Box 8
TSS - GENERAL
1970
[9-18]

MACON COUNTY HEALTH DEPARTMENT

P. O. BOX 27

TUSKEGEE, ALABAMA - 36083

July 7, 1970

Dr. Schorter

I am enclosing three xray reports & the last patient that Dr Caldwell saw. Do you want me to send the films you might want to send a report of [redacted] record to the Lee County Health Department, Opelika, Ala. Dr. Caldwell usually did this when there was a report similar to this.

Dr Floyd
County Health officer

Autopsy Wilburn Willis

Respectfully

Eunice L. Lanier

Tuskegee Institute

TUSKEGEE INSTITUTE
ALABAMA 36088

JOHN A. ANDREW MEMORIAL HOSPITAL

July 24, 1970

Dr. Arnold L. Schroeter, Chief
Clinical Research
Venereal Disease Branch
State and Community Services Division
Department of Health, Education, and Welfare
National Communicable Disease Center
Atlanta, Georgia 30333

Dear Dr. Schroeter:

I am informed by our Radiology Department that the x-ray films which you requested in your letter of June 16 have been given to Dr. Caldwell. You may discuss the matter with him, and use these films as you may wish.

Very truly yours,

Louis A. Rabb
Administrator

LAR:chs

29 July 70
We have these films on file
Arnold Schroeter

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

August 7, 1970

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

Dear Dr. Calhoun:

Nurse Laurie and I visited and examined Mr. [redacted], Roba, Alabama on June 29, 1970, and he asked that I report my findings to you.

Mr. [redacted] related numerous hospitalizations in the past, the most notable of which were in 1961 and 1968 for bleeding ulcers and 1959 in Lakeside Hospital, Cleveland, where he had a right radical mastectomy. We checked through the Medical Records Department of that hospital and confirmed that he had "schirrhous carcinoma" of the right breast. After eleven years' follow-up without obvious recurrence, it seems that he can be considered cured of that disease.

Now his main symptoms are recently discovered hypertension, "gas on the stomach", and aching in his knees with weather changes.

On examination, he had a blood pressure of 164/106, pulse of 68 with rare premature contractions. Examination of the heart revealed a 4+ atrial gallop but no other abnormalities. He had a reducible right indirect inguinal hernia with a left herniorrhaphy scar. There was minimal lymphedema of the right arm with a keloid about the surgical mastectomy scar but no evidence of tumor recurrence.

Electrocardiogram showed a right axis deviation with a Q wave in Lead II.

Except for the mild hypertension, Mr. [redacted] appeared to be relatively healthy for his age.

Sincerely yours,

Joseph G. Caldwell, M.D.

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

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

file in Tuskegee file

TELEPHONE CALL REPORT

FROM : Jim Fowler

August 10, 1970

TO : Jack Benson

I called Jack to clear the way for contacting John Hill in Alabama concerning the follow-up of 43 patients on the Tuskegee Study. Jack said to go ahead.

FROM : Jim Fowler

TO : John Hill

I explained the problem of the 43 patients who have been lost to the Tuskegee Study and asked his assistance. John is very happy to help. I am sending him a copy of the patients names and addresses. He will return his findings as soon as possible.

cc:
Dr. Brown
Mr. Gallin
Dr. Schroeter

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

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

August 12, 1970

Mr. H. K. Logan
Business Manager
Tuskegee Institute
Tuskegee, Alabama 36088

Dear Mr. Logan:

Information has been received that the 211th autopsy, [redacted], has been performed in our study of untreated syphilis in Macon County.

We have requested the Milbank Memorial Fund to forward you a check for $250.00.

Sincerely yours,

William J. Brown

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

GHolcomb

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

PROCEDURE FOR AUTOPSY

1. Contact family immediately for a signed permit for autopsy.

2. Call: Dr. Robert B. Adams ------- Telephone: 288-2100
   Pathology Laboratories
   Blount F, Davidson Medical Plaza
   Montgomery, Alabama 36111

3. Notify Undertaker of the autopsy and hour.

4. Prepare two pint jars with formalin. One plastic bag for frozen specimen. Two specimen are sent to Atlanta - one formalin and the frozen one. The sections to be frozen are placed in the freezer for 24 hours or until dry ice can be obtained. At present, the most convenient place is Dairyland, Opelika. Secure 4-lbs. of dry ice to pack specimen; take it to the bus station, Tuskegee, for the 9:00 a.m. bus. Send package C. O. D. Call 404-633-3311 Extension 3345 and tell them to meet the 3:30 p.m. bus for the package. (Call Dairyland to see if they have the ice. If not, when will they have it. There is a possibility that you have to go over and get it.)

5. The Pathologist prepares the report and sends it to the Atlanta office.

6. Prepare the bills for the autopsy and present to Mr. L. A. Rabb, John A. Andrew Hospital, Tuskegee Institute, who will have checks drawn on the Milbank Fund at Tuskegee Institute to:

Wife - Mrs. Mary Doe----------	$100.00
Pathologist----------	125.00
Undertaker----------	25.00
Total----------	$250.00

   Mail to Pathologist check with a blank receipt to be signed and sent to the Atlanta office.

   Wife and Undertaker's checks are delivered personally and receipts are sent to the Atlanta office.

ERL
8/1970

NOTE: A COPY OF THIS MATERIAL WAS GIVEN TO MRS. KENNEBREW
E. Laurie

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

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

Date: September 10, 1970

Reply to Attn of:

Subject: An analysis of the current status of the Tuskegee Study

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

1. In recent years the Tuskegee Study has become an increasingly emotionally charged subject. This aura has in large measure prevented a rational appraisal of the situation. It is hoped that these remarks will aid in restoring our prospectives and lead to a reasonable course of future action.

2. Priority - Resources must follow priorities. While some medical knowledge has been gained from this study its volume and quality has been less than gleaned from the preceding Boeck-Bruusgaard study. This is largely because effective and undocumented treatment has been given to the vast majority of patients in the syphilitic group. Most received this therapy in the "happenstance" manner while under treatment for other conditions. The impact of this inadvertent treatment will be almost impossible to assess, but without question the course of untreated syphilis (which the study was supposed to have delineated) has been radically altered. This is not to suggest that some contributions to medical knowledge do not yet lurk in the information gathered to date. However, it must be fully realized that the remaining contribution from this study will be largely of historical interest. Nothing learned will prevent, find, or cure a single case of infectious syphilis or bring us closer to our basic mission of controlling venereal disease in the United States.

3. Probably the greatest contribution that the Tuskegee Study has made and can continue to provide has been documented sera for study in our laboratory. Without these sera the problem of evaluating new serologic tests becomes much more difficult and the results less certain. In a great measure the development and our endorsement, of the FTA-ABS test rested on Tuskegee sera. The collection of future specimens hardly requires a special unit for that purpose.

4. To point up how obtunded the medical findings are currently one must only look to the special study carried out in 1967 by Dr. J. Lawton Smith. We permitted him to study these patients, but insisted on a "blind" study so he would not know who were syphilitic and who were controls. All available patients were rather elaborately studied for neurologic and ophthalmologic defects. When Dr. Smith presented his clinical findings we broke the code. Absolutely no correlation was discovered between the pathology uncovered in his study and the status of the patients.

5. All of this simply serves to point out that neither major medical revelations nor program benefits are likely to be forthcoming irregardless of who supervises the study, and thus the overall priority of the Tuskegee Study from these viewpoints is relatively low.

6. Moral Obligation - Any question of termination hinges upon an obligation to the remaining syphilitic patients. This is both an implied and expressed obligation. The long continued assignment of Mrs. Laurie and now Mrs. Kennebrew to Tuskegee demonstrates our good faith and sincerity. The annual examination of survivors and referral of those with significant physical findings also clearly demonstrates our position and good will. Several recent pieces of correspondence indicate that termination is now desirable since many of the patients are now dead or that the deaths of those remaining will bring the study to a natural termination within the next few years. Certainly we are obligated to maintain our present level of observation as long as a significant number of patients remain alive.

7. A point may be reached where the number of survivors no longer justifies continued surveillance, but this might expose the program to justifiable criticism on grounds of the moral issue. What number of survivors would justify such a decision?

8. A more definite answer can be made concerning natural termination. One merely needs to know the current number of survivors, their average age, and have access to a life table for non-white males to definitely determine the number who will be living for any future year. Currently 149 syphilitics are alive and their average age is 71. In five years, 101 can be expected to still be alive. In 1980, sixty-eight of the syphilitics will still be living. In the years that follow the annual mortality will probably be no greater than 9-10 percent so that approximately 25 individuals may reasonably be expected to survive yet another decade (1990). This exercise simply points out that natural termination in the forseeable future is an unlikely event.

9. It is also suggested that a lack of continuity on the part of VD personnel is a valid excuse for termination. I would like to point out that this study has not had a fulltime person (other than Nurse Laurie) handling this study for a great many years. Periodically medical officers have become interested or were assigned for short periods to the project, but there has been very little medical continuity since the inception of the study. It is true that Mrs. Price has handled the record keeping for many years, but this was only a small part of her duties. She is still readily available as a consultant should questions concerning the records arise. In essence then, there has long been a lack of medical continuity and the need for this now is debatable at best.

10. Due to our present financial duress it hardly seems feasible to commit $150,000 over a three or four-year period or even hire a GS-14 pathologist to oversee the study. It has also been suggested that a summary monograph obstensively authored by appropriate experts be prepared. This raises several questions. Why outside experts, who have not been involved in the study? Such experts may very well prefer not to be associated with this study because of its sensitive nature. In any event there remains very little expertise on late syphilis.

11. More importantly, what would be the value of an elaborate and expensive monograph? The "green book" certainly adequately covers the pertinent aspects of late syphilis. Distribution of such a monograph might well cause more harm than good to the program.

12. A much more realistic approach would involve the preparation of a series of "in-house reports." Any findings of special interest or importance might then be published in appropriate journals as has been done in the past.

13. In summary, three distinct courses of action appear to be open:

(1) The study may be terminated. This is clearly not justified from the foregoing discussion. In fact the assignment of a new nurse already indicates our dedication to this study and its subjects.

(2) The study may be continued along its present lines with periodic clinical observation and serologic surveillance. On occasion the publication of any new significant finding may be considered. This can be handled by the present staff in clinical research with occasional supplementation by VDRL or VD Branch medical officers.

(3) A special unit with a fulltime director may be created. The costs, value and long term nature of this option have been discussed.

14. In my opinion, when all factors are considered, the second option appears to be the wisest course of action.

James B. Lucas, M.D.
Assistant Chief
Venereal Disease Branch
State and Community Services Division

September 14, 1970

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

Dear Sir:

Reference is made to our letter of June 25, 1970 requesting death certificates of nine people. We are most anxious to receive this information so that our records may be completed.

In the event the letter and list have been misplaced, we are enclosing copies of each.

We would appreciate your earliest attention to this matter.

Sincerely yours,

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

Enclosure

Box 8
TSS-GENERAL 1970
[9-18]

Sept 1, 1970
Sept 18, 1970
per Mrs Kennebrew
Oct 16, 1970 telephone

September 23, 1970

Dr. William J. Brown, Chief
Venereal Disease Branch
State and Community Services Division
Atlanta, Georgia 30333

Dear Dr. Brown:

We have completed the fifteen-day orientation period with Mrs. Elizabeth Kennebrew. During this time we visited 58 patients. Fifteen patients were not home. However, it was reported that they were enjoying good health. Seven Funeral Homes were visited and representatives of each assured us that they would cooperate with Mrs. Kennebrew.

I shared with Mrs. Kennebrew some of my experiences and promised her that I will be willing to assist her if the need should be. It is my belief that she will grow and develop as she works in the various communities.

The following patients have moved out of the state:

✓ [redacted]
E. Cleveland, Ohio 44112

✓ [redacted]
Cleveland, Ohio 41403

✓ [redacted]
Los Angeles, California

[redacted]
✓ Died February or March 1970. Family has moved. Neighbors gave this information. Death certificate should be in Russell County, Phenix City, Alabama

Sincerely yours,

Eunice R. Laurie

cc: Mrs. Ann Smith
Dr. Ruth Berry
Dr. Arnold Schroether ✓
Mrs. Elizabeth Kennebrew

Box 8
TSS - General 1970 ... Pat O'Mara
[9-18]

State of Alabama
Department of Public Health
State Office Building
Montgomery, Alabama 36104

September 24, 1970

IRA L. MYERS, M. D.
STATE HEALTH OFFICER

Dr. Arnold L. Schroeter
Chief Clinical Research
Venereal Disease Branch
State And Community Services Division
DHEW, PHS, HSHMA, NCDC
Atlanta, Georgia 30333

Through: Dr. Emil Palmquist
Region IV, P.H.S., D.H.E.W.

Attention: Mr. Delwin T. Hammons
CDC Services, Region IV

Del T. Hammons

Dear Dr. Schroeter:

This is in reply to your memorandum of July 30, 1970 concerning the investigation of patients involved in the Tuskegee study who have not been examined in the last five years. The responsibility to investigate the 43 patients was assigned to Mr. Marvin P. Conner and Mrs. Eunice R. Laurie. Mr. Conner has been involved annually with the Tuskegee study for the past thirteen years and Mrs. Laurie for over thirty years.

Mr. Conner and Mrs. Laurie indicated that the 43 patients have been investigated annually since their last examination but the where abouts or any information leading to their location has never panned out. The rural routes have been changed considerably and addresses where the patients were supposed to live often times lead to a burned down house or it was completely gone. They indicated that additional investigation of these people would be fruitless.

Mr. Ralph Roberts, Director of Alabama Department of Health Vital Statistics Division, indicated a search for these people would require a team of clerks and several weeks to complete the research.

We are sorry that none of the 43 people could be found. If we can be of further help please let us know.

Sincerely yours,

John J. Hill

John J. Hill
Senior Public Health Advisor
Alabama Venereal Disease Program

JJH/dc

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

TUSKEGEE STUDY - MACON COUNTY

SEPTEMBER 29, 1970

TOTAL PARTICIPANTS IN STUDY:			625
A. Participants accounted for:			526
1. Known dead:		395	
a. Autopsies performed:	227		
b. Death Certificates:	152		
c. No Death Certificates:	16		
2. Known to be living and examined in 1970:		37	
3. Known to be living and examined in 1968		81	
4. Known to be living but examined prior to 1968:		13	
B. Participants with unknown status:			99

1. Routine for autopsy procedure
Review and - update

2. Check on 43 names: see if any of these people are filed in Montgomery Vital Statistics

3. Annual Physical Week of Nov 9 and 16

4. List of Patients for Monticicaven

Box 8
TSS- General 1970
[9-18]

5. [redacted], [redacted] Expired 10/[redacted]/70

[redacted], [redacted] Expired 9/[redacted]/70

6. Send Physical forms.

7. Get A.P.C., Tonic, (I.Q.S.)

8. Get List of patients with unknown status

9. Use Station wagon

10. Get form for Gov. License for use of US pool cars

11. Get for ~~[redacted]~~ Mileage for Mrs Kennedy

Macon County Physicians

Dr J. S. Blanton
Union Springs, Ala
36089

Dr G. Carl Kesler
209 E. Northside
Tuskegee, Ala

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

Dr Thomas J. Calhoun
319 Fonville St.,
Tuskegee, Ala.

Dr C. R. Dawe,
319 Fonville St
Tuskegee, Ala.

Dr. Murray Smith,
P. O. Box 732,
Tuskegee, Ala.

Box 8
TSS - GENERAL
1970
[9-18]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

October 14, 1970

Mrs. Elizabeth M. Kennebrew
Macon County Health Department
Tuskegee, Alabama 36083

Dear Mrs. Kennebrew:

Dr. Lucas, Mrs. Price and I were pleased to have the opportunity to meet you and to review with you and Mrs. Laurie your duties as we invision them.

I was particularly pleased that you have started a record system which should be invaluable in keeping you in closer contact with the participants in the Tuskegee Study. As we stated, with the average age of the group now 71 years, it is imperative that we not only follow them more closely than in the past, but that we make an effort to assist them in every way possible.

Enclosed herewith is the draft of a letter prepared for the proposed survey in November. It would be appreciated if you and Mrs. Laurie would make any changes that you wish and return it to us for duplication as soon as possible. Examinations have been scheduled at the Macon County Health Department on Monday and Friday leaving the Tuesday, Wednesday and Thursday of each week open for home visits. The draft has been prepared for Mrs. Laurie's signature since she is known by the patients, however, the name could be left off so either of you could sign the letter.

I am enclosing the lists Mrs. Laurie requested for distribution to the undertakers in Macon County, along with the necessary forms to be filled out by you in order to obtain a license to operate a government vehicle.

