1619

JOURNAL OF AFRICAN AMERICAN STUDIES



The first documented Africans in Virginia arrived here in Aug. 1619 on the White Lion, an English privateer based in the Netherlands. Colonial officials traded food for these "20 and odd" Africans, who had been captured from a Portuguese slave ship. Among present-day Hamptons earliest African residents were Antony and Isabella. Their son, William, was the first of African ancestry known to have been born in Virginia (ca. 1624). Many of the earliest Africans were held as slaves, but some individuals became free. A legal framework for hereditary, ifelong slavery in Virginia evolved during the 1600s.

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FROM THE DESK OF THE EDITOR

We are pleased to post this long delayed Summer/Fall 2022 Edition of the 1619: Journal of African American Studies (JAAS). It is a pleasure to post two papers presented during the 2022 African American Studies Program's African American History Month Lecture Series. We were especially privileged by the presentation and appearance of Bishop Kenneth Monroe, presiding Bishop of the Easter North Carolina District of the African American Episcopal Zion Church. The AMEZ Church the second oldest African American church in the United States, officially founded in the1820s in New York City. Bishop James Varick was the first African American Bishop to serve as its first leader. The Church came to be known as the Freedom Church because of the many historical figures who were members and ordained ministers in the denomination such as Fredrick Douglas and Harriet Tubman. Bishop Monroe's article is a reminder to readers about the irreplaceable role of faith and church in the African American freedom struggle yesterday, today and tomorrow. Bishop Monroe's recently published book is entitled, Adventures of Uncertainty: Making the Impossible Possible with God.

The second article in the edition is the text of the presentation given by Dr. Gloria Brown- who was a member of the CCSU faculty in the Chemistry Department. Her presentation was on the little known facts of one of the nation's top medical researchers who pioneered treatment for breast cancer, Dr. Jane Cooke Wright. Dr. Brown's presentation reminds of the many 'hidden-figures' of African American women in STEM fields-whose groundbreaking research saves lives yet they are rarely known or acknowledged. During the conference, Dr. Brown's presentation about Dr. Jane Cook Wright gave segue to a special segment in which Dr. Kizzmekia Corbett, a lead researcher in the production of the first Moderna Covid Vaccine. Her research skills are responsible for saving lives and preventing serious outcomes during the Covid-19 pandemic. But unlike Dr. Wright, her leadership and accomplishments became known to the world. This is a sign of true progress in the visibility of African American contributions to American and Global Science.

Walton Brown Foster, PhD Editor-in-Chief December 19, 2022

Adventures of Uncertainty

Bishop Kenneth Monroe

I am not sure of the approach this presentation is to take, "*Hope, Help: Faith in the American Society.*" Of course, faith in the American experience is very broad because each individual, each ethnic group along with the various cultures that exist in America will cause one to have a different faith experience. Therefore, my presentation today has to come from my personal faith experience as a black person in America.

It is interesting how our faith is shaped by the experiences we encounter as well as the exposure of the culture that influences us. Even though most Americans have embraced an American culture which is about freedom as well as the advantages of a capitalistic society, everyone has not experienced such a culture. Moreover, American life is full of various cultures because every race, ethic group or religion has their own culture or custom or if you will, way of life. For instance, while growing up in Red Springs, NC - it never occurred to me that we were poor until I got older and began to notice the disparity. I grew up in a house that only had (4) four rooms: two (2) bedrooms; a kitchen and a living room with my (4) four brothers, my mother and father; an outside toilet and no running water. I never knew my sister because she died from some poison she ate as a small child. The interesting thing about her death, as I was told, is that when she was carried to the doctor's office, black people were to enter the office

from the side entrance and wait even though it was an emergency. While waiting for medical attention, the poison destroyed her body. She had eaten lye while the babysitter was making soap. My mother worked as a maid, housekeeper and babysitter making only a very meager income. She left us alone (5 boys); so, she could go take care of the children of her white employers. We attended an all-black school, even though the superintendent was white and the members of the Board of Education were all white, they decided what was best for our school.

