NEITHER VICTIM NOR VILLAIN: 
Nurse Eunice Rivers, the Tuskegee Syphilis Experiment, and Public Health Work

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From 1932 to 1972 white physicians of the United States Public Health Service (USPHS) carried out an experiment on approximately 400 rural black men in Macon County, Alabama. The study, which historian James Jones has described as "the longest nontherapeutic experiment on human beings in medical history," was predicated on following the course of untreated syphilis until death. Historians have focused on the study as scientifically unjustifiable and as an unethical experiment that highlights the racism of American medicine and the federal government. While affirming the validity of these assessments, I reexamined the experiment to return to the troubling question of why black professionals, such as nurse Eunice Rivers (Laurie), supported the project.

Black health workers and educators associated with Tuskegee Institute, a leading black educational institution founded by Booker T. Washington in Alabama, played a critical role in the experiment. Robert Moton, head of Tuskegee Institute in the 1930s, and Dr. Eugene Dibble, the Medical Director of Tuskegee’s Hospital, both lent their endorsement and institutional resources to the government study. However, no one was more vital to the experiment than Eunice Rivers, a black public health nurse. Rivers acted as the liaison between the men in the study and the doctors of the USPHS. She worked in the public health field from 1923 until well after her retirement in 1965. She began her career with the Tuskegee Institute Movable School during the 1920s in rural Alabama. This traveling school for African Americans provided adult education programs in agriculture, home economics, and health. After a decade of service with the school, Rivers became involved in the infamous Tuskegee Syphilis Study in 1932. How could a nurse dedicated to preserving life participate in such a project?

Although historians have noted the key role that Rivers played in the experiment, they have presented her as a victim by virtue of her status as a woman, an African American, and a nurse. Groundbreaking work by James Jones, for example, interpreted much of Rivers's participation as driven by obedience to higher authority. A more satisfactory consideration of her role as an historical subject is in order; yet, examination of Rivers's role does not necessarily lead to an interpretation of her as an evil nurse. What does it mean, then, to talk about the historical agency of black
women within racist and sexist social structures? Indeed, Rivers was neither a victim nor a villain but a complex figure who can only be understood within her historical context. She acted in ways she determined to be in her best interests and in the interests of promoting black health. Consistent with the responses of at least some black health professionals and educators at the time, Rivers did not question the experiment because she did not find it objectionable.

I became curious about the response of Rivers and other black professionals to the syphilis experiment during my work on the National Negro Health Movement, a black public health movement during the first half of the twentieth century. A small but active group of black professionals in medicine, dentistry, nursing, and education, along with community women, organized public health programs across the nation to improve the health of African Americans. By 1930 black nursing schools and medical institutions had produced some 5,000 black nurses and 3,700 black physicians, many of whom were involved in community health projects.²

Drawing on federal records from the USPHS, manuscript collections at Tuskegee University (the black college formerly known as Tuskegee Institute), and an oral history of Eunice Rivers, this article analyzes the meanings of the experiment from the perspective of black health professionals, especially Rivers. Her story raises important questions about the gendered nature of public health work, the constraints on black middle-class reform efforts, and the costs and benefits to the poor.

The actions of Eunice Rivers can best be understood when set within the context of twentieth-century public health work. In her capacity as a public health nurse, Rivers acted as the mediator between black clients and the government, implementing health policy at the local level. Indeed, she was the key to maintaining subject interest in the experiment for forty years.³ Paradoxically, it is a "tribute" to her years of hard work at developing relationships with people in the surrounding countryside through her public health work with the Tuskegee Movable School that the men in the Tuskegee Syphilis Study continued to cooperate year after year.

