

THE DESIRE TO STUDY: AN ANALYSIS OF TWO SEMINAL DOCUMENTS PRODUCED
BY THE TUSKEGEE SYPHLIS STUDY

by

AARON DORRELL BOWEN

(Under the Direction of Michelle Ballif)

ABSTRACT

The Tuskegee Syphilis Study was a forty year study of the untreated effects of syphilis on more than 625 African American men. Most critics who deal with this study argue that it continued because of racism, medical arrogance, and the desire for knowledge about syphilis. However, analyzing two documents from the study via the work of Kenneth Burke, Sonja K. Foss, Teun A. van Dijk, Karl Marx, Jacques Lacan, and Slavoj Žižek reveals that the study had very little to do with racism, medical arrogance, or the desire for knowledge about syphilis. Instead, the Tuskegee Syphilis Study focused on analyzing the nature of medical research in an effort to perfect it.

INDEX WORDS: Tuskegee Syphilis Study, Dr. Oliver C. Wenger, the 1969 Ad Hoc Committee Meeting, Intellectual Fetishism, *object petit a*, Latent Desire, Bioethics.

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AARON DORRELL BOWEN

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AARON DORRELL BOWEN

Major Professor: Michelle Ballif

Committee: Christy Desmet
Michael Moran

Electronic Version Approved:

Maureen Grasso
Dean of the Graduate School
The University of Georgia
December 2008

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CHAPTER 1

INTRODUCTION

Death was Not Optional

When Dr. Oliver C. Wenger, head of the Public Health Service Venereal Disease Center in Hot Springs, Arkansas, wrote to Dr. Raymond H. Vonderleher of the CDNC on July 21, 1933, “as I see it, we have no further interest in these patients *until they die*,” he began one of the greatest medical atrocities in US history, the Tuskegee Syphilis Study (TSS)¹, a study that chronicled the effects of untreated syphilis on more than 625 African American men for the next 39 years (“Letter”). For Dr. Wenger, death was not optional: it was imperative the patients die and be brought to autopsy because, though some information can be gathered while the patient is alive, i.e. eye exams, spinal taps, and tissue samples, which can all contribute to the breadth of medical knowledge, it is only a corpse, flesh eaten with tertiary syphilis, which can expose the true effects of untreated syphilis (Brown 101-2). Before autopsy, a doctor can merely speculate about the cause of death, for syphilis “in its late stages simulates almost every disease known to man” (Parran 15). To definitively determine that syphilis was the cause of death and to contribute to the medical community's breadth of knowledge about syphilis, Dr. Wenger and his associates ordered the bodies of more than 400 African American men cracked, their blood-brain barriers broken, and the coiled form of *Treponema Pallidum*'s² corporeal trail traced along the lines of their skin, organs, and bodily fluids (U.S. Health 17-24). Though the men were dead,

¹ The Tuskegee Syphilis Study is also referred to as the Tuskegee Syphilis Experiment, Peklola Syphilis Study, and the Public Health Service Study. However, I will refer to it as the Tuskegee Syphilis Study (TSS) as this the most common way of referencing the study.

² Syphilis is caused by *Treponema Pallidum Spirochete*. For a more detailed discussion of this process, as well as an etymology of the word, see Dr. Thomas Parran's Shadow on the Land: Syphilis. New York: Reynal & Hitchcock, 1937. 10-17.

their bodies were alive with the history of a disease, a history Dr. Wenger and his associates desperately wanted to learn about. Harvesting bodies at will, however, was not an option. The disease needed time to develop, and the doctors needed a field of seclusion in which to experiment unabated if they were to gather information about the two manifestations of tertiary syphilis: Cardiovascular syphilis and Neurosyphillis (Brown 119-128).

If the patient develops Cardiovascular syphilis, the arterial walls thin and weaken the cardiovascular system; a polyp develops on the ascending aorta, becomes fat with blood, and bursts in one of two directions (Brown 120-2; U.S. Health 26-29; Parran 16-17). If it bursts outward, the chest develops a pocket of skin which distends and splits. The patient either begins hemorrhaging, which forces the heart to stop, or a clot forms in the brain. If it bursts inward, the explosion leaks blood into the lungs, suffocating the individual, or flows into the intestinal organs, forcing the expulsion of blood from the rectum and genitals (this usually occurs when the individual has an abdominal aortic aneurysm). However, perhaps the patient did not develop Cardiovascular Syphilis and instead cultivated Neurosyphillis. Going blind, the victim's frontotemporal lobe begins to harden. This causes blurring of speech, epilepsy, and hallucinations, often resulting in General Paralysis of the Insane (Brown 125-8; U.S. Health 29-34; Parran 17-21). Whether wandering the halls of madness (it is estimated that up to 1922, Neurosyphillis accounted for one out of every nine persons admitted to a mental institution) or suffering with a broken heart, the patient dies slowly and must be autopsied in order to harvest this information (Brown 127).

However, the resounding question surrounding the TSS does not entail asking *how* the patients died but instead focuses on *why* the study continued unabated for forty years. Though many writers offer an answer to this question, critics have yet to offer a satisfactory resolution.

In the most widely acclaimed text on the TSS, Bad Blood: The Tuskegee Syphilis Study, James Jones posits that the study continued because the practitioners were subject to a moral astigmatism and medical arrogance (199). He argues the doctors saw only the critical praise which could come from the study and were swept up in the flow of research which continued to strive forward.

Refuting Jones' claim, Barbara Rosenkrantz, in "Non-Random Events," argues that "reference to inertia does not explain why the Tuskegee Study was carried past each barrier raised by scientists who were asked to evaluate or who volunteered their critical opinions" (237). Further, Rosenkrantz asserts that though "Jones identifies medical arrogance as the main culprit, and racism and bureaucratic callousness [as] the conditions which provided protection for this malpractice [,] ...there is nothing mysterious about the Tuskegee Study" (238). Offering the most clinical exploration of the TSS, Rosenkrantz argues the study followed a logical progression, but that it is surrounded, thanks in large to Jones, by sensationalism. Thus, answering why is merely a matter of understanding the external factors which contributed to the study's progression (Rosenkrantz 238).

According to Harold Edgar, in "Outside the Community," the TSS continued because "the researchers did not see the participants as part of 'their' community, or, indeed, as people" (489). Accurately, Edgar points out that the continuation of the study resides in the gaze of the practitioners. However, instead of offering a critique of that gaze in order to answer why the study continued, he makes "a number of observations" about the failure of modern critics to accurately gaze on the events of the TSS, which thus turns the attention away from the TSS toward those that offer criticisms of it (Edgar 495).

Perhaps one of the most enlightening answers to this question is found in Susan Lederer's "The Tuskegee Syphilis Study in the Context of American Medical Research." Lederer argues that the study continued because the "Public Health Service investigators who staffed the study for over four decades regarded their African American subjects neither as patients, nor as experimental subjects, but as cadavers, who had been identified while still alive" (266). Though Lederer touches on the fact that the patients were the living dead, she delimits her work by arguing that the study continued due to the racist intentions of the doctors in regard to autopsy, that the TSS was, in essence, a body farm—"the conduct of the white physicians may be better understood in the context of the history of human dissection, a history in which racism figured prominently" (266).

Though many offer answers to why the study continued, none have historically contextualized their argument in search of a root desire, a latent driving force which undergirds the study; thus, scholars have not provided a concrete resolution to this question. My intention is to fill that gap with this analysis. I argue the practitioners of the TSS operated from an unconscious desire which had nothing to do with syphilis. Instead, buried beneath cadavers, medical charts, and test results the doctors operated from the urge to study the nature of a medical research—to analyze the process of how medical studies are carried out and perfect it. What manifests from this desire, and what critics of the TSS neglect to see beyond, is the unabated acquisition of medical knowledge, something the practitioners held consciously. However, by rhetorically and psychoanalytically analyzing two seminal documents that emerged from the TSS, the 1951 speech by Dr. Oliver C. Wenger to the Hot Springs Medical Community in Hot Springs, Arkansas, and the transcript from the 1969 ad hoc committee meeting, three guidelines emerge for why the study continued: treat those treatable, build local rapport, and

identify an individual affiliated with the TSS to conduct autopsies. These guidelines are built on the latent desire to study the process of medical research. When analyzed, they provide answers to not only why the study continued unabated for forty years but also why critics continue to speculate about the study. In order to explore this, I begin by contextualizing the TSS; outline a methodology which is broad enough to encompass the documents in question and subtle enough to examine them for specific details; and then turn to the two documents, the 1969 ad hoc committee meeting transcript and the 1951 speech by Dr. Wenger to the Hot Springs Medical Community. In the end, I seek to recontextualize the TSS, reopen old wounds to offer a new way of seeing the legacy Dr. Wenger and his associates left behind, to offer insight into why the study continued long after its original purpose was rendered moot.

The Tuskegee Syphilis Study

The TSS, the last of three documented studies which sought to gather scientific data about the long-term effects of untreated syphilis on the human body, stands as the only study of syphilitic patients to produce viable data. The previous two, the Bruusgaard study in Norway (1929) and that directed by Dr. Paul Rosahn at Yale University (1947), built their cases on unreliable evidence. The former failed to produce reliable data due primarily to the quality of the decomposed cadavers, exhumed and then autopsied—some 5-10 years postmortem—from what was reported as a high syphilitic area. The latter, which took place from 1917-41, relied on autopsies performed by doctors who were unaffiliated with the study and who were not specifically looking for syphilis as the cause of death—thus the data accumulated was subject to speculation (Parran 10-16). A study, then, which provided living bodies riddled with syphilis,

and doctors who were available to both study the living and the dead, offered the medical community an extraordinary opportunity to gather knowledge about the effects of untreated syphilis.

Between 1932 and 1972 in Macon County Alabama, the TSS chronicled the effects of untreated syphilis in the lives of more than 625 African American men.³ Dr. Taliaferro Clark, with the US Public Health Service (PHS), first proposed the study in 1932 as a 6-8 month observation of syphilitic individuals in the hopes of uncovering a safe, effective treatment surpassing the current methods using malaria and Neosalvarsan.⁴ Dr. Clark's study began under the premise that if no new treatment was discovered after eight months, the patients would be treated for syphilis by injecting them with malaria, followed with *quinine*. However, 12 months after the study began Dr. Clark resigned because, unlike the other doctors affiliated with the TSS, he felt that it was unethical to offer no treatment beyond the short-term parameters of the study. He was succeeded by Dr. Eugene Dibble, head of the Tuskegee Institute's medical division, who enlisted the help of Dr. Wenger and Dr. Raymond H. Vonderleher of the CDNC, the precursor to the Center for Disease Control (CDC), who was made the TSS's on-site director. They continued the study, shifting its focus from seeking a safe, effective cure to generating a body of medical knowledge about the long-term effects of untreated syphilis.

³ Because the study focused on observing an adult male population, there is no telling how many women and children were inadvertently infected during the course of the study. Thus, it is estimated that the actual number of individuals who were effected by the study is much larger. For a detailed explanation of this sum, see John C. Fletcher's "A Case Study in Historical Relativism: The Tuskegee (Public Health Service) Syphilis Study." Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study. Ed. Susan M. Reverby. Chapel Hill: U of North Carolina P, 2000. 276-298.

⁴ In 1927 Julius Wagner-Jauregg won the Nobel Prize for discovering that injecting syphilitic patients with malaria produced extended fevers which would eradicate the disease from the body. This form of treatment succeeded treatment with Neosalvarsan, a chemotherapeutic agent which replaced the arsenic based Salvarsan, which was deemed unsafe and not 100% effective. This new treatment with malaria could effectively be treated with *quinine*, widely available in 1932. For a more detailed discussion of potential treatments and the history of treatment of syphilis, see Kevin Brown's The Pox: The Life and Near Death of a Very Social Disease. Stroud: WSutton, 2006; Magda Whitrow's Julius Wanger-Jauregg 1857-1940. London: Smith-Gordon, 1993; and Willaim J. Brown's Syphilis and Other Venereal Diseases. Cambridge: Harvard UP, 1970.

Continuing unabated long after penicillin was recognized as an effective cure in the early 1940's (Brown 190-1), the TSS finally came to an abrupt halt when it was exposed to the public by Jean Heller in the July 25, 1972 edition of The Washington Star. When Heller's story went to press, the study had already produced volumes of research, published numerous medical articles, and contributed to the deaths of more than 400 African American men ("Report" 3). Further, Heller's article led the 93rd United States Congressional Meeting to institute the National Research Act, headed by the National Commission for the Protection of Human Subjects and Behavioral Research. This organization produced the "The Belmont Report," which defines the modes of modern medical research. Despite the relative ease the TSS operated under during its tenure, it met with several pivotal moments of intense internal strife. The years 1951 and 1969 mark drastic shifts in the TSS and produce two of the most widely quoted and discussed documents to surface from the human experiment: the 1951 speech by Dr. Oliver C. Wenger to the Hot Springs Medical Community in Hot Springs, Arkansas; and the 1969 ad hoc committee meeting transcript.

