

Tuskegee Syphilis Study Mixer

By Gretchen Kraig-Turner (with additions and revisions by Linda Christensen)

Questions:

1. Find someone who supported the study. Who is it? Why did this person support the study?
2. Find someone who was hurt by the Tuskegee Study. Who is it? How was this person hurt?
3. Find someone who took action about the Tuskegee Study. Who is it? What did the person do?
4. Find someone who benefited from the Tuskegee Study. Who is it? How did this person benefit?

Jean Heller: After receiving a tip from whistleblower Peter Buxtun, who worked as an interviewer for the Public Health Service, Associated Press asked me to investigate Buxtun's claims about an unethical medical study focused on African American men with syphilis. Although I wrote the story that eventually stopped the study, Peter Buxtun was the one who uncovered the story and investigated what he believed was an immoral study.

On July 25, 1972, the *Washington Evening Star* newspaper ran my article on its front page: "Syphilis Patients Died Untreated." I wrote:

For 40 years, the U.S. Public Health Service has conducted a study in which human guinea pigs, not given proper treatment, have died of syphilis and its side effects. . . . The study was conducted to determine from autopsies what the disease does to the human body.

My article brought enough attention to the study that Congress finally got involved.

Herman Shaw: In 1932, I went to get some help for what the doctors told me was “bad blood.” I worked as a farmer and in a mill in Macon County, Alabama. I was excited to get some free treatment and food from the Tuskegee doctors and nurses. They had flyers around town advertising a meeting at Salmon Chapel to tell us about the program, so I signed up.

In the late 1940s, I heard about a shot that could help with my “bad blood,” so I took a trip to Birmingham to get the shot. Nurse Rivers followed me there, and the folks at the clinic told me that I couldn’t get the shot because I was a Macon County patient. I later discovered that I was on a list that the U.S. Public Health Service gave to all doctors in the area, telling them not to give any of us the penicillin shot that could have saved us from the suffering syphilis caused.

Robert Moton: I was Booker T. Washington's successor at the Tuskegee Institute. When the Public Health Service approached me to have some of our faculty participate in a study of syphilis in African American males, I agreed, but only if "Tuskegee Institute got its full share of the credit" and Black professionals were involved. We knew that Julius Rosenwald, a white philanthropist from Chicago, was helping fund this study. He became interested in helping African Americans in the South after talking with Booker T. Washington.

Charles Pollard: I am a Macon County farmer, and I started in the Tuskegee Syphilis Study in the early 1930s. I recall the day in 1932 when some men came by and told me I would receive a free physical examination if I came by the one-room school near my house. So I went on over and they told me I had bad blood. . . . And that's what they've been telling me ever since. They come around from time to time and check me over and they say, "Charlie, you've got bad blood."

I was at a stockyard in Montgomery, and a newspaper woman starting talking to me about the study in Tuskegee. She asked me if I knew Nurse Rivers. That's how I discovered I was one of the men in the study. Once I found out how those doctors at Tuskegee used the African American men of Macon County in their study, I went to see Fred Gray. He was Rosa Parks' and Martin Luther King Jr.'s attorney. He took our case and sued the federal government for using us as guinea pigs without our consent. After I found out about the real purpose of the study, I told reporters, "All I knew was that [the doctors and nurses] just kept saying I had the bad blood—they never mentioned syphilis to me, not even once." Being in this study violated my rights.

Dr. Taliaferro Clark: In 1929, I was the chief of the U.S. Public Health Service (PHS) Venereal Disease Division. I was hired by the Rosenwald Fund to be an advisor for the Tuskegee Syphilis Study. I found that 36 percent of African Americans in Macon County, Alabama, had syphilis. My division decided that Black people are a “notoriously syphilis-soaked race,” and I realized that I had a perfect study group to determine how syphilis works in people.

In 1932, the Tuskegee Syphilis Study officially began when I suggested that the PHS save money by not treating the men in the study, but just observe them and publish the data. What my scientists did not note is that 61 percent of syphilis cases in Macon County were cases where the bacteria was passed from mother to child, and many of the men who tested “positive” for syphilis had a different subspecies of the bacteria that causes syphilis—*T. pallidum*—that is spread by conditions of poverty: malnutrition, lack of shoes, and frequent injuries. They had a disease called yaws, which doesn’t result in long-term cardiovascular or neural damage like syphilis does.

One of my advisors, Dr. Murrell, said: “So the scourge sweeps among them. Those that are treated are only half cured, and the effort to assimilate into a complex civilization drives their diseased minds until the results are criminal records. Perhaps here, in conjunction with tuberculosis, will be the end of the Negro problem. Disease will accomplish what man cannot.”

