MATERIALS FROM FOLDER LABELED

"TUSKEGEE AD HOC COMMITTEE MEETING 2/6/69

ADVISORY PANEL"

BOX 1

TUSKEGEE SYPHILIS STUDY

ADMINISTRATIVE RECORDS 1930-1980

CENTERS FOR DISEASE CONTROL RECORD GROUP 442

21 PAGES

MEMORANDUM

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

TO : For The Record

DATE:

FROM : Director, CDC

SUBJECT: Summary of Ad Hoc Committee to Consider the Tuskegee Study
February 6, 1969

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 Genevieve 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. Current welfare of study participants
2. Adequacy of follow up of study participants
3. Original purposes and design of study in 1932

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

The potential benefits to be achieved from continuing the study at this time were:

1. Clarification of the relationship of serology to morbidity from syphilis.

2. Clarification of the relationship of syphilis to pathological findings.

3. Clarification of a variety of risk factors associated with morbidity and mortality from late syphilis.

Full treatment of the survivors originally in the syphilitic group was considered. The dangers to patients suffering from cardiovascular or neurological conditions from late Herxheimer's reactions were emphasized.

The meeting was terminated with several salient points:

1. Treatment for these patients was not indicated unless they had signs of active syphilitic disease.

2. Medical follow up of all survivors should be intensified.

3. Knowledge of medical value could be gained by continuing to record information gained either through medical follow up or from pathological examinations in the study group.

4. The Macon County Health Department and the Tuskegee Institute have been fully cognizant of the study. The Public Health Service should increase its contact with both the Macon County Health Department and the Macon County Medical Society to help them to assist more fully in the continuance of the study.

5. This type of study would never be repeated.

David J. Sencer, M.D.
Assistant Surgeon General

Meeting adjourned at 6:10 P.M.

Memo for the record for DSS
To: For the Record
From: Director CDC
Subj:

DRAFT - August 2, 1972

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Dr. H. Bruce Dull
Assistant Director, NCDC

Dr. Sencer opened the meeting by asking each person to introduce himself. He then gave a brief summary of the Tuskegee Study. This Study was begun in 1932, in Macon County, Alabama, a rural area with a static population, and with a high rate of untreated syphilis, to evaluate the effect of untreated lues, and it was conducted by the Venereal Disease Division of the United States Public Health Service.

Dr. Sencer then said the question has come up: Should we terminate the Study or should we continue it? It becomes a political problem. At the time the Study was begun there was no concern about racial problems, discrimination, etc. At that time there was no problem about not treating the disease. "We want your advice in making a decision. We are here to discuss this problem."

The meeting was then turned over to Dr. Bobby Brown.

Dr. Brown said we were here to take three looks:

1. The study as it was set up in 1932
2. What has happened to the individuals
3. Focus on the survivors

He then explained that he had spent the past 4-5 days going over clinical records of patients, and had prepared charts to inform the participants on the present status of the Study. He then showed a number of slides.

The original study group was composed of 412 male Negroes who had received no therapy, and who gave historical and laboratory evidence of syphilis; 204 men comparable in age and environment were selected for the control group.

The first findings were published in 1936 by Vonderlehr et al.; complete reevaluations in 1938 and 1939 showed many of the patients had received treatment. The last evaluation (35th year) of this group occurred in 1968. At that time there were 36 controls and 53 syphilitics--a total of 89 still living; 373 in all groups are known dead to date, out of a total of 625 patients. Eighty-three showed some evidence of syphilis at time of death. Dr. Brown believes that syphilis was a primary cause of death in only seven as shown at autopsy. Many had lesions; several showed aortic insufficiency; some died of strokes. Many died from other causes: TB, renal failure, accidents (mostly auto accidents), knifings, etc.

There was much discussion concerning correctness of diagnosis, pathology reports, survival rates, etc. Dr. Olansky explained about the 1952 evaluation, how difficult it was to communicate with the patients; could not reach them by mail, some were picking cotton and could not find them. He told about Nurse Rivers and the active part she has played in the Study.

The participants then discussed the ages of the patients. The youngest is now 59 years old; the age range goes up to 85 years; one patient claims to be 102. Dr. Kaiser told of a study being conducted on the East Coast with a group of executives to learn the incidence of heart disease mortality. He said the executives get the best of medical attention; most die of heart disease. He was amazed at the survival rate in the Tuskegee Study.

The group then discussed autopsy findings. Dr. B. Brown explained about situations at times of death--many patients had lain in state 4 or 5 days, many had been embalmed; it was difficult to gain access to the bodies. This could contribute to lack of findings of autopsies, inaccuracies, cursory examinations, etc.

Dr. Stollerman was concerned about medical findings, and patients deserving of treatment. Dr. Smith then said we are here to decide three proposals, important at the moment. What information can we derive from this study? He summarized as follows:

1. Stress pathology
2. Silver stains
3. Animal inoculations

Dr. Smith said serological and epidemiological workups were good. The weak link in the chain is pathology. He suggested tremendous emphasis be put on this Study, in the next few years the patients were going to be gone. He thought it would be worthwhile to have a competent pathologist flown in upon notification of death; do stains on organisms. He said there was no reported information on whether organisms are present in tissues. He then said when he participated in the 1967 evaluation he found one "control" patient with Argyll-Robinson pupils. He thought the Armed Forces Institute of Pathology would become interested in this Study. He urged that animal inoculations be done. "You may find seronegative patients in this group. But I don't think it will make any difference whether you treat them or not. First, stress pathology; get away from serology. You will never have another study like this; take advantage of it."

Dr. B. Brown said he had been in communcation with the National Institutes of Health. Slides and blocks are available from them; this laboratory has frozen tissues. Dr. Smith then said he thought it would be worthwhile to do eye examinations, stating he had fundus pictures, neurological examinations of the patients from the 1967 evaluation. "20 years from now, when these patients are gone, we can show these pictures." Dr. Smith said he would be willing to go back to Tuskegee,

go to their homes, explain to them what we were doing, do eye examinations on those who agree, take rabbits, get fluids from patients and inject into rabbits 'on the spot.' "I would stress:

A. Pathology

B. Eye studies, silver stains

C. No treatment (I doubt if you could cure them)."

"This is a golden moment. Turn this Study into pathology studies." Dr. Stollerman thought there was a moral obligation here to treat patients for neurosyphilis. The participants then discussed the dangers of treatment--Herxheimer reactions, fibrillations, etc. Dr. Stollerman thought we were obliged to set criteria for treatment. Dr. Olansky said if we insisted on spinal taps we would not have any patients.

Dr. Stollerman asked about the incidence of hypertension. He was told it was very high "but they are living with it." Blood pressures are virtually all high; all showed evidence of cardiac abnormalities.

The group then discussed remuneration to patients. When the Study started, payments were $50.00; "the undertaker got that." Most of the patients now have burial insurance. Dr. Myers said they pay 50 cents a week until they die.

Dr. Sencar asked about the Macon County Health Department situation. Dr. Myers said the Macon County Medical Society is composed mostly of Negro physicians. "There has been a complete social change. The county health officer is serving two or three counties; she is a

former medical missionary to Nigeria, very competent." Dr. Myers said the County Health Department is understaffed.

Dr. Smith suggested giving the patients more money--"$200.00--explain that the study is being upgraded; ask them for permission to do examinations, give them shots of penicillin at the same time. I think an investment of $18,000.00 would be good to get the examinations." Dr. Sencer thought this suggestion ghoulish. Dr. Myers mentioned that this group did not like handouts.

Dr. Stollerman thought the patients should have a complete hospital checkup. It was explained that they had complete checkups at the VA Hospital in 1952 and 1958. They still receive treatment when indicated.

Dr. Sencer outlined on blackboard the possible courses of action:

ACTION	STUDIES
I. None	1. Survival Tp with treatment After Negative without treatment
II. Discriminate	
III. Total	2. Accurate Incidence of pathology lesions
	3. Relation Syphilis Longevity

Dr. Stollerman then said he thought the data that had been presented was wonderful, but pathology would be open to criticism.

Dr. Myers was asked if he thought we could get permission to treat the patients. He said, "No, I haven't seen this group, but I don't think they would submit to treatment." Dr. Olansky said he would question the wisdom of treatment at this point, mentioning catastropic consequences.

Dr. Myers said regardless of what your decision will be, if you raise a question at this time, the whole program will fold. Dr. Sencer then asked Dr. Myers what were the limitations of the County Medical Society. He said they had been very reasonable to work with; some of the fears of real troublemaking have not come to pass.

Dr. Smith said he had a good rapport with the younger Negro physician at Tuskegee. Dr. Myers thought it a good idea to keep the local medical society informed as to what we were doing and what we wished to achieve; "work very closely with them and keep them informed of everything that we do."

Dr. Ipsen said there were only 10 physicians in Macon County at the beginning of the Study. Dr. Myers said there is now a new group in the Society--it is composed of 5-7 Negro physicians, and one white physician.

Dr. Dull then asked how you could answer criticisms for not treating these patients. Dr. Sencer said if we established good liaison with the local medical society there would be no need to answer criticisms.

Dr. Myers said at this stage he thought we should only take better care of the patients. Dr. Smith recalled when he was there in 1967 he found two cases of glaucoma and brought them to treatment. If he had not, they would have gone blind. "I think the patients appreciate this."

Dr. Olansky reiterated that the original policy of the Study was that when medical treatment was indicated, they were pulled out of the Study and were given treatment.

Dr. Myers stated that Macon County is now being promoted as a Negro center of culture. "I don't know where you will be able to study this kind of group. No populations are that stable these days. These patients are over 70; they do not move anymore."

