

African-American Medical Personnel in the US Army in the First World War

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Abstract: In WWI, the United States was segregated by custom and law, and the Army obeyed the laws, reducing opportunities for Black medical professionals to serve their country in uniform. This article surveys African-American medical personnel serving in the US Army in World War I. It includes physicians, dentists, veterinarians, and other commissioned officers, as well as medical enlisted men. Overall, despite segregation and associated professional limitations, determined individuals still served with distinction in a variety of roles, opening doors for future advances.

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VIGNETTE: A DOCTOR IN THE TRENCHES

The 372d Infantry Regiment had attacked on 1 October 1917, driving the Germans back a mile across the farmland of the eastern Champagne region in France. Then they held the line for a week, repulsing a German counterattack while waiting for units on their flanks to clear the enemy off hills. Now the division was exhausted (the 372d had lost around 500 of its 2800 men) and a fresh unit was taking over the line tomorrow.¹ (see [Table 1](#)).

The terrain was open and there were few trenches to move through, so the troops would be vulnerable, and 1st Lieutenant (Dr) Urbane F. Bass stayed forward at the small aid station of the 2d Battalion, 372d Infantry. He was just behind the crest of hill as troops moved back in the pre-dawn gloom. A German barrage — perhaps deliberately trying to hit the troops moving forward and back, perhaps just the pervasive shelling of trench warfare — exploded. Bass had both his legs traumatically amputated, but bandaged himself as best he could and directed his enlisted aid men in helping others as he exsanguinated. For his bravery in rendering aid in the attack on 1 October, and his active work under shellfire the following days, he would be awarded the Distinguished Service Cross, the Army's second-highest valor medal. (see [Figure 1](#)).

The day before the US declared war on Germany, Bass had written to the Secretary of War:

... feeling (although a Negro) that loyalty for my country and a desire to serve her in this critical period, I am herewith offering my services for the Army Medical Corps should there be need of Negro physicians for that branch of service.²

Figure 1. Lieutenant Urbane Bass, Medical Corps. Courtesy Images from the History of Medicine, National Library of Medicine.



PHYSICIANS

The generalities of African-American military service in WWI have been well chronicled, but little attention has been paid to African-American medical personnel.^{3–6}

While a modest number of African-Americans had served in military during the Revolutionary War and War of 1812, far more served in the Civil War. States formed units, and there were also the United States Colored Troops. Afterwards, Black soldiers with White officers made up the 9th and 10th Cavalry regiments and 24th and 25th Infantry regiments in the Regular Army. At least one African-American, Oscar J. Dunn, was a USCT officer in the Civil War, but the first Black officer in the Regular Army was Henry O. Flipper in 1879. In the 1880s and 1890s Blacks formed some of their own National Guard units, and some of those were mobilized for the 1898 Spanish-American War. Similarly, African-Americans organized some wartime-only volunteer units. Some units from each of these categories deployed overseas for the war and the subsequent occupation of Cuba, Puerto Rico, and the Philippines.

In the Regular Army the Black regiments (of around 1000 men) had African-American enlisted medical personnel (titles varied with the time period, but included hospital steward, hospital corpsman, hospital private, and others) but apparently not Black physicians. Eight African-Americans had been Contract Surgeons (civilian employees with authority to give orders to enlisted men) during the Civil War, and four more were hired during the Spanish-American War.

National Guard units recruited their own personnel and thus likely had some Black doctors, and the African-American regiments during the Spanish-American War had some Black doctors. In 1904 the Army had decided not to hire more African-American Contract Surgeons (nor Contract Dental Surgeons) since they would have authority over Whites and would treat family members (especially wives) of White soldiers. The Surgeon General acknowledged there was no “law or regulation” barring Blacks, but he set policy to do so.⁷ In peacetime, the Army sought to keep maximum flexibility in assigning personnel, and since segregation hampered assignments for African-Americans, it hampered flexibility and so allowed the Army to decline their services.

Thus, when WWI started for the US, there were only a handful of African-American military medical personnel: the enlisted men in the Regular Army units, and the enlisted men and a few doctors and dentists in the segregated National Guard units. At least one African-American in the Regular Army Hospital Corps was a dentist, but when the Dental Corps was established in 1912 he was not offered an officer’s commission.^{8,9} The Army also had no Black nurses.¹⁰

In the spring of 1917, as the US swung towards a declaration of war on Germany, Black doctors contacted the Army through various routes. Some wrote the

Secretary of War, some wrote congressmen, state governments, State Boards of Health, The Surgeon General, Army doctors they knew, National Guard doctors they knew, and the Army Medical Department boards that normally oversaw physician volunteers.¹¹ For two months, the Army stalled them; it simply did not know what to do. Since the US had not settled its strategy for the war, delaying one facet of personnel recruiting was not unreasonable. Soon, major decisions were taken — that the US would send troops to France, and would start conscription to make sure it had enough soldiers — and in June 1917, two months after the declaration of war, the Army decided it would need Black medical personnel. Thus African-Americans were told they were eligible for the Medical and Dental Reserve Corps if they still wanted to join. However, they would be commissioned in the reserve and only activated to fill positions with all-Black units.⁷

The segregated Army could only see its way to using Black medical personnel in all-Black units. First, since hospital patients were not segregated (except occasionally at the ward level, when there were enough patients in the same medical category, e.g. orthopedics, to justify an entire ward) there was no need for a racially-integrated hospital staff. Thus, African-American medical personnel were not needed in hospitals, only with units. Yet the Army did not want many Black units (especially combat units) because White politicians would criticize it for helping Blacks advance. Thus, the Army decided not to send the four Black Regular Army regiments to France, and sidelined most African-American volunteers and draftees to a variety of labor units. Since those units were not large, and would not be in combat and taking many casualties, they did not need their own medical personnel. Instead the sick and injured could be evacuated to hospitals supporting all units in the area. Thus, they provided no route for military service by African-American physicians and others.

Another potential option for Blacks to increase their involvement with the Army was organizing a base hospital. These were 500-bed units, mainly recruited from teaching hospitals and medical schools that enlisted their own physicians and nurses; the Army added a commander and enlisted men. In August 1917 the National Medical Association wrote to Gorgas, offering a base hospital. Gorgas declined, truthfully saying the 50 base hospitals that were authorized had been filled, but went further and said there was no scope for more.¹² Indeed, while the Army organized more, none had their cadre from civilian organizations but instead the units were organized from personnel already in the Army. While Gorgas was active in using the AMA to recruit doctors, he paid little attention to the NMA. That made some sense, since there was no

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