

STUDY QUESTIONS

1. Why is collective bargaining an issue in local government employee relations? What is at stake for the union or bargaining unit? For the local administrator or his personnel department? Where does the public fit into the picture?
2. Why does Ms. Silbiger assert that municipal unionism in New York City is a nonissue? Is this of any significance for communities of lesser size and complexity?
3. Is there any relationship between the extent of union power and the ability of community leaders to move forward in policy development? How does this appear to affect the task of the personnel function under equal employment opportunity and affirmative action?
4. What major inputs dominate the collective bargaining process? Which factors tend to be ignored or downplayed? What tools would you need as an administrator to attempt to reconcile the apparent differences?
5. If you were the mayor or a personnel officer, would the role you played differ significantly from that of the mayor in the case above? Explain your stand. If the setting were different, would your response be different? Why or why not?

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THE TUSKEGEE HEALTH EXPERIMENT: A Question of Bureaucratic Morality?

The question of ethics and morality in the administration of public programs has received little attention in public administration literature. Admittedly, the area presents many difficulties for practitioner and academic alike, but most assuredly, the problems of ethics and morality occur each day in administrative settings. The difficulty is that each person has dealt with his problem primarily on an individual basis due to the nonexistence of a general paradigm. As a result, there are many individual and small group interpretations of what is ethical and moral at a particular time. Under these conditions, ethical and moral considerations change as persons, times, and situations change.

The case which will be considered here as an example of a moral and ethical decision made by the bureaucracy has an additionally entangling aspect. Compounding the questionable ethics of medical experimentation, the factor of race enters the picture: the subjects of the Tuskegee Study were all black males.

The question of color and its effects on the decision of the bureaucracy to proceed with the experiment may seem obscure to some readers, but in light of the initial premise set out in this paper it becomes less so. Remember that it is posited here that ethical and moral considerations change as we move through time and as the situation changes. Therefore, it may seem to some in 1974 that no such decision could be determined by race. It most certainly must have been a decision based on the "public good" and not on the fact that there was a population of blacks readily available. Furthermore, could it possibly be that the ethical and moral principles applicable to the majority population in 1932 were not generally thought applicable to other racial groups in the society?

This paper does not purport to answer definitively the question which has been raised here. Instead, the intent is to present and examine the case of the Tuskegee Syphilis Study in light of the times and certain moral and ethical concepts.

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THE TUSKEGEE CASE

In 1932 Dr. John R. Heller originated what has become known as the Tuskegee Study (Slater, 1972: 190). The study took place in Macon County, Alabama, and focused on the Tuskegee area. Dr. John R. Heller, a former Public Health Service (PHS) physician, played a key role in the syphilis study. Later, Dr. Heller became immediate director of the Tuskegee Study in 1933-1934 and for 5 years held overall responsibility for the study after he became Chief of the U.S. Health Service's Venereal Disease Division in 1943 (New York Times, 1972b: 29).

The experiment was based on a sample of 600 black males living in Macon County. These men were mainly poor and uneducated (New York Times, 1972a: 1). Of the 600 selected, 400 had syphilis (the experimental group) and 200 did not have syphilis (the control group) (New York Times, 1972a: 8). The Tuskegee-Macon County area was chosen for the study because, putatively, it had the highest syphilis rate in the nation at the time (New York Times, 1972a: 8).

The experimental objective was to determine the effects of syphilis on the human body. Therefore, those 400 men who had already contracted the disease would not receive treatment for syphilis and they would be compared to the 200 men who did not have syphilis. The comparison would be made on the basis of an autopsy following the death of the subjects in the experimental and control groups.

In order to find the necessary number of individuals to carry out the study, several persons were used as recruiters. Mrs. Eunice Rivers, a Public Health Nurse, Dr. J. W. Williams, and one other physician from the Tuskegee Institute Hospital visited local churches and other establishments recruiting black males for the experiment. Dr. Williams says, "participants were not told, so far as I know, what they were being treated for (New York Times, 1972a). Dr. Williams further said, "the internes (participating in the study) had never been informed of the purpose or procedures of the study" (New York Times, 1972b: 29).

The Milbank Memorial Fund, a private philanthropic organization, was established in order to increase the number of permissions for autopsies after the study participants' death. The Fund provided for transportation fees, hot lunches, and burial insurance, all of which acted as an incentive for participation in the study. The men referred to the Project as "Miss Rivers' Lodge" because of these inducements (Slater, 1972: 181).