Two Pivotal Years: 1951

The first widespread restructuring of the TSS occurred in 1951. According to Jones, it was in this year that "the PHS launched a full-scale review of the procedures that had been followed to date" (181). At this time, new doctors were brought on board, files were condensed and relocated, and the first standards for autopsies were introduced. The practitioners of the TSS sought to legitimize the continuation of the study because "once the value of penicillin became firmly established, the PHS insisted that it was all the more urgent for the Tuskegee Study to continue" (Jones 179). The doctors were concerned not only that the study might lose its funding but also that its practices would be considered unethical once penicillin offered an effective cure

for syphilis. The publication of the “Nuremberg Code,” a research code which emerged from the unethical practices of Nazi doctors in World War II exposed during the Nuremberg Trails, increased this fear. Despite these issues, the doctors produced volumes of material discussing the nature of the study and offering suggestions for its continuation. The most conspicuous artifact to emerge from this discussion is Dr. Oliver C. Wenger's speech to the 1951 Hot Springs Medical Community meeting. Quoted in almost every article, book, and analysis surrounding the TSS, this address represents the most critically-accepted annunciation of the TSS's unethical intentions.

Allan M. Brandt and James H. Jones draw heavily on this document and offer historical approaches to the TSS. In “Racism and Research: The Case of the Tuskegee Syphilis Experiment,” Brandt ties Dr. Wenger's speech to a series of statements which emerged in the early 1950's that blatantly pronounce the racist intentions of the doctors affiliated with the TSS (23, 25). In Bad Blood: The Tuskegee Syphilis Experiment, Jones situates the speech amid statements about “whether the study should be continued and how it could be improved” (182). Both offer an insightful analysis of the speech in the historical context of the TSS, arguing that it offers a clear example of how the doctors wanted everyone involved to be “unanimous in recommending that the study go forward . . . centered on procedural improvements, ignoring a host of issues that might have ended the study then and there” (Jones 182-3). Like the concourse of other critics who deal with this speech, though, neither Brandt nor Jones seems interested in the embedded desire annunciated in this speech nor concerned with its ethical implications. Instead, they focus on *how* the study continued, highlighting the racial implications, and disregard *why*. Interrogating this artifact with “why” amidst the historical backdrop of 1951 not only gives insight into the latent desire fueling the TSS, that is to study the nature of how to

conduct medical research, but also illuminates how and why Dr. Schuman would find a way to legitimize the study in 1952 and announced, “as far as I am concerned the Tuskegee project is only half-realized. Its possibilities are only developing. Its conclusions will probably shed much light on our understanding” (qtd. in Jones 184). The issues framing this document in 1951 centered not on *how* the study continued in the face of the introduction of penicillin and the “Nuremberg Code,” but *why* it continued.

Two Pivotal Years: 1969

By 1969 the Civil Rights Movement, which tentatively began with the Montgomery Bus Boycott (1955), had affected several legislative acts to address discrimination against African-Americans, most notably: the Civil Rights Act (1964), the Voting Rights Act (1965), and the Civil Rights Act (1968). This generated many concerns amongst the practitioners of the TSS, for rooted at the heart of their test ground was the Tuskegee Institute, which, as Dr. Myers notes, was a school that “had been active in the Civil Rights Movement” (“Ad Hoc” 9). These changing racial tides added new conflicts the practitioners had yet to explore; as the ad hoc committee noted, “at the time the study was begun there was no concern about racial problems, discrimination, etc. At that time there was no problem about not treating the disease” (2).

The emerging medical community in and around Macon County drastically altered the racial and social ties between 1932 and 1969. There were “only 10 physicians in Macon County at the beginning of the study,” all of which were white practitioners with either MD's or PhD's (“Ad Hoc” 8). However, by the time the committee convened “a new group in the Society—composed of 5-7 Negro physicians, and one white physician” (“Ad Hoc” 8) stood watch over Macon County. This reversed the racial composition of the local medical community and became a great concern for the 1969 ad hoc meeting as they sought to continue the study without

drawing the attention of the Civil Rights Movement. After experiencing another internal restructuring, following the death of “Dr. Dibble, former medical director of the Institute” (“Ad Hoc” 8), the Tuskegee Institute had become “more progressive” and very “active in [the] Civil Rights Movement—they [had] brought themselves up by their bootstraps” (“Ad Hoc” 8). This compounded the anxiety of the practitioners of the TSS, because now the TSS was not only denying treatment to syphilitic African Americans but doing so within the jurisdiction of a medical institute predominantly composed of African Americans who were active in the Civil Rights Movement. Within this restructured community, the 1969 ad hoc assembly sought to establish a plan to continue its acquisition of knowledge and not alert the local medical community; this plan was outlined in the 1969 ad hoc committee meeting transcript.

The transcript came in the wake of Alabama State Board's refusal to “commit itself three years earlier when the PHS had sought advice about whether to stop or to continue the experiment” (Jones 209). Dr. Myers, the state health officer of Alabama, “overlooked” the Board's decision and, in 1969, convened with several others to discuss the future of the study, “which the board . . . voted unanimously to refer the Tuskegee Study without comment to the Macon County Health Department” and to continue the study (Jones 209). Further, they defined a set of guidelines to ensure the study would continue: treat those treatable, build local rapport, and identify an individual affiliated with the TSS to perform autopsies. This set of parameters helped ensure the TSS would continue.

What Others Have Said About the TSS

The majority of material that deals with the TSS is relegated to footnotes, appendixes, and subtle references which acknowledge the study as providing the breadth of medical knowledge about the later stages of syphilis. Very little of this material offers in depth critical

analysis of what has been called “the prime American example of medical arrogance” (Reverby 365). However, some works directly analyze the TSS and offer clear insight into many of the underlying motives behind the study.

Martha Solomon's “The Rhetoric of Dehumanization: An Analysis of Medical Reports of the Tuskegee Syphilis Project,” which beautifully analyzes published medical documents that appeared during the course of the study, draws on the work of Kenneth Burke to analyze the language of dehumanization found in published medical journals contemporary with the study. She answers her question “why did someone not say anything” by exploring the patients as rhetorically distanced bodies and arguing the medical knowledge the doctors sought overshadowed any moral obligation to the patients (251). However, Solomon's argument is limited by the amount of published material produced by the TSS; thus, she cannot offer a complete analysis of the study.

Susan M. Reverby's “Rethinking the Tuskegee Study: Nurse Rivers, Silence, and the Meaning of Treatment,” which offers a brilliant examination of treatment and discourse found in the TSS, argues that Nurse Rivers, one of the key figures in the study, was silenced by “race, gender, sexuality, and class” (366). Further, the fact that these elements were “linked to create a politics of listening, representation, and experience . . . suggest what historian Evelyn M. Hammonds calls the differing 'geometry' of the history of black women's representation/reality” (Reverby 366). Although Reverby provides an exhaustive analysis of Nurse Rivers, she stops short of applying her conclusions to the study as a whole and is content to end her analysis where it begins, with Nurse Rivers.

In Benjamin Roy's "The Tuskegee Syphilis Experiment: Biotechnology and the Administrative State," which illustrates how the dehumanized body relates to the economic exploitation of humans, he argues against what he calls the modern conception of the TSS which asserts that it was "a clinical study by well-intentioned but scientifically naive investigators whose decisions, against the historical background, were not overtly racist" (299). Instead, he claims that it was "the economic exploitation of humans as a natural resource of a disease that could not be cultivated in culture or animals in order to establish and sustain US superiority in patented commercial biotechnology" (Roy 299). Though the study did exploit bodies as the "natural resource of a disease," I question whether it was for US "superiority" and argue it offered the conditions to assess and perfect the nature of medical research.

James Jones' Bad Blood: The Tuskegee Syphilis Experiment, which offers a near complete history of the TSS, is exhaustive in its detail, powerful in its conception, and truly explores its underlying thesis that "The Tuskegee Study had nothing to do with treatment" (2). However, instead of exploring the latent desire to answer why the study continued, he presents an overview of what occurred. He asserts that the study continued as an act of medical arrogance and blatant racism, and thus he never looks for a latent desire motivating the practitioners of the TSS.

Finally, John C. Fletcher's "A Case Study in Historical Relativism: The Tuskegee (Public Health Service) Syphilis Study," which uses the Tuskegee Syphilis Study to make transhistorical judgments which relate to the process of dehumanization, argues that "If we fail to judge the past, however measured our judgments, we will lose in our collective memory the harm and suffering caused by older practices" (279). Further, Fletcher contends that "we will lose, too, in

our moral evolution the ability to change those harmful practices” (279). Though he calls for a reevaluation of the Tuskegee Syphilis Study, he stops short of offering one.

Each of these critics offers insightful comments into many of the driving forces which undergird the TSS. However, the issues which emerge from their work stem from the fact that each centers his/her discussion on issues the practitioners of the TSS were consciously privy to. Although each offers a brilliant critique of an individual issue, they separate themselves by delimiting a precise point and never congeal their research and offer a more solid foundation and answer about why the study continued.

Methodology

To provide an answer about why it continued for forty years, I employ a methodology which offers not only a rhetorical analysis of the documents in question but also a critique of the motives of the rhetors. Though many individual thinkers outline useful models that alone are adequate to the task, choosing to work from several models adds not only multiple voices from different, often opposing, theoretical positions to the analysis but also a multidisciplinary approach, which aids in making minute distinctions between perspectives. In order to unite these voices, however, I build each analysis on solid rhetorical foundation, specifically the work of Kenneth Burke.

Kenneth Burke sought, in his own right, to delimit language in a way that would illuminate the space that exists between the realm of the verbal and the nonverbal. He defines that “man,” the “symbol-using animal,” seeks to bridge the gap but

by the same token [creates] a screen separating [him] from the nonverbal

—though the statement gets tangled in its own traces, since so

much of the “we” that is separated from the nonverbal by the verbal would not even exist were it not for the verbal. (Language 5)

This screen, more properly the *terministic screen*, conceals and reveals the internal motivation of the rhetor by redirecting “attention to particular aspects of reality rather than others” (Foss 71). When the rhetor delimits the oscillation between the verbal and nonverbal, “language referring to the realm of the nonverbal is necessarily talk about things in terms of what they are not—and in this sense we start out beset by a paradox” (Language 5). Language, as the vehicle with which “man” intends to bridge the gap, carries within it its own negation. When the rhetor uses words that they feel have meaning within a symbol system (Foss 384), they attaches “sheer emptiness, as compared with the substance of the things [they] name” (*Language 6*). What exists in the empty space, because language carries action (Foss 383), is the motive or ideology which drives the rhetor. Accessing the ambiguity in this empty space exposes not only how the rhetor's ideology functions in an artifact but also how the rhetor seeks to manipulate the ideology of others to achieve a goal in an artifact.

This analysis seeks to expose that ambiguity by using Kenneth Burke's model, Dramatism, on two artifacts which emerged from the discourse produced by the TSS. Dramatism offers an answer to “what was done (act), when or where it was done (scene), who did it (agent), how he did it (agency), and why (purpose)” (Grammar x) and provides a solid rhetorical foundation that both identifies the controlling element (act, scene, agent, agency, or purpose) and exposes the motive a rhetor uses in an artifact. Although Burke offers an adequate foundation for this analysis and identifies the rhetor's motive, his model fails to offer a way to critique the motive it is designed to uncover. In order to critique the rhetor's motive, I use Ideological Criticism as outlined by Sonja K. Foss and Teun A. van Dijk, a Marxist Critique

gathered from the work of Karl Marx, and several key elements of Psychoanalysis as defined by Jacques Lacan and Slavoj Žižek. To explore how each critic fits into conversation both with each other and within my methodology, I offer a brief discussion about each thinker's critical method and explain how their models and terms will be used. To critique the motive exposed in the 1969 ad hoc committee's transcript, I use Ideological Criticism and a Marxist critique.

In her work Rhetorical Criticism: Exploration & Practice, Sonja K. Foss defines Ideological Criticism as the study and analysis of “a pattern of beliefs that determines a group's interpretations of some aspect(s) of the world. . . . [According to Foss, ideology] is the system of beliefs that reflects a group's 'fundamental social, economic, political or cultural interests’” (39). She draws this definition in large from the work of Teun A. van Dijk, who, in Ideology: A Multidisciplinary Approach, defines ideology as “the *basis of the social representations shared by members of a group*” (8; emphasis in original). The critical method Foss and van Dijk argue for is based on a “conceptual and disciplinary triangle that relates *cognition, society* and *discourse*” in an effort to create an us/them binary (van Dijk 5; emphasis in original). Separating these three elements and analyzing how they work in unison, this critical method explores how these factors work in relation to one another in order to identify a particular ideological link and expose the us/them binary. From this vantage point we begin to see methods of linking Dramatism and Ideological Criticism: both are broken into distinct units, i.e. *Act, Scene*, etc. and *Cognition, Society, and Discourse*, and each system provides the critic with the ability to compare and contrast these units to discover a rhetor's motive. Using Dramatism as a foundation, I draw out the dominant term in the 1969 ad hoc transcript and then use Ideological Criticism to expose the underlying ideology the practitioners of the TSS sought to manipulate in this artifact.

