

University of Pittsburgh

Report and Recommendations

Office of Diversity and Inclusion Review Committee on Parran Hall
June 11, 2018

Parran Hall ODIRC Report and Recommendation

Executive Summary

In early January 2018, the Office of Diversity and Inclusion (“ODI”) received a letter from Dr. Donald Burke, Dean of the Graduate School of Public Health (“School” or “GSPH”), requesting that the ODI form a review committee (“ODIRC”) to consider the name of Dr. Thomas Parran Jr. Hall (“Parran Hall”).

The ODIRC approached its work with a commitment that it be grounded in the University’s dedication to scholarship and academic excellence and institutional values of excellence, integrity, diversity and inclusion. It engaged in a full and thoughtful process. After research, study and discussion, the committee recommends that the name be removed, and that the University and the School should be encouraged to continue to educate about the infamous studies at issue so that some benefit may be gained in honor of those who have suffered from the past conduct within the Tuskegee study (1932-1972) and Guatemala experiments (1946-1948).

Recommendations

For the reasons set forth more fully below:

1. The committee recommends to the Chancellor that the University, through an appropriate Board of Trustees resolution, remove the name “Parran Hall” from the building located on DeSoto Street, which is the primary home of the GSPH.
2. The committee recommends to the Chancellor that the University and the GSPH continue to actively confront, study and learn from the studies referenced below.

Introduction and Background

Dean Burke’s request that the University consider the name of Parran Hall raised an important issue that required thoughtful consideration.

Parran Hall, the nine-story building, located on DeSoto Street, is the GSPH’s primary home, contains both classrooms and administrative/faculty offices. It is named after Dr. Parran, the nation’s sixth surgeon general from 1936 to 1948 and the first GSPH dean from 1948 until 1958. Pursuant to a resolution of the University’s Board of Trustees, the building was named Parran Hall in 1969.

Dr. Parran made many positive contributions to the field of medicine and public health. His efforts to destigmatize venereal disease, pass the Social Security Act, and establish the World Health Organization were particularly noteworthy. He was also the founding dean and instrumental in establishing the GSPH. But he also was Surgeon General when these two infamous studies were ongoing.

As Dean Burke described in his letter, the first infamous study, commonly known as the “Tuskegee Syphilis Study”, began in 1932 and was not halted by the U.S. Public Health

Service until 1972, when its existence became public. In the study, researchers observed the course of untreated syphilis among hundreds of previously infected African-American men. Infected patients in the study were not treated, despite being told that they were, even after the discovery of penicillin, the standard therapy after World War II for the disease. Some died because of the condition or passed it on to sexual partners and children.

The second study was an experiment conducted between 1946 and 1948. American researchers intentionally exposed more than 1,300 Guatemalan people including prisoners and mental institution patients, to syphilis, gonorrhea and chancroid without informed consent. This experiment was not made public until 2010.

Process and Community Input for the Parran Hall Concern

Following receipt of Dean Burke's letter, Pam Connelly in the Office of Diversity and Inclusion reviewed it and determined that it stated an institutional concern pursuant to the applicable ODI Complaint response guidelines (see http://www.diversity.pitt.edu/sites/default/files/ODI%20Complaint%20Guidelines_1.pdf).

Dr. Kathy Humphrey, Senior Vice Chancellor for Engagement and Secretary to the Board of Trustees, appointed a committee to represent the broad interests of the University community. The full committee list can be found below. Some members were selected based on their expertise in areas (e.g., historical interpretation, University history and/or relevant subject matter expertise), and others were selected as a representative from a specific department (e.g., the University or Health Sciences Library System). Student, staff and faculty representatives were nominated by Senate Council. The committee was chaired by Pam Connelly, Vice Chancellor for Diversity and Inclusion.

The committee was charged to review the concern filed by Dean Burke and to make a recommendation to the Chancellor regarding the building name. The charge did not include providing input on any new name, if applicable.

A webpage about the Parran Hall concern, the process, and the committee was published at <http://www.diversity.pitt.edu/diversity-resources/parran-hall-review>. The University actively sought input from the community, as set forth on that webpage. In response, the ODIRC received and reviewed sixty-four (64) submissions from inside and outside of the University community about the Parran Hall concern.

At the outset, the committee was opposed to any rash response to the concern as that would entail compromising or sacrificing core values of the University. In this case, the concern raised about Dr. Parran's legacy symbolized by the building name, including his association with the Tuskegee and Guatemalan STD studies, was challenging and deserving of due consideration.

As a starting point, the committee discussed, and ultimately agreed to, Principles and Factors for Consideration that might impact its debate and analysis. Those Principles

and Factors for Consideration formed the backdrop of the deliberations and can be found at Appendix A.

