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Recognition and Respect: Contextualizing the History and Contributions of Black American Plastic Surgeons

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Summary: Recently, there has been heightened interest in the history of Black American plastic surgeons and their contributions to the field of plastic and reconstructive surgery (PRS). Despite the increased awareness and attention toward the lack of racial and ethnic diversity of the PRS workforce, the history of how PRS became one of the most ethnically segregated surgical specialties remains unexplored. Here, we outline the various political and cultural factors that contributed to the exclusion of Black practitioners from American PRS professional societies. This work contextualizes the rise of American PRS within the Jim Crow era and highlights the cultural significance of reconstructive procedures performed in the treatment of disfigured soldiers. Through this lens, we identify circumstances where Black surgeons were systematically denied opportunities to participate in the emerging specialty. Despite these barriers, we demonstrate how Black physicians established informal networks for professional advancement and shed light on several previously unrecognized contributions to PRS from Black surgeons. In addition, we explore how the inclusion of Black voices in PRS sparked a paradigm shift in the treatment of non-White patients that expanded the cosmetic marketplace in ways that remain significant today. Finally, we situate the ongoing disparities in Black representation in PRS within a broader historical narrative and illustrate how the stories we tell about our past continue to shape the future of our field.
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INTRODUCTION

Recently, there has been renewed interest in the history of Black plastic surgeons and a push to recognize and amplify their contributions to the field of plastic and reconstructive surgery (PRS). In 2019, the Garnes Society was established to highlight the legacy of Black pioneers in PRS and advocate for enhanced efforts to achieve inclusive excellence within the PRS workforce.[1] Several studies have documented the paucity of Black physicians among practicing plastic surgeons.[2,3] Black Americans account for approximately 13% of the population, yet Black plastic surgeons comprise only 3.6% of the professional population, 1.5% of academic plastic surgeons, and 3.8% of integrated PRS residents.[2–4] Although forward-looking efforts are being made to identify and intervene in the factors perpetuating this demographic inequality, the history of how plastic surgery became one of the most ethnically segregated surgical specialties remains unexplored.

Here, we identify pioneering Black plastic surgeons whose stories have been excluded from PRS literature. We explore the various political, social, and regulatory structures that enabled the erasure of Black voices from the history of modern PRS. Regulating claims to expertise in plastic surgery served to systematically preclude or dissuade Black surgeons from pursuing a career in PRS, resulting in an over 70-year lag from the founding of the first American PRS society to the induction of its first Black member. Following this thread, we illustrate how the inclusion of Black voices in PRS fundamentally shifted the practice of plastic surgery on minority populations and broadened the base of potential patients in ways that persist to this day. Finally, we make a case for why the stories we tell about Black plastic surgeons matter and how

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engaging with the past can help shape the future of our field.

THE EARLY YEARS

Although reconstructive procedures were performed before the twentieth century, World War I (WWI) marks the first time American surgeons recognized the need for specialists dedicated to the art of reconstructive surgery.[5] The spectacular nature of wartime surgery captured the imagination of the American public, laying the groundwork for the formation of the American Association of Plastic Surgeons (AAPS) in 1921.[6,7] The AAPS was originally named the American Association of Oral Surgeons before voting to change the name to the American Association of Oral and Plastic Surgeons at the first meeting in 1921. The transition to the current name occurred in 1941. Similarly, the American Society of Plastic Surgeons (ASPS) began as the Society of Plastic and Reconstructive Surgeons in 1932 before changing its name to the American Society of Plastic and Reconstructive Surgeons in 1941. The current name was adopted in 1999. Both organizations are referred to by their current names throughout the article. To legitimize the emerging field and differentiate themselves from the cosmetic surgeons working out of beauty parlors, the AAPS positioned itself as "a society of surgeons better trained in war tragedies," almost exclusively awarding membership to the few individuals who served as military surgeons or trained overseas.[6] Unfortunately, this strategy functionally precluded Black participation in the AAPS.