Dr. Kaiser asked what Tuskegee Institute thought of this Study. Dr. Olansky explained they knew of the Study; the patients had been taken to the Institute's hospital. Dr. Myers replied that the Institute is now coming into a new era. Dr. Dibble, former medical director of the Institute, who died last year, was depended upon to keep the State Health Department informed. But now they are more progressive; he explained Nurse River's good relations with the Institute; her husband had been in on the first of the Study; she has now retired, due to age, infirmaties, etc. But physicians at the Institute knew of the Study. He said the school has been active in Civil Rights Movement--"they have brought themselves up by their own bootstraps and are trying to do what we have failed to do."

Dr. Olansky replied that as weak as the Study is, it is still a good study.

Dr. Sencer remarked that our mechanism has broken down; Nurse Rivers is getting old, gets lost when she goes to visit patients. "We do not have the mechanism at this time." He then asked Dr. Myers about the state's appropriations to counties. Dr. Myers said appropriations run $10 or $11 thousand per county, requiring each county to put up 50-50 matching funds; the State Health Department does have supervision over the county health departments.

Dr. Sencer then asked what if we subsidized a person in the Health Department. Dr. Myers said, "Very good. We want to see the job done. That would be very good."

Dr. Sencer then asked, "Do you think that treatment of this Study group is indicated? Dr. Stollerman thinks there may be criticisms for not treating." ..... "In other words, you think cardiovascular disease is an indication for treatment?"

Dr. Stollerman replied that he thought it was. "I am not questioning your data, but I think they should be treated."

Dr. B. Brown then stated that we had no criteria for treatment. Dr. Sencer asked Dr. Caldwell if the man who has aortic regurgitation is getting good treatment. Dr. Caldwell said, "no. We told him he had to get to a doctor to get better care. That's all we could do."

Dr. Sencer said he thought additional resources would have to be put into the Study. "And take into consideration Dr. Stollerman's

theory. If this Study is to be continued, CDC has to establish a relationship with the medical men in the area; find a way to increase the resources of the Health Department. We are going to have to establish better rapport; better follow-up on patients. The man who needs digitalis could be taken where he could get it. I think we ought to outline what we are going to do in the future."

Dr. Smith suggested a doctor go to the County Medical Society meetings, bring up these points, pro and con. "They might think the same way." ------ "If the local physicians agree there is no need for treating these patients, this would be good public relations."

Dr. Stollerman said he thought when a patient has aortic regurgitation or indications of cardiovascular disease, you had to make an exception due to the medical nature of the group. "I think you should treat each individual case as such, not treat as a group."

Dr. Myers remarked that so far as he knew there had not been a physician in the area for all of the length of the Study. "I think we should establish rapport with the County Medical Society; talk to one physician in the Society before you talk to them as a group."

Dr. Sencer then asked, "What about the medical officer?"

Dr. Myers said she may lean toward treatment. "Dr. Barrett is a good pediatrician; ------very interested in research."

Dr. Sencer then asked how she was accepted by the local medical group. Dr. Myers said she had very good relations with them. "She loves the people in the area. She's very good to them."

Dr. Sencer then asked if this would be a good place to start--with her. Dr. Myers answered by saying she was serving several counties, but he would find out.

Dr. Kaiser then said he was quite impressed with the reprints that had been given to him--then reviewed them, mentioning that the last report in 1964, which summarized previous reports, emphasized the deleterious effects of syphilis. He recalled that about 2 years ago Dr. Robinson (head of Milbank Fund) wrote to Dr. W. J. Brown and made a proposition: "give a lump sum and terminate all obligations." Dr. Brown rejected this offer, and suggested taking lump-sum increments over periods of 5, 10, 15 years. Dr. Robinson then wrote back, suggesting that the Milbank Fund "go along on the old basis."

Dr. Sencer remarked he was not thinking of financial aid. He then asked what Dr. Kaiser's thoughts were on the political, racial overtones, etc.

Dr. Kaiser replied, "This is not a Study that would be repeated now. The public conscience would not accept it. ----- If you could combine treatment with the present Study. ----- I am impressed with the plan --- but I don't know whether the Fund would up the ante."

Dr. Sencer: "What has been the expense: $50.00 is not enough? Is it the sophistication of the place?"

Dr. B. Brown then mentioned the number of autopsies being performed today; compared DeKalb and Fulton Counties; "DeKalb has a higher rate of autopsies--perform more than they do at Grady."

MEDICARE was then mentioned. This plan now takes care of the older patients.

Dr. Myers summarized by saying, "You have seen the older doctors die out, Nurse Rivers is getting old and is inactive, the problems are increasing. Unless you pour new life blood into this Study, it will die out." He then went on to explain the coroner system in Alabama. They have a poor system--an MD signs death certificates, the coroner signs (in desperation), or a health officer could sign, but not likely. All death certificates are on file in Montgomery, not in the counties.

Dr. Sencer then said he gathered that the group felt there was:

1. merit in continuing the Study;
2. treatment is not indicated, but if patients have indications of active syphilitic disease, they should be treated;
3. better rapport should be established as soon as possible with the local Medical Society, as well as with the Health Department, to enlist their cooperation in furthering the the Study.

Sencer: "It would be my feeling we are going to have to re-subsidize a new person in the Health Department (work with Health Department) but also have the responsibility to help us improve and speed up

pathological examinations. I would be personally opposed, from a psychological standpoint, in trying to raise the contribution. You have a good point, but the man who died yesterday got $50.00, and the man who dies today gets $200.00." Dr. Sencer then suggested getting another nurse "to give preferential treatment."

Dr. Myers suggested giving the money to the doctor who performs the autopsy. Dr. Olansky asked if it would not be a good idea to get one of the doctors in the County Medical Society to perform the autopsies.

Dr. Sencer reiterated that we would have to get a public health nurse; "Whether we do it through Dr. Myers -- this is one of the details we will have to work out."

Dr. Sencer continued, "First and foremost, we have to establish rapport with the County Medical Society and the Health Department."

Dr. B. Brown asked how we answer criticisms. Dr. Sencer replied that people outside Atlanta do read medical journals, and this could be blown up out of all proportions, but if we established rapport with the local health officials, he did not think we would have a problem.

Dr. Kaiser asked if the medical records were kept 'at the medical center.' Dr. B. Brown explained they were kept here in Atlanta (at the Venereal Disease Branch); "In very good shape--I have seen poorer-kept records in hospitals in Atlanta." Mrs. Price explained that clinical data are kept on McBee cards.

Dr. Sencer then said that this should be a joint effort with

the Health Department, Dr. Brown, and himself. Dr. Myers said he would be happy to work with us.

Dr. Stollerman then asked what the group thought of the possibility of isolating treponemes.

Dr. W. J. Brown explained about the seminar held last week on spiral organisms, stating that Dr. Smith has shown that penicillin treatment has had no effect on spiral organisms, even after massive doses.

Dr. Stollerman asked Dr. Smith if he had ever found organisms in humans who have never had treatment. Dr. Smith said he did not want to say; he then mentioned the study of Dr. Yobs on the persistence of treponemes in late syphilis. Dr. Smith said he liked Dr. Norins' summarization: "After treatment of syphilis the outward lesions go away, but are all organisms eradicated throughout the body?" Dr. Smith said he thought we were going to come out of this Study with "some tremendous information"; he recalled that we have better techniques now; 42% of patients going through eye clinics, with inflammatory eye diseases, suffer from eye problems caused by spiral organisms. "I think we may come up with some treatment for them."

Dr. W. J. Brown said we have learned a great deal from Dr. Smith's work and it should urge all of us to try to find and treat everyone in a primary and secondary stage. Then he thanked each one who came to help us. "The advice you have given has been invaluable."

Dr. Sencer then said he thought everyone understood the sense of what we wanted to accomplish, "and we are going to do it. We will lean heavily on Ira." (Dr. Myers).

Meeting adjourned at 4:10 p.m.

MATERIALS FROM FOLDER LABELED

"1969 REPORTS ON TUSKEGEE STUDY FOR MEETING HELD 2/6/69"

BOX 15

TUSKEGEE SYPHILIS STUDY

ADMINISTRATIVE RECORDS 1930-1980

CENTERS FOR DISEASE CONTROL RECORD GROUP 442

11 PAGES

Department of Public Health
State Office Building
Montgomery, Alabama 36104

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

BUREAU OF ADMINISTR

March 13, 1969

File
B

William J. Brown, M. D.
Chief, Venereal Disease Branch
Department of Health, Education and Welfare
Public Health Service
National Communicable Disease Center
Atlanta, Georgia 30333

Dear Dr. Brown:

I have discussed the Macon County Untreated Syphilis Project with Dr. Ruth R. Berrey, the County Health Officer, and she knows of no opposition to the project at this time. She feels that it is not generally known or publicized. She doubts if the Medical Society is aware of its existence but hopes they will be sympathetic with the desires of the Public Health Service.

This matter has been discussed with the State Board of Health and, as we discussed at the Advisory Meeting, the Alabama State Board of Health refers this matter to the Macon County Medical Society for its decision regarding continuity. The present officers of the Society are as follows:

Luther Curtis McRae, Jr., M. D., President
Henry Wendell Foster, M. D., Vice-President
Sheridan Howard Settler, Jr., M. D., Secretary Treasurer

I shall attempt to discuss this matter and this action with Dr. McRae later today. You may proceed to make your contacts directly with local offic Please keep us informed and if a visit is made we will provide someone to go along or meet you there, if possible.

Dr. W. H. Y. Smith is improving and out of intensive care. We are encouraged by his progress.

