

Research Nurse

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HISTORY OF AN APOLOGY: FROM TUSKEGEE TO THE WHITE HOUSE

In the "court of imagination," where Americans often play out their racial politics, a ceremony, starring a southern white President of the United States offering an apology and asking for forgiveness from a ninety-four year old African American man, seemed like a fitting close, worthy in its tableaux quality of a William Faulkner or Toni Morrison novel.¹ The reason for this drama was the federal government's May 16th formal statement of repentance tendered to the aging and ailing survivors of the infamous Tuskegee Syphilis Study. The study is a morality play for many among the African American public and the scientific research community, serving as our most horrific example of a racist "scandalous story...when government doctors played God and science went mad," as one publisher's publicity would have it.²

At the formal White House gathering, when President William J. Clinton apologized on behalf of the American government to the eight remaining survivors of the study, their families, and heirs, seemingly a sordid chapter in American research history was closed, twenty-five years after the study itself was forced to end. The unfamiliar scene of an American president trying to make amends for governmental action was trumped, however, by the strength and dignity of survivor Herman Shaw, who in moving and eloquent tones reminded the world that the 600 African American men involved in the study were neither "dancing boys," as portrayed in a fictionalized movie about the study, nor should have been the gov-

ernment's "human guinea pigs". As he stated directly, "We are hardworking men and citizens."³ Closure in this case, unlike in a movie of the week or racialized imaginations, however, will never be a simple matter, despite the pomp and emotionality of the White House ceremony.

The story of the Tuskegee study, too, has never been simple either. The "facts" may seem overwhelmingly familiar given the histories, ethics discussions, play, fictionalized HBO special, documentaries, music, poetry and above all, rumor, that have surrounded the case for the last twenty-five years. Yet the bare "facts" require restating. In the early 1930s, in the area surrounding Tuskegee, Macon County, Alabama, the United States Public Health

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President Clinton and Vice President Gore with five of the Tuskegee Syphilis Study survivors at the White House Apology Ceremony. May 16, 1997.

Courtesy of the White House Photo Office.

Service (PHS), in conjunction with the local county health department and the Rosenwald Foundation, began a survey and small treatment program for African Americans with syphilis.



Taliaferro Clark, MD, a senior researcher with the Public Health Service, was central to the creation of the non-treatment "study".

National Library of Medicine.

Within a few months, the deepening depression, the lack of funds from the foundation, and the large number of untreated cases provided the government's researchers with what seemed to be an unprecedented opportunity: a seemingly almost "natural" study of late latent syphilis in African American men. In the straightforward language of the PHS's Taliaferro Clark, the physician-scientist who conceived the non-treatment study, "... our plan has nothing to do with treatment. It is purely a diagnostic procedure carried out to determine what has happened to the syphilitic Negro who has had no treatment."⁴ What had begun as a "treatment" program thus was converted by the

PHS researchers, under the imprimatur of the Surgeon General and with the knowledge and consent of the President of Tuskegee Institute (now Tuskegee University, the famous historically black institution founded by Booker T. Washington), the medical director of the Institute's John A. Andrew Hospital, and Macon County public health officials, into a prospective study.

And what began in 1932, and was supposed to last for only six months, stretched on and on, through the World War II years, the use of penicillin as a cure for syphilis, the civil rights movement, the creation of the Centers for Disease Control (CDC), the publication of thirteen research reports in widely read journals, and several generations of PHS and CDC physicians. Forty years later, a CDC researcher, horrified by the study's continuation, gave his notes to an Associated Press reporter who broke the story in the nation's media in July 1972. With the ensuing publicity and uproar, there was a Senate hearing, state and federal investigating commissions, and a \$1.8 billion lawsuit filed by civil rights attorney Fred Gray that was settled out of court in 1974 for \$10 million.⁵