Although the methodology I have constructed thus far offers a way to identify the dominant term and suggest what ideological base it uses, it still lacks a way to critique that ideology. Further, offering an ideological critique through Foss and van Dijk poses a distinct problem. The issue is that both Foss and van Dijk see ideology as something the rhetor is cognizant of, and it is something the orator has at his fingertips and can use to solidify group mentality. Thus, their model lacks a way to explore the ideology the rhetor unconsciously operates from. However, to both follow suit with Foss and van Dijk in this portion of my analysis and leave room to subvert the problem their model poses, I use a Marxist critique in the manner they suggest.

Marxism offers the only trans-historical philosophy of history that provides an adequate critique of ideology. It asserts that “it is not the consciousness of men that determines their being, but, on the contrary, their social being determines their consciousness” (“Marx” 4). The society, more specifically the individual group which operates from a socially-constructed ideology, is the interrogating force which extracts production, *i.e.* labor, art, capital, and knowledge, from an individual or the “them” in the us/them binary. Accepting this premise, ideology can be critiqued by exploring it as a means through which a group seeks to continue its propagation and dominance. Any ideology which seeks to assert its core social relations onto a “them” is thus wholly tied-up in what Marx, in “The Communist Manifesto,” calls the “history of struggles” (474). The purpose of this struggle and how the ideology informs the group's struggle, that is the critique of a group's ideology, are precisely what Marxism offers and what my analysis of the 1969 ad hoc committee meeting transcript seeks to expose.

However, though I agree that the rhetor is cognizant of the ideology they manipulate in a particular artifact, the ideological critique Foss and van Dijk's use via Marx is only applicable to

an extent. Foss and van Dijk see ideology as something the rhetor is aware of; thus, they fail to offer a way to critique the ideology the rhetor is unconsciously operating from. Their oversight can be partly attributed to Marx, as he never truly pinned down his thoughts on ideology and often offers multiple views about what he saw when he considered ideology. Marx's most concise definition for ideology, found in "The German Ideology," argues "if in all ideology men and their circumstances appear upside-down as in a *camera obscura*, this phenomenon arises just as much from their historical life-process as the inversion of the objects on the retina does from their physical life-process" (154; emphasis in original). Marx asserts that ideology is "upside-down as in a *camera obscura*" in relation to one's life process. Following this line of thought, the practitioners of the TSS failed to see their own ideologically-driven actions as they were inverted, obscured in a causal relationship with their own ideological drive. Things being "upside down," a critique via the work of Foss and van Dijk is merely a cosmetic upside down view of what the practitioners of the TSS were after—that which they saw and could consciously manipulate. Further, because the ideology the doctors of the TSS operated from was both unconscious and must arise "just as much from their historical life process as the inversion of the" object, that is their desired goal, the root desire springs from something deeper than the acquisition of knowledge.

Given this understanding of ideology, Dr. Wenger's 1951 speech offers the most explicit announcement of this root desire. Analyzing this artifact through Burke's Dramatism, much like the 1969 transcript, reveals the ambiguity, the motive. Although advancing the analysis through Foss and van Dijk would provide the same ideological motive, such an approach does not unearth the root desire. Thus, following a rhetorical analysis of Dr. Wenger's 1951 speech via Kenneth Burke, this work draws on the theoretical concept Jacques Lacan defined as *objet petit*

a and Slavoj Žižek's notion of the parallax to explore the latent desire embedded in the TSS. Combining these thinkers offers a methodology that identifies, in relation to *semblance*, what the *objet petit a* is for the practitioners for the TSS and argues for how the study is situated around that desire, which is ultimately codified in the 1969 ad hoc committee meeting as the disregard of ethics and the desire to continue the study. What this methodology should illuminate is the nucleus of the *why*—what was there at the inception but what was clearly announced in Dr. Wenger's speech.

In a return to the work of Sigmund Freud, Jacques Lacan argues the unconscious greatly affects conscious behavior. However, for Lacan the unconscious is not the chaotic, untended growth seen in Freud's conception of it but a structured locus, a language, which, as he argues in “The Instance of the letter in the Unconscious, or Reason Since Freud,” “with its structures, exists prior to each subject's entry into it at a certain moment in his mental development” (413). Entering into this system, the subject encounters the unresolvable, the ambiguity that arises, for “no signification can be sustained except by reference to another signification” (“Instance” 415). Such ambiguity, which gives rise to lack (*manque*), is displaced for the subject, both in and of itself and for the Other, and the unconscious structure is mirrored, obscured, then returned. Thus in language, and subsequently the subject as well, “our message comes to us from the Other, and—to state the rest of the principle—in an inverted form” (“Overture” 3-4). This inverted-return coincides with Marx's notion of the *camera obscura* and offers this analysis not only access into the latent desire of the rhetor but also the ability to critique that desire, what Foss's and van Dijk's model could not do.

Lacan argues that there is always a gap between the signifier and the signified, the subject and self. This gap or lack, though unresolvable, does not deter the subject from seeking to bridge

it. But, because language is both the language of the Other and is that through which subjectivity emerges, “desire is the Other's desire” (“Mirror” 79), and the object of desire, the desire-cause object, is that which is “in you more than you,” the *objet petit a* (“In” 263). Analyzing the *objet petit a* in Dr. Wenger's 1951 speech exposes how the practitioners of the TSS sought to bridge the gap Lacan identifies. Further, it resonates with the dominant term exposed in the ambiguity inherent in language as identify by Burke's Dramatism; thus, Psychoanalysis offers a more complete analysis of the underlying desire than Ideological Criticism. Although Lacan offers a way to identify the *objet petit a*, this analysis turns to Slavoj Žižek's definition of the parallax to trace how it was solidified in the 1969 ad hoc committee meeting transcript.

Slavoj Žižek, in The Parallax View, argues that *objet petit a* is “a pure parallax object: it is not only that its contours change with the shift of the subject; its exists—its presence can be discerned—only when the landscape is viewed from a certain perspective” (28). As a parallax, the desire-cause object is “that apparent displacement of an object (the shift of its position against a background), caused by an change in observational position that provides a new line of sight” (Parallax 17). By a “change in observational position,” the *objet petit a* comes into full view: “its presence can be discerned—only when the landscape is viewed from a certain perspective.” What is interesting here occurs “against a background”—a referential point which seems to remain fixed in the shift; the viewer and object are both part of the same image. Expounding on this point, Žižek argues that “the subject's gaze is always-already inscribed into the perceived object itself, in the guise of its 'blind spot,' which is 'in the object more than the object itself,' the point from which the object itself returns the gaze” (Parallax 17). In other words, the parallax is the synchronous shift of subject and object that form their own shifting paradox within a structure or against a background, which remains constant in so far as it is in

that particular instance. Using this definition of parallax, this analysis traces the synchronous shift of the practitioners of the TSS's desire, identified as the *objet petit a*, as it is solidified in the 1969 ad hoc committee meeting transcript.

This methodology offers not only a rhetorical analysis of the documents in question but also a way to critique the motives of the rhetors. For the foundation of my arguments I use Burke's Dramatism as it provides a rhetorical analysis that both exposes the dominant terms and illuminates the ambiguities and motives embedded in the artifacts. My analysis of the 1969 ad hoc committee meeting transcript uses Ideological Criticism and Marxism to parse out the conscious ideology the practitioners of the TSS sought to manipulate in this document and offers a critique of that ideology. However, because Ideological Criticism does not offer a way to address the rhetor's unconscious desire, I turn to Psychoanalysis to fill this gap and expose the *objet petit a* in Dr. Wenger's 1951 speech. Having identified the dominant terms and the rhetor's conscious and unconscious ideologies, the *objet petit a*, I then trace the codification of the *objet petit a* in the conscious ideology the practitioners of the TSS manipulated in the 1969 ad hoc committee meeting transcript through a discussion of the parallax shift.

What This Work Argues

The TSS continued for forty years because the practitioners of the study were not solely after knowledge about the effects of untreated syphilis. Though the breadth of information they accumulated throughout the course of the study has contributed greatly to medical community, it was merely a by-product of the latent desire to study the nature of medical research. In other words, although the initial premise of the TSS was to chronicle the effects of untreated syphilis on the human body, by 1951 Dr. Wenger shifted the study's focus toward collecting a body of knowledge about the nature of medical research in and of itself. Further, in 1969 the TSS

solidified this latent desire by outlining a set of three parameters that provided the doctors with both the guidelines and the material conditions to continue accumulating, analyzing, and perfecting the process of studying medical research.

The reason critics such as Jones, Rozenkrantz, Edgar, and Lederer fail to offer satisfactory answers to why the study continued for forty years is because they delimit their analysis by focusing on racism, medical arrogance, and syphilis. Although these factors did play an intricate role in the life of the TSS, most notably in the first twenty years, by 1951 the TSS had all but abandoned race, arrogance, and disease in favor of accumulating knowledge about clinical research. Only identifying the unconscious desire of the TSS produces a satisfactory answer to why the study continued long after these factors was rendered moot.

To adequately support this claim, my analysis begins by rhetorically positioning both of the documents in question in Kenneth Burke's rhetorical model, Dramatism. Beginning the analysis of each artifact from this position accomplishes two things: (1) Dramatism offers a broad analysis applicable to both documents by identifying the dominant term which carries with the ambiguity in the documents and creates a sense of homogeneity in this work; (2) Dramatism, by isolating this ambiguity, offers a solid rhetorical foundation upon which to add a theoretical critique. However, because my argument hinges on two distinct moments in the life of the TSS which are inextricably linked in the historical progression of the study, critiquing them from the same theoretical position, though adding continuity to this analysis, does not articulate the subtle nuances that arise in each document. In order to access these nuances, each document is given a particular theoretical analysis added to Dramatism.

The 1969 ad hoc committee meeting is analyzed via the works of Sonja K. Foss and Teun A. van Dijk. The work these two critics provide takes the dominant term identified in the 1969

transcript, Purpose, then offers an ideological critique of it by way of the work of Karl Marx. What emerges from this critique is the notion of intellectual fetishism, which is the acquisition of knowledge by any available means. That is, the doctors saw knowledge as a fetishized commodity, one they would do anything to acquire. To fulfill this Purpose and acquire the knowledge they mystified, the practitioners of the TSS identified three parameters for continuing the study: treat those treatable, build local rapport, and identify and individual affiliated with the TSS to perform autopsies. These elements are not only the solidification of the latent desire to study the nature of medical research but also the conscious ideological factors the practitioners of the TSS manipulated to solidify group mentality. This portion of the analysis not only answers who, what, where, and when, but identifies the final codification of why.

Leaving Foss and van Dijk behind, this analysis turns to the works of Jacques Lacan and Slavoj Žižek to analyze the 1951 speech by Dr. Wenger. I do this for two reasons: (1) both Foss and van Dijk see ideology as something the rhetor is cognizant of; thus, their model fails to explore the latent ideology the practitioners operated from; (2) relying on their work alone produces the same answer, intellectual fetishism—their line of analysis sees the study as static and thus neither accounts for historically-positioned ideological shifts nor the latent ideology the practitioners of the TSS operated from. Identifying the latent desire, the *objet petit a*, reveals that the doctors were after knowledge about conducting and refining medical research. Though Lacan aids in exposing this desire, my analysis turns to Žižek to examine how this desire *cum* drive is codified in the 1969 transcript by way of the parallax. That is, parallax provides a critical method to trace how the desire to study study becomes intellectual fetishism, translated into treat the treatable, build local rapport, and identify and individual affiliated with the TSS to perform autopsies. The remainder of this analysis is as follows:

Chapter one offers an analysis of the 1969 ad hoc committee meeting. There are three reasons for beginning near the end of the study: (1) the 1969 ad hoc committee meeting transcript marks the last attempt of the practitioners to define the parameters of the study and thus stands as that clearest example of their willful manipulation of the ideological structure they were cognizant of; (2) the distance between attempts to define parameters for continuing and the actual acquisition of any viable data is furthest in this document; and (3) the analysis of this document yields the notion of intellectual fetishism, or the acquisition of knowledge by any available means, which coincides with many current critics of the TSS and begins the analysis in familiar territory. Through Foss, van Dijk, and Marx, the document is subjected to an ideological critique which, in light of intellectual fetishism, identifies the three parameters the 1969 ad hoc committee meeting defined for the continuation of the study.

Chapter two offers an analysis of the 1951 speech by Dr. Wenger. Beginning once again with Burke, this analysis also identifies Purpose as the dominant term but then applies a psychoanalytic critique of the document by way of Lacan and Žižek. What emerges from this analysis is the latent desire to study the nature of study. Taking this latent desire, this portion of the analysis then traces the codification of that desire as it moves through intellectual fetishism and becomes solidified in the three parameters the practitioners of the TSS outlined for the continuation of the study.

Finally, chapter three offers the conclusion of my argument and speculation about the present and future implications it provides. It argues that the unethical legacy the TSS created by defining the three parameters is further codified in the 1979 “Belmont Report.” Further, it argues that not only are modern medical research ethics built on this legacy but also that critics who argue for greater specification in medical standardization are propagating this legacy.