In order to better understand the work of Eunice Rivers in the Tuskegee Syphilis Experiment, it is important to analyze her activities with the Tuskegee Movable School. When Tuskegee Institute established the Movable School in 1906, it marked the beginning of organized black agricultural extension work in the United States. Booker T. Washington referred to this form of rural schooling for adults as "A Farmer's College on Wheels." Washington and his assistants convinced government leaders to fund part of the costs of the Movable School and include it within the extension service work of the U.S. Department of Agriculture and the state
of Alabama, although housed at Tuskegee Institute. The Movable School was one of the programs through which Washington attempted to secure government assistance and financial support during an era in which government neglect of the needs of African Americans was the norm.\

In the spirit of Washington's racial uplift philosophy, black extension agents from the Movable School tried to turn black tenant farmers into healthy, thrifty landowners. Landownership was a key to black freedom from white control. Extension agents wanted to liberate poor black people from the oppressive nature of the southern agricultural system, an economic arrangement which left many people trapped in a cycle of debt and poverty. Most African Americans in Alabama worked on white-owned cotton plantations where they rented their land and faced a losing financial battle. In 1925 in Macon County, home of Tuskegee Institute, 90 percent of the rural African Americans were tenant farmers.\

In the early twentieth century, many rural African Americans lived in unhealthy surroundings and faced a range of health problems including malaria, typhoid fever, hookworm disease, pellagra, and venereal disease, along with malnutrition and high infant and maternal mortality rates. Black extension agents and health workers throughout the South tried to address these problems in several ways. They launched programs to promote diversified farming, including vegetable gardens to improve the diet; to screen homes against insects that carried diseases; to build sanitary privies or toilets to minimize contact with human wastes; and to educate people about personal hygiene.\

Extension programs such as the Tuskegee Movable School tried to improve living conditions and reduce the migration of black farmworkers out of rural areas. The Movable School, a mule-drawn wagon later replaced by a truck, carried several Tuskegee graduates in agriculture, home economics, and nursing to work in the countryside among the rural poor. Initially the extension agents held teaching sessions in community institutions, such as churches, but by 1920 they decided that they could reach more people by going directly to their homes, either tenant houses on plantations or the homes of the few black landowners. The educational philosophy of the Movable School like that of all extension work was to teach by example and to win the trust of the farmworkers.\

The black educators from Tuskegee Institute who worked with the traveling school urged the rural black poor to participate in their programs. Based on previous experiences with local government and its history of upholding white supremacy, many poor African Americans initially were reluctant to participate in rural development programs for fear of being exploited. They were distrustful of the state and its represen-
tatives, given their mistreatment at the hands of landlords, the courts, railroads, and law enforcement agents.8

Health concerns were an integral part of the agenda of rural development programs, including the work of the Movable School. Although male farm agents and female home demonstration agents addressed health issues informally as part of their lessons in agriculture and home economics, the inclusion of a public health nurse with the Movable School in 1920 marked the beginning of formal health education work.

Throughout the early twentieth century the black nurse was a key figure in spreading the gospel of health or health education to African Americans. As the field of public health nursing expanded in the twentieth century and public health workers placed more emphasis on individual hygiene, nurses came to symbolize the ideal teachers. Public health nurses were especially important in rural areas where access to doctors was severely limited. They had more independence and autonomy than nurses in other fields. Despite discrimination in training, wages, and promotion, black nurses felt a sense of responsibility for the health needs of black communities. By 1930 there were 470 black public health nurses in the country, 180 of whom worked in the South where they constituted 20 percent of all public health nurses.9

The public health nurse was in an excellent position to assess the health needs of rural African Americans. Uva M. Hester, a Tuskegee graduate in nursing, became the first black public health nurse to work for the Movable School. She found the health conditions of rural families simply unbearable because of the unsanitary state of many homes. Hester stated that she was appalled by the flies, the dirt, and the small rooms in the cabins she visited. Her first week’s report chronicled the inadequate health services available in rural Alabama:

Tuesday: I visited a young woman who had been bedridden with tuberculosis for more than a year. There are two openings on her chest and one in the side from which pus constantly streams. In addition, there is a bedsore on the lower part of the back as large as one’s hand. There were no sheets on her bed. . . . The sores had only a patch of cloth plastered over them. No effort was made to protect the patient from the flies that swarmed around her.10

These same themes of unhealthy conditions and inadequate bedside care recurred frequently in Hester’s reports from her travels throughout the county. Public health nurses provided health education, comfort, and care where they could, but they usually operated with limited resources.