With kindest personal regards, I am

Sincerely yours,

Ira L. Myers, M. D.
State Health Officer

ILM:fs 4/16 – Dr. Sencer was advised that Dr. Myers h talked to Dr. McRae and that Dr. McRae was n to the idea of bringing the Med. Society on board" as suggested from May 19th for appearance before the

April 15, 1969

Dr. Luther Curtis McRae
President, Macon County Medical Society
Tuskegee, Alabama

Dear Dr. McRae:

Dr. Ira Myers has discussed with you the study that has been conducted in Macon County for the past 30 years. He has indicated that the County Medical Society would be interested in hearing a review of the details. I would be happy to do so at your May 19 meeting if you wish.

Sincerely yours,

David J. Sencer

David J. Sencer, M.D.
Assistant Surgeon General
Director, National Communicable
Disease Center

DJSencer:hb

STANDARD FORM 1012
Title 7, GAO Manual
1012-110

TRAVEL VOUCHER

DEPARTMENT, BUREAU, OR ESTABLISHMENT
DHEW, PHS, HSMHA, NCDC, STATE & COMMUNITY SERVICES DIVISION

VOUCHER NO.

PAYEE'S NAME
ALFONSO H. HOLGUIN, M. D.

SCHEDULE NO.

MAILING ADDRESS
National Communicable Disease Center
1600 Clifton Road, N. E. (Bldg. B, Rm. 207)
Atlanta, Georgia 30333

PAID BY
21-0005

OFFICIAL DUTY STATION
Atlanta, Georgia

RESIDENCE

FOR TRAVEL AND OTHER EXPENSES
FROM (DATE): May 19, 1969
TO (DATE): June 6, 1969

TRAVEL ADVANCE
Outstanding: $ 225.00
Amount to be applied: 0
Balance to remain outstanding: $ 225.00

CHECK NO.

CASH PAYMENT RECEIVED:

(SIGNATURE OF PAYE

APPLICABLE TRAVEL AUTHORIZATION(S)
NO.: PHS 3.39066.1 FY; PHS 058503; PHS 065050; PHS 065300
DATE: 5/5/69; 4/25/69; 4/28/69; 5/27/69

TRANSPORTATION REQUESTS ISSUED

TRANSPORTATION REQUEST NUMBER	AGENT'S VALUATION OF TICKET	INITIALS OF CARRIER ISSUING TICKET	MODE, CLASS OF SERVICE, AND ACCOM-MODATIONS *	DATE ISSUED	POINTS OF TRAVEL FROM-	TO-
B-0,084,348	40.00	DL	Mixed	5/19/69	Atlanta, Ga.	Montgomery,
B-0,084,344	123.00	EA	Y	5/19/69	Atlanta, Ga. and return	St. Louis,
B-0,084,345	84.00	EA	Y	5/20/69	Atlanta, Ga. and return	Miami, Flor
B-0,084,346	74.00	EA	Y	5/26/69	Atlanta, Ga. and return	Miami, Flor
B-0,084,347	184.00	DL	Mixed	5/29/69	Atlanta, Ga. and return	Santa Fe, N

PAID JUL 21 1969

** Certified correct. Payment or credit has not been received.

June 12, 1969
(Date)

Alfonso H. Holguin, M.D.
(Signature of Payee)

AMOUNT CLAIMED: Doll: 261

APPROVED (Supervisory and other approvals when required)

Executive Officer, NCDC

DIFFERENCES:

NEXT PREVIOUS VOUCHER PAID UNDER SAME TRAVEL AUTHORITY
VOUCHER NO. | D.O. SYMBOL | DATE (MONTH-YEAR)

Certified correct and proper for payment:

Total verified correct for charge to appropriation(s)

Applied to travel advance (appropriation symbol)

(Date)

(Authorized Certifying Officer)

NET TO TRAVELER

ACCOUNTING CLASSIFICATION

30	9-0930/PHS 3.39066.1/9321 5501 (~~21.28~~)	(21.2m)		
31	9-0930/PHS 3.39066.1/9321 5501 (~~21.28~~)	"	57.90 /	44.00
32	9-0930/PHS 058503/9321 5510 (~~21.23~~) (~~21.28~~)	"	42.76 /	49.00
33	9-0930/PHS 065050/9321 5510 (~~21.80~~)	(21.5A)	~~10.00~~ 44.90	53.00
34	9-0910/PHS 065300/9321 5501 (~~21.98~~)	(21.2m)	32.90	43.00
			83.11	98.00

* Abbreviations for Pullman accommodations: MR, master room; DR, drawing room; CP, compartment; BR, bedroom; DSR, duplex single room; RM, DRM, duplex roomette; SDS, single occupancy section; LB, lower berth; UB, upper berth; LB-UB, lower and upper berth; S, seat.

** FRAUDULENT CLAIM—Falsification of an item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine o than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; *id.* 1001).

[redacted]

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

PREVIOUS TEMPORARY DUTY *(Complete these blocks only if in travel status immediately prior to period covered by this voucher and if administratively required)*

DEPARTURE FROM OFFICIAL STATION (DATE)	(HOUR)	TEMPORARY DUTY STATION LAST DAY OF PRECEDING VOUCHER PERIOD (LOCATION)	(DATE OF ARRIVAL)

DATE 19 69	NATURE OF EXPENSE*	AUTHORIZED MILEAGE RATE ____¢ SPEEDOMETER READINGS	NO. OF MILES	AMOUNT CLAIMED MILEAGE	SUBSISTENCE	OTHER
5/19	Taxi NCDC to airport (7.21 + .70)					
	Lv. Atlanta via DL 715 Y 4:20 PM					7.91
	Ar. Montgomery, Ala. enroute 3:55 PM					
	Lv. Montgomery via rental car					
	Ar. Tuskegee, Ala.					
	TDY Tuskegee					
5/20	Lv. Tuskegee via rental car					
	Ar. Montgomery enroute					
	Lv. Montgomery via DL 710 Y 8:10 AM					26.08
	Ar. Atlanta 9:45 AM					
	Taxi airport to NCDC (7.21 + .70)					
	Per diem 1 day at $16.00					7.91
					16.00	
	Post approval is requested for use of rental car. This car was used for official duty. Surface transportation not adequate to meet scheduled appointment, and no GSA car facility at Montgomery.					
	Executive Officer, NCDC					
5/20	Taxi NCDC to airport (7.21 + .70)					
	Lv. Atlanta via EA 870 Y 6:35 PM					7.91
	Ar. St. Louis, Mo. enroute 6:55 PM					
	Lv. St. Louis via AA 559 Y 8:45 PM					
	Ar. Oklahoma City, Oklahoma 10:00 PM					
	Taxi airport to hotel (2.00 +.20)					
	TDY Oklahoma City					2.20
5/21	Taxi hotel to airport (2.00 + .20)					
	Lv. Oklahoma City via BN 983 Y 5:50 PM					2.20
	Ar. Memphis, Tenn. enroute 6:59 PM					
	Lv. Memphis via DL 565 Y 8:17 PM					
	Ar. Atlanta 10:47 PM					
	Taxi airport to residence (9.50 + .95)					
	Per diem 1-1/4 days at $16.00					10.45
					20.00	
	Grand total to face of voucher (Subtotals, to be carried forward if necessary) → Subtotals				36.00	64.66

*If per diem ...

SUBJECT: AD HOC COMMITTEE -- TUSKEGEE STUDY

DATE: FEB. 6, 1969

Twelve previously published papers concerning the Tuskegee Study of Late Syphilis have been reviewed. The following items were selected from these publications relating to late ocular and neurosyphilis.

Papers reviewed were as follows:

Year of Publication	Senior Author
1936	Vonderlehr
1946	Heller
1946	Deibert
1950	Pesare
1953	Rivers
1954	Olansky
1954	Shafer
1955	Peters
1955	Schuman
1956	Olansky
1956	Olansky
1964	Rockwell

The following points are of particular importance from the standpoint of late syphilis in these papers, again with especial emphasis on late ocular and neurosyphilis.

I. VONDERLEHR 1936

This is the only report giving any data on cerebrospinal fluid studies in the patients. It is understood that this is because the patients have declined further lumbar punctures. This makes it very important to review the data concerning the exact findings in the spinal fluids of both groups, if this is still available. The paper notes:

> of 399 untreated syphilitics, 7.8% had clinical evidence of neurosyphilis. An additional 18.3% had reactive spinal fluid serologic tests. Thus, 26.1% showed clinical or laboratory evidence of neurosyphilis.
>
> of 201 controls, presumably nonsyphilitic, 2.5% had CNS disease.

Questions: (1) is L.P. data available for review?
(2) were lumbar punctures done on the nonsyphilitics?

II. HELLER 1946

This paper primarily deals with mortality figures. The main finding was: "..Life expectancy of a negro man between 25-50 who is infected with syphilis and receives no treatment for his infection is on the average reduced by about 20%."

III. DEIBERT 1946

This paper is important as it is the only publication giving significant information about eye defects in the study. It also gives much information about other organ systems as involved in the two groups.

EYE DEFECTS were found as follows:

age	no. cases	%	
25-44	3	11.5%	
45-64	41	42.7%	SYPHILITIC group
65 and over	26	81.3%	
25-44	4	6.9%	
45-64	24	31.6%	NONSYPHILITIC group
65 and over	14	73.7%	

Thus, EYE DEFECTS were found in 70 of 154 syphilitics

as compared to 42 of 153 nonsyphilitic controls.

Thus again, the number of eye defects reported in the 1946 paper was nearly double in the syphilitic group, and appears to be the greatest site of clinical productivity in examination.

