

DECEPTION AND RACISM IN THE TUSKEGEE SYPHILIS STUDY

Yeji Jeon

Korea International School, Korea

ABSTRACT

During the twentieth century (1932-1972), white physicians representing the United States government conducted a human experiment known as the Tuskegee Syphilis Study on black syphilis patients in Macon County, Alabama. The creators of the study, who supported the idea of black inferiority and the concept that black people's bodies functioned differently from white people's, observed the effects of a disease called syphilis on untreated black patients in order to collect data for further research on syphilis. Black individuals involved with the study believed that they were receiving treatment, although in truth, treatments for syphilis were purposely held back from them. Not only this, but fluids from their bodies, such as blood and spinal fluid, were extracted to serve as research material without their awareness of the purpose of the collection. The physicians justified their approach by positioning it as mere observation, asserting that they were not actively intervening with the patients participating in the experiment. However, despite their claims of passivity, these white physicians engaged in various morally improper actions, including deceit, which ultimately resulted in the deaths of numerous black patients who might have had a chance at survival.

INTRODUCTION

In the late nineteenth and early twentieth centuries, numerous white physicians subscribed to the notion of black people's inferiority, including that white and black people's bodies worked differently. According to their understanding, black individuals were genetically predisposed to a greater amount of diseases compared to white individuals, resulting in precarious health conditions and elevated mortality rates. Consequently, black individuals were egregiously looked down upon, with white scholars deeming them "a race on the road to extinction," even saying, "the time will come when the negro, like the Indian, will be a vanishing race." White physicians and other scholars ignored the counterarguments of black physicians, including C.W. Birnie, who contended in 1910 that these disparities in disease rates were solely attributed to contrasting environments. Black individuals faced systemic barriers to accessing adequate healthcare and often resided in impoverished conditions characterized by poor housing, unsanitary conditions, and inadequate nutrition. White physicians' perceptions that black people were inferior to them and would not actively seek treatment for syphilis played a significant role in the design and carrying out of the United-States-government-sponsored Tuskegee Syphilis Study, which was a web of deception and morally improper procedures.

SYPHILIS AND THE THEORY OF "NERVOUS RACIAL RESISTANCE"

Although the mortality rates of black individuals (and rates of syphilis) were generally higher than whites', there was a specific kind of disease that seemed to contradict the typical trend: "the conventional early-twentieth century view held that cardiovascular syphilis had higher rates in blacks than in whites, while nervous system syphilis had lower rates in blacks than in whites." Syphilis is a disease that attacks various bodily systems and manifests differently in certain

individuals. According to the statistics in this time period, black people were more likely to experience symptoms related to the heart, while white individuals tend to be more susceptible to symptoms affecting the brain. White physicians believed that the inferiority of the brains of black individuals, compared to white brains, accounted for the lower prevalence of neurological diseases for blacks. It was assumed that a black person's less developed brain would be less susceptible to the impact of syphilis. This was called "nervous racial resistance," the idea that black individuals were less likely to show symptoms of syphilis in the brain compared to white people.

However, numerous alternative theories were proposed regarding the differing statistics on cardiovascular and neurological syphilis among different racial groups. One theory suggested that distinct strains of the syphilis virus could be responsible. As syphilis was primarily transmitted through sexual intercourse, scientists argued that what they assumed was limited interracial sexual contact could result in one strain of the disease being predominantly present in the white population, while another strain persisted among the black population. This concept of "neurotropism," or neurotrophic strains of syphilis, was first developed in Japan and Europe, but it was extensively examined in 1911 and 1912 by the American scientist Dr. Matthew A. Reasoner, who found more evidence he believed supported it.

Black physicians also presented various theories, focusing less on nervous racial resistance, instead emphasizing theories that did not involve the concept of racial hierarchy. According to their perspective, the disparities in disease rates arose from differences in living conditions and environments between white and black individuals. Dr. Solomon Car Fuller, a black professor of pathology with expertise in nervous system diseases, published several scientific articles based on his research. Dr. Fuller explicitly rejected and disregarded the idea of "nervous racial resistance," arguing that the higher rates of cardiovascular syphilis among black individuals were the consequence of the disproportionate load of strenuous physical labor that these individuals carried.

