The Evolution of Venereal Disease Policy of the U.S. Armed Forces
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A prostitute calls down to a soldier from a balcony, “Come on up here and I’ll give you something you’ve never had before!” The soldier dryly replies, “What’s that, leprosy?”

This joke was passed on from a Korean War veteran who said it was old when he heard it. How old is debatable, but the long association of venereal disease with the common soldier certainly is not. This relationship, mingled with the public’s moral perceptions and common fears of standing armies, has proven as difficult an impediment for the Armed Forces to overcome as many of the battles they have fought. Over the

centuries, few populations have been so empathetic as to consider that their soldiers, drawn from the common essence, were deserving of civil understanding. The litany of double standards, well expressed by Rudyard Kipling in "Tommy," where the townsfolk cared not a whit for his bad food or loneliness, but inquired, "Tommy, how's your soul?" was demonstrated by the tolerance of red light districts in most of their municipalities.25

Sequestered in these seedy areas were the great vectors of venereal disease—prostitutes. Venereal disease, considered a "social evil" not fit for conversation, was thought by doctors and laymen alike, to remain cordoned in red light districts.26 Only men of low moral character, such as soldiers or sailors, would deign to visit the brothels and bawdy houses in these warrens of turpitude. Therefore, civilian moral standards tended to merge soldiers and prostitutes together into a singular amoral swash. This was not an entirely inaccurate conclusion; soldiers, generally young men, healthy and unattached, poorly paid, and stationed far from the sobering effects of their homes, naturally gravitated to entertaining places of cheap food, drink, and female companionship.

Since soldiers were deemed indispensable while prostitutes were not, various governments sought to manage the scourge of venereal diseases through the control of prostitution alone. In the fourth century CE, the Eastern Roman

26 Allan M. Brandt, *No Magic Bullet* (New York: Oxford University Press, 1985), 80; "Social evil" is an expression found often in venereal disease literature. The concept is explored in Chapter 21 of *Microbes and Morality.*
Empire passed a series of rigorous laws banning prostitution. Lawbreakers were subject to loss of property, flogging, and exile. The severity of such punishments reflects the recalcitrance of the prostitutes, clearly many felt their vocation worth the risks. Similar bans enacted by Charlemagne and others were common place until the thirteenth century when Louis IX, in recognition of their futility, opted for unofficially regulated prostitution rather than proscription.27 The efficacy of simply regulating prostitution was seriously called into question by the French King Charles VIII's mercenary soldiers returning from their ruinous 1494–95 Italian campaign, which spread syphilis throughout the continent. The disease, new to Europe, became known as the "French Disease," forever linked not only to France, but to the soldiers who circulated it.28

The ever-warring world staggered along, obliged to maintain standing armies but unable to meaningfully impede venereal diseases or curtail prostitution. Uncertain whether to consider the proliferation of venereal disease as a social, moral, medical, or legal issue, attempts to deal with the problem were made in the nineteenth century. The United States lagged somewhat behind its European neighbors, in part because of prudishness, but also because until the Civil War, no meaningful military law had been charted, particularly regarding the conduct and control of troops abroad. Though the earliest of these laws offered nothing specific to venereal disease, the rules themselves formed the foundation of the policies to come.

28 Frederick F. Cartwright and Michael D. Biddiss, *Disease and History* (New York: Barnes & Noble, 1972), 58.
This path began with the 157 articles of the 1863 "General Orders 100," ostensibly designed to standardize military codes of conduct in captured enemy territory. Over time, the General Orders 100 came to provide the foundation for many codes of U.S. military law. Article 4 clarified the so-called chivalric traditions of soldiering as "strictly guided by the principles of justice, honor, and humanity - virtues adorning a soldier even more than other men. . . ." Articles 13 and 14 defined the relationship between civil law and military law in occupied territories, established prime jurisdiction to military commissions and courts-martial, and maintained a regard for existing civil convention. Though not specifically mentioning prostitution, the code made an important correlation between women and the safeguarding of morality in Article 37:

The United States acknowledge and protect, in hostile countries occupied by them, religion and morality; strictly private property; the persons of the inhabitants, especially those of women: and the sacredness of domestic relations. Offenses to the contrary shall be rigorously punished.30

These particular articles could be interpreted a number of ways, not only to spell out the differences between rape and consensual sex, but also as a means of morally condoning or

29 Frank Freidel, "General Orders 100 and Military Government," The Mississippi Valley Historical Review 32, no. 4 (March 1946), 541.
rigorously combating prostitution in occupied areas under martial law. Theoretically, this combination of laws made it possible to extract prostitution from the civil sector and bring it under military control. Doing so meant making adjustments to deal with the civil impressions of the particular situation.

