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**ÉTAT, ARMÉE ET RACE PENDANT LA
SECONDE GUERRE MONDIALE**
Comparaison France-États-Unis*
Introduction

Pauline PERETZ

Dès l'entrée en guerre de la France en 1939, la presse africaine-américaine a multiplié les articles consacrés aux soldats noirs originaires de l'empire colonial français. La plupart insistaient sur leur héroïsme et leur combattivité, dans une volonté évidente de discréditer les stéréotypes raciaux sur les soldats noirs prévalant alors aux États-Unis. La presse africaine-américaine rappelait aussi avec fierté que ces soldats colonisés combattaient dans des unités racialement mixtes, à la différence de ce qui s'était passé durant la Première Guerre mondiale dans l'armée américaine.

* Ce dossier est l'aboutissement d'une journée d'étude intitulée « State, army and race during World War II. A comparison between the United States and France », qui a eu lieu le 7 décembre 2018 à l'Institut d'Histoire du Temps Présent – Université Paris 8-Vincennes-Saint-Denis. J'aimerais remercier tous les participants (Julien Fargettas, Sarah Frank, Ruth Ginio, Thomas Guglielmo, Christine Knauer, Claire Miot) et discutants (Thomas Grillot, Marie-Anne Matard Bonucci), ainsi que les membres de l'assistance pour leur engagement dans cette discussion comparative. L'organisation de cette journée a été rendue possible par le soutien matériel et financier de l'Université Paris 8–Vincennes-Saint-Denis, le Centre d'Etude sur le Racisme et l'Antisémitisme, et l'Institut d'Histoire du Temps Présent. Enfin, un très grand merci à Arianne Dorval pour sa relecture de tous les textes en anglais.

Alors que les États-Unis n'entrent en guerre qu'en décembre 1941 après les événements de Pearl Harbor, une communauté de destin se dessine déjà entre soldats noirs, combattant et sur le point de combattre, dans une guerre de Blancs. Ce sentiment de solidarité entre les troupes africaines-américaines et les tirailleurs sénégalais de l'armée française affleure dans de nombreuses autres sources côté américain. Ainsi, peu de temps avant d'être déployé en Italie, James Rucker, un soldat servant dans l'unité médicale de la 92^e division d'infanterie, une des deux divisions *all-black* de l'armée américaine, s'interroge dans une lettre adressée à sa femme blanche d'origine allemande le 23 juin 1944 : « Les troupes françaises d'Afrique, les Noirs américains (...) vont-ils pouvoir partager pleinement la gloire avec les unités d'élite ?¹ ». Aux yeux de cet ancien volontaire de la Brigade Abraham Lincoln, intégrée, durant la Guerre civile d'Espagne, les soldats noirs, américains et africains, sont confrontés à une problématique commune : comment obtenir la reconnaissance de leurs sacrifices par une armée blanche convaincue de leur infériorité ?

Bien d'autres exemples auraient pu être mobilisés pour illustrer ce rapprochement spontané à l'initiative des Africains-Américains, motivé à la fois par le sentiment d'avoir en partage un statut d'inférieur dans une armée qui semble être organisée, à des yeux distants, suivant la même hiérarchie raciale, et par le souhait de poser l'exemple français en modèle vers lequel tendre. Côté américain, les similarités entre troupes africaines-américaines et troupes impériales françaises ont été pensées tôt, notamment parce que, depuis la Guerre de sécession, les États-Unis utilisent leurs soldats noirs d'une manière assez similaire à l'usage qui est fait des troupes coloniales par les puissances européennes. Rappelons que la France a formé son premier bataillon de soldats africains en 1857 pour l'assister dans la conquête de nouveaux territoires sur le continent et pour l'aider à y maintenir l'ordre une fois celle-ci réalisée². Aux États-Unis, du dernier tiers du XIX^e siècle jusqu'à la Première Guerre mondiale, alors que l'autorité fédérale ne s'est pas encore imposée à l'ensemble des territoires de l'Ouest, les soldats africains-américains sont utilisés de manière similaire pour pacifier des territoires encore traversés par les guerres indiennes – d'où leur surnom de « Buffalo soldiers » – et pour sécuriser la frontière au Sud-ouest. À une période où les États-Unis se laissent tentés par l'expansion impériale sur le modèle des empires européens, ils recourent également aux troupes noires pour conquérir de nouveaux

territoires (à Cuba et aux Philippines par exemple)³. Et, à la fin de la Première Guerre mondiale, l'armée américaine manifeste sa reconnaissance de similarités entre les troupes noires américaines et coloniales françaises lorsqu'elle décide de laisser servir la 93^e division d'infanterie noire sous le commandement d'officiers français supposés savoir mieux diriger ces soldats que les officiers américains, en raison de leur expérience avec les troupes coloniales⁴.

Une partie des troupes noires américaines a donc déjà pu, en 1918, être témoin de l'usage des troupes colonisées par l'armée française et faire l'expérience, courte mais marquante, d'un régime racial différent de la ségrégation légale qu'elles connaissaient aux États-Unis. Mais le sentiment d'une communauté de destin, lié au fait d'être noirs dans une armée dirigée par des Blancs, est véritablement renforcé par l'expérience de la Seconde Guerre mondiale, par-delà les différences de statut dans chacune des armées. Il a été dit que l'arrivée du conflit mondial sur le continent africain a permis aux soldats noirs américains de découvrir l'Afrique, contribuant à la consolidation d'une solidarité noire construite autour d'une histoire commune et d'un statut subalterne partagé, prémisses d'un mouvement transnational d'émancipation noir⁵. Mais le rôle de l'idéologie raciste nazie est majeur dans le sentiment d'une communauté de destin. Sa racialisation des troupes noires, largement diffusée par la propagande, a rapproché celles-ci dans une représentation menaçante, insistant sur leur bestialité et leur violence. Le régime nazi a ainsi instrumentalisé à des fins politiques le mythe de troupes sanguinaires et dangereuses, né durant la période de l'occupation de la Rhénanie par les soldats noirs de l'armée française. En représailles de viols et de crimes censément avoir été commis avant 1925, les hommes de la Wehrmacht massacrent, pendant la campagne de France de mai-juin 1940, entre mille cinq cents et trois mille soldats noirs, au nom de leur prétendue sauvagerie. Ces exactions semblent avoir été le fait de soldats isolés mais aussi d'exécutions collectives encadrées par des officiers malgré l'absence d'ordre en haut lieu. Durant toute la durée du conflit, les prisonniers de guerre africains de l'armée française vont également être internés dans des camps séparés, situés en territoire français occupé⁶.

En réponse à l'idéologie raciste des puissances de l'Axe, les États-Unis, qui se présentent comme l'arsenal des démocraties, et la République française puis la France libre veulent convaincre que leur combat est une lutte pour la défense des valeurs démocratiques et pour

l'égalité entre les hommes. Les troupes noires, américaines comme africaines, vont avoir beau jeu de dénoncer l'écart entre la proclamation formelle de cette égalité et les pratiques discriminatoires dans l'armée. Dans le cas français, le traitement différencié des troupes colonisées va s'accroître au moment de la Libération, tandis qu'à l'inverse, des expériences ponctuelles d'intégration sur le théâtre européen vont avoir lieu côté américain. L'armée de la France libre va en effet procéder à un « blanchiment » pour faire de la place aux Forces Françaises de l'Intérieur, au moment d'entrer dans Paris puis de traverser le Rhin⁷. Aux États-Unis comme en France, la Seconde Guerre mondiale va donc accentuer la méfiance des troupes noires à l'égard de l'État pour lequel elles doivent servir pendant la guerre. Cette méfiance va les amener à remettre en cause avec plus de vigueur, aux États-Unis, la pratique de l'assignation raciale au sein de l'armée et ses conséquences politiques et sociales sur la vie civile, en France, l'autorité coloniale. Ces remises en cause vont préparer des changements politiques majeurs qui interviennent dans les années d'après-guerre : l'adoption de l'ordre exécutif 981 par le Président Truman en juin 1948, qui va rendre possible le début de la déségrégation de l'armée aux États-Unis, et de l'autre côté de l'Atlantique, des revendications d'égalité.

