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## RETHINKING THE TUSKEGEE SYPHILIS STUDY Nurse Rivers, Silence, and the Meaning of Treatment

SUSAN M. REVERBY

More than twenty-five years after its widespread public exposure, the Tuskegee Syphilis Study continues to stand as the prime American example of medical arrogance, nursing powerlessness, abusive state power, bureaucratic inertia, unethical behavior, and racism in research. For historians of nursing and medicine, the so-called study's complexities still remain a site for continued reexamination as new primary research is explored and changing analytic frames are applied. The study was a forty-year (1932–72) "experiment" by the U.S. Public Health Service (PHS) to study "untreated syphilis in the male Negro"<sup>1</sup> The 399 men, who were positive for latent syphilis, thought they were being treated, not studied, for their "bad blood," a term used in the black community to encompass syphilis, gonorrhea, and anemia.

The study is often seen as a morality tale for many among the African American public and the nursing/medical 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 billed it.<sup>2</sup> This story has been told and taught in many different forms: in rumors, historical monographs, videos, documentaries, plays, poems, music, and an HBO Emmy- and Golden Globe award-winning movie, and at the ill-fated hearings on Dr. Henry Foster's nomination for the U.S. surgeon general's position in 1995.

For forty years the study went on as research reports were written and published in respected medical journals. The men were watched, examined, intentionally untreated, given spinal taps euphemistically referred to as "back shots," promised burial insurance, autopsied, misled, and lied to until 1972, when an Associated Press reporter broke the story nationwide. What followed was national outrage, a Senate hearing, a multimillion-dollar lawsuit filed by civil rights attorney Fred Gray, a federal investigation, and some financial pay-out to the survivors or their heirs that still continues. And in a White House ceremony on 16 May 1997, twenty-five years after the study ended, President Bill Clinton finally

*Susan M. Reverby is professor of women's studies at Wellesley College.*

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tendered a formal federal government apology to all the men involved in front of a national television audience, a satellite hook-up to the Tuskegee community, and six of the remaining ailing and aging survivors and their families.<sup>3</sup>

With this moving formality, many may have considered the story of the study over. Yet in the glare of television lights, the pomp of the White House ceremony, the survivors' living memorial to racialized medicine, and the emphasis on emotionality in the media coverage, it is easy to elide what novelist Ralph Ellison differentiated between "shadow" and "act," to be uncertain what is "image" and what is "reality." Those categories, eloquently called forth by Ellison nearly fifty years ago to critique Hollywood's version of African American experiences, could not, however, be separated as simply as Ellison had hoped.<sup>4</sup> The "shadow" of the study, embedded in the "act" of the complex narratives of race, class, gender, medicine, and sexuality is, in the words of a Tuskegee colloquialism, "in the back, in the dark, in the corner, in the booth," even in the White House's East Room.<sup>5</sup>

The historian's task is to peer into those spaces, to explore why and how, and the consequences of the theatricality and narratives of race (embedded in class, sexuality and gender) as they are created in very specific historical circumstances.<sup>6</sup> With the Tuskegee study, historians have, for the most part, tried to understand judiciously the circumstances that shaped what is ultimately an experience of black victimization by racist means.<sup>7</sup> However, our understanding of the study can be deepened if we reconsider how we "listen" to the various stories and the analytic frames we self-consciously apply.

I will do this by listening attentively to the voice of one of key actors in this drama: public-health nurse Eunice Rivers Laurie. This will require a consideration of how race, gender, sexuality, and class are linked to create a politics of listening, representation, and experience that suggest what historian Evelyn M. Hammonds calls the differing "geometry" of the history of black women's representation/reality.<sup>8</sup>

My focus will thus be on the dilemmas for Nurse Rivers (as she was known throughout her professional life), who was the critical go-between, linking the African American men of the study to the PHS, Tuskegee Institute, and the state and local health department.<sup>9</sup> Nurse Rivers, who stayed with the study during its entire history, is often seen by many as its most disturbing figure, both functioning with invisibility and hypervisibility as the story is told.<sup>10</sup> Many have argued that she was duped, an African American Tuskegee-based public-health nurse kept ignorant of the real implications of the study and a nurse of her generation willing to do what the doctors ordered, especially when those orders came from the black physicians at Tuskegee, the white doctors of the PHS, and the local health department where she also worked. Others have seen her as the epitome of the race traitor, willing to use her class power within the black community to keep her job

and sell out the rural men under her charge.<sup>11</sup> Any effort, however, to hear her explanations is very complicated; she spoke out very little after the story of the study broke and left few written documents.

Nurse Rivers' silences have seemed to make it possible for others to find the words for her, allowing her to be a cipher through which their own concerns and interpretations are written. She was, however, part of the tradition of black women who have spoken out—but whose choice of where to speak, what words to employ, and what silences to make use of require us to listen in ways our culture has taught many of us not to hear.<sup>12</sup> I will argue that by listening to how the concept of *treatment* is articulated, we can hear, not only as historian Evelyn Brooks Higginbotham notes how "these public servants encoded hegemonic articulation of race in the language of medical and scientific theory," but also a counternarrative produced by Nurse Rivers that reconfigures the race/medicine link through nursing and gender.<sup>13</sup>

To do this, we cannot just read Nurse Rivers' *testimony* (the little of it that does exist), as many historians and ethicists have done, nor merely imagine her thinking and rationales, as filmmakers, writers, and musical composers have done. Rather, we must attend to her *testifying*, what linguist Geneva Smitherman defines as "a ritualized form of communication in which the speaker gives verbal witness to the efficacy, truth, and power of some experience in which [the group has] shared."<sup>14</sup> If we listen to her testifying, I think we can obtain a deeper understanding of why an African American public-health nurse could become so enmeshed in this horrific study. And if we listen to this communal voice, we may begin to see how she used her experiences as a black woman and nurse to formulate an explanation of the study's dilemmas and to help the men caught in its web.<sup>15</sup>

To rethink the "study" and Nurse Rivers' role, the meaning of treatment itself must be reconsidered. In 1932, when the Tuskegee study first began, there were ongoing 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.<sup>16</sup> 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. 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.<sup>17</sup> 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.<sup>18</sup>

These debates took place within the economic realities of American medicine

and the racial, class, and gender assumptions shaping medical understandings of the disease and the public-health strategies to combat it. In the face of overwhelming demand and increasingly limited funds, especially as the depression deepened, the reality of "treatment" for non-fee-for-service patients served 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."<sup>19</sup>

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.<sup>20</sup> In many communities, physicians assumed that African Americans would not continue treatment (despite evidence that they would), although at the time "fully 80% of the entire American public could not afford syphilis therapy on a fee-for-service basis."<sup>21</sup> Beliefs that the disease was invasive in black communities because of supposedly inherent sexual promiscuity and medical assertions that blacks suffered from cardiovascular complications rather than neural ones, which they thought afflicted whites, suffused and shaped medical understandings of the disease and its so-called natural history.

When the actual Tuskegee study began, it was assumed at first that treatment in a medical sense would be provided, and even the PHS officials seemed to assure this. Both the local county health officer and the Tuskegee Institute officials who participated in significant ways discussed the extensive need for treatment in the community. Indeed, the men for the study were often "rounded up" (the term the officials used) at the very sites where others received their syphilis care.<sup>22</sup> The early exchange of letters among the PHS doctors, Tuskegee Institute officials, and the state and county health officials all show the kinds of treatment, however limited, that was being provided during the first year. It looked like a more or less typical PHS venereal disease control project.<sup>23</sup> But when it appeared that the money for treatment would run out, the PHS's Taliferrio Clark, the man who conceived the nontreatment study, wrote to a fellow physician at the Mayo Clinic in September 1932, bluntly declaring: "You will observe that 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."<sup>24</sup>

It was not just the PHS doctors, the local health department, and private physicians who agreed to the nontreatment. The Tuskegee Institute administrators, R. R. Moton, the institute's principal, and Dr. Eugene Dibble, the medical director of the institute's John A. Andrew Hospital, signed off on the "experiment." Their actions have to be seen in the context of the history of Tuskegee and its political culture.

Thus, this study did not just take place in some back corner of the rural South. Tuskegee as a place, both real and imagined, is central to the study's unfolding. It was and is a small southern city, serving as the urban center for Macon County,

Alabama, in an area of old plantations, sharecropping, sawmills, forests, and hard-scrabble living for the predominately black population.

As home to Tuskegee Institute, it has come to stand for both the incredible strength, endurance, and political savvy of African Americans and the site of one of the worst examples of American racism, co-optation, and exploitation. Its political culture was originally shaped by the old nineteenth-century "doctrine of reciprocity" between planter paternalism and seeming black submission that led to the founding of Tuskegee Institute (now Tuskegee University) under Booker T. Washington's iron-fisted leadership.<sup>25</sup> In the twentieth century, novelists Nella Larsen, Ralph Ellison, and Albert Murray powerfully captured the tensions that underlay the seeming calm of this culture, with its gradations of power between whites and blacks and within the black world (that were based on class, skin tone, education, urbanity, land ownership, gender, and a commitment to gentility).<sup>26</sup>

A generation of scholarship on the politics of Tuskegee has taught us that in everyday life and in hidden politics, such tensions gave way at times to compromises and at other times to grand eruptions of enormous political power.<sup>27</sup> It was in this layered world of surface cooperation with the Jim Crow system, coupled with the courting of white northern philanthropy and federal powers to subvert that system, that the Tuskegee Syphilis Study became a reality.<sup>28</sup>

In this political and cultural context, it may be that we can read both Moton's and Dibble's actions to mean that they hoped the study 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."<sup>29</sup> Moton well may 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. Moton himself (forever immortalized in part as President Bledsoe in Ellison's *Invisible Man*) was also well aware of class differences in the disease incidence in the black community, indeed proudly sharing with one of Tuskegee's white trustees that black secondary school students had an even lower rate of the disease than whites.<sup>30</sup>

Thus, both Moton and Dibble 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 the Oslo study. 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. Wash-

ington, I suspect they merely transferred to another realm 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.<sup>31</sup> They may also have believed they were doing their best for the rural poor while trying to "uplift the race" through research.

As the study progressed, however, most of the men received neither a comprehensive course of the then-known medical treatments (nor penicillin when it became available in the late 1940s), nor did the autopsies show there was no need to treat even the latent cases, as evidence of the ravages of the disease was documented.<sup>32</sup> Indeed, the very language of the medical reports perpetuated the assumption that there was something "natural" about the failure to treat, with no acknowledgment of the role of the physician researchers in making sure this "natural" event happened.<sup>33</sup>

The men were never seen as individual patients because the lack of treatment was naturalized; it was the study's bedrock. As 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 longstanding use of indigent black men and women as "research animals."<sup>34</sup> As the PHS's Dr. Wenger put it bluntly: "As I see it, we have no further interest in these patients until they die."<sup>35</sup>

Despite the fact that the PHS officers thought they had a captured population that was supposed to be kept from treatment, some of the men both found ways to be treated and joined the great migration out of the rural South. Despite the PHS, for many of the men the study became one of *undertreated* syphilis rather than purely untreated syphilis.

