

Episode 58 – Alankaar Sharma: Tuskegee and the Negro Project: The Intersections of Race, Gender, and Public Health (part 1 of 2)

[00:00:08] Welcome to LIVING PROOF. A podcast series of the University at Buffalo School of Social Work at WWW.socialwork.buffalo.edu. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. The University at Buffalo School of Social Work is making a difference every day through the generation and transmission of knowledge promotion of social justice and service to humanity. We offer MSW and Ph.D. programs continuing education programs and credits online courses licensure exam preparation professional seminars and certificates and much much more. To learn more about the UB school of social work please visit www.socialwork.buffalo.edu. Hi from Buffalo. Where a rush hour traffic jam means that you have to tap your brakes occasionally. I'm Peter Sobota in early October of this year the U.S. formally apologized for the government of Guatemala after it was discovered that from 1946 through 48 U.S. physicians conducted experiments in which Guatemalan prisoners patients in a psychiatric hospital and soldiers were deliberately injected with venereal diseases without their informed consent. Almost 700 persons were exposed to infection and antibiotic treatment without their consent. Ethical researchers and many people cringed as bad memories resurfaced related to the infamous Tuskegee syphilis experiments, especially after it was worrying that U.S. government research physician John Cutler was involved in both studies in the first episode of a two-part series. Our guest Alankaar Sharma discusses his research and interest in the intersection of race gender and public health research and policy in the United States.

[00:02:06] Casting a critical eye on the scholarly attention given this intersection Mr. Sharma reviews a story of the American Social Hygiene Association's Negro Project of the early 1940s aimed at preventing and reducing the extent of venereal disease among the African-American population. It lasted only a few years before fading away using the gender and race framework. Mr. Sharma contrasts his study with the well documented Tuskegee experiment which ran with government support for 40 years before a whistleblower prompted its conclusion. In this first installment Mr. Sharma provides a historical perspective and compares the two studies highlighting how stereotypical and dominant perceptions of black men played a role in the history of U.S. public health research. Alankaar Sharma is a Ph.D. candidate at the University of Minnesota School of Social Work and visiting instructor at the University of Iowa School of Social Work. His academic interests include gender based violence child sexual abuse sexuality rights social justice and diversity and international social work. He maintains a key interest in understanding masculinities from a feminist and social justice perspective. Mr. Sharma was interviewed by Dr. Oduor Robinson assistant professor here at the School of Social Work and also the cohost of our podcast series Dr. Robinson interviewed Mr. Sharma by telephone. We'd like to mention that this episode contains some background distortion that is due to technical problems we experienced while recording thanks and we hope you like the podcast. This is Oduor Robinson host of The Living Proof podcast series the University at Buffalo School of Social Work and my guest today is Alankaar Sharma. Thank you for joining us today. Mr. SHARMA Thank you. It's a pleasure to be here.

[00:03:57] Now your interest is in the intersectionality of race gender and public health and in a recent article you discuss two different government programs one the American Social Hygiene Association's Negro Project and the Tuskegee study. Both of those were initiated in the 1940s and regarding the spread of venereal of disease among African-Americans. So, my first question is why that topic. Why now. Aren't those just two historical artifacts. What do they have to do with us today. That's a great question, I'll answer in two parts firstly why that project. Then why is it relevant in that context in terms of why I did that. To be honest when I was working on this project I was going through the archives the social work archives of that was going through the archives

with a different agenda in mind. I had a different project in mind was the history of the tribal delegation in the United States and as I was going through the archives I came across this project which really piqued my interest in the subject and I tried to go back to the differential. And I asked our archivists about if anybody had done research about this project or had written about this project because it was as I looked at it. The information I got from the archivists and differential was that no one has really looked at this. And that to me was interesting because I strongly felt that there was an important story in this project that needed to be told but it wasn't a random interest. I have been interested in the field of mastering these especially in gender overall and masculinities specifically for a while now with regard to my different academic works. So I've been doing research on how adult men make meaning of their childhood sexual abuse of experiences.

