

THE ARMY AND VENEREAL DISEASE

BY JAMES A. TOBEY, DR. P.H.

SINCE the days of the American Revolution our Army, like armies everywhere, has been plagued by the problem of venereal disease. Until recently the problem never evoked a response that could plausibly be called adequate. It is true that as early as 1778 the Continental Congress passed a resolution to assess fines of \$10 on officers and \$4 on enlisted men who were found to be suffering from these maladies. But this legislation was adopted less for reasons of hygiene than for raising money. The clothing so urgently needed by the half-naked, cold and hungry troops commanded by Washington at Valley Forge was raised in part by these fines.

Statistics on the prevalence of venereal diseases in our Army have been kept faithfully by the Office of the Surgeon General since 1819, when that office was established. The statistics show that the success of anti-VD treatment has, by and large, been improving for the past 100 years. We had the highest rate in our history in 1867, immediately after the Civil War, when 215 out of every 1000

soldiers were infected. In the first World War the highest incidence of infection among our 4 million troops was 69 per 1000 for gonorrhea and 17 per 1000 for syphilis. By 1943, the year that mobilization for the second World War had been largely completed, the figure had been driven down to 28 per 1000, which is the best record ever achieved in the American Army.

This is not to suggest that the problem is solved, or even close to solution. Our over-all record during the second World War left much to be desired. In the whole period 1942-45 more than a million hospital cases of VD were reported in the American Army, with an average of some 250,000 a year. Some of these cases were repeaters, of course; we are not justified in saying that a million different soldiers had venereal infections. But to balance this, there may have been many unreported cases, and in any event the incidence of VD is still high enough to complicate the Army's manpower problem considerably.

The Army medical corps is by now

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skilled in predicting just when the Army is likely to have a high VD rate. When the majority of soldiers are engaged in active training or in combat operations the rate will be low. When they are serving as occupation troops, or are in the process of being demobilized, or for any reason are inactive over a period of time — then the rate of infection will be high. During most of the war the incidence of venereal disease was actually lower in the Army than in the civilian population. But since V-E Day there has been a spectacular jump in the rate of infection. In May 1946 five times as many of our European forces were being treated for VD as in the previous May. In the Far East the rate among our forces had more than tripled, and there was also a marked increase in this country. For the Army as a whole, the year after the end of the war saw the rate of venereal infection increase by some 250 per cent. (In extenuation, it might be noted that the homeless, half-starved women of Germany and Japan took to prostitution in droves, and solicited our troops rather more persistently than they would have in settled times.)

II

Early in 1947 the Army's venereal disease rate was the highest it had been in thirty years, and the Secretary of War (then Robert P. Patterson) decided that some drastic action was necessary. The first action was disciplinary. In an official communica-

tion dated January 31, 1947 the Secretary stated that a high incidence of venereal disease in a command would be regarded as a token of the commander's inefficiency; that special measures would be taken to eliminate officers and non-coms whose private lives were not exemplary; that enlisted men with VD would be confined to their unit areas for periods ranging up to 90 days; that passes would become difficult to get for those men who had shown themselves to be irresponsible; and that some of the worst offenders would be separated from the services. This program, the communication said, was to be put into effect at once.

To implement the program an Army Venereal Disease Control Council was established in the General Staff later in 1947. The Council consisted of the Inspector General, the Surgeon General, the Chief of Chaplains, the Chief of Special Services, the Chief of the Public Information Division, the Provost Marshal and (as chairman) the Director of Personnel and Administration. This high-level organization was paralleled by similar VD control councils on the lower echelons, in all posts, camps and stations. The new disciplinary action appears to have been successful: by the beginning of 1948 the incidence of VD had dropped by 40 per cent, so that it was now only slightly higher than it had been at the start of 1945, when infection was generally at a minimum. In the United States the rate of infection dropped by 50

per cent. (However, in the European theatre, where demoralization was evidently greatest, the rate remained three times what it had been in 1945.)