In the 1930s, syphilis was seen by the public health community as a scourge in desperate need of eradication. But there were also on-going debates within the medical and nursing communities over the appropriate treatment for syphilis at its various stages, the accuracy of Wassermann tests, and the lack of randomization in the epidemiological evidence used to determine the prevalence of the disease.⁶ The tensions between those who still thought that moral prophylaxis and rubber prophylactics (at best) were better than chemical treatments continued even after Ehrlich's discovery of Salvarsan (a preparation of organic arsenic). To be considered successful, these chemical treatments required sixty weekly visits (with anywhere from twenty to forty weeks considered necessary for any real impact) for often painful intramuscular injections.⁷ Outside of major clinics and the particular practices of syphilologists, treatment was often uncertain at the hands of unskilled clinicians, follow through was difficult, and the expense often a major deterrent to completion of the "cure." Medical uncertainty also existed over the treatment for latent syphilis cases, the supposed focus of the Tuskegee project.⁸



**Surgeon
Sage
Says—**

**Only a poor boob pays his
money, loses his watch, gets
the syph, and brags that he's
had a good time.**

A syphilis prevention poster produced by the Public Health Service. National Library of Medicine.

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These debates took place within the economic realities of American medicine and the racial, class, and gender assumptions that shaped medical understandings of the disease itself and the public health strategies to combat it. In the face of overwhelming demand and increasingly limited funds, especially as the Depression deepened, the meaning of "treatment" for non-fee-for-service patients served, at best, by state and local health departments, came to mean no treatment at all, or minimal treatment "to render [patients] noninfectious to others, even though they had not themselves been cured."⁹

Racialized medical beliefs suffused and shaped understandings of the disease and its so-called "natural" history. Thus many physicians thought the disease was invasive in black communities because of supposedly inherent sexual promiscuity and assertions that blacks suffered from cardiovascular complications, rather than neural ones that they thought afflicted whites. In Macon County, many of the local white physicians did not use intramuscular injections in their syphilis "treatment" and would not have provided care for indigent African Americans.¹⁰ In many communities, physicians assumed that African Americans would not continue treatment (despite evidence that they *would*). But the cost was an impediment for everyone, as researchers found, "fully 80% of the entire American public could not afford syphilis therapy on a fee-for-service basis."¹¹

The premise of the prospective study was supposed to be non-treatment until the men died and could be autopsied so the ravages of the disease could be confirmed in their tissues and organs. As the PHS's Dr. Oliver Wenger put it bluntly in 1933: "As I see it, we have no further interest in these patients until they die."¹² Indeed, historian Susan Lederer has argued provocatively, the PHS researchers may have seen the men neither as patients nor as subjects, but as "cadavers that had been identified while still alive" and the study as part of the long standing use of indigent black men and women as "research animals."¹³ Although the numbers are not definitive, it has been estimated that dozens of the men's lives were lost or shortened by the lack of care, while twenty-two wives, seventeen children and two grandchildren probably contracted syphilis through the lack of treatment.¹⁴

Despite, the PHS's attempt to make this a non-treatment study (and the unconscionable lengths they frequently went to make sure this happened), their own data suggests that, ironically, some of the men did get some treatment. Sometimes this treatment

came in the course of other ills for the men who stayed in Alabama and for those who migrated to northern and mid-western cities. At least for some of the men, the study was really one of *under-treated* syphilis rather than purely untreated syphilis. The exact numbers for whom there was under-treatment, rather than no treatment at all, shifted over time in the explanations given by the researchers. We will never know what affect this partial therapy had on their disease. But as the authors of the thirty year report on the study

somewhat reluctantly noted, "approximately 96% of those examined had received some therapy other than an incidental antibiotic injection and perhaps as many as 33% had curative therapy."¹⁵

What is most critical is that the 399 men with syphilis and the 201 controls thought they were really being treated. Aware that the men had been recruited through the promise of treatment for their "bad blood," the local folk idiom that encompassed anemia, diabetes, as well as venereal diseases, the researchers did not inform their so-called "subjects" that there was to be no real treatment. Nor did the men and their families feel they weren't being treated.

The promise of treatment began with recruitment at meetings held in churches, schools and farms by both the PHS doctors and a local Tuskegee trained nurse, Eunice Rivers. On a regular basis Nurse Rivers, as she was known, would drive out into the countryside to pick up the men and bring them into Tuskegee (a city many of them had never seen even though they lived within a dozen miles). In the 1930s the very sight of a car, driven by a public health nurse, was an amazement in the rural backwaters where mule and wagon were the major forms of transportation.¹⁶

In and out of her car, Rivers became "their" nurse. "You belong to us," the men repeatedly told her as the study went on year after year.¹⁷ Seen as loving and kind, she helped in multiple ways: finding food for families that were having a hard time, bringing



Oliver Clarence Wenger, MD, Director of the Public Health Service's Venereal Disease Clinic in Hot Spring, Arkansas, was a key researcher at the start of the study.