I often thought of those days and noted how we were able to survive. Most black people lived with the same economic conditions as we did. The American dream was just a dream. Just a few black people did a little better than others, but even their best did not compare with how white people lived. Even in Robeson County, the Native Americans mostly lived outside of the city or town limits except for Pembroke or one of the smaller communities in Robeson County. We all attended different school districts, even though the population of the county was equally distributed with white, blacks and Native Americans. Even when Red Springs had a movie theater, the blacks and Native Americans were separated in the balcony, while the whites were down on the lower level of the theater. It became imperative to exemplify faith as we sought to live out the American dream. During those days, a person may or may not have viewed a life of segregation, discrimination and poverty as the norm. Yet, is it better to accept such a life of segregation and poverty as the norm in America? Moreover, living around people when everyone is poor, everyone is subjected to the same conditions and most people had come to accept the fact that this is the life for the person you are - can become the norm. Nonetheless, when one looks across town and note things are not the same, a person wrestles with what has been accepted as the norm and wonder why there is a difference. Everyone worships the same God who causes the rain to fall on the just as well as the unjust; and the sun to shine on the evil and the good. So, the question arises, "*Am I just or unjust or am I evil or good? If I am in either category, how did I get here or who caused me to be here?*" The faith we exercised at that time was basically an avenue to survival.

Regardless of the conditions or even the positions we found ourselves, there was always hope as well as help for a better day or even a better life. I have discovered that obtaining such a place or a condition of life or even a position in life requires an intentional effort to employ faith and move against the odds. Faith is primary and necessary to move against the odds and make the impossible possible. In most instances, moving against the odds creates emergency situations which are uncertain, contradictory, unnerving, painful, uneasy, but can usher one into the miraculous. Without question, there have been any number of people who have given up on life because they found no reason to hope. Someone defined hope as *"desire with expectation of obtaining what is desired."* Hope is more than desire; it adds the ingredient of expectation and fulfillment. Even though we did not have much, there was always the desire as well as the expectation to achieve more and to have a better life. It was desire and expectation of most of our people to walk not towards the sunset but towards the sunrise. To move onwards, not to a night which falls, but to a dawn which breaks.

In 1969, I graduated from Red Springs High School, the first totally integrated class. During that year, there was much unrest and violence in the town. I entered Red Springs High School in 1965-1966 as a freshman. I was one of the first black students to attend Red Springs High School. I really cannot recall much of my experience as a student because I spent time learning from the experience of being in a strange place. However, I do recall being in a strange place. Perhaps it was strange because I was surrounded by people who really did not want me around them. It was strange because I looked differently than they looked and I perhaps spoke differently than they spoke even though we all spoke English. It was almost like being a pet rather than a person, yet I had the same number of emotions, intelligence and physical qualities as they did. It was strange because I was in a different culture among people with a different mind-set than I had or even a different color of skin than I had. I really cannot explain why I decided to go to this strange place. Perhaps it was the beginning of an opportunity to create a new way of life. It was a venture into the unknown. It was something that I had never done before and a place I had never gone before. Perhaps, it was an act of faith!

At that time, I had not considered racism to be systemic or systematic. Even though slavery was systematic because it was a plan or a method to keep people under control, yet for me and so many others, this was a need to have hope for a better day. Jim Crow Laws, separate but equal laws, discrimination, segregation and other tactics were all a part of a system to keep people under control. Even the jobs black people had, the places they lived, the salaries or wages they were given were all a part of a system to keep them under control in this small town.

When one thinks of the history as well as some of the current conditions black people have had to endure, it causes one to think of the hope as well as the help needed to survive. What does a person do when they are always facing dead ends? Usually, dead ends tell us that we have gone our limits. The only thing left to do when we get to a dead end is to turn around and go in the opposite direction which is the opposite of hope. Most times, dead ends are hopeless. Unfortunately, there are situations about us where people are headed toward the sunset – a dead end. Perhaps their thinking is that this will always be this way! Yet, our faith can help us understand that our dead ends are avenues for new beginnings. Our dead ends are opportunities for us to change, to refocus or to proceed into the unknown, strange places and into challenging territory. Sometimes, dead ends are opportunities for growth and development. New ground has to be paved at a dead end. New frontier is created at a dead end. Our faith is challenged and energized at dead ends.

And now, with the onset of the COVID 19 pandemic, it appears that we are overwhelmed with a greater concern for the lives of people. Statistics indicate that more people of color are effected and dying of COVID 19, the Delta and the Omicron variance than any other races or ethnic groups. It behooves us to be more visual as we continue to seek avenues to survive in this country. Of course, I do not think that the virus has been placed only on people of color, because all people are effected. Nevertheless, because of the uncertainties of this country, misinformed, vulnerable and marginalized individuals, a great deal of people have not been able to receive the necessary health care, the kind of nutrients and other economic advantages to maintain good healthy lives.

