

Rethinking the Tuskegee Syphilis Study Nurse Rivers, Silence and the Meaning of Treatment

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More than twenty-five years after its widespread public exposure, the Tuskegee Syphilis Study continues to stand as the prime American example of medical arrogance, nursing powerlessness, abusive state power, bureaucratic inertia, unethical behavior and racism in research. For historians of nursing and medicine, the so-called study's complexities still remain a site for continued reexamination as new primary research is explored and changing analytic frames are applied. The study was a forty-year (1932-72) "experiment" by the U.S. Public Health Service (PHS) to study "untreated syphilis in the male Negro" by not telling, nor supposedly treating, its 399 "subjects" for their disease.¹ The men, however, thought they were being treated, not studied, for their "bad blood," a term used in the Black community to encompass syphilis, gonorrhea, and anemias.

The study is often seen as a morality tale for many among the African American public and the nursing/medical research community, serving as our most horrific example of a racist "scandalous story . . . when government doctors played God and science went mad," as one publisher's publicity would have it.² This story has been told and taught in many different forms: rumors, historical monographs, videos, documentaries, plays, poems, music, an HBO Emmy and Golden Globe-award-winning movie, and at the ill-fated hearings on Dr. Henry Foster's nomination for the U.S. Surgeon General's position in 1995.

For forty years the study went on as research reports were written and published in respected medical journals. The men were watched, examined,

Nursing History Review 7 (1999): 3-28. A publication of the American Association for the History of Nursing. Copyright © 1999 Springer Publishing Company.

intentionally untreated, given spinal taps euphemistically referred to as "back shots," promised burial insurance, autopsied, misled, and lied to until 1972 when an Associated Press reporter broke the story nationwide. What followed was national outrage, a Senate hearing, a multimillion dollar lawsuit filed by civil rights attorney Fred Gray, a federal investigation, and some financial payout to the survivors or their heirs that still continues. And in a White House ceremony on 16 May 1997, twenty-five years after the study ended, President Bill Clinton finally tendered a formal federal government apology to all the men involved in front of a nationwide television audience, a satellite hookup to the Tuskegee community, and in front of six of the remaining ailing and aging survivors and their families.³

SHADOW AND ACT

With this moving formality, many may have considered the story of the study over. Yet in the glare of television lights, the pomp of the White House ceremony, the survivors' living memorial to racialized medicine, and the emphasis on emotionality in the media coverage, it is easy to elide what novelist Ralph Ellison differentiated between "shadow" and "act," to be uncertain what is "image" and what is "reality." Those categories, so eloquently called forth by Ellison nearly fifty years ago to critique Hollywood's version of African American experiences, could not, however, be so simply separated as Ellison had hoped.⁴ The "shadow" of the study, embedded in the "act" of the complex narratives of race, class, gender, medicine and sexuality is, in the words of a Tuskegee colloquialism, "in the booth, in the back, in the corner, in the dark," even in the White House's East Room.⁵

The historian's task is to peer into those spaces, to explore why, how, and the consequences of the theatricality and narratives of race (embedded in class, sexuality and gender) as they are created in very specific historical circumstances.⁶ With the Tuskegee study, historians have, for the most part, tried to understand judiciously the circumstances that shaped what is ultimately an experience of Black victimization by racist means.⁷ However, our understanding of the study can be deepened if we reconsider how we "listen" to the various stories and the analytic frames we self-consciously apply.

HYPERVISIBLE AND INVISIBLE

I will do this by listening attentively to the voice of one of the key actors in this drama: public health nurse Eunice Rivers Laurie. This will require a consideration of how race, gender, sexuality and class create the politics of listening, representa-

tion and experience that suggest what historian Evelyn M. Hammonds calls the differing "geometry" of the history of Black women's representation/reality.⁸

My focus will thus be on the dilemmas for Nurse Rivers (as she was known throughout her professional life), who was the critical go-between, linking the African American men of the study to the PHS, Tuskegee Institute and the state and local health department.⁹ Nurse Rivers, who stayed with the study over its entire history, is often seen by many as the most disturbing figure in this historical drama, both functioning with invisibility and hypervisibility as the story is told.¹⁰ Many have argued that she was duped, an African American Tuskegee-based public health nurse kept ignorant of the real implications of the study and a nurse of her generation willing to do what the doctors ordered, especially when those orders came from the Black physicians at Tuskegee, the White doctors of the PHS, and from the local health department where she also worked. Others have seen her as the epitome of the race traitor, willing to use her class power within the Black community to keep her job and sell out the rural men under her charge.¹¹ Any effort to hear her explanations is complicated by the facts that she spoke out very little after the story of the study broke and left few written documents.

Nurse Rivers's silences have seemed to make it possible for others to find the words for her, allowing her to be a cipher through which their own concerns and interpretations are written. She was, however, part of the tradition of Black women who have spoken out, but whose choice of where to speak, what words to employ, and what silences to make use of requires us to listen in ways our culture has taught many of us not to hear.¹² I will argue that by listening to how the concept of *treatment* is articulated, we can hear, not only as historian Evelyn Brooks Higginbotham notes, how "these public servants encoded hegemonic articulation of race in the language of medical and scientific theory," but also a counter-narrative produced by Nurse Rivers that reconfigures the race/medicine link through nursing and gender.¹³

TESTIMONY AND TESTIFYING

To do this, we cannot just read Nurse Rivers's *testimony* (the little of it that does exist) as many historians and ethicists have done, nor merely imagine her thinking and rationales as those who have made movies, written dialogues or created musical verses have. Rather we must attend to her *testifying*, what linguist Geneva Smitherman defines as "a ritualized form of communication in which the speaker gives verbal witness to the efficacy, truth, and power of some experience in which [the group has] shared."¹⁴ If we listen to her

testifying, I think we can obtain a deeper understanding of why an African American public health nurse could become so enmeshed in this horrific study. And if we listen to this communal voice, we may begin to see how she used her experiences as a Black woman and nurse to formulate an explanation of the study's dilemmas and to help the men caught in its web.¹⁵

Reconsidering Treatment

To rethink the "study" and Nurse Rivers's role in it, the meaning of treatment itself must be reconsidered. In 1932, when the Tuskegee study first began, there were ongoing debates within the medical and nursing communities over the appropriate treatment for syphilis at its various stages, the accuracy of Wassermann tests, and the lack of randomization in the epidemiological evidence used to determine the prevalence of the disease.¹⁶ The tensions between those who still thought that moral prophylaxis and rubber prophylactics (at best) were better than chemical treatments continued even after Ehrlich's discovery of Salvarsan. To be considered successful, these chemical treatments required sixty weekly visits (with anywhere from twenty to forty weeks considered necessary for any real impact) for often painful intramuscular injections.¹⁷ Outside of major clinics and the particular practices of syphilologists, treatment was often uncertain at the hands of unskilled clinicians, follow-through was difficult, and the expense often a major deterrent to completion of the "cure." Medical uncertainty also existed over the treatment for latent syphilis cases, the supposed focus of the Tuskegee project.¹⁸

THE REALITY OF TREATMENT

These debates took place within the economic realities of American medicine and the racial, class and gender assumptions shaping medical understandings of the disease and the public health strategies to combat it. In the face of overwhelming demand and increasingly limited funds, especially as the Depression deepened, the reality of "treatment" for non-fee-for-service patients served, at best, by state and local health departments came to mean no treatment at all, or minimal treatment "to render [patients] noninfectious to others, even though they had not themselves been cured."¹⁹

In Macon County, many of the local White physicians did not use intramuscular injections in their syphilis "treatment" and would not have provided care for indigent African Americans.²⁰ In many communities, physicians assumed that African Americans would not continue treatment (despite

evidence that they would), although at the time "fully 80% of the entire American public could not afford syphilis therapy on a fee-for-service basis."²¹ Beliefs that the disease was invasive in Black communities because of supposedly inherent sexual promiscuity and medical assertions that Blacks suffered from cardiovascular complications, rather than neural ones they thought afflicted Whites, suffused and shaped medical understandings of the disease and its so-called "natural" history.

