Human Experimentation at Willowbrook

"UNDER NO CIRCUMSTANCES IS A DOCTOR PERMITTED TO DO ANYTHING WHICH COULD WEAKEN THE PHYSICAL, OR MENTAL RESISTANCE OF A HUMAN BEING EXCEPT FROM STRICTLY THERAPEUTIC OR PROPHYLACTIC INDICATIONS IMPOSED IN THE INTEREST OF THE PATIENT." (9)
World Medical Association Draft Code of Ethics on Human Experimentation.

During the last fifteen years, Dr. Saul Krugman, chairman of pediatrics at the New York University Medical Center, has infected several hundred children at the Willowbrook State School for the Mentally Retarded with hepatitis. He has done so in order to obtain further knowledge of this disease. For his work, Dr. Krugman has been praised in many leading medical journals and has received several major awards. However, controversy has arisen about the nature of these studies, and after looking into this, those of us in the Mt. Sinai chapter of the Medical Committee for Human Rights feel that the conduct of these studies represents a serious violation of medical ethics. We feel that these experiments should be halted immediately, and that the researchers involved in them should be censured.

WHAT ARE THE EXPERIMENTS?

Hepatitis is an inflammatory disease classically divided into two categories: serum and infectious. The former is characterized by a long incubation period with insidious onset, moderate infectivity by the non-parenteral route, presence of Australia antigen (Hepatitis Associated Antigen, HAA) in the serum in many cases, and moderately characteristic liver chemistry profile. The latter is characterized by short incubation, acute onset with mild to severe gastrointestinal symptoms, absence of HAA, high infectivity and a characteristic liver profile. Both diseases can be mild or severe, though death is <u>rare</u> in childhood cases of IH.

The longterm prognosis is much more problematic and much research remains to be done in this area. In particular, the association of IH and expecially HAA-positive hepatitis with chronic active hepatitis and cirrhosis is unclear though highly suggestive. The reasons that HAA is present in the serum of many patients with diseases unrelated to hepatitis are unknown.

Dr. Krugman's research is conducted on a 16 bed research unit with many of its own facilities for patient care. Over the years, hundreds of children ages 3 years and older, have been infected with processed feces and serum. In some cases, gamma globulin was given, in some it was not. This was determined by the purpose of the experiment, not therapeutic considerations.

Both infectious and serum hepatitis were transmitted to patients. It is unclear what became of these patients after they left the research unit, or if long term follow-up studies have been done.

During the course of these experiments Krugman has documented that serum hepatitis can be transmitted by non-parenteral routes; that gamma globulin significantly attenuates the disease, that HAA is found only in

cases of SH; that relative immunity is specific for both types of virus; that heat inactivated SH serum is antigenic but not infective while heat inactivated IH serum is neither; and that specific gamma globulin prevents SH.

Except for the experiments with the heat inactivated "vaccine", data on the other points had been accumulated by groups using epidemiologic and experimental techniques since the 1940's.

WHAT ARE THE JUSTIFICATIONS?

Dr. Krugman's primary defense of his work is that all children at Willowbrook get hepatitis due to the endemic nature of the disease at the institution. He claims therefore that he is causing no harm and even doing some good by giving the disease under controlled conditions. He not only learns about hepatitis, but claims that he also provides immunity - in the form of protection from re-infection by the same specific disease entity.

In his first paper in 1957, Krugman (1) describes the prevalence of hepatitis at Willowbrook before he began his experiments. Hepatitis with jaundice was rare before 1953 (the institution also was much smaller); in 1955 the incidence was 2 to 2½% new cases per year. This early work involved feeding concentrated virus to 32 newly admitted children, the dose carefully titrated to produce jaundice in more than 90%. The only justification for this experiment offered in the paper is that: "The mildness of hepatitis at Willowbrook, especially in children, and <u>its prevalence seemed to justify attempts to induce the disease artificially in small groups of isolated patients</u>." (Our emphasis added.)

Krugman's next paper (2) a year later presents a broader justification for infecting children with the disease: "Since the annual attack rates of jaundice were high - for example, 20 to 25 per 1000 - and since in all probability cases without hepatitis were occurring with an annual frequency equal to overt forms, it was apparent that most of the patients at Willowbrook were naturally exposed to hepatitis virus."

Thus it is clear that although hepatitis was endemic at Willowbrook and although all patients were at risk, the actual yearly attack rate of jaundice was only 2 - 2½%. By Dr. Krugman's estimate, the rate of subclinical (or non-jaundiced) hepatitis was about the same, giving a total incidence of about 5% a year.

His 1958 paper states that all patients were <u>exposed</u>; however, by 1959 (3) his justification reads: "It was inevitable that most of the newly admitted susceptible mentally retarded children would acquire infection..." Currently it is stated that all patients become infected with hepatitis within six months of admission - however, it is never clarified whether this refers to serum or infectious hepatitis. Despite this lack of clarity about the true incidence of <u>serum</u> hepatitis, Krugman's recent work has involved specific infection of children with this virus (5,6,7,8).