Periodically, the men received examinations and treatment for any other maladies they may have had, except for the syphilis itself. Dr. Reginald G. James, an Alabama Public Health Officer, was instructed not to treat (for syphilis) the men who were involved in the federal syphilis experiment and when he had insisted on treating them, the men never would appear again (New York Times, 1972c: 16). Dr. James further said that, "he believed that the men had been told not to take the syphilis treatment. They were being advised that they should not take treatments or they would be dropped from the study." In

support of his belief, Dr. James recalled that while traveling in remote areas of Macon County with Mrs. Rivers, when they passed one of the men (a study participant) she would say, "He is under study and not to be treated" (New York Times, 1972c: 16).

In 1936 the Public Health Service physicians mentioned in a progress report that "the infected Negro population seemed to offer an unusual opportunity to study the disease (syphilis) to the death of the infected person" (Slater, 1972: 178). This statement portrays most clearly the objectives of the study. A population was needed that would afford the experimenters the opportunity of studying the effects of the disease on the human body, until death. After death, through the assistance of Milbank Fund, an autopsy could be performed to determine the actual cause of death whereby incidence rates could be established between the control group and the experimental group.

Relevant Issues

"There was a great deal of controversy in the 1930's in clinical circles about how syphilis affected blacks and whites," says Dr. Donald Printz, Assistant Chief of the Venereal Disease Branch at the Center for Disease Control, which supervises what remains of the Tuskegee Study (Slater, 1972: 178). But then in 1964 a report of the Medical Clinics of North America stated, "Nowhere in the world was there a more unique opportunity to learn what happens when early syphilis goes untreated than from the files of Professor Boeck, of Oslo, Norway in which Professor Boeck studied 1,976 syphilitics during the period 1891-1910" (Slater, 1972: 178).

The question posed here is whether the Tuskegee study needed to have been conducted at all. Was there some belief about syphilis in blacks which caused PHS to take this "opportunity" in Tuskegee? Dr. Richard Butler (1973) stated, "Dr. Hinton of the Public Health Service, a black physician, believed that blacks were developing an immunity to syphilis and that through research a vaccine could be developed."¹

It must be remembered that when the study began in 1932, there was no penicillin in existence. The standard treatment was bismuth, arsenic, and mercury-chemicals that were highly toxic. The general consensus among doctors was not to treat patients with syphilis, rather than to use these toxic drugs (New York Times, 1972a: 8).

The critical period in ethics was during the late 1940s and 1950s when antibiotics could have been, but were not, prescribed for Tuskegee syphilis patients. (Penicillin was discovered and perfected by 1943.) Recent reviews of 125 cases by the Public Health Service's Center for Disease Control in Atlanta found that half of the cases had syphilitic heart valve damage and that 28 had died of cardiovascular or central nervous system problems that were complications of syphilis (Time, 1972).

As late as 1966, Peter Buxton, a former employee of the U.S. Public

Health Service, raised the issue of the morality of the federal syphilis study and was told that nothing could be done for the participants. In a written response from the Center for Disease Control he was told that, "the decision not to treat the patients had been made on the basis of their ages. Massive penicillin therapy could have serious side effects on the patients and furthermore, the disease was now dormant in the surviving participants" (New York Times, 1972: 43). The initial inquiry began in 1966 and Buxton received the reply in 1968; then the case was dropped.

One immediately begins to think conspiracy. Was the Tuskegee Study a conspiracy carried on by Public Health Service physicians? No. PHS physicians say they are now rendering whatever other medical services they can give to the survivors while the study of the diseases' effects continues. Furthermore, between 1932 and the present, 15 scientific reports on the Tuskegee study have been published in medical literature (New York Times, 1972a: 1).

How did this case finally become public? Was it aired by the Department of Health, Education, and Welfare? No. The story was discovered by an Associated Press correspondent, Jean Heller, while covering the 1972 Democratic Convention in Miami, Florida (Slater, 1972). From that point on various media began to carry the story. But then and only then did this become a crisis in morality and ethics for HEW.

The Times and the Setting

The fact that the study was conducted in the South is significant. Historically, blacks have waged their primary battle for human rights there. Furthermore, we know that Southern attitudes toward blacks traditionally have been much harder than in other regions of the country.

The time factor is also important to keep in mind. The study began in 1932, during the early stages of the Great Depression. According to Franklin (1967: 496), an eminent black historian:

When the crash came in October of 1929 many Negroes were already suffering from economic depression. . . . Even in starvation there was discrimination, for in few places was relief administered on a basis of equality. Some religious and charitable organizations, in the North as well as the South, excluded Negroes from the soup kitchens which operated to relieve the suffering.