The success of the Army's new program is all the more remarkable in that anti-VD campaigns based on disciplinary measures have usually failed in the past. Beginning around 1909 — the year that the Surgeon General first brought the problem into the open — the Army tried punishment and penalization of offenders, and it tried so-called educational programs, designed mainly to scare the troops out of their wits as far as venereal disease was concerned. Neither of these techniques was at all successful. Then the Army began making prophylactics available to the soldiers, but these were not always effective, and frequently they were not even used. The new sulfa drugs and penicillin have made treatment more successful, of course, but they have also given many of the troops the idea that there are no longer any dangers from exposure — which is not always the case.

The present campaign against VD seems to have been successful because it combines the best features of the past programs. Together with the strict disciplinary measures against offenders, the Army relies on early diagnosis and prompt detection, on immediate hospitalization, on the use of the new drugs, and on a careful system of follow-ups in cooperation with civilian health authorities. Most

important, perhaps, an attempt is being made to provide facilities for recreation, so that the soldiers can be kept out of red-light districts and off the streets. The Army has learned that the chief danger of infection does not come from the professional prostitute, but rather from the amateur, the willing pick-up looking for a good time.

Beyond this there is probably very little that the Army can do. It should be made clear that the Army itself is not the breeding-ground for VD in most cases. Too many persons entertain the wholly false idea that most young men go into the Army in a state of innocence and virgin purity, and then acquire the habits of immorality as a result of their associations in the service. This is definitely not the case. Almost invariably, the sexual habits of men of military age have already been determined by the time they enter the Army. If they have been promiscuous in civil life they will continue to be promiscuous; and there is not much that the Army can do about it. If men entering the Army have been brought up in squalid, overcrowded, demoralizing environments they cannot be expected to change after putting on a uniform. For this reason the incidence of venereal disease is more than 1000 per cent greater among Negro troops than among white troops.

The Army's problem can be shown in the fact that at least half the soldiers who contract venereal disease during their period of service have a

history of previous infection in civilian life. When examination of the 15 million registrants began in 1940, Army doctors found that 2 per cent of the white and 22 per cent of the Negro men — or 5 per cent of the total — currently had some form of venereal disease.¹ In other words, considerably more than 750,000 young men were then infected. At first everyone suffering from VD, or from any other communicable disease, was rejected outright by the Army. In the autumn of 1942, however, the manpower situation became so acute that it was decided to accept venereal cases whenever they appeared susceptible to treatment. Special hospitals were established at 34 Army reception centers where about 288,000 drafted men were effectively treated for VD. A good many others who had previously been rejected, and who had been sent to private physicians, were also accepted now. Altogether, out of 4 million men who were steadily rejected by the Army during the war, only 289,000 — or 7 per cent — were VD cases.

III

Although venereal disease can, theoretically, be transmitted from one man to another through toilets, eating utensils, etc., the practical possibility of this happening is remote; and Army doctors are usually safe in assuming that any man who claims he became

infected by accident is lying. As a general rule the only way in which a soldier, or anybody else, becomes infected is the intimate, physical way. When a soldier does come down with VD the Army doctors will make every effort to find the source of the infection immediately. All the facts of the case, except the name of the soldier, are recorded on a special form which is then turned over to the local health officer. It then devolves on him to locate the responsible woman, examine her, isolate her and treat her. (Most states have laws providing for the examination and detention of all persons who can reasonably be suspected of being carriers of venereal disease, a category which includes all prostitutes.)

The problem is further simplified for the Army by the studies that have been made of "VD Prones," *i.e.*, of men who are identifiable in advance as types likely to become infected. These men are usually the younger, single males of less than average intelligence, who are unrestrained, care-free, easily influenced and inclined to get drunk. They possess strong sex drives which they have been satisfying, without much discrimination, since their adolescent years. Many of them will have records of arrests in civil life and courts martial in the Army. A venereal infection is not apt to mean much to them, and they will not learn from experience with VD. Needless to say, the Army is trying to rid itself of the "VD Prones."