CHAPTER 2

INTELLECTUAL FETISHISM

Introduction

On Thursday, February 6, 1969, 16 individuals⁵ sat down in Conference Room 207 of the National Communicable Disease Center in Atlanta, Georgia, later known as the Center for Disease Control (CDC), to define the parameters for how to continue a study of untreated syphilis which had, at that point, claimed the lives of more than 400 African American men. Considered one of the greatest atrocities in history of American medical research, and one of principle reasons for the introduction of ethical standards, the TSS left in its wake not only a field of corpses but also a body of knowledge that has influenced modern notions of syphilis, providing source material for more than 80% of medical texts dealing with this disease (Fletcher).⁶ The breadth of the medical information produced by the TSS was reduced and assimilated into several reports that sought to evaluate the current standing of the study and to

⁵ Participants included: Dr. Gene Stollerman, Chairman, Dept. of Medicine at the University of Tennessee, Memphis; Dr. Johannes Ipsen, Jr., Professor and Dept. of Community Medicine at the University of Pennsylvania, Philadelphia; Dr. Ira Myers, State Health Officer in Montgomery, Alabama; Dr. J. Lawton Smith, Associate Professor of Ophthalmology at the University of Miami; Dr. Clyde Kaiser, Senior Member Technical Staff, Mailband Memorial Fund in New York City; Dr. Bobby C. Brown, VDRL, NCDC; Dr. Joseph Caldwell, VD Branch, NCDC; Dr. Paul Cohen, VDRL, NCDC; Dr. Sidney Olansky, Professor of Medicine, Dept. of Internal Medicine at Emory University Clinic, in Atlanta Georgia; Dr. Leslie C. Norins, Chief, VDRL, NCDC; Mrs. Doris J. Smith, Secretary to Dr. Norins, VDRL, NCDC; Dr. David J. Sencer, Director of the NCDC; Dr. William J. Brown, Chief, VD Branch, NCDC; Dr. U.S.G Kuhn III, VRDL, NCDC; Miss Genevieve W. Stout, VDRL, NCDC; and Dr. H. Bruce Dull, Assistant Director, NCDC.

⁶ To date, more than 80% of all medical texts which deal with syphilis draw on the information gathered by the TSS. For a more detailed discussion of these facts see John C. Fletcher's, "A Case Study in Historical Relativism: The Tuskegee (Public Health Service) Syphilis Study," Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study. Ed. Susan M. Reverby. Chapel Hill: U of North Carolina P, 2000. 276-298. For more contextual information see Dr. Thomas Parran's Shadow on the Land: Syphilis. New York: Reynal & Hitchcock, 1937. See also, U.S. Department of Health, Education, and Welfare. Syphilis: A Synopsis. Washington, D.C.: U.S. Gov. Printing Office, 1967, and also Willaim J. Brown's Syphilis and Other Venereal Diseases. Cambridge: Harvard UP, 1970.

suggest parameters for its continuation. Such a report was precisely what those 16 individuals sat down to produce in 1969. However, what emerged from the 1969 ad hoc committee meeting is more than simply a report on the current state of the study; it represented the final codification of a series of parameters meant to ensure the acquisition of knowledge by any available means. That is, it articulates how knowledge became a fetishized commodity for the practitioners of the TSS.

Suggesting that knowledge is a fetishized commodity is neither new to theory nor rhetorical criticism. However, the suggestion that capitalism was a manipulating force for the practitioners of the TSS's search for knowledge has yet to be investigated. One critic who comes close to arguing this point is Benjamin Roy in "The Tuskegee Syphilis Experiment: Biotechnology and the Administrative State." Although he illustrates how the dehumanized body relates to the economic exploitation of humans, he does not fully engage and capitalize on the link between knowledge and fetishism. My analysis seeks to provide that link by exploring the transcript from the 1969 ad hoc meeting to unearth the reified ideology the practitioners of the TSS operated from and expose its capitalistic structure, which saw knowledge as the commodity that justified the dehumanization of the test subjects. What this analysis asks is, "how does capitalism influence the artifact in question?" In order to answer this question, I offer a brief sketch of the cultural and medical situation surrounding the TSS in 1969, a discussion of the methodology I wish to employ, then an analysis and critique of the 1969 ad hoc meeting transcript.

Context: Cultural & Medical

By 1969 the Civil Rights Movement had made several advancements to affect both social and legislative change regarding equal rights for African Americans, which raised awareness

about the socio-economic conditions African Americans were living under at the time. Adding conflicts the practitioners had not yet explored, the Civil Rights Movement highlighted the fact that “at the time the study was begun there was no concern about racial problems, discrimination, etc. At that time there was no problem about not treating the disease” (“Ad Hoc” 2).

Withholding treatment also came to the forefront in 1969 as the racial constitution of the medical community in and around Macon County drastically shifted between 1932 and 1969. There were “only 10 physicians in Macon County at the beginning of the study,” all of whom were white practitioners with either MD's or PhD's (“Ad Hoc” 8). However, by the time the committee convened, “a new group in the Society—composed of 5-7 Negro physicians, and one white physician” (“Ad Hoc” 8) stood watch over Macon County. The threat of exposing the class structure of the TSS, and the new racial makeup of the local medical community, forced the practitioners to address the fact that their study was situated within the Tuskegee Institutes's area of treatment. The structure upon which the TSS operated, then, became a great concern for the 1969 ad hoc meeting as they sought to continue the study but desired to do so in a way that would not draw the attention of the Civil Rights Movement or the local medical community. Within this restructured community, the 1969 ad hoc assembly sought to establish a plan to continue its acquisition of knowledge.

The 1969 ad hoc committee meeting took place from 1:00 pm to 4:10 pm on February 6, 1969 in the National Communicable Disease Center in Atlanta Georgia and consisted of 16 participants. The transcript, located in box 28 of 32, labeled “General 1965-70; Sixth Meeting Ad-Hoc committee, General File 1969; RG 422, Contents for Disease Control Center Venereal Diseases Division, Tuskegee Syphilis Records, 1930-1980,” is the chief artifact in this analysis. It consists of 15 pages that focus on generating a plan for the continuation of the TSS. It is

broken into three sections or “three looks: 1. The study as it was set up in 1932; 2. What has happened to the individuals; and 3. Focus on the survivors” (“Ad Hoc” 3). Throughout the course of the document, Dr. David J. Sencer, Director of the NCDC, sought to redefine the study's goals and offer a course of action for continuation—to persist in acquiring knowledge by any available means.

Methodology

The methodology I employ in this analysis is an amalgamation of Kenneth Burke's Dramatism, Sonja K. Foss's and Teun A. van Dijk's Ideological Criticism, and various elements drawn from the work of Karl Marx. In A Grammar of Motives, Burke posits that Dramatism, or any model which seeks to offer a “complete statement about motives[, must] offer some kind of answers to these five questions: what was done (act), when or where it was done (scene), who did it (agent), how he did it (agency), and why (purpose)” (x). Burke calls this method of analysis the “Dramatistic Pentad.” Using these five elements in relation to one another, the rhetor seeks to persuade a particular audience through the creation of an intricate drama which, much like detailed stage directions, can be analyzed for its rhetorical function in relation to that audience.

Analyzing an artifact by setting the elements of the Pentad in dialectical opposition to one another, that is using ratios, illustrates what Burke refers to as the “dominant term,” which does not “*avoid ambiguity, but . . . clearly reveal[s] the strategic spots at which ambiguities necessarily arise*” (Grammar xiii; emphasis in original). The dominant term is the element of the Pentad which in some way determines the nature of the others. Accepting that motives fill the ambiguity Burke identifies as inherent in language, exposing the dominant Pentadic term provides an access point into a particular artifact's rhetorical stance and embedded ideology. As

a controlling force, excavating a rhetorical instance via its dominant term creates clear connections between it and the other elements it subjugates in order to achieve the rhetor's desired goal. The dominant term acts as the driving force behind the rhetor's conscious, willful manipulation of an artifact—his conscious ideology.

According to Sonja K. Foss, in Rhetorical Criticism: Exploration & Practice, and Teun A. van Dijk, in Ideology: A Multidisciplinary Approach, ideology is “a pattern of beliefs that determines a group's interpretations of some aspect(s) of the world. It is the system of beliefs that reflects a group's 'fundamental social, economic, political or cultural interests’” (Foss 239) and is “the *basis of the social representations shared by members of a group*” (van Dijk 8; emphasis in original). They argue these social representations solidify a groups bond and aids in both self identification as well as self promotion. In order to identify a particular ideology, they suggest that the critic subject a particular artifact to a series of questions:

Membership: Who are we? Where are we from? What do we look like?

Who belongs to us? Who can become a member of our group?

Activities: What do we do? What is expected of us? Why are we here?

Goals: Why do we do this? What do we want to realize?

Values/Norms: What are our main values? How do we evaluate ourselves and others? What should (not) be done?

Position and group-relations: What is our social position? Who are our enemies or opponents? Who is like us, and how is different?

Resources: What are the essential social resources that our group has or needs to have? (Foss 244; van Dijk 69-70)

Answering these questions reiterates what van Dijk argues is a “conceptual and disciplinary triangle that relates *cognition, society* and *discourse*” (5; emphasis in original). Further, it yields a dominant field that informs a particular group's infrastructure and acts as the ideological base from which the group operates to create the binary us/them, a “self-serving schema for the representation of Us and Them as social groups” (van Dijk 69).

Inclusion in a group assumes that the participants find what Kenneth Burke defines as *consubstantiality*. In *A Rhetoric of Motives*, Burke contends that when a person, A, in being identified with B, A is “substantially one” with a person other than himself. Yet at the same time he remains unique, an individual locus of motives. Thus he is both joined and separate, at once a distinct substance and consubstantial with another. (21).

In that both A and B find common ground, this foundation, when considered in light of both Foss and van Dijk, is an ideology. The footing upon which the two parties, A and B, stand is a “basis of . . . [a] social representation,” in that the two agree to see a particular issue from a common perspective. Burke is not suggesting that there may not be slight individual variances in the ideology. He clearly states that even on common ground A “remains unique.” However, the two enter a social contract which informs both their perspectives and actions regarding a particular abstract. In war, for example, even when two or more opposing factions engage in battle, as Burke points out, this is an act of agreement (*Rhetoric* 22). Thus, though the groups may stand in opposition to one another on some ideological level, they both agree that war is the proper course of action to seek a resolution.

Using Dramatism, the dominant term is identified and explored in its relation to the other elements in the pentad. This structure not only contextualizes the artifact within a rhetorical

stance, but by placing it into dialectical opposition to the other elements of the pentad, it also contextualizes the dominant term in its relation to the terms it influences. Once the dominant term is identified, Ideological Criticism analyzes its underlying motive. Isolating the ideological structure behind the motive further contextualizes the artifact and adds insight to where, why, and how the underlying motive functions. Although the methodology constructed thus far retains the ability to identify and analyze the dominant term and group ideology, only Marxism offers a critique of what this methodology is designed to expose.

Karl Marx, in the “Communist Manifesto,” argues that ideology is a social construction which emerges from

the history of struggles . . . Freeman and slave, patrician and plebeian, lord and serf, guild-master and journeyman, in a word, oppressor and oppressed, stood in constant opposition to one another, carried on an uninterrupted, now hidden, now open fight, a fight that each time ended, either in a revolutionary re-constitution of society at large, or in the common ruin of the contending classes. (474)

Because ideology emerges from the history of struggles, it carries with it social hierarchies. That is, ideology is built on the foundation of a history of subjugation. Therefore, a critique of ideology necessitates a discussion about how this struggle informs group ideology and how the dominant group maintains dominance. Further, because this struggle for dominance is bound up in Marx's notion of commodities, a critique of ideology must offer insight into the “material activity and the material intercourse of men, of language and real life” (“German” 154). Thus,

once the dominant term and ideological base are identified, this analysis offers a critique of how the “history of struggles” and the “material intercourse of men” inform the 1969 ad hoc committee meeting transcript.

Analysis

Dramatism

There are three distinct pentads which can be identified in the 1969 ad hoc committee meeting of the TSS. These three pentads reflect the three areas of study (cognition, society and discourse) that van Dijk uses as the disciplinary triangle. These pentads are as follows:

Pentad Table One

Agent: Doctors Act: Discussion of: 1. How the study began 2. What has happened to individuals 3. Focus on survivors Scene: The Meeting Purpose: Gain knowledge Agency: Decision	Agent: Decision Act: Transcript of meeting Scene: TSS Purpose: Gain knowledge Agency: Guidelines 1. Treat the treatable 2. Build local rapport 3. Locate a MD for autopsies	Agent: TSS Act: Medical Findings Scene: Medical knowledge Purpose: Gain knowledge Agency: Study of untreated syphilis
Pentad I: Society	Pentad II: Discourse	Pentad III: Cognition

Pentad I: Society

On a social level, in Pentad I, the Doctors met “to examine data from the Tuskegee Study and offer advice on continuance of this study” (“Ad Hoc” 1). Contextualizing the study, the Agents examined how the study began, analyzed what had happened to the test subjects up to the time of the 1969 meeting, and outlined a method of dealing with the subjects still living. In Pentad I the dominant term is Purpose, how to continue the study to gain knowledge. The Scene, the meeting itself, acts as a backdrop for the Purpose, but, in that the meeting was called solely to discuss how to continue the study unabated, it is merely a tool the committee used to evaluate the

Purpose. The Agency, or how they did it, is the decision the assembly reaches in order to accomplish the Purpose. In that Pentad I is social, the Agency is the decision, which is the Agent in Pentad II, which will create stronger social relations between the Agents and both the community, the Tuskegee Institute, and the test subjects themselves. Because of their Purpose, as controlling element in the first Pentad, it was important that “better rapport should be established as soon as possible with the local Medical Society, as well as with the Health Department, to enlist their cooperation in furthering the Study” (“Ad Hoc” 13).

