THE RHETORIC OF DEHUMANIZATION

An Analysis of Medical Reports of the Tuskegee Syphilis Project

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An "inhuman experiment;' "official inhumanity;' and "an immoral study" were epithets the press used to describe the Tuskegee syphilis study when Jean Heller reported the details of it in July 1972.[1] The Tuskegee project was a forty-year longitudinal study conducted by The United States Public Health Service (PHS) to trace the "natural history" of untreated syphilis in the adult male Negro. PHS officials periodically conducted blood tests, physical examinations, X rays, and, finally, autopsies on 399 men with syphilis and 201 members of a control group who were free of the disease. Not only was no treatment administered to the men with syphilis, but they were discouraged and even prevented from seeking treatment outside the program (Jones 178). Since the disastrous consequences of untreated syphilis were well-known before the study began in 1932 and since satisfactory treatment was available even then, the ethical and moral ramifications of the study were profound. Public reaction to Heller's report forced a national investigation. An *ad hoc* committee appointed by the federal government to investigate the study concluded that such a longitudinal study was "ethically unjustified in 1932" and urged stronger restrictions on the use of human subjects. Senator Ted Kennedy's hearings on the study confirmed this view and resulted in the revamping of HEW guidelines for human experimentation (Jones 211, 214).

In his detailed study of the case, *Bad Blood: The Tuskegee Syphilis Experiment,* James H. Jones traces its history and examines the rationale provided by PHS officials and the individuals involved. Jones's thorough analysis indicates clearly the role of racial prejudice, confused medical thinking, and bureaucratic dynamics in instigating and continuing a passive observation of the devastating effects of syphilis on human subjects. His book highlights the "moral astigmatism" of the persons responsible *(Atlanta Constitution* 4A, quoted in Jones 14). However, despite the thoroughness of his analysis, Jones does not explore one very significant facet of the Tuskegee project: why the thirteen "progress reports" of it which appeared in major medical journals from 1936 to 1973 did not outrage the medical

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community. Although these reports clearly delineated the nature of the study and its devastating consequences on the men involved, their publication generated virtually no criticism (Jones 257-58). In light of the vehement public reaction to Heller's 1972 report, the thirty-seven-year silence from the medical community is particularly striking.

My purpose is to examine the published reports of the Tuskegee study to determine the ways in which they obscured ethical issues. I contend that the published reports, reflecting the constraints of scientific writing, emphasized what Burke calls "the principle of discontinuity" (Burke 50). In Burke's terms, the reports encouraged readers to dissociate themselves from the subjects by highlighting the differences between the two groups and by dehumanizing the men involved. Rhetorically, the generic conventions of scientific writing not only encouraged neglect of ethical questions but also played an important role in the study's continuation. In brief, I argue that the reports of the study functioned rhetorically to diminish and obscure the moral issues involved. As a case study of scientific reporting, my analysis suggests that scientific writing employs rhetorical conventions which by their very nature tend to obscure or de-emphasize any ethical, "non-scientific" perspective.

A scholarly view of scientific reporting as rhetorical has become widespread. For example, Simons identifies specific factors such as the prestige of the journals and the "appearance of impersonal detachment and passivity" in the language of scientific articles as having a persuasive effect *(Persuasion* 33)· With a similar perspective Kenneth Burke, contrasting the scientistic and dramatistic uses of language, avers that "even if any given terminology is a *reflection* of reality, by its very nature as a terminology it must be a *selection* of reality; and to this extent, it must function also as a *deflection* of reality" (45). Even "scientific" language is heavily rhetorical, for it necessarily obscures some aspects of the reality it reports. Paul Newell Carnpbell, probing the implications of one rhetorical feature, the author's *persona,* in scientific discourse, argues that scientists cannot escape revealing attitudes in their discourse, despite their claims for objectivity and neutrality, because the act of symbolizing entails the expression of "those attitudes, beliefs, biases, opinions" that constitute the *persona* of such discourse (404). Other scholars have explored additional dimensions of scientific rhetoric.'

