Tom:
from Podesta's
office
Jerry

4NS

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TO: MARVIN KRISLOV

FROM: Gayle P. Peters

Phone: _____

Subject: HERE ARE PAGES 1+2 OF THE REPORT OF DELEGATION II ON VISIT 10/26-27/1972. THE FEDEX PACKAGE DID NOT, I BELIEVE CONTAIN PAGE 2.

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NATIONAL ARCHIVES AND RECORDS ADMINISTRATION 1985

National Archives—Southeast Region
1557 St. Joseph Avenue East Point, Georgia 30344

March 9, 1995

Mr. Marvin Krislov
Office of the White House Counsel
Executive Office Building
17th and 10th NW
Washington, D.C. 20500

Dear Mr. Krislov,

Here is the package of documents we selected from the Tuskegee Syphilis Study material transferred to us from the Centers for Disease Control. The documents cover the period 1964 - 1974, and were selected because they reflect relationships between CDC and health professionals in Alabama, or because they have background information about the study you may find useful.

If you develop a need for additional information that we can help you with, or if you have questions about this package, please don't hesitate to call.

Gayle P Peters

MR. GAYLE P. PETERS, DIRECTOR
National Archives-Southeast Region
(404) 763-7524 fax 763-7033

Box 8
T.S.S. General-64
[9-30]

30

MACON COUNTY HEALTH DEPARTMENT
TUSKEGEE, ALABAMA
April 17, 1964

Dr. Anne R. Yobs,
Chief Medical Research,
V. D. Lab,
C. D. C.,
Atlanta, 22, Georgia

Dear Dr. Yobs:

I had to go to the Macon County Hospital to get some information for Dr. Ashhurst about one of our patients that died there.

Major Thomas who is the Medical Director was extremely interested, sorry that he did not know that he was in the study. He would like to know who they are so that he can notify me when they are admitted. I promised him a list of the patients.

Would you please send several copies of this list, if available, as we have a new physician in town who might be interested also.

Thanking you in advance,

Yours very truly,
Eunice R. Laurie
Eunice R. Laurie, R. N.

Box 8
T.S.S. - GENERAL - 1964
[9-30]

MRS. JEROME PETERS
1712 PATTERSON STREET
TUSKEGEE INSTITUTE, ALABAMA 36088

May14,1964

Dr. Anne E Yobs
Communicable diseaase Center
veneral disease research Laboratory
Atlantan Ga,339333
Dear Doctor Yobs:

I regret the delay in looking at these filsfilms for you. I took ill soon after they arrived. I regret that many of the films have not been taken properlyfor our purposes. I have done the best that I cou could with the films. Yhey should be taken in the P.A LOA and ROA positions with opaque media in the esophagus at 6 ft. distance

Very truly Yours,

J. Jerome Peters, M.D.
1712 Patterson Street
Tuskegee Institute, Ala.

May 18, 1964

Mrs. Eunice R. Laurie
Macon County Health Department
Tuskegee, Alabama

Dear Nurse Laurie:

Enclosed are three copies of a recently completed over-all list of the Tuskegee patients for the use of the Medical Director at the VA Hospital and others who may need it. I hope this will serve the purpose. We chose to send the over-all list instead of the list of those most recently examined, in case one of the patients who had been lost to follow-up was seen at the hospital.

I have received tissues on two patients from Dr. Ashhurst recently. Apparently, he is not taking frozen tissues for us. These frozen tissues are most important for a new histochemical specific stain for the Treponema pallidum; this stain cannot be performed on formalin fixed tissue. If you should have an opportunity to see Dr. Ashhurst, perhaps a discussion concerning the procedure which has been used in the past for these frozen tissues would be of help.

I hope that all goes well with you and with those in the "society."

The first paper on the thirty year evaluation is in the process of clearance for publication, and Dr. Rockwell is now reviewing the entire study in preparation for a future statistical report.

FOR THE DIRECTOR:

Sincerely yours,

Anne R. Yobs, M.D.
Chief, Medical Research
Venereal Disease Research
Laboratory

Enclosures-3

May 22, 1964

Dr. J. Jerome Peters
1712 Patterson Street
Tuskegee Institute, Alabama

Dear Doctor Peters:

This is to acknowledge receipt of the x-rays which you returned with your letter of May 14. I am sorry some of these had not been taken with the views necessary for our purposes. However, as you know, it is often difficult to accomplish the desired results from a distance.

I do appreciate your attempting to read these and your efforts in interpreting all of the x-rays which we have sent you. I know this has been a great strain and worry to you, particularly recently when you have been ill. I have requested that a check be sent to you covering professional services for the four x-rays and it should reach you within the next few weeks.

A report on the 1963 examination of patients on the study is being cleared for publication. Dr. Rockwell is spending his time, prior to leaving the Service July 1, in collating information for the preparation of a monograph covering the history of this study. The completion of this will be a long-time project, of course, but we hope to have it ready for publication within the next year or so.

Again, let me express our appreciation of the advice and assistance which you have given us, not just this year but all during the study.

FOR THE DIRECTOR:

Sincerely yours,

Anne R. Yobs, M.D.
Chief, Medical Research
Venereal Disease Research
Laboratory

BOX 8
TSS - GENERAL - 1765
[9-33]

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA GEN. REG. NO. 27
5010-106

UNITED STATES GOVERNMENT

Memorandum

TO : Dr. Anne Yobs
VDRL, Chamblee
Through: Dr. Wilbur E. Deacon

DATE: July 2, 1964

FROM : Dr. Arnold Schroeter

SUBJECT: Meeting on July 1 concerning the Tuskegee Study

This will summarize a meeting with Dr. Rockwell, Mrs. Price, Mr. Donohue, Mr. Tuerk, Dr. Gillespie and myself about the hiring of Dr. Rockwell to finish a review of the charts of the Tuskegee Study for further tabulation by Mrs. Price.

Discussion at the meeting centered around the availability of someone qualified to do this specific work. Everyone present agreed that Dr. Rockwell was fully qualified especially since he had the background experience of working with the Tuskegee Study personally. He had also reviewed some 325 charts and this gave him additional experience. If someone else were to do the review, it would take at least a month or two to gain background and information to understand the project. We also discussed details of evaluation of each chart. Approximately 125 charts had not been completed and needed evaluation. Each chart would require reading on the average of three EKG's and the evaluation of about three to five histories and physicals. He suggested $500.00 as the price for the total job. He also mentioned that he felt he could complete the particular work within the two-month period. It was felt by Dr. Gillespie and Mr. Tuerk that the work should be completed within this period of time before Dr. Rockwell became too busy in his private practice. The price suggested was considered very reasonable with the amount of work involved. Conclusions of the meeting are as follows:

1. Dr. Rockwell will be hired for professional services.

2. He will complete the work within a two-month period and on completion of work he will receive payment of $500.00.

3. His evaluation of charts will not include final evaluation and diagnosis which has to be made on the completion of X-ray readings and autopsy findings.

4. Mr. Tuerk will write contract and mail said contract to Dr. Rockwell for signature.

5. The charts will be shipped by registered mail to Dr. Rockwell to avoid any damage in shipping. The charts should also be sent back to us in the same manner.

I hope that this meets with your approval.

cc
Dr. W. Brown
Dr. Gillespie
Mr. Tuerk
Mr. Donohue
Mrs. Price

27

P.O. Box 354
Tuskegee Inst. Ala. 36088
Dec. 15, 1964

Dear Dr. Gotts

I came home two weeks ago. think I am going to be alright. all tests were negative as of now. am graduating from crutches to the cane.

I had no idea what it means to be a patient. tried to be a good one. Can't say what grade I made.

The society members are concerned about me. don't think any have passed. I've asked the undertakers to Contact me at home so that I can attempt to plan for an autopsy.

Sincerely Yours
Eunice R. Laune

January 6, 1965

Mrs. Eunice R. Laurie
Post Office Box 354
Tuskegee Institute, Alabama 36088

Dear Mrs. Laurie:

What good news in your letter of December 15! All of us are delighted and send our best wishes to you for a very rapid recovery.

It is often difficult for professional people to remember what it feels like to be a patient. Perhaps it does us all good to be sick once in a while just to regain the patient's point of view.

I am enclosing a copy of the latest publication about the society members. This is a result of the evaluation in 1963. We are also sending a copy to Doctor Peters. We have not heard anything of him recently and hope he is well.

Best wishes for the new year.

Sincerely yours,

Anne R. Yobs, M.D.
Chief, Medical Research
Venereal Disease Research
Laboratory

Enclosure

MACON COUNTY HEALTH DEPARTMENT
TUSKEGEE, ALABAMA

July 8, 1965

Dr. Anne R. Yobbs
Chief Medical Research
Venereal Disease Research Lab.
Atlanta, Georgia

Dear Dr. Yobbs,

I am sure you are wondering what has happened to the frozen specimen. Well, it is still in the freezer. I have to get the ice from Opelika. The driver who has been delivering it for me is on vacation and it seems that I can't get through to the relief persons. I hope to get something accomplished shortly.

Dr. Ashhurst has gone to Meharry Medical College in Nashville. He suggested that you contact Dr. C. L. Chu who is on the staff of pathology at the V.A. Hospital, explain to him in detail the proceedures. He might do the autopsies for us. He said, he had talked to him about the work.

Your letter of the second came today I think I am doing alright, not moving as fast as before surgery. I am having to adjust my speed. I only lost the big toe on the right foot, didn't realize that each part has a duty to perform.

Your mental telepathy is wonderful because the society members are becoming disturbed because we had not seen them this year. I had told them that you would be seeing us later in the year, that possibly there are many changes of the staff, and as soon as you are adjusted we would be hearing from you. I was in some of the homes last week where they were wondering if you had forgotten us. When I assured them that you had not, they were satisfied. Anytime you plan a visit for them will be alright for most of them are not working. Several are homebound. There will more home visits.

Sincerely yours,

Eunice R. Laurie

Eunice R. Laurie

Tuskegee Roundup Meeting

The following is a summary of the meeting held July 26, 1965, concerning the proposed Tuskegee Roundup.

Drs. Lucas, Utley, Sparling, Yobs, and Mrs. Price were in attendance.

1. It was decided the roundup would be held October 25-29, 1965, with both Drs. Sparling and Utley going to Tuskegee.

2. Drs. Utley and Sparling along with Mrs. Price will make a preliminary visit to Tuskegee, Thursday, September 30, to make the necessary local arrangements prior to the roundup.

3. Dr. Yobs will contact Dr. J. Lawton Smith of the University of Miami concerning the possibility of his sending an opthalmologist to Tuskegee during the roundup to perform an ophthalmologic examination on the surviving patients. Dr. Yobs will also contact the local Tuskegee Veterans Administration Hospital's officials concerning the use of their facility during the roundup.

4. It was decided that 40 ml of blood would be obtained from each patient with the minimum serologic testing to consist of a VDRL test, a TPI test, and a FTA-ABS test.

5. Mrs. Price will be in charge of obtaining the necessary supplies for the roundup.

Rewritten Book
by Dr Brown
to leave Dr. Chu
call Dr. Yobs.

July 20, 1965

C. L. Chu, M.D.
Pathologist
Veterans Administration Hospital
Tuskegee, Alabama

Dear Doctor Chu:

Mrs. Eunice R. Laurie, Public Health Service Nurse in Tuskegee, has notified us of your appointment as Pathologist at the Veterans Administration Hospital there. Doctor Ashburst may have discussed with you the long-term project studying the course of untreated syphilis in the adult male which the United States Public Health Service has carried on in Macon County, Alabama, since 1932. In this study, groups of seroreactive men with latent syphilis and groups of seronagative normal men of similar ages have been examined and tested at intervals by Service physicians. Mrs. Laurie has been our permanent contact with these men.

Because of the ages of participants when the project began, there has been some attrition in both groups over the years. When deaths have occurred, every effort has been made to secure permission from the family for a post-mortem examination. Until his retirement, Dr. Jesse Peters, serving as pathologist, performed these autopsies for us. Following his retirement, Doctor Ashburst assumed this responsibility. Post-mortem examinations have been standard complete gross examinations including the head whenever proper permission was granted. Formalin-fixed tissues have been sent to the National Institutes of Health for microscopic examination and copies of the gross protocol to NIH and to us at the Venereal Disease Branch. In addition, since 1961 when an experimental pathology laboratory was set up in the Venereal Disease Research Laboratory, we have asked that duplicate fixed and frozen tissues be sent to us. We are particularly interested in studying the brain, heart, aorta and vessels, liver, kidney, and inguinal lymph nodes with brightfield stains and with immunochemical stains.

We would be happy to have you assume the duties of Pathologist for us in connection with this project. I can not, of course, predict the number of autopsies for any one year; however, in 1964 there were eight autopsies, in 1963 eight deaths with five autopsies, and thus far in 1965 there has been one autopsy. Moneys supplied by the Milbank Foundation Fund and handled by the Treasurer of the Tuskegee Institute, provide remuneration

Box 8
T.S.S. - GENERAL-65
[9-33]

of approximately $25.00 per autopsy for the Pathologist. We would want to continue the current set-up for tissues and protocols.

If you should have questions which remain unanswered, I am sure either Norma Laurie or Doctor Peters (health permitting) would be happy to discuss this study with you, or you may call me collect at area code 404, 633-3311, extension 707.

I will be looking forward to hearing from you and will supply necessary addresses should you agree to serve as Pathologist for this study.

Sincerely yours,

William J. Brown, M.D.
Chief, Venereal Disease Branch

ARY:mvl

Box 8
T.S.S. - GENERAL - 65
[9-33]

August 4, 1965

Mrs. Eunice R. Laurie
Macon County Health Department
Tuskegee, Alabama

Dear Mrs. Laurie:

The week of October 25, 1965, has tentatively been selected for our visit to Macon County to see the members of the Tuskegee Study. This year two of our young physicians - Dr. Utley and Dr. Sparling - are coming. They also plan a pre-survey visit on September 30, at which time Mrs. Price will accompany them. It is hoped that these dates are satisfactory for all concerned.

Enclosed herewith you will find:

(1) Draft of a letter, written for your signature, to members of the study.

(2) Proposed schedule of visits.

(3) List and addresses of surviving members.

It would be appreciated if you would review these enclosures, making any changes in the letter or schedule which you desire and correcting the list of names and addresses on the basis of your present knowledge. Non-residents have been included in the hope that some may have returned to Macon County. After you return the revised copies to us, we will have the letter and schedule duplicated, the envelopes addressed, and labels for the blood tubes typed, as in the past.

A generous supply of APC tablets, vitamin capsules, tonic and powder boxes has been ordered.

If you think of any details which have been overlooked, please let us know.

Sincerely yours,

1/31/68

William J. Brown, M. D.
Chief, Venereal Disease Branch

EVPrice
Enclosures

cc: Regional Health Director, PHS, Atlanta
Attention: Chief, CDC Services

EVP
J.T.D.

BC

Box 8 TSS-GENERAL-1965
[9-33]

FROM THE DESK OF:
J. LAWTON SMITH, M. D.
1638 N. W. 10th AVENUE
MIAMI, FLORIDA 33136

NEURO-OPHTHALMOLOGY
BASCOM PALMER EYE INSTITUTE
UNIVERSITY OF MIAMI
SCHOOL OF MEDICINE
TELEPHONE: 379-3191 (AREA 305)

8-17-65

Dr. Anne Yobs
c/o VDRL
Atlanta, Ga. 30303

Dear Anne,

After thinking some m ore about the proposed trip to Tuskegee in October, the thought occurred to me that it might be more informative if they would be able to bring some (or all)of the control patients back too. If we examined both the Sigma group and the control group, knowing nothing about who was who, and got their vision, pupillary reactions, external eye photos., slit lamp examinations, intraocular pressures, confrontation fields, and dilated indirect ophthalmoscopic examinations, it would be most interesting to see if from neuro-ophthalmologic criteria (e.g. optic atrophy, light-near dissociation of the pupils, iris atrophy, and the like) we could differentiate these two groups, and to what degree of accuracy. You might mention this idea to Branch to get their reactions to that, for I imagine they will also examine the controls too.

Enclosed are some notes on animals seen today. Rabbit 647 serum is en route by Dr. Wells today-- we will be anxious to get the material for FA stains!

Sincerely,

Lawton

J.Lawton Smith,MD

15

August 18, 1965

Dr. Alexander Robertson
Executive Director
Milbank Memorial Fund
40 Wall Street
New York, New York

Dear Dr. Robertson:

During the course of the Tuskegee Study, which the Milbank Memorial Fund has so generously supported, we have been fortunate in having the services of Dr. Jesse J. Peters, formerly pathologist at the Veterans Administration Hospital in Tuskegee, Alabama. From the initiation of the study in 1932 until his retirement because of ill health in 1963, Dr. Peters performed the gross autopsies for us. Due to his personal interest in the study we were able to obtain his services at a very nominal fee per autopsy - $15.00 from 1932 to 1952, $25.00 since then.