One point that must be emphasized here is that regardless of the true incidence of hepatitis and other infectious diseases at Willowbrook, adequate

public health measures would drastically reduce such diseases. Willowbrook is chronically understaffed, and does not meet either state or federal regulations in this regard. More than a thousand workers have been laid off, with only 300 rehired, far too few to return even to the old low levels. Improved staffing and sanitary conditions, as well as standard isolation techniques would help prevent the spread of serum hepatitis, as well as shigellosis and death by aspiration (currently estimated at approximately 3 per month). Indeed, Krugman guarantees that for the course of his experiments, his subjects will be isolated from the endemic diseases at Willowbrook. Also, hepatitis is not endemic at private institutions , nor at the Gouverneur annex of Willowbrook. Hepatitis need not be, and should not be "inevitable."

A second justification Krugman uses is that there is no danger in giving children hepatitis:

> "It is well recognized that infectious hepatitis is a much milder disease in children. Hepatitis was especially mild at Willowbrook." (2)

> "...observations on more than 50 patients who acquired artificially induced hepatitis at Willowbrook revealed that the average experimental disease observed was even milder than the observed natural infections." (3)

However, as opposed to the good chance of having an anicteric (without jaundice) case of natural hepatitis, Krugman's subjects were exposed to doses of virus carefully titrated to produce jaundice in more than 90% of cases. (1,2)

It is also now common medical knowledge that Australian antigen (AA) positive (or serum) hepatitis may be associated with chronic active hepatitis, cirrhosis, and persistent hepatitis (10,11,12). In an unguarded moment, Krugman himself states:

> "The mortality rate in the US from AA-associated hepatitis is of the order of less than 1%....The odds are that if chronic liver disease does occur, it will be associated with virus or AA positive infections." (9)

When pressed, Krugman only says his patients are safer receiving hepatitis from him because "the illness will not be complicated by diseases such as shigellosis," (9) also endemic at Willowbrook. However, he does not permanently isolate his subjects. Indeed, it is a disgraceful argument that only admission to a research project involving dangerous disease can protect patients from more complicated disease in an institution dedicated to chronic care. This argument is in the context that such disease could be eradicated for the patient population in the same way that it is eradicated for Krugman's subject population.

The third major defense of his work that Krugman makes is that informed (and non-coercive) parental consent was obtained. Although his first paper does not even mention consent (1), descriptions of elaborate mechanisms

later appear (4). In an interview in 1967, Dr. Joan Giles, who obtains consent from most of the parents, said she tells tham that the jaundice is well controlled with gamma globulin and no cases have ever caused permanent damage (13). The fact is that all experiments have involved infecting about half of the subjects as controls with virus without protection (such as gamma globulin). Dr. Giles never refers in a published work to whether parents are informed that many subjects stand a 90% chance of clinical infection without protection, whereas probably only 50% - and perhaps much fewer - of general patients will have clinical hepatitis. She is also not clear about explaining the serious long-term dangers of serum hepatitis to the parents.

These explanations of "informed consent" do not involve other serious problems. The children at Willowbrook are on the whole of two types - those whose parents cannot afford the better staffed private institutions, and those too disabled to be admitted to such institutions. Thus they comprise the children of the parents most desperate to receive public care. The waiting list for Willowbrook is about 1½ years. Indeed, in 1964, the school was closed to new admissions because of overcrowding, but a letter was sent out to parents offering immediate openings - in the hepatitis program (13).

The experimenters also inform the parents of the endemic diseases at Willowbrook against which the children are protected; they next tell the parents that the children will be given adequate health protection and surveillance during the experiments. We feel that the above circumstances are coercive and make "informed consent" impossible.

The point Krugman raises again and again is that his experiments will benefit the patients at Willowbrook by giving them future immunity and protecting them from other diseases. As Lancet points out: "It is not inconceivable that prior sensitization of the children may make them more susceptible to serious hepatitis rather than protected." (17)

We feel that patients actually do not benefit because they have the disease, are subject to any long-term sequellae, and are later exposed to all the other endemic diseases at Willowbrook. They are only protected during the acute course of their hepatitis.

But not only are children deliberately given hepatitis, many are denied known preventive measures. Earlier works (14) by other workers have shown that gamma globulin attenuates infectious hepatitis, and that specific hepatitis B immune serum globulin prevents serum hepatitis (8). As it has also been demonstrated (5) that serum as well as infectious hepatitis is contagious by the fecal-oral route, conditions at the institution are primarily responsible for the prevalence of the disease, and it could be avoided by instituting sanitary measures at Willowbrook. However, in all his writings on hepatitis, Krugman never once alludes to any need or attempt to alter the epidemiological factors he described in such detail.

A further argument raises to justify this work is the future social and medical value that may be derived from it. Indeed, much medical knowledge

has been obtained by Krugman about the epidemiology and prevention of hepatitis; yet this is the most insidious argument of all. It says that the doctor has the right to manipulate or harm his patients for the future benefit of others. No one has such a right. This is the argument of social utility used by the Nazis to justify their concentration camp experiments.

HAS KRUGMAN'S WORK BEEN ACCEPTED BY THE MEDICAL COMMUNITY?

Although Krugman's papers have been published in many prestigious medical journals, and he has received much recognition (including an Award for Distinguished Service for 1971 by Modern Medicine), many prominent professionals have already fought his experiments.

