The Fielding H. Garrison Lecture
Enemy of the People/Enemy of the State: Two Great(ly Infamous) Doctors, Passions, and the Judgment of History

SUSAN M. REVERBY

SUMMARY: If the aphorism "history will be the judge" is deployed, the active agent of this formulation is the historian. Comparing two great(ly infamous) doctors, John C. Cutler and Alan Berkman, the article considers how historians balance digging for sources, creating meaningful narrative, and acknowledging our own beliefs that embed in the judgments we make. The article explores our responsibility for balance and moral judgment at the same time. Cutler, admonished for his role in the infamous sexually transmitted diseases studies in Tuskegee and Guatemala, also was a well-respected researcher and teacher. Berkman, renowned for his success in global HIV/AIDs activism, was also only the second physician in U.S. history to be charged with accessory to murder after the fact and who served seven hard years for bombings and robbery. The author considers her relationship to these physicians and the effort to create a passionate historical practice.

KEYWORDS: great doctors, historical judgment, historical theory

The field of history of medicine/health care has experienced contentious debates over the *should dos:* whether historians should be expert witnesses, policy analysts, or contract historians. There have been disputes, too,

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about what kind of history we *ought to* be doing: intellectual, social, or cultural.[1] There has been less discussion, however, on the *often dos*: those quiet moments of terror, denial, or secret pleasure that surely all of us have, in some mixture, when we make judgments about those we write about when we act as *historians qua historians.*

When the aphorism "history will be the judge" is deployed, the personified agent of this active grammatical formulation is the historian.[2] For while we may simply say we are trying to find out the truth, most of us ought to acknowledge that a historian issues a "judge's opinions," based in facts we can obtain and narratives we create, presumably with what historian Charles Maier calls attention to "contrapuntal voices."[3] Yet we are not just the objective judges since we also present the evidence, create the narrative, and find our own values enmeshed in our decisions, as we attempt to respect the pastness of the past. We do this knowing full well that another historian/judge may very well overturn our decision, but that for a time our historical judgment may create both understandings and even memories.[4] How then can we be mobilized into thoughtfulness by

1. For examples of these debates, see Susan Reverby and David Rosner, "Beyond 'the Great Doctors,'" in *Health Care in America: Essays in Social History* (Philadelphia: Temple University Press, 1979), 3–16; David Rosner, "Tempest in a Test Tube: Medical History and the Historian," *Radical Hist. Rev.* 26 (1982): 166–71; Susan M. Reverby and David Rosner, "'Beyond the Great Doctors' Revisited: A Generation of the 'New' Social History of Medicine" in *Locating Medical History: The Stories and Their Meanings*, ed. Frank Huisman and John Harley Warner (Baltimore: Johns Hopkins University Press, 2004), 167–93; David J. Rothman, "Serving Clio and Client: The Historian as Expert Witness," *Bull. Hist. Med.* 77 (2003): 25–44; David Cantor, "Contracting Cancer? The Politics of Commissioned Histories," *Soc. Hist. Med.* 5 (1992): 131–42; Robert Proctor, "Historians Join the Conspiracy," in *Golden Holocaust: Origins of the Cigarette Catastrophe and the Case for Abolition* (Berkeley: University of California Press, 2011), 459–82; David Rosner and Gerald Markowitz, "The Trials and Tribulations of Two Historians: Adjudicating Responsibility for Pollution and Personal Harm," *Med. Hist.* 53 (2009): 271–92; Beth Linker, "Resuscitating the 'Great Doctor': The Career of Biography in Medical History," in *The History and Poetics of Scientific Biography*, ed. Thomas Söderqvist (Aldershot, UK: Ashgate, 2007), 221–39.

2. For a discussion of these issues, see Michael S. Roth, *Memory, Trauma and History* (New York: Columbia University Press, 2012).

3. As Charles Maier argues, "The judge along with the historian, both preeminently aspire to produce a coherent narrative: one that explains and interprets as well as records." Charles Maier, "Doing History, Doing Justice: The Narrative of the Historian and of the Truth Commission," in *Truth versus Justice: The Morality of Truth Commissions*, ed. Robert I. Rotberg and Dennis Thompson (Princeton: Princeton University Press, 2010), 261–78, quotations on 271 and 275, respectively.

4. As a historian of the syphilis study in Tuskegee, I have been struck again and again how much James H. Jones's narrative and judgments in *Bad Blood: The Tuskegee Syphilis Experiment* (1981; repr., New York: Free Press, 1992) completely shaped the memories of bioethicists, researchers, and community members about this study.

what I would label the anxiety that comes with making a historical judgment, and especially about an individual's acts?[5]

I will consider how to overcome this apprehension to write "responsible history" especially in the face of what the ancients would have thought of as "evil," even murderous acts, and we now think of as human rights violations, or moral and ethical failures, and even crimes against humanity perpetuated by the state that involve medicine.[6] In our field, in particular, we have a special obligation to consider how we make fair judgments since so much of our subject matter involves human suffering and death. Furthermore we have to do this without either creating a context that washes out all individual responsibility, or a simple finding that creates a melodramatic individual in black or white.[7] I argue it requires the usual digging for sources, creating a meaningful narrative, *and* acknowledging our own beliefs that embed in the judgments we make.

In order to explore these concerns, I examine two great(ly infamous) doctors—John C. Cutler, now seen as an enemy of the people, and Alan Berkman, once labeled an enemy of the state—to provide insight into medical passions and some of the complexities of judging two very different physicians. [8] I have sought as a historian to explain their actions in context as their biographies have become intertwined with mine, while acknowledging my emotional/professional investment.

I do this as one of the 1970s critics of the limits of studying the "great doctors" when such scholarship ignored the larger political and social context of health care worlds, filled too with patients, subjects, families, health care professionals, and workers—all with their own intersecting race, class, sexuality, ethnicity, and gender needs and interests, forms of resistance, and political organizations. However, this article is not a form

5. This is not the more literary anxiety of authorship so well explored by feminist scholars; see Sandra M. Gilbert and Susan Gubar, *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Literary Imagination* (New Haven, Conn.: Yale University Press, 1979). After I wrote this I found almost the exact same sentence in Deborah E. Lipstadt's introduction to her book *The Eichmann Trial* (New York: Shocken Press, 2011), xxvii, where she claims that naming one's personal experiences is expected and the historian should "try to ensure that they clarify, rather than cloud, her understanding."

6. Antoon De Baets, *Responsible History* (New York: Berghahn Books, 2009).

7. The classic view of this problem is Hannah Arendt, *Eichmann in Jerusalem: A Report on the Banality of Evil* (New York: Viking Press, 1963).. On the problem of melodrama, see Susan M. Reverby, "Ethical Failures and History Lessons: The U.S. Public Health Service Studies in Tuskegee and Guatemala," *Pub. Health Rev.* 34 (2012): 1–18.

8. Jacalyn Duffin, "'*La Mauvaise Herbe*': Unwanted Biographies Both Great and Small," in Söderqvist, *History and Poetics of Scientific Biography* (n. 1), 185–97, quotation on 195.

of penance for this career-long focus. Rather it is an expansion of that earlier critique into a widening of concerns about doing historical work.[9]

Moreover, feminist, postmodernist, and postcolonial studies have given us more insight, and permission, to link individual lives to their eras and to our own fascinations without violating historical methods, or falling into unwanted solipsism.[10] In connecting judgment to moral understandings, historians Mark Weisberg and Jacalyn Duffin assure us we should be "evoking the moral imagination" of those we teach. In an earlier formulation, Henry Sigerist, one of our field's earliest leaders, wanted the stories of the great doctors to inspire "the unknown doctor" so that "we can recognize our own images in them."[11]

Whether practitioners or not, we can be historical judges who arouse moral thinking even if we do, and do not "recognize our own images" in those we write about. I consider the biographies of these two doctors because their very different forms of infamy transform the meaning of "greatness." We should recognize how their passions and circumstances led to their experiences, even perhaps their tragedies. We need to consider how our own beliefs should be used to understand theirs, even as we judge them while sharing or disagreeing with their assumptions and actions. For, as medical historian Roger Cooter has argued, there is no "neutral shelter" and "the only solution for the historian is continually to interrogate him- or herself as the analyzing subject, constantly self-monitoring and destabilizing the historical self."[12]

We have to give-up the illusory moral certitude the search for truth promises, while we still critically parse out what happened and what it means. Imagine this essay then as a musing on self-reflexive historical judging when, as often in the history of nursing, public health, medicine, health care and research, lives hang in the balance, and the very meaning, in these cases, of doctoring and researching is also on historical trial.