PLANS FOR TUSKEGEE

When the actual Tuskegee study began, it was assumed at first that treatment in a medical sense would be provided, and even the PHS officials seemed to assure this. Both the local county health officer and the Tuskegee Institute officials who participated in significant ways discussed the extensive need for treatment in the community. Indeed, the men for the study were often "rounded up" (the term the officials used) at the very sites where others received their syphilis care.²² The early exchange of letters among the PHS doctors, Tuskegee Institute officials, and the state and county health officials all show the kind of treatment, however limited, that was being provided during the first year of what looked like a more or less typical PHS venereal disease control project.²³ But when it appeared that the money for treatment would run out, the PHS's Taliferrio Clark, the man who conceived the non-treatment study, wrote to a fellow physician at the Mayo Clinic in September 1932, bluntly declaring: "you will observe that our plan has nothing to do with treatment. It is purely a diagnostic procedure carried out to determine what has happened to the syphilitic Negro who has had no treatment."²⁴

TUSKEGEE INSTITUTE PERSPECTIVE

It was not just the PHS doctors, the local health department and private physicians who agreed to the nontreatment. The Tuskegee Institute administrators, R. R. Moton, the Institute's principal, and Dr. Eugene Dibble, the medical director of the Institute's John A. Andrew Hospital, signed off on the "experiment." Their actions have to be seen in the context of the history of Tuskegee and its political culture.

Thus, this study did not just take place in some back corner of the rural South. Tuskegee as a place, both real and imagined, is central to the study's unfolding. It was and is a small southern city, serving as the urban center for Macon County, Alabama, in an area of old plantations, sharecropping, sawmills, forests and hard scrabble living for the predominately Black population.

It is the home of Tuskegee Institute that has come to stand for both the incredible strength, endurance and political savvy of African Americans and the site of one of the worst examples of American racism, co-optation, and exploitation. Its political culture was originally shaped by the old nineteenth-century "doctrine of reciprocity" between planter paternalism and seemingly Black submission that led to the founding of Tuskegee Institute (now Tuskegee University) under Booker T. Washington's iron-fisted leadership.²⁵ In the twentieth-century, novelists Nella Larsen, Ralph Ellison, and Albert Murray powerfully captured the tensions that underlie the seeming calm of this culture, with its gradations of power between Whites and Blacks and within the Black world (gradations that were based on class, skin tone, education, urbanity, land ownership, gender, and a commitment to gentility).²⁶

A generation of scholarship devoted to the politics of Tuskegee has taught us that in everyday life and in the hidden politics such tensions often give way to compromises and at other times to grand eruptions of enormous political power.²⁷ It was in this layered world of surface cooperation with the Jim Crow system, coupled with the courting of White northern philanthropy and federal power to subvert that system, that what has become known as the Tuskegee Syphilis Study became a reality.²⁸

In this political and cultural context, it may be that we can read both Moton's and Dibble's actions to mean that they hoped the study would actually show the lack of necessity for treatment in latent syphilis cases. They seemed to share the view of one of the PHS officials who told the federal investigating committee: "the study was conceived to try to determine if indeed the disease was worse than the treatment or vice versa."²⁹ Moton may well have thought it was a chance for the men to receive treatment when necessary, an opportunity for Tuskegee to participate in a study of international significance since there had been a retrospective study on Whites in Oslo earlier in the century, possibly a way to show that other, more cost-efficient forms of treatment might be found, or to screen out those who might not need extensive care. Moton himself (forever immortalized as President Bledsoe in Ellison's *Invisible Man*) was also well aware of class differences in the disease incidence in the Black community, indeed proudly sharing with one of Tuskegee's White trustees that Black secondary school students had an even lower rate of the disease than Whites.³⁰

Thus, both Moton and Dibble may have hoped that a different way to understand treatment, in the context of the reality of the southern Black experience, might be possible. They may have also thought that this study would be one more nail in the coffin that would allow for the burial of the myth

of Black and White biological difference because of the comparison to Whites in the Oslo study. As with the daily decisions that men like Moton and Dibble had to make at Tuskegee, and in following the traditions set up by Tuskegee's founder, Booker T. Washington, I suspect they merely transferred to another realm their daily efforts to find, what Martin Pernick called in another medical circumstance, an appropriate "calculus of suffering" that balanced financial exigencies with overwhelming need.³¹ They may also have believed they were doing their best for the rural poor while trying to "uplift the race" through research.

NATURALIZING THE LACK OF TREATMENT

As the study progressed, however, most of the men received neither a comprehensive course of the then known medical treatments (nor penicillin when it became available in the late 1940s), nor did the autopsies show there was no need to treat even the latent cases, as evidence of the ravages of the disease were documented.³² Indeed the very language of the medical reports perpetuated the assumption that there was something "natural" about the failure to treat, with no acknowledgment of the role of the PHS and Tuskegee in making sure this "natural" event happened.³³

The men were never seen as individual patients because the lack of treatment was both naturalized and the study's bedrock. As historian Susan Lederer has argued provocatively, the PHS researchers may have seen the men neither as patients nor as subjects, but as "cadavers, that had been identified while still alive" and the study as part of the long-standing use of indigent Black men and women as "research animals."³⁴ As the PHS's Dr. Wenger put it bluntly: "As I see it, we have no further interest in these patients until they die."³⁵

THE REALITY OF UNDERTREATMENT

Despite the fact that the PHS officers thought they had a captured population that was supposed to be kept from treatment, some of the men both found ways to be treated and to join the great migration out of the rural South. Despite the PHS, for many of the men the study became one of *undertreated* syphilis rather than purely untreated syphilis.

The exact numbers for whom there was undertreatment, rather than no treatment at all, shifted over time in the explanations given by the researchers. As the authors of the thirty-year report on the study somewhat reluctantly noted, "approximately 96% of those examined had received some therapy other than an incidental antibiotic injection and perhaps as many as 33% had

curative therapy.”³⁶ Despite efforts made throughout the forty-year period to keep the men from treatment, some of the men (and we will never know how many) were able in various ways, often unknowingly, to slip out of the PHS’s control to receive medicine for other ills that affected the course of their syphilis-related conditions as well.

Nurse Rivers’s Story and Treatment

For most of the men, their real experience with treatment revolved around the caregiving of public health nurse Eunice Rivers Laurie. The PHS officials knew that any kind of research, just as in the real treatment programs for syphilis, would require the services of a public health nurse who could be relied upon to reach out to the men and continue their interest.³⁷ “You belong to us,” the men repeatedly told her as the study went on year after year.³⁸ Rivers did her work so well that even after the story of the study’s deception broke, many of the men continued to call upon her and to ask for her help. Twenty years later, survivors spoke movingly of her concern for them and her caregiving.³⁹

NURSE RIVERS’S ROLE

Born in 1899 in Jakin, Georgia, Eunice Rivers was a Tuskegee Institute graduate with a good deal of public health nursing experience by the time she was recommended for the “scientific assistant” position by Eugene Dibble, even though she told Dibble at the time “you know I don’t know a thing about that.”⁴⁰ She was thought to be one of the best nurses Tuskegee had produced. In her position with the PHS study (and with the support of Dr. Dibble and the Institute’s hospital) Eunice Rivers worked to find the subjects, drove them into Tuskegee for examinations, did the follow-up work, created the camaraderie that kept them in the study, helped in the men’s assessment and in the provision of tonics and analgesics, assisted at the spinal taps, and encouraged the families to allow autopsies at the Tuskegee hospitals by promising and providing money for burial. She helped set up what was called “Miss Rivers’ Lodge,” an insurance scheme that guaranteed the men’s families a decent burial in exchange for the men’s participation in the examinations.⁴¹ Although the doctors who were involved in the study changed regularly, Nurse Rivers was the constant.