Without question, our faith in God and our faith in one another have allowed us to endure and overcome a great deal of adversities in the last 400 years. Moreover, our faith in God will continue to allow us to access more avenues for transformation and healing in this country. In 2018, I authored a book entitled, <u>Adventures of Uncertainty, Making the Impossible Possible</u> <u>with God</u>. It is a biography of my life and it is a means of sharing my life and my thinking regarding the various adventures of my ministry.

The various uncertainties of this country as well as this current pandemic present to us more adventures for our faith to be employed. Whether we realize it or not, we are again faced with adventures that only the faith we have in God and in one another can lead us to transformation and healing. Moreover, it is imperative for all of us to embrace the mind-set that we are agents of change. As we journey through this pandemic as well as seek to find resolution for the ills of this country, it is imperative that we embrace the following directives that can help us to acquire a healthier environment as well as a transformative person.

Perhaps the first way to survive and embrace hope and help is to just **Stay Focused**. The writer of 2 Corinthians says, *"So we fix our eyes not on what is*

seen, but on what is unseen. For what is seen is temporary, but what is unseen is eternal." Unfortunately, most of us can only see what is visible if we can see at all. As people of faith and as people who seek justice, equality and change, it is imperative for us to see beyond the physical. When we are not focused, we only see that which will bring discomfort and harm to us. We can only see discouragement and pain. A focused eye sees clearly. A focused eye sees love in the midst hatred. A focused eye sees a way when there is no way. A focused eye sees joy in the midst of sorrow. A focused eye sees beyond the strife, beyond the tribulation and beyond the destruction.

Please understand that **Staying Focused** is a way of paying attention, not to those things that will bring havoc to us, but to those things that will direct us to overcome that which will and can harm us. **Staying Focused** means, we will not allow distractions to influence our thinking, influence our going as well as influence our working or our beliefs. Staying focused is the means of keeping our hope alive.

I am reminded of a story of a man who found himself in the midst of an adventure of uncertainty. He had nothing for his family to eat. Upon searching throughout the house, he discovered that he had an old shotgun and only three bullets. So, he decided that he would go out and kill something for his family to eat. As he went down the road, he saw a rabbit and he shot at the rabbit and missed it. Then he saw a squirrel and fired a shot at the squirrel and missed it. As he went further, he saw a wild turkey in the tree and he had only one bullet, but a voice came to him and said, "*Pray first, aim high and stay focused*."

However, at the same time, he saw a deer, which was a better kill. He bought the gun down and aimed at the deer, but then he saw a rattlesnake between his legs about to bite him, so he naturally brought the gun down further to shoot the rattlesnake. Still, the voice said again to him, *"Pray first, aim high and stay focused."* So, the man decided to listen to the voice. He prayed then aimed the gun high up in the tree and shot the wild turkey. The bullet bounced off the turkey and killed the deer. The handle fell off the gun, hit the snake in the head, and killed it. And when the gun had gone off, it knocked him into the pond. When he stood to look around, he had fish in all his pockets, a dead deer and turkey to eat. The snake was dead simply because the man listened to God during his moment of uncertainty.

Secondly, it is imperative for us to **Serve Faithfully**. I am often troubled by leaders who are first to take cover, leaving their followers to fight the good fight by themselves. It is without question, as people of vision, as people with purpose and possibility, we will have adversities and difficulties. The writer of the Book of Corinthians states, *"We are hard pressed on every side, but not crushed; perplexed, but not in despair; persecuted, but not abandoned; struck down, but not destroyed."*

Yet, I am not sure if many of our leaders are willing to serve in the midst of the perversion, persecution and the pandemic. Somehow some of us have lost the spirit of servant hood. It appears that there is a great concerned about being honored, rewarded, benefited, recognized and celebrated rather than just being a servant. Needless to say, when we embrace this kind of attitude, the purpose

and plan of God for the community as well as our future is ignored. We can become manipulators, mean, miserable managers rather than movers and masters of misfortunes. We embrace power rather than the people; we build companies rather than communities. There is more jealousy among us than there is Jesus. Our means of service is interrupted with vain glory for God.

Serving Faithfully is going about doing what you can do and doing that which you know how to do well! Sometimes we feel God expects more out of us, when actually He expects us to respond to Him in faith and with the gifts and graces He has given to us. We cannot be faithful to God or anyone else when we are constantly fearful of what is before us. Believe or not, God is counting on us to lead His people through this pandemic as well as lead us through the unrest created by systemic racism and the other ills of this country. We cannot be faithful to God or anyone else when we are always missing in action. There is no doubt about it, things are not the same. The people need directions, they need nurturing, they need comforting, they need to be taught, and they need to know that they are not alone in this pandemic and they need to know that God loves and God cares. It is never about how well we do but doing what we know to do - well!