Disease of the central nervous system was reported in 21 of 154 syphilitics, as compared to 13 of 153 nonsyphilitic controls. Note that even though again the incidence of disease was nearly double in the syphilitic group, that the number of lesions found is much higher on eye examination than on neurologic examination. This probably relates to ease of diagnosis, direct exposure of the eye, and the like, and emphasizes the importance of ophthalmologic and neuro-ophthalmologic findings in this study.

IV. PESARE 1950

The major contribution of this paper was the following statement -- "Among persons 55 and over when first examined no noticeable difference in the amount of disability could be demonstrated between the two groups."

V. RIVERS 1953

This paper is concerned with paramedical aspects of the study.

VI. OLANSKY July 1954

This report deals with environmental factors in the study. An important statement is at the end of the summary: "In the men studied,.... the outstanding difference between the group with untreated syphilis and the nonsyphilitic group is still the medical fact that some have syphilis and some have not."

VII. SHAFER 1954

This paper deals with life expectancy. A summary in one sentence of this paper is: "The life expectancy of an individual 25-50 years of age with syphilis for which he has received no appreciable amount of therapy is approximately 17% less on the average than that of an individual in the same age interval in a nonsyphilitic population."

VIII. PETERS 1955

This is an extremely important paper as it is the only publication dealing with PATHOLOGY in this study. Some selected points from this paper are:

The brain and portions of spinal cord were examined in 46 syphilitic patients and in 13 controls. The brain was examined in 46 of 92 syphilitic autopsies. 28 brains were grossly normal, 6 showed arteriosclerotic softenings, 5 cerebral hemorrhage (one after trauma, and one petechiae with pneumonia), and 1 abscess with bacterial endocarditis. 29 showed arteriosclerotic changes, 3 major. One paresis, and one meningovascular syphilis, from institutionalized patients.

Important findings were, however: OPACITY OF PIA-ARACHNOID was described in 9 syphilitic brains (20.5%), but in only 1 nonsyphilitic brain (7.7%). Likewise, PERIVASCULAR AND MENINGEAL CELLULAR INFILTRATION was noted in 7 syphilitic brains (15.9%), but in only one nonsyphilitic brain (7.7%).

Of 13 control brains, 9 were grossly normal. One showed cerebral hemorrhage, one edema after injury, and 6 had arteriosclerosis.

It is important to note that NO NOTE HAS BEEN MADE OF SILVER STAINS IN AN ATTEMPT TO DETERMINE THE PRESENCE OF TREPONEMES IN ANY OF THE AUTOPSIED TISSUES.

Other important pathologic data in the Peters report:

1. Atrophy and scarring of testis has been considered pathognomonic of syphilis by some investigators. Although atrophy of the testis was noted in almost 50% of BOTH groups, SCARRING OF THE TES was documented in 6 patients -- all syphilitic, and in none of the nonsyphilitic patients. These 6 tissue blocks should be carefully examined with the Krajian-Dieterle silver stain, if available.

2. The aorta was examined microscopically in 87 cases.
3. A very high prevalence of cardiac hypertrophy was noted. This correlates well with the fact that hypertension is common in the patients in this study. It was noted that both systolic and diastolic blood pressures have been higher in the syphilitic than in the nonsyphilitic groups.
4. A negro man with syphilis for more than 10 years and with essentially no treatment and with sustained seropositivity prior to death had roughly a 50:50 chance of demonstrating cardiovascular involvement at autopsy.
5. The best gross anatomic criterion of syphilitic aortitis= linear striation of thoracic aorta.
6. The best histologic criterion of syphilitic aortitis= thickening of aorta wall, and necrosis of media.
7. In 37 of the 87 aortas examined grossly and microscopically, there was no evidence of aortitis. Aortitis was present by gross and histologic criteria in 25 specimens or 28.1%
8. Fibrosis of pancreas was found in 5 syphilitic cases (of 92 examined) and in none of the controls (of 32 exam ned).
9. Tissues important for Krajian review:
   liver, pancreas, brain, aorta, testis, lymph node.

IX. SCHUMAN 1955
This paper estimated that 70% of the syphilitic group were still untreated.

X. OLANSKY May 1956
"It is estimated that less than 50% of untreated syphilis in male negroes will be detectable by the Kahn technique thirty years after infection"
"27% of patients with spontaneous serologic reversal had clinical manifestations of late syphilis"
These two statements were of obvious importance in the study of late seronegative syphilis.

XI. OLANSKY Aug. 1956

"Indeed, it seems from consideration of the autopsy incidence that it is impossible during life to determine whether the untreated individual, seronegative or not, has chronic activity in the aorta as a result of the persistence of activity of Treponema pallidum".

This paper also noted that the cardiovascular system is frequentl involved -- that 63% of the deceased patients had post-mortem examinations-- and that of the 23 living men with some form of late syphilis, that not one had received adequate therapy prior to to the recent survey.

XII. ROCKWELL 1964

This paper is important and gives a good review of ROSAHN's important autopsy monograph on syphilis, written in 1947. A brief summary reveals:

Rosahn revicwed 3907 autopsied cases (over age 20) seen at Yale between 1917-1941. 10% (380 autopsies) had clinical, laboratory, or autopsy evidence of syphilis. Of these 380 cases, 156 or 41% had morphologic lesions of syphilis. 58% (or 90) died primarily from syphilis. 116 of the 380 were seronegative at the last hospital admission. LESIONS WERE FOUND IN 21% OF THOSE THOUGHT TO BE FREE OF THE DISEASE.

One fourth of the autopsy proven cases of syphilis were seronegat to the conventional serologic tests done in hospital!

Of 11 patients with late syphilis at the time of study in 1963, 6 had a reactive VDRL. 5 of 11 with late disease had a nonreactive VDRL. 12% of syphilitics showed signs of late syphilis. 64% were cardiovascular. Case 103 and 375 never had shown reactive TPI or FTA tests. 5 cases previously TPI reactive became TPI nonreactive in the 5 year interval before this review. Case 482 was TPI reactive but FTA-ABS NR.

MATERIALS FROM FOLDER LABELED

"TUSKEGEE STUDY, AD HOC COMMITTEE 2/6/69"

BOX 2

TUSKEGEE SYPHILIS STUDY

ADMINISTRATIVE RECORDS 1930-1980

CENTERS FOR DISEASE CONTROL RECORD GROUP 442

31 PAGES

RECOMMENDATIONS

I. PATHOLOGY

The Tuskegee Study is a critically important study and will not be repeated. It has been strong from serologic, epidemiologic, and environmental standpoints. It has been moderately strong from clinical standpoint. It has been weak from cerebrospinal or tissue fluid standpoints. It has been very weak from the standpoint of pathologic anatomy. This is for the following reasons:

1. many autopsies have had only GROSS examination, without documenting photographs, and with no tissues saved for histologic study
2. no attempt has been made microscopically to determine the presence or absence of spirochetes in the tissues

It is urged that strong pathologic impetus now be given to this study, for the following reasons:

1. the study population is now over age 69 on the average and from the standpoint of life expectancy, therefore, one can expect a much larger increase in the death rates in both groups in the next decade.
2. Fresh frozen tissues should be obtained for fluorescent antibody studies. Fresh tissues should be obtained for animal inoculations and for darkfield examination.
3. Silver stains are important, and some tissues could be placed in proper fixation for electron microscopy if that appeared advisable at a later date.

Thus, whereas the groups have been differentiated on various grounds, primarily serologic, an attempt should be made for PATHOLOGIC differentiation. It would be most important to determine if spirochetes were present in the controls as often and in same sites as in the syphilitics. Thus, on a review of the patients made circa 1967, three patients showed classic Argyll Robertson pupils to 3 different ophthalmologists, but who later on breaking the code, were found to be in the "nonsyphilitic" group.

II. AQUEOUS PARACENTESIS

It would be quite feasible to go to the homes of the surviving patients and obtain a small specimen (2-3 drops) of aqueous humor for FA studies and for animal inoculations. This should, of course, be done only after explaining the procedure to the patient and after obtaining his consent. The safety of this diagnostic procedure has been attested to by the fact that over 6,000 paracentesis have been done at the University of Zurich in the past 15 years without any untoward problem whatever. This fact is in the literature and has been documented by the clinical experience of numerous other investigators in this country.

The fluid could be inoculated into testes of normal rabbits directly on the scene, and if desired, also into a small primate. This could be done in a manner so that the laboratory procedure was done on patients with no identification whatever as to whether syphilitic or nonsyphilitic group was being studied. The incidence of aqueous humor treponemes in both groups could be ascertained, and a more exact definition of these treponemes made by subsequent careful followup of the inoculated animals.

III. CONSIDERATION OF TREATMENT

It is recommended by this consultant that treatment NOT be given to the patients in this study for the following reasons:

1. Pesare in 1950 reported little difference between the two groups
2. Olansky in 1954 reported little difference between the two groups
3. There is strong evidence now available that penicillin will not eradicate the spirochete from patients with late syphilis
4. There is thus no known way to treat the patients effectively at this stage -- sensitivity reactions would be difficult to explain.
5. Pathology is of critical importance
6. Recent report (Lancet) has documented subsequent occurrence of new neurologic manifestations in 100 cases of TREATED paresis.
7. Those now surviving have made a tissue adjustment to the disease and previous reports have shown that the primary mortality from syphilis has already occurred.

It should be emphasized, however, that IF treatment is given to these patients, there is no reason not to perform suggestions 1 and 2 -- namely, PATHOLOGY and AQUEOUS STUDIES. There is no reason to expect that treatment will alter the occurrence or demonstration of spirochetes in these patients at this time. Thus, Bicillin does not enter aqueous or spinal fluid, and in the noninflamed state, little of any other type of penicillin will enter these tissues. The issue will become more difficult to evaluate, by introducing another variable, while at the same time, making no difference from a practical standpoint to the patients involved.

