

A Disease That Walks By Night: The American Expeditionary Force's Venereal Disease Campaign 1917-1919

Thesis Statement:

For the past 100 years, the death toll of the “Spanish” influenza pandemic has obscured the fact that venereal disease, or VD, was the greatest preventable cause of medical disability in the American Expeditionary Force (AEF) of World War I. Further obscuring that fact from modern historians was the widespread availability of antibiotic drugs after 1943, which relegated the sexually transmitted diseases of syphilis and gonorrhea to a minor but manageable irritant. During the Great War, VD was a major readiness problem for all the combatants, and a variety of measures were tried to minimize the impact-some successful, some not so much. This paper will focus principally on the efforts of the United States to control VD in the ranks of the AEF. To provide some useful context, this paper will discuss how VD impacts military readiness, and briefly review the philosophy and policies of the other Great Powers. The remainder of our time today is devoted to a discussion of how the odd bedfellows of Progressives and Regulars crafted VD policies for the American Expeditionary Force, and how those policies played out in practice during the World War.

Discussion on venereal diseases

First, let's briefly discuss the most common types of venereal disease seen in the ranks during the Great War, gonorrhea and syphilis. Caused by the bacteria *Neisseria gonorrhoeae*, gonorrhea is considered an acute disabling disease, commonly transmitted from carrier to victim by sexual contact. To those exposed to gonorrhea, symptoms will usually show up within a few days, generally characterized by painful and frequent urination, accompanied by discharge, and

pain in the lower abdomen. In men, the symptoms were generally painful enough to require a lengthy recovery period, thus making the sufferer largely unable to work. Contraction of the disease seldom resulted in death, but would cause significant suffering in the form of pelvic inflammatory disease, sterility, and was believed to cause blindness and mental defects in unborn children. Exposure to *Treponema pallidum*, the syphilis bacterium, caused little more than a painless ulcer or chancre on the genitals that would quickly heal. Unlike gonorrhea, syphilis caused damage to the heart and nervous system and would eventually lead to a painful death, but only after a lengthy incubation period of many years.¹ From a military efficiency standpoint, a soldier stricken with gonorrhea was incapable of performing his duties for an extended period of time, a problem not associated with the early stages of a syphilitic infection. Thus, gonorrhea was the focus of preventive efforts by medical officers and commanders of the Allied and Central Powers.²

Both diseases had been well known to Europeans, gonorrhea since antiquity, while syphilis had become widespread in Europe around the time of Columbus' arrival in North America. Before the 20th century, mercuric compounds were the principle treatment for syphilis, a toxic remedy that could cause serious neurological damage, if not outright killing the patient. Furthermore, doctors and scientists believed gonorrhea and syphilis were different symptoms of the same disease. By 1907, the Wasserman test gave doctors a relatively accurate way to confirm a syphilis infection, while 1910 saw the introduction of arsphenamine, an arsenic compound with the trade name of salvarsan. Dubbed the "magic bullet", salvarsan was a quantum step in the treatment of VD as the antibacterial compound could actually cure both syphilis and gonorrhea. To avoid toxic side effects, doctors could only administer salvarsan in small doses, which meant a lengthy treatment regimen that could last for weeks, if not months.³

Ideally, the need for the time consuming salvarsan treatment would be avoided simply by avoiding infection. Besides the only 100% effective option of celibacy, two major means of prophylaxis existed in the before the Great War: mechanical and chemical. To modern Americans, mechanical prophylaxis refers to the use of condoms as a disease barrier. The advent of mass produced vulcanized rubber during the Industrial Revolution led to the widespread availability of inexpensive, durable, and even reusable condoms.⁴ Chemical prophylaxis consisted of the post-coital application of disinfecting agents in an attempt to kill VD bacteria before it could cause infection. For males, chemical prophylaxis involved the irrigation of the urethra and bladder with an antiseptic solution like potassium permanganate, and the application of a topical antiseptic like bichloride of mercury or mercurochrome to the genital region.⁵ During World War I, most armies mandated post-coital chemical prophylaxis as the principle means of preventing VD, while only a select few provided mechanical prophylaxis means due to a combination of factors. Allegedly, prophylaxis was 99% effective, but only when completed within three hours of sexual contact.⁶

Survey of Major Combatants

Although much thought had gone into mobilization plans, and military campaigns, little had been done in preventive medicine planning to control VD in the ranks of the great European powers, with the notable exception of Imperial Germany. The widespread dislocation of the European economy and society, and the mobilization of millions of virile young men in 1914 contributed to a rising tide of premarital and extramarital sexual activity. Consequently, all the Great Powers soon saw an alarming surge in VD cases in the ranks, particularly among those men in the rear areas that had easy access to not only paid sex workers, both professional and amateur, but the many women carried away with “khaki-fever.” Each nation applied different

measures to stem the VD epidemic, based in large part on the religious, social and culture norms of the civilian society.⁷

Imperial Germany.