Although the Tuskegee study provides a good case study of scientific reporting for several reasons,' enabling us to understand better how such writing functions rhetorically, the justification for the analysis derives ultimately from the suffering of the subjects themselves. Largely uneducated and seduced by small incentives offered by members of the medical community, the men unwittingly undermined their health and shortened their lives. Among the consequences of untreated syphilis were blindness, deep skin lesions insanity, heart disease, and early death (Jones 1-4). Using the euphemism "Bad Blood;' the medical staff handling the study apparently tried to convey to the men that they were victims of syphilis (Jones 5-6). But the message was only partially understood. As one patient's widow notes, "I thought the doctors were trying to help him. I didn't know better,"? A survivor reported, "I thought they was doing me good" (quoted in Tones 160). Unsuspecting patients labored under a terrible misconception while investigators periodically reported on health problems that developed because they remained untreated. As a consequence of this miscommunication and the silence of the more knowledgeable medical community, as many as 100 men may have died from syphilis-connected diseases (Jones 2).5 Understanding the role scientific rhetoric played in this tragedy is, thus, the focus of this study.

The remainder of the essay falls into five sections: (1) a brief background of the Tuskegee study, (2) an analysis of the depiction of the disease in the research reports, (3) an examination of the description of the study itself in these same reports, (4) a discussion of the rhetorical function of (2) and (3), and (5) a consideration of rhetorical implications.

Background of the Tuskegee Study

To understand the Tuskegee study one must know something of its background. Concerned with the widespread incidence of syphilis among rural Southern Blacks, PHS officials in the late twenties began a treatment program funded by a private philanthropy. Unfortunately, the project lapsed in the early thirties when the private funding ceased. But by that time PHS officers had identified many Blacks suffering from syphilis and had established contacts in the Macon County area. Since a lack of outside support prohibited full treatment, the staff perceived an opportunity to take advantage of their groundwork in a new way-an observation of the course of untreated syphilis. As one doctor noted, "The thought came to me that the Alabama community offered an unparalleled opportunity for the study of the effect of untreated syphilis" (Jones 91).

The Tuskegee situation was ideal for several reasons. First, many of the cases had received no treatment and were, thus, in the terminology of the study, "pristine." Second, the victims were Black. Earlier controversy had developed over whether syphilis affected Blacks differently than Whites. Tuskegee provided an opportunity to explore that question. Third, Tuskegee offered the possibility of a prospective study, which could follow the course of the disease rather than simply catalog its effects after the fact. This was particularly significant since the only major study of the effects of untreated syphilis, by Bruusgaard in Oslo, cataloged the conditions of White patients at various stages of the disease who came to his clinic but were not treated (Jones 91-93). Bruusgaard did not trace the disease's course by following particular patients. Tuskegee could provide an effective contrast to his methodology.

From their perspective, PHS officials, constrained by funding from providing treatment, made a virtue of necessity. They instituted a nontherapeutic, longitudinal, prospective study of syphilis in adult male Blacks. Such studies, which withhold treatment beneficial to the individual patient, are usually justified on the grounds that they provide information which will enlarge medical knowledge. As Charles Fried explains in his essay "Human Experimentation: Philosophical Aspects;' "In therapeutic experimentation a course of action ... is undertaken in respect to the subject for the purpose of how best to procure a medical benefit to that subject. In nontherapeutic experimentation, by contrast, the sole end in view is the acquisition of new information" (699). Such studies, in yielding valuable information, can be condoned morally because they benefit the larger group although not the individual (Fried 701).

Officials who conducted and reported the Tuskegee project thus perceived their work as a legitimate and, indeed, beneficial undertaking. Unable to offer complete treatment, they tried to learn what they could about the ravages of syphilis. Kept from performing their job of treating disease, they assumed a new role: medical experimenters.

