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PATIENT-PRISONERS: VENEREAL DISEASE CONTROL AND THE POLICING OF FEMALE SEXUALITY IN THE UNITED STATES, 1890-1945

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PATIENT-PRISONERS: VENEREAL DISEASE CONTROL AND THE POLICING
OF FEMALE SEXUALITY IN THE UNITED STATES, 1890-1945

DISSERTATION

A dissertation submitted in partial fulfillment of the requirements for the degree of
Doctor of History in the College of Arts and Sciences at the University of Kentucky

By Evelyn Ashley Sorrell

Lexington, Kentucky

Director: Dr. Kathi Kern, Professor of History

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ABSTRACT OF DISSERTATION

PATIENT-PRISONERS: VENEREAL DISEASE CONTROL AND THE POLICING OF FEMALE SEXUALITY IN THE UNITED STATES, 1890-1945

Sexual politics were central in the United States' venereal disease control movement in the early decades of the twentieth century. This dissertation analyzes the evolution of the venereal disease control movement from the Progressive Era reformers focus on creating a single standard of morality to the Public Health Service's (PHS) concern over maternal and economic health during the Great Depression. I examine the intersections of public health, gender, sexuality, and citizenship through reactions and policies addressing venereal disease. In particular, the United States' entry into World War I heightened fears of moral and health crises, as military physicals uncovered a presumably high number of military recruits to have syphilis or gonorrhea. Military officers, public health officials, and social reformers viewed their infections as indicative of the moral failings of women. From this perspective, public health policies that criminalized and stigmatized women — mostly poor and working-class — emerged.

Beginning under the 1918 Chamberlain-Kahn Act, law enforcement officers, military officials, and public health workers had the authority to arrest women on mere suspicion of venereal disease and detain them for unspecified lengths of time under the guise of "treatment." Women arrested under public health laws often found themselves labeled as sexual deviants because of the way in which venereal disease infections were inextricably tied to questions of morality. Deemed threats to the public and moral health of society, they were excluded from society and denied equal protection under the law. As such, I interrogate the role of public health in building a surveillance state that served to police morality and make female citizenship contingent upon white middle-class notions of "virtuous" sexuality, respectability, and motherhood.

KEYWORDS: Venereal disease, gender and sexuality, citizenship, World War I, Great Depression

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November 4, 2016
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Chapter 1: Introduction

In a 1998 interview with self-proclaimed radio “shock jock” Howard Stern, President-elect Donald Trump bragged about his sexual exploits and his “luck” in avoiding contracting a sexually transmitted disease. Trump told Stern that “more people were killed” in having unprotected sex with presumably diseased women than “killed in Vietnam.” Trump claimed that he deserved a Congressional Medal of Honor for not contracting a disease through his promiscuity. He claimed it was like “Vietnam out there” and that women’s bodies represented a dangerous threat to his health.¹ These comments were made in the context of a radio show that often exploits women and demeans them as sexual objects. But the conceptualization of women’s bodies represented a contagious threat to the health of men is one with a long history that speaks to the power anxieties about female sexuality have in the approach to public health movements related to sexually transmitted diseases.

Military rhetoric has also been used to explain the dangers of sexually transmitted disease and the ways in which women’s bodies represent a battleground for sexual repression and control. This dissertation argues that the panic surrounding venereal disease in the twentieth century, which reached its apex during World War I, created new means in which governmental and social reform organizations acted on societal anxieties around female sexuality. These public health measures, represented a repressive, punitive, and gendered approach to venereal disease control. More importantly, they

¹ Andrew Kaczynski, “Trump, comparing sex to Vietnam, said in 1998 he should receive the Congressional Medal of Honor,” *CNN*, October 14, 2016, <http://money.cnn.com/2016/10/14/media/trump-stern-vietnam-stds/>.

caused wide-spread civil liberties violations for women and greater state control of the private and intimate lives.

My work the intersections of public health, gender, sexuality, and citizenship in the twentieth century venereal disease control movement.² As such, this dissertation intervenes at those same intersections in the historiography. First, I contribute to the rich scholarship that analyzes the relationship between sexuality and the state. Scholars analyze how the state gained greater power to police female sexuality, essentially replacing the family as agents of regulation. Recent scholarship, such as that of Jessica Pliley, focus on how policing morality empowered state agencies to intervene in the domestic lives of women through the regulation of non-commercial female sexuality. I add to this historiography through my analysis of public health laws related to venereal disease control and the ways in which these laws expanded the ability of medical officers and social health organizations to police female morality and motherhood in the public and private sphere.

To effectively demonstrate the importance of public health in building and empowering state structures of surveillance and punishment, I analyze the evolution of the venereal disease control movement from the Progressive Era's lost promise of initiating a single standard of morality to the Great Depression's focus on maternal and economic health. In doing so, I engage with larger thematic and synthetic works related to the history of regulating female sexuality, the politics of motherhood, and the lives of working-class women.³ Public health and medicine played a central role in regulating

² In this dissertation, I use sexuality to refer to the sexual lives of women and how they expressed erotic feelings.

³ Foundational works on female sexuality, regulation, and the state include John D'Emilio and Estelle Freedman, *Intimate Matters: A History of Sexuality in America* (Chicago: The University of Chicago Press,

sexuality, reproduction, and motherhood. Specifically, the history of female sexuality is not a narrative of progress from repression in late nineteenth and early twentieth century to freedom of expression in the interwar period and beyond. Analyzing the politics of sexuality and reproduction through the lens of public health reveals a history marked by continued surveillance and policing of women's intimate lives.

State structures of surveillance expanded during World War I, as the fabric of American life strained under mass mobilization. Emerging from a period of social, political, and economic reform, Woodrow Wilson viewed America's involvement abroad in terms that transcended the dichotomy of defeat and victory. He saw America as having a mission to the world — one that spread the ideals of democracy, self-determination, and humanistic morality abroad. But for the United States to gain legitimacy in these areas, it had to embody Wilson's belief in American exceptionalism. Wilson conceived exceptionalism in terms of the personal and the political. He implored soldiers to "...show all men everywhere not only what good soldiers you are but also what good men you are, keeping yourselves fit and straight in everything and pure and clean through and through."⁴ This dissertation argues that military officials and social hygienists abandoned the ideal of greater morality among men once the soldiers landed overseas. In contrast to the patriotic citizen-soldier, women, mostly poor and working-class, became an "un-American" moral and bodily contagion who threatened the nation and its fighting men within the safety of the country's borders. In order to contain this contagion, the

1988); Kathy Peiss, *Cheap Amusements: Working Women and Leisure in Turn-of-the-Century New York* (Philadelphia: Temple University Press, 1986); Mary Odem, *Delinquent Daughters: Protecting and Policing Adolescent Female Sexuality in the United States, 1885-1920* (Chapel Hill: University of North Carolina Press, 1995); Ruth Alexander, *The "Girl Problem": Female Sexual Delinquency in New York, 1900-1930* (Chapel Hill: The University of North Carolina Press, 1995).

