GOOD INTENTIONS: PAVING THE ROAD TO HELL

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This is in dedication to my loving parents. Everything that I am, I owe to them.
Abstract

From 1932 until 1972, the Public Health Service, with the assistance of several other prominent groups and individuals, carried out a study of untreated syphilis in Macon County, Alabama. The study contained roughly 600 African American males, which met a predetermined set of criteria. Some of them were syphilitic while others served as controls for the study. Initially they were given a negligible amount of treatment, at the request of the county board of health, but the latter part of the study withheld treatment completely. By 1946, syphilis could easily be treated and cured with penicillin, but these men were still barred from treatment. The study did not conclude until 1972 due to a large public expression of disapproval. This paper will cover the effects of untreated syphilis, the logistics and implementation of the study, and then will conclude with how the study ties into the Eugenics movement and how it is still effects research and ideas today.
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People Important to the Study

**J. N. Baker**—State Health Officer, Montgomery Alabama

**Peter J. Buxton**—Person to release story to Associated Press

**Taliaferro Clark**—Assistant Surgeon General, Public Health Service, Retired 1933

**H. S. Cumming**—Surgeon General, 1920-1936

**Eugene H. Dibble, Jr.**—Medical Director, Tuskegee Institute

**D. G. Gill**—Bureau of Preventable Diseases, Department of Public Health, State of Alabama

**Eunice Rivers Laurie**—African American Nurse assigned to the study

**Joseph Earle Moore**—Johns Hopkins University Medical School

**R. R. Moton**—Principal, Tuskegee Institute

**Irwin J. Schatz**—Henry Ford Hospital, Detroit MI

**Murray Smith**—Special Expert, V.D.

**R. A. Vonderlehr**—Public Health Service officer chosen to be in charge of study and successor of Taliaferro Clark

**O. C. Wenger**—Lieutenant to Doctor Clark
Introduction

Many events in history have changed the face of the world in one way or another. These events, such as Hitler’s concentration camps or the bombing of Japan at the end of World War II, are widely known and people still discuss the effects that they had on the world. Another one of these events is the Tuskegee Syphilis Study. This event spanned forty years and still has an effect on modern day research and medical practices.

While starting as a short study of untreated syphilis, to benefit the medical field, it very quickly evolved into something completely different. The study spanned forty years, and did not appear to the public until 1972.¹ While the number of people affected is hard to count, because non-treatment meant that these men were always contagious, it directly affected approximately 600 poor and uneducated African American males from Macon County, Alabama. In 1932, medical research was still looking for an acceptable cure for syphilis. At this point in history, the general treatment for this disease was a combination of mercury and two type of arsenic compounds called arsphenamine and neoarsphenamine. These drugs are highly toxic and the treatment alone took more than a year to complete, due to their toxicity. Often times, the

treatment of the disease was not only worse than the initial problems caused by syphilis, but could even produce other medical issues including premature death.²

However, in the mid 1940s there was the discovery of penicillin. With this medical breakthrough, syphilis became not only treatable, but also curable.³ Being as this study was still taking place after the introduction and acceptance of penicillin in healthcare, the men with syphilis could have received treatment. Even though the majority of these men were already suffering from the advanced stages of the disease, penicillin could have prevented any further complications. Although penicillin had the ability to cure the disease, any damage already sustained would remain.

With this information, it is evident that The Tuskegee Syphilis Study was perceived as ethical when is started. However, by the mid 1940s the experiment had clearly lost all sense of ethics. With the continuation of the study, after penicillin was introduced to the United States, there was a clear notion that the men performing the study placed potential medical benefits above human lives. Despite the fact that all of the people in the study could be cured, the medical doctors were set on trying to prove that syphilis affected African Americans differently than others.

² Ibid., 7
³ Department of Health and Human Services, “syphilis – CDC Fact Sheet”, (Center for Disease Control and Prevention, January 4 2008)
Syphilis as a Medical Condition

In order to understand the controversy of untreated syphilis better, it is important to know about the disease itself. Syphilis is a Sexually Transmitted Disease, which passes to others through contact with a syphilis sore and prenatally through a syphilitic mother. The disease has three main stages in which different manifestations can occur, if not treated. On average, 21 days after infection the first stage begins. In this stage, a sore called a chancre is common. Typically small in appearance, there can be one or more sores with little or no pain. They usually last three to six weeks and will heal without treatment. However, if not treated the disease moves into the secondary stage.4

During this stage, the typical manifestation of the disease is a rash that appears on the body in many different areas. Often times the rash does not itch or will be so faint in color that it goes un-noticed. These rashes also typically can be mistaken for other sicknesses, leading to a misdiagnosis. If the person does not receive treatment, the disease will move into the latent phase.5

At this point, there are many different effects the disease can have on a person. While some people can go years without any signs of the negative effects, others can experience life-altering complications such as damage to the internal organs. These

4 Ibid.
5 Ibid.
organs include the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints.

Other signs and symptoms of the late stage of syphilis can include difficulty coordinating muscle movements, paralysis, gradual blindness, and dementia. In some cases, these effects can lead to premature death of the host.⁶

Lastly, another significant aspect of syphilis is that it can transfer to others during all three phases of the disease, but is most likely to transfer whenever there are open sores. Even if there does not appear to be an outbreak, the disease is still active in the person and there is a risk of spreading. In addition, women who have syphilis during a pregnancy can also pass it to their unborn children, causing learning defects, seizures, or even stillbirth.⁷

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⁶ Ibid.

⁷ Ibid.
Precursors of the Tuskegee Syphilis Study of 1932

Modern-day medicine is as advanced as it has ever been. While there are still illnesses that are non-curable, other diseases and sicknesses are easily treatable with little or no pain to the recipient. Often times a disease will be a major concern for a generation, but as soon as medicine finds a cure, it slowly removes itself from the forefront of people’s mind. Now that syphilis is curable, it is no longer a problem. However, in 1932, there was no cure, and this was a significant dilemma for the time. While the problem for this generation is AIDS, the early to mid-twentieth century problem was syphilis.

Initial Attempt to Control Syphilis

This problem became evident during the screening of people who signed up for military service during World War I. Venereal disease was found to be highly prevalent among the people being checked and created a sense of urgency about the number of people who would be able to fight in the war. This led to two different responses in 1918. First, Congress created an interdepartmental social hygiene board composed of the secretaries of War, Navy, and Treasure. Second, Congress created a Division of Venereal Diseases in the United States Public Health Service. The focus of these new entities was not specifically syphilis, but it was a problem that the divisions needed to

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8 Jones, Bad Blood (The Free Press, 1993), 49
address. By 1919, the two organizations had set up over 202 clinics in over thirty states. These clinics were working to provide healthcare to people that, otherwise, would not have been able to afford it. Reports showed that these clinics treated over 64,000 people after one year.