Until 1948, Black physicians were only eligible to serve in segregated US Army units and were barred from providing care in the integrated hospitals that specialized in reconstructive surgery.[8] In 1919, Emmett J. Scott, Special Assistant for Negro Affairs to the Secretary of War, published an account of his campaign against the military's "seeming disinclination... to commission and utilize an adequate number of colored medical officers to minister to the 400,000 Negroes who served in the army."[9] Because Black Americans were stereotyped as carriers of syphilis and tuberculosis, Black men assigned to medical units were primarily tasked with maintaining hygiene in the barracks to protect White soldiers from the spread of disease.[10,11]

This pattern continued into World War II (WWII). Although many prominent plastic surgeons were enlisted to train a new generation of military surgeons, the popular New York newspaper reported that "less than 5 Negro doctors [had] gone to the army from New York state" and that a number of physicians, dentists, and "one oral and plastic surgeon with war experience" had been waiting for over a year to be commissioned.[12,13] In response, an open letter from the Department of the Surgeon General urged Black physicians to wait for the time when "colored units are activated," because "colored doctors will be needed to care for them."[12]

Similar challenges were faced by Black physicians on the homefront. Before 1923, when racial violence and riots by White patients forced hospital segregation and the formation of what would become the Tuskegee Veterans Administration Hospital, injured Black and White WWI veterans were treated alongside each other at major rehabilitative centers like Letterman and Walter Reed.[11] Ironically, the War Department's insistence on triaging patients by physical diagnosis, rather than race, all but ensured Black practitioners were excluded from participating in the surgical reconstruction of wounded veterans. In Jim Crow America, it was considered inappropriate for Black physicians to administer care, and therefore exercise authority, over White soldiers.[10] Tuskegee provided Black trainees unparalleled opportunities to practice medicine and foster professional development.[11] However, the majority hospitals were already established as major military centers for reconstructive surgery. This lag denied Black physicians the opportunity to train or practice wartime reconstructive surgery.

Formed in 1931, the ASPS was founded in response to the AAPS's limited membership.[14] Despite the organization's commitment to opening the field to a broader range of practitioners, there is no evidence of Black physicians' participation in the first decades of its existence. This trend would be reinforced by a 1941 change in ASPS bylaws requiring certification by the American Board of Plastic Surgery (ABPS). Layering this complexity was that eligibility for ABPS certification depended on physicians' ability to demonstrate membership with the American Medical Association. Since the American Medical Association and its affiliated local chapters did not fully integrate until 1968, many Black surgeons were ineligible for ASPS or ABPS membership until the Civil Rights era.[15,16]

However, the exclusion of Black physicians from early PRS professional societies does not imply the absence of Black practitioners. In 1930, West Virginia surgeon Dr. H. Dodford Dismukes and assistant surgeon Dr. Joseph E. Brown opened a 50-bed hospital that, at the time of its opening, was the largest private Black hospital in the United States.[17] The center, primarily catering to victims of coal mining accidents, boasted proficiency in "all the latest plastic surgery" and, within a year, reported operating on over 1000 patients.[18]

Dr. DeHaven Hinkson, a veteran of WWI and WWII and the first Black man to run a US Army station hospital, is another early example of a Black surgeon in PRS (Fig. 1).[19] Although little record of his military surgical practice remains, by 1920, Hinkson offered a dedicated 16-hour course on "Nursing in Plastic Surgery" for Black nursing students at Philadelphia's Frederick Douglass Memorial Hospital and Training School.[20] This suggests demand for skilled care of patients undergoing PRS procedures at the historic Black hospital. Because majority institutions like the nearby Hospital of the University of Pennsylvania prohibited Black physicians from training or practicing medicine, Dr. Nathan Mossell, the first Black graduate from the nation's first medical school, founded Frederick Douglass Memorial Hospital to provide Black healthcare practitioners a site to practice and train.[21] Hinkson and Mossell's advocacy for Black veterans after WWI included an emphasis on the use of rehabilitative plastic surgery to achieve both physical and psychological well-being for disfigured veterans, agnostic of race.[22]