TESTIFYING

When the story of the experiment broke in the press in 1972, Nurse Rivers retreated into a form of silence. She refused most interviews, did not give

testimony before the Senate hearing, and only allowed herself to be interviewed once by the federal investigating team.⁴² But two and a half years after the story came to light, she called her friend Helen Dibble (widow of the Tuskegee medical director) and Daniel Williams, Tuskegee’s archivist, to her home one morning and began her “testifying.” It is her words here, an interview with a former Tuskegee woman for the Schlesinger Library’s Black Women’s Oral History Project in 1977, her legal deposition, and her interview with historian James Jones that I will use to examine how she tells the treatment story.⁴³

CARING AS TREATMENT

For Eunice Rivers the men were patients, not subjects. Uncertain that she could really consider herself a “scientific assistant,” she did feel comfortable as a nurse, even hanging the Nightingale Pledge on her living room wall.⁴⁴ Although she told Dibble she “didn’t know much about that,” she in fact learned.⁴⁵ She listened carefully to what the doctors told her. But she also wrote to the state health department’s head nurse to ask for books on venereal disease.⁴⁶

Describing the dangers of the 1930s’ treatment regimes, she claimed they were “really worse than the disease if it was not early syphilis,” and again she said “if syphilis was *not* active, the treatment was worse than the disease.”⁴⁷ Thus her narrative began with her view of treatment from a nursing perspective that sees the impact on the patient. She was aware of the pain and the suffering of the patient at the very moment of caregiving. And in her mind she is differentiating early from late latent syphilis, taking the uncertainty that existed in medical understandings of the disease to explain why no treatment was appropriate.

Nurse Rivers was doing the professional nursing work of caring. As an African American woman and member of the Tuskegee community, she was also healing, seeing that the men and their families got attention, bringing them baskets of food and clothing she could get from others. Although she maintained adamantly that as a nurse she never diagnosed, she did equally argue that she cared.⁴⁸

Reflecting on the data that suggest many of the men found various forms of treatment, she declared: “Now a lot of those patients that were in the study did get some treatment. There were very few who did not get any treatment.”⁴⁹ She knew that “iron tonics, aspirin tablets and vitamin pills” are not treatments for syphilis. But she described these drugs as well as the physical exams as part of treatment. Within a very few minutes in one interview she emphasized the provision of these simple medications three different times. She said: “this was part of our medication that they got and sometimes they really took it and

enjoyed it very much. And these vitamins did them a lot of good. They just loved those and they enjoyed that very very much." To emphasize her construction of these medications as "treatment," she pointed out others who tried to get into the study to get these "treatments." Her words suggest that she was choosing to emphasize the problems with the available drug regimens for the disease, the men's ability to be seen by a physician, and the provision of simple medications as a way to explain the kind of treatment that was appropriate. Blinding herself from the idea that they were not directly treated for their syphilis, her sense of healing thus focused on her own caregiving role, the ways the men gained new knowledge about x-rays and their own bodies, the provision of "spring iron tonics" and aspirins they would not have gotten otherwise.⁵⁰

Rivers's view of "treatment" was embedded in her conception of caring. For Eunice Rivers, above all, the work of the nurse was to care, especially for the African American community of which she was an integral part. In explaining her attraction to nursing, she declared:

I think if I had wanted to take medicine, I could have gone into medicine. . . . I never was interested in medicine as such. I was interested in the person, and it just never occurred to me that I wanted to be a doctor. I always felt that the nurse got closer to the patient than the doctor did, that was the way I felt about it.⁵¹

Eunice Rivers found a way to solve what continued to be a dilemma for many public health nurses: she saw herself as providing both preventive health nursing and "sick" nursing at the same time.⁵² Well aware of the great needs of the impoverished community, she said directly, "these people were given good attention for their particular time."⁵³ And attention was what she gave: She listened to complaints, suggested ways to gain assistance, offered quiet comfort, provided simple medications. In a sense she was right. This was often more, and indeed a kind of treatment or healing, than many of the men she saw ever had from health professionals. Indeed, if we think about the kinds of healing and therapeutics that were prevalent before the mid-twentieth-century, we can even see Nurse Rivers's practice in a long line of caregivers.

That caring also brought power to Nurse Rivers has to be considered.⁵⁴ She emphasized her role in bringing the men in, showing them around Tuskegee (which many of them had never seen), her driving of a car. Laughingly, she reflected on how the men called their experience "Miss Rivers' study," but her chuckling suggests both her sense that it was not hers, of course, and hers in some real way.⁵⁵

A "TAKING ORDERS" VOICE

Nurse Rivers seems more troubled when she thinks about what penicillin meant for the treatment of syphilis (it became available by the late 1940s). When this topic comes up, her voice shifts and she speaks more slowly and directly about what the doctors have told her. She communicates in a "just following orders" nursing voice.⁵⁶ She seems to be acknowledging that perhaps something may have been wrong; but then she immediately moves back into discussing the treatment of the early days. This suggests that when she is speaking about penicillin she is more directly troubled about the moral implications of withholding it.

Or it can be surmised that she has lost the part of the nursing voice that gave her professional authority (the caring grounds) and shifted to the taking-orders position that, while morally protecting her in that time period, clearly troubles her years later.⁵⁷ Her shifting temporal sense suggests her moral qualms might have grown with penicillin, but her views were so formed by the study's rationale and the earlier thinking that she almost cannot shift in her views, at least not in the 1940s.⁵⁸

INVERTING GENDER/RACE AS POWER

Rivers's language to explain her camaraderie with the men provides us with insight into her position, power, and the ways she negotiated her difficult middle ground. In doing her work she spent hours in her car with the men, driving them into Tuskegee over rutted, muddy, and unpaved back country roads. For the men, the time with Nurse Rivers was also a break from the field work or day labor in the sawmills, small farms, and plantations that made up their daily lives. In a short description of how the men joshed one another about "what they got" when they took their clothes off, she told historian James Jones about the following conversation in her car:

I said, "Lord have Mercy." So what we did, we would all be men today, tomorrow, maybe we'll all be ladies. . . . Well, you see, when you've got one group together you can say anything. Tell 'em about anything. But if you got women and men, well you have to [be] careful about what you say, see. . . . You see. So when they want to talk and get in the ditch, they'd tell me, "Nurse Rivers, we're all men today!" . . . Oh, we had a good time. We had a good time. Really and truly. When we were working with those people, and when we first, and when we got started early that was the joy of my life.⁵⁹

Thus, when she described the talk in her car, she actually made a verbal gender shift and class switch that allowed her to join, or at least to hear, the men

in their sexual bantering. Her position as a professional woman, representing what historian Darlene Clark Hine calls the "super-moral" Black woman, would not normally make such a switch possible.⁶⁰ But Rivers, ever mindful of her position as a professional woman caring for working-class men with a sexually transmitted disease, changed her verbal gender in order to shift, at least momentarily, her gendered class position. Although her place in the community and her representation is that of a professional woman, in her car, while *she* was driving, literally moving liminally from rural country to the more urban Tuskegee, her gender, class and sexualized hearing (if not her actually voicing) can invert in order for her to bond with the men.

Her description of her power also took on a shift of gendered racial power. It was within caring nursing work that Rivers saw her strengths. She entered nursing, at first, because of her father's suggestion. But, she said, "It was his decision but then it became a part of me. 'Cause really if it hadn't been, I never would have been a nurse. I had to make the decision within myself."⁶¹ Although she worked within patriarchal authority and its influence, she did so with the belief that she shaped its limits and could indeed change her represented form when needed.

