Ethics Gone Awry—The US Public Health Service Studies in Guatemala 1946-48

Jonathan Zenilman MD
Johns Hopkins University School of Medicine

Contextual Question

• What was the Tuskegee Study?
• What were the ethical lapses?
• What is the legacy?

• And... What is (or is there?) a connection between the Guatemala studies and Johns Hopkins?
The Presidential Commission for the Study of Bioethical Issues
Timeline

• 2003—Dr Susan Reverby (Wellesley) discovers Cutler records at University of Pittsburgh
• May 2010—Reverby notifies the former director of the CDC—Dr David Sencer
• Summer 2010—US recovers Cutler documents and institutes formal review
• October 2010—Formal apology to Guatemala
• November 2010—President directs the Bioethics Commission to investigate
• August 2011—Public Hearing on Studies; subsequent release of report
• May 2012—US courts dismiss lawsuits on behalf of Guatemalan patients
SUSAN M. REVERBY

“Normal Exposure” and Inoculation
Syphilis: A PHS “Tuskegee” Doctor in Guatemala, 1946–1948
October 1, 2010

U.S. Apologizes for Syphilis Tests in Guatemala

By DONALD G. McNEIL Jr.

From 1946 to 1948, American public health doctors deliberately infected nearly 700 Guatemalan — prison inmates, mental patients and soldiers — with venereal diseases in what was meant as an effort to test the effectiveness of penicillin.

American tax dollars, through the National Institutes of Health, even paid for syphilis-infected prostitutes to sleep with prisoners, since Guatemalan prisons allowed such visits. When the prostitutes did not succeed in infecting the men, some prisoners had the bacteria poured onto scrapes made on their penises, faces or arms, and in some cases it was injected by spinal puncture.
John Cutler, M.D.
The Next Page / Before Tuskegee, the Guatemala Experiment: a Pitt legend's research is under scrutiny

Dr. John Cutler and Dr. Thomas Parran were giants in public health -- and at the University of Pittsburgh. They both played roles in the now-reviled 'Tuskegee Experiment,' which withheld treatment for black men with syphilis. Now a U.S. bioethics panel is exploring their research in 1940s Guatemala -- where men were deliberately infected with the disease. Will their legacies survive?

Sunday, June 12, 2011
By Torsten Ove, Pittsburgh Post-Gazette

Two U.S. presidents have had to apologize for what Dr. John C. Cutler did, or helped do, in the name of science.

An esteemed professor and dean at the University of Pittsburgh from the late 1960s to 1985, Dr. Cutler died in 2003 at age 87 after spending much of his career in Pittsburgh. For decades, his reputation here had been one of pioneering medical research and dedication to improving public health around the world.

A former assistant U.S. surgeon general, he organized the final polio vaccination in the Hill District for the Allegheny County Health Department in the early 1960s, headed the population division of Pitt's Graduate School of Public Health in 1967, served as acting dean of the school in 1968 and 1969 and later helped found the Family Health Council of Western Pennsylvania.

He also established health projects in West Africa and several Third World nations and took on such missions as organizing a program that brought obstetricians from poor countries to the U.S. for training. He was a well-regarded instructor both at Pitt's Graduate School of Public Health and at the Graduate School of Public and International Affairs. Because of his accomplishments, the dean of the graduate school started a lecture series in his honor after he died. It ran until 2008, when a new dean canceled it because of "community sensitivities."
Guatemala victims of US syphilis study still haunted by the 'devil's experiment'
Survivors tell of damaged lives after being deliberately infected in secret 1940s experiment on 1,500 men, women and children

Rory Carroll in Guatemala City
guardian.co.uk, Wednesday 8 June 2011 23.00 BST
Article history

Marta Orellana, 74, a victim of the US syphilis trial when she was nine. 'They never gave me a chance to say no,' she says. Photograph: Rory Carroll for the Guardian
The Cutler Documents

- 12,000 pages of original documents left to the University of Pittsburgh
Commission Approach in Reviewing the Documents

• Review all material in the archive
• Perform “census” of the archive
• Define the experiments and consolidate workbooks and clinical data
• Define diagnostic and treatment histories for individual subjects
• Prepare spreadsheet of collected data
Activities

- Reviewed 550 documents/ 125,000 pages
- Database prepared-- 1,074,196 entries
- Correspondence, notebooks, patient data, photographs
What Was Known? What were the Questions?