⁴ Woodrow Wilson, "God Keep and Guide You, Soldiers of the National Army," reprinted in *The Social Hygiene Bulletin* 4 (September 1917): 1.

United States expanded and built agencies to police the intimate lives of women who challenged the ideal of respectable sexual behavior.

This dissertation also builds upon the histories of gender and war, particularly scholarly works that analyze women's lives on the homefront. Scholars disagree on the degree to which war opens opportunities for women to advance their societal, economic, and political status. Joan Scott argues that the historical analyses surrounding how war impacts women's rights are important, but ultimately "unresolvable" because this analysis does not consider the interrelationship between gender politics and the politics of war.⁵ The history of gender and sexuality stands as a central force in American wartime and post-war policy making, moving the debate around war's impact on women to a conception of how women and gendered discourse impacted the growth of the wartime state. I move the frame of analysis to consider how anxieties around gender, sexuality, and public health informed the expansion of the American state, particularly around structures of surveillance and punishment.

Gendered discourse was prevalent in public health policies that held draconian consequences for women. I connect the language around women as public health and national security threats to state expansion as it related to the escalation of police powers across federal and voluntary agencies. The resulting repression occurring on the homefront did not emerge spontaneously from wartime hysteria, but encompassed social and cultural anxieties that drove the Progressive Era reform movements. These concerns centered on female sexuality and its impact on soldiers' ability to keep "fit to fight." For

⁵ Joan W. Scott, "Rewriting History" in *Behind the Lines: Gender and the Two World Wars*, eds. Margaret Randolph Higonnet, Jane Jenson, et. al. (New Haven: Yale University Press, 1987), 30.

women caught in the web of public health surveillance, expressions of sexuality became acts of subversion that endangered the health of the nation.

My second contribution is to the historical literature that analyzes the United States homefront during World War I. Scholars have emphasized the violations of civil liberties that occurred during World War I, but have done so mostly through those who were targeted under the 1917 Espionage and Sedition Act. Comparing venereal disease infections in women to grave acts of subversion placed women's bodies in the same space of surveillance and societal exclusion as that of immigrant populations targeted under the 1917 Espionage and Sedition Act. Thus, my dissertation calls for the inclusion of the women who had their civil liberties stripped and who were detained without due process into the history of civil liberties violations during World War I. Scholars who study the war on the American homefront have largely ignored their histories. In his foundational work on World War I, David Kennedy argues that Americans were at war with themselves "to determine the consequences of the crisis for the character of American economic, social, and political life." Political, labor, and immigrant groups, including socialists, pacifists, the International Workers of the World, and German-Americans faced what Kennedy referred to as a "war zone" on the home front through repression of free speech.⁶

Kathleen Kennedy also focused on the repressive homefront during World War I. Specifically, she analyzed the lives and trials of the women who were targeted as enemies of the state through the wartime discourse surrounding "anti-radicalism, nativism, and patriotism." She analyzed the cases of women arrested under the Sedition and Espionage

⁶ David Kennedy, *Over Here: The First World War in American Society* (New York: Oxford University Press, 1980), 41.

acts, including influential figures like Emma Goldman and Kate Richards O'Hare to argue that women labeled seditious often fell outside their prescribed gender roles. Further, Kennedy argued that producing and reproducing citizen-soldiers was women's ultimate civic duty. Women who did not fulfill this obligation were rendered enemies to the wartime state.⁷

The detainment and forced medical examinations of women merely *suspected* of being infected with gonorrhea or syphilis is an important, yet largely ignored aspect of the "war zone" on the American homefront. My dissertation builds upon the work of David Kennedy and Kathleen Kennedy. Similar to Kathleen Kennedy, I incorporate women into the narrative of wartime repression and attacks against civil liberties described by David Kennedy. However, my focus on venereal disease control and female sexuality, allows historians to consider how the experiences of everyday women became an integral part of civil liberties violations and the debates around the policing of private lives.

This history demonstrates how gender and sexuality influenced the growth of the wartime state, as federal and state agencies, such as the United States Public Health Service (PHS) and state boards of health gained policing powers during World War I. These powers were directed toward regulating female bodies under the auspices of venereal disease control. Nancy Bristow analyzed the growth of federal agencies during World War I their attempts to regulate the nation's citizens. Bristow argued that the Commission on Training Camp Activities (CTCA), a federal agency created shortly after the United States declared war in April 1917, sought to reform recruits through a program

⁷ Kathleen Kennedy, *Disloyal Mothers and Scurrilous Citizens: Women and Subversion during World War I* (Bloomington, Indiana University Press, 1999), xvii.

of recreation and training that encouraged soldiers to embody white middle-class standards of morality, thus ignoring class and cultural differences among soldiers.⁸

According to Bristow, the CTCA's "new man" was one who upheld the ideals of sexual purity, self control, and physical fitness and who could accept women as equal partners.⁹

The CTCA began as an organization with a progressive vision of men committed to sexual purity, but my work argues that official commitment to this vision was tenuous at best, as reformers abandoned the Progressive Era notion of a single-standard of morality through public health and military policies that policed the intimate lives of women.

Agencies like the CTCA positioned soldiers as needing protection from women who became the embodiment of moral and physical disease. Federal and state officials thought the best way to protect soldiers was to build structures in which "diseased" women could be detained through the duration of war. To intern women from society, officials needed a guise of legality. This guise took the form of harsh public health laws that held punitive consequences for women suspected of having venereal disease. In his work on the policing and regulation of American citizens in World War I, Christopher Capozzola argued that the war marked a "high point" of political violence in American history "as the actions of repressive state institutions, private organizations, and spontaneous crowds left more than seventy Americans dead and thousands terrorized by tar, flame, or the noose." Further, Capozzola includes the arrest of suspected prostitutes

⁸ Nancy K. Bristow, *Making Men Moral: Social Engineering During the Great War* (New York: New York University Press, 1996), 56.