Unfortunately, these theories were not the dominant ones. As the precise cause of neurological syphilis continued to elude researchers, Dr. Joseph Earle Moore at the Department of Venereal Diseases of the Johns Hopkins Hospital began a thorough investigation of nervous racial resistance in 1920. In 1932, Moore became the leading scientific advisor on the Tuskegee Syphilis Study and helped to conduct the early research to find out more about this concept. He established the concept of nervous resistance as a central element in racial variation in syphilis. White physicians who generally supported the idea of nervous racial resistance ended up conducting the Tuskegee Syphilis Study, in part to further test their beliefs about it.

DEVELOPMENT OF THE STUDY

The 1929 Rosenwald Study by the United States Public Health Service (USPHS) had revealed that mass treatment for syphilis could be successfully implemented among the rural black population of Macon County, Alabama. However, after the Great Depression later in 1929, the government did not have enough money to offer mass treatment. Although they did not have sufficient financial resources, they still kept the data they had collected from the study, and they looked back at the data in 1932. It showed that in Macon County, the incidence of syphilis among black individuals was disproportionately higher than in other areas, but "99 percent of this group was entirely without previous treatment." Due to the considerable number of untreated individuals, white physicians drew the conclusion that black people, by their nature, were unwilling to seek medical treatment. Dr. O. C. Wenger, head of the federally funded venereal disease clinic in Hot Springs, Arkansas, wrote to the coordinator of the study, "We must

remember we are dealing with a group of people who are illiterate, have no conception of time, and whose personal history is always indefinite.”

These conclusions about black people and syphilis, along with white physicians' ideas that black people were inferior in general, were then used to justify the Tuskegee Syphilis Study's unethical human experiment, which was observing the effects of syphilis in the body of an untreated individual instead of providing him treatment. White physicians labeled the Tuskegee Study a classic “study in nature” rather than an experiment. They saw it as an opportunity not only to observe how syphilis would progress in the body of untreated individuals but also to delve deeper into the relationship between cardiovascular syphilis and neurological syphilis in white and black individuals. They hoped to uncover the underlying causes behind these observations, and this led to the beginning of the Tuskegee Study. Their excuse was the fact that they would not actively be interfering with the health of untreated black individuals. Later on, however, when antibiotics that could treat syphilis came out, the researchers refused to give them out to the individuals, also preventing other physicians from providing antibiotics.

To lay the groundwork of the study, its leader, Dr. Taliaferro Clark of the United States Public Health Service decided that in order to secure permission for testing within the black community, collaboration with doctors who treated black patients and a hospital for procedures would be essential. He turned to the Tuskegee Institute, an educational institution for black people founded in Macon County, Alabama, in 1881, and to Dr. Eugene H. Dibble, Medical Director at the Institute's John A. Andrew Memorial Hospital. He asked Dibble if he could provide one of his men to “carry out the relatively small amount of treatment at designated points in the county required by Doctor Baker of the State Board of Health as a prerequisite to his approval of the project.” Dibble ended up choosing a nurse named Eunice Verdell Rivers, who had graduated from the Tuskegee Institute. She was used to earn many black men's consent to draw various fluids, especially blood, which previously were difficult to acquire. Her selection became especially significant when Vonderlehr decided to continue the experiment in 1933, reluctant to “lose such an unusual opportunity.” Rivers played a big role in the continuing of the Tuskegee Syphilis Study because the presence of a black nurse made black individuals believe that the government study was fairly trustworthy. Nurse Rivers continuously updated Vonderlehr using letters. Vonderlehr wrote back politely thanking her for reports, but he rarely directed the letters to her, and instead wrote through Dibble.