• By the end of World War II, the efficacy of Penicillin for Syphilis and Gonorrhea was being elucidated
• There was tremendous interest in preventive treatment of contacts
• STIs had tremendous impact on military deployability
• Standard texts of the day (eg Stokes, 1944) did not address this
Site
PENICILLIN THERAPY IN EARLY SYPHILIS. III.¹⁻³

R. C. ARNOLD, Senior Surgeon, J. F. MAHONEY, Medical Director, JOHN C. CUTL
Surgeon, and SACHA LEVITAN, Surgeon (R)

U. S. Public Health Service

The results obtained in the treatment of early syphilis with penicillin have b

J Investig Dermatology 1948
The Role of Penicillin in Treatment of active disease was being elucidated.

MEDICAL PROGRESS

SYPHILIS (Concluded)

G. Marshall Crawford, M.D.*

boston

The greatest emphasis in the treatment of syphilis will continue to lie in the use of penicillin. Experimental studies with the various penicillins, regarding methods of administration, effects on specific organisms, the possible development of resistance and so forth continue. As yet, the use of the highly soluble forms of penicillin, with frequent injections over periods of some days, is the only acceptable method of administration. Less frequent administration in oil and wax may prove to be suitable. The combina-

PENICILLIN IN THE TREATMENT OF GONORRHEA IN WOMEN

Results of Treatment as Reported by Twelve Co-operating Venereal-Disease Clinics in Massachusetts during 1945

George E. Perkins, M.D.*, and Harold N. Brewster, M.D., M.P.H.†

boston

New Eng J Med 1947
The Question

- Can a preventive treatment regimen be evaluated in a model where humans are infected under controlled conditions
- Comparison groups—Orvus-Mapharsen (arsenical); Penicillin (at various doses), Controls
- Studies done in Syphilis, gonorrhea, chancroid
- Will discuss syphilis in this talk
- Sources of infected material—Homogenates of either rabbit passage organisms; transfer of human material
- Grant approved by the Syphilis Study Section February 1946
The first study established the new structure of the Syphilis Study Section (see Figure 1). The Penicillin Treatment Committee of the NRC Study Section on Venereal Disease and renamed it in 1945. It is in early
Project Partners

• USPHS Venereal Disease Division (Staten Island, NY)

• NIH Precursor—Study section including Thomas Turner, Lowell Reed, Eagle, Van Slyke, Stokes, Moore, Mahoney; NIH Syphilis Study Section

• Pan American Health Organization

• Guatemala Government institutions and staff

• $146,000 in 1946

• Multiple Site Visits by US govt officials
Original Research Design

• 1945
  – Initial design was to test the orvus-mapharsen prophylaxis wash
    • as a prophylaxis for syphilis
    • in prisoners exposed to infected commercial sex workers
  – Goal was development of more effective preventative tools for U.S. military personnel.
## Arrival in Guatemala

<table>
<thead>
<tr>
<th>MONTH</th>
<th>LOCATION</th>
<th>TEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb.</td>
<td></td>
<td>NIH Syphilis Study Section recommends STD research in Guatemala</td>
</tr>
<tr>
<td>Mar.</td>
<td></td>
<td>National Advisory Health Council meeting that approved the proposal that became “Research Grant No.65 (RG-65)”</td>
</tr>
<tr>
<td>Apr.</td>
<td></td>
<td>PASB starts project</td>
</tr>
<tr>
<td>Aug.</td>
<td></td>
<td>Dr. Cutler arrives in Guatemala</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PASB officials sign agreements with the Guatemalan government</td>
</tr>
<tr>
<td>Army Penitentiary</td>
<td></td>
<td>Treatment programs begin</td>
</tr>
<tr>
<td>Nov.</td>
<td>Penitentiary</td>
<td>Serology</td>
</tr>
</tbody>
</table>
Serology Studies (1946-1953)

- **Populations**: Orphans, schoolchildren, leprosarium patients, US Servicemen in Guatemala, and all populations involved in intentional exposure
- **Methods**: blood draws, lumbar punctures, and cisternal punctures
Initial Approach--Develop the Model

“Natural” infection
Commercial Sex Workers Recruited
Experimentally infected with T. pallidum
Intercourse with Prison inmates or soldiers
Evaluated immediately post coital and serially