⁹ *Ibid.*, 57.

as an example of the ways in which voluntary, state, and federal organizations worked together to police suspected prostitutes on the homefront.¹⁰

My work adds to Cappozola's analysis of the surveillance state during World War I through its interrogation of the role of gender in the expansion of government surveillance structures. I complicate the historical narrative by demonstrating how women came under suspicion for not just suspected prostitution, but also as being suspected carriers of syphilis or gonorrhea. Often, anti-prostitution laws served as a guise for other national priorities. Law enforcement and judicial officials invoked these laws after an arrest for suspicion of venereal disease as a way to justify female detainment during the course of the war. Thus, prostitution was not the primary concern of the federal government, but venereal disease and its potential impact on the military efficiency of its army. Though not covered under the Espionage and Sedition Act, officials viewed women with venereal disease as seditious threats to the war effort. Such women were positioned as saboteurs of America's war effort, and were victims of the surveillance state much like the well-known examples of Robert Prager and Eugene Debs.

While this dissertation is about the growth of the surveillance state and its negative impact on women's personal and public lives, it is also a narrative of female resistance to their detainment. They did not submit to arrests, coercive medical examinations, and detainment willingly. Historians have yet to tell how these women mounted legal challenges through *habeas corpus* proceedings, escaped the institutions that held them behind walls, and physically confronted law enforcement and medical

¹⁰ Christopher Capozzola, *Uncle Sam Wants You: World War I and the Making of the Modern American Citizen* (New York: Oxford University Press, 2010), 117.

professionals. Their challenges to the surveillance state and to being labeled diseased and sexually promiscuous are central in understanding how women conceived of their legal, constitutional, and bodily rights. In these acts of resistance, they shaped their relationship to the state, bringing to light their rights as citizens in World War I America at a time when women's positions as citizens was actively being defined and contested through the suffrage movement and their access to the vote.

The third contribution I make is more specific, as this dissertation offers a challenge to the foundational text on the social history of venereal disease, Alan Brandt's *No Magic Bullet*. Scholars who have studied the growth of the wartime state, specifically the growth of agencies put in place to police public health and morality, argue that these institutions crumbled and lost power in the months after the signing of the Armistice.¹¹ In his social history on venereal disease, Alan Brandt found that the panic around venereal disease also relaxed with the end of the war. I argue that venereal disease in women remained a central concern in interwar America. Public health officers continued to wield police power over women who were suspected of having venereal disease and whose testimony to the presence of such disease could still send women to reformatories without due process.

The power of wartime emergency agencies was transferred to the judiciary and to the reformatories, many of which were built with federal funds during the war. Reformatory records from the interwar period demonstrate the continuation of using the presence of venereal disease to justify an indeterminate sentence. In these records and judicial proceedings, women still represented a threat to the physical and moral health of

¹¹ For example, see "'Shadow on the Land': Thomas Parran and the New Deal," in Allan Brandt, *No Magic Bullet: A Social History of Venereal Disease* (New York: Oxford University Press, 1985).

the nation but the danger they embodied remained conflated with concerns around expressions of female sexuality outside the social institutions of marriage and family. The detainment of women suspected of venereal disease infections during the war also served to blur the boundaries of prostitution and promiscuity, as the majority of detainees were classified as prostitutes despite little proof of this actually being the case. The state criminalized expressions of female sexuality outside of marriage, much as it also criminalized venereal disease in the female body.

In her work on female prison reform from 1830-1930, Estelle Freedman argued, “If Progressivism had two spirits, one of uplift and one of social control, it was the latter that lived on in the years after the Armistice in new efforts to repress vice by isolating and punishing its victims.”¹² This dissertation contributes to Freedman’s work on reformatories through its analysis of how detention facilities continued operation in the interwar period for fears of what promiscuity meant to the health of the nation and its future security. In this context, middle-class matrons of these institutions became agents of the regulatory state. They assured continued surveillance of inmates upon their release through probation procedures that required frequent updates and check-ins with family, employers, and medical officers.

Scholars often mark the 1920s as a transformative moment in female sexual politics. Many see this decade as one when female eroticism was recognized and accepted, which led to the rise in companionate marriages allowing women to disassociate with reproduction. However, as Christina Simmons argues, a “muted” female sexuality emerged in the 1920s. In this muted form, women were recognized as

¹² Estelle B. Freedman, *Their Sisters’ Keepers: Women’s Prison Reform in America, 1830-1930* (Ann Arbor: University of Michigan Press, 1981), 146.

sexual beings, but were still expected to be “less lustful” than men. More important, their sexual feelings were still tied to maternal feelings.¹³ Reformatory records confirm the existence of a muted sexuality that was still tied to women’s maternal roles. These sources reveal that rehabilitation for the young women and girls in these institutions equaled marriage and childbirth, thus fulfilling their maternal role in society.

The research and arguments presented in this dissertation demonstrate how the history of female sexuality is not a linear history from repression to progress. Using the lens of public health, I argue that repression of sexuality existed through and around public health policies that positioned the female body as the contagious body. The conceptualization of who were the victims of the female venereal disease “menace” shifted with the historical context, but the issue of national security was always firmly rooted among these shifts. Whereas soldiers were the population that needed protection during World War I (and again in World War II), the 1920s and the 1930s saw an increase in concern around the health of infants and children, particularly those who lived in impoverished areas of the rural south.

Analyzing venereal disease control policies necessitates the consideration of how ideas of acceptable female sexuality shifted within the historical context. The expansive scholarship around the history of sexuality disagrees to the extent that female sexual expression outside of marriage became accepted in society. Kathy Peiss’s study of working-class female sexuality in urban areas argues that young urban women’s sexual agency allowed aspects of sexual autonomy to incrementally become accepted by the

¹³ Christina Simmons, “Modern Sexuality and the Myth of Victorian Repression,” in *Passion and Power: Sexuality in History*, eds. Kathy Peiss and Christina Simmons, et. al. (Philadelphia: Temple University Press, 1989), 170.

middle and upper classes in the 1920s.¹⁴ I argue that female sexuality was intricately tied to citizenship, as women accused of sexual deviance found themselves excluded from society and the constitutional rights granted to citizens. This argument engages in themes important in understanding the role of public health in regulating boundaries of gender, race, class, and morality while also demonstrating how the regulation of these boundaries depended on the growth of a surveillance state that brought tensions between gender, sexuality, and citizenship to the forefront. Melissa Stein's work on the centrality of late nineteenth and early twentieth century racial science in "mediating citizenship" informs the theoretical lens which I employ to examine the relationship between public health, gender, and sexuality. In *Measuring Manhood: Race and the Science of Masculinity*, Stein evidenced Anne Fausto-Sterling's argument that "science is a construct of society that changes and grows in response to societal changes." Science as a social construct is at work in the study presented here. The policing of social boundaries in the twentieth century venereal disease control movement represented a response to increased concerns over the individual body as a potential threat to the social body.¹⁵

This dissertation focuses on the threat of venereal disease resulting from heterosexual relationships, which is not to argue that concerns over homosexual relationships among soldiers did not exist during World War I. The archival sources consulted were marked by a silence around these relationships, which presents a challenge for historians studying the history of sexuality. There are ways to read around

¹⁴ Kathy Peiss, *Cheap Amusements: Working Class Women and Leisure in Turn-of-the-Century New York* (Philadelphia: Temple University Press, 1986), 8-9.