Eunice Rivers (1899-1986) joined the Movable School in January 1923, happy to have a job and also steeped in Tuskegee’s philosophy of service
to the rural poor. Like others who worked with the traveling school, Rivers attended Tuskegee Institute, graduating from the School of Nursing in 1922. Born in rural Georgia, she was the oldest of three daughters of a farming family. Rivers became a nurse because of parental encouragement. She remembered that, before her mother died when Rivers was only fifteen years old, her mother had told her to “get a good education, so that I wouldn’t have to work in the fields so hard.” Her father also promoted education for his daughters, working long hours in a sawmill to help finance it. Rivers eventually followed her father’s advice to study nursing despite her protesting, “but Papa, I don’t want to be no nurse, I don’t want folks dying on me.”

Gender prescriptions influenced the shape of Rivers’s public health work as she traveled from county to county. She directed most of her health education messages, including discussion of sanitation, ventilation, and cleanliness, to rural women. Public health programs focused on women because they were expected to be the ones most responsible for the health of their families. Rivers informed women about specific diseases, such as malaria and typhoid fever, and taught them how to make bandages from old clothes, care for bedridden patients, and take a temperature. Women often asked questions at these health meetings and seemed eager for information. In addition, Rivers gave dental hygiene lectures to children on how to brush their teeth, and she handed out tubes of Colgate toothpaste donated by the company. Her public health work with men focused on “social hygiene,” which usually meant information about the dangers of venereal disease.

In 1926 Rivers redirected some of the focus of her public health work. The state transferred her from the Alabama Bureau of Child Welfare, in which she performed her Movable School work, to the Bureau of Vital Statistics. Her new mandate was to assist the state in creating a system of registration for births and deaths, as well as aid efforts to regulate lay midwifery and lower infant mortality rates. She continued to travel throughout Alabama with the Movable School, but she focused her attention on pregnant women and midwives.

Rivers was well liked by her clients who appreciated her visits. She reached many people through her Movable School position and worked in over twenty counties in her first year alone. She visited hundreds of people every month; during one particularly busy month she tended to 1,100 people. J. D. Barnes, a white extension agent in Greene County, reported to Tuskegee Institute in 1928 that rural women remembered Rivers’s visits and the way she made people feel good in her company. He wrote, “one woman asked me when I was going to have that sweet little woman come back to the county again.”
Rivers, who grew up with a class background similar to that of the people she aided, attributed her successful relationships with rural people to her attitude toward them. "As far as I was concerned," she explained, "every individual was an individual of his own. He didn't come in a lump sum." She remembered that sometimes people would ask her how she ever received entry into certain homes where visitors were not welcomed. Rivers would reply:

Well, darling, I don't know. I was brought in there. They're people as far as I'm concerned. I don't go there dogging them about keeping the house clean. I go there and visit a while until I know when to make some suggestions. When I go to the house I accept the house as I find it. I bide my time.\(^{15}\)

Her approach, she concluded, was nothing more than mutual respect between herself and those she assisted. The trust and close relationships that she developed with rural African Americans through her work with the Movable School proved to be a tremendous asset in her work for the USPHS.

In 1932 Eunice Rivers, along with leaders of Tuskegee Institute, became involved with a study by the USPHS that appears to contradict her efforts to improve black health. Rivers's need for employment, as well as her interest in black health conditions, influenced her decision to accept employment with the USPHS. During the early 1930s, financial cutbacks caused by the onset of the Depression ended her job with the Movable School. Facing unemployment, she accepted a job as night supervisor at the John A. Andrew Memorial Hospital at Tuskegee Institute and worked there eight months until she learned of the position with the federal government. When asked in later years why she went to work with the Syphilis Study she replied: "I was just interested. I mean I wanted to get into everything that I possibly could."\(^{16}\) An equally compelling reason, no doubt, was her statement: "I was so glad to go off night duty that I would have done anything."\(^{17}\) Thereafter, Rivers worked part-time for the USPHS and part-time in maternal and child health for Tuskegee's hospital and then later for the county health department.

