

Author's Commentary on "Oral History Projects and Research Involving Human Subjects"

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Introduction

"Oral History Projects and Research Involving Human Subjects" focuses on a number of prominent issues in the ongoing debate about whether or not oral history is "research" defined by HHS and subject to HHS regulations, namely, IRB review. Through this case, questions about the role of IRBs and professional organizations develop and illustrate the problems that emerge when IRB guidelines are applied to disciplines previously excluded from such review (e.g., oral history, anthropology, ethnography, and folklore). While this case primarily focuses on whether or not oral history is subject to IRB review, other issues develop, such as the role of professional organizations in the research process and their relationship to IRB governance, how academic and professional goals inhibit ethical judgments, and how the role of a student's advisor differs from his or her mentor. In this commentary, I will focus on the debate on whether or not oral history interviewing should be subject to IRB review.

Background

On September 22, 2003, Michael A. Carome, Associate Director for Regulatory Affairs for the Office of Human Research Protections (OHRP), concurred with a policy statement drafted by the American Historical Association (AHA) and the Oral History Association (OHA) stating that most oral history interviews do not need Institutional Review Board approval. After this concurrence, the position that the AHA and OHA

strongly supported was oral history “does not meet the regulatory definition of ‘research’ and therefore is excluded *entirely* [emphasis mine] from IRB review, without seeking formal exemption.”¹ Since the OHRP never released its own policy on oral history interviewing, IRBs around the country did not adopt the AHA and OHA’s policy statement. In October of 2003, at the request of the Office for Protection of Research Subjects at UCLA, Dr. Carome stated his position on the AHA and OHA’s policy statement:

In summary, the August 26, 2003 Policy Statement attached to OHRP’s September 22, 2003 letter was not drafted by OHRP, does not constitute OHRP guidance, and the characterizations of oral history activities in the third paragraph of the Policy Statement alone do not provide sufficient basis for OHRP’s determination that oral history activities in general do not involve research as defined by HHS regulations at 45 CFR part 46.²

This statement seemingly contradicted his prior concurrence; however, Carome’s statement did make it clear that the OHRP did not exclude oral history from IRB review. But even after Carome’s statement to UCLA was widely distributed, the AHA issued a press release on June 8, 2004 that reaffirmed that most forms of oral history can be excluded from IRB oversight and ignored Carome’s communication entirely.

Ethical Issues and Analysis

The position of the AHA and OHA is based on the belief that IRBs have overstepped their purpose and jeopardized academic freedom by including oral history in the IRB review process. To them, the division between the scientific and nonscientific disciplines is vast and using the same federal guidelines to regulate all research is problematic. Linda Shopes, a representative of the AHA, stated, “Applied to oral history interviews and other forms of nonscientific research, they [IRBs] present numerous, serious difficulties, especially because many IRBs are constituted of medical and behavioral scientists, who have little understanding of the principles and protocols of humanistic inquiry.”³ Furthermore, Linda Shopes stated, “Institutional Review Boards were established to prevent the very real physical and mental harm that some biomedical and behavioral research had inflicted on human subjects.”⁴ Instead of IRB review, the AHA and OHA defend the position that with

firm ethical guidelines in place oral history can be effectively monitored through professional organizations and processes such as peer review.⁵

The essential questions presented by the AHA and OHA are what is research defined by HHS and what, if any, harm can come of oral history interviewing. The AHA and OHA do not believe that oral history interviewing leads to “generalizable knowledge” and, therefore, does not meet the definition of research as defined by HHS. When Michael Carome clarified his position on oral history interviewing, he stated,

Oral history activities, such as open-ended interviews, that ONLY [emphasis in original] document a specific historical event or the experiences of individuals without an intent to draw conclusions or generalize findings would NOT [emphasis in original] constitute “research” as defined by HHS regulations.⁶

This position made it evidently clear that most oral history interviewing *does* require IRB review since oral history interviewing, especially by academics, leads to the formation of conclusions and general findings (i.e., generalizable knowledge). In addition, oral history interviewing that is archived has the potential to be used by other researchers and become the source of generalizable knowledge as defined by the HHS.⁷

In addition, the potential for psychological harm for oral history subjects, while perhaps minimal in most cases, presents risks to human subjects. The AHA and OHA have totally ignored these risks in their policy statement. E. Taylor Atkins, associate professor at Northern Illinois University, expressed concern on the AHA and OHA’s policy statement and stated, “The principal concern of the AHA and OHA is the academic freedom of their members, but the recent decision [policy statement] does nothing to reduce the possible risks to interview subjects who participate in oral history projects.”⁸ Atkins also reminded researchers of Alistair Thomson’s *Oral History Reader* that warns of the risks associated with interviewing groups such as Holocaust survivors and veterans with post-traumatic stress disorder.⁹

Conclusion

This case sheds light on the ongoing debate between those who believe oral history interviewing should be excluded from IRB review and those who believe that IRB oversight is necessary. The AHA and OHA's policy statement advocating the exclusion of oral history interviews fails to show that oral history interviewing is not generalizable knowledge and ignores the inherent risks for oral history subjects. The AHA and OHA policy statement is, above all else, an attempt to avoid a perceived inconvenience, IRB review. When what is ethically right is weighed against this, it is obvious that oral historians should value IRB oversight. Other professional organizations such as the American Anthropological Association advocate that researchers involve the IRB and hold their research to the highest standards. It is time that the AHA and OHA commit to a similar position.¹⁰

Notes

¹[American Historical Association, "Questions Regarding the Policy Statement," American Historical Association](#)

²[Office for Protection of Research Subjects UCLA, memorandum](#)

³[Linda Shopes, "Institutional Review Boards Have a Chilling Effect on Oral History," *Perspectives* 38, no. 6 \(September 2000\)](#)

⁴[Linda Shopes and Donald A. Ritchie, letter to the editor, *Perspectives* 41, no. 9 \(December 2003\)](#)

⁵Two examples include John N. Neuenschwander *Oral History and the Law* (Denton, Texas, Oral History Association, 1985) and Oral History Association, "Evaluation Guidelines," Oral History Association

http://omega.dickinson.edu/organizations/oha/pub_eg.html

⁶Office for Protection of Research Subjects UCLA, memorandum,
<http://www.oprs.ucla.edu/human/newsletters/Oral%20History%20031209.pdf>

⁷*Ibid.*

⁸[E. Taylor Atkins, letter to the editor, *Perspectives* 41, no. 9 \(December 2003\)](#)

⁹*Ibid.*

¹⁰[American Anthropological Association, “American Anthropological Association Statement on Ethnography and Institutional Review Boards,” American Anthropological Association](#)