [women] were not able to work in hospitals because of the effects of the sights, sounds and smells. A surgeon advised her to avoid the wards and to encourage all women to follow this advice. However, female nurses were independent, and sometimes naïve, and they often disregarded doctors’ orders to satisfy patients’ needs. To the benefit of the wounded, Ms. Livermore counseled against such advice (188).

While there is strong evidence the men of the Inspection Arm of the Sanitary Commission followed impersonal rules and procedures, there were times when the women

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<sup>34</sup> New York Public Library Archives: <http://www.lib.niu.edu/1994/ihy940239.html>.

volunteers disregarded formal procedures to meet the needs of the soldiers. Even so, there is adequate evidence that the United States Sanitary Commission met Stillman's third criteria, impersonal, codified rules, of an organization, which could qualify as part of the administrative state:

*The U.S. Sanitary Commission leaders organized around impersonal rules and procedures to ensure standards and impartiality.*

### **Affect Governmental Behavior**

*WH3b:* The U.S. Sanitary Commission use of rules effected government behavior.

Stille (1866) argued that no part of the government was less prepared for the emergency of the Civil war than the Military Hospitals. Many of the hospitals were located in buildings constructed for totally different purposes. The locations, ventilation, the ward accommodations, lack of conveniences, and general conditions were “unfavorable to recovery of the sick” (93). Following standard procedures and protocol, the Commission recommended to the War Department that in order to alleviate these conditions, an entirely new system of hospitals needed to be constructed. After much consultation with the Commission, the War Department adopted the recommendations and constructed a series of hospitals according to the ‘Pavilion System.’

The War Department not only adopted the Commission's plans as a whole, but they requested certain of its members [of the Sanitary Commission], supposed to possess special qualifications, to aid its own [military] officers in the selection of sites for five model Hospitals which were afterwards erected in accordance with these plans. For once, the suggestions of the Commission were met with a frank, cordial, and generous spirit on the part of the Government (Stille 1866, 94-95).

While the men of the Commission earned respect from the War Department for their knowledge, professionalism, and respect for protocol, the civilian nurses learned from their experiences, and began to work within the bounds of accepted medical practice and military protocol. Soon these volunteer nurses were accepted, not only by the soldiers they so compassionately cared for, but also by the Army leaders. No one exemplifies this acceptance more than Mary Ann “Mother” Bickerdyke, who eventually rode with General Grant (Livermore, 1889, 289).

As the women of the Sanitary Commission became more and more professional in both administration and nursing, the Army grew to accept and value their presence. Women went to war with the most basic knowledge of nursing, and blazed the path for professional nursing in the United States; they not only changed opinion, but they earned the respect of the government (the Army), and of the general public. The work of these women was so respected that in 1868, Samuel Gross, M.D., President of the American Medical Association, endorsed the idea of creating schools for nurses (Larson 1997).

While there is strong evidence the men of the Inspection Arm of the Sanitary Commission followed impersonal rules and procedures, there were times when the women volunteers disregarded normal procedures to meet the needs of the soldiers. Even so, there is adequate evidence that the United States Sanitary Commission met Stillman’s third criteria, impersonal, codified rules, of an organization which could qualify as part of the administrative state:

*The U.S. Sanitary Commission’s use of standardized impersonal rules affected government behavior.*

### Summary of Findings (WH3)

The document analysis supports that the United States Sanitary Commission meets Stillman’s third criteria of an organization, which is part of an administrative state – follows impersonal rules. While the strength of the evidence varied somewhat between the men and women of the Sanitary Commission, overall the evidence is adequate. Table 6.3 summarizes the findings for working hypothesis 3.

**Table 6.3– Summary of evidence: Working Hypothesis 3-Impersonal Codified Rules**

Question	Findings	Strength of Evidence
<b>WH3: The United States Sanitary Commission operated under impersonal rules and procedures.</b>		
<b>WH3a: Impersonal rules were necessary to ensure standards and impartiality.</b>		
Did the USSC organize around impersonal rules and procedures to influence standards and impartiality?	•The USSC employed standards, impartial, and impersonal rules.	Strong-Men Inspection Division  Adequate-Women Supply Division
Was it vested by authority?	•The USSC was vested by the authority of an executive appointment.	Strong
<b>WH3b: Impersonal rules effected government behavior.</b>		
Did the rules and standards of the USSC effect government behavior?	•The rules and standards of the USSC affected government behavior.	Strong-Men Inspection Division  Adequate-Women Supply Division
Overall evidence		Adequate

## **Implemented Important Government Function**

*WH4:* The U.S. Sanitary Commission implemented important government functions.

The governmental obligation is to promote the public interest in the most moral and basic sense, and the public interest must serve a higher purpose. The government also has an obligation to respond to the interest of the citizenry (Rosenbloom 2009). In other words, there are no standards to which government should conform, rather government should undertake functions that protect, render service, or are developmental. However, during war time, the military branch of government becomes of vital importance. It is therefore in the best interest of both the government and the people for the government to maintain a healthy military.

## **Promoted Government Standards**

*WH4a:* The U.S. Sanitary Commission implemented important government functions.

In 1861, when the Sanitary Commission received its appointment by President Lincoln, the Army Medical Bureau was hard pressed to provide adequate relief to the thousands of men who were perishing because of fatigue and neglect in the battle fields. Although the government was doing what it could, it was stretched beyond its bounds and it could not possibly satisfy the needs and demands of the people. At the beginning of the Civil War, the United States maintained an Army of 20,000 to 25,000 men,<sup>35</sup> and up until the war began, the Army had no thought (or need) about how to deal with medical care for the 250,000 men who served the Union Army. Therefore, the Sanitary Commission took on the work the government was unable to do (Brinton 1914, Stille 1866, Livermore 1889).

The Sanitary Commission performed many government functions, including:

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<sup>35</sup> Stokesbury 2011

- raised funds to supplement dwindling Army funding
- supplied the troops with food, clothing and medical supplies
- ensured the health and safety of the camps and hospitals
- provided nutritional advice and training
- provided for soldiers convalescence care
- arranged for and provided transportation and communication
- managed hospital directories and death records

The Commission also played a vital role in caring for sick and wounded soldiers, and although it was a volunteer organization, the Commission was officially sanctioned by the government, and therefore maintained a constant and open line of communication with the Army Medical Bureau, through the Surgeon General and the Secretary of War. The Commission maintained an office in Washington to insure the directives of the government were strictly followed (Stille 1866).

There is adequate evidence that the United States Sanitary Commission met Stillman's fourth criteria, to perform important government functions, which could qualify as part of the administrative state:

*The U.S. Sanitary Commission implemented important government functions.*

### **Functioned Across State Lines**

*WH4b:* The U.S. Sanitary Commission employed standard rules and procedures to implement governmental function across state lines.

In an effort to “do their whole duty” the Women’s Central Association of Relief made the decision to attempt to organize the “scattered efforts of the women of the country” (Stille 1866, 43). While local interests are important, these women realized that the bond across state lines created a sense of commonality and nationality, and maintained direct lines of communication between the citizens and all the governments that serve them (Stillman 1998).