Unfortunately, the success of the programs was short lived due to the end of World War I. With their main argument of needing able-bodied soldiers to win the war being gone, the program became one of the popular targets for budget cuts during the early and mid 1920s. By 1926, all government aid for the program ceased, and they were no longer able to exist in the full form that it had previously been. The Public Health Service Division of Venereal Diseases did survive this cut; however, it was no longer as effective. The main route that the program now had to fight venereal disease was sex education and a strong moral sermon.9

At this point, Alabama was still unclear about how large of a problem syphilis was in the state. In addition, the lack of funding from the national government made the problem hard to deal with, The Alabama State Board of Health split patients into three categories: private patients who could afford medical care on a fee-for-service basis, the medically indigent, and those that could afford partial treatment.10

After deciding that the first group was little concern, only needing sexual education, it was clear that the second group was going to be the largest problem. The

9 Ibid., 49-50

10 Ibid., 50; Medically indigent means people unable to afford any healthcare.
solution that the Alabama State Board of Health came up with was free clinics, and by 1930, it had established fourteen. Similarly, a network of clinics that would devote time each week to providing cheap healthcare as long as the state continued to supply the materials needed was the solution for the third group. By 1930, there were roughly 175 participating clinics in this program. These methods were reportedly reaching over 10,000 people by 1929, but they were still relatively ineffective. The costs of getting full treatment was still out of reach for the poor and the small number of physicians willing to give out health care for such a low price, could not solve the growing problem.

**Rosenwald Fund Confirms Syphilis**

To substantiate the contentions that syphilis was still not under control, there was a study conducted that included six different Southern counties. The study takes place in 1929, with a grant supplied by an organization set up to help the poor people of these areas called the Julius Rosenwald Fund. The fund found that Macon County, Alabama, which includes the town of Tuskegee, had the highest syphilis rate of all of the counties studied. The study also showed that the county was prime for a “mass treatment program” for rural African Americans. However, at the time of this study, the United States, along with most of the world, was at an economic low. Therefore, the results of the study were ignored, even though the report suggested the likelihood of success. Although the Great Depression affected prosperous areas of the country, as

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11 Ibid., 50-51

well as deprived regions, places like Macon County, Alabama, appeared to have the poorest living conditions. Typical dwellings were nothing more than rundown shacks with dirt floors and no other amenities to speak of. Consistent with the poor conditions, an open well, which had no sort of protection from outside contamination, was the main source of water. ¹³

Besides the living conditions, the dietary pattern of this county was sub-par as well. Sarah Freeman, a young African American nurse, had organized a program to feed young children at least one hot meal a day. However, of the seventy-seven children at the school where she tried to implement this program, only nineteen of them were able to contribute food to the common meal. When asked, a majority of students were found to have no breakfast, a meagerly packed lunch, and were not expecting anything further to eat upon returning home. The fact that the students were not expecting anything else when they returned home illustrates that the poor diet most likely extended to adults, as well. ¹⁴

In addition to all of this, the number of people who received an education was equally as dismal. Despite the Tuskegee Institute, reports show that Macon County still ranked at or near the bottom for number of dollars spent per pupil on education. To further the problems, racial segregation also created a literacy gap between the whites and blacks of the county. Although the black population was far greater than the white, the educational support was much lower for people of color. The gap in educational

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¹³ Jones, Bad Blood (The Free Press: 1993), 62

¹⁴ Ibid., 63
support could explain why the illiteracy rate among whites was only twenty-three per 1000 adults, while the illiteracy rate among black was 227 per 1000.\textsuperscript{15}

All of these circumstances; economic, social, educational, and medical, played a role in the initial proposal for this study. In addition to these, there were also the reports from studies like that of the Rosenwald Fund that demonstrated the unique conditions that led to the preliminary suggestion of the study of untreated syphilis. The Surgeon General of the time, H.S. Cumming, sums up the situation perfectly with this statement, “This combination...offers an unparalleled opportunity...which probably cannot be duplicated anywhere else in the world.”\textsuperscript{16}

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\textsuperscript{15} Ibid., 63-64
\textsuperscript{16} Reverby, Tuskegee Truths (University of North Carolina Press: 2000), 77
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The Study of Untreated Syphilis

Several things set this one county of Alabama apart from other counties. Among these were an above average number of people with syphilis; of the people only a negligible amount had ever received treatment for the disease; and the majority of the people infected were poor and uneducated. Ultimately, these were the different factors leading up to the first proposal for the study of untreated syphilis in the Negro male. Doctor Taliaferro Clark, Assistant Surgeon General of the Public Health Service, is the one to suggest and implement the study. In a letter to Doctor J.N. Baker, State Health Officer, Montgomery, Alabama, he stated that while reviewing the files he noted that the final report of the Rosenwald Fund listed some impressive facts. Combined together they created unparalleled opportunities for, “…studying the effect of untreated syphilis on the human economy.”

Proposal of the Study

This appears to be the first mention of the study of untreated syphilis and the recipient of the letter met it with equal enthusiasm, indicated by his response. Doctor Clark, accompanied by his lieutenant, Doctor O. C. Wenger, then travelled to Alabama to discuss the groundwork for this study. In Montgomery, Alabama, he met with Doctor J. N. Baker, the State Health Officer, and Doctor D. C. Gill, the Director of the Bureau of

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17 Ibid., 73-74
Preventable Diseases to discuss further potential for the study. They responded in a letter written to Doctor Clark. With response to his initial correspondence and his visit, there was excitement and approval.  

Another thing to note about this reception was that the Macon Country Board of Health, after being told of the intentions to study untreated syphilis, agreed but with the understanding that all of the men chose to participate would also receive treatment. Since the original proposal for the study outlined a six to eight month study, it is unclear what the intentions of this request are. During this time, the acceptable treatment usually took over a year to complete, making it impossible to administer proper treatment under the original timeline. Eventually, it appears that Doctor Baker agrees that each patient with syphilis was supposed to receive eight doses of neoarsphenamine and some additional treatment with mercury pills. According to Jones, a significant historian on this topic, it is unclear as to why Doctor Baker had insisted on treatment, but a likely reason is that it was a way to decrease syphilis among rural people that might not have received treatment, otherwise.

Doctor Baker also made it clear that in order to undertake such a study, Doctor Clark would need the support of the local doctors and institutes. Clark immediately realized that the obvious choice for an establishment would be the Tuskegee Institute. The Institute had been the focus of the Rosenwald Fund study and had previously done

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18 Jones, Bad Blood (The Free Press, 1993), 98-99


20 Jones, Bad Blood (The Free Press, 1993), 99
work on syphilis in the area before. By using the same people and institute that were involved in diagnosing and treating syphilis, the new study would have the guise of a similar project. Doctor Clark even noted in his October 1932 letter to Doctor Davis that in order to secure the cooperation of these men (referring to the African American participants), it would be necessary to use this cover in their favor. The men would assume that the study of untreated syphilis was another project to help them, instead of a project to study them.