In a 1971 letter to Lancet (15), Dr. Stephen Goldby asks:

"Is it right to perform an experiment on a normal or mentally retarded child when no benefit can result to that individual? I think the answer is no, and that the question of parental consent is irrelevant... I would class his work as experiments conducted solely for the acquisition of knowledge." The Lancet editors responded:

"The journal's eagerness to discuss all the events in the elucidation of the spread of hepatitis left it exposed to these criticism, which we accept."

In 1966, Dr. Henry K. Beecher, Professor at Harvard, published an article (16) listing 22 examples of unethical human experimentation, including Krugman's work at Willowbrook. These examples were selected out of a group of fifty by the then-editor of the New England Journal of Medicine, Dr. Joseph Garland, and "documented to his satisfaction." (16)

Many other physicians have raised their voices against these and other human experiments, but Dr. Krugman often notes that his studies are approved by the Armed Forces Epidemiological Board and the NYU Executive Faculty. It is of interest that he is Deputy Director of the Commission on Viral Infections of the Armed Forces Epidemiological Board (which also coincidentally provides his grant), and that he is a member of NYU's Executive Faculty as Chairman of Pediatrics.

WHY RAISE THE ISSUE AGAIN?

Although we believe it is important that the medical community should censure Krugman for his experiments, this is not our sole purpose in raising this issue. We recognize, for instance, that Krugman is only one of many doctors giving diseases to patients in order to gain medical knowledge - Dr. Beecher alone collected 186 examples of such experiments (16). What is more important, we believe, is to recognize that these experiments have their roots in widely accepted professional values - that it is paramount to pursue abstract medical knowledge, even at the expense of particular patients, and that the knowledge may be applied or withheld at will. This focus on the disease, not on the patient, results in a medical training that glorifies the researcher and the research-oriented practitioner. It leads city hospitals to base their recruiting on the wide exposure and interesting cases available for training purposes. And it leads professionals

who work at city and state institutions to confine their interest to their area of professional expertise, rather than dealing with the broader social context of their patients' lives and health. Can a medical professional stand by for poor conditions, budget cut after budget cut, layoffs, and racial discrimination and still say that he or she is serving the patient? We think not.

The glorification of these experiments incorporates the idea that the professional cannot and need not do anything about conditions such as those at Willowbrook which foster misery and disease. Instead of being an ally of patients and workers in efforts to change these conditions, the so-called "healer" becomes a chronicler and student of disease. For this, people like Krugman receive awards, whereas those such as Dr. Mike Wilkins, who works with parents to improve conditions, are fired from their jobs.

We believe that Krugman, instead of infecting children and observing the results, should have from the beginning fought for better conditions that would have eradicated hepatitis and the other endemic diseases at Willowbrook. Because he has for fifteen years promoted disease instead of attempting to prevent it, we demand that:

1. Dr. Krugman be censured.
2. Willowbrook experiments should be immediately stopped.
3. Conditions at Willowbrook be improved and that all children be protected against hepatitis as well as be provided good medical and social care. Willowbrook must be fully staffed.
4. Dr. Wilkins and Mrs. Lee be immediately rehired.

Mount Sinai Medical Committee
for Human Rights

and from Bellevue:
Barry Massie, M.D.
Marsha Safran, M.S.W.
Ellen Isaacs, M.D., P.L.P.
Leo Galland, M.D., P.L.P.
Chris Oetz, R.N.
Ken Frisof, medical student
Mark Lavietis, M.D.

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15. Letter to the Editor, Lancet, 1:749(71)

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17. "Australiam Antigen and Hepatitis", Lancet, 1:487(71)

Racism in Med.

① Mid. class white & Black
or
② you have achieved a forum.
③ you are carrying out the challenge, which perpetuates the principles of democracy

You must be willing to accept the fact that you are going to be called politicians

No relation to other problems of race are either very poorly informed, or are so rigid in there allegiance to power elem

CONFRONT THE RACIST BEAST OF WILLOWBROOK

During the past 15 years, Dr. Saul Krugman, chairman of pediatrics at the New York University Medical Center, has infected several hundred children at the Willowbrook, N.Y. State School for the Mentally Retarded with hepatitis in order to obtain further knowledge of the disease.

Parents were coerced into "consenting" to have their children experimented on. For poor people in this society medical care can only be obtained at state institutions like Willowbrook. Waiting lists for admission to Willowbrook are long (over a year) and conditions in the general wards are lousy. In return for consent for the experiments, however, children were admitted in less than a month to Dr. Krugman's well-maintained "research ward." The parents, desperate to have their children institutionalized, had no choice.

In the 1940's at Nuremburg, Nazi scientists were sentenced to death for experimenting on human beings. The American College of Physicians has responded to Dr. Krugman's Nazi-like experiments by awarding him their "Bruce Award for Preventive Medicine." It will be presented in Atlantic City on Monday, April 17.

We in SDS do not believe that human beings should be experimented on. We do not believe that those responsible for Nazi-like experiments should be honored. We believe poor and working class people should be guaranteed adequate medical treatment and not be forced to turn their children into guinea pigs to obtain treatment. We, along with the N.Y. Committee for Human Rights, the Progressive Labor Party, and many New York doctors and hospital workers, will demonstrate our opposition to Dr. Krugman in Atlantic City on April 17.