Si la comparaison entre les politiques raciales des deux armées vient assez spontanément aux acteurs – surtout du côté américain –, les historiens se sont jusqu'à présent peu engagés dans cette voie. Il est vrai que le statut des troupes noires dans chacune des deux armées mais aussi la nature des États qui les emploient sont bien différents. Les États-Unis ne sont pas *stricto sensu* un empire et leur armée emploie, pendant la Seconde Guerre mondiale, avec réticence des Africains-Américains qui sont citoyens, même s'ils ne jouissent pas de l'intégralité de leurs droits civiques et politiques en raison d'un racisme institutionnel et d'une législation discriminatoire. Par ailleurs, l'armée américaine est entièrement organisée autour d'une opposition Noirs/non-Noirs. La réglementation discriminatoire affecte en effet exclusivement les soldats africains-américains, aucune autre minorité ethnique ou religieuse, pas même les Nippo-Américains pourtant tenus en soupçon comme des traîtres potentiels après Pearl Harbor. Seuls les Noirs sont affectés à des unités qui leur sont exclusivement réservées ; seuls les Noirs se voient assignés dans les camps à des lieux qui leur sont spécifiquement attribués. Aucun autre groupe n'a souffert de cette mise à l'écart pendant la guerre⁸.

L'armée française, armée d'une puissance coloniale, n'est pas, elle, organisée autour de cette opposition entre Noirs et non Noirs, mais autour d'une opposition entre citoyens et sujets coloniaux qui ne disposent pas, à ce titre, des mêmes droits que les soldats européens. Ce n'est donc pas la race ou la couleur de la peau qui détermine le statut et le traitement dans l'armée française. Ainsi, les citoyens français noirs, tels ceux des Antilles ou des Quatre communes du Sénégal, se battent aux côtés des troupes françaises, non avec les troupes coloniales. En outre, les soldats colonisés ne sont pas exclusivement noirs, puisqu'ils incluent également les Nord-Africains. L'équivalence entre race noire et statut subalterne qui est valable pour l'armée américaine ne l'est donc pas pour l'armée coloniale française. C'est la non détention de la citoyenneté française qui fonde l'inégalité entre soldats de même grade, avant le racisme, même si celui-ci y est prégnant. Par ailleurs, là où l'armée américaine applique une ségrégation stricte des troupes le long de la ligne de couleur, l'armée française pratique le panachage, les divisions coloniales étant éparpillées dans les différentes armées. En 1940, certains régiments de tirailleurs sont ainsi « amalgamés » à d'autres pour former des régiments d'infanterie coloniale mixtes, composés de compagnies métropolitaines et colonisées⁹.

Autre différence majeure : aux États-Unis, l'armée est contrainte à intégrer dans ses rangs un nombre beaucoup plus important de troupes noires qu'elle ne le souhaiterait, tandis que la France fait appel aux populations colonisées car, dans un contexte de faible natalité, elle a besoin de puiser dans le réservoir colonial pour fournir les rangs de ses soldats. Dans le premier cas, la pression des activistes et de la presse noire amène le Congrès à adopter une clause antidiscriminatoire à la loi de conscription adoptée en septembre 1940. En octobre, le Président Roosevelt s'engage à respecter un quota de 10% pour la représentation des Noirs dans l'armée à la demande des organisations militantes pour lesquelles cette acceptation à hauteur de leur pourcentage dans la population américaine doit signifier la reconnaissance d'une égalité de statut. Mais l'armée n'applique qu'avec beaucoup de réticence ce quota, essayant d'en différer la mise en œuvre jusqu'à l'entrée en guerre effective des États-Unis, puis de la contourner en affectant les soldats africains-américains aux fonctions les moins qualifiées et les moins prestigieuses. L'état-major continue en effet à douter de la tenue des Africains-Américains au feu, qui se seraient montrés lâches et mauvais combattants lors de la Première Guerre mondiale – en dépit de

quelques hauts faits d'armes de plusieurs unités noires¹⁰. Les différents rapports rédigés dans l'entre-deux-guerres sur l'usage de ces troupes manifestent une profonde méfiance à l'égard des soldats et des officiers noirs qui sont jugés manquer de leadership et de courage. Cette méfiance est réactualisée au moment du passage des candidats devant les conseils de révision par des résultats extrêmement faibles aux tests de connaissance dispensés par l'armée¹¹. Là où l'armée américaine doute de ses soldats noirs, l'armée française continue assez largement de penser l'engagement de ses troupes colonisées au prisme de la théorie des races martiales exposée en 1910 par le colonel Charles Mangin dans *La force noire*. S'appuyant sur les théories raciales pseudo-scientifiques de son époque, il insiste sur les supposées qualités naturelles de guerriers des populations colonisées – en particulier leur résistance à la douleur et leur goût du combat – dont la présence sur le champ de bataille est jugée pouvoir avoir un effet spectaculaire sur le moral de l'ennemi¹². Ce sont ces théories qui vont soutenir l'emploi des troupes colonisées à un niveau très largement supérieur dans un contexte de faible natalité en métropole. Ces stéréotypes raciaux sont repris dans l'entre-deux-guerres dans les manuels de formation des officiers destinés à diriger les troupes noires¹³. Et en 1940, celles-ci sont vues comme des troupes de choc contre la menace nazie.

Si les deux armées ont une gestion différenciée des soldats, ces différences ne produisent pas leurs effets aux mêmes niveaux. Aux États-Unis, les troupes noires et blanches sont strictement séparées dans des unités différentes, racialement homogènes, mais aussi sur les lieux d'entraînement – l'armée a étendu à l'intégralité de ses bases à travers le pays le régime de ségrégation spatiale ayant cours dans le Sud. Les soldats sont également affectés, selon qu'ils soient noirs ou blancs, à des fonctions dont le niveau de responsabilité et le prestige sont incommensurables – les Africains-Américains représentent ainsi 75% des effectifs de soutien aux troupes combattantes en 1945¹⁴. Dans l'armée française où troupes coloniales et métropolitaines combattent côte à côte, les différences de traitement sont plus insidieuses et sont davantage les manifestations de préjugés culturalistes à l'égard des colonisés que les conséquences d'un racisme essentialiste : l'uniforme des troupes est différent, de même que l'alimentation, la langue et la religion. Une fois la guerre terminée, les traitements seront eux aussi différenciés.

D'autres raisons que les différences, pourtant essentielles, qui viennent d'être rapidement et schématiquement évoquées, peuvent expliquer la réticence des historiens à s'engager dans la comparaison : l'éloignement entre deux champs historiques vastes et en plein développement, mais de manière parallèle et indépendante ; la difficulté aussi qu'il peut y avoir à rapprocher une historiographie de l'État, côté américain, et une historiographie de l'empire colonial, côté français. Intervient aussi sûrement une réticence des historiens français à mobiliser le concept de race pour étudier l'emploi par l'armée française de ses troupes colonisées. Les historiens américains de la France ont moins hésité à le faire. Ainsi Richard Fogarty a mobilisé les catégories raciales pour analyser la politique d'emploi des troupes coloniales par la France durant la Première Guerre mondiale¹⁵. De jeunes historiens français s'engagent aujourd'hui dans cette voie qui permet de mieux penser les similarités et les différences entre les cas américain et français.

Depuis plusieurs années, un groupe d'historiens – au premier plan desquels William Novak (Université du Michigan), Stephen Sawyer (American University of Paris) et James Sparrow (Université de Chicago) – a ouvert un vaste chantier comparatiste prenant pour objet l'État aux États-Unis et en France. Dans le cadre de plusieurs séries de conférences à Chicago et à Paris et de publications collectives, ils ont voulu questionner l'opposition excessivement simpliste, et pourtant tenue pour acquise, entre un État français centralisé et jacobin, et un État américain invisible et distant. Ils ont notamment montré que ces deux États pouvaient avoir des modalités d'intervention similaires dans leur société respective, qu'il fallait pour juger de la nature de leur présence regarder à leurs frontières, en considérant par exemple le rôle fiscal de l'État ou en l'approchant comme employeur, ou comme puissance militaire et atomique¹⁶. Mais la politique raciale de l'État est jusqu'à présent restée absente de cette étude comparative. Le présent dossier ne prétend pas venir combler ce manque. Mais, en prenant pour objet de comparaison les politiques raciales dans un domaine éminemment régalien, l'armée, en temps de guerre de surcroît, il veut essayer de s'inspirer de cette démarche et encourager d'autres travaux.

