The Tuskegee Syphilis Experiment:

Normal Science within a Racist Paradigm

In 1932 The United States Public Health Service began a six-month study, the purpose of which was to observe the effects of latent syphilis in black males. The success of the study hinged on offering false 'treatment' to the subjects in order to ensure their cooperation. When the study was concluded, the researchers applied for a much longer continued study in order to confirm their clinical observations by bringing the subjects to necropsy. This proceeded until 1972, when accounts of the experiment were leaked to the press, and the Department of Health, Education, and Welfare halted the study, which has come to be known as the Tuskegee Syphilis Experiment.¹

There are multiple grounds on which we may find this experiment ethically objectionable. A review of these grounds is in order. Beyond ethical judgement, two questions present themselves for consideration. Firstly, how could such a study be allowed to exist by the medical community in the first place? Secondly, and perhaps more importantly, how could such a study be allowed to continue?

The Experiment's existence rests upon an infrastructure of racism which allowed doctors to dehumanize their 'patients' to an extent that would not have been possible with white subjects. The continuation of the study was aided by many contributing factors including a lack of moral outrage among other government officials and scientists who knew about the experiment, and a racial and economic power differential between the subjects and their doctors. Ultimately, the exprimentors lacked the neccessary empirical rigor to transcend the paradigm of racism in which their experiment existed. Thus the experiment remained "Normal Science" within the accepted discipline of American medicene, and within that paradigm there was no reason to end it.

Unethical Nature of the Experiment

The Tuskegee Syphilis Experiment involved, as a fundamnetal part of the structure, the suffering of human beings. It's purpose was to observe the effects of the disease in untreated people. ² The suffering of late-stage untreated syphilis is, to be precise a legion of symptoms including heart abnormalities, mental disorders, blindness, neurological problems, and death. ³ The treatment at the time was quetsionably better, consisting of arsenic and mercury treatments, but this will be a moot point, as treatment of any kind, including penicilin, was denied up into the 1970s.

The "experiment" was originally conceived as a "study in anture", and thus could be argued to hold a certain moral neutrality.⁴ If it were possible to observe the subjects without inflicting harm on them, and if the observations were to yield results of some scientific worth in treating the disease, one might argue for it's moral neutrality. I will not delve into this question here, as again it is moot.
The study did not succeed in observing the patients without ill-effect. The doctors involved found that giving the subjects a false-promise of treatment was the only way to ensure their cooperation. Had the experiment ended after the originally-planned duration of six months we might never read about it today. However, it did not. The doctors involved wanted confirmation of their clinical findings through autopsy, thus necessitating bringing the subjects to necropsy in the care of the hospital. The involved doctors applied for, and received funding from the USPHS to continue the study.

Fundamental to this continuation was a further program of deceit, in order to ensure the willing involvement of the subjects.

Here it should be noted that results of this study were regularly published in journals; no secrecy was kept from the scientific community, only the subjects, and possibly some of the nursing staff.

After the development of penicillin in the 1940s, and its increasing availability, the doctors in charge of the study found it necessary to go further than deceiving their 'patients'. A treated patient would be of no use to the experiment, and thus, they actively sought the prevention of treatment. This was done via several means: denying benefits, and by asking other organizations not to administer treatment to any of the Experiment's subjects.

That this Experiment was pro facie immoral is plain. It is superfluous to mention that it violates the spirit of the Hippocratic Oath ("to do no harm") and the text of the Nuremberg Code -- it is a direct violation of the common standards of decency on which such proclamations are based. The question is whether one may find, after some utilitarian calculation, and consideration of context, that the experiment was over-all neutral in its effect.

Indeed this seems to be the claim and rationalization that prevailed among the doctors who oversaw the experiment. These doctors were not unaware of ethics, indeed at least one of the doctors who knew of the Tuskegee Experiment, Moore, called an earlier syphilis observatory study (the Oslo Study), "a never-to-be-repeated human experiment." Yet this same doctor considered the proposed Tuskegee experiment to be "of immense value." Clearly there was some essential difference between the two. This difference hinged around the fact that the Tuskegee Experiment's subjects were all poor blacks.

The Racist Paradigm

There is much evidence that doctors were inclined to express racist attitudes, or at least patronize blacks. Accepted notions among American science about black inferiority, including beliefs that blacks, being evolutionarily inferior, were doomed to extinction. Another meme centered around the idea that syphilis was epidemic among the black population, especially of young men. The last relates closely to what may be considered a kind of psychological blame assignment in stressing stereotypes of black lustfulness.
and promiscuity whenever syphilis infections are discussed. However the most crucial belief, seemingly widespread among doctors, was that infected blacks simply would not seek treatment on their own, and thus any experiment which with-held treatment was justifiable, seeing as it introduced no actual difference in outcome. That there were never any significant outcries from the scientific community, during the forty years that results were published attest to the wide-held nature of such racist beliefs among the scientific community. These beliefs together represent symptoms of the paradigm in which the Tuskegee Experiment operated. This paradigm provided the doctors with an accepted problem and solution, namely experimentation on blacks to clarify syphilis' effects and treatability.

There are many grounds on which such a paradigm can be attacked, but suggestive evidence against the racist paradigm was provided by the doctor's own experience in undertaking the experiment. First, when trying to recruit subjects, Dr. Vonderlehr discovered that the incidence of syphilis among the black population was around 20%, well below the USPHS estimate of 35%. Secondly, and more significantly, the doctors found that the only way to ensure the cooperation of the black subjects was to promise them treatment of some kind, in direct violation of the belief that the blacks had no interest in treatment. Why then did these findings not push the doctors to a re-evaluation of the premises of their experiment?

The lack of an experimental protocol here is very significant. When one enters into a period of intense study, it is easy to become lost in the details of that study, and less likely to step back and scrutinize the "big picture." Indeed it is just this kind of (necessary) behavior, on a societal scale that creates paradigms. Protocols are vitally important for just this reason, to codify the process of producing good science and of re-examining one's claims and intentions in a given endeavour. It is already rare to identify, a priori the correct set of counter-examples which in retrospect clearly symbolized the death knell for a theory. It is even rarer, indeed a thing of great remark, to propose such a theory. The lack of a protocol could only have contributed to this problem, and helped the study along a slippery slope which ultimately resulted in the deaths of between 28 and 100 black men from syphilitic complications.

Uninhibited by external intervention, one can expect that this experiment would have continued unchecked. Not only was there the inertia of what I have called the racist paradigm behind the experiments, but there was a disturbing amount of complicity among government officials who knew about the experiment. Essential to this entire discussion is the power differential between the white doctors and black subjects. Setting aside the formulated deception even, the forces of economic and social coercion which prevented the black subjects from attaining treatment on their own, are considerable and certainly contributed to the Experiment's inertia. (Here I stress the difference between being capable of procuring treatment, and desire to. The myth is of course that a lack of the latter explains the former.)

Notes

1. Brandt pp. 15
2. Brandt pp. 18
3. NIAID Syphilis Fact Sheet
4. Brandt pp. 21
5. Brandt pp. 22
6. Brandt pp. 24
7. Brandt pp. 23
8. Brandt pp. 15
9. Jones pp. 279
10. Jones pp. 278
11. Brandt pp. 25-26
12. Brandt pp. 20