Therefore, the military control of prostitution, including venereal disease mitigation policy, remained mired in the larger civil body of moral interpretation, at least so long as no threat to the military’s wellbeing was perceived. As America’s urban areas grew the burgeoning urban middle classes became fearful of impure women degrading the moral fiber of men and corrupting impressionable girls. Their agitation gradually redefined the legal standards formerly applied to prostitutes, whose actions were normally ignored, as evinced by most prosecutions for harlotry falling under categories such as “vagrancy.” As ministers decried rampant vice and newspapers eagerly wrote bylines, metropolitan city attorneys found themselves forced to make alterations in the time-honored management tactics of civil immorality.31 Obviously, these progressive steps impacted the military construal of the evils of prostitution as well. The middle-class cry for moral social change reached its apex during the Progressive era of the early twentieth century. Not coincidentally, it is also in this timeframe that military policymakers designed the moral regulations and programs which would be continued, in whole or part, up to the present time.

The growing prestige of Progressive public health advocates, particularly clinicians, spurred a national sense of

moral outrage over the incidence of venereal disease among soldiers in the Spanish American War. As many as 161 out of 1000 were infected,\textsuperscript{32} and such numbers put serious public pressure on both Congress and the military to act. Congress responded with the Mann Act, designed to federally enforce immigrant and interstate prostitution laws. These laws locked prostitutes into their state of residence, and made immigration for the purposes of prostitution or visitation with prostitutes over state lines into federal crimes. Though a difficult and expensive apparatus to enforce, this powerful tool found use against prostitutes migrating from camp to camp in search of work. Corresponding with the 1912 inauguration of the Mann Act, the military promulgated General Orders 17 that regulated and enforced prophylaxis, inspections, education, and punitive measures.\textsuperscript{33} In spite of an overall downturn in venereal disease occurrence, the efficacy of these early laws was called into question by the 1916 Border War with Francisco "Pancho" Villa, when 288 out of every 1000 Texas–based servicemen contracted some form of venereal disease.\textsuperscript{34}

Dr. M. J. Exner independently investigated the situation for the then–vigorously Progressive YMCA and published his


\textsuperscript{34} Brandt, \textit{No Magic Bullet}, 53–54.
findings in *Social Hygiene*. Although a clinician by trade, Exner's moral views dictated his assessment of the Texas situation so far as to decry the military's mandatory venereal prophylaxis as little better than tacit approval for soldiers to debase themselves. Exner cataloged many other reasons for the susceptibility of the soldiers to vice including youth and vigor, loneliness, and the tendency for young men to give in to "the degrading atmosphere that prevails in promiscuous male groups, such as are found in the average military camp" explaining that "the influences which we have enumerated, which tend to weaken the moral resistance of the soldier, call for a thorough moral sanitation of the environment. . . ."35 Exner also described the conditions of the surrounding communities as abetting the debauchery. Citing many camp commanders as morally lax, his article averred that serious influence over the men was only brought to bear in high violence districts, the vice districts at best being subject only to bi-weekly health checks for prostitutes by local physicians. Moreover, the local communities "not only failed to to cooperate adequately with the military authorities in suppressing prostitution or making it inaccessible to the soldiers, but many of them vigorously opposed such measures on the ground that it would hurt business or for political reasons." Needless to say, Exner's moral condemnation of the state of affairs caused quite a public stir.36

In response to Exner's outrageous public allegations, an official investigation led by Raymond B. Fosdick of the Bureau of Social Hygiene was dispatched to Texas. Fosdick's grim assessment, not published at the time, was brought to the attention of Secretary of War Newton D. Baker. Baker, a staunch moralist and the former mayor of Cleveland, Ohio, took the Bureau's report very seriously indeed. In a letter to the commander on the border, General Frederick Funston, Baker made it plain "that the time has come when the health of the army must be safeguarded against the weakness that derives from venereal disease and excessive alcohol." However, Baker had much more on his mind than a border squabble with a nearby third-rate revolutionary. The sense of an impending U.S. entry into the ongoing European conflagration further fueled widespread interest in vouchsafing the health and morality of American soldiers. This growing concern, validated with the 1917 declaration of war against Germany and her allies, served as the impetus for the civil and military cooperation necessary to actualize a venereal disease program.