Even after Heller's expose in the *New York Times*, there were those who defended the study. To vindicate the procedures used, they pointed to changed medical standards and the nature of the Tuskegee undertaking as a "study project" rather than a "treatment clinic." Moreover, they supported the decision not to offer the highly effective penicillin when it became available because the major damage already had occurred in the subjects and the impact of the drug itself might have been harmful (Kampmeier 1251). Defenders also contended that the . study's goal of tracing the results of untreated syphilis was appropriate and, from a broad view, even beneficial since the increased medical knowledge of the disease might have improved prevention and treatment (Kampmeier 1251; Jones 81-112; Vonderlehr et al. 260). Robert M. Veatch outlines the philosophical grounding for this approach in "Codes of Medical Ethics: Ethical Analysis" when he notes that medical practitioners may condone studies which are not beneficial to the individual patient if the information gained will "render service to humanity" (173)· Clearly, from the first, some complex ethical issues surrounded the nature of the study, although the apparently unintentional misleading of the patients about the nature of their disease and its treatment was unacceptable (Wooten 18).

If we grant that the study did present difficult ethical issues, we must wonder why these were not even raised until it had been underway almost forty years. No attempt was made to conceal the study or disguise its nature. Between 1936 and 1972 a number of reports were published in the medical literature with an estimated readership of 100,000.[7] One article, for example, spelled out the reduced life expectancy and increased disability of the untreated subjects (Pesare, Bauer, and Gleeson 201, 213). But, according to Jones, only one member of the medical profession or public objected to the study prior to the strenuous response of Peter Buxton, a PHS officer, which resulted in wide press coverage. That single letter dated June 1963, twenty-seven years after the first widely published report of the study, was filed at the Center for Disease Control in Atlanta with the notation, "This is the first letter of this type we have received." Moreover, Buxton contends that his objections met strong opposition and provoked heated defenses of the study but produced little immediate action (Jones 190). Apparently, the directors of the study did not perceive its ethical ramifications and depicted it in published reports so that its moral implications were not salient to most readers.

An examination of the reports suggests that the depiction of the patients in two contexts (in relation to the disease itself and as elements in the study) dehwnanized them and helped the readers and authors dissociate themselves from the afflicted men. In describing the ravages of the disease, the reports highlighted the disease as a dynamic agent acting on and within the patients as scene. Explaining the study and its purposes, the journal accounts featured the doctors as noble agents pursuing knowledge and the afflicted patients as their agency for gaining information. The reports, then, offered a double-layered depiction: the study as a quest for scientific knowledge by impartial observers who note the activity of the disease on patients. Both depictions dehumanized the patients and highlighted the role of the experimenters as impartial observers and knowledge seekers. In so doing, the rhetoric obscured key ethical issues. Using Burke's pentad to explore these two depictions of the patients in greater detail can elucidate the rhetorical processes at work.

Depiction of the Disease: The Patient as Scene

The journal accounts of the study depict the disease as a dynamic agent bent on destroying its "host" through the cardiovascular and central nervous systems. The patient is the scene in and on which the disease operates. The emphasis is on the actions of syphilis and its results, particularly its contributions to early death and disability.

The initial report of the Tuskegee project, read at the 1936 AMA convention before appearing in the journal *Venereal Disease Information*, reveals a depiction of the disease which persists throughout the study. The agent is syphilis, whose effect is "the production of morbid processes involving the various systems of the body" and "disability in the early years of adult life" (Vonderlehr et al. 26). The study would, therefore, focus on the disease's particular effects: "Subsequently in evaluate specific changes brought about by the disease in the infected individual with particular reference to the cardiovascular system" (Heller and Bruyere 34)· This act of disabling the victim is accomplished through impairment of the cardiovascular and central nervous systems: "Study of the untreated syphilitic and presumably non-syphilitic individuals under the age of forty indicates" that syphilis "tends greatly to increase the manifestations of cardiovascular disease. . . . Cardiovascular and central nervous system involvements were from two to three times as common in the untreated syphilis group as in a comparable group receiving even an inadequate treatment" (Vonderlehr et al. 261-^{6}5). Since the disease results in death, reports of increased morbidity among the untreated are not surprising. As the second report concludes, "The life expectancy of a Negro man with syphilis between the ages of 25 and 35 who is infected with syphilis and receives no treatment for his infection is' on the average reduced by about 20 percent" (Heller and Bruyere 38). The reports catalog the ravages of syphilis in detail, furnishing frequent comparison to nonsyphilitic subjects. As the study progresses, details drawn from autopsies confirm the impact of the disease by describing its pathological signs (Peters et a1. 127-4^8).