The exact numbers for whom there was undertreatment, rather than no treatment at all, shifted over time in the explanations given by the researchers. 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."<sup>36</sup> Despite efforts made throughout the forty-year period to keep the men from treatment, some of the men (and we will never know how many) were able in various ways, often unknowingly, to slip out of the PHS's control to receive medicine for other ills that affected the course of their syphilis-related conditions as well.

For most of the men, their real experience with treatment revolved around the caregiving of public-health nurse Eunice Rivers Laurie. The PHS officials knew that any kind of research, just as in the real treatment programs for syphilis, would require the services of a public-health nurse who could be relied upon to reach out to the men and continue their interest.<sup>37</sup> "You belong to us," the men repeatedly told her as the study went on year after year.<sup>38</sup> Rivers did her work so well that even

after the story of the study's deception broke, many of the men continued to call upon her and ask for her help. Twenty years later, survivors spoke movingly of her concern for them and her caregiving.<sup>39</sup> Others, of course, refused to have contact with her again.

Born in 1899 in Jakin, Georgia, Eunice Rivers was a Tuskegee Institute graduate with a good deal of public-health nursing experience by the time she was recommended for the "scientific assistant" position by Eugene Dibble, even though she told Dibble, "You know I don't know a thing about that."<sup>40</sup> She was thought to be one of the best nurses Tuskegee had produced. In her position with the PHS study (and with the support of Dr. Dibble and the institute's hospital), Eunice Rivers worked to find the subjects, drove them into Tuskegee for examinations, did the follow-up work, created the camaraderie that kept them in the study, helped in their assessment and in the provision of tonics and analgesics, assisted with the spinal taps, and encouraged the families to allow autopsies at the Tuskegee hospitals by promising and providing money for burial. She helped set up what was called "Miss Rivers' Lodge," an insurance scheme that guaranteed the men's families a decent burial in exchange for the men's participation in the examinations.<sup>41</sup> Although the doctors who were involved in the study changed regularly, Nurse Rivers was the constant.

When the story of the experiment broke in the press in 1972, Nurse Rivers retreated into a form of silence. She refused most interviews, did not give testimony before the Senate hearing, and only allowed herself to be interviewed once by the federal investigating team.<sup>42</sup> But two and a half years after the story came to light, she called her friends Helen Dibble (widow of the Tuskegee medical director) and Daniel Williams, Tuskegee's archivist, to her home one morning and began her "testifying." It is her testifying in 1975 to her friends, an interview with a former Tuskegee woman for the Schlesinger Library's Black Women's Oral History Project in 1977, her legal deposition, and her interview with historian James Jones that I will use to examine how she tells the treatment story.<sup>43</sup>

For Eunice Rivers, the men were patients, not subjects. Uncertain that she could really consider herself a "scientific assistant," she did feel comfortable as a nurse, even hanging the Nightingale Pledge on her living room wall.<sup>44</sup> Although she told Dibble she "didn't know much about that," she in fact learned.<sup>45</sup> She listened carefully to what the doctors told her. But she also wrote to the state health department's head nurse to ask for books on venereal disease.<sup>46</sup>

Describing the dangers of the 1930s treatment regimes, she claimed they were "really worse than the disease if it was not early syphilis," and again she said, "If syphilis was *not* active the treatment was worse than the disease."<sup>47</sup> Thus her narrative began with her view of treatment from a nursing perspective that sees the impact on the patient. She was aware of the pain and the suffering of the patient at

the very moment of caregiving. In this way she differentiated early from late, latent syphilis, taking the uncertainty that existed in medical understandings of the disease to explain why it was appropriate to withhold treatment.

Nurse Rivers was doing the professional nursing work of caring. As an African American woman and member of the Tuskegee community, she was also healing, seeing that the men and their families got attention, bringing them baskets of food and clothing she could get from others. Although she maintained adamantly that as a nurse she never diagnosed, she argued equally that she cared.<sup>48</sup>

Reflecting on the data that suggests many of the men found various forms of treatment, she declared: "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."<sup>49</sup> She knew that "iron tonics, aspirin tablets and vitamin pills" are not treatments for syphilis. But she described these drugs as well as the physical exams as part of treatment. Within a very few minutes in one interview she emphasized the provision of these simple medications three different times. She said: "This was part of our medication that they got and sometimes they really took it and enjoyed it very much. And these vitamins did them a lot of good. They just loved those and they enjoyed that very very much." To emphasize her construction of these medications as "treatment," she pointed out others who tried to get into the study to get these "treatments." Her words suggest that she was choosing to emphasize the problems with the available drug regimens for the disease, the men's ability to be seen by a physician, and the provision of simple medications as a way to explain the kind of treating that was appropriate. Blinding herself from the idea that they were not directly treated for their syphilis, her sense of healing thus focused on her own caregiving role, the ways the men gained new knowledge about X rays and their own bodies, and the provision of "spring iron tonics" and aspirins they would not have gotten otherwise.<sup>50</sup>

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."<sup>51</sup> 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.<sup>52</sup> Well aware of the great needs of the impoverished community, she said directly, "These people were given good attention for their particular time."<sup>53</sup> 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 more,

and indeed a kind of treatment or healing, than many of the men she saw had ever had from health professionals. Indeed, if we think about the kinds of healing and therapeutics that were prevalent before the mid-twentieth century, we can even see Nurse Rivers' practice in a long line of caregivers.

We must consider, too, that her caring also brought power to Nurse Rivers.<sup>54</sup> She emphasized her role in bringing the men in, showing them around Tuskegee (which many of them had never seen), driving of a car. Laughingly, she reflected on how the men called their experience "Miss Rivers' study," but her chuckling suggests her sense that it was both not hers and hers in some real way.<sup>55</sup>

Nurse Rivers seems more troubled when she thinks about what penicillin meant for the treatment of syphilis (it became available by the late 1940s). When this topic comes up, her voice shifts and she speaks more slowly and directly about what the doctors have told her. She communicates in what sounds like a "just following orders" nursing voice.<sup>56</sup> She seems to be acknowledging that perhaps something may have been wrong; but then she immediately moves back into discussing the treatment of the early days. This suggests that when she is speaking about penicillin she is more directly troubled about the moral implications of withholding it.

Or, it can be surmised that she has lost the part of the nursing voice that gave her professional authority (the caring grounds) and shifted to the taking-orders position that, while morally protecting her in that time period, clearly troubles her years later.<sup>57</sup> Her shifting temporal sense suggests her moral qualms might have grown with the arrival of penicillin, but her views were so formed by the study's rationale and the earlier thinking that she almost cannot shift in her views, at least not in the 1940s.<sup>58</sup>

Rivers' language to explain her camaraderie with the men provides us with insight into her position, power, and the ways she negotiated her difficult middleground. In doing her work she spent hours in her car with the men, driving them into Tuskegee over rutted, muddy, and unpaved back country roads. For the men, the time with Nurse Rivers was also a break from the field work or day labor in the sawmills, small farms, and plantations that comprised their daily lives. In a short description of how the men joshed one another about "what they got" when they took their clothes off, she told historian James Jones about the following conversation in her car:

I said, "Lord have Mercy." So what we did, we would all be men today, tomorrow, maybe we'll all be ladies. . . . Well, you see, when you've got one group together you can say anything. Tell 'em about anything. But if you got women and men, well you have to [be] careful about what you say, see. . . . You see. So when they want to talk and get in the ditch, they'd tell me, "Nurse Rivers, we're all men today!" . . . Oh we had a good time. We had a good time. Really and

truly. When we were working with those people, and when we first, and when we got started early that was the joy of my life."<sup>59</sup>

Thus when she described the talk in her car, she actually made a verbal gender shift and class switch that allowed her to join, or at least to hear, the men in their sexual bantering. Her position as a professional woman, representing what historian Darlene Clark Hine calls the "super-moral" black woman, would not normally make such a switch possible.<sup>60</sup> But Rivers, ever mindful of her position as a professional woman, caring for working-class men with a sexually transmitted disease, changed her verbal gender in order to shift, at least momentarily, her gendered class position. Although her place in the community and her representation is of a professional woman, in her car, while *she* was driving, literally moving liminally from rural country to the more urban Tuskegee, her gender, class, and sexualized hearing (if not her actually voicing) can invert in order for her to bond with the men.

Her description of her power also took on a shift of gendered racial power. It was within caring nursing work that Rivers saw her strengths. She entered nursing, at first, because of her father's suggestion. But, she said, "It was his decision but then it became a part of me. 'Cause really if it hadn't been, I never would have been a nurse. I had to make the decision within myself."<sup>61</sup> Although she worked within patriarchal authority and its influence, she did so with the belief that she shaped its limits and could indeed change her represented form when needed.

In order to understand how she saw her caring as a *form* of treatment, it is critical to see that she prided herself also 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 up here to be mistreated.' "<sup>62</sup> Her use of the word *mistreat* three times in four sentences tells us that behavior in the provider-patient relationship is, 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 her words.

Rivers also told her Tuskegee students to maintain their dignity and their distance from the doctors. A public-health nurse she trained recalled that Rivers told her: "Never work with a physician who wants to use you. Don't let them pat you on the head because they'll think you want to drop your drawers. That way

you can always stand up for what you believe."<sup>63</sup> Thus, while others have argued that she had to follow doctor's orders, this nurse's memories suggest that Rivers, like many nurses, knew there were ways to maintain one's dignity, limit the sexualizing of the nurse by the physician, and maintain respectability by setting careful limits on physicians' power.

Her respectability, dignity, and behavior are thus central to her sense of self in relationship to the doctors.<sup>64</sup> In dealing with the white doctors, she becomes not only hypervisible but also hypermoral, redefining black womanhood out of a sexual realm. In her car with the men, however, she shifted out of this gender position as a way to create a different sense of self and connection with the men, almost invisible and differently moral.

