Throughout history, defenseless individuals have always been more likely to be exploited by the more powerful members of society. These vulnerable populations include racial minorities, prisoners, the mentally ill, the poor and the uneducated. These individuals have been exploited for a wide range of medical research throughout the history of modern medicine. During the first three quarters of the twentieth century, incarcerated individuals were an attractive study population for medical researchers as they were easily accessible, lived regimented lives and were easily tracked. In this time period, research on prisoners began sporadically and then grew progressively more and more widespread until the early 1970’s, when 90% of all pharmaceutical products were tested on prison inmates. However, at about this same time, public opinion started turning against the use of prisoners for medical research. In 1974, the use of prisoners for medical research was almost completely banned at the federal level and this ban remains in place today.

In the early twentieth century, research on prisoners was sporadic and was not highly publicized. Some of the better known examples include the use of prisoners for testicular transplant experiments in California, tuberculosis vaccine experiments in Colorado and pellagra experiments in Mississippi. From 1918 to 1922, Dr. LL Stanley transplanted and injected pieces of human or animal testicles into prisoner’s scrotums or abdominal walls at the San Quentin Prison in California. Dr. Stanley believed that he was “fortunate” to be able to carry out this experiment in a prison, because the prisoners were all forced to live regimented lifestyles and could be easily studied. In 1934, Dr. HJ Cooper tested a tuberculosis vaccine on two convicts at the Colorado Penitentiary. Eight hundred convicts had volunteered to receive the vaccine as they were offered executive clemency for their participation.

Dr. Joseph Goldberger’s 1915 experiment with pellagra at the Rankin Farm Prison in Mississippi is one of the earliest examples of the use of prisoners for medical research. During this time period, the medical community did not know that pellagra was due to niacin deficiency and believed that it was due to poor sanitation or personal habits, spoiled corn or flawed hereditary traits. Dr. Golberger hypothesized that pellagra was due to the consumption of a poor diet lacking milk, vegeta-
bles and fresh meat and tested this hypothesis on twelve prisoners at Rankin Farm who received pardons in exchange for their participation. After consuming a diet of only cornbread, sweet potatoes, grits and rice, all of the prisoners eventually manifested the different signs and symptoms of pellagra. These include diarrhea, lethargy, dizziness, dementia and skin lesions. One test subject stated that he had been through “a thousand hells” and another claimed he would rather have a “lifetime of hard labor” than go through such a “hellish experiment” again.

Many historians believe that World War II was a watershed moment in the history of the use of prisoners for medical research. During this time period, more and more prisoners were used for medical research and this research was more highly publicized in both the medical and lay literature. Prisoners were recruited for a number of different studies ranging from deliberate exposure to gonorrhea to the induction of gas gangrene. Prisoners were also used in studies on trypanosomiasis, dengue fever and tests using cow blood in blood transfusions. During the war, some research involving prisoners was not only highly publicized, but also received a fair amount of public praise. The research was viewed as a way for prisoners to not only help out with the war effort, but also pay their debt to society. One of the more highly publicized experiments was the research on treatment for malaria using 400 patients at the Statesville Penitentiary in Illinois. These prisoners suffered from regular mosquito bites, raging fevers, nausea, vomiting and blackouts. Their suffering was seen as essential to the war effort as the troops were being ravaged by malaria in the South Pacific. An editorial in the New York Times stated that “these one-time enemies to society appreciate to the fullest extent just how completely this is everybody’s war.”

Despite the establishment of the Nuremberg Code at the end of World War II, research involving prisoners actually increased after the war as it became more universally accepted by the American medical community. In the post-war period, federal prisoners were used for research on tinea pedis, histoplasmosis, hepatitis, dysentery, syphilis and the effect of testicular radiation. In a 1948 report published in the Journal of the American Medical Association (JAMA), a panel analyzing the ethics of using prisoners as research subjects stated that the malaria experiments done during the war were "ideal" in their conformity to the American Medical Association (AMA) rules concerning human experimentation. In the 1960’s, prisoners at Holmesburg Prison in Philadelphia were subject to experiments with detergents, diet drinks, dioxin and chemical warfare agents. From 1962 to 1966, 33 pharmaceutical companies tested 153 experimental drugs on prisoners at Holmesburg Prison, often without their consent.

In the mid-1970’s, public opinion started turning against the use of prisoners for medical research. This was likely due to the combination of the Civil Rights Movement and to the revelation of the Tuskegee Syphilis Study and other incidences of the exploitation of vulnerable populations by the medical community. The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research was formed and federal regulations were established in 1974. These regulations strictly limited the use of prisoners for medical research, stating that “research on prisoners must present no more than minimal risk, defined as the risk of harm normally encountered in their daily lives or in the routine medical, dental or psychological examination of healthy persons.” The strict wording of these regulations essentially ended the use of prisoners for medical research and, today, very little medical research is done in prisons.