The scene of the disease's activities is, of course, the victim, but reports avoid such emotionally connotative language. The second article "deals particularly with the effect of the disease on the life span of the human host" (Heller and Bruyere 34). The first report of the study also contains the metaphor of victim as host or donor: "Such individuals seemed to offer an unusual opportunity to study the untreated syphilitic patient from the beginning of the disease to the death of the infected person" (Vonderlehr et al. 260). The more common designations of the victim as scene are "Male Negro" (which appears in the title of nine of the thirteen articles), "patients:' "syphilitics," and "individuals:' The third report of the study, published in 1946, clearly illustrates the depiction of the patient as scene. "Briefly, the study is a continuing attempt to follow the natural history of syphilis, un influenced by treatment, in adult male Negroes, with special attention to its effect on the cardiovascular system" (Deibert and Bruyere 301). As scene, the patient displays "manifestations;' "presents evidence of;' and "exhibits appreciably more morbidity" (Vonderlehr et al. 263; Deibert and Bruyere 313)·

The reports, then, depict the disease as dynamic agent whose impairment of the central nervous system takes place in the "scene" of the patient. This emphasis on act is one with philosophical realism wherein "material objects exist externally to us and independently of our sense experience" (Hirst 77). One of the hallmarks of realism is that it minimizes the role and significance of the observer. Events, happening in an "out there," are recorded by a neutral, detached "observer" who sees them as they exist. A "realistic" attitude thus emphasizes the objectivity and detachment of the observer, while removing attention from his/her role or possi-

Depiction of the Study: The Patient as Agency

The journal articles also characterize the study itself. The agents or actors are the PHS doctors whose credentials, affiliations with the Public Health Service, and usually prestigious titles are listed as author information in each article. Not only are their credentials explicitly listed, but they are depicted implicitly as members of a dedicated, self-sacrificing "team" (Rivers et a1. 395). This view of the actors reveals itself in a 1955 report: "The contribution of time, thoughts, and energy of many individuals with the full knowledge that the fruits of their efforts would not mature until years later, and in other hands, has been vital. As in all such lifetime studies the devotion of these scientists and public health workers to the search for knowledge for the sake of knowledge and with selflessness must here be acknowledged" (Peters et al. 128).

The primary activity of these agents is observing, a passive act rather than a dynamic one. Articles are sometimes subtitled "observations" of various facets of the disease. They also "follow" and "survey the patients" (Deibert and Bruyerejoi: Rivers et a1. 391). The only dynamic acts of the doctors involve conducting tests or autopsies as part of the observational process. A 1950 report reveals the passivity and detachment of the directors in their recording of observations: "When the effect of differences in age distributions between the untreated syphilitics and the non-syphilitic controls was removed by a standardization procedure, significant differences in the combined mortality and morbidity could be demonstrated between the two groups" (Pesare et al. 213). One report praised the excellent, thorough care the doctors extended to the patients, noting its pragmatic impact. "The excellent care given these patients was important in creating in the family a favorable attitude which eventually would lead to permission to perform an autopsy" (Rivers et a1. 394). The irony is striking: the "excellent" medical care, consisting in part of denying treatment, encouraged participation in a procedure to document syphilis's devastating effects.