Rivers' form of code switching was thus between different gendered class positions. She was a devoted Tuskegee graduate, serving as president of Tuskegee's Nursing Alumnae Association and fighting to retain the school when it was threatened with closure.<sup>65</sup> As with other black professional women and in keeping with the Tuskegee spirit, she both separated herself from the "folk," given the caste lines that shaped the black experience in Tuskegee, and yet spoke their idiom (even if she had to change verbal gender to do so) and lived their lives in many ways. She demonstrated, when she had to, what historian Evelyn Brooks Higginbotham has called the "perceived centrality of female morality and female respectability to racial advancement."<sup>66</sup>

Rivers was a "race woman": someone whose whole life was devoted in her own terms to the betterment of African Americans as best she could. But our understanding of what this meant to her will have to be read in a complex and nuanced manner. Her tale of her upbringing emphasized her parents', and particularly her father's, efforts to make her see herself as different and important.<sup>67</sup> She described an attack upon her father by the Ku Klux Klan in Georgia for standing up to white oppression, his beating, and the shots that were fired into their home at night. Her father sent her off to a mission school but pulled her out before her last high school year. Rivers reports that he asked: " 'You all don't have anything there but white teachers?' " Linking these comments with his experiences with the Klan, Rivers narrates that her father then saw to it that she left the mission school to go to Tuskegee. Thus we can also read her belief in her ability to put the white doctors in their place and to shape how they treated the male "subjects" as her version of her father's commitment to the struggle against racism. As she stated in one interview, "Dr. Dibble knew that I really knew how to handle the white man."<sup>68</sup>

And it may also be that part of her story as a race woman and nurse is her silence. Evelyn M. Hammonds reminds us that "since silence about sexuality is being produced by black women and black feminist theorists, that silence itself suggests that black women do have some degree of agency."<sup>69</sup> Our understanding of Rivers' silence has to force us to hear both what she did and how she spoke

about. Rivers' refusal to speak out and provide testimony may be because she had a different understanding of what had happened *and* because she was also felt she had to keep silent.

This is suggested in her struggle to explain her differences with one of the black physicians about whether she let patients get treatment. It is here that her testifying voice most clearly comes through. In his testimony before the federal investigating committee, Reginald James, who worked with Rivers on another venereal disease control out of the Macon County Health Department, claimed she would tell him not to treat patients who were in the study.<sup>70</sup> James's view is also corroborated by the repeated testimony of some of the surviving men who recalled that she kept them actively from getting treatment, even pulling one man out of the line at a penicillin treatment center in Birmingham in the late 1940s.<sup>71</sup> In her interview with her Tuskegee friends, Rivers declared:

And Dr. James told folks up there in Washington I would not let him see the patients, that I would not let them get treatment. And when they told me that, I said I can't, I hate to dispute it. I said we're supposed to respect the medical profession but Dr. James is lying, saying, I, the only thing I would do, I would tell Dr. James this is one of the patients. Now it was up to him if he wanted to treat him. . . . So, this is, ah ah, I don't know, but nobody knows what I went through here, you'd have thought I was a doctor mistreating the patients. [*her voice gets quieter*] And I, 'cause a lot of them, I don't know, I think that there was a lot of the jealousy with the medical profession and me, [*her voice gets stronger*] see, because they felt that I was not letting the patients get the treatment. I never told anybody that you couldn't get treatment. I told them, "So, go get . . . who's your doctor? If you want to go to the doctor, go and get your treatment." They didn't tell you you *couldn't* be treated. . . . They [the physicians] had to fall back on something, have an excuse, and maybe the medical profession was on them so they put it on me, that I wouldn't *let* the patients get the treatment.<sup>72</sup>

In a first reading this statement, it could be assumed that she was just forced to cover for the doctors and kept her silence. Her explanations resonate with the historic voice of many nurses who clearly understand the gender dynamics of the nurse/doctor relationship and who can articulate an anti-male or martyred nurse voice that serves as their form of resistance to oppression.<sup>73</sup> As in her other interviews, when she gets concerned about the study's moral morass, she retreats to "the nurse who just took orders and did not prescribe" voice.<sup>74</sup>

The use of interview sources and a rereading of archival materials suggests an alternative view of what her silences meant. Irene Beavers, a nurse who had been Rivers' student at Tuskegee and then her supervisor when she became director of nursing at the John A. Andrew Hospital at the Institute, provided a possible different interpretation. Mrs. Beavers described Rivers as a dignified "Harriet

Tubman" of nursing, an "underground railroad person who advised these people, not to be used." She recalled that Rivers told them during a lecture in her Tuskegee course on venereal disease control in the late 1940s (before the study was exposed):

They [the men and their families] were not to tell that she had told them [that they were being used]. And there were several of them that . . . got treatment because she told the family to pick them up and bring them back. And take them to Birmingham . . . and they were treated for syphilis. . . . And she had to do it this way or she would have lost her job. . . . And the thing she was trying to get us to understand that as nurses you had a responsibility to yourself and to your counterparts and to your patients. . . . You had certain rights and there were some things you knew not to do. And you could make diagnoses too, although the physician felt he was the only person who could.<sup>75</sup>

Other public-health officials in Tuskegee said it would have been possible for her to have given the men penicillin from the local health department supplies, or to have gotten some of the other public-health nurses to provide it.<sup>76</sup>

One interview cannot, of course, serve as enough historical evidence for this way of understanding what Nurse Rivers might have done. Corroborative information would be necessary to at least suggest that she *might* have surreptitiously worked to get some men out of the study when she could. A hint of this comes briefly came from one of the federal investigating committee members, who, after interviewing her in 1972, wrote about her in a private letter to the committee's chairman. In the letter he stated that he both thought she followed doctors' orders and was "convinced . . . that she made treatment arrangements for any person in the untreated group upon his request."<sup>77</sup>

The third piece of evidence comes in a report from a PHS physician, Dr. Joseph Caldwell, who worked with her toward the end of the study. Writing to his superiors in 1970, he stated, "Once more, however, I began to doubt Nurse [Rivers] Laurie's conflicting loyalty to the project. Several times I have wondered whether she wears two hats—one of a Public Health Nurse, locally coordinating the Study and one of a local negro [*sic*] lady identifying with those local citizens—all of her race—who have been 'exploited' for research purposes."

Caldwell cited as his evidence a patient who had been lost to follow-up since 1944, but who somehow turned up in 1970 while Nurse Rivers was elsewhere. The man lived "four blocks from the old Macon County health department where all of [the] survey examinations were generally held." The man told Caldwell he and his wife were good friends of Nurse Rivers and her husband. Then the man told the PHS doctor, "He got penicillin shots, a full series, at the Macon County Health Department as soon as possible after 1944, when he first learned he had 'bad blood.' Perhaps I am being supersensitive," Caldwell concluded, "but this all seems to be a bit more than mere coincidence."<sup>78</sup>



Finally, when historian James Jones interviewed Rivers in 1977, he asked her directly about treatment. When they discussed the early forms of treatment (nearsphenamine and bismuth), she again emphasized her understanding of the nursing role, but she did so interestingly by answering him in the negative. "Nurses have so much responsibility today," she said. "But no, and I never told somebody *not* to take any medication." When Jones asked her the penicillin question by saying, "So how did you all go about keeping them from getting penicillin?" Rivers replied, "I don't know that we did." Jones then asked, "Did you try?" And Rivers answered: "No I did not try . . . to keep them, because I was never really told not to let them get penicillin. And we just had to trust that to those private physicians."<sup>79</sup>

All these differing sources suggest the possibility that while there was a "Miss Rivers' Lodge," to which the men paid with their lives and illnesses to gain a decent burial, there may also have been a "Miss Rivers' List" that got some of the men out of the study and into medical treatment.<sup>80</sup> We will never know how many men made it to the list. It could have been just this one man, perhaps, or it could have been many others, or none at all. In examining some of the patient records, I found that some of the men who left Macon County were treated elsewhere in the country; others actually got treatment at the Macon County Health Department. The PHS wanted total control over the men. But it was less complete in practice than we have been led to believe.

Rivers may also have been operating under a specific moral theory to make her decisions. First, following the arguments that ethicist and psychologist Carol Gilligan has made, we might agree that for Rivers "the moral problem arises from conflicting responsibilities rather than from competing rights and requires for its resolution contextual and inductive thinking rather than formal and abstract reasoning."<sup>81</sup> Second, historian Martin Pernick has argued that even before a rights' perspective developed around informed consent there was a sense of the importance of "truth-telling and consent-seeking" in medical practice in the nineteenth and early twentieth centuries.<sup>82</sup> While we could clearly argue there was little truth telling and no consent seeking on the part of the doctors, Rivers manifestly holds that she never lied and that she operated in a realm of mutuality. In this sense, she may have been operating from what other ethicists have called a "beneficence model" . . . where consent and disclosure comes primarily from an obligation to provide medical benefit rather than respect autonomy."<sup>83</sup> While we could clearly argue that medical benefits were doubtful to nonexistent, Rivers clearly thought there was consent in the beneficence, but not in the rights, sense because the mutuality was one of nursing and caring.

Perhaps, after all, Rivers told only those she could trust. But choosing whom to trust was never easy for Nurse Rivers. In the context of the lawsuit that would bring compensation to the men and their heirs, she chose to testify as an martyred

innocent, hinting at her moral agency, but primarily hiding by discussing "taking orders" or the dangers of some of the treatment for protection. In the face of the choice between naiveté and moral agency—but agency that would have implicated the black professionals in the conspiracy of knowledge and shown what a public-health nurse could do—she chose a careful line that erred on the side of duped innocence.

She avoided saying much about how her shifting gender position made possible her role in "treating" a sexually transmitted disease. The words to even explain this did not, of course, really even exist. As with many black women, as critic Mae Henderson has noted, Rivers had something to say but searched "for a way to say it" in a situation where "she had very little say."<sup>84</sup> She had to choose when to speak, with whom, and about what, a way of being that African American women have been practicing for generations.

In reality, we cannot really know about the extent of Rivers' own moral conflicts, especially after the study story broke. Those who were with her that fateful July day in 1972 when the media began to swarm said she retreated into a back room of the health department and wept.<sup>85</sup> The fragmentary evidence that does survive suggests that after 1972 she tried to reconsider her participation, to help the men as much as possible, and to rethink the meaning of treatment. Once Attorney Fred Gray began his legal proceedings, she retreated to almost complete silence. Mrs. Beavers stated Rivers was very savvy about legal issues in nursing and her silence and statements suggest just that.

In "testifying" about her position, she is giving "verbal witness to the efficacy, truth and power of some experience in which [the group has] shared."<sup>86</sup> In the context of Tuskegee in those years, with the lack of caring and health care available, she was truthfully providing treatment and care in a way that was understood by the Tuskegee doctors who had faith in her, by the men who truly loved what she did for them, and by the PHS physicians who were primarily grateful for her skills. She may have tried to find ways to work around class, race, and gender structures which shaped, but never totally controlled, her experience. As she told her students: "People may not like you for what you do, but if you are right they will respect you for what you do."<sup>87</sup>

I think we need to hear Nurse Rivers' words as representing the many voices that allowed her to accommodate and resist the pressures of race, class, profession, and gender at the very same moment in differing and subtle ways. The racism and sexism that provided the underpinnings for medical scientific arrogance has many differing faces, making possible many differing routes for resistance, and sometimes escape, for subjects and nurses. In the context of a Tuskegee culture that allowed for both racial accommodation and hidden resistance, perhaps Rivers really was finding the only position—a shifting one—she thought possible. That her changing position and multiple forms of speaking may also have created suf-



fering and death alert us to the costs of expecting silence from a nurse and the dangers of an ethic of caring and beneficence without racial, gender, and class justice.