The experiments of Dr. Krugman are one part of a system which is fundamentally racist. Black and Latin people are among the most oppressed groups of people in this society. As such they constitute a disproportionately large percentage of the inmates in prisons and public hospitals. (It should be made clear that this is the case at Willowbrook.) It is at these institutions that almost all the experiments on human beings are taking place. They would not be allowed at mostly white private hospitals.

For example, in California lobotomies and other forms of psychosurgery are being tried in an effort to "pacify" rebellious black prisoners. In Maryland, inmates were given typhoid fever by a team of U. of Maryland scientists. Cancer patients at Cincinnatti General Hospital have been given lethal doses of radiation by researchers under government supervision. In general, the entire public hospital system is a training place for young physicians who will move on after training.

Such racist practices are not unrelated to the racist theories of Jensen, Herrnstein, and Shockley, who advance the idea that black and Latin people are genetically inferior -- and constitute a residue which should be eliminated through sterilization. Krugman's research is justified by such theories and is part of the increasingly oppressive conditions minority people in this country face.

In the face of these conditions, black and Latin men and women are fighting back. SDS is a multi-racial student organization that allies with working people to defeat racist practices and ideology. We are cosponsoring a demonstration at the Convention Hall in Atlantic City on April 17 which will confront Dr. Krugman and those who are honoring him. We are demanding:

1) Krugman be fired - not honored.
2) The Willowbrook experiments be stopped immediately.
3) Conditions at Willowbrook be improved and full staffing provided.

DEMONSTRATE -- CONVENTION HALL ATLANTIC CITY -- APRIL 17

Buses leave Harvard Square & Symphony Hall at 11:45 P.M. on April 16 and return the evening of the 17th.

For information and tickets ($15 or what you can afford) call Jeff at 498-2666.

Boston Regional SDS

file NMA Projects

July 17, 1964

FOR IMMEDIATE RELEASE

FROM: Medical Committee for Human Rights (Mississippi Project)
4919 S. Woodlawn, Chicago 15 OA 4-0091 or HY 3-8212

CHICAGO DOCTORS JOIN NATIONAL MISSISSIPPI PROJECT

In response to a request from COFO (Council of Federated Organizations) the federation of civil rights groups conducting the Mississippi summer project, a group of leading physicians across the United States have formed the Medical Committee for Human Rights Mississippi Project. Drs. Arthur G. Falls and Mark Lepper of Chicago are members of the National Executive Committee.

The medical committee's primary purpose is " to insure adequate medical care for the summer project's volunteer students, clergymen and lawyers, working to this end in cooperation with the local physicians and hospitals." It is working closely with COFO, the National Council of Churches, and the NAACP.

Besides concern with medical care for the civil rights volunteers, the committee also hopes to establish a bridge of communication between the volunteers and moderate white local residents through its contacts with the local physicians, and through common concern with them for the health of ill or injured volunteers. Another general purpose stated by the committee is to provide an opportunity for physicians and nurses to serve in witness of their social and moral beliefs in relation toone of the most crucial issues of our time.

The program will be coordinated by the central office in Jackson, headed by the Field Medical Administrator, Dr. Leslie Falk, an expert in the distribution and organization of medical

Bridge of Communication

Between DRS.

resources. The Jackson office has started compiling a roster of physicians andhospitals throughout the state, with details about their facilities. Its telephone will be manned 24 hours a day, and the number known to all civil rights workers in the state.

Chicago doctors, nurses, clerks and drivers will be part of five medical teams located in the areas where they are most likely to be needed. Their function will be to establish and maintain contact with the physicians and hospitals in their area and to be on call for medical emergencies. When informed of one, they will contact the nearest physician or hospital. Dr. Hurwitt, Acting Medical Director, has said "We donot wish to compete with the local physicians nor to offer medical services to the local inhabitants." The teams will assist in aiding volunteer workers to pay fully for medical services.

At the request of the Miss. Advisory Committee of the Civil Rights Commission, field groups will also investigate medical facilities built with federal financing under the Hill-Burton Act, Checking for compliance with the nondiscriminatory directives of the courts and the new Civil Rights bill.

Two Chicago doctors who have already volunteered to go to Mississippi are Dr. June Finer and Dr. Quentin D. Young. A meeting will be held at the Center for Continuing Education at 1307 E. 60th St. next Wednesday night, and doctors, nurses and people who can volunteer to serve as drivers and clerks are urged to attend. If it is possible, one of the doctors already serving with the Committee in Mississippi will be present.

For further information: Bette Johnson OA 4-0091 or Dr. Young HY 3-8212

(3) Chicago Doctors Join National Mississippi Project

NATIONAL PHYSICIANS' COMMITTEE (in formation)

Carl Binger

George Cannon

Montague Cobb

Paul Cornely

Richard Day

Leo Davidff

James Dixon, Jr.

Frank Ervin

Leslie Falk

Emile Holman

Carroll Leevey

Bernard Lown

Leo Mayer

Milton Roemer

Sam Rosen

Cecil Sheps

Earl B. Smith

Benjamin Spock

Stonewall Stickney

Joseph Stokes, Jr.