9. Reverby and Rosner, "Beyond 'the Great Doctors'" and "'Beyond the Great Doctors' Revisited" (n. 1).

10. Joan Wallach Scott, *The Fantasy of Feminist History* (Durham, N.C.: Duke University Press, 2011); Carlo Ginzburg, *The Judge and the Historian* (London: Verso, 2002); Vladimir Petrović, "Historians as Expert Witnesses in the Age of Extremes" (Ph.D. diss., Central European University, Budapest, 2009).

11. Mark Weisberg and Jacalyn Duffin, "Evoking the Moral Imagination: Using Stories to Teach Ethics and Professionalism to Nursing, Medical and Law Students," *J. Med. Human.* 16 (1995): 247–63; Henry E. Sigerist, *The Great Doctors* (New York: Norton, 1933), 18.

12. Roger Cooter, "The End? History-Writing in the Age of Biomedicine (and Before)," in Roger Cooter with Claudia Stein, *Writing History in the Age of Biomedicine* (New Haven, Conn.: Yale University Press, 2013), 1–40, quotation on 7.

John Charles Cutler

I begin with John Charles Cutler (1915–2003), because his name has become linked with immoral research since both President Clinton and President Obama have apologized for the studies done in Tuskegee and Guatemala with which he is associated.[13] Into the 1990s, Cutler defended the "Untreated Syphilis in the Male Negro" study in Tuskegee (1932–72) that he worked and published on. He directed the sexually transmitted diseases inoculation studies in Guatemala (1946–48) that the Presidential Commission for the Study of Bioethical Issues judged in 2011 had crossed the line to the "ethically impossible," and perhaps even into the realm of torture.[14] My own finding of the Cutler Papers at the University of Pittsburgh archives on the unpublished Guatemala studies, contact with former Centers for Disease Control director David Sencer, paper at the 2010 American Association for the History of Medicine annual meeting and then article on the studies, the subsequent federal apology, and the Bioethical Issues Commission report led to worldwide media coverage and condemnations.[15] In most media tellings Cutler was labeled the "infamous Dr. Cutler." He became the poster man for the problem of scientific passions left unchecked that trump human rights concerns, coupled to racist and seemingly evil assumptions about bodies made "useful" for science.[16]

13. On Cutler in Tuskegee and Guatemala, see Susan M. Reverby, ed., *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study* (Chapel Hill: University of North Carolina Press, 2000); Susan M. Reverby, *Examining Tuskegee: The Infamous Syphilis Study and Its Legacy* (Chapel Hill: University of North Carolina Press, 2009); Susan M. Reverby, "'Normal Exposure' and Inoculation Syphilis: A PHS 'Tuskegee' Doctor in Guatemala, 1946–1948," *J. Policy Hist.* 23 (2011): 6–28. After the apology from the secretaries of state and health and human services on October 1, 2010, and President Obama's call to President Colom in Guatemala, there was worldwide media coverage of the studies in Guatemala and a presidential bioethics commission report. See Presidential Commission for the Study of Bioethical Issues, *"Ethically Impossible": STD Research in Guatemala 1946–1948* (Washington, D.C.: Presidential Commission for the Study of Bioethical Issues, 2011), available at http://www.bioethics.gov. For an example of the use of the term "infamous" in relationship to Cutler, see Torsten Ove, "Before Tuskegee, the Guatemala Experiment: A Pitt Legend's Research Is Under Scrutiny," *Pittsburgh Post-Gazette,* June 12, 2011.

14. Presidential Commission, *"Ethically Impossible"* (n. 13).

15. Reverby, "'Normal Exposure'" (n. 13). The article was first given as a paper at the May 2010 annual meeting of the American Association for the History of Medicine. The story of the study broke on October 1, 2010. I knew David Sencer because he had been the director of the Centers for Disease Control during the last years of the study in Tuskegee. We worked together to share the information about Guatemala within CDC and then it went up the chain of command to the White House. I did dozens of media interviews within the first day of the story breaking and over fifty lectures on it between 2010 and 2013.

16. The term comes from *Useful Bodies: Humans in the Service of Medical Science in the Twentieth Century*, ed. Jordan Goodman, Anthony McElligott, and Lara Marks (Baltimore: Johns Hopkins University Press, 2008).

After receiving his medical degree from Western Reserve in Cleveland, Cutler added a Hopkins master's degree in public health to his resume and had a respectable career in the Public Health Service, the World Health Organization, and the Pan-American Health Organization. In the late 1960s, he became a professor of population health, and for a time, acting dean at the University of Pittsburgh School of Public Health. He has sixty-one articles catalogued in PubMed. Yet if the outcry had not come over the studies in Guatemala and Tuskegee, he would have remained known primarily as an international health doctor/researcher in the fields of what we now label reproductive health and sexually transmitted infections (STIs).

As with many biomedical scientists who have chosen a life in the world of stigmatized diseases, Cutler prided himself on a "medical point of view" of objectivity to avoid what he labeled "a judgmental, moralistic attitude."[17] He was part of the generation of liberal physicians who hoped to make the study and care of those with sexually transmitted diseases (STDs) and reproductive health needs serviced by science. Cutler's infamy, of course, comes from his failure to reassess his own "judgmental, moralistic" assumptions about scientific research time and again, and his inability to see past what he was doing to explore what it meant to those he did it to.

Indeed in 1992, two decades after the study in Tuskegee ended, Cutler agreed to appear in the widely seen and taught PBS Nova documentary "Deadly Deception" and in a British Channel 4 film "Secret History: Bad Blood," about the syphilis study in Tuskegee.[18] He played an administrative role in that study in the mid-1950s, and his name is part of the "et al." in two reports focused on serology and pathology from the study's thirteen published articles.[19] In the documentaries, however, the words "et al." become embodied.

17. John C. Cutler and R. C. Arnold, "Venereal Disease Control by Health Departments in the Past: Lessons for the Present," in Reverby, *Tuskegee's Truths* (n. 13), 495-506, quotations on 495, 505.

18. "The Deadly Deception," *Nova*, PBS, directed by Denise DiIanni (DVD; Boston: WGBH Educational Foundation Films for the Humanities and Sciences, 1993); and *Secret History: Bad Blood* (VHS; London: Channel 4 in Association with the Arts and Entertainment Network, 1992).

19. Sidney Olansky, A. Harris, John C. Cutler, and Eleanor V. Price," Untreated Syphilis in the Male Negro: Twenty-Two Years of Serologic Observation in a Selected Syphilis Study Group," *AMA Arch. Derm.* 73 (1956): 516–22; J. J. Peters, J. H. Peers, Sidney Olansky, John C. Cutler, and G. A. Gleeson, "Untreated Syphilis in the Male Negro: Pathologic Findings in Syphilitic and Nonsyphilitic Patients," *J. Chronic Dis.* 2 (1955): 127–48. It is possible his name was added because Cutler was in the Venereal Disease Division of the Public Health Service and perhaps just read over drafts of the articles before they were published. I am grateful to Anne-Emanuelle Birn for reminding me of this and suggesting it also could explain, in part, why he never apologized if he did very little on the studies in Tuskegee.

Cutler is one of the three physicians still alive who were involved with the study in Tuskegee who were willing to defend it on camera.[20] Cutler argued the Public Health Service had nothing to apologize for in Tuskegee and that the men/unknowing subjects were "soldiers" in a war against syphilis and that "we have no compunction about sending soldiers off to war."[21] With his bland visage and piercing eyes, Cutler exemplified on screen the cold researcher completely unwilling, nearly twenty years after the study had ended, to even consider that something had been done wrong.[22] For many of us writing on the study's history and lack of ethics, it was our contemporary judgment of the failure of the researchers to express atonement and to recognize the racism that drove us into the effort to obtain the apology from President Bill Clinton.[23]

When I found the papers about the studies in Guatemala, and later wrote on them, I was horrified by what Cutler was willing to do, supported by the American government's medical research apparatus, to achieve scientific ends of determining if penicillin would also work as a prophylaxis in STDs.[24] Yet I also, at first, thought he was treating the subjects (and it was only clear he was not after the actual thousands of patient records were analyzed) and worried that I was just contributing to yet just another research horror story in a long litany. It was only in discussions with other ethicists, historians, and then CDC officials that clarity about what had happened emerged for me.

When I first wrote about Cutler in a book about the study in Tuskegee and in the article about the work in Guatemala, I knew little about his background and other work. However, in becoming his historical judge, I felt the obligation to find out more to try and explain, but not to approve, his actions. Cutler was thirty-one years old and four years out of medical school when he was sent to Guatemala, before he ever did any work in Tuskegee. Despite the sound of his seeming aristocratic voice, and the belief of other colleagues who assumed he had an upper-class background, he grew up in a Cleveland working-class family where his

20. The others were Sidney Olansky, who had directed the study, and David Sencer, the former CDC director whose answers on the documentary were more bureaucratic.