The enclosed forms for Claim For Reimbursement For Expenditures should be filled out in duplicate and sent to Mrs. Mary Flynn once a month. If you should need additional space you may use plain bond paper to continue.

If you have any questions please do not hesitate to contact me.

Sincerely yours,

Arnold L. Schroeter, M.D.
Chief, Clinical Research
Venereal Disease Branch
Bureau of State Services

OFFICE	SURNAME	DATE
	Division	

FILE COPY

Enclosures

Box 8
TSS- General 1970
[9-18]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

October 20, 1970

Mrs. Elizabeth M. Kennebrew
Macon County Health Department
Tuskegee, Alabama 36083

Dear Mrs. Kennebrew:

Enclosed are twelve Personal History forms for use in starting your record system. As soon as our new supply arrives, we will forward additional forms to you.

I am also enclosing two groups of patient cards. One group pertains to patients we have been unable to locate at the addresses shown. Although some of the cards show out-of-state addresses, we thought they may have moved back to the Alabama area.

The second group pertains to patients believed to have died, but whom we have been unable to obtain a death certificate.

We will appreciate any information you can provide concerning these patients.

Sincerely yours,

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

Enclosures

GHolcomb/vs

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE
KD	Brown	10/21			

Box 8
TSS - GENERAL 1970
[9-18]

October 29, 1970

Mrs. Elizabeth M. Kennebrew
Macon County Health Department
Tuskegee, Alabama

Dear Mrs. Kennebrew:

Enclosed are the form letters to be sent to the patients who are participating in the Tuskegee Study. If possible we would like to have these mailed by November 3, 1970 in order to give the patients time to make arrangements to come in to the Health Department.

If you wish you might list the Health Department's number so if a patient is unable to come in, he may reach you to make arrangements for the doctor to visit him.

If you have any questions please do not hesitate to call me.

Sincerely yours,

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

Enclosure

GHOLCOMB

Box 8
TSS GENERAL-1971

January 14, 1971

Frederick S. Wolf, M.D.
Director, Bureau of Preventable Disease
Alabama Department of Public Health
State Office Building
Montgomery, Alabama 36104

Dear Dr. Wolf:

Thank you for your letter of December 29, 1970, with the enclosed investigation information on the 43 patients involved in the Tuskegee study.

I would personally like to commend you and your staff, for an outstanding job. The Venereal Disease Branch certainly appreciates your efforts in this difficult and time-consuming task. The information you have furnished will be of great help to us. Hopefully, this will allow us to close many files that have been outstanding for some time.

Again, my thanks for your participation and assistance in this study.

Sincerely yours,

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

ALSCHROETER/gh

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

BOX 8
TSS-GENERAL-1971

March 5, 1971

Mrs. Elizabeth M. Kennebrew, R.N.
Macon County Health Department
P. O. Box 27
Tuskegee, Alabama 36083

Dear Mrs. Kennebrew:

We are pleased to have the information forwarded in your letter of February 24, 1971. I appreciate your involvement in regard to the taking of frozen specimens. We feel that no change should be made in the collection of specimens. In addition, since your present supply of medicine and materials are low, we will forward to you under separate cover the needed supplies.

The results of [redacted]'s x-ray indicate that he should be referred to a physician for evaluation as soon as possible. Furthermore, additional x-rays should be taken on [redacted] as deemed necessary by the radiologist. These x-ray reports should be sent to the responsible physician and the x-rays, after necessary use by the local physician, may be forwarded to us in the usual manner.

[redacted] was listed as having an address in New Jersey. Our records show that he is deceased. Please check this for us. The death certificate lists [redacted] as his wife. This should help to identify him. Date of death on certificate is September 7, 1942.

We appreciate your assistance in these matters.

Sincerely yours,

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

ALSchroeter:bch

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE
VD	[signature]	5 Mar			
VD	Brown	3/5			

BOX 8
TSS-GENERAL-1971

STATE OF ALABAMA

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

MONTGOMERY 4, ALA.

INVOICE

Date June 15, 1971

To: Center for Disease Control
Attention Financial Management
National Communicable Disease Center
1600 Clifton Road, N E - Bldg. D, Room 305
Atlanta, Georgia 30333

File Special Service

National Communicable Disease Center
To: Center for Disease Control
VDBranch
1600 Clifton Road - N E
Atlanta, Georgia

Description of service	Charge
Telephone Call and previous communication of 1970	
1 death of [redacted] - [redacted]	$2.00
1 death of [redacted] - [redacted]	2.00
	$4.00
It is essential that this copy be returned with the remittance for the proper handling	
Total Amount Due	

RETURN ONE COPY WITH REMITTANCE MADE
PAYABLE TO THE BUREAU OF VITAL STATISTICS

VS—64
12—62

Box 12 National VD Research
PROGRAM - OMB - Clearance [7-32]

MEMORANDUM

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

TO : Mrs. Maredith B. Griffith, CDC

DATE: February 24, 1972

FROM : Office of Project Clearance Officer, HSMHA

SUBJECT: Request Received from the Bureau of the Budget (Office of Statistical Policy) for Article to be Included in the Statistical Reporter

We have received a request from the Bureau of the Budget for a short descriptive article concerning the following approved proposal/s. This article will appear in the Federal Statistical Reporter, a monthly publication of the Bureau of the Budget.

Will you please contact the sponsor and have them send the article directly to Emily White, Office of Management and Budget, Washington, D. C. 20503. Please submit the copy within 3 weeks, deadlines for copy run about the middle of a given month for use in the following month's issue of SR.

Attached is a copy of Guidelines for Submittal of Copy.

Name of Proposal	OMB No.
National Venereal Disease Research Program	68-R1271

3-31-72

Mr. Joe Miller

Necessary action. May I have a copy of the article when it is submitted?

Maredith
Maredith Griffith

Florence M. Novack
Florence M. Novack

Attachment

72
Withdrawn -- will be submitted prior to Miller. Ask it quietly -- do not respond.
MG

Box 12 National VD Research
PROGRAM - OMB Clearance [7-32]

The Syphilis Research Study began in the fall of 1932 in Macon County, Alabama, and is the largest continued medical study of syphilis in the Negro male conducted by the Center for Disease Control. The purpose of this study is to determine the prevalence and severity of the disease as determined both by physical examinations over their lifetime and by post-mortem examination.

These physical examinations were made beginning in 1932, and have continued through the years at five year intervals. Between examinations, contact with the patient is maintained through the local county health department and an assigned Public Health Nurse whose chief duty is to follow each patient on the project.

As of June 1972, 127 patients out of the original 625 are still living and have been examined within the last two years. Of the 432 deaths, autopsies have been performed on 238 patients. Such autopsies provide a unique opportunity for correlation of the findings of extensive physical examinations over a lifetime with post-mortem observation. In addition, tissue specimens are thus obtained, employing both frozen and fixation techniques. This will make possible future immunologic and histologic studies of the pathogenesis of late syphilis.

J.D. Millar, M.D., Chief, Venereal Disease
Program, State and Community Services Division,
Center for Disease Control, HSMHA, DHEW

Submitted by [illegible] 7-19-72
Mg.

Box 12
National VD Research
Program - OMB - Clearance
[7-32]

7-19-72

Mr. Miller called
re: the Serum Bank
part of this report.
The VDRL has been taken
over by the Laboratory
Division and there is
some doubt as to the
future of the Serum Bank.
It might be discontinued
in the near future.
For this reason the
Lab. Division deadlines
to report for the Stat. Reporter

BOX 15
TSS - RESULTS EXPECTED, RESULTS OBTAINED
[1-17]

BACKGROUND PAPER ON TUSKEGEE STUDY

prepared by
Venereal Disease Branch
State and Community Services Division
Center for Disease Control
Atlanta, Georgia
July 27, 1972

Introduction

In the late 1920's and early 1930's, surveys in rural areas of the South revealed a high incidence of syphilis among blacks, and it was determined that many of those infected remained untreated. Because of the lack of knowledge of the pathogenesis of syphilis, a long-term study of untreated syphilis was considered desirable in establishing a more knowledgeable syphilis control program.

"A prospective study was begun late in 1932 in Macon County, Alabama, a rural area with a static population and a high rate of untreated syphilis. An untreated population such as this offered an unusual opportunity to follow and study the disease over a long period of time. In 1932, a total of 26 percent of the male population tested, who were 25 years of age or older, were serologically reactive for syphilis by at least two tests, usually on two occasions. The original study group was composed of 399 of these men who had received no therapy and who gave historical and laboratory evidence of syphilis which had progressed beyond the infectious stages. A total of 201 men comparable in age and environment and judged by serology, history, and physical examination to be free of syphilis were selected to be the control group."[1]

Since its inception, the study has been of great scientific interest to the medical community, has been widely discussed at medical meetings, and has been the subject of not less than 15[1-15] papers published in the American medical literature.

Results

The first published findings in 1936 by Vonderlehr et al.[2] showed after infection of 15 years' duration only one-fourth of the untreated syphilitics were normal and that most of the abnormal findings were in the cardiovascular system. Morbidity was noted to be approximately fourfold greater in the cardiovascular, central nervous, and bone and joint systems of untreated syphilitics under age 40 than in the controls of the same age.

In 1952, Rosahn[15] published comparisons of 1946 data from the Tuskegee Study and from a second public health survey[16] published in 1937 involving both white and black syphilis patients under treatment or observation for 6 months or more in five syphilis clinics in the pre-penicillin era. Although a comparison of this black clinic population with the Tuskegee syphilitic population suffers from several biases, the clinic population, many of whom were presumably treated, actually had a greater average decrease in life expectancy (30.5 percent) than did the Tuskegee syphilitic (16.1 percent).

Studies by Shafer et al. published in 1954[7] showed that male untreated syphilitic patients under the age of 50 in the Tuskegee Study were experiencing an average reduction in life expectancy of some 17 percent over that of non-syphilitic controls. In patients between 50 and 65, the reduction was some 14 percent and for those over 65, approximately 6 percent

Reporting on the thirtieth year of observation (1963), Rockwell et al.[1] stated that of the original syphilitics, 59 percent were dead, 21 percent alive, and 20 percent were lost to follow up, while 45 percent of the controls were dead, 34 percent alive, and 20 percent lost to follow up. A comparison of the life expectancy in the syphilitic and control groups was not reported at this time.

In 1971 in the most recent study, Caldwell et al.,[14] reported on the incidence of aortic regurgitation in the study group. Among 76 survivors initially in the untreated syphilis group, clinical findings of aortic regurgitation were noted in two. Among 51 survivors in the control group, aortic regurgitation was again noted in two. Some 70 patients (belonging to both the syphilitic and control groups) were lost to follow up. Among 140 syphilitics on whom autopsies were performed, 44 percent had evidence of aoritis, while among 54 controls 15 percent had such evidence, a difference significant at the 0.005 level. A comparison of the life expectancy in the syphilitic and control groups was not reported at this time.

Treatment for Syphilitic Patients

Until the advent of penicillin, the treatment for syphilis required the injection of toxic substances such as mercury and arsenic. Many physicians were confident that the risk of treatment exceeded the risk of disease.

In 1943, Dr. John Mahoney reported the first cures of primary and secondary syphilis with penicillin. When this drug first became widely available (1946-47), the question naturally arose concerning the advisability of

BOX 15
TSS - RESULTS EXPECTED
RESULTS OBTAINED
C-D

Part 3 - Background Paper on Tuskegee Study

treating all of those in the syphilitic group. A decision was made at that time not to recommend treatment because (1) no data was available on the efficacy of penicillin treatment in late syphilis and (2) the short and long term toxic effects of this drug had not as yet been well documented. The judgment was made that the possible risks to the patients from treatment outweighted their risks from the disease. Reassessments of the advisability of treating all the Tuskegee Study syphilitics have been made periodically since 1946 (the last being made in 1969), and the conclusions have remained the same: the benefits of non-treatment have been judged to outweigh the benefits conferred by such treatment.

Although it will not be possible to recreate the milieu of social and scientific opinion in which the decisions not to treat the syphilitic persons in the group have been taken, it is appropriate to undertake a review of the case records to reconstruct the risks and benefits from treatment both in the light of current knowledge and in the light of knowledge presumed to be available to the various decision makers of each juncture in the study, including the present. (It should be noted that of the 76 syphilitic patients now known to be living, 75 have at some juncture in the past received antibiotic therapy, and in approximately 30 percent such therapy is thought to have been adequate for the cure of syphilis.)

Conclusion

Although this study has been widely publicized in professional circles since its inception, and although persons in the study group were informed they had syphilis, were informed that they could request and receive syphilis treatment at any time, and were treated appropriately for other medical conditions as they arose, it has been necessary throughout the course of the study to make judgments whether to recommend to all the syphilitic patients that they receive treatment. At no time in the course of the study has treatment been without risk, and the judgment has been consistently made that this risk has outweighted the benefits anticipated from treatment.

BOX 15
TSS- RESULTS EXPECTED
RESULTS OBTAINED
II-D

Administrative Details Concerning Tuskegee Study

Participation in the study by both syphilitic and non-syphilitic persons was voluntary. The syphilitic group was informed that they had syphilis, and informed that they would be treated for the disease if they so requested. (Because of the level of comprehension in this population group, this information may have been translated into a simple statement that the person had "bad blood"--a common synonym for syphilis--and could be treated if he desired.)

A public health nurse has been provided by the Public Health Service to the Macon County Health Department from 1932 to the present to assist in providing health care and follow up to the study group. Since 1932, the study group has received periodic physical and laboratory examinations (including blood tests), and members have been treated or referred for appropriate care when abnormalities other than positive serologies were noted. Since 1968, such examinations have been given every 2 years.

The study has received support from several groups. The Milbank Memorial Fund provides funds for pathological examinations and a burial allowance for those autopsied. (The allowance was $50 for many years, and has been increased to $100 within the last 2 years. About half the persons who have died have been autopsied, with the percentage of autopsies being approximately the same in the syphilitic and control groups.) The Tuskegee Institute assisted with the administration of the Milbank funds, and the Institute's hospital has provided care to persons referred from the study group. The Veterans Administration Hospital of Tuskegee also provided care for referred patients, and assisted with autopsies. The Macon County Health Department has been intimately involved with the follow up of study participants, and the Macon County Medical Society has been fully informed concerning the study.

The records reviewed to date present no evidence that a formal review of this study by an outside advisory group was undertaken prior to 1969, when such a group was convened by the Center for Disease Control. This group recommended that (1) the study be continued and (2) no treatment for syphilis be given unless evidence for active disease was present.

BOX 20 Final Draft
TSS-VD CLINIC 7/31/72
[FRC 2 #20]
CLH

TUSKEGEE INSTITUTE, Ala. -- Tuskegee Institute is deeply concerned over information recently reported in the press concerning a syphilis research project conducted in Macon County for the past 40 years by the United States Public Health Service with assistance from several state and local agencies. The following facts derived from the files are submitted by Dr. C. L. Hopper, Tuskegee Institute Medical Director, to clarify the Institute's relationship in this matter, inasmuch as most medical and administrative personnel who might have had any association with the program in the early years are now deceased or unavailable.

A 1931 Rosenwald Fund syphilis screening project revealed that 35% (over 7,000) of Macon County's 22,000 blacks had positive syphilis tests reflecting latent or active syphilis, and that over 90% of these affected individuals were untreated.

In 1932 the Surgeon General of the United States Public Health Service requested Tuskegee Institute's cooperation in providing the use of its hospital facility -- the only such facility then available to blacks in the region -- for certain specific and limited services needed in the Public Health Service research study. The overall project would enable the County Health Department to provide cost-free treatment to hundreds of black victims of syphilis while United States Public Health Service physicians carried out observations on 400 voluntary participants with latent syphilis, hoping to develop new and more effective treatment programs. The establishment of such a research study group of persons with latent syphilis was acceptable under the clinical conditions prevailing 40 years ago, when the drugs available for treatment of both latent and active syphilis were dangerous and their long-term effectiveness had not been established.

BOX 20
TSS-VD CLINIC
[FRC 2 #20]

In agreeing to the Surgeon General's 1932 request, Tuskegee Institute cooperated with a project which it considered to be an opportunity for help to the syphilis victims in this area. Further, it was a major research effort on a critical national and international health problem, initiated and backed by the scientific prestige, resources, and ethical reputation of the United States Public Health Service.

Free screening and treatment clinics were conducted under Macon County Health Department auspices at the John A. Andrew Hospital and other clinic locations throughout the County during the mid and late 1930s. The research -- which included periodic medical examinations involving the research study group -- was conducted by United States Public Health Service physicians who made special trips to this county for that purpose and who maintained the records of the study in their offices.