The committee then conducted research and gathered resources, which were shared. See Appendix B which lists the shared resources. In addition, many members of the committee attended the symposium titled “Thomas Parran: His Career, His Name and His Legacy” hosted by the GSPH on March 29, 2018 during which four scholars examined Dr. Parran’s mixed legacy.

In addition, the committee invited Dean Burke to attend a meeting and discuss the history and his thoughts with the committee. Dean Burke accepted the invitation and attended a meeting during which he shared his extensive knowledge of Dr. Parran as well as his knowledge of the historical treatment of syphilis. Dean Burke did not express an opinion on what the committee should recommend. The committee greatly appreciated his perspective and knowledge.

The Office of the Chancellor received, and shared with the Office of Diversity and Inclusion, over 1300 signatures to a petition urging the University to change the building name.

Finally, the Committee reviewed and agreed to use as a reference the “Guide to Democratic Deliberation for Public Health Ethics Professionals” which is an inclusive method of decision-making used to address an open policy question. It requires a diverse set of participants to consider both relevant empirical information as well as ethical and moral bases for decisions. Participants justify their arguments with reasons and treat one another with mutual respect, with the goal of reaching an actionable decision for policy or law.

The committee’s deliberation reflected an approach to collaborative decision making that embraced respectful debate of opposing views and active participation. Committee members worked toward agreement whenever possible and maintained mutual respect when it was not. The committee deliberated taking into consideration the documents, symposium, statements, submissions and dialog. The committee was limited in its time, in the incomplete nature of the historical record, and in access to key witnesses who are deceased and cannot provide their perspectives. Nevertheless, the committee strove to understand the broad contributions of Dr. Parran, the context in which the Tuskegee and Guatemala studies took place, Dr. Parran’s role in those studies, and the impact and consequences of the studies themselves. In doing so, the committee made a concerted effort to distinguish between unsubstantiated claims and historical facts.

Throughout the committee’s work, there were full, thoughtful and open discussions. Documentation and evidence, as well as moral and ethical considerations, were considered.

The committee’s discussions reflected the various knowledge, perspectives, experience and expertise of the individual members. On some questions, the evidence could lead

reasonable minds to differing conclusions. To be clear, in fulfilling its charge, the committee was not tasked with determining the character of Dr. Parran as a person. Instead, the committee was charged with considering whether his name should remain on a building dedicated to public health.

Ultimately, the committee unanimously agreed on the recommendations in this report. It should be noted that the underlying rationale varied by individual. However, several key points of consensus led to the recommendations.

Points of Consensus Supporting Recommendations

Dr. Parran made many positive contributions to the field of medicine and public health. His efforts to destigmatize venereal disease and pass the Social Security Act, and his role in establishing the World Health Organization, were particularly noteworthy. He was also the founding dean and instrumental in establishing the GSPH.

When the Pitt Board of Trustees named the hall in the late 1960's, information about the Tuskegee and the Guatemala studies had not yet emerged (that was in 1973 and 2010 respectively). It is thus appropriate to re-visit this naming given the new information that was not publicly known at the time of the original naming.

As is well documented by experts and governmental agencies, there were egregious and indefensible ethical breaches associated with both studies that caused ongoing human suffering.

The Tuskegee study and Guatemala experiments are fundamentally at odds with the University's core values, including the values of integrity, excellence, diversity and inclusion.

Dr. Parran's role, and the extent of his influence in approving, funding, and providing oversight of the Tuskegee and Guatemalan studies, is not entirely clear. Based upon the evidence available today, it might not be possible to determine with certainty Dr. Parran's level of knowledge and involvement in the studies.

However, because of his role as US Surgeon General during 1936-48, a tenure that overlapped the implementation of both studies, the committee felt that Dr. Parran bears some responsibility for the studies and their consequences, regardless of the exact level of his involvement. His role as Surgeon General was sufficiently troubling to the committee to support a recommendation to remove his name from the building.

The harm that resulted from these studies continues today. For example, as demonstrated by the submissions to the ODIRC and in the deliberations, the Tuskegee study resulted in a legacy of mistrust by many African-Americans for their healthcare providers and a lower level of participation in the medical research studies, to the detriment of African-American health.

Dr. Parran's contributions to public health, specifically in the prevention, public education about and treatment of socially transmitted diseases and for his advocacy of global health are well-documented, considerable and long-lasting.

Nonetheless, these contributions do not outweigh the costs associated with the ethical violations and misconduct demonstrated in these now infamous studies that occurred, at least in part, while he was Surgeon General of the United States.

Further, the most controversial aspects of Parran's leadership legacy, which became known long after the building naming, are not incidental or unrelated to the nature of the building. The power of symbols is not in what they are intended to convey, but in the messages that are received. For many in our community and beyond, the received message is that the University of Pittsburgh is celebrating a name associated with some of modern history's most grievous racialized abuses in the research on human subjects.