# NOTES

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1. The actual number of men in the study varies in the differing research publications. Most sources suggest there were approximately 399 men who had the disease and another 201 who were the "controls." However, some controls who developed syphilis were also switched into the study's other "arm." For an overview, the major monograph is James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment*, rev. ed. (New York: Free Press, 1993). See also Allan M. Brandt, "Racism and Research: The Case of the Tuskegee Syphilis Study," in *Sickness and Health in America*, 3d (rev.) ed., edited by Judith Walzer Leavitt and Ronald L. Numbers (Madison: University of Wisconsin Press, 1997), 392–404, and in this volume.

2. Jacket-copy language for Jones, *Bad Blood*. All subsequent citations to *Bad Blood* are from this first edition.

For perceptive analysis of the continuing importance of Tuskegee for African Americans and their health care, see Stephen B. Thomas and Sandra Crouse Quinn, "The Tuskegee Syphilis Study, 1932–1972: Implications for HIV Education and AIDS Risk Education Programs in the Black Community," *American Journal of Public Health* (hereafter cited as *AJPH*) 81 (November 1991): 1498–1505, and Vanessa Northington Gamble, "Under the Shadow of Tuskegee: African Americans and Health Care," *AJPH* 87 (November 1997): 1773–78, both in this volume.

3. For more details on the ceremony and how it was organized, see Susan M. Reverby, "History of an Apology: From Tuskegee to the White House," *Research Nurse* 3 (July/August 1997): 1–9.

4. Ralph Ellison, "The Shadow and the Act," in *The Collected Essays of Ralph Ellison*, edited by John F. Callahan (New York: Modern Library, 1995), 305. The essay originally appeared in *The Reporter*, 6 December 1949.

5. I am grateful to Cynthia Wilson of Tuskegee University for providing me with this colloquialism.

6. As Patricia Williams has argued, we will have to get beyond "voyeurism" and a tendency to "ritualize race as one-way theater," with whites only looking in. See her "World beyond Words," *Nation* 265 (22 September 1997): 10.

7. There have been numerous interpretations of the study, many of which are included in this collection of secondary and primary materials or listed in the bibliography.

8. Evelyn M. Hammonds, "Black (W)holes and the Geometry of Black Female Sexuality," *differences* 6, nos. 2–3 (1994): 126–45.

9. Nurse Rivers married when she was in her fifties. Although some of the community refer to her as Mrs. Laurie, for most of her life she was known as Nurse Rivers. Susan Reverby interview with Cynthia Wilson, Tuskegee, Alabama, 7 May 1997.

10. Hammonds, "Black (W)holes," uses these terms and is building on work by Audre Lorde on the invisibility/hypervisibility of black women. This analysis also reflects the importance of Evelyn Brooks Higginbotham's ground-breaking essay on the problem of the "metalanguage of race." See "African American Women's History and the Metalanguage of Race," *Signs* 17 (Winter 1992): 251–74. As Higginbotham puts it (p. 272): "Today, the metalanguage of race continues to bequeath its problematic legacy. While its discursive construction of reality into two opposing camps—blacks versus whites or Afrocentric versus Eurocentric standpoints—provides the basis for resistance against external forces of black subordination, it tends to forestall resolution of problems of gender, class and sexual orientation internal to black communities."

11. Jones, *Bad Blood*, devotes numerous pages and a chapter to Nurse Rivers. She is also the central figure in David Feldshuh's play, *Miss Evers' Boys* (Chicago: Chicago Theatre Group, 1991), and the subsequent HBO movie, *Miss Evers' Boys*, shown nationally for the first time on 22 February 1996. For interpretations of her role by three other historians, see Darlene Clark Hine, *Black Women in White* (Bloomington: Indiana University Press, 1989), 154–56; Susan L. Smith, "Neither Victim nor Villain: Nurse Eunice Rivers, the Tuskegee Syphilis Experiment, and Public Health Work," *Journal of Women's History* 8 (Spring 1996): 95–113; Evelyn M. Hammonds, "Your Silence Will Not Protect You: Nurse Eunice Rivers and the Tuskegee Syphilis Study," in *The Black Women's Health Book: Speaking for Ourselves*, 2d ed., edited by Evelyn C. White (Seattle: Seal Press, 1994), 323–31; also in this volume.

12. In thinking through Nurse Rivers' silence, I found helpful Nellie Y. McKay, "Remembering Anita Hill and Clarence Thomas: What Really Happened When One Black Woman Spoke Out," in *Race-ing Justice, En-gendering Power: Essays on Anita Hill, Clarence Thomas and the Construction of Social Reality*, edited by Toni Morrison (New York: Pantheon, 1992), 269–89, as well as all the essays in the Morrison collection; see also Hammonds, "Black (W)holes."

13. Higginbotham, "African American Women's History," 266.

14. Geneva Smitherman, *Talkin and Testifyin: The Language of Black America* (Boston: Houghton Mifflin, 1977), 58.

15. For use of Smitherman's terms, see Mae Gwendolyn Henderson, "Speaking in Tongues: Dialogics, Dialectics, and the Black Women Writer's Literary Tradition," in *Changing our Own Words: Essays on Criticism, Theory and Writing by Black Women*, edited by Cheryl A. Wall (New Brunswick: Rutgers University Press, 1989), 22.

16. See Allan M. Brandt, *No Magic Bullet* (New York: Oxford University Press, 1987); Elizabeth Fee, "Sin versus Science: Venereal Disease in Twentieth-Century Baltimore," in *AIDS the Burdens of History*, edited by Elizabeth Fee and Daniel M. Fox (Berkeley: University of California Press, 1988), 121–46; David McBride, *From TB to AIDS: Epidemics among Urban Blacks since 1900* (Albany: SUNY Press, 1991); and Jones, *Bad Blood*. In her review of Jones's book, Barbara Rosenkrantz raises the question of conflicting medical notions of treatment for syphilis but does not discuss Nurse Rivers; see her "Non-Random Events," *The Yale Review* 72 (1983): 284–96. 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): 1247–51, both in this volume.

17. Fee, "Sin versus Science," 125.

18. 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), 58, quoted in Rosenkrantz, "Non-Random Events," 292.

## YOUR SILENCE WILL NOT PROTECT YOU

### Nurse Rivers and the Tuskegee Syphilis Study<sup>1</sup>

EVELYNN M. HAMMONDS

I've been afraid to know more about this story. I sat in the library over an hour killing time—flipping through magazines, talking with a friend, making several trips to the water fountain. I stared at her picture on the poster from the Schlesinger Library's Black Women's Oral History Project.

Her face has always looked so familiar to me. The reddish-brown skin and the gray hair brushed back from her forehead in the style worn by many of the women from the central part of Georgia where she and my family were reared. Her hands were large and looked as if they were used to hard work. She had a shy smile on her face. When I could not postpone it any longer, I sat down to read the words of Eunice Rivers, the black woman who had been a major character in an ugly episode in American history, the Tuskegee Syphilis Study.

In July 1972, the world first learned that for forty years the United States Public Health Service had been conducting a study of untreated syphilis on almost four hundred black men in Macon County, Alabama. From 1932 to 1972, 399 men who had syphilis and another 201 who were free of the disease serving as controls, were a part of what became known as the Tuskegee Study. While whites reacted with shock at the exposure of such scientific abuse in their own country (which was for many of them comparable to the crimes of the Nazis against Jews during World War II), African Americans almost universally saw the study as just one of the more blatant acts of genocide long perpetrated against our communities by whites.

As the indifference of the medical and public health establishments has allowed the slow, steady increase of AIDS in African-American communities to continue unabated, many black people have likened the tragic AIDS epidemic to the Tuskegee Study. In the case of AIDS, many African Americans feel that we have little reason to trust public health experts, still largely white, who were part of an agency that used a group of poor black men as their guinea pigs for forty years. But there is

another lesson we need to learn from the Tuskegee Study as we enter the second decade of the AIDS epidemic, and that is about our own responsibilities as black women to speak about the ravages of this disease in our communities. The story of the Tuskegee Study and particularly Nurse Eunice Rivers' role in it, should remind us of the ways in which we can be made complicit in the suffering of our own people.

### What's Done in the Dark Is Revealed in the Light

While historians have known the detailed story of the Tuskegee Study since 1981, when white male historian James H. Jones published his book, *Bad Blood: The Tuskegee Syphilis Experiment*<sup>2</sup>, most people have only recently learned of the event from articles in *Essence* magazine. There have also been television programs about the study (a *Nova* special and a segment on the news show *PrimeTime Live*) and a play, *Miss Evers' Boys*, which was written by David Feldsuh, a white man. In the play, the character of Miss Evers is based on the black public health nurse who worked on the Tuskegee Study, Nurse Eunice Rivers. It was Nurse Rivers' job to serve as a liaison between the white doctors who designed and ran the Tuskegee Study and the black men who were its subjects. She kept track of the men in the study, visited with them and came to know their families. She tried to protect them from the racist behavior of the doctors and consoled their families when the men died of the disease. By all accounts, it was the men's trust in Nurse Rivers that kept them in the study. Yet, despite her performance of her duties and the care and concern she displayed toward the men in the study, Nurse Rivers has been depicted in Jones' book and Feldsuh's play as a problematic figure—carrying the weight of the questions: Did she knowingly participate in deceiving the men? Or was she herself a victim of the study?

Furthermore, while she was the only female officially involved in the study, Nurse Rivers was not the only woman who had to deal with its consequences. In addition to the above questions, we need to ponder: What of the wives of the men? How many of them were put at risk because of the failure to treat the men? And most importantly, what are we, as African-American women, to make of various attempts to cast Nurse Rivers as a collaborator in one of the most unethical medical studies of this century?