In the early twentieth century, private foundations and the federal government focused attention on controlling venereal disease. The USPHS first addressed the topic of venereal disease during World War I when the federal government became concerned about the results of tests of military recruits that showed that many men, black and white, were infected with syphilis. The USPHS formed the Division of Venereal Disease to promote health education in black and white communities.\(^{18}\) In the late 1920s the Julius Rosenwald Fund, a philanthropic foundation with
strong interests in health care for African Americans, assisted the federal government in venereal disease control work. The foundation provided financial support to develop a demonstration control program for African Americans in the South. This project to detect and treat syphilis began in 1928 in Bolivar County, Mississippi, among thousands of black tenant farmers and sharecroppers, and it appeared to show that nearly 20 percent of the men and women had syphilis. The Rosenwald Fund next expanded the program from Mississippi to counties in other southern states, including Macon County in Alabama.19 In 1932, when the Depression led the Rosenwald Fund to discontinue its financial support, leaders of the USPHS launched the Tuskegee Syphilis Study in Alabama. Initially, the study was to continue for about six to twelve months.

White assumptions about the health and sexuality of African Americans influenced the way medical authorities interpreted statistical data on venereal disease. Some black leaders criticized the high syphilitic rate always cited for African Americans as well as the expectation that syphilis was endemic to black populations because of sexual promiscuity. For example, Dr. Louis T. Wright, a leader of the National Association for the Advancement of Colored People (NAACP) and surgeon at Harlem Hospital in New York, wrote that even if there were high rates “this is not due to lack of morals, but more directly to lack of money, since with adequate funds these diseases can be controlled easily.”20

Confident that racial differences affected health and disease, white physicians of the USPHS expected the Tuskegee study to provide a useful racial comparison to an Oslo study that traced untreated syphilis in Norway. However, the Oslo study was a retrospective study examining previous case records of white people whose syphilis went untreated, unlike the Tuskegee study, which was designed to deliberately withhold available treatment from black people. The development in 1910 of Salvarsan, a toxic arsenic compound that was the first effective treatment for syphilis, prompted the end of the Oslo study. Dr. Raymond Vonderlehr, an official at the USPHS, even proposed that they expand their investigation, suggesting that “similar studies of untreated syphilis in other racial groups might also be arranged.” He suggested that they conduct a study of Native Americans with untreated syphilis.21

Black leaders at Tuskegee Institute endorsed the government study, to the relief of the federal officials, in the belief that it would help the school in its work for African Americans. The government doctors selected Macon County because they had identified it as having the highest rate of syphilis of all the Rosenwald study groups, with a rate of about 35 percent, and because they rightly concluded that Tuskegee Institute could provide valuable assistance. Dibble, the medical director of Tuskegee’s hospital,
supported the experiment on the grounds that it might demonstrate that costly treatment was unnecessary for people who had latent or third-stage syphilis, echoing the justifications provided by the USPHS. More importantly, Dibble urged Moton, head of Tuskegee Institute, to support the study because Tuskegee Institute "would get credit for this piece of research work," and the study would "add greatly to the educational advantages offered our interns and nurses as well as the added standing it will give the hospital." Moton agreed to allow the school's employees to examine the men in the study at Tuskegee's Andrew Hospital. Apparently, he believed that federal attention to the poor health conditions in the county would help the school get more funding for programs.22

Black educators and doctors at Tuskegee envisioned future financial benefits from cooperating with the federal government in the study. Such a belief grew out of Tuskegee's long history of lobbying the federal government for funding and assistance. Since the days of Booker T. Washington, black leaders at Tuskegee had witnessed evidence of at least limited government cooperation. For example, Washington and, later, Moton garnered government support for the Movable School and the National Negro Health Movement and succeeded in getting a black veterans' hospital located at Tuskegee, despite the absence of a black medical school.23