We see from Franklin that blacks were in a state of suffering and that any assistance available might be highly prized, since it too was distributed on a discriminatory basis. Therefore, the time was right for the Milbank Memorial Fund to enter with its offer of free lunches, free transportation, free medical examinations, and free burial. One could imagine that the study participants were seen by their neighbors (other poor blacks) as special and quite fortunate individuals.

ETHICAL AND MORAL CONSIDERATIONS

Some ethical and moral considerations related to the Tuskegee Study need to be examined here. But first a general comment about ethical concerns and morality in relation to medical research. Graubard, editor of *Daedalus* states (1969: 1):

While it would be impossible to set a date when systematic study of the matters discussed in this issue first received wide attention, some would say that substantial inquiry began to be made soon after World War II. The reasons are obvious: Given what had transpired during the years of Nazi terror, it was altogether reasonable that jurists and physicians—and many others as well—should wish to reflect on that experience and seek to establish codes that would make such bestial activity impossible. It would be impossible to overstate the impetus this uniquely tragic European experience gave to studies of the ethics of human experimentation.

Most of us recall the Nazi terror in terms of both the methodical extermination of Jews and the elaborate program of medical experimentation which left many participants maimed for life or caused death as a direct result. Out of this horror, the United States and other nations participated in the passage of the Nuremberg Codes, which were designed to outlaw such practices.

In this environment, that the Public Health Service still could proceed with the Tuskegee Study causes one to wonder, except for the fact that the population in question was black. The point here, of course, is that blackness tended to separate this population from the results of the Nuremberg Codes. In essence we are talking about a population which was chosen to act as guinea pigs or martyrs for science.

Jonas recounts from discussions at a *Daedalus* Conference (1969: 223-224) that, "No one has the right to choose martyrs for science. . . . But a troubled conscience compels us, the undeserving beneficiaries, to ask: Who is to be martyred?"

The question arises from the conflict between the public good and private welfare. Jonas (1969: 221, 236-237, 239) says,

The setting for the conflict most consistently invoked in the literature is the polarity of individual versus society—the possible tension between the individual good and the common good, between private and public welfare. . . . A moral claim cannot be met without consent; a right can do without it.

The higher the degree of understanding regarding the purpose and technique, the more valid becomes the endorsement of the will. . . . Turn to the most intelligent, wealthy least expendable persons as objects, this will slow down the rate of progress but cause deeper thought. . . . With the sick this consent is reduced in worth, therefore persuasion should be minimized. [1969: 236-237, 239].

In light of Jonas' comments on the ethical nature of medical experimentation in general, we see that the case here could not be readily justified in light of the then recently passed Nuremberg Codes.

The Bureaucratic Role

Obviously, the decision to proceed with the Tuskegee Study was made by members of the bureaucracy, but where or how was it determined? Moreover, are values and ethical standards institutionally determined or are institutions simply reflections of general values and ethical standards held by society?

Recalling Franklin's description of the blacks in the United States during the Great Depression, if people (black or white) can be permitted to starve on the basis of their skin color, then it seems conceivable that those persons would become prime candidates for other such inhumanities, such as medical experimentation. The medical bureaucracy was interested in research on syphilis and its effects on the human body and there was an ideal population (Southern Negroes) who will really care?

(Howard and Piven (1972: 218) provide us with additional insight into the particular and sometimes peculiar relationship between the bureaucracy and its clientele.

Access to resources which people require—money, housing, education—is made conditional on acceptable behavior, including often acquiescence to professional counseling or therapy. The threatened denial of essential benefits is a powerful sanction to control client behavior.

The real impact of this statement is that it points to the dependency which is generated in the individual by the bureaucracy through the manipulation of services, leading to control. In the Tuskegee case, the dependency was created through the offer of free medical examinations, lunches, and so forth; the control came about through the fear that if the black males did not cooperate, they would no longer receive these benefits.

The bureaucratic attitudes during the early stages of the study are reflected in the following statement by Dr. Miller (Slater, 1972).

There was absolutely no racial overtones, and this was not an attempt to exploit the Negroes. . . . Nevertheless, it never occurred to us to ask for penicillin because the demand was so great for other people who needed it much more than they did. We were not responsible for getting it to them, so we made no effort to get it.