### Eunice Verdell Rivers

Eunice Verdell Rivers was born in 1899 in Early County, Georgia.<sup>3</sup> With her father's encouragement and support, she decided to study nursing. She graduated

Evelynn M. Hammonds is associate professor of the History of Science in the Program in Science, Technology, and Society at the Massachusetts Institute of Technology. Originally published in Evelyn C. White, *The Black Women's Health Book: Speaking for Ourselves* (Seattle: Seal Press, 1994): 323–31. Copyright © Evelyn M. Hammonds and reprinted by permission of Seal Press.

from the nursing school at Tuskegee Institute in 1922. Her first job was with the Movable School, which was a specially built bus that traveled across Alabama providing hands-on demonstrations of canning, mattress-making, carpentry, animal husbandry and midwifery to black folks with no access to formal education. Following a short stint as a night nursing supervisor at the John A. Andrew Hospital on the Tuskegee Institute campus, Nurse Rivers was recruited in 1932 to join the public health project on the study of venereal disease in Macon County. She remained on the project for the next thirty-three years. In addition to her work on the syphilis study, she also collected information and recorded data on births and deaths in the black population. She often had to travel alone to do this work, going from plantation to plantation in the southern part of the state. Nurse Rivers also taught midwifery for a number of years and worked on other issues related to infant and maternal health among the poorest blacks in Macon County.

In April 1958, Eunice Rivers became only the third recipient of the Oveta Culp Hobby Award, the highest commendation given to an employee of the Department of Health, Education and Welfare. The citation read, "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."<sup>4</sup> The irony of her receiving this award for her work on the Tuskegee Study would only become apparent more than a decade later when the details of the study were revealed to a wider public.

### Always Mindful

Since the troubling details of the Tuskegee episode have come to light many people have asked the following question: How could a black woman, educated and trained as nurse, willfully participate in a study that ultimately harmed so many of her people? I believe that part of the answer lies in the way Jones depicted Nurse Rivers in *Bad Blood*, which is perhaps the most widely cited text on the study.

From the opening pages of the book, Jones displays a great deal of moral outrage about the study. Noting the pivotal role that Nurse Rivers played in the experiment, he writes, in the book's acknowledgements: "I owe an enormous debt to Eunice Rivers (Laurie) for spending several days with me and helping me to see the experiment through her eyes. More than any other principal of the Tuskegee Study, she increased my tolerance for ambiguity."<sup>5</sup> On the contrary, it is clear from the manner in which Jones renders the story that his vision was skewed. He did not understand nor convey the complexity of the study through Nurse Rivers' eyes.

Eunice Rivers knew firsthand the world of poor black people living in Alabama during the Depression. She could not fail to see how segregation sat like a heavy

boot on the backs of all blacks in the South. Though she was an educated woman and one of the few black nurses in Alabama, Nurse Rivers too felt the weight of segregation and oppression on her back. She knew she had to be careful as she traveled around the state collecting birth and death records. She had to be mindful always that her job put her close to white people who were threatened by her professional status. At the same time, she had to consider and attend to the feelings of blacks who might have been disdainful toward her because of her close working relationships with whites. In short, she straddled two worlds.

Early in her career, white supervisors praised Nurse Rivers for her ability to win the trust of the black community, wherever she was dispatched. On one occasion, a white nurse suggested that she might follow Nurse Rivers to learn the secret of her success. But she would have none of that. "You tell me what you want me to do in the office and I'll go and do it," Nurse Rivers replied. "But you're not going to follow me there. The first thing the Negroes would say was that I had been framing them."<sup>6</sup> Nurse Rivers walked this line throughout her career.

Because of our national amnesia about the conditions black people lived under before the civil rights movement, it is difficult for us to remember the world of the segregated South. Black women nurses, social workers, teachers and the few clerks who worked in white-owned stores, played a much more central role in the lives of black people than they do today.

For example, I can remember as a small child, going on Saturday shopping trips with my mother and sister to a major department store in downtown Atlanta. My mother always took us to this particular store because she had a black women friend who worked as a clerk, not a saleslady (in those days the title "saleslady" was reserved for white women) in the girls' and women's department. My sister and I liked going to this store because my mother was always less tense and anxious when we shopped there. Her friend would help pick out clothes for us and then stand guard at the one dressing room we were allowed to use. She wouldn't let the white salesladies talk down to my mother and even at a young age, my sister and I understood the importance of her protection. And certainly, when our friend was home on the weekends, as a valued member of her church and community, the role she played was validated by all. These women were seen as muting the force of a system of apartheid that at any moment could turn a simple shopping trip—during which a black child might innocently touch a pretty dress on a rack—into an ugly and dangerous racial incident.

It is within this context that Nurse Rivers carried out the duties of her job. She had no ambitions to be a doctor, she wanted to be a nurse because she was, in her own words, "interested in the person, and it just never occurred to me that I wanted to be a doctor . . . the nurse plays an important part there. She's closer to the patient. Patients would get to the point where if they're not sure, they're going to ask you. They get you in the middle."<sup>7</sup>

## "These Are Grown Men"

When Nurse Rivers became involved in the Tuskegee Study, she fiercely protected the men, making sure that the young, white doctors who gave them their yearly checkups understood that the men were human beings. "They're human," she told the doctors, who often treated the men insensitively. "You don't talk to them like that. . . . If anything happens that you can't get along; that you can't get it through their head, just call me. We'll straighten it out. But don't holler at them. These are grown men."<sup>8</sup>

To the white physicians conducting the study, the men were nothing more than experimental "subjects." To Nurse Rivers, men like Charles Pollard and Lester Scott (two in the study who are mentioned by name in Jones' book) were deserving of courtesy and respect. Her duties included keeping track of the men in the study, driving them to the hospital for their annual blood tests and checkups and providing them with medicine and tonic throughout the year. The most difficult part of her work was obtaining permission from the men's families to allow the government to perform autopsies after their deaths. She sat with the families and talked them through their fears about the autopsies and at the urging of the widow of the first man in the study to die, she requested that the Public Health Service provide burial stipends of fifty dollars for each family. The autopsies were difficult for her. She attended every funeral. "I was expected to be there," she said. "They were part of my family."<sup>9</sup>

## At the Crossroads of Race and Gender

While Nurse Rivers was protective of the men in the study and provided care to them and their families, she also knew that they were being denied treatment for syphilis.<sup>10</sup> In her response to questions about this matter, she reiterated what the doctors had told her about the study: that its purpose was to make a comparison with a similar study that was being conducted on white men in order to determine if syphilis manifested itself differently in black people. The devastating nature of the late stages of syphilis was visible to all. It is a condition characterized by tumors and ulcers on the skin, bone deterioration and often severe damage to the cardiovascular and central nervous systems. Syphilis could cause blindness, progressive paralysis, and in those whose spinal cord nerves were affected, it impaired movement of legs, producing a stumbling gait.

As Jones noted, all these complications were known to medical science before the Tuskegee Study began. Eunice Rivers was not alone in accepting the Public Health Service physicians' view that a study of the late stages of syphilis in black people was needed. Dr. Eugene Dibble, the black medical director of the Tuskegee

Institute and head of its hospital, had given his approval to the study from its inception and had also performed some of the spinal punctures and autopsies on the men. Dr. William Perry, a black physician from the Harvard School of Public Health, sanctioned the study and participated in it. Dr. Jerome J. Peters, a staff physician at the Veterans Hospital in Tuskegee, likewise performed spinal punctures and autopsies on the men. In 1969, nearly thirty-seven years after the study began, most in the predominantly black medical establishment in Macon County had sanctioned the study.

Nurse Rivers perceived the study and its impact this way: While the men did not get treated for syphilis, they did get "good medical" care—care they would not have received otherwise because of their socioeconomic status. Neither Tuskegee Institute nor other local hospitals had provided adequate care for the poor black people in Macon County. As Nurse Rivers saw it, the fact that the men were given cardiograms and other expensive tests over the course of the study, meant they had access to quality care that few of their station ever received. Nurse Rivers consistently mentioned care when questioned about the ethics of the study. Nonetheless, she did not refrain from addressing the overriding problem of the research, "The doctors didn't tell the patients they had syphilis."<sup>11</sup>

## Who Shall Be Called to Account?

While some might construe Nurse Rivers' response as a casting aside of her own responsibility and complicity in the study, I think her answer reflects the complexities in the experiment, the majority of which have been largely ignored. Jones devotes a major portion of *Bad Blood* to describing Nurse Rivers' work and the trusting relationships she established with the men in the study. He spends far too little time documenting her relationship with the black and white male physicians who supervised her. Castigating her for "ethical passivity," Jones seems almost personally aggrieved that Nurse Rivers was unable to stop the experiment. He does not call to account the male physicians who had much more power and authority than she.

Thus, in his rendering of the story, the black woman nurse becomes the center of the ethical dilemmas raised by the Tuskegee Study. The person who in fact had the least amount of power to resist or question the study is blamed. Eunice Rivers was in no position based on her education or her work to evaluate the scientific merits of the study. And to be sure, the white physicians who supervised her were extremely adept at masking the ethical issues raised by the study. Despite their approval of the study, neither the black male medical establishment nor the administrators (again black and male) of Tuskegee are depicted as central figures in Jones' book. All these men, both black and white, are spared the censure Eunice Rivers receives.

## "We're Sick Too"

The Tuskegee Study is a story of the betrayal of poor black men and women. The men in the study and their mates were betrayed by both black and white male physicians who cared little about their lives because the people were black and poor. In the beginning of the study, the black physicians who lent their support to it, saw in the project a way to enhance their standing with the white medical establishment. These men knew full well the implications of the study and the system of racialized medical research from which it had emerged.

They put their professional interests above the medical needs of their people. They put their well-being above that of the fifty unnamed women and children who contracted syphilis because of the government's failure to treat the men.<sup>12</sup> We know nothing of the plight of these women or their children.

Eunice Rivers was also betrayed. Praised for her work with the men in the study by white physicians who noted her skill at warning the physicians of "eccentricities" of the patients, Nurse Rivers stood in the middle. She watched black male physicians cooperate with and validate a study controlled by white men.

She was called upon to console, but was powerless to advocate for the wives of the men who asked her why only men could be in the study. "We're sick too, Nurse Rivers," they said. As a middle-class, educated woman who interacted with both black physicians and the poor black men who were subjects in the study, Nurse Rivers lived in two communities. She saw herself as at least trying to do something for people others had forsaken.

## Silent No More

Eunice Rivers died at age eighty-seven in Tuskegee, Alabama. Her obituary noted that she had been a member of the Greater St. Mark Missionary Baptist Church for forty years. She organized the church's nurses' guild, taught women's Bible classes, was a member of the sisterhood, Trustee Board, Women's Missionary Board and Religious Education Board.<sup>13</sup> She lived a life of service to her community, but no one was served by her silence.

I wish that Nurse Rivers had been able to see that the Tuskegee Study was wrong. I wish that she had been able to speak. But I will not ask her to carry the weight for what was a failure on the part of the entire black community. I will not ask a lone black woman to carry the moral obligations of our community by herself.

This is a burden we must all bear. Black people face the same dilemma today as AIDS continues to spread unchecked in our families and neighborhoods. The toll AIDS is taking on African-American women and children is as ignored as the plight of the women in the Tuskegee Study.