On Dr. Peters' retirement in 1963 his assistant, Dr. Ashhurst, who had performed many of the autopsies in Dr. Peters' absence, graciously consented to carry on the study. Our good fortune ceased, however, when Dr. Ashhurst recently resigned to take a teaching position at Meharry Medical College. We have been unsuccessful in our efforts to replace him, chiefly because of the small remuneration we are able to offer.

Although I hesitate to presume on your generosity, I wondered if Milbank would consider increasing its allocation of $100.00 per autopsy to $175.00. This would permit us to offer a pathologist $100.00 for his services - a fee well below standard. The remaining $75.00, as now, would go towards the burial expenses of the deceased. During the three years from June 1962 through June 1965 there has been an average of seven deaths with five autopsied per year. If deaths continue at this rate, it would still be possible to operate under the grant of $1200 which Milbank has made to us annually for the last few years.

I regret that I have not yet had the opportunity to review the Tuskegee Study with you personally. However, if you have any reservations relative to my request, I shall be happy to have the member of my staff who is presently in charge of the study, Dr. Anne Yobs, come to New York to discuss it with you.

Sincerely yours,

William J. Brown, M. D.
Chief, Division of Venereal Disease

EVPrice/msg

cc: Dr. Anne Yobs

BOX 8
TSS. GENERAL-65
[9-33]
Mrs. Price

August 24, 1965

J. Lawton Smith, M.D.
Bascom Palmer Eye Institute
1638 Northwest Tenth Avenue
Miami, Florida 33136

Dear Doctor Smith:

The Venereal Disease Branch of the Communicable Disease Center will be unable to give any financial support to an ophthalmologic evaluation of patients in the Untreated Syphilis (Tuskegee) Study. This is due to limited funds for our expanding research program this fiscal year.

As you know, the patients in this study are scattered throughout Macon County, Alabama. Over the years, we have maintained contact with them through a full-time Public Health nurse who is stationed in Tuskegee. Should you be interested in performing this evaluation without our financial assistance, I can arrange for our nurse to aid you in the location and transportation of patients. You might also arrange to set up a suitable temporary examining facility in the Macon County Health Department.

Since meaningful interpretation of such examinations would require historical data and serologic test results from the 1965 Branch survey, Dr. Wilbur E. Deacon would have to be a co-author on any resulting paper. It would also be necessary to clear such papers through the Venereal Disease Branch Editorial Board prior to their submission to a journal for publication.

If you are interested in the evaluation under these conditions, I suggest that a member of your staff accompany Doctors Sparling, Utley and Yobs, and Mrs. Price, when they visit Tuskegee on September 30. This trip is for the purpose of making arrangements for the 1965 survey and would afford an orientation to the project, environs, and working conditions. It would also be preferable for your examination to coincide with the 1965 survey which is planned for the week of October 25. At that time additional help would be available. I would suggest, also, that you survey patients in the field as our physicians work and transport only selected ones to and from the examining facility.

Please let me hear from you concerning your decision on this matter.

Sincerely yours,

William J. Brown, M.D.
Chief, Venereal Disease Branch

ARYobs;mvl

BOX 8
TSS GENERAL-65
[9-33]

Suggested letter for patients outside of Macon County

Dear Sir:

Participants in the Tuskegee Research Study are being examined again this year by a Public Health Service doctor. Although you no longer live in Macon County we are anxious to include you in the study.

In the near future a representative of the Public Health Service will come to visit you to make arrangements for your physical examination. I sincerely hope that you will make every effort to cooperate with him since you will receive an award for your cooperation during the last 30 years and for your valuable contribution to medical research.

Sincerely yours,

Eunice Rivers Laurie, R. N.
Public Health Service

Suggested letter for patients in Macon County area

Dear Sir:

The Public Health Service doctor who was here last fall plans to return to Tuskegee about the 23rd of July for a visit of several weeks. During that time he would like to see you at the Veterans Administration Hospital, if you are able; if not, he will visit you at your home.

I will notify you 2 or 3 days in advance of the exact day on which the doctor will expect you and I will let you know at that time when and where I will meet you to take you to the hospital. Since the examination will take a little time, lunch will be provided at the hospital before you are returned home.

In appreciation of your cooperation during the last 30 years and for your valuable contribution to medical research, you will be presented an award. I sincerely hope, therefore, that you will make every effort to see the doctor when you are notified.

Sincerely yours,

Eunice Rivers Laurie, R. N.
Public Health Service

Box 8
TSS-GENERAL-65
[9-33]

Tuesday, October 26, 1965

Coopers Chapel	8:30 A.M.
Creek Stand	10:00 A.M.
Cross Roads	11:30 A.M.
Swanson	1:00 P.M.
Hannon	1:45 P.M.
Roba	2:00 P.M.
Armstrong	2:30 P.M.
Ft. Davis	3:00 P.M.
Mt. Nebo	3:45 P.M.

Wednesday, October 27, 1965

Hardaway	8:30 A.M.
Prairie Farm Clinic	9;30 A.M.
Pinkston Store	10:45 A.M.
Milstead	1:15 P.M.
Walkers Chapel	2:00 P.M.
Bethel Grove	3:00 P.M.

Thursday, October 28, 1965

Simmons Chapel	8:30 A.M.
Mt. Zion	9:30 A.M.
Shiloh	10:45 A.M.
~~Brown Hill~~	~~11:45 A.M.~~ 11:45
Oak Grove	~~12:30 P.M.~~ 12:30 p.m
Brownville #2	~~1:30 P.M.~~ 1:30 "
Brownville #1	~~2:15 P.M.~~ 2:15 "
Pine Grove	~~3:00 P.M.~~ 3:00 "
Mt. Pleasant	~~3:45 P.M.~~

Friday, October 29, 1965

Macon County Health Department	8:30 - 12:00

BASCOM PALMER EYE INSTITUTE

DEPARTMENT OF OPHTHALMOLOGY • UNIVERSITY OF MIAMI • SCHOOL OF MEDICINE • 1638 NORTHWEST TENTH AVENUE • MIAMI, FLORIDA 33136

8-29-65

Dr. William J. Brown
Chief, Venereal Disease Branch
Dept. Health, Education and Welfare
Communicable Disease Center
Atlanta 22, Georgia

Dear Dr. Brown:

Thanks so much for your letter of August 24 concerning proposed neuro-ophthalmologic evaluation of the patients in the Tuskegee study. I should be delighted to cooperate in this study with no funds provided from your facility under the following arrangements:

We will be glad to come to Tuskegee for the week of October 25 and will bring Dr. William Taylor, Dr. Joseph Singer, and Dr. John Wells of our staff, along with myself. With four ophthalmologists, we should be able to see approximately 180 patients (90 in the group and 90 controls) within 2-3 days. Our evaluation would include visual acuity, external eye examination, photographs of pupillary reactions, confrontation visual fields, slit lamp biomicroscopy, Schiotz and applanation tonometry, and a dilated indirect and direct ophthalmoscopic examination on all patients. It should be possible for each man to see 15 individuals a day, and hence this project should be completed if all goes well within 3 days. However, it would be most important that we have at least a few rooms where we could set up our equipment. We will be glad to bring with us facilities for measuring visual acuity, tonometers, drops, cameras, film, and ophthalmoscopes, and will also provide film, etc. needed. However, it is evident that such even a minimal eye examination cannot be done in the field at the various patient's homes, for instance, but that they would have to at least come to a building where we could set up our equipment in the town. Interesting findings from this screening could then be invited to Miami at a later date for a more thorough examination. I should think that if we take 4 ophthalmologists to Tuskegee, bring all the equipment, etc. that arrangements could be made locally to at least have the patients at one central building where, ideally, 4 small rooms would be available so that each ophthalmologist would at least have about 11 by 6 feet to set up his equipment.

I also think it extremely important that we examine all of these patients "blind", so to speak, i.e. so that the ophthalmologists do not know which ones have been infected and which ones are controls. Our batting average from evaluating light-near dissociation of the pupils, optic atrophy, incidence of old uveitis, iritic changes and the like would be extremely important clinical information to compare with the quantitative and precise serologic studies.

We would be delighted to cooperate in any papers with Dr. Deacon and would also be glad to have them cleared through the Editorial Board. One would like to request that at least transportation expenses to Tuskegee and back could be provided for the 3 men, but if not, I will do my very best to arrange such support locally. This is a unique clinical opportunity that probably will not arise again at any time in the future, and therefore I consider it most important that it be set up properly.

BASCOM PALMER EYE INSTITUTE

DEPARTMENT OF OPHTHALMOLOGY • UNIVERSITY OF MIAMI • SCHOOL OF MEDICINE • 1638 NORTHWEST TENTH AVENUE • MIAMI, FLORIDA 33136

To: Dr. William J. Brown
Chief, Venereal Disease Branch
Communicable Disease Center
Atlanta 22, Ga. (page two)

8-29-65

I will not be personally able to go to Tuskegee on September 30, but if you deem this very important, and it appears that this would be reasonable, I will try to make arrangements for Dr. John A. Wells to go, who is now working with me as a research fellow in ocular and neurosyphilis. On reviewing your letter, I am sure that the Macon County Health Department would be a quite adequate facility for us to use for these studies.

I am taking the liberty of sending copies of your note, and this reply to Dr. Deacon, and Dr. Yobs, so that we will all be in contact about this exciting proposal. Please give me your thoughts and reactions and suggestions, and I look forward to continued cooperation with your group. With best wishes, I am,

Sincerely,

J. Lawton Smith

J. Lawton Smith, MD
Assoc. Prof. Ophthalmology
Assoc. Prof. Neurosurgery
Asst. Prof. Neurology

Addendum: Dr. Norman J. Schatz is a board eligible neurologist who has just finished his Neurology residency at Jefferson Hospital in Philadelphia, and is here working with me this year. It just occurred to me that it would be even more valuable to take Dr. Schatz with us, so that he could perform a screening type neurological examination on these patients, to get an idea of the incidence of sensory loss, reflex changes, etc. If you would also like to include this parameter, I would be glad to invite Dr. Schatz. If your facility could help us pay transportation expenses and maintenance while in Tuskegee, it would, of course, be greatly appreciated. If this is impossible, however, we will arrange support, perhaps from a local Lions club if possible. jls

Box 19- Untitled Folder 3

September 7, 1965

Dr. Frank Zizza
Chief, Pathology Department
Veterans Administration Hospital
Tuskegee, Alabama

Dear Doctor Zizza:

During the summer we were informed that Doctor Chu had replaced Doctor Ashurst as pathologist in the Veterans Administration Hospital in Tuskegee, Alabama. Since that time, additional information from Mrs. Eunice R. Laurie, public health nurse assigned in Tuskegee, has indicated that the earlier information was in error and that you are the Chief of the Pathology Department there. I am therefore writing to you somewhat belatedly in regard to the long-term project "Study of the Course of Untreated Syphilis in the Adult Male." The U. S. Public Health Service has pursued this project in Macon County, Alabama, since 1932. In this study, groups of seroreactive men with latent syphilis and groups of seronegative normal men of similar ages have been examined and tested at intervals by Service physicians. Mrs. Laurie has been our permanent contact with these men.

Because of the ages of participants when the project began, there has been some attrition in both groups over the years. When deaths have occurred, every effort has been made to secure permission from the family for a post-mortem examination. Until his retirement because of ill health in 1963, Dr. Jesse J. Peters, formerly pathologist at the Veterans Administration Hospital in Tuskegee, served as pathologist for this study, performing the gross autopsies. Upon his retirement, his former assistant, Doctor Ashurst, who had performed many autopsies in Doctor Peters' absence, agreed to carry on the study.

In July 1965 I wrote to Doctor Chu asking him to assume the duties of pathologist in connection with our study. However, he did not feel he could undertake this responsibility. Since that time the Milbank Memorial Fund, which has supported the Tuskegee Study, has graciously agreed to increase its allocation to the pathologist for this study to $100.00 per autopsy. Because of the previous misunderstanding and the increased allocation, I am writing to ask you to undertake the responsibilities of pathologist for our study.

This service would involve the performance of a standard complete gross post-mortem examination including the head, whenever proper permission was granted, the preparation of a gross protocol, and the taking of

Box 19- Untitled Folder 3

tissue to be used for microscopic study, but no actual microscopic work. As before, formalin fixed tissues would be sent to the National Institutes of Health for microscopic examination, and copies of the gross protocol would be sent to NIH and to us at the Venereal Disease Branch. In addition, since 1961 when an experimental pathology laboratory was set up in the Venereal Disease Research Laboratory, we have asked that duplicate formalin fixed tissues and selected frozen tissues be sent to us. We are particularly interested in studying the brain, heart, aorta and vessels, liver, kidney, and inguinal lymph nodes by histochemical and immunochemical technics. Fresh tissues are frozen by placing them in the freezer section of a standard refrigerator. Mrs. Laurie is responsible for all packing and shipping of specimens.

I cannot, of course, predict the number of autopsies for any one year. However, in 1963 there were eight deaths and five autopsies, in 1964 there were eight autopsies, and thus far in 1965 there have been three deaths and one autopsy.

I would be happy to have you assume the duties of pathologist for this important study. However, if this is impossible, I would appreciate learning of those locally whom you would recommend for this position.

Sincerely yours,

William J. Brown, M.D.
Chief, Venereal Disease Branch

ARYobs:mvl

cc: Dr. James Lucas
✓Mrs. Eleanor Price

14

BOX 8
TSS - GENERAL - 65
[9-33]

September 9, 1965

Alexander Robertson, M. D.
Executive Director
Milbank Memorial Fund
40 Wall Street
New York, New York 10005

Dear Dr. Robertson:

Thank you for your letter of August 24 graciously consenting to an increase in the fee for the pathologist performing the autopsies for the Tuskegee Study and assuring us of your continued financial support.

Your suggestion for a final grant, rather than small annual ones, to cover the remaining participants in the study, seemed like an excellent idea. However, in working up some figures to see just what this would involve, it appeared that a grant for possibly a longer period would be more realistic than a final grant.

As of this writing, there are 270 participants presumed to be living. Many of these reside in other areas of the country where no mechanism is set up for obtaining autopsies, or their addresses are unknown. However, among these 270 survivors is what might be termed a "hard-core" of participants numbering 123, who were examined in our 1963 round-up and who were still residing in the Macon County area in July 1965. Autopsies should be obtainable on all of this group except for the few whose families refuse permission or the death notice is received too late for post-mortem examination.

These 123 participants are divided almost equally between syphilitic patients and nonsyphilitic controls. All are over 50 years of age; 53 have passed 70. On the basis of the 1959-1961 age-specific death rates for nonwhite males in the South Atlantic States, the expected number of deaths and the estimated funds required for autopsies are as follows:

Period of time covered	Expected number of deaths	Funds required on basis of $175 per autopsy
5 years	35	$ 6,125
10 "	65	11,375
15 "	85	14,875

15

DRAFT

NOV 8
TSS - GENERAL 65
[9-33]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

Communicable Disease Center
Atlanta 22, Georgia

Refer to:

Alexander Robertson, M.D.
Executive Director
Milbank Memorial Fund
40 Wall Street
New York, New York 10005

Dear Dr. Robertson:

Thank you for your letter of August 24 graciously consenting to an increase in the fee for the pathologist performing the autopsies for the Tuskegee Study and assuring us of your continued financial support.

Your suggestion for a final grant, rather than small annual ones, to cover the remaining participants in the study, seemed like an excellent idea. However, in working up some figures to see just what this would involve, it appeared that a grant for possibly a longer period would be more realistic than a final grant.

As of this writing, there are 270 participants presumed to be living. Many of these reside in other areas of the country where no mechanism is set up for obtaining autopsies, or their addresses are unknown. However, among these 270 survivors is what might be termed a "hard core" of participants numbering 123, who were examined in our 1963 round-up and who were still residing in the Macon County area in July 1965. Autopsies should be obtainable on all of this group except for the few whose families refuse permission or the death notice is received too late for postmortem examination.

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Period of time covered	Expected number of deaths	Funds required on basis of $175 per autopsy
5 years	35	$ 6,125
10 "	65	11,375
15 "	85	14,875

14

BOX 8
TSS-GENERAL-65
[7-33]

It is my feeling that possibly a 10-year grant of $10,000 to $12,000 would see the study through to completion. However, I would like to leave the door open for continuation of the study at the end of this time if the knowledge gained warrants it.

Milbank's generous support of the Tuskegee Study and your personal interest in it are deeply appreciated.