Les deux historiographies (sur la politique raciale de l'armée américaine et sur celle de l'armée impériale de la France) sont traversées par au moins deux thèmes communs qui apparaissent de manière plus saillante encore dans les publications récentes. C'est d'abord la

centralité de la violence dans l'expérience militaire des Noirs. Les contemporains ont souvent présenté ces troupes comme sources de violence, soit pour la louer parce qu'elle a pu contribuer à la déstabilisation de l'ennemi (ainsi les tirailleurs sénégalais vus comme des combattants redoutables contre les soldats de la *Reichswehr*), soit pour la condamner et en faire un élément de justification du maintien de leur position subordonnée dans l'armée (les très nombreuses émeutes raciales dans les environs des bases américaines à partir de 1942 ; puis au moment de la libération des pays européens occupés, les troupes africaines-américaines et colonisées de l'armée française pillant et violant les populations civiles blanches en France, en Italie, en Allemagne). Des histoires récentes ont montré comment l'expérience des troupes noires était effectivement intrinsèquement liée à la violence, mais en tant que victimes cette fois. Bien plus que les blancs, les soldats africains-américains ont fait l'objet de sanctions extrêmement cruelles de la part des cours martiales, pouvant aller jusqu'à la pendaison sans que les conditions de l'équité du jugement aient été réunies¹⁷. Côté français, de nombreuses publications ont mis à jour le massacre ayant eu lieu le 1^{er} décembre 1944 dans la caserne de Thiaroye à la périphérie de Dakar, résultat de la répression par l'armée française d'une mutinerie des soldats africains démobilisés demandant que leur solde leur soit payée¹⁸.

De part et d'autre encore, une attention particulière a été accordée à l'*agency* des troupes noires dans leur résistance à la politique raciste de l'armée, à leur aspiration à l'égalité et à la dignité. Du côté américain, la bibliographie est très importante sur ce thème et il y a désormais un consensus assez large parmi les historiens pour dire que la guerre a constitué un moment-clé dans la séquence historique de contestations et de mobilisations noires qui a conduit à l'adoption des principales lois sur les droits civiques dans les années 1960. Pour Thomas Guglielmo, l'ensemble des actions, relevant de l'infra-politique aussi bien que de la contestation frontale, tentées par les soldats africains-américains pour contester les vexations et les injustices dont ils font l'objet dans l'armée justifie que l'on parle d'un « mouvement martial pour la liberté » durant la guerre¹⁹. Une fois démobilisées, les troupes colonisées font également preuve d'*agency* en exigeant que leurs soient versées leurs soldes, par la mutinerie si nécessaire. La répression ne suffit pas à faire taire des soldats déterminés à obtenir la reconnaissance de leurs droits et l'égalité des bénéfices et des pensions liées au service durant la

guerre. De leur côté, les soldats américains de retour dans leur foyer tentent d'obtenir une mise en œuvre non discriminatoire des mesures d'accompagnement au retour à la vie civile prévue par le *GI Bill* adopté en 1944, et luttent contre les biais racistes des agences locales de l'Administration des vétérans²⁰. Dans les deux cas, le ressentiment à l'égard de l'expérience militaire s'accroît donc sous l'effet des conditions de démobilisation.

Bien d'autres pistes de comparaison pourraient être explorées : les conceptions raciales qui ont présidé à l'emploi des troupes par chacune des armées ; les tentatives d'expérimentation dans un cadre censé rester immuable durant la guerre ; la nature des interactions entre les soldats noirs et les populations civiles européennes qui les accueillent en libérateurs sans considération de leur race ; les conditions du retour à la vie civile et les contestations qui en ont découlé ; ou encore l'évolution des revendications d'égalité de traitement et d'égalité politique de la part des soldats démobilisés après la guerre dans des contextes politiques très différents. Ces pistes ne sont que des points de départ d'une entreprise de comparaison qui devrait être conduite collectivement par des historiens des États-Unis et de l'empire colonial français. Les deux historiographies doivent commencer à se lire et à se comprendre pour identifier les points de rencontre ou de divergence, mettre en regard les chronologies et les modalités de traitement différenciés. Bien évidemment, la comparaison pourrait être étendue à une chronologie plus large englobant la Première Guerre mondiale. Elle pourrait aussi l'être à la Grande-Bretagne qui a aussi eu recours à des troupes coloniales durant le conflit. On voit donc ici se dessiner un vaste champ de recherche qu'il reste à explorer.

Dans un article jouant pleinement le jeu du comparatisme, Christine Knauer montre tout l'intérêt que la presse noire des États-Unis va accorder aux tirailleurs sénégalais employés par l'armée française pour soutenir son propre combat politique. Se figurant de loin l'armée française comme un lieu d'intégration et d'égalité, les journalistes africains-américains vont essayer d'utiliser l'image positive de ces troupes noires pour militer en faveur d'une place plus juste pour eux-mêmes au sein de l'armée américaine. Plus tard, les articles consacrés à l'oppression des sujets noirs par l'impérialisme français vont davantage chercher à faire naître un sentiment de solidarité entre soldats noirs et asseoir les bases d'une lutte transnationale pour des objectifs partagés d'égalité.

Dans un article consacré à la médecine militaire, Pauline Peretz montre qu'en dépit d'un refus martelé par l'état-major de tenter l'intégration raciale au sein de l'armée, une expérience va être tentée sur la base *all-black* de Fort Huachuca en Arizona. L'autonomie laissée aux commandants locaux, la singularité du domaine médical, l'isolement du lieu expliquent que cette intégration ait été tolérée. Il reste cependant difficile de comprendre pourquoi ce type d'expérimentation n'a pas pesé davantage dans les débats sur la politique raciale qui ont eu lieu au sein de l'armée américaine dans les années d'après-guerre.

L'article de Claire Miot suit les soldats colonisés de l'armée française en Allemagne où, à partir de mars 1945, ils font la rencontre de femmes civiles blanches considérées comme ennemies. Elle examine les raisons pour lesquelles les autorités militaires françaises ont redouté que se nouent des relations amoureuses ou sexuelles entre eux, une telle intimité étant crainte comme susceptible de remettre en cause l'ordre colonial.

Enfin l'article de Ruth Ginio ferme ce dossier en accompagnant, au lendemain de la guerre, les soldats africains démobilisés dans leur ville d'origine. Là où l'historiographie tend à insister sur les discriminations et les injustices, elle met l'accent sur la lutte politique pour l'obtention de l'égalité des droits au sein du système militaire français. Les trois exemples qu'elle considère sont d'autant plus intéressants qu'ils ont été couronnés de succès. Ruth Ginio montre ainsi qu'une position subalterne dans l'armée ne se traduit pas nécessairement par l'absence d'*agency*.

NOTES

- [1] Lettre du 23 juin 1944, Folder 8, box 1, Correspondance de James Bernard Rucker, NYU, Tamiment Library and Robert F. Wagner Labor Archives, New York University.
- [2] Voir Jacques Frémeaux, *De quoi fut fait l'Empire. Les guerres coloniales au 19^e siècle*, Paris, CNRS Éditions, 2009.
- [3] Thomas Grillot, « Native Americans, America's Colonial Troops », *Books and Ideas*, 28 September 2011, <http://www.booksandideas.net/Native-Americans-America-s.htm>

- [4] Voir par exemple Chad L. Williams, *Torchbearers of Democracy: African American Soldiers in the World War I Era*, Chapel Hill NC, University of North Carolina Press, 2013.
- [5] Voir Daniel Hutchinson, « Defending the Lands of Their Ancestors : The African American Military Experience in Africa during World War II », in Judith Byfield et al., *Africa and World War II*, Cambridge University Press, 2015, p. 402-419. Et Brenda Gayle Plummer, *Rising Wind : Black Americans and U.S. Foreign Affairs, 1935-1960*, Chapel Hill, University of North Carolina Press, 1996; Penny M. Von Eschen, *Race Against Empire: Black Americans and Anti-Colonialism, 1937-1957*, Ithaca, Cornell University Press, 1997.
- [6] Voir Raffael Scheck, *Une saison noire : les massacres de tirailleurs sénégalais (mai-juin 1940)*, traduit de l'anglais par Éric Thiébaud, Paris, Tallandier, 2007, et *French Colonial Soldiers in German Captivity during World War II*, New York, Cambridge University Press, 2014.
- [7] Claire Miot, « Le retrait des tirailleurs sénégalais de la Première Armée française en 1944 », *Vingtième Siècle. Revue d'histoire*, n° 125, janvier 2015, p. 77-89.
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RÉSUMÉ

Bien que durant la Seconde Guerre mondiale les Africains-Américains aient très tôt manifesté leur sentiment d'une communauté de destin avec les troupes noires colonisées de l'empire français, les politiques raciales des deux armées -américaine et française- n'ont jusqu'à présent pas été étudiées de manière parallèle ou conjointe. Les différences de statuts entre soldats (citoyens dans le premier cas, sujets dans le second), mais aussi d'usage et d'insertion au sein des troupes expliquent cette réticence à la comparaison. L'historiographie révèle pourtant des parallèles immédiats et évidents, comme la centralité d'une violence extrême dans l'expérience militaire de ces soldats ou encore la manifestation d'une forte *agency* pendant et après les combats.