Both Doctors Clark and Gill went to the Institute and tried to persuade the director, Doctor Dibble, to support their study. After a strong presentation by these men, they both left the institute, but Doctor Wegner, Clark’s lieutenant, stayed behind to further their insistence. Wegner suggested that the institute would not acquire any additional cost, but would gain valuable training for the nurses and interns. By the second meeting between Wegner and Dibble, there was a pledge of cooperation and the volunteered assistance by the interns and nurses for treatment administration. Now that Doctor Dibble had agreed to the study, the last person to win over was the principal of the institute, Doctor R. R. Moton, which was done with relative ease due to the support of other major players such as the Public Health Service, the Surgeon General, and the Macon County Board of Health.

21 Ibid., 100

22 Ibid., 101; Doctor Dibble also offered the use of hospital rooms, X-ray equipment and technicians, and that he would personally meet with officials of the Macon County Board of Health and other private physicians in the region in an attempt to prevent any misconceptions of the study.
Doctor Dibble wrote a letter to Doctor Moton, trying to get final approval to use the institute, and again explain the basic outline of the study; included in the letter is the promise that the Public health service will offset the cost of supplies. Among the costs, there was a $1200 dollar annual allowance for a nurse. In additional, another $50/month would be included for vehicle maintenance, since this individual would use their personal vehicle to transport participants of the study. It was at this point that Miss Eunice Rivers is suggested as the nurse that be assigned to the project. Doctor Dibble wrote this about Nurse Rivers:

In thinking over this and especially in connection with the Alabama State Board of Health, we feel we could give Miss Eunice Rivers leave from her work at the hospital for the purpose of this service. She has been connected with the State Department for the past ten years and has personally done more effective Public Health work...than any of our group.\(^2\)

After the study started to advance, Nurse Rivers was the main liaison between the people in charge of the study and the men participating in the study. A more specific definition of her role is yet to come.

Now that Doctor Clark had the approvals that he needed, the task of pinning down the study was his next obstacle. Although he had a general idea for what needed to be undertaken, he turned for advice to the Cooperative Clinical Group, since they were the leading professionals in the field of venereal disease. Joseph Earle Moore, a

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doctor at Johns Hopkins University Medical School, laid out the logistics of the study. Writing to Doctor Taliaferro Clark, Moore pointed out that out of the 8,000 Negroes in the rural parts of Macon County, about half tested positive for syphilis already, but not all of the positive cases would be suitable.

Instead of including males and females, he proposed that the ability of a male to better recall the history of his infection would create for a better foundation in which to base the study on. It was difficult for females to give an accurate history of their infection, due to the anatomical make up of their genitalia. It was common for women to attribute sores and rashes to other typical female occurrences such as their menstrual cycle or to simply not notice sores inside their genitals. Women were excluded from the study because they would be unable to provide a clear history of the disease. Similarly, among the males that were chosen, a definitive history of their disease was needed before they would be admitted into the study. This way there was an accurate date of infection.

In order to obtain men with at least ten years of infection, it was necessary to set the minimum age at thirty. After reconsideration, thirty would exclude a significant portion or the population, so twenty-five was the new minimum.²⁴ The reason behind this change was that the majority of the men fell between the ages of twenty and thirty. By excluding men younger than thirty, there would have been a significant number of the population negated. Doctor Moore suggests,

²⁴ Jones, Bad Blood (The Free Press, 1993), 107
Do a Wasserman survey on the entire population of the county, men, women, and children. In the patients selected for a special study, a complete medical history should be taken...and the remainder completely disregarded.25

Of the men with a positive Wassermann, that could give a definitive history of their disease, he suggested that there would only be about two or three hundred people left for the study. These men were then to go through a much more rigorous physical examination containing nineteen different aspects, to obtain a more complete medical history.26

The Study Begins

With all of the players on board and in agreement to the plans of the study, it could now begin. In the original form, it was to last six to eight months and at the request of Alabama’s state health officials and the private physicians, it was to include some form of treatment upon conclusion. Contrary to its initial expectations of success, however, the study encountered many different problems. Among these problems were a shortage of supplies and, most significantly, a shortage of funding. While these caused some difficulties, the study continued and the only real area affected was treatment. Instead of receiving the recommended amounts of both mercury and arsenic, men were generally given whatever compounds were on hand at the time. While this led to partial

25 Reverby, Tuskegee Truths (University of North Carolina Press: 2000), 79-80; A Wasserman test was a simple blood test to check for syphilis.

26 Ibid., 79-80
treatment, it was ultimately decided that it was little and mostly ineffective, as to not skew their results. In addition, the lack of supplies meant that treatment portion would eventually stop and the study would exist as purely non-treatment.

Doctor R. A. Vonderlehr, successor of Taliaferro Clark to assistant Surgeon General, continued to give examinations and document his findings. Doctors Vonderlehr and Wenger decided that they would perform twenty spinal taps a day, in order to diagnose any neural complications caused by the untreated syphilis. While this was something deemed important for the study, spinal taps were generally painful and could cause other serious side effects. From these spinal punctures, men could experience temporary paralysis, headaches lasting for several days, or even permanent paralysis from these taps. In an attempt to get these men to permit such a test, the course decided upon was one of speed and deceit. If word had spread that these spinal punctures caused such side effects, no one would submit to them. Their hope was that they would be able to perform these fast enough that word did not have time to spread.

As anticipated, the spinal punctures caused a significant amount of distrust between the participants and the government doctors; however, they did manage to get over three hundred spinal taps to use for assessments. Upon completion of these

27 Jones, Bad Blood (The Free Press, 1993), 119 & 125
28 Ibid., 121
examinations and tests, Doctor Vonderlehr was able to show an above average amount of cardiovascular syphilis.\(^{29}\)

At this point, the study takes a significant turn toward unethical and disregard for human life. Doctor Vonderlehr makes a suggestion to Doctor Clark, for the future of the study. In a letter, dated April 8, 1933, Vonderlehr writes:

For some time I have been thinking of an aspect of the study of untreated syphilis being conducted here, which may not have occurred to you...At the end of this project we shall have a considerable number of cases presenting various complications of syphilis...the longevity of these syphilitics could be ascertained and if properly administered...many necropsies could be arranged.\(^{30}\)

Doctor Clark accepts the proposal of bringing these men to necropsy and expresses his main concern in a letter written by Wegner, Clark’s lieutenant. Wegner writes:

I remember we discussed this matter when together in Tuskegee and I agreed with you it would be a good plan. As I see it, we have no further interest in these patients until they die. There is one danger in the latter plan and that is if the colored population becomes aware that accepting free hospital care means a

\(^{29}\) Ibid., 122

\(^{30}\) Reverby, Tuskegee Truths (University of North Carolina Press: 2000), 82-83; Jones, Bad Blood (The Free Press, 1993), 132
post-mortem, every darkey will leave Macon County and it will hurt Doctor Dibble’s hospital.³¹

Upon agreeing that the autopsies were a good idea, the role of Nurse Rivers becomes more important than ever. In addition, the study no longer had a set ending point. Bringing these men to autopsy meant that the study was to remain active for as long as the doctors maintained interest.