The pupose guiding the doctors is clear-the pursuit of knowledge which may benefit mankind. As one early study notes, the primary problem in controlling syphilis is learning how treatment can prevent its transmission. But a secondary goal is understanding "the effect which treatment has in preventing late and crippling manifestations." Tuskegee provided a unique opportunity "to compare the syphilitic process *uninfluenced* by modern treatment, with the results obtained when treatment as been given" (Vonderlehr et al. 260, italics mine). A report eighteen years later in 1954 pinpoints the values and purposes of the study. It notes that in 1930 "no accurate data relative to the effect of syphilis in shortening of life" and "no accurate history of the disease leading up to these complications" were available. "This *information* was necessary in order to *evaluate* the effectiveness of natural history of the disease." The italics, which are mine, highlight the directors' focus on acquiring knowledge. The report documents shortcomings and gaps in the Bruusgaard study. Later, the authors assert that "such a study was needed to assist in the planning and execution of the national venereal disease control program which was then being planned for a later time" (Shafer et al. 685-87). A later report refers to the clear difference between the populations involved in the Tuskegee and Bruusgaard studies (race being primary), reaffirming implicitly the value of the project in filling out scientific knowledge. A "tabular listing" highlights the superiority of the Tuskegee project (Schuman et al. 544). Of special significance is the study's prospective, long-term nature. Unlike earlier work, the Tuskegee study's particular contribution is to trace the course of the disease across time. Clearly, the investigators feel the study is justified because it adds to scientific knowledge.

While no precise description of the scene within which the investigators work appears in reports of the study, the depictions of agents and purposes clearly imply its nature. Tuskegee is the geographical setting, but the larger medical and scientific communities are the scenes which provide the real context of the study. The doctors, observing the disease and examining the patients in Macon County, frame their activities as medical investigations. Thus, findings are reported in medical journals rather than popular periodicals, and a 1954 report presents a lengthy rationale that details the study's significance not only among other investigations of syphilis but also to public health programs (Shafer et al. 684-85). Another explicit reference to the scene as the medical community appears in the report entitled "Twenty Years of Followup Experience in a Long-Range Medical Study" (Rivers et al. 391-95). Even in a discussion of the "non-medical" aspects of the study, this essay claims that "the experiences recounted may be of value to those planning continuing studies in other fields." It concludes that "several points ... may benefit anyone now engaged in planning or executing a long-range medical research study;' finally observing that "the gains to medical knowledge derived from the horizontal, long-term study of illness and health are only just beginning to be realized" (Rivers et al. 391),394-95). The report thus rhetorically sets the study's scene within a medical community which is just recognizing the significance of such projects.

The final pentadic element, agency, is clear: the patients suffering from syphilis are the instruments or means through which the doctors achieve their purpose. The initial report of the study notes, "The material included in this study consists' of 399 syphilitic Negro males who had never received treatment, 201 presumably non-syphilitic Negro males, and approximately 275 male Negroes who had been given treatment during the first two years of the syphilitic process" (Vonderlehr et al. 260). While this perspective of patients-as-agency is inherent in the nature of such a medical project, regarding human subjects as agencies tends also to dehnm:mi7P them in <l most literal sense: "The shortening of life expectancy observed by Rosahn that a syphilitic group has a significantly lessened life expectancy" (Olansky et al., "Untreated Syphilis" 177). Although the attitude toward the patients as agencies is usually detached, occasionally a hint of condescension appears. A 1954 report, for instance, examining the possibility that invironmental factors might be a confounding factor in the observed impact of syphilis, comments on the "nonchalant attitude of the patients toward calendars and time-reckonings." The description of their diet concludes "these men like relatively few dishes. As a rule they were interested only in meat (pork or chicken, never beef) and bread, and would select vegetables only upon the suggestion they do so" (Olansky et al., "Environmental Factors" 697). In a similar vein, the report in 1953 dealing with non-medical aspects of the study suggests the naivete and limited perspectives of the patients: "Incentives for maximum cooperation of the patients must be kept in mind. What appears to be a real incentive to an outsider's way of thinking may have little appeal for the patient. In our case, free hot meals meant more to the men than $50 worth of free medical examination." Significantly, the researchers also note that "because of the low educational status of the majority of the patients, it was impossible to appeal to them from a purely scientific approach" (Rivers et al. 394, 393).