In order to understand how she saw her caring as a *form* of treatment, it is critical to see that she also prided herself on her ability to handle the White physicians. In these relationships, she is very much the "super-moral" Black woman responsible for representing the "race." She was the only one, she declared, who could control the temper of Dr. Wenger, one of the key PHS physicians in the study. She felt she could get the physicians to change their often insensitive and racist behavior toward the men. In her statements about the doctors and their relationships to the patients, these themes of caring, power, and treatment come together. As she put it, she told the physicians: "Don't mistreat my patients. You don't mistreat them. I said, now cause they don't have to come. And if you mistreat I will *not* let them come up here to be mistreated."⁶² Her use of the word "mistreat" three times in four sentences tells us that behavior in the provider-patient relationship is for her both caring and a form of treatment. The irony—that the major mistreatment in the study was the very absence or limited treatment in the clinical sense—is missing, however, from her words.

Rivers also told her Tuskegee students to maintain their dignity and their distance from the doctors. A public health nurse she trained recalled that Rivers told her: "Never work with a physician who wants to use you. Don't let them pat you on the head because they'll think you want to drop your drawers. That way you can always stand up for what you believe."⁶³ Thus, while others have

argued that she had to follow doctor's orders, this nurse's memories suggest that Rivers, like many nurses, knew there were ways to maintain one's dignity, limit the sexualizing of the nurse by the physician and maintain respectability by setting careful limits on physicians' powers.

Her respectability, dignity and behavior are thus central to her sense of self in relationship to the doctors.⁶⁴ In dealing with the White doctors, she becomes not only hypervisible but also hypermoral, redefining Black womanhood out of a sexual realm. In her car with the men, however, she shifted out of this gender position as a way to create a different sense of self and connection, almost invisible and differently moral.

Rivers's form of code switching was thus between different gendered class positions. She was a devoted Tuskegee graduate, serving as president of Tuskegee's Nursing Alumnae Association and fighting to retain the school when it was threatened with closure.⁶⁵ As with other Black professional women and in keeping with the Tuskegee spirit, she both separated herself from the "folk," given the caste lines that shaped the Black experience in Tuskegee, and yet spoke their idiom (even if she had to change verbal gender to do so) and lived their lives in many ways. She demonstrated, when she had to, what historian Evelyn Brooks Higginbotham has called the "perceived centrality of female morality and female respectability to racial advancement."⁶⁶

RIVERS AS A "RACE WOMAN"

Rivers was a "race woman": someone whose whole life was devoted in her own terms to the betterment of African Americans as best she could. But our understanding of what this meant to her will have to be read in a complex and nuanced manner. Her tale of her upbringing emphasized her parents', and particularly her father's, efforts to make her see herself as different and important.⁶⁷ She described an attack by the Ku Klux Klan in Georgia upon her father for standing up to White oppression, his beating, and the shots that were fired into their home at night. Her father sent her off to a mission school but pulled her out before a last high school year. Rivers reports that he asked: "You all don't have anything there but white teachers?" Linking these comments with his experiences with the Klan, Rivers narrates that her father then saw to it that she left the mission school to go to Tuskegee. Thus we can also read her belief in her ability to put the White doctors in their place and to shape how they treated the male "subjects" as her version of her father's commitment to the struggle against racism. As she stated in one interview, "Dr. Dibble knew that I really knew how to handle the White man."⁶⁸

THE "PRODUCTION" OF SILENCE

And it may also be that part of her story as a race woman and nurse is her silence. Evelyn M. Hammonds reminds us that "since silence about sexuality is being produced by black women and black feminist theorists, that silence itself suggests that black women do have some degree of agency."⁶⁹ Our understanding of Rivers's silence has to force us to hear both what she did and how she spoke about it. Rivers's refusal to speak out and provide testimony may be because she had a different understanding of what had happened *and* because she also felt she had to keep silent.

This is suggested in her struggle to explain her differences with one of the Black physicians about whether she let patients get treatment. It is here that her testifying voice most clearly comes through. In his testimony before the federal investigating committee, Reginald James, who worked with Rivers on another venereal disease control out of the Macon County Health Department, claimed she would tell him not to treat patients who were in the study.⁷⁰ James's view is also corroborated by the repeated testimony of some of the surviving men who recalled that she kept them actively from getting treatment, even pulling one man out of the line at a penicillin treatment center in Birmingham in the late 1940s.⁷¹ In her interview with her Tuskegee friends, Rivers declared:

And Dr. James told folks up there in Washington I would not let him see the patients, that I would not let them get treatment. And when they told me that I said I can't I hate to dispute it. I said we're supposed to respect the medical profession but Dr. James is lying, saying I . . . the only thing I would do, I would tell Dr. James this is one of the patients. Now it was up to him if he wanted to treat him. . . . So this is ah ah I don't know but nobody knows what I went through here, you'd have thought I was a doctor mistreating the patients. [*her voice gets quieter*] And I cause a lot of them I don't know I think that there was a lot of the jealousy and the medical profession and me [*her voice gets stronger*] I see because they felt that I was not letting the patients get the treatment. I never told anybody that you couldn't get treatment. I told them. "So who's your doctor. If you want to go to the doctor go and get your treatment. So they didn't tell you you couldn't be treated." . . . That they [the physicians] had to fall back on something, have an excuse, and maybe the medical profession was all men so they put it on me that I wouldn't let the patients get treatment.⁷²

In a first reading of this statement, it could be assumed that she was just forced to cover for the doctors and kept her silence. Her explanations resonate with the historic voice of many nurses who clearly understand the gender dynamics of the nurse/doctor relationship and who can articulate an antimalle or martyred nurse voice that serves as their form of resistance to oppression.⁷³ As in her other

interviews, when she gets concerned about the study's moral morass she retreats to "the nurse who just took orders and did not prescribe" voice.⁷⁴

ACTION THROUGH SILENCE

The use of interview sources and a rereading of archival materials suggests an alternative view of what her silences meant. Irene Beavers, a nurse who had been Rivers's student at Tuskegee and then her supervisor when she became director of nursing at the John A. Andrew Hospital at the Institute, provided a possible different interpretation. Mrs. Beavers described Rivers as a dignified "Harriet Tubman" of nursing, an "underground railroad person who advised these people, not to be used." She recalled that Rivers told them during a lecture in her Tuskegee course on venereal disease control in the late 1940s (before the study was exposed):

They [the men and their families] were not to tell that she had told them [that they were being used]. And there were several of them that . . . got treatment because she told the family to pick them up and bring them back. And take them to Birmingham . . . and they were treated for syphilis. . . . And she had to do it this way or she would have lost her job. . . . And the thing she was trying to get us to understand that as nurses you had a responsibility to yourself and to your counterparts and to your patients. . . . you had certain rights and there were some things you knew not to do. And you could make diagnosis too, although the physician felt he was the only person who could.⁷⁵

Other public health officials in Tuskegee said it would have been possible for her to have given the men penicillin from the local health department supplies, or to have gotten some of the other public health nurses to care for them as well.⁷⁶

One interview cannot, of course, serve as enough historical evidence for this way of understanding what Nurse Rivers might have done. Corroborative information would be necessary to at least suggest that she *might* have surreptitiously worked to get some men out of the study when she could. A hint of this came from one of the federal investigating committee members, who, after interviewing her in 1972, wrote about her in a private letter to the committee's chairman. In the letter he stated that he thought both that she followed doctors' orders and that he was "convinced . . . that she made treatment arrangements for any person in the untreated group upon his request."⁷⁷

The third piece of evidence comes in a report from a PHS physician, Dr. Joseph Caldwell, who worked with her toward the end of the study. Writing to his superiors in 1970, he stated "once more, however, I began to doubt Nurse [Rivers] Laurie's conflicting loyalty to the project. Several times I have

wondered whether she wears two hats—one of a Public Health Nurse, locally coordinating the Study and one of a local negro [*sic*] lady identifying with those local citizens—all of her race—who have been ‘exploited’ for research purposes.”