Recently, medical researchers and prisoner advocates have begun to advocate for a less restrictive policy on the use of prisoners for medical research. These individuals feel that the current policy may be hurting prisoners as they are not able to participate in clinical trials or research studies that may be of benefit to them. In 2006, a panel of medical advisors from the Institute of Medicine (IOM) recommended that the federal government loosen restrictions defining the use of prisoners for medical research. They recommended that prisoners be allowed to participate in experiments with greater risk if they had the potential to benefit prisoners. The IOM also recommended a number of safeguards to help protect prisoners from exploitation or abuse. These include only allowing prisoners to participate in research with a “distinctly favorable benefit-to-risk ratio”, and not because of their convenience as research subjects. The IOM also advocates for a publicly accessible national registry of research involving prisoners and uniform oversight of all federal and privately funded prisoner research, including research involving those under house arrest or on parole.

There are a number of arguments to be made in favor of a less restrictive policy toward research in prisons. Greater access to clinical trials and increased epidemiologic, sociological, psychological and biomedical research in prisons may be able to improve the health of prisoners and better prepare them for success after their release from prison. The current regulations do not allow prisoners to take advantage of the advances in modern medicine and a less restrictive policy will allow prisoners increased access to care and better medical care overall. Increased research in prisons may help pinpoint deficiencies in prison health care and that significant research could be accomplished with prisoners because of the high rates of HIV/AIDS, hepatitis C, tuberculosis, mental illness and substance abuse in prisons.

The inability of prisoners to give informed consent is one of the strongest arguments against a less restrictive policy toward research in prisons. Some argue that since there are coercive elements to research both inside and outside of prison, a prisoner is no less able to give informed consent than a free person outside of prison. However, the coercive elements inside of a prison are much greater. Prisoners have almost constant restrictions on their liberty, autonomy and privacy. Most of the prisons in the U.S. are under-funded, overcrowded, and unable to provide adequate medical care to prisoners. Therefore, some prisoners may chose to participate
in research studies to obtain better medical care. Furthermore, the financial disparity between the compensation paid for participating in research studies and that paid for regular prison work is so large that many prisoners may consent to participate for financial reasons alone.

Prisoners are not only a vulnerable population because of their restricted autonomy and liberty, but also because the US prison population has disproportionate numbers of individuals who have historically been on the margins of society – racial minorities, mentally ill, people of lower socioeconomic status and lower education and those with chronic diseases like HIV. Prisoners are therefore doubly vulnerable and in need of even greater protection from exploitation or abuse. A less restrictive policy on the use of prisoners for medical research certainly could certainly benefit some prisoners but, the increased danger to the prison population as a whole is too great to ignore. In Acres of Skin, a book about the research done at Holmesburg prison, Alan Hornblum writes that prisons “are truly distinct institutions where the walls don’t just serve to keep inmates in, they also serve to keep public eyes out.” It is better to err on the side of being too protective of vulnerable populations rather than risk their exploitation or abuse. History has proven that prisoners are easily exploited and it is important to not only learn from this history, but to work to prevent similar instances from happening in the future.

References can be found on the DMEH website.
Activities and Programs

The Division of Medical Ethics Resident House Staff Conference* will be held at 12:30 p.m. in the UUMC Cartwright Conference Room. The topic is “Ethical and Emotional Aspects and DNAR Orders.” The facilitator will be Jeffrey Botkin.

The Physicians Literature and Medicine Discussion Group* Our facilitator will be Aden Ross. The book will be Difficult Conversations, by Douglas Stone, Bruce Patton & S. Heen. It will be held in the IMC, Amicus Board Room. Dinner will start at 6:15 p.m. Discussion will begin at 6:30 p.m. Call the DMEH for more information at 408-1135.

USR Bioethics Consultation Meeting will meet at 7:00am in the Administrative Boardroom.

The Division of Medical Ethics Resident House Staff Conference* will be held at 12:30 p.m. in the VAMC Tsagaris Conference Room. The topic is “Ethical and Emotional Aspects and DNAR Orders.” The facilitator will be Armand Antommaria.

UUMC Ethics Committee will meet from noon to 1:30 p.m.

The Division of Medical Ethics Resident House Staff Conference* will be held at 12:30 p.m. in the IMC Doty Education Bldg, classrooms 3,4,5. The topic is “Ethical and Emotional Aspects and DNAR Orders.” The facilitator will be Jay Jacobson.

*These activities are approved for CME credit.

This month’s recommended reading for your enjoyment is by Nathan Englander:

"For the Relief of Unbearable Urges"

For the Relief of Unbearable Urges is Nathan Englander's first collection of stories which brought him both critical acclaim and popular success. These nine unorthodox stories about Orthodox Jews (England was, himself, once Orthodox) are imaginative, affectionate and hilarious. The title story of the collection is the tale of Dov Binyamin, a Hasidic man deeply and passionately in love with his wife, Chava Bayla, who asks nothing of him "but to be left alone. The more she rejects [him], the more [he] wants to be with her. And the more [he] wants to be with her, the more intent she becomes that [he] stay away.” When this most unhappy husband seeks counsel from his rabbi, he not only insists on giving Dov a special dispensation but also writes him a shocking prescription for "the relief of unbearable urges.”

You can find this selection by checking our website at www.utahmedicalethics.org, or by calling the DMEH at 408-1135.