[00:05:52] And that's just one example of my interest in masculinity. and I was interested in the intersection between gender and race and therefore that's why this project when I came across it in the archives, That's why it grabbed my attention and pulled me towards it. Now I think you asked a really important question of why is it important in why can't we treat it as a historical artifact as a dinosaur and then not revisit it. I think it's really important that we revisit history because coming from a critical race theory perspective it's important to challenge historicism which means that history has a profound impact on how we live our lives today and it's almost impossible to make positive structural and sustainable challenges today especially in social work where we are working to limit challenges that have a structural major that impact people's quality of lives negatively. It's very possible to do that without paying attention to how this free has constructed social identities. How people have made meaning of history in their life for example. There is contemporary research that suggests that many people within the African-American communities have a mistrust of health services today even in today's society and it enters into research that suggests that so we have to ask where does this mistrust come from. Why is it that some communities have better access to public health systems than others and in order to answer those questions I think it's really really important to visit and keep on revisiting history and trying to understand how our lives today are so deeply interconnected with the lives of people in this country in this society. before we go much further just for the sake of our listeners.

[00:07:53] If you could define masculinities and critical race theory just so we're all on the same page. I think it's really important to visit some of those concepts. And of course I want to preface it by saying that there is no one definition of masculinities or critical race theory, it's a contested subject that's also a subject that many authors many scholars from many disciplines talk about so I can't really relate to one definition but how I approach it in my work. And that's why I say masculinities not masculinity in the sense I talk about it as a plural instead of a singular because I come from the perspective of masculinity which was introduced by Kunle and then develop different scholars. But that concept essentially means that masculinity is it's a socially constructed concept of how men are expected to perform in cave to act in society. And I think it's socially constructed because it's not in my belief it's not something that's anatomical. It's not something that's inherent in people it's something that they pick up from their social environments ideas about how they can be ideal men and how they are supposed to act like men in society. And often those ideas they come from a system of patriarchy which to define Patriarchy is a system of gender relations essentially where men are suppose to be expected to be the most powerful gender in society. Now I see masculinities in plural instead of masculinity singular because there is no one masculinity that other systems of privilege and oppression and social identities that intersect this concept. For example there is gay masculine or there is transgender masculinity or there is black masculinity or that is immigrant masculinity.

[00:09:52] And again within them there is no one masculinity, there is no one black masculinity. different black men may do masculinity different ways and therefore and that brings me to the idea of that as people. It's not just the idea that people who see from a society of how they should behave

as men. They also have a role to play in deciding how they want to behave as men, so they get this information from society. But they have power to resist it or to accept it, or to challenge it. So that's what I mean by masculinity and coming to critical race theory. That is that is that is a conceptual framework of the ideological framework that believes in the centrality of race in most people's lives but in social systems as well. In other words we cannot look at issues, social issues without paying attention to the element of race. For example we cannot understand poverty without paying attention to race. We cannot understand violence without paying attention to race we cannot understand the social welfare system without paying attention to race so it believes in the centrality of race in different fields. Also it is interdisciplinary nature that is not confined to any one scholarly academic discipline. It has relevance to every discipline that there is in today's society. And finally as I have mentioned earlier it challenges a historicism that is that it's it believes in the power of history that influences our lives today and one would think that I won't mention but that is the critical piece in critical race theory, which believes that race relations in today's society are unequal and unjust and therefore it has social justice mandate. That is we need to approach issues when we approach issues from a critical race theory perspective.

[00:12:15] We believe in making systems more equitable and acknowledge that they currently are not. Wow that's great. Thanks for those definitions. I think that gives us a good context to which to frame the rest of our conversation. And I want to pick back up on something you said earlier related to African-Americans being reticent about being involved with certain health systems. I think most people are familiar with the story about the Tuskegee Syphilis Study. But I know before I read your information that I had not heard about the Negro Project by the American Social Hygiene Association perhaps you could tell us a little bit about that and some of the comparisons you made. That's part of the reason why I did this project because when I came across this project in the archives, I was pulled towards it because I had a feeling that there was a story here and that's why I'm went back to literature and I was disappointed to find it had not been talked about in the literature, in the major scholarly works at least. I believe as I read more of archival documents and as I try to make meaning of those documents, it became more and more clear to me that there was a story that needed to be told and a story that had not told thus far. It is important to discuss stories of oppression. Also, important to talk about wounds that resist oppression. And in my opinion the Negro Project of the American Social Hygiene Association was a step in that direction of resisting racial divide and inequality in American society and the way I could tell that story was through Compare and contrasted that with the Tuskegee study which is a very well-known story today as you mentioned.