Caldwell cited as his evidence a patient who had been lost to follow-up since 1944, but who somehow turned up in 1970 while Nurse Rivers was elsewhere. The man lived “four blocks from the old Macon County health department where all of [the] survey examinations were generally held.” The man told Caldwell he and his wife were good friends of Nurse Rivers and her husband. Then the man told the PHS doctor, “he got penicillin shots, a full series, at the Macon County Health Department as soon as possible after 1944, when he first learned he had ‘bad blood.’ Perhaps I am being supersensitive,” Caldwell concluded, “but this all seems to be a bit more than mere coincidence.”⁷⁸

Finally, when historian James Jones interviewed Rivers in 1977, he asked her directly about treatment. When they discussed the early forms of treatment (neorasephenamine and bismuth), she again emphasized her understanding of the nursing role, but she did so interestingly by answering him in the negative. “Nurses have so much responsibility today,” she said. “But no, and I never told somebody *not* to take any medication.” When Jones asked her the penicillin question by saying “so how did you all go about keeping them from getting penicillin?” Rivers replied: “I don’t know that we did.” Jones then asked “Did you try?” And Rivers answered: “No I did not try...to keep them, because I was never really told not to let them get penicillin. And we just had to trust that to those private physicians.”⁷⁹

A “MISS RIVERS LIST”?

All these differing sources suggest the possibility that while there was a “Miss Rivers Lodge,” to which the men paid with their lives and illnesses to gain a decent burial, there may also have been a “Miss Rivers’ List” that got some of the men out of the study and into medical treatment.⁸⁰ We will never know how many men made it to the list. It could have been just this one man, perhaps, or it could have been many others, or none at all. In examining some of the patient records it is clear some of the men who left Macon County were treated elsewhere in the country; others actually got treatment at the Macon County Health Department because the PHS’s control was less complete than we have been led to believe.

Rivers and Moral Theory

Rivers may also have been operating under a differing moral theory to make her decisions. First, following the arguments that ethicist and psychologist Carol

Gilligan has made, we might agree that for Rivers “the moral problem arises from conflicting responsibilities rather than from competing rights and requires for its resolution contextual and inductive thinking rather than formal and abstract reasoning.”⁸¹ Second, historian Martin Pernick has argued that even before a rights perspective developed around informed consent there was a sense of the importance of “truth-telling and consent-seeking” in medical practice in the nineteenth- and early twentieth-centuries.⁸² While we could argue there was little truth telling and no consent seeking on the part of the doctors, Rivers manifestly holds that she never lied and that she operated in a realm of mutuality. In this sense, she may have been operating from what other ethicists have called a “beneficence model” . . . where consent and disclosure comes primarily from an obligation to provide medical benefit rather than respect autonomy.⁸³ While we could also argue that medical benefits were doubtful to nonexistent, Rivers clearly thought there was consent in the beneficence, but not in the rights sense, because the mutuality was one of nursing and caring.

Perhaps, after all, Rivers told only those she could trust. But choosing whom to trust was never easy for Nurse Rivers. In the context of the lawsuit that would bring compensation to the men and their heirs, she chose to testify as a martyred innocent, hinting at her moral agency, but primarily hiding by discussing “taking orders” or the dangers of some of the treatment for protection. In the face of the choice between naiveté and moral agency, but agency that would have implicated the Black professionals in the conspiracy of knowledge and shown what a public health nurse could do, she chose a careful line that erred on the side of duped innocence.

She avoided saying much about how her shifting gender position made possible her role in “treating” a sexually transmitted disease. The words to even explain this did not, of course, even exist. But Rivers had something to say, as critic Mae Henderson has noted for many Black women, but searched “for a way to say it” in a situation where “she had very little say.”⁸⁴ She had to choose when to speak, with whom, and about what, a way of being that African American women have been practicing for generations.

MORAL CONFLICT AND MULTIPLE VOICE

In reality, we cannot really know about the extent of Rivers’s own moral conflicts, especially after the study story broke. Those who were with her that fateful July day in 1972 when the media swarming began said she retreated into a back room of the health department and wept.⁸⁵ The fragmentary evidence that does survive suggests that she tried to reconsider her participation, to help the men as much as possible, and to rethink the meaning of treatment. Once Attorney Fred Gray began his legal proceedings, she retreated to almost

complete silence. Mrs. Beavers stated Rivers was very savvy about legal issues in nursing and her silence and statements suggest just that.

In "testifying" on the tapes about her position, she is giving "verbal witness to the efficacy, truth and power of some experience in which [the group has] shared."⁸⁶ In the context of Tuskegee in those years, with the lack of caring and health care available, she was truthfully providing treatment and care in a way that was understood by the Tuskegee doctors who had faith in her, by the men who truly loved what she did for them, and by the PHS physicians who were primarily grateful for her skills. She may have tried to find ways to work around class, race and gender structures which shaped, but never totally controlled her experience. As she told her students: "People may not like you for what you do, but if you are right they will respect you for what you do."⁸⁷

I think we need to hear Nurse Rivers's words as representing the many voices that allowed her to accommodate and resist the pressures of race, class, profession, and gender at the very same moment in differing and subtle ways. The racism and sexism that provided the underpinnings for medical scientific arrogance has many differing faces, making possible many differing routes for resistance, and sometimes escape, for subjects and nurses. In the context of a Tuskegee culture that allowed for both racial accommodation and hidden resistance, perhaps Rivers really was finding the only shifting positions she thought possible. That these changing positions and her multiple forms of speaking may also have created suffering and death alert us to the costs of expecting silence from a nurse and the dangers of an ethic of caring and beneficence when there is neither racial, gender nor class justice.

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Acknowledgments

Many people have contributed to this ongoing project over the last five years. Darlene Clark Hine first encouraged me to attempt this research and has kept me going. My gratitude for her faith in me is enormous. I also wish to thank Daniel Williams, Cynthia Wilson, James Jones, Evelyn M. Hammonds, Geeta Patel,

Susan Bell, Barbara Rosenkrantz, Dixie Dysart, David Feldshuh, Jay Katz and Allan Brandt for their ideas, suggestions and insights. James Jones, in particular, has in this process been exceedingly generous with his materials, his time and his good counsel (even if I did not always take it). I am also grateful to the numerous colleagues, students, nurses and physicians who have listened to me on this topic over the years and have provided continued information and correction.

Financial support for the research was provided by the Wellesley College Faculty Research Fund, the American Association of University Women Foundation, and the National Endowment for the Humanities. My year and a half at the DuBois Institute for Afro-American Research at Harvard University was of particular and special support. I am grateful to Henry Louis Gates, Jr., Dick Newman, and Patricia Sullivan at the DuBois for the time they spent listening to me and for their special wisdom. Above all, I thank the people in Tuskegee who were willing to trust me with their stories. Any misreading of their understandings is my own failing.

Notes

1. The actual number of men in the study varies in the differing research publications. Most sources suggest there were approximately three hundred and ninety-nine men who had the disease and another two hundred and one who were the "controls." However, some controls who developed syphilis were also switched into the study's other "arm." For an overview, the major monograph is James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment*, rev. ed. (New York: Free Press, 1993). See also Allan M. Brandt, "Racism and Research: The Case of the Tuskegee Syphilis Study," in *Sickness and Health in America*, 3rd ed., rev., ed. Judith Walzer Leavitt and Ronald L. Numbers (Madison: University of Wisconsin Press, 1997), 392-404.