The Sanitary Commission was an amalgamation of ladies aid societies, relief auxiliaries, church congregations, and civilian civic and social groups of all kinds. Ties between national, state, and local governments allowed organizations to move from narrow local functions and fields of service, to broad, national organizations. Realizing this, the New York Women's Central Association of Relief moved to unite the many relief organizations across the North into an effective system of fund raising, collection and distribution (Livermore 1889, Womerley 1889).

After the New York group sent a delegation to Washington to lobby the Department of War, the United States Sanitary Commission received its official commission. It was then that the Commission divided into three distinct areas of service: 1) the Prevention Service, 2) General Relief, and 3) Special Relief (Stille 1866). The Commission had four main Agency Offices (located in Washington, DC; Louisville, Kentucky; Philadelphia, Pennsylvania, and New York, New York, and twelve main Field Offices, as well as branches and associations all across the North (Brayton 1898, Kring 1864, Livermore 1889, Stille 1866).

**Figure 6.12: United States Sanitary Commission Headquarters, F St., Washington, D.C.<sup>36</sup>**



<sup>36</sup> New York Public Library Archives: <http://www.nypl.org/blog/2012/05/01/ussc-records-day-civil-war-office>.



**Figure 6.13: United States Sanitary Commission Branch, Gettysburg, Pennsylvania.<sup>37</sup>**



**Figure 6.14: United States Sanitary Commission Office, 1307 Chestnut St., Philadelphia, Pennsylvania.<sup>38</sup>**



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<sup>37</sup> New York Public Library Archives: <http://www.nypl.org/blog/2011/03/31/ussc-accounts-and-vouchers>.

<sup>38</sup> New York Public Library Archives: <http://www.nypl.org/blog/2012/05/01/ussc-records-day-civil-war-office>.

**Figure 6.15: United States Sanitary Commission Branch Office, Chicago, Illinois<sup>39</sup>**



Even with these many offices, the Sanitary Commission was able to operate efficiently, and positively affect both the health and well-being of the soldiers as well as the future of health care and women’s work in the United States.

There is adequate evidence that the United States Sanitary Commission met Stillman’s fourth criteria, to perform important government functions across state lines, which could qualify as part of the administrative state:

*The U.S. Sanitary Commission was able to implement important governmental functions across state lines.*

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<sup>39</sup> New York Public Library Archives: <http://www.nypl.org/blog/2011/03/31/ussc-accounts-and-vouchers>.

**Table 6.4 : Working Hypothesis 4**

Question	Findings	Strength of Evidence
<b>WH4: The United States Sanitary Commission implemented important governmental functions.</b>		
<b>WH4a: Standard rules and procedures were used to ensure that government functions are implemented in a way which provides standards</b>		
What important government work did the USSC perform?	<ul style="list-style-type: none"> <li>•Raised funds for the support of the Union Army.</li> <li>•Procured, managed and delivered supplies to the Union Army.</li> <li>•Provided for the health and well-being of Union soldiers, though sanitation and safety inspection.</li> <li>•Provided for the health and well-being of Union soldiers' families.</li> </ul>	Strong
Did this work contribute to public health, safety, and well-being?	•The work of the USSC contributed to public health, safety and well-being.	
How were standards, rules, and procedures of the USSC established?	•Standard rules and procedures were formed by committee, expert management, and a hierarchical structure.	
How were they implemented and managed?	•Standard rules and procedures were implemented and managed through a hierarchical structure.	
<b>WH4b: Leaders used official rules and procedures, across state lines, to implement government function</b>		
In what states did the USSC operate?	•The USSC operated in all of the Union states.	Strong
How were rules used to obtain operation access in these states?	•Collaboration with local organizations, and implementation of rules by local agents made the work across the states accessible.	
Did operating across state lines affect the work of the USSC, if so how?	•Operating across state lines required communications and coordination with the many local branches and affiliates to ensure standards in implementation of governmental functions.	
Overall evidence		Strong

## **Summary of Findings (WH4)**

The document analysis supports that the United States Sanitary Commission meets Stillman's fourth criteria for an organization which is part of an administrative state – it implements important governmental functions. Table 6.4 summarizes the findings for working hypothesis 4.

## **Networks**

*WH5:* The U.S. Sanitary Commission employed the use of both formal and informal networks.

At the beginning of the war, Dr. Blackwell (of the New York Women's Central Association of Relief) wanted to "organize the whole benevolence of women of the country into a general and central association" (Wormeley 1863, 3). It is estimated that by the end of the Civil War there were more than 7,000 relief organizations attached to, or associated with the Sanitary Commission.

## **Formal Networks**

*WH5a:* Experts in the U.S. Sanitary Commission employed formal networks to meet goals.

The leaders of the Sanitary Commission immediately recognized the importance of unity of organizations. The male Board of Directors called upon Miss Collins and Miss Schuyler of New York to work towards unity with the many aid associations across the North. It was Collins and Schuyler who contacted: "Miss May and Miss Stevenson, at Boston; Mrs. Grier and Mrs. Moore at Philadelphia; Mrs. Rouse and Miss Brayton at Cleveland; Miss Campbell at Detroit; and Mrs. Hoge and Mrs. Livermore at Chicago," (Stille 1866, 186) and began the network that ultimately culminated in more than 7,000 aid societies supporting the Sanitary Commission in its

relief efforts. Stille wrote that it was through the dedication, “avowal conviction and zealous labors of such women that with “enthusiastic spirit of devotion to its general policy” agents pervaded all classes during the war (186). The networks developing from Branch office to Branch office allowed for unity, efficiency and standardization, and helped the Sanitary Commission meet the needs of the soldiers. However, it was the formal network of Ms. Dorothea Dix that allowed the Commission to so quickly gain the approval of many.

Through her campaign for insane asylum reform, Dorothea Dix had become well-known and respected in Washington. From the beginning of the Civil War, Ms. Dix used her contacts to organize charitable contributions intended to support the troops. Along with the contributions, each day Dix received dozens of letters from women wishing to volunteer to serve as nurses. In May of 1861, Dr. Bellows arranged a meeting, in Washington, with Ms. Dix, where he hoped to discuss the possibility of joining forces. The results of this meeting was the merger of the WCAR and Dix’s reform work. By using her reform network, Dix and Bellows relentlessly pressured a reluctant government to create the Sanitary Commission (Livermore 1889, Stille 1866).

*The U.S. Sanitary Commission employed networks to realize goals.*

### **Informal Networks**

*WH5b:* Experts in the U.S. Sanitary Commission employed informal networks to realize goals.

A national movement, unified by the WCAR, created a network of Christian auxiliaries, social clubs and relief organizations that, in association with the United States Sanitary Commission, greatly increased the Commission network of collection, fundraising, and support.

In this way, the organization responded to the needs of the soldiers. These informal networks contributed funds, supplies, and began to ease the war effort.