Too few black physicians, nurses and public health workers are talking about the multitudes of black men, women and children with AIDS who are languishing in hospital beds. Too few historians, social scientists, community activists, religious and political leaders are speaking out. Because of homophobia and shame, too few black families are revealing the cause of death of the many young men and women they are laying to rest.

But listen up. Our silence will not stop the AIDS epidemic. Nor will our acceptance of the medical establishment's inertia and racism exonerate us from our responsibility to our sisters and brothers. We must speak about the failures to stop AIDS. The African-American community must deal with the sensitive issues that are at the heart of this matter—all unsafe sexual practices, but especially unprotected homosexual and bisexual relations and intravenous drug use. If we do not speak out, then another generation will be perfectly justified in asking us, as we today ask those involved in the Tuskegee Study, why blacks stood silent while our people died.

## NOTES

1. The title is taken from a line in Audre Lorde's essay, "The Transformation of Silence into Language and Action," in *Sister Outsider: Essays and Speeches*. (Freedom, CA: The Crossing Press, 1984).

2. James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: The Free Press, 1981).

3. The biographical information on Nurse Rivers is taken from the interview conducted by Lillian A. Thompson for the Black Women's Oral History Project. It is published in *The Black Women's Oral History Project* (Westport: Meckler Publishing, 1991), volume 7, pp. 213–242. In 1952, Eunice Rivers married Julius Laurie and took his surname. However, in published works, she is most often cited as Nurse Eunice Rivers.

4. Jones, p. 169.

5. Jones, op. cit., p. xi.

6. *The Black Women's Oral History Project*, op. cit., p. 230.

7. Ibid., pp. 240–241.

8. Ibid., p. 233.

9. Jones, op. cit., p. 154.

10. Eunice Rivers, Stanley Schuman, Lloyd Simpson and Sidney Olansky, "Twenty Years of Followup Experience in a Long-Range Medical Study," *Public Health Reports*, vol. 68, No. 4, April 1953, pp. 391–395. This paper, which lists Eunice Rivers as co-author, unabashedly opens with the statement, "One of the longest continued medical surveys ever conducted is the study of untreated syphilis in the male Negro."

11. Jones, op. cit., p. 219.

12. Jones, op. cit., p. 255.

13. Program from the funeral service of Eunice Verdell Rivers Laurie, September 1, 1986. Tuskegee University Archives. My thanks to Wellesley College Professor Susan Reverby for her assistance.

## NEITHER VICTIM NOR VILLAIN

### Eunice Rivers and Public Health Work

SUSAN L. SMITH

From 1932 to 1972 white physicians of the United States Public Health Service (USPHS) carried out an experiment on approximately 400 rural black men in Macon County, Alabama. The study, which historian James Jones has described as "the longest nontherapeutic experiment on human beings in medical history," was predicated on following the course of untreated syphilis until death.<sup>1</sup> Historians have focused on the study as scientifically unjustifiable and as an unethical experiment that highlights the racism of American medicine and the federal government. While affirming the validity of these assessments, I reexamined the experiment to return to the troubling question of why black professionals, such as nurse Eunice Rivers (Laurie), supported the project.

Black health workers and educators associated with Tuskegee Institute, a leading black educational institution founded by Booker T. Washington in Alabama, played a critical role in the experiment. Robert Moton, head of Tuskegee Institute in the 1930s, and Dr. Eugene Dibble, the Medical Doctor of Tuskegee's Hospital, both lent their endorsement and institutional resources to the government study. However, no one was more vital to the experiment than Eunice Rivers, a black public health nurse. Rivers acted as the liaison between the men in the study and the doctors of the USPHS. She worked in the public health field from 1923 until well after her retirement in 1965. She began her career with the Tuskegee Institute Movable School during the 1920s in rural Alabama. This traveling school for African Americans provided adult education programs in agriculture, home economics, and health. After a decade of service with the school, Rivers became involved in the infamous Tuskegee Syphilis Study in 1932. How could a nurse dedicated to preserving life participate in such a project?

Although historians have noted the key role that Rivers played in the experiment, they have presented her as a victim by virtue of her status as a woman, an African American, and a nurse. Groundbreaking work by James Jones, for example, interpreted much of Rivers's participation as driven by obedience to higher authority. A more satisfactory consideration of her role as an historical subject is

in order; yet, examination of Rivers's role does not necessarily lead to an interpretation of her as an evil nurse. What does it mean, then, to talk about the historical agency of black women within racist and sexist social structures? Indeed, Rivers was neither a victim nor a villain but a complex figure who can only be understood within her historical context. She acted in ways she determined to be in her best interests and in the interests of promoting black health. Consistent with the responses of at least some black health professionals and educators at the time, Rivers did not question the experiment because she did not find it objectionable.

I became curious about the response of Rivers and other black professionals to the syphilis experiment during my work on the National Negro Health Movement, a black public health movement during the first half of the twentieth century. A small but active group of black professionals in medicine, dentistry, nursing, and education, along with community women, organized public health programs across the nation to improve the health of African Americans. By 1930 black nursing schools and medical institutions had produced some 5,000 black nurses and 3,700 black physicians, many of whom were involved in community health projects.<sup>2</sup>

Drawing on federal records from the USPHS, manuscript collections at Tuskegee University (the black college formerly known as Tuskegee Institute), and an oral history of Eunice Rivers, this article analyzes the meanings of the experiment from the perspective of black health professionals, especially Rivers. Her story raises important questions about the gendered nature of public health work, the constraints on black middle-class reform efforts, and the costs and benefits to the poor.

The actions of Eunice Rivers can best be understood when set within the context of twentieth-century public health work. In her capacity as a public health nurse, Rivers acted as the mediator between black clients and the government, implementing health policy at the local level. Indeed, she was the key to maintaining subject interest in the experiment for forty years.<sup>3</sup> Paradoxically, it is a "tribute" to her years of hard work at developing relationships with people in the surrounding countryside through her public health work with the Tuskegee Movable School that the men in the Tuskegee Syphilis Study continued to cooperate year after year.

In order to better understand the work of Eunice Rivers in the Tuskegee Syphilis Experiment, it is important to analyze her activities with the Tuskegee Movable School. When Tuskegee Institute established the Movable School in 1906, it marked the beginning of organized black agricultural extension work in the United States. Booker T. Washington referred to this form of rural schooling for adults as "A Farmer's College on Wheels." Washington and his assistants convinced government leaders to fund part of the costs of the Movable School and include it within the extension service work of the U.S. Department of Agriculture and the

*Susan L. Smith is associate professor of history at the University of Alberta. Originally published in the Journal of Women's History 8 (1996): 95-113. Reprinted by permission of Indiana University Press.*

state of Alabama, although housed at Tuskegee Institute. The Movable School was one of the programs through which Washington attempted to secure government assistance and financial support during an era in which government neglect of the needs of African Americans was the norm.<sup>4</sup>

In the spirit of Washington's racial uplift philosophy, black extension agents from the Movable School tried to turn black tenant farmers into healthy, thrifty landowners. Landownership was a key to black freedom from white control. Extension agents wanted to liberate poor black people from the oppressive nature of the southern agricultural system, an economic arrangement which left many people trapped in a cycle of debt and poverty. Most African Americans in Alabama worked on white-owned cotton plantations where they rented their land and faced a losing financial battle. In 1925 in Macon County, home of Tuskegee Institute, 90 percent of the rural African Americans were tenant farmers.<sup>5</sup>

In the early twentieth century, many rural African Americans lived in unhealthy surroundings and faced a range of health problems including *malária*, typhoid fever, hookworm disease, pellagra, and venereal disease, along with malnutrition and high infant and maternal mortality rates. Black extension agents and health workers throughout the South tried to address these problems in several ways. They launched programs to promote diversified farming, including vegetable gardens to improve the diet, to screen homes against insects that carried diseases, to build sanitary privies or toilets to minimize contact with human wastes, and to educate people about personal hygiene.<sup>6</sup>

Extension programs such as the Tuskegee Movable School tried to improve living conditions and reduce the migration of black farmworkers out of rural areas. The Movable School, a mule-drawn wagon later replaced by a truck, carried several Tuskegee graduates in agriculture, home economics, and nursing to work in the countryside among the rural poor. Initially the extension agents held teaching sessions in community institutions, such as churches, but by 1920 they decided that they could reach more people by going directly to their homes, either tenant houses on plantations or the homes of the few black landowners. The educational philosophy of the Movable School like that of all extension work was to teach by example and to win the trust of the farmworkers.<sup>7</sup>

The black educators from Tuskegee Institute who worked with the traveling school urged the rural black poor to participate in their programs. Based on previous experiences with local government and its history of upholding white supremacy, many poor African Americans initially were reluctant to participate in rural development programs for fear of being exploited. They were distrustful of the state and its representatives, given their mistreatment at the hands of landlords, the courts, railroads, and law enforcement agents.<sup>8</sup>

Health concerns were an integral part of the agenda of rural development programs, including the work of the Movable School. Although male farm agents

and female home demonstration agents addressed health issues informally as part of their lessons in agriculture and home economics, the inclusion of a public health nurse with the Movable School in 1920 marked the beginning of formal health education work.

Throughout the early twentieth century the black nurse was a key figure in spreading the gospel of health or health education to African Americans. As the field of public health nursing expanded in the twentieth century and public health workers placed more emphasis on individual hygiene, nurses came to symbolize the ideal teachers. Public health nurses were especially important in rural areas where access to doctors was severely limited. They had more independence and autonomy than nurses in other fields. Despite discrimination in training, wages, and promotion, black nurses felt a sense of responsibility for the health needs of black communities. By 1930 there were 470 black public health nurses in the country, 180 of whom worked in the South where they constituted 20 percent of all public health nurses.<sup>9</sup>

The public health nurse was in an excellent position to assess the health needs of rural African Americans. Uva M. Hester, a Tuskegee graduate in nursing, became the first black public health nurse to work for the Movable School. She found the health conditions of rural families simply unbearable because of the unsanitary state of many homes. Hester stated that she was appalled by the flies, the dirt, and the small rooms in the cabins she visited. Her first week's report chronicled the inadequate health services available in rural Alabama.

Tuesday: I visited a young woman who had been bedridden with tuberculosis for more than a year. There are two openings on her chest and one in the side from which pus constantly streams. In addition, there is a bedsore on the lower part of the back as large as one's hand. There were no sheets on her bed. . . . The sores had only a patch of cloth plastered over them. No effort was made to protect the patient from the flies that swarmed around her.<sup>10</sup>

These same themes of unhealthy conditions and inadequate bedside care recurred frequently in Hester's reports from her travels throughout the county. Public health nurses provided health education, comfort, and care where they could, but they usually operated with limited resources.