21. *Secret History: Bad Blood* (n. 18).

22. Tom Junod, "Deadly Medicine," in Reverby, *Tuskegee's Truths* (n. 13), 509–26. Junod explored the public reaction to Sidney Olansky's appearance in a 1992 ABC *Primetime* television report on the study in Tuskegee.

23. Reverby, *Examining Tuskegee* (n. 13), 220–26.

24. Reverby, "'Normal Exposure'" (n. 13).

25. John C. Cutler Personnel File, PHS. I am grateful to the Presidential Bioethical Commission for sending this to me. It can now be found linked to footnote 633 in their *"Ethically Impossible"* (n. 13) report. http://www.bioethics.gov.

father Glenn labored as a carpenter at the Cleveland City Hall. When Cutler applied to the Public Health Service he reported he had worked as a "coal salesman" throughout college and medical school.[25] His sister went to beauty school and worked as a beautician to help with the family finances during the Depression, although she later went on to law school and owned a business.[26]

Cutler was the oldest of four children, and by the time he went to Guatemala his brothers made what American society labels the "ultimate sacrifice." His brother Frank had become an "ace" as a captain in the Army Air Force, known for his many combat kills until he was shot down over Germany in 1944 and awarded the posthumous Silver Star. Harold, the other brother, never made it into the air because he was killed in a training accident at his base.[27] Cutler then, as with many of his generation, knew full well the cost of familial sacrifice in a war, even if in the end he saw himself in charge of a battle against moral ignorance and a deadly bacterial enemy.

Before these deaths, Cutler married while he was in the U.S. Coast Guard in 1942, to a woman whose German immigrant family was in the importing business, and lived on the water in upper-class Sutton Manor in New Rochelle, New York. The family of his wife, Eliese Strahl, sent her to private school during the Depression, to Wellesley for college where she graduated in 1939, and then on to the Clarence White School of photography for formal training in New York, where famed photographers Dorothea Lange and Margaret Bourke White had studied.[28] She shared Cutler's passions for work on what was then labeled venereal diseases and contraception, and provided thousands of professional photographs to document the project in Guatemala. As her adopted son wrote in her obituary in 2012, quoting Cutler, she was

> "an un-paid, full-time (and over-time) volunteer, able to provide the skills which are all-too-often either non-existent in local areas or unpurchasable because of the budgetary limitations of public service." Her work with John ranged from expedition manager for a field team of 30 people working in primitive condi-

26. "Elizabeth Inez Cutler Cobb," *Find a Grave Memorial*, http://www.findagrave.com/cgi-bin/fg.cgi?page=gr&GRid=37802587 (accessed February 3, 2012).

27. Ibid. and "Frank A. Cutler," *Military Times Hall of Valor*, http://militarytimes.com/citations-medals-awards/recipient.php?recipientid=45156 (accessed February 3, 2012).

28. "Eliese Strahl, New Rochelle, Wed to Dr. Cutler, of Coast Guard," *New York Herald Tribune*, November 22, 1942, Wellesley College Alumnae Files, Wellesley College, Wellesley, Mass.

tions, through clinical photographer, chief record clerk and/or clinic manager in locales including remote Indian villages, major hospitals and big-city slums.[29]

Cutler built the first part of his career within various governmental and international health agencies, taking more seriously than others the importance of the institutional chain of command and the emerging attention to international health in the post–World War II era.[30] His efforts were never just in research, although he started out with a focus on serologies and laboratory proof of penicillin's effectiveness, then did more field surveys and provision of care.[31] He worked between 1949 and 1950 in a remote part of India (Himachal Pradesh) as the leader of a WHO Venereal Disease Demonstration Team that involved both a survey and treatment with penicillin. While he acknowledged the religious and cultural differences, the project ran into difficulties as the subject/patients refused multiple blood testing surveys. Cutler concluded, "that modern public-health measures can be effectively instituted only in correlation with the rate of improvement in general education and social conditions."[32] Similarly, at the request of the Afghan government, he spent several weeks in Afghanistan in 1949 to do a cursory venereal disease survey, noting the lack of supplies and difficulties, for example, in a boys' school with sixty positive syphilis case where "only one 10-ml. syringe and one needle were available" to give the weekly injections.[33] None of

29. See http://www.legacy.com/obituaries/postgazette/obituary.aspx?n=eliese-s-cutler&pid=160984496&fhid=9719 (accessed August 30, 2013). John and Eliese Cutler never had children. There was a godson and a nephew with whom they were very close. She asked that neither of them speak to me in any detail after the story on the Guatemala studies broke on October 1, 2010. At the end of her life, Eliese Cutler adopted her nephew.

30. Telephone interview with Ward Cates, February 16, 2012. Cates, who now heads FHI 360, met Cutler when Pitt was one of the field sites as the CDC was monitoring abortion after *Roe v. Wade*. Telephone interview with Marc Hiller, December 9, 2011. Hiller had been Cutler's student at the University of Pittsburgh.

31. There are sixty-one PubMed articles listed under John C. Cutler; see also Jan Ackerman, "Obituary: John Charles Cutler/Pioneer in Preventing Sexual Diseases, *Pittsburgh Post-Gazette*, February 12, 2003, http://old.post-gazette.com/obituaries/20030212cutler0212p3.asp (accessed March 28, 2009).

32. Joseph Kvittingen, John C. Cutler, et al., "Serological Aspects of a Syphilis-Control Programme in the Ghund Area, Himachal Pradesh, India," *Bull. World Health Org.* 7 (1952): 83–101, quotation on 98.

33. J. C. Cutler, "Survey of Venereal Diseases in Afghanistan," *Bull. World Health Org.* 2 (1950): 689–703, quotation on 699. Again he called for a program only in the context of improved general public health and medical care. The article included beautiful professional-level photographs of Afghanistan and its people that I suspect were taken by Eliese Cutler, although she is not acknowledged.

his reports are judgmental (as in his discussion of homosexuality at the Afghan boys' school), and all reflected his concern with economic and political development necessary to create an infrastructure for public health in what was then called the developing world.

Cutler partook in the excitement of being on the cutting edge of winning a war against syphilis through scientific research and administrating appropriate colonial/modernization public health practices in the post-penicillin era. He joined the Public Health Service, then headed by Thomas Parran, who understood what Russian Nobel Prize winner Elie Metchnikoff had declared a generation before: that since "moral prophylaxis" failed in syphilis, "the immoral thing is to restrain any available means we have of combating this plague."[34] Yet Cutler's own work in Guatemala has been condemned as "immoral," even for its time.[35] Cutler's other work (outside of Tuskegee too) reflects that of a typical technocratic STD public health researcher—with detailed articles on antigens, serologies, reinfection after penicillin, possible vaccines—in an era when the word "eradication" was becoming the holy grail for many in international public health.[36]

Cutler also lived long enough to be part of the small group of physicians and public health researchers who connected primary and secondary prevention in STDs with contraception and reproductive issues that had been separated since the 1920s and 1930s.[37] Before the HIV/AIDS epidemic brought prophylaxis back into public view, Cutler understood and advocated for the connection between STI prevention and contraception.[38] Still working with his mentor, public health researcher R. C. Arnold, on the search for a woman controlled "pro-con" (prophylactic-contraceptive), for example, Cutler and Arnold never gave up hope that prophylaxis, not just treatment, mattered in the control of STDs. Cutler believed strongly that women ought to be able to prevent infection and their own pregnancies.[39]

34. Quoted in Paul De Kruif, "Enlisting Women Against Shame," *Ken* 1 (April 7, 1938): 30.

35. Although, as the Presidential Commission report makes clear in a somewhat buried sentence, we are not certain how many unconsented subjects actually became infected or how many were actually treated. Presidential Commission, *"Ethically Impossible"* (n. 13), 154.

36. Nancy Stepan, *Eradication: Ridding the World of Diseases Forever?* (Ithaca, N.Y.: Cornell University Press, 2011).

37. Interview with Dr. Ward Cates, February 7, 2012, and Willard Cates, "A Funny Thing Happened on the Way to FHI," *Sex. Transm. Dis.* 31 (2004): 3–7. Cates gave the John Cutler Memorial Lecture at the University of Pittsburgh in 2006, three years after Cutler's death.

38. Zena Stein, "Editorial: Family Planning, Sexually Transmitted Diseases, and the Prevention of AIDS—Divided We Fail?," *Amer. J. Public Health* 86 (1996): 783–84.