Sincerely yours,

/s/ wjb

William J. Brown, M. D.
Chief, Venereal Disease Branch

cc:
Dr. Anne Yobs

EVPrice/mr

WJB
8.7.2. Davis EVP

Box 8
TSS - GENERAL - 65
[9-33]

Dr. Brown

September 13, 1965

Dr. Lucas

Tuskegee Study

I spoke with Dr. Giles (Director of the V. A. Hospital in Tuskegee) concerning our needs for a pathologist. He called to make sure that Dr. Zizza would not be violating the government regulation against dual compensation if he accepted. I explained that the funds were not government money, but rather from the Milbank Fund. Dr. Giles had not been aware of this. He further stated that Dr. Zizza was an excellent man and was eager to participate. We will be getting a letter of acceptance shortly.

I explained that Dr. Yobs, Mrs. Price, Dr. Sparling and Dr. Utley would be in Tuskegee on September 30 and would contact Dr. Giles during their visit.

cc:
Dr. Gillespie
Dr. Yobs
Mrs. Price
Dr. Sparling
Dr. Utley

Box 8
TSS-GENERAL-65
[9-33]

September 14, 1965

J. Lawton Smith, M.D.
Bascom Palmer Eye Institute
1638 Northwest Tenth Avenue
Miami, Florida 33136

Dear Dr. Smith:

I was pleased to learn that you are still interested in the opthalmologic evaluation of patients in the Tuskegee Study under the conditions outlined although we can offer no financial support. From your letter it would appear that you may have several misconceptions about this study and about the facilities available in the Macon County area of Alabama. I think it imperative, therefore, that you or an experienced member of your staff accompany our personnel in a one-day trip to Tuskegee on September 30. This trip is being made to complete arrangements for the work in October.

Please let me know who will be your representative in order that plans for September 30 may be completed.

Sincerely yours,

William J. Brown, M.D.
Chief, Venereal Disease Branch

bcc:
Dr. Yobs
Mrs. Price

October 4, 1965

J. Lawton Smith, M.D.
Bascom Palmer Eye Institute
1638 Northwest Tenth Avenue
Miami, Florida 33136

Dear Lawton:

Enclosed is a map of Macon County which should prove helpful later this month. Mrs. Laurie can identify those stations which are not marked on this map.

It has been decided at Branch level that it would be better for you to plan to use space available in the Macon County Health Department for the examination of patients. Because of the problems encountered last Thursday at the Veterans Administration Hospital, we would prefer to make no use of their facilities.

When you have made your reservations at Auburn, please let us know your choice of motels. I believe both Doctors Sparling and Utley would like to be in the same motel with you.

Sorry I missed your call Friday. If I can help you with anything please let me know. Have you been funded?

I was sorry to hear about your sister and hope she is much improved.

FOR THE DIRECTOR:

Sincerely yours,

Anne R. Yobs, M.D.
Chief, Medical Research
Venereal Disease Research
Laboratory

Enclosure

October 5, 1965

Mrs. Eunice R. Laurie
Post Office Box 354
Tuskegee Institute, Alabama 36088

Dear Mrs. Laurie:

Doctor Utley and I plan to arrive in Tuskegee around noon on Monday, October 25. We should like to meet you at the Macon County Health Department at 1:00 p.m. and go with you to see Doctor Peters to discuss the question of a pathologist for the project.

We shall look forward to seeing you on the 25th.

Sincerely yours,

P. Frederick Sparling, M.D.
Surgeon, U.S.P.H.S.
Medical Research
Venereal Disease Research
Laboratory

October 7, 1965

Mrs. Eunice R. Laurie
Public Health Service Nurse
Macon County Health Department
Tuskegee, Alabama

Dear Mrs. Laurie:

When our doctors were in Tuskegee last week they were unable to complete arrangements for the services of a pathologist to perform the autopsies for the Tuskegee Study.

They gained the impression, however, that Dr. Ashhurst usually returns to Tuskegee for the weekend. If a death should, by chance, coincide with his visit, perhaps he would still be willing to perform this service for us. If not, we shall have to forego postmortem examinations until Dr. Sparling and Dr. Utley arrive on October 25, and are able to make permanent arrangements for this most important phase of the study.

I have been informed that you have elected to take advantage of the recent retirement ruling, but I hope that we may arrive at a mutually satisfactory agreement for your continued association with the project.

Sincerely yours,

/s/ WJB

William J. Brown, M. D.
Chief, Venereal Disease Branch

EVPrice/ag

EVP
J.7.D. BG

Box 8
TSS-General-65
E9-33

October 15, 1965

Dear Sir:

The Government Doctor will make his annual visit to Macom County during the week of October 25. He is anxious to see you so we hope that you will find it possible to meet us at the appointed time at the place nearest your home. The schedule of our visits is enclosed.

If you are physically unable to meet us, please let me know and we will make every effort to visit you at your home.

With best wishes and the hope that I may see you soon, I am

Sincerely yours,

Eunice Rivers Laurie
Public Health Service Nurse
Macon County Health Department

Enclosure

Box 8
TSS-GENERAL-65
[9-33]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

COMMUNICABLE DISEASE CENTER
ATLANTA, GEORGIA 30333
TELEPHONE: (404) 633-3311

October 15, 1965

Ok.

Dear Sir:

The Government Doctor will make his annual visit to Macon County during the week of October 25. He is anxious to see you so we hope that you will find it possible to meet us at the appointed time at the place nearest your home. The schedule of our visits is enclosed.

If you are physically unable to meet us, please let me know and we will make every effort to visit you at your home.

With best wishes and the hope that I may see you soon, I am

Sincerely yours,

Eunice Rivers Laurie
Public Health Service Nurse
Macon County Health Department

Enclosure

Tuesday, October 26, 1965

Coopers Chapel	8:30 A.M.
Creek Stand	10:00 A.M.
Cross Roads	11:30 A.M.
Swanson	1:00 P.M.
Hannon	1:45 P.M.
Roba	2:00 P.M.
Armstrong	2:30 P.M.
Ft. Davis	3:00 P.M.
Mt. Nebo	3:45 P.M.

Wednesday, October 27, 1965

Hardaway	8:30 A.M.
Prairie Farm Clinic	9:30 A.M.
Pinkston Store	10:45 A.M.
Milstead	1:15 P.M.
Walkers Chapel	2:00 P.M.
Bethel Grove	3:00 P.M.

Thursday, October 28, 1965

Simmons Chapel	8:30 A.M.
Mt. Zion	9:30 A.M.
Shiloh	10:45 A.M.
Oak Grove	11:45 A.M.
Brownville #2	12:30 P.M.
Brownville #1	1:30 P.M.
Pine Grove	2:15 P.M.
Mt. Pleasant	3:00 P.M.

Friday, October 29, 1965

Macon County Health Department 8:30 - 12:00

October 28, 1965

Robert B. Adams, M.D.
Director, Clinical Laboratories
Montgomery Baptist Hospital
Montgomery, Alabama

Dear Dr. Adams:

Dr. P. F. Sparling has notified us that you have agreed to perform post-mortem examinations on deceased patients in the Tuskegee Study whenever permission is obtained from their families. We consider these examinations to be a very important part of the study and appreciate your willingness to undertake them.

As you may know, the United States Public Health Service began its study of untreated syphilis in the adult male in 1932. Some 612 patients were selected on the basis of history, physical findings, and results of serologic testing performed at least two different times at intervals of several months. Patients were then divided into two groups, syphilitic and nonsyphilitic, with twice as many syphilitics as controls. The groups were comparable in age.

Periodically during the ensuing years complete physical examinations and x-rays, electrocardiograms, and serologic testing have been performed on every patient who could be located. Upon a patient's death, efforts were made to secure an autopsy. Until recently Dr. J. J. Peters and then Dr. John Ashurst have served as pathologist.

At present, a total of 270 patients remain "on the books." Of these, 123 reside in the Macon County area and were living in 1965. The remainder have been lost to follow-up. Upon the death of a patient in the Macon County area, either his family or the undertaker notifies our project nurse, Mrs. Eunice R. Laurie of Tuskegee, Alabama. She in turn obtains the autopsy permit and notifies the pathologist. In the past, autopsies have generally been performed in the funeral home.

BOX 17
TSS-MISC CORRES
4-10

Formalin-fixed tissues are sent to the National Institutes of Health; two copies (original and one carbon) of the gross protocol to the Venereal Disease Branch, Communicable Disease Center; and certain frozen tissues to Medical Research, Venereal Disease Research Laboratory (addresses given on enclosure). Mrs. Laurie has been most helpful in packing and shipping the tissues.

You will be paid $75.00 for each autopsy performed. The Milbank Fund gives financial support to this phase of the study. These monies are deposited with the Business Manager of the Tuskegee Institute who makes disbursements at our direction.

I understand that although you are willing to do autopsies at the funeral home, you would prefer to work at the John Andrews Hospital. No funds are available for this transportation of the body. Since you go to Tuskegee fairly often, I suggest that you talk with Mrs. Laurie about this. She and Dr. Dibble seemed to think that perhaps the funeral homes in Tuskegee would be willing to cooperate without charge.

Tissues sent to NIH should include blocks from all organs and all lesions. While we are interested in manifestations of syphilis, we are also interested in everything about these patients. Tissues sent to the Venereal Disease Research Laboratory should include ascending and descending or abdominal aorta, inguinal lymph nodes, myocardium, liver, kidney, spleen, and brain (when permitted). You may take duplicate tissues for your own study if you wish; however, for the sake of continuity, we will continue to have NIH perform the microscopic examinations. A copy of their microscopic protocol will be sent to you. You will be responsible only for doing the gross autopsy, preparing the gross protocol, and sending it and appropriate tissues to the proper places.

Please contact me if you have further questions. Either write or call collect (telephone number: 404-457-2511, extension 11).

FOR THE DIRECTOR:

Sincerely yours,

Anne R. Yobs, M.D.
Chief, Medical Research
Venereal Disease Research Laboratory

cc:
Mrs. E. Price
Mrs. E. Laurie
ARYobs:djs

Chief, Laboratory of Experimental Pathology
National Institutes of Health
Building 4, Room 321
Bethesda, Maryland 20014

Anne R. Yobs, M.D.
Chief, Medical Research
Venereal Disease Research Laboratory
Communicable Disease Center
Atlanta, Georgia 30333

Venereal Disease Branch
Communicable Disease Center
Atlanta, Georgia 30333

November 3, 1965

Eugene W. Dibble, M.D.
John Andrews Hospital
Tuskegee Institute
Tuskegee, Alabama

Dear Dr. Dibble:

I want to thank you for the valuable assistance you recently gave us in locating and securing the services of a pathologist for the continuing study of untreated syphilis in the adult male. After 33 years, this aspect is increasingly important.

In the later years of this study, as at its beginning, the continued interest and support of many people in Tuskegee and Macon County, in the United States Public Health Service and elsewhere, is essential to its completion and the full realization of the invaluable information to be derived from it. We consider ourselves most fortunate to have had your support for this study through the years.

FOR THE DIRECTOR:

Sincerely yours,

Anne R. Yobs, M.D.
Chief, Medical Research
Venereal Disease Research Laboratory

cc:
Mrs. E. Price

ARYobs:djs

BOX 8
TSS-GENERAL-66
[9-3]

July 26, 1966

Mrs. Eunice R. Laurie
104 Brown Street
Tuskegee, Alabama 36083

Dear Nurse Laurie:

In answer to your requests, we have recently sent you a supply of plastic bags for use at autopsies. Yesterday we shipped six cases of large glass bottles without caps. These caps will be forwarded as soon as we receive them from the company.

I have forwarded all protocols and receipts to Mrs. Eleanor V. Price who maintains the records for this project at the Venereal Disease Branch. Evaluation of the data for 30 years in preparation for a comprehensive report on the study continues with the end not yet in sight.

The Venereal Disease Research Laboratory is scheduled to move from Chamblee to the main facilities on Clifton Road within the month. Branch headquarters will remain in Buckhead. However, the move will not affect the mailing address of either.

Needless to say, the move and uncertainties associated with it have made for a rather unsettled summer. I hope, however, that your summer has been most enjoyable.

Sincerely,

Anne R. Yobs, M.D.
Chief, Medical Research
Venereal Disease Research Laboratory

cc:
Mrs. E. V. Price ✓

ARYobs:abs

Box 8
TSS-General-6C
[9-3D

DETAILS OF MEDICAL EXAMINATION, PROCEDURES, AND INFORMATION DESIRED CONCERNING TUSKEGEE SPECIAL STUDY PATIENTS

Procedure for Patients

1. Blood Test

A 20-cc. vacutainer tube and mailing container are provided for the blood sample. Draw as much blood as the tube will contain, label tube with patient's name and study number (label furnished for this purpose), and mail on the day drawn. The mailing container addressed to the Venereal Disease Research Laboratory has been prepared for air mail and requires no postage.

2. History

(Form 1172-1) to include: (Principal interest is to obtain a detailed history on the interval from last study examination to present.)

a. Regular medical complaints (please note CHIEF complaint and whether patient is stoic or hypochondriac); degree of disability from symptoms, and a review of systems.

b. Any treatment for syphilis - description, dates.

c. Any shots for any illness in recent years resembling penicillin or the other antibiotics; dates, description.

d. Relatives' names and addresses for later follow-up.

3. Physical Examination

(Form 672-2) to include:

a. BP of both arms, sitting.

b. Careful pupillary and funduscopic examination of eyes.

c. General but careful neurological tests, including mental status.

d. Palpation of dorsalis pedis pulses and character in both feet; palpate brachial, radial and carotid vessels for hardening.

e. Careful auscultation of heart with particular attention to:

Aortic area, with patient leaning forward at end of expiration.

A_2 quality, compare to P_2.

Heart size, retromanubrial dullness, etc., by physical methods, only necessary if X-ray examination is impossible.

4. X-rays

For size of heart and aorta. At least 3 views required with barium swallow: (1) PA - Posterior-anterior, (2) LAO - Left anterior oblique, and (3) RAO - Right anterior oblique. (These films are worthless for measurement purposes unless the technician is checked by the radiologist or M. D., who will insist on repeating unsatisfactory films.) No interpretation of the films is requested. A penalty label for forwarding the films to Atlanta is furnished in the packet.

5. Fluoroscopy

For size, shape, dilatations, pulsations of heart and aorta in the 3 views: PA, LAO, RAO. (Barium swallow not required since done on films.)

6. EKG

A standard 12-lead EKG is requested. No interpretation is required.

Special Instructions for Investigator

If the patient is located and submits to the examination, he will receive an honorarium for his contribution to medical research. To avoid any unnecessary delay, please sign and return the Report of Investigator included in the packet as soon as the examinations requested have been completed. As you will notice, the report is made in duplicate. Send one copy to the Venereal Disease Branch in the envelope provided; return the other through channels to the Regional Office. Results of the examination, when available, should be forwarded in the large envelope addressed to the Venereal Disease Branch. No postage is required.

If patient has died, give detailed information from autopsy report or death certificate, medical status before death, and hospital or attending doctor's diagnosis. The family's verbal description of cause of death may be useful. Any reference to State mental institutions should be followed-up to determine if the patient may have had central nervous system syphilis. When all information available has been gathered, complete the second section of Report of Investigator, and return the original forms for this patient and any reports you were able to obtain relative to his death in the large envelope addressed to the Venereal Disease Branch. If you paid a fee for the death certificate, you will be reimbursed as soon as your report has been received.

If you find no trace of the patient either through the address given or by a search of the records in the Office of Vital Statistics, complete the last section of the Report of Investigator and return in the envelope with the original forms for the patient.

DHEW, PHS, CDC

October 4, 1966

Mrs. Eunice R. Laurie
104 Brown Street
Tuskegee, Alabama 36083

Dear Mrs. Laurie:

As you know from the telephone conversation with Mrs. Price it is that time again.

Enclosed is our list of patients and addresses, also schedule of visits to be made with letter for your signature. Please check the list and make the necessary changes, if any, to bring it up todate and return as soon as possible so that I might start addressing the envelopes and typing the labels. Also let me know if the schedule and letter meets with your approval.

It must be wonderful to not have to get up and go to work these cold mornings and I am sure that now you will really appreciate being on the "retired list".

Sincerely,

Mary J. Robinson

Tuesday, November 1, 1966

Coopers Chapel	8:30 A.M.
Creek Stand	10:00 A.M.
Cross Roads	11:30 A.M.
Swanson	1:00 P.M.
Hannon	1:45 P.M.
Roba	2:00 P.M.
Armstrong	2:30 P.M.
Ft. Davis	3:00 P.M
Mt. Nebo	3:45 P.M.

Wednesday, November 2, 1966

Hardaway	8:30 A.M.
Prairie Farm Clinic	9:30 A.M.
Pinkston Store	10:45 A.M.
Milstead	1:15 P.M.
Walkers Chapel	2:00 P.M.
Bethel Grove	3:00 P.M.

Thursday, November 3, 1966

Simmons Chapel	8:30 A.M.
Mt. Zion	9:30 A.M.
Shiloh	10:45 A.M.
Oak Grove	11:45 A.M.
Brownville #2	12:30 P.M.
Brownville #1	1:30 P.M.
Pine Grove	2:15 P.M.
Mt. Pleasant	3:00 P.M.