En proposant quatre articles sur les soldats noirs, africains-américains et colonisés de l'empire français, ce dossier a l'ambition de montrer que les rapprochements entre les deux cas peuvent être porteurs de connaissances et d'éclairage mutuels. Il invite d'autres historiens à s'engager dans cette démarche comparative et à considérer ensemble les politiques raciales de l'armée pratiquées d'une part par les États distinguant leurs citoyens selon la race et, d'autre part, les Empires coloniaux (français ou britanniques par exemple).

“NO EXPERIMENT... AT THIS CRITICAL TIME”?
**Racial Integration at Fort Huachuca’s All-Black Hospital During
World War II**

Pauline PERETZ

On October 8, 1940, Assistant Secretary of War Robert Patterson submitted to President Roosevelt a statement on the Army’s racial policy, which claimed: “The policy of the War Department is not to intermingle colored and white enlisted personnel in the same regimental organizations. This policy has been proven satisfactory over a long period of years, and to make changes now would produce situations destructive to morale and detrimental to the preparation for national defense... It is the opinion of the War Department that no experiments should be tried with the organizational set-up of these units at this critical time.”¹ The President approved the policy, which was in effect throughout the war. Thus, the US Army remained segregated, and only a few limited experiments with racial integration were conducted. This policy specifically applied to the Medical Department, even though the latter dealt with life and death and relied heavily on civilian medical personnel. At a meeting held with black medical professionals in March 1941, Surgeon General James Magee argued: “I hardly think the Army is the place to experiment.”²

In civilian life at the time, black patients were still primarily cared for in black hospitals, and those who were accepted in biracial hospitals were treated in segregated facilities. There were very few integrated hospitals, even in the North.³ In contrast, during World War I, medical care in the Army was integrated: Black patients were treated in the same wards as white patients. However, black doctors were limited to serving as regimental surgeons and were barred from working in Army hospitals. In 1941, black medical professionals organized to push for real professional opportunities in the upcoming war. The response of the Surgeon General’s Office (SGO) was not what they were hoping for: black doctors and nurses were offered professional opportunities in the Army through the creation of segregated medical units—*i.e.*, several black wards and two all-black hospitals. In other words, increased medical segregation was the response the SGO gave to black professionals’ demands for integration.

An experiment in medical integration was nevertheless conducted in the isolated Arizona desert, at Fort Huachuca, where the only two African-American infantry divisions—the 93rd and later the 92rd—successively trained. In December 1941, the War Department selected this distant location to house the biggest concentration of black troops in the country’s history, and this for two reasons: Fort Huachuca was the historical home of the Buffalo soldiers, and there were no major white communities in the vicinity. Fort Huachuca was also one of the two locations chosen by the

SGO to create an all-black hospital for black troops. This hospital, which opened its doors in September 1942, was initially conceived as a “separate but equal” facility. However, its medical team, who came mostly from the north of the country, decided to integrate patients and staff without opposition from the SGO. This experiment is hardly mentioned in the literature, as attention is usually given to the few attempts at integration that were made on the front line at the end of the war. Yet, this tolerated exception is worthy of study, for it allows us to reflect on the lasting effects of the Army’s racial transformation during World War II. Were these one-shot experiments or models for future institutional change?

An all-black hospital for an all-black division

During the interwar years, Fort Huachuca had housed two black units: the 25th Infantry and the 10th Cavalry Regiments. In July 1941, following intensive lobbying by local politicians, Fort Huachuca appeared on the list of 14 military sites selected for extension or construction. At the end of December, it was confirmed that the fort would serve as a training base for the two black divisions (first for the 93rd and then for the 92nd) that had been assembled by the Army to absorb the significant influx of African-American soldiers. This was a consequence of the 10 percent quota, a concession made by President Roosevelt to black organizations and the black press. In January 1942, the construction of a 676-bed hospital (later equipped with more than 1,000 beds) was initiated to care for the men of the 93rd Infantry Division,⁴ across the street from a smaller hospital (eventually named “Station Hospital n°2”) that had opened in 1941. The larger hospital, “Station Hospital n°1,” officially opened on September 23, 1942 with an all-black staff. Station Hospital n°1 was to care for all black officers who lived in the fort and for three out of four enlisted men (all of whom were black). Administered by white staff, Station Hospital n°2 was to treat the remaining black soldiers, as well as all white officers and the civilians who lived in the fort or in its surroundings.⁵

The establishment of an all-black hospital at Fort Huachuca was a concession from the SGO to black doctors’ demands for equal professional opportunities in the Army. Instead of integrating the corps of medical officers, the SGO sought to satisfy their demands by offering them institutions in which they could treat patients of their own race. On October 14, 1940, the National Medical Association (NMA), which represented 5,000 black doctors from across the country, demanded the complete integration of medical personnel at its first meeting with Major General James Magee. NMA representatives argued that, contrary to what had prevailed during World War I, African-American doctors should be allowed to serve in military hospitals. Magee made clear that he opposed the integration of the Medical Department so long as the Army’s racial policy remained unchanged. In October 1940, the SGO drafted a plan for “the utilization of Negro officers, nurses and enlisted men in the Medical Department,” which complied with the Army’s segregation policy whereby “no colored personnel would be called into service until separate black wards would be designated... and only where the number of black troops warranted separate facilities.” Black wards were to be opened in hospitals where the average number of black patients was above 100—at Fort Bragg (North Carolina) and Camp Livingston (Louisiana)—and were to be officered by blacks in compliance with the “separate but equal” principle. In all the other hospitals, blacks were to be treated alongside other patients.⁶ In short, the October 1940 plan established segregated care in places with a high concentration of black troops, thus conciliating two contradictory objectives: offering more professional opportunities to black doctors, and ensuring that white patients would not be attended by black doctors.

Unsatisfied with the SGO's plan, the NMA requested a second meeting, which was held on March 7, 1941. At that second meeting, NMA representatives insisted that there were many instances in civilian life where white patients were treated by black doctors. But Magee consistently repeated: "A patient voluntarily placing himself under treatment by a doctor is one thing, to establish compulsion is another... We don't experiment in the Army..."⁷

Shortly after the United States entered the war in December of that year, the War Department thought it could ease the pressure exerted by African-American professionals by opening an all-black hospital at Fort Huachuca, where the all-black 93rd infantry division was about to assemble.⁸ Pressed with demands to assign a greater number of black doctors to positions of responsibility, the SGO and the General Staff saw the creation of this hospital as a way to absorb a significant portion of these professionals.⁹ However, segregation was the price that black doctors had to pay for their professional advancement. In February 1942, Dr. Midian Bousfield, the black representative of the Procurement and Assignment Service created by the government in November 1941 to oversee mobilization in the Medical Department, was asked to select personnel for the future all-black hospital. A month later, he gave a list of 65 names to the SGO, and he was asked to head the hospital with the rank of lieutenant-colonel.¹⁰

Was the creation of an all-black military hospital perceived as an opportunity for black professionals, or was it viewed instead as a betrayal of an integrationist goal? African-American doctors and the black press were divided on the issue. In the context of what historian Vanessa Gamble refers to as the "black hospital movement" initiated at the end of the 19th century, separatism had long been considered as the only way to offer proper care to African-Americans and to provide training for medical students in a segregated system. Black hospitals also meant professional opportunities for black doctors who were denied access to white hospitals. When, in 1923, the Department of Treasury decided to create a hospital for black veterans in the South, Robert Moton, the head of the Tuskegee Institute, and Dr. Plummer, the head of the NMA, fought for it to be placed under the medical and administrative control of blacks, despite local opposition and the growing influence of the Ku Klux Klan. Their success in the battle over control of this new hospital, which became known as the Tuskegee Veterans Hospital, was seen as a major racial conquest at the time. But could it still be the case in 1942, when African-Americans were fighting a war for democracy both at home and abroad, as claimed by the Double V campaign launched by the *Pittsburgh Courier* in its February 7 issue?