FINDING- Infection rate low—not useful for prevention experiments
Direct Infection Model--Syphilis

• Subject Population-Asylum, Prisoners, Infection experiments:
  – Evaluate Pedigreed T palliidum strains
  – Swab transfer
  – Pledgets
  – Direct Inoculation
  – Differences in dose, organism pedigree, swab placement time, “adjuvants”
  – Followed by clinical exam, multiple RPR tests, subset LPs
Intentional Exposure Experiments (1947-1948)

- **Populations**: Commercial Sex Workers, Prisoners, Psychiatric Patients, Soldiers
- **Diseases**: gonorrhea, syphilis, chancroid
- **Methods**: sexual intercourse, skin contact, direct injection, scarification/abrasion, and cisternal punctures
Nov. 30, 1947
Injected active Nichols - right forearm
Injected inactive Nichols - right forearm at

12-5-47 0.
12-9-47 Rt (upper site) 3x5 mm. pink papule.
          Rt (lower site) -0.
12-15-47 5 x 3 mm. pink papule (upper). Lower -0.
12-17-47 Unchanged.
12-23-47 Red, indurated 5 x 5 mm. papule. Lower - o. Photo taken.
12-30-47 Unchanged. Photo DF - neg. for T.P.
1-13-48 Red, indurated papule. DF - neg. for T.P.
1-13-48 Treatment started at 8 PM. Penicillin 50,000 units every 2 hrs. X 85 for a
total of 4,250,000 units. Lot No. 47090905 CSE Cryst. "G".
1-13-48 12-Midnight-chills and fever
5-11-48 0.
Additional trials to evaluate systemic syphilis

- IV infusion of rabbit testes treponemal homogenate
- Intracisternal injection of rabbit testes treponemal homogenate
- Observation on course and treatment
CISTERNAL PUNCTURE

Seven women in the Psychiatric Hospital were exposed to syphilis via cisternal puncture, the injection of syphilis into the spinal fluid from the back of the skull.

Dr. Cutler wrote in his Final Syphilis Report that the reason they inoculated the women in this fashion was to determine the effectiveness of the “blood-spinal-fluid” barrier, as well as to attempt to “shock” the women out of their epilepsy.

Two of the women subjected to cisternal puncture developed headaches and one lost the use of her legs for a period of time. Five of the seven women were eventually treated, one received penicillin only as a prophylaxis, and one never received any penicillin. One of the women who received penicillin later died.
# Intentional Exposure Studies

## Begin

<table>
<thead>
<tr>
<th>Year</th>
<th>Organization</th>
<th>Disease</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1947</td>
<td>Army</td>
<td>Gonorrhea</td>
<td>First intentional exposure experiment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dr. Arnold visits Guatemala</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Drs. Mahoney, Heller and Van Slyke visit Guatemala</td>
</tr>
<tr>
<td></td>
<td>Army</td>
<td>Gonorrhea</td>
<td>First artificial inoculation (deep inoculation) experiment</td>
</tr>
<tr>
<td>May</td>
<td>Penitentiary</td>
<td>Syphilis</td>
<td>First normal exposure experiment involving sex workers</td>
</tr>
<tr>
<td></td>
<td>Hospital</td>
<td>Syphilis</td>
<td>First artificial inoculation experiment</td>
</tr>
<tr>
<td></td>
<td>Penitentiary</td>
<td>Syphilis</td>
<td>First artificial inoculation experiment</td>
</tr>
<tr>
<td></td>
<td>School children</td>
<td>Serology</td>
<td>Studies begin</td>
</tr>
<tr>
<td></td>
<td>Orphanage</td>
<td>Serology</td>
<td>Studies begin</td>
</tr>
<tr>
<td>June</td>
<td></td>
<td></td>
<td>Dr. Cutler concerned that the wrong person finding out about the experiments “might wreck it or parts of it” and proposes to start sending “barest summaries of our progress” to PASB</td>
</tr>
<tr>
<td>Aug.</td>
<td>Hospital</td>
<td>Syphilis</td>
<td>First abrasion experiment</td>
</tr>
<tr>
<td>Sept.</td>
<td></td>
<td></td>
<td>Dr. Mahoney tells Dr. Cutler that the abrasion methods are “drastic”</td>
</tr>
</tbody>
</table>
The Preventive Trials