National Library of Medicine.

the men in for their examinations and x-rays that sometimes led to treatment for non-syphilitic related problems, providing the aspirins and tonics that the men were told were for their "bad blood," and sitting with the families in the church's Amen corner at their funerals while she obtained permission for the autopsies. Even after the story of the study's deception broke, many of the men continued to call upon her and to ask for her help. Thus, on his way into a briefing the night before the White House apology ceremony, survivor Herman Shaw turned to me and said, "She was always my favorite."

Rivers, even after the lawsuit, media revelations and hearings, saw her work as caring and, I think it can be argued, a form of treatment. "Now a lot of those patients that were in the study did get some treatment. There were very few who did not get any treatment," she said in a interview done after the story of the study broke.¹⁸ She knew that iron tonic, aspirin tablets and vitamin pills were not treatments for syphilis. But she described these drugs, as well as the physical exams, as part of treatment, and she emphasized her clinical judgment about the problems with many of the available drug regimens. Rivers appears to have blinded herself from the idea that direct treatment was withheld by focusing on her caring role.

Rivers' view of "treatment" was embedded in her conception of caring. For Eunice Rivers, above all, the work of the nurse was to care, especially for the African American community of which she was an integral part. In explaining her attraction to nursing, she declared:

"I think if I had wanted to take medicine, I could

have gone into medicine. ...I never was interested in medicine as such. I was interested in the person, and it just never occurred to me that I wanted to be a doctor. I always felt that the nurse got closer to the patient than the doctor did, that was the way I felt about it."¹⁹

Eunice Rivers found a way to solve what continued to be a dilemma for many public health nurses: she saw herself as providing both preventive health nursing and "sick" nursing at the same time.²⁰ Well aware of the great needs of the impoverished community, she said directly, "these people were given good attention for their particular time." And attention was what she gave: she listened to complaints, suggested ways to gain assistance, offered quiet comfort, provided simple medications. In a sense she was right, this was often a kind of treatment or healing, often more than many of the men she saw ever had from health professionals. If we think about the kinds of healing and therapeutics that were prevalent in the 19th century and in sections of rural America well into the 20th century, perhaps we can see Nurse Rivers practicing in the tradition of a long line of care givers.

In order to understand how she saw her caring as a *form* of treatment, it is critical to see that she also prided herself on her ability to handle the white physicians. In these relationships, she is very much the "super-moral" black woman responsible for representing the "race." She was the only one, she declared, who could control the temper of Dr. Wenger, one of the key PHS physicians in the study. She felt she could get the physicians to change their often insensitive and racist behavior toward the men. In her statements about the doctors and their relationships to the patients these themes of caring, power, and treatment come together. As she put it, she told the physicians: "'Don't mistreat my patients. You don't mistreat them.' I said, 'now cause they don't have to come. And if you mistreat I will *not* let them (come) up here to be mistreated.'" Her use of the word "mistreat" three times in four sentences tells us that behavior in the provider-patient relationship was for her both caring and a form of treatment. The irony, that the major mistreatment in the study was the very absence or limited treatment in the clinical sense, is missing, however, from the dialogue.

We cannot forget, however, that caring also brought power to Nurse Rivers.²¹ She worked long and hard to modify the racist behavior and language of the doctors, cajoling them into treating the men with more dignity and respect than they might otherwise have done. She emphasized her



Nurse Eunice Rivers, and an unidentified subject.

Record group 442, Tuskegee Syphilis Administration Records, Box 33, Negative No. 18939, National Archives, Southeast Region, East Point, Georgia.

role in bringing the men in, showing them around Tuskegee, which many of them had never seen, her driving of a car. Laughingly, she reflected on how the men called their experience "Miss Rivers' study," but her chuckling suggests both her sense that it was not hers, of course, and hers in some real way.