Vonderlehr sent out a list of subjects and controls in the spring of 1934. Although the comprehensive list went to many people, none of the lists would be used more than the one that Nurse Rivers received. The success of Nurse Rivers makes Vonderlehr very pleased that he did not submit to Wegner’s suggestions of dropping her as a member of the study.³²

Although Nurse Rivers played other roles in the study, her most defining was convincing family members to allow post-mortem studies. In an author interview conducted by James H. Jones, Nurse Rivers admits that after witnessing the first couple of autopsies she was left feeling uneasy. Her statement was, “I wasn’t sold on autopsy,


so I had a problem selling it to other people.” In order to uphold her status as a nurse who was able to follow a doctor’s orders, Rivers overcame this uneasiness quickly. During the first twenty years of the Tuskegee Study, Nurse Rivers was able to bring 144 out of the 145 men who died to autopsy.34

There is no doubt that the success of Rivers directly stems from her approach. Unlike the cold and formal health officials and male doctors, Nurse Rivers claims that often times after breaking the news to the next of kin that she would just sit and console them for hours. It was not until the sobbing and weeping stopped that she would bring it up.

Nurse Rivers was very aware of the people that she was dealing with, allowing her to predict their reactions to many things such as word choice. Words like autopsy, along with other medical terminology, would only cast doubt, causing the family to recoil in distrust. Rivers was careful to explain that the doctors would perform something similar to a surgery in order to find out why the man died. Even this caused a small amount of fear, which Rivers explained by saying, “They (family of the deceased) didn’t want somebody thinking that the body had been opened up.”35 Often times Nurse Rivers would need to describe, in detail, how the process worked to assure the family that all of the cuts would be out of view when the subject was dressed and laying

33 Jones, Bad Blood (The Free Press, 1993), 151
34 Ibid., 152
35 Ibid., 152-153
in the coffin. Due to all of this concern, Rivers made it clear to Doctor Peters that, “If you mess up that body, you won’t get another.”

Nurse Rivers truly served as the mediator between the professionals and the subjects. After reading many sources on this topic, it is clear that without Laurie Rivers, or someone of similar status and social ties, the Tuskegee Study would not have had the success that it did. It was her job to monitor as many of the men as she could, and she spent much of her time and energy doing this. One participant of the study remembered such things as, “Nurse Rivers would come by and check on us between times we see the doctors. Yes, sir, she sure would. Come in and visit with us and talk to us and ask us how we doing...it was very nice.” Other similar testimony led to the Public Health Service even admitting that a single home visit is worth more than a dozen letters on impressive stationary.

36 Jones, Bad Blood (The Free Press, 1993), 153; Doctor Peters was the person in charge of doing autopsies for the study.

37 Success is meant to describe the act of carrying out the experiment. It does not reflect my opinion on the overall outcome of the study.

38 Jones, Bad Blood (The Free Press, 1993), 156; Some people question the role of Nurse Rivers and the reasons for her involvement in such a study. For further readings on this refer to Reverby, Tuskegee Truths University of North Carolina Press: 2000), 321-395
Conclusion of the Study

As previously stated, it was not until forty years after the initial start of the study that claims of it being unethical and wrong finally put an end to it. The first stories broke in newspapers all over the country. Many different events occurred after publication of the story; however, this will only give a partial overview of the events.

The Story on Page One

The date was July 25, 1972 when the front page of the New York Times read, “Syphilis Victims in U.S. Study Went Untreated for 40 Years.”\(^{39}\) The title, by itself, suggests a sense of neglect by the United States government against its own people, and reading the article only strengthens this idea. The article gives a description of the study and a brief overview of its major points, and suggests the design of the study in 1932 was less controversial than it was during the mid 1940s when penicillin was widely accepted and used to treat syphilis. In addition, it is important to note that despite the number of public accusations of it being unethical and a violation of rights in 1972, the study actually received no such allegations throughout the early and middle years of its existence.

The *New York Times* was only one of many papers that carried this story. It was tracked across the country from; the *Abilene Reporter-News*, of Abilene, Texas, the *Piqua Daily Call*, of Piqua, Ohio, to the *Fond Du Lac Reporter*, of Fond Du Lac, Wisconsin. All of the papers printed either the same story, or one just as condemning to the U.S. government sponsorship of this study. They all brought up similar objections that included the question of whether or not the men of this study were ever denied treatment or withheld treatment. Proponents of the study say that the men were free to leave it at anytime and that they could receive treatment. Doctor Millar, a representative of the study toward the end, is even quoted as saying in a phone interview that, “Patients were not denied drugs...rather they were not offered drugs.”

While this statement is peculiar in the simple fact that denying them drugs and not offering them drugs would both create the same end result of the patient being untreated; one of the biggest problems with this defense is that these men were not even told exactly what was wrong with them. Without knowing what was wrong, it would be rather difficult for a person to ask for proper treatment. It was reported by Charles Pollard, a farmer that was participating in the study, that he was always told that he had “…the bad blood…”. While the doctors in this study assumed that everyone knew that bad blood meant syphilis, Pollard stated that he never knew bad blood was

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synonymous with syphilis. In fact, he states that not even once was he told that their reference to him having bad blood meant that he had syphilis. He just kept going to the clinic and they kept telling him he had the bad blood.\textsuperscript{42}

Another article published in the \textit{New York Times} directly contradicts the contention made by Doctor Heller about the men of this study being denied treatment. Entitled, “Doctor Says He Was Told Not to Treat Men in V.D. Experiment,” Doctor Reginald G. James, a doctor assigned to a rural mobile clinic, recalled several occasions when he was told not to treat men involved on the Tuskegee Syphilis Study.

I was distraught and disturbed whenever one of the patients in the study group appeared…I was advised that the patient was not to be treated…whenever I insisted on treating such a patient, he never showed up again.\textsuperscript{43}

Doctor James continued to explain that at the time he was involved with these mobile clinics, men in the study would receive benefits for being a participant, but only if they did not received treatment. Once they had treatment, they could no longer be included in the study.