• Multiple infection models developed
• Major Question—Does Post Exposure Treatment prevent infection?
• Preventive therapy trials with application of Orvus-Mapharsen, pencillin, IM penicillin after infection
• Time variables (treatment after exposure)
• Longitudinal followup
• Extensive Photodocumentation
<table>
<thead>
<tr>
<th>Method of Infection</th>
<th>Type of Treatment</th>
<th>Number of Patients</th>
<th>Number Infected</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Exposure</td>
<td>None</td>
<td>93</td>
<td>5</td>
<td>5.4</td>
</tr>
<tr>
<td>Superficial Inoculation</td>
<td>Mapharsen-Orvus 1-1/2 Hours After Inoculation</td>
<td>58</td>
<td>13</td>
<td>22.4</td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td>56</td>
<td>31</td>
<td>55.4</td>
</tr>
<tr>
<td></td>
<td>10% Argyrol (Intra-Urethral Instillation) 4 cc.</td>
<td>36</td>
<td>4</td>
<td>11.1</td>
</tr>
<tr>
<td></td>
<td>300,000 Units Oral Penicillin 1 to 1 1/3 Hours After Inoculation</td>
<td>20</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Superficial Inoculation</td>
<td>Mapharsen-Orvus 15 Months After Inoculation</td>
<td>20</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td>25</td>
<td>14</td>
<td>53.8</td>
</tr>
<tr>
<td></td>
<td>Mapharsen-Orvus 1-1/2 Hours After Inoculation</td>
<td>15</td>
<td>1</td>
<td>10.0</td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td>5</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td></td>
<td>5,000 Argyrol Pro 100</td>
<td>37</td>
<td>11</td>
<td>29.7</td>
</tr>
<tr>
<td></td>
<td>10% Argyrol (Vas)</td>
<td>45</td>
<td>9</td>
<td>12.5</td>
</tr>
<tr>
<td></td>
<td>10% Argyrol 1 Hour After Inoculation</td>
<td>14</td>
<td>7</td>
<td>50.0</td>
</tr>
<tr>
<td></td>
<td>Mapharsen-Orvus 1/2 and 1 Hour After Inoculation</td>
<td>16</td>
<td>10</td>
<td>62.5</td>
</tr>
<tr>
<td></td>
<td>1,500,000 Units Oral Penicillin 1 Hour After Inoculation</td>
<td>15</td>
<td>2</td>
<td>8.0</td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td>15</td>
<td>15</td>
<td>97.5</td>
</tr>
</tbody>
</table>

Results compiled from experiments between January 1948 and July 1948.
June 28 and 29, 1948  All of the patients came from the SECOND RIFLE COMPANY of the MILITARY BASE. They were all observed for one week before the experiment, with 3 cultures of the first urine specimen passed after waking up. They all had contact with women not infected with gonorrhea. The data on the contact are given below in the indicated table. After contact, the patients were inoculated. The pus was taken from the donor via a tuberculin syringe moistened with PP #3. The first night, the pus was taken from (donor from the 29th), who has a history of typical gonorrhea starting on the 19th and with a history of contact 6 days before the disease appeared. The sample was taken at 7:10pm. The other donor, , was inoculated with a sulfa-resistant strain taken from of the Insane Asylum on the 26th. The sample was taken from at 7:20pm. The two samples were mixed for use in the inoculation. For this inoculation, swabs moistened with PP #3 were used and the same swab was used for everyone each night. With a #24 needle, a drop of pus was placed on the swab, then carefully applied to the navicular fossa of the penis with great care to not enter deeply into the urethra. This method is the same one used for all inoculations of this type previously.

The control subjects were inoculated with a swab made of a toothpick and cotton. With a #24 needle, a drop of pus was placed on the swab, and then the swab was inserted ¼ inch into the urethra and carefully applied to the mucous membrane of the urethra. All patients abstained from urinating until immediately before the application of the prophylactic agent, at which time a urine sample to test for sulfa. After the patients urinated, with the exception of the controls, they received prophylaxis applied by the physicians.
### Subject and Population Specific Data