¹⁵ Anne Fausto-Sterling quoted in Melissa Stein, *Measuring Manhood: Race and the Science of Masculinity* (Minneapolis: University of Minnesota Press, 2015) 14; 4. Stein argues that race scientists determined the relationship the physical body would have with the social body by locating differences in the racialized and gendered body. The location of perceived physical differences served to deny humanity to blacks and justify the exclusion of certain classes of women, immigrants, and homosexuals.

these silences, as identified by John D. Wrathall, and scholars of the history of sexuality have masterfully done produced scholarship in spite of these silences.¹⁶ In her work on the role of the state in constructing perceptions of deviant sexuality and policing homosexuality, Margot Canaday uses the examples of the Bureau of Immigration, the military, and federal agencies over welfare benefits to argue that federal concerns with homosexuality grew in connection with the growth of the state. Specifically, she argues that homosexuality and citizenship were defined in “relation to one another through the construction of policies that established individuals who exhibited gender inversion or engaged in homoerotic behavior as either outside of or degraded within citizenship.”¹⁷ Canaday marks the growth of the state in World War I as the point in which federal officials became more aware of sex and gender non-conformity. Similar to the ways in which military officials viewed instances of venereal disease in soldiers, they also saw acts of “perversion” as being an outside civilian threat that threatened the health and morals of the nation’s fighting force.

The bureaucratic state described by Canaday used sexuality as a means in which to define the normal from the abnormal and the fit citizen to those unfit for citizenship. Scholars have also used gender, race, and class as analytical frameworks for examining the role of public health movements in creating hierarchies of difference. From the bubonic plague and yellow fever to tuberculosis and venereal disease, historians have shown how public health movements criminalized, stigmatized, and excluded

¹⁶ See John D. Wrathall, “Provenance as Text: Reading the Silences around Sexuality in Manuscript Collections,” *The Journal of American History* 79, no. 1 (June 1992).

¹⁷ Margot Canaday, *The Straight State: Sexuality and Citizenship in Twentieth-Century America* (Princeton: Princeton University Press, 2009) 13; 59-61.

immigrants, racial minorities, and the impoverished.¹⁸ In their respective works, Pippa Holloway and Susan Cahn demonstrate how black and white female sexuality took on added importance in the interwar south as white southerners sought to maintain social order through the maintenance of white supremacy. Specifically, in her study of Virginia, Holloway argues that white elites used eugenics and sterilization to maintain boundaries of race and class, as poor whites and African Americans of all classes became a “target of the state” in its attempts to police behaviors that “might pollute the white race.”¹⁹ Cahn’s work also looked at the southern context. In particular, she examined the central importance of young women’s sexuality in maintaining the boundaries of gender, race and class in the south. She argued that the developing scientific discourse around eugenics, “feeble-mindedness” and sexual delinquency represented middle and upper class fears of social disorder stemming from “deviant” sexuality of the working class poor. Such discourse allowed the state to act as a “formidable sexual authority that, by fusing scientific expertise with traditions of patriarchal and racial domination, practiced violence and deception under the guise of protection.”²⁰ This dissertation builds upon the arguments of Holloway and Cahn through an analysis of female detainees’ case files during the interwar period and the targeting of poor and working-class rural women, both

¹⁸ Scholars who have written on public health and citizenship analyze how public health policies shape boundaries of gender, class, and race. For examples, see Edward Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South* (Knoxville: The University of Tennessee Press, 1987); Judith Walzer Leavitt, *Typhoid Mary: Captive to the Public’s Health* (Boston: Beacon Press, 1996); Alexandra Minna Stern, “Buildings, Boundaries, and Blood: Medicalization and Nation-Building on the U.S.-Mexico Border, 1910-1930,” *The Hispanic American Historical Review* 79, no. 1 (February 1999); Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco’s Chinatown* (Berkeley: University of California Press, 2001); Natalia Molina, *Fit To Be Citizens? Public Health and Race in Los Angeles, 1879-1939* (Berkeley: University of California Press, 2006); Samuel Roberts Jr., *Infectious Fear: Politics, Disease, and the Health Effects of Segregation* (Chapel Hill: University of North Carolina Press, 2009).

¹⁹ Pippa Holloway, *Sexuality, Politics, and Social Control in Virginia* (Chapel Hill: The University of North Carolina Press, 2006), 11, 22.

²⁰ Susan Cahn, *Sexual Reckonings: Southern Girls in a Troubling Age* (Cambridge: Harvard University Press, 2012), 21, 158.

black and white, as venereal disease risks in the 1930s. Like Holloway and Cahn, I find that gender, race, and class intersected to position poor white and all black women as threats to the public health. In the minds of public health officials and social reform workers, such positionality justified increased social surveillance in their public and private lives.

Scholarship on venereal disease control in the twentieth-century primarily focuses on conceptions of female deviance in urban areas and within the context of World War I and World War II. My work contributes to this literature by arguing that during the Great Depression, the health of the rural south became the focus of anxieties linked to falling birthrates, rising relief rolls, and a perceived decline in labor efficiency. As in urban areas, women of the rural south were marked as the contagion, but in the context of the Great Depression, they were targeted as threats to reproductive and productive labor. Issues of class and race also were interwoven with public health concerns, as public health officials (local and from prominent northern philanthropic organizations) and federal agency workers marked poor women, both black and white, as diseased threats to their children, and thus the future economic security of the region.