Alone of the warring European nations, Germany had done some systematic planning for the control of venereal diseases, based on their recent experiences during the Franco-Prussian War of 1870-1.⁸ Assuming that soldiers would have sex regardless of laws and orders, Germany combined pragmatism with Teutonic efficiency by providing regulated brothels, condoms and post-coital prophylaxis treatment without penalty to their soldiers. Efficiency only carried so far, and the class-conscious Germans officers enjoyed separate and better facilities than those of their men.⁹ Military efficiency was not the sole concern of German civil authorities, as men infected with STDs could spread the diseases to their women at home, thus posing a public health danger to unborn babies needed to grow the population of the country. Thus, military and civil authorities encouraged the soldiers to use only regulated brothels, while using civil and military police to actively suppress the unregulated “amateurs.”¹⁰

Austro-Hungary.

The next largest army in the Central Powers was that of Austro-Hungary. Unlike the more liberal Germans, conservative Habsburg society frowned upon prostitution, an attitude reflected in the policies of the army which declined to sanction brothels for their troops. Vice police actively worked to suppress both professional and amateur sex workers, and soldiers were repeatedly warned that women in occupied Russia and Bosnia were riddled with STDs. As the war progressed and VD rates climbed in the ranks, the Austro-Hungarian officers instituted regular physical exams to detect infected men, and mandated the use of prophylactic measures

before and after sex. One such measure was an individual prophylaxis kit, antiseptic soap and silver nitrate ointment for the genitals, and a styptic pencil for treating sores. Language and class barriers in the polyglot army hindered education, as best typified by an Austrian lieutenant ordered to give a class on VD to a platoon of Hungarian troops:

*After the lieutenant had barked out a number of military orders in quick tempo, he approached the difficult task which obviously he didn't relish very much. He said: 'You're really not supposed to [have sex] at all but if you are such swine and must [have sex] then at least do it with your mothers so that the gonorrhoea will remain at home!'*¹¹

The Austro-Hungarian army was never able to stick with a coherent VD plan, so “lax and draconian treatment would alternate rhapsodically” within their formations. As a consequence, the Habsburg army suffered a higher VD incidence rate than that of the *Kaiserheer*.¹²

France

Legal brothels, marked with a large red lamp, had been a prominent fixture in French towns since Napoleonic times, so French military officials fully expected their soldiers were going to engage in sex, whether authorized or not. So, it naturally followed that the French army established regulated brothels in the rear areas, *maisons tolères*, and both chemical and mechanical prophylaxis was made readily available even to the frontline soldiers. As a means of minimizing VD in the ranks, the troops were ordered to only engage in sex with those women that were registered, as the official sex workers underwent regular examinations for infection. As many *poilu* were still expected to engage with “unlicensed women” condoms were freely

distributed to soldiers departing on pass.¹³ Accompanying the condoms was a pamphlet, *Conseils au soldat* which advised the soldier on how to best avoid disease by using condoms, soap and water and even the application of antiseptic to their private parts.¹⁴ Benevolent treatment was not enough to stem the rise of VD cases in the ranks, so by 1916 the French Army established a Commission of Prophylaxis for Venereal Maladies. Increased scrutiny was placed on the official brothels, with intrusive medical exams administered to both soldiers and official sex workers. To ensure soldiers cleaned up after a visit, medical officers set up treatments centers near the brothels. Taking advantage of the relatively new medium of motion pictures, films were used to enhance the mandatory sex education lectures that commanders were required to give to their men. One type of film was produced to warn soldiers of the dangers lurking in the bodies of the unlicensed prostitutes, while civilians saw movie messages promoting the virtues of patriotism, unmarred by VD.¹⁵ When Pershing ordered the French brothels off-limits, protests from the French Prime Minister resulted in a conference of French and American medical staffs. The American medical officers were shocked at the unhygienic inspection methods used by the French medical officers. The Americans soon demonstrated that even-healthy appearing prostitutes were more than capable of spreading infection to male clients.¹⁶

Great Britain

British VD policies during the Great War were strongly influenced by experiences from the Crimean War, when syphilis and gonorrhea burned through the ranks of the British army. The experience led Army and Navy medical directors to pressure the government to enact the Contagious Disease Acts (CD) of 1864, which sanctioned regulated brothels, and allowed for the involuntary isolation and hospitalization of those women believed to carry VD. Although pressure from outraged women's rights groups led to the repeal of the CDA in 1886, its retained

a strong influence on the army staff, which continued in its efforts to regulate contact between soldiers and civilians. Moral reformers also left their mark on the Army during the latter part of the 19th century, with calls to resist gluttony, drunkenness and other sins of the flesh. A Royal Commission was established in the early 1900s to reduce incidences of STDs in the ranks through education and the provision of wholesome recreation activities to keep soldiers occupied and away from prostitutes. Reformers provided the opportunities for recreation and intellectual growth in the Army garrisons, with workshops, libraries and gyms to keep the soldiers mentally and physically fit.¹⁷ Despite the efforts of the Progressives, syphilis and gonorrhoea were estimated to have afflicted 10% of the prewar British population, and the widespread stigma attached to the disease hindered efforts by reformers to treat sufferers.¹⁸