When informed of Doctor James’ statement that he had been told that the men were not to be treated, Doctor Miller offered a generic defense that he was unsure of who told Doctor James the men were not to be treated, but it was not him (Doctor


\textsuperscript{43} Associated Press, “Doctor Says He Was Told Not to Treat Men in V.D. Experiment”, (New York Times, August 08 1972)
Miller). Doctor Heller also said that it was never the intention of the study that the men be deliberately denied treatment. While the overall bearing of this statement is false, a small piece of it is in fact, true. Doctor J.N. Baker, the State Health Officer of Montgomery, made it clear in his initial letter telling of the Macon County Board of health’s acceptance of the study that treatment would be given to all of these men. It is unclear when this perspective changed, but what is clear is that after the study was initiated, the concept of giving the men treatment was replaced with the concept of “do not treat.”

To validate his testimony, Doctor James explained that he had the task of operating a traveling clinic. The purpose of this traveling clinic was to control syphilis. Doctor James worked closely with Nurse Rivers who would accompany him on his trips. He described his job as finding, diagnosing, and treating venereal disease in Macon County. Nurse Rivers, who was the head nurse in the syphilis Study, would be the one who would identify men who were participants of the study, and they would be skipped over while the others were being treated. It can be deduced from a correspondence between R.A. Vonderlehr and Special Consultant C.A. Walwyn that Nurse Rivers’ role in accompanying Doctor James in the traveling clinic was purely to facilitate the follow-up of patients involved in the study and to assure non-treatment.

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Accusations of Treatment Withheld

With the United States’ increasing involvement in World War II, the draft began to call up men for military service. When a person was drafted for military service they would be tested for certain diseases, including syphilis, and if found to be infected by such diseases, would be sent for treatment before acceptance into the military. A letter written by Doctor D. G. Gill, Director of the Bureau of Preventable Diseases, explained this and stated that he had awareness that some of the men that were drafted were a part of the study of untreated syphilis. He commented that, in conjunction with the draft board’s request, there was an insistence that these men be treated for their disease. He then puts forward that the possibility of an exception for individuals enrolled in the study be made and requested advice from the Assistant Surgeon General, Doctor Vonderlehr.\(^{47}\)

The answer to this request came in a letter written by Doctor Vonderlehr, which started with an acknowledgment of receiving Doctor Gill’s correspondence. Vonderlehr expressed that Doctor Murray Smith had actually already addressed this issue through a conference with the chairperson of the local Selective Service Board, Mr. J. F. Segrest, in which he had explained the scientific importance of this study and requested that the men of the study be nullified from needing treatment before active service in the military. He presented the board with a list that contained 256 names of men in the study, under the age of forty-five, which could potentially need to be excluded from

\(^{47}\) Ibid., 94
treatment, if drafted. During this conference, the local Selective Service board approved the list and allowed them to be untreated, for study purposes.\textsuperscript{48}

Also worth consideration is a subsequent letter from Doctor Murray Smith asking about members of the study who were acting initially as controls (non-syphilitic) who had since contracted the disease, and were sent for treatment before military service. When R. A. Vonderlehr responded, he said that men who were supposed to be controls that now had syphilis were of no further value to the study, and there was no reason to withhold appropriate treatment.\textsuperscript{49} This further illustrates that there was treatment, and that men of value to the study were withheld from being treated.

Another example that the men in this experiment were actively refused treatment is evident with the testimony of two survivors. Senator Edward Kennedy, in the presence of the United State Senate, interviewed the men during the 1973 hearings. Of the four men interviewed, Mr. Pollard, Mr. Scott, Mr. Shaw, and Mr. Howard, two of them recalled specific events that would indicate that there was at least an attempt to keep these men untreated. Starting his questions with Herman Shaw, Senator Kennedy asked him to describe his memories of the study and how his involvement with it started. He explained how the nation was recovering from the Hoover panic and there was not adequate money to sustain the welfare of families. When the government offered him free healthcare in 1932, he signed up. He stated that he was never told

\textsuperscript{48} Ibid., 94-95
\textsuperscript{49} Ibid., 95-96
what was wrong with him; he only got “a slap on the back” and “You are good for one hundred years” after giving blood samples.\textsuperscript{50} Mr. Shaw did not know that in actuality, he had tested positive for syphilis and he was not receiving treatment for it.

At this point, Shaw told another part of the story that he remembered. He recalled a day during the mid 1940s:

They sent me (Mr. Shaw) to Birmingham. We left about 2 o’clock and we got to Birmingham before dark. They gave us our supper and put is to bed. The next morning they gave us breakfast. I saw a nurse roaming through the crowd. She said she had been worried all night. She said that she had been looking for a man that was not supposed to be here and his name was Herman Shaw…she said what are you doing up here? I said I do not know, they sent me here. They got me a bus and sent me back home.\textsuperscript{51}

The reason the bus took Herman Shaw to Birmingham was so he could receive treatment, with penicillin, for syphilis. Nevertheless, the nurse had successfully caught him before receiving treatment, leaving Mr. Shaw still infected with syphilis. There is no way to dispute that this was a direct denial of treatment.

Charles Pollard told a similar story at the same hearings of how he was scheduled to go to Birmingham when penicillin came out. However, before Charles

\textsuperscript{50} Ibid., 145

\textsuperscript{51} Ibid., 144
could make it to the treatment center a nurse told him he could not go. Mr. Pollard tested positive for syphilis by members of the study and the same people actively denied him treatment.

Looking again at the first news articles released, another main contention was that the study had never been kept private and out of view of the public. Immediately, people might assume that if this study was able to last forty years that it had to have been kept from the public. In this particular instance, that is not the case. In fact, between 1936 and 1961 there were twelve articles, in different medical journals on the findings of the study. While people can argue that only publishing results in medical journals would be similar to keeping the study clandestine, this was never an openly discussed aspect of the study.

On the other hand, there also does not appear to be any examples of the Public Health Service, Tuskegee Institute, or any of the other major contributors, openly discussing the study with anyone not of medical importance to the study. Although highly unlikely, it would be feasible that any person could have located and read about this study anytime during 1936 and 1961. It would ultimately take someone who had a medical education, and had read the reports, to dispute the ethics of the study openly. This initial letter came from Doctor Irwin J. Schatz of Henry Ford Hospital, in Michigan.

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52 Ibid., 143
53 Ibid., 35-36
54 Ibid., 103
On June 11, 1965, Doctor Schatz writes to Donald H. Rockwell, Venereal Disease Research Laboratory, of the Public Health Service, and openly states his disapproval of the study after reading about it in the Archives of Internal Medicine. Schatz declares that he was utterly astounded that physicians would allow men with a potentially fatal disease, to go untreated, when effective therapy was available. He closes the letter with, “…I suggest that the United States Public Health Service and those physicians associated with it in this study need to re-evaluate their moral judgments in this regard.” This is the first documentation of someone openly condemning the study.