The history of public health movements in the south represents a narrative of the nation's attempts to bring "modernity" and "civilization" to a society perceived as "backward" and "uncivilized."²¹ My dissertation contributes to this historical literature in its analysis of the stigmatization of poor and working class white and black women as

²¹ The works of Sandra Barney and Matt Wray analyze the role of public health and modern medicine in stigmatizing poor rural whites. Barney explored female reform in the mountains of Appalachia and tensions between medical reformers and the women they attempted to reach through organizations like the Frontier Nursing Service. Matt Wray focused on how public health movements addressing pellagra and hookworm created stigmas around poor whites as culturally backwards. See Sandra Barney, *Authorized to Heal: Gender, Class, and the Transformation of Medicine in Appalachia, 1880-1930* (Chapel Hill: University of North Carolina Press, 2000) and Matt Wray, *Not Quite White: White Trash and the Boundaries of Whiteness* (Durham, N.C.: Duke University Press, 2006).

diseased threats to their children, and to upper class white southerners. The childbirth practices of both black and white women came under scrutiny as public health nurses and social reform agents entered the private homes of these women to instruct them in practices of pre-natal care, including venereal disease testing and treatment, medically supervised childbirth, and instruction in middle class ideas of mothering.

I use the conceptualization of the “dirty mother” who represented a diseased threat to her children, to demonstrate the ways in which public health policies blurred racial lines. Poor white and black women were similarly blamed for infecting their children with venereal disease, either in-vitro or through unsanitary housekeeping practices. The pursuit of venereal disease control, informed by misguided stigmatization of poor women, created a measure of social surveillance and control that stripped them of the social power that mothering often brought women. As “irresponsible” mothers, they were pushed to the margins of society.

The image of the “dirty mother” does not ignore the role race played in limiting access to public health services and the ways in which medical professionals exploited African American bodies in the name of “objective” science. The Tuskegee syphilis experiment is the most notable example of how scientific racism dehumanized black bodies, making them subject to medical experimentation.²² This dissertation does not address the syphilis experiment directly, as it is focused toward uncovering how venereal

²² The United States Public Health Service began the “Tuskegee Study of Untreated Syphilis in the African American Male” in 1932. Six-hundred black males from Macon County, Alabama (399 were syphilitic and 201 were the control group) were involved in the study, which sought to determine if syphilis affected blacks differently than whites. The men in the study were subjected to numerous blood tests, spinal taps, and upon death, were autopsied. They received no treatment for syphilis, even after penicillin became a proven method for treating the disease. The study came to an end in 1972 when it was exposed by the press. For further analysis of the Tuskegee Syphilis Experiment, see James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: The Free Press, 1981) and Susan Reverby, *Examining Tuskegee: The Infamous Syphilis Study and its Legacy* (Chapel Hill: The University of North Carolina Press, 2013).

disease control policies impacted impoverished black females. However, I seek to contribute to the growing historical analysis around the intersections between race, gender, and class in targeting black bodies as diseased and deviant bodies.

Public health officials argued that syphilis rates in blacks were higher than whites, assuming greater promiscuity in African Americans.²³ Despite the presumptions of high rates of syphilis, little was done to address this public health concern among the black population. During World War I, venereal disease control policies that justified the detainment of women suspected of harboring disease applied primarily to white women and girls. Spending federal money to treat and “rehabilitate” black women and girls was not a priority. The black elite saw racial progress as achievable only through a collective movement that uplifted the poor through intraracial reform. Middle-class black female reformers used a “politics of respectability” that adopted Victorian sexual morality to advocate for reformatories.²⁴ Middle-class blacks challenged the stigma of black promiscuity, and thus the definition of the race as “uncivilized,” by addressing issues of black sexuality.

Scholars argue that through the “politics of respectability,” middle-class black reformers policed the lives of lower-class blacks. Using the rhetoric of class difference, the black middle-class shifted racist conceptions of high venereal disease rates to class

²³ For example, see L.E. Burney, “Control of Syphilis in a Southern Rural Area,” *The American Journal of Public Health* 29, no. 9 (September 1939): 1006-1014.

²⁴ Michele Mitchell, *Righteous Propagation: African Americans and the Politics of Racial Destiny after Reconstruction* (Chapel Hill: The University of North Carolina Press, 2004), 9. Evelyn Brooks Higginbotham first conceptualized the “politics of respectability” to describe how Progressive Era black women in the Baptist church challenged racism and sexism by encouraging and “uplifting” African Americans to white norms of behavior. See Higginbotham, *Righteous Discontent: The Women’s Movement in the Black Baptist Church, 1880-1920* (Cambridge: Harvard University Press, 1993). Christina Simmons, “African Americans and Sexual Victorianism in the Social Hygiene Movement, 1910-1940,” *The Journal of the History of Sexuality* 4, no. 1 (July 1993): 53.

notions that linked promiscuity and venereal disease to the poor and working class.²⁵ Through their reform work, the black middle-class distinguished themselves based on class status and garnered greater social power. In many ways, poor blacks also benefitted, as reformers worked toward a better standard of living within the segregated south. In her work on African American health reform, Susan Smith argued that black clubwomen supported public health efforts in their communities through grassroots organizing. Clubwomen linked good health to middle-class respectability, leading to measures of social surveillance through home visits to impoverished households. But their work also applied political pressure to southern legislatures unwilling to expand public health initiatives to black communities. Similar to white female reformers addressing concerns of child and maternal health, Smith argues that black female reformers connected health needs to domestic concerns, which allowed them a political role amid the racial constraints of the white south.²⁶

My work seeks to bridge the histories of impoverished black and white women in the rural south through an analysis of the stigmatization of poor rural southerners in public health work. Constructions of whiteness, as well as constructions of blackness were at play in public health discourses around venereal disease control. The intervention of northern philanthropic organizations like the Julius Rosenwald Fund drove much of the stigmatizing work that justified increased social surveillance of the rural poor. This

²⁵ Simmons, "African Americans and Sexual Victorianism," 65. Also see, Hazel V. Carby, "Policing the Black Women's Body in the Urban Context," *Critical Inquiry* 18, no. 4 (Summer 1992): 738-755.

²⁶ Susan L. Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (Philadelphia: University of Pennsylvania Press, 1995), 18, 169. For more on black middle-class female activism, see Glenda Gilmore, *Gender and Jim Crow: Women and the Politics of White Supremacy in North Carolina, 1896-1920* (Chapel Hill: University of North Carolina Press, 1996) See Molly Ladd-Taylor, *Mother-Work: Women, Child Welfare, and the State, 1890-1930* (Chicago: University of Illinois Press, 1995) for an analysis of the politicization of motherhood and the role of white maternalists in political and social reform initiatives.

dissertation contributes to the scholarship on whiteness, specifically the theory of the boundaries of whiteness described by sociologist Matt Wray. He argued that terms such as “poor white trash” and “cracker” served to create a solid boundary between poor and middle-class whites, while also shaping the identity of the white middle-class. Analyzing the stigmatization of poor whites from the 1720s to the 1920s, Wray found that public health officials and their resulting policies around hookworm disease and venereal disease operated to construct boundaries on what it meant to be “white,” or in the case of the poor, “not quite white.”²⁷ I contribute to Wray’s work on boundary making through my argument that boundaries of race were blurred between poor white and poor black women in public health discourse that stigmatized both populations as promiscuous, ignorant, and dirty women incapable of being good mothers.