The program called "Fit to Fight" ramped up all of the 1912 and prior efforts and added tweaks to the existing philosophy. Firmly rooted in socially Progressive fears of intemperance, venereal disease, and moral decay, many activists weighed in on the particulars for the movement. Among the most influential was the YMCA which offered to design wholesome activity programs for soldiers both in and out of the camps. Many of the proposals involved Raymond Fosdick's earlier work for the Bureau of Social Hygiene.3B

37 Brandt, No Magic Bullet, 53–56, 58.
38 Ibid., 53.
Bureau studies indicated that by ignoring drunken, carousing ways of the soldiers, police departments and military officers were both responsible for the scourge of venereal diseases spreading among the troops.

Casting about for ideas on how to solve the problems, Secretary of War Baker enlisted the help of Secretary of the Navy Josephus Daniels, famous for the expression: "Men must live straight if they would shoot straight." Rounding out the big players on the hygienic and moral reformation team were Exner and Fosdick. Along with a cadre of civil and military bureaucrats, the four set out to reform the traditional chivalric military moral code, with visions of sober, chaste American soldiers marching in their heads. The task that confronted them was difficult for many reasons. As noted, many communities had financial and political interests running counter to the military interests. Moreover, the previous studies demonstrated that curtailing prostitution would not alone stem the vice-ridden ways of soldiers.

The actions taken required a forceful, multilateral approach: the elimination of prostitution and liquor as practicable, regular inspections, application of punitive measures for incorrigible soldiers, and prophylaxis. Measures had been in place for five years prior to America's entry into World War I, but the results were not there. The Conscription Act of 1917 spelled out in Articles 12 and 13 the need for alcohol and vice-free camp surroundings extending a minimum of five miles in all directions and into surrounding

Constitutionally barred from acting as a civil police force, the military could not achieve such ambitions without widespread outside support. The expeditious path to achieving this goal was met in part by letters sent to mayors and sheriffs nationwide asking for their help. A letter sent by Baker to the Councils of Defense in states where camps were or soon would be located, politely asked for similar support:

Will you give earnest consideration to this matter in your particular state? I am confident that much can be done to arouse the cities and towns to an appreciation of their responsibility for clean conditions; and I would suggest that through such channels as may present themselves to you, you impress upon these communities their patriotic opportunity in this matter. I would further suggest that as an integral part of the war machinery your Council make itself responsible for seeing that the laws of your State and of Congress in respect to these matters are strictly enforced.41

The soldiers needed to be in a wholesome environment if they were expected to be wholesome people. Secretary Daniels explained that this meant more than banning alcohol and prostitutes. The boys also needed "competitive interests to replace the evils we are trying to eliminate."42 Baker's team believed that the missing ingredients were recreation and education, and set out to ameliorate these deficiencies by

41 Raymond Fosdick, "The Program of the Commission on Training Camp Activities With Relation to the Problem of Venereal Disease," in *Social Hygiene* IV (1918), 71–72, 74.
forming the Commissions on Training Camp Activities (CTCA) on April 17, 1917. Soon after, Daniels created the Naval CTCA, which unified both programs under the direction of Raymond Fosdick. Enlisting the help of the YMCA, the Knights of Columbus, and the Jewish Board for Welfare Work, $11 million was spent between August, 1917, and May, 1918. Auditoriums were built for educational purposes. Compulsory personal hygiene and morality lectures were delivered frequently. Tens of thousands of pamphlets were printed and disseminated. Coaches were hired to keep the men active and fit. Even music and singing instructors joined in, extolling the martial virtues of song: "If you have ever heard one of the French regiments marching along the road and singing as it goes, you will know what kind of inspiration comes from that kind of training."