In the interwar years, black hospitals were created largely with the support of white charities, in particular the Julius Rosenwald Fund. As Gamble notes, "this support... came at a price. It meant that white philanthropies and not the African-American community had the key role in controlling and determining the role and function of some black hospitals."¹¹ For the most integrationist doctors, it was too high a price to pay. In 1931, the Manhattan Central Medical Society, which represented black doctors in New York, opposed the Fund's proposal to erect a segregated hospital in New York. And in August 1932, it opposed the establishment of a second all-black veterans' hospital. In the following years, the National Association for the Advancement of Colored People (NAACP) started criticizing black hospitals as second class, under-financed, and underequipped. All these advocates of integration saw medical separatism as an idea whose time had passed.¹²

But, in 1942, Bousfield disagreed, as he still saw separatism as a way to promote black medical interests. Born in 1885 in Missouri, he had graduated

from Northwestern Medical School and Freedmen's Hospital in Washington, and had then made an impressive career in Chicago. On opening his own practice, he had joined the medical staff of Provident hospital, the first interracial hospital, which later turned black.¹³ During his time as president of the NMA (1933-1934), he was considered one of the staunchest supporters of the interests of black patients and doctors. And, as head of the Negro Health Division of the Julius Rosenwald Fund, he worked hard to reduce the dramatic imbalance in medical care between blacks and whites—across the US, the ratio of hospital beds per head for the latter was 10 times the ratio for the former.¹⁴ In Bousfield's eyes, Station Hospital n°1 was an opportunity that African-American doctors could not miss, even if they had asked for more. In March 1942, he wrote to state organizations of the NMA: "Except for being a completely segregated unit, it is a victory for the protest against the exclusion of Negro physicians..."¹⁵ Bousfield was willing to pay the price of segregation in order to promote the professional interests of black doctors.

The black press largely shared this feeling of pride. Despite its principled opposition to segregated units, African-American troops were praised for their achievements, patriotism, and excellence, which were going to change the negative image of black soldiers.¹⁶ The same logic applied to Station Hospital n°1, which was often depicted as a key contribution to racial uplift. The *Chicago Defender* echoed Bousfield's optimism: "For the first time in the history of the US army, Negro medical professionals... will be in command positions with the highest military rank which Negro medical men have ever attained in the army,"¹⁷ while the *Pittsburgh Courier* lauded "the cream of the colored medical profession," which made Station Hospital n°1 comparable to the best hospitals in the country.¹⁸ Dr. John Kenney, secretary-treasury of the John Andrew Clinical Society (one of the few places where white and black doctors served together) and editor of the *Journal of the NMA* since 1916, also saw Huachuca's hospital as "a stepping stone to that higher prize to which we aspire."¹⁹

However, for the NMA's head, Dr. Arthur N. Vaughn, Station Hospital n°1 was a betrayal of the integrationist ambition that African-Americans had pursued since the 1930s. Bousfield was seen as a traitor to the organization and was censured by the NMA.²⁰ Dr. Vaughn condemned the very existence of Huachuca's hospital as a breach of the compromise reached between the NMA and the SGO at the March 1941 meeting: "At no time during the discussion was the matter of segregated hospitals for Negroes ever brought up... Our organization was the first to insist on integration, not segregation..."²¹ Just as it had opposed all-black hospitals in the 1930s, the Manhattan Central Medical Society condemned the creation of "a Jim Crow hospital" in Arizona. The NMA and its allies saw Station Hospital n°1 as a step backward. As Dr. Vaughn had insisted at the March 1941 meeting, there already were hospitals in the South where black and white doctors worked together, and, even in the South, there were black doctors who treated white patients.²² To these attacks, Bousfield responded that Huachuca was a unique chance for black medical professionals to be in command of a vast public hospital that offered the best possible human and technical conditions.

The best possible care

Station Hospital n°1 may have been "separate but equal," but at Huachuca, equality for once played in favor of blacks, not whites. In terms of size, staff, medical skills, and equipment, the white hospital could not compare with the black hospital. The latter counted many more buildings and beds, and had the largest and most qualified staff and state-of-the-art

equipment. In charge of recruitment, Bousfield managed to attract some of the best men in the country—highly qualified black professionals who accepted to leave their civilian practice to gain professional recognition from the Army. Medical excellence and respectability seemed to have been the recruitment criteria for what was largely acclaimed by the black press as a perfect cast. In the *Chicago Defender*, journalist Enoc Waters bragged: “Who’s Who of Negro medicine makes Fort Huachuca Hospital ‘Best Anywhere.’”²³ Most doctors came from large northern cities—Chicago (10), Washington D.C. (9)—or from southern ones—Saint Louis (7)—where opportunities for training and hospital experience for blacks were best. The majority were graduates from Howard’s medical school, Meharry Medical College, or the University of Illinois medical school. Twenty medical officers had previously worked at the four best black hospitals in the country: Chicago’s Provident Hospital, Freedmen’s Hospital (Howard in Washington, D.C.), Homer G. Philipps Hospital (created in 1937 in Saint Louis), and Mercy Hospital (founded in 1905, it was one of Philadelphia’s two black hospitals). Five doctors were already heads of medical services when they left for Huachuca. Several were professors in medical schools that were open to black students. These black doctors had trained in the same schools, worked in the same hospitals, and socialized in the same milieu, especially those originating from Chicago. Many of them were mixed-race. Except for three, they had no previous army experience and had to learn military rules and procedures, which they sometimes resisted. They enlisted with ranks appropriate to their experience and training, and became the highest-ranking black officers on the fort. Bousfield came first with his lieutenant-colonel title, but he was seconded by several majors and captains down to second-lieutenants.

Many of the doctors who came to Huachuca had been highly active in favor of the integration of the medical profession. Roscoe Giles, another former president of the NMA, had successfully campaigned in 1940 for the American Medical Association (the organization representing white doctors) to drop the mention ‘col.’—for colored—from its directory. So why would integrationists volunteer to work for a black hospital in 1942? Colonel Hugh J. Morgan, from the SGO, suggested that “they are more interested in furthering their personal and racial aims than they are in the US Army and the war.”²⁴ Indeed, Bousfield and some of his colleagues intended to bring about integration from within the Army. Their motivations were likely more mundane and pragmatic: They would be drafted at some point anyway, and working in a stateside hospital was more attractive than serving as a regiment medical officer abroad. Moreover, the Army’s recognition of their professional skills could only add to their credentials once the war was over. Patriotism was certainly not the only reason to accept this compromise with segregation.

The case of black nurses was different. Until 1942, their applications were continuously rejected by the War Department. But in June of that year, under the pressure of Mabel Staupers, executive secretary of the National Association of Colored Graduate Nurses, the War Department started accepting a small number of applications “to care solely for black soldiers in locations dominated by segregated troops”—Fort Bragg, Camp Livingston, Tuskegee, and Fort Huachuca.²⁵ For African-American nurses, being accepted in the Army was a breakthrough. Some of the applicants also considered it a chance to work alongside black doctors, and not under the authority of white men, as was often the case in civilian life. The all-black hospital seemed to promise a better professional environment, especially since it was equipped with state-of-the-art installations.

In many ways, the hospital paralleled the “deluxe Jim Crow” movement identified by historian Karen Kruse Thomas. This movement, which was developing in the southern states since the mid 1930s, was fighting for the dramatic improvement of health care for blacks in a segregated environment.²⁶ By working at Station Hospital n°1, one could hope to gain expertise in new techniques and exposure to new medical cases, and to thus extend one’s training. Although the hospital was built in haste, it was larger than the largest black civilian hospitals of the time, both in terms of size and capacity. It offered a wide range of medical specialties, including dermatology, genito-urinary, dental services, surgery, radiography, laboratory, special clinic, and pharmacy. The black press raved about the installation. Frank Bolden wrote in the *Pittsburgh Courier* that “this hospital has the latest in everything... I doubt if it has many rivals in civilian communities.” He listed four large operating rooms equipped with the latest in anesthesia apparatus, four large radiographic units, a plaster room, massage treatments... This, he argued, was proof that the Army spared neither money nor efforts to care for black soldiers, but also that the SGO trusted African-American doctors enough to give them the best equipment.²⁷

In the following years, innovative treatments and training schools added to the hospital’s acclaim. In 1944, Major Harold Thatcher, a dermatologist and chief of medical services, was selected by the SGO to experiment with penicillin to cure venereal diseases (VD). To be sure, the exceptionally high rate of VD on the fort largely explains why he received so many doses of “the wonder drug,” which began to be manufactured only in 1941. But Thatcher’s reputation and the credit given to the hospital certainly played a role as well.²⁸ A year earlier, a school of physical therapy, a quite innovative technique in the Army at the time, had opened at the hospital; in 1944, a medical technician school began to offer training to women of the auxiliary corps.