Respectfully submitted,

J.Lawton Smith

J.Lawton Smith, MD
Assoc. Prof. Ophthalmology
Assoc. Prof. Neurosurgery
Asst. Prof. Neurology
Univ. Miami School of Medicine
Miami, Florida

-VD - Prog. & Proj. - 4

UNITED STATES GOVERNMENT

Memorandum

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
Health Services and Mental Health Administration
National Communicable Disease Center - Atlanta

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

DATE: January 23, 1969

FROM : Chief, Venereal Disease Branch

SUBJECT: "Ad Hoc" committee meeting to consider the Tuskegee Study, Macon County, Alabama

As you may know, the V.D. Branch has conducted a long-term study of "Untreated Syphilis in the Negro Male" known as the Tuskegee Study. In the fall and spring of 1932-33, approximately 400 individuals with syphilis were selected for the study. At the same time, a control group of 200 was selected. At approximately 5-year intervals, as many as possible of this total 600 were examined. The last examination was done in the late fall of 1968.

Dr. Sencer has requested that an "ad hoc" committee be gathered to take a critical look and offer suggestions as to where we go from here. Another reason for the critical look is because of questions one individual, a former VD Rep, has asked regarding the propriety of the study since it is made up entirely of negro males.

On the afternoon of Thursday, February 6, following the meeting of the Advisory Committee on Immunization Practices, the committee will meet in conference room 207, Building 1. The committee will consist of: Drs. Gene Stollerman, Johannes Ipsen, Jr., Ira Myers, J. Lawton Smith, and someone from the Milbank Foundation. Dr. Sidney Olansky will be present as a resource person.

Dr. Bobby Brown and other V.D. Branch staff members will summarize the findings of the 7 examinations and present other data and information. The remainder of the time will be devoted to discussions by the committee members.

Attached is a list of persons attending. I am also enclosing copies of all publications coming out of the study. Should you have questions, give me a call.

Bill

William J. Brown, Medical Director

Enclosures

All these requests are filed "Info - Requests - VD"

HELP ELIMINATE WASTE HEW COST REDUCTION PROGRAM

"Ad Hoc" Committee Meeting to consider the long-term Syphilis Study of Untreated Syphilis in the Negro Male

February 6, 1969 1:00 p.m. Room 207, Building 1

Committee Members:

Dr. Gene Stollerman
Dr. Johannes Ipsen, Jr.
Dr. Ira Myers
Dr. J. Lawton Smith
Representative - Milbank Foundation

Resource Persons:

Dr. Bobby Brown - to present material
Mrs. Eleanor Price
Dr. Joseph Caldwell
Dr. Paul Cohen
Dr. Sidney Olansky

Recorders:

Dr. Leslie Norins
Mrs. Doris Smith

Attending:

Dr. David J. Sencer
Dr. Alfonso H. Holguin
Dr. William J. Brown
Dr. Grant Kuhn
Miss Genevieve Stout

RKP
VD

April 15, 1969

Dr. Luther Curtis McRae
President, Macon County Medical Society
Tuskegee, Alabama

Dear Dr. McRae:

Dr. Ira Myers has discussed with you the study that has been conducted in Macon County for the past 30 years. He has indicated that the County Medical Society would be interested in hearing a review of the details. I would be happy to do so at your May 19 meeting if you wish.

Sincerely yours,

David J. Sencer

David J. Sencer, M.D.
Assistant Surgeon General
Director, National Communicable
Disease Center

DJSencer:hb

EXTRACT

MINUTES
STATE BOARD OF CENSORS

FEBRUARY 19, 1969

TUSKEGEE UNTREATED SYPHILIS PROJECT:

In 1932 the U. S. Public Health Service initiated a study of untreated syphilis with proper controls in Macon County. Early published reports indicated that this was approved by the State Board of Health, but a search of the Minutes from 1931 - 1933 does not list a formal approval. It is assumed this must have been handled by correspondence. This project was initiated at a time when the treatment of syphilis was extremely hazardous, time-consuming and not too efficient. The Milbank Fund has been paying for post-mortem and burial services in connection with this project. The Public Health Service is concerned about whether to continue this project since the numbers are small, adequate treatment is now available, and there have been many social changes in Macon County. The Macon County Medical Society has completely changed. The old Society was disbanded several years ago and a new one has been organized. The State Health Officer has suggested to the Public Health Service that continuity of the program and patient care should be discussed with local physicians before a decision is made. Dr. Bush made a motion that this matter be referred to the Macon County Medical Society as suggested by Dr. Myers; Dr. Collier seconded the motion, which carried unanimously.

E X T R A C T

MINUTES
STATE BOARD OF CENSORS

[redacted] AUG 16 1972

TUSKEGEE STUDY

The Health Officer called attention to a background paper on the Tuskegee Study of untreated syphilis by the Department of Health, Education and Welfare. This paper (Exhibit "A") describes details not available elsewhere in state or county files, to the State Health Officer's knowledge, since these decisions were made in 1931 or 1932 at a time when the treatment of syphilis was hazardous, ineffective and not generally available. In addition, treatment was resisted by a large group of the infected population and the best indications are that these patients who entered this study were beyond the infectious stage at the time the study was begun. The Health Department has been told by those involved in the study several years ago that the program was fully outlined to the individuals and each participant was anxious to receive the burial and free medical examination benefits from the study. Certain individuals have been dropped from the study because circumstances surrounding their medical needs for a particular problem required treatment which would disqualify them from the study. An evaluation in 1969, outlined in the Minutes of the Board of February 19, 1969, referred this matter to the Macon County Medical Society which had been reinstituted after the former County Medical Society had become extinct. The concern of the Board at that time was an individual evaluation of the needs of these patients by physicians who were familiar with their complaints and personal findings and needs. The present Medical Society is predominently black so a racial discrimination problem would not be present. Federal officials advised the State Health Officer and Dr. W. H. Y. Smith, the Director of the Bureau of Preventable Diseases at that time, that treatment benefits were not expected for these individuals at that time. Also, some hazard of treatment might be encountered. The Federal investigators went immediately to Macon County following that action by the State Board

[redacted] State Health Officer in 1969

February 13, 1969

Dr. Eugene H. Stollerman
Professor and Chairman
Department of Medicine
The University of Tennessee
951 Court Avenue
Memphis, Tennessee 38103

Dear Dr. Stollerman:

I write this note to express my sincere appreciation for your participation in the discussion of the Tuskegee Study on February 6. The outcome of that conference will be most helpful to us in determining exactly in what course the long-term study must be directed.

Thank you for remaining at NCDC to help us in our decision making.

Sincerely yours,

William J. Brown

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

WJBrown:mg

February 13, 1969

J. Lawton Smith, M.D.
Associate Professor of Ophthalmology
Department of Ophthalmology
University of Miami School of Medicine
1638 Northwest Tenth Avenue
Miami, Florida 33136

Dear Dr. Smith:

I write this note to express my sincere appreciation for your help in determining the direction we must take with the Tuskegee Study. It seems we have so frequently called upon you for assistance and I am most grateful for your willingness to come to our aid.

We hope to get the proceedings of the "Spiral Organisms Workshop" to each participant without a great deal of delay.

Again, thank you for your assistance.

Sincerely yours,

William J. Brown

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

WJBrown:mg

February 13, 1969

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

Dear Ira:

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

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

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

Sincerely yours,

William J. Brown

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

WJBrown:mg

February 13, 1969

Dr. Sidney Olansky
Chief, Section of Dermatology
Emory University Clinic
Department of Internal Medicine
P. O. Box 459
Atlanta, Georgia 30322

Dear Sid:

Just a note to say thank you very much for taking the afternoon from your practice on Thursday, February 6, to help us in arriving at a decision for the direction of the Tuskegee Study.

I have requested that the necessary papers be prepared to provide you the usual consultant fee and hope it will get to you soon.

Again, thanks for your help.

Sincerely yours,

William J. Brown

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

WJBrown:mg

MILBANK MEMORIAL FUND 40 Wall Street New York 10005 WHitehall 4-4989

February 18, 1969

AIR MAIL

William J. Brown, M.D.
Chief, Venereal Disease Branch
National Communicable Disease Center
Department of Health, Education, and
Welfare
Atlanta, Georgia 30333

Dear Doctor Brown:

Thank you for your letter of February 13, 1969 and for the list of people attending the meeting. We shall be glad to learn about future plans for the Study as they develop.

My flight from Charlotte to Newark was cancelled, but I managed to get a sleeper on a train and arrived in Princeton early Monday morning, February 10.

I thoroughly enjoyed meeting you and your colleagues.

Very sincerely yours,

Clyde V. Kiser

Clyde V. Kiser, Ph.D.
Senior Member, Technical Staff

CVK:bv

February 13, 1969

Clyde V. Kiser, Ph.D.
Senior Member, Technical Staff
Milbank Memorial Fund
40 Wall Street
New York, N.Y. 10005

Dear Dr. Kiser:

It was a pleasure indeed to meet you last week and to have you here to participate in discussions of the direction in which the Tuskegee Syphilis Study should go. The conference will be most helpful to us in decision making and we will keep you advised. For your information I am attaching a list of the participants in the meeting.

We in the NCDC are most grateful for the assistance provided by the Milbank Foundation, for without it this study would not have reached this point.

I surely hope you arrived in New York before the paralyzing snow storm this past week-end.

Thank you very much for coming to Atlanta and discussing with us the Tuskegee Study.