<table>
<thead>
<tr>
<th>Subject/Population</th>
<th>Commercial Sex Workers</th>
<th>Soldiers</th>
<th>Prisoners</th>
<th>Orphans, Schoolchildren, “Indian,” and “Ladino” Children</th>
<th>Leprosarium Patients</th>
<th>Psychiatric Patients</th>
<th>U.S. Servicemen in Guatemala</th>
<th>Not specified</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Subjects</strong></td>
<td>14</td>
<td>1017</td>
<td>976</td>
<td>1384</td>
<td>51</td>
<td>716</td>
<td>23</td>
<td>1359</td>
<td>5540</td>
</tr>
</tbody>
</table>

#### Subjects Identified Either by Aggregate or by Name in the Cutler Documents and Corresponding Articles

<table>
<thead>
<tr>
<th>Subject/Population</th>
<th>Commercial Sex Workers</th>
<th>Soldiers</th>
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<th>Leprosarium Patients</th>
<th>Psychiatric Patients</th>
<th>U.S. Servicemen in Guatemala</th>
<th>Not specified</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Subjects</strong></td>
<td>14</td>
<td>897</td>
<td>842</td>
<td>1384</td>
<td>51</td>
<td>642</td>
<td>23</td>
<td>1275</td>
<td>5128</td>
</tr>
</tbody>
</table>

#### Subjects Involved in Diagnostic Testing

<table>
<thead>
<tr>
<th>Subject/Population</th>
<th>Commercial Sex Workers</th>
<th>Soldiers</th>
<th>Prisoners</th>
<th>Orphans, Schoolchildren, “Indian,” and “Ladino” Children</th>
<th>Leprosarium Patients</th>
<th>Psychiatric Patients</th>
<th>U.S. Servicemen in Guatemala</th>
<th>Not specified</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Subjects</strong></td>
<td>0</td>
<td>309</td>
<td>139</td>
<td>3</td>
<td>Not available</td>
<td>334</td>
<td>Not available</td>
<td>35</td>
<td>820</td>
</tr>
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</table>

#### Subjects Receiving Some Form of Treatment for an STD

<table>
<thead>
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<th>Subject/Population</th>
<th>Commercial Sex Workers</th>
<th>Soldiers</th>
<th>Prisoners</th>
<th>Orphans, Schoolchildren, “Indian,” and “Ladino” Children</th>
<th>Leprosarium Patients</th>
<th>Psychiatric Patients</th>
<th>U.S. Servicemen in Guatemala</th>
<th>Not specified</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Subjects</strong></td>
<td>4/0</td>
<td>518/202</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
<td>50/32</td>
<td>N/A</td>
<td>10/3</td>
<td>582/237</td>
</tr>
<tr>
<td><strong>Syphilis</strong></td>
<td>5/0</td>
<td>0</td>
<td>219/92</td>
<td>N/A</td>
<td>N/A</td>
<td>446/294</td>
<td>N/A</td>
<td>18/2</td>
<td>688/388</td>
</tr>
<tr>
<td><strong>Chancroid</strong></td>
<td>0</td>
<td>81/81</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
<td>41/39</td>
<td>N/A</td>
<td>11/11</td>
<td>133/131</td>
</tr>
<tr>
<td><strong>Total Subjects</strong></td>
<td>6/0</td>
<td>558/242</td>
<td>219/92</td>
<td>N/A</td>
<td>N/A</td>
<td>486/328</td>
<td>N/A</td>
<td>39/16</td>
<td>1308/678</td>
</tr>
</tbody>
</table>
Summary of Experiments

• 1300 persons involved in intentional exposure experiments
• 678 received treatment
• Age range – some children involved, especially young CSWs
The Paradox

• In 1948, the work abruptly stopped
• There is no paper trail that explains what happened despite an extensive search of Government and private archives
• Cutler never published anything on the Guatemala work (an enormous effort)
• Cutler and other participants published extensively on Tuskegee until the 1970s
• There were rumors at the CDC about this work among old-timers, but no confirmation
Cutlers Subsequent Career

• Very active in reproductive health issues, Planned Parenthood, abortion liberalization
• Active in STD work
• Family planning and public health assessments in developing countries, including Afghanistan
• Faculty and dean at University of Pittsburgh School of Public Health
Commission Conclusions

• Wrongs were done
• Legal conclusions vs Moral conclusions
• Officials knew
Historical Context

• Same Investigators--Terre Haute prison GC prisoner experiments 1944—established principle of consent (failed experiment-move to “natural” transmission experiments

• Nuremberg trials 1946. Informed consent established prior

• Wartime Exigency—when project was planned and medicalization of VD/sexual health