Pentad II: Discourse

The dominant term in Pentad II is also Purpose. The Act is the transcript which allows for the Agency (guidelines) to be used. The Agency, the three criteria for continuation—treat the treatable, this entailed curing those who were in the early stages of syphilis at the time and were of no more value to the study given the shifting social climate; building rapport with the local community, this sought to provide greater financial restitution to the “participants” as well about ensure a doctor in the study obtained a job within the local medical community; and to identify an individual to perform autopsies to the level of specificity needed to gain adequate knowledge—is the vehicle through which the Purpose is attained. The Purpose defines the Agency in that the latter is the resolution to fulfilling the former. The Scene is the TSS itself, and much like the Scene in Pentad I, it acts as a backdrop for meeting the goals of the Purpose and offers a space in which Purpose can exist. Purpose informs the other elements of this Pentad and seeks to gain knowledge by sedimenting a resolution to the Act in Pentad I.

Pentad III: Cognition

In Pentad III, Purpose once again emerges as the dominant term. The Agent in this Pentad is the TSS. The study is the medium through which the Purpose can emerge. This is not

to be confused with the Agency, the study of the effects of untreated syphilis. The Agency is the means by which the Purpose seeks fulfillment. The Agent is the medium through which the Agency is allowed to work. The Scene in this Pentad, as a function of cognition, is the greater breadth of medical knowledge. This contextualizes the TSS within extant medical knowledge on syphilis and places the Agent in direct opposition to the Scene in that the TSS offered the opportunity for accumulation, the Purpose, of reliable data. Purpose dominates this Pentad and informs the other elements because the acquisition of knowledge drives the remaining four elements in Pentad III.

Thus

The dominant term which emerges, then, from a Pentadic analysis of the ad hoc committee meeting is Purpose. It informs all of the other elements in the Pentads, and it is the sole reason they exist in relation to one another. As the dominant terms operate within the verbal/nonverbal space Burke outlines, the motive is to gain knowledge and continue the study. But, what is the operating function behind Purpose? While it is clear to see that Purpose does inform and control the other elements of the Pentad, *how* and *why* must now be explored.

Ideological Criticism

Dramatism identifies a dominant term which could also be labeled the “what.” It seeks to answer *what* is the dominant term, *what* is the controlling factor in this artifact, *what* does *what* mean? Ideological Criticism, on the other hand, as it appears in the works of Foss and van Dijk, poses a series of questions a critic can employ to unearth the “*why* and *how*.” What should manifest from this portion of the explication is an answer to the question “*why* and *how* does an ideological notion function as the motive behind a dominant term?”

If the driving principle is Purpose, then embedded within this dominant term is the ideology, i.e. the social relations, it uses to fulfill itself. Thus, because social relations are embedded within an ideology (Foss 239; van Dijk 8), the acquisition of knowledge carries within it the series of social relations it enlists in order to acquire knowledge. When exposed to the six ideological questions which define the “nature of the ideology” (Foss 244-5), the acquisition of knowledge is identified as the Goal, because it answers the questions, “*Why* do we do this?” and “*What* do we want to realize?” The ad hoc committee sought to achieve this Goal by valuing what could be realized, i.e. knowledge from the study and its silent continuance, and they met, studied, and invested in the TSS because of this potential information. Thus the *why* is answered—we seek to acquire knowledge. But this does not give the answer to *how*. Further, to whom does the *we* refer?

The *we*, or Membership, in regard to the transcript, consisted of 16 individuals, all of whom were Caucasian, who met to deliberate on the TSS at the 1969 ad hoc meeting. Their Activities consisted of compiling data and furthering their ability to accumulate knowledge by outlining regulations for continuing the study. Their social positions and Group-Relations are the upper middle class, and their opponents were the Civil Rights Movement, the Tuskegee Institute, other doctors not affiliated with the TSS, and the patients themselves, as they were the body through which knowledge was transferred. The extant social resources were the test subjects, silence, and the body of medical knowledge available at the time. They valued the continuation of the study and the acquisition of knowledge, seeing a golden opportunity to compile knowledge and perform a public service.

Since *what* is answered, as well as the *we*, *how* remains. Purpose uses the other five elements—Membership, Activities, Value/norms, Position and Group-Relations, and resources—

by placing them in relation to one another in order to fulfill the Goal of compiling raw data. To accomplish this, the doctors outlined a series of guidelines to further Purpose's drive. In order to answer the *how*, the guidelines the committee outlined to accomplish their Goal will be explored in terms of their social, discursive, and cognitive functions (van Dijk 5).

Society

Fulfilling the Purpose entailed that the ad hoc committee find ways to ensure positive social relations with the medical community and the test subjects. The Goal was to continue to harvest bodies for information. Because one of the opponents they faced was the patients themselves, the ad hoc assembly entertained the notion of raising the amount of money each test subject received while living and how much his family would receive upon his death. In order to promote healthy social relations within the local medical community, the assembly proposed to establish connections with the local doctors and enlist them in the TSS's efforts to compile data. To strengthen the bond between the TSS and the Tuskegee Institute, the committee decided that they should seek a doctor affiliated with the study to take on residency at the research and medical facility in Tuskegee. At this level, the doctors valued the knowledge they could gain from the study, or rather the prestige they would gain from publishing the findings.

Discourse

The document itself acts not only as a guideline for promoting the Purpose but also an agreement the members of the ad hoc assembly reached in order to achieve their Goal. This decision allowed the group to solidify its *how* by creating a transcript that outlined how the group would continue the study. The document was copied and distributed to both those present at the meeting and those affiliated with the study but unable to attend. Further, the participants of the ad hoc meeting, by deliberating on the nature of the study, engaged in a dialectic which took into

account all of the elements of the Pentad as well as their ideology, though they clearly did not use this terminology. In seeking to promote their Goal, the committee sought to build rapport with those infected and strengthening the social connections with the local medical community to ensure that proper discursive elements would emerge from the study, and to maintain the lines of communication between doctor and patient. The doctors would retain the position of medical authority in the eyes of the patient, who would continue to ask for assistance from the TSS doctors.

Cognition

Cognitively, the *how* may be answered by observing the Purpose, to acquire knowledge. Functioning within the medical community at large, the critical opinions of other doctors drove the TSS to produce reliable data which in some way contributed to the breadth of medical knowledge. Attaining this Goal set the practitioners of the TSS in a position of authority as leading experts in the field. Since syphilis was a curable disease by this time, the doctors sought knowledge which, on some level, was moot and allowed those in the latter stages of syphilitic development to die for the purposes of autopsy. Examining Purpose exposes that knowledge became, for the study, an end unto itself. The TSS did not seek to find a cure for syphilis but to gain reliable data on the untreated effects of syphilis. Thus, the Purpose contributed little to the treatment of the disease and simply produced information.

So what is the how?

Ensuring strengthened social relations was clearly one of the committee's top priorities. It would certainly allow the study to continue and works within the social, discursive, and cognitive system, but it does not fully answer *how* the committee sought to achieve its Goal. It is tempting to suggest that rapport is the *how*, but this does not take into account *how* the study

operated, *how* they performed autopsies, or funded the operation. The *how* is “by any available means.” The committee ignored the option to discontinue the study from the outset of the meeting; instead, the assembly focused on analyzing how the study could continue as the meeting was called to seek advice “on [the] continuance of [the] Study” (“Ad Hoc” 1). Though the committee did question whether or not to continue, the brevity with which this query was entertained, and the fact that it never received a direct reply, clearly shows that cessation was not an option as far as the committee was concerned. Thus, the committee sought any available means to ensure the study's proper function and continuation. This explains why social relations were so important given the social, medical, and historical context.

The Analysis Thus Far

Using the “Dramatistic Pentad” provides the dominant term, Purpose, and reveals that the acquisition of knowledge informs the other elements in the three Pentads. Setting the other elements in dialectical opposition with itself, Purpose, much like language, creates a gap between the verbal and nonverbal. This space is motivated by the desire to compile valid data for several reasons. On the one hand, the TSS sought to increase the breadth of knowledge about untreated syphilis purely for knowledge's sake. This desire creates a delimiting effect within knowledge and thus embeds its negation within itself—once the data was compiled, knowledge, within the parameters of the study, was complete. On the other hand, compiling data also created a body of information which could be inserted into the greater corpus of medical knowledge. This body of knowledge would place the doctors in a position of authority and offer them the possibility for further medical funding, awards, institutional chairs, and general notoriety within the social and medical community. Finally, the acquisition of knowledge was mystified. In *A Grammar of Motives*, Burke argues “for the featuring of *purpose*, the corresponding terminology is

mysticism” (128; emphasis in original). Foss adds to this Burkeian notion that “in mysticism, the element of unity is emphasized to the point that individuality disappears. Identification often becomes so strong that the individual is unified with some cosmic or universal purpose” (389). The ad hoc committee desired to obtain knowledge that relied heavily on chance. The practitioners had no guarantee that the test subject's bodies would contain adequate data. Several factors could deter the doctors from receiving proper information such as other illnesses, the cause of death, decay, and access to the body. Further, the practitioners only autopsied 53% of the original test group that died one year after the date this meeting was held (Report). With the odds being 50/50 at best, continuing the study in hopes of gaining valid information created a mystical notion that all test subjects might yield valid data. Although the possibility that the body of knowledge was wrought with the potential to be invalid, they mystified it, united themselves to it, and ignored all ethical ambiguity in order to achieve it.

The motive, then, behind this study is the acquisition of knowledge, and Purpose provides insight into this motive but cannot uncover the ideology it operates from. Ideological Criticism, however, explores the Purpose as it functions within this artifact and uncovers that by treating those treatable, building local rapport, and inserting a doctor into the local medical community, the members of the ad hoc committee sought to promote their ideology, which is based on achieving their Goal, thus accomplishing their Purpose. The *what*, *how* and *why* are now answered. What emerges can be phrased in this way: the ideological notion the committee operated from in order to achieve their Goal entailed the promotion of their Purpose, “to obtain knowledge by any available means.”

Critique

Marx's notion of the history of struggles operates from the perspective that “the production of ideas, of conceptions, of consciousness, is at first directly interwoven with the material activity and the material intercourse of men, of language and real life” (“German” 154). Thus, in that the acquisition of knowledge is a way to harvest “the production of ideas” from the “material intercourse . . . of language and real life,” the available means, “any available means,” must be explored. The available means of the ad hoc committee were selective, but the group still operated from a false consciousness. They sought not only to impose new regulations on how the study operated but also reify the guidelines already in existence; in other words, they sought to achieve maximum results with minimum effort. The assembly operated from the consciousness the framers of the study originally created. Since it was founded on the premise of silently analyzing individuals who exhibited syphilitic symptoms, the 1969 ad hoc meeting did not seek to redefine the foundation of the study but how to continue it. Reifying this notion, the group needed to employ guidelines that would further the operation and allow the material conditions, the syphilitic body, to persist amidst the shifting cultural dynamic until knowledge could be harvested during autopsy. Thus, embedded in this is also “any means that come at a relatively low cost” through operating from the parameters identified by the founders of the TSS. The ad hoc meeting, then, became a deliberation for how to continue without disturbing the material conditions of silent observation the study was founded on.

Accepting this premise, I argue that the dominant term, Purpose, is a commodity, an “object outside, a thing that by its properties satisfies human wants of some sort or another” (“Capital” 303). This furthers Burke's notion that Purpose is identified with Mysticism. The potential knowledge had only a 50% chance of being viable, but the ad hoc committee desired it

anyway (Grammar 128). Whether the practitioners would gather accurate information remained uncertain, but by mystifying the concept, the committee positioned the idea of knowledge as a commodity. They sought to employ any available means to seek a return on a resource-limited investment—they merely observed. Hence, in deliberating on whether and how to continue the study, the assembly constructed a model that invests minimal resources, their time as opposed to their bodies—time is the ubiquitous element in this analysis, whereas the body, more properly the syphilitic body, is something outside the practitioners—and harvests maximum gains, knowledge as the desired commodity. When the 1969 ad hoc committee met, they were, in essence, assessing the market for further investment.

The meeting can be likened to a corporation's board meeting, where the market, resources, and courses of action are discussed. In other words, the ad hoc committee met to discuss the current standings of the study, whether to invest further resources, and how to go about doing so. The decision based on the Purpose is to minimally invest and seek large returns—for “Capital consists of raw materials [syphilis], instruments of labor [bodies] and means of subsistence of all kinds [knowledge], which are then used in order to produce new raw materials, new instruments of labor and new means of subsistence” (“Wage” 207).