The CTCA organized their campaign on three fronts: inside the camp, outside in the surrounding community, and through the use of both military and local police. In the wider community, the omnipresent YMCA sponsored chaperoned dances. Programs such as "take-the-soldier-home-to-dinner" saw wide public involvement. Athletic clubs and swimming pools were opened to the soldiers. Under the sheltering guidance and uplifting tutelage of the "Y-men," every effort was made to steer the soldiers clear of vice. To further

45 Fosdick, *Social Hygiene Volume IV*, 73.
46 Ibid, 73.
47 Soldiers, resentful of the endless preaching, used the expression "Y-man" derisively. Francis Sill Wickware, "National
protect the men, local and state organizations such as the Bureau of Social Hygiene of New York and the Watch and Ward Society of New England kept a sharp lookout for unaccompanied women in the vicinities of the camps, even beyond the five mile range. In numerous letters, Baker called upon local authorities to cooperate in stamping out resorts even five miles outside of camp. Buried in these letters, Baker issued subtle threats to the effect that the zones were easily extendable if necessary. Local politicians and police departments acted quickly to close red light districts and run off prostitutes, hoping to prevent further intrusions into soldiers' affairs.

Between all of the lectures, motion pictures, pamphlets, and posters peppering the soldiers, the family friendly town activities, and the rigorous closings of red light districts, reformers believed their men Fit to Fight. President Woodrow Wilson weighed in on the program declaring,

When the members of the American Expeditionary Forces return to their homes they will come home with no scars except those won in honorable conflict because America has been far-sighted enough, idealistic enough, to undertake to fight an unseen enemy, and win. . .

Ensconced beneath the protective wings of civilly and militarily regulated morality, educated on the wages of sin in every


48 Fosdick, *Social Hygiene Volume IV*, 74.


conceivable way, some 1.5 million soldiers shipped out for France, a credit to their nation and decent people everywhere.

The Fit to Fight program, unprecedented on so many levels, proved equally unparalleled in its failure. The incidence of reported venereal disease, some 400,000 in all, outstripped the numbers of combat wounded and killed by more than 160,000 men. The equivalent of six infantry divisions out for a year, 7.5 million man-days went into recovery behind the lines. Confronted on arrival by rampant French and English prostitution (some 38,000 prostitutes lived in London alone), European laws, much less American, proved useless. More prostitutes yet swarmed the 1919 Rhineland occupation zone. In spite of medical examinations of the prostitutes, compulsory prophylaxis requirements, and anti-fraternization regulations, efforts at controlling the problem proved wholly ineffective. Finding it difficult to prove that the wanton women were actually prostitutes, authorities fell back on the time honored practices of American police departments, ignoring prostitution as a crime and clearing them out with charges of vagrancy.

As the war ended, the soldiers whether honorably scarred or morally smirched, trailed home and resumed their civilian lives. Obscured by the "Roaring Twenties," the Great

51 Francis Sill Wickware, Life, 128.
52 George Riley Scott, History of Prostitution (New York: Medical Press of New York, 1954), 124. Scott estimates the number of prostitutes operating in London doubled during the War years and believes that in Paris, boasting less regulation, likely had at least that many too.
Depression, isolationism, and table-talk taboos, for the next several years, the civil hygiene movement, like the diseases, went into remission. The only influential piece of military hygiene legislation, passed by Congress in May of 1926, reiterated the traditional punitive codes of loss of pay and court-martial, the negative experiences of the war clearly convinced Congress that the rod was a surer deterrent than any moral lecture series. Such maneuvers clearly indicated the influence of tradition on both military and civil jurisprudence; for if nothing else, the point of the Fit to Fight program was that the old measures did not work. A traditional decade of ignoring the problem followed.