Peter J. Buxton writes a similar letter in 1968, and had previously sent a letter of disapproval in 1966. Buxton was writing to Doctor William J. Brown, who was Chief of the Venereal Disease Branch of the Communicable Disease Center. In his letter, he agrees that during the inception of the study and even up to the wide use of penicillin, there was not as serious of a situation. Nonetheless, the study continued well past the 1940’s when penicillin was widely introduced. Buxton brings up three extremely prevalent problems with the study.

1. The entire study is made up of African American males
2. The group is not composed of “volunteers with social motives”
3. Today it would be morally unethical to begin such a study

While the study was looking at untreated syphilis in the male Negro, among the late twentieth century standards this, he claims, is political dynamite, and leaves the study

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55 Reverby, Tuskegee Truths (University of North Carolina Press: 2000), 104
open to misinterpretation by the media and public. It would also give more rational to
the belief that African Americans have been used for medical experiments and teaching
cases. The second problem addressed the fact that most of these men did not even
know they were in the study, and especially the possible effects of syphilis if left
untreated. Lastly, there is no way that a study with similar parameters would receive
approval by the current standards of the late 1960s.56

Outcomes of the Study

After the story broke, there was a panel of people set up to review the study.

Doctor Duval created the panel and he called it the Tuskegee Syphilis Study Ad Hoc
Panel. Consisting of a diverse range of people, Broadus Nathaniel Butler, a distinguished
African American, presided over it. The panel received three items to discuss by Doctor
Duval.

1. Determine whether the study was justified and whether it should have been
   continued when penicillin became generally available.

2. Recommend whether the study should be continued at this point in time, and if
   not, how it should be terminated in a way consistent with the rights and health
   needs of its remaining participants.

3. Determine whether existing policies to protect the rights of patients
   participating in health research conducted or supported by the Department of
   Health, Education, and Welfare are adequate and effective and to recommend
   improvements in this policies of needed.57

56 Reverby, Tuskegee Truths (University of North Carolina Press: 2000), 105
57 Jones, Bad Blood (The Free Press, 1993), 210
While all of these were important, only the second item is important to this portion of the paper.

The second item was the first answer that Duval received from the group in the Fall of 1972. After a dozen meetings by the Ad Hoc panel, they concluded that the experiment, “should be terminated immediately,” with the men receiving “the care now required to treat any disabilities resulting from their participation.”\(^{58}\)

In addition to the end of the study, there was also a lawsuit filed in the summer of 1973 on the behalf of the participants. Fred Gray was the lawyer to sue the U.S. Government, the state of Alabama, along with other major organizations and individuals. Gray has previously worked on civil rights cases, including the case with Rosa Parks. By 1974, the case settled out of court and for $10 million. While the initial suit was for a much larger amount, Gray felt that the amount was suitable and that to take the case to trial would take much too long. In addition to the money reparations, the lawsuit forced the government to continue providing other benefits such as free health care for living participants and their families, as well as free burial expenses for participants of the study.\(^{59}\)

The final item to mention is the public apology on May 16, 1997. In the presence of a few living participants of the study, President Clinton apologized for the nation.

\(^{58}\) Jones, *Bad Blood* (The Free Press, 1993), 210-211

Although many people felt that this apology was overdue, Clinton was heartfelt when he looked out at the survivors and said,

We can look at you in the eye and finally say on behalf of the American people, what the United States government did was shameful, and I am sorry. The American people are sorry -- for the loss, for the years of hurt. You did nothing wrong, but you were grievously wronged. I apologize and I am sorry that this apology has been so long in coming.\(^{60}\)

While many people might think that the study stops there, there are still signs of it present in medical research today.

\(^{60}\) The White House: Office of the Press Secretary, “Remarks by the President in Apology for Study Done in Tuskegee”, (the Press Secretary: May 16, 1997)
The Study and Ties to Eugenics

While the study is over and all of the participants have passed away, there are still questions about the study that remain unanswered. Many people wonder how such an experiment could be undertaken or how it could last for as long as it did. While there might be more than one answer for these questions, the idea of Eugenics appears to do a sufficient job of explaining both. In order to connect the study to this movement, the article by Paul A. Lombardo and Gregory M. Dorr entitled *Eugenics, Medical Education, and the Public Health Services: Another Perspective on the Tuskegee Syphilis Experiment*; is beneficial and will be the main source for this portion of the paper.

The first step in being able to connect the Tuskegee study to Eugenics is to understand what the definition of Eugenics is. The concept of Eugenics is hard to pin down because of different interpretations and its use in several different scientific and social realms. However, the basic idea stems from the study of human heredity, which aims at “improving” the genetic quality of human stock. Despite the hands off approach of the original idea of Eugenics proposed by Plato, modern Eugenics believes that careful planning and proper breeding is essential to creating a better society.\(^\text{61}\)

The Eugenics movement was especially strong in the United States between 1910 and 1940, which encompasses the years in which the initial proposal of the

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Tuskegee study took place. Eugenicists and public health advocates of the time believe so strongly in this idea of bettering society through such acts as sterilization that they even assert that individual rights were secondary to the “common good”. Placing the study within this period of the Eugenics movement and their assertions of human rights being secondary begins to suggest that the study might have possibly begun as a direct result.

The article by Lombardo and Dorr takes this idea and expands on reasons for believing that this study was, in fact, an experiment devised by people with ties to the Eugenic movements. There are three things identified as critical features that tie these men together. These features include “racial medicine”, the University of Virginia Medical School, and association with the American Eugenics movement.

**Racial Medicine**

The idea of racial medicine is that people of lower class or darker complexion mark carriers of degeneracy and that this was a blood taint that will pass to the offspring of these people. This gives application to the idea that syphilis was a largely black disease due to their predisposition. The Eugenics belief is that due to hyper-sexuality and a weakness in fighting off the spirochete, the “negro race” is significantly more susceptible to syphilis. In addition, Eugenicists held the opinion that syphilis was

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63 Ibid., 292
hereditary, similar to eye color or hair color. Since the disease also spreads prenatally, syphilis was known as a pollution of the bloodline and a racial poison because with each generation there was a redoubling of the pathogenic danger.\footnote{Ibid., 297}

As early as 1930 and again in 1936, Dr R. A. Vonderlehr and Dr. Taliaferro Clark gave reports that, the cardiovascular system was the most likely part of the adult male Negro to be affected by latent syphilis.\footnote{A letter from R. A. Vonderlehr to Dr. H. T. Jones found in: Reverby, \textit{Tuskegee Truths} (University of North Carolina Press: 2000), 86; Paul A. Lombardo and Gregory M. Dorr, “Eugenics, Medical Education, and the Public Health Service: Another Perspective on the Tuskegee Syphilis Experiment,” \textit{Bulletin of the History of Medicine}, (2006) 300; Jones, \textit{Bad Blood} (The Free Press, 1993), 121-122} Another Surgeon General, Thomas Parran, confirms these ideas in 1937 by stating that, “The Negro is not to blame...it is not his fault that the disease is biologically different in him that in the white...”\footnote{Lombardo and Dorr, “Eugenics, Medical Education, and the Public Health Service: Another Perspective on the Tuskegee Syphilis Experiment,” \textit{Bulletin of the History of Medicine}, (2006) 300} These ideas of blacks being biologically different and being more susceptible to certain diseases finds roots in the concept of racial medicine, and are clearly concepts that the main people involved in the Tuskegee Syphilis Study believed in.

