

Sentimentality and Responsibility in the University¹

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The hidden history of the University of Rochester (UR) includes plutonium and uranium injection experiments during the late forties, CIA-sponsored mind-control experiments during the fifties, and lead injection experiments during the sixties. UR's problems with human medical experimentation continue well into the nineties.

Since their perceptions are conditioned to a great extent by the upbeat pronouncements in university publications, UR alumni and students remain largely unaware of their university's moral crisis.

Rochester Review is such a publication, containing features that enhance the appeal and reputation of the University of Rochester. The Spring-Summer 1996 Review, for instance, noted that U.S. News & World Report ranked Strong Memorial Hospital, UR's teaching hospital, among the 100 best hospitals in the country.¹ The Spring-Summer 1998 Review, to take another example, celebrated the UR School of Medicine and Dentistry's third place ranking among the nation's top primary-care schools in the 1998 U.S. News & World Report.²

In *The Moral and Spiritual Crisis in Education*, David Purpel distinguishes between sentimentality, which does not acknowledge how one's actions contribute to a moral crisis, and responsibility, which acknowledges how those actions shape that crisis.³ Recent events at the University of Rochester serve to illustrate Purpel's thesis and raise questions about the ethics of human experimentation and the adequacy of regulatory oversight at university teaching hospitals.

Campus Deaths

On March 29, 1996, a symposium on the ethics of medical experimentation on human subjects was held at the University. That same day, a sophomore, Nicole Wan, took part in a UR-sponsored medical experiment that cost her life.

Wan had been paid \$150 for participating in an experiment at Strong Memorial Hospital, UR's teaching hospital, which involved having cells extracted from her lungs in order to study the effects of smoking and pollution. Wan left the bronchoscopy unit trembling from an overdose of lidocaine, an anesthetic. A couple of hours later, Wan had a seizure and was rushed to Strong, where she was placed on life support. She died a few days later.

Calling Wan's death an "isolated, very unfortunate incident," UR President Thomas Jackson offered what he called "an imperfect analogy." "If a student or somebody was hit by a car, would that lead people to think the campus was not safe? I hope not."⁴

Was Wan's death comparable, however imperfectly, to a car accident? The facts speak for themselves. The autopsy by the Monroe County medical examiner revealed lesions in Wan's lungs. The doctors failed to record the amount of lidocaine administered to Wan, who was given four times the maximum allowable dosage that UR had established in 1981. This maximum

¹ This article was originally published in the Spring/Summer 1999 *Covert Action Quarterly*.

dosage was inexplicably absent from the research protocol of the experiment in which Wan participated. Finally, the hospital staff failed to assess Wan's condition before she left the bronchoscopy unit.⁵

Just seven months prior to Wan's death, an inspector from the Food and Drug Administration (FDA) warned UR that its failure to follow proper procedures for human experimentation placed subjects at risk. UR officials denied that there was a link between Wan's death and the deficiencies cited by the FDA inspector.⁶

In October 1996, evaluators from the National Institutes of Health (NIH) visited UR and found that many research projects lacked the files that would enable their proper review. The NIH ordered UR to provide more staff and resources for UR's Human Subjects Review Board, and to write quarterly reports regarding progress in safeguarding research subjects.⁷

In his condolence letter, published in the April 4, 1996 Campus Times, UR's student newspaper, UR President Thomas Jackson wrote that Wan's death "occurred following her willing participation in support of one of the basic missions of the university-research that will enable individuals to live better."⁸

Jackson claimed in his letter that UR would "immediately and rigorously explore the circumstances" of Wan's death, and would "continue to press for all relevant facts." (The administration has never released the findings of its internal investigation into Wan's death.) In April 1996, Wan's family filed a \$100 million lawsuit against UR, which later settled the case for an undisclosed sum.

Around the time of Wan's death, Strong underwent a major restructuring. In the Winter 1996-97 Review, readers learned of changes in store for UR's hospital. Jay Stein, UR vice provost for health affairs, wrote: "The challenge to hospitals is clear: Cut your costs or you will be out of business... The University of Rochester Medical Center and the rest of the nation's academic medical centers must adapt if we are to continue to fulfill our role as the keystone of the health care system that is the envy of the world."⁹ Lost on the Review's readers were the implications of the UR administration's sentimental view of a corporatized health care system in which profit takes precedence over human well-being.