One of the main contributions of the many aid societies and branch offices of the Sanitary Commission was funds. The first Sanitary Fair was held in Chicago in 1863, and raised nearly \$100,000. The Chicago fair was so successful that cities across the North quickly organized fairs for the common cause. Local businesses and schools closed so citizens could attend; the fairs created a communal response and supported a national identity. This was just part of the informal network that motivated citizens to contribute to the goal of soldier relief. By 1866, the Sanitary Commission had successfully “collected \$4,924,048.99 in donations from people throughout the United States. Nearly one half of the funds (\$2,736,868.84) were the results of Sanitary Fairs held during the last half of the war. The first Sanitary Fair was held in Chicago from October 27 through November 7, 1863. Often items were donated for auction, some quite valuable, including the signatures of President and Mrs. Lincoln, which were auctioned at a New York fair.

**Figure 6.16: Signatures of President Abraham Lincoln and First Lady Mary Lincoln, 1864<sup>40</sup>**



<sup>40</sup> New York Public Library. United States Sanitary Commission Records, 1861-1872, New York Public Library, <http://www.nypl.org/blog/2010.12.16.usssc-procession-project-giving>.

**Figure 6.17: Great Central Fair (Chicago) in Aid of the U.S. Sanitary Commission, 1864.** <sup>41</sup>



Along with funds raised to provide for supplies and transportation, the Sanitary Commission provided medical relief to thousands of wounded soldiers. It is estimated that 360,000 men died in the Civil War in service to the Union (Vinovskis 1989). Hundreds of thousands of men were cared for by the medical departments of the Union Army, the civilians surrounding the areas of the battle grounds, and members of the U.S. Sanitary Commission. The Sanitary Commission's dedicated civilian volunteer staff, backed up by a well-organized logistical support network, would never have been possible without the determination of women who placed the care and well-being of soldiers above all else.

*The U.S. Sanitary Commission employed informal networks to realize its goals.*

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<sup>41</sup> New York Public Library. United States Sanitary Commission Records, 1861-1872, New York Public Library, <http://www.nypl.org/blog/2010.12.16.usssc-procession-project-giving>.

## Summary of Findings (WH5)

The document analysis provides strong support that the United States Sanitary Commission met Stillman’s fifth criteria of an organization which is part of an administrative state – employed the use of networks. Table 6.5 summarizes the findings for working hypothesis 5.

**Table 6.5: Working Hypothesis 5**

Question	Findings	Strength of Evidence
<b>WH5: The United States Sanitary Commission employed the use of networks.</b>		
<b>WH5a: Leaders of the USSC employed the use of formal networks to realize goals.</b>		
Did the USSC employ the use of formal networks to realize goals?	•The USSC employed the use of formal networks to realize organizational goals.	Strong
How did the USSC employ the use of formal networks?	•The USSC used formal networks to establish and accomplish goals both in supplies and inspections.	Strong
Did the use of formal networks affect the work of the USSC?	•The use of formal networks made the work of the USSC more efficient and more effective.	Strong
<b>WH5b: Leaders of the USSC employed the use of informal networks to realize goals.</b>		
Did the leaders of the USSC employ networks to accomplish unity of work?	•The USSC employed informal networks to accomplish goals.	Strong
How did the leaders use networks?	•The leaders of the USSC general (women's) relief organizations employed informal networks to accomplish what government could not.	Strong
Overall evidence		Strong



## Technology

*WH6*: The United States Sanitary Commission used technologies to achieve goals.<sup>42</sup>

Larry Hickman (1990) defines technology as:

. . . involving invention, development, and cognitive deployment of tools and other artifacts, brought to bear on raw materials . . . with a view to the resolution of perceived problems . . . [which, together] allow [society] to continue to function and flourish (12).

However, he also argues that technology is the intelligent product of “new tools, including conceptual and ideological ones, [and is used] for dealing with problematic situations” (183).

From its inception, the United States Sanitary Commission was a well-planned organization created to deal with a problematic situation. Its leaders were flexible, creative, and cooperative. When the women of the New York Women’s Central Association of Relief enlisted the aid of leading male civic leaders and medical men, they placed the Women’s Central in a strategic position to negotiate support and authorization from the United States Government and from the general public (Stille 1866). Through the gathering of different women’s benevolent associations and the practice of using standards in rules and procedures (such as recordkeeping and medical inspections), supported professional practices, and ethnical values, the women’s societies, which

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<sup>42</sup> There are many and often competing definitions for the terms hard technology and soft technology (Hazeltine 1999, McRobie 1981). However, for this paper Audrey Faulkner and Maurice Albertson’s definitions seem to be most appropriate. Faulkner and Albertson distinguish technologies as: Hard technologies are “engineering techniques, physical structures, and machinery that meet a need defined by a community, and utilize the material at hand or readily available. It can be built, operated and maintained by the local people with very limited outside assistance (e.g., technical, material, or financial), it is usually related to an economic goal.” And soft technologies as those that deal with “the social structures, human interactive processes, and motivation techniques. It is the structure and process for social participation and action by individuals and groups in analyzing situations, making choices and engaging in choice-implementing behaviors that bring about change” (Faulkner and Albertson 1986, 127-137).

endeared themselves to the soldiers and the public alike, eventually became the United States Sanitary Commission (Livermore 1889, New York Times 1862, Stille 1866 Wormeley 1863).

*The United States Sanitary Commission used technologies to achieve goals.*

## **Hard Technology**

*WH6a:* The United States Sanitary Commission used hard technologies.

The United States Sanitary Commission leaders were flexible, creative and cooperative, and they used this creativity to the benefit of the Union soldiers. In an attempt to care for the soldiers, the USSC employed the use of telegraph, wagon and train travel, and printed materials.

Through the daily papers, we volunteered to take letters, messages, or small packages, to parties on our route connected with the Army, and to deliver them whenever it was possible (Livermore 1889, 283).

The women volunteers converted their home kitchens to hospital kitchens, and created traveling kitchens to feed the soldiers in the field.

In her house, a kitchen had been fitted up expressly for the preparation of such delicate articles of sick-food as were not at that time easily cooked in the hospitals. It was called the "hospital kitchen,"... A light covered wagon, called by the coachman the "hospital wagon," was fitted up expressly for the transportation of these delicacies to the wards or invalids for whom they were designed (Livermore 1889, 123).