2. Jacket copy language for Jones, *Bad Blood* (New York: Free Press, 1981). All subsequent citations to *Bad Blood* are from this first edition.

For perceptive analysis of the continuing importance of Tuskegee for the African Americans and their health care, see Stephen B. Thomas and Sandra Crouse Quinn, "The Tuskegee Syphilis Study, 1932-1972: Implications for HIV Education and AIDS Risk Education Programs in the Black Community," *American Journal of Public Health* (hereafter cited as *AJPH*) 81 (November 1991):1498-1505 and Vanessa Northington Gamble, "Under the Shadow of Tuskegee: African Americans and Health Care," *AJPH* 87 (November 1997): 1773-78.

3. For more details on the ceremony and the organizing for it, see Susan M. Reverby, "History of an Apology: From Tuskegee to the White House," *Research Nurse* 3 (July/August 1997): 1-9.

4. Ralph Ellison, "The Shadow and the Act," in *The Collected Essays of Ralph Ellison*, ed. John F. Callahan (New York: Modern Library, 1995), 305. The essay originally appeared in *The Reporter*, 6 December 1949.

5. I am grateful to Cynthia Wilson of Tuskegee University for providing me with this colloquialism.

6. As Patricia Williams has argued, we will have to get beyond "voyeurism" and a tendency to "ritualize race as one-way theater," with Whites only looking in, see her "The World Beyond Words," *The Nation* 265 (22 September 1997): 10.

7. There have been numerous interpretations of the study, see an edited collection of secondary and primary materials on the Tuskegee Syphilis Study *The Tuskegee Syphilis Study: Interpretations Since Bad Blood*, ed. Susan M. Reverby (Chapel Hill: University of North Carolina Press, forthcoming).

8. Evelyn M. Hammonds, "Black (W)holes and the Geometry of Black Female Sexuality," *Differences* 6, no. 2-3 (1994): 126-145.

9. Nurse Rivers married when she was in her 50s. Although some of the community refer to her as Mrs. Laurie, most of her life she was known as Nurse Rivers. Susan Reverby, interview by Cynthia Wilson, Tuskegee, Ala., 7 May 1997.

10. Hammonds, "Black (W)holes," uses these terms and is building on work by Audre Lorde on the invisibility/hypervisibility of Black women. This analysis also reflects the importance of Evelyn Brooks Higginbotham's ground-breaking essay on the problem of the "metalanguage of race." See "African American Women's History and the Metalanguage of Race," *Signs* 17 (Winter 1992): 251-274. As Higginbotham puts it (p. 272): "Today, the metalanguage of race continues to bequeath its problematic legacy. While its discursive construction of reality into two opposing camps—blacks versus whites or Afrocentric versus Eurocentric standpoints—provides the basis for resistance against external forces of black subordination, it tends to forestall resolution of problems of gender, class and sexual orientation internal to black communities."

11. Jones, *Bad Blood*, devotes numerous pages and a chapter to Nurse Rivers. She is also the central figure in David Feldshuh's play, *Miss Evers' Boys*, (Chicago: Chicago Theatre Group, 1991) and the subsequent HBO movie, *Miss Evers' Boys*, shown nationally for the first time on 22 February 1996. For interpretations of her role by three other historians, see Darlene Clark Hine, *Black Women in White* (Bloomington: Indiana University Press, 1989), 154-56; Susan L. Smith, "Neither Victim nor Villain: Nurse Eunice Rivers, the Tuskegee Syphilis Experiment, and Public Health Work," *Journal of Women's History* 8 (Spring 1996): 95-113, and Evelyn M. Hammonds, "Your Silence Will Not Protect You: Nurse Eunice Rivers and the Tuskegee Syphilis Study," in *The Black Women's Health Book: Speaking for Ourselves*, 2nd ed., ed. Evelyn C. White (Seattle: Seal Press, 1994), 323-331.

12. In thinking this through I found helpful Nellie Y. McKay, "Remembering Anita Hill and Clarence Thomas: What Really Happened When One Black Woman Spoke Out," in *Race-ing Justice, En-gendering Power: Essays on Anita Hill, Clarence Thomas and the Construction of Social Reality*, ed. Toni Morrison (New York: Pantheon, 1992), 269-289, as well as all the essays in the Morrison collection; see also Hammonds, "Black (W)holes."

13. Higginbotham, "African American Women's History," 266.

14. Geneva Smitherman, *Talkin and Tesifyin: The Language of Black America* (Boston: Houghton Mifflin, 1977), 58

15. For use of Smitherman's terms, see Mae Gwendolyn Henderson, "Speaking in Tongues: Dialogics, Dialectics, and the Black Women Writer's Literary Tradition,"

in *Changing our own Words: Essays on Criticism, Theory and Writing by Black Women*, ed. Cheryl A. Wall (New Brunswick: Rutgers University Press, 1989), 22.

16. See Allan M. Brandt, *No Magic Bullet* (New York: Oxford University Press, 1987); Elizabeth Fee, "Sin versus Science: Venereal Disease in Twentieth-Century Baltimore," in *AIDS the Burdens of History*, eds. Elizabeth Fee and Daniel M. Fox (Berkeley: University of California Press, 1988), 121-146; David McBride, *From TB to AIDS: Epidemics among Urban Blacks since 1900* (Albany: SUNY Press, 1991); Jones, *Bad Blood*. In her review of Jones's book, Barbara Rosenkrantz raises the question of conflicting medical notions of treatment for syphilis but does not discuss Nurse Rivers, see her "Non-Random Events," *The Yale Review* (1983): 284-296. For an example of how the debate on treatment could be used to justify the study, see R. H. Kampmeier, "The Tuskegee Study of Untreated Syphilis," *Southern Medical Journal* 65 (October 1972): 1247-251.

17. Fee, "Sin versus Science," 125.

18. It was assumed "that treatment in these cases could not reverse the injury of disease, although under favorable conditions arsphenamine and bismuth combined might abort progressive deterioration." William A. Hinton, *Syphilis and its Treatment* (New York: Macmillan Company, 1936), p. 58 quoted in Rosenkrantz, "Non-Random Events," p. 292.

19. Fee, "Sin versus Science," 126.

20. Jones, *Bad Blood*, 147.

21. Michael M. Davis, "The Ability of Patients to Pay for Treatment of Syphilis," *Journal of Social Hygiene* 18 (October 1932): 380-88, quoted in Jones, *Bad Blood*, p. 259. Rosenkrantz, "Non-Random Events," p. 291, emphasizes the importance of Davis's finding and discusses the problem of asymptomatic but still contagious patients, while Jones puts it in a footnote. Rosenkrantz's review is the major discussion of the complexity of treatment in the study from an historical viewpoint.

22. "Deposition of Mrs. Eunice Rivers Laurie," for *Pollard et al. vs. United States of America et al.*, 20 September 1974, Tuskegee, Ala., p. 113. (hereafter cited as *Deposition-Laurie*). The copy is missing from the court house records in Montgomery, Alabama. I am grateful to James Jones for providing me with a copy that was in his possession.

23. Jones discusses this in *Bad Blood* and the letters are in Records of the U.S. Public Health Service, Record Group 90, General Records of the Venereal Disease Division, 1918-36, Box 239, National Archives, Washington, D.C., (hereafter cited as PHS-NA).

24. Taliferro Clark to Paul A. O'Leary, 27 September 1932, PHS-NA.

25. Robert J. Norrell, *Reaping the Whirlwind: The Civil Rights Movement in Tuskegee* (New York: Vintage, 1986), 14.

26. Ralph Ellison, *Invisible Man* (New York: Vintage, 1947, 1990); Nella Larsen, *Quicksand and Passing*, ed. and introduction Deborah McDowell (New Brunswick: Rutgers University Press, 1986); Albert Murray, *South to a Very Old Place* (New York: McGraw Hill, 1971) and *Whistle Guitar Train* (New York: McGraw Hill, 1974).