The UR administration cut \$40 million from Strong's \$360 million budget in just two years, eliminating 412 hospital jobs, including 114 nurse positions. It also eliminated the nurses' contractual weekend pay, and, according to many nurses, was forcing them to do "mandatory voluntary overtime."¹⁰ Nurses complained that lower-paid aides were being hired to do bedside care formerly undertaken by themselves,¹¹ that patient units were dangerously understaffed, and that they were being assigned to new units without adequate training or sufficient advance notice of unit closings.¹² The staff cuts left many nurses feeling isolated and unable to ask for help in the event of an emergency. The solution of the administration was to give the nurses walkie-talkies.¹³

In spring 1996, contract negotiations stalled between UR and Local 1199, the Hospital and Health Care Employees Union, which represents clerical and cleaning crew workers at Strong. The UR administration sought to reduce vacation pay, compensation for overtime, and tuition assistance for its union health care workers, most of whom earn between \$17,000 and \$19,000 a year. The UR administration wanted workers to contribute \$150 a month for their health

benefits package, and intended to cut health benefits for its future retirees who were 50 or older. UR, meanwhile, was doubling its contribution to the retirement fund of its managers.

The following year, 1997, saw a unionization drive for Strong nurses fail because of a barrage of UR administration anti-union propaganda and the lack of a student-labor coalition at UR to support the nurses. The nurses' concerns about patient safety at Strong did, however, become a public issue.

In the spring of that year, two health care workers and three patients in Strong's maternity unit were infected with a strain of invasive Group A streptococcus. One patient, Susan Dougherty, died after developing necrotizing fasciitis, the flesh-eating form of the disease. In the ensuing panic, some patients canceled operations at Strong, which was deluged with phone calls from individuals seeking information about the disease. A Rochester Democrat and Chronicle editorial criticized Strong for contributing to the panic by not releasing enough information about the outbreak:

It's not the first time the University of Rochester's teaching hospital has opted for the silent treatment. A year after a student died in a medical research study, the hospital has yet to disclose exactly what went wrong and what precautions have been put in place to prevent it happening again.¹⁴

New York Health Commissioner Barbara DeBuono hastened to reassure the public that Strong was "perfectly safe." "I would have no hesitation," she said, "in recommending any member of my family [to] go there."¹⁵ Nonetheless, the New York State Health Department cited several deficiencies in the care given to Dougherty and another patient. There had been a delay in recognizing Dougherty's condition and in aggressively treating it. Dougherty's attending physician had failed to see her for almost 60 hours. Even though they knew that Dougherty was allergic to latex, hospital staff twice used the substance in treating her. When Dougherty's heart stopped beating, it took ten minutes for personnel to locate emergency equipment.¹⁶ No cardiac monitor or defibrillator was on hand in the maternity unit. Strong's Chief Medical Officer, Raymond Mayewski, later explained that the equipment had been moved a few days earlier when a unit closed.¹⁷

At a press conference, Mayewski refused UR's responsibility for Dougherty's death even while confirming the state health department's findings:

Today, I would like to tell you and the public what I've already told Susan's family: We let you down. And we are deeply, deeply sorry. And we are going to do whatever is necessary to make sure that these problems never happen again in this institution. Could we have prevented Susan's death? We believe the answer is no. We believe that there was nothing we could have done because of the horrible nature of this infection. But we're not asking anyone to accept that. The fact is she died, the fact is we made mistakes.¹⁸

In July 1997, the Accreditation Council for Graduate Medical Education issued a warning letter to UR for its deficiencies in seven residency programs, for its inadequate supervision of residents, and for failing to conduct internal reviews of its programs until 1995, 13 years after the reviews were first required.¹⁹ Interviewed by the Campus Times, UR Provost Charles Phelps denied that the deficiencies cited in the report jeopardized patient care.²⁰

In March 1998, state health department inspectors visited Strong in response to patient complaints concerning the lack of resident supervision. Residents told inspectors that they often worked 10 to 30 hours beyond the 80 hour a week limit mandated by state regulations.²¹

Thanks to a 1976 National Labor Relations Board decision, the status of medical residents in private hospitals is that of students rather than employees. That decision is up for review soon. As matters stand, many UR medical residents are reluctant to bring institutional shortcomings to the attention of superiors whose letters of recommendation and evaluations will determine their suitability for the profession.²²

A History of Human Experimentation

UR's moral crisis in medicine has a long history. During the late 1940s, UR physicians injected uranium, plutonium, and polonium in unwitting human subjects. Eileen Welsome's 1993 Pulitzer Prize-winning series on the plutonium experiments drew attention to Atomic Energy Project activities at UR, which, in 1943, was chosen to host the medical division of the Manhattan Project and to monitor workers at nuclear plants around the country.

Eleven of the nation's 18 plutonium injection experiments took place at UR's Strong Memorial Hospital. UR research teams prepared an experimental plan for injecting human subjects with radioisotopes and following up the injections with the collection of tissue, urine, and stool samples. Researchers used the codeword "product" for "plutonium" in all communications and documents. The human subjects had code numbers preceded by the letters "HP"-for "Human Product."