It is important to understand, too, why Tuskegee University's physicians would have gone along with the study for so many years. Many, of course, did not know what was happening, and knowledge was kept within a small circle of those who had contact with the PHS, supervised Nurse Rivers, did the autopsies, or processed the fees for them.²² Nor was the study an everyday occurrence. Years would go by before the PHS researchers would show up. The "round-ups", as they were called, did not happen on a yearly basis. The study could easily retreat into a background of knowledge.

But it is also critical to remember that the study began and continued primarily in the context of the Jim Crow South and the pressures on an institution like Tuskegee as it struggled for survival. It may well be that the Institute's leaders who signed off on the study in the beginning hoped that it would actually show the lack of necessity for treatment in latent syphilis cases. They seemed to share the view of one of the PHS officials who told the federal investigating committee: "the study was conceived to try to determine if indeed the disease was worse than the treatment or vice versa."²³ Robert Moton, the Institute's president in 1932, may well have thought it was a chance for the men to receive treatment when necessary, an opportunity for Tuskegee to participate in a study of international significance since there had been a retrospective study on whites in Oslo earlier in the century, possibly a way to show that other more cost-efficient forms of treatment might be found, or to screen out those who might not need extensive care.

Thus, both Moton and Dr. Eugene Dibble, Tuskegee's medical director, may have hoped that a different way to understand treatment, in the context of the reality of the Southern black experience, might be possible. They may have also thought that this study would be one more nail in the coffin that would allow for the burial of the myth of black and white biological difference because of the comparison to whites in an earlier study in Oslo. As with the daily decisions that men like Moton and Dibble had to make at Tuskegee, and in following the traditions set up by Tuskegee's founder, Booker T. Washington, I suspect they

The following thirteen articles concerning the Tuskegee Study appeared in various professional journals beginning in 1936 and ending in 1973.

1. Vonderlehr RA et al. "Untreated Syphilis in the Male Negro: A Comparative Study of Treated and Untreated Cases." *Venereal Disease Information* 17 (1936): 260-65.
2. Heller JR et al. "Untreated Syphilis in the Male Negro: II. Mortality During 12 Years of Observation." *Venereal Disease Information* 27 (1946): 34-38.
3. Deibert AV et al. "Untreated Syphilis in the Male Negro: III. Evidence of Cardiovascular Abnormalities and Other Forms of Morbidity." *Journal of Venereal Disease Information* 27 (1946): 301-314.
4. Pesare PJ et al. "Untreated Syphilis in the Male Negro: Observation of Abnormalities Over Sixteen Years." *American Journal of Syphilis, Gonorrhea, and Venereal Diseases* 34 (1950): 201-213.
5. Rivers E et al. "Twenty years of Follow-up Experience in a Long-Range Medical Study." *Public Health Reports* 68 (1953): 391-95.
6. Shafer JK et al. "Untreated Syphilis in the Male Negro: A Prospective Study of the Effect on Life Expectancy." *Public Health Reports* 69 (1954): 691-97; and *Milbank Fund Memorial Quarterly* 32 (1954):261-74.
7. Olansky S et al. "Environmental Factors in the Tuskegee Study of Untreated Syphilis." *Public Health Reports* 69 (1954): 691-98.
8. Peters JJ et al. "Untreated Syphilis in the Male Negro: Pathologic Findings in Syphilitic and Nonsyphilitic Patients." *Journal of Chronic Diseases* 1 (1955):127-48.
9. Schuman SH et al. "Untreated Syphilis in the Male Negro: Background and Current Status of Patients in the Tuskegee Study." *Journal of Chronic Diseases* 2 (1955): 543-58.
10. Olansky S et al. "Untreated Syphilis in the Male Negro: Twenty Years of Clinical Observation of Untreated Syphilitic and Presumably Nonsyphilitic Groups." *Journal of Chronic Diseases* 4 (1956): 177-85.
11. Olansky S et al. "Untreated Syphilis in the Male Negro: Twenty-two Years of Serologic Observation in a Selected Syphilis Study Group." *AMA Archives of Dermatology* 73 (1956): 516-22.
12. Rockwell DH et al. "The Tuskegee Study of Untreated Syphilis: The 30th Year of Observation." *Archives of Internal Medicine* 114 (1961): 792-98.
13. Caldwell JG et al. "Aortic Regurgitation in the Tuskegee Study of Untreated Syphilis." *Journal of Chronic Diseases* 26 (1973): 187-94.