An indication of the change in standards and public morality where blacks are concerned may be gleaned from a more recent statement by Dr. Miller

concerning the Tuskegee Study: "The question I have been asking myself of late is: Would it have been conceivable to do such a study on whites? My feeling is that such a study would not have been done on whites" (Slater, 1972). Also in 1972, great cries of anguish and disgust were heard from the Assistant Secretary of Health, Education, and Welfare concerning the Tuskegee Study. Many congressmen and senators also expressed their shock.

The question of societal values rings throughout the Tuskegee Study. Dvorin and Simmons (1972: 3-4) put the issue quite succinctly when they said,

Answers linked only to specific and often isolated problems are today not sufficient answers. Answers must be shaped by ultimate values or by ends sought . . . the central concern of the public executive must be the value consequences of every administrative action.

Undoubtedly there is a need to view actions through the prism of ends sought or ultimate values. But in terms of the Tuskegee case one could say that bureaucratic behavior obviously was relatively acceptable in terms of the prevailing societal values of the time. The ethical and moral acceptability of the action initially taken in 1932, then reconfirmed in 1946 and 1968, tends to reflect a dynamic conception of morality and ethics because in 1972 it was cited as being abominable.

Recalling the initial position taken in this paper, we see in the Tuskegee Study that ethics and morality are to be viewed in a longitudinal and situational perspective. At least outwardly, the ethical-moral dynamic has changed over a period of time as has the relative situation of blacks. The question then becomes: what has changed and why?

Before and after 1932, the United States has gone through several general upheavals concerning the rights of blacks (Franklin, 1967). Out of each upheaval has come a reassessment of the position of blacks in this society, relative to whites. The Tuskegee scenario simply points to the fact that blacks have moved from a point of being totally recognized as outsiders to a position of being insiders with certain continued restrictions. Therefore, in 1972, it was possible for the bureaucracy to be shocked about the Tuskegee Study.

In addition to the changes in societal values, there has been a change in blacks. They now have become a recognized political force, and through the rapid communications system it is possible for blacks and others around the country to know what is happening in a very short period of time.

To summarize, we see that the external societal conception of morality and ethics as related to blacks has changed and that blacks themselves are less subject to unilateral bureaucratic decisions.³ Blacks have become politically more powerful and the white majority recognizes them in a less exclusionary role. Therefore, these external forces now tend to limit and shape the role of the bureaucracy in its relationships with blacks.

CONCLUSION

From a black perspective, the decisions and actions of the Public Health Service were, at the least, criminal. But the problem has more dimensions to it. The act goes much deeper, taking us into the hearts and minds of the white majority population of the times. It also takes us into the conditions blacks found themselves in at various points between 1932 and 1972.

We have seen that the value prism used by bureaucracy to determine the ethical and moral content of its decisions will be strongly influenced by the greater society. The dynamic, rather than static, nature of societal values causes our ethics and morality also to be dynamic; thus subject to change. Let us hope that since ethical and moral values are dynamic we do not see a shift toward the negative, rather than the positive, in the years to come.⁴

ENDNOTES

1. Dr. Butler could not recall Dr. Hinton's first name, but he did recall that he was a lecturer at Massachusetts General Hospital during the late 1930s.
2. Presently there is legislation pending to defund the Tuskegee Project.
3. Lately, there has been much discussion in the news concerning the involuntary sterilization of black females in the South.
4. The point here is that positive for the author means no such recurrence of such behavior, but to others positive may mean the elimination of all blacks. Here again, the dynamism of ethics and morality is pointed to in terms of the societal value system.

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STUDY QUESTIONS

1. What are the precise moral and ethical issues that this case presents? Are they dependent upon race, color, economic status, and/or geographic location? Why or why not?
2. How does the case reflect a potential weakness in the neutral competence assumptions of the merit system? Need this be the case? How would you act to prevent such an occurrence as that described in the case?
3. Are there factors in this case that indicate that racial attitudes played a significant role in the decisions made? How might you have acted to reduce, if not eliminate, such attitudes? Under the circumstances, would you have acted any differently at all? Explain.
4. Were there factors in the case to indicate that the sample population were willing participants in the experiments? If so, as a participating administrator, would you continue in the experiment even though you might personally question its morality? Why or why not?
5. Are there similarities between the Tuskegee case and recent revelations about FBI and CIA activities in domestic and foreign affairs? Explain.
6. Could you, as an administrator, at any time justify actions that you might personally feel were morally or ethically wrong? Explain your stand and discuss its impact upon the administrative process.