When the British Army mobilized in 1914, it publicly extolled the virtues of self-control to protect loved ones at home – particularly children- from sexually transmitted infection. However, writing and implementing VD policies was not so clearly cut, combining a curious mix of permissiveness, wishful thinking and severe punitive measures to combat VD. Medical officers delivered lectures written by the National Council for the Combatting of Venereal Disease, reinforced by lectures from chaplains and commanders.¹⁹ Military leaders were afraid of being seen as encouraging vice in the ranks, thus the British army refused to provide condoms, and did not make post-intercourse prophylaxis available until VD became a pressing readiness problem. Under British military law, soldiers were subject to punishment for concealing VD, not for the disease itself. Assuming a soldier reported his infection, he was isolated in separate VD treatment wards away from those men recuperating from “honourable” wounds or non-VD maladies. Adding insult to VD patients was a policy of stoppages, withholding of pay to cover costs of treatments for a disease not contracted in the line of duty. Although seldom used, the

threat of stoppages further disincentivized soldiers from willingly seeking treatment until debilitated. In France, Tommies were quietly allowed to use the official French brothels, and the British army even opened its own “official” brothels in Le Havre and Cayeux-Sur-Mer. Mounting pressure from church and women’s organizations finally drove the government to order the official brothels off limits in early 1918, a policy that remained in place for the rest of the war despite protests from the French at the undermining of their own system.²⁰ As a consequence of the muddled planning and implementation of VD policies, the British army suffered unacceptably high levels of diseases in the ranks. During the war, some 417,000 VD cases resulted in hospitalization, as compared to roughly 75,000 trench foot cases.²¹

Dominion Countries (Canada, Australia and New Zealand)

The Dominion armies, Canada, Australia, and New Zealand, had their own unique challenges with VD. Deployed thousands of miles from home, and much better paid than their British counterparts, STDs ran rampant in the ranks of the Dominion troops, in particular among the Australian and New Zealand corps.²² However, not all of the disease was due to French and British prostitutes. Pre-induction physicals done to Canadian recruits revealed a surprisingly high number of men already been exposed to STDs; in one instance 15% of the recruits from a particular region tested positive for venereal diseases.²³ Despite measures to identify and segregate the disease carriers, cases of VD mounted rapidly in the Canadian armed forces; by 1915 an estimated 28.5% of men in uniform had been exposed to STDs.²⁴

Making matters worse for the Dominion troops were the muddle-headed British policies discussed earlier. When Dominion troops arrived in Britain, they were immediately swarmed by large numbers of both amateur and professional prostitutes, all of whom were legally able to ply their wares. One medical officer saw once such occurrence as a trainload of Dominion troops

arrived from the front: “in the early days when leave was given to large numbers of men the scenes were disgraceful. One saw 100s of men coming from Flanders covered with mud, and although their clothing was muddy they could hardly get through the streets from Victoria Station on account of the women crowding about them, and even waiting for them until they had cleaned up and got paid off.” Compounding the problem was British reluctance to provide chemical prophylaxis stations near camps, a matter that eventually led to a personal demand from the Prime Minister of New Zealand for the British to provide such facilities.²⁵

The Australian Imperial Force (AIF) was formed in late 1914 to serve as part of the Commonwealth response during the Great War. The AIF sailed from Australia and arrived in Egypt, which served as an intermediate training base for those AIF units destined to fight on the Gallipoli or Western Fronts. Among the mix of gastro-intestinal and respiratory diseases that the medical services had to contend with in Egypt was a wave of VD infections brought on by ready access to the brothels in Cairo and Alexandria off limits. After appeals to British officials to place the brothels off limits failed, the AIF moved its main base cluster from Cairo out into the desert closer to the Suez Canal—thereby limiting the Diggers’ ability to enjoy Egyptian brothels. From January 1915 to March 1916, 11,509 incapacitated soldiers were sent back to Australia, for long term medical treatment. Of that number, only 208 were Gallipoli combat casualties, while 1,352 were men sick from the ravages of VD—almost 12% of the total. When the AIF deployed to the Western Front in March, VD continued to plague its ranks, albeit at a lower percentage due to increased availability of prophylaxis. Statistics compiled after the war showed VD had fallen to fifth place (at 6.19%) in non-battle casualties, with pyrexia at the top (11.61%) and influenza a close second at (10.36%). However, venereal disease remained the single largest avoidable cause of evacuation for the AIF for the entire war.²⁶

To the individualistic Dominion troops, the intrusive VD measures mandated by Great Britain were deeply resented. Particularly hated was the practice of surprise medical inspections ordered by regimental and battalion medical officers. Derisively termed “dangle parades” the men of an entire unit were required to strip naked and submit to a close inspection of the genital area to look for signs of infection. Any soldier suspected of infection was segregated and interrogated about the possible source of infection. Those men identified as VD sufferers were bundled off to treatment hospitals. There, the patients were kept isolated behind guards and barbed wire, and the patients were treated as virtual inmates with no visiting or pass privileges.²⁷ Less bound by precedent and Victorian notions of modesty, many prominent individuals in the Dominions pushed for the open and unrestricted provision of both mechanical and chemical prophylaxis to not only preserve the health of their men, but to prevent further deterioration of the virility of the Anglo-Saxon race.²⁸ The pragmatic attitude towards VD prevention permeated the New Zealand Army (ANZAC), with medical officers improving upon the regimental system of chemical prophylaxis by providing individual tubes of potassium permanganate, for the units stationed both in France and Egypt. This practice of issuing individual prophylactic kits quietly spread among the British and other Commonwealth troops, but was not commonplace until the very end of the war.²⁹

The United States

Now that we have done a brief survey of the other Great War participants, we'll devote the remainder to discussing the American Expeditionary Force (AEF), some general conclusions and wrap up with some time for questions.