Dibble readily agreed to the process of conducting the study, despite the potential for problems relating to an inappropriate examination involving a large number of black men. Dibble's perspective was based on the belief that the Tuskegee Institute's mission encompassed significant contributions to the well-being of black individuals, with a specific emphasis on their healthcare. Given the Tuskegee Syphilis Study's original objective to assess the necessity of syphilis treatment, Dibble believed that it might allow the Tuskegee Institute to avoid treating syphilis unnecessarily. If it was discovered that treatment was not necessary, the Institute could reallocate its limited funds to other pressing health priorities. In addition, by agreeing to participate in the study, Dibble secured some supplies from the federal government, including some painkillers and other medications to treat syphilis symptoms. The Tuskegee Institute's financial constraints impeded their ability to afford such provisions. Moreover, Dibble was assured that the individuals affected with syphilis who were enlisted as experimental subjects would not portray an infectious risk, which meant they would not transmit the disease to partners such as wives and girlfriends. However, the experiment ultimately refuted this idea, as several subjects passed on their infectious syphilis to those in close proximity.

WHITE PHYSICIANS' DECEPTIONS

Just as the Tuskegee experiment revealed Moore and Clark's conceptions of the infectiousness of syphilis to be false, various other perceptions of study leaders were disproven as well. For example, it was revealed that black individuals did indeed desire treatment, but various obstacles, such as financial limitations and limited access to adequate healthcare, hindered their ability to receive the necessary care. Instead of discontinuing the study after this realization, the researchers instead resorted to deception.

Due to the reluctance of black individuals to participate as subjects in the experiment, the white physicians turned to dishonesty. They falsely informed the participants that they were receiving treatment for syphilis. For instance, black people were told that they were receiving treatment for syphilis while in reality, doctors were performing spinal taps to investigate potential neurological issues related to syphilis. The process of collecting spinal fluid was slow and painful, but it was disguised as a form of

therapy, with the intention of gradually building trust among the patients. The lies about spinal fluid were where the deception and manipulation of black individuals started. As significant as the collection of spinal fluid, autopsies of black people who died of syphilis was an effective process for white physicians to gain more information about the disease. Because white physicians were aware that black individuals would not easily give consent, they provided other doctors in Macon County and counties nearby with a list of names of people in the study. They asked those doctors to notify the local health department about black patients with syphilis who were close to death. The patients that were reported were encouraged to go to the hospital at the Tuskegee Institute, unaware of the fact that after they died there, the doctors would perform autopsies on their bodies. The overarching deception was that treatment was purposely held back from black individuals with syphilis, with the hidden purpose of research into the effect of syphilis on the bodies of untreated black people. This persisted until 1972 when the details of the study came out, and it was shut down.

CONCLUSION

The Tuskegee Syphilis Study involved white physicians' constant deceptions of black individuals, caused by a belief that black people were inferior to white people and their differently functioning bodies compared to the whites'. These deceptions, such as the overall purpose of the study and the treatment white physicians never provided, involved morally improper procedures, some examples being spinal taps and autopsies without consent. This study ultimately carried on for multiple decades, unnecessarily killing black men and some of their partners just for white physicians to collect data on the effect of syphilis on untreated black bodies.

REFERENCES

- [1] Birnie, C.W. "The Influence of Environment and Race on Diseases." In *The Nature of Difference*, edited by Evelyn M. Hammonds and Rebecca M. Herzig, 129-34. Cambridge: MIT Press, 2009.
- [2] Brandt, Allan M. "Racism and Research: The Case of the Tuskegee Syphilis Study." In *Bioethics: Principles, Issues, and Cases*, edited by Lewis Vaughn, 281-93. 5th ed. Oxford: Oxford University Press, 2022.
- [3] Crenner, Christopher. "The Tuskegee Syphilis Study and the Scientific Concept of Nervous Racial Resistance." *Journal of the History of Medicine and Applied Sciences* 67, no. 2 (April 2012): 244-80.
- [4] Hoffman, Frederick L. "Vital Statistics of the Negro." In *The Nature of Difference*, edited by Evelyn M. Hammonds and Rebecca M. Herzig, 118-24.

- [5] Reverby, Susan M. Examining Tuskegee: The Infamous Syphilis Study and Its Legacy. Chapel Hill: University of North Carolina Press, 2009.