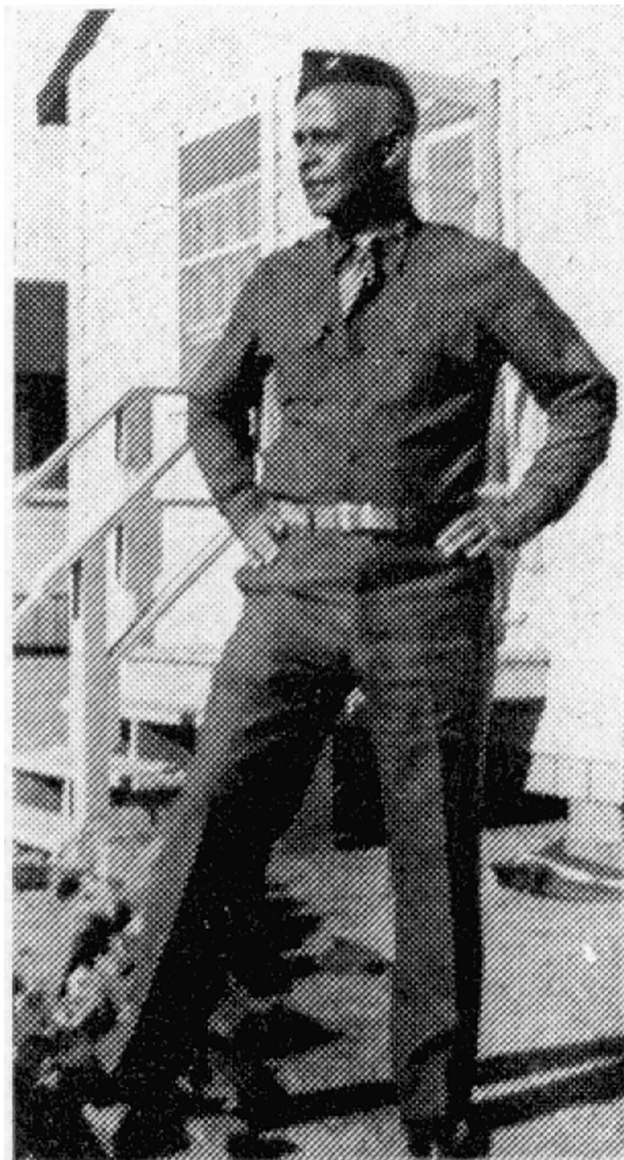

Fig. 1. Dr. DeHaven Hinkson (1891–1975) served in WWI and WWII and was the first African American man to run a US army hospital. In Philadelphia, Hinkson taught a dedicated course in plastic surgery nursing and advocated for the use of plastic surgery in the rehabilitation of Black veterans. Reproduced from the *Journal of the National Medical Association* (1974) under the principle of fair use.

The existence of practitioners like Dismukes and Hinkson raises essential questions about why the current historical record does not include Black pioneers among the founders of the field. Given the lack of coherence in determining who was or was not a plastic surgeon at the time, the choice to not include Black surgeons must be read as a political decision rather than a reflection of ability.

ERA OF BOARD CERTIFICATION

In 1937, the nucleus of what would become the ABPS was formed by members of the AAPS.[14] After becoming a major specialty board in 1941, the ABPS set out to raise the standards of practice and regulate who could claim expertise in plastic surgery. There were no Black plastic surgeons among the 141 men granted "founder" status.

At this time, the true extent of Black Americans practicing PRS cannot be gauged by participation in mainstream professional societies. The best-known example is that of Dr. Arthur L. Garnes.[23] Upon graduation from Howard University College of Medicine in 1937, Garnes began surgical residency at New York's Harlem Hospital, where he developed an interest in PRS. In 1943, he was appointed as an assistant attending of surgery at Harlem Hospital and served as a co-director of the newly formed plastic surgery clinic. Little detail exists about the next 28 years until 1972, when Garnes was named the nation's first Black PRS residency program director (PD) at Harlem Hospital. In his role as PD, Garnes helped break down racial barriers and played an influential role in mentoring the next generation of Black plastic surgeons (Fig. 2).[23]

