Letters to the Editor

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The Neglected Lesson of the Tuskegee Study

The article by Vanessa Gamble in the November 1997 issue was a useful summary of American racism.1 Yet neither Dr Gamble’s report nor any of the other pieces dealing with racism, past or present, mention what I believe is the most revealing aspect of the Tuskegee study.

Between 1932 and 1972, at least 16 articles describing the Tuskegee study appeared in reputable medical journals, including the American Journal of Public Health, the Journal of the American Medical Association, and the New England Journal of Medicine.2–4 The study was not a secret. Its rationale, its subjects (enlisted without informed consent), and its failure to treat even after the advent of penicillin must have been common knowledge to many health professionals. Careful readers may have also been aware of the study’s flaws, which seriously compromised its findings. Yet there was no outcry until a conscience-stricken interviewer, after vainly trying to get an intransigent US Public Health Service to acknowledge the error of its ways quietly, brought the study to the attention of an Associated Press reporter.5

To the best of my knowledge, no article, editorial, or other statement condemning the study appeared in medical, public health, or social science journals until after the Washington Star exposé in 1972. The 40 years of silence included even the National Medical Association and its journal.

Although informed consent may not have been part of the research lexicon when the Tuskegee study was initiated, this was no longer the case after the activities of Nazi physicians came to light. The Nuremberg Code was adopted in 1947. Its research requirements were a frequent topic of discussion in medical and popular journals.6,7 Moreover, Henry Beecher’s many articles had alerted the medical profession to past examples of medical research that neglected the principles of consent (informed or not) and avoidance of undue risk. None of Beecher’s examples cited the Tuskegee study.

How can we explain these many years of silence and the decision of the Public Health Service to continue the study in the face of egregious wrong? Does the silence tell us something about our own buried biases and stereotypes that operate, often without our conscious knowledge, to influence our behavior and protect ourselves and our professional image?

To hang our head—ostensibly—
And subsequently to find
That such was not the posture
Of our immortal mind
Affords the sly presumption
That in so dense a fuzz—
You—too—take cobweb attitudes
Upon a plane of gauze.8

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References

A Geographic Information Systems Application for Disease Surveillance

Geographic information systems have emerged as an innovative, important component of public health and epidemiology.1 Such a system links geographic locations with characteristics of the phenomena found there (e.g., cases of disease, restaurants, demographics, water supply and drainage lines, and highways), visually displaying spatial associations.

The Maryland Department of Health and Mental Hygiene in Baltimore has formulated a plan to use geographic information systems in a model communicable disease