Although Station Hospital n°1 offered unrivaled opportunities for black professionals, it remained under white authority. Throughout the entire war, Bousfield was placed under the authority of Col. E.B. Maynard, a career army medical officer who was both the post surgeon general and the head of Station Hospital n°2. A born Southerner (he came from Virginia), Maynard had been a soldier since 1910, and held an M.D. from the University of Virginia. He had been division surgeon for the First Division during World War I, and had since been decorated with a Croix de guerre with the Palm, the Silver Star and the Purple Heart for his 26 months of service on the frontline and in the occupation army in Germany.²⁹ As a post surgeon, he was responsible for supplies, mess management, hospital funds, and reports... in the two hospitals. Bousfield had no chance of standing against an army officer of such experience. To gain autonomy from the post surgeon and from the Ninth Service Command, which had authority over the fort, Bousfield tried as early as March 1943 to have Station Hospital n°1 upgraded to the rank of general hospital—on the grounds that his staff was capable of performing next to all the operations conducted in such a hospital.³⁰ He also tried to convince the Veterans Administration that it could become a perfect veterans’ hospital.³¹ But none of these attempts succeeded. And yet, despite Maynard’s close monitoring, far more changes happened in Station Hospital n°1 than anyone could have imagined or hoped for.

An experiment in racial integration

The odds that medical integration would happen through a revamping of segregation were very unlikely considering what was happening

elsewhere on the fort. Segregation was expanding and becoming tighter. The number of racial incidents was on the rise, as in the rest of the country. In June 1942, a second officers' club opened on the fort to host and entertain black officers who had been arriving in significant numbers since May. At the officers' level, rank did not automatically separate blacks from whites—which it did for soldiers, since they were all black. Thus the Department of War ordered the segregation of officers' clubs at Huachuca. Segregation ruled inside and beyond the fort, on the civilian side of the fence, to avoid contacts between black soldiers and white civilians, especially white women. A gated "vice town" was created in the neighboring community of Fry to make sure soldiers only had sex with black prostitutes, whose health was checked by the sanitary company based on the fort. The regulation of black soldiers' sexual activity and alcohol consumption beyond the gates of the fort lasted from December 1942 until August 1943, at which point it was suspended by the Service Command. Another serious source of racial tension in late 1942 was the Department of War's plan to draft Huachuca's soldiers to pick cotton in Arizona, following a demand from governor Osborn. At that point, it was pure luck that the racial riots that had erupted in Phoenix in November 1942 did not reach the fort. But when the 92nd Infantry Division arrived in May 1943, General Almond's racism and humiliating attitude were so blatant that black soldiers began referring to Fort Huachuca as "the plantation."³²

Bousfield had formulated his integrationist ambitions early enough not to be discouraged by the rise in racial tension. He explicitly mentioned the latter in a June 1942 letter to the Assistant Civilian Aide to the Secretary of War, Truman Gibson Jr., a close acquaintance from Chicago whom he trusted to be an ally: "...It would soon be possible to run this hospital on an integrated basis – a non-Jim Crow unit if we are permitted..., if they will let us & just have one big hospital."³³ In fact, integration did happen at the fort's hospital according to a dual process: White patients asking to be treated by black doctors, and black doctors being transferred to the white hospital which was in dire need of personnel and skills. The Huachuca experience demonstrated that when the quality of care was at stake, white patients did not resent being treated by blacks.

In September 1942, Bousfield assured Lieutenant-Colonel Hall, Chief of Personnel Service of the SGO, that "there is little reason to have any fear in assigning competent Negro physicians in places where the medical care of white people is concerned."³⁴ That very same month, high-ranking white officials and their families asked to be treated at the black hospital's outpatient clinic. Later in the fall, Bousfield was pleased to write to W.E.B. Du Bois: "We have treated in this hospital high ranking white officers—from the Major General in command of the 93rd division right on down the line."³⁵ With great pride, the black press publicized the fact that white officers serving on surrounding Army posts came all the way to Station Hospital n°1 for treatment. They also mentioned that two white soldiers injured in an automobile accident 100 miles from Huachuca had refused to go to a nearby hospital because they wanted to be treated at the all-black hospital. The testing of the physical proximity of races was proving successful.

Interracial care was conducted informally at the black hospital's outpatient clinic, where army rules apparently did not apply as strictly. Black doctors, who had been working as civilian practitioners a few months earlier, were not sure whether they were allowed to treat white patients, but they did so regardless, without fear of sanctions. In letters to Louis T. Wright, chief of surgery at the Harlem hospital, chairman of the board of directors of the NAACP, and a well-known integrationist in the community,

Roscoe Giles wrote that he had been told of a directive, adopted in 1942 or 1943 by the SGO, which forbade Negro physicians to do surgery on white patients, male or female, or to work alongside whites. But he did not know the exact content of the directive, nor was he certain of its existence.³⁶

Sometime in the second half of 1943, regulation of interracial care was tightened when the surgical consultant of the Command recommended that Station Hospital n°1 “be given General Hospital privileges, that is... be permitted to do any type of operation except Neurosurgery or Elective chest surgery” after a black patient had died in Station Hospital 2 following a hemorrhoidectomy.³⁷ Black doctors understood that they were allowed to perform all types of surgeries in Station Hospital n°1, but also in Station Hospital n°2, alongside the white team. However, gynecology and obstetrics were exempted from this rule: Most likely due to the intervention of the American Board of Gynecology and Obstetrics, Major Kamer, chief of the surgical service at Station Hospital n°2 and specialized in ob-gyn, was the only doctor allowed to perform examinations and operations on women, whether white or black. The acceptance of interracial care was limited to males; treatment of white women by black doctors remained an absolute taboo both for military authorities and for white medical organizations. Nevertheless, some white women preferred to be treated at Station Hospital n°1, despite being called “nigger lovers” by white officers.³⁸

As the war raged on, black doctors treated more and more white patients, both civilians and soldiers from the surrounding forts. This was largely due to a growing staff imbalance between Station Hospitals n°1 and n°2. Starting in November 1944, Station Hospital n°2 suffered from a shortage of white doctors and nurses, as many had been sent to the front; meanwhile, Station Hospital n°1 was overstaffed because the SGO did not know where to send black medical officers other than to Huachuca. This imbalance led to the transfer of a dozen black medical officers to the white hospital, where they cared for white patients. Although Bousfield expressed anger that he was losing his best staff and his authority over them, the transfer produced *de facto* professional integration: White doctors and black doctors were working side by side at Station Hospital n°2.³⁹ When, in June 1945, Colonel Hall made a surprise visit to the Fort, he noticed without great alarm that the large majority of the staff at Station Hospital n°2 was black, and that most white officers and civilians were seeking superior care at Station Hospital n°1's out-patient clinic.⁴⁰

At no point was the integration of patients conducted in secrecy. In 1945, several instances of white civilians coming to Station Hospital n°1 to obtain medical care were reported in the correspondence with the SGO. In a letter to the Deputy Surgeon General dated August 14, 1945, Bousfield insisted that even “poor whites from the South,” who were portrayed by the SGO as the most opposed to medical integration, asked to be treated by Station Hospital n°1's staff.⁴¹ In a letter to the Adjutant General, Bousfield also insisted that Harold Thatcher, Station Hospital n°1's chief of medical services, had cured the son of Kentucky's Senator “Happy” Chandler of a severe skin disease, as well as the wife of Grover Land, a former member of the Cubs baseball team.⁴² Bousfield and his colleagues wanted the SGO to know that they had gained uncritical recognition across the color line. In their eyes, this was a sign that society was ready for interracial care. They were hoping that the Surgeon General would draw consequences for the rest of the Medical corps.

What to make of an experiment?

Toleration of interracial care was not official integration, which is what black doctors wanted. Furthermore, the doctors' ambition was thwarted by

the emptying of the fort after the departure of the 92nd Infantry Division. In July 1944, Station Hospital n°1 was merged with Station Hospital n°2. Once again, Bousfield made the case to the Veterans' Administration that the hospital could be used to treat veterans. And he tried to convince the SGO that it could be upgraded to a general hospital for returning soldiers, advertising Huachuca's incomparable weather, as well as the hospital's state of the art equipment and excellent staff. But both options were rejected. Instead, the SGO decided to dismantle the hospital's staff, which had become far too large given the reduced medical needs.