39. John C. Cutler et al., "Studies on Development of a Vaginal Preparation Providing both Prophylaxis Against Venereal Disease, Other Genital Infections, and Contraception,"

To this end, he supported research in the 1970s for a vaginal jelly called Progonasyl (as a prophylaxis against gonorrhea and syphilis) that had been around since the 1930s. Much of this research took place in Nevada where prostitution was legal and where Cutler sent Michael Utidjian, one of his junior colleagues, to observe a study of sex workers in 1971. Cutler mentions in a review of the failures of prophylaxis research that the study was discontinued for what he vaguely called "epidemiological" reasons, although Utidjian reports that the women in the legalized brothels did not have the time to insert what they labeled "gunk" between customers.[40] While Progonasyl proved of little efficacy, colleagues remembered Cutler as one of the pioneers in the search for microbicides.[41]

When Cutler worked both in Washington, D.C., and Pittsburgh, he and his wife contributed to building a reproductive health infrastructure that was the typical product of those supporting various kinds of birth control. Cutler served for several years in the early 1970s as the head of the international committee of the Association for Voluntary Sterilization, and on its board of directors, which we can label either his eugenic/population control impulses or his concern for women's lives, demonstrating the edge he often tread between reproductive rights and population control. Eliese Cutler led Planned Parenthood boards in Washington, D.C., and western Pennsylvania for more than four decades through tumultuous times when charges of genocide divided black communities, and often the white left, on gender lines.[42] She was remembered and awarded for multiple volunteer activities from health care to the arts.[43]

Students who worked with Cutler at Pitt remember a kindly mentor committed to global and community-based comprehensive preventive care. A colleague called him a "cheerleader for sexual health" with a real commitment to primary care and the training of Global South physicians.[44] Those who worked with him in the public health field find it

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Milit. Med. 138 (1973): 88–91. See also his comments in the book review of Louis Lasagna's *The VD Epidemic*, *Amer. J. Pub. Health* 65 (1975): 1348; telephone interview with Michael Utidjian, February 16, 2012; William M. Edwards, "A Study of Progonasyl Using Prostitutes in Nevada's Legal Houses of Prostitution," *J. Reprod. Med.* 11 (1973): 81.

40. Cutler et al, "Studies on Development of a Vaginal Preparation" (n. 39), 89. The FDA never approved the study because there was no animal testing done before. See also, Susan M. Reverby, "Progonasyl as a Prophylaxis: A Curious History" (in progress). I am grateful to Jon Harkness for materials supplied for this history.

41. Telephone interview with King Holmes, University of Washington, April 18, 2012.

42. Simone M. Caron, "Birth Control and the Black Community in the 1960s: Genocide or Power Politics?" *J. Soc. Hist.* 31 (1998): 545–69.

43. See Cutler obituary (n. 29).

44. Ove, "Before Tuskegee" (n. 13); telephone interview with Ward Cates, February 16, 2012; telephone interview with Marc Hiller, December 9, 2011.

difficult to reconcile the Guatemala record with the man they knew, as is often the case when such stories of immoral actions are revealed. "Not our Dr. Cutler" an Egyptian doctor told ethicist Dan Wikler in disbelief in 2010 as news of the studies in Guatemala spread.[45] Other colleagues and students recalled his desire to provide women's reproductive health and to understanding cultural differences, and what one called "his compassion for the health problems of disadvantaged groups" in his global health concerns and what others saw as his advocacy for "social justice for all."[46]

The narratives of his role, and public voice, in the studies in Tuskegee and Guatemala, however, have led to his worldwide condemnation and to the search for other unethical behaviors in what else he did.[47] His articles on his work outside of Guatemala and Tuskegee, however, can be read as demonstrating his progressive views on culture, religious differences, respect for partnerships with local medical authorities in the Global South, the need for comprehensive public health, not just a silo program imposed from outside a country's needs.

If Cutler is productively to haunt our ethical and historical imaginations, it should be not just for what he did that we cannot imagine doing, but also for what he did that we *can* imagine doing, even when it is horrific.[48] Cutler and those above him in the chain of command provide insight into how research was and could be done, and how passions could blind them toward a rush over the ethical edge. For if we are to understand the politics of research as historical judges, we need to evaluate the ways Cutler was not just some evil deranged man but an agent of what philosopher Achille Mbeme labeled "necropolitics," the state's "power and . . . capacity to dictate who may live and who must die," as the elements of such power are being negotiated within the state/science structure.[49]

As a historian who helped bring Cutler's research, especially in Guatemala, to the fore, I am in part responsible for the ways he has been portrayed. Although I clearly cannot control the media accounts, news

45. Personal communication with Daniel Wikler, January 23, 2012.

46. Email with Jerrold M. Michael, May 21, 2011. Michael was dean of the public health school in Hawaii and knew Cutler through public health circles. His son Nelson, an HIV/AIDS researcher and physician in the PHS, referred his father to me. Nelson Michael serves on the Presidential Bioethical Issues Commission.

47. Discussion on Cutler's work in India with Indian bioethicist Nandini Kumar at the PRIM&R annual meeting, Washington, D.C., December 2011.

48. On the importance of the past in the creation of complexity of daily life, see Avery F. Gordon, *Ghostly Matters: Haunting and the Sociological Imagination*, 2nd ed., and in particular the forward by Janice Radway (Minneapolis: University of Minnesota Press, 2008).

49. Achille Mbembe, "Necropolitics," *Pub. Cult.* 15 (2003): 11–40, quotation on 11.

documentaries, and Internet blather that have followed, I have tried wherever possible to stress the institutional environment and beliefs that made his actions possible. Cutler died in 2003 and did not live to see all of this coverage and condemnations happen. The federal officials, who worked to have the apology in 2010, attempted to protect Eliese Cutler from some of the opprobrium, even sending former CDC director David Sencer and University of Pittsburgh School of Public Health School Dean Donald S. Burke to see her the day before the story received media coverage.[50]

If I had read his articles on his efforts in Southeast Asia without knowing his other work and listened to his colleagues and students about his focus on contraception and prophylaxis, I would have been impressed with his commitments and understood them in the postcolonial context. The difficulty is condemning him for his moral blindness and indifference to suffering and causing death in Tuskegee and Guatemala, while understanding the institutional context in which he worked and the chain of command that supported him for doing supposedly cutting-edge, if dangerous, unethical, and ultimately bad science, research. Nearly half a century after Henry K. Beecher reminded his colleagues that the ethical horrors in research were often done by the "good guys," it is still difficult to make this point clear to researchers.[51]

To do "responsible history" is to attempt to understand, but not support, Cutler's actions and the passions that drove them. For in the push to live up to Metchnikoff's demand that *not* doing research on syphilis was "immoral," Cutler became part of the state's bio-machinery that gave state backing to immorality. In the end, our judgment should focus on these acts, institutions, ideologies, and structures that made Cutler think what he was doing was right, even necessary.

Alan Berkman

If these necropolitics shaped Cutler, who has been labeled by now as an enemy of the people, how do we judge the fight against such necropolitics in the life of HIV/AIDS crusader and physician Alan Berkman

50. David Sencer reported to me that she said, "If [the media] ask I will just tell them I have Alzheimer's." She was, however, very alert and *compos mentis*. Telephone call with David Sencer, September 30, 2010.

51. Henry K. Beecher, "Ethics and Clinical Research," *New Engl. J. Med.* 274 (1966): 1354–60; Alice D. Dreger, "Judging Souls versus Acts in Bioethics," *Impact Ethics Blog*, September 11, 2013, http://impactethics.ca/2013/09/11/judging-souls-versus-acts-in-bioethics/ (accessed September 11, 2013); David Rosner and Gerald Markowitz, *Lead Wars: The Politics of Science and the Fate of America's Children* (Berkeley: University of California Press, 2013).

(1945–2009), who died from the treatment for lymphoma after decades of disease, and who was officially declared an enemy of the state? While Cutler accepted the dearth of supplies and difficulties of working in cultures not his own, and sought to do the best, he thought, for public health in the Global South by focusing on prevention and research, fifty years later Berkman fought *against* the limits of prevention and research, if treatment is denied, in the twentieth and twenty-first centuries' worst pandemic.