In 1937, Dr. Thomas Parran, the Surgeon General of the U.S. Public Health Service, shattered the stillness with the publication of his book Shadow on the Land. Written for the lay audience, Parran’s book caught the public off guard, and fueled the widespread concerns about venereal disease. A personal friend of President Franklin D. Roosevelt and the former State Health Commissioner for New York, Parran quickly capitalized on his unexpected celebrity, driving his views home in a series of magazine articles. For the good of all Americans, Parran demanded a concerted effort to eradicate syphilis, “the No. 1 killer and crippler among preventable diseases.” The unprecedented public response made Dr. Parran a household name and brought venereal disease from the shadowy realm of

54 Sternberg, et. al., “Venereal Diseases,” 140, 143.
55 Ibid., 631–632.
56 Brandt, No Magic Bullet, 136.
"social evil" to an issue worthy of open conversation and debate.

Around the same time Dr. Parran began his campaign against syphilis, the 1936 Social Security Act became law. Statistics provided to Congress indicated that half a million Americans contracted syphilis yearly and that $31 million was spent per annum in caring for syphilitic cases of neural degeneration. Furthermore, Parran asserted that cases of gonorrhea "were several times as prevalent." Shocked at the numbers and expense, Congress attached public health provisions to the bill, aiming to curb disease-related expenses down the line. Some $10 million was divided between Federal and State health departments. Though thrilled by the funding, Parran cautioned the hopeful "not to expect too much from the health measures which can be carried out under the present Social Security Act." 58 Responding to tuberculosis, yellow fever, typhoid, and diphtheria, along with venereal diseases, the $10 million expenditure was a drop in the bucket compared to the need although it helped establish treatment centers in cities nationwide and disbursed mobile clinics into rural areas. 59

In 1938, Congress passed the "Venereal Disease Control Act" into law. Publicized as an expansion of the funding measures in the Social Security Act, the averred intentions of the measure were to eradicate syphilis. However, a cynic might suggest that the timing of the act coincided with growing concerns over the possibility of American involvement in yet another major European war. This threat prompted several meetings between military officials and the U.S. Public Health

Service. Over the next two years, the groups hashed out a program: "An Agreement by the War and Navy Departments, the Federal Security Agency, and State Health Departments on Measures for the Control of Venereal Diseases in Areas Where Armed Forces or National Defense Employees are Concentrated." Fortunately, this came to be abbreviated as the "Eight-Point Agreement" and was adopted in May of 1940, officially becoming policy four months later. The military's venereal policy for WWII, as expected, modeled itself along lines established by previous traditions and laws, the Eight-Point Agreement renewing the War Department's relationship with the civilian sector.

One slight deviation from the old playbook was the ousting of the moralistic YMCA recreational program for one of military design. Camp canteens sold beer at cost and state-of-the-art gymnasiuems and recreation centers were managed on-site. Envisioning a setting where women of "iron-clad respectability" might answer to the soldier's needs for female companionship, Army Surgeon General James Magee sponsored the creation of the USO. Put in plain words for the American public, Life magazine explained that:

...the U.S.O. is not going to try any uplifting. The purpose is to avoid duplicating the YMCA "huts" of the last war where religious tracts were the standard literary offering, and where the price of a hot cup of coffee was a 15-minute talk on the virtues of clean living by an earnest "Y" man. The "Y" men will be in attendance at the U.S.O. Clubs, but they are of a new, changed generation, and no longer specialize in saving souls.  

60 Sternberg et. al., “Venereal Diseases,” 140.
61 Wickware, Life, 128, 136, 138
Already successful in his rational appeals to the public, Dr. Parran separated morality from public health in his military efforts too. Approbated by the public, his clinical approach came to dominate the new effort. Anybody could be a vector for venereal disease; thus soldiers from the public likely matched the overall population in venereal disease incidence. Mandatory testing was conducted by the Selective Service.62 Out of the first million men called, over 60,000 failed the tests.63 Unacceptable to the military, they were forwarded to public health departments for treatment.64 Demonstrating that the public were also the soldiers, Dr. Parran was determined to deepen civic involvement in both building the war effort and combating venereal disease. Enlisting the help of the media, he explained to readers of the October, 1941 issue of "Life" magazine that the new soldiers

...are clean to start with and the Army, Navy and Public Health Service are doing in their power to keep them free of disease. But the job cannot be done successfully unless the people of the U.S. realize their responsibility. Every citizen must see to it that his community is cleaned up and kept clean.65

Another all-out war on prostitution was launched. Beginning more than a year before the bombing of Pearl Harbor, the controlled extra cantonment zones also included