Sincerely yours,

William J. Brown

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

Enclosure

WJBrown:mg

Ad hoc committee to discuss Tuskegee Syphilis Study

February 6, 1969 -- NCDC -- Atlanta

Dr. Sidney Olansky
Chief, Section of Dermatology
Emory University Clinic
Department of Internal Medicine
P. O. Box 459
Atlanta, Georgia 30322

Dr. Johannes Ipsen, Jr.
Professor
Department of Community Medicine
University of Pennsylvania
4219 Chester Avenue
Philadelphia, Pennsylvania 19104

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

Dr. J. Lawton Smith
Associate Professor of Ophthalmology
Department of Ophthalmology
University of Miami School of Medicine
1638 Northwest Tenth Avenue
Miami, Florida 33136

Dr. Clyde V. Kiser
Senior Member, Technical Staff
Milbank Memorial Fund
40 Wall Street
New York, N.Y. 10005

Dr. Eugene H. Stollerman
Professor and Chairman
Department of Medicine
The University of Tennessee
951 Court Avenue
Memphis, Tennessee 38103

NCDC Staff members:

Dr. David J. Sencer, Director, NCDC
Dr. Leslie Norins, Director, Venereal Disease Research Laboratory
Mrs. Eleanor Price, Statistician, Venereal Disease Branch
Dr. William J. Brown, Chief Venereal Disease Branch

MILBANK MEMORIAL FUND 40 Wall Street New York 10005 WHitehall 4-4989

January 29, 1969

AIR MAIL

William J. Brown, M.D.
Chief, Venereal Disease Branch
National Communicable Disease Center
Department of Health, Education, and
Welfare
Atlanta, Georgia 30333

Dear Doctor Brown:

Thank you for your letter of January 28, 1969. I believe we have met at Mortimer Spiegelman's meetings of those involved in the APHA series of monographs on vital and health statistics.

I look forward to the meeting in Room 207 of the main building of National Communicable Disease Center, 1600 Clifton Road, N.E. at 1:00 P.M., Thursday, February 6. I am glad you expect to finish discussions in time for departure on late afternoon planes. I am planning to take a 6:55 P.M. Eastern flight to Charlotte.

Very sincerely yours,

Clyde V. Kiser, Ph.D.
Senior Member, Technical Staff

CVK:bv

January 28, 1969

Clyde V. Kiser, Ph.D.
Milbank Foundation
40 Wall Street
New York, New York 10005

Dear Dr. Kiser:

Dr. David J. Sencer, Director, NCDC, has advised me you will join a small "Ad Hoc" committee on the afternoon of Thursday, February 6, to review the objectives and findings of our long-term study - The Tuskegee Study of Untreated Syphilis.

Your files will probably provide a great deal of information on this study for the Milbank Foundation has, for a period of some 35 years, contributed to this study. Briefly, the study was undertaken in 1932-33 in Macon County, Alabama to determine the outcome of untreated syphilis. At approximately 5-year intervals, the persons in the study that could be contacted were examined. Last fall, 1968, the seventh such examination was conducted. This study has covered a period of 35 years and we are now at a point we feel a critical look be taken.

Dr. Sencer has invited a small group to meet at the National Communicable Disease Center at 1 o'clock, Thursday, February 6. Staff members will summarize each 5-year findings, present findings of the most recent examination, present other unpublished data and information and then serve as resource persons during the committee deliberations. I am enclosing a copy of all papers which have appeared in the literature for your review.

As stated above, the group will assemble at 1 o'clock in Room 207 of the main building of NCDC, 1600 Clifton Road, N.E. and we expect to finish discussions in time for departure on late afternoon planes.

A reservation has been made for you at the Sheraton-Emory Inn, 1641 Clifton Road, N.E. Reservation is confirmed for late arrival on February 5. This Inn is directly across the street from the NCDC complex. The airport limousines are available from the airport to the Inn should you wish to use this type of ground transportation.

We are most grateful to the Milbank Foundation for its very valuable contribution through the years and I extend my thanks for your willingness to come to Atlanta and participate in the committee discussions.

Sincerely yours,

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

Enclosures

WJBrown:mg

January 23, 1969

Dr. Sidney Olansky
Chief, Section of Dermatology
Emory University Clinic
Department of Internal Medicine
P. O. Box 459
Atlanta, Georgia 30322

Dear Sid:

I appreciate your willingness to attend the "ad hoc" committee meeting the afternoon of Thursday, February 6, to consider the future of the Tuskegee Study. The meeting will be held in Room 207, Building 1 (main building) and will begin at 1 o'clock.

I am enclosing copies of all published papers re the study for your review. Bobby Brown will summarize findings of each 5-year examination, present the findings of the examination performed last fall as well as other information.

Again, thanks for your willingness to help.

Sincerely yours,

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

Enclosures

WJBrown:mg

January 23, 1969

Dr. Johannes Ipsen, Jr.
Professor
Department of Community Medicine
University of Pennsylvania
4219 Chester Avenue
Philadelphia, Pennsylvania 19104

Dear Dr. Ipsen:

Dr. David J. Sencar advises me you have agreed to join a small "ad hoc" committee on the afternoon of Thursday, February 6, following the ACIP meeting to review the objectives and findings of a long-term study-- The Tuskegee Study of Untreated Syphilis in the Male Negro-- and give us advice as to where we go from here.

This study was initiated in the fall and spring of 1932-33 in Macon County, Alabama. At approximately 5-year intervals the persons in the study that could be contacted were examined. Last fall, 1968, the seventh such examination was conducted. This study has covered a period of 35 years and we are now at a point we feel a critical look be taken.

I am enclosing a copy of all papers which have appeared in the literature for your review. Staff members will summarize each 5-year findings, present the findings of the most recent examination, present other unpublished data and information and then serve as resource persons during the committee deliberations.

We expect to convene the "ad hoc" committee immediately after lunch and wind things up in time for departure on late afternoon planes.

I extend my thanks for your willingness to assist us in making decisions on this study and look forward to seeing you on February 6.

Sincerely yours,

William J. Brown

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

Enclosures

WJBrown:mg

January 23, 1969

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

Dear Dr. Myers:

I was sitting by when Dave Sencer asked you to join a small "ad hoc" committee on Thursday afternoon, February 6, to review the findings of the Tuskegee Study and give us some advice as to where we go from here.

This study, as you may remember, was initiated in the fall and spring of 1932-33 in Macon County. At approximately 5-year intervals, examinations of the selected individuals have been made. The last exam was in the late fall of 1968.

I am enclosing a copy of all published papers for your review. Staff members will summarize each 5-year findings, present the findings of the most recent examination, present other unpublished data and information and then serve as resource persons during the committee deliberations.

We expect to convene the "ad hoc" committee immediately after lunch on the 6th.

I extend my thanks for your willingness to assist us in making decisions on this study. I'll see you on February 6.

Sincerely yours,

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

Enclosures

~~cc: Region IV~~
WJBrown:mg

January 23, 1969

J. Lawton Smith, M.D.
Associate Professor of Ophthalmology
Department of Ophthalmology
University of Miami School of Medicine
1638 Northwest Tenth Avenue
Miami, Florida 33136

Dear Dr. Smith:

I am indeed pleased you will be able to join as an "ad hoc" committee member to offer advice on the long-term syphilis study which we have been conducting.

This study, known as the Tuskegee Study, was begun in 1932-33 to determine the risks of untreated syphilis in the male. At 5-year intervals, physicians have examined as many of the persons as possible. The seventh such examination was conducted in the late fall of 1968. Now that the study has gone on for 35 years, the point has been reached to determine where we go from here. To help us make this decision, Dr. Spencer has asked that a small "ad hoc" committee be gathered to offer advice.

The meeting will begin at 1 o'clock on Thursday, February 6, and should end in adequate time for members of the committee to make plane departures in the late afternoon. We will meet in Room 207 of Building 1 at the main NCDC complex, 1600 Clifton Road.

Enclosed are copies of all published papers of the study for your review. Staff members will summarize findings at each 5-year examination, present findings of the last examination of 1968, present other unpublished data and information, and serve as resource persons during the deliberations of the committee.

The V.D. Branch will issue a professional services contract in an amount sufficient to cover your airline travel cost (tourist jet), a reasonable amount for other expenses, and a consultant fee of $75.00. Unfortunately, this cannot be issued in advance; therefore, we must ask that you bear this expense originally and you will be reimbursed.

I appreciate very much your willingness to come to Atlanta and help us in determining the decision before us.

Unless there is some change in the details, I will see you on February 6 as well as next week when the workshop is held on spiral organisms in body fluids.

Sincerely yours,

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

Enclosures

WJBrown:mg

February 13, 1969

Dr. Johannes Ipsen, Jr.
Professor
Department of Community Medicine
University of Pennsylvania
4219 Chester Avenue
Philadelphia, Pennsylvania 19104

Dear Dr. Ipsen:

I write this note to express my sincere appreciation for your participation in the discussion of the Tuskegee Study on February 6. The outcome of that conference will be most helpful to us in determining exactly in what course the long-term study must be directed.

Thank you for remaining at NCDC to help us in our decision making.

Sincerely yours,

William J. Brown

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

WJBrown:mg

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

Dr. David J. Sencar
Director, NCDC

January 23, 1969

Chief, Venereal Disease Branch

Tuskegee Study - "Ad Hoc" committee meeting

I have contacted Dr. J. Lawton Smith and he has agreed to join the group to discuss the Tuskegee Study. Sid Olansky will be present as a resource person. I have sent to each committee member (with the exception of the Milbank Foundation representative) copies of all publications on the Study and a letter expressing our thanks for their willingness to help us. As soon as your office advises who will attend from the Milbank Foundation, the same materials will be sent.