**The University of Virginia**

The second area of common ground among these men is that of the University of Virginia. Starting with Doctor Paul Brandon Barringer, professor of medicine, the university starts to show signs of a eugenic platform in the School of Medicine. Barringer
begins with linking African Americans to the greatest public health problems of the time and his concern for racial separation.\textsuperscript{68}

While these ideas start the movement, the real motivator behind this new way of teaching is Doctor Harvey Ernest Jordan. Doctor Jordan, successor of Barringer, rose to dean of the medical school where he could implement the idea of eugenics. Prior to taking up his position in Virginia, Jordan was working with the dean of the American Eugenics movement, Charles Davenport. With a firm base in eugenic fundamentals, Jordan taught them in his classroom, while also pushing for sound courses in eugenics. By 1936, Jordan recruited many like-minded scholars and had a course in eugenics that was required for all premedical students and suggested for all students with hopes to enter “public service”.\textsuperscript{69}

In order to understand how the people from this university end up in the Public Health Service, it is necessary to look at the presidency of Woodrow Wilson, who was even in favor of the eugenics movement, being one of the first ones to sign legislation on sterilization in 1911.\textsuperscript{70} One of the most notably changes to occur, when considering the ties to Tuskegee and the study, is the appointment of Doctor Hugh S. Cumming to Surgeon General of the Public Health Service. From this appointment, the future of Virginia graduates in the Public Health Service became almost a certainty.

\textsuperscript{68} Ibid., 301

\textsuperscript{69} Ibid., 302

\textsuperscript{70} Ibid., 304
A study of the service roster, 1918 and 1938, confirms the significant portion of Virginia origins. The conclusion is that ten percent of the Public Health Service claimed Virginia birth and at least thirteen percent were Alumni of the University of Virginia. Also substantial is by 1923, the percentage was up to sixteen. When comparing this to the graduate list of 1920, which only shows twenty-eight M.D. degrees, Virginia graduates being present in the Public Health Service is substantial.\textsuperscript{71}

**Association with the American Eugenics Movement**

The last connection is with the American Eugenics Movement. With the appointing of Hugh Cumming as the head of the Public Health Service in 1920, he was able to continue the already twenty-year trend of the top public health leaders being active members of the American Eugenics movement. These top people were very enthusiastic about the idea of curing every social ill from crime to syphilis with genetic intervention.\textsuperscript{72}

There are many ways that the movement affected the United States, including immigration restrictions sterilization laws. Statements from the Public Health Service claim that the restrictions on immigration kept out the eugenically inferior groups of Asia and Europe.\textsuperscript{73} In addition, by enacting sterilization laws it would prevent “unfit” people from reproduction. It appears that another significant part of the movement was

\textsuperscript{71} Ibid., 305
\textsuperscript{72} Ibid., 306-307
\textsuperscript{73} Ibid., 308
the formation of a hereditary basis when considering diseases. Syphilis was one of the sexually transmitted diseases that the movement said had a specific germ, of which susceptibility lied in inheritable factors.\textsuperscript{74} It is clear by the actions of the Eugenics Movement that people at the head of the faction were unquestionably passionate about all aspects of this theory and that this passion would lead them to pursue the eugenics theory whenever possible. This passion led the main people in the Tuskegee study to follow their training when putting together the guidelines for the study.

**Connection with Tuskegee**

Both Taliaferro Clark and Hugh Cummings participated greatly in eugenics movements, from public education to the quarantine of immigrants.\textsuperscript{75} Following the routines of Cumming, Clark also appointed people that paralleled their eugenics idea to positions of power. The crucial example of this is Clark’s appointment of R. A. Vonderlehr to be in charge of the Tuskegee Syphilis Study. Vonderlehr, experienced with cardiovascular syphilis, was intent on proving that although syphilis affected both blacks and whites, race still played a factor in how it manifested itself in the host. Although the term eugenics does not appear in the study notes or in correspondences, there is enough evidence to support the supposition that the foundation of the Tuskegee Syphilis Study lands within the eugenics movement.

\textsuperscript{74} Ibid., 309-310

\textsuperscript{75} Ibid., 311-312
**Conclusion**

Many events in history started with good intentions, but ended with being nothing but disasters. The Study of Untreated syphilis in the Male Negro ended up falling into this exact framework. In 1932, these doctors had the impression that they were on the verge of medical breakthroughs that people would talk about for generations. Looking back on the experiment it is unquestionably clear that they fell short of the mark. The Tuskegee Syphilis experiment went down in history as one of the most unethical studies on record. Instead of making progress in the medical field, the study made progress for more strict guidelines for research. From this study stemmed such things as informed consent and review boards to assure that researchers are not overstepping the boundaries.

It is difficult to look at the Tuskegee Syphilis Study without applying the twenty-first century ideas of what is ethical and unethical. In order to fully understand how a study like this could happen, the person must be able to place themselves in the time period that it started. In 1932, the Eugenics Movement was still a hot topic in the United States and there were leading researchers trying to prove this theory. Ultimately, this yearning to prove eugenics is what led to the study that would completely disregard the welfare of citizens. While their intentions may have been good, all they succeeded in was adding a little more pavement to the road leading to hell.
Time Line of Events

November 1929

The Rosenwald Fund votes to spend up to $50,000, from January through December 1930, for syphilis-control demonstration programs. The Public Health Service recommends six locations for the program: Macon County, Alabama; Scott County, Mississippi; Tipton County, Tennessee; Glynn County, Georgia; Pitt County, North Carolina; Albemarle, County; Virginia.

January 1930

The program begins in Macon County, Alabama, and the five other recommended sites in the South.

May 1930

Doctor H.L. Harris Jr. makes a site visit for the Rosenwald Fund to Macon County, Alabama.

Fall 1930

Harris visits the Macon County site again, and he recommends that the project be discontinued (it is) and a comprehensive health plan be implemented (it is not).

September 1932

The PHS proposes to study untreated syphilis in Macon County, since the prevalence of syphilis is 35 percent, the highest of all demonstration programs. Tuskegee Institute officials and the local health department agree to the study. Nurse Eunice Rivers is appointed to the study as a liaison to the men.

October 1932

The PHS study of untreated syphilis begins in and around Macon County. The projected length of the study is 6-8 months and included black men at least 25 years old who have had positive Wassermann’s, who have had syphilis for at least five years, and who have not been treated. Subjects are then administered less than the recommended amount of therapy.