• Emerging culture of scientific inquiry—in which ideal is scientific research with minimal govt oversight

• Integrity/Trust of Researchers

• Moral Superiority – A cautionary tale
Research Regulatory

• 1946—Nuremberg and Statement of Human Rights
• 1972—Belmont Report
Human Rights Issues

- Informed Consent
- Autonomy
- Faulty Study Design
- Beneficience
- Harm/Violation of non-maleficiense
- Justice
- Human Dignity/Respect for Persons
Can Individuals be held responsible? (adapted from Dan Sulmasy)

- Historical and Cultural Relativity (eg Nazi doctors)
- Theory of Moral Progress (eg slavery)
- No record of informed consent, including deception, vulnerable subjects
Thomas Parran, M.D.

Shadow on the Land
Syphilis

By Thomas Parran, M.D.

Illustrated

Reynal & Hitchcock
New York
The Battle Against Syphilis

Dr. Parran's "Shadow on the Land" Is a Vigorous Survey of "the Most Urgent Public Health Problem in This Country Today"

they have to cope with only 1,600 cases of syphilis. Indeed, the disease is so rare that medical students find it hard to acquaint themselves with its manifold forms. Denmark reduced her cases from 4,307 in 1919 to 648 in 1933—a rate of only 20 to 100,000 population. In Sweden, with a population equal to that of New York State, excluding New York City, the rate was brought down to only 7 per 100,000 by 1934.

If Norway lags behind Sweden and Denmark, it is because of her sparse population and because of the economic factors. "Wherever the battle is thickest about the economic factors of medicine," comments Dr. Parran, "the least actual service is rendered to sick people."

In Great Britain the emphasis is on education and free treatment. Though reporting is not compulsory, the syphilis rate has been cut in half since 1920 and is now placed at 0.52 per thousand. Only about 35 per cent of our syphilis cases are treated in public clinics, yet our rate of admissions to clinics is proportionately far in excess of the British.

Comparing ourselves with the rest of the world, we find ourselves vis-à-vis with the whole problem of State medicine.

It is stoutly contended by organized American medicine that official health departments may deal with prevention, but that treatment is the vested right of the private practitioner. Over and over again we are told that physicians are warm-hearted Samaritans who invariably suit their charges to the purses of the suffering.

This is true enough of ordinary afflichions, but it is not true of venereal diseases. Consider, for example, the E. I. du Pont de Nemours Company with its 36,000 employees in seventeen States, the equivalent of many a small town's entire population and hence what the statisticians call a fair random sample of the whole country. When the company in 1934 began to test this block of humanity for syphilis and, in accordance with organized medicine's demand, to turn the syphilitics over to private practitioners and to hospitals for treatment, what did it find?

Dr. Parran quotes Gehrmann, having made this discovery, we

The Illustrations on This Page Are From "Shadow on the Land."
In February 1947, the same month the researchers began sexual intercourse experiments in the Guatemalan Army, G. Robert Coatney, a PHS malariologist, wrote Dr. Cutler about Surgeon General Parran’s interest in his work. “I saw Doctor Parran on Friday [February 14] and he wanted to know if I had had a chance to visit your project. Since the answer was yes, he asked me to tell him about it and I did so to the best of my ability. He was familiar with all the arrangements and wanted to be brought up to date on what progress had been made. “As you well know, he is very much interested in the project and a merry twinkle came into his eye when he said, ‘You know, we couldn’t do such an experiment in this country.’”
Principles of biomedical ethics

• Autonomy
• Beneficence
• Nonmaleficence
• Justice

Beauchamp and Childress, 1979
What are the lessons we can learn?

• Military Exigency (eg anthrax in 2001) vs civil liberties
• The slippery slope potential
• Conflict of interest especially with ambitious researchers
• Protections for vulnerable populations
The STD paradox

• Inequity of STD distribution deserves a heightened, accelerated response

• But drawing attention to inequity may further stigmatize, marginalize affected groups
STD research – the need is great

• New tests  
  • NAATs, POCs

• New medications  
  • Drug-resistant GC

• New vaccines  
  • HIV, other viral STDs
but past abuses are not easily forgotten

• Tuskegee
• Guatemala
Conclusions

• The studies speak for themselves
• Work abruptly stopped in 1948—nothing ever published
• The cautionary tale
• The ASTDA and Dr. Parran—Robust debate on whether to rename the Parran Award
• The Parran is the annual Lifetime Achievement Award
• Are there other examples of “De-eponymization”? 
Heberden Historical Series