¹The five venereal diseases are syphilis, gonorrhea, chancroid, granuloma inguinale and lymphogranuloma venereum.

In its education and indoctrination work the Army today is stressing the fact that continence is the only certain method of avoiding VD. The instruction, which is reiterated many times, is presented so that it will appeal to the intelligence and better impulses of men in the service. The work of getting the message across is no longer left to the top sergeants: chaplains and medical officers are also participating in the program. In the past, Army commanders have varied greatly in their attitudes toward VD and the morals of their men. A few of them have gone so far as to set up brothels, whose occupants would, in theory at least, be carefully supervised. Others have ruthlessly tried to eliminate the problem by imposing colossal penalties on soldiers who got infected. And still others, like an officer I knew in North Africa during World War II, are inclined to let events take their course without giving too much thought to the matter. This officer had no objection to his troops visiting the local bawdy house, until one day his opposite number in the French colonials paid him a visit. The French officer, who appeared to be a pious sort, intimated that the American troops' behavior was a

bad influence on his own men; he suggested that the house be placed off limits to Americans. Our man agreed and put through a ruling to this effect. It then developed that the French troops were giving the house a steady business — and that the colonial officer's only purpose had been to eliminate our competition.

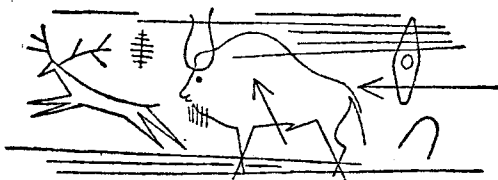
Adequate measures to repress commercialized prostitution in areas adjacent to Army camps are indispensable to any campaign against VD. In 1941 Congress passed the May Act, which prohibits prostitution in the vicinity of military and naval establishments, and wisely placed enforcement of the Act in the hands of the FBI. Before this Federal law was passed the Army had been pretty much helpless about banning prostitution; local enforcement was too often inefficient and corrupt. In 1946 Congress reenacted this legislation and made it permanent.

The Army is still far from solving the problem of venereal disease. But it has, at least, progressed to the point where the American soldier is less apt to become infected than the civilian in the same age category. Whether the Army can do more than that is problematical.



DOWN TO EARTH

by ALAN DEVOE



THE PHOEBE

THERE are certain birds and animals that are peculiarly evocative of particular places and seasons. The liquid jingling song of a wood thrush is the very voice of the cool green depths of the summer woods: the places that smell of black leaf-mould and fungi and the rotting wood of fallen trees. Any man who has ever been in the heart of a woods can scarcely hear the song of a wood thrush, even in a zoological garden, without being transported back in vivid remembrance to that sylvan place. A wood thrush speaks for the forest; it is its voice. Similarly, the boisterous calling of a flock of blue jays is the very sound and symbol of the golden days of country autumn: those days of sailing cumulus clouds in the brilliant October sky, those days that smell of wood-smoke and hickory nuts and apples. To hear the calling of a loon is to be carried instantly to the great evergreen-bordered sweeps of the lonely northern lakes. To hear the squalling of a vixen is to experience

a conjuration of the March night its particular quality of pre-spring thaw and of the beginnings of the earth's stir of new life. Sights and sounds like these have each their peculiar potency and magic.

Perhaps the most powerful of all these evocative symbols is also one of the commonest. It is the small and unspectacular bird called a phoebe. What a phoebe means, and forever vividly evokes for every New Englander and indeed for nearly everyone in the eastern part of the country, is a farm. A phoebe means the visit to grandfather's, back in boyhood. It means the recollected smell, all mossiness and coolness, of the old well-house. It means the interior of an old barn, and the look of the cobwebby timbers and the smell of hay and harness. The sound of a phoebe calls up, as can no other sound, the rocking-chair on the farmhouse porch, and the smell of a butter churn, and the murmur of bees around the honeysuckle, and the look of the cows winding home across the rocky pasture to be milked. A phoebe says