27. Louis Harlan, "The Secret Life of Booker T. Washington," in *Booker T. Washington in Perspective, Essays of Louis R. Harlan*, ed. Raymond W. Smock (Jackson: University Press of Mississippi, 1988).

28. But even when Tuskegee became central to both the legal and violent aspects of the civil rights movement in the 1950s and 1960s, the study continued unabated, see James Forman, *Sammy Younge, Jr. The First Black College Student to Die in the Black Liberation Movement* (Washington, D.C.: Open Hand Publishing, 1986) and Norrell, *Reaping the Whirlwind*.

29. Testimony of Dr. Arnold Schroeter, U.S. Department of Health, Education and Welfare, Tuskegee Syphilis Study Investigating Committee Hearings, Washington, D.C., 1973, vol. I p. 25, Tuskegee University Archives (hereafter cited as HEWTUA). See also Surgeon General H.S. Cumming to Doctor R. R. Moton, 20 September 1932, Moton Papers, General Correspondence, Box 180, Tuskegee University Archives, Tuskegee University, Tuskegee, Ala. (hereafter cited as Moton-TUA); Jones, *Bad Blood*, p. 102, also cites this letter but does not emphasize the treatment question; Eugene H. Dibble, Jr. to R. R. Moton, 17 September 1932, Moton-TUA.

30. R. R. Moton to George Arthur, 17 February 1933, Moton-TUA.

31. I am borrowing here Pernick's book title for his work on the differential use of anesthesia, but it also fits the kind of process of political triage that was emblematic of the Tuskegee "machine," see Martin S. Pernick, *A Calculus of Suffering* (New York: Columbia University Press, 1985). For an overview of Washington's mode of operation see Louis R. Harlan, *Booker T. Washington: The Making of a Black Leader* (New York: Oxford University Press, 1972)

32. For a comprehensive listing of the medical reports on the study, see Jones, *Bad Blood*, 281-82. Ironically, perhaps, a reevaluation of the data from the original Oslo Study published in 1955 concluded: "It was estimated that between 60 and 70 out of every 100 of these patients went through life with a minimum of inconvenience despite no treatment for early syphilis. This gives no encouragement to withhold treatment because the final outcome in any individual cannot be predicted, and too, syphilis is still a transmissible disease when untreated and can cause serious difficulties among 30 to 40 out of each 100 who remain untreated." E. Gurney Clark et al., "The Oslo Study of the Natural History of Untreated Syphilis," *Journal of Chronic Diseases* 2 (September 1955):343.

33. For a perceptive analysis of the rhetoric in the medical reports see Martha Solomon, "The Rhetoric of Dehumanization: An Analysis of Medical Reports of the Tuskegee Syphilis Project," *The Western Journal of Speech Communication* 49 (Fall 1985):233-247. For the clearest example of use of this rhetoric to exonerate the PHS and to avoid any discussion of the racism, see Kampmeier, "The Tuskegee Study of Untreated Syphilis."

34. Susan Lederer, "The Tuskegee Syphilis Study in the Context of American Medical Research," *Sigerist Circle Newsletter and Bibliography*, 6 (Winter 1994): 24.

35. O.C. Wenger to Raymond Vonderlehr, 21 July 1933, PHS-NA.

36. Pasquale J. Pesare et al., "Untreated Syphilis in the Male Negro," *Journal of Venereal Disease Information* 27 (1946):202; Stanley H. Schuman et al., "Untreated Syphilis in the Male Negro," *Journal of Chronic Diseases* 2 (1955):551; Donald H. Rockwell et al., "The Tuskegee Study of Untreated Syphilis," *Archives of Internal Medicine* 114 (1961):797.

37. For the clearest statement of her role before the story of the study broke see Eunice Rivers, et al., "Twenty Years of Follow-Up Experience in a Long-Range

Medical Study," *Public Health Reports* 68 (1953): 391-95. There are differing viewpoints on how much of this article Nurse Rivers actually wrote and no written evidence to evaluate the claims. (Personal communications with James Jones and Jay Katz.)

38. James Jones, interview by Mrs. Eunice Rivers Laurie, tape 2, p.30, Tuskegee, Ala., 3 May 1977 (hereafter cited as Jones-Laurie interview). I am grateful to James Jones for providing me with his transcription.

39. Herman Shaw, interview by David Feldshuh, Notasulga, Ala., January 1992. I am grateful to David Feldshuh for sharing this with me. Susan Reverby, interview by Charles Pollard, Notasulga, Ala., 11 January 1994. See also Jones-Laurie interview.

40. Jones-Laurie interview, tape 1, 10. This assessment is based on reading her reports, correspondence in the Tuskegee University archives and in the public health department records in the Alabama State Archives in Montgomery.

41. Eunice Rivers Laurie, "Oral History Interview," by Daniel Williams and Helen Dibble, tape recording, Tuskegee, Ala., 29 January 1975, Tuskegee University Archives (hereafter cited as Tuskegee-Laurie Interview). I am grateful to David Feldshuh for telling me about this interview and to Daniel Williams for providing me with a copy of the tape. I made my own transcription with the assistance of Carmen Bryant, Harvard '96. I believe this is the first transcription ever made of the tape and I have left a copy in the Tuskegee University Archives. Feldshuh also had the tape transcribed.

42. In the fictional play and movie, *Miss Evers' Boys*, the Nurse Rivers character is giving testimony in front of the U.S. senators investigating the scandal. This serves as a wonderful dramatic device to allow her to reflect upon her experiences and to allow the drama to move back and forth in time. However, in the actual historical drama of the study, Nurse Rivers was never called to testify at the Senate hearing. See Susan Reverby, interview by David Feldshuh, Ithaca, N.Y., 5 June 1992. David Feldshuh has been incredibly helpful and generous to me on this project.

43. In the Tuskegee-Laurie interview, it is critical to remember that this is an oral history, done with two people Nurse Rivers knew and trusted. She clearly wanted some record somewhere of what she knew and thought. This interview gave her the chance (which she took) to leave her story in the institution she knew, served and loved: Tuskegee University. I am also aware that my own transcribing process may have shifted some of her words, although I have tried to stay as faithful as possible to her voice. Carmen Bryant was very helpful in correcting my "hearing" of Nurse Rivers's voice.

44. Eunice Rivers Laurie, interview by A. Lillian Thompson, in *The Black Women Oral History Project* 7, ed. Ruth Edmonds Hill (10 October 1977, New Providence, N.J.: K.G. Saur Verlag, a Reed Reference Publishing Company, 1992): 213-242, in the Schlesinger Library, Radcliffe College (hereafter cited as Schlesinger-Laurie Interview); Jones-Laurie Interview; Tuskegee-Laurie Interview.

45. Jones-Laurie Interview, tape 1, p. 10.

46. Eunice Rivers to Jessie Marriner, Director of the Bureau of Child Hygiene and Public Health Nursing, 9 September 1932, Alabama Department of Public Health, Administrative Files, 1928-35, Folder Macon County Miscellaneous 1930-33, Alabama State Archives, Montgomery, Ala.

47. Laurie-Tuskegee Interview, 12. In the Schlesinger-Laurie Interview (p. 14) Rivers makes this position even clearer by saying: "And they never took anybody with early syphilis. And early syphilis was about three years or two years, that's considered

early. After that, it was supposed to be late syphilis. What it was doing, it was doing it to you, you weren't transmitting it."

48. This theme of caring, not diagnosing, is a constant in all the interviews.

49. Tuskegee-Laurie Interview, 5,9,12. All the quotes in this paragraph are from this interview, unless otherwise noted.

50. This view of what she is doing comes out most strongly throughout her deposition (Deposition-Laurie) and in her interview with historian James Jones (Jones-Laurie interview).