merely transferred their daily efforts to find, what historian Martin Pernick called in another medical circumstance, an appropriate "calculus of suffering" that balanced financial exigencies with overwhelming need to another realm.²⁴

Nor should we forget that the men and their families were not one ubiquitous group, even if this is precisely how the PHS researchers saw them. That they were used and victimized is certainly true. But it is too simple to see them as if they were almost one entity and one word "600-black-Alabama-male-illiterate-sharecroppers", as the phrasing often goes. To continue to portray them this way is just another form of the racism that underlay the study to begin with. But they were a much more complex group: some couldn't read and others could; some were sharecroppers, others eked out their lives on small farms their families had owned since the ending of slavery; others worked odd jobs in sawmills and factories; most were husbands, fathers, grandfathers, church deacons, or voting rights activists. All of them seemingly trusted the stories told to them by Nurse Rivers, the PHS, Macon County public health and Tuskegee Institute physicians. Many of them seemed to value what was at the time seemingly a special chance to obtain medical attention and what appeared to be good public health care. Many were shamed, angry, and killed by the study; others bore the pain of their experience with a quiet dignity and a spiritual willingness to allow for forbearance for those who had sinned against them.²⁵

The families, too often forgotten in the story, have carried differing burdens. At a dinner the night before the White House ceremony to honor the men and their families, two of the granddaughters talked to me of the shame they had carried over the years about the disease and its transmission. In an interview with a *New York Times* reporter, one participant's son said, "you get treated like lepers. People think it's the scourge of the earth to have it in your family." Another family member who had cousins in the study recalled, "they thought we were animals, stupid, that we didn't know better."²⁶ One son of a man who succumbed to a syphilis created disorder confided in me that his father had always believed that the government had given the men the disease (for which there is no evidence). "This is one of the worst atrocities ever reaped on people by the Government," he told the *Times*' reporter."²⁷ As part of the reparations for the study stemming from the lawsuit, the government has continued a health program for the participants, their wives, children, and grandchildren who contracted the disease. The \$10 million lawsuit settlement was spread in vary-

ing amounts among 600 participants and their heirs. But money never compensated for the sense of injustice deeply felt within the larger Tuskegee and African American communities.

Even with the lawsuit and the health benefits program the story of the study never died. For many, rumors replaced facts as a way to cope, in part, with how awful the facts really are. In African American communities, stories about the Tuskegee Study circulated in many ways. Because the training of black men as pilots for the armed forces for the first time in American history took place in Tuskegee during World War II, and was referred to as the "Tuskegee Experiment," the story of the Tuskegee Syphilis Study and the so-called "experiment" of the Tuskegee airmen often become conflated. As a male voice told me definitively as I was interviewed about the study on talk radio in Chicago a few years ago, "they gave the airmen syphilis."²⁸ Nor has it helped that actor Laurence Fishburne played in both HBO movies about the airmen "experiment" and the Tuskegee "study." Health educators, trying over and over to encourage black people to participate in clinical trials or to seek help as the AIDS epidemic spread, find the words Tuskegee repeated again and again, a talisman that serves to indicate the dangers of American medical care, the United States government and the terrible things they could do together.²⁹

Historical accounts, music, documentaries, a prize-winning play and its reprise as an HBO special this



Eunice Rivers Laurie in 1984. Nurse Rivers is wearing her Oveta Gulp Hobby Award which she received in 1958 for her service on the Tuskegee Syphilis Study.

From the Women of Courage Series. Schlesinger Library, Radcliffe College.

past February ("Miss Evers' Boys") have kept the story of Tuskegee alive in multiple ways in differing communities. Ethics lessons, whether drawn by short films made by Cornell University or the National League for Nursing, are continually used in classes. The TV documentaries on Prime Time, Nova, and Tony Brown's Journal all kept the study in front of the public, at least for a time. But the details blur, the lessons become so awful that they seem to be connected to a far away time before our efforts at informed consent were supposedly improved.

It is too easy for many to put Tuskegee into another time zone, to link it to a racist "past" many outside African American communities think no longer exists. But the Tuskegee experience is all too modern in its assumptions, its bureaucratic inertia, its duplicity, and its racist and scientific arrogance to so easily be put away in some historical closet. When President Clinton set up a commission to deal with the victims of the radiation experiments, and then apologized to them in the White House, it seemed more than appropriate that the last survivors of the Tuskegee Study should be given this kind of apology as well.