Bousfield was hoping that the break-up of the hospital would lead to the assignment of his best men to other hospitals in the Ninth Service Command or elsewhere, and that they would be "distributed through white hospitals and no more segregated hospitals."⁴³ Some of the medical staff had actually followed the 93rd Division when it had left the fort—for instance, Captain Gardner Downing, who had served as a dentist-surgeon at Station Hospital n°1, had been transferred to Bougainville.⁴⁴ Some of Bousfield's men had also been assigned to the 4 all-black station hospitals which had been activated in the zone of occupation: the 25th station hospital in Liberia; the 268th in the Southwest Pacific; the 335th in Tagap, Burma; and the 383rd built out of the 335th's over-strength.⁴⁵ Captain Harsba Bouyer, an ear and nose specialist, had been transferred from Huachuca's Station Hospital n°1 to the 25th in Liberia, where he mostly cared for African patients. A significant portion of the medical staff of the 268th came from Station Hospital n°1, including the head, Major Arthur Simmons, who had led medical services at the fort's hospital. Nurse Prudence Burns Burrell had also been a member of Station Hospital n°1's top staff.

In 1945, Bousfield did not want to let his staff be reassigned to segregated outfits. He was encouraged to ask for their reassignment to white hospitals when some of Huachuca's best nurses were transferred to other hospitals in the Command, following the official integration of the Army Nurse Corps (ANC). In July 1944, the quota for black nurses had finally been lifted. Until January 1945, however, black nurses serving in the Army were still working in black outfits, with the exception of 63 women who were assigned in September 1944 to replace white nurses in the 168th Station Hospital in England. At the beginning of 1945, in a context of major shortage of nurses in the Army, the SGO and the War Department declared an end to exclusionary racial practices. Their aim was to neutralize the public outcry that followed the drafting of female nurses foreseen by the Nurse Draft Bill introduced in Congress.⁴⁶ Right after the official integration of the ANC, the Ninth Service Command reassigned some of Huachuca's best nurses to white hospitals, though the majority were sent to Prisoners of War Camps. This was the case at Camp Beale Hospital, an Air Force facility in California, where there were few black patients: The entire group of 23 nurses under the leadership of Captain Della Raney came from Station Hospital n°1. Bousfield was hoping that nurses would open the way for doctors in the Command.

Bousfield's demand for integration was strongly supported by the new Assistant Civilian Aide, James Evans, who notified the Surgeon General on several occasions that the experiment at Fort Huachuca had been a success: "The record of station hospital n°1 has validated the claims that Negro medical men could establish and operate such a facility... It shows the feasibility of proposals for integrated service on this post and by the same token at other installations."⁴⁷ In February 1945, the SGO finally seemed ready to consider the "assignment of officers to General Hospital staff or on an unsegregated basis to other Medical Department installations, if it is the desire of the War Department General Staff."⁴⁸ As a result, 3 medical

officers were transferred to Fort Devens (Mass.), and 25 officers of the Medical Administrative Corps were sent to Fort Benning. Such transfers, however, remained very limited.

Bousfield and Evans suspected that it would be easier for medical integration to occur overseas first, because they had heard of integration experiments with combat troops on foreign theaters. In March 1945, following major losses on the European Theater of Operations, 2,000 black volunteers were formed into black platoons and assigned to white companies in the 95th Infantry Division. As Bousfield wrote shortly before going home to Hall, “overseas... democratic practices work better,”⁴⁹ away from southern prejudices and white professional organizations. And he was right, even though the number of places where integrated care could be attempted was limited. African-American technicians who had been trained at Station Hospital n°1 were sent to the European Theater of Operations and to the Pacific.⁵⁰ Care was also integrated at the 335th station hospital in Tagap, under the leadership of staff formerly trained at Huachuca: Major William Strickland led a team of black doctors who practiced integrated care, and Dr. Robert Wilkinson, an alumnus from Huachuca, was chief of surgery. White (American and British) and black patients, but also Chinese, Indian, and Burmese ones, were treated side by side without any incident. The *Afro-American* interviewed a white soldier who said he had never received such good care before: “There’s no discrimination here... All of us, including myself, my buddies, the Chinese, Indians and British get the same treatment and attention...” And Strickland was quoted as portraying the Tagap hospital as the model of what medical integration should look like in the future.⁵¹ Medical integration had spilled over from Huachuca’ Station Hospital n°1 to a few medical facilities overseas.

By the end of the war, however, the doctors who had served at Station Hospital n°1 were no longer optimistic. The *de facto* integrated hospital was still under the authority of a white man—Col. E.B. Maynard—and integration was not pursued except by sending some of the best black medical professionals to other hospitals, stateside or overseas. So long as the SGO refused to integrate more hospitals, it could not figure out where to reassign Station Hospital n°1’s personnel, and this despite the fact that there was a dire need for doctors due to thousands of casualties returning home. As a result, the SGO released many of the black doctors to inactive duty. The *Afro-American* vigorously condemned the “ousting of colored doctors” from Huachuca because of SGO’s “opposition to mixed staffs in Army hospitals.”⁵² When the hospital closed in 1946, the experiment came to an abrupt end. This created a lot of bitterness among most of the black doctors who had worked at Huachuca. Bousfield had hoped that Station Hospital n°1 would “forever show the way to a more liberalizing attitude toward the indiscriminate use of colored doctors by the SGO.”⁵³ But this did not happen during wartime.

Conclusion

At Fort Huachuca, an all-black hospital created ex nihilo to care for an extraordinary concentration of black troops succeeded in integrating both patients and staff in just a few weeks. This was all the more surprising since the experiment was conducted in an increasingly segregated local environment, with the full knowledge of the SGO and the Ninth Service Command. Two explanations can be offered as to why this occurred inside the hospital and not elsewhere on the fort. The first explanation focuses on black doctors’ agency: Fort Huachuca was the only place and only unit where so many highly-ranked black officers were in command, most of whom were well-known northern integrationists and highly recognized

professionals with little to fear from military sanctions. The second explanation centers on patients' prejudices and expectations. Of course, it would be wrong to claim that there was no racism at Huachuca or in the surroundings. But this racism was lessened vis-à-vis black professionals whose respectability and talent had already been proven in a civilian context. This greater racial tolerance may have been due to the location of the experiment—Southern Arizona, as opposed to the Deep South—or to the period in which it took place—wartime, which was characterized by a shortage of doctors. In these conditions, whites were more easily willing to put aside their racial prejudices in order to be cared for as well as possible. But for the most part, this tolerance had to do with the nature of medical interaction, which is short-term and mostly one-off, in contrast to the ordinary and long-lasting interactions associated with serving, eating, and sleeping side by side in the same unit—all of which was prohibited during the war except in officers' schools. The bottom line is that the health of patients was at stake, and that these wanted to receive the best possible treatment.

This is probably the reason why, during World War II, integration in the Army mostly took place in the Medical corps. The war opened new opportunities for black medical personnel: The Army Nurse Corps was integrated at the beginning of 1945, and several overseas station hospitals integrated their medical staff towards the end of the war in a context of personnel shortage. Former Huachuca staff played a pioneering role: They had demonstrated the excellence of black medical care and proven that white patients did not resent being treated by black doctors. It was therefore natural that they would become key actors in these late *ad hoc* experiments in medical integration. And yet, the latter were largely forgotten in the aftermath of the war. Most significantly, in 1946, the timid Gillem report on the "Utilization of Negro Manpower in the Postwar Army Policy" did not make any recommendations for the medical corps. And to the best of my knowledge, Huachuca's experiment was never mentioned in the political debates that preceded President Truman's Executive Order 9981, adopted in June 1948, which launched the gradual process of integration in the armed forces. But while these experiments in medical integration did not have a direct influence on the Army's racial policy, they did have a lasting effect on civilian medicine. Black doctors went back to their civilian jobs with better training, an exposure to a wider range of sicknesses and treatments, and a new self-confidence about being entitled to treat white patients.

NOTES

- [1] Ulysses Lee, *Employment of Negro Troops*, Washington DC, Center of Military History, 1994 (1st edition, 1963), 75-76.
- [2] Minutes of the meeting of the NMA representatives with the Surgeon General, March 7, 1941, folder "Negro doctors and nurses", box 199, entry 31 (ZI), RG 112, National Archives and Record Administration (NARA).
- [3] Karen Kruse Thomas, *Deluxe Jim Crow. Civil Rights and American Health Policy, 1935-1954*, Athens GA, The University of Georgia Press, 2011, 36.
- [4] On the 93rd Infantry Division, see Robert Jefferson, *Fighting for Hope: African American Troops of the 93rd Infantry Division in World War Two and Postwar America* (Baltimore: Johns Hopkins University Press, 2008).
- [5] Anonymous letter, May 16, 1944, "Staff, W. White, Fort Huachuca trip" folder, Box A 606, Group II, NAACP Papers, Library of Congress.
- [6] Memo from the Office of the Surgeon General, October 25, 1940, folder "Negro personnel", Box 199, Entry 31 (ZI), RG 112.
- [7] Minutes of meeting of March 1941, folder "Negro Doctors and nurses", Box 199, Entry 31 (ZI), RG 112.

