

Tuskegee and Other Medical Injustices

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To the initiated, racial inequities in health care are unsurprising. It is notable to mark the outcome disparities between blacks and whites in Covid 19 cases. Statistics show in major urban centers like Chicago, New York and New Orleans the Covid morbidity rate for blacks is double proportionate to their numbers.

There are numerous given reasons attributable for this racial imbalance: preexisting health disparities, aka comorbidities, diabetes, hypertension and lack of access to health care.

Research on the history of medical care afforded African American from Colonial times to the present is a dispiriting story. The chapters range from neglect and disregard to medical experimentation leading right up to the present.

- Poor nutrition, substandard living conditions, backbreaking and unrelenting toil all

contributed to greater susceptibility to disease and a lower life expectancy. Certain diseases were thought to be solely limited to the enslaved population. Those included:

tetanus

- high infant mortality
- worms
- diphtheria
- whooping cough
- cholera
- typhoid
- tuberculosis
- influenza
- hepatitis
- rheumatism
- "scabies"
- *lepra vulgaris* and psoriasis
- leprosy
- syphilis

These misconceptions were predictable given the nature of the peculiar institution.

Unnerving is the degree to which the enslaved were used for medical experimentation. "They enjoyed no legal rights and could mount no legal challenge to their incarceration and treatment." Indeed medical schools were located in close proximity to large plantations. The purpose of which was to secure a readily available source of patients/ victims upon which to study, operate, experiment and if unsuccessful to dissect.

Newspapers of the time blatantly advertised for bondsmen and women suffering from a variety of specific illness. The purpose was to test new medications or techniques which if successful could be then advertised and used on paying white patients. Black bodies were used disproportionately, and in some southern venues, they were used exclusively. Let me

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quote from Harriet Washington work *Medical Apartheid*. "During the 1830s, a Dr. T. Stillman ran serial advertisements in the *Charleston Mercury* for his infirmary, in which he principally treated skin diseases. On October 12, 1838, he made a fascinating addendum: "Wanted: FIFTY NEGROES. Any person having sick negroes, considered incurable by their respective physicians and wishing to dispose of them [emphasis added]...the highest cash prize will be paid upon application as above." Slaves who had become too old or too sick to work supplied the bulk of hospital "clinical material." Enjoying no legal right, they could mount no legal challenge to their incarceration and treatment. Stillman advertised his desire for blacks who suffered from disorders far beyond his own specialty, such as apoplexy, kidney disease, and stomach, intestinal, bladder, liver, and spleen disorders, as well as scrofula and

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hypochondriasm. He wished to test new techniques and medications he had formulated on debilitated and chronically unhealthy blacks in the same institution where he treated paying whites. He then marketed the medications and techniques. Slave owners were glad to rid themselves of old, sick, and unproductive slaves. It was a sage bargain on the slave owner's part, because the hospital took over all or most of the cost of feeding, housing, and treating the unproductive slave. If the slave died, his owner was spared the inconvenience and expense of burying him, because the hospital would retain the body for dissection or experiment. If the slave recovered, the master would once again profit from his or her labor and breeding. Moreover, the slave owner could lay claim to benevolence; after all, he was sending his old or sick slaves to a hospital for expert care. Free blacks were also vulnerable

because they were easily incarcerated in jails and almshouses for a variety of minor infractions of the many regulations governing free African Americans.

. —MEDICAL COLLEGE OF SOUTH CAROLINA
ADVERTISEMENT IN THE CHARLESTON
COURIER, NOVEMBER 16, 1837 Sam, a forty-two-year-old laborer on a plantation in rural Alabama, had become exhausted by pain and fear. For years, an incessant racking pain in his jaw had kept him distracted days and awake nights, miserable and dejected. When his owner learned of Sam's pain around 1838, he decided that Sam must have syphilis and applied a homemade concoction, whose only effect was to produce a painful boil on Sam's gums. Now Sam also found it difficult to eat. He should have been a strong, productive worker in the prime of his earning power, but Sam was finding it harder and harder to work, even in

