

Annotated Bibliography

Addressing Injustice: The Power of Rhetoric in History The Tuskegee Syphilis Study

George Santayana wrote, “Those who cannot remember the past are condemned to repeat it.” At times, the past can feel eerily similar to the present. Through an examination of the Tuskegee Syphilis Study, we will explore how rhetoric was used to justify the study for over 40 years, the conditions of society, the role of community in erasure and resistance, and the effects of these rhetorical strategies in modern times.

In 1932, the United States Public Health Service began a government sanctioned study to record the progression of syphilis. The study involved 623 Black men, 399 of which had syphilis, while the remaining participants were healthy and acted as the control. The men weren’t informed of the real reason they were being treated for and instead were told they would be treated for “bad blood,” which was a term that described multiple ailments (CDC, 2002). With the unfulfilled promise of healthcare benefits, the sharecroppers agreed (Nix, 2017). Unbeknownst to the sharecroppers, this would set the precipice for broken promises and contribute to mistrust.

The mistrust of institutions, from government to healthcare, is a repeated theme in communities throughout American history. Fortunately, the public and investigative journalism were able to put an end to the syphilis study. Jean Heller broke the news story on July 25, 1972, with the study ending three months later (Heller, 2017).

The study was justified using language that contributed to the dehumanization of participants, and governmental influence withheld treatment until Heller’s story broke. The Public Health Service even interfered with the army draft supplying “the draft board with a list of 256 names they desired to have excluded from treatment and the board complied” (Brandt, 1978). This framed Black men as research subjects instead of humans with basic rights to healthcare. The exploitation of human beings and withholding of treatment were hidden in the name of science stripping the men, and their families, of their autonomy.

Today, we face the threat of historical erasure, increasing restrictions on education, and limitations on the press. Policies that threaten our very right to knowledge threatens to strip our individual autonomy as well. This bibliography examines how language has masked injustice, silence’s contribution to erasure, and how institutions continue to repeat this harmful rhetoric today to maintain their power and control.

Works Cited

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Bibliography

History in Context:

Brandt, A. M. (1978). *Racism and Research: The case of the Tuskegee Syphilis Study*. The Hastings Center Report, 8(6), 21. <https://doi.org/10.2307/3561468>

Brandt's study provides the framework and historical context in which we can view the Tuskegee Syphilis Study – not as an isolated event, but a show of systemic racism ingrained in American society. Although “every major textbook of syphilis . . . strongly advocated treating syphilis, even in its latent stages” (23), the study's doctors decided it was better not to treat the syphilitic patients. They also believed autopsies to be the only way to confirm the study's findings (24). Although codes of ethics, like the Nuremberg Code, had been created already, the study began and continued for decades after penicillin became known as the widespread treatment. The ethical failures at Tuskegee, by the USPHS, contributed to the creation of the Belmont Report, emphasizing the need for informed consent, beneficence, and justice. There is an ongoing need to see research participants, and marginalized people more broadly, as fully human, particularly when that recognition may disrupt systemic structures.

Finding participants was more difficult than initially thought. To gain trust within the Black community, the USPHS gave the Director of the Tuskegee Institute Hospital, Dr. Dibble, a

temporary position with the Public Health Service (25). The government's transactional display is noteworthy. The dominant system had the insight to the power of community and used it to further their own goals. Intentionally placing a member of the community in a visible role allowed the USPHS to gain trust, hiding their true intentions to cause harm. Similarly, promises, like free healthcare (24), were used as a rhetorical tool to gain favor. In reality, the Public Health Service didn't intend on providing healthcare and instead opted to block participants from receiving treatment (26).

National Commission for the Protection of Human Subjects of Biomedical and Behavioral

Research. (1979). *The Belmont Report: Ethical principles and guidelines for the*

***protection of human subjects of research.* U.S. Department of Health and Human**

Services. [https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-](https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html)

[belmont-report/index.html](https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html)

Laws and codes are reactive, even when regarding human experimentation – the thought is worrisome but true. The Nuremberg code was created after the experiments were conducted on concentration camp prisoners and is essentially a reaction to the violation of human rights and inhumane research practices. The Belmont Report, like other articles within this bibliography, mention both the Nazi medical experiments and the Tuskegee syphilis experiment. The comparison of these events, depending on which you are more familiar with, shows the severity of the other. One can argue, the Tuskegee syphilis study isn't as widely known, which calls into question the framing of historical injustices in the US. While both of these significant moments in history would not be justified today, the Belmont Report provides insight on the justification of questionable research studies done in the past. It also highlights what I would deem a problematic approach to research that, in some cases, violates basic human rights.