But then finally, as we continuously employ our faith, it is imperative that we are always moving forward. Without question, God is not through with us yet! During these strange and uncertain times, God has created opportunity for us to work together because we are in preparation to experience a great shift in our culture and in our society and the **Shift is Forward.** Many of us have already

shifted from good to great or from difficulty, disaster and danger to deliverance or from being convinced to becoming converted. Whether we come to understand it or not, a time will come when we have to shift from this temporal life to life eternal. Please know that wherever we are or whatever we may be engaged in this pandemic, time will come when what we are about will end and we will have to **Shift Forward** to a new level, a new place, and a new existence. Ecclesiastes 3:1 state, *"To everything there is a season, and a time to every purpose under the heaven.*

As much as I love serving God by serving His people, our time of service will shift from the people of God to the person of God. The time is approaching when we will shift from grace and mercy to glory and hallelujah. Presently, all we do for God and the people of God is an act of faith. But in due time, our faith will shift to sight. Our faith says that Jesus is beyond our troubles, beyond this pandemic as well as all our distresses. Our faith reminds us that we will be persecuted, struck down, but in due season we will reap if we faint not. Most of us do not have anything to hold on to but our faith. Yet somehow we must realize that the trials and tribulations of our lives will soon end.

Please know that when there is change, there will always be a time to make a shift. We cannot change without making a shift to a different location, a different mindset, a different position, a different posture, a different direction or even a different dimension or elevation. When there is a shift, it actually determines the quality as well as the time for the change. The shift creates the transition from the old practice to the new practice. The shift is a means of

determining the time to change. When there is no shift, there will be no change. We can discuss or plan change, but if there is no shift, change does not occur.

Whether we have come to understand or accept the conditions or circumstances that are before us or not, it is without question that we are confronted with a need to make some shifts. We cannot remain as we are or in the same gear we have been operating in for the past 100 years and grow or even develop into what God has designed for us to become unless there is a shift.

Listen – our society has changed (whether for the good or the bad). We can no longer do what we have always done or even be what we have always been. It is time for a shift. Many of the people we are attempting to serve have shifted. The methods of doing ministry have shifted. The religious culture of our day has shifted, the doctrines and teachings of our faith have been challenged and are shifting. And as a result of the change as well as shifts, the Christian church finds herself bewildered, fractured and in a mode of survival and maintenance.

It is interesting to note that everything about the faith community has shifted, her methods, her members, her ministries, her ministers as well as her movement has changed but not necessarily transformed. Yet, God has not changed or shifted. He is the same today as well as He was yesterday. He is the same because He is our Example, our Model, our Guide or even more our Pattern to follow. The mission and ministry for which He has called us has not changed or shifted. Apostle Paul records in 2 Corinthians 13:5, "*Examine yourselves, to*

see whether you are in the faith. Test yourselves, or do you not realize this about yourselves, that Jesus Christ is in you? – Unless, indeed, you fail to meet the test."

Unfortunately, we have operated in the same gear so long, perhaps it is difficult for us to understand that we should be transforming into the likeness of God. As a result, we are still in the same place or we are declining. Our lot is not just to change, but to transform, evolve or make a thorough change in our appearance, our personality and our thinking that we will resemble our God and our Creator. We have been called to engage ourselves in the creation of new and better people; new and better communities; new and better ministries as we expand the kingdom of God. The shifts we make as the people of God are designed to create a new culture that is godly, radical, transformative, embracing but redemptive, challenging, but victorious, mesmerizing and revealing.

Please know that it is time to make the shift from apprehension to comprehension, from disbelief to belief; from criticizing and complaining to compliance; from struggling doing the possible to doing the impossible. It is time to make the shift and transition into doing the will of God. "*Good, better, best, never let it rest, until your good is better and your better is best.*"

Beams of heaven, as I go, Through this wilderness below, Guide my feet in peaceful ways, Turn my mid-nights into days; When in the darkness I would grope, Faith always sees a star of hope, And soon from all life's grief and danger, I shall be free someday. I do not know how long 'twill be, Nor what the future holds for me.

But this I know, if Jesus leads me, I shall get home someday.

Bishop Kenneth Monroe is Presiding Bishop of the Eastern North Carolina District of the African Methodist Episcopal Zion Church.