the face of cajoling and threats. By 1845, he had become worthless in the fields, and in desperation, his owner summoned a physician, who determined that Sam was suffering not from syphilis but from osteosarcoma—a cancer of his lower jawbone. The doctor turned to a surgical colleague, Dr. Marion J. Sims, who declared to Sam's owner that only an operation carried hope of a cure. But Sam vehemently and repeatedly refused, protesting that it would "hurt too bad." Today, refusing to undergo an operation for a treatable cancer is a tragic mistake, because surgery is the most curative mode of therapy for cancer. Today, anesthetics, antiseptics, and antibiotics banish or at least mitigate the twin nightmares of surgical pain and infection. However, Sam's cancer predated the common use of effective anesthesia and of sterile technique. Purgatorial pain was certain and a fatal infection all too

likely. What's more, the disfiguring surgery might have been futile, because only superficial, visible cancers were discovered during this era. Not until Wilhelm Roentgen discovered X rays in 1895 could physicians view the body's interior without invasive surgery. No imaging techniques allowed doctors to identify an internal cancer, and it could have spread internally through the long years when Sam was being erroneously treated for syphilis. Sam's version of events is not recorded, so we don't know whether more than a fear of pain caused him to balk at surgery. But we do know that Sam might by this time have acquired a low opinion of Western medicine's ability to help him, thanks to the original misdiagnosis and iatrogenic injury. If Sam had gotten wind of Sims's dismal surgical statistics, his famed fondness for forced experimentation on captive patients, or of his penchant for taking

shoemakers' tools to black infants' skulls, Sam's opinion of Sims's skill would have sunk low indeed. But he would not have dared to openly voice doubts about Sims's abilities, so refusing treatment because of "the pain" may have been a canny dodge. However, Sam was enslaved, so the decision was left not to him but to his owner, who was eager to return his slave to profitable work. Sam was sent to Montgomery despite his loud and constant protests. Sims, for his part, stonily declared himself "determined not to be foiled in the attempt" to operate. Sims had decided not only to operate upon Sam but also to perform the surgery in a teaching clinic for a medical audience of students and potential protégés. He hoped to immortalize the operation in a medical publication, and no mere slave would frustrate this bid for medical glory. But when the two adversaries met, Sims was all smiles.

He kindly inquired into the slave's health and graciously invited Sam to have a seat. The barber's chair into which Sam had been welcomed had been surreptitiously fitted with wooden planks, and as soon as Sam was seated, five young physicians bounded forward to restrain him with straps about his thighs, knees, ankles, abdomen, chest, shoulders, arms, wrists, elbows, and head. Sam, Sims noted, "appeared to be very much alarmed!" While he was being immobilized, ten medical students and fifteen interested "others" filed in to watch as Sims operated for forty minutes to remove a large section of Sam's lower jawbone, sans anesthesia. When he finished, the surgeon noted with satisfaction that his surgical innovation had "proved its practicality...whether the patient is willing or not." The editors of the New Orleans Medical and Surgical Journal enthused that they were

“pleased to record this highly creditable achievement of a Southern surgeon.” After he recuperated, Sam apparently lost no time in escaping into rural Alabama again, certainly with a redoubled aversion to Western medicine. There is no evidence that Sims ever saw Sam again, but his medical report took this parting shot: “Sam’s mouth is always open in a wide grin.”

Black bodies were used to fill wards, surgical suites, operating tables and pathology jars

We have already seen that medical researchers collected data and tested treatments pertinent to whites by using the supposedly inferior bodies of African Americans. In the same manner, clinics used supposedly anomalous black bodies and minds as exemplars of illness and as tools to assess the patients’ responses to therapeutics. Blacks were believed to sleep more, feel pain less, endure heat better and

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cold worse, and be more prone to fevers, tetanus, syphilis, yaws, and tuberculosis but resistant to yellow fever and malaria. Their skins were thought thicker, their brains smaller; they were characterized as sexually precocious and intellectually retarded. Yet in a familiar but illogical leitmotiv, treatments for whites were devised, adopted, or rejected based upon the black

If J. Marion Sims name is familiar to those of you in the medical profession, he is widely credited with being the father of gynecology, although the honor should be shared with three of the known black slave women he operated on. At one, point Sims purchased 11 slave women suffering from vesicovaginal fistula which is an abnormal opening that connects the vagina to another organ such as the bladder, the urethra, the rectum or large or small intestine. He treated them in exchange

for lodging, boarding. He built a wooden shed in which he experimented on their bodies for more than 4 years without the aid of anesthesia. But these were mere prelude. On a June day in 1845, seventeen-year-old Anarcha, a slave on the Westcott plantation just outside of Montgomery, Alabama, felt the contractions that heralded the birth of her first child. Three days later, the exhausted, terrified girl still writhed in excruciating labor. Sims was called in and used obstetrical forceps, with which he admitted he had little experience. The child died, and although Anarcha seemed out of immediate danger, she soon faced another horrible trial. Her torn vagina began eroding and she was left with openings between the remains of her vagina and her bladder and rectum. She was now incontinent, and the incessantly flowing urine inflamed her ravaged

tissues, triggering pain, recurrent infections, and odor.