VD in early America

The American Army of the Revolution and War of 1812 certainly had issues with VD, although documentation is lacking to confirm the size of the problem. By the American Civil War, official record keeping was sufficient to document the widespread presence of gonorrhea in the Union army, with over 100,000 documented cases over a two year period, and an admission rate for treatment up to 215 cases per 1000 person-years.³⁰

Prewar Progressive influence and campaigns 1900-1917

By the opening of the 20th Century, the rise of the Progressive movement shifted American attitudes towards sex and STDs. With the growth of an educated and increasingly affluent middle class came the attitude that public education should address the topic of sexual immorality and VD in lower class Americans. Faith in education and science to cure the ills of mankind was boundless in the Progressive ranks. Simply providing sex education to the poor and illiterate was not enough, but reminders of civic responsibility were constant, seeking to connect individual behaviors with the wellbeing of the United States. Progressive literature of the time promised that sex outside of marriage was sure to result in an STD; only abstinence or a monogamous marriage were sure to prevent such an awful fate.³¹ Progressive attitudes towards sex were not universally shared, with many middle and lower-class Americans tolerant of sex outside of marriage. Prostitution was a tolerated vice, although the Progressives had succeeded in pressuring many cities into establishing a “segregated district of vice” commonly known as a red-light district, to segregate brothels and liquor houses from “respectable” areas of town.³²

One influential concept within the Progressive movement was the notion of social hygiene, a mix of sex and morality education. The term was first coined around 1907 by a Chicago newspaper editor to describe proposals from Prince Morrow, a prominent Progressive physician, to combat venereal diseases in America. The social hygiene philosophy contained a

three-pronged approach to fighting VD: suppression of prostitution; sex education to dispel ignorance about the transmission of VD; and calls to purity by abstinence from sex. Simply calling for abstinence and the abolition of brothels wasn't enough, as young men and women needed "clean, wholesome activities" to productively channel their sex drive in productive ways. By 1913, the social hygiene movement had coalesced into the American Social Hygiene Association, largely funded and directed by millionaire John D. Rockefeller Jr. The position of the social hygiene movement was strengthened by appalling reports of widespread VD in the ranks of Regular and National Guard soldiers deployed to the southwest during the Mexican border crisis of 1916. Not only did the reports harden the perception that the Army was a cesspool of vice and corruption, but also helped made the public more amenable towards Progressive proposals for sex education and vice laws in combatting VD.³³

Figuring prominently in this story was the influence of Newton D. Baker, a prewar lawyer, mayor of Cleveland Ohio and outspoken pacifist. Despite his utter lack of military background, President Wilson appointed Baker as Secretary of War in 1916, expecting Baker would find Progressive solutions to the military's problems. One outgrowth of Baker's appointment was the Council of National Defense (CND), formed in August 1916, which incorporated the Secretaries of Army and Navy, Agriculture, Commerce and Labor. The CND was the mechanism used by Baker to harness pro-Progressive businesses, organizations and persons of influence in organizing the nation for the its expected entry into the World War ³⁴

Medical officers and Progressives alike noticed with dismay the reports from the war in Europe that described a near epidemic of gonorrhea and syphilis affecting thousands of Allied troops. When America declared war in April 1917, the Progressives stood ready to fight disease

and immorality in the ranks, albeit rooted in a moral system linking Christian tenets of purity with paternalistic government programs designed to keep soldiers clean and healthy:

Meanwhile the European nations at war had been suffering losses from venereal diseases which enormously decreased their efficiency in combat. Military and civilian alike in the United States felt that the army which this nation was raising could not be wasted by exposures to the ravages of diseases that are entirely preventable; and the nation's men of science were called on to outline measures by which this loss of man-power could be avoided. The trained personnel of the American Social Hygiene Association nearly all volunteered for service in the army or navy and became assigned to the combating of venereal diseases. The Association secured from private sources some half a million dollars with which it was able to supplement the governmental efforts by cooperating with official agencies that were promoting the campaign in and around military and naval establishments.”³⁵

Within weeks of the declaration of war, the Council of National Defense had assembled a Committee for Civilian Cooperation in Combatting Venereal Diseases among the lower and middle classes of Americans. To avoid the VD problems experienced during the Mexican Crisis, a Commission on Training Camp Activities (CTCA) was established to protect the “flower of America’s youth” as it was inducted into the new National Army. Heading the CTCA was Raymond B. Fosdick, a New York native and graduate of Princeton University, where he had made close connections with then-university President Woodrow Wilson. While pursuing a law degree, Fosdick became involved in investigating social problems in New York City and worked with John D. Rockefeller Jr. during his grand jury work on white slavery. In 1913, Fosdick was

hired by Rockefeller to head the Bureau of Social Hygiene, which studied and proposed solutions to the social ills of prostitution and venereal diseases.³⁶ Appointed by President Wilson in 1917 to head the CTCA, Fosdick went to work with a passion. Filled with Progressive zeal for the task, Fosdick was not content to simply suppress vice but strove to emulate the British methods of providing activities to enrich, entertain and educate the American draftees.³⁷