[00:14:06] So let me begin with the brief overview of American Central Hygiene Association. It's an organization that I believe it's currently all American Social Health Association. When it began it was all American Social Hygiene Association. It started as a result of the progressive health politics in the year 1914 and it focused on what they refer to as us vise diseases. In other words venereal diseases are sexually transmitted diseases. And as the term vise diseases its self-reflects the approached public health from a moralistic finger. And initially the part about vise diseases as problem with the vectors of disease were sex workers and men were essentially the victims of disease. And therefore, it had moralistic leaning as they started working in the this field. About the needle project of the American Social Hygiene Association who did not move very much about the world of association of The African-American communities in the United States well known from what we know we know that the association in its beginning years showed a general disinterest in what was community which can be construed as a racist practice in and of itself because the neglect of working with African-Americans but some scholars have also discussed that they were neglectful because black Americans were constructed as hyper sexual and people who lives where disease was prevalent element in their lives. And therefore was so prevalent. What was the point of working with this community and that is the attitude that some scholars argue the association held in it's beginning years. In the early nineteen 20's

[00:15:51] 30s we begin to see a gradual departure from the previous racial attitude of this association and one or two scholars have talked about it but have not talked about the Negro Project and one scholar who's talked about it has talked about the work association with African-American communities until the 1940s and because the project begins at the 1940s there is no mention of this project in her work either. But from her work we find out that they had hired some immigrant and African-American social worker to work with the African-American communities and sexually transmitted disease issues and the way they had tried to approach this work was to hire him to start sex education programs in African-American educational institutions. Well we do not know very much about that work. We also know that at that time the institutions work wasn't integrated or egalitarian by any means. It was segregated in the sense that they didn't have the same programs for all people they had different people working for the Americans and then different people working with African-Americans. So it was segregated it wasn't integrated or egalitarian by any means. Nonetheless it does suggest a departure from the previous attitude of the association where they did not want to attend to work with African-American communities at all. At this time, I also want to talk about how the association was trying to from what they consider overtly racist views. They were talking about that people regardless of their race need to have a good access to health systems. That brings me to the legal project which is a project that started in late 1930s early 1940s and in the late 1930s They started thinking off this idea that they needed to work with the focus on African-American community because they argued that it was a high rate of prevalence of sexually transmitted diseases such as syphilis in the African-American community at that time. Some scholars later said that was inflated statistics. But at that time those were the statistics that we had access to and those were the statistics that we believed.

[00:18:11] And therefore, for them that high level of ignorance was alarming and therefore they wanted to work in a concerted way. The African-American communities started brainstorming ideas as to how best to address this issue in the African-American community. Accenture saying that they felt that they rate was high and yet no work was being done in Africa-American Communities. So how would they know that it was high. Interesting. But what I remember now. They were going to medical data and statistics and looking at. But then the other part about how perhaps to answer that question why there were not working is because of this belief attitude that African people were hypersexual, and that disease was an integral part of the community's survival in terms of the benefit of working with people who were not going to benefit in them. Basically a lost cause which is very unfortunate but maybe that was one can speculate that the reasons why we did not initially but as we see towards the 1930s they started moving away from that belief system and started talking about it. People began the race had to have good access to healthcare assistance and they started looking at the African-American populations and started acknowledging this high rate of prevalence as alarming. So that's what brings us to the Negro Project this is after the time of the Second World War.