Pioneer in Cancer Research, Role Model for African American Young Women, Dr. Jane Cooke Wright

Gloria Brown, PhD



Have you heard of Dr. Jane Cooke Wright? That the question is likely to receive a negative answer elicits incredible sadness. There are some other African American scientists who, if not household names, are well-known. And they tend to be men. Dr. Jane Cooke Wright is no less worthy of wide acclaim.

A Barrier-Breaking Medical Family

So, who is Jane Cooke Wright? She was an eminent pioneer in cancer research and a surgeon. She was born into a barrier-breaking medical family, the daughter and granddaughter of outstanding physicians. Her father, Louis Tompkins Wright, was the first African American doctor at a public hospital and one of the first African American graduates from Harvard Medical School. Her grandfather, Cean Ketcham Wright, born into slavery, entered Bencake Medical College (which became Meharry Medical College) after the civil war and graduated as valedictorian. After he died, she acquired a step-grandfather when her mother married another physician, William Fletcher Penn, the first African American graduate of Yale Medical College. An uncle, Harold West, was also a physician and he became president of Meharry Medical College. Her younger sister, Barbara Wright Pierce was also a physician. Cooke Wright married the eminent attorney, David Jones, Jr., a Harvard Law School graduate and together they had two daughters, Jane and Allison. She took a 6-month leave from Harlem Hospital while she was chief resident for the birth of her first daughter, Jane. Her stated life goals were "to continue seeking a cure for cancer, to be a good mother to my children, and a good wife to my husband.¹ Sadly, she was widowed in 1976 upon the death of her husband.

Education

Dr. Jane Cooke Wright was born on November 20, 1919, in Manhattan, NY and died on February 19, 2013, after a life of service as a cancer researcher, a practicing physician, a mentor to other oncologists and a public servant. Her early education was at the Ethical Culture Fieldston School where she was highly active. Her activities included being the school's yearbook art editor and captain of the swim team. Her favorite subjects were mathematics and science and when she graduated in 1938 she entered Smith College on a scholarship, intending to major in the arts. She had a passion for the German language and lived for a while in the school's German House. She also continued swimming as a member on the varsity swim team. Her father, however, encouraged her to enter the medical field and so upon her graduation in 1942 she entered New York Medical School, also on scholarship. Upon graduation in 1945, she immediately began internship at Bellevue Hospital, transitioning to a residency program the following year. In 1945 she graduated with honors from the 4-year program in three years – this was because of World War II – and immediately entered an internship/residency program at Bellevue Hospital, completing it in 1946. She went on to a residency program at Harlem Hospital from 1947 to 1948, at the end of which she was named chief residence.

Medical Career

In January 1949, while she continued as a visiting physician at Harlem Hospital, Dr. Cooke Wright was hired as a staff physician with the New York Public Schools, no doubt inspired by her mother, Corinne, who had been a public-school teacher. In July of that year, she joined her father at his Harlem Hospital Cancer Research Center which he had founded, and upon his death in 1552, she succeeded him as director. In 1955 Dr. Cooke Wright became associate professor of surgical research at New York University and director of cancer chemotherapy research at

¹ https://www.wikitree.com/wiki/Wright-33629

New York University Medical Center and its affiliated Bellevue and University Hospitals. In 1967 she was named professor of surgery and became head of the Cancer Chemotherapy Department and associate dean at New York Medical College, her alma mater. Upon her retirement from New York Medical in 1987, she was appointed Professor Emerita.

Trail-Blazing Cancer Researcher

Dr. Cooke Wright has been called the "godmother of chemotherapy." She and her father were interested in making chemotherapy a more accessible method of cancer treatment for everyone. At the time chemotherapy was a new development which was not a well-known or wellpracticed source for treatment. This was largely due to the fact that the available drugs and dosages were not very well defined and drug development for this approach was still in experimental stage. Thus, it was considered the "last resort" of treatment options. She was determined that her research have an impact in clinical care. Their work shifted cancer research and treatment development by proving that tumor cells could be studied in a laboratory, outside of the human body. The clinical trials they conducted demonstrated the power of chemotherapy in targeting cancer and redefined chemotherapy, which she called the "Cinderella of cancer research," from a single drug to combination therapy. Combination therapy is the procedure of administering multiple medications in a precise order. This was a novel approach on the part of Wright and her colleagues since previous researchers used mice tumors as the model for predicting response to different chemotherapeutics. This approach helped to develop a method for testing and selecting the most effective course of chemotherapy for a particular tumor in an individual patient. The process involved harvesting tumor tissue from the patient, which is then cultured and treated with a variety of chemotherapeutic agents. The treatment is then adjusted according to the individual and the response assessed. These were early steps towards personalized medicine.

