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The Forgotten MASH Surgeon: The Story of Alvin Vincent Blount Jr, MD

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In 1968, H. Richard Hornberger, former army surgeon, writing under the pseudonym Richard Hooker, published the novel *MASH: A Novel About Three Army Doctors*, based on his experiences as a military surgeon and a captain in the 8055th Mobile Army Surgery Hospital (MASH) during the Korean War.^{1,2} His popular account of the fictional 4077th MASH gave rise to an Academy Award–winning film in 1970 (Best Adapted Screenplay plus 4 additional nominations) and subsequently to the popular and long-running television series *M*A*S*H*.^{3,4} The character Oliver Wendell “Spearhucker” Jones, a neurosurgeon, who was first introduced in the novel, was subsequently written out of the series (“Germ Warfare,” the 11th episode of season 1) by the sitcom’s creator in an attempt to maintain historical accuracy based upon the long-held view that no black surgeons served during the Korean War.⁵ The accomplishments of African American military medical personnel generally went unheralded in the initial period following desegregation of the US Armed Forces. The lack of participation of black surgeons in the Korean War is a misrepresentation that has been deleted from history and inaccurately chronicled in popular culture.⁵

President Harry S. Truman signed Executive Order 9981 in 1948, permanently ending racial segregation in the US Armed Forces. It was the most significant development in America’s battle over race in the military since the Reconstruction’s Civil Rights amendments.⁶ In spite of General MacArthur’s recalcitrance in integrating the fighting forces during the Korean War, his replacement, General Matthew Ridgway, in April 1951, for morale purposes wished to desegregate the forces under his Far East command. Ridgway, who declared segregation as a whole to be “un-American and un-Christian,” acted swiftly and decisively to finally end the segregation debate.⁶ Training was the first element to be integrated. A young Negro captain by the name of Alvin Vincent Blount Jr (Figure), now age 89 years, recalls that “he was the first black boy to serve in an integrated MASH unit (April 15, 2011, phone interview).”

The MASH was a new organization announced on August 23, 1945, at the very end of World War II.⁷ The MASH unit was designed to be fully mobile in that the full hospital could be broken down and loaded into trucks along with hospital staff. The setup of the hospital was to be quick and to allow for the receipt of wounded soldiers within hours of re-expansion, and was usually located within 20 minutes of the front lines. Early in the war, there was a severe shortage of personnel to staff the MASH units even after the military stripped other medical department units and reassigned them to MASH units.⁷ The residency programs in the army hospital system were then tapped to provide partially trained specialists on temporary duty. The doctor shortage was eased by the draft of 1950. These physicians had only recently completed their medical training and had begun busy civilian practices.⁸ In 1951, the 8225th MASH unit was deployed, and an additional unit was organized by the Norwegians and sent to Uijeongbu, Korea, the same year.⁸ Captain Blount, after serving 3 years prior in the army, was now one of the new medical graduates called to active duty after completing his surgical internship in 1954. Blount's arrival to Fort Bragg, North Carolina, to meet his commanding officer, Lt. Col Robert Newell, would not only prepare him for his activation to Korea, putting him in harm's way, but to eventually serve as the first Negro chief of surgery in a MASH unit.

Dr Blount was born on February 24, 1922, in Raleigh, North Carolina. He entered North Carolina A&T University in Greensboro in 1939 (1939–1943) and distinguished himself by graduating with honors and by serving as student body president and chairman of the campus newspaper. He obtained his medical degree from Howard University, Washington, DC (1944–1947), where he studied under the famous Dr Charles Drew. Dr Blount spent 5 years on active duty; 3 years were prior to his completion of medical school. His second call to military duty was as a member of the US Army Medical Corps, and resulted in his mobilization overseas to Korea. The mobilization to Korea occurred as he had just completed his internship and surgical residency at Kate B. Reynolds Hospital in Winston-Salem, North Carolina. He was mobilized with the 8225th from Fort Bragg, the second MASH⁹ to be sent to Korea in 1952.

Dr Blount recalls that the location of his MASH unit was 10 miles from the 38th parallel, the strip of land dividing North Korea and South Korea that was crossed by the North Korean People's Army attacking the Republic of South Korea, prompting US intervention in the Korean War.¹⁰ The MASH was intended to bring emergency lifesaving surgery closer to critically wounded casualties in a forward location just out of reach of the enemy artillery range, in support of each division, similar to the combat support hospitals in current conflicts in Afghanistan and Iraq. The 8225th MASH unit was mobilized to support the 1st Cavalry Division (Fort Hood, Texas), the 2nd Infantry Division, partially made of KATUSAs (Korean Augmentation to US Army), the 24th Infantry Division (Fort Riley, Kansas), and the 25th Infantry Division (Wahiawa, Hawaii). Proximity to the battlefield meant that mortar rounds were felt nearly every night and the number of wounded seen during Dr Blount's 2-year tour meant up to 3 sleepless nights at a time to care for civilian and military casualties. The MASH unit operated with 4 surgical tables but was optimally staffed to run 2 tables at the same time. However, during the arrivals of mass casualties, all 4 tables were utilized simultaneously, with surgeons and the 2 anesthesiologists rotating to complete resuscitations and operations. During his tour in Korea, Dr Blount's team

performed 90 major and minor surgeries a week. Field surgery techniques were often utilized, such as multiple debridement's for soft-tissue wounds, and temporary abdominal closures for penetrating abdominal wounds. Head and neck injuries were scarce, and penetrating carotid injuries were even more remote. However, thoracic injuries were not uncommon, and Dr Blount recalls successfully managing a thoracic injury penetrating the pericardium. His most vivid and macabre memory was of treating allied soldiers with penile mutilations inflicted by the People's Republic Army that required urologic procedures in this austere environment. The total number of admissions for the 8225th during its deployment was 1936, with only 11 deaths reported, giving the staff a survival rate¹¹ of 99.4%. At one point during Dr Blount's tour, the chief of surgery became ill and was incapacitated for 6 weeks. In his absence, Lt Col Robert Newell named Dr Blount Jr chief of surgery of the 8225th. Dr Blount received the Incident Participation medal (later known as the Korean War Service medal) for his meritorious service as a field surgeon in Korea.