Autopsies on patients in this USPHS study were conducted in the John A. Andrew Hospital's post mortem facilities by physicians whose work was directed by the United States Public Health Service. The design, implementation, and records of this 40-year study have been under the direction, supervision, and control of the United States Public Health Service.

By 1946 -- the approximate date when new drugs for the treatment of syphilis became available -- both the regular venereal disease treatment program and the then 14-year old USPHS research study were fully based in the Macon County Health Department. From 1946 until the present there has been no active medical program at Tuskegee Institute's John A. Andrew Hospital connected with this USPHS research study. During this period, any patient diagnosed by a staff physician

at the John A. Andrew Hospital as having syphilis would have been provided treatment when indicated, in accord with established professional standards.

Tuskegee Institute is an educational institution and its purpose in participating in health service programs through its John A. Andrew Hospital is to contribute to improved health of the citizenry and the reduction of human suffering.

PROFESSIONALS REPORTING RESULTS OF TUSKEGEE SYPHILIS STUDIES AS IDENTIFIED IN PUBLISHED REPORTS BY YEAR OF SUBMISSION, IF GIVEN, OR PUBLICATION.

Name of Physician	Publication Year	1972 Status
Taliaferro Clark, M.D.	1936*	Deceased
R. A. Vonderlehr, M.D.	1936#	~~Senile~~ 1409 Fairview Rd NE, Atlanta
O. C. Wenger, M.D. (Paper #1)	1936	Deceased
J. R. Heller, M.D.	1936, 1946*	NCI/NIH/DHEW
P. T. Bruyere, M.D.	1946	Deceased
Dudley Smith, M.D. (Paper #2)	1946	925 W. Jefferson St., Brownsville, Texas 78520
Austin V. Deibert, M.D. (Paper #3)	1946	- 7322 Juniper Dr, Everett, Wash. 98201
(Murray) M. Smith, M.D. (Paper #3)	1946	Box 732, Tuskegee, Ala 36083
Jesse J. Peters, M.D. (Post Mortem) (Paper #3)	1946, 1955(VA)	- 1712 Patterson St., Tuskegee Inst, Ala 36088
R. D. Lillie, M.D. (Pathology)	1946	La. State Univ. Med. Sch. New Orleans, La.
Pasquale J. Pesare, M.D. (Paper #4)	1950	- 1250 Smith St. Providence, RI 02908
Theodore J. Bauer, M.D.	1950*	Becton-Dickenson, Rutherford, NJ (201) 939-6000
Eleanor N. Walker	1952	- 920 N Thornton St., Orlando 32803
Stanley H. Schuman, M.D.	1953, 1954	U. of Mich. Sch. of Public Health
Sidney Olansky, M.D.	1953*, 54*, 55*, 56*	Emory U., Atlanta, Georgia
J. K. Shafer, M.D.	1954#	AID
Lida J. Usilton, Sc.D.	1954	Deceased
James H. Peers, M.D. (Paper #8)	1954	Dir of Labs, Mercy Hos. + Assoc Prof Path Stritch School of Med., Loyola Univ., Chicago
John C. Cutler, M.D.	1954, 1956	U. of Pittsburgh, Pittsburgh, PA
C. A. Smith, M.D.	1955	City Health Dept., Minneapolis
Eleanor V. Price	1956	Atlanta - retired
Donald H. Rockwell, M.D.	1964	188 Louisville St., Mobile, Ala. 36607
Ann Roof Yobs, M.D.	1964	EPA - Atlanta
M. Brittain Moore, Jr, M.D.	1964*	Lakeland, Florida - in practice
Joseph G. Caldwell, M.D.	1970	Jewish Hosp., St. Louis, MO
Arnold L. Schoeter, M.D.	1970 (Unpublished report)	Mayo Clinic
Gerald F. Fletcher, M.D.	1970	Georgia Baptist, Atlanta

*Identified as USPHS Medical Director, Director of VD Program or VD Lab for year indicated.
#Identified in publication as former USPHS Medical Director, etc. at year indicated.

The papers referred to (next to some of the names) were in the first packet you gave to the Panel members.

Association committee etc Tuskegee syphilis study
Ad Hoc - Advisory Panel
9201- [folder 2] [7-5] Box 3

DRAFT - August 1, 1972

Dear _____:

Thank you for your letter about the "Tuskegee Study." ~~We are replying with this form letter instead of writing to you individually because of the many requests for information and comments that we are receiving.~~ We ~~hope you will understand.~~

The articles which have recently appeared in the press concerning the study have aroused widespread concern, and a full investigation has begun by the Assistant Secretary for Health and Scientific Affairs. Pending completion of that investigation, we have prepared a brief summary of the details of the study as we currently understand them, and have included a bibliography of the scientific papers published or presented which concern the study. We have enclosed this material.

Three points are worthy of emphasis. (1) Only those in the late stages of syphilis were chosen for inclusion in the syphilis group in 1932. In contrast to primary and secondary syphilis (early stages) where the disease may be spread to others and existing therapy was thought to be of benefit, the disease is not infectious in the late stages; and it was debated whether the treatment did more harm than good. (2) Medical specialists from outside the Public Health Service and expert in syphilis met at the Center for Disease Control in 1969 to recommend whether treatment should be given to persons in the syphilis group. Their sole concern was for the benefit of these individuals. Because treatment involved some very real risks (for example, certain complications of late syphilis ~~for example~~ such as aortic aneurysm, a swelling of the wall of the major blood vessel leaving the

heart--can actually be made worse by treatment) their recommendation was not to treat these persons. We will, of course, be continually reevaluating this recommendation. (3) The study has been referred to as "secret." This is not true. It has received widespread publicity in medical circles since its inception in 1932, and has been the subject of numerous published papers.

We appreciate your interest in this study. Interest and concern about Government activities by citizens such as you helps all of us to do a better job.

Sincerely yours,

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

2 Enclosures:
Summary
Bibliography

RHHenderson:bch

DRAFT - August 2, 1972

An ad hoc committee meeting was convened Thursday, February 6, 1969, at 1:00 p.m., in Conference Room 207, National Communicable Disease Center, to examine data from the Tuskegee Study and offer advice on continuance of this Study. Participants included:

Committee Members:

Dr. Gene Stollerman
Chairman, Dept. of Medicine
University of Tennessee, Memphis

Dr. Johannes Ipsen, Jr.
Professor
Dept. of Community Medicine
University of Pennsylvania, Philadelphia

Dr. Ira Myers
State Health Officer
Montgomery

Dr. J. Lawton Smith
Associate Professor of Ophthalmology
University of Miami

Dr. Clyde Kaiser
Senior Member Technical Staff
Milbank Memorial Fund
New York City

Resource Persons:

Dr. Bobby C. Brown, VDRL, NCDC
Mrs. Eleanor V. Price, VD Branch, NCDC
Dr. Joseph Caldwell, VD Branch, NCDC
Dr. Paul Cohen, VDRL, NCDC

Dr. Sidney Olansky
Professor of Medicine
Dept. of Internal Medicine
Emory University Clinic, Atlanta

Recorders:

Dr. Leslie C. Norins
Chief, VDRL, NCDC

Mrs. Doris J. Smith
Secretary to Dr. Norins, VDRL, NCDC

Attending:

Dr. David J. Sencer
Director, NCDC

Dr. William J. Brown
Chief, VD Branch, NCDC

Dr. U. S. G. Kuhn, III, VDRL, NCDC

Miss Gknevieve W. Stout, VDRL, NCDC

Dr. H. Bruce Dull
Assistant Director, NCDC

The purpose of the meeting was to determine if the Tuskegee Study should be terminated or continued.

Considerations were:

1. How the study was setup in 1932
2. Are the participants all available
3. How are the survivors faring

At the time of this study there were only seven patients whose primary cause of death was ascribed to syphilis.

It was determined that benefits to be achieved from the study at this time were:

1. Relationship of serology to morbidity from syphilis
2. Relationship of known pathology to syphilis
3. Various epidemiological considerations

Full treatment of the survivors was also considered and the following liabilities listed.

Danger of late Herxheimer's reaction which would worsen or possibly kill those syphilitic patients suffering from cardiovascular or neurological conditions.

At this time it was mentioned that both Macon County Health Department and Tuskegee Institute were cognizant of the study.

The meeting was terminated with several salient points.

1. This type of study would never be repeated.
2. There were certain medical facts to be learned by continuing the present study.
3. Treatment for these patients was not indicated unless they had signs of active syphilitic disease.
4. More contact should be established between PHS and Macon County Health Department and Medical Society so they would cooperate in the continuance of the study.

DJPirozzi:bch

BOX 15
TSS-RESULTS EXPECTED
RESULTS OBTAINED
D-17

August 9, 1972

Names provided to Bill Watson for Tuskegee Study Investigation.

LOCAL - ALABAMA

Dr. Henry W. Foster — B
John A. Andrew Hospital
Tuskegee Institute
Tuskegee, Alabama 36088
(President of Macon County Medical Society)

Robert H. Story, M.D. — W
Chairman, Health Board of Censors
Macon County
P.O. #703
Tuskegee, Alabama 36083
(Vice President of Macon County Medical Society)

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

KNOWLEDGEABLE ABOUT SYPHILIS

John A. Kenney, Jr., M.D. — B
Professor & Chairman
Division of Dermatology
Howard University
College of Medicine
Washington, D.C. 20001
(National Medical Association)

Dr. Vernal Cave, Chief — B
Social Hygiene Division
New York City Department of Health
93 Worth Street
New York, New York 10013

Dr. Rudolph H. Kampmeier — W
Professor Emeritus
Vanderbilt University School of Medicine
Nashville, Tennessee 37203

BOX 15
TSS - RESULTS EXPECTED
RESULTS OBTAINED
C1-D

KNOWLEDGEABLE ABOUT SYPHILIS continued

Dorothy R. Lynn, M.D. B-F
245 North Broad Street
Philadelphia, Pennsylvania 19107
(home: 2401 Pennsylvania Avenue
Apt. 18A5
Philadelphia, Pa. 19150)

OTHER SUGGESTIONS

Dr. William Kirby W
Chief, Division of Infectious Diseases
University of Washington
School of Medicine
Seattle, Washington

Dr. George Counts B
Assistant Professor
School of Medicine
University of Miami
Miami, Florida

Dr. Peter Perine W
Department of Microbiology
University of Washington
School of Medicine
Seattle, Washington

Dr. Robert Austrian W
Head, Division of Clinical Research
Pennsylvania Medical Center
Philadelphia, Pennsylvania

Mildred M. Bateman, M.D. B-F
Director, Department of Mental Health
1800 Washington Street, East
Charleston, West Virginia 25305

Robert N. Wilson, Ph.D. W
Chairman, Department of Mental Health
School of Public Health
University of North Carolina
Chapel Hill, North Carolina 27514

BOX 15
TSS- RESULTS EXPECTED
RESULTS OBTAINED

OTHER SUGGESTIONS continued

David Mechanic, Ph.D. W
Director, Graduate Training, Med Soc & Mental Health
Department of Sociology
University of Wisconsin
Madison, Wisconsin 53706

John A. Clausen W
Professor, Department of Sociology
University of California
Berkeley, California 94720

Dana Quade, Ph.D. W-F
Professor of Biostatistics
School of Public Health
University of North Carolina
Chapel Hill, North Carolina 27514

Richard G. Cornell, Ph.D. W
Chairman, Department of Biostatistics
School of Public Health
University of Michigan
Ann Arbor, Michigan 48104

Dr. James F. Jekel W
Associate Professor of Public Health Administration
Department of Epidemiology and Public Health
60 College Street
New Haven, Connecticut 06510

Dr. Mozell Hill, Ph.D. B
Professor of Educational Sociology
New York University
New York, New York

Joe H. Miller
Acting Program Management Officer
Venereal Disease Branch

cc:
Mr. Watson
Dr. Millar
Dr. Henderson
Mr. Hibbetss

Box 8
TSS-GENERAL #1
[FRC 4 #2]

August 18, 1972

MEMORANDUM

TO: General Counsel Files

FROM: Charles M. Gozonsky
Legal Advisor, CDC

SUBJECT: CDC--Tuskegee Research Project--Names of participants
--Request by Attorney General of Alabama for disclosure

Dr. Dull, the Assistant Director, CDC, called me yesterday, to tell me briefly (he was on his way to the airport) that he had been notified by Dr. Millar that the Attorney General's office of the State of Alabama, had called Mrs. Kennebrew, the CDC nurse in Tuskegee, and had requested that she provide that office with a list of the names of the persons (apparently both infected persons and normal controls) who had participated in the Tuskegee Research Project. She had refused on confidentiality grounds, saying that authorization must come from CDC. I reviewed the matter with Mr. Watson, Dr. Millar, and Mr. Edelman.

The Freedom of Information Act, 5 U.S.C. 552, exempts from mandatory disclosure "medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personal privacy." Records identifying the participants appear to fall within the exemption and, accordingly, are not subject to mandatory disclosure under §552. Moreover, the participants appear to be "patients", and the information "clinical information" under PHS regulations, 42 C.F.R., §1.102(a), and therefore confidential under 42 C.F.R., §1.102(b), except as otherwise provided. Subparagraph (4) of paragraph (b) authorizes disclosure of information regarding, inter alia, "the occurrence of communicable disease as may be required to be disclosed by hospitals generally by the law of the State in which the facility is located." With

respect to State requirements, it appears that Alabama does not recognize a doctor-patient relationship generally (Hospital Law Manual, Vol. II, Medical Records, Appendix A). I discussed the matter with Mr. Harper and suggested the possibility of a limited privilege regarding information as to venereal disease. Mr. Rice, of Mr. Harper's office, called later and referred me to §269 of Title 22 of the Alabama Code. §269 reads as follows:

> "All information and reports concerning persons infected with venereal diseases shall be confidential and shall not be accessible to the public, except insofar as publicity may attend the performance of the duty imposed upon the county health officer in the preceding sections." (1919, p. 909)

Since the Alabama law provides for confidentiality and prohibits accessibility except to the county health officer, it appears, arguably, that disclosure to the Attorney General is not authorized under §1.102 of the Service regulations and §269 of Title 22 of the Alabama Code.

§1.104 of the Service regulations should also be considered. §1.104 provides for disclosure (with exceptions not relevant here) of information "upon the order of a judge of a court of competent jurisdiction or of a responsible officer of any agency or body having power to compel appearances before it: Provided, however, That (a) clinical information shall be disclosed only in accord with applicable local law regarding the confidentiality of communications to physicians as expressly determined by the court, agency or body, and (b) in the case of an order requiring production of records other than to the court, agency or body involved, the Surgeon General or his designee may determine, in the light of the need to assure the integrity and safety of the records or the efficient administration of the Service, that the records shall be made available for examination or copying at such place as may be designated by him."

The "applicable law" of Alabama, in accordance with which "clinical information shall be disclosed", as indicated above, appears to prohibit disclosure, except to the county health officer,* even in the face of a demand by subpoena. Accordingly,

---

* Since CDC has worked with State and local health officials in the conduct of the project, they may well be in possession of the list. Disclosure by State and local officials is of course a matter for decision by such officials.

in the event that a subpoena is served, we plan to consult with the United States Attorney and to request his assistance in responding.

I have advised Mr. Watson accordingly.

cc:
Mr. Watson
Dr. Dull
Dr. Millar

Prepared by: OGC, CMGOZONSKY:nlc, 8/18/72, 404 633-3429

BOX 8
TSS-GENERAL #5
[7-29]

For the Record June 26, 1974

Public Health Advisor

Telephone Conversation with Mrs. Eunice Laurie
regarding treatment of infected spouses and
children of Tuskegee Study participants.

Because of the absence of information indicating what procedures were followed throughout the Tuskegee Study for infected wives and children of study participants, on June 26, 1974, I called Mrs. Laurie to ask for clarification. Mrs. Laurie stated that during her long association with the Study, it was always the policy of the VD control program in Macon County to treat any infected wife or child of the study participants.

Mrs. Laurie said that in recent years she has attempted to obtain documentation of such treatment only to learn that these treatment files have been destroyed by the Macon County Health Department.

Richard H. Bruce

cc:
Mr. Watson
Dr. Rochat
Mr. Hosking

August 25, 1972

MEMORANDUM

TO: General Counsel Files

FROM: Charles M. Gozonsky
Legal Advisor, CDC

SUBJECT: CDC--Tuskegee Study--Names of participants--Request by Attorney General of Alabama for disclosure--Followup (Memorandum of August 18, 1972)

Officials at CDC were advised last week that Mr. Calvin Biggers, a member of the Attorney General's office of the State of Alabama had contacted Mrs. Kennebrew, the CDC nurse in Tuskegee, requested names of participants, and had said that unless she produced a list by the following Monday (August 21, 1972), a subpoena would be served.