Dr. Vondelehr: I took over the Tuskegee Study of Untreated Syphilis in the Negro Male in 1933. I added a control group of about 200 men who did not have syphilis; when 12 of these men got syphilis, I simply moved them into the main study group. I was great at getting patients to participate in the study. When I wanted to do painful spinal taps to test for signs of neurosyphilis, I got the men to agree by telling them that the spinal taps were “special free treatments.” Even with my successes with the study, I had many concerns:

1. I was afraid the research subjects would find out about the purpose of the study. In a letter to Dr. Clark, I wrote, “It is my desire to keep the main purpose of the work from the Negroes in the county and to continue their interest in treatment.”
2. I was also very concerned about losing research subjects before they died. African Americans in the South were very concerned about what whites might do to their bodies after death, so I arranged for funding for “proper burials” for the men so that my study could do autopsies first.
3. When 30 men in my study found out about syphilis treatment, I was very worried about the integrity of my study. In 1952, I wrote to a fellow doctor, “I hope that the availability of antibiotics has not interfered too much with this project.”

Nurse Eunice Rivers: I was promoted from night nurse at the John A. Andrew Hospital to serve as a scientific assistant on the Tuskegee Syphilis Study. I looked in on the men, gave them medicine (aspirin, iron tonic, vitamins), drove them to town for doctor appointments and occasionally gave them a dollar or two. I was their friend: I ate dinner at their tables, attended church services with them, and was at their funerals. I cried with their families.

One of my main jobs was to track the men's movements so that they would be available for an autopsy when the syphilis eventually killed them. African Americans didn't trust autopsies, so I told their survivors that the men would need an "operation" before being given a proper burial, a burial that would be paid for by the study. I told the doctors not to tell the families about the autopsies or that would be the end of the autopsies. No one wants to see their family members disfigured. I also served as a bridge between the white doctors and the African American men.

Too many doctors saw these men as subjects; I saw them as people. Although I never questioned the doctors about their study because it wasn't my place to do that, I did make sure that they treated the men like men. As I said in my testimony, I didn't see this as a racist study. We were giving health care to men who could not afford it or access it for many years. We took care of them.

Dr. Eugene Dibble: I was head of the John Andrew Hospital at the Tuskegee Institute. That was one of the highest medical positions held by an African American in the 1930s. I wrote to Dr. Robert Moton, president of the Tuskegee Institute, to encourage Tuskegee's full cooperation and involvement in the study, which would "offer very valuable training for our students as well as for the interns. . . . Our own hospital and the Tuskegee Institute would get credit for this piece of research work."

I knew that the money coming in from white philanthropists, like Julius Rosenwald, depended on doing studies like this. I assisted with some aspects of the study, including the spinal taps, and I recommended Eunice Rivers as the project's nurse.

Ruth Fields: I was a young widow. In 1954, I married a man 20 years older than me, and the two of us had three kids. He passed away in 1965 and, by the time he died, he was blind and didn't make any sense when he talked. He went into the Tuskegee hospital for treatments for "bad blood," and I was not sure what exactly he died of. Later, of course, I realized that he had syphilis.

After he died, a nice nurse came and told me that the doctors at Tuskegee needed his body for an operation, but then they would pay for a church burial. With three mouths to feed and no husband, I was glad the burial was covered.

When I found out that a cure for the disease was discovered in 1947 and that husband could have been cured, I was furious.

Roy Douglas: I was a 23-year-old millworker when the draft for World War II started. I wanted to sign up to fight. My family served in previous wars, and I heard that in this war, they would let African Americans fight instead of just cooking and cleaning. When I showed up to my medical exam before shipping off to training, the army doctor told me that my name was on a list, and I had to leave. Two of the army medics hauled me off without any explanation. A couple months later, when I went to the hospital at Tuskegee for my treatments for “bad blood,” another man said the same thing happened to him. The nurse told me that you were probably on that list for the bad blood. Of course, I later learned that the Tuskegee doctors sent a list of the men in their experiment to the army and told them not to draft us because by then penicillin was available and the army would have given me shots that would have cured my syphilis.

Ernest Hendon: I remember the day the bus arrived in 1932. I lived on a small farm, sharecropping. Those were the days when the KKK burned crosses on the hills. Most of the money I earned farming went back to the store owner where I bought seed and groceries, and the rest went to the owner of the farm.

The doctors and nurses told us they would give us free medical examinations, burial insurance, free transport to and from the hospital in Tuskegee and—a rare treat—the chance to stop and shop in town. On the days we were examined, we all got a free hot meal. I signed up to take part. There weren't many doctors out our way, and we couldn't afford to go them. I didn't feel well, but I didn't know what was wrong with me. The doctors called it “bad blood.” Some of the men were given the fierce and ineffective syphilis treatment of the time: injection with arsenic compounds and mercury ointment for the crusted ulcers on their skin. But I didn't get that treatment. They gave me “pink medicine,” or aspirin, and an iron tonic.

When a “last chance” for free treatment was offered, I turned up and was given a spinal tap: They gave me a test in the back and they drew something out of me. They said it would “do you good.” I was in bed for 10 days after that treatment. Of course none of this did me or any of us any good because they were just studying us, not treating us.