I would go on with these excruciating accounts but you get the picture. Suffice it to say even when pain deadening anesthetics were available none was wasted on the black women but saved for the white exclusively. Common belief at the time was blacks could endure more pain. Even so fellow physicians and colleagues originally recruited to hold down the experimental subjects over time when they could take no more of the shrieks and pain of the experimented were replaced by other enslaved women who had no choice in the matter,.

Sims announced that he had perfected the vesicovaginal fistula operation in May of 1849, after scores of operations over five years—more than thirty operations on Anarcha alone. In 1852, Sims's paper on vesicovaginal fistula


repair was published in the prestigious American Journal of the Medical Sciences. It made his national reputation. Sims became the celebrated "father of American gynecology," and as such his place in history was assured. W. J. S. McKay, M.D., spoke for his fellow surgeons in predicting that "when the history of modern gynecology is written, the work that [Dr. Ephraim] McDowell did will be represented as the dawn; and the first bright planet that appeared in the dim light of that dawn was Marion Sims...."

Sims went on to attain national and international fame fictionalizing the women he perfected his technique on by changing their color. Statues have been erected to him and until of late he has still been hailed and lionized as the father of gynecology.

In this case, the most powerless group, which is also a racially distinct group and a captive group, is the group upon which doctors inflicted harm “for the greater good.” Another, privileged group enjoys the benefits but shares neither the pain nor the risks. Thus the moral unacceptability is clear.

Other surgical procedures first practiced on enslaved women were Cesarian sections, ovariectomy and novel procedure for removing bladder stones.

African herbalists investigated, tested, and perfected the use of plants they found in the New World for the new ailments that afflicted both blacks and whites. They adapted medicines and techniques they brought with them, such as the stimulant kola nut, which was adopted so widely that it eventually supplied the main ingredient for Coca-Cola.



Onesimus an enslaved herbalist propose inoculation against smallpox, as a successful preventive measure that was widely practiced throughout Africa. Smallpox inoculation took various forms, but the common denominator was that a small amount of the pus in scabs or other infected matter from someone with smallpox was deliberately introduced into the broken skin of a well person. This “variolation,” as Mather called it, evoked mild symptoms, followed by permanent, complete immunity, the Holy Grail of smallpox prevention for Western doctors and scientists. Onesimus showed Cotton Mather the technique used by those in his native country. When a smallpox epidemic revisited Boston in the summer of 1721, Cotton Mather and his clerical brethren called for a mass inoculation of the people of Boston.⁷⁴ However, the city’s physicians, led by William Douglass, resented being told by a

gaggle of ministers that Africans had devised the panacea they had long sought. Zabdiel Boylston was the only physician to embrace inoculation, but not before testing it on 2 black slaves, then 248 more—as well as his own six-year-old son. Boylston then proved they had achieved immunity by exposing them to cases of smallpox. The physicians' resistance turned uglier—and violent. The popular press played no small role, serving as the battleground while doctors condemned variolation because it was the laughable, “unchristian” product of occult African practices. The fact that inoculation worked seemed not to play into physicians' assessments, and their bitter attacks were not confined to the intellectual sphere: A lighted grenade was thrown into Mather's house, along with a note declaring, “Cotton Mather, You Dog, Dam You: I'll Inoculate you with this, with a pox to you.” This prompted him to

complain, "I do not know why it is more unlawful to learn of Africans, how to help against the Poison of the Small-Pox, than it is to learn of our Indians, how to help against the Poison of a Rattle-Snake." In the end, the obvious reduction of death rates—from 14 percent to less than 2 percent—convinced doctors that inoculation was the city's savior. Approximately 8,000 Bostonians became ill and 844 died; but while one in every nine untreated patients succumbed, only one in every forty-eight inoculated people was stricken. Mather made a scientific report to the Royal Society in 1722. By 1750, inoculation was standard in America and Europe, as it long had been in Africa. Historians hailed it as "the earliest important experiment in America in preventive medicine," but Onesimus came to share the fate of nearly every slave who contributed to medical research: facelessness.