Friday, November 4, 1966

Macon County Health Department	8:30 - 12:00

Box 8
TSS GENERAL-66
[9-37]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

COMMUNICABLE DISEASE CENTER
ATLANTA, GEORGIA 30333
TELEPHONE: (404) 633-3311

October 21, 1966

Dear Sir:

The Government Doctor will make his annual visit to Macon County during the week of October 31. He is anxious to see you so we hope that you will find it possible to meet us at the appointed time at the place nearest your home. The schedule of our visits is enclosed.

If you are physically unable to meet us, please let me know and we will make every effort to visit you at your home.

With best wishes and the hope that I may see you soon, I am

Sincerely yours,

Eunice Rivers Laurie

Eunice Rivers Laurie
Public Health Service Nurse
Macon County Health Department

Enclosure

Box 8
T.S.S.-GENERAL-67
[9-20]

March 23, 1967

Robert B. Adams, M.D.
Director, Clinical Laboratories
Montgomery Baptist Hospital
Montgomery, Alabama 36111

Dear Dr. Adams:

We received a letter dated September 19, 1966 from Mrs. Eunice Laurie, our project nurse in Tuskegee, notifying us of the death and autopsy of [redacted], one of the patients in our Tuskegee Study. We had not received copies of the gross protocol and wrote Mrs. Laurie concerning this. In answer to our letter Mrs. Laurie stated this patient had been killed in an automobile accident, and the autopsy had been performed for you by Dr. Wayne G. Elliot.

We would appreciate it if you would have copies of this report forwarded to us.

Sincerely yours,

(Sgd.) William J. Brown

William J. Brown, M.D.
Chief, Venereal Disease Program

MJRobinson

GWB

J.F.D. ALL

B07 8
TSS-GENERAL-68
[9-29]

March 14, 1968

Robert B. Adams, M. D.
2119 East South Boulevard
Montgomery, Alabama 36111

Dear Dr. Adams:

Thank you for the autopsy report on [redacted] a member of the Tuskegee group, who died on 2/25/68.

We have been advised by Mrs. Laurie that autopsies have also been performed on [redacted] # [redacted], who died in September 1966, and [redacted] # [redacted], who died in October 1967. Funds were transmitted to Tuskegee Institute for expenses incident to these autopsies and we have no reason to believe that the pathologist (Dr. Wayne G. Elliott, in the case of [redacted] was not compensated for his services.

Anything you can do to locate these missing reports will be appreciated.

Sincerely yours,

William J. Brown, M.D.
Chief, Venereal Disease Program

EVPrice/mjr

Memorandum

Box 4 Folder Buxton Correspondence 7-26

PUBLIC HEALTH SERVICE
Health Services and Mental Health Administration
National Communicable Disease Center - Atlanta

TO : See below

DATE: August 13, 1968

FROM : Chief, Research and Therapy Evaluation Statistics Service

SUBJECT: Tuskegee Study

Your presence is requested at a meeting to be held on Monday, August 19, at 1:00 PM in room 506 of the Buckhead Building to discuss the Tuskegee Study and to plan for the 1968 survey. Please note this on your calendar and plan to attend so that we may have the benefit of your ideas and suggestions.

Attached for your information is a status report on the Tuskegee cases.

Eleanor V. Price

Attachment

Distribution:

Dr. James B. Lucas
Dr. Bobby C. Brown
Dr. Richard W. Thatcher
Dr. Paul G. Cohen

Box 8
TSS-GENERAL-68
[7-27]

August 26, 1968

Mrs. Eunice R. Laurie
104 Brown Street
Tuskegee, Alabama 36083

My dear Mrs. Laurie:

Five years have passed since the last comprehensive examination of the participants in the Tuskegee Study. We are formulating plans for a survey this fall and have tentatively selected the two-week period beginning October 14, with possibly the week of October 28 devoted to visiting patients who are unable to come in for examination. It is hoped that we will be able to reach all participants residing in the Macon County area.

If you will make the necessary arrangements, we would like to utilize the facilities of the Macon County Health Department as was done in 1965 when the ocular and neurologic examinations were performed by Dr. Lawton Smith of Miami.

Please let us know at an early date if these plans are satisfactory. Some time prior to the survey representatives from this office (including Dr. Bobby Brown or Mrs. Price, whom you know) will drive down to Tuskegee to complete the final plans with you.

You will be compensated for the time which you devote to the survey - including both the preparatory and close-out phases. Since it will be to your advantage to have a temporary permit to operate a Government car, please complete the enclosed forms and return in the envelope provided.

Sincerely yours,

William J. Brown, M. D.
Chief, Venereal Disease Program

Enclosures: 3
EVPrice:az

Box 8
TSS-GENERAL-68
[7-27]

Health Services and Mental Health Administration
National Communicable Disease Center - Atlanta

Dr. Paul Cohen, Venereal Disease Research Lab. August 27, 1968

Eleanor V. Price, Venereal Disease Program

Supplies for Tuskegee Survey

Following is a check list of supplies and equipment proposed for the Tuskegee survey tentatively scheduled for the two-week period beginning October 14. Please add to or delete as you see fit. Please check with Lewis to see which items are available at VDRL and which we need to order.

200 Non-toxic T Tubes, Vacutainer, Pink Stopper, 20 ml. 3208 HT
6 Needle Holders
200 Needles No. H-1004, Vacutainer Needle with Plastic Hub, 20g-1 1/2", B-D
4 Mailing cartons - 12-tube (If the specimens are carried back each week, these may not be necessary)
Gummed tape for sealing cartons
Centrifuge (?)
✓ 2 X 2 Gauze ~~and/or cotton balls~~
✓ 100 Pill boxes - largest size
Alcohol - Rubbing compound
✓ Vitamins, APC tablets and tonic (iron, quinine and strychnine)

✓ 12 Doz. Tomac Disposable Gloves, size 7 1/2
✓ Electrocardiogram (machine and supplies?)
X 3 Tuning Forks, C-128
X 3 Sphygmomanometers
✓ Supplies for CSF and skin tests (please enumerate)

Forms (to be provided by this office)
History - PHS 1172-1 (Copy attached)
Physical Examination - TF 9.70 (Copy attached)
Labels for blood and spinal fluid tubes (bearing name and number)

Examining table (The table purchased by VDRL was given to the Clinic. Perhaps Dr. Billings has a light-weight table he would loan to us for the survey.)

Station wagon (should be reserved well in advance)

✓ Mr. Hammons, our Regional Representative, left for Montgomery this morning and while there will try to make arrangements with the State TB people to do the X-rays for us. Since we will want two views we may have to purchase the 14 X 17 film.

EVPrice:az

TUSKEGEE STUDY - 1968

The Tuskegee Study of Untreated Syphilis in the Male Negro was initiated in 1932. Since then numerous papers dealing with this group of patients have been published -- the first in 1936 and the last in 1964. The number of cases included in each of these evaluations has varied according to the discretion of the various authors -- but with approximately 400 included as syphilitic and 200 included as a control group.

A review of all available records provides the names of 630 individuals. Clinical folders for five of these individuals are missing from the files. Apparently these five were discarded during the course of the study for unknown reasons. This report, therefore, deals with a total of 625 cases.

In reconstructing the study, it appears that in the fall of 1932 and spring of 1933, 411 syphilitic patients were selected for study. At the time of the first re-examination of these patients (1938-1939), 14 patients were added to the syphilitic group, making a total of 425. According to the original criteria patients were selected on the basis of a history of a primary lesion, at least two reactive tests for syphilis, and no history of treatment.

In the fall of 1933 and the spring of 1934 a control group of comparable ages, with no history of infection, and at least two non-reactive serologic tests for syphilis were added to the study. These numbered 200.

Only nontreponemal antigen tests were available when these 625 patients were classified. Since the nontreponemal tests revert to negative even in the absence of treatment, it is inevitable that some cases were misclassified when the study was initiated. The first treponemal test to be performed on any of these patients was in 1952, after death had claimed 47 in the control group. Seven of the remainder (or 4.6 percent) were reclassified as syphilitic on the basis of confirmed treponemal tests. It is quite possible that some, if not all, of these seven were congenitally infected since none gave a history of lesions.

It was also inevitable that some of the control group would acquire syphilis during the course of the study. These numbered nine. One additional patient in the control group finally acknowledged that he had been adequately treated for syphilis in 1928.

The final classification of the 625 patients included in this evaluation is 442 syphilitic and 183 controls. [Note: In 4 of the controls syphilis was at least suspected at autopsy. As of this writing these 4 cases are still classified as controls.] In 1963, the date of the last complete physical examination of these patients, 51 percent of the control group and 61 percent of the syphilitic group were known to have died. Of those presumed to be living, 69 percent of the control group and 59 percent of the syphilitic group were examined.

Previous analyses of the Tuskegee data have shown that untreated syphilis reduces the life expectancy of males 25 years of age by about 17 percent. In table 2 it will be noted that the cumulative death rate among the syphilitics is more than double the rate in the controls from

ages 35 through 59 years. During the next 10 years of age the rates are approximately the same; from age 70, deaths in the control group are accelerated.

During the years between 1932 and 1963, six examinations which included complete physicals, chest X-ray and in most instances an electrocardiogram were attempted at approximately 5-year intervals. Batteries of serologic tests have been performed almost annually since 1938. The original 625 cases had dwindled to 164 by the sixth examination in 1963. One hundred and twenty-one (19 percent) had been lost from observation and 340 (54 percent) had died. Including the 25 deaths since the 1963 examination, autopsies have been performed on 61 (65 percent) of the controls and on 157 (58 percent) of the syphilitics.

UNITED STATES GOVERNMENT

Memorandum

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

Box 13- Folder: Privileged Communication

TO : Chief, Venereal Disease Research Laboratory

DATE: September 27, 1968

FROM : Chief, Venereal Disease Program

SUBJECT: Plans for the 1968 Tuskegee Survey

Since the initiation of the Tuskegee Study in 1932, it has been the custom to perform annual serologic examinations and cursory physical examinations on the participants. In addition, at approximately 5-year intervals, as thorough a physical examination as circumstances permit is carried out. This includes 14 x 17 chest X-rays and electrocardiograms.

The most recent of the 5-year examinations was conducted by Dr. Rockwell in 1963. At that time we were able to use the facilities of the V. A. Hospital in Tuskegee and Dr. Rockwell was assisted to some extent by the hospital staff. In spite of this, the survey period covered more than a month. A total of 136 patients was examined - the first on July 23, the last on August 26.

When Dr. Lawton Smith contemplated examining the Tuskegee Study participants in 1965, it was the consensus (for reasons upon which I will not dwell) that it would be better to conduct the examinations at the Macon County Health Department rather than at the V. A. Hospital. In spite of the inadequacies of the Macon County Health Department, this arrangement apparently worked out satisfactorily for all concerned.

This year the participants are scheduled for another comprehensive examination and, as in 1965, we plan to work out of the Macon County Health Department. Arrangements have been made with the Alabama TB people to do the X-rays (2 views on 14 x 17 film); and we have on hand the portable ECG machine which was purchased last fall especially for this study. Any other equipment needed, such as microscopes, centrifuges, etc., I presume can be provided by your laboratory. Miscellaneous supplies (rubber gloves, vacutainer tubes, gauze pads, etc.) have been purchased by this office.

This year the survey has been scheduled for the period from October 14 through October 25. Patients will be scheduled for examination on Monday, Tuesday and Wednesday of each week, with Thursday and Friday morning reserved for house visits, spinal fluid examinations and other "mop-up" operations. It is anticipated that between 100 and 125 patients will be available for examination. I hope that by assigning two physicians and

a technician or technologist from the laboratory to assist them (at least for the first week) that they will be able to accomplish in two weeks what has formerly required from one to six months. Mrs. Laurie and Mr. Connor (our V.D. representative from Montgomery) will be responsible for locating and transporting the patients.

I have selected Dr. Cohen and Dr. Caldwell as the physicians for this assignment. The selection of the third member of the team, I will leave to them since, of necessity, this will be a tight-knit group - both during and after official duty hours. This is primarily a Program project; therefore, per diem expenses may be charged to cost center 93216045.

It is hoped that these arrangements meet with your approval.

William J. Brown

William J. Brown, Medical Director

cc:
Dr. Caldwell
Dr. Cohen

10/1/68 Xerox copies made and sent to Stout, Kuhn, and McGrew

PUBLIC HEALTH SERVICE

Memorandum

File Box 4 Folder Boston Correspondence 1-26

TO : Dr. Brown

DATE: October 23, 1968

FROM : Dr. Caldwell GJC

SUBJECT: Preliminary Report, Tuskegee Study, October 1968

After a preliminary orientation session in Tuskegee with Mrs. Eunice Laurie, local county nurse, and Mr. O'Connor of the Alabama State Health Department, on September 24, 1968, the actual examination of patients began on Monday, October 14.

The government car was loaded here on Sunday, October 13, and we arrived at the Macon County Health Department, Tuskegee, at 8:00 a.m. the following morning. Dr. Paul Cohen and I were met there by Mrs. Laurie; Mr. O'Connor; Dr. Berry, the County Health Officer; and Mr. John Miller, VD representative of the State of Alabama. As it was understood by those present that the x-ray unit to be provided by the State TB Program would not be there until 1:00 p.m., there were no patients scheduled for examination that morning. The morning was, therefore, spent in preparing for the patients. Except for a 39 cent electrical outlet adaptor necessary for the ECG machine, it was soon obvious that all preparations had been quite complete.

On the afternoon of October 14, the x-ray unit did arrive as scheduled, but was assembled at the new health department facility some five blocks away because of a wall bracket there for the cassettes and developing facilities, which later proved to be totally inadequate. Mr. Jerry Brown of the Venereal Disease Research Laboratory also arrived with loaded station wagon at 1:30 p.m.

Nine patients were completely examined on the afternoon of the first day. During the following days, however, only ten, eleven, and twelve patients were seen due to Mrs. Laurie's difficulties with patients keeping their scheduled appointments. Moreover, on Friday, October 18, only five patients were seen -- perhaps due to torrential rains and poor weather, apparently caused by Hurricane Gladys. Only one of those patients seen all week was visited at home (he was an 84-year old man of poor health).

Examinations to date have included a complete history, physical examination, electrocardiogram, AP and lateral chest x-ray, and venipuncture, yielding 20 cc. blood for serological testing. On Thursday the ECG writer, attached to the galvanometer, became loose thus giving no recordings. That same evening the machine was fixed, free of charge, by a Burdick representative in Montgomery, Alabama. To date we have to see the first

Box 4 Folder. Buxton Correspondence
7-26

chest x-ray due to the lack of developing facilities. Moreover, all patients seen on Thursday and Friday have been requested to reappear for x-rays on Monday to Wednesday of the following week as there was no technician available on Thursday and Friday as planned. Unfortunately, I doubt that many of the Thursday patients will return as they indicated that the hardship of traveling from Columbus, Georgia, for instance, to Tuskegee was considerable, considering that they were also taking a day from work to do so. This was the case for at least three of the patients. It results from poor scheduling of the patients, and I fear that the same problem may exist during the coming week as well.

To date I have personally examined some three patients who should have lumbar punctures included in their examinations because of neurological deficits or other indications. Dr. Cohen indicated a similar number whom he will also call back. These we plan to do on Thursday and possibly Friday of the coming week.

The forecast by Mrs. Laurie for the coming week is that there should be an equal number of patients as were seen last week. She also indicated that there should be another two home visits. Hopefully, we shall complete the project in one week's time, although we shall try to be as complete and comprehensive as possible.

PUBLIC HEALTH SERVICE

Memorandum

Box 4 Folder Burton Correspondence 7-26

TO : Dr. Brown

DATE: October 30, 1968

FROM : Dr. Caldwell JHC

SUBJECT: Second preliminary report, Tuskegee Study, October 1968
(Final report will be submitted as a joint effort after results of tests and tabulations are completed.)

The second week of patient examinations for the Tuskegee Study was completed without complications. Examinations were performed as outlined in the preliminary report of October 23, 1968, on 38 patients for a total of 85 patients for the two-week period. Eight cerebrospinal fluid specimens were collected; two lumbar punctures were unsuccessful for fluid. One joint paracentesis specimen was obtained.

Mr. M. Connor and his representatives of the Alabama State Health Department continued to aid the project. The State TB Unit continued to take chest x-rays as scheduled on Monday through Wednesday. However, no films had yet been developed. Mr. Connor indicated that the TB personnel indicated that these films would be developed the present week and shipped directly to the VD Program here in Atlanta.

Patients were compensated $1.50 for specimens of blood, spinal fluid, or joint fluid. Tabulation of payments during the two weeks totalled $141 for the 85 patients.