51. Schlesinger-Laurie Interview, 23.

52. On this dilemma, see Karen Bühler Wilkerson, *False Dawn: The Rise and Decline of Public Health Nursing, 1900-1930* (New York: Garland Publications, 1990).

53. Tuskegee-Laurie Interview, 16.

54. For a more theoretical discussion of some of these issues of power and empathy/caring (although primarily for medicine not nursing), see *The Empathic Practitioner: Empathy, Gender and Medicine*, ed. Ellen Singer More and Maureen A. Milligan (New Brunswick: Rutgers University Press, 1994).

55. Tuskegee-Laurie Interview, 18.

56. This is of course my "reading" of her voice on the Tuskegee-Laurie interview.

57. When I presented an earlier version of this paper to a nursing audience at Fitchberg State College, many of the older nurses in the audience responded with stories of their own "research" study experiences at major teaching hospitals. They voiced their clearly troubled sense that they often had no idea what they were giving the patients. One nurse had an insightful comment when she told me: "The only person who is blind in a double-blinded research study is the nurse."

In using these two voices Rivers speaks in what Mae Henderson describes as "the internal dialogue with the plural aspects of self," see Henderson, "Speaking Tongues," 17.

58. This is the view most clearly articulated by Jones, *Bad Blood*: that by the 1940s the study's nontreatment rationale is so strong that even the presence of penicillin does not change the thinking of those in charge of the study.

59. Jones-Laurie interview, tape 1, p. 31.

60. Darlene Clark Hine uses the term "super moral" to describe women like Nurse Rivers. See her "Rape and the Inner Lives of Black Women in the Middle West: Preliminary Thoughts on the Culture of Dissemblance," *Signs* 14 (Summer 1989): 915.

61. Schlesinger-Laurie interview, 9.

62. Tuskegee-Laurie Interview, 19.

63. Mrs. Irene Beavers's, interview by Susan Reverby, Tuskegee, Ala., 10 January 1995 (hereafter cited as Beavers interview). I am exceedingly grateful to Mrs. Beavers for her time and willingness to share her memories.

64. Hine, "Rape and the Inner Lives," 915.

65. Nursing School Records, Alumnae Association Folder, Box 2, Tuskegee University Archives.

66. Evelyn Brooks Higginbotham, "Beyond the Sound of Silence: Afro-American Women in History," *Gender and History* 1 (Spring 1989): 58-59. For further discussion of this differentiation within the Black community see Hazel Carby, *Reconstructing Womanhood* (New York: Oxford, 1987); Evelyn Brooks Higginbotham, *Righteous Discontent: The Women's Movement in the Black Baptist Church, 1880-1920*

(Cambridge: Harvard University Press, 1992); the essays in *Black Women's History: Theory and Practice*, ed. Darlene Clark Hine, (Brooklyn: Carlson Publishing, 16 volumes, 1990); and on health in particular, see Susan L. Smith, "Sick and Tired of Being Sick and Tired": Black Women's Health Activism in America, 1890-1950 (Philadelphia: University of Pennsylvania Press, 1995).

67. Schlesinger-Laurie Interview, 20.

68. Schlesinger-Laurie Interview, 23.

69. Hammonds, "Black (W)holes," 137.

70. Testimony of Dr. Reginald G. James, HEW-TUA, 59-60.

71. Rivers's time sense here and her views are at odds with Jones's reading of Dr. Reginald G. James's comments from a *New York Times* interview published on 27 July 1972, the day after the Tuskegee story broke. Jones writes: "Between 1939 and 1941 he had been involved with public health work in Macon County—specifically with the diagnosis and treatment of syphilis." In his interviews James claims it was Rivers who kept him from treating some of the men in the study and that this left him "distracted and disturbed." He claims to have treated a man who never returned, presumably fearful over the loss of his benefits. (Jones, *Bad Blood*, p. 6). I do not have the evidence to evaluate these differing claims at this time. David Feldshuh, the author of *Miss Evers' Boys*, has lent me his interviews with two of the survivors, Herman Shaw and Charles Pollard. In both of these interviews, the men claim Nurse Rivers actively kept them from treatment, even pulling them out of the line at a clinic in Birmingham. However, since both of the men saw Feldshuh's play several times before they were interviewed, and actually viewed a video of the play while being interviewed, it is difficult to ascertain what actually happened. What is important is that both men have stated that she was actively involved in keeping them from treatment.

72. Tuskegee-Laurie interview, 25. The reading of her voice in the italics is mine.

73. For a fuller of discussion of this see Susan M. Reverby, *Ordered to Care: The Dilemma of American Nursing* (New York: Cambridge University Press, 1987).

74. See also Jones-Laurie interview, 19.

75. Beavers interview.

76. Amy and Walter Pack, interview by Susan Reverby, Tuskegee, Ala., 11 January 1995. Both Walter and Amy Pack were working with Rivers when the story broke in 1972 and Walter Pack helped draft the public statement of the Macon County Health Department (hereafter cited as Pack interview).

77. Seward Hiltner to Broadus Butler, 29 October 1972, U.S. Department of Health, Education and Welfare, Tuskegee Syphilis Study, *National Library of Medicine, History of Medicine Division*. Container 2, 5.

78. Joseph G. Caldwell to Dr. William J. Brown, 4 May 1970, Tuskegee Syphilis Study, Centers for Disease Control Papers, Box 8, Folder 1970, National Archives—Southeast Region, Eastpoint, GA.

79. Jones-Laurie interview, 36.

80. I am grateful to Dick Newman of the DuBois Institute, Harvard University, for suggesting the parallel to Schindler. But unlike Schindler, Rivers was not from a differing racial/ethnic/cultural group from that of the victims. But she was a different gender and class.

81. This view of Carol Gilligan's work comes from Mary Brabeck, "Moral Judgment: Theory and Research on Differences between Males and Females," in *An Ethic of Care*, ed. Mary Jeanne Larrabee (New York: Routledge, 1993), 34.

82. Pernick, "The Patient's Role in Medical Decision-making: a Social History of Informed Consent in Medical Therapy," in *Making Health Care Decisions: The Ethical and Legal Implications of Informed Consent in the Patient-Practitioner Relationship*, vol. 3: Appendices Studies on the Foundations of Informed Consent (Washington, D.C.: GPO, 1982), 1-35.

83. Ruth R. Faden, Tom L. Beauchamp, Nancy M.P. King, *A History and Theory of Informed Consent* (New York: Oxford University Press, 1986), 59.

84. I am paraphrasing here critic Mae Henderson's analysis of the difficulties of African American women explaining their lives in the face of explanations by others. Henderson writes: "In other words, it is not that black women, in the past, have had nothing to say, but rather that they have had no say." Henderson, "Speaking in Tongues," 24.

85. Pack interview.

86. Smitherman, *Talkin and Testifyin*, 58.

87. Beavers interview.

Full Circle

The Nurse-Midwifery Careers of Elizabeth Berryhill and Gabriela Olivera

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Nurse-midwifery, a combination of two professions, nursing and midwifery, is a comparatively young profession in the United States. British trained nurse-midwives first began to work in the United States in 1925 at Mary Breckinridge's famous Frontier Nursing Service in the mountains of eastern Kentucky. The success of this project in reducing maternal and infant morbidity and mortality in an extremely poor, rural, medically underserved environment, coupled with a growing concern on the part of public health professionals and others about the poor quality of obstetric care in the United States as compared with other countries, set the stage for Maternity Center Association (MCA), in New York City, to open the first school to train nurse-midwives in North America in 1932.¹

Nursing History Review 7 (1999): 29-45. A publication of the American Association for the History of Nursing. Copyright © 1999 Springer Publishing Company.