What we see here, then, is an artifact situated in a shifting social climate within which the assembly sought to answer *not* whether to continue, but *what* to achieve, *how* and *why*. Its operating ideology extends from the notion that acquiring knowledge was the ultimate result, and it could only be accomplished by reifying the goals set up at the study's inception. The dominant term, Purpose, which is now seen as an intellectual commodity, controls all other aspects of the artifact because the acquisition of knowledge is a fetishistic commodity—hence intellectual fetishism. It comes as little surprise, then, that the 1969 ad hoc meeting skipped a detailed

discussion of *whether* or not to continue, seen merely as a screen to direct attention to another particular aspect of reality, accumulating medical data, and instead focused on *how* to continue. Ideologically, this critique likens the function of the ad hoc meeting to Capitalism, where the test subject is the body which employs the means of production, and also is the commodity produced. The syphilitic individuals are alienated from themselves as merely the vessels through which the doctors sought knowledge, the fetishized commodity. Hence, the acquisition of knowledge “by any available means” means investing limited resources within the market parameters to satisfy their intellectual fetishism. To fulfill this Purpose, they identified the three parameters for continuing the study.

CHAPTER 3

THE DESIRE TO STUDY

Introduction

By 1951 penicillin had proven to be an effective cure for syphilis, but it also rendered the validity of the TSS, a forty year study of the untreated effects of syphilis on more than 625 African Americans, moot. Further, 1951 followed the mass publicity surrounding the Nuremberg Trials (1946-1949) and the publication of the “Nuremberg Code” (1947), which raised social awareness regarding the unethical treatment of human test subjects. Yet, instead of marking the end of the study, 1951 marked the first shift of the TSS's focus. Seeking validation in light of the widespread use of penicillin, the practitioners of the TSS earnestly endeavored to solicit support for their study in an effort to continue their experiment. They argued,

we have an investment of almost 20 years of Division interest, funds, and personnel as well as a responsibility to the survivors for their care and really to prove [to them] that their willingness to serve, even at the risk of shortening life, as experimental subjects [has not been in vain]. And finally a responsibility to add what further we can to the natural history of syphilis. (qtd. in Jones 182)

The anxiety surrounding their “investment” led not only to a widespread restructuring of the TSS but also many of their most impassioned attempts to guarantee the study would continue. One of the most widely recognized examples of these attempts is Dr. Wenger's address to the 1951 Hot Springs Medical Community. This speech, considered the most blatant annunciation of the TSS's unquenchable desire to acquire knowledge, and its racist intentions, called for financial, moral, and medical support from the health community. In it, Dr. Wenger argues,

“once again let me emphasize the importance of this quiet undertaking and urge that steps be taken so that it doesn't slip through our fingers” (4).

However, though many critics, such as Allan M. Brandt in “Racism and Research: The Case of the Tuskegee Syphilis Experiment,” maintain Wenger's speech gravitates toward solidifying racial and class issues (Brandt 23, 25), embedded within this speech is the latent desire to study the nature of medical research, in and of itself, which had little to do with untreated syphilis, race, or class. That is, unconsciously concerned with study as such, the practitioners willfully ignored racial, class, and ethical issues and focused on how to maintain and systematize research. Explicating Dr. Wenger's 1951 speech through the work Kenneth Burke, Jacques Lacan, and Slavoj Žižek, I intended to trace out the lines surrounding that latent desire. To do this, I will begin by contextualizing the document in question, lay out the methodology I intend to use, offer an analysis of Dr. Wenger's Speech, then trace the lineage of Dr. Wenger's speech to the 1969 ad hoc committee meeting transcript. What should emerge from this analysis will expose not only the direction the TSS headed in but also why the study continued long after penicillin was proven an effective cure for syphilis.

Contexts: “Never-to-be-repeated Opportunity” and The Nuremberg Code

In 1951, shortly after penicillin was firmly established as an effective treatment for syphilis,⁷ the practitioners of the TSS drafted a report on the current standing of the study for the Milbank Fund, one of its financial backers. Supporting their claim that additional funds were needed to improve the quality of the study, the TSS's “report . . . argued that improved therapy had made the experiment a never-to-be-repeated opportunity” (Jones 179). In response, Dr. Sidney Olansky and his assistant, Dr. Stanley H. Schman, who had assumed the PHS's role in the

⁷ Though penicillin was discovered to be an effective treatment for syphilis in the 1940s, by 1951 it had been discovered to treat a wide variety of ailments. This meant two things: (1) the practitioners were confronting, for the first time, new ethical issues; (2) with the widespread use of penicillin, there was a slim chance that such a study could be repeated.

TSS, traveled to Macon County in an effort to review the study's findings, and to decide whether or not the study should continue (Jones 183). Their conclusion generated “a major overhaul of the experiment[,] . . . files were reorganized, a team of statisticians transferred the autopsy reports to punch cards, and a single set of diagnostic standards was adopted.” (Jones 183). Yet, with this restructuring came a sense of urgency to legitimize the continuation of the study. In response to this anxiety, the practitioners of TSS began adding new parameters to the study, such as exploring how the study “promised to become an important investigation on aging” (Jones 184). However, a new direction and the potential for more funding did not fully subdue their anxiety, because both the Nuremberg Trials and the publication of the “Nuremberg Code” had raised social awareness regarding the use of human test subjects.

Between 1946 and 1949, the Nuremberg Military Tribunal held a series of 12 sessions in which various military, social, and political leaders of the German Nazi Party were tried with crimes against humanity for their unethical practices regarding human test subjects. Through these trials, and the subsequent depositions gathered before and after the trial sessions, most notably the 1947 session referred to as the “Doctor's Trial,” a series of guidelines were established to ensure that such practices would never be repeated. The practitioners of the TSS were not oblivious to these events. In fact, many, such as Dr. Heller, were “horrified at the things that were practiced upon these Jewish people, such as doing experiments while the patients were not only alive but doing such things as would cause their deaths” (qtd. in Jones 18). However, like most of the other doctors, he saw “no similarity at all between” the TSS and the Nuremberg Trials (qtd. in Jones 180). Although “there is no evidence that the Tuskegee Study was ever

discussed in the light of the Nuremberg code” (Jones 180), many of the doctors, such as Dr. Wenger, made direct statements about the ethical implications of the study, arguing in support of “the importance of” their “quiet undertaking.”

Methodology

Seeking to unearth motives embedded in the ambiguity of language, Dramatism, according to Kenneth Burke, offers a “complete statement about motives[, and offers] some kind of answers to these five questions: what was done (act), when or where it was done (scene), who did it (agent), how he did it (agency), and why (purpose)” (Grammar x). These five elements, what Burke defines as the Dramatistic Pentad, set in conversation with one another, yield what Burke calls the dominant term, or the element of the pentad that informs the others and exposes the rhetor's motive. To analyze the latent desire a rhetor's motive operates from, I turn to various elements of Psychoanalysis as outlined by Jacques Lacan and Slavoj Žižek.

In “Anamorphosis,” Lacan, arguing about the subject's separation from self, or the gap/lack, says:

the interest the subject takes in his own split is bound up with that which determines it—namely, a privileged object, which has emerged from some primal separation, from some self-mutilation induced by the very approach to the real, whose name in our algebra, is the *objet a*.⁸ (83; emphasis in original)

What Lacan articulates in this passage is the subject's lack, its own separation, and its desire to bridge the gap illuminated when it entered into the language system. This desire to return to the “real,” which is unattainable, gives rise to the subject's misrecognition of objects that will fulfill the subject's desire for the *objet petit a*. The object that the subject misrecognizes is what Lacan

⁸ In this passage *objet petit a*, or object little *a*, is written *objet a*.

calls *semblance*—“the imago is the form, which is definable in the imaginary spatiotemporal complex, whose function is to bring about the identification that resolves a physical phase—in other words, a metamorphosis in the individual's relationships with his semblables” (“Presentation” 154). But the subject, misrecognizing, imagining that the *semblance* (semblable) will fill the gap, is continually displaced, for, it being inextricably linked to language (the unresolvable), the subject's desire is that of the Other. Hence, the subject's interest in its own separation is always seen in relation to the desire-cause object, the *objet petit a*. This is why Lacan argues that *objet petit a* is the *semblance* of being, for *semblance* is the deceptive appearance, that which veils and obscures (“Love” 84). This means that the subject sees *semblance*, returning to Marx, as the inverted object which will aid in reconnecting it to its lost-object, or that which causes its desire.

The use of desire here is not to be confused with drive, which “divides the subject and desire, the latter sustaining itself only in the relation it misrecognizes between this division and an object that causes it” (“On” 724). As Slavoj Žižek argues, in “Desire: Drive = Truth: Knowledge,” “truth and knowledge are thus related as desire and drive: interpretation aims at the truth of the subject's desire (the truth of desire is the desire for truth, as one is tempted to put it in a pseudo-Heideggerian way), while construction provides knowledge about drive” (“Desire”). Knowledge, as drive, construction, carries with it a sense of formulation that, as it divides the subject from desire, bars the subject from actualizing desire. Further, knowledge emerges as the constructed residue left by the drive to know. Thus, the subject's desire for the *objet petit a*, and its attempts to satiate that desire, which are inextricably bound to the notion of *semblance*, lead it to further distance itself from the desire-cause object, leaving in the wake of its failed attempts the constructed knowledge of drive.

Slavoj Žižek, in The Parallax View, argues that *objet petit a* is “a pure parallax object: it is not only that its contours change with the shift of the subject; its exists—its presence can be discerned—only when the landscape is viewed from a certain perspective” (28). “Parallax,” he argues, “means . . . bracketing itself produces its object” (Parallax 56). It is the constitutional shift, the axial movement between subject and desire-cause object, that gives rise to a different perspective. This shift, though precise, gives rise to a “multiplicity of symbolic perspectives” (Parallax 18) that is not exclusively “between two positively existing objects, but which divides one and the same object from itself” (Parallax 18). Returning to the notion of desire and drive, Žižek posits that “desire is grounded in its constitutive lack, while drive circulates around the hole, a gap in the order” (Parallax 61). Although drive and desire retain the same *objet petit a*, drive is the cyclical movement the subject makes in an effort to compensate for the lack that desire forces the subject to recognize in itself. Thus, the subject's desire for the lost-object, its very conception of the loss, is bracketed by its awareness of its attempts to fulfill its gap. Bracketing, here, is the inscription of desire, the formulation of knowledge, which still retains the same object of desire as desire. This notion of bracketing is drawn from Žižek's argument that for Lacan:

objet petit a is also the object of drive, [but] the relationship here is completely different: although the link between object and loss is crucial in both cases, in the case of *objet petit a* as the object cause of *desire* we have an object which is originally lost, which coincides with its own loss, which emerges as lost; while in the case of *objet petit a* as the object of drive, the “object” is directly loss itself—in the shift from desire to drive, we pass from the *lost objet* to *loss itself as an object*. That is to say: the weird movement called “drive” is not driven by the

“impossible” quest for the lost object; it is *a push to enact “loss”—the gap, cut, distance—itsself directly*. There is thus a *double* distinction to be drawn here: not only between *objet petit a* in its fantasmatic and postfantasmatic status, but also, within this postfantasmatic domain itself, between the lost object-cause of desire and the object-loss of drive. (Parallax 61-2; emphasis in original)

Thus, the codification of desire, intertwined with the same lost-object, is the formulation of knowledge, the continuous circling, interpretation of desire for the *objet petit a*. Identifying the *objet petit a*, then, allows this analysis to not only identify *semblance*, and trace how it is codified through the construction of desire, but also the shift in desire as the subject and object move in parallax fashion.

Analysis

Dramatism

In order to explore Dr. Wenger's 1951 speech, I will begin by offering a Pentadic analysis of the document, identifying the dominant term, and then explore that term in relation to *objet petit a* and parallax. For Dr. Wenger's speech, one dominant pentad emerges:

Pentad Table Two

Pentad: Wenger Speech
Agent: Dr. Oliver C. Wenger Act: Speech to medical community Scene: Backgrounds 1. Hot Springs Medical Community Meeting, Hot Springs, Arkansas 2. The anxiety surrounding the future of the study Purpose: To ensure the continuation of the study Agency: Argument Points 1. Arguing that this was the last opportunity to conduct such a study 2. Arguing that they needed to make it the best study possible

The Pentad

In this impassioned speech, Dr. Wenger, as Agent, positions himself as the orator seeking to garner support for the continuation of the TSS. This situates the Hot Springs Medical Community as the receiving party; as such, the Act, “what was done,” is the speech itself, or the solicitation of assistance in, as Dr. Wenger puts it, making “this the best study possible” (3). The Scene is broken into two “backgrounds”: 1) The Hot Spring Medical Community Meeting; 2) the anxiety surrounding the future of the study. Directly related to the Scene is the Agency, “how he did it,” which offers a direct response to each of the “backgrounds” in the Scene. Responding to the medical community, the Agency is the argument to make this the best study possible. In relation to the anxiety, Agency is the argument calling the TSS the last opportunity to conduct such a study. Both the Scene and the Agency act as a backdrop to the Purpose, ensuring the continuation of the study.