Mrs. Eunice Rivers Laurie, Macon County Public Health Nurse, continued to serve the Study admirably and was therefore feted to a lunch by those of us participating. At the end of the two weeks, she did indicate that if we were to return for one day on a Saturday, she might have as many as eleven patients assembled, who mainly because of their work were not able to report during the two-week period we were there. If we were to return then, she indicated that she also would try to arrange for three or more patients to return for lumbar punctures, where indicated.

Mrs. Laurie also related that the pathologist from Montgomery who performs autopsies on the Study patients also performs this duty on patients at John Andrew Hospital in Tuskegee. Recently his salary for autopsies at that institution was increased from $75 to $100, and a technician at the hospital has indicated to Mrs. Laurie that a similar raise will be requested from the Public Health Service. I indicated to Mrs. Laurie that I would inform you and Mrs. Price at the Program Office, but I advised her not to contact the physician (whose name she forgot) regarding this matter. Rather, it seems that he will contact her or the Program Office if it is true that he requests a raise.

Box 4
Folder Buxton Correspondence 7-29

Mrs. Laurie will determine, during the present week, whether she can have as many as eleven more patients for a return visit and will report accordingly. Then, if you wish, Dr. Cohen and myself or perhaps just one of us could travel to Tuskegee on the appointed Saturday to complete the examinations. In the meantime, there are 81 electrocardiograms to be mounted and read, a similar number of chest x-rays to be professionally read, and 85 records to be scanned by Dr. Bobby Brown and Mrs. Price.

cc: Mrs. Price
Dr. Bobby Brown

Box 8
TSS-GENERAL-68
[9-27]

October 31, 1968

Ruth Berrey, M.D.
Macon County Health Department
Tuskegee, Alabama 36083

Dear Dr. Berrey:

Thank you very much for the courtesy and cooperation you extended to our Program representatives in the recent continuation of the Tuskegee Study. Drs. Cohen and Caldwell indicated to me that their work was considerably lessened due to your cooperation.

To date, we have examined 85 of the patients in the original study. Mrs. Eunice Laurie will soon report to us whether an additional day's trip to Tuskegee would add significantly to that total. If so, then we would plan to return on a Saturday in the second half of November.

I am enclosing three publications concerning the Tuskegee Study for your information. We certainly do appreciate your cooperation and hope that this Study will aid you in your work as well as continuing to provide us information about syphilis.

Sincerely yours,

William J. Brown

William J. Brown, M.D.
Chief, Venereal Disease Program

Enclosures 3

cc:
Mrs. Price

JGCaldwell:cs

October 31, 1968

Mr. Marvin Connor
State Department of Public Health
State Office Building
Montgomery, Alabama 36104

Dear Mr. Connor:

Drs. Cohen and Caldwell, our Officers recently concerned with the Tuskegee Study examinations, report that they received considerable help from you and the Alabama State VD Representatives in their endeavors. I am particularly appreciative to you for this aid.

I also understand that you requested information regarding the Tuskegee Study and rectal gonorrhea. There have been many articles published regarding both of these subjects, but I have selected two articles: "The Tuskegee Study of Untreated Syphilis" by Rockwell, Yobs, and Moore, Archives of Internal Medicine 114: 792-798, December 1964; and "Rectal Gonorrhoea in Women" by Jensen, British Journal of Venereal Diseases, December 1953. I should add that we are presently engaged in a study of gonorrhea in women, and that preliminary data indicate that a few of the concepts in the enclosed reference may now be obsolete.

Thank you for your aid in the Tuskegee experience. If we can provide any further information, please do not hesitate to write us.

Sincerely yours,

William J. Brown, M.D.
Chief, Venereal Disease Program

cc: Mrs. Price

JGCaldwell:cs

Jbc

Box 8
TSS-GENERAL-68
[9-29]

October 31, 1968

Mrs. Eunice Rivers Laurie
Macon County Health Department
Tuskegee, Alabama 36083

Dear Mrs. Laurie:

Following is a list of patients who should return for lumbar punctures:

[redacted]

We await your report regarding the feasibility of a return Saturday session to complete this year's examinations. We will need your estimate of how many more patients would be available in middle to late November, so that Dr. Brown can decide whether our returning would be worthwhile.

It was a pleasure for Dr. Cohen and me to work with you those past two weeks; and I look forward to a possible reunion on a Saturday in late November.

Sincerely yours,

JGC

Joseph G. Caldwell, M.D.
Assistant to the Chief
Venereal Disease Program

cc:
Mrs. Price

JGCaldwell:cs

WJS

November 5, 1968

Alexander Robertson, M. D.
Executive Director
Milbank Memorial Fund
40 Wall Street
New York, N. Y. 10005

Dear Dr. Robertson:

It is approaching that time of year when we call upon your generosity and request additional funds for continuation of the Tuskegee Study.

Although we have produced little in the way of publications in recent years, we have continued annual serologic examinations of the participants and have just completed physical examinations including X-rays, electrocardiograms, etc., which are conducted at 5-year intervals.

One of our young medical officers has just returned after three years of pathology at Emory University and he is very much interested not only in analyzing the autopsy reports but in reviewing the paraffin-block tissue specimens which have been collected since 1932. A uniform interpretation of the findings should greatly facilitate analysis of the data.

We have learned indirectly that the pathologist who was engaged to perform the gross autopsies for the Tuskegee Study has raised his fee from $75.00 to $100.00 at the John Andrews Hospital where he also serves. Should he request the same from us, I assume you will have no objection since you agreed to this higher fee in 1965. It will make but little difference if we are no more successful than we have been in the last two or three years in obtaining permission for autopsy from the families concerned. This appears to become increasingly difficult.

If your Board of Directors would favor us with another grant of $700.00, I am sure this would adequately meet our needs for 1969.

Sincerely yours,

William J. Brown, M. D.
Chief, Venereal Disease Program

EVPrice/az

November 8, 1968

Mrs. Eunice R..Laurie
104 Brown Street
Tuskegee, Alabama 36083

Dear Mrs. Laurie:

Since I did not know how many days you devoted to preparations for the October survey, we have submitted a voucher for your services during the survey period only.

It is my understanding that Dr. Caldwell plans to return to Tuskegee the latter part of this month to examine on a Saturday patients who could not make it during the week. When the voucher for your services at that time is prepared we will include the days in October for which compensation is due. Dr. Caldwell will bring a voucher for you to sign.

I had hoped that at least 100 participants would come in for examination. Perhaps by Dr. Caldwell returning on a Saturday we will be able to reach that goal.

Sincerely yours,

Eleanor V. Price, Statistician
Venereal Disease Program

cc: Mrs. Flynn

EVPrice:az

Box 8
T.S.S.-General
1968
[9-27]

November 25, 1968

Ruth Berrey, M.D.
Macon County Health Department
Tuskegee, Alabama 36083

Dear Dr. Berrey:

This is to confirm Dr. Joseph Caldwell's recent telephone conversation with you.

A preliminary check of the clinical exams and PA chest x-rays of the 1968 Tuskegee survey has revealed the following findings which may benefit from medical care:

[redacted]: Clinical history of pneumonia, treated in May 1968, with large pleural effusion remaining suggests the possibilities of tuberculosis, empyema, or neoplasm.

[redacted]: Chest x-ray confirms the clinical impression of chronic lung disease, emphysema, and bronchospasm. This man by virtue of his personality probably will be recalcitrant to medical therapy.

[redacted] Chest x-ray confirms congestive heart failure-- the clinical impression.

Messrs. [redacted] and [redacted] apparently have had no medical attention. Three others are presently under medical attention for their respective illnesses. [redacted] with chronic lung disease, emphysema; [redacted] for congestive heart failure, and [redacted] because of congestive heart failure.

It has been a gratifying experience to have the assistance of a local Public Health Officer in Tuskegee this year, particularly one so cooperative as you. I hope that our findings will benefit you in your work.

Sincerely yours,

William J. Brown, M.D.
Chief, Venereal Disease Program

cc: Mrs. E. Price
Dr. Paul Cohen

JGCaldwell:mg

UNITED STATES GOVERNMENT DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

Memorandum

File B Box 4 Folder Buxton Correspondence 7-26

TO : Chief, Venereal Disease Program

DATE: November 25, 1968

FROM : Assistant to the Chief

SUBJECT: Third progress report - Tuskegee Study, 1968

With a single day's notice, Dr. Paul Cohen and I returned to Tuskegee, Alabama on Saturday, November 16, 1968. Mrs. Eunice Laurie had called the previous day to say that she had 15 scheduled new patients and would attempt to round up several additional patients whom we'd designated for lumbar punctures.

After a 45 minute delay in starting due to a failure of the laboratory's GSA car to start, we arrived in Tuskegee at 8:30 a.m. The weather again was inclement, with a steady light rain. The town, however, bristled with activity, for at 10 a.m. the Tuskegee Institute Homecoming Parade was to be held in the downtown streets. Amazingly, this did occur, despite all the rain.

As far as the study was concerned, however, all of us were disappointed. For the total day, only four patients appeared. We did examine them and performed lumbar punctures on two of those successfully.

From our experiences on the last day, we drew the following conclusions:

a. The 1968 study is for practical purposes completed, regarding any further exams or procedures in Tuskegee, Alabama. We have more than cooperated with scheduling of patients, and it's very doubtful that any more patients would voluntarily appear for exam.

b. The total number of patients examined was 89 with 10 of those having lumbar punctures, successful in yielding cerebrospinal fluid for exam. Although I've not heard the proposed tests on the spinal fluid, since this is an experimental venture, it seems that a VDRL, protein quantitation as well as direct and indirect fluorescent antibody tests should be performed. Cell counts were performed on all fluids on the scene and were remarkably all negative.

c. Mrs. Laurie is showing signs of decline. Not only did she become lost a couple of times during the '68 survey in delivering patients, but also she now has a crumpled right front fender from a post that "wouldn't move." It's therefore doubtful that another 5 year survey will be possible.

Box 4 Folder Buxton Correspondence 7-26

d. The laboratory GSA car needs attention. Not only did it almost fail to start for the second time, but for the round trip of 260 miles, it averaged about eleven gallons/mile. A Ford Fairlane should perform better.

Dr. Cohen, Mrs. Price, and I shall analyze data, electrocardiograms, and chest x-rays and afterwards submit a final report.

JGC

Joseph G. Caldwell, M.D.

cc:
Mrs. Price
Miss Stout

BOX 4
FOLDER BUXTON CORRESPONDENCE
7-26

January 15, 1969

Report of telephone call from Dr. Brown to Dr. Eugene Stollerman, Memphis

Re: TUSKEGEE STUDY

Dr. Brown called to invite Dr. Stollerman to come to Atlanta to participate in a small committee meeting to analyze the Tuskegee Study data. We will also invite Drs. Leighton Cluff and George Comstock. Dr. Stollerman said he was unfamiliar with the Tuskegee Study.

Dr. Brown told him briefly that the study was initiated in Macon County, Alabama in about 1932. Approximately 400 individuals with syphilis were selected and also a control group was chosen of about 200 persons of comparable ages with no history of syphilis.

Since the study began, someone (from PHS) has gone to Tuskegee about every 5 years to perform a complete physical, including chest x-ray and EKG, on the patients. Examinations were performed at the County Health Department clinic. Papers have been published on the findings. Last fall, the 7th visit was completed-- findings not yet published. Autopsies have been performed on about 65% of the controls and about 58% of the syphilitics. The tissue from the autopsies was sent to NIH; however, Dr. Bobby Brown is attempting to get this to CDC so he might have a look.

Dr. Stollerman asked how many patients now survive-- about 125 still in the Tuskegee area and about 250 throughout the U.S. He wondered if it might be possible to have the remaining patients systematically worked up at the University Clinical Research Centers. Dr. Brown told him this could be discussed at the meeting. He mentioned that at the time the study was initiated, arsenicals were used; now penicillin would be used-- this could be dangerous.

Since the study has now been going on for 35 years, it has been decided to call in some consultants to have a critical look at the data to advise "where we should go from here."

Dr. Stollerman will be most happy to assist in any way possible. This appears to him to be a "hot potato" from many standpoints-- racial, public relations, etc. Wondered if we could be sued for withholding treatment. He thinks we should "go all out to get this worked out as soon as possible."

He is a member of the Immunization Advisory Committee and suggested that our Tuskegee meeting might be in early spring when he comes to Atlanta for this. We will contact Dr. Bruce Dull for exact date of Immunization meeting.

We will send Dr. Stollerman pertinent data before Atlanta meeting.

mg

January 17, 1969

W. H. Y. Smith, M.D., Director
Bureau of Preventable Diseases
State Department of Public Health
State Office Building
Montgomery, Alabama 36104

Dear Dr. Smith:

Mrs. Eleanor Price and I wish to express our gratitude to you for the services your staff supplied in the 1968 Tuskegee Survey.

We have just reviewed and tabulated the data from the recent exams and found the x-rays which you provided priceless in contributing to the whole Tuskegee Study.

Sincerely yours,

William J. Brown

William J. Brown, M.D.
Chief, Venereal Disease Branch

cc:
Mrs. Eleanor Price
Dr. Bobby Brown
Dr. Paul Cohen

JGCaldwell*pac

JGC

Box 13 - Ad Hoc Com 2/6/69

February 13, 1969

Dr. Ira L. Myers
State Health Officer
State Department of Public Health
State Office Building
Montgomery, Alabama 36104

Dear Ira:

I certainly appreciate your staying over on Thursday, February 6, to discuss the Tuskegee Study and give assistance in further direction of this Study. Dr. Sencer and I will await hearing from you before we make any moves.

Please extend to Dr. Smith my best wishes for a quick recovery. I do hope there will be some way that he can be kept on the VD problem for I feel his personal interest, effort and ability are responsible for the progress that has recently been made. Under the new ground rules we must operate, it is doubtful if we can be of help; however, I am looking into possible ways.

Again, my thanks for your participation in the discussions on Thursday, February 6.

Sincerely yours,

William J. Brown

William J. Brown, M.D.
Chief, Venereal Disease Branch

WJBrown:mg

Box 44
Folder Buxton Correspondence
7-26

Director, NCDC

February 14, 1969

Chief, Venereal Disease Branch

Ad hoc committee to discuss the Tuskegee Study

Attached are notes from the ad hoc committee meeting of Thursday, February 6. These notes are rough. Unless you direct to the contrary, minutes of the meeting will not be provided to committee members nor circulated at all, but will be filed in the Tuskegee files in the V.D. Branch.

Please return the attached notes for filing.

William J. Brown

William J. Brown, Medical Director

Enclosure

WJBrown:mg

PUBLIC HEALTH SERVICE

Memorandum

Box 4 Folder Buxton Correspondence 7-26

TO : Dr. David J. Sencer
Director, NCDC

DATE: February 24, 1969

FROM : Chief, Venereal Disease Branch

SUBJECT: Draft-- reply to Mr. Peter Buxtun

I have attached a draft reply to Mr. Peter Buxtun. His letter is also attached. After you have made comments and changes, I will have letter prepared. Do you wish to sign or shall I?

Bill

William J. Brown, Medical Director

Enclosures

HELP ELIMINATE WASTE HEW COST REDUCTION PROGRAM

Box 4 Buxton Correspondence 7-26
Folder

DRAFT

Mr. Peter J. Buxtun
1730 Kearny Street
San Francisco, California

Dear Mr. Buxtun:

I have delayed answering your letter of late November 1968 until a planned review of the Tuskegee Study was completed.

Following the review, we assembled a commottee of professionals from outside the National Communicable Disease Center to consider all aspects of this long-term study, including the point you have made in your letter; namely: treating the remaining persons in the study group.

After an examination of the data, and a very lengthy discussion regarding treatment, our committee of highly competent professionals did not agree nor recommend that the study group be treated. The youngest living member of the study group is 69 years old. The question of treating persons of this age and older, unless it is demonstrated that active disease is present, is a matter of medical judgment since the benefits of such therapy must be offset against the risks to the individual.

The committee did point out the need for the State Health Officer of Alabama and the Health Officer of Macon County, Alabama to become more intimately involved. They also recommended that the local Medical Society of Tuskegee be brought more closely into the study.

You can be assured that competent professionals have studied the point you made and that each person still in the study will be evaluated fully.

Sincerely yours,

William J. Brown, M.D.

BOX 8
TSS-GENERAL-1970
[9-18]

January 21, 1970

Dr. R. K. Graves
Baptist Hospital
Montgomery, Alabama 36111

Dear Dr. Graves:

You were kind enough to perform an autopsy for us on one of the participants in the Tuskegee Study, Mr. [redacted] who died on May 5, 1969.

The autopsy report apparently was lost between your office and mine. If you retained a copy of your findings, we would be grateful if you would send a duplicate copy to us.

Your courtesy in this matter will be appreciated.