Dr. Walter Scott Brown, a contemporary of Garnes, graduated from the University of Illinois Medical School in 1931 and spent his early career as a general practitioner in Seattle.[24] In 1942, Brown successfully petitioned First Lady Eleanor Roosevelt to become a WWII flight surgeon, stating that he had "lived White" and should not be limited to practicing on Black patients.[24] After returning from the war, Brown implemented the PRS techniques he learned in the army and dedicated himself full-time to

Fig. 2. Photograph taken at Harlem Hospital, which became a major center for training Black plastic surgeons and providing young attendings opportunities to gain clinical experience. In 1972, Dr. Arthur L. Garnes (centered) became the first Black PRS residency PD in the nation. Pictured are his successor, Dr. Ferdinand Ofodile, and Dr. W. Earle Matory, Jr, who spearheaded the field of ethnic plastic surgery and became the first and second Black members of the AAPS. From left to right: Dr. Harold Freeman, former Chair of Surgery (at Harlem Hospital); Dr. Angus Sampath, Former Head of Microbiology (at Harlem Hospital); Dr. Arthur Garnes; Dr. Earl Matory, Jr.; Dr. Ferdinand Ofodile. They stand in front of a mural of Dr. Louis T. Wright who in 1919 was the first African American appointed to the surgical staff of a non-segregated hospital in New York City (Harlem Hospital). *Private Collection, Courtesy of Dr. Ferdinand Ofodile. Undated.*

plastic surgery. Brown was appointed as a clinical associate professor of surgery at the University of Washington and received an honorary doctorate for excellence in teaching surgical residents at Harborview Medical Center and Providence Hospital.[24] Despite their leadership and successful careers in academic PRS, neither Garnes nor Brown ever received board certification and were therefore ineligible for membership in the AAPS or ASPS.[24,25]

On April 27, 1968, on the heels of enacted civil rights legislation and 27 years after the first ABPS diplomates were named, Dr. Vincent Porter became the first Black physician certified by the ABPS. A graduate of New York City College, Porter studied medicine at Howard University and completed his surgical internship at Queens General Hospital in 1954.[26] While little documentation exists about the intervening years, Porter returned to New York and joined Garnes as PRS faculty at Harlem Hospital, eventually becoming chief of plastic surgery and, in 1978, taking over from Garnes as PD. He served for two years before his untimely death at the age of 54.[27] The terse obituary published in the ASPS bulletin failed to mention his position as the first Black physician granted ABPS certification, choosing instead to mention his lapsed ASPS membership status.[28]

In 1980, *Ebony* magazine showcased the "approximately fifteen" Black plastic surgeons currently practicing in the United States.[27] In addition to Garnes and Brown, the article identified several Black surgeons practicing in academic spaces, including Dr. James R. Benjamin, assistant chief of plastic surgery at Walter Reed Hospital in Washington, D.C., and Dr. Ivens LeFlore, who taught surgical residents at Howard and Georgetown Universities' affiliated hospitals (Fig. 3). Noting that only six of the 15 had ABPS certification, Dr. Jacob Crittenden, a successful Cincinnati surgeon in private practice, described PRS as a "closed society."[27] Much like in golf, "you can come in and play the game, but when you really try to join the group – the country club – there are a lot of obstacles."[27]

Building on this theme, Dr. Henry Huckaby of Houston reported similar obstacles on the path to ABPS certification.[27] At the time, to qualify to take the licensing exam, PRS residency graduates were required to have performed eight of nine specific procedures. Huckaby recalls taking 6 years to complete the requirements because he was consistently prevented from gaining privileges at local majority hospitals and performing the required cases because he lacked board certification. According to Huckaby, the same local hospital restrictions were not applied to his White colleagues, granting them unfair advantage.[27] For unknown reasons, there is no evidence Huckaby ever received ABPS certification.