Dr Blount returned to the Jim Crow South in 1954, making his home in Greensboro, North Carolina. Deciding to settle in the Jim Crow South was a painful choice that an increasing number of black doctors refused to make as the 20th century progressed.¹² Dr Charles Drew told Dr Blount and others: "You boys going south will have to sweat it out, but victory will come."¹³ Negro surgeons were excluded from local and state medical societies, given limited or no privileges in public hospitals and were virtually prohibited from treating white patients. The extremely polite and amicable Dr Blount, whose skill and knowledge lead to his becoming the chief of surgery for an integrated US Army hospital in southeast Asia, would have to fight his way into the operating room at Moses Cone Hospital in Greensboro. Since opening in 1953, Cone had treated black patients, but only those who had white physicians. Black medical professionals had to work mainly at L. Richardson Memorial Hospital, which was primitive compared to the segregated Cone Hospital and Wesley Long Hospital. Cone Hospital required doctors to belong to the Guilford County Medical Society, which did not give black doctors full membership, thus allowing the hospital the legal right to ignore the war veteran's medical credentials.^{13,14}

In 1962, Dr George Simkins, a fiery black dentist whose temperament was the opposite of Dr Blount's, enlisted himself, Dr Blount; Walter J. Hughes, MD; Earl Davis, MD; E.C. Noel, MD; G. Alexander, MD; N.N. Jones, MD; W.L.T. Miller, DDS; and Milton Barnes, DDS, to join him in suing Cone and Wesley Long. *Simkins v Moses H. Cone Memorial Hospital* (1963) challenged the federal government's use of public funds to expand and maintain segregated hospital care.^{13,15} The federal government agreed that the use of federal funds in a discriminatory manner was unconstitutional and that these professionals and patients should be granted the privileges and services they sought.¹⁵ Subsequent to the integration of Cone Hospital in 1964, Dr Blount became the first African American to operate at Cone.¹³ The significance of *Simkins v Moses H. Cone Memorial Hospital* is demonstrated by the US Court of Appeals Fourth Circuit references to this decision in nearly every hospital discrimination case (>260) that followed for the next 2 decades.¹⁵ Dr Blount, who is the only remaining litigant alive, still maintains his privileges, as the plaintiffs had quietly agreed that none of their privileges would lapse as long as they were still practicing dentistry or medicine.

Dr Blount's distinguished surgical career includes service as chief of surgery for L. Richardson Hospital for 23 years. He was responsible for establishing the hospital's first quality improvement committee when he recognized that too many hysterectomies were being performed without proper indications. When questioned about helping integrate Greensboro's hospital system, Blount said, "When I see black doctors and nurses at the 2 hospitals, I say to myself, 'this is how it should be.' We are offering full health care to everyone."¹³ Historian Toni Colley-Lee, the daughter of an attorney who shared the same office building with Dr Blount, recalls, "You could pull up into the parking lot and see people sitting on trucks and cars and in line to see him. If you asked a couple why they were there, they'd say 'to see the MASH doctor they say is so good.'" (T. Colley-Lee, personal communication, April 26, 2011).

Dr Blount is not only a decorated military surgeon; he is also recognized as an outstanding physician in the Greensboro medical community. He is the recipient of the Legacy Award from the Old North State Medical Society (North Carolina's chapter of the National Medical Association) and has been given the highest honor that can be granted to a civilian by the governor of North Carolina, The Order of the Long-Leaf Pine.¹³ Although he retired from a full surgical practice in 1994, he continues to see patients and maintains an office in the Greensboro community providing medical services, such as primary care, physical exams, minor surgeries, and monitoring of chronic health conditions. Dr Blount served as the former medical director for the Guilford Health Care Center and is an executive committee member of Kindred Hospital (formerly L. Richardson Hospital). In recognition of Dr Blount and a fellow civil rights pioneer, George Harrison Evans, MD, a medical office facility on Martin Luther King Dr in Greensboro, the Evans-Blount Community Health Center, bears their names.

The authors, who are aware of the contributions of African Americans in armed US conflicts, found it difficult to believe that the deletion of "Spearchucker" Jones from the popular series MASH parallels a lack of participation of African American combat surgeons in the Korean War to be true. The evidence demonstrates that Dr Blount not only served proudly during the Korean War but that he was indeed the first black chief of surgery of an integrated MASH unit. As all accounts of valor of black soldiers have not been told, we recognize that our search for African American surgeons serving in the Korean War by no means eliminates the possibility that other names will emerge. It is indeed the authors' sincere hope that this spawns a new interest in correcting a chapter in our history of failing to recognize the contributions of any African Americans mobilized in defense of this great nation. We hope that stories of other African American Korean War surgeons emerge before the last members of the "greatest generation" move into the sunset.

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Figure.

Alvin V. Blount Jr, MD

Source: Evans-Blount Community Health Center