The experiment, officially known as "the Tuskegee Study of Untreated Syphilis in the Negro Male," was not a government secret, kept hidden from health professionals. It lasted for forty years and was publicized widely in the black and white medical community without evoking any protest. In the mid-1930s Dr. Roscoe C. Brown, the black leader of the Office of Negro Health Work at the USPHS, convinced the National Medical Association (the black medical organization) to display an exhibit on the study provided by the USPHS. Dr. Brown argued that it "would be an excellent opportunity for the use of this timely exhibit on one of our major health problems." Members of the black medical establishment knew the subjects of the experiment were poor black men, but they did not see this as problematic. Not until 1973, after a journalist broke the story to the general public, did the black medical establishment denounce the study as morally, ethically, and scientifically unjustified. By then, a modern black civil rights movement and a popular health movement critical of medicine resulted in an atmosphere of changed consciousness about rights and responsibilities.24

Why did black health professionals, including Rivers, not challenge the study? Dr. Paul B. Cawley of Howard University, a black public health leader since the 1930s, remembered with regret that he knew about the experiment from the beginning. He understood the nature of the study
and had followed it all along, never questioning it. He explained in retrospect: "I was there and I didn't say a word. I saw it as an academician. It shows you how we looked at human beings, especially blacks who were expendable." Cornely taught about the study in his classes at the Medical School of Howard University, a black college in Washington, D.C., yet no student ever raised a challenge to what he now sees as its racist premise. Dr. Cornely asked himself why he did not see the full ramifications of the project. "I have guilt feelings about it, as I view it now," he explained, "because I considered myself to be an activist. I used to get hot and bothered about injustice and inequity, yet here right under my nose something is happening and I'm blind."25

No doubt a number of factors contributed to the response of black professionals, including class consciousness, professional status, and racial subordination. Historian Tom W. Shick argued that the black medical profession did not challenge the experiment because "black physicians were clearly subordinates, never co-equals, within the medical profession." Furthermore, he believed that the process of professionalization in medicine led them to defend the status quo. James Jones stated that class consciousness permitted black professionals to deny the racism of the experiment.26

Although subordinate status no doubt constrained the response of black professionals, they did not protest the syphilis study because they did not view it as unjust. Indeed, black educators and health professionals supported the study because they saw it directing federal attention toward black health problems—a primary goal of the black public health movement. As far as they were concerned, this was a study that focused the objective gaze of science on the health conditions of African Americans. It was one more way to increase the visibility of black needs to the federal government. Rivers shared the viewpoint of black health professionals and assisted with the experiment in the belief that the study was itself a sign of government interest in black health problems.

Why, despite a history of well-founded suspicion of government, did black tenant farmers take part in the government study? Large numbers of poor African-American men and women came to the government clinics because of the impact of the Tuskegee Movable School and Rivers. The experiment began in October 1932 as Rivers assisted the USPHS in recruiting and testing rural black people in Macon County for syphilis so physicians could identify candidates for the study. Rivers was familiar with this work because she had assisted with the earlier syphilis treatment project sponsored by the Rosenwald Fund. Most likely her presence contributed to local interest in the clinics; Rivers and the government physi-
cians were overwhelmed by the number of people who showed up at the sites to have their blood tested.27

Equal numbers of women and men appeared at the clinic sites, which proved to be a problem because the government doctors had decided to study only men. Dr. Joseph Earle Moore of Johns Hopkins University School of Medicine suggested the study focus on men because, he argued, women’s symptoms of syphilis at the early stage were usually mild, and it was more difficult for physicians to examine internal organs.28 Yet, as much as the doctors and Rivers tried to test only men, women showed up at the clinics, too. Attempts to segregate the men led to new problems. According to Dr. Vonderlehr, “In trying to get a larger number of men in the primary surveys during December we were accused in one community of examining prospective recruits for the Army.”29 Rivers reported that some of the women, especially the wives of the men selected for the study, were mad that they were not included because “they were sick too.” Some even told her, “Nurse Rivers, you just partial to the men.”30