May 1933

76 All data for the timeline was taken from: Susan M. Reverby, ed., “Tuskegee’s Truths” (University of North Carolina Press: North Carolina, 2000) 34-38
The Study’s participants are subjected to spinal taps to diagnose neural syphilis.

June 1933

Doctor Taliaferro Clark retires from the PHS; Doctor Raymond A. Vonderlehr succeeds him and continues the study. Vonderlehr hospitalizes terminally ill subjects at Tuskegee Institute Hospital and adds autopsies to the study’s protocol. The only further treatment the men receive from the PHS is aspirin, protiodide, iron, and placebos. Over the next four decades the head of the Division of Venereal Disease is usually recruited from a man who has worked on the Tuskegee Syphilis Study.

November 1933-March 1934

Vonderlehr begins selecting a group of men as subjects and controls for the study.

May 1935

The Milbank Memorial Fund gives the first annual award of $500 to the PHS to use for the burial stipends for families of subjects consenting to autopsies ($50/subject)

1936

The first report of the study is published

1943

The PHS begins administering penicillin to people with syphilis in several U.S. treatment centers

1946

The second and third reports of the study are published

1950

The fourth report on the study is published.

1951

The PHS reviews the Tuskegee Study procedures and recommends changes.

1952

The Study’s files are reorganized, autopsy reports are transferred to punch cards, and a single set of diagnostic standards for syphilis and syphilitic heart disease are adopted.

A study of aging is added to the original syphilis study.
1953
The fifth report on the study is published.

1954
The sixth and seventh reports on the study are published.

1955
The eighth and ninth reports on the study are published.

1958
The PHS distributes certificates of appreciation and cash payments of $25 to the subjects.

Nurse Rivers wins the Third Annual Oveta Culp Hobby Award, the highest commendation the United States Department of Health, Education, and Welfare (HEW) can bestow on an employee.

Early 1960s
The PHS begins a regular distribution of small cash payments of $1-2/subject to induce cooperation.

1961
The twelfth report on the study is published.

1962
Pure Food and Drug Act Amendments order doctors to inform patients when they are being given drugs experimentally.

1964
World Health Organization issues the Declaration of Helsinki, which contains stringent provisions regarding informed consent.

1965
For the first time, a member of the medical profession objects to the study in a letter to the PHS.

1966
The surgeon general issues Policy and Procedure Order No. 129 establishing guidelines for, among other things, peer review for publicly funded research.
1966, 1968

Peter Buxton, a PHS venereal disease interviewer and investigator, expresses grave moral concerns about the study of the Centers Disease Control.

1969

The Alabama State Board of Health and the Macon County Medical Society support continuation of the study. The Tuskegee Institute again becomes actively involved with the study, and a new nurse is appointed in addition to Nurse Rivers.

February 1969

The CDC convenes a panel of physicians and scientists to investigate the study. The panel recommends continuation. One panelist objects to the decision.

1970

The assistant chief of the VD Branch of the PHS says the study is incongruous with the goals of the PHS and is bad science, but he opposes ending it.

July 1972

Buxton tells an Associated Press reporter about the Study.

25 July 1972

The Associated Press sends the story about the study to major newspapers.

August 1972

After a public outcry, the HEW appoints an ad hoc panel to review the study.

1973

The thirteenth and last report on the study is published.

February/March 1973

Senator Edward Kennedy holds hearings on human experimentations before the Subcommittee on Health of the Committee of Labor and Public Welfare, U.S. Senate.

New HEW guidelines including treatment and compensation are established regarding research projects involving human subjects.

March 1973

The HEW halts the study by authorizing treatment.

April 1973
The CDC offers to find subjects, treat them, and pay for their medical care, but does not offer the study’s participants compensation.

23 July 1973
A $1.8 billion class-action lawsuit is filed against the United States, HEW, PHS, CDC, the State of Alabama, the State Board of Health of Alabama, the Milbank Fund, and some individuals connected with the study.

December 1974
A settlement is reached and the government agrees to pay approximately $10 million. Each living syphilis subject receives $37,500, their heirs of each deceased subject with syphilis are awarded $15,000, each living control is granted $16,000, and each deceased control is awarded $5,000.

1975
The U.S. government extends treatment to the subjects’ wives and children who have contracted syphilis.

1996
The last payments are made to survivors, controls, and their heirs. Medical care continues.

1997
President Bill Clinton and Vice President Al Gore offer a formal apology in a White House ceremony.
Bibliography

Primary Sources


This article was used as an example that the doctors were not giving treatment to their patients. Since it had a first-hand account of a doctor who was told not to treat them, it served as solid evidence.


This article was strictly used as an additional source for the first published story of the study.


This article was also strictly used as an additional source for the first published story of the study.


This was another article used to show that the study had been put into papers spanning the country and not just the New York Times.

This article was the man focus for the study being publicized. It was probably the most read articles about the study. It served as the main source from public media.

The National Archives: Southeast Region (Atlanta). (n.d.). Retrieved April 11, 2008, from The National Archives Agency-Assigned Identifier: 18834:

http://arcweb.archives.gov/arc/digital_detail.jsp?&pg=1&rn=8&tn=837295&st=b&rp=summary&nh=97&si=0

This was the website where I retrieved the picture of Nurse Rivers from.

Reverby, Susan M., ed. Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study.


This is a compilation of primary sources. The book contains many different primary source documents throughout. Most notable of these are in pages 73-118. These contain the most significant letters pertaining to the study. There are correspondences from doctors, patients, the Public Health Service, and many others. This was my most significant primary source. Being unable to travel to the National Archive in Atlanta, this source substituted perfectly.


This was a written draft of the speech given by President William Clinton, apologizing for the study. It was only briefly used in the paper, but provided a more thorough sense of how important this apology was.

This was another newspaper article that had interviewed a participant in the study. As the title indicates, the person was asked questions pertaining to his involvement in the study. It helped to better understand the study from a participant perspective.

**Secondary Sources:**


This encyclopedia was used to better understand the definition of eugenics. It was the main source used for basing my concept of eugenics and how it was perceived during its most significant years.


This website was where all of the information on syphilis came from. Not knowing much about the disease, this site gives all of the needed information on how the disease can be contracted to how to treat it.


This was the main secondary source on which my paper was based. This book gives a very detailed outline of what happened, while still remaining easy to understand. From the book I was able to extract an outline of how my paper should be written, in regards to the study itself.


This article was the main source for tying the Tuskegee Syphilis Study to the eugenics movement. The article was very well researched and was written by two people who have experience in the eugenics movement themselves. It provided an excellent outline to follow for explaining how the study was tied to eugenics.


(accessed March 2008).

This source was used as a supplement to some of the information received from other sources. It was used as comparison to create a better sense of accuracy among the paper.