The CTCA soon launched a campaign to pressure city mayors to enforce existing vice laws, and to enact new vice laws if necessary, to suppress taverns and brothels. To help convince inductees to seek legitimate medical help, state pharmaceutical agencies were asked to ban advertising and sale of “venereal disease nostrums.” Writing while mobilization was in full swing, William F. Snow, the chairman of the Committee for Civilian Cooperation noted:

*32 states had adopted laws or regulations requiring the reporting of venereal disease; 11 have organized bureaus or divisions of VD; at least 15 states provide free diagnosis...16 states are engaged in educational work; only 2 states have given no indication of activity in [the] V campaign. Partially as a result of the letters sent to mayors of 1000 cities and towns, 49...have made provision for the isolation and treatment of persons infected with VD; 51...have measures requiring the reporting of VD; 43...have VD clinics or advisory stations...[78] have educational work under way; and only 19 cities or towns are classified as compliant.*³⁸

Within the mobilization camps, volunteers distributed posters, pamphlets and training materials in the new Army camps extolling the virtues of abstinence. One such flier claimed that the “Sex Impulse...when controlled or directed, it gives ENERGY, ENDURANCE, FITNESS!” Social hygiene theories were adopted, with education to dispel ignorance, and readily available

recreational activities were to keep soldiers involved in only productive and beneficial activities in their limited off duty times. Guards were posted at the gates of the encampments, and soldiers were closely monitored to keep them on post and away from the dens of iniquity in the nearby cities.³⁹

Mobilization Camps

The attention of the Progressives and War Department were not limited to the camps. Keeping the flower of America's youth pure and clean required control of the environment around the camp, with brothels and liquor the first to go. Partnered in the campaign to suppress vice in the training camps with Raymond Fosdick of the CTCA under the direction of Secretary of War Baker. Baker, an Ohio Progressive and pacifist, made for an unusual Secretary of War, but in combatting vice he combined Progressive passion with lawyerly thoroughness. Exercising unprecedented wartime powers over the civilian sector, Baker ordered a five mile exclusion zone around the wartime encampments, with brothels and bars ordered shut down, and pimps and prostitutes ejected from the area. Federal money was disbursed through the CTCA to help cities establish programs to combat vice, and to establish detention facilities used house women suspected of harboring venereal diseases. In a gross violation of civil liberties, thousands of American women were arrested and forcibly tested and examined for STDs. Anyone testing positive for VD was interned in a CTCA funded reformatory or detention house.⁴⁰

Once such example of Progressives and military officials in action to combat vice was seen at Columbia, South Carolina, the home of newly established Camp Jackson. In June 1917, Secretary of War Newton D. Baker called Columbia Mayor Lewis A. Griffith and demanded compliance with the five mile enforcement zone. The city of Columbia had previously responded whole-heartedly in making land available for War Department use, so Baker's

demand met no resistance. The city council swiftly enacted new ordinances in July that read, in part:

The proposed ordinance provided: Section 1. That it shall be unlawful for any person or persons to maintain, keep, live at or frequent a disorderly or bawdy house within the limits of the city of Columbia. Section 3. That a bawdy or disorderly house shall be construed to mean a house to which persons resort for the purpose of immoral sexual relations or prostitution, whether the same be a house in which prostitutes or persons of evil fame live...

Those found guilty of infractions under the ordinances were liable to a fine of \$1000 or 30 day jail sentence. The ordinance took effect 1 August 1917, with police and city officials inventorying the contents and residents of houses within the city's "tenderloin district."⁴¹ The measures were not fully successful, leading the Provost Marshal at Camp Jackson to demand help from local police in suppressing the illicit activities of local taxi drivers and hotel porters who were involved in arranging liquor and sex workers for soldiers.⁴²

However, not all was punitive and restrictive, as Fosdick noted that: "It not enough merely to set up 'Verboten' signs along the roadside, to forbid troops to do this or that...It is necessary to give the men something positive to take the place of the things that we are trying to eliminate."⁴³ The CTCA invited already existing organizations like the YMCA and Jewish Board for Welfare Work to set up shop in the camps to provide wholesome recreation opportunities. After describing the concept of the YWCA sponsored "hostess houses" Fosdick summarized the philosophy of the CTCA:

After all, our function is to surround these men, as far as possible, with the rational environment to which they have been accustomed. We cannot take men

*from their homes...put them in a radically new environment without any of the social contacts to which they have been accustomed, and still expect to achieve the right results. Our fundamental aim in all this work is to create a fighting machine...You cannot have a fighting machine unless the men composing it are contented, and you cannot have men contented if you rob them of all the social contacts to which they have been accustomed.*⁴⁴