- [8] SGO Plan for the utilization of colored medical department officers, mentioned in Memo for the assistant chief of staff, G-3, January 30, 1942, Folder “Negro personnel, sanitary companies and negro officers, 1940, 1942”, Box 200, Entry 31 (ZI), RG 112.
- [9] Memo from Arthur B. Welsh, Major, Medical Corps, to General McAfee, January 17, 1942, Folder “Negro personnel, sanitary companies and negro officers, 1940, 1942”, Box 200, Entry 31 (ZI), RG 112.
- [10] Letter from McAfee to Adjutant General, May 1, 1942, box 108, Entry 29, RG 112.
- [11] Vanessa Northington Gamble, *Making a Place for Ourselves. The Black Hospital Movement. 1920-1945*, Oxford University Press, 1995, and “Black Autonomy versus White Control: Black Hospitals and the Dilemmas of White Philanthropy, 1920-1940”, *Minerva*, vol. 35 n°3, Autumn 1997, 267.
- [12] See Jean-Paul Lallemand-Stempak, *Peaux noires, blouses blanches – Les Afro-Américains et le Mouvement pour les droits civiques en médecine (1940–1975)*, doctoral thesis, Ecole des Hautes Etudes en Sciences Sociales, Paris, 2015, 174-175.
- [13] Gamble, *op. cit.*, 131-155.
- [14] Thomas, *op. cit.*, 36.
- [15] Bousfield to State Organisation of the NMA, 12 March 1942, folder “291.2 Negro personnel”, box 200, entry 31 (ZI), RG 112.
- [16] Christine Knauer, *Let Us Fight as Free Men. Black Soldiers and Civil Rights*, University of Pennsylvania Press, 2014, 10, 24.
- [17] “War Department to establish complete hospital unit at Ft. Huachuca, Ariz.”, *Chicago Defender*, 21 March 1942.
- [18] “Fort Huachuca hospital compares favorably with country’s best”, *Pittsburgh Courier*, 13 August 1942.
- [19] “Dr Kenney defends Fort Huachuca Hospital”, *Pittsburgh Courier*, April 25, 1942.
- [20] “NMA censures Dr. Bousfield”, April 15, 1942, box 108, Entry 29, RG 112.
- [21] Reply of the NMA to the purported press release of Hon. Secretary of War, February 20, 1942, Folder “291.2 Negro personnel”, box 200, entry 31 (ZI), RG 112.
- [22] Minutes of meeting of March 7, 1941, *op. cit.*
- [23] “Who’s who of Negro medicine makes Fort Huachuca Hospital ‘Best Anywhere,’” *Chicago Defender*, December 5, 1942.
- [24] Letter from Colonel Hugh Morgan to Brigadier General CC Hillman, SGO, September 8, 1942, Box 239, Entry 31, RG 112.
- [25] Charissa Threat, *Nursing Civil Rights. Gender and Race in the Army Nurse Corps*, University of Illinois Press, 2015, chapter 2.
- [26] Thomas, *op. cit.*
- [27] Frank Bolden, “Sees Bright future for race medical men at Huachuca”, *Pittsburgh Courier*, August 29, 1942.
- [28] “Miracle drug is given Hospital for experiment”, *Apache Sentinel*, January 21, 1944.
- [29] “Fort Huachuca medical wards house 1141 beds”, *Arizona Daily Star*, December 14, 1943
- [30] Draft memo from Bousfield to Surgeon General, June 1943, folder 330-339 “Fort Huachuca, 1943-44”, box 239, Entry 31 (ZI), RG 112; Bousfield to Hall, March 6, 1944, Folder “291.2 Negro personnel”, Box 200, Entry 31 (ZI), RG 112; Bousfield Memo, September 14, 1944; and Bousfield to Major General Lull, 17 February 1945, box 207, Entry 188, RG 107.
- [31] Bousfield to General Hines, June 7, 1943, box 207, Entry 188, RG 107.
- [32] See Irma Cayton, « A First WAC », Folder 4, Box 1, Irma Cayton Wertz Papers, Chicago Public Library; and Nelson Peery, *Black Fire. The Making of an American Revolutionary*, New York, The New Press, 1995.
- [33] Box 207, Entry 188, RG 107.
- [34] Letter from Bousfield to Hall, September 19, 1942, box 207, Entry 188, RG 107.
- [35] Letter from Bousfield to WEB DuBois, October 28, 1942, Series 1A. General Correspondence, *W. E. B. DuBois Papers*, Special collections and University Archives, University of Massachusetts, Amherst.
- [36] Letters from Roscoe Giles to Louis T. Wright, May 16, 1944, and “Bob” to Dr. Wright, May 21, 1944, Folder “Staff, W. White, Fort Huachuca trip”, Box A 606, Group II, NAACP Papers.
- [37] Unsigned letter to Louis T. Wright, May 16, 1944, “Staff, W. White, Fort Huachuca trip” folder, Box A 606, Group II, NAACP Papers.
- [38] Letter from Bousfield to Gibson, November 1944, box 207, Entry 188, RG 107.
- [39] Letter from Bousfield to Col. Franklin McLean, November 6, 1944, box 207, Entry 188, RG 107.

- [40] Memo by Col. Edward Hall, June 6, 1945, folder 330-339 “Fort Huachuca”, box 239, Entry 31, RG 112.
- [41] Letter from Bousfield to General Lull, August 16, 1945, box 207, Entry 188, RG 107.
- [42] Letter from Bousfield to Adjutant General, August 9, 1945, and letter from Bousfield to Gibson, August 14, 1945, box 207, Entry 188, RG 107.
- [43] Letter from Bousfield to General Lull, 17 February 1945, and Bousfield to Evans, 8 March 1945, box 207, Entry 88, RG 107.
- [44] *Afro-American*, September 2, 1944.
- [45] Clarence McKittrick Smith, *The Medical Department: Hospitalization and Evacuation, Zone of Interior*, Washington D.C., Office of the Surgeon General, 1956, 223.
- [46] Charissa Threat, *op. cit.*, chapter 2.
- [47] Memo Evans to Surgeon General, March 29, 1945, box 207, Entry 188, RG 107; and Evans, Confidential memo for the files, June 7, 1945, box 89, entry (NM20) 32, RG 112.
- [48] James C. Evans, Memo for files, March 13, 1945, box 207, Entry 88, RG 107.
- [49] Letter from Bousfield to Hall, March 23, 1945, box 207, Entry 188, RG 107.
- [50] Roscoe Giles, “Post-War Adjustments in Medicine”, *Journal of the National Medical Association*, vol. 38 n° 4, July 1946, 124.
- [51] “2nd all-colored hospital unit overseas minister to men of all races in Burma”, *The Afro-American*, 30 June 1945.
- [52] “Is Army Ousting Colored Doctors?”, *Afro-American*, 24 March 1945.
- [53] Letter from Bousfield to General Lull, August 16, 1945, box 207, Entry 188, RG 107.

ABSTRACT

From the moment the US Congress adopted the draft in September 1940, the Army refused to give in to demands of racial integration expressed by Black activist organizations and the African-American press. The General Staff kept repeating that the war was not an appropriate time to try an « experiment » in racial integration, and that the country was not ready for it. In order to respect the 10% quota for African-Americans that President Roosevelt had agreed on, the Army extended the Southern regime of race relations to all its posts, and created all-black units, including two all-black divisions that were trained in the Arizona desert at Fort Huachuca. Paradoxically, this all-black post (one of only two in the country) was the site of an experiment in integration. It took place in what was designed to be a deluxe all-black hospital, under the leadership of medical officers coming from civilian practice and the North Eastern part of the country. A few other experiments in racial integration happened in the army during the war, but mostly abroad and at the end of the conflict. Fort Huachuca's racial regime was therefore unique. This article examines the conditions that made this experiment possible in the medical sphere, thus connecting the fields of race and medicine, and attempts to evaluate the effect it had on the post-war army and medical practice.