Not until the last two decades of his life did Berkman become a research scientist, and his training and publication record hardly would make historians, at first, put him in the old-fashioned "great doctor" category. He has just ten articles in PubMed and never went beyond his medical school and internship at Columbia University, where he graduated in 1971, except for a brief training program in HIV/AIDS epidemiology when he returned to Columbia in 1995–96. His record suggests he could have been a brilliant researcher, but he chose to work in community-based health care delivery for most of his career.[52]

Berkman, along with researchers and activist colleagues in the United States and within South Africa's Treatment Action Campaign in the late 1990s, began to critique the focus on prevention of HIV/AIDS alone in resource poor settings that condemned millions to preventable deaths. Berkman led not only a focus but also a campaign to make the world understand "only treatment equaled hope."[53]

Berkman sought action. Even after the ideas of "One World, One Hope" was the theme for the International HIV/AIDS conference in Vancouver in 1996 or the need to "Bridge the Gap" two years later in Geneva, it was clear access to life-sustaining drugs had become unavailable in underresourced areas of the world hardest hit by the epidemic. Berkman was at the Geneva meeting because he had become a community-based HIV/AIDS physician in New York in 1993, first treating and caring for ex-prisoners with AIDS and then as medical director of a people-with-AIDS nursing home in the Bronx.[54] His reconnection with Columbia, facilitated

52. Interview with Barbara Zeller, New York, October 10, 2011; Zeller is the widow of Alan Berkman. Interview with Richard Clapp, Boston, September 24, 2011. Clapp met Berkman in medical school and they remained lifelong friends.

53. William Forbath et al., "Cultural Transformation, Deep Institutional Reform, and ESR Practice: South Africa's Treatment Action Campaign," in *Stones of Hope. How African Activists Reclaim Human Rights to Challenge Global Poverty*, ed. Lucie E. White and Jeremy Perelman (Palo Alto: Stanford University Press, 2011), p. 51; interview with Barbara Zeller (n. 52).

54. Highbridge–Woodcrest had been a mission since the nineteenth century, first on New York's Lower East Side; see David A. Henry, "The History of Woodcrest," http://bklyn-genealogy-info.stevemorse.org/Orphan/Woodycrest.html, (accessed June 4, 2014).

at first by contacts made by his wife Barbara Zeller, also an HIV/AIDS community doctor, had led him to be part of Columbia's Mailman's School's program for HIV/AIDS treatment and research in South Africa.

With a preternatural sense of compassion, an endlessly acknowledged brilliant and synthetic mind, extraordinary clinical skills, and an extremely sharp sense of political seriousness and commitment to ending injustice, Berkman literally dedicated his life to what could semi-jokingly be called the health and political needs of the "lumpen lumpen" proletariat.[55] Frustrated by the limitations of the worldwide response, Berkman returned to the United States after the international HIV/AIDS conference in 1998 and called a meeting. He brought together a range of activists from remnants of the older ACT-UP, experts on intellectual property rights, lesbian and gay human rights campaigners, and other public health advocates he knew.

Berkman's political sensibility honed in on the costs of the new drugs, the focus on protection of patent rights, and the compelling demand for treatment.[56] Conference calls on a regular basis led to a loose group of activists for what became known as the "Health Global Access Project Coalition, later simply 'Health GAP,'" as efforts to find the "cracks" in the political world to make change possible were explored.[57] Many activists with long political histories were part of the coalition, but Berkman was remembered for his leadership, tenacity, political insights, and demand that everyone deserved treatment. He was, Health GAP's current board director said, "not a charismatic leader but a moral leader with righteous anger."[58]

Health GAP went on to build a coalition that would create actions and solidarity both within the United States and in South Africa and later elsewhere on the African continent. Their efforts helped to focus on the idea that prevention had to begin with treatment, since without access to drugs "there was little incentive for people to get tested."[59] Health GAP created media-savvy visible "zap" actions in 1999 and 2000 that dogged, in particular, Vice President Gore's presidential campaign. These helped to push

55. Interview with Ezra Susser, New York, October 11, 2012. Everyone, from his family to his high school friends and colleagues at Columbia and in South Africa, noted Berkman's intellectual brilliance.

56. Interview with Barbara Zeller (n. 52); Raymond A. Smith and Patricia D. Siplon, *Drugs into Bodies: Global AIDS Treatment Activism* (Westport, NY: Praeger, 2006), 56.

57. Ibid., 60.

58. Interview with Brook Baker, Boston, October 25, 2011.

59. Greg Behrman, *The Invisible People: How the U.S. Has Slept through the Global AIDS Pandemic* (New York: Free Press, 2004), 292.

the Clinton administration's already evolving policy change to remove its threats for sanctions against South Africa for trying to use generics and to pour more money into AIDS treatment, an effort that would gain worldwide focus and then support from the Bush administration.[60]

Berkman also galvanized connections in South Africa when the next international HIV/AIDS conference was held in Durban in 2000. Working with South Africa's Treatment Action Campaign, he helped to organize a demonstration, as thousands massed outside the conference to demand cheaper drugs and to criticize the African National Congress's South African government's refusal to accept the link between HIV and AIDS.[61] Berkman helped organize another major demonstration at a UN conference a year later. The attention on patent restrictions, U.S. sanctions, and global pharmaceutical rapaciousness hit a political chord and refocused the effort to push toward the use of generics in the Global South, especially in Southern Africa.[62]

Berkman continued to work on building international coalitions and then to research specific education programs for the poorest of the poor through his continuing leadership role in the epidemiology department at the Mailman School: developing an HIV/AIDS "Sex, Tapes and Videogames" intervention with homeless, drug-addicted men, supporting public health infrastructures in South Africa and Brazil, and creating programs for Dominican Republic immigrants in the United States and later for AIDS orphans in South Africa. His lecture notes and syllabi demonstrate a man committed to using scientific facts and epidemiological findings to make policy.[63]

Berkman also used his scientific curiosity and acumen to push those around him to do their best work as he nurtured a new generation of global health activists and researchers. He was, a colleague noted, a "man of action who created powerful bonds with others who had suffered" and

60. Ibid., 67–79; telephone interview with Jennifer Flynn, Health GAP, December 12, 2011; Barton Gellman, "The Global Response to AIDS in Africa," *Washington Post,* July 5, 2000, A01.

61. Janet Howse, "Treatment Access March," *Southern African Medical Journal* (June 9, 2000), 3, http://www.actupny.org/reports/durban-TAC.html (accessed March 22, 2012).

62. Didier Fassin, *When Bodies Remember: Experiences and Politics of AIDS in South Africa* (Berkeley: University of California Press, 2007); Lisa Forman and Jillian Clare Kohler, ed., *Access to Medicines as a Human Right: Implications for Pharmaceutical Industry Responsibility* (Toronto: University of Toronto Press, 2012).

63. Barbara Zeller made Berkman's thumb drives of his teaching available to me (Berkman Papers). All of Berkman's papers and drives, housed in Zeller's apartment in New York when I accessed them, are now in the archives in the medical school library at Columbia University.

who "sustained passion and outrage in the face of social injustice . . . balanced by his unfailing interpersonal tolerance, gentleness, and generosity." Above all he was remembered by those who knew him from many different cultural and racial backgrounds as an empathetic and trusted best friend with an uncanny political tactical sense who could hold on to their "dreams, secrets and fears" and who could listen "intently and without judgment."[64]

It might be simple then to contrast this compassionate global health strategist/activist as an example of global health care solidarity done "correctly" in moral terms with Cutler's more mundane and horrific research in international health and the coldness of his manner on the documentaries. However, this would be to focus on only one part of Berkman's biography and to narrow our understanding of Cutler.

For Alan Berkman had also literally been an enemy of the state, as his 1983 FBI poster as an Accessory to Murder after the Fact, Failure to Appear makes clear after he jumped bail. Berkman was only the second American physician in history to be prosecuted for *providing* medical treatment. The first was Samuel Mudd, who had set John Wilkes Booth's broken leg after the Lincoln assassination. Berkman had cared for Marilyn Buck, a woman who had accidently shot herself and was hiding from the police. Buck and others had participated in what members of the May 19th Communist Organization, remnants of the Weather Underground, and the Black Liberation Army called an "expropriation," the attempted robbery of a Brink's armored truck in Nyack, New York, in 1981 that led to the shooting deaths of two policemen and a Brink's guard. Berkman had not known about the "robbery" ahead of time, although he was deeply involved politically with those who planned and executed the "action."[65] However, once identified as the physician who aided Buck, he was held in preventive detention for seven months because the FBI wanted him to turn state's evidence and inform on his comrades.[66]

Although it is not at all clear in retrospect, Berkman assumed then he could not get a fair trial (and that he could get a hundred-year sentence)

64. See comments by Berkman's colleagues, "Alan Berkman Memorial DVD," April 23, 2010, Berkman Papers; interview with Stephanie LeMelle, Columbia University, January 10, 2012.

65. Alan Berkman, "Brother Doc," unpublished prison memoir, Berkman Papers; Susan M. Reverby, "Brother Doc: The Medical/Political/Revolutionary Life of Alan Berkman," Columbia University Department of Epidemiology Grand Rounds, April 24, 2013, http://a2learning.cumc.columbia.edu:8080/ess/echo/presentation/209d0c07-d126-491f-ac38-d208204d7231 (accessed April 30, 2013).