Sincerely yours,

William J. Brown, M. D.
Chief, Venereal Disease Branch
State and Community Services Division

cc: Mrs. Eunice Laurie

EVPrice:az

Box 8
TSS - General - 1970
[9-18]

March 12, 1970

State Registrar
Bureau of Vital Statistics
Alabama Department of Health
State Office Building
Montgomery, Alabama 36104

Dear Sir:

There is attached hereto a list of 17 former participants in a research project conducted by the Public Health Service in Macon County, Alabama, since 1932. To complete our records we are anxious to obtain copies of their death certificates.

The list includes last known place of residence, birth date, nearest relative, and date of death (or approximate year). All are Negro males.

You may bill us either for the number of death certificates located or for the time required to search your files. Your courtesy in this matter will be appreciated.

Sincerely yours,

William J. Brown, M. D.
Chief, Venereal Disease Branch
State and Community Services Division

Enclosure

cc: May Flynn

EVPrice:ax

BOX 8
TSS-GENERAL-1971

April 1, 1970

Tuskegee Study, Macon County, Alabama

Dr. Alfonso H. Holguin, Director
State and Community Services Division

The files of the Tuskegee Study patients have been reviewed and the following is a summary and present status of the study group:

Total participants ---------- 625

Known dead ---------- 380

- Autopsies ---------- 225
- Death Certificates only --- 139
- No Death Certificates found- 13

Known deaths out of State) but no Death Certificate) 3*

380

Living and examined in 1968 ------ 84

Total accounted for ---------- 464

Status unknown ---------- 161

625

Breakdown of 161 - - Status unknown

Last examined in Macon County, Alabama --------- 70

Year	Number
1939	14
1940-49	25
1950-59	9
1960-66	22
Total	70

Last examined outside Macon County, Alabama------ 40

Year	Number
1939	2**
1940-49	2**
1950-59	14***
1960-66	22***
Total	40

Not examined after being placed in Study (1932-33) and no information available ---------- 51

Total ------ 161

* This group of three are known to have died. A card has been made with information as to where and when the person died.

** For the four patients marked with **, although examined outside Alabama in the years indicated, the information is so incomplete, it was impossible to provide locating information and they are considered lost to the study.

*** For the 36 patients marked with ***, cards have been prepared giving the last known address and limited information which might be helpful in locating these persons.

There is a group of 51 persons who were placed in the study but never examined and there is no information available. This group is considered lost to the study.

The locating information placed on the attached cards of the 36 persons last examined outside of Macon County, Alabama and the request for a copy of the Death Certificate of three persons known to have died outside Alabama is for Mr. Andrew Theodore.

The group of 70 persons last examined in Macon County, Alabama in 1966 or before will first be traced by V.D. Branch staff before seeking the help of Mr. Theodore. A determined attempt will begin immediately to locate and examine these persons.

It is our plan that all persons located by Mr. Theodore will be examined by a physician from the V.D. staff. In this way, a more thorough and uniform history and physical can be obtained. The necessary laboratory work and other examinations such as chest X-Ray and EKG can be arranged for and hopefully obtained at the time of the visit.

You will be advised of the outcome of the search for the 70 persons last examined in Macon County.

William J. Brown, M.D.
Chief, Venereal Disease Branch
State and Community Services Division

Enclosures: 38 Study Cards

Box 8
TSS - General - 1970
[9-18]

Dr. Schroeter

April 9, 1970

Dr. Caldwell

Trip Report - Tuskegee, Alabama, April 2, 1970, by Dr. Schroeter, Mrs. Price and Dr. Caldwell

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Prior to a planned survey of recently unfollowed patients in the Study of Untreated Syphilis, a trip was made to Tuskegee, Alabama, on the above date for the purpose of arranging for upcoming survey.

Mrs. Eunic Laurie was met at the old Macon County Health Department Building and accompanied the above to the new Health Department facilities. There, the following points were discussed:

1. Nurse Laurie reported the autopsy of control patient [redacted] within the preceding week. Although the patient had died in a Montgomery hospital, the family had contacted Mrs. Laurie prior to burial and the autopsy was accordingly performed by an associate of Dr. Adams, pathologist in Montgomery. The body had been injected with embalming fluid, however, From this case, Nurse Laurie noted the following:

a. Since the 1963 survey when patients were awarded "diplomas" and a gift of $25.00, many and perhaps most of the patients in the Study have considered that they are no longer a part of the original Study. Furthermore, Nurse Laurie's semiretirement in 1964 contributed to this misunderstanding.

b. Nurse Laurie indicated that $50.00 is no longer considered adequate payment to the families for autopsy consent on Study patients and proposed that this payment be doubled to $100.00.

c. Dr. Adams, pathologist, continues to indicate dissatisfaction with the payment of $75.00 as payment for performance of autopsies. Mrs. Laurie noted that John Andrews Memorial Hospital in Tuskegee also uses the services of Dr. Adams or his associates and that this hospital pays considerably more for autopsies (later determined to be $125.00 per autopsy, according to Mr. Luis Rabb, Administrator). Mrs. Laurie, therefore, proposed that the pathologist's fee should be raised to at least equal that being paid by the Hospital--that is, $125.00.

2. Mrs. Laurie is willing to participate in another survey to determine the whereabouts and status of as many as 70 patients in or about Macon County who were not seen in the 1968 "roundup." She agreed that visiting the patients' homes directly would be our best approach, although she wished to postpone such a survey until mid to late April, when the rainy season should have passed. She noted that a great majority of the residents of Macon County now have electricity in their homes, despite their relatively remote locations often. She also thought that a payment of $5.00 per patient would be appreciated and that the patients would be more cooperative if such patent medicines as APC's, vitamins, and iron-quinine-strychnine tonic were again offered to them as in the past. Mrs. Laurie also agreed with our proposal that those who conduct the upcoming survey (she and a doctor from VD Branch) should undertake the re-education of the patients and their families that their original understanding of participation in the Original Project still holds. Furthermore, we should reinforce their notification of Nurse Laurie at any time that there is any serious turns in the health of any patient in the Study. (We did not discuss at this time what Nurse Laurie's role will become as of July or whenever the proposed fulltime nurse will assume her associate, assistant, replacement, or whatever role).

After meeting with Nurse Laurie, the three of us met with Mr. Luis A. Rabb, Administrator of John Andrews Memorial Hospital and the orthopedic surgeon who serves as Medical Director of the Hospital. When we explained our mission, Mr. Rabb indicated willingness to cooperate and specifically seemed to agree with our proposal to contract for radiological services from his Hospital during the upcoming survey. He indicated that the Hospital would respond to a letter stating our proposal by submitting a fee schedule for such services that they consider reasonable. Mr. Rabb then conducted us on a guided tour of the 3-story newly completed replacement structure which they will be occupying within the following three weeks. The building has been completed largely through the funds of the Hill-Burton Act and obviously provides a great deal of pride for Mr. Rabb and his Hospital Administration.

On the basis of this preliminary trip, arrangements will be made for the survey to begin on Monday, April 20. The time which will be needed for completion of this survey cannot be predicted, in that the status of the patients we will be seeking is generally unknown. It is probable that a minimum of three days will be necessary, although depending on our progress, perhaps as many as two or three weeks will be needed to complete the 1970 examinations.

cc: Mrs. Price

BOX 8
TSS-GENERAL-71

REPORT OF TELEPHONE CALL April 14, 1970

Between: Windell Bradford and Mr. Luis Rabb, Administrator,
John Andrews Memorial Hospital, Tuskegee, Alabama

Discussed the patient load for x-rays during the Tuskegee round-up: a maximum of fifty patients and no more than five per day. He would be able to re-schedule patients should more than five become available in any one day. He said he would discuss this with his Radiologist and let us know by telephone if they can do it and for how much--but, he wanted Dr. Brown's letter first. Sent Air Mail, Special Delivery.

Windell R. Bradford

cc:
Dr. Brown
Dr. Schroeter
Dr. Caldwell
Mrs. Price
Mr. Callin

58

Box 8
TSS - General 1970
[9-18]

April 22, 1970

Tuskegee Study

Dr. William J. Brown

1. The 1970 survey of Tuskegee patients was begun on April 20-21, 1970, by Mrs. Eunice Laurie, Mr. Jerry Brown, and myself. During those two days, nine patients were examined who were not seen during the 1968 exams. All nine were seen at their homes in Russell, Macon, or Bullock Counties, Alabama. At least three of those patients would not have submitted for exam, except that they were taken by surprise (both [redacted] and [redacted]). Another patient, [redacted], dodged the survey party on three visits to his home, but I am confident that at early hour we shall be successful in seeing him as well. Another man, Will Harris, is a neighbor of one of the rather recalcitrant patients we did examine: [redacted]. By the time we had seen [redacted], patient [redacted] "had gone fishing." At an early hour in the morning, I am confident as well that patient [redacted] can be seen.

2. During the two day visit just concluded, the party of three scoured the three county area, traveling about 141 miles the first day and 91 the second day--all on secondary or tertiary county roads, many of which are still dirt pavement. Nurse Laurie served as an invaluable aid with local language, detective work which she had obviously not done until in our presence, and development of patient trust and confidence between patient and the examining party. The first day, we met again the local regional health director, Dr. Ruth Berry, who was incidentally submitting her blood specimen to the CDC for examination for Lassa's Disease which she may have had when in Nigeria. We then toured the three counties and their small boroughs from 8:30 a.m. to 8:00 p.m. without lunch or snack break. The second day, however, was not so strenuous, as well as not being so productive.

3. Patients generally live in unbelievable squallor. All did have electricity in their huts, although only two of the nine whom we saw had plumbing or running water.

4. In the nine patients, only one had evidence of syphilitic heart disease ([redacted]) and none had obvious neurologic disease. The one patient who has been so successful in avoiding the party [redacted] has apparently had a marked personality change and is a CNS syphilis suspect. He now lives with his wife and girl friend--the latter was recently found to have a reactive STS and has not yet been investigated. So, as well as being a CNS syphilis suspect, the patient may also have a new case of acquired syphilis, if that is possible.

5. Nurse Laurie knows of at least six other patients in the Macon County area to be seen, and we learned of others who have returned from the North who are living somewhere in Alabama--likely in the Tuskegee area. One of the patients we saw during these past two days returned from Cleveland, Ohio, 10 years ago, but it was just in scouring the county that Nurse Laurie learned he was back and we found him. Incidentally, he had not been seen since 1942.

6. Therefore, we will tentatively plan to return on Wednesday, the 29th of this month to complete the local survey. I shall try to arrange for lease of a phonocardiograph apparatus in the meantime.

Joseph G. Caldwell, M.D.

cc:
Dr. Schroeter
Mrs. Price
Mr. Bradford

Mrs. Price

Box 8
TSS-General -1978
[9-18]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Date: May 4, 1970

Reply to Attn of: Joseph G. Caldwell, M.D.

Subject: Report of second week, 1970 survey, Tuskegee Study

To: Dr. William J. Brown

1. Mrs. Laurie, Jerry Brown and I spent two more days on April 30-May 1, 1970 (our third and fourth days) during the 1970 survey examining patients in their homes. We were successful in examining eight patients--the very number Nurse Laurie had indicated she thought we could see. Of those eight, one was last examined in 1944, another in 1952, another in 1958, two in 1963, and three in 1966. In what I consider to be a healthy practice, we do not discriminate among the patients according to whether they are syphilitic or controls. I do feel certain, however, that there were a couple or more syphilitics among these patients.

2. We were fortunate in examining without difficulty two patients who had successfully eluded us the previous week: ; and , as well as however, would allow themselves to be examined only with the understanding that no blood would be drawn. I did not find any obvious cardiovascular or central nervous system syphilis this week, although two patients ( ) exhibited marked cerebellar ataxia, the cause of which in both cases is probably hypertension. However, it could be syphilis also.

3. Nurse Laurie as usual was indispensable. Again we worked long hours particularly on the first day but also on the second day as well. Two patients were also taken to John Andrews Memorial Hospital for chest x-rays on the second day (J . Once more, however, I began to doubt Nurse 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 lady identifying with those local citizens--all of her race--who have been "exploited" for research purposes. The point of question is why no one ever examined since 1944. This patient claims to have lived in the same house for 35 years, and that house for 35 years, and that house is located only about four blocks from the old Macon County Health Department where all of our survey examinations were generally held. One could argue that no one even in a small community would know all 600 patients in the study, so that it would not be surprising for a couple of patients to be unavoidably forgotten. However, Nurse Laurie was not present when I examined (she was out arranging for s x-ray), and he volunteered that Nurse Laurie and her husband were close friends of his! It is also notable that patient has not worked for about 10 years, so work did not keep him away from a roundup. He also noted that 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, but this all seems to be a bit more than mere coincidence.

4. Again, another patient did all in his power to avoid us (, who drives a cab in Tuskegee). Another patient-- --works at Auburn University and did not have time to be seen when we visited his home. He therefore promised to be present Thursday, the 7th of May, when we hope to return. There are communities such as Shorter and Notasulga where some patients were known to live previously and where we have not at all ventured during this survey. In addition to and , Nurse Laurie suspects there are at least 4 or 5 others in those two communities, although she does not personally know them nor apparently the communities very well. One factor which may necessitate a delay, however, is the health of Nurse Laurie's brother-in-law near Nashville, Tennessee, who is reported to be in critical condition with hypertension, uremia, etc. If he dies, she will attend his funeral.

5. I did also approach a Mr. Ostwald, Assistant Postmaster, Tuskegee, asking for the post office's cooperation in locating any patients who may still be in Macon County somewhere. There are seven substations in and around Macon County in addition to the office in Tuskegee, and Mr. Ostwald indicated that they would cooperate in at least telling us whether they know the whereabouts of certain patients. Therefore, as soon as possible, I hope that we can get a complete list of those whose whereabouts are unknown and who were not seen in 1968 or 1970. This we will then send to Mr. Ostwald and the other substations for their help.

6. Local conditions were again unbelievably primitive. One patient (had not even electricity and lived about 2-3 miles from the nearest dirt road or neighbor. One of his two mules had just died within the past month "just across the rise" in front of his hut, and due to his age and disabilities, he had been unable to dispose of the corpse. The stench of our examining room (his hut) was unbelievable, and two mice which kept scampering about the room added to the local color. wife, who was herself 67 years old, was out in the field with the remaining mule, plowing a couple of acres for watermelons. We obviously could not do an electrocardiogram and had to take and his wife to town--without doubt the delight of the year for both of them.

7. During four days of examinations this year, we have now seen 17 patients. Early this week Jerry Brown and I will locate and examine , a patient now located here in Atlanta who has not been seen since 1939. We got his address from his sister, Martha, who wore wig, heavy make-up and the gaudiest clothes and must be the local Macon County whore. Then, if Nurse Laurie is still in Alabama, Jerry and I will make another two day pilgrimage to central Alabama on Wednesday-Thursday upcoming. All three of us are agreed that two days at any one stretch is about all that any of us can tolerate.

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May 8, 1970

Dr. Caldwell

Third Tuskegee Report, 1970

Dr. Brown, Dr. Schroeter, Mr. Bradford, and Mrs. Price

1. The third week of 1970 patient visits in Macon County was conducted on May 6-7. Again the team of Laurie, Brown, and Caldwell traveled about 300 miles over county roads, securing information about departed subjects (to other parts of the country or dead) and examining remaining patients who were not seen in 1968. During the past week, the following patients were examined:

_____, last seen 1939
_____ last seen 1939
_____ last seen 1965
_____ last seen 1963
_____ last seen 1941
_____ st seen 1963

The total patients examined in 1970 for three weeks (two days each week) is now 23.

2. _____ was found in Atlanta on Connally Street, S.E., near the stadium. It is notable that he now calls himself officially _____y, but our locating him was even more difficult in that those who know him call him "Roadman Buckhanny." The various names were not the only hurdles we encountered; his sister in Tuskegee had given us the address, 496 Connally Street, S.E., and we later found to our chagrin that his address is 469 Connally Street, S.E. While inquiring in the neighborhood, we talked to a 77 year old colored resident who confided that she was "scared to death" of her neighbors (fellow Negro residents) who had stolen from her, burned her out once, etc. I truly believe she isn't paranoid.

3. _____ was found to have classic aortic insufficiency and syphilitic heart disease. He even had deMusset's sign and capillary pulsations which none of the other patients with AI have had. It is unfortunate that it took us all of 29 years, however, to locate and examine him again. This has destroyed much of the potential of being able to follow the development of this complication of syphilis. Nurse Laurie says this particular patient himself contributed to his not being followed, in that he has been a lay minister in the church. When he was first seen and examined (as well as his wife), he was offended to think that he was being questioned for "bad blood," as it just was not religiously proper for a man of his standing to have such a disease. It is rather ironic that he now has about the most serious aortic valvular disease of any the patients still living. Of course, he is living!

4. There are five living patients in Macon County who still have significant syphilitic cardiovascular disease. They are as follows: [redacted], with Functional Class IV disease; [redacted], F.C. I; [redacted], F.C. II; [redacted], F.C. II; and [redacted], FC II. It behooves us, I think, to attempt to record their murmurs as well as their pulse pressure and apex abnormalities now that we are sophisticated enough in medicine to do these measurements.