Peter Buxtun: I was a U.S. Public Health Service (PHS) employee interviewing and researching venereal disease in San Francisco in the 1960s when I heard about the Tuskegee Syphilis Study from a colleague. I sent off for documents about the study because it didn't sound right. I read the materials and felt that the men were uneducated, unsophisticated, and quite ignorant of the effects of untreated syphilis. It bothered me the way they were using these men. I sent a letter to a top PHS official expressing my concerns. For several more years, I pressed this case. I spoke to doctors, lawyers, and journalists. I wrote to Dr. William Brown twice asking if they had treated the African American men in the Tuskegee Study and warning them that this was the 1960s, a time when race riots were erupting around the country. I had a face-to-face meeting with Dr. Brown and Dr. Cutler about the study. Cutler was furious with me and defended the study. I was sure I would be fired. Instead I quit.

Then, finally, in 1972, I was out with my pal Edith Lederer, who was a reporter for the Associated Press, and she showed the material to her boss, who had her give it to Jean Heller, an AP reporter on the East Coast. Heller's piece broke open the story, and they had to shut down their sick and unholy enterprise.

Dr. William Brown: I was the director of the Division of Venereal Diseases at the U.S. Public Health Service (PHS) from 1957-1971. We were located near Atlanta. I grew to maturity in the PHS, serving Dr. Heller and Dr. Vonderlehr. Of course, I knew about the Tuskegee Syphilis Study and kept it going after my mentors retired. I was part of rounding up the men in my early years. Years later, we decided against treating the men for syphilis once penicillin became available. Our decision was a matter of medical judgment since the benefits of such therapy must be offset against the risks to the individual.

There was no relationship between our study and what the Nazis did in Germany. I couldn't believe it when Peter Buxtun sent me a letter challenging the morality of the study. I wrote a two-page response, but I never sent it. I finally arranged a meeting with Buxtun and Dr. Cutler. Cutler did an excellent job of chastising Buxtun and defending the experiment and how it would benefit physicians who were treating Black men with syphilis. Later I convened a blue-ribbon committee to discuss whether or not we should continue the study. The committee members were all physicians, medical professors, and high-ranking PHS officers. Everyone agreed that the study should continue because we would never have another opportunity like this study to find out about the effects of the disease—except for Dr. Gene Strollerman. He voted to end the study.

Dr. Gene Strollerman: Dr. William Brown director of the Division of Venereal Diseases at the U.S. Public Health Service (PHS), invited me to a committee meeting to discuss whether or not to continue the Tuskegee Syphilis Study in February 1969. I was chair of the Department of Medicine at the University of Tennessee. I was the only person in the room who did not have previous knowledge of the study.

Dr. William Brown and others discussed the length of the study, the subjects of the study. I couldn't believe it. I was the only panelist who saw the subjects as patients and thought they had a right to be treated. I repeatedly tried to shift the discussion to the PHS' moral obligation to treat the men. I rebelled against the focus of the meeting. I was troubled by how they referred to the men as subjects rather than patients. I urged them to create a list of criteria for treating the men, but they turned the meeting into a medical debate and cited the complications that could result from penicillin therapy. The committee overrode me and recommended against treatment.

The committee also decided against getting informed consent—they argued the men had such limited education and low social status that they were incapable of understanding the facts of the experiment and forming their own conclusions.

Julius Rosenwald: I am a philanthropist from Chicago. I helped build the Sears, Roebuck, and Co. mail-order business. I became a patron of Booker T. Washington and the Tuskegee Institute, and I also financed the construction of a large number of schools in parts of the South where state support for the education of African Americans was weak to nonexistent. The very first of those schools was built in Macon County. My foundation sought to improve race relations in general, as well as health and social problems facing African Americans in the Southern states. I built an alliance with the U.S. Public Health Service to expand medical services to the poorest African American areas of the South. The fund helped build hospitals and clinics. It also promoted the hiring of African American nurses and doctors, and the training of African American public health personnel. Dr. Taliaferro Clark was hired as the advisor for the foundation.

Dr. Cutler: As a leading researcher in sexually transmitted disease with the Public Health Service, I participated in both the Guatemala and the Tuskegee syphilis experiments. I came to the Tuskegee project in the 1960s, and worked with Dr. William Brown, problem-solving to keep the study going. This was one of a kind with so many years of documented research on the way syphilis works in untreated bodies over a life span.

Twenty years after the experiment was ended, I still defended our study. As I said at that time, you can call these African American men guinea pigs, but, in fact, “these individuals were contributing towards the health of the black community. . . . It would be undesirable to go ahead and use large amounts of penicillin because it would interfere with the study.”

We weren't fly-by-night doctors, we were funded by the U.S. National Institutes of Health. Of course, my first experiments were carried out in Guatemala's central penitentiary, where our U.S. researchers sought to transmit syphilis to prisoners by paying infected prostitutes to have sex with them. When this method proved inefficient, my team decided to inoculate subjects directly with the disease. Looking for a way to infect a large number of subjects and study the effects over a period of months, our team settled on the country's “insane asylum” as the ideal site for our work. We were able to infect people, then see how well our drug therapy worked to eradicate the disease. It's true that we worked in Guatemala with a cloak of secrecy because some people didn't understand the scope of our work—but these were small sacrifices for the greater good of humanity.