Women’s reproductive work (as producers of the next generation of laborers) was one impetus for venereal disease control policies targeting their intimate lives, but the threat that syphilis or gonorrhea posed to their productive labor also influenced southern legislatures to accept and use federal help for venereal disease control. In Edward Beardsley’s comparison of public health among southern blacks and white mill workers in the twentieth century, he argued that both groups faced stigmatization and a lack of medical care because of their race and class status. In my research, I found the same connections between the stigmatization of whites and blacks, but whereas Beardsley argued that the denial of healthcare to mill workers and southern blacks spoke to the myth of “paternalism” among mill owners and government officials in the south, I argue that these same officials initiated and welcomed public health interventions. They did so,

²⁷ In *Not Quite White*, Matt Wray used this phrase to describe how poor whites were “stigmatized” through public health movements in the late nineteenth and early twentieth centuries.

however, out of concern for labor efficiency and not the health and well-being of the laborer.²⁸ Thomas Parran, Surgeon General of the Public Health Service from 1936-1948, stated that he was able to convince white plantation owners to provide syphilis treatment to black sharecroppers by appealing to labor concerns. “I am not ashamed of the fact that we made a great point of the improved labor efficiency that would result from healthy Negroes,” Parran wrote in his influential 1937 book, *Shadow on the Land: Syphilis*. He continued, “After all, however, whether it is public health or sewing machines you have to sell, you must talk to your customer in his own language.”²⁹

“Selling” public health initiatives in the south also meant appealing to the racist conceptions of white southerners that emphasized the presumed promiscuity of blacks to explain high rates of venereal disease among the population. Black reformers and black physicians co-opted racially informed evidence of high syphilis rates in the black population and white fears of contagion to prompt action on behalf of blacks. Emphasizing the “democratic” nature of germs that knew no color line, black medical officials and reformers urged the white south to expand public health offerings to black southerners. However, the response to these calls culminated in public policies that emphasized social surveillance and the policing of black bodies, particularly those bodies that crossed the color line into white homes through domestic servant work.

This dissertation analyzes the ways in which public health policies addressing venereal disease policed the bodies of black domestic workers in the rural south. In her work on black domestic workers in post-emancipation Atlanta, Tera Hunter argued that public health reform centered on tuberculosis rates in the south targeted black domestics

²⁸ Edward Beardsley, *A History of Neglect*, 42-41.

²⁹ Thomas Parran, *Shadow on the Land: Syphilis* (New York: Reynal & Hitchcock, 1937), 165-166.

as the source of contagion to white families.³⁰ Public health officials followed a similar pattern of surveillance in relation to venereal disease control. Black domestic workers were subjected to measures of medical surveillance through either state-mandated venereal disease testing, or testing performed through the demands of their white employees. The practice of medical surveillance represented a form of racial control that reinforced the color line through the use of a discursively informed policy that marked black bodies as diseased bodies that threatened the health of whites.

Analyzing venereal disease control in the 1920s and 1930s shows the continuation of repressive and punitive measures that were born within the context of World War I. Women's bodies remained perceived threats to national security outside of the conditions produced by military upheaval. The danger they posed related to their roles as reproductive and productive laborers and the potential for contaminating the economic and social health of the nation through the spread of venereal disease to their families. While women were expected and forced to sacrifice any claims to private liberty in the name of public health, men escaped blame for the transmission of venereal disease. Men were valued as the protectors of the country through their military service and their productive labor. As citizens of value, men needed protecting from the perceived diseased internal enemies that threatened the future of the nation.

The chronological organization of this dissertation charts the creation and implementation of punitive venereal disease control policies informed by gendered, classed, and racial notions of social deviance and the criminalization of venereal disease

³⁰ Seale Harris, "Tuberculosis in the Negro," *The Journal of the American Medical Association* 41 (3 October 1903): 837. For an analysis on the intersections of gender, class, race, and disease, see "Tuberculosis as the 'Negro Servant's Disease,'" in Tera Hunter, *To Joy My Freedom: Southern Women's Lives and Labors after the Civil War* (Cambridge: Harvard University Press, 1997).

in the female body. Chapter two places the rising panic over venereal disease rates in the context of Progressive Era reform, arguing that World War I represented a watershed moment in the public health movement. Specifically, the promises of progressive reform that centered on a single-standard of morality and a venereal disease control program that viewed men as equally responsible were lost with the onset of the war. An analysis of newspaper reports, public health journals, and autobiographical accounts of America's mobilization efforts show a sudden and dramatic shift in the way the public conceived of the venereal disease threat. This evidence magnifies how women on the homefront became potential "internal enemies" to the health and military efficiency of the American soldier. Wartime emergency agencies and public health policies were created to protect soldiers from the women who became the embodiment of moral and physical disease.

Chapter three takes a deeper look at the creation of the dichotomy between the patriotic male body and the diseased female body by analyzing venereal disease control policies as they were enforced in local communities during the war. Through an analysis of wartime publications from the American Social Hygiene Association, records and correspondence from the Commission on Training Camp Activities' Section on Women and Girls, and the General Medical Board of the Council of National Defense, I argue that the drive against prostitution during the war was intricately tied to expressions of patriotism enacted through open repression of female sexuality. The shuttering of red-light districts cannot be analyzed outside of public health policies that targeted women as vectors of disease. I use the above sources and personal accounts from female reformers involved in community and government anti-prostitution initiatives to argue that few of the women detained were "hardened" prostitutes, but were merely *suspected* of having

and spreading venereal disease. Case files from New York's Westfield State Farm reformatory and an investigative report written by Katharine Bushnell, a physician and social reformer, give voice to the experiences of the women detained. These sources demonstrate how women were victimized by the federal government's effort to protect soldiers from women suspected of having syphilis or gonorrhea while also supporting the argument that by positioning women on the homefront as threats to national security, the state was able to strip away their civil liberties through unlawful detainment and forced medical procedures.