Jones cited Charles Johnson’s 1934 investigation of African Americans in Macon County, Shadow of the Plantation, as evidence that poor African Americans participated in the study because of their tradition of dependence and obedience to authority.31 Yet, Jones’s own work suggests that poor African Americans in fact questioned authority, including that of white physicians. For example, Jones described one man who criticized the way a government doctor drew blood samples and recounted how “he lay our arm down like he guttin’ a hog.” The man reported: “I told him he hurt me. . . . He told me ‘I’m the doctor.’ I told him all right but this my arm.”32 Rivers remembered that sometimes the young white doctors would behave rudely toward the men and the men would ask her to intervene. A man told her once: “Mrs. Rivers, go in there and tell that white man to stop talking to us like that.” So she went in and said: “Now, we don’t talk to our patients like this. . . . They’re human. You don’t talk to them like that.” The doctor even apologized.33

Rural African Americans cooperated not out of deference to white doctors but because they wanted medical attention and treatment for their ailments, and they had come to trust Nurse Rivers as someone who helped them. Even though the government doctors in the study changed over the years, Rivers provided the continuity. Without her assistance it is doubtful that the experiment would have been able to continue for so long with such cooperation from the subjects of the experiment. In addition, participating in the study gave these tenant farmers increased status as they gained an official association with both the prestigious Tuskegee Institute and the federal government, relationships typically unavailable to men of their class.
The men stayed with the study for forty years because they believed that they received something worthwhile. Rivers found that the men who joined the study "had all kinds of complaints" about what ailed them, and they continued with the study in order to get free treatments. However, the men joined under false pretenses because the health workers never informed the men that they had syphilis or that they would not receive treatment. Instead, the men were told they would be treated for "bad blood," a vague term that referred to a range of ailments, including general malaise. The men were not told that they could spread the disease to their sexual partners or that they were part of an experiment predicated on nontreatment of syphilis until death. What the USPHS provided was annual physical examinations, aspirin, free hot meals on the day the government physicians visited, and financial support for burial expenses. In a rural community where there was almost no formal health care available, and if poor black people could locate it they could not afford it, the study did provide certain types of limited benefits that convinced the men to stay with the study.34

As for Rivers, what motivated her to work for the experiment for so many years? Historians have argued that Rivers participated because, first, she could not have understood the full ramifications of the study, and second, as a black female nurse she was in no position to challenge the authority of white male physicians.35 Evidence suggests, however, that Rivers had sufficient knowledge of the study to know that the men were systematically denied treatment. Rivers was one of the authors, listed first, of a follow-up paper about the study published in 1953 in Public Health Reports. However, even if Rivers herself did not write the report, which read like a tribute to her role in the study, her actions made clear that she was well aware of the terms of the experiment. After all, she was one of the people who helped to implement the policy, designed by the leaders of the USPHS, to prohibit the subjects of the study from receiving treatments for syphilis from anyone else. This meant denying the treatment available during the 1930s, even if it was highly toxic mercury ointment and a long series of painful salvarsan injections, and after World War II when penicillin became available. At the same time that Rivers assisted with the treatment of syphilis in other public health programs, she helped carry out the experiment's plan to bar the men in the study from treatment.36

Finally, based upon how Rivers operated as a nurse, suggestions that she merely deferred to authority are not convincing. She no doubt knew how to tailor her comments and behavior to a given situation to preserve her position and dignity. However, despite the racial, gender, and medical hierarchies under which she operated, she saw herself as an advocate for her patients and acted accordingly. She did not hesitate to intervene on
their behalf, even consulting one doctor when she questioned the proce-
dures of another.

If ignorance and deference do not explain her behavior, what does? 
Her need for employment and the prestige of working for the federal 
government certainly contributed to her participation. She was proud of 
her work, and the federal government honored her for her assistance in 
the experiment. For example, in 1958 she received an award from the 
Department of Health, Education, and Welfare “for an outstanding con-
tribution to health, through her participation in the long-term study of 
venereal disease control in Macon County, Alabama.”