66. Interview with Barbara Zeller, New York, July 22, 2011.

unless he turned others in. To avoid these outcomes, Berkman jumped bail and went underground from 1983 to 1985, leaving behind his wife and children.[67] He was caught outside Philadelphia, linked to a cache of explosives, and charged with other crimes that involved robberies, conspiracies, and bombings (where no one was killed) as part of what became known as the Resistance Conspiracy Case. He spent seven years of his life in various state jails and federal prisons, much of it in solitary confinement. He endured filth and vermin in the miasmic modern dungeon at the now closed Holmsberg Prison in Pennsylvania, and blankness in the sensory deprivation and high technology of the supermax Marion Penitentiary in rural Indiana.

Berkman declared himself a political prisoner, a revolutionary who was fighting American injustice, not what the state called a criminal and terrorist. As with the American romanticized views of Che Guevara, he had picked up a gun rather than his medical bag at a crucial point in history.[68] "We liked the adventure and the drama," he recalled in an unpublished prison memoir, and "the sense of mission and purpose."[69]

He survived prison in part by drawing on his inner strengths and his community doctor skills to become "calm, observant and detached" from the crises around him, but often seethed with anger inside.[70] In prison, he learned to live within a mostly black world, in which he was called "Brother Doc" and respected for his diagnostic skills and political acumen, his refusals to snitch on anyone, his genuine interest in those incarcerated around him, and the fear with which the state reacted to him. He exuded a manliness and power that gave him respect and hinted at his dangerousness and his ability to endure both loneliness and enormous pain.[71] As the political prisoner Mumia Abu Jamal, who knew him at Holmsberg, wrote, "'Doc' was a brilliant and committed activist, who resented the imposition of imprisonment, not only on himself, but on human beings."[72]

67. Interview with Judge Bill Mogulescu, New York, March 29, 2013.

68. On the romanticism of the revolutionary of this period within the groups Berkman was part of, see Mary Patten, *Revolution as an Eternal Dream: The Exemplary Failure of the Madame Binh Graphics Collective* (Chicago: Half Letter Press, 2011).

69. Berkman, "Brother Doc" (n. 65), 18.

70. Mumia Abu Jamal to Susan M. Reverby, August 1, 2013, 1.

71. Alan Berkman, "Debate: Should We Grant Amnesty to America's Political Prisoners?," transcript of Debates, New York City PBS, April 1998, in Safiya Bukhari, *The War Before: The True Story of Becoming a Black Panther, Keeping the Faith in Prison, and Fighting for Those Left Behind*, ed. Laura Whitehorn (New York: Feminist Press, 2010): 216–39; interview with Susan Rosenberg, New York, January 10, 2012.

72. Abu Jamal to Reverby (n. 70), 2.

He also was a very sick man, tearing his Achilles tendon and then developing Hodgkin's lymphoma and recurrences while in prison that became almost a death sentence again and again because of the prison system's shameful denials of treatment, with the cruel and substandard care that his lawyer labeled "beyond antediluvian."[73] In prison, the lack of treatment he received was literally "torture," as one of his former comrades put it, but it also taught him not bitterness, but a politicized anger fed focus.[74]

His own considerable skills and knowledge, which he used to diagnose his own disease and insist on treatment, saved his life. He famously bit his own IV line to get an alarm to ring, when prison hospital nurses ignored his repeated cries. His action kept him from the threat of dying immediately from septic shock in his chemo-induced paralysis. He barely survived the sheer willful and intentional incompetence that allowed unskilled doctors to provide his care, and a system that used denial of medical care as a form of punishment and control. His interview, while incarcerated, on CBS's *60 Minutes* about prison medical conditions, a coauthored pamphlet on the carcinogenic water at Marion, a *New York Times* story about his illness and political imprisonment, and his connections and supporters saved his life and led him to decent care at a Mayo Clinic–connected federal prison.[75]

The prison authorities and FBI offered him release in exchange for testimony again and again, all of which he refused. His transfers from prison to prison often meant black-box four-point-shackled restraints, machine guns, convoys, and helicopters. He had more armed security than murderer mobsters like Little Nicky Scarfo or John Gotti, or even drug dictator Manuel Noriega.[76] He was constantly strip searched even though he was in solitary, as were his two young daughters when they came to visit him. He had surgery with guards and came out of anesthesia to find himself in shackles.[77]

73. Interview with Ron Kuby, New York, October 10, 2012.

74. Interview with Ezra Susser, New York, October 11, 2011; interview with Susan Rosenberg (n. 71).

75. Alan Berkman, interview in prison by Steve Kroft, "That's the Law," *60 Minutes* (CBS News, March 17, 1991); Alan Berkman and Richard Clapp, "Suppressed Government Study Documents Health Risks of Water at Marion Prison" (Chicago: Committee to End the Marion Lockdown, 1989); Anthony Lewis, "Abroad at Home: Death by Delay?" *New York Times*, May 15, 1990; and interview with Ron Kuby (n. 73).

76. Interview with Ron Kuby (n. 73); Berkman, "Brother Doc" (n. 65), 3.

77. Interview with Barbara Zeller (n. 66); interview with Ron Kuby (n. 73); interview with Bill Mogulescu (n. 67).

Growing up, Berkman did not expect to be either a political prisoner or a revolutionary, just a very good doctor. An Eagle Scout, actor, athlete, and intellectual/student leader, he grew up in Middletown, a small primarily white working-class town in upstate New York, where he was voted the "boy most likely to succeed," and missed being valedictorian of his high school class by four tenths of a percent.[78] The second son of a four-boy family in which his father and uncle owned a local plumbing supply company and then a real estate building effort, he learned early to defend himself against the rough-and-tumble fights with an older brother and to protect his younger siblings. He was known for his physicality, sharp mind, and edgy competiveness where he almost always won everything from typing awards to the history and science prizes.[79] His family's stories included that of a grandfather who had killed a menacing anti-Semite in Poland, fled, and fought competitively against the mob to build a prosperous junkyard business in Brooklyn, and a bad boy uncle who was described in novelist Joseph Heller's memoir.[80]

Berkman spent four years at Cornell University, graduating in 1967, during the height of the 1960s movement, although he remained focused on the prize of medical school not politics, became president of his fraternity, and bulked up to play intramural football.[81] However, in looking back what he most remembered as his political turning point was when he heard the Student Nonviolent Coordinating Committee's Stokley Carmichael speak during a fraternity council–sponsored contentious "Soul of Blackness" week in March of his senior year in an effort to assuage Cornell's racism.[82] Carmichael's call to decide whether you were on the side of those who "inflict suffering or suffer" awakened Berkman's dormant sense of justice.[83]

78. *Epilogue—1963, Middletown Senior High School* (Middletown, N.Y.), 60, 103.

79. Telephone interviews with high school classmates Lynn Johnson Rosen and Judith Pleasure Willner, February 20, 2012.

80. Telephone interview with Steven Berkman, November 6, 2011, and Larry Berkman, October 10, 2011; Joseph Heller, *Now and Then* (New York: Vintage, 1999).

81. Interview with Diane Gillman Charney, September 7, 2013. Charney was Berkman's girlfriend through the last years of high school and through college. Her photographs of Berkman demonstrate how much he changed his body during college.

82. Stan Chess, "Carmichael Blasts War, White Supremacy, Draft," *Cornell Daily Sun,* March 2, 1967, 1.

83. Berkman, "Brother Doc" (n. 65), 10; Jim Grossklag, "From Middletown, USA, to Holmesburg Prison: The Journey of Alan Berkman and the Life of the Movement," *Undergraduate Review, Illinois Wesleyan University* 1 (1986): 47–58.

Medical school at Columbia, however, changed Berkman's life. Caught up in providing medical care during the student sit-ins at the Morningside Heights campus at the end of his first year in 1968, Berkman began to see what state power could inflict and why doctors, outside of an emergency department loaded with police, were needed. Still focused on becoming the best, he tested the highest in the class by the end of the second year, listened intently rather than took notes, was voted by the house staff as the best diagnostician in the fourth-year class, began medically significant research, and was awarded a prestigious internship in medicine to stay on at Columbia.[84] Everyone seems to have agreed he probably was destined for the highest awards academic and research medicine had to offer to match his extremely well honed clinical skills.[85]

Medical students like Berkman were being called upon to decide then: were they inside what one of his classmates called "the belly of the beast," or would they take an "anti-imperialist stance against the empire" as the deaths and cost of the Vietnam War and the late 1960s riots mounted, while activists made demands for international solidarity.[86] Berkman was also beginning to read Marx and Lenin within a Marxist–Leninist study group.[87] While many could imagine what was happening to the poor and oppressed in the world, Berkman could see it directly embodied in those he cared for, or those he was asked to aid when the ever-present police violence took its toll. Others turned away, but Berkman and Barbara Zeller, his classmate and future soul mate/wife, did not.[88]

Rather than continue on to his residency, Berkman quit in 1972 having spent part of his internship year dealing directly with the medical and political consequences of the murderous state squashing the takeover at New York's notorious Attica Prison. Focused on becoming a community doctor, he worked in a Black Panther clinic and in the prison health system.[89] Always striving to be the best, and the most fearless, he and Zeller, along with nurse Phyllis Prentice, snuck into Wounded Knee in 1973 across the FBI lines and under their guns to provide care to the American Indian Movement stalwarts and testify on their behalf.[90] He then worked

84. Interview with Richard Clapp, Boston, September 27, 2011.

85. Ibid.

86. Ibid.

87. Telephone interview with Lynn Johnson Rosen (n. 79). Rosen and her husband were both in a Marxist–Leninist group called Progressive Labor at the time.