The commission acknowledges the past ideals mentioning the Hippocratic Oath, a “fundamental principle of medical ethics” dating back to 400 BCE, in their report (5). The Oath urges medical practitioners to “benefit their patients ‘according to their best judgement’” (5). Furthermore, earlier codes and federal rules required the potential benefits to the participant and society outweigh the risks, which left the justification of research in the hands of the researchers (8).

While recognizing the room for bias in the earlier regulations, the report attempts to curb future occurrences by implementing better selection practices, full risk assessment, and consent requirements.

The difference between research and practice is made plain. The Tuskegee syphilis study could have, and should have, shifted their research into the Belmont report's definition of “practice.” The study's focus could have shifted from studying syphilis to enhancing the wellbeing of its participants when the cure was found in 1947.

To regulate and prevent other ethical hazards in research, factors like a potential subject's right to autonomy, informed consent, justice, and having their wellbeing protected through benefit/risk

assessment were emphasized in the report. This assessment should not only take the society as a whole into account but take the individual's wellbeing into account as well.

Gray, F. D. (2013). *The Tuskegee Syphilis Study: The real story and beyond*. NewSouth Books.

As a lawyer representing the syphilis study participants, Gray provides insight into the personal account of the men who were experimented on. According to him, the families of the study's victims welcomed President Clinton's acknowledgement of the study (13). At that moment, the families and victims of the study were finally seen. The United States recognizing and addressing their missteps is not common. While this doesn't undue the country's wrongdoing, or historical trauma, it served as a moment of reflection.

Gray also mentions the Tuskegee study and Germany, not to conflate or compare the two tragedies, but to bear witness to the harm that is done in the name of "science" (14). Historically, people have been subjected to "othering." Our differences, whether it be race or religion, were used to justify scientific experimentation on humans. People were dehumanized and reduced to treatment that animals wouldn't even be expected to endure. Today, history appears to be repeating itself. Mass deportations in the US are reminiscent of those in Germany. The access to education is being limited through bans and restrictions, and other obstacles such as testing and cost, serve as roadblocks, similar to the 1930s (33). While resistance to this injustice has historically fostered community, dehumanization is used as a tool for decision. Our current administration uses the ever evolving "enemy" to continue the harmful loop of dehumanization. Terms like criminal, illegal, and thug reinforce dominant ideologies, stereotypes and social hierarchy. Naming, in this way, removes individuals from their humanity and perpetuates further exclusion and violence.

Frie, R. (2024). *Learning to embrace discomfort: Accepting our historical responsibility and implication in systemic racism*. *The Humanistic Psychologist*, 52(3), 227–239.

<https://doi.org/10.1037/hum0000331>

Frie makes his argument clear: "I believe that we have an ethical obligation to address violent and traumatic histories, even if they happen before we are born. If we are able to listen for and recognize voices that have been silenced, we may even take an initial step toward reconciliation and repair" (238). This article hinges on the theme of responsibility, reflecting on historic injustices in Germany, the Holocaust, and the United States, racism, slavery and Indigenous genocide (230). Frie calls people not only to remember these events, but to engage with them and "accept historical responsibility" (231).

This is one of the few articles within my bibliography that paint resistance in a more negative light. Resistance by those who participate in the dominant ideology takes the form of silence – silence that is expected, even by Frie's own family. After disclosing his lineage as a descendant of a Nazi, Frie notes, "some of my closest relatives . . . no longer speak with me" (230). Comparing the reactions to his own speech versus George Yancy's, an established black activist,

Frie acknowledges when people of color speak on racially tumultuous topics, there is a need to appeal to an audience's "white fragility" to avoid resistance (236).

Here, silence and tone-policing serve as forms of resistance, resulting in the complete rejection of any counternarrative. Frie uses interesting language as well, describing the process of healing from and acknowledging historical trauma as "attending to injuries" (237). Conflating physical pain and mental pain forces readers to understand trauma caused from injustice feels real. Framing this pain in a physical manner is significant because psychological pain and trauma, unlike physical injury, are often ignored or dismissed because they aren't visible. Frie's emphasis on communal responsibility and healing is a parallel to the Tuskegee Syphilis Study where community trust was initially broken by silence.

There is an empathy in recognizing silenced voices for he once too was silenced.

Resisting Erasure: Community and Silence

Elhalawany, N. (2021b). Narrating Silence in André Brink's *The Other Side of Silence*

(2002): A performative analysis. *Research in African Literatures*, 52(1), 71.