**Figure 6.18: United States Sanitary Commission field kitchen** <sup>43</sup>



Source: National Archives Online  
<http://www.ourarchives.wikispaces.net/We+Were+There>

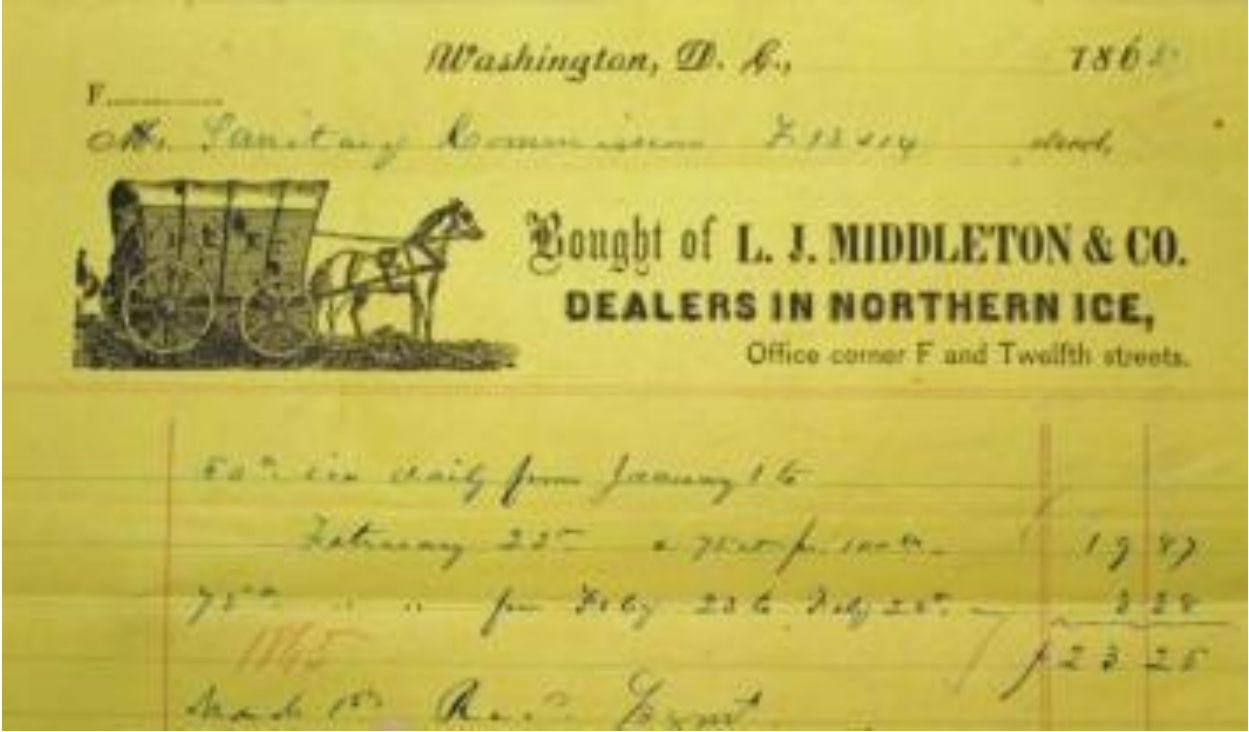
The Commission took whatever steps necessary to insure food, clothing, medical supplies and medical equipment were provided for the troops. Not only did they purchase, stock, and

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<sup>43</sup> USSC vouchers were used as proof of transaction. Vouchers are comprised of receipts, paid notes, checks, bills, and invoices. Together, these materials provide a record, sometimes in great detail, of the services and goods purchased by the USSC, to aid Union soldiers and sailors, and which was proof needed to receive payment.

distribute supplies, often the Commission provided for delivery of items to hospitals and to the battle front (Livermore 1889, New York Times 1862, Stille 1866 Wormeley 1863).

**Figure 6.19: United States Sanitary Commission delivery voucher <sup>44</sup>**



Source: New York Public Library Archives:  
<http://www.nypl.org/blog/2011/03/31/ussc-accounts-and-vouchers>

<sup>44</sup> USSC vouchers were used as proof of transaction. Vouchers are comprised of receipts, paid notes, checks, bills, and invoices. Together, these materials provide a record, sometimes in great detail, of the services and goods purchased by the USSC to aid Union soldiers and sailors, and was proof needed to receive payment.

The Sanitary Commission employed the use of many technologies that Faulkner and Albertson categorize as hard technologies. There is compelling evidence that the United States Sanitary Commission met Stillman's sixth criteria, use of networks of an organization, which could qualify as part of the administrative state:

*The United States Sanitary Commission used hard technologies*

### **Soft Technology**

*WH6b:* The United States Sanitary Commission used soft technologies.

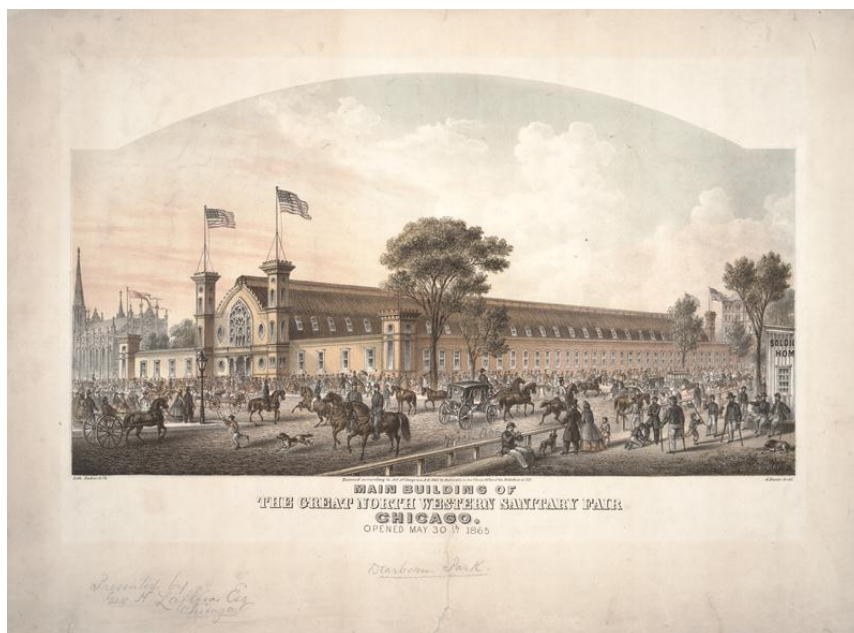
Soft technology implies implementing behaviors, especially those structured for social participation, that bring about change. United States Sanitary Commission leaders, in an attempt to provide for the health and wellbeing of the soldiers, often employed the use of soft technology. The actual printed material used in the sanitary fairs, such as announcements and publicity, as well as records of contributions might be considered hard technology. However, the collaboration of entities and the public sentiment produced by the fairs could be considered soft technology. These calls to the public inspired human interaction at its finest. Communities came together, and participated in behaviors that brought about change.

The ingenuity of the women in discovering new methods of enlisting the sympathy and interests of the people in working for the soldiers, when the old ones had somewhat lost their freshness, was very remarkable.... Sanitary Fairs, the unparalleled success of which was not only a most remarkable proof of the profound of popular confidence in the plans of the Commission, but also of the most striking illustrations of the profound gratitude and affection felt by the popular heart towards the soldier... these were [orchestrated] and brilliant displays of patriotic sympathy" (Stille 1866, 191-2).