88. Interview with Barbara Zeller, (n. 52).

89. Alondra Nelson, *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination* (Minneapolis: University of Minnesota Press, 2011).

90. Interview with Barbara Zeller (n. 52).

in community clinics in New York, Boston, and Lowndes County in Alabama, making contact with FRELIMO in Mozambique and almost going there to support their revolution.

For the next ten years he balanced politics and medicine, and tried to determine what it meant to be a political doctor focused on the most oppressed and how and where, not if, he would put his own life on the line. For a time, the balance tipped toward more underground and revolutionary antiracist and anti-imperialist politics as he became in early 1970s part of the Prairie Fire Organizing Committee, the aboveground offshoot of the Weather Underground. In 1976 feminists and black revolutionaries criticized Weather at its Hard Times Conference for its sexism and racism, and a few years later, after much "rectification" as it was known, Berkman became a member of both the John Brown Anti-Klan Committee and the primarily woman-led May 19th Communist Organization, with ties to a clandestine revolutionary black and Puerto Rican nationalist organizations.[91]

Berkman and his colleagues were called upon to support those seemingly becoming the vanguard revolutionaries here, not in the developing world and they took on more and more of political view that believed violence was necessary to combat American racism and imperialism. He became the medical advisor to William Morales, who was connected to a Puerto Rican independence group's bombings at Fraunces Tavern in New York that led to multiple deaths of those just dining there. Berkman was served papers, but never formally charged, with assisting Morales's escape to Cuba from the Bellevue Hospital prison ward. And as Morales wrote to Berkman, just before he fled, "I admire and respect you for putting your career and life on the line for me. This is a great act of solidarity by an individual. You could have very easily joined the status quo, but instead you decided to dedicate yourself to the oppress[ed] and exploited."[92] By then, Berkman had the FBI's attention.[93]

Berkman was now at war with his own country's powers, doing what he believed was right for a political anti-imperialist and antiracist doctor. He saw continually on the bodies of those he cared for what others later would label the "terrorism" of the American state.[94] Again and again he

91. Interview with Susan Rosenberg (n. 71); Susan Rosenberg, *An American Radical: Political Prisoner in My Own Country* (New York: Citadel Press, 2011).

92. William Morales to Alan Berkman, April 21, 1979, Berkman Papers.

93. FBI Files on Alan Berkman, misc. After filing a FOIA request, I was sent Berkman's files by the FBI.

94. Angela Davis, "'Terrorism Is Part of Our History': Angela Davis on '63 Church Bombing and Growing up in 'Bombingham,'" *Democracy Now!*, video interview, September 17, 2013, http://truth-out.org/news/item/18897-terrorism-is-part-of-our-history-angela-davis-on-63-church-bombing-growing-up-in-bombingham (accessed September 19, 2013).

saw people maimed and beaten by police actions and caught up in the FBI's Cointelpro, or counterintelligence program. His was a risky, life-threatening, and politically adventurist move that assumed that small, hidden revolutionary groups could turn the tide in an increasingly conservative 1980s America. By the time of his arrest in 1982 when he was thirty-seven, the decision to refuse to speak to the grand jury and to go underground seemed a logical outcome of his political trajectory since he recalled "materialist" conditions required this, and he rationalized that other revolutionaries had left their families as well, even as he parted from his wife and young daughter. While finding out exactly what he did while underground in the mid-eighties is difficult even with his FBI file, he did plea nolo contendere to a robbery in Connecticut, was arrested with another person who had the keys to a storage garage with guns and bombing equipment, and went to prison for a series of bombings in what became known as the Resistance Conspiracy Case.[95]

Epidemiologist Ezra Susser, his close friend and Columbia colleague, summed up the incongruities that shaped Berkman's life at his memorial. Susser had a hard time getting Berkman hired as a faculty member since he had few publications, had a rather large gap in his resume, and had not even completed a residency. In South Africa, however, Berkman had the perfect CV: he had been a political prisoner of the state.[96] He also had the life experience of near death at the hands of incompetent and powerful state actors. He understood why treatment mattered and had seen what it meant when the most seemingly lowly among us is met with violence and contempt. He above all believed everyone deserved respect and decent health care, even if his own actions supported those who had killed innocents and endangered others, but his later political work (made possible by those experiences and the moral standing it gave him) changed thousands, if not millions, of lives.

On Being a "Responsible" Historian Judge

I return to my basic question: how shall I, as a historian, judge these differently passionate and infamous doctors? Each of these men kept silence in his own way: Cutler by leaving his Guatemala papers behind to be found but the research rarely discussed, known for the modesty about his work, and Berkman by never turning in anyone he did politics with, even if he understood eventually the limits of what they did. Cutler imposed sufferings for the good of science and thought he had that power. Berkman

95. FBI Files on Alan Berkman.
96. Ezra Susser, Berkman Memorial DVD.

denounced such sufferings and gave up, in all probability, a longer life by finding ways to share his power. Even if he never personally caused anyone's death, Berkman's political actions involved gun-laden robberies and bombings that could indeed have been deadly, and he certainly supported those who acted on a belief that he and others had to retaliate for American racism, imperialism, and inequality with violence and deaths.[97] Cutler thought doctor–researchers had the right to determine who would live, and who would die.

Both of these men, of course, have to be understood within the political contexts of medicine and public policy that shaped their actions. Cutler thought he was serving the American state by improving international health and scientific knowledge. Berkman, in turn, resisted American state's policies, and then fought against the logic of capitalist hegemony in the battle for health equality worldwide.

To make a judgment about how to write about them, I also have to acknowledge my connections to them. I never met John Cutler in person, but I am answerable in part for the ways those now and in the future will know and judge his actions. The interviews I have done with his colleagues and students all came after the exposure of the work in Guatemala he rarely spoke about and never published, and after his appearance in the films about the study in Tuskegee. I never met Eliese Cutler, a Wellesley College alumna, although I spoke to her once on the phone in 1999, and her relatives have spoken to me briefly, and only in private. I have a responsibility to provide as full an accounting of him that I can with all the skills I can muster, and I have, for better or worse, made him known.[98] I worked with many others to make sure two American presidents apologized to those he harmed.

In contrast, I knew Alan Berkman. I grew up with him, went to his bar mitzvah, competed and lost against him in high school, attended college with him at Cornell University where I was politically active and he was

97. As he noted in his own unpublished memoir in an imagined conversation with the judge who sentenced him, "He's not really a criminal, judge, just a misguided revolutionary, sincere and a bit too passionate, passion being that most dangerous of emotional states which lead people to act, to sacrifice, to put the weight of the deed behind their words and aspirations." Berkman, "Brother Doc" (n. 65), 127.

98. Family member in private discussion with me. In 2013, the American Sexually Transmitted Infections Association voted to take Thomas Parran's name off their major award; see Brad Stoner and J. M. Marrrazzo, "American Sexually Transmitted Diseases Association and the Thomas Parran Award: Past, Present and Future," *Sex. Transm. Diseases* 40 (2013): 275–76. I discussed this decision with the association's president, Brad Stoner, as did other historians.

not, and really saw him only when we shared rides home. I parted political company with him by the early 1970s as his sectarianism and acceptance of the necessity for violence grew, only briefly reconnecting after he was released from prison and when I asked him to speak at a Cornell class reunion on the impact of the wars in Southeast Asia on our class. I finally met Barbara Zeller, Alan Berkman's wife, only in the summer of 2011 when I began this research. In sum, I knew the boy and adolescent, but not really the man.