The central focus of these studies concerns purpose. While the results and analyses of the disease's course comprise the bulk of the articles, the discussions function solely to fulfil! the objective in increasing "scientific" knowledge. This emphasis on purpose corresponds, as Burke notes, to philosophical mysticism, which is "the consciousness that everything we experience is an element and only an element in fact, i.e., that in being what it is, it is symbolic of something else" (50-51). This perspective deflects attention from actual human suffering to the function of the study in advancing medical knowledge. Implicit is a valuation of knowledge regardless of the human costs. By stressing the loftiness of the study's purpose, the depiction eclipses the agency used to achieve the goal. The study is more important than the individuals involved because it is a part or symbol of a larger and more significant scheme.

Rhetorical Function

These depictions of the disease and the study, reducing the Tuskegee patients to scene and agency, are common to reports of non-therapeutic projects, for the essence of such endeavors is the observation of a disease to catalog its effects and COurse. Moreover, they reflect the constraints of the genre of scientific writing, which prizes detachment and objectivity in the assessment and reporting of results. From the Tuskegee studies, we can identify four features of scientific invesencourages the perception of distinctions and the investigation of their significance; (2) objectivity and detachment are desiderata; (3) science assumes knowledge as a primary value; and (4) the scientific approach is consistent across subject matter areas. In a culture which values the scientific method these elements are accepted almost without question. They become strategies enabling us to rise above our biases and predispositions when making observations.

However, while they may de-personalize our activities in many ways, these elements structure, constrain, and focus our perceptions. They can hamper our thinking if they distort our vision and obscure what should be salient features of reality. Within the reports of the Tuskegee project, these features of the scientific approach, acting as generic constraints, produce a malevolent, if unintended, distortion of reality. The generic constraints, working in concert with the perhaps unconscious racism of the experimenters, produce a powerful but unintentionally unethical rhetoric.

The realization of the generic features outlined above function to dehumanize the patients, to develop a powerful basis for communication within the medical community, and to play enthymematically on the reader's esteem for knowledge. In so doing, the rhetoric encourages myopia and insensitivity in both writers and readers in three broad ways.

First, the depictions deflect attention from the patients by casting them as scene and agency. The consequence is dehumanization and a process of division (as opposed to identification) between patients and the scientific community. A depiction focusing on the acts of the disease necessarily highlights the disease as a dynamic force, controlling and even crippling the "scene" it inhabits. While this view may be accurate, it associates a sense of inevitablity with the disease's progress which detracts from the patient's role and self-determination.

Also, stemming from an approach which prizes discriminatory powers and encourages categorization of phenomena on the basis of small distinctions, the reports highlight a relatively minor difference (skin color) between groups of subjects as it obscures their more numerous and significant resemblances. The scientific approach itself encourages investigators to assume the importance of the factor distinguishing one group of subjects from another and to rationalize the project on that basis. Not only are the subjects dehumanized by their status in the study, but also race (the primary factor distinguishing them from the subjects in Bruusgaard's earlier study and from most of the investigators) becomes a key variable in the Tuskegee project. Inherently, then, the study's avowed purpose of tracing the impact of syphilis on Blacks creates the basis for the dissociation between investigators and subjects. Instead of encouraging questions about the validity of racial stereotypes, the study implicitly justifies their significance. Science encourages the acquisition of knowledge to the point of becoming inadver-

Reporting the demographic background of the subjects further highlights the differences between them and the medical community. The use of "Male Negro" to designate the patients is significant. Without belaboring the racial elements in the study, one can still assume that this "Male Negro" title does little to establish common ground between the patients and the almost exclusively white readers of medical journals. Other terms used to refer to the victims are equally distancing. "Syphilitic;' for instance, reduces the person involved to a simple manifestation of disease, or a "host" like the white rats mentioned earlier. Far from being led to identify and thus empathize with the subjects, readers of the journal articles are implicitly encouraged to distinguish themselves from the men studied.

Moreover, the use of these "scientific" terms for men suffering from syphilis plays into the scientific assumption that detachment is methodologically appropriate regardless of subject matter. The genre, in other words, encourages investigators to select such terms for the men and endorses their usage as appropriate for scientific reporting. Inherent in the genre, then, is a sometimes misleading and potentially destructive convention.