. Daniel Hale Williams, who performed the first successful open-heart operation, founded Provident Hospital in 1893. In 1897 Dr. Alonzo McClennan opened a hospital and nurse training school and, by 1916, Dr. Matilda Evans of South Carolina had opened three different hospitals there. Eventually, seven African American medical schools joined these to provide the long awaited entrée to medical education for African Americans. But in 1910, a single research report felled the schools. In 1908, the Carnegie Foundation for the Advancement of Teaching invited the influential Dr. Abraham Flexner to critique the nation's 147 medical schools. When Flexner's report was published two years later, it damned all but two black medical schools—Howard and Meharry—as substandard, sounding the death knell for the others, which subsequently found it impossible to attract

funding. By 1924 only Howard and Meharry remained open.

Eugenics at the close of 19th century and the opening of the 20th century became an accepted study of how to purify nations ethnicities and cultures, by selective breeding eliminating those from the gene pool who weren't well born or healthy. The definition eventually widening to include a host of undesirables, not only blacks but Southern Europeans, Jews, Asians of course the poor, the disabled, the mentally ill. This movement founded by Sir Francis Galton and furthered by Dr. Charles Davenport was used as the basis for anti-immigration legislation from the Chinese Exclusion Act forward. It was thought the only deserving of immigration to the United States were Nordics, British or the French. Eugenics wasn't considered some harebrained theory advocated by societal fringe elements, The

Carnegie Institute, The Rockefeller Foundation, major foundations, educational leaders such as the presidents of Harvard and Stanford, prominent scientists, physicians and thought leaders lead the way in mainstreaming these pernicious theories. Out of this corrosive cauldron emerged Margaret Sanger with the forerunner of Planned Parenthood. It discouraged reproduction by women who would bring forth defectives, but giving them not the state the option to make the decision. She did however approve of and support compulsory sterilization.

Highly educated persons of good social class were considered eugenically superior; the poor, the uneducated, criminals, recent immigrants, blacks, and the feebleminded were eugenic misfits. Eugenicists invoked the term racial hygiene as frequently as they did the word eugenics, and even a cursory glance at the

charts, photographs, and diagrams used to popularize eugenic ideals reveals that the unfit were "swarthy" "black" and ugly by Anglo-Saxon standards, with flattened noses, wiry black hair, and prognathous profiles. African Americans were roundly disparaged by eugenic theory as scientists continued to seek and find wide physiologic evidence of black inferiority. In a refinement of earlier scientific racism, eugenics was appropriated to label black women as sexually indiscriminate and as bad mothers who were constrained by biology to give birth to defective children. The demonization of black parents, particularly mothers, as medically and behaviorally unfit has a long history, but twentieth-century eugenicists provided the necessary biological underpinnings to scientifically validate these beliefs. The sexual irrepressibility and the bad mothering were biologically located in the

hereditary apparatus, they contended. Thus eugenics undergirded medicosocial movements that placed the sexual behavior and reproduction of blacks under strict scrutiny and disproportionately forced them into sterility, both temporary and permanent. Scientists also vigorously researched black fertility, compiling data on black birth rates and using women of color predominantly to test many reproductive technologies and strategies, from involuntary sterilization to Norplant to “the shot.”

If the name Fannie Lou Hamer is unfamiliar to you it ought not to be. She was the founder of the Mississippi Freedom Democratic Party which demanded seating at the Democratic Convention of 1964. Her political activism got its start 3 years earlier. One day in 1961, Hamer entered the hospital to have “a knot on my stomach”—probably a benign uterine fibroid tumor—removed. She then returned to


her family's shack on the plantation to recuperate. But in the big house, ominous tidings circulated. The owner's wife, Vera Alicia Marlow, was a cousin of the surgeon who had treated Hamer. Marlow gossiped to the cook that Hamer had lost more than a tumor while unconscious—the surgeon had removed her uterus, rendering Hamer sterile. The cook repeated the news to others, including a woman who happened to be Hamer's cousin, and thus Hamer was one of the last people on the plantation to learn that she would never have a family of her own. “I went to the doctor who did that to me and I asked him, ‘Why? Why had he done that to me?’ He didn't have to say nothing—and he didn't. If he was going to give that sort of operation then he should have told me. I would have loved to have had children.” But a lawsuit was out of the question, Hamer recalled. “At that time? Me?