62Ibid., 128.
65 Ibid., 128.
civilian defense complexes and added numerous industrial centers to the vice-patrolled areas. Many of the older tricks of the trade, such as offering refreshments in the myriad "sandwich shops" springing up around the camps, were swiftly dealt with by health departments' required venereal checks pending the issuance of food handler's licenses. However, the anti-prostitution campaigns of WWII suffered from complications not previously experienced by law enforcement. Rousted from their haunts near camps and industries, prostitutes blended into their communities, continuing to ply their trade. "Life" magazine noted that "like the army, the modern prostitutes believe in mechanization." The professionals, deprived of their red light districts, worked their trade from cars and trailers, staying well out of the controlled zones. Meanwhile, with fewer prostitutes operating close-in, "occasional" prostitutes called "B-girls" and "chippies" entered the market. These women, many of them job holders with private residences, used their anonymity to great success. At all levels, the problem only grew.

By 1941, venereal disease was determined to be the greatest obstacle to combat readiness in the U.S. military. Furthermore, 75% of the infections proved traceable to prostitutes. Having yet to enter the war against the Axis powers, the military was already losing the war on venereal

disease and prostitution. Army Surgeon General James C. Magee contended that the largest obstacle was the military's lack of jurisdiction in communities surrounding the camps, and the failure of local authorities to assist in keeping the areas clean. The May Act of 1941, penned by Kentucky Representative Andrew J. May, was designed to deal with these issues forcibly. The May Act essentially reiterated the programs instituted by the Eight-Point Agreement, with one caveat: it was now Federal Law.70

The May Act decreed that if a commanding officer received inadequate support from local authorities, he could request an investigation be made by the Federal Security Agency. By demanding a request for a civil investigation, the May Act remained Constitutional as the military never forced its jurisdiction over the citizen population. If the Federal Security Agency investigators found the commander's accusations viable, the FBI responded to the need directly, swarming into a town and arresting prostitutes and pimps on federal charges. In July, 1941, a raid was staged in the area around Camp Forrest, Tennessee. Seventy-five arrests out of an estimated 500 prostitutes (and associates) were made.71 It remains difficult to ascertain the actual impact of both the May Act and similar, older legislation such as the Mann Act. In the overall picture, the continuity of the problem seemed relatively unaffected. Clearly, it was hoped that by making a few examples like the Tennessee raid, the problem could be brought under control through fear alone, as the legal maneuvers being unwieldy and expensive.

70 Sternberg et. al., "Venereal Diseases," 142–143.
In any case, though the home-front war on venereal disease raged on, the events of December 7, 1941, redirected the attention of the U.S. military and Federal Government to larger concerns. The soldiers shipped out, leaving their personal hygiene training films and pamphlets behind, girded with condoms and personal prophylaxis kits. The number of prostitutes awaiting the arrival of the Americans in Europe remains contentious. British efforts at curtailing venereal disease, and thus prostitution, largely revolved around inexpensive treatment at public clinics, but carried no notification requirements. Regulatory proposals like compulsory notification and licensure of prostitutes were hotly debated topics at the time, the public largely opposed to both. It was reported that in many port cities and industrial towns the services of a prostitute could be purchased for as little as a shilling, and a good time in London could be had for around ten. France, where prostitution was regulated, boasted 8,000 card-carrying prostitutes as of 1946. It is likely the actual number was three times as high.

Surprisingly, with temptation seemingly around every corner, the wartime incidence of venereal disease among American soldiers remained relatively static, varying from 35 to

72 Brandt, No Magic Bullet, 164.
41 soldiers per one thousand. To a large degree this achievement was brought about by the military medical community's nearly unilateral opposition to the 1926 Congressional Act demanding court-martial for infected soldiers. The doctors believed that large numbers of infected men, afraid of being caught, received incomplete (or poorly administered) treatment from shady civilian doctors, pedaling silence and medication. Eventually, these soldier's infections grew so severe as to incapacitate them. One of the loudest voices for repeal belonged to the Air Surgeon of the Army Air Forces, General David N. W. Grant. The arsenical sulfa treatments used for the infections, well known for causing sensory problems, jeopardized pilots and their expensive equipment. Flyers on such medication were grounded. Fearing the repercussions of getting caught, many opted for clandestine treatments instead. Eventually, one of these men was killed and his autopsy revealed his subterfuge. General Grant, along with many others, finally forced the issue. In September of 1944, Congress officially repealed the court marshal bill.