On August 18, 1972, Dr. Henderson, Mr. Watson, and I called Mr. Biggers. Mr. Biggers explained that his office expects to investigate the problem. Among other things, they sense the possibility of criminal violations. No lawsuit is planned against the United States. However, they wish to get the truth about the project. Accordingly, he would like to interview patients to see what happened.

Dr. Henderson explained that because participants and families of participants had expressed apprehension about disclosure, CDC had instructed Mrs. Kennebrew not to give out names. Mr. Biggers said he understood and would protect the confidentiality of the information.

Dr. Henderson invited Mr. Biggers to CDC for a briefing session. Mr. Biggers was interested and said he would call CDC to arrange a date for a meeting.

DF 25

With respect to the subpoena, Mr. Biggers' explanation was that he had not said that it would be issued on August 21 or in the near future--but that his office could obtain a subpoena if necessary.

The Attorney General's office has not yet contacted Dr. Millar or Dr. Henderson.

cc:
Mr. Watson
Dr. Henderson
Dr. Dull
Dr. Millar

Prepared by: OGC, CMGOZONSKY:nlc, 8/25/72, 404 633-3429

BOX 8
TSS-GENERAL #1
[FRC 4 #2]

Tuskegee Syphilis Study Ad Hoc Advisory Panel to the Assistant Secretary for Health and Scientific Affairs

Chairman:

Dr. Broadus N. Butler (age 52)
President, Dillard University
2601 Gentilly Boulevard
New Orleans, Louisiana 70122

Members:

Mr. Fred Speaker (age 42)
Attorney at Law
2 North Market Square
Harrisburg, Pennsylvania 17108

Mr. Ronald H. Brown (age 31)
General Counsel
National Urban League
55 East 52nd Street
New York, New York 10022

Mr. Barney H. Weeks (age 59)
President, Alabama Labor Council
AFL-CIO
1018 South 18th Street
Birmingham, Alabama 35205

Jeanne C. Sinkford, D.D.S. (age 39)
Associate Dean for Graduate and
Postgraduate Affairs
College of Dentistry, Howard University
600 W Street, N.W.
Washington, D.C. 20001

Jean L. Harris, M.D., F.R.S.H. (age 41)
Executive Director
National Medical Association
Foundation, Inc.
1150 17th Street, N.W.
Washington, D.C. 20036

Dr. Vernal Cave (age 53)
Director, Bureau of Venereal
Disease Control
New York City Health Department
93 Worth Street
New York, New York 10013

Professor Jay Katz (age 49)
Yale Law School
127 Wall Street
New Haven, Connecticut 06520

Rev. Seward Hiltner (age 63)
Professor of Theology
Princeton Theological Seminary
Princeton, New Jersey 08540

Box 1 - Ad Hoc Advisory Panel
1st meet - Sept '72

Disc. How do we commence?

September 22, 1972

PROPOSED RESOLUTION
of the
SUBCOMMITTEE ON MEDICAL CARE
to the
TUSKEGEE SYPHILIS STUDY AD HOC ADVISORY PANEL

Whereas since 1932, under the leadership, direction and guidance of the United States Public Health Service, there has been a continuing study, centered in Macon County, Alabama of the effect of untreated syphilitic infection using approximately 400 Black male human beings with ℰ as subjects; and

Whereas in the pursuit of this study an ~~additional~~ approximately 200 Black male human beings without ℰ were followed as controls; and

Whereas no convincing evidence has been presented that the participants in this study were adequately informed, either at its inception or subsequently, about the nature of the experiment; and

Whereas the United States Public Health Service from the onset of the study has maintained a continuous policy of deliberately withholding treatment for syphilis of the infected subjects; and

Whereas there was common medical knowledge, before this study that untreated syphilitic infection produces disability and premature mortality; and

Box 1 - Ad Hoc Advisory Panel
1st Meet. Sept. 72

Whereas, to date, including its earliest reports this study has confirmed that untreated syphilitic infection produces disability and premature mortality; and

Whereas the United States Public Health Service itself and numerous medical authorities have for many years, recommended treatment for syphilis with penicillin in all stages of the disease including late latent syphilis and tertiary syphilis; and

Whereas an entirely medical + technical advisory panel convened in 1969 by the United States Public Health Service is reported to have recommended (with some ambiguity in its statement) that the human subjects surviving at that time should not be treated; and

Whereas it is estimated that approximately 75 of the human subjects and ~~40~~ 50 of the controls are still alive; and

Whereas the current status of treatment for syphilitic infection of the human subjects in the Tuskegee Study is not known; and

Whereas in light of the above considerations the continued withholding of treatment known to be capable of reducing disability and premature mortality is unconscionable and immoral; and

Whereas the perpetuation of any prior contrary decision would

be indefensible;

Therefore, be it resolved that the Tuskegee Syphilis Study Ad Hoc Advisory Panel immediately recommend to the Assistant Secretary for Health and Scientific Affairs of the Department of Health, Education and Welfare that he order the termination of the Tuskegee Syphilis Study, as it relates to the study of untreated syphilis, at the earliest possible date;

BE IT FURTHER RESOLVED, that the Tuskegee Syphilis Study Ad Hoc Advisory Panel recommend that the termination of the study as it relates to the study of untreated syphilis be accomplished expeditiously and with dispatch to include but not necessarily be limited to the following stipulations:

1. That a group to be designated as the "SELECT AD HOC PANEL OF MEDICAL SPECIALISTS" composed of seven of (others?) the most outstanding? doctors in the United States be appointed no later than within fifteen days after the adoption of this resolution.

2. That the members selected have had no prior involvement in the Tuskegee Study.

3. That the charge to the Select Panel be solely limited

 Box 1 - Ad Hoc Advisory panel - 1st Meet. Sept '72

to the application of their expertise and wisdom in diagnosis and treatment in the best interest of the subjects and others who may have been inadvertently infected as a result of the withholding of treatment from the participants.

4. That the Select Panel be vested with the full and complete medical authority, medical supervision and medical judgment with regard to the treatment of all of the surviving subjects and others who may be identified.

5. That the seven member Select Panel be composed of ~~two~~ internists at least one of whom will be a cardiologist and one of whom will serve as chairman of the panel which will also include a radiologist, a dermatologist, a neurologist, an ophthalmologist and a doctor of dental surgery.

6. That arrangements be made with all speed for the immediate health assessment, treatment and care for all persons included in the study in a suitably adequate

 Box 1 - Ad Hoc Advisory panel - 1st Meet - Sept. 72

facility easily accessible to the surviving participants.

7. That ~~in an~~ every effort be made to preserve ~~the~~ confidentiality with respect to the identity of the participants. of the syphilitic subjects. All surviving participants including controls and subjects be included in the assessment, treatment and care. as one method of insuring such confidentiality

8. That United States Public Health Service's epidemiologists be mobilized, on a highest priority basis to assist in locating all surviving participants as well as others who may have been [inadvertently] infected as a result of the withholding of treatment from the participants.

9. That in order to minimize any economic barrier to the cooperation of any of the ~~subjects~~ participants involved, adequate arrangements for maintenance of present standard of living during the evaluation and treatment periods be provided.

10. That, at a minimum, any benefits which have been promised to the subjects should continue to remain

11. That the members of the "Sub-Committee on Medical Care" be ex-officio members of the Select Panel to function primarily as a liaison to inform and interpret the ongoing activities of the Select Panel to the entire Tuskegee Syphilis Study Ad Hoc Advisory Panel.

12. That on completion of its charge the Select Panel submit a detailed report simultaneously to the Assistant Secretary for Health and Scientific Affairs and to the Chairman of the Tuskegee Syphilis Study Ad Hoc Advisory Panel. This report should include but by no means be limited to the number, if any, of untreated subjects infected with syphilis from whom the Select Panel may decide to withhold penicillin or other drug treatment for syphilis and the reasons therefore.

13. That all priorities be given to this mission so that the charge to the Select Panel will be completed

 Box 1 - Ad Hoc Advisory Panel for Meet. - Sept. '72

at the earliest possible date consistent with the best interests of the human subjects. & the ethical responsibilities of HEW.

Respectfully submitted,

Subcommittee on Medical Care

Jean L. Harris, M.D., F.R.S.H.

Jay Katz, M.D., F.A.C.P.

Jeanne C. Sinkford, D.D.S., Ph.D.
Secretary

Vernal G. Cave, M.D., F.A.C.P.
Chairman

Box 1 - Folder: Tuskegee Syphilis Study Ad Hoc Advisory Panel Agenda Book

TENTATIVE OUTLINE

TUSKEGEE VISIT

October 26-27, 1972

Delegation 1. Dr. Butler, Dr. Harris, Mr. Brown, Mr. Rawles, Mr. Morant.

Primary assignment is to obtain information on issues of concern to the Panel from:

a. Interviews with Tuskegee Syphilis Study participants
b. Interviews with Tuskegee Syphilis Study personnel
c. Interviews with institutional representatives and community leaders. (This function to be coordinated if possible with Delegation 3, sub-assignment e.)

Delegation 2. Dr. Cave, Dr. Sinkford, Dr. Katz, Dr. Backus.

Primary assignment is to determine suitable arrangements for access of medical specialists to facilities in Macon County for assessment, treatment and care. Visits to:

a. J. A. Andrews Hospital
b. V. A. Hospital
c. County Health Department
d. County Medical Society

Delegation 3. Dr. Hiltner, Mr. Speaker, Mr. Weeks, Mrs. Eagle.

Primary assignment is to examine historical and sociological aspects of the study.

a. State Civil Rights Commission
b. Attorney Generals Office
c. State V.C. Records - availability, etc.
d. Tuskegee Institute records
e. Coordinate with Group I on visits with Tuskegee community leaders and institutional representatives.

BOX 17
TSS- UNLABELED
[BOX 4 #47

REPORT OF DELEGATION II

TUSKEGEE SYPHILIS STUDY of the AD HOC ADVISORY PANEL for the

TUSKEGEE, ALABAMA VISIT

October 26 and 27, 1972

Submitted November 2, 1972

by

Vernal G. Cave, M.D., F.A.C.P.

Box 17
TSS-Unlabeled
[Box 4+5]

REPORT OF DELEGATION II
of the
TUSKEGEE SYPHILIS STUDY AD HOC ADVISORY PANEL
for the
TUSKEGEE, ALABAMA VISIT OCTOBER 26 and 27, 1972

The mission of Delegation II, on its Tuskegee Visit of October 26 and 27, 1972, was set forth in the "Tentative Outline" as follows:

"Primary assignment is to determine suitable arrangements for access of medical specialists for facilities in Macon County for assessment, treatment and care. Visits to:

a) J.A. Andrews Hospital

b) V.A. Hospital

c) County Health Department

d) County Medical Society"

In the pursuit of this objective the delegation visited John A. Andrew Memorial Hospital, the Veterans Administration Hospital in Tuskegee, the Macon County Health Department and the secretary of the Macon County Medical Society. In addition, discussions were held with Mrs. Eunice Rivers Laurie, the Public Health Nurse, who worked with the subjects of the Tuskegee Study continously from its onset at least until late 1965 and Mrs. Elizabeth Kennebrew who is currently

 Box 17
TSS-Unlabeled
[Box 4 # 4]

The Public Health Nurse following the [redacted] survivors.

The following observations are presented:

1) A conference was held with Mr. Lucius Green, Director of the Veterans Administration Hospital at Tuskegee. It was Mr. Green's opinion that, unless the subjects were veterans, the utilization of theVeterans Administration Hospital would be practically impossible.

2) A conference was held with Dr. Edward Lymans at the Macon County Health Department Office in Tuskegee. Dr. Lymans, in addition to covering Tuskegee County as Health Officer is also the Health Officer for an adjacent county. So far as physicians are concerned, he is the entire staff. His facilities are extremely limited and totally inadequate for comprehensive health care. There is in Tuskegee, the Macon County Hospital which has 35 beds. However, it was felt that this facility would be also inadequate. In point, of fact, it is an unaccredited hospital.

3. In our conversation with Dr. Lyman, we asked him about physicians in pri vate practice in the area. He stated that he was aware of only five. Three of these were

in practice in a single center and considered to be working at full capacity. Another was an elderly practitioner whose practice was currently necessarily sharply restricted. In addition there was one other solo practitioner. From other sources we confirmed that there were more than these but the number would be inadequate from which to mobilize a health care team.

4. In a discussion with Dr. Howard Settler, an ophthalmologist and also Secretary of the Macon County Medical Society, he expressed the view that the society would warmly welcome the Select Specialists Group and that every cooperation would be extended.

5. Dr. Settler expressed his personal deep interest in being involved in the medical care of the subjects from the opthalmologic aspect. This was stimulated by the fact that he has noted what he regards as an unusually large number of patients with optic atrophy. He currently has under observation some 75 patients with optic atrophy. Optic atrophy is one of the consequences of untreated syphilis. However, there are additional causes for optic

atrophy. Dr. Settler pointed out that his patients have great personal pride and consider the diagnosis of syphilis stigmatizing. Hence, he feels that his histories simply do not reflect accurate situations when it comes to previous luetic infection and possible treatment. He also feels very strongly that any program based on his evaluation and his management of optic atrophy and other eye disorders must be structured in a manner such as not to make apparent to the community any distinctions of persons clearly identifiable as part of the Tuskegee Study.

6. Discussions with Mrs. Laurie and Mrs. Kennebrew reveal that the survivors are mostly in the area or return to the geographical area on occasions. The available survivors could be expected almost unanimously to cooperate in any program of health evaluation and care that might be arranged. It was the impression of the observer, from the discussions with these two nurses, that both continued to have a rapport with the subjects which would render both invaluable in bringing to examination the vast majority

logists to identify and bring to treatment some of the survivors.

7. On both days, conferences were held with Dr. Cornelius L. Hopper and members of his staff. Dr. Hopper is Medical Director of John A. Andrew Memorial Hospital and Chairman of the Board of the Tuskegee Area Health Education Center. The hospital opened in 1912 as an integral part of Tuskegee Institute. Dr. Hopper stated that in the mid-1960's, with a most deplorable situation of health care in the community, with mothers and babies dying for lack of medical care, Tuskegee Institute made a major commitment to, in part, fill the health care breach. As a consequence the hospital was markedly expanded and now has a capacity of one hundred and fifty beds (150) with a considerable physical out-patient capacity. It is now greatly underutilized because of a lack of manpower and financial resources.

8. Dr. Hopper stated that he and his staff would be most pleased to cooperate with the Tuskegee Syphilis Study Ad Hoc Advisory Panel, its Select Specialist Group, and

the Department of Health, Education and Welfare in providing for the comprehensive evaluation and continuing care of the survivors provided there was a full appreciation and understanding of what would be required in this situation including the necessity of consideration and respect for the dignity ~~of the human personalities~~ of the subjects. He considered it essential for new resources particularly in manpower and reimbursements be arranged. A mechanism for continuing care would have to be included to fulfill the commitment. It was his opinion that the care for the subjects of this study cannot be divorced from the care of thousands of others who are Black and poor in an area where racial attitudes are not ideal and where access to care for the poor is inadequate. In a vast area, many people look to John A. Andrew Memorial Hospital as their last hope. He stated that although he would warmly welcome and would greatly value the presence of the Select Specialist Group, there would also have to be provisions on a continuing basis for long after the Group

has left and long after the Panel has made its report and been dissolved. He thought that there was here an opportunity for improved health care for the Black poor, which might have implications for a health care system to meet deplorable health care situations that also exists elsewhere in the rural South. If these factors could be fully appreciated, Dr. Hopper felt that he and his institution, with its personnel deeply rooted in the community and fully cognizant of the problems of the area, could provide key leadership in health care.

OPINION

A working relationship between the John A. Andrew Memorial Hospital and the Department of Health, Education and Welfare is the only viable, vehicle for the achievement of the recommendations for health care made to the Assistant Secretary for Health and Scientific Affairs as adopted on October 25, 1972.

JOHN A. ANDREW MEMORIAL HOSPITAL

The John A. Andrew Memorial Hospital, an accredited institution, has a capacity of

150 beds and a large, attractive out-patient section which in some respects is a well-equiped facility, (Exhibit A). It has eleven active physicians on its staff. In-patient services include: general medicine, general surgery, pediatrics, orthopedics, Opthalmology, neurology, physical therapy and a Maternal and Infant Care Program. Out-patient services include: general medicine, pediatri obstetrics and gynecology, orthopedics, ophthalmology and mental hygiene. Supporting services include a clinical laboratory, and a well-equipped X-ray department. Social service is provided, but is considered currently grossly understaffed.