Getting a white lawyer against a white doctor? I would have been taking my hands and screwing tacks in my casket." A rage seized her and she complained bitterly about her fate. But she also grew fascinated by political power as a means to redress injustice, and soon she did the unthinkable: She tried to register to vote. But she was rejected at the polling booth, and when she arrived home, the angry owner threw her off the plantation where she had lived for nineteen years. It didn't matter, because Hamer was no longer a sharecropper. She was now an uncompromising political dynamo who would become one of the most powerful leaders and symbols of the southern civil rights movement. She always spoke of her "Mississippi appendectomy" as the galvanizing force that propelled her into a national leadership role, and she always spoke regretfully of the children she would never

have. She was a lifelong opponent of birth control. Evolutionary

By now you are all no doubt aware of the Tuskegee Syphilis Experiment. Originally designed in the 1920's by the Rosenwald Foundation to treat the poor blacks of Macon County Georgia with the best medical therapy of the time. The project died when funding dried up at the onset of the Depression. It was then taken over by the National Public Health Service. The mission changed. Under the guise of free medical treatment 600 black men were studied over a period of some 4 decades beginning in 1932 to determine the impact of untreated syphilis in the black male. A variety of ruses were employed to lure the men. Sadly in 1943 when penicillin was found to be an effective cure the experiment continued.

The doctors went so far as to submit their volunteers names to the Draft board ensuring



their patients would not be conscripted as the Army and other services would undoubtedly have treated them upon a medical examination, thus ruining the experiment.

that PHS scientists may have used the men to develop a reliable syphilis test and vaccine. The unwitting subjects may have served American laboratories as a reservoir of *T. pallidum* bacterium: They were human incubators of the bacterium that causes syphilis.

A 1995 Harvard Journal of Minority Public Health article proposed that the experiment's chief medical importance was in providing a reservoir of infected men who could be used to develop new, more reliable, and profitable tests for syphilis.

In 1965, the nation's civil rights drama played out in the medical sphere as the PHS found its ethics assailed from many directions. The radical leftist group Students for a Democratic Society (SDS) discovered the Tuskegee Syphilis Study and held rallies urging that it be ended, but they were easily dismissed as a fringe group given to counter-culture hyperbole. However, the question of racism in the study also surfaced within the medical fold, as one Allan Brandt discovered when he found the minutes of a 1965 meeting at the Centers for Disease Control (CDC). An excerpt is illuminating: "Racial issue was mentioned briefly. Will not affect the study. Any questions can be handled by saying that these people were at the point that therapy would no longer help them. They are getting better medical care than they would under any other circumstances." The same year, a white physician, Dr. Irwin J. Schatz of

the Henry Ford Hospital in Detroit, wrote the PHS after reading a medical paper on the Tuskegee Syphilis Study in the Archives of Internal Medicine. His letter began, "I am utterly astounded by the fact that physicians allow patients with potentially fatal disease to remain untreated when effective therapy is available." His letter was never answered. By the year's end, the study was dealt what would eventually prove a fatal blow by Peter Buxtun, a young Polish immigrant known to George Hammond and myself who worked as a venereal disease interviewer for the PHS. He learned of the study and immediately risked his job by writing his superiors to ask that it be stopped. A handful of PHS physicians responded by holding meetings, at which they lectured Buxtun on the scientific merits of their work and decided to continue the study.²⁸ In 1967, Buxtun left the agency to attend law


school, but he occasionally wrote the PHS to renew his complaints, to no avail. By 1969, physical examinations and autopsies revealed that as many as one hundred of the men had died of syphilis and its complications and others had died of heart disease that researchers ascribed to syphilis. In 1972, Buxtun, exasperated by seven years of PHS inaction, told a journalist friend about the study. On July 25 of that year, Jean Heller broke the story for the Associated Press.

Gaining the attention of the New York Times and Senator Ted Kennedy a series of hearings were held the experiment brought to light and ended. An after action Commission was formed.

Senator Ted Kennedy held hearings and a Department of Health, Education, and Welfare (HEW) official, Assistant Secretary for Health and Scientific Affairs Merlin K. DuVal, M.D.,

announced an investigation on August 24, 1972. DuVal appointed a nine-member panel of esteemed professionals whose dissection of the study quickly degenerated into inefficiency, shouting matches, political infighting, accusations of a government cover-up, and the appalling destruction of key evidence—a grimly self-destructive brawl that has never before been made public.