As the war progressed and more European territory came under Allied control, soldiers were exposed to ever larger civilian populations. Reported incidences of venereal diseases leapt to 60 per one thousand in 1945, peaking at around 117

77 Sternberg, et. al., Venereal Diseases," 143-144, 146
per one thousand in 1947.78 One contributing factor was the revocation of punitive measures which served as an impetus for increased numbers of infected soldiers to report for treatment. A more relevant contributor, however, is that soldiers, were also exposed to far more prostitution in occupied Continental Europe than in either America or England.

Given the dire circumstances faced by the civilian populations of occupied Europe, its infrastructure destroyed and food shortages critical, castigations of many women as common harlots belied the truth. Rampant starvation was endemic. A representative of the International Rescue and Relief Committee writing from the United States Zone of Austria reported that “there are no potatoes, no cereals. Meats and fats have been non-existent for the past year ... For the first time in my life, I have seen people die of hunger.”79 Many women found themselves reduced to prostitution simply to survive. Misery and morals aside, venereal disease numbers clearly demonstrated that many American soldiers took advantage of the situation.

Few seemed to notice the post-war proliferation of infection. Penicillin, introduced in 1943, largely obfuscated the spike in venereal diseases at at the end of WWII. Even as the disease problematically grew tolerant of the older sulfapyridine regimens, the new antibiotic treatment proved 100% effective against gonorrhea. Treatments for syphilis proved similarly effective. So influential was penicillin to the war effort that its


first history, *Yellow Magic*, was published even as the war continued. Author J. D. Ratcliff exalted that “American doctors aren’t waiting to see if they can tease life back into a nearly dead man. They aren’t waiting until raging infection develops before trying penicillin. They are using it as a prophylactic and as a preventative.” Penicillin proved so effective and affordable in treating venereal diseases that the numbers of infected men simply stopped mattering. As a result, serious developments in military venereal disease policy largely stagnated afterward.

By the time America engaged in the Korean War, the lessons of venereal disease mitigation were largely learned. The 1950 Uniform Code of Military Justice (UCMJ) continued limiting punitive actions against infected soldiers, preferring to patch them up with antibiotics and get them back to marching. Since that time, the disciplinary route of the U.S. Armed Forces has only marginally changed. Conversation with the Office of the Judge Advocate at McConnell A.F.B., Kansas, revealed that contraction and infection of venereal disease by a member of the armed forces remains a non-chargeable offense under the current code. However, if a commanding officer opts to pursue such a charge, prosecution under Article 134, the “General Article,” remains possible, even though venereal disease is not specifically listed as a chargeable offence. The Air Force attorney noted that such a case would be difficult to prove, as prosecution would have to establish that the charged person deliberately contracted a debilitating condition to avoid duty or transfer overseas. More pertinent is the inclusion of a

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numerated charge prohibiting prostitution or the use of a prostitute. Conviction of the prostitution charge can result in dishonorable discharge, imprisonment of one year, and forfeiture of all pay and allowances.\textsuperscript{81}

The current UCMJ anti-prostitution measures may serve to reduce venereal disease incidence in foreign or occupied zones where prostitution remains rampant, although the history of soldiers and prostitutes indicates otherwise. Traditionally, military responses to the issue have been driven both by civil agitation such as the 1916 Border War publications of Dr. M. J. Exner and by urgent necessity, such as America's entry into the World Wars. No single arbiter, be they Executive, Legislative, military, or civil have proven able to craft an effectual policy to deal with the proliferation of venereal disease among soldiers. The most effective solution thus far employed has been the introduction of penicillin and other antibiotics answering the problem of disease but ignoring its cause. With newer, incurable infections such as AIDS and antibiotic resistant strains of the more familiar venereal diseases growing ever more threatening, it is difficult to say what steps may be taken next.

\textsuperscript{81} Interview by John Skelton with Captain Lewis, McAFB JAG Office Telephone interview December 6, 2011.