Albert Szent-Gyorgyi

Paul Dudley White

Edward Young

(4) Chicago Doctors Join National Mississippi Project

Chicago Physicians' Committee (in formation)

Herbert K. Abrams

Leonides Berry

Roland R. Cross

Arthur G. Falls

Meyer S. Gunther

Joyce C. Lashof

Mark Lepper

Will F. Lyon

Ner Littner

Roland Mackay

Gerhart Piers

William C. Shoemaker

Harold Steinberg

Jasper Williams

Walter Wood

Quentin D. Young

MEDICAL COMMITTEE FOR HUMAN RIGHTS (MISSISSIPPI PROJECT)
4919 S. Woodlawn, Chicago 15
July 26, 1964

CHICAGO PHYSICIANS' COMMITTEE
(in formation)

Herbert K. Abrams
Bruce L. Ballard
Peter Barglow
Leonidas H. Berry
Esly S. Caldwell
Richard D. Chessick
Maynard M. Cohen
Roland R. Cross
J. B. Drori
Arthur G. Falls
Robert Gronner
Meyer S. Gunther
Robert F. Jeans
Joyce C. Lashof
Mark Lepper
Will F. Lyon
Ner Littner
Roland P. Mackay
Gerhart Piers
Leigh E. Rosenblum
William C. Shoemaker
Harold H. Steinberg
Lonny Wang
Jasper Williams
Walter Wood
Quentin D. Young
David Elwyn M., D.

IF YOU CAN'T GO CONTRIBUTE:

VOLUNTEERS TO DATE:

11

CHICAGO GOAL:

27

RAISED TO DATE:

$1112

CHICAGO GOAL:

$7500

PROGRESS REPORT: MISSISSIPPI MEDICAL PROJECT
SUBJECT: PROGRAM OF ACTION

SPECIAL BULLETIN: Because of the number of Chicago people volunteering to go to Mississippi, the National Committee is assigning us our own field station beginning August 1, to be manned by Chicago area doctors, nurses, and other professional people. If we have an incomplete team, we will pool our volunteers with N.Y. All arrangements will be made directly with this office at OA 4-0091 or HY 3-8212.

MEETING REPORT: On July 22, a highly successful meeting, attended by over 100, developed a program of action after hearing reports from Colia Lafayette, SNCC field representative, Dr. Quentin Young, first Chicago doctor to go to Miss. for our Committee, and Dr. Mark Lepper, a sponsor of the Chicago group and member of the National Executive Committee.

Mrs. Lafayette sketched a background of 3 years of civil rights activities in Miss., primarily voter education and registration, leading to the 1964 Summer Project. Workers for COFO (Council of Federated Organizations), including students, lawyers, teachers, ministers and others, have established freedom centers, designed to meet the mostpressing needs of the community; remedial and day care programs for children, adult citizenship classes, voter education, health education. Medical teams work closely with this total program.

Dr. Young reported the hopeful possibility that the contacts already made with Miss. physicians may produce a statement from the state medical organization to its members asking that they treat all in need ofmedical care regardless of personal feelings or politics. Miss. has only 40 Negro physicians, and many of these have treated civil rights workers, although it causes them some anxiety and fear of reprisals. He said there is no direct professional relationship between white and Negro physicians in the state and where there is contact the only permitted posture for the Negro doctors is complete servility.

Students are attempting to collect data on aspects of medical care opportunities. Beyond pre- and post-natal and infant care, there is no program for everyday medical care for indigents. Students asking for information from the state health department met rebuffs, but there has been more cooperation shown the doctors of the Committee.

Building bridges of communication with Miss. professional people is an essential element in fulfilling the Commit-

tee's purpose of assuring medical care for civil rights workers now in the state. Counsellors, social workers, psychologists, also have an important function in finding andaiding students who might be described asvictims of battle fatigue caused by the pressures under which they are working.

Dr. Young described the students as the "brightest, most thoughtful young people I have ever met in such large numbers". Provisions for security for all volunteers are well organized, as evidenced by a wall of telephones in the central Jackson office for incoming calls only, manned 24 hours a day. It is estimated that no one is out of touch with headquarters more than 30 minutes at a time. Dr. Young said this and other security rules make it possible to "feel comfortable". All volunteers are given complete instructions and briefing. At the briefinghe attended, there were about thirty, mainly National Council of Churches ministers and lawyers from such places as California, Vermont and Iowa.

Dr. Young and Dr. Lepper, whose son isteaching in one of the Freedom Schools, both mentioned the hospitality and welcoming attitude of Miss. Negroes to workers. Dr. Lepper also pointed out that there is a community highly organized to keep anything from happening which will benefit Negroes, and called for increased concern from everyone. He saw the role of adults in the Medical program in Miss. as supportive of the younger workers, and as leading to an improved medical program for the citizens of the state;the role of adults in the North to call the attention of the people in general and the Justice Dept., congressmen and senators in particular to the need for the Federal Government to provide more protection.

A discussion followed these presentations. Two suggestions are being followed up: the first, the feasibility of establishing a medical center for public health work at an institution such as Tougaloo, in cooperation with the college and faculty. Dr. Walter Wood is exploring further and a report will be made. The second, a proposal by Dr. Vera Markovin that a program be established here to provide periodic examinations andmedical care for civil rights workers who come here from direct action in the South, is now being planned by a committee headed by Dr. Markovin.