**Figure 6.20: United States Sanitary Commission Fair<sup>45</sup>**



**Figure 6.21: Main Building of the Great North Western Sanitary Fair, Chicago-1865<sup>46</sup>**



<sup>45</sup> Source: Civie War in Art: The Art Institute of Chicago, Chicago History Museum, Chicago Public Library, <http://www.civilwarinart.org/items/show/61>.

<sup>46</sup> Kruz, Louis. Louis Kurz, Lithographer: Baker & Co. Chicago History Museum, Gift of Geo. H. Laflin, Esq. ICHi-63123 <http://www.civilwarinart.org>.

### Summary of Findings (WH5)

The document analysis provides strong support that the United States Sanitary Commission met Stillman’s sixth criteria of an organization, which is part of an administrative state – to employ the use of technology. Table 6.5 summarizes the findings for working hypothesis 6.

**Table 6.6: Working Hypotheses 6**

Question	Findings	Strength of Evidence
<b>WH6: The US Sanitary Commission used technologies.</b>		
<b>WH7: The United States Sanitary Commission used hard technology.</b>		
Did the USSC utilize hard technologies? If so, what?	<ul style="list-style-type: none"> <li>•The USSC employed the use of hard technology in communications, travel, and facilities management; field equipment was used for both medical care, food supply, and preparation; sanitation technology and equipment was used in both the field camps and military hospitals.</li> </ul>	Strong
<b>WH6: The US Sanitary Commission used soft technologies.</b>		
Did the USSC utilize soft technologies? If so what?	The USSC employed the use of soft technology, such as: collaboration, strategic planning, analysis, and assessment.	Strong
Overall evidence		Strong

## **Chapter VII: Conclusion**

### **Chapter Purpose**

This chapter provided the results of the case study of the United States Sanitary Commission, as an organization, which can be considered part of the administrative state. The study is based on document analysis as source evidence, and the overall results indicate a strong support that the Sanitary Commission meets all seven of Richard Stillman's criteria for an organization of the administrative state. The following chapter provides conclusions based on these results.

### **Research Purpose**

The purpose of this research is to explore whether the United States Sanitary Commission can be considered an organization that qualifies as an example of organization of the administrative state. The following conclusion is based on this case study of the United States Sanitary Commission.

### **Conclusion**

Leadership and networks do not occur spontaneously (Shields 2009). Often it is a common cause that draws people together. It was a common cause, and a common need that drew together the women of the North during the Civil War. A network of relief organizations came together to meet a need that government could not meet, and from this network the United States Sanitary Commission emerged. As the women of the Commission took on new administrative functions, they created a "trans-continental cooperative network of supplies and service unlike the world had ever seen" (Shields 2009, 17).



These Civil War era women developed a new concept of administration, which was founded in the traditions of the women's domestic sphere. A close look at the United States Sanitary Commission reveals that it employed each of Stillman's criteria for an administrative state. The Sanitary Commission, both Prevention Services and General Relief divisions, employed unelected experts; worked within a formal, hierarchical structure; operated under impersonal rules and procedures under the authority of the United States government; implemented important government functions; employed formal and informal networks; and utilized technology (Stillman 1987, 5).

It is clear that there is disagreement on the birth of the United States Administrative State; however, whether one argues that the administrative state was born with the Founding, whether it began in the 20<sup>th</sup> Century with the New Deal, or whether it began during the Civil War, it is certain that the administrative state is vital to the United States governing process. The historical importance of the inception of the administrative state cannot be overstated. History is crucially important and public administration needs a usable past (Stiver 2008). However, for this past to be usable, it must be accurate.

The Sanitary Commission was established by Presidential appointment, and fell under the direction of the Executive; however it was not a government agency.<sup>47</sup> Unlike an agency, nonprofit organizations work to fill gaps left by government, and these organizations work directly or indirectly with communities. Unlike businesses that exist to make a profit, nonprofit organizations often exist to promote a public service or meet a public need. And unlike government agencies that receive funding from tax appropriations, nonprofit funding comes from

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<sup>47</sup> The U.S. Supreme Court on several occasions has considered whether independent agencies are constitutional. In *Humphrey's Executor v. United States*, 295 U.S. 602, 55 S. Ct. 869, 79 L. Ed. 1611 (1935).

a variety of sources which include: fees for services, the sale of products, charitable donations, corporate philanthropy, and grants. The Sanitary Commission was not funded by congressional appropriations (tax dollars), nor did it receive government grants. The Commission was a non-profit, and was self-funded primarily through sanitary fairs and charitable donations (Stille 1866). Although the Commission was not a government agency, and did not receive government funding, the Commissions' mission was to fill in the gaps of government, and to do what government could not do. The Sanitary Commission accomplished its goals. The Commission could be considered a successful non-profit; however, it operated under the appointment and direction of the Executive and therefore is arguably a hybrid organization. The United States Sanitary Commission could be considered a missing link in the history of the administrative state.

“It is not surprising that our historical sense of the Sanitary Commission is dim” (Shields 2004, 59). The Commission was established in 1861, by presidential order, for the common good, and the Commission ceased operating in May 1866, because its mission was complete (Stille 1866). Today “the role of women and the Sanitary Commission [are] largely forgotten (Shields 2004, 59),” [yet] “there is good reason to believe that the ‘motherly’ nurses and ‘caring’ women administrators of the Sanitary Commission led the way for their Settlement daughters”(57).<sup>48</sup>

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<sup>48</sup> The settlement movement began as a response to widespread unemployment and poverty. The first Settlement House in the U.S. was the Neighborhood Guild, established in New York City, in 1886. This was quickly followed by Jane Addams' Hull House, in Chicago, in 1889. Both houses employed the traditional settlement philosophy - a holistic approach to neighborhood improvement and a belief that social change comes through leaders and organizations. In this way, settlements differed from other social service agencies of their time, and played a key role in addressing the issues facing local neighborhoods. By 1910, there were more than 400 settlements located in the U.S., each working to improve education, joblessness, and overall quality of life for the nation's poor. Federation of Settlements, *Many Communities-One Voice*. Available: [http://www.cfsettlements.org/The\\_Settlement\\_Movement.html](http://www.cfsettlements.org/The_Settlement_Movement.html).

The Settlement movement, administered primarily by women, launched social reform initiatives in public health, education, recreation, civil rights, housing, and employment. Reform legislation, such as minimum wage laws, workplace safety standards, and sanitation regulations were a direct result of the settlement movements. Although the Sanitary Commission ceased to exist in 1861, its effects on society are long lasting. The women of the Sanitary Commission, their work, and their legacy are crucially important to the history of public administration.

Through the examination of the history of the United States Sanitary Commission, based on original Civil War era documents, this paper explores whether the Commission meets the criteria, as outlined by Stillman, of an administrative state organization. The results strongly supports that the United States Sanitary Commission does meet the criteria consistent with those of an organization that qualifies as an example of a member of the United States administrative state.