Despite these challenges, Black surgeons began to consolidate and develop professional networks to mentor and support future generations. For those outside New York City and the orbit of Harlem Hospital, Black plastic surgeons often practiced in isolation. While only one or two Black surgeons attended any given national PRS meeting, the annual National Medical Association conference became a key facilitator for Black plastic surgeons to interact and share experiences. By the mid-1970s, Dr. Peter Chatard spearheaded the creation of a designated plastic surgery section, providing a forum for Black plastic surgeons to disseminate their research and discuss strategies for overcoming racial bias (Ferdinand Ofodile, MD, oral communication, March 10, 2023).

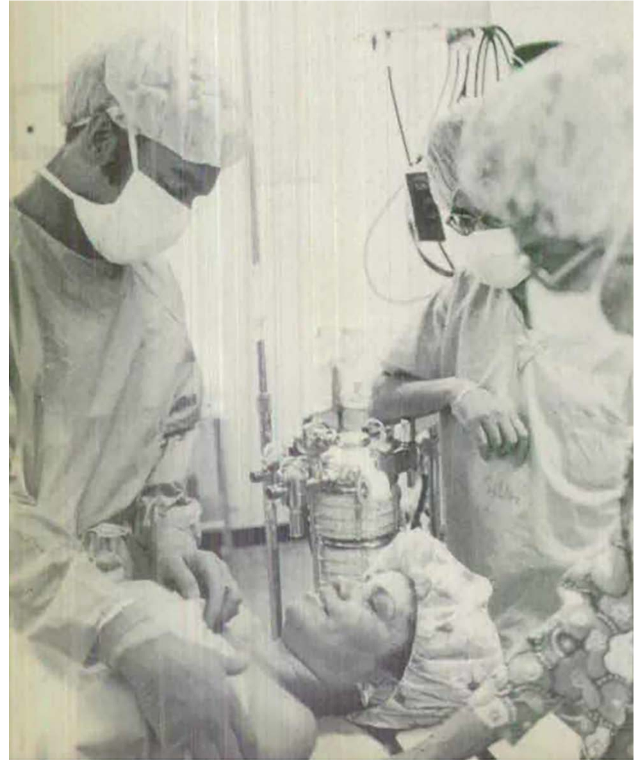

Fig. 3. This photograph of Dr. Ivens Leflore with a plastic surgery patient first appeared in an article titled *Plastic Surgeons: Artists of the Operating Room* in the September 1980 edition of *Ebony Magazine*. Leflore, on the left, taught plastic and general surgery at Howard University and Georgetown University medical centers in Washington, D.C. *Johnson Publishing Company Archive. Courtesy J. Paul Getty Trust and Smithsonian National Museum of African American History and Culture.*

BLACK WOMEN IN PLASTIC SURGERY

Although the first woman to receive ABPS certification was Dr. Kathryn Lyle Stephenson in 1950, it would take another 30 years before the recognition of a Black woman in PRS.[29] In 1982, Dr. Rose Lewis became the first Black woman to receive certification by the ABPS (Fig. 4). After graduating from the University of California-San Francisco School of Medicine in 1974, Lewis completed general surgical residency at Mt. Zion Hospital, and PRS training at the Phoenix Hospital from 1978 to 1980.[30] In a recent interview with *Nevertheless, She Stitched*, a podcast highlighting the experiences of women of color in plastic surgery, Lewis describes only learning she was the first Black woman to train in PRS after being pulled aside by an excited stranger at her first national meeting.[31] Upon completing residency, Lewis returned to San Francisco and opened a private practice with another female surgeon.