Foundational to the research of Dr. Cooke Wright and her colleagues is the knowledge that cells require folic acid to produce certain types of amino acids (for proteins) and purines (for DNA and RNA). Folic acid antagonists block the function of folic acid in the body and prevent cells from making new strands of DNA and RNA. The result is that cells are not able to produce the

proteins that are needed to drive mitosis (cell division.) Folic acid antagonists affect both cancer and non-cancer cells. However, because cancer cells are more highly proliferative compared to the other cells, they are more greatly affected by folic acid antagonists. Unable to repair, they die.

Various drugs were investigated by the team and antifolates were found to be highly potent against a vast array of solid tumors, including several types of leukemia, Hodgkin's disease, lymphosarcoma, melanoma, breast cancer, and prostate cancer. Of all antifolates, folic acid antagonists are probably the most important, and the most successful folic acid antagonists was identified as methotrexate. Methotrexate remains a basis for all modern chemotherapy, though it is no longer recommended for prostate cancer because it has been associated with occurrence and/or accelerated progression a previously indolent prostate cancer, possibly by inducing immunosuppression.² Outside of cancer and in lower doses, methotrexate is now routinely used as a disease-modifying antirheumatic drug (DMARD).

Legacy in Science, Medicine and Beyond

Dr. Jane Cooke Wright leaves an impressive scientific legacy in medical research and practice, as well as a public servant, nationally and internationally. She has been called the "mother of chemotherapy" and is recognized as "the woman who changed the landscape of oncology." Her credits include developing a nonsurgical procedure for delivering chemotherapy to target tumors in previously inaccessible areas, such as the kidney and the spleen, using a catheter. Her 40-year career established a legacy of innovation, changing the face of chemotherapy and medicine. Her published research articles and papers on cancer chemotherapy number 135. She introduced methotrexate, still used in the treatment of many types of cancer. The American Society of Clinical Oncology renamed their Young Investigator Award in her honor. She herself received multiple awards over her lifetime. Consistent with the mission of making cancer treatment widely available to everyone, she led delegations of cancer researchers outside the United States to Africa, China, Eastern Europe and the former Soviet Union.

While pursuing private research at the New York Medical College, Dr. Jane Cooke Wright implemented two programs: a new comprehensive program to study stroke, heart diseases, and

² Journal of Oncology Pharmacy Practice 20(2) May 2013

cancer: and a program to instruct doctors in chemotherapy. Along with six other oncologists, all white males, she founded the American Society of Clinical Oncology to educate doctors and provide research grants. In 1964 she was appointment by President Lyndon B. Johnson to the President's Commission on Heart Disease, Cancer, and Stroke and from 1966 to 1970 she served on the National Cancer Advisory Board. The purpose of the Board was to establish a national network of treatment centers for critical cancer diseases and to promote increased communication between research institutes.

First Lady

The title of "First Lady" is an appropriate appellation for this lady of many firsts. The list includes the following:

- First of two daughters in a barrier-breaking family to pursue medicine during an era where women and African Americans faced pervasive discrimination.
- First Black woman to be named associate dean of a nationally recognized medical institution (New York Medical College, 1967).
- First Black oncologist.
- Pioneered use of the drug methotrexate to treat breast, skin cancer.
- Her research groups were first to report the use of nitrogen mustard agents and folic acid antagonists (blocker) as cancer treatments.
- Highest-ranked African American woman at a nationally recognized medical institution (1967).
- Only Black member of the American Society of Clinical Oncology, which aimed to educate doctors and provide research grants.
- First woman president of the New York Cancer Society (1971).
- Only woman and only African American on the board of the American Society of Clinical Oncology.

Inspiring Role Model

Without a doubt, Dr. Jane Cooke Wright is a significant role model for female minorities and especially female African-Americans. She overcame both gender and racial biases, succeeding in a largely white male profession. Undeterred by the prevailing view of many physicians who disregarded chemotherapy as being ineffective – at the time, the use of chemical agents as therapeutics was an emerging cancer treatment that was ridiculed – she ultimately proved its effectiveness and wide application. As a family woman, even when she became a single mother, she continued to pursue a successful career.

Dr. Gloria Brown is adjunct in the Central Connecticut State University, Department of Chemistry.

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Some photos from the listed sites