YOUR HELP IS NEEDED NOW: Return the section below, indicating what you plan to do.

__1. Volunteer to go to Mississippi as a member of a medical team.
a. doctor___ b. nurse___ c.___ other professional person
__Please send me a volunteer form.

__2. Sponsor a volunteer who can contribute his time but cannot pay his own expenses. Estimated total for two weeks, including round-trip transportation from Chicago to Mississippi -- $200-$250

__3. Raise Funds--to pay costs of local medical care for civil rights workers and to finance volunteers. Check what you will do: a. make phone calls__ b. assist with mailings__; c. work with publicity committee__; d. invite friends to a fund-raising affair in my home__.

__4. Recruit volunteer medical personnel: a.make phone calls__b. mailings__

__5. Give medical care to southern civil rights workers needing treatment for illness or injury who come to our community.

__6. Work with Dr. Markovin's committee to recruit doctors to participate in #5. Call Dr. Markovin at FI 4-5300.

NAME_____ ADDRESS_____ TEL._____

Medical Committee for Human Rights, Miss. Project, 4919 S. Woodlawn, OA 4-0091

1964

L. H. BERRY (GASTRO-ENTEROLOGY)	412 E 47th St. Chicago 60653
FRED A. LYON (OB/GYN)	127 S. 10th St. Minneapolis
D. G. MILLER (EPIDEMIOLOGY + MEDICINE)	32 LAKE PLACE NEW HAVEN, CONN
D. B. THOMAS (EPIDEMIOLOGY)	409 NOTRE DAME LANE, BALTIMORE

Dr Leonidas Berry

Whites in north careful of ~~[illegible]~~ Southerners feelings re Negro

1) Information about negro accomplishments
7 negro med officers in Civil war

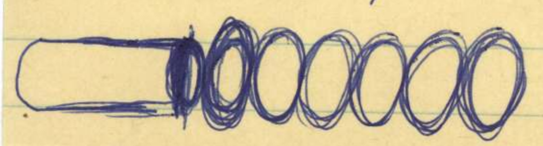
2) a) Prompt people toward implementing programs by fed Govt.

b) Sounding board
~~doz~~ persons to have lunch

① Small —
② Privacy —
③ Knowers ← Julian Ruffin
Dr Freeman Birmingham

I one discipline

Respected with stature



Information
↓

↓ | ·

1) Resolved that
a) ~~Biracial~~ Physicians because of common dis. of same profession and descipline be org. to include members N + S.

across Geog + Racial Line. to establish commun + meeting of minds and unfold of physicians

The MCHR form a sub committee to explore channels of dialogue between health workers of common desciplin to stretch across Geog + racial of expressed conc c any org. That perhaps small private dinner meetings be organized with a

Suggest that conveners of a small ~~pilot~~ private ~~luncheon~~ ~~dinner~~ might include hospital chaplains who would not see take part but would support the motivation

[margin: Ivenber [illegible]]

we suggest as a ~~begining~~ pilot program

Resolution to set up Committee to study dialogue White V.S. negro health workers

Med Students to South

200 RT × 15 2,000

15 × 6 wks subsistance

2 wk program of one chapter ($2000.00)

Northern Med Students - Health students

Holmes

Iziquiva County

Gulf

Full Summer in Carrest

long term health Projects

Summer time 6 wks

2 wk training period

Update?

MCHR GOVERNING COUNCIL

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4/23/1964

MCHR

Position Paper National Committee of

Recruitment and Medical Presence

The keystone of the Medical Committee is presence -- to be intimately involved by bearing witness at every point where people are deprived of their medical and health rights.

Wherever groups of people are struggling, the aim of the Medical Committee should be to struggle there with them. The history and traditions of our young organization already testify that our commitment, and our subsequent growth, is intimately related to the degree that medical presence is successful.

Violence and its ever-present threat require the short-term presence of the health arm of the civil rights movement, the MCHR, and its immediate purposes will not necessitate the same personnel or functions as long-term presence.

Both the Mississippi voter registration and Selma campaigns where our Committee fulfilled its short-term calling illustrate the nature of such a function. The morale and strength of the civil rights movement are emboldened by the standby presence of health personnel, not only in providing aid where violence occurs, but in a more protean way, blunting and thwarting the threat of violence. If the MCHR does no more, it has made a lasting contribution. Terror designed to prevent growth can be neutralized not only by the witness of professional people, but by the intimate involvement organically of such people in the movement. The manifold ways in which this has occurred can be detailed by previous experience such as visiting civil rights workers in jails, escorting them in the performance of their duties, establishing professional ties within the community. Each campaign will dictate particular approaches, but specific responsibilities will be detailed under the enclosed syllabus as to the function

of short-term medical presence.

Of paramount importance to our contribution will be the effectiveness with which we apply medical presence in the Northern ghetto struggle. Certainly, our support here must be strengthened and extended. In a sense, we can follow many of the precedents already established in the South by closely aligning ourselves with civil rights and local community civil groups in long-term presence of highlighting and exposing the insidious and subtle discriminatory patterns that exist in the Northern health area. Here, too, encouraging community activation by lectures, research, and implementation of abused health rights is long overdue.