Most importantly, Rivers considered her participation in the study 
merely a continuation of her previous public health work. Public health 
work was gendered to the extent that women, especially in their capacity 
as nurses, implemented health policy at the local level and had the most 
contact with people in the community. In Rivers’s case, since the early 
1920s her job had been to provide health education directly to people 
in the communities surrounding Tuskegee. Her duty as a nurse was to 
care for her clients, and she did. In her work with the experiment, she 
genuinely cared about the men with whom she worked. One of the 
government physicians even told her that she was too sympathetic 
with the men. As Rivers explained: “I was concerned about the patients 
’cause I had to live here after he was gone.” Indeed, she knew each man 
individually and, after he died, she attended the funeral service with 
the man’s family. “I was expected to be there,” she recalled, “they were 
part of my family.” In nominating Rivers for an award in 1972, 
Thelma P. Walker revealed that Rivers “has been my inspiration for 
entering public health. She made her own work so attractive because of 
her enthusiasm. . . . She inspired such confidence in her patients and 
they all seem so endeared to her.” Walker discovered “how deeply 
loved she was by the men in her follow-up program. They felt that there 
just was no one like Mrs. Rivers.”

When the press exposed the study in 1972, it was confusing and 
heartbreaking for Rivers to hear the criticism after receiving so much 
praise. Rivers responded by defending her actions. “A lot of things that 
have been written have been unfair,” she insisted. “A lot of things.” 
First, Rivers argued that the effects of the experiment were benign. In 
her mind it was important that the study did not include people who 
had early syphilis because those with latent syphilis were potentially 
less infectious and would be less likely to transmit it to their sexual 
partners. As she explained, “syphilis had done its damage with most of 
the people.” Yet, as historian Allan Brandt noted, “every major textbook 
of syphilis at the time of the Tuskegee Study’s inception strongly advo-
cated treating syphilis even in its latent stages." Furthermore, evidence suggests that not all of the men had latent syphilis, given that when men in the control group (about 200 black men without syphilis) developed syphilis, the physicians merely switched them over to the untreated syphilitic group.

Second, Rivers accounted for her participation by stating that the study had scientific merit. Even as she admitted, "I got with this syphilitic program that was sort of a hoodwink thing, I suppose," she offered justification. With great exaggeration, she depicted Macon County as "overrun with syphilis and gonorrhea. In fact, the rate of syphilis in the Negro was very, very high, something like eighty percent or something like this." She recalled that the USPHS doctors planned to compare the results of the study with one in Norway on white people and that "the doctors themselves have said that the study has proven that syphilis did not affect the Negro as it did the white man." Finally, based on the available health care resources, Rivers believed that the benefits of the study to the men outweighed the risks. She knew the men received no treatment for syphilis, but she explained:

Honestly, those people got all kinds of examinations and medical care that they never would have gotten. I've taken them over to the hospital and they'd have a GI series on them, the heart, the lung, just everything. It was just impossible for just an ordinary person to get that kind of examination.

She continually asserted that the men received good medical care despite the fact that the men received mostly diagnostic, not curative, services. Yet she maintained

they'd get all kinds of extra things, cardiograms and . . . some of the things that I had never heard of. This is the thing that really hurt me about the unfair publicity. Those people had been given better care than some of us who could afford it. What bothered Rivers was not the plight of the men in the study but that of the women and men who came to her begging to be included, even leading her occasionally to sneak in some additional men. As for the men in the experiment, Rivers concluded that they received more, not less, than those around them: "They didn't get treatment for syphilis, but they got so much else." Racism, extreme poverty, and health care deprivation in rural Alabama, where so little medical attention could mean so much, contributed to a situation in which white doctors from the federal government could carry out such an experiment. One of the legacies of the syphilis experi-
ment is the reluctance of many African Americans to cooperate with government public health authorities in HIV/AIDS health education and prevention programs out of the fear of a genocidal plot.47

The Tuskegee Syphilis Study also relied on the assistance of black professionals. Nurse Eunice Rivers, as well as health workers and educators from Tuskegee Institute, Howard University, and the National Medical Association, never challenged the study because they believed that it was an acceptable way to gather knowledge. Rivers and other black professionals shared the dominant vision of scientific research and medical practice and did not consider issues of informed consent or the deadly consequences of such an experiment. Perhaps professionalization and class consciousness blinded them to the high price paid by the poor, rural black men in the study.48

