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Louis T. Wright: Physician, Advocate, Leader

African American physicians have helped shape public policy in the United States since the nineteenth century. However due to institutionalized discrimination, the methods used by these courageous individuals have differed from their white counterparts. Disenfranchisement, personally-mediated racism, and intimidation have created immense hurdles for African American physicians-advocates throughout the history of the U.S. These powerful leaders were forced to overcome these hurdles by adjusting their tactics to push for the equal treatment of and opportunity for African American healthcare professionals. One of the most important physician-leaders who influenced federal, municipal, and institutional policy in the first half of the twentieth century was Dr. Louis Tompkins Wright. Dr. Wright, who practiced general medicine for over thirty years at Harlem Hospital in New York City, served as a leader in the black professional community (Louis Wright). As Chairman of the Board of Directors for the National Association for the Advancement of Colored People (N.A.A.C.P.), Wright was at the forefront of the push for equal rights and opportunity during the 1930s and up until his death in 1952 (Louis T. Wright, MD).

*Biographical Background*

Louis T. Wright was born on July 23, 1891 in LaGrange, Georgia, to Dr. Ceah Ketcham Wright (Wright, Jane Cooke, 2008). Dr. Ceah Wright was born into slavery in Georgia, attended Clark University in Atlanta, GA, and eventually graduate valedictory of his class at Meharry Medical College in Nashville, TN (Appiah and Gates, 2005). Following in his father’s footsteps, Wright graduated valedictorian from Clark University in 1911. He matriculated to Harvard Medical School, graduating in 1915 fourth in his class (Louis T. Wright). Unable to acquire an internship position at one of Boston’s exclusively-white teaching hospitals despite his outstanding credentials, Wright completed his internship at Freedman’s Hospital in Washington, D.C. in 1916. At the conclusion of the internship, he returned to Atlanta and entered into practice with his stepfather (Appiah and Gates, 2005). Wright’s stepfather, William Fletcher Penn, was another prominent black physician, the first black graduate of Yale School of Medicine (Reynolds, 2000). It was at this time that Wright first joined the N.A.A.C.P. When the U.S. entered World War I in 1917, Wright was commissioned as a first lieutenant in the Army Medical Corps (Appiah and Gates, 2005). During his time at Camp Upton in New York, Wright developed an intradermal vaccination for smallpox (Medicine: Negro Fellow, 1934). He was gassed in the trenches in France, awarded the Purple Heart, and later directed a field hospital (Reynolds, 2000). Upon returning to the U.S., Wright established a small practice in New York City, which eventually became associated with Harlem Hospital. Despite a 75% black patient population, it was exclusively staffed by white medical personnel at the time. The hospital hired Wright as its first African American physician, in the lowest-level position at an outpatient clinic, causing an uproar amongst the white medical professionals (Clinical Medicine in Harlem). In 1925, Wright, along with four other African American physicians, was appointed to inpatient staff (Carey, 2008). An excellent surgeon and clinician, he was appointed “police surgeon” for the New York Police Department in 1929, and in 1934 was admitted as the second African American Fellow of the American College of Surgeons (Medicine: Negro Fellow, 1934). In 1935, Wright was appointed Chair of the N.A.A.C.P. Board of Directors, and three years later became Director of Attending Surgeons and subsequently Director the Medical Board at Harlem Hospital (Louis T. Wright, M.D.). In 1945, the N.A.A.C.P. awarded Wright its prestigious Springarn Medal for his pioneering work for equal rights and quality medical care (Reynolds, 2000). During his thirty-year tenure at Harlem Hospital, Wright started the academic *Harlem Hospital Bulletin,* founded the hospital’s cancer research program, and published 89 scientific papers, including the first use of aureomycin as an antibiotic (Louis Wright).

*Advocacy and Influence on Public Policy*

Wright’s commitment to advocacy and civil rights leadership began early in his life. As a student at Harvard Medical School, he took three weeks off of school to protest screening of *Birth of a Nation*, the appallingly racist film that glorified the Klu Klux Klan (Medicine: Negro Fellow, 1934). In one telling incident, Wright fought the discriminatory educational practice of one of his Harvard professors. The physician attempted to prevent Wright from treating white labor and delivery patients at the Boston Lying-In Hospital (Appiah and Gates, 2005). Later, as an intern at Freedman’s Hospital, Wright began pioneering work to refute the merits of race-based science. Many white physicians refused to administer the Schick test, a simple test for diphtheria immunity, to black patients because they believed it would be impossible to read in African Americans. Wright dispelled this idea by administering the test to patients of varying skin pigment, proving its efficacy. Through this medical controversy, Wright set a precedent for equal treatment of patients irrespective of skin color (Carey, 2008).

Wright was a powerful advocate for equal rights and quality medical care at all levels of society. Institutionally, Wright was responsible for Harlem Hospital representing one of the first hospitals with a fully-integrated medical staff. He worked tirelessly for equal opportunity and admitting rights for African American physicians to the hospital wards (Louis T. Wright, MD). With other members of the North Harlem Medical Association, Wright fought the institutionalized racism of the New York medical establishment (Clinical Medicine in Harlem). Through Wright’s activism and leadership, Harlem Hospital admitted its first black interns in 1926, and by 1930 the hospital staff was fully integrated. A completely new medical board appointed physicians based on qualifications, irrespective of race, and Wright was named secretary as a result (Reynolds, 2000). At the municipal level, Wright fought against the creation of privately-funded “charity hospitals.” He felt that the founding of these hospitals would signal to the city government that it was acceptable to further neglect the already-marginalized minority populations of the city’s neighborhoods (Louis T. Wright, MD). At the national level, Wright fought for equal opportunity and high-quality medical education and care (Appiah and Gates, 20005). He testified to Congress about the Hill-Burton Hospital Survey and Construction Act, legislation used to promote equal access to medical care, regardless of race. As Chairman of the N.A.A.C.P.’s Board of Directors, he created the “National Medical Committee” in 1944. This body provided expert advice about racial equality in medical care and coordinated efforts to improve access and quality (Reynolds, 2000). Wright continued his pioneering work to counteract “race science” throughout his career. He published a series of articles in the N.A.A.C.P. magazine *Crisis*, refuting the idea that there was a biological basis for the increased rates of syphilis and infectious disease in African American populations (Spigner).

 Louis T. Wright was a pioneering physician-advocate, leader, and researcher. Through his dual commitment to quality medical care and equal rights, he advanced the civil rights agenda in a highly-discriminatory and unfavorable time period. His work, at every level of society, from hospital, to city, to nation, reflects his unwavering commitment to equal rights and equitable opportunity. Despite facing insurmountable odds, Wright dedicated himself to achieving equality and disproving the racist biases against African American healthcare workers and others.

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