

## The Charles R. Drew Papers

### “My Chief Interest Was and Is Surgery”—Howard University, 1941-1950

Drew returned to the Howard University College of Medicine faculty in April 1941. During his last months in New York, with Allen Whipple's sponsorship, he had passed the American Board of Surgery exams. (In surgical circles, Drew's performance on the oral part of the exam, in which he confidently lectured his examiners about fluid balance and management of shock, became as legendary as his athletic feats had been at Amherst.) In October 1941, he was appointed chairman of the Department of Surgery and Chief of Surgery at Freedmen's Hospital, Howard's main teaching facility. That same month, he became the first African American to be appointed as an examiner for the American Board of Surgery.

Once in charge of the department, Drew could at last pursue his larger ambition: training young African American surgeons who would meet the most rigorous standards in any surgical specialty, and to place them in strategic positions throughout the country, where they could, in turn, nurture the tradition of excellence. This, Drew believed, would be his greatest and most lasting contribution to medicine. The blood bank and other achievements were, he noted to a friend, only the preface in his life story. His style as a medical educator was memorable: an energetic, highly organized, demanding perfectionist, he was also genial, diplomatic, fair, and supportive. If he believed in a student's potential, he would find a way to develop it. He searched out further training opportunities for his best residents, and occasionally underwrote their travel expenses to medical meetings that might benefit them. Drew also kept in touch with former students, encouraging them to share their experiences with the Howard surgical community. As he told one of them, Dr. Jack White:

Our horizons are being widened by the residents all the time and the things they write back, sharing . . . their daily experiences, enriches us all and . . . forges the bonds which unite us even more firmly, so that each man is inspired to do more and more on his own in order to be worthy of the fine companionship of such a group. In the individual accomplishments of each man lies the success or failure of the group as a whole. The success of the group as a whole is the basis for any tradition which we may create. In such a tradition lies the sense of discipleship and the inspiration which serves as a guide for those who come after, so that each man's job is not just his job alone but a part of a greater job whose horizons we at present can only dimly imagine . . .

In December 1948, Drew's first group of residents passed their Board of Surgery certification exams, with two of them achieving the top two scores. Between 1941 and 1950, Drew trained more than half of the black surgeons certified (eight of the total number); another 14 who passed later had received part of their training with him.

Besides speaking out against the Red Cross's policy of segregating blood donations, Drew also repeatedly petitioned the American Medical Association, the American College of Surgeons, and other groups to revise their membership requirements. Eminent as he was, Drew was not eligible for membership in the AMA because, as an African American, he was excluded from joining the local District of Columbia chapter of the AMA. Many national medical specialty groups followed this pattern, with membership in local societies (or the sponsorship of local white physicians) required for admission. This was not a trivial matter--hospital privileges and specialty training were increasingly contingent upon AMA membership; by allowing local AMA chapters or county medical societies to be the "gatekeepers," the national AMA excluded many qualified African Americans because of local prejudices. Drew never did obtain AMA membership, and the American College of Surgeons made him a fellow only posthumously.

Drew did receive professional recognition from other quarters, including election to the International College of Surgeons in 1946. In 1949 he was appointed one of four surgical consultants to the Surgeon General's Office, and spent six weeks in Europe, inspecting American military medical facilities and recommending changes.

In the early hours of April 1, 1950, Drew and three colleagues set out for the John A. Andrew Hospital annual free clinic in Tuskegee, Alabama. (Drew rarely missed the week-long clinic, which had provided unparalleled teaching and learning opportunities for both black and white physicians since 1912.) Near Burlington, North Carolina, driving fast, Drew fell asleep at the wheel. He woke as the car ran off the road, but over-corrected trying to pull it back on course. The car rolled several times, tossing one passenger free. Drew was half out of the car, his right leg caught in the pedals, as the car rolled, crushing his chest, breaking his neck, and tearing up one leg. His companions escaped serious injury, suffering only bruises, scrapes, and one a broken arm. They all were taken quickly to nearby Alamance General Hospital, which, like most southern hospitals then, had segregated wards, but a common emergency room. There, three white physicians worked to save Drew's life. They gave him transfusions; they consulted by phone with doctors at the Duke University Medical Center, twenty-five miles away. But several hours later, with his major blood vessels ruptured and other serious injuries, Drew died.

His tragic death generated an enduring legend that Drew, the man whose transfusion research had saved so many lives, ironically bled to death because he was refused treatment at an all-white hospital, or was even denied a transfusion. Although the legend has been debunked repeatedly--by Drew's companions, witnesses at the hospital, his family, and others--it has persisted. Why? Perhaps, as historian Spencie Love has noted in her analysis of the Drew legend, (*One Blood: the Death and Resurrection of Charles R. Drew*), the facts of Drew's premature death were bent and blended together with the stories of genuine victims of medical segregation, to convey an underlying message about the consequences of racial prejudice. While understandable, the legend hardly does justice to Drew, a man who achieved so much

before he died, and who worked to undo racial discrimination by demanding excellence of himself and of his students, without ever embracing the role of victim.

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