[00:19:37] So it can also be speculated that the need for troops in terms of recoupment and retention for a second world war also played a role in this renewed interest in syphilis and elastically facilely diseases and its prevention and cure in the African-American community because troops were required to fight the war and syphilis and other sexually transmitted diseases were seen as a major factor that would cause loss in productivity. And so that's how those two were linked to this topic. But this idea developed a proposal a funding proposal and started floating around in the early 1940s in two different funding organizations to seek money to start this project. They did not receive favorable response from several funding agencies because they said that they had already gave the funds elsewhere or they had lack of funds. But finally this project did receive funding from the Federal Security Agency or rather the sexual protection division of the federal security agents in the early 1940s not only in terms of money but also in terms of human resources to officials of the social protection division of the federal agency namely Raymond Clapp and John Ragland And

John Ragland was a black man himself. They were working with the social projection division. And then they got involved this project Clapp he steered the project in the Social Hygiene Association. And John Ragland assisted him The proposal, It began with a quote from the Surgeon General Thomas Curran and I want to read that quote because I think it's important to understand the nature of this project and working with trying to achieve this project. So the proposal began this quote and I quote The Negro is not to blame because the syphilis rate is six times that of the white he was three when ancestors brought from Africa. It is through no fault of ours. That the colored woman remains infectious. Two and a half times as long as the white woman unquote.

[00:21:43] And this quote itself reflects some of the of course much of the language is problematic and some of the ideas are problematic too but it also reflects this idea that they wanted to work with the African-American community without assigning blame to that community for the highly prevalence of diseases. So the core competence Negro Project and I won't go into specific examples but I will talk about them broadly as ideas with the core competence of this project. The core competence was that the higher prevalence rate of venereal of diseases among African-Americans population was alarming was that was a concern for everyone that the high prevalence of the venereal diseases in this community was not the fault of African-American communities. These two ideas formed the foundation of the nature of this project and the intention behind this project for American Social Hygiene Association which is really important because in that social political climate this was a departure from the norm. Do not assign blame to black people for a disease that people facing. And to knowledge that they are not to Before that decided prevalence in that community. we find that they had started doing this work at the national level. They wanted to do a funnel down kind of work and they want to start at the national level nationally then at the regional level then with state level than at the local level that was the idea. So they started having national conferences such as they held the national conference and what kind of problems in venereal diseases control in New York City in 1943 and they had several conflicts. But at the national level the healthy representation from the black men they also had to be invited and collaborated with African-American leaders such as leaders from churches and leaders from insurance corporations and then they started having regional meetings especially in the south because the population of African-Americans didn't set in the south of the north.

[00:23:45] So we find them having conversations about this issue of community representatives and an African-American community leaders in states such as Texas Missouri Louisiana. There was a marked departure from the Tuskegee study which was all researcher initiated run. And without any input from the community. Absolutely and that's a great point and that's great contrast to point out they did not invite participation from our leadership from the African American community the Tuskegee study officials. And but here be actively sought participation from African-American community and not just participation but they sought ideas they said. But here is what we want to do. We want to seek your guess and opinions in terms of how should we approach this problem in this community. So I think you make a great point. It was a big contrast to projects both of which are funded by the federal government of the United States. I guess one of the things I wonder about is what accounts for that more enlightened view in your paper. You mention some quotes for example quote We all need the help of the organized groups among the Negroes. End quote. And here's another quote Negro leadership is of the greatest importance and any attack at venereal disease. You know where did they get those insights. Frankly, I don't know because there is not a whole lot that's available about this project. And I'll come to that in a minute maybe it was because then revisiting the into 1920s and 1930's thinking that divisive approach towards public health was not advisable and was not going work. So I really do not know where they were getting these insights from.

[00:25:42] I do know that some of work I would consider, but yes this just occurred to me as you were talking about that and it seems to have disappeared for a while only to reemerge in I don't

know, late 80s 90s with a new effort to get health information out there in a manner that folks from different cultures could understand. I'm thinking specifically of the Reach program. I'm not sure if you've heard of it but it's racial and ethnic approaches to community health and the whole premise behind that was that traditional messages about health were not getting through. So let's go to the communities and work with them to come up with their own solutions to what they identify as a critical health disparities in their area. That's a great point. Makes me think about the combination of the certain combination of this project that has disappeared for a while. I think it's all of the message that I received when I contrasted these two stories the Negro project and the Tuskegee study. But before I talk about that the Negro Project the records became white all of a sudden in mid forties. So the archives that are available are available only from 1939 or 1940s to about mid forties, 1944 or so. And then suddenly disappear. And while it cannot be said to any certainty you have gone over the records of the association even beyond that time the late 1940s 50s 60s I looked at the annual reports and there is very little mention of this anywhere else. so it can be speculated that the end of the war the way the beginning the war had something to do with a renewed interest in prevention of disease in African-American community.