Chapter four focuses on how women detained without due process enacted their citizenship rights by resisting their detainment through *habeas corpus* cases brought to state courts. I analyze these cases to demonstrate how women openly resisted biased public health statutes that allowed for their arrest based on suspicion of venereal disease. Bringing their voices to bear on how they were targets of venereal disease control exposed the hypocrisy of government officials seeking to protect soldiers from "diseased" women. This hypocrisy is highlighted in this chapter by juxtaposing women's experience of resistance to detainment on the homefront to soldiers' ability to openly seek venereal disease treatment overseas. I analyze military policy and accounts from military medical officers to argue that while the military emphasized morality among soldiers on the homefront, this emphasis quickly deteriorated overseas. There, soldiers were given free and open access to prophylactic measures while treatment for women on the homefront hinged upon detainment. This chapter shows that through resistance to public health policies, women became empowered to fight for their right to equal protection under the law. They successfully challenged the police powers of health

officials and forced a reconsideration of how states enacted measures against venereal disease control.

In chapter five, I argue that the shuttering of wartime emergency agencies after the signing of the Armistice did not lessen the scrutiny placed on women as potential vectors of disease. Public health policies and the creation of female reformatories during World War I created the structure of a surveillance state that continued through state judicial arms in the interwar years. Analysis of inmate case files from New York female reformatories, Bedford Hills and Albion State Training School demonstrate how the judicial system inherited the power of wartime agencies to detain women for suspicion of venereal disease. Through a contextualization of this source material, I argue that venereal disease continued to be criminalized within the female body, as it also became a sign of sexual transgression. Further, these records indicate that judicial officials sent women to reformatories as a way to circumvent the constitutionality of imprisonment without due process, as these institutions operated under the premise of rehabilitation and uplift of female delinquents. However, female reformers also became more vocal in the interwar years, criticizing public health policies around venereal disease control as representing a double standard that unjustly targeted women as public health criminals. This chapter analyzes the role of women reformers who held influence in areas of law and law enforcement in promoting the creation of out-patient venereal disease clinics that allowed women to receive treatment without being under lock and key. I argue that while the use of venereal disease clinics was a step toward decriminalizing venereal disease, they still functioned as institutions of social surveillance. Women entering these spaces expected to receive treatment and leave, but they were quick to discover that they also

had to undergo an interview with a social worker, who took detailed histories of the women and intervened in their home lives where it was deemed necessary.

The ways in which social and medical surveillance continued outside the structures of the legal system are explored further in chapter six. This chapter focuses on the function of venereal disease control policies as mechanisms to police maternal bodies. Analyzing public health concerns within the context of the Great Depression in the rural south allows for reconsideration of who threatens national security and how. I argue that race, class, and gender anxieties in the 1930s rural south co-existed with concerns around rising relief rolls, falling birthrates, and a perceived decline in labor efficiency, causing women's reproduction and production to enter the discourse around national economic security. Writings and correspondence from Public Health Service Surgeon General Thomas Parran, Works Progress Administration interviews with public health nurses and residents of the rural south, and documentation of female reform work around maternal health are used to explain why poor and working-class black and white women's reproductive and productive bodies were policed along lines of race and class, as their bodies continued to represent a threat to the moral and physical health of the nation.

An epilogue on the reinstatement of punitive venereal disease measures during World War II offers an uneasy conclusion to the ways in which women are victims and agents when their bodies become threats to national security and to the men who must be "fit to fight" for this security. The onus of responsibility for a militarily, socially, and economically healthy nation fell on women in the twentieth century and continues to do so when public health anxieties are tied to and informed by fears over national security.

Chapter 2: Building a Clean Army of Democracy

At age twenty-four Adelina Barone found herself in front of the New York Supreme Court challenging her imprisonment under Clause 79 of the recently passed Page Law. Barone was convicted of vagrancy in 1910, which carried a maximum penalty of six months in the state workhouse; however, before sentencing was announced, she was taken in a side room and examined for evidence of a venereal disease infection. Upon receiving the physician's report, the presiding judge sentenced Barone to one-year detention in a hospital, six months more than her conviction required.¹

The 1910 enactment of Clause 79 of the Page Law represented the expansion of the administrative state — specifically courts and public health agencies — in policing immorality and disease during the Progressive Era. Women were entangled in the web of judicial expansion, as their sexuality became tied to concerns over public morality *and* public health. The measure dictated that a representative with the State Board of Health physically examine all women brought before the court on vagrancy or disorderly conduct charges related to the practice of prostitution. It allowed the judge to postpone sentencing until a physician's report was made determining the presence of venereal disease. If the report indicated a syphilis or gonorrhea infection, the judge could pronounce a harsher sentence to force treatment on the individual.²

After months of court battles, Barone succeeded in her bid for freedom in June 1911. The state supreme court ruled Clause 79 unconstitutional on the grounds that it

¹ Adelina Barone v. Frank Fox, 69 Misc. LEXIS 577 (NY 1910); "The End of Clause 79," *The Survey* 26 (July 8, 1911): 552.

² "The End of Clause 79," 552.

denied her due process of law. The ruling justice presiding over the special session of the New York Supreme Court determined that the physician's report was binding upon the court, eliminating the defendant's chance to challenge the report. In part, the ruling stated that Barone was deprived of due process because the physician acted as a "judicial officer." Further, the defendant was not given the opportunity to challenge the facts presented by the physician as to her venereal disease infection.³ The decision declaring the law unconstitutional was a remarkable victory for the civil liberties of women deemed sexually promiscuous and potentially diseased. However, the victory was short-lived. With America's entry into World War I a short seven years after this ruling, the very procedures of Clause 79 that were declared unconstitutional became standard operating procedure backed by the federal government.