The upshot of the Commission was the final report was watered down, never assigning moral accountability at the insistence of the Commission head who then upon final release t abstained from concurrence. Since that time numerous movies, films, documentaries, plays and books have been released and written about this medical miscarriage. The problem is this is seen as a one off, with no reference to what came before or what followed after.



Lawrence Altman has a fascinating book *Who Goes First? The Story of Self-Experimentation in Medicine*. It documents, Western physicians have adhered to a long and noble tradition of following animal studies with limited self-experimentation by researchers. This tradition may not always have been prudent, but by testing substances or procedures on themselves before experimenting with appreciable numbers of human subjects, doctors symbolically conveyed their belief that the measures were not inordinately harmful and also signaled a researcher's willingness to share the risks as well as the glory of discovery. But in the 1940s, radiation researchers declined to experiment on themselves. Wright Langham observed, "We considered doing such experiments at one time, but plutonium is considered to be sufficiently potentially dangerous to discourage our doing absorption

experiments upon ourselves." These doctors needed human subjects, and they turned to the clinic out of habit. But by what ethical rules were the government scientists bound when exposing unwitting patients to dangerous radiation? Robert Stone was a passionate advocate of human experiments and he offered an elegantly written set of ethical guidelines. He suggested that using only the moribund, prisoners serving life sentences, military personnel, and terminally ill cancer patients was morally acceptable. So, in hospitals, schools, and other institutions across the nation, doctors administered exposures to plutonium, X rays, gamma rays, and radium that far exceeded established tolerance limits. Each time, they claimed to be using subjects in Stone's categories. But as we have seen, Stone and others stretched his "morally acceptable" categories, casting Cade, Allen, and other hardy

but uninformed subjects as frail or terminally ill for the sake of convenience. In June 1947, the Medical Board of Review, a blue-ribbon panel of Manhattan Project scientists and university faculty, convened to examine AEC research. It emerged three days later with an official AEC policy that offered extraordinary protections and was given the blessing of the U.S. Advisory Committee on Biology and Medicine. No substance known to be or suspected of being poisonous or harmful could be utilized in research on human subjects unless each one of the following conditions were met: (A) that a reasonable hope exists that the administration of such a substance will improve the condition of the patient, (B) that the patient gives his complete and informed consent in writing, and (C) that the responsible next of kin give in writing a similarly complete and informed consent, revocable at any time during the

course of treatment. This document represented a quiet revolution in standards. It is the first occurrence of the term informed consent in ethical policy, which meant it was now not enough to gain the assent of radiation subjects; they also had to understand clearly what they were being exposed to and whether this application constituted treatment, research, or both. However, there is even more in the AEC policy: The requirement that the next of kin also give consent was truly progressive. It was important because many of the subjects were too desperate, too poorly educated, or too poorly informed to appreciate what their doctors proposed to do to them. Abusive experiments of the postwar era are often excused on the grounds that critics are wielding present-day standards to judge decades-old research, but this 1947 policy demonstrates that such abusive experiments

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were as morally unacceptable in their time as they are in ours.

Former Savannah, Georgia, legislator Dorothy Pelote became a fierce advocate for black Florida and Georgia residents whose communities were visited by swarms of disease-carrying mosquitoes released by the CIA during the 1950s and 1960s. CIA documents suggest that scientists in its MK-ULTRA Project experimented with such biological exposures in black communities in order to determine whether such releases would be effective against foreign enemies. (Reprinted with the permission of the Savannah Morning News.)

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documents suggest that scientists in its MK-ULTRA Project experimented with such biological exposures in black communities in order to determine whether such releases would be effective against foreign enemies. (Reprinted with the permission of the Savannah Morning News.) Wouter Basson, M.D. (right), is embraced by his defense counselor, Jaap Cilliers, in the Pretoria, South Africa, High Court after being acquitted of all charges against him on April 11, 2002. Basson, former head of South Africa's Chemical and Biological Weapons Program, faced hundreds of counts of murder in the deaths of poisoned black Africans, as well as numerous conspiracy, fraud, and drug possession charges, to which his former underlings confessed. Basson once said, "I must confirm that the structure of the [CBWP] project was based on the U.S. system. That's



where we learnt the most.” (Associated Press photograph by Themba Hadebe.)