The Medical Director considered that a great weakness of the hospital was ~~[illegible]~~ General Medicine. Another weakness ~~was~~ exists in Physical Medicine which is poorly supported and the equipment is obsolete. There is a need for refurbishing this area for physical and occupational therapy.

Dr. Hopper provided us with some insights into some of the social and health situations of the State of Alabama. As shown on the accompanying map, (Exhibit B) there is what has been termed as a "Black Belt" that stretches across the width of Alabama from east

the original designation was ~~from~~ for the color of the soil. However, there is a corresponding high concentration of Blacks in this area because of their utilization in agriculture. The John A Andrew Memorial Hospital is regarded in Alabama as the place of last resort for health care for Blacks, particularly the Black poor. Patients are said to come from 42 of the counties of Alabama. Fourteen percent of all Black babies delivered in hospitals in Alabama are delivered at the John A. Andrew Memorial Hospital.

The plight of the Black sick poor was illustrated in two poignant stories. One was of a premature infant in urgent need of hospitalization, who was transported from Autauga County across other counties to Macon County and John A. Andrew Memorial Hospital, reaching the hospital in a moribund state. The other told of a female who gave birth in Wilcox County after which there was excessive hemorrhaging She was brought to John A. Andrew Memorial Hospital. In the process she was carried through Montgomery County which has five general hospitals. By the time she arrived at Andrew she had exsanguinated.

The hospital has recently been bolstered (July, 1972) by the acquisition of two physicians under the National Health Service Corps

Box 17
TSS-Unlabeled
[Box 4 # 4]

Program. They are Drs. Kenneth Ducker and Allan Silverman. We had an opportunity to talk with Dr. Silverman. He is a young white physician with one year internship experience in internal medicine. He related some of his experiences and impressions in this setting. There were significant differences from his experiences in medical school and during his internship. He found that there was a large amount of psychosomatic disease. He spoke of his amazement at the large number of teenage females with symptoms of angina pectoris. This condition is more common later in life and more common in males. Careful evaluation, however, revealed that these cases were not true angina pectoris but rather psychosomatic conversion. He spoke of the large amount of schizophrenia in ambulatory patients and of the fact that many of these would, in some other communities be hospitalized.

Mr. Jack Baily, the Assistant Administrator told us about the financial problems of the hospital. He stated that as a result of poor patients being rerouted to the hospital and of others unable to pay coming on their own, the hospital experienced a deficit last year of $303,884.00. He noted that this was an agenda item for the Board of Trustees of Tuskegee Institute which was meeting in New

York City at the same time that we were making our visit to Tuskegee. Mr. Henry Snelling, the Administrator for the Out-Patient Department and coordinator for the National Health Service Corps, gave his evaluation that the Corps physicians had made a considerable impact on the care of patients because of the great need.

If a little editorializing is permitted at this juncture, perhaps the most delightful experience was the presentation made by the Chief Nurse Coordinator for the Maternal and Infant Care project. Mrs. Thelma P. Walker described a comprehensive medical and health care program made possible by a five year grant which is funded annually with a total budget authorized for 1971 of $440,000 with Tuskegee Institute providing matching funds. On the basis of the performance described, citing just this one example, the John A. Andrew Memorial Hospital has an admirable "track record" for the utilization of grant funds. A brief description of this project is appended. (Exhibit C)

It is herein suggested that the only quality mechanism for implementation of the recommendations of the Tuskegee Syphilis Study Ad Hoc Advisory Panel for the medical care of the survivors is within the context of a comprehensive health care program for the area under the sponsorship of the John A. Andrew Memorial Hospital. It is suggested that there will be needed a grant that would roughly parallel in cost the Maternal and Infant Care grant which initially envisioned a program for five years. Several hundred thousand dollars per year would perhaps have to be allocated. Within a comprehensive health care program, the immediate needs for the survivors would be attended to and the commitment to continuing care may be addressed. Based on his considerable personal experience, the Medical Director of John A. Andrew Memorial Hospital will furnish concrete recommendations for implementation. A community with grossly inadequate health care and with a large potential for allied health and paraprofessional manpower would be provided a vitally needed service in a critical area. Physicians on a long -term basis will be required. One source for these physicians is via the mechanism of the National Health Service Corps. Other options are available. The Medical Director has expressed confidence in his

Box 17
TSS - Unlabeled
[Box 4 # 47]

own ability to recruit physicians. This concept may be regarded as imaginative. ~~It should be applauded as laudatory~~. It would provide a new thrust in a new time.

Some 40 years ago a study, Philantropically motivated, identifi critical health needs and lack of access to care in a rural portion of Alabama. In 1972, critical health needs continue to exist in the same general area even though it may be said, with some justification, with some differences. A unique and golden opportunity now exists for utilizing the observations in a creative and humanitarian fashion. No finer termination of a study that has been widely criticized comes to mind than one which addresses itself to moving in the direction of good health care for all regardless of sex, race, or economic circumstance.

ACKNOWLEDGEMENTS

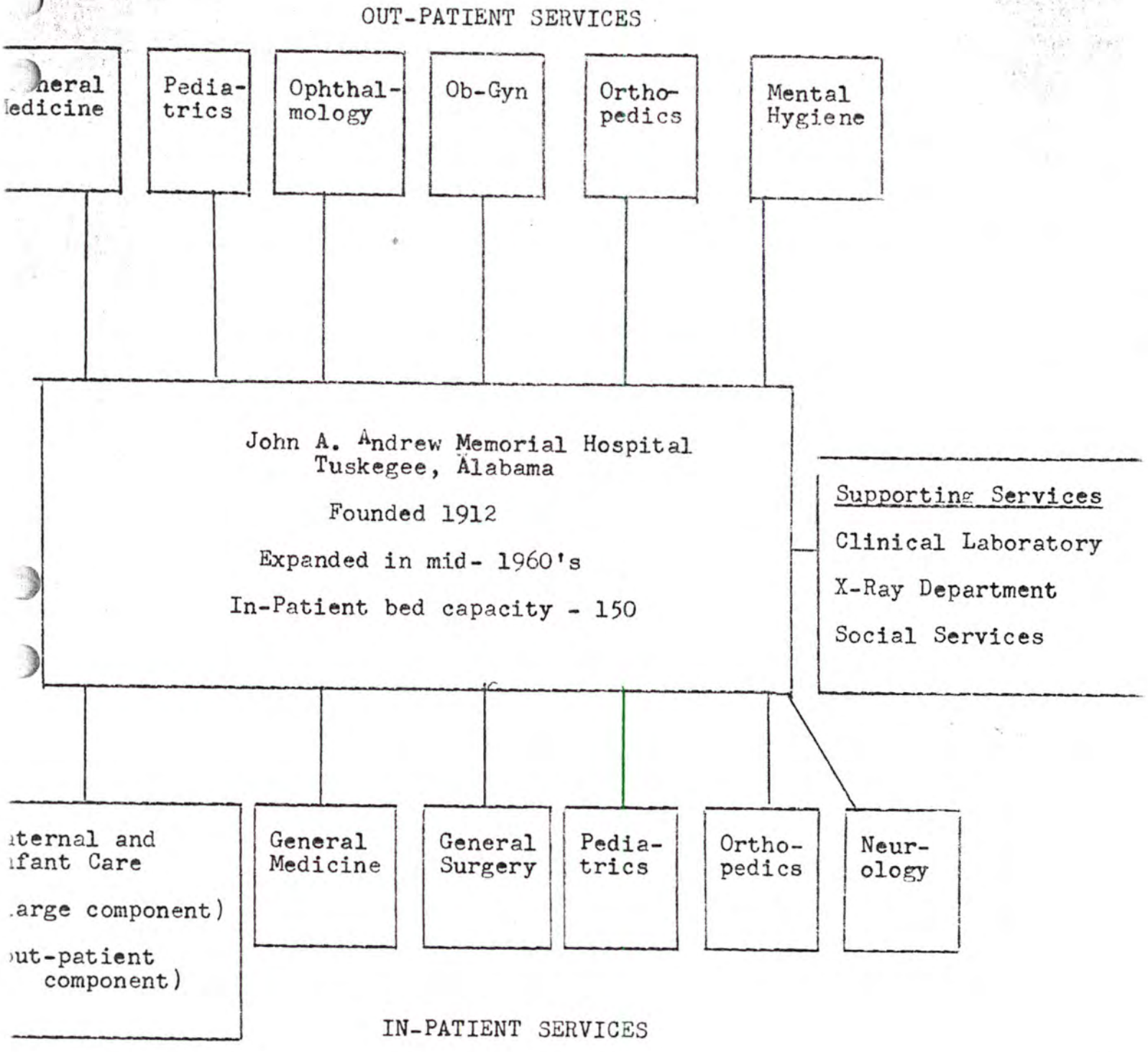
However this report is received and viewed, I would be remiss if I did not acknowledge thw wonderful cooperation, planning, assistance and support of staff including Dr. Robert C. Backus, Mr. Robert Rawles, Mr. James Morant, Mrs. Jacqueline E. Eagle and Mrs. Bernice M. Lee. To them I extend my heartfelt appreciation and thanks.

Respectfully submitted, Edward H. Cade

Box 17
TSS-Unlabeled
[Box 4 #4]

Exhibit A.

A HEALTH FACILITY IN MACON COUNTY, ALABAMA



Box 17 TSS-Unlabeled
[Box 4 #47]

EXHIBIT B.

ALABAMA

Box 17 TSS-Unlabeled
[Box 4 #47]

EXHIBIT C

MATERNITY AND INFANT CARE PROJECT # 556
John A. Andrew Memorial Hospital
Tuskegee Institute, Alabama 36088

The purpose of the Maternity and Infant Care Program is to reduce incidence of mental retardation and birth defects resulting from complications associated with childbearing. To achieve this, comprehensive medical and health care is provided for prospective mothers and their infants for whom it is determined that necessary health care will not be received for reasons beyond their control.

The 1963, Maternal Child Health and Mental Retardation Planning Amendments provided a new authorization in Section 531, Part IV of Title V of the Social Security Act for Project Grants for Maternal and Infant Care. On July 1, 1970, John A. Andrew Memorial Hospital, Tuskegee Institute, received a Maternal and Infant Care Grant for five years, refunded annually. The total budget authorized for 1971, was #440,000. Tuskegee Institute provided the matching funds.

Henry W. Foster, M.D., Chief, Obstetrics and Gynecology at John A. Andrew Memorial Hospital is Director of the Maternal and Infant Care Project.

This project encompasses three counties, Macon, Bullock, and Russell, and all clinical services are coordinated with the county health department in the respective counties.

Comprehensive health services are provided from identification of pregnancy, to three months post-partum, and to infants from birth to one year of age. Hospitalization is provided at John A. Andrew Memorial Hospital for medically indigent mothers and infants. Family planning and annual pap, is continuous. Comprehensive services to these mothers and infants include the following:

Out-Patient Clinic Services
(Prenatal, Post Partum, Family Planning and Pediatrics)

Home Visitation
(by all staff except physician)

Social Service Counselling
Nutritional Counselling

In Hospital Mothers Classes
Classes for Out patient and community
Laboratory Services
Pharmaceutical Services
Patient Transportation

As of January 1972, Sickle Cell screening is being done on all patients, and further study and counselling done as necessary.

In Macon County, Maternity, Post Partum, and Family Planning clinics are held at John A. Andrew Outpatient Clinical Facility, and Pediatric clinics are held in five clinics in addition to John A. Andrew Outpatient.

In Bullock County, Maternity, Post Partum, Family Planning and Pediatric clinics are held in the Bullock County Health Department [illegible].

Depicted below are the statistics for the period January 1, 1971 through December 31, 1971:

Total number admitted to Project	1,467
Total maternity clinic visits	3,350
Total maternity clinics held	144
Total deliveries at John Andrew Hospital	748
Total Pediatric clinic visits	2,066
Total pediatric clinics held	120
Total infant hospital admission	169
Total visits for family planning services	687

Personnel working with project as of January 1, 1972, are as follows:

Position	Name
Project Director	Henry W. Foster, M.D.
Assistant Project Director	Julius M. Martin, M.D.
Chief Pediatrician	Thomas M. Campbell, M.D.
Administrative Assistant	Curtis Brown, B.S.
Executive Secretary	Mamie Scott

Box 17 TSS-Unlabeled
(Box 4 #4)

Chief Nurse Coordinator	Thelma P. Walker, R.N., M.P.H.
Junior Nurse Coordinators	Dorothy Smith, R.N., B.S.N.
	Dorothy Torrence, R.N., B.S.N.
Liaison Nurse	Barbara Atkinson, R.N., B.S.N.
Clinic Coordinator	Claudia Stallworth, R.N.
Staff Nurses	Mary J. Jacobs, R.N.
	Gail Scott, R.N.
Chief Nutritionist	Beatrice Phillips, R.D., M.S.
Staff Nutritionist	Juliette S. Bowles, B.S.
Chief Social Worker	Grace P. Hooks, M.S.W.
Staff Social Worker	Elaine Whitworth, M.S.W.
Clerk Typist	Ora Miller
Statistical Clerk	Stephanie Harris

In addition to the above, medical students, professional nursing and practical nursing students are working with the project.

utile Exercise?

Controversial Study of Untreated Syphilis Victims Added Little to Medical Knowledge, Files Indicate

By JIM MONTGOMERY
Staff Reporter of THE WALL STREET JOURNAL

On July 25, 1972, Associated Press reported an Heller disclosed that the U.S. Public alth Service was conducting a study begun years ago "in which human guinea pigs, de- d proper medical treatment, have died of phils and its side effects."

The object of the study, which ultimately in- lved 443 untreated syphilitic black men from ound Tuskegee, Ala., was to learn through entual autopsies what the disease does to the man body.

Last week a citizens' committee appointed the Health, Education and Welfare Depart- ent to investigate the study recommended at it be ended and that the 72 known survi- rs, each of them now over 65, be treated.

Now, as a final bitter irony, files at the Cen- r for Disease Control in Atlanta that contain record of the study show that it was, by d large, a failure, that it added little—far s than originally promised—to medical owledge of syphilis.

Until a few days ago, the nearly full file swer at the CDC was barred from perusal by e press. But at the demand of this newspa- r, made under the federal Freedom of Infor- ation Act of 1966, the U.S. Public Health Ser- e has finally opened the files.

any Papers Missing

Missing are the original proposals for the dy. CDC officials say these, and apparently, ny other working papers from the 1930s ve long since been lost or thrown out. But at is left reveals that the study was contin- d for decades despite clear medical and oral doubts both from within the ranks of sci- tists involved, and more recently, from cut- ers.

Among other things, the records show:

—One of the organizers of the study was ong in his recent recollection that treatment the cure of latent syphilis was never inten- ally withheld from the 443 disease-l men.

—World War II threatened to abort the dy until, in 1942, the Public Health Service listed the "cooperation" of the Macon nty (Tuskegee) draft board to exclude the draft-age study subjects from the list of spective draftees required to undergo anti- philitic therapy.

—As early as 1952, public-health physicians olved in the study were apprehensive of t the general public might think, cautioning r colleagues that "the more lay people in- ved, the more is the likelihood for unhealthy ip and misunderstanding."

—As early as [illegible] eventual charges that study constituted homicide were anticipated [illegible] involved but were dis- [illegible] that the "moral issue . . . will not affect the study," which, it was agreed, "should continue."

—Although thousands of private and public-health doctors received professional journals outlining Tuskegee study findings at 13 different times from 1936 through 1964, only one physician is on record prior to 1972 as suggesting that withholding of antisyphilitic therapy violated the 2,400-year-old Oath of Hippocrates, which, among other things, binds doctors to abstain from "whatever is deleterious and mischievous."

One Voice Raised

The lone professional voice protesting the study was raised in June 1965 by Dr. Irwin J. Schatz, then on the staff of Henry Ford Hospital in Detroit. Noting that he had just read the latest Tuskegee study report in a professional publication, he said:

"I am utterly astounded by the fact that physicians allow patients with potentially fatal disease to remain untreated when effective therapy is available. I assume you feel that the information which is extracted from observation of this untreated group is worth their sacrifice. If this is the case, then I suggest that the United States Public Health Service and those physicians associated with it in this study need to reevaluate their moral judgments in this regard."

Dr. Schatz, now on the staff of the University of Michigan hospital at Ann Arbor, says he never got a reply. The CDC files confirm that. Stapled to his letter is a note: "This is the first letter of this type we have received. I do not plan to answer this letter. Anne R. Yobs, M.D."

Dr. Yobs, coauthor of the report that roused Dr. Schatz's wrath, says she can't recall the letter or why she didn't answer it.