**Table 7.1: Summary of Finding for Working Hypothesis**

Question	Strength of Findings
WH1: The United States Sanitary Commission employed unelected experts.	Adequate
•WH1a: Leaders of US sanitary commission had unique expertise and were appointed.	Strong
•WH1b: An area of expertise was needed to fulfill a mission.	Strong
•WH1c: The actions of unelected experts influenced policy.	Strong
WH2: The United States Sanitary Commission worked within a formal hierarchical organization.	Adequate
•WH2a: The USSC was officially sanctioned.	Strong
•WH2b: Titles of leaders indicate hierarchical organization.	Adequate
•WH2c: Orders were issued through a chain of command.	Adequate
WH3: The United States Sanitary Commission operated under impersonal rules and procedures.	Strong
•WH3a: Impersonal rules were necessary to ensure standards and impartiality.	Strong
•WH3b: Impersonal rules effected government behavior.	Strong
WH4: The United States Sanitary Commission implemented important governmental functions.	Strong
•WH4a: Standard rules and procedures were used to ensure that government functions are implemented in a way which provides standards.	Strong
•WH4b: Leaders used official rules and procedures, across state lines, to implement governmental functions.	Strong
WH5: The United States Sanitary Commission employed the use of networks.	Strong
•WH5a: Leaders of the USSC employed use of formal networks to realize goals.	Strong
•WH5b: Leaders of the USSC employed use of informal networks to realize goals.	Strong
WH6: The US Sanitary Commission used technologies.	
•WH6a: The USSC used hard technology.	Strong
•WH6b: The USSC used soft technologies.	Strong
Overall evidence	Strong

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Appendix A: Example of Reviewed Documents

**Document A**

ORDER OF THE SECRETARY OF WAR, APPROVED BY THE  
PRESIDENT, APPOINTING THE SANITARY COMMISSION.  
WAR DEPARTMENT,  
Washington, June 9, 1861.

THE Secretary of War has learned, with great satisfaction, that at the instance and in pursuance of the suggestion of the Medical Bureau, in a communication to this office, dated May 22, 1861, Henry W. Bellows, D. D., Prof. A. D. Bache, LL.D., Prof. Jeffries Wyman, M.D., Prof. Wolcott Gibbs, M.D., W. H. Van Buren, M.D. Samnel G. Howe, M.D., R. C. Wood, Surgeon U. S. A., G. W. Cullum, U. S. A., Alexander E. Shiras, U. S. A., have mostly consented, in connection with such others as they may choose to associate with them, to act as " A Commission of Inquiry and Advice in respect of the Sanitary Interests of the United States Forces," and without remuneration from the Government. The Secretary has submitted their patriotic proposal to the consideration of the President, who directs the acceptance of the services thus generously offered. The Commission, in connection with a Surgeon of the U. S. A., to be designated by the Secretary, will direct its inquiries to the principles and practices connected with the inspection of recruits and enlisted men ; the sanitary condition of the volunteers ; to the means of preserving and restoring the health, and of securing the general comfort and efficiency of troops ; to the proper provision of cooks, nurses, and hospitals ; and to other subjects of like nature.

The Commission will frame such rules and regulations, in respect of the objects and modes of its inquiry, as may seem best adapted to the purpose of its constitution, which, when approved by the Secretary, will be established as general guides of its investigations and action.

A room with necessary conveniences will be provided in the City of Washington for the use of the Commission, and the members will meet when and at such places as may be convenient to them for consultation and for the determination of such questions as may come properly before the Commission.

In the progress of its inquiries, the Commission will correspond freely with the Department and with the Medical Bureau, and will communicate to each, from time to time, such observations and results as it may deem expedient and important.

The Commission will exist until the Secretary of War shall otherwise direct, unless sooner dissolved by its own action.

SIMON CAMERON,  
Secretary of War.  
I approve the above.  
A. LINCOLN.  
June 13, 1861.

**Document B**

PLAN OF ORGANIZATION FOR "THE COMMISSION OF INQUIRY  
AND ADVICE IN RESPECT OF THE SANITARY INTERESTS  
OF THE UNITED STATES FORCES."

THE Commission naturally divides itself into two branches, one of Inquiry, the other of Advice, to be represented by two principal Committees, into which the Commission should divide.

I. INQUIRY. This branch of the Commission would again naturally subdivide itself into three stems, inquiring successively in respect of the condition and wants of the troops :

1st. What must be the condition and want of troops gathered together in such masses, so suddenly, and with such inexperience?

2d. What is their condition? a question to be settled only by direct and positive observation and testimony.

3d. What ought to be their condition, and how would Sanitary Science bring them up to the standard of the highest attainable security and efficiency?

SUB-COMMITTEES OF BRANCH OF INQUIRY.

A. Under the first Committee's care would come the suggestion of such immediate aid, and such obvious recommendations as an intelligent foresight and an ordinary acquaintance with received principles of sanitary science would enable the Board at once to urge upon the public authorities.

B. The second Sub-Committee would have in charge, directly or through agents, the actual exploration of recruiting posts, transports, camps, quarters, tents, forts, hospitals ; and consultation with officers Colonels, Captains, Surgeons, and Chaplains at their posts, to collect from them needful testimony as to the condition and wants of the troops.

C. The Third Sub-Committee would investigate, theoretically and practically, all questions of dirt, cooking, and cooks ; of clothing, foot, head, and body gear; of quarters, tents, booths, huts; of hospitals, field service, nurses and surgical dresses; of climate and its effects, malaria, and camp and hospital diseases and contagions ; of ventilation, natural and artificial ; of vaccination ; antiscorbutics ; disinfectants ; of sinks, drains, camp sites, and cleanliness in general ; of best methods of economizing and preparing rations, or changing or exchanging them. All these questions to be treated from the highest scientific ground, with the newest light of physiology, chemistry, and medicine, and the latest teachings of experience in the great continental wars.

Probably these Committees of Inquiry could convert to their use, without fee or reward, all our medical and scientific men now in the Army, or elsewhere, especially by sending an efficient agent about among the regiments to establish active correspondence with surgeons, chaplains, and others, as well as by a public advertisement and call for such help and information.

II. ADVICE. This branch of the Commission would subdivide itself into three stems, represented by three Sub-Committees. The general object of this branch would be to get the opinions and conclusions of the Commission approved by the Medical Bureau, ordered by the War Department, carried out by the officers and men, and encouraged, aided, and supported by the benevolence of the public at large, and by the State governments. It would subdivide itself naturally into three parts.

1. A Sub-Committee, in direct relation with the Government, the Medical Bureau, and the War Department; having for its object the communication of the counsels of the Commission, and the procuring of their approval and ordering by the U. S. Government.

2. A Sub-Committee in direct relation with the Army officers, medical men, the camps and hospitals, whose duty it should be to look after the actual carrying out of the orders of the War Department and the Medical Bureau, and make sure, by inspection, urgency, and explanation, by influence, and all proper methods, of their actual accomplishment.

3. A Sub-Committee in direct relation with the State governments, and with the public associations of benevolence. First, to secure uniformity of plans, and then proportion and harmony of action; and finally, abundance, of supplies in moneys and goods, for such extra purposes as the laws do not and cannot provide for.