With this in mind, in January 1996 a group, ranging from historians, Macon County public health administrators, Tuskegee University scholars, to officials from CDC, met at Tuskegee University to discuss demanding a formal apology and support for lasting

bioethical reforms. A Tuskegee Syphilis Study Legacy Committee was formed and the request for the apology and the reforms was forwarded to CDC and the White House. With pressure from the Black Congressional Caucus and other groups, as well as a widely covered press conference called by Attorney Fred Gray and five of the remaining survivors in April 1997, President Clinton agreed to the formal apology ceremony in the White House. In addition, in accordance with some of the demands of the Legacy Committee, he offered to provide a planning grant for a Center for Bioethics at Tuskegee University, requested a federal report on ways to create more community involvement in health care research, required new materials on core ethical principles be prepared for medical researchers, committed federal funds for the training of minority bioethicists, and extended the work of the National Bioethics Advisory Commission.

Thus the actual ceremony at the White House East Room on May 16th, with satellite downlink to the conference center at Tuskegee University, provided a fitting setting for a formal apology. As the room filled with members of the Black Congressional Caucus, cabinet members, civil rights leaders, members of the Legacy Committee, the head of CDC, and five of the survivors and the families of many others, the sense of a dramatic restitution was set. With all the skill that his Southern upbringing and political savvy have given him, President

About Eunice Rivers Laurie

Eunice Rivers Laurie was born in Earle County, Georgia on November 12, 1899, the oldest of three children. Her mother died when Nurse Rivers was fifteen years old, and she and her younger siblings were raised by her father. He supported his family by working in a sawmill and by farming. Mr. Rivers believed that his children should be educated, so made sure Eunice received the best education afforded to Afro-Americans in the South at that time. One year shy of high school graduation she began her education at Tuskegee Institute in 1918. After graduating in 1922, she began working as a public health nurse for the state of Alabama.

One of only four black public health nurses in the state, she focused on the health needs of black women and children in the area of Tuskegee. In 1931 the state cut back its public health force and she went to work as a night supervisor at Tuskegee Institute's John A. Andrew Hospital, a job she apparently did not care for.


Eight months later she was offered the position of scientific assistant for the United State's Public Health Service study of

"untreated syphilis in the male Negro." Her duties included subject recruitment, following up on subjects' condition, assisting in their physical examinations and autopsies, getting permission from families for the autopsies, and making sure subjects did not receive treatment for their condition. She remained with the study for forty years until it ended in 1972.

She married Julius Laurie, an orderly at the John A. Andrew Hospital, in 1958.

She won numerous awards for her nursing, and in 1958 received the United States Department of Health, Education and Welfare's highest honor, the Oveta Gulp Hobby Award for "notable service covering 25 years during which through selfless devotion and skillful human relations, she has sustained the interest and cooperation of the subjects of a venereal disease control program in Macon County, Alabama".

Eunice Rivers Laurie spent almost her entire life in Tuskegee, Alabama and died there on August 28, 1986 at the age of eighty-seven.

 Susan M. Reverby

Clinton concluded his sobering remarks by reminding the nation:

The people who ran the study at Tuskegee diminished the stature of man by abandoning the most basic ethical precepts. They forgot their pledge to heal and repair. They had the power to heal the survivors and all the others and they did not. Today, all we can do is apologize. But you have the power, for only you—Mr. Shaw, the others who are here, the family members who are with us in Tuskegee—only you have the power to forgive.³⁰

And it was forgiveness that seemed very much in the air. "It is time", Herman Shaw concluded, "to put this horrible nightmare behind us as a nation....We must never allow a tragedy like the Tuskegee Study to happen again." Both at the White House and at Tuskegee many commented over and over on the high and varying emotions of the event, the closure it provided for some, the simple but powerful effect of a president saying this was a racist experiment and "we are sorry." Much of the coverage, however, tried to milk the event for its passions. On CNN Live, for example, survivor family members were asked over and over, "how did you feel?" The word "emotional" became the mantra repeated by the reporters.³¹ It was almost as if only in the context of emotionality could the pain of racial injustice and scientific arrogance become real or discussed. The horror and perfidiousness of the study could seemingly only be communicated to a television audience in the familiar daytime format of confession and repentance.