Bobby Brown and other staff members will present summaries of findings of the first six 5-year examinations and an up-to-date status report of the last examination-- fall 1968. They, along with Sid Olansky, will then serve as resource persons. Dr. Norine will serve as the Recorder. There will be no fixed agenda other than Bobby's presentation after you have opened the meeting.

I believe everyone concerned with this meeting has been contacted.

William J. Brown, Medical Director

WJBrown:mg

January 23, 1969

Dr. Eugene H. Stollerman
Professor and Chairman
Department of Medicine
The University of Tennessee
951 Court Avenue
Memphis, Tennessee 38103

Dear Dr. Stollerman:

I am indeed pleased you will remain following the meeting of the Advisory Committee on Immunization Practices on Thursday, February 6, to offer advice on the long-term syphilis study which we have been conducting.

Dr. Leighton Cluff is unable to join the "ad hoc" committee because of a previous commitment on February 6. Dr. Spencer has invited Dr. Johannes Ipsen, Jr., Professor, Department of Community Medicine, University of Pennsylvania, who I understand, is a member of the ACIP group. Dr. Ira Myers, State Health Officer of Alabama, will also join the "ad hoc" committee group. The Milbank Foundation has given financial support to the study and Dr. Spencer has invited a member of that Foundation to be present.

I am enclosing a copy of all publications arising from the Tuskegee Study for your review. The findings of the last examination of the persons in the study will be presented at the opening of the February 6th meeting. Staff members will summarize findings at each 5-year examination, will present other unpublished data and information and serve as resource persons during the deliberations.

As you suggested, we will get the meeting underway as soon after 12 o'clock as possible so that late afternoon plane departures can be made.

Should anything else develop I will contact you. Otherwise, I will see you on February 6.

Sincerely yours,

William J. Brown

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

Enclosures

WJBrown:mg

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

IDENTICAL MEMORANDUM

TO: See Below

DATE: January 23, 1969

FROM: Chief, Venereal Disease Branch

SUBJECT: Tuskegee Study -- "Ad Hoc" Committee Meeting

There will be an "ad hoc" committee meeting to examine the data from the Tuskegee Study and offer advice as to where we go from here at 1:00 p.m., Thursday afternoon, February 6, 1969 in Conference Room 207, Building One, NCDC.

Dr. Bobby Brown and other staff members will present the data and serve as resource persons during the discussions of the committee members.

Attached is a list of the committee members and others who will be present.

William J. Brown, Medical Director

Addressees:

Dr. Bobby Brown
Dr. Leslie Norins
Mrs. Eleanor Price
Dr. Joseph Caldwell
Dr. Paul Cohen
Dr. Grant Kuhn
Miss Genevieve Stout
Mrs. Doris Smith

HEW-41
(REV. 3-64)

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

January 23, 1969

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

Chief, Venereal Disease Branch

"Ad Hoc" committee meeting to consider the Tuskegee Study, Macon County, Alabama

As you may know, the V.D. Branch has conducted a long-term study of "Untreated Syphilis in the Negro Male" known as the Tuskegee Study. In the fall and spring of 1932-33, approximately 400 individuals with syphilis were selected for the study. At the same time, a control group of 200 was selected. At approximately 5-year intervals, as many as possible of this total 600 were examined. The last examination was done in the late fall of 1968.

Dr. Sencer has requested that an "ad hoc" committee be gathered to take a critical look and offer suggestions as to where we go from here. Another reason for the critical look is because of questions one individual, a former VD Rep, has asked regarding the propriety of the study since it is made up entirely of negro males.

On the afternoon of Thursday, February 6, following the meeting of the Advisory Committee on Immunization Practices, the committee will meet in conference room 207, Building 1. The committee will consist of: Drs. Gene Stollerman, Johannes Ipsen, Jr., Ira Myers, J. Lawton Smith, and someone from the Milbank Foundation. Dr. Sidney Olansky will be present as a resource person.

Dr. Bobby Brown and other V.D. Branch staff members will summarize the findings of the 7 examinations and present other data and information. The remainder of the time will be devoted to discussions by the committee members.

Attached is a list of persons attending. I am also enclosing copies of all publications coming out of the study. Should you have questions, give me a call.

William J. Brown, Medical Director

Enclosures

WJBrown:mg

"Ad Hoc" Committee Meeting to consider the long-term Syphilis Study of Untreated Syphilis in the Negro Male

February 6, 1969 1:00 p.m. Room 207, Building 1

Committee Members:

Dr. Gene Stollerman
Dr. Johannes Ipsen, Jr.
Dr. Ira Myers
Dr. J. Lawton Smith
Representative - Milbank Foundation

Resource Persons:

Dr. Bobby Brown - to present material
Mrs. Eleanor Price
Dr. Joseph Caldwell
Dr. Paul Cohen
Dr. Sidney Olansky

Recorders:

Dr. Leslie Norins
Mrs. Doris Smith

Attending:

Dr. David J. Sencer
Dr. Alfonso H. Holguin
Dr. William J. Brown
Dr. Grant Kuhn
Miss Genaviave Stout

February 27, 1969

Dr. Clyde V. Kiser
Milbank Memorial Fund
40 Wall Street
New York, New York 10005

Dear Dr. Kiser:

It is somewhat difficult at this point to reconstruct the table presented on page 793 of Dr. Rockwell's paper. If it serves your purpose just as well, we would prefer to substitute for 1963 figures which are comparable to those prepared recently for the 1968 examination.

As you will note in reviewing the reprints of the Tuskegee Study, the number of cases originally included in the study varies by author from 399 to 412 syphilitic patients and from 192 to 201 nonsyphilitic controls. A review of all available records provides the names (including the 1938-1939 additions) of 630 individuals, but clinical folders for five of these are missing from the files, apparently having been discarded for unknown reasons during the course of the study.

Slide 1 of Dr. Brown's presentation (copy enclosed) showed the initial and final classification of the remaining 625 participants. The pencilled figures entered on your letter exclude the 14 cases added at the time of the second examination since these were not included in the figures presented by Dr. Rockwell.

In 1963 an attempt was made through our Regional Offices to locate and examine patients who had moved from Macon County. Twenty-four patients (19 syphilitic and 5 controls) were examined. Furthermore, Dr. Rockwell spent six weeks conducting examinations in 1963; the two physicians who went to Tuskegee in 1968 were there for just two weeks. Although they returned for a Saturday visit later, only four of the 15 patients who had been scheduled for examination appeared -- presumably the others had learned that spinal fluid examinations were being performed. These factors account, at least in part, for the large number in the "survival unknown" column in 1968.

Since you raised the question at the meeting on February 6, we are also enclosing a crude calculation of the death rates, by age, which was computed at a time when there were 271 deaths among the syphilitic patients

and 94 among the controls. If you wish additional information, please feel free to call on us.

Sincerely yours,

William J. Brown

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

Enclosures

EVPrice:ax

MILBANK MEMORIAL FUND 40 Wall Street New York 10005 WHitehall 4-4989
Cable Milmorial New York

February 18, 1969

B

William J. Brown, M.D.
Chief, Venereal Disease Branch
National Communicable Disease Center
Department of Health, Education, and
Welfare
Atlanta, Georgia 30333

Dear Dr. Brown:

I have been trying to reconstruct for 1968 a table similar to Table 2 (relating to 1963) in Rockwell, Yobs, and Moore The Tuskeegee Study of Untreated Syphilis, Archives of Internal Medicine, December, 1964, p. 794.

I would appreciate it if you or Dr. Robert Brown would fill in the blanks if the available data make this convenient.

1963	Total (Original)	Known Dead	Known Living	Survival Unknown
Syphilitics	412 (429)	242 (256)	85 (93)	85 (80)
Controls	192 (182)	87 (86)	66 (61)	39 (35)
1968				
Syphilitics	412 (429)	? (276)	53 (59)	? (107)
Controls	192 (182)	? (97)	36 (36)	? (49)

I believe Dr. Robert Brown mentioned 276 known dead for the syphilitics in 1968 but am not sure.

It will be satisfactory to put the numbers where the question marks are and return the letter. I realize, of course, that there was some shifting of status as between syphilitics and controls.

Very sincerely yours,

Clyde V. Kiser

Clyde V. Kiser, Ph.D.
Senior Member, Technical Staff

CVK:bv

MATERIALS FROM FOLDER LABELED

"TUSKEGEE STUDY GENERAL FOLDER #1"

BOX 8

TUSKEGEE SYPHILIS STUDY

ADMINISTRATIVE RECORDS 1930-1980

CENTERS FOR DISEASE CONTROL RECORD GROUP 442

6 PAGES

IC: Mr. Weisman, Room 5614, N/HEW, phone 33021

MEMORANDUM

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

TO : Mr. Dennis Weisman
Staff Assistant to the Assistant Secretary
for Health and Scientific Affairs

DATE: August 9, 1972

FROM : Assistant Director for Operations

SUBJECT: Tuskegee Study

As you requested, attached is a summary of the ad hoc committee meeting held February 6, 1969, to consider the Tuskegee Study.

William C. Watson, Jr.

Attachment

SUMMARY OF AD HOC MEETING ON TUSKEGEE STUDY

An ad hoc committee meeting was convened Thursday, February 6, 1969, at 1 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

Attending:

Dr. David J. Sencer
Director, NCDC

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

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

Miss Genevieve 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. Current welfare of study participants
2. Adequacy of follow up of study participants
3. Original purposes and design of study in 1932

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

The potential benefits to be achieved from continuing the study at this time were:

1. Clarification of the relationship of serology to morbidity from syphilis.

2. Clarification of the relationship of syphilis to pathological findings.

3. Clarification of a variety of risk factors associated with morbidity and mortality from late syphilis.

Full treatment of the survivors originally in the syphilitic group was considered. The dangers to patients suffering from cardiovascular or neurological conditions from late Herxheimer's reactions were emphasized.