#### SUB-COMMITTEE OP BRANCH OF ADVICE.

D. The Sub-Committee in direct relation with the Government, would immediately urge the most obvious measures, favored by the Commission on the War Department, and secure their emphatic reiteration of orders now neglected. It would establish confidential relations with the Medical Bureau. A Secretary, hereafter to be named, would be the head and hand of this Sub-Committee always near the Government, and always urging the wishes and aims of the Commission upon its attention.

E. This Sub-Committee, in direct relation with the Army officers, medical men, the camps, forts, and hospitals, would have it for its duty to explain and enforce upon inexperienced, careless, or ignorant officials, the regulations of a sanitary kind ordered by the Department of War and the Medical Bureau ; of complaining to the Department of disobedience, sloth, or defect, and of seeing to the general carrying out of the objects of the Commission in their practical details.

F. This Sub-Committee, in direct relation with State authorities and benevolent associations, would have for its duties to look after three chief objects.

First : How far the difficulties in the sanitary condition and prospects of the troops are due to original defects in the laws of the States or the inspection usages, or in the manner in which officers, military or medical, have been appointed in the several States, with a view to the adoption of a general system, by which the State laws may all be assimilated to the United States regulations. This could probably only be brought about by calling a convention of delegates from

the several loyal States, to agree upon some uniform system ; or, that failing, by agreeing upon a model State arrangement, and sending a suitable agent to the Governors and Legislatures, with a prayer for harmonious action and cooperation.

Second : To call in New York a convention of delegates from all the benevolent associations throughout the country, to agree upon a plan of common action in respect of supplies, depots, and methods of feeding the extra demands of the Medical Bureau or Commissariat, without embarrassment to the usual machinery. This, too, might, if a convention were deemed impossible, be effected by sending about an agent of special adaptation. Thus the organizing, methodizing, and reducing to serviceableness the vague, disproportioned, and haphazard benevolence of the public, might be successfully accomplished.

Third : To look after the pecuniary ways and means necessary for accomplishing the various objects of the Commission, through solicitation of donations, either from State treasuries or private beneficence. The treasurer might be at the head of this Special Committee.

### OFFICERS.

If these general suggestions be adopted, the officers of the Commission might properly be a President, Vice-president, Secretary, and Treasurer.

President. His duties would be to call and preside over all meetings of the Commission, and give unity, method, and practical success to its counsels.

The Vice-President would perform the President's duties in his absence.

The Secretary should be a gentleman of special competency, charged with the chief executive duties of the Commission, in constant correspondence with its President; be resident at Washington, and admitted to confidential intimacy with the Medical Bureau and the War Department. Under him such agents as could safely be trusted with the duties of inspection and advice in camps, hospitals, fortresses, etc., should work, receiving instructions from, and reporting to him. He would be immediately in connection with the Committees A and B of the Branch of Inquiry, and of Committees D and E of the Branch of Advice.

The Treasurer would hold and disburse, as ordered by the Commission, the funds of the body. These funds would be derived from such sources as the Commission, when its objects were known, might find open or make available. Donations, voluntary and solicited; contributions from patriotic and benevolent associations, or State treasuries, would be the natural supply of the cost of sustaining a commission whose members would give their time, experience, and labor to a cause of the most obvious and pressing utility, and the most radical charity and wide humanity ; who, while unwilling to depend on the General Government for even their incidental expenses, could not perform their duties without some moderate sum in hand to facilitate their movements.

The publication of the final report of the Commission could be arranged by subscription or private enterprise.

As the scheme of this Commission may appear impracticable from apprehended jealousies, either on the part of the Medical Bureau or the War Department, it may be proper to state, that the Medical Bureau itself asked for the appointment of the Commission, and that no ill-feeling exists or will exist between the Commission and the War Department, or the Government. The Commission grows out of no charges of negligence or incompetency in the War Department or the Medical Bureau. The sudden increase of volunteer forces has thrown



unusual duties upon them. The Commission is chiefly concerned with the volunteers, and one of its highest ambitions is to bring the volunteers up to the regulars in respect of sanitary regulations and customs. To aid the Medical Bureau, without displacing it, or in any manner infringing upon its rights and duties, is the object of the Commission. The embarrassments anticipated from etiquette or official jealousy, have all been overcome in advance, by a frank and cordial understanding, met with large and generous feelings by the Medical Bureau and the Department of War.

HENRY W. BELLOWS, President.  
PROF. A. D. BACHE, Vice-President.  
ELISHA HARRIS, M. D., (Carres). Sect'y.  
GEORGE W. CULLUM, U. S. Army.  
ALEXANDER E. SHIRAS, U. S. Army.  
ROBERT C. WOOD, M. D., U. S. Army.  
WILLIAM H. VAN BUREN, M. D.  
WOLCOTT GIBBS, M. D.  
SAMUEL G. HOWE, M. D.  
CORNELIUS R. AGNEW, M. D.  
J. S. NEWBERRY, M. D.  
GEORGE T. STRONG, Treasurer.

WASHINGTON, June 13, 1861.

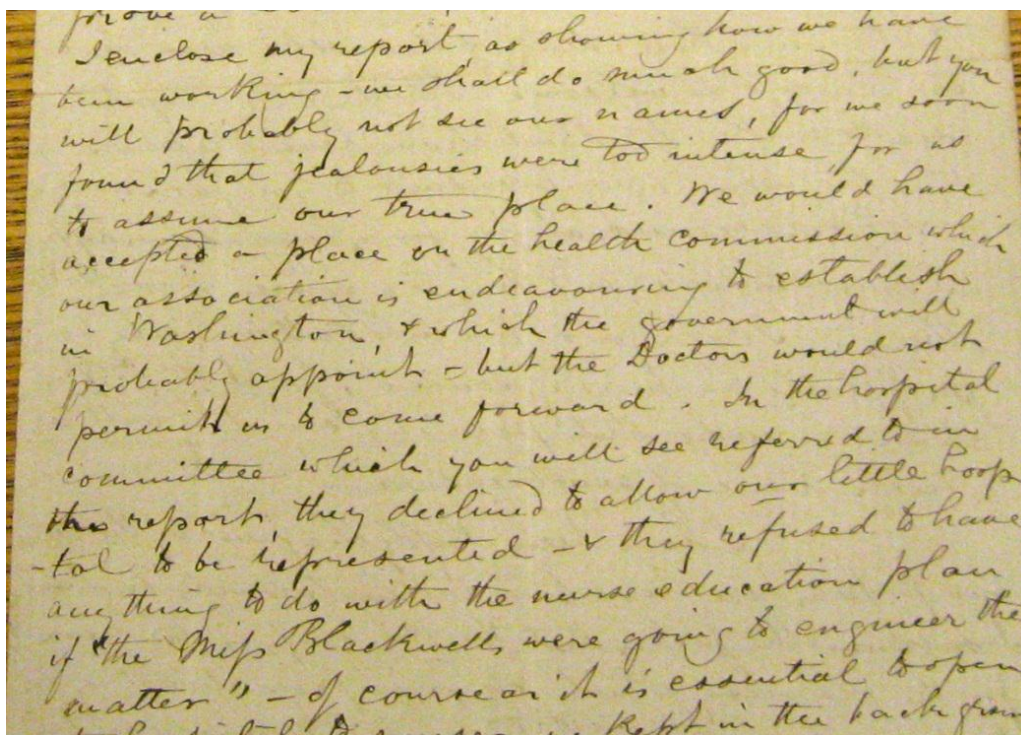
WAR DEPARTMENT, WASHINGTON, June 13, 1861.