There is a different kind of anxiety of historical judging as I write about each of these men for history. For Cutler I worry that if I make him too monstrous, do not understand his reasoning, do not balance out his efforts, assess those who supported him no one will be able to consider his actions, except as aberrant. No lesson will be learned other than we need more regulations for research. Yet Cutler also believed in the chain of command, and supported the work in Tuskegee (where he actually did very little) I suspect because others above him and before him did it. He became, as one colleague put it, the "cowboy type" in global health who, however, was part of a chain of command and expected to help others without much understanding of the horror of the research work and its consequences.[99] Working in a stigmatized field, he, and those in power who supported him, was willing to cross ethical boundaries again and again, seeing this as normative and necessary.[100] As he had written to Eunice Rivers Laurie, the key nurse in the study in Tuskegee in words that might have described his own efforts, "It is only this kind of dedication that makes possible the acquisition of the knowledge needed to provide better treatment or prevention of many of the diseases which now afflict mankind."[101]

For Berkman I worry that I will accept too much of the romanticism around his political actions and strengths, while acknowledging my own sense that has been troubling throughout this research that I am grateful I never did what he did, and that perhaps being really smart and courageous has its limits. In becoming a "great" community doctor and then a transnational activist/teacher, Berkman warrants our understanding of his historical place and ideas that reflect one way to seek international

99. Telephone interview with James Curran, March 21, 2012; interview with Ward Cates (n. 37).

100. Telephone interview with Jonathan Zenilman, April 12, 2013. Zenilman, an STI researcher/physician at Johns Hopkins, worked on the Guatemala studies data for the Bioethical Issues Commission.

101. John C. Cutler to Mrs. Eunice R. Laurie, May 6, 1958, Correspondence Folder, Laurie Papers, Tuskegee University Archives, Tuskegee, Ala.

solidarity to overcome racism, sexism, class inequalities, and neoliberal policies within health care. And as human rights activist and physician Jonathan Mann had argued at the Vancouver HIV/AIDS conference, human rights had to be the basis for a new form of global solidarity. Berkman found his life's meaning in being a doctor, and his care giving on a collective and individual level reflected this commitment. He dreaded being seen as some kind of white "bwana," and he turned away interviews, even a possible movie with Robert De Niro's company, to avoid this kind of viewpoint.[102]

Each of these men also dealt differently with the medical necropolitics of the American state, and each used his own form of masculinity to exert his toughness. Cutler was doing "normal" science and working with liberal and accepted categories of biomedicine and research, supported by those up the chain of command. He has been condemned worldwide for his research, even had a presidential commission to get all the facts and apologies at the highest levels. The public health school at Pittsburgh took away the lecture series named for him because of "community sensibilities" in 2006, but their main building is still Parran Hall after the surgeon general and Pitt's first dean who made the work in Guatemala and Tuskegee possible.[103] Cutler's "trial" in a sense came because of the scholarship and political organizing of historians, bioethicists, and public health officials who made his actions and research known.

In contrast, Berkman ended up working within a form of public health that critiques neoliberal policies, and his efforts were to organize grassroots activism and to train committed professionals to achieve a more humane society. Yet he spent years doing adventurist and dangerous politics that at the time seemed to him to be the best way forward to make the cost of social, political, and economic inequalities and death visible. His trials as a "terrorist" were put on by the state, and I am the first historian to write about him in detail to see him instead as a form of revolutionary.[104] His suffering, as he lived for more than twenty years with various cancers, was enormous, and one of his friends thinks his history with cancer is equal to his political story.[105] As medical historians, I suspect we will continue to study other research projects and condemn Cutler, but fewer of us will explore the torture that often passes for medical care

102. Personal communication with Alan Berkman, January 17, 1993. This viewpoint was also confirmed during my interview with Barbara Zeller (n. 66).

103. Private comments by Cutler family member who wishes to remain anonymous.

104. Susan M. Reverby, "'Brother Doc'" (lecture, Columbia University, April 24, 2013).

105. Interview with Bruce Taub, Orleans, Mass., February 22, 2013.

in prisons, the rise of our carceral state, and the ways we allow people to die untreated.[106]

Conclusion: Toward a Passionate History

Feminist, queer, and postcolonial studies have all shown that biographers have a responsibility to acknowledge what literary scholar Felicity A. Nussbaum calls "'the historian's moment' this final manufactured influence on the biography—for there is no 'autonomous narrator.'"[107] The passions that were part of these infamous men's lives become a way for us, as has been the case for those writing about unknown women and subaltern subjects of multiple intersectionalities, to explore the hidden and distorted in medicine's past. And we can learn that humans of any gender configuration do not have a "linear self" that we can so easily plot along a "developmental path." Just as we need to "eschew smooth triumphalism," we must also, feminist historians Marilyn Booth and Antoinette Burton conclude, "puncture and interrogate a dominant narrative of unalloyed triumph and 'respectability.'"[108] And in these cases, we also need to "puncture and interrogate" what it means not to triumph nor be respectable, and even to be tragic. In the end, Charles Maier declares, "Historians, like tribunals, are asked to answer questions of why; they are also summoned to explain the significance or importance of the transgression being examined."[109]

Our judgments should, and often do, shape historical memories and then sometimes even contemporary policy. They are in the end moral stands. I take seriously feminist historian's Franca Iacovetta's demand that "rather than letting our guilt paralyze us, we need to acknowledge our power as intellectuals and debate how we can best exercise it."[110] I therefore

106. The issue of political prisoners is a key point in Rosenberg's *American Radical* and in Tom Robbins, "Judith Clark's Radical Transformation," *New York Times*, January 12, 2012, www. nytimes.com, (accessed January 12, 2012). Alan Berkman was Judy Clark's sperm donor, and Harriet Clark is his acknowledged daughter. Judy Clark is still in prison for her role in the Brink's robbery. Interview with Judy Clark, Bedford Hills, N.Y., March 3, 2013.

107. Felicity A. Nussbaum, quoted in Judith P. Zinsser, "Feminist Biography: A Contradiction in Terms?," *Eighteenth Cent.* 50 (2009):43-50, quotation on 47; see also Claire Bond Potter, "When Radical Feminism Talks Back: Taking an Ethnographic Turn in the Living Past," in *Doing Recent History*, ed. Claire Bond Potter and Renee C. Romano (Athens: University of Georgia Press, 2012), 155–84.

108. Marilyn Booth and Antoinette Burton, "Critical Feminist Biography," *J. Women's Hist.* 21 (2009): 7–12, quotations on 8–9.

109. Maier, "Doing Justice, Doing History" (n. 3), 270.

110. Franca Iacovetta, "Post-Modern Ethnography, Historical Materialism and Decentering the (Male) Authorial Voice: A Feminist Conversation," *Hist. Soc./Soc. Hist.* 32 (1999): 275–93, quotation on 291.

have provided my version of what cultural historian Joan Wallach Scott calls her "fantasy of feminist history . . . that is never fully satisfied with its own results" and her belief that "'madness' and 'passion' are to be found on both sides of the [historian's] analytic process."[111]

We must acknowledge, without becoming self-absorbed, where our own passions allow us to recognize and judge those we write about, even when our own politics are not theirs and they take actions we rebuff, even condemn. I disagree with historian Richard Evans's claim that "historians are simply not trained to make moral judgments . . . they have no expertise in these things," and share Jonathan Gorman's counterargument that "historical knowledge with its varying emotional pull plausibly cannot be independent of morality and politics."[112] As historians we have a responsibility to judge fairly, and to make memory and politics possible, and to explicate a moral judgment about why actions happened. To this end I think historians can recalibrate, through our archival digging, narrative making, and self-reflexivity, what being a "great" doctor means and the basis upon that judgment as it shifts over time. We can create a past we can reflect upon. I believe deeply that the historian can make passionate and reasoned moral judgments that are part of the endless search for justice.

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Susan M. Reverby is the Marion Butler McLean Professor in the History of Ideas and professor of women's and gender studies at Wellesley College. Her prize-winning book *Examining Tuskegee: The Infamous Syphilis Study and Its Legacy* appeared in 2009 (paperback 2013), and her article on the Public Health Service's studies in Guatemala garnered international coverage and a federal apology in 2010. She is currently working on a biography of Alan Berkman, tentatively titled *Brother Doc: An Improbable 20th Century Revolutionary.*

111. Scott, *Fantasy of Feminist History* (n. 10), 22.

112. *Richard* J. *Evans*, "History, Memory, and the Law: The Historian as Expert Witness," *Hist. Theory* 41 (2002): 326–45, quotation on 330; Jonathan Gorman, "Historians and Their Duties," *Hist. Theory* 43 (2004): 103–17, quotation on 113. And above all, as historian Judith Zinsser notes, "Biographers can never be considered impartial" because we are "voyeurs reading someone's letters, making selections, giving meaning." Zinsser, "Feminist Biography" (n. 107), 46.