[00:27:31] The end of the war also had to do with this disappearing interest in working with African-American communities with prevention of disease because as I said, importance of this project and the funding that came with it probably was heavily influenced by the need for the recruitment and retention of troops for the war. And that's when the war ended. The interest has also withered away. Unfortunately in working population and on disease prevention and cure and therefore one might stipulate that the funding write-up and because of the financial punch that followed the war and earlier the social protection division. which did provide funding and human resources support for this project be ceased to exist. And then later on Federal Security Agency itself ceased to exist within a few years. So given those factors one might speculate that led to a sad end to this project because there was no more financial avenues of support that was offered advance for this project anymore. Because the war had ended. And that in itself to me is a telling piece about race and gender in public health from a historical perspective. I want to summarize quickly so the major themes of the Negro project. I think are important in order to compare and contrast it to the Tuskegee study. To see what lessons and be draw from it. One thing the Negro Project very actively acknowledged was that race wasn't active ageing in the context. that they were not oblivious to the dynamics that emerged from race relations in United States that they were not colorblind in their approach. For example the leaders of the Negro project they said they said that they had to lose two common approaches to address this issue in African-American communities. the message black communities will be that the rate of the venereal disease is high and that is alarming and that they want to do without blame and they wanted to invite community leadership to address the problem.

[00:29:40] Active participation in the community to address issues within the community. On the other hand is the message to the white people would be that it cannot be a low rate of prevalence of venereal diseases among white communities as long as there was a high prevalence rate among black communities and therefore if they wanted to see the rate drop within their community. They had to commit themselves to its prevention in the black community as well. Now one might find that approach as racial that they had these two messages. And there will be some merit to that argument. However another way of understanding and reading it is that they were actively wrestling with the hierarchy of race relations in society. They were trying to come up with ways in which they can address this problem and invite everybody's participation in that of European Americans in addressing this issue. So they were oblivious to it. On the other hand they look at the Tuskegee study as you yourself mentioned a little while ago they did not invite they did not even see the community that they were working with. There were many blaming and exploiting. Because that's what was going on in the study. They did not pay attention to community leadership at all. There were no black people who were involved from the community that they were in they were serving so they were not working with the community. They had their own agenda that they can see from

the community and then they use these people for experiments that were unethical, and they did not consult the community in any which way. In designing or implementing the project. there's also evidence that there were some black people there was an African American nurse involved in the Tuskegee study.

[00:31:32] There were other African-American people involved in this study but we have very unclear information on what was their role in the study scholars believe that many of them were ignorant of the nature of the study the true nature of the study and they were not made a priority to the decision making process either which is understandable that that would not be participating. That's one major theme within the Negro Project. They are obviously so are the concerns that Americans Social Hygiene Association. Needless to say the African-American community obviously had concerns because they were living racial inequality every day in their lives so they obviously had concerns about project and which the voice in their meetings with American Social Hygiene Association. So for example a bishop from the fraternal Council of Negro churches in their meeting with the association in 1954 said that they were that they were concerned that the federal government was spending a lot of money on venereal disease control. They had misgivings about how much of this money is being spent on African American Communities. Similar concerns about how to communicate the nature of this project and the problems of this project was voiced by the National Negro insurance corporation association and they have said that in their own words they have said that African-American people were concerned insensitive about how they were being watched around this issue and therefore they wanted to be very clear that the American Social Hygiene Association asked what their role would be in supporting this project. They said they would support this project but they wanted to have a discussion because the boys had been son that African-American communities they were.