I hereby approve of the plan of organization proposed by the Sanitary Commission, as above given ; and all persons in the employ of the United States Government are directed and enjoined to respect and further the inquiries and objects of this Commission, to the utmost of their ability.

SIMON CAMERON, Secretary of War.

## Document C

Dr. Elizabeth Blackwell's Letter to Barbara Bodichon at the founding of the New York Women's Association of Relief.



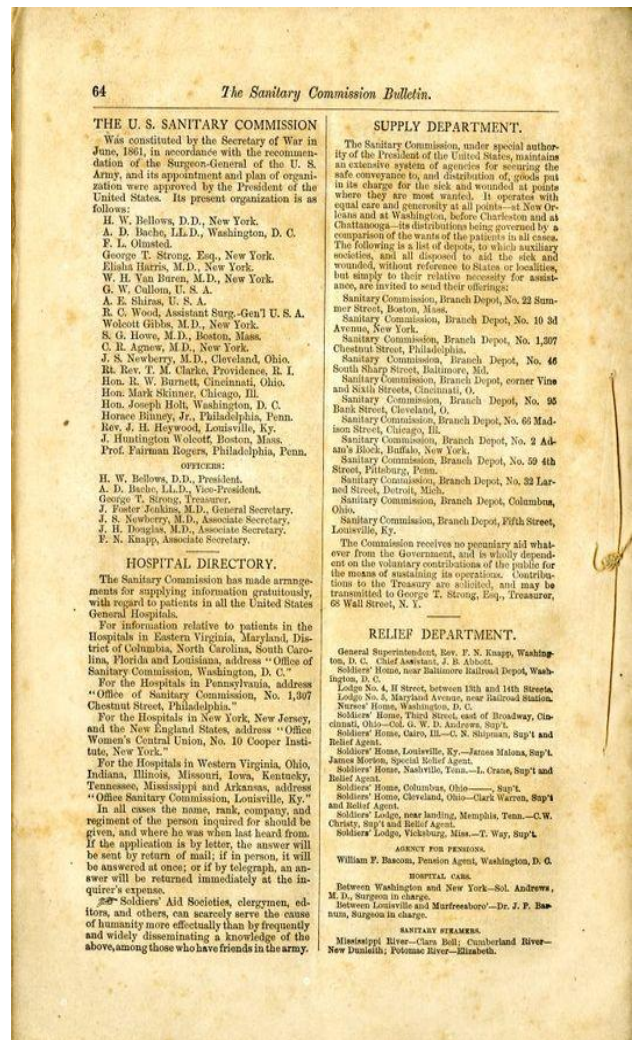
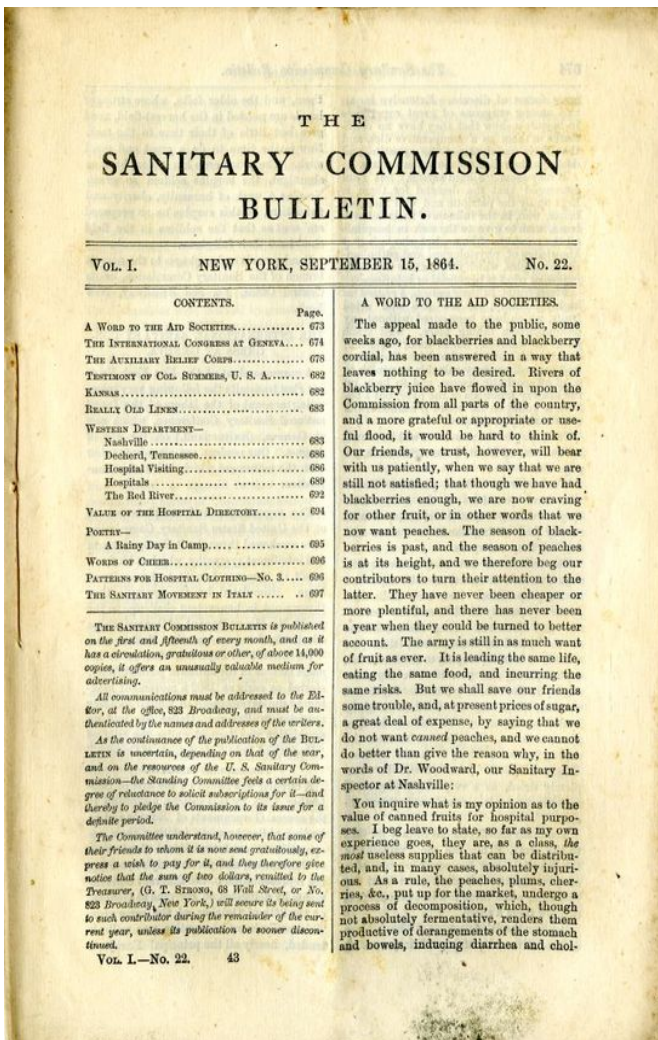
I enclose my report as showing how we have  
been working - we shall do much good, but you  
will probably not see our names, for we soon  
found that jealousies were too intense for us  
to assume our true place. We would have  
accepted a place on the health commission which  
our association is endeavouring to establish  
in Washington, & which the government will  
probably appoint - but the doctors would not  
permit us to come forward. In the hospital  
committee which you will see referred to in  
this report, they declined to allow our little Hospi-  
tal to be represented - & they refused to have  
anything to do with the nurse education plan  
if "the Miss Blackwells were going to engineer the  
matter" - of course as it is essential to open  
up the profession we kept in the back ground

New York Public Library. United States Sanitary Commission Records, 1861-1872, New York  
Public Library, <http://www.nypl.org/blog/2010.12.16.ussc-procession-project-giving>

Document D

THE SANITARY COMMISSION BULLETIN

Issued twice monthly from November, 1863, to August, 1865, the Bulletin reported on the work of the Commission and the local sanitary fairs, accounts of battles and the experiences of prisoners of war, and provided a regular means to report on the use of funds contributed by the public. This issue outlines some of the Commission's activities and personnel.



The Sanitary Commission Bulletin v. 1, no. 2 (November 15, 1863) (New York : The Commission, 1863-1865). From the collections of the Boston Medical Library. Available:

<http://collections.countway.harvard.edu/onview/items/show/6109>. and  
<http://collections.countway.harvard.edu/onview/exhibits/show/battle-scarred/relief>.

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