There is no inherent conflict between medical services as health services and/or medical services as social and political issues! Obviously the struggle occurs on many levels, and this faceted approach will constantly interact in a dynamic way so that movement on one level will trigger an advance on another level. Let us make no mistake. The MCHR <u>is</u> a civil rights organization. To alienate and remove and divorce ourselves from the areas of civil rights activities and programs completely changes the character of our organization. It betrays our origins and traditions. The bulk of our people are intimately aligned with the cadre of the civil rights movement and to do otherwise will dilute our power and stultify our potential; and finally, in reality, the unique quality that differentiates our endeavors from any other public health organization, that has led to our growth and captured the imagination and spirit of health personnel has been our role as the medical arm of the civil rights movement.

Resolutions from the National Committee on Medical Presence and Recruitment

Approved by the National Executive Committee Meeting, April 19

Whereas MCHR origins have been out of the civil rights movement; and

Whereas our growth and image for recruitment, presence, and funds has been based upon our close alignment and involvement with the civil rights organizations; and

Whereas our personnel have been drawn to and activated by this alignment to the civil rights organization, and

Whereas violence and the threat of violence is the main weapon against the civil rights movement, and the presence of members of the MCHR as participant witnesses in the civil rights movement has played an important role in combatting the threat of violence, we resolve that:

1. MCHR go on record in support of field teams and medical presence in the South and North. This refers to emergency situations and continuing projects.
2. We recommend that our field teams work with the Southern and Northern based civil rights movement and that we coordinate our services with theirs.
3. We suggest that a schedule of workers for continuing working the Southern areas be made up. This schedule is to be done chapter by chapter for as long a time in advance as feasible and be submitted to the National Southern Recruitment Committee.
4. Volunteers will then be stationed by the national organization providing <u>continuous</u> MCHR presence.
5. The time for which a volunteer may elect to remain in the South will be as follows: a) In an emergency situation - no time limit
   b) In the continuous program - minimum of one week.

6. Recruitment for chapter membership is to be done locally.
7. Recruitment for Southern and Northern projects is to be done on a chapter basis as mapped out by the National Organization.
8. This recruitment is to be coordinated by the National Southern Recruitment Committee; i.e., each regional chapter is to set up a Southern recruitment committee apart from their membership committee which will screen and orient the volunteers.
9. MCHR through its National Chairman states that as long as the civil rights movement continues in its battle for equal rights, the MCHR will continue to act as its medical arm and remain at its side. We believe that our physicians and nurses are well within their legal rights in providing emergency first aid and urge federal intervention to guarantee our right to administer emergency first aid. Further, regardless of contrary orders by local law enforcement authorities, we will continue to render service to a sick or injured person in an emergency.

Specific Suggestions

The local chapters chairmen of recruitment and medical presence should be members of the national medical presence and recruitment committee.

Functions: 1. To develop local recruitment campaign for doctors and nurses to volunteer for field activities. A card should be filled out on each person who volunteers for Southern work. This should be a standard card for all chapters, and should include training and skills and civil rights experience of the volunteer; also the dates available for routine one or more weeks of service, and when available to be on call for emergency. If available for temporary emergency, can they work at any time. Copies of these cards should be kept at national and chapter offices. Each chapter should have red cross bands and MCHR identification cards or bands for use in emergency situations. They should also have first aid kits, and pamphlets and outlines of public health and first aid talks. These should be given to all the volunteers who go into the field. They should also be given instruction as to undertaking health survey and the necessary forms; also instructions in respect to investigations of violations of Title VI Civil Rights Act and Hill-Burton in health facilities.

2. To hold bimonthly or monthly orientation sessions during which all those who have signed up as future volunteers will have intensive training from those in the chapter who have been active in the South. The National Medical

Greer plans to have mid Students
to run around & Negro students get information
Say we can stimulate the local
Negros to go on and ask for help. Say
they were from Holmes County, Improved [illegible] What can I get
Say we can use propaganda re. Medicare
tell people about their rights even now

Presence Brochure (in preparation) will be distributed and used as a guideline. Local civil rights people with Southern experience should participate in these orientation sessions. The orientation should emphasize the importance that the volunteers demonstrate in their work a full commitment to the movement. A key thing is the avoidance of an inappropriate "professionalism." MCHR personnel, when not carrying out specific MCHR functions, should act like members of the movement, sweep floors, chauffeur workers, make beds, etc. Wherever possible, they should live in the Negro community, not a fancy motel. They should always seek advice and cooperation of civil rights leaders, but exercise modesty in giving advice outside of MCHR area of competance.

They should avoid frustration about periods of inactivity and inefficiency and try to develop activities during these times; e.g., first aid lectures, lectures to young students on career choices, health and hospital surveys, writing reports, etc. A suggested reading for the volunteers is SNCC's "The New Abolitionists" by Howard Zinn.

Screening: This function rests with the local chapter. They must determine whether the volunteer has the necessary understanding, after orientation, to make a contribution in the South. Arrogance, white supremacy, refusal to accept the problems of workers in the South, refusal to obey the local leadership in respect to security regulations, refusal to live in Negro community, etc., should disqualify a potential volunteer.