Finally, as evidenced by the submissions to the ODIRC, many of those whom the GSPH, and certainly the entire University, hopes to attract, may be hesitant to affiliate themselves with an institution that honors a leader associated with this type of controversial history.

Recommendations

In light of the above points of consensus, and the totality of the committee's review, the committee is satisfied that the institutional concern raised by Dr. Burke is one of the rare circumstances where a recommended name change is appropriate. Considering all dimensions of the problem and having thoughtfully reviewed the pertinent resource materials made available, including the symposium and Dean Burke's input, the committee recommends that Dr. Parran's name be removed from Parran Hall.

Further, this concern has provided an opportunity for Pitt, as an educational institution, to educate on issues of ethics and race. As such, the committee recommends that the University consider creating a plaque or other display within the building to address Dr. Parran's complex legacy. Both his connection to the infamous studies and his considerable contributions to public health should be addressed. The committee further recommends that the Chancellor encourage the GSPH to continue to educate about the Tuskegee study and Guatemala experiments so that some current benefit is gained in honor of those who have suffered.

Respectfully,

Parran Hall ODIRC Committee Members

Dr. Kathleen Blee - Bettye J. and Ralph E. Bailey Dean, Dietrich School of Arts and Sciences

Zachary Brodt - University Archivist, University Library System (ULS)

Pamela W. Connelly - Vice Chancellor for Diversity and Inclusion, Committee Chair

Paula K. Davis - Assistant Vice Chancellor for Health Sciences Diversity

Susan Devaraj - Graduate School of Public Health (GSPH) Student Representative

Jamie Ducar - Assistant Director of Community Relations

Barbara Epstein - Director, Health Sciences Library System (HSLs)

Dr. Larry Glasco - Associate Professor, Department of History

Dr. Barry Gold - Professor, Pharmaceutical Sciences

Zuri Kent-Smith – 2017-2018 Executive Vice President, Student Government Board (SGB)

Dr. Laurie Kirsch - Vice Provost for Faculty Affairs, Development, and Diversity

Amy Kleebank - Art Director, Office of University Communications, Staff Council Representative

Dr. Lisa S. Parker – Professor of Human Genetics, Graduate School of Public Health, and Director of the University's Center for Bioethics and Health Law

Dr. Wesley Rohrer - Associate Professor, Health Policy and Management, Co-Director, Doctoral Program in Health Services Research & Policy, Graduate School of Public Health

Christopher Staten – 2017-2018 President, Graduate and Professional Student Government (GPSG)

Appendix A

Principles and Factors for Consideration

The Committee agreed that the following are important Principles and Factors that may advise analysis in cases such as these:

Institutional concerns will often provide opportunities to teach and to learn, which are consistent with and essential to the University's mission.

The University, as an institution of higher learning, has an ongoing duty to continue to explore, examine and interpret its history and legacy.

Except when in conflict with University values as stated in the Plan for Pitt, the University is committed to ensuring that history, traditions and legacy are appropriately preserved, even where it is uncomfortable. Historical, cultural and institutional context are factors to consider.

A significant factor for consideration is whether the subject matter of the issue, concern or complaint is fundamentally at odds with the University's core values, including values of diversity and inclusion.

Major actions resulting from an institutional concern, such as a building renaming, should be rare events because history and traditions are important.

Major actions resulting from an institutional concern, although uncommon, will sometimes be appropriate.

When faced with an institutional concern, the University should engage in due diligence in its research, including consultation with subject matter experts.

The University should address institutional concerns through a transparent process that includes community engagement.

The University seeks to honor past commitments where appropriate.

The University should seek effective remedies and outcomes to address institutional concerns, to include contextualization and educational opportunities.

Appendix B

Shared Resources

Bender, William. "Did a U.S. Surgeon General Come up with the Idea of the Notorious Tuskegee Syphilis Experiment?" Philly.com, 20 July 2017, www.philly.com/philly/news/thomas-parran-tuskegee-syphilis-hornblum-experiment-20170720.html

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Parran, Thomas. "Charter for World Health." *Public Health Reports (1896-1970)*, vol. 61, no. 35, 1946, p. 1265., doi:10.2307/4585811.

Parran, Thomas. *Shadow on the Land: Syphilis*. Reynal & Hitchcock, 1938.

Parran, Thomas. "Syphilis from the Epidemiologists Point of View." *American Journal of Public Health*, 1932.

Reverby, Susan M. "The Fielding H. Garrison Lecture: Enemy of the People/Enemy of the State: Two Great (Ly Infamous) Doctors, Passions, and the Judgment of History." *African Studies Review*, Cambridge University Press, 20 Oct. 2014, muse.jhu.edu/article/556934.

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Submissions from the Community to diversity@pitt.edu

Petitions from the University Community (over 1300)

Submissions from the Community to Dean Burke