But such emotionality, while critical and cathartic, will only be a temporary fix if it does not become the basis for real commitment to a rethinking of research procedures, racial injustices, and ethical precepts. Denial of treatment may never go on again for as long as it did at Tuskegee, but other forms of unethical behaviors are still part of the system of research. The funding of more bioethical thinking on this and for conferences at Tuskegee will be a beginning. The ceremony will bring a certain kind of peace to many of the men and their families. But if the apology, as with the study, only becomes a historical footnote where we give thanks or shutter, then nothing really will have changed. Moving outside of the "court of imagination" will take much more work and be a deeper challenge to the medical and nursing research communities.

Susan M. Reverby

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Editor's note: The general public learned of the Tuskegee Syphilis Study twenty-five years ago when it was exposed in the lay press on July 25, 1972. The study actually ended a few months later.

Endnotes

1. The term "court of imagination" comes from Henry Louis Gates, Jr., "Thirteen Ways of Looking at a Black Man," *The New Yorker*, October 23, 1995, p. 65.
2. Jacket copy language for James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: Free Press, 1981, First Edition).
3. Herman Shaw, Remarks at the Tuskegee Syphilis Study Apology Ceremony, Washington D.C.: The White House, May 16th, 1997, author's notes.
4. Taliferro Clark to Paul A. O'Leary, MD, Mayo Clinic, September 27, 1932, Washington, D.C.: National Archives, USPHS Venereal Disease Division, Record Group 90. (NA hereafter)
5. For an overview of the whole study see James H. Jones, *Bad Blood* (New York: Free Press, New and Expanded Edition, 1993).
6. See Allan M. Brandt, *No Magic Bullet* (New York: Oxford University Press, 1987); James Jones, *Bad Blood*; Elizabeth Fee, "Sin versus Science: Venereal Disease in Twentieth-Century Baltimore," in *AIDS the Burdens of History*, eds. Elizabeth Fee and Daniel M. Fox (Berkeley: University of California Press, 1988), pp. 121-146; David McBride, *From TB to AIDS: Epidemics Among Urban Blacks Since 1900* (Albany: SUNY Press, 1991); Barbara Rosenkrantz, "Non-Random Events: A Review of *Bad Blood*," *The Yale Review* (1983): 284-296. For an example of how the debate on treatment could be used to justify the study see R.H. Kampmeier, "The Tuskegee Study of Untreated Syphilis," *Southern Medical Journal* 65 (October 1972):1247-1251.
7. Fee, "Sin versus Science" p. 125.
8. It was assumed "that treatment in these cases could not reverse the injury of disease, although under favorable conditions arsphenamine and bismuth combined might abort progressive deterioration." William A. Hinton, *Syphilis and its Treatment* (New York: Macmillan Company, 1936) quoted in Rosenkrantz, "Non-Random Events," p. 292.
9. Fee, "Sin versus Science," p. 126.
10. Jones, *Bad Blood*, p. 147.

