

Dr. Charles Richard Drew

Father of the Blood Bank · 1904–1950 · ERA V: World Wars, Migration & Segregation

TIMELINE	EVENT
1904	Born June 3, Washington D.C.
1922	Amherst College — football & track scholarship
1926	B.S. Amherst — one of 13 Black students in 600
1926–28	Coach & biology instructor, Morgan College
1928	Medical school, McGill University, Montreal
1933	M.D., C.M. — graduated 2nd in class
1935	Faculty, Howard University / Freedmen's Hospital
1938	Rockefeller Fellowship, Columbia University
1940	Doctoral thesis: Banked Blood: A Study in Blood Preservation
1940	Doctor of Medical Science, Columbia — first African American
1940	Medical Director, Blood for Britain project
Feb 1941	First director, American Red Cross Blood Bank
1941	Invents the bloodmobile
1941	Resigns from Red Cross in protest of blood segregation policy
1943	First Black examiner, American Board of Surgery
1944	NAACP Spingarn Medal
1946–48	Medical Director, Freedmen's Hospital
Apr 1, 1950	Died near Burlington, North Carolina — age 45
1950	Red Cross lifts blood segregation policy — months after his death
2008	AMA formally apologizes for excluding Black physicians

KEY FACTS	
Blood shelf life before Drew	2–4 days (whole blood)
Blood shelf life after Drew	Up to 2 months (plasma)
Blood for Britain donations	~15,000 donors
Plasma shipped to Britain	5,000+ liters
Black surgeons trained by Drew	>50% of all U.S. Black surgeons by 1950
Black students at Amherst (1922)	13 out of 600
AMA membership	Denied — DC chapter whites only
Age at death	45 years
North Carolina connection	Died near Burlington, NC — April 1, 1950

THE SCIENCE — What Drew Solved

Before Drew's research, blood transfusion required a live donor present at the moment of need. Whole blood coagulates rapidly and had a maximum shelf life of two to four days even under refrigeration. On a battlefield — or in any emergency situation without a matched donor on hand — this made transfusion largely impossible. Drew's doctoral thesis at Columbia, completed in 1940, solved the preservation problem by focusing on plasma rather than whole blood.

Blood consists of two primary components: red blood cells, which carry oxygen and determine blood type; and plasma, the liquid component containing proteins, antibodies, and electrolytes. Drew demonstrated that plasma could be separated from blood cells through centrifugation and sedimentation, then preserved for up to two months through de-liquification — far longer than whole blood. Critically, because plasma contains no red blood cells, it carries no blood type. It can be administered to any patient regardless of their blood group, making it ideal for mass emergency use where individual typing is impossible.

Drew also developed the operational infrastructure: standardized collection protocols, contamination prevention using ultraviolet light and antimicrobial agents, one-liter unit packaging, six-unit case transport containers, and mobile collection stations — bloodmobiles — that brought donation outside hospital settings. These systems became the template for every blood banking operation that followed.

THE POLICY — The Army's Rules About His Own Blood

"For reasons which are not biologically convincing but which are commonly recognized as psychologically important in America, it is not deemed advisable to collect and mix Caucasian and Negro blood indiscriminately for later administration to members of the military forces."

— U.S. War Department official policy statement, 1941

When the United States entered World War II, the armed forces directed the American Red Cross to implement a policy of racial segregation in the blood supply. The initial policy excluded Black donors entirely. After protest from the Black press and the NAACP, the policy was modified in January 1942 to accept Black donations — but stored separately, labeled by race, and administered only to Black patients.

The War Department's own statement acknowledged, in writing, that this policy had no biological basis. The phrase 'not biologically convincing' was their language — not a critic's characterization. They knew the science. They implemented the policy anyway, on grounds of white psychological comfort.

Drew resigned from the Red Cross Blood Bank in protest. In a 1944 letter he wrote: 'I think the Army made a grievous mistake, a stupid error... (1) No official department of the Federal Government should willfully humiliate its citizens; (2) There is no scientific basis for the order; and (3) They need the blood.'

The American Red Cross did not lift the blood segregation policy until 1950 — months after Drew's death. He never saw it end.

THE NORTH CAROLINA CONNECTION — Death Near Burlington, April 1, 1950

On April 1, 1950, Dr. Charles Drew and three fellow Black physicians — Dr. Samuel Bullock, Dr. John Ford, and Dr. Walter Johnson — were driving through North Carolina en route to the annual free clinic at Tuskegee Institute in Alabama. Drew made this trip every year to provide medical care to Black patients who had no other access to it.

Near Burlington, North Carolina, in Alamance County, Drew fell asleep at the wheel. The car left the road. Drew suffered catastrophic injuries — brain trauma, internal hemorrhaging in the lungs, and multiple extremity injuries. His three passengers were treated and survived. Drew was taken to Alamance County General Hospital where he received emergency treatment including plasma. His injuries were unsurvivable. He was pronounced dead that morning. He was 45 years old.

THE MYTH	THE DOCUMENTED RECORD
Drew was turned away from a whites-only hospital and denied a blood transfusion, dying as a result — the ultimate irony of the father of blood banking being refused his own invention.	Eyewitness accounts from the three physicians in the car, confirmed in a 1984 study in the Journal of the National Medical Association, establish that Drew received emergency treatment including plasma at Alamance County General Hospital, which was segregated but not whites-only. His death certificate lists unsurvivable injuries. He was not turned away.
Why the myth spread:	Why the record matters:
The structure of Drew's life made the myth feel true. A Black man who invented blood banking, whose own blood was deemed unacceptable by the system he built, dying because a white hospital refused him — it was the story America had already written. That is why it was believed.	Accuracy is a form of respect. Drew's actual story — what he built, what was taken from him, how he died driving to give free care to Black patients who had no other access — is powerful enough without embellishment. The myth diminishes the documented truth.

National Archives (NARA) — Dr. Charles Drew: A Pioneer in Blood Transfusions ·
prologue.blogs.archives.gov/2023/02/08/dr-charles-drew-a-pioneer-in-blood-transfusions/

Library of Congress — Dr. Charles R. Drew: Blood Bank Pioneer · blogs.loc.gov/headlinesandheroes/2021/02/dr-charles-r-drew-blood-bank-pioneer/

National WWII Museum — Medical Innovations: Charles Drew and Blood Banking · nationalww2museum.org/war/articles/medical-innovations-blood-banking

National Inventors Hall of Fame — Charles Richard Drew · invent.org/inductees/charles-richard-drew

American Chemical Society — Charles Richard Drew · acs.org/education/whatischemistry/african-americans-in-sciences/charles-richard-drew.html

NPR / StoryCorps — Remembering Dr. Charles Drew, Father of Blood Banking ·
npr.org/2021/08/06/1025372235/pioneer-charles-drew-blood-plasma-preservation-red-cross

Wikipedia — Charles R. Drew · en.wikipedia.org/wiki/Charles_R._Drew

Journal of the National Medical Association — Refutation of the Drew Hospital Myth (1984) · Vol. 76(4): 415-416

TWO AMERICAS · twoamericas.us · Dr. Charles R. Drew Extended Reference · ERA V: World Wars, Migration & Segregation · Contribution &
Persecution Tracks