Prepared by Wagner H. Bridger, M.D. and Marvin S. Belsky, M.D., Co-Chairmen, National Medical Presence and Recruitment Committee.

Notes: 4/23/64

Dr Grieger

Workshop: Chairman: Dr. Thompson

Health projects in the South

Speaker Dr. Miller of Yale.

Said he talked to public health officer of Miss.
Spoke at length on high illegitimacy in Negroes
Who said go home we can take care of our own problems
V.D.
Indicated they would not give licenses to outsiders Dr Bray in Jackson

Dr. ~~Rappaport~~ Leo ORRIS N.Y. Feels [illegible] is ① Point out & Document in depth the needs of Black Belt, & show this area is deprived & Push for legislation or implement present legislation.

Dr. Fred Lyon — Emplo. Minis[illegible]

Alabama — Drs from Out of State — Could give 1st aid and as "Public Health Observers" But never threatened. Same 1964

But in Ala. Selma — Doctor Benton agent of Wallace

"created" Drs in Selma. Claims: ① we dont know you are Drs "quality control" ② we have Drs in Selma who have not been asked — if you say it is [illegible] ③ Consultants must have a "specific role in a hosp" etc

Dr Segal Chicago went to McComb Miss last summer 6x

Spoke of questionnaires among the people Negro & poor white

Is this really valuable? we have no population base?

Grieger thinks it a waste of time

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Prepared by Wagner H. Bridger, M.D. and Marvin S. Belsky, M.D., Co-Chairmen, National Medical Presence and Recruitment Committee.

November 11, 1964

You are invited to attend reception honoring
Dr. Aaron Wells of New York City
Chairman of National Medical Committee for Human Rights
Saturday, November 14, 1964 at 9:00 p.m.
Residence of Dr. & Mrs. Oliver Crawford
4911 S. Greenwood Avenue, Chicago, Illinois

****

MEETING

SUNDAY, AFTERNOON, November 15, 1964, 1:00 p.m.
with DR. WELLS & OTHERS from Midwest Region
to discuss long range plans for Mississippi Project

CHURCH OF THE REDEEMER, BLACKSTONE AT 56th

Cook County Physicians' Assn.

AARON O. WELLS, M. D., F.A.C.P.
2368 SEVENTH AVENUE
NEW YORK, N. Y. 10030

ADIRONDACK 4-5017

file MCHR

November 25, 1964

L. H. Berry, M. D.
412 East 47th Street
Chicago, Illinois

Dear Doctor Berry:

The weekend in Chicago afforded a wonderful opportunity to meet with you and explain our purposes. It is obvious that the full cooperation of the National Medical Association is vital for the existence of a program of health for Negroes in Mississippi and elsewhere.

The success of such a program as is being embarked upon by the Medical Committee for Human Rights must, by all means, have the support of Negro physicians.

I look forward to your taking a most active part when you are inaugurated next summer. Meanwhile, there are many areas in which you can and will assist at this time, I am sure.

Please feel free to call on me for any assistance I may be able to offer in your role as President-elect of the National Medical Association.

Sincerely yours,

Aaron O. Wells

Aaron O. Wells, M. D., F. A. C. P.
National Chairman
Medical Committee for Human Rights

AOW:jc

Dr. Berry

MEDICAL COMMITTEE FOR HUMAN RIGHTS
(Mississippi Project)

Room 613, 507 Liberty Avenue
Pittsburgh, Pennsylvania 15222

December 22, 1964

TO: Arthur G. Falls, M. D., Co-Chairman, Chicago Chapter
Mark Lepper, M. D., Co-Chairman, Chicago Chapter
Mrs. Walter Johnson, Secretary, Chicago Chapter
Jeanne Spurlock, M. D., Member, Chicago Chapter
Mr. Nathan Kramer, Presbyterian-St. Lukes Hospital
Herbert Abrams, M. D., Member, Chicago Chapter
Quentin Young, M. D., Member, Chicago Chapter
Miss Irene Turner, Presbyterian-St. Lukes Hospital, Member, Chicago Chapter
June Finer, M. D., Michael Reese Hospital, Member, Chicago Chapter
Rachael Brown, M.S.W., 1450 E. 56th Street, Chicago 37, Illinois;
ex-COFO Health Liaison and author "Medical Care and the Mississippi Negro," COFO Publication #12

FROM: Leslie A. Falk, M. D., Member, National Executive Board

SUBJECT: "The civil rights act of 1964--What it Means for Hospitals," by Everett A. Johnson (Administrator, Methodist Hospital, Gary, Indiana); Lead Article in Hospitals, Journal of the American Hospital Association

I am writing a few of you whom I happen to think of in this way because of your special knowledge, experience, and responsibilities in the Chicago vicinity, including its relationship to the national scene.

How does the article seem to you? My impression is that the author gives arguments and views contrary to current needs and opportunities.

What about the attitudes of the editor of the American Hospital Association for printing it as its lead article? No more constructive articles or editorials have appeared to date.

Could letters to the editor be sent promptly? Could an article with "our" viewpoint then be initiated?

LAF/fnr