11. Michael M. Davis, "The Ability of Patients to Pay for Treatment of Syphilis," *Journal of Social Hygiene* 18 (October 1932): 380-88, quoted in Jones, *Bad Blood*, p. 259. Rosenkrantz, "Non-Random Events," p. 291, emphasizes the importance of Davis' finding and discusses the problem of asymptomatic but still contagious patients while Jones puts this information in a footnote.
12. O.C. Wenger to Raymond Vonderlehr, July 21, 1933, NA.
13. Susan Lederer, "The Tuskegee Syphilis Study in the Context of American Medical Research," *Sigerist Circle Newsletter and Bibliography*, 6 (Winter 1994): 2-4.
14. Carol Kaesuk Yoon, "Families Emerge as Silent Victims of Tuskegee Syphilis Experiments," *New York Times* May 12, 1997, p. 1, 12.
15. Pasqual J. Pesare et al. "Untreated Syphilis in the Male Negro," *Journal of Venereal Disease Information* 27 (1946):202; Stanley H. Schuman et al. "Untreated Syphilis in the Male Negro," *Journal of Chronic Diseases* 2 (1955):551; Donald H. Rockwell et al. "The Tuskegee Study of Untreated Syphilis," *Archives of Internal Medicine* 114 (1961):797.
16. Interview with Leola Murchison, Tuskegee, Alabama, "CNN Live," May 16, 1997. Ms. Murchison's father was in the study and died in 1951.
17. Eunice Rivers Laurie, "Oral History Interview" with Daniel Williams and Helen Dibble, January 29, 1975, Tuskegee, Alabama. Tuskegee University Archives (TUA hereafter). I did the first transcription of this interview along with the assistance of Carmen Bryant. See also James H. Jones Interview with Mrs. Eunice Rivers Laurie Tape 2, p. 30. I am very grateful to Professor Jones for sharing his transcription and tape with me. Eunice Rivers died in August, 1936.
18. For the clearest statement of her role see Eunice Rivers, et al. "Twenty Years of Follow-Up Experience in a Long-Range Medical Study," *Public Health Reports* 68 (1953): 391-95.
18. Jones Interview with Mrs. Eunice Rivers Laurie, Tape 2, p. 30.
18. Herman Shaw interview with David Feldshuh, 1992. I am grateful to David Feldshuh for sharing this with me. Susan Reverby interview with Charles Pollard, January 11, 1994, Notasulga, Alabama. See also James Jones interview with Mrs. Eunice Rivers Laurie.
18. Jones interview with Mrs. Eunice Rivers Laurie, tape 1, p. 10. This assessment I also based on reading her reports, correspondence in the Tuskegee University Archives and in the Public Health Department records in the Alabama State Archives in Montgomery. For more details on Rivers' role see Jones, *Bad Blood*, *passim*; Eunice Rivers et al., "Twenty Years of Follow-Up Experience in a Long-Range Medical Study," *Public Health Reports* 68 (1953): 391-95.
19. "Oral History Interview with Eunice Rivers Laurie" Schlesinger Library Black Women's Oral History Project, Radcliffe College, Harvard University, p. 23.
20. For a fuller discussion of this see the work of Karen Buhler Wilkerson; see especially *False Dawn: The Rise and Decline of Public Health Nursing, 1900-1930* (New York: Garland Publications, 1990).
21. For a more theoretical discussion of some of these issues of power and empathy/caring (although primarily for medicine not nursing), see Ellen Singer More and Maureen A. Milligan, eds., *The Empathic Practitioner: Empathy, Gender and Medicine* (New Brunswick: Rutgers University Press, 1994).
22. Support for this can be found in the Dibble and Moton Papers, TUA.
23. Testimony of Dr. Arnold Schroeter, HEW Investigating Committee Hearings, Washington, D.C., 1973, p. 32. See also H.S. Cumming Surgeon General, to Doctor R.R. Moton, September 20, 1932, Moton Papers, TUA; Jones, *Bad Blood*, p. 102, also cites this letter but does not emphasize the treatment question, Eugene H. Dibble, Jr. to R.R. Moton, September 17, 1932, TUA.
24. I am borrowing here Martin Pernick's book title for his work on the differential use of anesthesia, but it also fits the kind of process of political triage that was emblematic of the Tuskegee "machine." For an overview of Washington's mode of operation see Louis R. Harlan, *Booker T. Washington: The Making of a Black Leader* (New York: Oxford University Press, 1972).
25. These generalizations are based upon an analysis of the patient records and interviews over the last four years in Tuskegee and at the White House Tuskegee Apology Ceremony.
26. Albert Julkes, Jr. and Martha Jernigan, quoted in Yoon, "Families Emerge as Silent Victims of Tuskegee Syphilis Experiments," p. A 1 and 12.
27. Albert Julkes, Jr. in *Ibid*.
28. I am grateful to Cynthia Wilson of the Tuskegee University Archives for her on-going discussions with me and in particular her emphasis on this point.
29. See for example most recently, Lynda Richardson, "Experiment Leaves Legacy of Distrust of New AIDS Drugs," *New York Times* April 21, 1997, A1 and B4.
30. William J. Clinton, "Remarks by the President in Apology for the Study Done in Tuskegee," Washington, D.C.: The White House, Office of the Press Secretary, May 16, 1997.
31. CNN Live, "White House Apology on Tuskegee," May 16, 1997. I am grateful to David Feldshuh for providing me with a copy of the tape.