Henry Slack, a 69-year-old alcoholic suffering from liver disease and pneumonia, was admitted to Strong on December 12, 1945. In a report, a UR physician described Slack as a "poorly nourished, weak, thin male who is slightly confused." After spending two months in the metabolism ward, Slack was injected with 6.5 micrograms of plutonium, subjecting him to about 56 times the radiation the average person could expect in a lifetime. Slack, a veteran of the Spanish-American War, died six days later, having served his country for the last time. The cause of death given was cirrhosis of the liver.²³

After doctors had taken tissue samples from Slack's corpse to trace plutonium, Wright Langham, group leader in radiobiology at the Los Alamos National Laboratory, who coordinated the plutonium injection experiments nationally, wrote to Samuel Bassett, head of UR's metabolism ward and the head of the plutonium and uranium injection experiments at UR. He recommended that terminal cases be injected with 10 times more plutonium than healthier patients. "In case you should decide to do another terminal case, I suggest you do 50 micrograms instead of 5. This would permit the analysis of much smaller samples and would make my work considerably easier... I feel reasonably certain there would be no harm in using larger amounts of material if you are sure the case is a terminal one...."²⁴

In his March 27, 1946 reply to Langham, Bassett wrote: "This case did turn out to be terminal but at the time I started the experimental period, there was sufficient uncertainty regarding the outcome to make me feel that the dose would be within the range of tolerance.... The larger doses that you mention, particularly 50 micrograms, might be given if a suitable opportunity occurred and if you are anxious that I should carry it through. I will see what can be done."²⁵

Janice Stadt, a hairdresser, was another unwitting guinea pig at Strong. UR physicians injected Stadt with plutonium-239 dissolved in a citrate complex so that the isotope would be effectively deposited in her muscles and bones.²⁶ Milton Stadt, her son, commented at a 1995 public hearing on the radiation experiments:

My mother, Janice Stadt, had a number, HP-8. She was injected with plutonium on March 9th, 1946. She was forty-one years old, and I was eleven years old at the time. My mother and father were never told or asked for any kind of consent to have this done to them. My mother went in [to the hospital] for scleroderma...and a duodenal ulcer, and somehow she got pushed into this lab where these monsters were.²⁷

In 1974, three survivors of the plutonium experiments came to Strong to provide blood, urine, and stool samples, not knowing that the purpose of the follow-up tests was to trace the plutonium remaining in their bodies. The patient-subjects were provided with first-class hotels, limousines, and fresh flowers-sentimental touches indeed. Two UR research scientists even gave their autographs to a patient-subject.²⁸

UR researchers also injected or fed radium, polonium, uranium, and lead to human subjects. The uranium experiments at Strong were explicitly designed to harm the subjects. The researchers stated in a 1948 report that the experiments were "designed to find the dose of a soluble uranium salt that when introduced intravenously would produce a just detectable renal injury...."²⁹

Mary Jean Connell is the only living survivor of the uranium experiments. Connell, a farmer's daughter who weighed only 81 pounds at the time of the experiment, went to Strong at the request of a physician who believed that she needed to gain weight. Upon her arrival at Strong in September 1946, Connell immediately gained 584 micrograms-the amount of uranium that a Strong doctor injected into her vein. In later years, Connell suffered from urinary tract infections and kidney pain. After she got an apology and a \$400,000 settlement from the federal government in 1996, Connell commented, "I'm afraid it's going to happen again you know."³⁰

Condemnation - 50 Years Later

The federal Advisory Committee on Human Radiation Experiments, which was established early in Clinton's presidency, concluded in its 1995 final report that there was "no expectation that the patient-subjects would benefit medically from the plutonium injections" and that the recollections of those involved in the plutonium experiments "all suggest that the patients did not know they had been injected with radioactive material or even that they were subjects of an experiment."³¹ While guidelines for human medical experimentation during the 40s and 50s were lax by today's standards, the need for informed consent was understood even then. In 1942, the chair of the federal Committee on Medical Research advised a UR researcher who sought to "work out a human experiment on the chemical prophylaxis of gonorrhoea," as follows: "When any risks are involved, volunteers only should be utilized as subjects, and these only after the risks have been fully explained and after signed statements have been obtained which shall prove that the volunteer offered his services with full knowledge and that claims for damage will be waived. An accurate record should be kept of the terms in which the risks involved were described."³²

The Advisory Committee summed up the ethics of the radioisotope injection experiments in this way:

The egregiousness of the disrespectful way in which the subjects of the injection experiments and their families were treated is heightened by the fact that the subjects were hospitalized patients. Their being ill and institutionalized left them vulnerable to exploitation. As patients, it would have been reasonable for them to assume that their physicians were acting in their best interests, even if they were being given "experimental" interventions. Instead, the physicians violated their fiduciary responsibilities by giving the patients substances from which there was no expectation they would benefit and whose effects were uncertain. This is clearest at Rochester where at least the uranium subjects, and perhaps the plutonium subjects, were apparently the personal patients of the principal investigator.³³