The terms and depictions employed in reports of the Tuskegee study, by highlighting the principle of discontinuity, obscure the moral and ethical implications of the materials being present (Burke 50-51). Interestingly, the organization of the study itself, which involved frequent rotation of doctors and little sustained contact with the subjects, reinforced this rhetorical distancing from the participants themselves (Jones 187).

Second, in direct contrast to the distancing between "Male Negroes" and the readership of the medical journals, the project directors establish a powerful basis for identification between themselves and the medical community by emphasizing the purposes of their study. Although the doctors are withholding treatment which could alleviate the suffering of victims, they re-define their activities as the observing of the consequences of the disease "uninfluenced" by treatment. Like medical scientists in research centers, they are pushing back the frontiers of knowledge. Knowledge becomes an absolute value: to learn is important, perhaps of paramount importance. Gaining knowledge fulfils one's professional roles and responsibilities. Thus, a commitment to research and the search for knowledge, powerful sources of identification between the doctors in Tuskegee and the larger medical community, enables the reports to cement professional bonds throughout the medical community,"

Third, on a more general level the focus on the study's purpose has powerful rhetorical impact because it plays enthymematically on the reader's esteem for knowledge. If knowing is a positive value, then efforts to gain knowledge are desirable. The Tuskegee study, therefore, is clearly a reasonable and even admirable activity. Moreover, in Burkeian terms, the focus on knowledge as a purpose rather gain the knowledge or even the value of the knowledge itself are eclipsed. Scientific inquiry becomes an activity beyond and above social critique. The depiction of the study as a scientific quest for knowledge thus not only gives it a mystical justification but also elevates it above mundane considerations of costs and effects. What is learned is important, regardless of the economic or human costs."

Furthermore, by accentuating the distance between researchers and subjects while emphasizing lofty purposes, the study presents the medical community as an admirable elite. The process of disseminating information about the study through scientific medical journals enhances this image. Doctors talking to other doctors who share their attitudes and understand their professional commitments creates a closed communication network that reaffirms the bonds within the medical fraternity as it isolates the researchers from outside assessment. Society's respect for medical and scientific research further insulates the study. The process of communicating the results of the study, then, tends to obscure its ethical ramifications as it appeals subtly but forcefully to the shared values and self-image of the readers.

At the same time that the definition of and focus on the study's purpose helps create an almost mystical justification, its very longevity reinforces its value. Described in a 1953 report as "one of the longest continued medical surveys ever conducted;' the study gains validation through its continuity (Rivers et al. 391). The periodicity of the reports and the reiterated references to earlier articles confer the presumption of value on it. The Tuskegee study as a continuing investigation becomes almost sacrosanct.

Rhetorical Implications

As a case study of the generic constraints of scientific reporting, the Tuskegee project suggests several observations. First, it reveals clearly that features inherent in the genre helped reinforce and even rationalize the latent racial prejudice of the investigators (Jones 60). The conventions of detachment and scientific discrimination accentuated the polarization between subjects and investigators. Significantly, there is no evidence that the authors manipulated the genre for their own ends. Rather, in this case, the genre itself encouraged a continuation of societal myopia and insensitivity.

Second, the study suggests that the genre of scientific reporting which deals with human subjects may be particularly prone to such problems because its very nature encourages detachment and divorces us from appropriate as well as inappropriate human reactions. In this respect, the fact that scientific rhetoric makes no distinction between animate and inanimate objects, animals and human beings in content has severe limitations as a medium of communication. Clearly, a rhetor has some control over any genre, but generic conventions may be so powerful, pervasive, and esteemed by society that they severely restrict rhetorical choice. Rhetors inculcated with those generic conventions may become insensitive to alternatives and blind to the limitations and assumptions inherent in them.

Third: the study clearly indicates that the posture of much scientific reporting as objective and value-free is misleading. The scientific process itself structures and skews our perceptions. What emerges from our observations and appears in our reports is, at best, one *slice* of reality. If the perspective distorts our observations significantly, as it did in the Tuskegee project, the result is unethical, even if unintentionally so. Such reports are particularly malevolent because they wear the mask of objectivity and truth.