In the three months since the Tuskegee study first received wide general publicity, it has been repudiated by officials of several medical associations that had remained silent before, even though knowledge of the project was common in medical circles. But at the same time, only three of the nation's some 350,000 physicians have to date felt compelled as individuals to register written protests with the Public Health Service.

Document M22-8

Box 3
Associations, Committees, etc
9201 [1 of 2] [7-5]

Requested from CDC

← Do we have copy of his letter

[illegible] of Chem, Cedric Friedmann, a 1968 graduate of Johns Hopkins Medical S[illegible], wrote, "If the experiment's were as unethical as the lay press suggests, all physicians involved should be barred from further medical practice."

Medically Meaningful Effort

About the only moral issue reflected in the files on the part of the physicians involved in the study came up in 1950, when the late Dr. O. C. Wenger, an organizer of the study, made a speech at a Public Health Service seminar warning that there existed a moral duty to keep track of the participants in the Tuskegee plan who later moved away. His point was that since the study endangered lives, an effort should be made to make it a medically meaningful effort.

"Remember, these patients . . . have received no treatment on our recommendation. We know now, where we could only surmise before, that we have contributed to their ailments and shortened their lives," he said.

Document M22-6

← Do we have copy of his speech

That statement directly contradicts a recent quote attributed by the Associated Press to Dr. John R. Heller, 67, another organizer of the Tuskegee experiment and now a consultant to the National Cancer Institute. The quote: "It was not the intention of the study that the participants should be intentionally deprived of treatment, and it was not built into the project that the treatment would be withheld." (Dr. Heller couldn't be reached yesterday to confirm the quote.)

CDC officials say the files now open tell everything about the Tuskegee study except individual medical records (which would disclose subjects' names), but the files do nothing to clear up recent criticism that the people involved in the study weren't really volunteers or that treatment could have benefited them greatly.

Claims that participants were "volunteers" are rejected bluntly by Dr. J. D. Millar, who less than a year ago became head of the CDC's venereal-disease branch: "The patients didn't benefit from enlightened consent," he said. "They couldn't have been told of the consequences or they would have sought treatment." Instead, he says, they accepted the "rewards" of entering the program, mainly free burial.

← Not sure do we have a copy? Here rewards

Contradicting Articles

Public Health Service officials have steadfastly maintained that the study was justified because when it was started there was no effective treatment for latent syphilis. But their own publications contradict that.

In 1952, a series of articles co-authored by ranking U.S. Public Health Service physicians in the Journal of Venereal Disease Information --published by the U.S. Public Health Service --concluded that adequate treatment of latent syphilis with arsphenamine and heavy metals "will afford a practical, if not a complete, guaranty of freedom from the development of any late lesions except cardiovascular syphilis, and even the incidence of this may be markedly reduced."

Document M14-10

← Do we have copy

The same publication, a monthly that had a circulation ranging from 10,000 to 16,000, among private and public health workers, earlier (in 1938) quoted a prominent Swiss medical researcher, O. Naegeli, as contending: "It is necessary . . . that all latent cases be treated, and that it is malpractice not to do so (even) though there is a possibility cure cannot be effected."

Attached

← Do we have a copy?

Now, of course, penicillin is the standard cure for sy[illegible], but long after its development during World War II the Public Health Service failed to administer it to the Tuskegee volunteers. And at the same time, the files at the CDC show, the service was recommending (in May 1956) penicillin treatment for victims not involved in the study, even though their disease had passed the active stage, as it had in the Tuskegee cases.

In fact, the records show that the Public Health Service found that one of the problems of the study was that some of the Tuskegee patients were benefiting from "inadvertent" penicillin treatment of their syphilis because it was being administered for other ailments.

By 1965, the records show, there was growing concern within the CDC that the study would ultimately be meaningless, not only because of the "inadvertent treatment" factor but because many of the records and diagnoses of the study's earlier years didn't make sense.

In September 1970, Dr. James B. Lucas, then assistant chief of the venereal disease branch, wrote a three-page analysis of the study that summed up its value this way:

"While some medical knowledge has been gained from this study, its volume and quality has been less than gleaned from the preceding (1929-1910 Norwegian) study. This is largely because effective and undocumented treatment has been given to the vast majority of patients in the syphilitic group."

← Do we have a copy?

Document M25

The impact of this inadvertent treatment, he continued, "will be almost impossible to assess, but without question the course of untreated syphilis--which the study was supposed to have delineated--has been radically altered."

According to Dr. Lucas, the study's "greatest contribution" was in providing "documented" blood samples that made it easier than it would have been otherwise to evaluate new blood tests for the detection of syphilis.

Adding that "the remaining contribution from this study will be largely of historical interest," Dr. Lucas concluded: "Nothing learned will prevent, find or cure a single case of infectious syphilis or bring us closer to our basic mission of controlling venereal disease in the United States."

Box 3
Associations - Committees, etc
9201 [1 of 2] [7-5]

NOV 3 1972

Mr. Robert C. Coulter
Director, Office of Management
Office of Assistant Secretary for Health
and Scientific Affairs

Director, Center for Disease Control

Ad Hoc Panel Recommendations on Medical Care

The Center for Disease Control would recommend the following steps to implement the recommendations of the Ad Hoc Panel:

1. Location of Participants: Location of the study participants and location of others in need of examination can be done effectively by using skilled investigators available to the Center for Disease Control. Their activities would be directed by a CDC staff member designated as "coordinator", who would be delegated the responsibility of conducting this phase of the work in a manner consistent with the desire of the Ad Hoc Panel, guaranteeing the dignity, confidentiality, and the individual rights of those involved.

2. Explanation of Study Significance: A comprehensive written document will be prepared by CDC, reviewed by mail with the Ad Hoc Panel, to be given to each study participant. The "coordinator" shall be responsible for assuring the most adequate explanation possible of the content of the document to each of the participants in person, and obtaining a signed document from each participant signifying that such explanation has occurred and that he is (or is not) willing to receive medical evaluation.

3. Medical Examination of Participants: A medical panel of physicians knowledgable about the late complications of syphilis and about the special problems of medical care for the elderly is being selected by the Assistant Secretary for Health and Scientific Affairs. Although the Ad Hoc Panel implied that the consultant group actually perform the physical examination, this may be impossible from the logistics of the situation. Reluctance of participants to come for examination and local conditions may make it impossible to schedule the examinations in a short period of time and to expect a group of consultants to remain in situ for prolonged period is unrealistic. Therefore, we would recommend that the

group determine an optimal medical evaluation protocol, establish a common record, and develop criteria for management of any syphilitic condition or sequelae that may exist.

The medical facilities in Tuskegee consist of a private non-accredited hospital, a Veterans Administration Hospital, and The John Andrews Clinic of Tuskegee Institute. There are two National Health Service Corps physicians at the latter. There is also a competent, qualified staff, including many specialists. We would propose that the Expert Committee meet with the staff at the John Andrews Clinic, assure themselves of their capabilities, and delegate to the Clinic the actual responsibility for conducting the physical examinations. We would suggest that the two National Health Service Corps physicians conduct examinations and any treatment that is indicated. This has the advantage of their being protected by the Federal Government for their actions, and does not give to other individuals liability that may develop from the management. Of course, if the select panel wished to be present, they should be allowed. Also, there should be ready access by telephone to members of the Panel should any question arise in the mind of the examining physician.

The costs of the examination and treatment for syphilis or its sequelae can be borne by CDC under the authority of Section 301. Since this would be part of a research study which has been funded under such authority, we believe this is broad enough to cover the conclusion of the research study which is the final examination and treatment, if indicated.

If the patients do not wish to avail themselves of the facilities at John Andrews Clinic and desire to go to a private physician of their choosing, CDC would reimburse the physician for his services.

There are at least 20 participants known to be outside the State of Alabama, and the same location and informing function will be provided by CDC field staff as in #1 and #2 above. The participants will be queried as to whom they would desire to do the examination; the follow-up worker will then visit the individual or institution, providing them with background information on the study and what is known about the individual.

The individual or institution will be encouraged to contact the Chairman of the specialist group to discuss with him the desires of the specialist group. Once again, CDC will pay the costs of this examination and treatment. If the participant does not have a physician or an institution in mind, the follow-up worker will contact the local medical society for recommendations which will then be presented to the Chairman of the specialist group.

These proposals deal only with the immediate follow-up of the participants in the study. The Ad Hoc Panel envisions that the Public Health Service take a leadership role in trying to assure that adequate health services are available for the participants in the study as well as other members of the community on an ongoing basis. The Panel will have recommendations to the Assistant Secretary for Health and Scientific Affairs on this matter, but we are concerned in this memorandum with only developing an immediate follow-up on the recommendations of the Ad Hoc Panel which were presented to Dr. DuVal last week. These recommendations have not been discussed by CDC with the John Andrews Clinic. However, it is quite possible that members of the Ad Hoc Panel in their site visit to Tuskegee last week did initiate such discussions.

If the decision of the Assistant Secretary is to follow the above recommendations, we will ascertain whether this arrangement is agreeable to the staff of John Andrews.

David J. Sencer

David J. Sencer, M.D.
Assistant Surgeon General
Director, Center for Disease Control

CDC:DJSencer, cw (11/3/72)

Tuskegee Syphilis Study Ad Hoc Advisory Panel to the Assistant Secretary for Health and Scientific Affairs

Chairman:

Dr. Broadus N. Butler (age 52)
President, Dillard University
2601 Gentilly Boulevard
New Orleans, Louisiana 70122

Members:

Mr. Fred Speaker (age 42)
Attorney at Law
2 North Market Square
Harrisburg, Pennsylvania 17108

Mr. Ronald H. Brown (age 31)
General Counsel
National Urban League
55 East 52nd Street
New York, New York 10022

Mr. Barney H. Weeks (age 59)
President, Alabama Labor Council
AFL-CIO
1018 South 18th Street
Birmingham, Alabama 35205

Jeanne C. Sinkford, D.D.S. (age 39)
Associate Dean for Graduate and
Postgraduate Affairs
College of Dentistry, Howard University
600 W Street, N.W.
Washington, D.C. 20001

Jean L. Harris, M.D., F.R.S.H. (age 41)
Executive Director
National Medical Association
Foundation, Inc.
1150 17th Street, N.W.
Washington, D.C. 20036

Dr. Vernal Cave (age 53)
Director, Bureau of Venereal
Disease Control
New York City Health Department
93 Worth Street
New York, New York 10013

Professor Jay Katz (age 49)
Yale Law School
127 Wall Street
New Haven, Connecticut 06520

Rev. Seward Hiltner (age 63)
Professor of Theology
Princeton Theological Seminary
Princeton, New Jersey 08540

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Executive Secretary
Tuskegee Syphilis Study Ad Hoc Advisory Panel

DEC 7 1972

Director
Center for Disease Control

Information Items Quoted in Article From the Wall Street Journal

1. In response to your memorandum of December 5, 1972, I am enclosing three documents: A letter from Dr. Friedman, a letter from Dr. Schatz, and a report made by Dr. Lucas.

2. We will forward copies of correspondence we receive concerning the Tuskegee Study.

William C. Watson Jr.
for David J. Sencer, M.D.
Assistant Surgeon General

3 Enclosures

cc:
SC
OCD

SC(VD):RHHenderson:cas/bs 12/7/72

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE
SE	EEd	12/7/72			

16-76883-1 GPO

Associations Committees etc
9201 - [1972] [7-5]

Box 3

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY

TO : Director
Center for Disease Control

DATE: December 5, 1972

FROM : Executive Secretary
Tuskegee Syphilis Study Ad Hoc Advisory Panel

SUBJECT: Information Items Quoted in Article from "The Wall Street Journal"

1. I am enclosing a letter sent to us by Dr. Katz requesting some information quoted by Jim Montgomery in his article on the Tuskegee Study which appeared in "The Wall Street Journal" of November 2.

2. Much of the information requested by Dr. Katz in this letter has already been sent to the Panel Members; we do not have, however, a copy of the letter from Claude Friedmann written to the Public Health Service protesting the study. Mr. Montgomery mentions this letter and two others.

3. We would appreciate it if you could send copies of these letters and any additional letters your office receives pertaining to the Tuskegee Syphilis Study during tenure of the Panel.

R. C. Backus

R. C. Backus, Ph.D.

Enclosure

1. Summary of 1965 staff conference

2. Ltr from Dr. Claude Friedmann

3. Copy of speech by Dr. O C. Wenger (1950)

4. Reserves by Dr. Millar

5. J. V. D. I 1932

6. J. V. D I (1929)

7. 3 page analysis of Study by Dr. James B. Lucas - 1970

Box 3
Associations, Committees etc
9201. [1 of 2] [7-5]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Box 13- file: Protocol for Medical Eval

December 26, 1972

Dr. C. L. Hopper
Medical Director
John A. Andrew Memorial Hospital
Tuskegee, Alabama 36083
Tuskegee Inst. 36088
Dear Dr. Hopper:

As we have discussed over the telephone, the Center for Disease Control has been given the responsibility for implementing certain recommendations of the Assistant Secretary's Task Force on the syphilis study. The principal recommendation that we are immediately concerned with is that all surviving participants in the Study be contacted and urged to seek medical examination under convenient and competent circumstances. In addition, the Panel has recommended that medical treatment be provided for the participants in the Study.

The Department is in complete agreement with this latter desire, but we are faced with certain legal problems that would preclude our entering into an immediate agreement to provide prolonged comprehensive health services for a particular group of people. We are, however, permitted to provide treatment for conditions arising during the course of a research project, which conditions might be threatening to the life of the individual.

I share your concern that offering another examination and only immediate medical care for the sequela of syphilis could be interpreted to be one more degrading experience. However, we are obliged to attempt to provide for this part of the Panel's recommendation, and from our knowledge of the Tuskegee community we believe that your institution would be in the best position to provide this service. If you are in a position to do this, I can assure you that the Department will be looking to all means, including new legislation if necessary, to provide service to the participants in the Study, both those who reside in the vicinity of Tuskegee and those who have left.

If you feel that the Institute can play this role we will immediately begin to make firm arrangements with you. I look forward to your reply.

Sincerely yours,

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE
	David J. Sencer, M.D.				
	Assistant Surgeon General				
	Director				

CDC:OD:DJSencer:mgm 12/26/72

16-71693-1 GPO

FILE COPY

cc:

Box 4
Folder - Tuskegee Study
Chronology
7-20

ORIENTATION FOR PUBLIC HEALTH ADVISORS

Tuesday, January 9, 1973

Conference Room 207

PARTICIPANTS, RESOURCE PERSONS AND GUESTS

PUBLIC HEALTH ADVISORS

Windell F. Bradford	Atlanta, Georgia
Robert L. Burt	Durham, North Carolina
Joseph R. Carter	Philadelphia, Pennsylvania
Richard T. Conlon	Toledo, Ohio
Willie H. Green	Atlanta, Georgia
George J. Hurney	Chicago, Illinois
Patrick J. McCannon	Richmond, Virginia
Ernest L. Montes	Detroit, Michigan
Casey W. Riley	Tallahassee, Florida
Ronald G. Thomas	Washington, D. C.
Daniel VanderMeer	Albany, New York
Donald E. Ward	Louisville, Kentucky

OTHER PARTICIPANTS

Dr. Robert C. Backus	Executive Secretary Tuskegee Syphilis Study Ad Hoc Advisory Panel
Dr. Broadus N. Butler	Chairman, Tuskegee Syphilis Study Ad Hoc Advisory Panel

Box 4
Folder Tuskegee Study
Chronology 7-20

PARTICIPANTS, RESOURCE PERSONS AND GUESTS (Cont'd)

Dr. J. Lyle Conrad	Assistant Chief, Immunization Branch S&C Division, CDC
Charles M. Gozonsky	Legal Advisor to CDC
Dr. Ralph H. Henderson	Assistant Chief, VD Branch S&C Division, CDC
Dr. C. L. Hopper	Administrator John Andrew Memorial Hospital Tuskegee Institute Tuskegee, Alabama
William O. Hosking	Associate Director State & Community Services Division CDC
Franklin R. Miller	Coordinator of Tuskegee Follow-up
Joe H. Miller	Acting Program Management Officer VD Branch, S&C Division, CDC
Claude Pickelsimer	Chief, Financial Management Branch CDC
David K. Rowe	Contract Administrator Administrative Services Branch CDC
William C. Watson, Jr.	Assistant Director for Operations CDC

Box 4
Folder Contract File

Tuskegee Institute

TUSKEGEE INSTITUTE
ALABAMA 36088

April 19, 1973

JOHN A. ANDREW MEMORIAL HOSPITAL

MEMORANDUM

TO: Dr. Don Hopkins
Center for Disease Control
1600 Clifton Road, N.E.
Atlanta, Georgia 30333

FROM: C. L. Hopper, M.D., Medical Director
John A. Andrew Memorial Hospital
Tuskegee Institute, Alabama 36088

RE: MODIFICATIONS OF CONTRACT RELATING TO THE TUSKEGEE "SYPHILIS STUDY"

SCOPE OF WORK - ARTICLE I

A. As we discussed, the Hospital (Contractor) will not actively provide the medical examinations. The Hospital will "provide the space and other support elements for medical examinations to be conducted by physicians who hold membership on this Hospital staff."