[00:33:19] There was a lot sensitivity in the community about how they were being portrayed so they obviously because they were living these unequal circumstances every day in their lives. Obviously they were not oblivious to race and they were not colorblind. The themes that you mention had the African-American community been invited in the Tuskegee study. There would have been no Tuskegee study because there would be absolutely opposition to it. So even if folks who were from I believe it was Macon County Alabama even if the local folks weren't aware of the advances in the treatment of venereal disease someone would have gotten wind of it and said no. And that is a fact. It's now well known that they were told that were being treated for that blood. that this was for their own benefit and several of benefits such as Fumero benefits were promised to that but not to either. So a lot of false hopes well given the community and that might be said. Had there been any participation there wouldn't have been a Tuskegee study. Let me tell you a story for example about that acknowledgement in the Negro project of race in an active element. There was a meeting between African-American community leaders and the American Social Hygiene Association. And they watched educational film movie about venereal disease prevention and that has been going on. The patients were all white and the leaders from African-American Communities said well that's not going to work. They said we aren't even sure this movie because they need to see a way of connecting with the documentary

[00:34:55] If they don't find themselves presented in the documentary then it's going to limit how much they can receive out of it and then somebody discussed the idea and then agreed that that idea that there should be a documentary that mixed race commentary. So both doctors and as well as patients and nurses they who would be black and white. That idea if you see the big support that immediately that idea they decided that was not going to work because neither community was going to be very approving of and said well we have a documentary with just a black cast because there will be strong opposition from the White community and from the back community for a mixed documentary which in itself tells the story of how much they were acknowledging race as an active issue. And yes they were not oblivious. They did not have a blind spot are struggling with

wrestling on how to approach this issue without being colorblind. But they also acknowledge that there was a racial dimension to syphilis. It wasn't just a disease that impacted everyone equally that there was racial damage in syphilis and meets that further. They said that syphilis was not a disease of the race. They said that the micro-organism that causes the disease and I quote does not know the color of a person's skin unquote. So they did not in any way try to assign and blame them in the community for the disease and they did not. They did not see that was a disease that caused the higher rate of African higher rate of prevalence of disease in African-American communities. It did not find it to be the bodies of African that this disease that they were more prone to getting this disease.. They in fact blamed on the limitations of economic social medical and the educational opportunities.

[00:36:46] That said that African-American community African-American people had far less access to health systems since they were working in in in far more unhygienic conditions that they had a greater vulnerability towards it because of their sense of economic status. And so there is acknowledgement of structural factors. Absolutely. They acknowledged it wasn't the bodies that were causing this high rate of prevalence of higher rate of prevalence in the white communities. It was their living conditions. it was there social conditions. It was their lack of access or poor access to healthcare that was so you're right that there was an acknowledgment of the structure of social systems that played in health care in African-American communities. To me as I was doing this project the big question to me was so why then does it the Tuskegee study and the Tuskegee study, You know it just sort of briefly summarize it it was a that they had 600 subjects in the study and 399 out of the 600 identified syphilis patients and it ran from the 1932-1972 and in 1972 it came to an un planned end and it wasn't a planned end because somebody was a whistleblower. And then a journalist wrote the story in the media and that we had a public outcry which led the end of the study. So had that not happened. Who knows how long that might have continued. It was funded by the United States Public Health Services was a public health program. In that program the subject even though it was an experimental study truly what was going on was they were lying to people that they were being treated for syphilis.

[00:38:27] Even though they were not being treated for syphilis any point in time there was not even an intention to treat these patients for syphilis. There's only two in their own words and I called it of them but this experiment was about a sense studying this disease in the natural environment the natural embodiment of the subject of African men. So they were studying it. They were not preventing or curing. And they were trying to see how it impacted black men. And I've said they were lied to and cheated but also tortured very excruciating painful experiments were conducted on them and they were tortured. And today as we know it was a very embarrassing and shameful example of how this should not be done. you've been listening to Alankaar Sharma discuss the intersections of race gender and public health and living proof. Be sure to tune in for the second episode in this two part series. Hi I'm Nancy Smith Professor and Dean at the University at Buffalo School of Social Work. Thanks for listening to our podcast. For more information about who we are our history our programs and what you do we invite you to visit our Web site at www.socialwork.buffalo.edu. At UB, We are living proof that social work makes a difference in people's lives.