Exposure and lawsuits have resulted in monetary settlement (whose terms are confidential), other pharmaceutical company researchers realized that they, too, could become targets of successful inmate legal action. Charles Miller, a prison-research administrator for pharmaceutical giant Eli Lilly, lamented, “The reason we closed the doggone thing down was that we were getting too much hassle and heat from the press. It just didn’t seem worth it.” A January 1973 Atlantic Monthly cover story by investigative journalist Jessica Mitford proved even more powerful. She explained that prison medical research consisted of exploitation of the lowest, most vulnerable classes by members of the most

privileged. This article became a chapter (entitled "Cheaper Than Chimpanzees") in her 1973 book, *Kind and Usual Punishment*, a dissection of the U.S. prison system. Soon afterward, Senator Edward Kennedy held hearings that led to the National Commission for the Protection of Biomedical and Behavioral Research (CPBBR), which investigated medical experimentation on prisoners. It considered banning such research outright, as most other Western industrialized countries had done decades earlier. Despite headlines such as **GOVERNMENT TO BAN MEDICAL RESEARCH ON FEDERAL INMATES**, it decided against this in 1976, partly because not only pharmaceutical companies but also many prisoners opposed a ban. Inmates wished to have the opportunity to participate for several reasons: They could make real money no other way, they sometimes could obtain health care no other

way, they missed the safety and amenities of the research laboratory, and they wanted to feel they were contributing to society. In 1979, State Prison of Southern Michigan inmates even filed suit to prevent the FDA from excluding them from research studies. Instead of banning prison research outright, the CPBBR proposed a detailed accreditation scheme that Secretary of Health, Education, and Welfare Joseph Califano, in consultation with the American Correctional Association, rejected as impractical. In 1978, HEW produced stringent human-experimentation regulations, which remain in effect today.⁴³ So did the CPBBR's 1979 report, known as the Belmont Report, which placed the onus on researchers for ensuring that research with prisoners provides informed consent and is therapeutic under what is called the "Common Rule." The Common Rule sets strict limits on

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nontherapeutic research and research done with prisoners and requires the review of proposed studies by institutional review boards. No study in a prison can present more than a "minimal" risk to the inmate. In sum, there remain four types of permissible prison research: that on the cause and effect of incarceration and crime; the study of prisons or of incarcerated persons; investigations of conditions that affect prisoners en masse; and therapeutic studies. Although these reforms were necessary and laudable, they are imperfect, especially because the language is vague: What, for example, constitutes "minimal risk"? Even the definition of "therapeutic research" has come into question. Still, research at most prisons, including Holmesburg, ceased by 1976 as a result of public outrage and lawsuits.

We all are familiar with the case of Henrietta Lacks known to scientists as HeLa. She was a poor black tobacco farmer whose cells taken from her without her knowledge in 1951 became one of the most important tools in medicine, vital for developing the polio vaccine, cloning, gene mapping and more. Her cells have been bought and sold by the billions, yet she your years remained unknown and her family can't afford health insurance.

The public needs to be made aware of these medical injustices, the history of them from colonial times to the present, acknowledge the wrong and take steps to ensure it is eliminated as the moral blight it represents in the land of the free and the home of the brave.

Untreated Death

All in league, all in league,
Destinies plundered,
Sent to untreated Death,
Tuskegee Six Hundred.
Health problems? Help delayed?
"Help given here," they said.
Into untreated Death
Came the Six Hundred.

Part with the devil made,
Medicine and diagnosis
None of the patients knew.
Nobodies wondered,
Questions with no reply,
We know the reason why
Many of them surely die,
Sent to untreated Death,
Tuskegee Six Hundred.

Doctors to the right of them,
Doctors to the left of them,
Nurses in front of them,
Morally wandered,
Patients got shots that swell
"Bad Blood" their stories tell,
Untreated to their Death,
Tuskegee Six Hundred.

"Syphilis" the facts laid bare,
Untreated, Who's to care?
Four decades unaware,
What really went on there?
Finally one wondered,
What happened to these folk?
Secrets to now unfold,
Silence that finally broke,
Press and the public
Reeled when the patients spoke,
Shattered and sundered,
Time to keep track, but not
Not of Six Hundred.

Doctors to the left of them,
Doctors to the right of them,
Excuses from all of them,
While queries thundered,
How could you so poll men,
No plans to make them well,
Gulfra pig tanks to swell,
Untreated to their Death,
A special place in hell,
Waits you who condemned these men,
The Tuskegee Six Hundred.

May their story never fade,
Like the mistake you made,
Destinies plundered.

*Book Signing
Tuskegee
Bobby*