Eunice Rivers (1899–1986) joined the Movable School in January 1923, happy to have a job and also steeped in Tuskegee's philosophy of service to the rural poor. Like others who worked with the traveling school, Rivers attended Tuskegee Institute, graduating from the School of Nursing in 1922. Born in rural Georgia, she was the oldest of three daughters of a farming family. Rivers became a nurse because of parental encouragement. She remembered that, before her mother died when Rivers was only fifteen years old, her mother had told her to "get a good education, so that I wouldn't have to work in the fields so hard." Her father also promoted



education for his daughters, working long hours in a sawmill to help finance it. Rivers eventually followed her father's advice to study nursing despite her protesting, "but Papà, I don't want to be no nurse, I don't want folks dying on me."<sup>11</sup>

Gender prescriptions influenced the shape of Rivers's public health work as she traveled from county to county. She directed most of her health education messages, including discussion of sanitation, ventilation, and cleanliness, to rural women. Public health programs focused on women because they were expected to be the ones most responsible for the health of their families. Rivers informed women about specific diseases, such as malaria and typhoid fever, and taught them how to make bandages from old clothes, care for bedridden patients, and take a temperature. Women often asked questions at these health meetings and seemed eager for information. In addition, Rivers gave dental hygiene lectures to children on how to brush their teeth, and she handed out tubes of Colgate toothpaste donated by the company. Her public health work with men focused on "social hygiene," which usually meant information about the dangers of venereal disease.<sup>12</sup>

In 1926 Rivers redirected some of the focus of her public health work. The state transferred her from the Alabama Bureau of Child Welfare, in which she performed her Movable School work, to the Bureau of Vital Statistics. Her new mandate was to assist the state in creating a system of registration for births and deaths, as well as aid efforts to regulate lay midwifery and lower infant mortality rates. She continued to travel throughout Alabama with the Movable School, but she focused her attention on pregnant women and midwives.<sup>13</sup>

Rivers was well liked by her clients who appreciated her visits. She reached many people through her Movable School position and worked in over twenty counties in her first year alone. She visited hundreds of people every month; during one particularly busy month she tended to 1,100 people. J. D. Barnes, a white extension agent in Greene County, reported to Tuskegee Institute in 1928 that rural women remembered Rivers's visits and the way she made people feel good in her company. He wrote, "one woman asked me when I was going to have that sweet little woman come back to the county again."<sup>14</sup>

Rivers, who grew up with a class background similar to that of the people she aided, attributed her successful relationships with rural people to her attitude toward them. "As far as I was concerned," she explained, "every individual was an individual of his own. He didn't come in a lump sum." She remembered that sometimes people would ask her how she ever received entry into certain homes where visitors were not welcomed. Rivers would reply:

Well, darling, I don't know. I was brought in there. They're people as far as I'm concerned. I don't go there dogging them about keeping the house clean. I go there and visit a while until I know when to make some suggestions. When I go to the house I accept the house as I find it. I bide my time.<sup>15</sup>

Her approach, she concluded, was nothing more than mutual respect between herself and those she assisted. The trust and close relationships that she developed with rural African Americans through her work with the Movable School proved to be a tremendous asset in her work for the USPHS.

In 1932 Eunice Rivers, along with leaders of Tuskegee Institute, became involved with a study by the USPHS that appears to contradict her efforts to improve black health. Rivers's need for employment, as well as her interest in black health conditions, influenced her decision to accept employment with the USPHS. During the early 1930s, financial cutbacks caused by the onset of the Depression ended her job with the Movable School. Facing unemployment, she accepted a job as night supervisor at the John A. Andrew Memorial Hospital at Tuskegee Institute and worked there eight months until she learned of the position with the federal government. When asked in later years why she went to work with the Syphilis Study she replied: "I was just interested. I mean I wanted to get into everything that I possibly could."<sup>16</sup> An equally compelling reason, no doubt, was her statement: "I was so glad to go off night duty that I would have done anything."<sup>17</sup> Thereafter, Rivers worked part-time for the USPHS and part-time in maternal and child health for Tuskegee's hospital and then later for the county health department.

In the early twentieth century, private foundations and the federal government focused attention on controlling venereal disease. The USPHS first addressed the topic of venereal disease during World War I when the federal government became concerned about the results of tests of military recruits that showed that many men, black and white, were infected with syphilis. The USPHS formed the Division of Venereal Disease to promote health education in black and white communities.<sup>18</sup> In the late 1920s the Julius Rosenwald Fund, a philanthropic foundation with strong interests in health care for African Americans, assisted the federal government in venereal disease control work. The foundation provided financial support to develop a demonstration control program for African Americans in the South. This project to detect and treat syphilis began in 1928 in Bolivar County, Mississippi, among thousands of black tenant farmers and sharecroppers, and it appeared to show that nearly 20 percent of the men and women had syphilis. The Rosenwald Fund next expanded the program from Mississippi to counties in other southern states, including Macon County in Alabama.<sup>19</sup> In 1932, when the Depression led the Rosenwald Fund to discontinue its financial support, leaders of the USPHS launched the Tuskegee Syphilis Study in Alabama. Initially, the study was to continue for about six to twelve months.

White assumptions about the health and sexuality of African Americans influenced the way medical authorities interpreted statistical data on venereal disease. Some black leaders criticized the high syphilitic rate always cited for African Americans as well as the expectation that syphilis was endemic to black populations because of sexual promiscuity. For example, Dr. Louis T. Wright, a leader of

the National Association for the Advancement of Colored People (NAACP) and surgeon at Harlem Hospital in New York, wrote that even if there were high rates "this is not due to lack of morals, but more directly to lack of money, since with adequate funds these diseases can be controlled easily."<sup>20</sup>

Confident that racial differences affected health and disease, white physicians of the USPHS expected the Tuskegee study to provide a useful racial comparison to an Oslo study that traced untreated syphilis in Norway. However, the Oslo study was a retrospective study examining previous case records of white people whose syphilis went untreated, unlike the Tuskegee study, which was designed to deliberately withhold available treatment from black people. The development in 1910 of Salvarsan, a toxic arsenic compound that was the first effective treatment for syphilis, prompted the end of the Oslo study. Dr. Raymond Vonderlehr, an official at the USPHS, even proposed that they expand their investigation, suggesting that "similar studies of untreated syphilis in other racial groups might also be arranged." He suggested that they conduct a study of Native Americans with untreated syphilis.<sup>21</sup>

Black leaders at Tuskegee Institute endorsed the government study, to the relief of the federal officials, in the belief that it would help the school in its work for African Americans. The government doctors selected Macon County because they had identified it as having the highest rate of syphilis of all the Rosenwald study groups, with a rate of about 35 percent, and because they rightly concluded that Tuskegee Institute could provide valuable assistance. Dibble, the medical director of Tuskegee's hospital, supported the experiment on the grounds that it might demonstrate that costly treatment was unnecessary for people who had latent or third-stage syphilis, echoing the justifications provided by the USPHS. More importantly, Dibble urged Moton, head of Tuskegee Institute, to support the study because Tuskegee Institute "would get credit for this piece of research work," and the study would "add greatly to the educational advantages offered our interns and nurses as well as the added standing it will give the hospital." Moton agreed to allow the school's employees to examine the men in the study at Tuskegee's Andrew Hospital. Apparently, he believed that federal attention to the poor health conditions in the county would help the school get more funding for programs.<sup>22</sup>

Black educators and doctors at Tuskegee envisioned future financial benefits from cooperating with the federal government in the study. Such a belief grew out of Tuskegee's long history of lobbying the federal government for funding and assistance. Since the days of Booker T. Washington, black leaders at Tuskegee had witnessed evidence of at least limited government cooperation. For example, Washington and, later, Moton garnered government support for the Movable School and the National Negro Health Movement and succeeded in getting a black veterans' hospital located at Tuskegee, despite the absence of a black medical school.<sup>23</sup>

The experiment, officially known as "the Tuskegee Study of Untreated Syphilis

in the Negro Male," was not a government secret, kept hidden from health professionals. It lasted for forty years and was publicized widely in the black and white medical community without evoking any protest. In the mid-1930s Dr. Roscoe C. Brown, the black leader of the Office of Negro Health Work at the USPHS, convinced the National Medical Association (the black medical organization) to display an exhibit on the study provided by the USPHS. Dr. Brown argued that it "would be an excellent opportunity for the use of this timely exhibit on one of our major health problems." Members of the black medical establishment knew the subjects of the experiment were poor black men, but they did not see this as problematic. Not until 1973, after a journalist broke the story to the general public, did the black medical establishment denounce the study as morally, ethically, and scientifically unjustified. By then, a modern black civil rights movement and a popular health movement critical of medicine resulted in an atmosphere of changed consciousness about rights and responsibilities.<sup>24</sup>

Why did black health professionals, including Rivers, not challenge the study? Dr. Paul B. Cornely of Howard University, a black public health leader since the 1930s, remembered with regret that he knew about the experiment from the beginning. He understood the nature of the study and had followed it all along, never questioning it. He explained in retrospect: "I was there and I didn't say a word. I saw it as an academician. It shows you how we looked at human beings, especially blacks who were expendable." Cornely taught about the study in his classes at the Medical School of Howard University, a black college in Washington, D.C., yet no student ever raised a challenge to what he now sees as its racist premise. Dr. Cornely asked himself why he did not see the full ramifications of the project. "I have guilt feelings about it, as I view it now," he explained, "because I considered myself to be an activist. I used to get hot and bothered about injustice and inequity, yet here right under my nose something is happening and I'm blind."<sup>25</sup>

No doubt a number of factors contributed to the response of black professionals, including class consciousness, professional status, and racial subordination. Historian Tom W. Shick argued that the black medical profession did not challenge the experiment because "black physicians were clearly subordinates, never co-equals, within the medical profession." Furthermore, he believed that the process of professionalization in medicine led them to defend the status quo. James Jones stated that class consciousness permitted black professionals to deny the racism of the experiment.<sup>26</sup>

Although subordinate status no doubt constrained the response of black professionals, they did not protest the syphilis study because they did not view it as unjust. Indeed, black educators and health professionals supported the study because they saw it directing federal attention toward black health problems—a primary goal of the black public health movement. As far as they were concerned, this was a study that focused the objective gaze of science on the health conditions

of African Americans. It was one more way to increase the visibility of black needs to the federal government. Rivers shared the viewpoint of black health professionals and assisted with the experiment in the belief that the study was itself a sign of government interest in black health problems.