Preventive measures at the AEF level

The American Army entered the 20th century in the middle of systematic reforms of the Medical Department, brought about in large part due to the unacceptably high levels of disease seen during the Spanish American War. Professionalism in the department began to take hold, with surgeons, nurses and dentists having to meet professional standards of fitness to join the Army. Other reforms included the establishment of a Medical Reserve Corps, medical logistics training for hospital stewards, and training encampments with field hospitals during summer maneuvers. The push for Medical Department reforms accelerated with the Mexican Punitive expedition in 1916 and looming threat of a European war, with one glaring exception. The top leadership of the Regular Army made no systematic provision for controlling or treating venereal diseases in the ranks.⁴⁵

While the top brass at the War Department neglected the VD threat, progressive-minded junior medical officers were taking steps to reform how the Army handed sexually transmitted diseases. Around 1910, one group of medical officers had experimented with the issuance of prophylactics to soldiers, but lacking War Department sanction, the officers had no way to compel the soldiers to complete treatment. Once the enormity of the VD risk to a new draftee army became evident in late 1916, medical officers were able to convince the War Department to

mandate post-coital chemical prophylaxis, accompanied by the threat of a courts-martial if the soldier failed to seek treatment and contracted VD. However, the War Department declined to mandate the use of personal prophylactic kits, whether condoms or disinfectant, over concerns for public opinion.⁴⁶

After war was declared in April 1917, American medical officers saw first-hand the squalor and filth of the Western Front, and made recommendations for new medical specialists within the Medical Department to address the disease threat. The Surgeon General's office reorganized into 11 specialist divisions, each headed by civilian physicians holding commissions in the Medical Reserve Corps; one of which was dedicated to "Combating Venereal Disease."⁴⁷ Appointed as the new VD Specialist was Colonel Hugh Young, a nationally renowned specialist of genital and urinary tract diseases at Johns Hopkins University. Shortly before the war Young had accepted a commission in the Medical Reserve Corps.⁴⁸ Besides advising the Surgeon General on policies to prevent and treat VD, the Venereal Disease specialist was to provide oversight of the recruitment, training and distribution of VD medical officers within the AEF. After helping to organize a base hospital from the Johns Hopkins staff, newly minted Colonel Young found himself on the steamer *Baltic* in June 1917, accompanying General Pershing and his primary staff to France. While on the steamer, Young presented "terrifying" VD lectures that resonated deeply with Pershing, who had witnessed first-hand the ravages of VD during his service in the Philippines and the Mexican Punitive Expedition. With visions of thousands of America's best youth blighted by STDs, Pershing allowed Colonel Young to design and implement a comprehensive education and chemical prophylaxis system. To minimize the down time due to treatment, Young pushed the chemical prophylaxis process down from the base hospital to the regimental aid stations.⁴⁹ To assist commanders in combatting VD in the ranks,

VD medical specialist were trained and attached to the regimental surgeon's staff to provide expert advice on isolating and treat VD in the ranks. By the end of the war, the Army's Medical Department had designated 246 medical officers specifically as venereal disease prevention officers.⁵⁰

Critically, Pershing refused to implement Colonel Young's recommendation to provide individual prophylaxis to soldiers out of concerns that he would be seen as encouraging irresponsible behavior in the ranks. Instead, Pershing issued orders in July 1917 that outlined Colonel Young's program of regular inspections, sex-education classes, and mandatory post-coital chemical prophylaxis. Soldiers failing to report VD symptoms, or refusing treatment were subject to courts-martial.⁵¹ Furthermore, the AEF initially refused to make individual prophylactic packets available to their soldiers, instead relying on the regimental chemical prophylaxis to limit the spread of VD. Apparently this decision was made so as to not give the soldiers a free pass in engaging in sex without the likelihood of unpleasant consequences; in other words, an embarrassing regime of chemical prophylaxis administered by unfeeling medical NCOs. As the AEF Chief of Chaplains noted after the war: "the indiscriminate distribution of prophylaxis packages, is in our judgement, a psychological error that carries evil consequences in its train."⁵²

Although not issued, condoms were not banned and soldiers could easily buy them, but without official advice as to the best method of use. As an AEF medical officer later observed about condoms: "They would undoubtedly be of some service, but their usefulness is diminished by the fact that such personal prophylaxis is regarded by the user as relieving him of the necessity for regimental prophylaxis, and experience has shown that the prophylaxis used by the individual himself is not as efficient as prophylactic treatment given under the eye of an

experienced attendant.” After extolling the virtue of thorough washing, the commentator sniffed: “The soldier can buy a prophylactic packet if he desires; among the class which would avail themselves of it, information is common about it and where it can be obtained.”⁵³

Although General Pershing had condoned regulated brothels during his command time in the Philippines, he recognized that such tolerant attitudes towards the National Army would result in a swift dismissal from the progressively minded Secretary of War. Appalled by reports of the first wave of AEF soldiers visiting French brothels, Pershing ordered the brothels off limits, and reiterated the earlier orders towards VD, holding commanders accountable for the control of venereal disease in their units.⁵⁴ Predictably, Pershing’s order created a strong backlash from the French, with brothel and tavern owners angry at the prospect of lost revenue, the French army at the public spurning of their own brothel system. According to Fosdick, the Pershing soon won the argument:

*As a result of these various experiences and investigations, American officials were able to lay before the French government strong and well supported arguments against the French system...that the “inspected” prostitutes frequently transmitted VD without themselves having it in an acute stage...their statistics showed that the brothel, rather than clandestine prostitution was the great outstanding danger. In a French city of 100,000 population, out of 799 sexual exposures [of VD] among the troops in a given period, 761 occurred in licensed houses.*⁵⁵

Complementing the efforts of military officers to prevent VD in the ranks were civilian welfare agencies who not only operated in the training camps, but in England and even the rear areas of France. Using volunteer instructors, usually former civilian teachers in the ranks, the

Young Men's Christian Association (YMCA) provided lectures, literature and posters to "conduct an unobtrusive campaign of sexual education." The new medium of silent film was used, with "*Fit to Fight*" and "*The End of the Road*" which were described as "progressive dealing respectively with venereal diseases from the man's standpoint [and] women's standpoint." Bizarrely, the film list also included "*A Day in Gulick's Camp*," a silent film about a girl's summer camp in upstate New York, which was billed as "illustrating the preparation being made by the young women of America for their life duties."⁵⁶ Although the films were generally well received, soldiers quickly picked up on the mixed messages present in the educational materials provided by the CTCA. On one hand, the materials stressed the importance of staying pure through abstinence, yet soldiers were required to immediately seek out post-coital prophylaxis after a moral lapse with a questionable woman. *Fight to Fight* in particular highlighted the contradictions as it followed the misadventures of five draftees faced with the opportunity to sleep with a prostitute. The hero of the story was the one soldier who resisted temptation to go onto patriotic glory in France. Next in line was the crestfallen sinner who repented of his error and received chemical absolution for his carnal sin through the redemptive cleansing of the camp prophylactic station; after which he resolved to stay away from loose women for the rest of the war. From the standpoint of Army officers and CTCA officials prophylaxis was a means of earning a second chance, not an opportunity to avoid the consequences of the sinful behavior. That point was lost on many of the poorly educated and foreign born draftees. As a consequence, officers found they had to stop the film periodically to answer questions and allow bilingual speakers to translate the meaning of the dialogue written on screen. Most effective in soldier indoctrination were lantern slide lectures, complete with graphic photographs of VD sores and helpful directions on how to self-administer chemical

prophylaxis. Lectures conclude with a stirring exhortation from Uncle Sam, demanding soldiers stay clean for family and nation.⁵⁷

The Experiences of the Doughboys

Now that we have looked holistically at how the AEF implemented venereal disease prevention policies, I would like to spend a few minutes talking about the experiences at the Doughboy level.

Commanders and junior officers and non-commissioned officers were held responsible not only for the military performance, but for the moral character of their men. As the Chief of Chaplains for the AEF noted after the war:

“It is noted that where officers...have a sense of responsibility for the moral not less than the military character of their men, a clean command is the result. The venereal rate is the not the true thermometer of the Army. It may simple [sic] indicate scientific skill in evading the consequences of sexual looseness. The prophylactic rate in connection with the venereal rate is a truer guage [sic]. The former indicates the men who did not escape physical penalties. The latter shows those who have been morally guilty and have had recourse to prophylaxis.”⁵⁸

The Armistice on 11 November 1918 did not mean the end of the war for the men of the AEF. Several American combat divisions took up garrison duties along the Franco-German border, with the remaining divisions and corps troops withdrawn into staging areas inside France, a deterrent force ready to redeploy to combat if the need arose. Those units not on garrison duty settled into a routine of drills, field exercises and route marches-all designed to keep the men

ready for combat and out of trouble, a fact not lost on the men: “There was irony in the maneuvers against an assumed enemy, after having met successfully in battle an actual enemy.” Organized athletics reappeared in the camps, boxing, football and baseball, and welfare officers were appointed in each regiment, to oversee the quality of life in the encampments. More welcome to the soldiers was the presence of the Red Cross, YMCA and other welfare agencies:

...where the soldier always received a cheery word, a cup of hot chocolate, and something to smoke...The YMCA now established some twenty huts throughout the divisional area, and in practically every hut, a home-sick soldier could find a real American girl, not only willing but glad to sit down and talk with him...While there may be conflicting opinions as to the advisability of having sent women workers to France, and particularly to the fighting zones, it will be difficult to find any member of the 29th Division who has anything but words of praise and gratitude...to say nothing of the inspiration furnished to the soldier to play the game as his people at home would have him play it.⁵⁹

As the demobilization of the AEF unfolded into 1919, General Pershing made a final effort to emphasize the attention paid to the moral health of the men. Pershing made a point to review every division prior to its departure back to the United States, after which he gave a speech thanking the men for their service. He closed on such oration by stating: “Finally I want to thank you for your cleanliness, your morals while in France. I am proud, very proud, to be in command of the world’s finest army – the American Expeditionary Force.”⁶⁰

As the American troops prepared to head home, a final round of VD inspections were held and woe to the unfortunate found to have concealed an infection. Those men were separated from their units and held in France for treatment, while the remainder boarded steamers heading for America. Each doughboy was handed a small paper tract entitled “When you Go Home.” Inside the booklet was a refresher course on the symptoms of venereal diseases and tips on how to avoid getting himself into trouble by keeping his thoughts clean and avoiding liquor. The introduction was taken straight from the social hygiene playbook, exhorting the doughboys to clean up American society:

We've talked to you a lot since the war began about gonorrhoea and syphilis... We've probably tired you at times, but you listened, and you've made a record both you and the country can be proud of. Our army is the cleanest in the world. You've made it so. You've made it ten times cleaner than the country. Now, we want the cleanest country too, and we're counting on you to get it. You can do this by telling the folks at home what we've told you and what you have seen with your own eyes... You'll know that to say to the folks who are running the town, too, if they have not cleaned it up while you are away. You'll tell them that a town which still permits prostitutes and sporting-houses is a slacker town, a hundred years behind the times... But you won't be satisfied with just saying things. You'll be ready to make a stiff stand-up fight if you have to... So when you go home, get together with the rest of the bunch that have been in the Army and make your town get into line with the really live towns of the country.⁶¹

Analysis

Although statistics from the Great War are sometimes incomplete or inaccurate, we can derive some general conclusions about the effectiveness of the American system of VD control in relation to the other warring nations. Statistical analysis indicates that Germany was the clear European winner in VD control, with an estimated rate of infection of 25.5 cases per 1000 men. In increasing order: France at 41.9/1000; Austro-Hungary, 61/1000; Italy 84.9/1000 and England at a dismal 173.8/1000.⁶²

Coming in at an apparently distant second place was the Army of the United States with a generalized rate of 34.02 per 1000 men.⁶³ However, the War Department parsed out the general number, noting the rate included all soldiers inducted into the Army, many of whom never deployed overseas. Incomplete statistics gathered at several mobilization stations indicated as many as 94% of Southern inductees had contracted the disease prior to entering the Army. When looking at men deployed in the AEF, a different pattern emerges. Once the AEF deployed overseas, the rate of new infections dropped greatly with the banning of the brothels and other measures discussed earlier in the paper. From a high of 7.5 men per 1000 in November 1917, the incidence of VD dropped rapidly, bottoming out at 0.9/1000 in September 1918- the height of the Meuse-Argonne offensives. After the Armistice, the rate climbed upwards, leveling off around 3.5/1000 by the time the AEF deactivated in May 1919.⁶⁴ Despite the best efforts, VD took a considerable toll on the fighting strength of the Army. Postwar estimates indicate some 415,000 cases of VD out of some 3 million men mobilized for war, with around 100,000 discharged due to VD. In practical terms, those cases equated to 7.5 million man days lost to hospital care, or 21,000 soldiers absent for duty over an entire year-the fighting strength equivalent of two infantry brigades.⁶⁵

When making comparisons between the various national systems, some broad conclusions stand out:

1. Punitive treatment. The threat of negative consequences only goes so far. As noted by Hirschfield, army commanders were faced with two realistic options in combatting VD: officially condone the behavior, and tolerate the attendance problems with organized vice, per the German and French systems; or, suppress prostitution and risk having soldiers conceal the diseases, most notably seen in the British and Austro-Hungarian armies. Neither option was truly helpful: “There seemed to be no escape from this dilemma. With freedom from penalties...the temptation to wanton infection was too great, especially in view of the negligible importance attributed to gonorrhoea. On the other hand, strict punishments led to wholesale concealment.”⁶⁶ Consequently most armies adopted a middle ground policy of punishing the soldier only for concealing an infection, not for contracting one—thereby hoping to gain cooperation. Punitive measures were sometimes extended to locating the female partner, who was subject to mandatory quarantine and treatment.

2. Prophylaxis policy. The German army had the best planned process for controlling VD in the ranks, a system based on a rational mix of education, physical exams to detect disease, multiple levels of readily available prophylaxis (both chemical and mechanical), post-infection medical treatment and isolation from the general population. Furthermore, the Germans assumed that their men would seek out sex regardless of orders, and regular sex was conducive to good morale, so accordingly built their policies. By contrast, the British vacillated between aspects of the French system, with regulated brothels, and draconian measures that included stoppage of pay. Probably the greatest disparity between the combatants was the willingness, or lack thereof, to use mechanical prophylaxis. Despite the ready availability of durable condoms, neither

British nor American armies would officially supply condoms, or provide instruction on their proper use, so as not to be seen as condoning vice in the ranks. On a positive note, the American policy of forward treatment, as advocated by Colonel Young, shortened the treatment process for minor VD cases, thus reducing lost time.

3. Social Hygiene. As evidenced in the literature, military and civilian authorities could and would act to regulate or suppress both professional and amateur prostitutes, on the premise the female was the offending party in the transaction. The British were probably the worst in this regard, waiting until March 1918 to enact any form of government regulation of prostitution; when done, the half measures only managed to upset the French and women's rights leaders at home without making an appreciable change in the VD rates of the army.

Here, the United States went much further than any other combatant in combatting VD, by suppressing vice through a five mile exclusion zone around each mobilization base. Ironically, President Woodrow Wilson, the president who asked Congress to declare war on Germany to "make the world safe for democracy" was more than willing to allow the quasi-governmental CTCA to organize the wholesale violation of individual rights to meet wartime needs. In that regard, the United States succeeded better than any other combatant in controlling the impact of venereal disease in their armed forces, but at a steep societal cost.

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