C. The examining physician, not the Hospital, will assume responsibility for explaining all medical procedures to the patient and satisfying himself that the patient understands the nature, purpose and risks of the procedures.

The second sentence under Item C should read "The Hospital (Contractor) shall require written proof of consent for signoidoscopic examination, lumbar puncture or other special procedures conducted in the Hospital."

D, E, F, G. The wording should be reexamined in light of the Hospital, as Contractor, assuming the responsibility for conveying the necessary information concerning the scope of the examinations and the recommended therapy to the physicians performing the examinations and, to the extent desired, also providing the necessary coordinative measures for these examinations; however, the Hospital, as Contractor, will not assume the responsibility for the employment or nonemployment of the recommended diagnostic and therapeutic procedures by the physician in charge.

J. Reports - The following items are suggested in lieu of the original items:

1. Upon receipt of a signed consent for release of information, copies of the results of examinations carried out in this Hospital, including copies of the EEG and EKG tracings, notes from specialists, X-rays, etc., will be forwarded to the CDC Project Officer by first class mail.

Box 4 Folder Contract File 6

J. Reports (Continued)

2. Should read: "Copies of subsequent Hospital medical records related to the ongoing treatment of these individuals, as covered by the original consent for release of information, will be forwarded to the Project Officer at the expiration of this contract."

3. Shall be deleted.

All records, reports and information obtained as the result of hospitalization are and will remain the property of this Hospital and will continue to be released under those customary circumstances and to appropriate individuals and agencies as determined by signed authorization from the patient. The Contractor will, however, arrange for special record handling security in these cases and will take all measures to preserve their confidentiality.

Under the article dealing with Authorization, please reword those sections dealing with "authority" for admission and/or outpatient medical care to appropriately reflect the intent of "notification" rather than "authorization."

Under the article dealing with Length of Stay, please note whether in this case the Contractor (Hospital) or the physician is the one responsible for notifying the Project Officer of an extended duration of stay.

Under Records and Reports, the last sentence should be changed to read "All hospital reports and records requested with properly authorized consent for release of information signed by the patient shall be furnished by the Contractor on forms provided by the Government."

Under the article dealing with Rights and Privileges of the Public Health Service, please note the following:

A. The wording should be changed to read as follows: "The designated Project Officer will, according to his discretion, submit application for courtesy or consulting staff privileges to Contractor Hospital and following approval shall enjoy the rights and privileges of all medical staff members in this category. These privileges will not include the right of active intervention into medical care activities involving these patients except in those instances where (1) the patient is hospitalized under the Project Officer's direct care or (2) special understandings are arrived at between the Project Officer and the individual physician attending one of these patients."

B. This entire item is unacceptable to this Contractor.

Box 4 Folder Contract File 6

C. The right of the Center for Disease Control to arrange for consultation services by qualified consultants not on the Hospital staff is qualified by (1) the assumption of primary care responsibility by the Project Officer or (2) the attending physician's agreement to such consultation prior to its arrangement. In either case the Hospital (Contractor) Executive Committee would reserve the right to determine the limitations of an outside consultant's hospital-based medical or surgical activities in each individual case.

In all of the above the following underlying principles should be quite clear: The relationship between these patients and the Public Health Service is and must be quite a separate matter from the relationship between the patient and the physician on the one hand and the patient and the Hospital (Contractor) on the other. To the extent that the Public Health Service would find it necessary to alter or modify either of these separate relationships, such intent should be clearly spelled out by the only party that can ultimately permit such modification--the patient, and must be also agreeable to the other parties (the physician and the Hospital).

This Hospital is quite prepared--with or without a contract--to provide these patients such services as we are able to with our present resources and a "contract" becomes a negative rather than a positive development if it would require a significant change in the current relationships between this Hospital and the patients it serves.

CLH:ws

Box 4
Folder Contract File 6

February 2, 1973

Mr. William Watson, Jr.
1145 Mason Woods Drive
Atlanta, Georgia

Dear Mr. Watson:

I have enclosed some suggested costs for possible inclusion in a Legislative Bill dealing with the long-term care of the "Tuskegee Syphilis Study" survivors. You will note that I have based my cost estimations around the number 80--i.e., the number of survivors currently living in Alabama and to whom the John A. Andrew Hospital would relate in any ongoing contractual care arrangement.

You will note that, in keeping with the suggested working draft outline for estimated costs, I have included a section that specifies the John A. Andrew Memorial Hospital by name. I would personally prefer that this designation be retained in the legislative language dealing with initial care provisions and arrangements, and that a specific sum be thus authorized for the establishment of a baseline geriatric service capability at this institution over and above that that already exists. Obviously, the primary responsibility of the Secretary to the survivors would subject any long-term contractual arrangement between HEW and this institution (or any institution) to a satisfactory performance contingency.

Please keep me informed of developments.

Sincerely,

C. L. Hopper, M.D.
Medical Director

CLH:ws

Enclosure

Box 4
Folder Contract Files

Category and Cost Basis	Cost	
A. Initial evaluation by a convened panel of select specialists:		
1. Personnel: 9 specialists 7 $300 avg. travel = $2700.00 plus 9 specialists x 7 days x $300/day = $21,600	$21,600	
2. Other (X-Rays, Lab, EGK, etc): approx. $150 x 80 patients	12,000	
		$ 33,600
B. Hospital Care $2,445/patient/year x 80 patients		195,600
C. Ambulatory Care $938/patient/year x 80 patients		75,040
D. Dental Care $300/patient/year x 80 patients		24,000
E. Nursing Home Care $903/patient/year x 80 patients		72,160
F. Mental Health Services $700/patient/year x 80 patients		56,000
G. Transportation approx. $20/patient/O.P. visit/year x 12 visits x 80 patients		19,200
H. Burial $1,000/patient x 80 patients		80,000
I. Other expenses associated with interment: $125 patient x 80		10,000
J. John A. Andrew Memorial Hospital		
I. Initial, non-recurring capital expenditures (approximations):		
(a) Equipment		
1) Dental (itemization available)	$22,818	
2) Clinical Lab (itemization available).....	63,000	
3) Physical Therapy and other Rehab. equipment	8,500	
4) Furniture, incl. exam tables	10,000	
5) Other	6,000	
(b) Renovation - Cost based on 2,880 sq. ft. x $20/sq. foot	57,600	
		167,918

Box 4
Folder Contract File 6

Cost Category and Cost Basis

J. John A. Andrew Memorial Hospital (Continued)

II. Recurring Annual

(a) Personnel

1) Full-time

- Adm. Sec. (1)	$ 6,000	
- OP R.N. (1)	8,500	
- Med. Social Worker (1)	12,000	
- Clin. Dietician (1)	10,000	
- Home health care aides (2)	8,000	
- Reh b. Assistant (1)	4,000	
- Medical Records Tech. (1)	4,500	
- Administrative Coordinator-Geriatric Services (1)	14,500	
Total Full-Time		$ 67,500

2) Part-Time

% Time	Position		
50%	Internal Medicine	$16,500	
50%	Clinical Psychologist	8,000	
50%	Dentist	14,500	
50%	Clinic Secretary	2,700	
	Total Part-Time		41,700

(b) Other

Supplies, bookkeeping and other fiscal management, reporting, etc. Est. cost approx. 8% of total contract 44,800

2,700
50 / 160,077

Box 4
Folder Contract File 6

Cost Summaries

Initial Non-Recurring Expense

1) Evaluation by Special Select Specialist Panel	$ 33,600
2) John A. Andrew Capital Purchases (equipment, renovation, etc.)	167,918
Total	$201,518

Recurring Annual Expenses

1) John A. Andrew - Fixed expenses	$154,000
2) Other (Hospitalization, Ambulatory, Dental, Nursing Home, Mental Health, Transportation, Burial, etc.) - variable expenses	451,000
Total	$605,000

Projected Budget for Year 1 ..... $806,518

The above estimates do not include overall increases in cost of health care over the projected 20 years of the legislation.

Contracts 1

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Box 4
Folder 1
Contracts
Cooperative
Agreements
3-40

June 22, 1973

Frederick S. Wolf, M.D., Director
Bureau of Preventable Diseases
State Department of Health
State Office Building
Montgomery, Alabama 36014

THROUGH: Delwin T. Hammons
Regional Program Director for Disease Control
Atlanta, Regional Office

Dear Dr. Wolf:

The termination of the Tuskegee Study of Untreated Syphilis has resulted in a reassessment of CDC's role under the former cooperative agreement.

As discussed with you by Mr. Hammons of the Atlanta Regional Office effective June 30, 1973, the Center for Disease Control will assume all costs formerly shared on a matching basis with the State of Alabama for the cooperative project surveillance of selected syphilis patients.

Mr. Walter R. Pack, Assistant Administrator of the Macon County Health Department, has agreed to continue to provide office space for the assigned nurse, Mrs. Elizabeth Kennebrew. In her new role, she will insure that those Alabama participants desiring to receive comprehensive medical care are assisted in doing so.

Because some participants residing in the State of Alabama live outside the Macon County area, we anticipate the need for the nurse to travel into other parts of the State.

When not working with the Tuskegee participants, Mrs. Kennebrew will be available to assist in Macon County venereal disease control activities.

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE
	RHB							

We indeed appreciate your cooperation and that of the Alabama State Health Department throughout the years of the Tuskegee Study of Untreated Syphilis. If we can be of any assistance, please let us know.

Sincerely,

William O. Hosking
Assistant Director
State and Community Services Division

cc:
SC

CDC:SC:RHBruce:WOHosking:lcl 6/22/73

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE
	RHB							

Box 4 Folder

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Contracts / Cooperative Agreement 3-40

Contracts 1

June 22, 1973

Mr. Walter R. Pack
Assistant Administrator
Macon County Health Department
Tuskegee, Alabama 36083

Dear Mr. Pack:

As you know, the Center for Disease Control and the Alabama State Health Department for many years have had a cooperative agreement for surveillance of selected syphilis patients. Under this agreement, a public health nurse assigned to the Macon County Health Department coordinated follow-up and related activities of participants of the Tuskegee Study of Untreated Syphilis and provided assistance to the Alabama and Macon County Venereal Disease Control Programs.

Under this cooperative agreement, the State of Alabama contributed over 50 percent toward expenses incurred in this agreement and provided assistance in its administration.

The termination of the Tuskegee Study has made it necessary to reevaluate the status of the nurse currently occupying this position, Mrs. Elizabeth Kennebrew. This change makes the continuation of nursing services even more vital as her role shifts to one of insuring that all participants of the Tuskegee Study electing to do so receive comprehensive medical care.

Upon expiration of the current cooperative agreement on June 30, 1973, we will not request the State to enter into future cooperative agreements.

Since a great majority of the study participants remain in close proximity to the Macon County area, your willingness to continue to provide office space for Mrs. Kennebrew in the Macon County Health Department is greatly appreciated.

Most of Mrs. Kennebrew's activities will be, of necessity, devoted to working with the participants. However, as time allows, she will be available to assist in venereal disease control programs of Macon County.

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE
	RHB							

Box 4
Folder

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Contracts | Cooperative Agreement 3-40

Your cooperation in this matter is certainly appreciated, and if we can provide any additional information or assistance regarding this activity, please feel free to contact this office.

Sincerely,

William O. Hosking
Assistant Director
State and Community Services Division

cc:
Regional Program Director for Disease Control
Atlanta Regional Office
SC

CDC:SC:RHBruce:WOHosking:dl 6/22/73

cc:
Mrs. Kennebrew
Dr. Frederick S. Wolf

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE
	RHB							

Box 4 Contracts 1 Cooperative Agreement 3-40
Folder

COOPERATIVE PROJECT AGREEMENT

1. Title of Project

Surveillance of Selected Syphilis Patients

2. Cooperating Parties

U. S. Public Health Service
National Communicable Disease Center
State and Community Services Division
Venereal Disease Branch
Atlanta, Georgia 30333

Alabama Department of Public Health
State Office Building
Montgomery, Alabama 36104

3. Supervision of Project

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

4. Supervision of Personnel

All personnel performing work under this cooperative agreement are under the supervision of Alabama Department of Public Health.

5. Description of Project

The purpose of this project is to locate and maintain surveillance over a group of patients, most of whom reside in Macon County, Alabama. Of the original 600 individuals in the project, 400 had acquired syphilis before 1932. Each of the 600 individuals agreed to regular examinations throughout his lifetime. Of the total, 245 individuals are presumed to be alive and remain in the study; however, 160 have been temporarily lost to follow-up. Through this project the status of the 160 is to be determined by a nurse who will in addition maintain surveillance over all persons remaining in the study, visit to determine health needs, set up clinic appointments for examinations as required and provide assistance to the examining physician. The nurse will, with permission of the surviving family, make arrangements for autopsy of study patients who die during the year.

Specifically, the Alabama State Department of Public Health will maintain locating information of all persons in the study, will provide facilities wherein physical examination may be performed, maintain a record of treatment received by study patients and will provide routine public health clinic physician services.

6. Duration of the Project

July 1, 1970 - June 30, 1971

7. Estimated Expenses

	Public Health Service	Alabama Department of Public Health
Personnel		
Nurse	_____	_____
Project Supervisor (Part-time)		_____
Secretary (Part-time)		_____
Physician Services		_____
Travel	_____	
TOTAL	_____	_____

8. Special Provisions, Terms and Conditions

(a) Authority of the Public Health Service. The Public Health Service enters into this cooperative agreement pursuant to the authority of Section 301 of the Public Health Service Act.

(b) Reports. In connection with and as part of the work and services to be performed above, the Cooperating Agency shall submit to the Chief, Venereal Disease Branch, National Communicable Disease Center, PHS, in triplicate, the following:

(1) A monthly progress report on the status of persons included in the study which will reflect the number of patients treated and under surveillance and any changes in residence which occurs during the month. The Venereal Disease Branch will be notified immediately when study patients die.

Box 4 Folder

Contracts / Cooperative Agreements 3-40

(2) An annual report summarizing the results of activities pertaining to the study during the year including patients re-located, patients lost to the study, death and serologic tests, physical examinations and autopsies performed.

(c) Financial Reports. The Cooperating Agency shall make such financial reports of actual expenses as may be requested and shall make a final report at the termination of this agreement.

(d) Contribution and Audit of Costs. The Cooperating Agency shall contribute at least one-half of the expense of the work under this cooperative agreement, as set forth in the provision entitled "Estimated Expenses." Funds from Federal sources, such as grants-in-aid, may not be used as any part of the Cooperating Agency's contribution, nor may the Cooperating Agency use as any part of it's contribution any funds which are being used to match any Federal grant which it may be receiving. The Cooperating Agency shall keep records of expenses under this agreement and agrees that representatives of appropriate Federal agencies shall, until the expiration of three years after termination of this agreement, have access to and the right to examine any directly pertinent books, documents, papers, and records of the Cooperating Agency involving transactions relating to this agreement.

(e) Inventions and Patents. Whenever any invention is made or conceived or for the first time actually or constructively reduced to practice by any personnel of the Cooperating Agency in connection with this cooperative agreement, the Cooperating Agency shall report the invention to the Surgeon General, and the ownership and manner of disposition of all rights in and to such invention shall be subject to determination by the Surgeon General, including title to and rights under any patent application that may issue thereon.

(f) Publications and Copyrights. Any publication of the results of the activities under this cooperative agreement shall be a joint application of the Public Health Service and the Cooperating Agency, except with respect to such publications as to which the Cooperating Agency obtains approval in writing from the Public Health Service to publish separately. With respect to any separately published publications which are copyrighted by the Cooperating Agency, the Cooperating Agency shall grant to the Public Health Service a royalty-free non-exclusive and irrevocable license to reproduce, translate, publish, use, and dispose of, and to authorize or sublicense others so to do, all such copyrighted publications.

Box 4
Folder

8. Special Provisions, Terms and Conditions (Continued)
CONTRACTS / COOPERATIVE AGREEMENTS 3-40

(g) Records. All records developed from the activities of the cooperative agreement shall be the records of the Cooperating Agency. The Cooperating Agency shall have full custody and control of the records and shall maintain them in accordance with the laws applicable to it relating to confidentiality of and disclosure of other records of the Cooperating Agency.