<https://doi.org/10.2979/reseafritelite.52.1.05>

Language has power – it's how we communicate, and how power itself is communicated and maintained in society. The United States is built to accommodate the "default person": the able bodied, native English-speaking white man. Silence is often viewed as compliance with the dominant ideology, the power structures that support "default person." Remaining silent and being compliant provides protection to persons who fall outside of the default. In their analysis, Elhalawany challenges this framing by decentering language and positioning silence as a rhetorical tool.

While the paper serves as a literary analysis of Andre Brink's *The Other Side of Silence*, it also introduces silence as a concept worthy of analysis. In the book's context, silence isn't a show of submission but of power towards entities, self-empowerment, self-preservation, and resistance. Elhalawany acknowledges the historical implication of silence being compliance and a sign of passiveness (72). I argue silence can serve as a form of erasure. For example, the United States' bans on culturally significant literature serves as an attempt to rewrite history – case in point being the "rebranding" of slaves as 'indentured servants' in history books. Through analysis of Brink's work Elhalawany indicates silence can be performative, allowing readers to engage with the text. Performative silence is positioned as a "tactical strategy of resistance" rather "than a mere recognition of suffering" (79). Elhalawany positions silence as a powerful rhetorical decision – an act of self-preservation and resistance, not a lack of voice.

Clary-Lemon, J. (2003). Critical multiculturalism, pedagogy, and rhetorical theory A negotiation of recognition. ERIC Clearinghouse.

Today, diversity, equity and inclusion has been deemed inherently divisive. Schools and universities are making changes to departments, curricula, and policies in response to political pressure from the current administration and changes to state laws and legislation shaped by beliefs of those in power – for example, Florida’s ban on DEI-related books. These changes dangerously teeter into neutrality with schools quietly destroying programs that were designed to support “othered” students. From the library to the classroom, speech is being policed: teachers cannot teach certain “divisive” concepts or teach using “divisive” texts.

While Clary-Lemon introduces multiculturalism and acknowledges the risks involved in teaching multiculturalist topics, she argues “the only way to come to terms with this identity-changing idea of literacy . . . is to recognize that the writing classroom will enculturate students” (8). Teaching students to write and think gives them the ability to participate in or resist dominant ideologies. It allows them to decide for themselves. In 2025, the government’s restrictions on education could put members of the public in a position similar to the sharecroppers from 1932, described in Fred Gray’s book *The Tuskegee Syphilis Study* – struggling to survive in an economy where the prices for basic necessities aren’t affordable (32). Although we’re protected under consent laws today, desperate people make desperate decisions.

Stewart, J., Onyambu, F., Barrimond, V., & Fort, C. (2025b). Resistance and resilience:

The Black Church’s response to community violence and racism. *Translational*

***Issues in Psychological Science*. <https://doi.org/10.1037/tps0000447>**

The Black church is a tree facilitating healing, resilience and resistance to racial trauma. Its strong trunk, the church members and central community, supports the branches it grows. The branches extend into different communities and resources creating a network of connections with communities who may not always cross paths or see each other positively.

“*Resistance to Resilience*” highlights an exposure to stress Black communities face could lead to PTSD and the church’s involvement in coping with trauma. Stewart et al. defined trauma as “exposure to death, or the threat of death, serious injury, or sexual violence,” and defined racial trauma as the “major or small direct experiences of racism . . . or the impact of the accumulation of many occurrences of racial discrimination” (3). Including the buildup of racial discrimination in the definition of racial trauma implies racial trauma can be, as Frie suggested, historical and accumulate over generations. Storytelling, and oral narratives, within the Black community contributes to this additional exposure to trauma and the passing down of trauma throughout generations.

The study took place during the COVID-19 pandemic and Black Lives Matter Movement in 2020, a time in which tensions between the Black community and governmental institutions, like police, were high. The compounding traumas, of both past and present, created an even greater need for community support.

The churches studied served as a beacon of providing families with a sense of “peace” (5). Participants also shared how their churches supported the community through substance abuse issues, external therapy services, providing spiritual counsel through prayer and sermons “as a way to help church members make meaning of traumatic events,” and providing financial

support (6). By making “historical connections through sermons, clergy foster critical consciousness” within community (7). The clergy's awareness of social and political issues equipped them to better support their members, fostering resilience through empathy, storytelling and community solidarity.

Antiracism in Practice

Kendi, I. X. (2019). *How to be an Antiracist*. One World.

In his text, Kendi calls for action beyond the remembrance of traumatic history. Kendi offers a name for this type of action: antiracism. Throughout this bibliography, I have discussed institutional and structural racism. Kendi broadens these terms through the concept of “racist policy,” meaning “any measure that produces or sustains racial inequity between racial groups” (18). Kendi makes the term accessible to a wider audience. His approach feels intentional, unlike some of the other works within this bibliography. The Belmont report, for instance, is reactionary – created in direct response to the Tuskegee Syphilis Study. While Kendi’s work addresses a longstanding issue, his framing of antiracism offers a new approach demanding continuous action without neutrality.