Yet, ironically, black professionals saw this experiment as consistent with their efforts to improve black health. After public censure forced the halt of the experiment, Rivers declared her innocence in the face of criticism, not on the grounds that she was a victim who was uniformed about the true nature of the experiment but rather because she insisted that she had acted on her convictions. She emphasized:

I don't have any regrets. You can't regret doing what you did when you knew you were doing right. I know from my personal feelings how I felt. I feel I did good in working with the people. I know I didn't mislead anyone.49

Rivers remained convinced that she had acted in the best interests of poor black people.

Black professionals faced a dilemma imposed by American racism in how best to provide adequate health services to the poor within a segregated system. Furthermore, the gendered nature of public health work meant that the nurse, invariably a woman, was at the center of public provisions, both good and bad. Thus, the role of Eunice Rivers has drawn particular attention. As her actions show most starkly, black professionals demonstrated both resistance to and complicity with the government and the white medical establishment as they attempted to advance black rights and improve black health. Rivers and other black professionals counted on the benefits of public health work to outweigh the costs to the poor. In the case of the Tuskegee Movable School they were undoubtedly right, but as the Tuskegee Syphilis Experiment shows, there were dire consequences when they were wrong.
NOTES

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10 Uva M. Hester’s report for her work in Montgomery County for the week of June 19, 1920 is reprinted in Campbell, *The Movable School*, 113-115, especially 113.


13 *Proceedings of Session on Negro Social Work at the Alabama Conference of Social Work*, Birmingham, April 9, 1929, Box 1, Work Papers, p. 15; T. J. Wooster, “Organi-


16 Ibid., 230

17 Rivers, quoted in Jones, Bad Blood, 111.


21 Report to the Public Health Service by Dr. Vonderlehr, July 10, 1933, Division of Venereal Diseases, general records 1918-1936, Box 182, Record Group 90, USPHS; Jones, Bad Blood, 27, 88, 92-95, 167. See also Brandt, No Magic Bullet, 40; Brandt, “Racism and Research,” 333-334. My thanks to Vanessa Northington Gamble for clarifying the ways in which the Oslo study differed from the Tuskegee Syphilis study.

22 Robert Moton to Hugh Cumming, October 10, 1932, general correspondence, Box 180, Robert Russa Moton Papers; Eugene Dibble to Robert Moton, September 17, 1932, general correspondence, ox 180, Moton Papers; Jones, Bad Blood, 74, 76.


24 Roscoe C. Brown to W. Harry Barnes, president of the National Medical Association, May 27, 1936, and Roscoe C. Brown to Assistant Surgeon General Robert Olesen, September 2, 1936, Group IX, general records 1936-1944, Box 195, Record Group 90, USPHS; “Final Report of the National Medical Association


29 Vonderlehr, quoted in Jones, *Bad Blood*, 120.


31 Jones, *Bad Blood*, 68.


36 Eunice Rivers et al., “Twenty Years of Followup,” 391-395; Catherine Corley, Department of Public Health, Alabama, to Eunice Rivers Laurie, Macon County Health Department, May 26, 1953, Eunice Rivers Laurie folder, Biographical files, Hollis Burke Frissell Library, Tuskegee University, Tuskegee, Ala.; Jones, *Bad Blood*, 7, 46, 161-162, 178.


39 Thelma P. Walker, nomination letter for Eunice Rivers Laurie, January 11, 1972, Eunice Rivers Laurie folder, Biographical Files.


41 Brandt, “Racism and Research,” 333.


46 Jones, *Bad Blood*, 164-165. Darlene Clark Hine found the explanations of James Jones "compelling" but suggested the possibility that Rivers "viewed the study as a way of ensuring for at least some blacks an unparalleled amount of medical attention." Hine, *Black Women in White*, 156.


49 *Jet* [1973?], Eunice Rivers Laurie folder, Biographical Files.