Records or copies of records which may come into the custody of the Public Health Service shall be considered as on loan to the Public Health Service by the Cooperating Agency, and requests to the Public Health Service for disclosure or dissemination of such records shall be referred to the Cooperating Agency for determination.

(h) Property. Property of the Public Health Service used in carrying out the activities of the cooperative agreement shall remain the property of the Public Health Service. Loan Agreements shall be executed for all such property which is given into the custody of the Cooperating Agency, and the property shall be returned to the Public Health Service at the termination of the cooperative agreement or otherwise accounted for.

(i) Detail of Personnel. Pursuant to Section 214 of the Public Health Service Act, the National Communicable Disease Center, PHS, shall detail personnel of the Service, acceptable to the Cooperating Agency, to the Cooperating Agency to work under non-Federal supervision.

(1) A Nurse selected by the Alabama Department of Health will be appointed by the Public Health Service and given an excepted appointment under authority of Schedule A, Section 213.3116(b)(4) of the Civil Service Regulations. This employee will be under non-Federal supervision.

(2) The specific pay rates for this cooperative employee shall be as specified in paragraph 7 above and are the same as the previously established rates for these positions.

(3) Under the terms of this appointment, the cooperative employee is entitled to the benefits of Federal temporary employment, i.e., annual leave, sick leave, pay increases, holiday pay, and social security benefits.

(4) Specific hours of duty are to be assigned at the discretion of the project supervisor.

(5) Time and leave records for this cooperative employee will be maintained in the Office of the Chief, Venereal Disease Branch, State and Community Services Division, National Communicable Disease Center, PHS.

(j) Assurance of Compliance. The undersigned agree to comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and the Regulation issued pursuant thereto.

(k) Termination. This cooperative agreement may be terminated at any time upon the determination by any participant that continuation as originally planned is no longer justifiable.

Cooperating Agency

Signed _____ _____
(Authorized Agent) (Authorized Agent)

_____ _____
(Title) (Title)

_____ _____
(Date) (Date)

Public Health Service

Signed _____
(Authorized Agent)

_____
(Title)

_____
(Date)

Box 4 Contracts - Cooperative Agreements 3-40
Folder

Ore —

We have written a CWP Agreement with the Ala. State Health Department for FY 1971, primarily to provide for a nurse to follow-up on Tuskegee patients. Alabama is currently trying to find an applicant who will be appointed by us ~~[redacted]~~ to a one-year TOT. She will be payrolled by us and ~~[redacted]~~ Rankin will submit her T&A. We will also authorize and pay her travel expenses. I am preparing her job description, and when her application arrives Rankin will process her appointment.

I have not discussed her orientation with Dr. Brown, but did tell John Hill that we would coordinate this

and would probably use Mrs. Tamir. (By way of background, Mrs. Tamir is now paid for the days she actually works through a "professional services contract," and is not our employee. May can give you the details of how this works.)

Ronelle has the official Tuskegee Corp Agreement folder. Attached are a few misc. papers of mine of yours which you can keep or destroy.

Wendell

Box 18 - Untitled Folder
Legal 1 of 3

JUL 2 0 1973

Fred D. Gray, Esq.
Gray, Gray & Bonnford, P.A.
Maple Street
P. O. Box 239
Tuskegee, Alabama 36083

Dear Mr. Gray:

I wish to acknowledge your letter of July 9, 1973, and the copies of authorizations for medical information pertaining to 35 living and 30 deceased participants in the Tuskegee Study of Untreated Syphilis. This letter is delayed because I have been away from the Center for the past two weeks.

We are preparing copies of the medical records of ~~50~~ 59 of the persons named as per your request. We will have those copies to you by August 15, 1973, if not before. Note that your [redacted] is "[redacted]" in our records.

Before we send copies of the medical records of Messrs [redacted] and [redacted], we would like to have some assurance that the spouses and children of these men are also deceased, e.g., that the grandchildren who signed these authorizations are the next of kin. According to our records, Mr. [redacted] had eight living children in 1933, and [redacted] had two living children in 1958.

There is no indication in our records that anyone by the name of [redacted], [redacted] or [redacted] or any similar names was ever a participant in the Study.

Finally, because of their bulk and confidentiality, we plan to have the copies of records hand delivered to your office, probably by Mr. Franklin Miller. At that time, other matters of mutual concern regarding the Department's health care proposals might be discussed. Mr. Miller will contact you by telephone when the copies are ready.

Sincerely yours,

William C. Watson, Jr.
Assistant Director for Operations

cc: Mr. Charles Gozonsky

bcc: Dr. Hopkins and Mr. Miller

Sent to Mrs Bell & Mr Gray's office as typed. mail 7-24-73

Box 18 - Untitled Folder
Legal 1g 3

August 10, 1973

Fred D. Gray, Esq.
Gray, Seay & Langford, P.A.
Maple Street
P. O. Box 239
Tuskegee, Alabama 36083

Dear Mr. Gray:

This is to accompany the copies of medical records pertaining to 71 of the 73 Tuskegee Syphilis Study participants for whom copies were requested in your letters of July 9 and 26, 1973. In reference to your reply of August 1, 1973, we have rechecked our records again, and there is no indication that any persons by the names of [redacted] or any similar names were ever participant(s) in the study (as syphilitic or as a control). As I indicated earlier, we would like to have some clarification as to whether the persons who signed for release of information on [redacted] are the next of kin to those deceased men.

I shall attach to this letter a summary sheet indicating whether each of the 71 participants whose records are being delivered to you by Mr. Miller, was assigned to the syphilitic or to the control group.

Yours sincerely,

William C. Watson

William C. Watson, Jr.
Assistant Director for Operations

Enclosure

Box 18 - Untitled Folder
Legal 293

AUG 31 1973

Mr. Fred D. Gray, Esq.
Gray, Seay and Langford, P.A.
Maple Street
P. O. Box 239
[redacted]

Dear Mr. Gray:

This is in reply to your letter of August 17, 1973, and your two letters of August 23, 1973. These three letters are pertaining to medical records for a cumulative total of nine former participants in the Study of Untreated Syphilis. -

We are copying records of eight of the men ([redacted]) and will forward those to you within the next 2 or 3 weeks.

Before we forward medical information on Mr. Olden Speed, however, I am advised that we should have a request for release of medical information signed by his sole surviving child (Mr. Joe Speed) in this instance (where there is no surviving spouse or sibling), and it is not clear that his grandchild--albeit a grandchild via a deceased child of Mr. Olden Speed--has equal standing with Mr. Joe Speed in that respect.

Sincerely yours,

William C. Watson

William C. Watson, Jr.
Assistant Director for Operations

cc:
Mr. Gozonsky
Dr. Hopkins

CDC:DRHopkins:jfd - 8/31/73

Box 18 - Untitled folder
Legal 2 of 3
Page 1 not found

5. The purpose of the consultations was defined as one of assuring ourselves that each participant received the most thorough examination and appropriate treatment possible under his circumstances. The constraints of confidentiality of patients' and physicians' identities were mentioned and appreciated, as was the fact that patients and physicians both have freedom of choice and thus neither PHS nor this group can realistically do anything more than offer constructive suggestions to them.

6. Results of the individual reviews of twelve patients' records received to date are as follows:

(1) [redacted] Dx: Assymptomatic neurosyphilis (not "late latent"). Should be followed Q6 monthly for 2 years with neurology consults, lumbar punctures and serologies. Should also have cardiologists' consult for his RBBB with left axis deviation if he hasn't already had such consultation. Examination and syphilis Rx satisfactory.

(2) [redacted] Dx: Late latent syphilis. "Infiltrate" in left lung base may represent scar from 1947 pneumonia or possibly lung cancer. We will suggest he visit a dentist and that he be followed at a Neighborhood Health facility (and have an FTA-abs) if he is willing. Examination and syphilis Rx satisfactory.

(3) [redacted] Dx: Late latent syphilis. If there is any doubt or any question at all regarding his previous syphilis treatment, consultants strongly recommend a specific course of antibiotics. If he has been in heart failure in the past, consultants suggest limited salt diet even with diuretic. Examination satisfactory; syphilis Rx probably satisfactory. Should be followed Q6 months with blood serologies for 2 years, then LP.

(4) [redacted]. Dx: Late latent syphilis. Examination and syphilis treatment satisfactory.

(5) [redacted]. Dx: Assymptomatic neurosyphilis. Should be followed Q6 monthly with neurologic examination, serology and LP for 2 year period. Consultants question use of Rauzide specifically and need for any antihypertensive. Suggest dental consult. Examination and syphilis Rx satisfactory.

(6) [redacted] Dx: Late latent syphilis. Examination and syphilis Rx satisfactory. If (R) eye vision still 20/100, ascertain if patient definitely wants better vision, understands risk of all remaining sight in further cataract surgery. Possibly, diabetic retinopathy may account for on-going sight loss more than cataract.

Box 18 - Untitled folder
Legal 2 of 3

(7) [redacted]. Dx: Late latent syphilis. Suggest neurology and cardiology consultations. Suggest also ophthalmologist follow-up since Red-Green color blindness is rare in blacks, and may indicate optic atrophy in this case. Suggest also further evaluation of nature of anxiety; tranquilizer may be unnecessary; consider psychiatric referral. Examination otherwise satisfactory. Syphilis Rx satisfactory.

(8) [redacted] Dx: Late latent syphilis. Examination probably satisfactory. Check with physician: W.P. should be treated for syphilis if he hasn't been treated already. Suggest closer look at his anemia.

(9) [redacted]. Examination satisfactory. Question use of Salutensin because of Reserpine side effects. Consider stopping antihypertensive meds and then re-evaluate after 4-6 weeks.

(10) [redacted] Examination satisfactory. Consultants question need for Aldoril in a man this old (80), if B.P. not too high.

(11) [redacted]. Examination satisfactory. Should be on iron for his anemia. Check to see if dental appointment kept. Remind physician to let this man know he is a control and doesn't have syphilis.

(12) [redacted] Examination satisfactory. Suggest work-up, including IVP, for hypertension; also suggest treatment for hypertension.

7. The consultants recommended that we suggest the following follow-up schedule to physicians for patients with syphilis:

a. Late latent syphilis: follow Q6 monthly with blood serologies for 2 years, then lumbar puncture. Then D/C syphilis follow-up if LP negative.

b. Assymptomatic neurosyphilis: At minimum, follow with neurologic examination, lumbar puncture, and blood serologies Q6 monthly for 2 years.

c. Symptomatic neurosyphilis: follow as in (b) for first 2 years, then follow similarly Q yearly for 3 more years for minimum total of 5 years follow-up.

8. The consultants, considering their review of 12 charts in about 2 hours, felt they should only reconvene after 24 more charts are received or in about three months time if 24 more charts have not been received by then. Any need for a more urgent interim opinion can be handled by telephone and/or mail with the appropriate consultant(s) in the meantime.

Donald R. Hopkins

Donald R. Hopkins, M.D.

Attachments

Box 18 - Untitled Folder
Legal 1 of 3

October 1, 1973

Mr. Fred D. Gray
P. O. Box 239
Tuskegee, Alabama 36083

Dear Mr. Gray:

This note is to confirm our telephone conversation of Thursday, September 27, 1973, and to further welcome you to the Center whenever your schedule permits.

The names of ten of your clients (diagnosed as having the disease during the study) who, to our knowledge, have not made an initial visit to a physician for a health assessment are: [redacted] There are other men (your clients who were diagnosed as disease-free) who, to our knowledge, also have not visited a physician.

I was personally pleased, as you might have guessed from our earlier discussions, to hear that you are advising all of your clients to seek medical attention. We are prepared, with your concurrence, to assist in further communications and/or arranging for the thorough examination by a physician of your clients' choice. And, of course, you know that costs of the health assessment and any subsequent medical care will be borne by the Department.

Sincerely yours,

Franklin R. Miller
Public Health Advisor

BSS:VD:FRMiller:dm

Box 10 Materials folder - Legal
1973

Mr. Arthur Simon

November 7, 1973

Medical Officer
Office of Program Planning
and Evaluation
Listing of Living and Deceased Tuskegee Syphilis Study Participants' Names
as Identified in U.S. District Court of Alabama Civil Action 4126-N,
July 1973

1. Enclosed are the names of 81 of the 83 individuals listed in the law suit who were participants in the Syphilis Study. The others, [redacted] and [redacted] were not study participants.

2. While 21 of the 48 syphilitic participants were alive at the time of the suit, only 20 are alive now. Similarly, 15 of the 33 control participants were listed as alive, but only 13 are alive now.

3. Single copies of records of 22 syphilitic participants were sent to you registered mail November 5, 1973. We anticipate that copies of the other 26 will be sent by November 19, and that the second and third copies of all 48 will be sent together by mid-December.

4. As we discussed by telephone last Friday, the records of control participants listed in the suit will not be sent unless they are needed at a later date.

5. Thank you for your appreciation of our need to xerox these only on weekends to preserve the records and the confidentiality of the information.

Roger W. Rochat, M.D.

cc:
William C. Watson, Jr.
Charles Gozansky
William Hosking
Richard Bruce ✓

Box 18- Untitled Folder
Legal - 1973

LAW OFFICES
BLOOM & MINTZ

225 BROADWAY
NEW YORK, N. Y. 10007
BARCLAY 7-4016

EMANUEL BLOOM
SOL MINTZ

October 10, 1973

Edward J. McVeigh, Esq.
c/o Asst. Secy. for Health,
U.S. Department of Health, Education
and Welfare
330 Independence Avenue S.W.
Washington, D.C. 20201

Dear Mr. McVeigh:

Re: H.E.W. Reports of
Tuskegee Syphillis Study

You were previously good enough to respond to our letter of September 26, 1973.

We would appreciate learning at this time whether [redacted] and [redacted] were involved in the study and if so, in what capacity.

Very truly yours,

BLOOM & MINTZ

BY: Emanuel Bloom

EB:az

Box 18 - unlabeled folder 4-1

Administrative Details Concerning Tuskegee Study

Participation in the study by both syphilitic and non-syphilitic persons was voluntary. The syphilitic group was informed that they had syphilis, and informed that they would be treated for the disease if they so requested. (Because of the level of comprehension in this population group, this information may have been translated into a simple statement that the person had "bad blood"--a common synonym for syphilis--and could be treated if he desired.)

A public health nurse has been provided by the Public Health Service to the Macon County Health Department from 1932 to the present to assist in providing health care and follow up to the study group. Since 1932, the study group has received periodic physical and laboratory examinations (including blood tests), and members have been treated or referred for appropriate care when abnormalities other than positive serologies were noted. Since 1968, such examinations have been given every 2 years.

The study has received support from several groups. The Milbank Memorial Fund provides funds for pathological examinations and a burial allowance for those autopsied. (The allowance was $50 for many years, and has been increased to $100 within the last 2 years. About half the persons who have died have been autopsied, with the percentage of autopsies being approximately the same in the syphilitic and control groups.) The Tuskegee Institute assisted with the administration of the Milbank funds, and the Institute's hospital has provided care to persons referred from the study group. The Veterans Administration Hospital of Tuskegee also provided care for referred patients, and assisted with autopsies. The Macon County Health Department has been intimately involved with the follow up of study participants, and the Macon County Medical Society has been fully informed concerning the study.

The records reviewed to date present no evidence that a formal review of this study by an outside advisory group was undertaken prior to 1969, when such a group was convened by the Center for Disease Control. This group recommended that (1) the study be continued and (2) no treatment for syphilis be given unless evidence for active disease was present.

Box 18- Unlabeled folder 4-1

IMPLEMENTATION OF PANEL RECOMMENDATIONS THROUGH A CONTRACT WITH DR. C. L. HOPPER AND THE JOHN A. ANDREW MEMORIAL HOSPITAL OF TUSKEGEE

Dr. C. L. Hopper of the John A. Andrew Memorial Hospital in Tuskegee, Alabama, has indicated, on an informal basis, his interest in contracting with the Public Health Service to implement the major part of the Tuskegee Panel's recommendations including the appointment on a consultant basis, of such Select Specialists as would be necessary to ensure the capacity of the John A. Andrew Memorial Hospital to provide the "expert diagnostic and therapeutic skills [necessary] to safeguard the best interests of the participants and of others who may have been infected as a result of the withholding of treatment from the participants" as recommended by the Panel.

Certain of the Panel's recommendations, such as the location of participants living outside the immediate Tuskegee area and efforts to locate individuals who may possibly have contracted syphilis through their contacts with the participants would, most appropriately, be handled by the CDC. These activities could be coordinated with the efforts of the John A. Andrew Memorial Hospital, thus helping to ensure an effective implementation of the Panel's recommendations.