Wegener’s granulomatosis—probing the untold past of the man behind the eponym

A. Woywodt and E. L. Matteson

Granulomatosis with Polyangiitis (Wegener’s): An Alternative Name for Wegener’s Granulomatosis

Ronald J. Falk,* Wolfgang L. Gross,† Loïc Guillevin,†
Gary Hoffman,§ David R.W. Jayne,‖
J. Charles Jennette,* Cees G.M. Kallenberg,¶
Raashid Luqmani,** Alfred D. Mahr,††
Eric L. Matteson,‡‡ Peter A. Merkel,§§
Ulrich Specks,‡‡ and Richard Watts¶¶¶

*University of North Carolina, Chapel Hill, North Carolina; †University of Lübeck, Lübeck, Germany; ‡Université Paris Descartes and Hôpital Cochin, Assistance Publique-Hôpitaux de Paris, France.
A Letter to Members of the American Sexually Transmitted Diseases Association on Thomas Parran and the Guatemalan Sexually Transmitted Disease Studies: What Did He Know? What Did He Do? What Do We Do?

Julius Schachter, PhD
COMMENTARY

When Heroes Stumble

Paul A. Lombardo, PhD, JD

COMMENTARY

Remembering Thomas Parran, His Contributions and Missteps Going Forward: History Informs Us

Edward W. Hook, III, MD
Parran Award Controversy

February, 2013

The Thomas Parran Award is the ASTDA’s most prestigious award, and recognizes lifetime contributions to the field of STD research and prevention. The ASTDA is currently examining the history of the Parran Award and its future, specifically in light of recent revelations concerning Dr. Parran’s role in authorizing human subjects research in Guatemala in 1948-48. In the April issue of the journal Sexually Transmitted Diseases, you will find a series of articles and commentaries about the Guatemala STD research studies, outlining what took place there, the ethical implications of these activities, and the extent to which Dr. Parran was involved in authorizing the research to move forward. Click here for access to the articles published ahead of print by Stoner and Marrazzo, Zenilman, Lombardo, Schachter.

Straw Poll - Parran controversy

In light of recent revelations about the Guatemala STD studies, do you think it is appropriate for ASTDA to change the name of the Parran Award?

- Yes
- No
Should the Parran be renamed?

- Recognizing Parran’s importance
- Flawed Hero
- STDs and vulnerable populations
- Historical contextualism
- Are there absolute ethical truths?

Process: Discussion and Voting by membership, 2013
Ethical Failures and History Lessons: 
The U.S. Public Health Service Research Studies 
in Tuskegee and Guatemala

Susan M. Reverby, PhD

ABSTRACT

Bioethics is often thought of as having been “born in scandal and raised in protectionism.” Less often acknowledged is that bioethics has been so nourished by
“ETHICALLY IMPOSSIBLE”
STD Research in Guatemala from 1946 to 1948

Presidential Commission for the Study of Bioethical Issues

September 2011
COMISIÓN PRESIDENCIAL PARA EL ESCLARECIMIENTO DE LOS EXPERIMENTOS EN HUMANOS EN GUATEMALA 1946-48

COMISIÓN TÉCNICA

EXPERIMENTOS EN SERES HUMANOS
EL CASO GUATEMALA 1946-48

Abril, 2011
GUATEMALA
3 Esta ofensa a la dignidad nacional no puede quedar en un simple perdón, por lo que, aún cuando es difícil monetizar las ofensas a la dignidad, es necesario desarrollar procesos de compensación para las víctimas que resultaron afectadas por la acción e inacción del Estado y para el Estado mismo.
Websites

• https://cdc.confex.com/cdc/std2012/webprogram/meeting.html

• www.Bioethics.gov

• http://www.archives.gov/research/health/cdc-cutler-records/

• www.ASTDA.ORG
3 Esta ofensa a la dignidad nacional no puede quedar en un simple perdón, por lo que, aún cuando es difícil monetizar las ofensas a la dignidad, es necesario desarrollar procesos de compensación para las víctimas que resultaron afectadas por la acción e inacción del Estado y para el Estado mismo.
Context # 2

• Who was Henrietta Laks?
• What were the ethical lapses?
• What is the legacy?