I’m torn on Kendi’s use of binaries – the idea that someone is either racist or antiracist. Typing this, however, I am reminded of the neutrality we see today. Companies are removing DEI initiatives “proactively” after executive orders, or social media posts, are signed that are not yet law. For example, after being singled out by the current administration in a blog post, the Smithsonian has begun removing museum exhibits from the Museum of African American History and Culture. In this instance, the Smithsonian has publicly opposed this, resisting racist practices. In contrast the complicity and silence from other universities and corporations in these moments almost feel like a slight, and yet, I’m hesitant to agree with Kendi’s binary framework.

Godoy, S. M., Dukes, L., Chapman, M., Day, S., & Goode, R. W. (2024). “You have to continue doing the work”: Black women essential workers coping amidst the dual pandemics of COVID-19 and racism. *Qualitative Social Work*, 23(3), 515–536.
<https://doi.org/10.1177/14733250231167822>

In the title of the article, Godoy compares racism and COVID-19 calling them “dual pandemics” (515). Positioning racism as a pandemic allows Godoy to emphasize the perverse nature of racism. Both “pandemics” were felt across the United States and globally. The comparison frames racism in a way that shows its significance to all people – whether they have experienced racism for themselves or not, encouraging the reader to pay attention. The article addresses themes of survivalism, coping and activism among Black women essential workers.

During the pandemic, the term “essential workers” carried significant weight: “though participants felt honored at their designation as an essential worker, the psychological and emotional toll was not lost” (529). One could argue the term “essential worker” is reminiscent of the manipulation the USPHS used to convince the Black community to trust their studies. The term can be seen as one of honor, but it could also serve to reinforce a sense of duty and importance, preventing workers from quitting their jobs during the country’s moment of need. During a time of political turmoil with the Black Lives Matter movement, this sense of duty and obligation was amplified, “despite concerns related to imminent threats to their health, widespread uprisings against police brutality, and shifts in caretaking responsibilities, these women’s narratives demonstrated a persistent obligation to remain strong” (527).

The dual pandemics are an example of the compound trauma mentioned in “Resistance and Resilience: The Black Church’s Response to Community Violence and Racism.” Experiencing life-altering events everyday – police brutality, helping patients with COVID-19, and being at risk for both – can take a serious toll on mental health. Participants in the study spoke of the challenges they faced including taking care of their communities and themselves while battling the “normalization of ‘a history of the abuse and trauma on black bodies’ coupled with the contemporary display of ‘hate’ and ‘violence’ among political leadership exacerbated distress” (523). Responsibility to community is a new concept that emerges here. The women felt a responsibility to prioritize their community’s wellbeing, sometimes, neglecting themselves in the process. Coping mechanisms included prioritizing work, reflection, avoidance, and crying (523). These “silent” displays or responses to pain, particularly avoidance and prioritization of work, could allow the women to “focus on what they could control” when life felt out of control. A sentiment captured by one participant who questioned, “how much stress can we as a community take?” (523).

Cénat, J. M., Farahi, S. M. M. M., Dalexis, R. D., & Corace, K. (2025). Antiracist training and the development of cultural humility in mental health care providers in ethnically diverse schools in Canada. *Canadian Psychology/Psychologie Canadienne*. <https://doi.org/10.1037/cap0000414>

Antiracism in practice can involve targeted training for mental health counselors. When cultivating an antiracist approach to training, Cenat et al. emphasize racial awareness, culturally specific assessment that consider the forms of racism and racist policy when assessing individuals, advocate for informed consent, address the medical mistrust individuals may have, and finally, embrace appropriate antiracist interventions that push back on dominant ideologies (3).

The study also calls for the practitioners to continue self-evaluation and reflection after training to continue to provide adequate care and cultural humility to their patients (8). There’s been a common thread of empathy throughout these annotations, and cultural humility is not an aversion. Cenat et al.’s approach confronts both the systemic bias and individual responsibility, using empathy and accountability as a framework to promote practitioner growth. The study’s advocacy for ongoing supervision reflects a commitment to long term change.

Approaches to bridge cultural divides within healthcare remain important as an ongoing display of effort. Efforts like this study in Canada, and the culture of remembrance in Germany and German schools can serve as a model to the United States. These approaches acknowledge the historical trauma that's been inflicted upon communities and strive to ingrain recognition into healthcare.