Finally, the broadest rhetorical ramification of the type of scientific reporting discussed here is the creation of a discontinuity between scientific inquiry and more concrete and specific human concerns. All the factors mentioned above contribute to the process: the creation of a discontinuity between subjects and observers, the identification of observers with a larger medical community, and the elevation of the quest for knowledge to an absolute value. In concert, these rhetorical strategies suggest and implicitly reinforce an "in-out" group attitude which isolates scientists from the larger community. Such reporting, by emphasizing the principle of discontinuity discussed by Burke, encourages readers to dissociate themselves from other human beings and to regard the subjects as "scenes" or "agencies" in their endeavors. The possible consequences of such depictions are vividly evident in the Tuskegee study.

The Tuskegee study reveals how rhetorical conventions can obscure the vision and perceptions of rhetors and their audiences. The features distinctive to scientific reporting, "objectivity" and "detachment;' can encourage our neglect of crucial human concerns. Rhetorical conventions can become not mere shapers of discourse, but perceptual blinders. Such conventions, when they facilitate stereotypical thinking and distorted vision, become dangerous intellectual straitjackets.

In essence, the Tuskegee study reveals the hollowness of claims that scientific language is always neutral, objective, and value-free. Detachment from the content being discussed can be valuable in helping us exercise our reason and monitor our judgments. But such detachment or objectivity assumes that reason must always dominate human activities. It urges the preeminent value of rationality in the conduct of our lives and in our research. While all of us appreciate the importance of reason in human affairs, we also recognize the value of human emotion in tempering our behavior. Insistence on objectivity and detachment is a great asset in the pursuit of knowledge but this stance reflects only one aspect of a broad spectrum of human concerns. These qualities embody one beneficial perspective, which conveys it can mislead even well-intentioned people. If allegiance to objectivity and detachment blinds us to other values, **it** produces neither humane behavior nor sound science.

NOTES

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8. "Inhuman Experiment" 16, "Official Inhumanity" II 6, "An Immoral Study" 2D, Jones 221.

9.Wander 226-35, Kelso 17-29, Simons 115-30, J. A. Campbell 375-90, and Mechling and Mechling 19-32.

3. For example, the diversity of authors involved abrogate questions of individual idiosyncracies in report writing. Second, the lack of reaction in the medical community indicates clearly the impact of the reports in obscuring ethical questions. Finally, the thirteen progress reports provide a complete and manageable corpus.

4. Carrie Foote quoted in Brown 12. Jones also reports that the men thought they were being "doctored" for a disease rather than merely observed to trace its course (5-6).

5. Brown estimates the number at 250 (13).

6.Seabrook lA, "The Forty Year Death Watch" 16. Cf. Capron 692-94 for a discussion of "beneficial" versus "non-beneficial" research.

7. Jones 257-58, estimate ofDr. Donald Printz quoted in Seabrook lA.

8.One may speculate that public health officers assigned to rural Alabama did not enjoy the most prestigious of assignments. Participation in a large-scale study which was reported periodically in national medical journals undoubtedly made the assignment more attractive. As Jones notes, the study provided not only a relief from the tedium of clinic treatments, but also "the intellectual excitement of becoming researchers on a scientific experiment, one that their superiors regarded as very important:' Moreover, for physicians with scientific ambitions, the Tuskegee study afforded opportunities "to publish and advance their careers" (Jones 186).

9. Significantly, the discovery of penicillin's great efficacy in treating syphilis encouraged continuation of the study, although the information the study yielded had little practical value. That penicillin could obliterate the ravages of syphilis made learning about its consequences more urgent, for they would soon become part of medical history. Reports after penicillin's discovery argued that it "can never be duplicated since penicillin and other antibiotics are being so widely used in the treatment of other diseases thereby affording a definite treatment for syphilis" (Jones 179). The focus on the study's purpose thus provided a justification for its continuation regardless of its practical value.

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