Why, despite a history of well-founded suspicion of government, did black tenant farmers take part in the government study? Large numbers of poor African-American men and women came to the government clinics because of the impact of the Tuskegee Movable School and Rivers. The experiment began in October 1932 as Rivers assisted the USPHS in recruiting and testing rural black people in Macon County for syphilis so physicians could identify candidates for the study. Rivers was familiar with this work because she had assisted with the earlier syphilis treatment project sponsored by the Rosenwald Fund. Most likely her presence contributed to local interest in the clinics; Rivers and the government physicians were overwhelmed by the number of people who showed up at the sites to have their blood tested.<sup>27</sup>

Equal numbers of women and men appeared at the clinic sites, which proved to be a problem because the government doctors had decided to study only men. Dr. Joseph Earle Moore of Johns Hopkins University School of Medicine suggested the study focus on men because, he argued, women's symptoms of syphilis at the early stage were usually mild, and it was more difficult for physicians to examine internal organs.<sup>28</sup> Yet, as much as the doctors and Rivers tried to test only men, women showed up at the clinics, too. Attempts to segregate the men led to new problems. According to Dr. Vonderlehr, "In trying to get a larger number of men in the primary surveys during December we were accused in one community of examining prospective recruits for the Army."<sup>29</sup> Rivers reported that some of the women, especially the wives of the men selected for the study, were mad that they were not included because "they were sick too." Some even told her, "Nurse Rivers, you just partial to the men."<sup>30</sup>

Jones cited Charles Johnson's 1934 investigation of African Americans in Macon County, *Shadow of the Plantation*, as evidence that poor African Americans participated in the study because of their tradition of dependence and obedience to authority.<sup>31</sup> Yet, Jones's own work suggests that poor African Americans in fact questioned authority, including that of white physicians. For example, Jones described one man who criticized the way a government doctor drew blood samples and recounted how "he lay our arm down like he guttin' a hog." The man reported: "I told him he hurt me. . . . He told me 'I'm the doctor.' I told him all right but this my arm."<sup>32</sup> Rivers remembered that sometimes the young white doctors would behave rudely toward the men and the men would ask her to intervene. A man told her once: "Mrs. Rivers, go in there and tell that white man to stop talking to us like that." So she went in and said: "Now, we don't talk to our patients like this. . . . They're human. You don't talk to them like that." The doctor even apologized.<sup>33</sup>

Rural African Americans cooperated not out of deference to white doctors but because they wanted medical attention and treatment for their ailments, and they had come to trust Nurse Rivers as someone who helped them. Even though the government doctors in the study changed over the years, Rivers provided the continuity. Without her assistance it is doubtful that the experiment would have been able to continue for so long with such cooperation from the subjects of the experiment. In addition, participating in the study gave these tenant farmers increased status as they gained an official association with both the prestigious Tuskegee Institute and the federal government, relationships typically unavailable to men of their class.

The men stayed with the study for forty years because they believed that they received something worthwhile. Rivers found that the men who joined the study "had all kinds of complaints" about what ailed them, and they continued with the study in order to get free treatments. However, the men joined under false pretenses because the health workers never informed the men that they had syphilis or that they would not receive treatment. Instead, the men were told they would be treated for "bad blood," a vague term that referred to a range of ailments, including general malaise. The men were not told that they could spread the disease to their sexual partners or that they were part of an experiment predicated on non-treatment of syphilis until death. What the USPHS provided was annual physical examinations, aspirin, free hot meals on the day the government physicians visited, and financial support for burial expenses. In a rural community where there was almost no formal health care available, and if poor black people could locate it they could not afford it, the study did provide certain types of limited benefits that convinced the men to stay with the study.<sup>34</sup>

As for Rivers, what motivated her to work for the experiment for so many years? Historians have argued that Rivers participated because, first, she could not have understood the full ramifications of the study, and second, as a black female nurse she was in no position to challenge the authority of the white male physicians.<sup>35</sup> Evidence suggests, however, that Rivers had sufficient knowledge of the study to know that the men were systematically denied treatment. Rivers was one of the authors, listed first, of a follow-up paper about the study published in 1953 in *Public Health Reports*. However, even if Rivers herself did not write the report, which read like a tribute to her role in the study, her actions made clear that she was well aware of the terms of the experiment. After all, she was one of the people who helped to implement the policy, designed by the leaders of the USPHS, to prohibit the subjects of the study from receiving treatments for syphilis from anyone else. This meant denying the treatment available during the 1930s, even if it was highly toxic mercury ointment and a long series of painful salvarsan injections, and after World War II when penicillin became available. At the same time that Rivers assisted with the treatment of syphilis in other public health programs,

she helped carry out the experiment's plan to bar the men in the study from treatment.<sup>36</sup>

Finally, based upon how Rivers operated as a nurse, suggestions that she merely deferred to authority are not convincing. She no doubt knew how to tailor her comments and behavior to a given situation to preserve her position and dignity. However, despite the racial, gender, and medical hierarchies under which she operated, she saw herself as an advocate for her patients and acted accordingly. She did not hesitate to intervene on their behalf, even consulting one doctor when she questioned the procedures of another.

If ignorance and deference do not explain her behavior, what does? Her need for employment and the prestige of working for the federal government certainly contributed to her participation. She was proud of her work, and the federal government honored her for her assistance in the experiment. For example, in 1958 she received an award from the Department of Health, Education, and Welfare "for an outstanding contribution to health, through her participation in the long-term study of venereal disease control in Macon County, Alabama."<sup>37</sup>

Most importantly, Rivers considered her participation in the study merely a continuation of her previous public health work. Public health work was gendered to the extent that women, especially in their capacity as nurses, implemented health policy at the local level and had the most contact with people in the community. In Rivers's case, since the early 1920s her job had been to provide health education directly to people in the communities surrounding Tuskegee. Her duty as a nurse was to care for her clients, and she did. In her work with the experiment, she genuinely cared about the men with whom she worked. One of the government physicians even told her that she was too sympathetic with the men. As Rivers explained: "I was concerned about the patients 'cause I had to live here after he was gone." Indeed, she knew each man individually and, after he died, she attended the funeral service with the man's family. "I was expected to be there," she recalled, "they were part of my family."<sup>38</sup> In nominating Rivers for an award in 1972, Thelma P. Walker revealed that Rivers "has been my inspiration for her enthusiasm. . . . She inspired such confidence in her patients and they all seem so endeared to her." Walker discovered "how deeply loved she was by the men in her follow-up program. They felt that there just was no one like Mrs. Rivers."<sup>39</sup>

When the press exposed the study in 1972, it was confusing and heartbreaking for Rivers to hear the criticism after receiving so much praise. Rivers responded by defending her actions. "A lot of things that have been written have been unfair," she insisted. "A lot of things." First, Rivers argued that the effects of the experiment were benign. In her mind it was important that the study did not include people who had early syphilis because those with latent syphilis were potentially less infectious and would be less likely to transmit it to their sexual partners. As she

explained, "syphilis had done its damage with most of the people."<sup>40</sup> Yet, as historian Allan Brandt noted, "every major textbook of syphilis at the time of the Tuskegee Study's inception strongly advocated treating syphilis even in its latent stages."<sup>41</sup> Furthermore, evidence suggests that not all of the men had latent syphilis, given that when men in the control group (about 200 black men without syphilis) developed syphilis, the physicians merely switched them over to the untreated syphilitic group.

Second, Rivers accounted for her participation by stating that the study had scientific merit. Even as she admitted, "I got with this syphilitic program that was sort of a hoodwink thing, I suppose," she offered justification. With great exaggeration, she depicted Macon County as "overrun with syphilis and gonorrhea. In fact, the rate of syphilis in the Negro was very, very high, something like eighty percent or something like this."<sup>42</sup> She recalled that the USPHS doctors planned to compare the results of the study with one in Norway on white people and that "the doctors themselves have said that the study has proven that syphilis did not affect the Negro as it did the white man."<sup>43</sup>

Finally, based on the available health care resources, Rivers believed that the benefits of the study to the men outweighed the risks. She knew the men received no treatment for syphilis, but she explained:

Honestly, those people got all kinds of examinations and medical care that they never would have gotten. I've taken them over to the hospital and they'd have a GI series on them, the heart, the lung, just everything. It was just impossible for just an ordinary person to get that kind of examination.<sup>44</sup>

She continually asserted that the men received good medical care despite the fact that the men received mostly diagnostic, not curative, services. Yet she maintained

they'd get all kinds of extra things, cardiograms and . . . some of the things that I had never heard of. This is the thing that really hurt me about the unfair publicity. Those people had been given better care than some of us who could afford it.<sup>45</sup>

What bothered Rivers was not the plight of the men in the study but that of the women and men who came to her begging to be included, even leading her occasionally to sneak in some additional men. As for the men in the experiment, Rivers concluded that they received more, not less, than those around them: "They didn't get treatment for syphilis, but they got so much else."<sup>46</sup>

Racism, extreme poverty, and health care deprivation in rural Alabama, where so little medical attention could mean so much, contributed to a situation in which white doctors from the federal government could carry out such an experiment. One of the legacies of the syphilis experiment is the reluctance of many

African Americans to cooperate with government public health authorities in HIV/AIDS health education and prevention programs out of the fear of a genocidal plot.<sup>47</sup>

The Tuskegee Syphilis Study also relied on the assistance of black professionals. Nurse Eunice Rivers, as well as health workers and educators from Tuskegee Institute, Howard University, and the National Medical Association, never challenged the study because they believed that it was an acceptable way to gather knowledge. Rivers and other black professionals shared the dominant vision of scientific research and medical practice and did not consider issues of informed consent or the deadly consequences of such an experiment. Perhaps professionalization and class consciousness blinded them to the high price paid by the poor, rural black men in the study.<sup>48</sup>

Yet, ironically, black professionals saw this experiment as consistent with their efforts to improve black health. After public censure forced the halt of the experiment, Rivers declared her innocence in the face of criticism, not on the grounds that she was a victim who was uniformed about the true nature of the experiment but rather because she insisted that she had acted on her convictions. She emphasized:

I don't have any regrets. You can't regret doing what you did when you knew you were doing right. I know from my personal feelings how I felt. I feel I did good in working with the people. I know I didn't mislead anyone.<sup>49</sup>

Rivers remained convinced that she had acted in the best interests of poor black people.

Black professionals faced a dilemma imposed by American racism in how best to provide adequate health services to the poor within a segregated system. Furthermore, the gendered nature of public health work meant that the nurse, invariably a woman, was at the center of public provisions, both good and bad. Thus, the role of Eunice Rivers has drawn particular attention. As her actions show most starkly, black professionals demonstrated both resistance to and complicity with the government and the white medical establishment as they attempted to advance black rights and improve black health. Rivers and other black professionals counted on the benefits of public health work to outweigh the costs to the poor. In the case of the Tuskegee Movable School they were undoubtedly right, but as the Tuskegee Syphilis Experiment shows, there were dire consequences when they were wrong.

#### NOTES

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