5. We now know the whereabouts of three more patients in Macon County: [redacted], and [redacted]. Therefore, we plan to return to Tuskegee on Tuesday, May 12, to examine those men as well as any others Nurse Laurie may have found by that time. Again, we shall probably spend two days in Tuskegee, examining patients, transporting various ones to John Andrews Hospital for x-rays, and perusing John Andrews medical records for information (which I have not been able to do thus far). We have determined that many of the original participants are dead, and there are a number that have moved from the community recently. Although I have not an exact number at this time, I judge that there are apparently 50 patients upon whom we have no information. It is likely now that very few if any of these are still alive in or aroudd Macon County. Mrs. Price will be updating our tabulation according to the information we have found within the next few days.

Box 8
TSS-GENERAL 1970
[9-18]

May 11, 1970

Dr. Ruth Berry
Macon County Health Department
Tuskegee, Alabama 36083

Dear Dr. Berry:

In keeping with previous customs in our Tuskegee surveys, I wish to report to you the ill health of one of the patients seen by us during this present survey.

Mr. [redacted] of [redacted] Roba, was seen a week ago at which time he reported that he had been sick for four or five months with loss of appetite, weight loss of about 25 pounds and recent dyspnea on effort. On examination, he was markedly pale with obvious recent weight loss. His vital signs were remarkable in that he now weighs only 123 pounds and his pulse was 95-100 per minute sitting and 115 per minute standing. Except for obvious anemia, the only other physical finding of note was a firm nodule in the left upper lobe of the prostate.

The outstanding finding on exam then appeared to be a relatively severe anemia. It was not our purpose to determine the cause of the anemia, but it may be that the prostatic nodule is neoplastic and has led to a myelophthisic anemia through involvement of the bones, although he denied any bone pain.

Since Mr. [redacted] has no private physician, I decided to write to you. Perhaps if his anemia is due to prostatic cancer, then medical care will aid him significantly (hormone therapy, etc.)

Thank you for your cooperation with us in our surveys. We shall continue to report to you on patients who need medical care but have no private physician at the time they are seen.

Sincerely yours,

William J. Brown

William J. Brown, M.D.
Chief, Venereal Disease Branch
State and Community Services Division

cc:
Mrs. Eunice Laurie
Mrs. Price

CCaldwell*pac

May 12, 1970

Dr. Luther McRae
P.O. Box 568
Tuskegee, Alabama 36083

Dear Dr. McRae:

During our recent survey of study patients in Macon County, we saw Mr. [redacted], who asked that we report our findings to you.

Except for hypertension and periarthritic about the shoulders, Mr. [redacted] noted few medical problems. On examination, he weighed 169 pounds; his pulse was 68 and regular; blood pressure was 166/104--the same in both arms. In the eyes he had grade II hypertensive sclerosis. The heart was moderately enlarged with the PMI being located at the anterior axillary line in the 6th left intercostal space. The aortic component of the second heart sound was markedly accentuated. Peripheral pulses were all present and normal. The prostate was 1+ enlarged and benign.

The electrocardiogram was abnormal with left axis deviation and voltage suggestive of left ventricular hypertrophy.

I suggested to Mr. [redacted] reduce his weight even further to perhaps 150 pounds in view of his hypertension and that he continue his anti-hypertensive therapy under your care.

Sincerely yours,

William J. Brown, M.D.
Chief, Venereal Disease Branch
State and Community Services Division

cc:
Mrs. Eunice Laurie
Mrs. Price

JGCaldwell*pac

May 14, 1970

Dr. James R. Collier
Etowah County Health Department
Gadsden, Alabama 35904

Dear Dr. Collier:

In addition to Dr. Caldwell, I want to thank you for your very willing courtesy in helping us to examine Mr. [redacted]. I am particularly sorry that our team did not arrive in time to see the patient at your health department, as you had made such an effort to see that he would be there.

I do want you to know, however, that we certainly appreciated your prompt and sincere efforts.

Sincerely yours,

William J. Brown, M.D.
Chief, Venereal Disease Branch
State and Community Services Division

cc:
Mrs. Holcomb
JGCaldwell*pac

May 18, 1970

State Registrar
Bureau of Vital Statistics
Alabama Department of Health
State Office Building
Montgomery, Alabama 36104

Dear Sir:

There is attached hereto a list of 9 former participants in a research project conducted by the Public Health Service in Macon County, Alabama, since 1932. To complete our records we are anxious to obtain copies of their death certificates.

The list includes last known place of residence, birth date, nearest relative, and date of death (or approximate year). All are Negro males.

You may bill us either for the number of death certificates located or for the time required to search your files. Your courtesy in this matter will be appreciated.

Sincerely yours,

William J. Brown, M. D.
Chief, Venereal Disease Branch
State and Community Services Division

Enclosure

cc: May Flynn

EVPrice/gh

Mr. Bradford

Box 8
TSS- GENERAL 1970
[9-18]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Date: May 18, 1970

Reply to Attn of:

Subject: Fourth report, Tuskegee Survey, 1970

To: Dr. William J. Brown
Chief, VD Branch, SCSD

1. On May 12-13, 1970, Nurse Laurie, Jerry Brown and I made our fourth weekly attempt to determine the whereabouts of patients still alive in and around Macon County and to ascertain when and where others have died or disappeared.

2. During these two days, we located and examined five patients:

[redacted] (last seen in 1932), Birmingham, Alabama
[redacted] (last seen in 1932)
[redacted] (last seen in 1966)
[redacted] (last seen in 1952)
[redacted] (last seen in 1933), East Gadsden, Alabama

The total patients seen in the four weeks of the 1970 roundup are 28.

3. The legend of the spinal death of 1932-33 continued to haunt us. Patient [redacted] said that the patient before him who climbed on the table for his spinal tap was carried off dead. The same story has been told to us by several other patients, and although the records are not available, I now suspect that this was not just myth. More than any other event, this one happening has hampered more our locating and following patients than any other in the history of the Tuskegee Study. As seen above, we again found three patients this week who had not been seen or heard from since 37 or 38 years ago when they were first selected for the study. In addition, we located a fourth-[redacted]n-who has been living in Tuskegee next to the Macon County Hospital. Nurse Laurie visited him twice and was convinced that he would cooperate. Our third and fourth trips to his home proved fruitless as he was nowhere to be found.

4. Although our task is to locate and examine any patient who has not seen since 1968, our so doing is inevitably adding a great deal of bias to the Study. We are now selecting those patients who were fortunate and somehow managed to live in harmony with syphilis. We will include these as being relatively healthy despite their syphilis, and those 61 whom we still have no information whatever will most likely never be allowed to tell their stories.

5. Nurse Laurie continues to ask about some 49 patients' whereabouts. We have now sent letters to the Macon County post offices asking for their assistance, and I shall telephone Mr. Theodore today to determine what information he has accumulated. The only other trip planned to Tuskegee is for phonocardiograms on selected patients. At that time, I hope to find Mr. [redacted] as well. If Nurse Laurie or the postoffice aids us in finding any other patients, then we may at that time have to reconsider returning for another session.

6. Attached is a list of patients seen in 1970 as well as the year in which they were last seen. Also, attached is an updated summary of the status of all the Tuskegee Study patients.

Joseph G. Caldwell, M.D.

cc: Dr. Schroeter
Mr. Bradford
Mr. Jerry Brown
Mrs. Holcomb

May 21, 1970

Dr. Thomas J. Calhoun
319 Fonville Street
Tuskegee, Alabama 36083

Dear Dr. Calhoun:

During our recent survey of the Macon County patients, I examined Mr. [redacted], your patient, who asked that I send you a report of my findings.

Mr. [redacted] told me of recent problems with abdominal pains, waking him during the past couple of weeks at 12 p.m. to 2 a.m. in the night. He has obtained relief with milk of magnesia whenever the pains bothered him most. The pains, mainly in the midline epigastrium, have been of a "heaving" nature.

On examination, the patient weighed 155 pounds with a height of 69 inches. The blood pressure was 134/88 in both arms and the pulse rate 48 and markedly irregular. The cardiac exam was remarkable in that there was a grade 3/6 late diastolic rumble at the apex with a 4/6 opening snap. The rhythm was grossly irregular. There was point tenderness just to the right of midline in the epigastrium, at about the spot one would expect the duodenum to cross the vertebral column.

The electrocardiogram was abnormal with a right bundle branch block pattern with left axis deviation. There were multifocal premature ventricular contractions and a supraventricular arrhythmia of undetermined nature due to the shortness of our rhythm strips.

We have arranged for Mr. [redacted] to have a chest x-ray and barium swallow to better define the extent of his heart disease. I was unable to locate his John Andrew Hospital chart but assume that you diagnosed rheumatic fever when you treated him for arthritis in his feet and knees in 1950.

I also suggested to Mr. [redacted] that he consult you regarding his recent abdominal problem which suggests very much an active peptic ulcer.

Sincerely yours,

Joseph G. Caldwell, M.D.
Assistant to the Chief
Venereal Disease Branch
State and Community Services Division

JGCaldwell*pac

May 22, 1970

Dr. Luther McRae
P. O. Box 568
Tuskegee, Alabama 36083

Dear Dr. McRae:

During our recent survey of patients in the Tuskegee area, I saw Mr. [redacted] who asked that I report my findings to you.

Mr. [redacted] told us of his recent difficulties with dyspnea on effort, melena with resultant anemia during his most recent hospitalization and initial hematuria, occasional hesitancy, urgency, and frequent nocturia. He also told of stinging anterior chest pains with exertion.

On examination, the patient was thin, moderately deaf and appeared to be in poor general health. Blood pressure was 160/92 in both arms and the pulse, 68 and regular. Visual acuity was reduced to 20/50 in both eyes. The cardiac PMI was located in the 6th left intercostal space in the midclavicular line. There was a 2+ left ventricular heave. The left pulmonary base was elevated above that of the right posteriorly and there were scattered crackling rales in the left base both anteriorly and posteriorly. The chest A-P diameter was expanded, and the estimated FEVC was slowed 1-2+ with sibilant ronchi throughout the lungs. There was a 1½ cm. firmer nodule in the left lobe of the prostate.

Mr. [redacted]'s electrocardiogram was abnormal with right bundle branch block and as expected, left axis deviation.

I strongly urged Mr. [redacted] to stop smoking his one pack of cigarettes a day. This should be the treatment of top priority for both his chronic obstructive lung disease as well as for the angina pectoris, atypical as it is.

Sincerely yours,

Joseph G. Caldwell, M.D.
Assistant to the Chief
Venereal Disease Branch
State and Community Services Division

cc:
Mrs. Eunice Laurie
Mrs. Holcomb

JGCaldwell*pac

May 22, 1970

Dr. H. S. Blanton
Union Springs, Alabama 36089

Dear Dr. Blanton:

During our recent survey of patients in the Macon County area of Alabama, I saw Mr. [redacted] of Fort Davis, who asked that I report my findings to you.

Mr. [redacted] reported that he continues to work as a trackman on the SCL Railroad and that he remains in good health except for left neck pains which he has had since 1961.

On examination, Mr. [redacted] appeared vigorous and had a blood pressure of 166/100 in both arms with a pulse of 72. There was a grade 3/6 to and fro bruit in the right common carotid artery area. All other positive findings were limited mainly to the knees and neck. The following restrictions of motion were noted in the neck: lateral tilting to 33% on both sides; lateral neck flexion to 50% bilaterally; posterior flexion to 50%; anterior flexion normal. The Spurling's sign was positive on the left side. The knees were hypertrophically deformed 2+ bilaterally with 2+ crepitation on passive motion. There was only minimal limitation of motion in either the hips or the knees. Mr. [redacted]'s electrocardiogram was normal.

I did not mention the carotid bruit to the patient, as he has had no symptoms of transient cerebral ischemia. However, you may wish to consider a corrective procedure if and when he ever does have such symptoms as transient paresthesias, paresis, etc. I advised him to continue under your care for his degenerative arthritis of the neck and knees.

Sincerely yours,

Joseph G. Caldwell, M.D.
Assistant to the Chief
Venereal Disease Branch
State and Community Services Division

cc:
Mrs. Eunice Laurie
Mrs. Holcomb

JGCaldwell*pac

May 22, 1970

Dr. Thomas J. Calhoun
319 Fonville Street
Tuskegee, Alabama 36083

Dear Dr. Calhoun:

During our recent survey of patients in the Tuskegee area, I saw Mr. [redacted] of Hurtsboro, who asked that I report my findings to you.

Mr. [redacted] reported that his chief difficulty is dyspnea with effort, which he has had for the past decade. Fortunately he related that you have been successful in persuading him to stop smoking.

On exam, he was slender and withered. Blood pressure was 136/94 in both arms with a pulse of 64. There was surgical aphakia in both eyes with a scarred iris in the left eye. Cardiac sounds were faint. Chest percussion yielded hyperresoaance bilaterally with a barrel chest configuration on examination. The estimated FEVC was 3-4+ slowed; pulmonary ausculatation revealed decreased breath sounds, and abdominal breathing was prominent. The prostate was 2+ enlarged and benign. The electrocardiogram was normal.

I praised Mr. [redacted] for his self restraint in stopping smoking and advised him to continue to see you, particularly when and if he develops symptoms of a respiratory infection.

Sincerely yours,

Joseph G. Caldwell, M.D.
Assistant to the Chief
Venereal Disease Branch
State and Community Services Division

cc:
Mrs. Eunice Laurie
Mrs. Holcomb

JGCaldwell*Pac

May 25, 1970

Dr. Murray Smith
P.O. Box 732
Tuskegee, Alabama 36083

Dear Dr. Smith:

During our recent survey of patients in the Tuskegee area, I saw Mr. [redacted] of Shorter, Alabama, and he asked that I report my findings to you.

Mr. [redacted] related that he was in good health except for hypertension which has been sporadically treated for the past three years, non-bleeding hemorrhoids, and weight gain up to 265 pounds presently.

By examination, Mr. [redacted] was overweight even for his 6'5½" frame. His blood pressure was 178/106 in the right arm and 180/112 in the left. Pulse was 80 and regular. His eyes appeared to be proptotic, but there was no tremor, ophthalmoparesis, or history of excessive sweating. The heart was not enlarged; however, there was a grade 2/6 pansystolic murmur at the cardiac apex with a 2/6 late diastolic rumble. Both murmurs were accentuated in the left lateral position as well as by exercise. In retrospect, the patient admitted a bout of arthritis with aching in one of his knees 2-3 years ago. There was no known correlation with any streptococcal pharyngitis. The only other significant finding was internal hemorrhoids.

Mr. [redacted]'s electrocardiogram showed broad, flat P waves in Lead II and left axis deviation but was otherwise normal. We have arranged for a barium swallow and chest x-ray, but those are pending.

I did suggest to the patient that he consider returning to your care for antihypertensive therapy and that he needed to lose weight. His rheumatic heart disease is functional class I presently, and I certainly hope that it remains so, although the history of the arrhythmia which you treated recently may indicate that he may have more of the same difficulties in the future.

Sincerely yours,

Joseph G. Caldwell, M.D.
Assistant to the Chief
Venereal Disease Branch
State and Community Services Division

cc: Mrs. Laurie
Mrs. Holcomb

Box 13- Ala Untreated Syphilis - Misc. Rough Drafts

June 1, 1970

Trip Report - Montgomery and Selma, Alabama

Chief, Program Services Section
Venereal Disease Branch

1. Dr. Brown and I met with Dr. Myers to discuss the proposed Cooperative Agreement with Alabama to furnish nursing services for the Tuskegee study. Agreement was reached to proceed. Dr. Myers suggested that Dr. Wolfe be named as Project Supervisor and that the details be worked out with him and Mrs. Anne Smith, Director of Nursing of the State Health Department. Dr. Wolfe will return to the office on Monday, June 1, and call us after he has reviewed the proposed agreement. The proposal was also discussed with Mr. Robbins.

2. Dr. Schroeter and I discussed the Gonorrhea Control Pilot Study with Dr. Hosty in Montgomery; and with Dr. Ross (Health Officer), Mr. Wright (Laboratory Director), and Mr. Richardson (our Rep) in Selma. We should in the future view laboratory reports of "no growth" as negatives, since this designation simply informs the physician that there was no evidence of growth of any organism on the plate. "Over-growth" is not a particular problem in any of the studies.

3. Dr. Ross has been reluctant to perform tests of cure in Selma because of the additional workload, but has agreed to begin on a sample of one in five females treated, and on a sample of 50 males. Since bicillin is administered along with tetracycline for gonorrhea, Dr. Schroeter suggested that the test of cure be provided one month (instead of one week) after treatment. Patients positive at one month will be interviewed to get an idea of re-infection vs. treatment failure. (Although Selma is not the ideal place, an evaluation of the effect of treating gonorrhea patients with bicillin plus tetracycline might be carried out somewhere in the State.)