As the dominant term in this pentad, Purpose is the element that informs the other four. Though the other elements offer ways and reasons for continuing the TSS, they all relate to the Purpose, the desire to continue the study, in a subservient way. Though it would be easy to argue the Scene is the dominant term, in that the anxiety which surrounds this period of time gives rise to the speech, and equally as simple to argue that Agency is the informing element, as the Agent is merely the vessel through which the TSS sought to fulfill its Purpose, these elements function solely to bolster the fulfillment of Purpose. That is, the anxiety surrounding the Scene and the Agency of the two appeals were merely tools the Agent used to solidify support for the Purpose, which is the dominant, informing term—to ensure the continuation of the study. While Purpose defines the informing element, and begins to explore the relationship between all the elements of the Pentad, another method of analysis is needed that fully explores the ambiguity that emerges

from Purpose to identify the root desire. This method needs to answer the question “why, in light of the Scene, would Dr. Wenger use the Agency he does in order to fulfill his Purpose?”

Psychoanalysis

Though Dramatism clearly identifies the dominant term in the pentad, what I label the “what,” a psychoanalytic exploration of the document takes “what” and subjects it to “why.” It determines *why* the continuation of the study was so important to the practitioners of the TSS. The two lines from Dr. Wenger's speech I wish to explore in order to uncover the root desire behind the Purpose, and answer *why*, read, “We know now, where we could only surmise before, that we have contributed to their ailments and shortened their lives. I think the least we can say is that we have a high moral obligation to those that have died to make this the best study possible” (“Untreated” 3).

Accepting that Lacan's *objet petit a* must remain unattainable, arguing that the continuation of the study, in so far as it relates to knowledge about the effects of untreated syphilis, functions as the root desire does not coincide with *objet petit a*, for that goal was attainable—the doctors continued to gather data for the next 20 years. Because *objet petit a* is the object that the subject seeks to bridge the gap caused by the ambiguity inherent in the separation of subject and self, delimiting *objet petit a* necessitates identifying the two sides of the chasm. This action yields the subject, the practitioners of the TSS (specifically Dr. Wenger) standing on one surface, and the desired object, the acquisition of knowledge, on the other. However, the knowledge they sought was not about the effects of untreated syphilis but the nature of how to conduct a medical study. Dr. Wenger illuminates this when he states that the study “contributed to their ailments and shortened their lives,” but he uses this as a premise for making the TSS “the best study possible.” This argument uses Agency to fulfill the Purpose, the

continuation of the study. Further, the knowledge of untreated syphilis is truncated to assert a different goal, the study as study. The acquisition of knowledge, or intellectual fetishism, is further obscured by calling on “a high moral obligation” that Dr. Wenger unites with the study, which thus diminishes the “high moral obligation” to care for those whose lives have been shortened.

Though it does play a key role in the TSS's drive, intellectual fetishism is what Lacan calls *semblance*, or false appearance. Accepting Slavoj Žižek's argument that “truth and knowledge are thus related as desire and drive: interpretation aims at the truth of the subject's desire . . . while construction provides know-ledge about drive” (Desire), acquiring a body of knowledge about the effects of untreated syphilis fulfills the role of not only the false appearance for the TSS but also the wedge between the TSS and its desire, for, according to Lacan, “drive divides the subject and desire” (“On” 724). Collecting a body of data, then, as *semblance*, separated the practitioners of the TSS, who saw knowledge as a fetishized commodity, from themselves and *objet petit a*, the collection of knowledge about how to conduct medical research. Thus, the willful manipulation of ideology exposed in the 1969 transcript operates from the drive to enact the object-loss and continues the TSS's separation from self.

Though intellectual fetishism retains the same *objet petit a*, it seeks to delimit knowledge, the desire to study the nature of study is the desire for truth, that which is unattainable. Further, as desire, the study of study is its own loss, the divide between “one and the same object from itself.” Intellectual fetishism, then, separates the subject (the practitioners of the TSS) from desire (to study the nature of study); it acts as the *semblance* of fulfillment, constructing the formulated parameters treat those treatable, build local rapport, and identify and individual affiliated with the TSS to perform autopsies. The TSS's desire for the *objet petit a*, which is the

study of how to study, is thus unattainable (unresolvable), as it is constantly being interpreted and widening the separation between the TSS and itself. This sheds light on why the doctors persisted in seeking ways to continue the TSS, as they were always in the process of refining the study as such, which is unattainable. The parallax occurs in the movement from the desire to study study and the solidification of intellectual fetishism. However, as Žižek argues, the “*objet petit a* is also the object of drive”; thus, the shift between the TSS and itself, the parallax, defines the parameters of this bracketing by delimiting the method of collecting data while retaining knowledge as the guiding force (Parallax 61). That is, the desire to acquire knowledge retains its position as the *objet petit a*; however, in light of drive, the (parallax) shift between *semblance*, the acquisition of knowledge, and the latent desire to study the nature of a medical research manifests as the knowledge of untreated syphilis.

Critique

When Dr. Wenger spoke to the Hot Springs Medical Community, he noted that “of the 173 deaths recorded for the Alabama group[,] 67 percent [had] . . . come to autopsy” (4). Because these 173 deaths account for nearly 80% of the research material produced during the course of the TSS, the extant knowledge Dr. Wenger and his associates accumulated for the 1951 speech accounted for 75% of all recorded deaths throughout the course of the study. Though they did not have access to this information, Dr. Wenger and his associates were quite aware they were reaching the midpoint of collecting all of the data they might generate from this experiment. Because by 1951 nearly half of the original test group had died, the TSS began searching for new reasons to continue studying, which explains why aging was added to the list of research material. However, the anxiety prevalent in 1951 also gave rise to a shift in desire. Aging, then, much like intellectual fetishism, becomes yet another factor which works to veil the

emergence of the desire to study study. With the ability to add new factors to their experiment, the practitioners of the TSS created a system which would neither run out of test material nor allow that material to affect the acquisition of knowledge about how medical studies are carried out. In other words, when the study shifted its desire toward studying the nature of medical research, an ever perfecting of study, an aesthetics of study, its desire become infinitely unattainable. As Žižek puts it, desire's desire is “not to realize its goal, to find full satisfaction, but to reproduce itself as desire.” This not only resonates with Lacan's notion of *objet petit a*, for to study study is to “make this the best possible study,” a folding back in on itself, but also hearkens to what Jean Francois Lyotard says regarding *jouissance* and scientific research. Referring to the “Little Girl Marx,” in Libidinal Economy, Lyotard writes:

in the course of [this] research, insofar as it is endless, a strange *jouissance* [emerges]; the same *jouissance* that results from and instantiation of the pulsions and their discharge in postponement. The *jouissance* of infinity. This 'perversity of knowledge is rightly called (scientific) research, and intensity there is not, as it is in orgasm, 'normal', the intensity of discharge instantiated in a genital couple, but is the intensity of the inhibition, of a putting into reserve, of a postponement and of an investment in means.

(98-99; emphasis in original)

Jouissance, the repeating of the circuit of desire, studying study, leading/lending to pain, illuminates the last line of Dr. Wenger's speech: “once again let me emphasize the importance of this quiet undertaking and urge that steps be taken so that is doesn't slip through our fingers” (4).

Here, Dr. Wenger is articulating the desire not only to continue the study but to do so in light of the publicity surrounding the “Nuremberg Code,” a set of principles that would be damning to the TSS if its practices were made public.

Objet petit a explains why the practitioners of the TSS saw the acquisition of knowledge as their desire goal, the *semblance*. Further, it explains why the study continued well beyond the competition of its original parameters, and why their Purpose was to continue as any cost. It also coincides with Marx's notion of ideology, as it is the inverted image which stems from the “historical life-process” of the study in and of itself. From the TSS's inception, to the speech by Dr. Wenger, to the solidification of this desire in the 1969 ad hoc committee meeting, as James Jones says, “the Tuskegee Syphilis Study had nothing to do with treatment,” nor, I add, was it about gathering data about the effects of untreated syphilis; it was about the nature of the study, in and of itself. If intellectual fetishism is indeed *semblance*, then the *objet petit a*, the desire to study study, becomes solidified in the 1969 ad hoc committee meeting by reifying the notions of intellectual fetishism in light of continuing the process of studying the nature of how to conduct medical research. It accomplishes this through what Žižek calls a parallax shift. By observing this shift, which “can be discerned—only when the landscape is view from a certain perspective,” we see how the desire to study becomes the three parameters outlined by the committee (Parallax 17).

Treat Those Treatable

Treating those treatable allowed the TSS to reduce and isolate its test group by delimiting the number of infected subjects and securing its test location. At the study's inception, the doctors chose a location whose “health facilities ranged from a Veteran's hospital to nothing, transportation from 3 railway centers and a main highway to inaccessible winter roads. But most

of all the county's principal industry [was] agriculture of a type which tends to provide a stable population for a long term study” (“Untreated” 3). However, by 1951 many of the test subjects had moved to surrounding areas. Because an autopsy was the only way to determine the ultimate effects of syphilis on the test subjects, locating these individuals was vital to the TSS. Dr. Wenger addresses this issue when he calls for help to “trace them through vital statistics to see when, where, and why” they left, moved, and died (4). But, by 1969, the TSS's attempts at locating these men produced unsatisfactory results. To remedy this problem, the TSS abandoned those subjects no longer in Macon County or the surrounding area. According to Jones, “it was as though the PHS had converted Macon County and the surrounding areas into its own private laboratory, a 'sick farm' where diseased subjects could be maintained without further treatment and herded together for inspection at the yearly roundups” (187).

In relation to the desire to study medical research, this marked a unique decision on the part of the practitioners. Dr. Wenger began the process of locating and maintaining the test group by requesting a “full time male investigator in Macon County whose sole job [was] to locate those” who had moved away (3). Because the TSS's efforts to respond to this request proved unsatisfactory, the 1969 ad hoc committee shifted the study's focus away from locating the test subjects to isolating those subjects who still lived in and around Macon County. In other words, in 1969 the TSS created its own internment camp. The parallax here, the shift, occurs between isolation as a defining factor, and isolation as an enforced parameter. Delimiting its borders, the TSS stabilized its test population, and guaranteed it could continue to acquire knowledge.

Build Local Rapport

Building local rapport ensured that the practitioners of the TSS would maintain a margin of freedom while continuing their research. It was an effort to stabilize the study in the midst of the shifting social climate. However, to ensure building local rapport would succeed in stabilizing the study, it was important for the TSS to validate itself by adding new subjects to its list of research topics. Because penicillin offered an effective cure for syphilis, in 1951 the TSS decided to add the study of aging and heart disease to the list of possible benefits it might produce. However, by 1969 the TSS abandoned all attempts at adding new physiological ailments to its research topics in favor of recruiting new doctors to continue the study. It became a training ground for how to do medical research.

By 1969 the racial diversity of the TSS changed significantly. The number of African American doctors affiliated with the study more than doubled between 1951 and 1969. However, these new African American doctors saw nothing wrong with the TSS's practices. In fact, “just as their white predecessors had done nearly four decades earlier, Macon County's black physicians promised to assist the PHS,” stating that if they “had a list of the [test subject's names,] they would knowingly not give them antibiotics[,] . . . but would refer them locally to the health department and to Nurse Rivers” (Jones 199). According to Jones, “reports from the field indicated that the Tuskegee Study had lost none of its power to fascinate young clinicians” (200).

What began in 1951 as the desire to build local rapport by adding new factors to the TSS's research material, by 1969, had translated into touting the benefits of the study to instill the desire *to study* in new doctors, especially those coming from the Tuskegee Institute. With a limitless pool of doctors to draw from, the TSS ensured that it could continue to operate from its

objet petit a by offering young clinicians the opportunity to gain knowledge about conducting medical research. The shift in the connotation of “rapport” is where the parallax occurs. Prior to Dr. Wenger's speech, the study operated in relative seclusion, hiding its work from the medical community. Following his address, the TSS began adding new elements to its body of test material. By 1969, however, the TSS abandoned adding physiological elements and focused on adding new recruits to the study. These new doctors were evaluated on their ability to help “perfect” the study. Doctors who failed to perform certain tasks were removed from the study and replaced. In other words, between 1951 and 1969, the TSS shifted its focus from adding new factors to the study toward adding new doctors to both study and use in gathering support from the local community. This shift in rapport allowed the TSS to assume a position in which it could perfect its operations though using new doctors as test material. Building local rapport ensured the study would continue, in solipsistic fashion, by shifting the connotation of rapport from physiological ailments to how doctors contribute to medical research.

Identify an Individual

The 1969 ad hoc committee realized it was important to identify a qualified individual to lead their efforts in acquiring information, as that would ensure the data gained was viable. But, bringing in a qualified doctor from the outside, as Dr. Lucas states, ran the risk of locating someone who would not desire to “be associated with [a] study . . . of [the TSS's] sensitive nature” (qtd. in Jones 203). However, because generating a remote figurehead would guarantee the study would continue by defining a regulating source, and because the ad hoc committee was operating from the latent desire to study the nature of medical research, they insisted that identifying an individual affiliated with the TSS to perform autopsies was a priority. This parameter was first announced as a factor in promoting Purpose by Dr. Wenger, who urged the

medical community should “place a full time male investigator in Macon County whose sole job [was] to locate those persons” the TSS had lost contact with (“Untreated” 3). This led the TSS to undergo a restructuring in 1951 that resulted in greater standardization and more accountability. It also allowed the doctors to create a position devoted to regulating the process of evaluation. Finding this individual was of the utmost important to Dr. Wenger, for, as he argues, “what other way will we ever be able to learn the meaning of our clinical findings?” (“Untreated” 4). However, by the time this notion is reified in the 1969 ad hoc transcript, the call to identify an individual affiliated with the TSS to perform autopsies did not result in an individual but an institution.