Fig. 4. On December 2, 1982, Dr. Rose Lewis became the first Black female plastic surgeon certified by the ABPS. *Private Collection, Courtesy of Dr. Rose Lewis. Undated.*

In 1981, Dr. Janet Parler became the second identified Black woman to enroll in a PRS residency program. After graduating from the Tufts University School of Medicine, Parler completed general surgical residency before training in PRS at Brown University and SUNY Downstate Health Sciences University from 1981 to 1984. Parler served as a PRS attending at Harlem Hospital before receiving board certification in 1988.[30]

PLASTIC SURGERY IN NON-WHITE PATIENTS

The emergence of a new generation of Black plastic surgeons in the early 1980s, along with Black celebrities like Michael Jackson and Sammy Davis Jr.'s highly publicized cosmetic surgeries, sparked a national conversation about the role of race in plastic surgery.[32] Before the 1980s, discussion of the diverse needs of non-White patients in PRS peer-reviewed literature were almost exclusively dedicated to the avoidance of keloids and hyperpigmentation. Cultural historian Elizabeth Haiken has demonstrated how that silence was critical in establishing Anglo-Saxon features as the standard against which to define the "normal" face, positioning non-White facial characteristics as in the need of correction.[32] In contrast with figures like ASPS founding president Dr. Jacques Maliniac, who identified the "negroid nose [as] a distinct social and economic handicap," Black surgeons began to articulate the need for an alternative surgical framework for the treatment of patients from diverse ethnic backgrounds.[33]

According to Dr. Ferdinand Ofodile, a graduate and later director of Harlem Hospital's PRS residency program, the early 1980s marked a turning point in the Black community's demand for cosmetic surgery. Whereas Black Americans had previously been more likely to "accept minor imperfections as his or her fate," high profile Black celebrity utilization of cosmetic surgery popularized the practice in the greater Black community.[34] However, Ofodile insisted that there was no desire among his patients to "Caucasionize" their noses.[34] By taking seriously the need for developing standards of practice for cosmetic procedures on non-White patients, Ofodile and his colleagues reconceptualized the ethnic nose as neither a pigmented version of its White counterparts nor as a singular entity.[35,36] Along with Ofodile, Black surgeons including Drs. Pearlman Hicks, W. Earle Matory, Jr., and Harold E. Pierce were instrumental in developing a form of cosmetic surgery that enhanced appearance without erasing ethnic identity.[37–40] In recognition of their contributions to the field, Matory and Ofodile were appointed the first Black members of the AAPS in 1994 and 1995, respectively (AAPS Associate Executive Director, e-mail communication, April 5, 2023).

Although racial ambiguity was not a complete deterrent for minority patients seeking cosmetic surgery, the demand for plastic surgery by non-White patients at least doubled in the decade after the popularization of ethnic plastic surgery. In the early 1980s, plastic surgeons identified only 5%–10% of their patient population as ethnic minorities.[27,41] By 1990, the first year the ASPS began collecting patient demographics, Black, Asian, and Hispanic patients made up just over 20% of cosmetic surgery patients.[41] Today, it is common for surgeons to consider ethnicity when planning surgical procedures and, as of 2020, non-White patients make up 44% of cosmetic surgery patients in the United States.[42,43]

CONCLUSIONS

The version of history presented in this article is superficial at best. It is neither meant to be comprehensive nor the final word on Black representation in PRS. Moreover, there is no reason to believe the individuals identified in this text were the only, or even the most important, Black PRS practitioners of the 20th century. This particular retelling of history is intended to make the modest claim that Black surgeons have been part of modern American PRS since its inception. If accepted, the question shifts from identifying Black "firsts" to examining why the stories we tell about PRS have so often sidelined and neglected Black voices.

To this day, PRS remains one of the least racially diverse surgical specialties. Despite several recent "firsts," including Dr. Kerri Woodberry's hiring as the first Black female chief of a PRS division (2019), Dr. Milton Armstrong's appointment as the first Black director of the ABPS (2020), and Dr. Steve Williams' becoming the first Black ASPS president (2023), the work necessary to achieve equitable representation within PRS is not over. This project highlights the history and continued need for Black spaces to address contemporary disparities in the ethnic makeup of the PRS community.

The story we choose to tell about our profession cannot be disentangled from questions of value, and the time has come to reassess how we determine whose contributions matter. We cannot expect to overcome the persistent inequality in minority representation while continuing to discount the same people that comprise our rich history. The time has come to critically examine our past, to expand our concept of who counts as plastic surgeons and reformulate the story of American PRS in a way that not only reflects who we have been, but who we hope to and can become.

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