The meeting was terminated with several salient points:

1. Treatment for these patients was not indicated unless they had signs of active syphilitic disease.

2. Medical follow up of all survivors should be intensified.

3. Knowledge of medical value could be gained by continuing to record information gained either through medical follow up or from pathological examinations in the study group.

4. The Macon County Health Department and the Tuskegee Institute have been fully cognizant of the study. The Public Health Service should increase its contact with both the Macon County Health Department and the Macon County Medical Society to help them to assist more fully in the continuance of the study.

5. This type of study would never be repeated.

Meeting adjourned at 4:10 p.m.

February 27, 1969

Mr. Peter J. Buxtun
1730 Kearny Street
San Francisco, California 94133

Dear Mr. Buxtun:

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

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

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

We will be working with the State Health Department, the Macon County Health Department and the local Medical Society of Tuskegee to assure that all possible individual attention be given to people who participated in the study. To this end we will continue to augment the staff available in Macon County.

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

Sincerely yours,

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

WJBrown:mg

11/1/69 TO File

Peter J. Buxtun
1730 Kearny St.,
San Francisco

3/29/69

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

Dear Dr. Brown:

Thank you for your letter of 27 February. What you said has given me much to think about.

In your letter you mention a committee of professionals from outside the National Communicable Disease Center, and their conclusion that treatment of the Tuskegee Study group is not, at this late date, safe. I recall this point being made in our conference when I visited Atlanta, and I cannot say that I disagree with the medical aspects involved. In short, I am forced to concur in your professional determination that medical treatment is no longer available as a means of halting whatever syphilitic damage the study group is now enduring.

It is to the legal aspects of the study that I now turn. I assume that the committee of professionals did not include any lawyers, or that the legal aspects of the study were not pursued. Here is how I would analyze the situation:
1933: USPHS begins a long-term, autopsy-oriented, human experimentation study on the morbidity and mortality of untreated syphilis. The subjects are largely uneducated and quite ignorant of the effects of untreated syphilis. Their status as "volunteers with social motives" is further eroded by the granting of certain inducements (such as burial expenses and treatment for other diseases). At this time the study might be justified because: (1) there is no proper cure for syphilis (2) the study group is taken from a heavily-infected and little-treated area,
1942: Penicillin therapy is found to be a proper cure for syphilis.
1950: A study report observes that "percentages...indicate that combined mortality and morbidity are consistently higher among the untreated syphilitics". In other words, a group of unaware men is being allowed to die early and suffer physical disability in the interest of medical science. There is a great disparity of knowledge between the "volunteers" and the men running the study.
1969: Probably most of the physical damage and early death has been sufferred, and advanced age prevents the treatment of the survivors. They no longer could exercise a choice of ending their days free from syphilis.

Thus I must now ask: what is the ethical thing to do? Compensate the survivors? Compensate the families of all the subjects? Or should NCDC await the quiet demise of the survivors and hope that will end

MATERIALS FROM FOLDER LABELED

"GRANTS: MILBANK GRANT RENEWAL 1949-71"

BOX 9

TUSKEGEE SYPHILIS STUDY

ADMINISTRATIVE RECORDS 1930-1980

CENTERS FOR DISEASE CONTROL RECORD GROUP 442

1 PAGE

November 19, 1969

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

Dear Dr. Robertson:

Since the Advisory Committee meeting last February, we have met with the Medical Society of Macon County, Alabama, and have furnished each of its members with a list of surviving participants in the Tuskegee Study. Although assured of their cooperation, we feel that analysis of the data assembled to date should await a more favorable national climate.

In the meantime we are continuing to collect as much information as possible. During 1969, six deaths reported and autopsies were performed in three instances.

It is hoped that your Board of Directors understands the situation and will grant us sufficient funds to continue through 1970.

Sincerely yours,

William J. Brown

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

EVPrice:sg

UNITED STATES GOVERNMENT

Memorandum

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

DATE: February 24, 1969

TO : Dr. David J. Sencer
Director, NCDC

FROM : Chief, Venereal Disease Branch

SUBJECT: Draft-- reply to Mr. Peter Buxtun

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

Bill

William J. Brown, Madical Director

Enclosures

[redacted]

Peter J. Buxtun
1730 Kearny St.,
San Francisco

11/24/68

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

Dear Dr. Brown:

I again am writing you with regard to the study of untreated Syphilis in the male negro. It has been well over a year since I last communicated with you in this regard. In that period of time, I have left the USPHS, and so am no longer informed as to CDC projects.

When we discussed the matter in Atlanta, I told you that I had grave moral doubts as to the propriety of this study. While I could see the justification and propriety of the study at its inception, and even up to the time of the widespread use of penicillin, I could not condone the continuation of this study up to the present day. While I must grant the danger of treating aged syphilitics, and while I am sure medical science has benefitted by the study, I still must advocate the following points:

1.) The group is 100% negro. This in itself is political dynamite and subject to wild journalistic misinterpretation. It also follows the thinking of negro militants that negros have long been used for "medical experiments" and "teaching cases" in the emergency wards of county hospitals.
2.) The group is not composed of "volunteers with social motives". They are largely uneducated, unsophisticated, and quite ignorant of the effects of untreated syphilis.
3.) Today it would be morally unethical to begin such a study with such a group. Probably not even the suasion of belonging to the "Nurse Rivers Burial Society" would be sufficient inducement.

I earnestly hope that you will inform me that the study group has been, or soon will be, treated.

Very truly yours,

Peter J. Buxtun
1730 Kearny St.,
San Francisco

[redacted]

cc: DI [redacted]

[redacted]

(1)

Peter Buxtun

I have delayed answering your letter of last November, pending completion of a planned review of the Tuskegee Study.

Following this review, we assembled a Committee of professionals, mostly from outside of government and the National Communicable Disease Center, to consider all aspects of this long term study, including the points made in your letter that all persons remaining in the Study group be offered treatment.

Our committee of highly competent physicians and other professionals did not agree or recommend that the Study group be treated. Since the youngest living member of the Study group are 69 years old, and since penicillin or other antibiotic treatment of elderly people often involves considerable risk to the individual due to constitution or other [illegible]

Mr. Bentsen –

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

Following the review we called together a Committee of professional people to consider among a number of things the point which you presented in your letter, that of offering treatment to all persons in the Study group.

After ~~a~~ an examination of the data and a very lengthy discussion regarding treatment the ~~comm~~ Committee of highly competent professionals did not agree nor recommend that the Study group be treated. The Committee pointed out the need for the State Health Officer and the Health Officer of Macon County, Ala. to become more intimately involved. ~~and~~ They also

advised that the local medical society of Tuskegee be brought ~~into~~ more closely into the Study.

The director of the NCDC and I are proceeding along the lines recommended by the Committee.

I hope this letter gives you assurance that competent professions have studied the point you made and have given us the benefit of their judgments.

Peter Buxtun

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

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

After an examination of the data and a very lengthy discussion regarding treatment, our committee of highly competent professionals did not agree to recommend that the study group be treated. The youngest living member of the Study group is 69 years old. ~~and~~ the question of treating persons of

[redacted]

this age and older, unless it is demonstrated that [illegible] disease is present, is a matter of medical judgment, since the benefits of such therapy must be offset against the risks to the individual ~~of this age~~.

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

You can be assured that competent professionals have studied the points you made and that each person [illegible] in the study will be evaluated fully.

DRAFT

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

Dear Mr. Buxtun:

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

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

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

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

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

Sincerely yours,

William J. Brown, M.D.

DRAFT

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

Dear Mr. Buxtun:

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

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

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

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

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

Sincerely yours,

William J. Brown, M.D.

Material from folder

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Box 4

Administrative Records 1930-80

Tuskegee Syphilis Study

CDC RG 442

cleaner copy of March 13 letter

State Office Building
Montgomery, Alabama 36104

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

BUREAU OF ADMINISTRATION

March 13, 1969

File
By

William J. Brown, M. D.
Chief, Venereal Disease Branch
Department of Health, Education and Welfare
Public Health Service
National Communicable Disease Center
Atlanta, Georgia 30333

Dear Dr. Brown:

I have discussed the Macon County Untreated Syphilis Project with Dr. Ruth R. Berrey, the County Health Officer, and she knows of no opposition to the project at this time. She feels that it is not generally known or publicized. She doubts if the Medical Society is aware of its existence but hopes they will be sympathetic with the desires of the Public Health Service.

This matter has been discussed with the State Board of Health and, as we discussed at the Advisory Meeting, the Alabama State Board of Health refers this matter to the Macon County Medical Society for its decision regarding continuity. The present officers of the Society are as follows:

Luther Curtis McRae, Jr., M. D., President
Henry Wendell Foster, M. D., Vice-President
Sheridan Howard Settler, Jr., M. D., Secretary Treasurer

I shall attempt to discuss this matter and this action with Dr. McRae later today. You may proceed to make your contacts directly with local officers. Please keep us informed and if a visit is made we will provide someone to go along or meet you there, if possible.

Dr. W. H. Y. Smith is improving and out of intensive care. We are encouraged by his progress.

With kindest personal regards, I am

Sincerely yours,

Ira L. Myers, M. D.
State Health Officer

ILM:fs

4/16 – Dr. Seuser was advised that Dr. Myers has talked to Dr. McRae and that Dr. McRae was receptive to the idea of bringing the Med. Society "on board" and suggested May 19th for appearance before the [illegible]

file
pb

January 15, 1969

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

Re: TUSKEGEE STUDY

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

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

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

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

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

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

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

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

mg