A legacy of the radiation experiments is the contamination of the UR campus. In 1945 or 1946, UR researchers buried rat carcasses and waste contaminated with plutonium, radium and polonium, at a remote point on UR grounds, 50 to 100 yards from a barge canal. A UR spokesman recently described the incident as a "historical footnote." UR officials foresee no health hazards.³⁴

In another historical footnote, UR Manhattan Project researchers deliberately contaminated a field next to the UR medical school with radiosodium in order to ascertain the shielding requirements for radiation-measuring equipment. In a 1980 interview, UR researcher Harold Hodge recalled what happened after the researchers mixed sodium-24 with water and poured it into sprinklers:

We walked along and sprinkled the driveway. This was after dark.... The next thing, we went out and sprayed a considerable part of the field.... It was sprayed and then after a while sprayed again, so there was a second and third application. We were all in rubber, so we didn't get wet with the stuff...then Staff [Stafford Warren, head of the medical division of the Manhattan Project] said that one of the things we needed was to see what would be the effect on the inside of a wooden building. So we took the end of the parking garage, and we sprinkled that up about as high as our shoulders, and somebody went inside and made measurements, and we sprinkled it again. Then we wanted to know about the inside of a brick building, and so we sprinkled the side of the animal house.... I had no idea what the readings were.... I hadn't the foggiest idea of what we were doing, except that obviously it was something radioactive.³⁵

Mind CIA Control

During the 1950s and 1960s, UR participated in CIA-sponsored mind-control experiments, for which it has yet to accept responsibility. The experiments, codenamed MK-ULTRA, were intended to develop surreptitious means to cause amnesia, shock, confusion, or impulsive behavior in individuals, to program people to carry out instructions, to incapacitate individuals with a knockout pill, and to publicly discredit individuals through the use of chemical substances. CIA director Richard Helms destroyed the MK-ULTRA records in 1973, shortly before congressional committees began investigating the CIA.

UR psychology chairman Richard Wendt, who served on 25 national defense committees, participated in Operation Chatter, an MK-ULTRA program designed to find methods of eliminating free will in others. The CIA was particularly interested in finding a "truth serum" that would make subjects dependent on their interrogators.

Using the Office of Naval Research as a front, the CIA funded Wendt's research under the guise of continuing his grant to study motion sickness. Wendt and his colleagues experimented on UR

students in a testing facility in the university library attic. They observed the test subjects through a two-way mirror and took notes on their reactions.

John Marks recounts Wendt's 1952 trip to West Germany on behalf of the CIA in his book on the MK-ULTRA experiments, *The Search for the "Manchurian Candidate."* Wendt had developed a concoction consisting of seconal, a depressant; dexedrine, a stimulant; and tetrahydrocannabinol, the active ingredient in marijuana. Tested on involuntary subjects who were defectors and double agents, the drug combination proved useless for interrogatory purposes of the CIA.³⁶

A Department of Defense document on Wendt's CIA project concluded that while he "is producing certain results, he has lost sight of the original requirement and has become enthralled by research on human behavior." Consequently, Wendt's CIA grant was terminated. His private assistant destroyed the heroin, morphine and mescaline that were found in Wendt's private safe after his death in 1977.³⁷

Besides the MK-ULTRA experiments, there were dangerous experiments at Strong that involved children. In 1963, a UR researcher under an Atomic Energy contract studied the intake of iodine-131 in children, including a six-year-old, who were given milk from a cow that had been fed the element. While iodine concentrates in the human thyroid gland and is essential to human health, its unstable form, known as I-131, has four extra neutrons, is radioactive, and can alter the DNA gene code or cause cancer. One of the children involved in the UR I-131 experiment subsequently developed thyroid cancer.³⁸

Fears for the Future

The tragedies at Strong underscore the need for better regulation of human subject experimentation and patient care at teaching hospitals. Institutions that violate research guidelines or federal and state laws ought to suffer consequences, whether in the form of hefty fines, loss of institutional research grants, suspension of the professional licenses of researchers, or public embarrassment. There is little indication that federal or state regulatory agencies are up to the task. The state health department failed to fine UR for the deficiencies that led to Wan's death, and waived the \$8,000 fine it imposed on UR in the Dougherty case.

UR recently announced that it would construct a state-of-the-art research facility estimated to cost \$73 million and would spend \$40 million in renovations to existing laboratories and offices. The project will be funded by donations, grants, loans, and medical center operating funds.³⁹ The extravagance underscores UR's phenomenal growth in corporate-sponsored research.

Until UR comes to terms with its past, it may never come to terms with its present. For now, questions remain. What is the human toll of cost-cutting? What has UR sacrificed on the altar of science and profit? When will public relations sniffles give way to acceptance of responsibility?

Endnotes:

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