4. Mr. Daniels does not have McBee cards for reporting tests of cure (required in Selma, Tuscaloosa, Birmingham and Montgomery). Promised to provide.

5. Mr. Richardson feels that more contacts can be obtained through more intensive interviewing. Currently getting about 1.5. He no longer must provide pick-up and delivery of culture plates, and has ironed out other logistical and administrative problems, and, therefore, will be able to devote more time to epidemiology.

Windell R. Bradford
Acting Program Management Officer

cc: Dr. Brown ✓ Dr. Schroeter
Mr. O'Mara Mr. Blount

June 11, 1970

J.G. Caldwell, M.D.

Tuskegee Study, 1970

Dr. Anne R. Yobs
FDA
Building 28, Chamblee

As per telephone, enclosed are five wordy reports of our travels this year. We did not achieve nearly all that was hoped. Ellie's attack was particularly damaging and it's particularly difficult without her. However, Dr. Brown was our greatest impediment.

Not only did he nix my efforts to secure the aid of the Post Office in Macon County (the cooperation of which I'd verbally obtained), but also his procrastination delayed every other aspect (see the enclosed copy of a letter from Mr. Theodore asking for an explanation of a 2-week delay in a drafted letter's reaching him). Also, you'll note that my initial approach of the Post Office occurred on May 1, 1970, and it was not until May 19, 1970, that Dr. Brown decided that the letters with lists of patients should not be sent to the Post Offices.

With Dr. Schroeter's help, I do feel fortunate that we accomplished something in addition to seeing 29 more patients: phonocardiographic and pulse pressure recordings on the four patients with still obvious cardiovascular syphilis. I hope still to make something from this information within the remaining three weeks.

If you have any suggestions, I'll be happy to hear from you.

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Box 8
TSS- GENERAL - 1970
[9-18]

June 11, 1970

Fifth (final) report, Tuskegee Survey, 1970

Dr. William J. Brown
Chief, VD Branch

1. On Wednesday, June 10, 1970, the final trip to Tuskegee by Laurie, Brown, and Caldwell was made (the ninth day for the year). Accompanying us were Dr. Gerald Fletcher, Director of Internal Medicine and Cardiology, Georgia Baptist Hospital, Atlanta, and Dr. John Cantwell, a cardiologist in the PHS assigned to the U.S. Penitentiary (Atlanta) and through whose aid we arranged for Dr. Fletcher's services.

2. Two GSA cars were driven in order that we be more flexible in transporting patients to and from the Macon County Health Department (new building). Phonocardiograms and pulse pressure recordings were obtained on the following patients:

1. (aortic stenosis)
2. (aortic regurgitation with an Austin-Flint component)
3. (aortic regurgitation)
4. (aortic regurgitation)
5. (aortic regurgitation with minimal aortic stenosis)
6. (mitral regurgitation and stenosis)

3. The aortic regurgitation noted in was high-pitched in caliber and long lasting throughout most of diastole. This is supposedly classical for syphilitic aortic valve destruction. The most pronounced recording was that from , while the least pronounced was that of It is surprising that on April 21, 1970, had a Grade 3/6 holodiastolic blowing AI murmur. Yesterday, I would have probably missed his murmur, which at most was reduced to Grade 1/6. However, the murmur did record on the phonocardiogram and was definitely there despite its being almost inaudible. Woolfolk over that short period of time has had a clinical deterioration from Functional Class II to Functional Class III, and his blood pressure in that same time has dived from 190/88 to 100/70. This has served as a teaching experience to me. If I had not known Woolfolk so well, I would have sworn that yesterday's patient was an imposter. This is, however, medically credible, in that as the function of the myocardium deteriorates, murmurs and blood flow diminish even to the point of extinction (certainly for murmurs and unfortunately for flow too at time of death). Therefore, one who had the classic picture of syphilitic aortic insufficiency with clinical deterioration assumes the picture of no syphilitic involvement, but rather a myocardiopathy of undetermined etiology. In this type of patient, by examination a physician at this stage would get a false negative impression.

4. We were successful in corralling who's not been seen since his initial exam in 1932. (If I may be pardoned for bragging, this meant that we batted a "perfect 100 percent" in examining any patient whose tracks we happened to cross.) Again, lived right in Tuskegee, and a certificate over the mantel of his living room acknowledged that he'd worked in the VA Hospital, Tuskegee, from 1943 until his retirement in September, 1960. Since retirement, he's remained right there in Tuskegee. was not the sole patient we examined in 1970 who had never been seen after the initial exam in 1932-33. and were also in that category. Although the number of patients completely

unaccounted for has been reduced to approximately 50, I am still confident that given some outside help we would have found a number of them still in Macon County.

5. The final count for the 1970 survey then is 29 patients. 89 were seen in 1968; however, five of those have since died. We know then of 113 living patients in Alabama and Atlanta, Georgia. Any further examinations of these patients must now depend on the health of Nurse Laurie. She is a remarkable person who very diplomatically remains half-way between the patients and our white staff. Again on this particular trip, she did a yeoman's job, meeting me at 7:00 a.m. and sticking with the work until 8:00 p.m. without any lunch. She did confirm that there was NO patient who died from any spinal or any other procedure in the course of this total study--despite all the rumors to the contrary among the patients.

6. I have drafted letters of appreciation to Mrs. Laurie and to Dr. Berrey.

Joseph G. Caldwell, M.D.

cc: Dr. Schroeter
Mr. Bradford
Mr. Jerry Brown
Mrs. Holcomb

June 11, 1970

Mrs. Eunice Laurie
Macon County Health Department
Tuskegee, Alabama 36083

Dear Mrs. Laurie:

I failed to get your number of days worked yesterday in the 1970 survey. So, I hope you will write to us supplying us with that information (an addressed envelope is enclosed for your convenience).

I also failed to tell you that I asked [redacted] to report to you for a chest x-ray. You'll find enclosed a form for his x-ray.

Once again, I want to commend you for your performance during the past couple of months. You were truly a dedicated stalwart, and the whole job was very pleasant as a result. Mrs. Holcomb in this office and I are working to tabulate the 1970 results, and I foresee that before the end of the month, one of us may again have to consult you personally. However, certainly the bulk of the work (patient visits, information-gathering, etc.) is well behind us.

Sincerely yours,

Joseph G. Caldwell, M.D.
Assistant to the Chief
Venereal Disease Branch
State and Community Services Division

Box 8
TSS - GENERAL
1970
[9-18]

MACON COUNTY HEALTH DEPARTMENT
P. O. BOX 27
TUSKEGEE, ALABAMA - 36083

June 16, 1970

Dr. Joseph G. Caldwell
Assistant to the Chief
Venereal Disease Branch
State and Community Services Division
Atlanta, Georgia 30333

Dear Dr. Caldwell:

In reply to your letter of June 11th, I worked seventeen days during the 1970 survey.

As soon as the x-ray is made of [redacted] we will return the forms for the same.

It was a pleasure for me to work with the staff in making the survey in Macon County for 1970.

Sincerely,

Eunice R. Laurie

Eunice R. Laurie

Box 8
TSS- GENERAL - 1970
[9-18]

June 17, 1970

Mrs Eunice R. Laurie
104 Brown Street
Tuskegee, Alabama 36083

Dear Mrs. Laurie:

Dr. Caldwell and Mr. Brown again returned from the 1970 survey of patients reporting that you were extremely dedicated to finding all possible patients living in and around Macon County. I wish to commend you for your conscientious efforts, as I understand that you travelled "long and wide" trying to locate various patients.

Dr. Caldwell reports that there are about five chest x-rays to be completed (including two barium swallows) as of last Wednesday when he was last there. Just today we received a letter from Mr. Theodore in Rockville, Maryland, who reports that he has located patient number [redacted], Roba, Alabama. I expect that Mr. [redacted] has returned there from the North.

Therefore, if you can complete the chest x-rays within the next week, then perhaps Dr. Caldwell can arrange to meet you on the morning of Friday, the 26th of this month, to examine Mr. [redacted] as well as to secure the chest x-rays taken this year at John Andrews Hospital.

Again, thank you for your dedicated service. Without you, this study would not have been possible.

Sincerely yours,

William J. Brown, M.D.
Chief, Venereal Disease Branch
State and Community Services Division

cc:
Dr. Caldwell

JGCaldwell,MD:az

Box 8
TSS - General 1970
[9-18]

June 17, 1970

Dr. Ruth Berrey
Macon County Health Department
Tuskegee, Alabama 36083

Dear Dr. Berrey:

For the time being, we have again completed another year's survey of Macon County patients whom we started following back in 1932-33.

Twenty-nine patients were seen this year, and we completed the survey by performing phonocardiographic and pulse pressure recordings on six of the patients in your new health facilities. Of those 29 patients, perhaps the sickest was [redacted], who has no private physician. Although his symptoms of anorexia, loss of weight, and weakness and shortness of breath (apparently reflecting rather severe anemia) do not suggest pulmonary disease, he must be regarded as a TB suspect, and we've asked Mrs. Laurie to arrange for a chest x-ray.

Once again, our staff was very favorably impressed with the willing cooperation of you and your staff. Such a reception makes our work much more pleasant.

Sincerely yours,

William J. Brown

William J. Brown, M.D.
Chief, Venereal Disease Branch
State and Community Services Division

cc:
Mrs. Laurie
Mrs. Holcomb
Dr. Caldwell

JGCaldwell,MD:az

BOX 5
"CORRESPONDENCE"

MACON COUNTY HEALTH DEPARTMENT

P. O. BOX 27

TUSKEGEE, ALABAMA - 36083

June 29, 1970

Dr. William J. Brown, Chief
Venereal Disease Branch
National Communicable Disease Center
Atlanta, Georgia 30333

Dear Doctor Brown:

I am dismayed to hear Mrs. (Nurse) Laurie's bewilderment caused by your decision last Thursday to abandon the autopsy on [redacted], Patient [redacted] in the Tuskegee Study of Untreated Syphilis. Even though the quoted autopsy price of $200 plus $35 transportation fee is above the $125 allotted pathologist's fee recently approved by the Milbank Foundation, your decision indicates that you are indeed "penny-wise and pound-foolish".

Over the past two years, I've grown to appreciate the indispensability of Nurse Laurie to this Study. As she relates to me, this recent decision, however, left her "mesmerized" and she felt later as though her neck had been placed in financial jeopardy. She had called the VD Branch only when the Florida local authorities demanded payment of the $235 in advance. She was indeed shaken to hear Mr. Bradford deny payment of the autopsy which had already been granted by the [redacted] family. If she had not been forced to secure advance payment, she would not have hesitated to authorize the autopsy.

Mrs. Laurie's rapport with the Study families has been particularly important in obtaining postmortem examinations. In this particular case, the [redacted] family called twice by long distance to verify their consent and to arrange for the postmortem exam. Mrs. Laurie also placed two long-distance calls to the VD Branch before receiving the negative decision as well as another long distance call to the Florida undertaker, informing him of the negative decision. All of these calls were made at the expense of the [redacted] and Mrs. Laurie. More important, however, is the effect of this negativity to the [redacted] family. How is Mrs. Laurie to explain to them that the burial expenses will be supported by the PHS, when the PHS isn't interested enough in the "scientific contribution" to pay for the autopsy itself?

The fundamental question is whether the Tuskegee Study should be junked because its cost can no longer be justified. Administrative enthusiasm has been lacking in the continuance of the Study. Indications of this occurred recently, when I was not allowed to pursue lost patients through the Tuskegee post office even when the local postmaster had agreed to help us. Another example was the two-week delay of the letter with information to Mr. Theodore to help him track lost patients when I had drafted the letter immediately.

There are some of us--particularly Mrs. Laurie--to whom the Study has become a way of life. If the Administration no longer wishes that it continue, then we who have been intimately involved would rather the Study die a complete and final death. On the other hand, if it is to continue, then it should commence full-swing and such decisions as of last week should not even be considered.

We know that 120 of the 600 original participants (21 percent) are still alive and were examined either in 1968 or 1970. (Eight of the 89 seen in 1968 are now deceased and none of the 39 examined in 1970 is dead.) There are eight more patients whose addresses are known but who've not been seen since well before 1968. The whereabouts of another fifty patients remain unknown.

So that Mrs. Laurie may not be hampered by administrative negativity, I have today authorized her to secure as in the past all granted autopsies despite varying local costs (if above Millbank's allotment) without any decision from above. If on the other hand you do not agree with continuing the Study in this fashion, you must so inform her.

I feel fortunate to be separating from the U.S. Public Health Service. As one of my fellow VD officers just stated, "It's been nice, but just think how much greater it could have been." This has certainly been my experience with the Tuskegee Study.

Sincerely yours,

Joseph G. Caldwell

Joseph G. Caldwell, M.D.

In witness of:

Mrs Eunice Laurie

Mrs. Eunice Laurie

xerox copy: Mr. Bradford
Dr. Schroeter
Dr. Millar
Dr. Spencer

Box 8
TSS-GENERAL
1970
[9-18]

STATEMENT

JOHN A. ANDREW MEMORIAL HOSPITAL

OF

TUSKEGEE INSTITUTE

TUSKEGEE INSTITUTE, ALABAMA

National Communicable Disease Center
ATT: Financial Management
Atlanta, Georgia 30333

DATE	FOLIO	CHARGES	CREDITS	BALANCE
7-2-70			BALANCE FORWARD	
ORDER NO. 56896				
STATEMENT OF X-RAY SERVICE TO PATIENTS AS LISTED BELOW:				
4-30-70	[redacted]	$ 25.00		
5-11-70	[redacted]	25.00		
5-13-70	[redacted]	20.00		
6-2-70	[redacted]	25.00		
	[redacted]	20.00		
6-4-70	[redacted]	25.00		
6-9-79	[redacted]	20.00		
6-10-70	[redacted]	25.00		
6-18-70	[redacted]	25.00		
6-26-70	[redacted]	25.00		
		$235.00		

000055

NOTE: All bills are payable weekly in advance. A refund will be made for overpayment. Questions concerning the interpretation of this account should be called immediately to the attention of the Hospital Business Office.

(Make all checks, money orders, etc., payable to Tuskegee Institute)

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July 7, 1970

Mrs. Eunice R. Laurie
104 Brown Street
Tuskegee, Alabama 36083

Dear Mrs. Laurie:

I was very concerned to learn of your great disappointment when arrangements for the recent autopsy could not be made. The reason I elected to forego the autopsy in this instance was because we were encountering several obstacles in securing quickly the necessary payment to the pathologist and the funeral home in Florida. Direct payments by the government for services such as these are often cumbersome and require considerable lead time, and the fact that we were in a period of change between fiscal years further complicated the picture. It became clear to me that to pursue the matter further would surely require a delay in the funeral arrangements and I elected not to put the family through such an ordeal.

I am going to write the Milbank Memorial Fund to see if the amount of money held by the Tuskegee Institute can be increased to cover costs in situations such as this one. It is indeed unfortunatelybut a fact of life which I face daily, that arrangements such as the one between Milbank and Tuskegee are very difficult to secure directly through government channels. You should not, of course, authorize payments above the allotted amount until agreement from Milbank has been secured.

I am hopeful that problems such as this recent one can be avoided in the future, and am particularly concerned that there has been a misunderstanding about the facts surrounding our decision not to perform an autopsy on Mr. [redacted].

As you know, we have been exploring the possibility of securing full-time nursing services for the study. We have just signed a Cooperative Agreement with the Alabama Department of Public Health to serve this purpose. I am hopeful, however, that we will be able to count on your help on occasion as we have in the past. Your help during the major round-ups of patients and in providing assistance in orienting the new nurse assigned to the study will be very much needed. I expect that we will be calling on you as frequently in the future as we have in the past.

I also want to tell you again how much I personally appreciate your service over the past years. It has been gratifying to me to know that the purposes of the study are being met with such diligence, and that at the same time our on-the-spot representative takes a real interest in the well being of each patient.

Sincerely yours,

William J. Brown

William J. Brown, M.D.
Chief, Venereal Disease Branch
State and Community Services Division

cc:
Dr. Wolfe

Bradford/jc

July 16, 1970

Mr. Louis A. Rabb
Administrator
John Andrew Memorial Hospital
Tuskegee, Alabama 36083

Dear Mr. Rabb:

This confirms our telephone conversation of July 15, 1970. We appreciate your continued help in maintaining the study that we are conducting. We will initiate payment to the John Andrew Memorial Hospital for x-ray services rendered in the amount of $235.00. We would appreciate you forwarding to us the x-rays of these patients to be put into our permanent file for future reference.

Dr. Caldwell and I have been very impressed with the quality of the films and the diagnostic reports that have been sent. We have also been very pleased with your service.

Sincerely yours,

Arnold L. Schroeter, M.D.
Chief, Clinical Research
Venereal Disease Branch
State and Community Services Division

ALSchroeter/vs