When “Dr. Joseph G. Caldwell, the health officer in charge of the annual roundup . . . [of 1970,] met with both the administrator and the medical director of Andrew Hospital[, he] contracted to have” further testing, examinations, and autopsies performed at their location (Jones 199). Replacing the need to identify an individual, the TSS established Andrew Hospital as a dedicated medical facility from which to operate. This facility allowed the TSS to propagate its desire to continue the process of studying medical research by defining an outside institution which would produce yearly reports on the study's progression.

According to Žižek, a parallax shift occurs when the object undergoes a “shift of its position against a background” (Parallax 17). Andrew Hospital facilitated this shift by relocating the position of authority from an individual to a centralized location, one which acted as a regulating body. Because the desire to study medical research necessitated a location/individual to act as a regulating source in evaluating the study, and ensuring that its Purpose was not deterred, Andrew Hospital synchronously shifted the position of the subject in relation to the *objet petit a* and assumed the role of maintaining the TSS's isolation, recruiting new members,

and perfecting the manner in which the study conducted research. That is, when Andrew Hospital began overseeing the TSS, it assumed the role of the subject in the parallax shift, and institutionalized the desire to study medical research. Tracing this lineage back to Dr. Wenger, when he addressed the 1951 Hot Springs Medical Community and proposed that the TSS locate the lost test subjects, discover other factors to study, and choose an individual to act as a regulatory source, he set in motion a series of shifts that would ultimately solidify the latent desire to study the nature of study. In other words, Dr. Wenger's speech ensured that the TSS would be “the best study possible.”

CHAPTER 4

IMPLICATIONS, PRESENT AND FUTURE

Although the TSS initially defined discovering a safe and effective cure for syphilis as its primary goal, eight months after the study began this goal was abandoned in favor of acquiring knowledge about the effects of untreated syphilis on the human body. When the study began to dissipate in 1951, Dr. Wenger's approached the Hot Springs Medical Community to gather support for a new direction in the life of the study. What he argued for, locating the patients who had moved away, discovering new elements to add to the experiment, and identifying an individual to track the movements of the test group, operates from the latent desire to study the nature of conducting medical research. Further, when the 1969 ad hoc committee convened to reevaluate the study's progress, they codified both Dr. Wenger's argument and the latent desire it operated from into three parameters defined to regulate how the study would continue to operate, treat those treatable, build local rapport, and identify and individual affiliated with the TSS to perform autopsies. This codification created a system of studying the nature of medical studies, which had the potential to perfect itself, redefine itself, and ultimately continue under any circumstances.

Thus, the TSS continued for forty years because it had little to do with the study of syphilis. Answering *why* cannot be answered by exploring the doctors' racist intentions, claiming medical arrogance, exposing how the doctors saw the patients as the living dead, nor increasing medical knowledge, which critics such as Jones, Rozenkrantz, Edgar, and Lederer argue. Although these were certainly factors when the study began, the TSS abandoned these issues when it abandoned the study of syphilis in 1951. The study continued because it had

everything to do with study as such, and little to do with bodies, syphilis, or increasing the medical community's knowledge about disease. It had everything to do with "making this the best possible study." Ironically, medical research still operates from this desire. That is, the latent desire to study the nature of medical research is still the driving force in clinical studies. Further, because modern critics of bioethics fail to explore the historical legacy of clinical trials, they exacerbate the issues they have with medical research, and further obscure its foundation.

One of the recent medical studies added to the National Institutes of Health's (NIH) website,⁹ which began in September of 2005, but reevaluated and resubmitted to the site on April 8, 2008, is a request by Boehringer Ingelheim Pharmaceuticals for volunteers to test a set of drugs, pramipexole IR¹⁰ and ropinirole,¹¹ and assess their impact on retinal deterioration in patients with Parkinson's disease. The test calls for 300 volunteers to submit to a Phase IV,¹² six year study with these defined goals: (1) "To determine if there is any difference in the presence of retinal deterioration in Parkinson's disease patients treated with pramipexole versus ropinirole"; (2) "To assess and monitor safety and tolerability of pramipexole versus ropinirole in Parkinson's disease patients to assess progression of Parkinson's disease over the study period" (NIH.gov). Although a Phase IV study occurs long after the initial tests are complete, the participants in a Phase IV study must sign the same medical consent forms as Phase I, II, and III

⁹ The NIH, the decedent of the "Laboratory of Hygiene," is one of the largest medical research institutions in the world. It, alone, uses more than a quarter of the money allotted for medical research in the U.S. It publishes the majority of its requests for test subjects at www.nih.gov, or at its sister site www.clinicaltrials.gov.

¹⁰ Pramipexole is a selective D2/D3 agonist with anti-anhedonic properties typically used to treat Parkinson's disease and Restless Leg Syndrome. The "IR" suggests infrared technology used to measure and evaluate fluids and tissue as they react to the agent.

¹¹ Ripinirole is a selective D2/D3 non-ergoline dopamine agonist used to treat Parkinson's disease. It is also used in treating Restless Leg Syndrome.

¹² Clinical trials fall into four phases: Phase I is when a drug (agent) is tested on a small group of individuals to evaluate its safety, side-effects, and to determine safe dosage ranges. Phase II evaluates the results of Phase I on a larger test group. In Phase III the clinical trial is expanded, and the agent is tested in conjunction with the highest quality agents on the current market. Phase IV occurs after the drug has been marketed and tests the long term effects of the agent.

patients to ensure that all test subjects are seen as equals. This equality, however, was not federally mandated until 1979, when “The Belmont Report” was placed on the Federal Register.

Drafted by 11 individuals¹³ from diverse backgrounds, “The Belmont Report” is the product of “an intense four-day period of discussions that were held in February 1976 at the Smithsonian Institution's Belmont Conference Center supplemented by the monthly deliberations of the Commission that were held over a period of nearly four years” (253). During this “four-day period,” the Belmont committee tried to “summarize the basic ethical principles identified by the Commission” and create not only the foundation of bioethical research but also define the U.S. Government's legislative stance on medical practices up to and beyond the National Research Act of 1974 (“Belmont” 253). The basic ethical principles The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research defined were:

- (i) the boundaries between biomedical and behavioral research and the accepted and routine practice of medicine, (ii) the role of assessment of risk-benefit criteria in the determination of the appropriateness of research involving human subjects, (iii) appropriate guidelines for the selection of human subjects for participation in such research, and (iv) the nature and definition of informed consent in various research settings. (253)

“The Belmont Report,” operating from these four principles, ensures equality and informed admission to all participants in government sanctioned medical research by defining “respect for

¹³ The Belmont committee members consisted of: Kenneth John Ryan, M.E., Charmian Chief of Staff, Boston Hospital for Women; Joseph V. Brady, Ph.D., Professor of Behavioral Biology, Johns Hopkins University; Robert E. Cooke, M.D., President, Medical College of Pennsylvania; Dorothy I. Height, President, National Council of Negro Women, Inc.; Albert R. Johnson, Ph.D., Associate Professor of Bioethics, University of California at San Francisco; Patrica King, J.D., Associate Professor of Law, Georgetown University Law Center; Karen Lebacqz, Ph.D., Associate Professor of Christian Ethics, Pacific School of Religion; David W. Louisell, J.D., Professor of Law, University of California Berkeley; Donald W. Seldin, M.D., Professor and Chairman, Department of Internal Medicine, University of Texas at Dallas; Elliot Steller, Ph.D., Provost of the University and Professor of Physiological Psychology, University of Pennsylvania; and Robert H. Turtle, L.L.B., Attorney, VomBaur, Coburn, Simmons & Turtle, Washington, D.C.

persons, beneficence, and justice” (King 8). The first principle, “respect for persons[,] . . . includes both respect for the choices of autonomous persons and protection of the rights, needs, and interests of persons who lack the capacity to decide for themselves or have constraints upon their freedom of choice” (King 8). “Respect for persons” assumes that “the autonomy of subjects and potential subjects be supported in the informed consent process, and that subjects and potential subjects who may lack autonomy . . . be protected from exploitation” (King 8-9). “Beneficence,” the second ethical principle, defines the doctors “duty to do good, and nonmaleficence, or the duty to refrain from causing increasing harm” (King 9). The final principle, and “the least well understood and most neglected,” is “justice,” which is “designed to eliminate biases against groups of people; it is the principle that draws focus from individuals to groups” (King 9). “Justice” guarantees that investigators examine the “fair distribution of burdens and benefits among cultural, social, sexual, racial, and ethnic groups” (King 9).

Respect for persons, beneficence, and justice, combined, make up the foundation of “informed consent.” It ensures that “by giving your consent to be in a clinical trial, you are saying that you understand and accept the risks involved” (Getz 70). Though it “doesn't take away the responsibility of the principal investigator and the rest of the study staff to protect your safety and provide ethical and professional care,” it “does provide a certain degree of protection” to all parties involved (Getz 70). Thus, “The Belmont Report” provides the ethical, clinical, and legal foundation for any medical trial involving human test subjects.

However, there is a distinct problem with “The Belmont Report.” The regulations this document defines, informed consent, have significantly altered the number of deaths and adverse reactions clinicians report to the Office of Human Research Protections (OHRP). According to Adil Shamoo, a bioethicist at the University of Maryland, between 1990 and 2000

“‘thousands of deaths and tens of thousands of adverse events’ during NIH-sponsored clinical trails went unreported to the OHRP” (qtd. in Getz 119). Ironically, the very laws meant to protect human subjects are burying the dead in silence. This irony is further compounded by the fact that standardization defines the parameters investigators use to conduct trails, and it ensures such adverse reactions continue to occur.

This ethical conundrum is lost on neither the medical community nor those seeking to critique it. Ruth Macklin, Professor of Bioethics at the Albert Einstein College of Medicine, in “Is Ethics Universal? Gender, Science, and Culture in Reproductive Health Research,” argues that “the fit between the ethics of human subjects research and research regulations is less than perfect” (23). She asserts that “regulations require that ethical review committees (Institutional Review Boards, or IRBs, in the United States) evaluate risks and benefits and determine that ‘risks to subjects are reasonable in relation to anticipated benefits’” (Macklin 24). Nancy M. P. King, Gail E. Henderson, and Jane Stein, in “Relationships in Research: A New Paradigm,” identifying the moral theory which “undergirds the oversight of human subjects research,” argue this ethical dilemma stems from the fact that modern standardization “derives from the Enlightenment’s attempt to develop and sustain a universalizable, acontextual, nonreligious morality” (13). Like Macklin, though, King, Henderson, and Stein argue this moral theory hinges on weighing the risks and benefits for what is “close enough” (14). However, increasing the levels of specificity in standardization, delimiting what comes “close enough” to addressing the issues raised in weighing the risks and benefits, will not produce an adequate resolution to the problems these critics have with modern medical ethics, because neither a lack of evaluation nor regularization are at the root of the issue. Specificity only adds layers of depth to bioethics, which further obscure the historical legacy of medical research. Instead of analyzing this legacy

to find an adequate answer, these critics continue demanding greater standardization.

Unfortunately, the medical community has listened to their demands.

In 2001 the FDA opened the Office of Good Clinical Practices (OGCP), which is responsible for ensuring the “FDA's protective role in clinical research, from trial design through trial conduct, trial analyses, trial oversight, data integrity and data quality” (Getz 190). The OGCP has not only produced greater specificity, as seen in its December 2006 publication on clinical guidelines, but also asserted that one of its “highest priorities [is to] bring about GCP compliance globally” (Getz 190). However, the globalization of “fundamental ethical principles recognized in North America and Western Europe is a form of ethical imperialism” (Macklin 24). Although Macklin raises this issue, she dismisses the problems globalization creates by arguing that “ethical requirements for human subjects research rest on universal ethical principles, even if those principles are not recognized or adhered to in all parts of the world” (24). But, universalizing and globalizing standardized ethics only promotes the unethical hegemonic foundation upon which they are built. Making these standards “close enough” further specifies, obscures, and homogenizes these ethics for non-Western groups at the price of making their unethical foundation unrecognizable.

Currently, no one offers a complete analysis of medical standardization's historical legacy. Without contextualizing this legacy, critics of bioethics, such as Macklin, will continue attacking medical standardization and fail to understand why specificity exacerbates the problem. Modern medical research is built on “The Belmont Report's” ethical standards, respect for persons, beneficence, and justice. These three parameters, however, are the reification of treat those treatable, build local rapport, and identify and individual affiliated with the TSS to perform autopsies. Greater standardization only continues the refining process Dr. Wenger began in

1951. Further, the principles that “The Belmont Report” outline are yet another codification of the latent desire, buried in the medical community, to study the nature of study and perfect it.

The issues Macklin and other critics have with modern medical research persist, because they fail to trace the historical legacy Dr. Wenger and his associates created. Therefore, we, as critics, need to reevaluate not only why the TSS continued for forty years but also why its driving force is still continuing today.

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