Barone was released after appealing the decision twice. Progressive reformers, however, thought the decision of the New York Court of Appeals did not go far enough in its denouncement of the law. The court criticized Clause 79 as being a violation of due process, but reformers were primarily concerned with the law being a form of class legislation that targeted women only. Writing to the *New York Times* before the ruling, Alice Bartlett Stimson — an active member in New York's Woman's Municipal League— urged officials to replace Clause 79 with a "perfectly legitimate, scientific way" to address venereal disease. Stimson suggested that boards of health stop the spread of venereal disease by mandating physicians to keep a record of all infectious diseases

³ *Adelina Barone v. Frank Fox*. New York appealed the ruling of the justice overseeing the special session of the Supreme Court and the appellate division of the state supreme court overturned the previous ruling, demanding Barone back in custody in May 1911. Barone appealed the court's decision to the New York Court of appeals, which agreed with the original ruling of Clause 79 being unconstitutional as it denied the due process of law, and Barone was released from custody. *People ex rel. Adelina Barone v. Frank Fox*, 127 NY State Supreme Court 484 (1910); *People ex rel. Adelina Barone v. Frank Fox*, 144 NY App. 611 (1911).

they diagnose or treat. The record of cases would not list the name or sex of the person infected, assuring protection from social ostracism. She claimed that the state's use of the law to target women was repressive and Stimson deplored the failure of the law to address diseases in men as well, declaring that "so long as the degradation of this evil falls upon the woman alone, no scheme of legislation of police protection or of half-way sanitary measures, will be worth the paper it is written on."⁴

Public health measures targeting women as the primary carriers of venereal disease drew upon progressive ideals of science, efficiency, and state or public intervention into what were once private problems. Reform movements also sought to uphold morality based on middle-class Victorian principles of sexual restraint. The debates and criticisms surrounding the Page Law represent the promise of developing an unbiased and scientific health policy to address venereal disease while simultaneously pursuing the progressive goal of reversing the double-standard of morality. However, this promise imploded, along with the civil liberties of many women, as America mobilized for World War I. The war was an impetus for strengthening draconian public health measures that served deliberately to repress women's sexuality through the expansion of national security measures and inflammatory rhetoric.

The intensity around mobilization during World War I allowed the military, public health, law enforcement, and judicial arms to coalesce into a national security state. This political and social powerhouse targeted women as potential health threats and as the "domestic enemy" to male civilians and soldiers alike, creating the perception of subversive women who endangered the health of soldiers, and thus the nation. At the

⁴ "Mrs. H.A. Stimson, Civic Leader, Dead," *New York Times*, October 29, 1937, 21; Mrs. Harry A. Stimson, "Clause 79 of the Page Bill," *New York Times*, January 18, 1911, 8.

same time, as government officials and reformers stifled voices challenging the public health measures that allowed for women's arrest and detainment under mere suspicion of venereal disease. In doing so, they trampled on civil liberties and facilitated the expansion of domestic surveillance measures that arose from society's perceived moral rupture.

The war marked a point of rupture in Progressive era reform around prostitution and female sexuality. Reform work that targeted prostitution addressed increasing anxieties over the nation's slide into immorality, seeking to protect young women moving from the supervision of the family household to the anonymity of the city. Reform movements that targeted prostitution in the late nineteenth century represented concerns surrounding the visibility of sexuality in the public sphere and were a form of sexual politics that extended beyond family control. Before the war, social purity movements headed by female reformers and voluntary organizations like the American Purity Alliance viewed sexual immorality as both a female and male problem. The onset of World War I made sexual immorality an issue of female deviance. The war rendered obsolete the Progressive Era rhetoric used by the social purity advocates before the war blamed men for allowing prostitution to thrive and placed responsibility on the state for placing women in a position that left them dependent upon men and the selling of sex to survive economically.⁵

⁵ Jessica Pliley, *Policing Sexuality: The Mann Act and the Making of the FBI* (Cambridge: Harvard University Press, 2014). Pliley argues that the Bureau of Investigation's enforcement of the Mann Act became intertwined with competing definitions of white slavery and what type of woman constituted a white slave. She analyzes the shifting definitions of white slavery, demonstrating how the act created a punitive state for women whose sexuality became criminalized under Bureau's enforcement of the Mann Act.

Religion and the belief in moral uplift informed reformers' approaches to sexuality as well. By the turn of the twentieth century religious concerns over morality blended with an emerging science of sexuality and deviance.⁶ Thus, moral concerns remained tantamount to how medical officials and reformers viewed and addressed venereal disease, as they came to symbolize sexual promiscuity. The intermingling of religion and science spawned a social hygiene movement that made sexuality, particularly female sexuality, an issue of public health and morals. Linking a sexual politics with one of national health spawned increased social anxieties over the need to repress and control female sexuality in the twentieth century.⁷

Scholars further argue that Progressive era reform movements led to the expansion of state surveillance to repress and control female sexuality. Specifically, Mary Odem found that the good intentions of moral reformers to challenge women's subordinate status in society led to "unintended consequences." Male-dominated courts and law enforcement agencies at the turn of the century created greater state surveillance that upheld the sexual double standard. In cases involving prostitution, men often received probation while judges sentenced women to correctional institutions or juvenile homes.⁸ A growing revolution in female sexual expression that Kathy Peiss referred to as "treating" involved a courting practice of exchanging sexual favors for evenings spent in movie theaters, at carnivals, or dance halls led to a concern over what Ruth Alexander described as the "girl problem." Industrialization and urbanization of the United States

⁶ In *Ghosts of Future Past: Spiritualism and the Cultural Politics of Nineteenth Century America* (Berkeley: University of California Press, 2008), Molly McGarry argued that Spiritualism influenced the creation of the modern sexual subject and informed how sexologists viewed the embodiment of sexual identity. McGarry's study demonstrated how religion continued to inform scientific studies of sexuality.

⁷ D'Emilio and Freedman, *Intimate Matters*, 138-146.

⁸ Odem, *Delinquent Daughters*, 4.

disrupted the control families had in the intimate lives of their daughters. As young working-class women embraced modern urban culture that marked the early twentieth century, middle-class society feared the agency that the anonymity of the city granted women. Courts and detention centers, serving as arms of the state, expanded and replaced the role of the family in addressing anxieties surrounding the increasing autonomy of female sexual expression.⁹

Clause 79 of the Page Law represented the expansion in state regulation of female sexuality. Social purity advocates criticized supporters of Clause 79 for backing a law that violated due process by allowing for detention of women based on evidence of a venereal disease infection. The New York Court of Appeals agreed that the clause violated due process and ruled it unconstitutional in 1911. By 1917, and in direct contradiction with this ruling, the military, with the backing of the federal government, put in place similar, and in many ways harsher, laws that led to forced examinations and detainment of women. These laws were strikingly similar to the nineteenth century British Contagious Disease Acts, which also sought to control venereal disease by placing suspected female carriers in lock hospitals. Although American officials never referenced the CD Acts as an example around which they conceived of and implemented public health measures during the war, the two responses to venereal disease were mirrors of one another. Both upheld and sanctioned the double standard of morality and used venereal disease rates among enlisted soldiers as an excuse to target prostitutes and

⁹ Peiss, *Cheap Amusements*; Ruth Alexander, *The "Girl Problem": Female Sexual Delinquency in New York, 1900-1930* (Ithaca: Cornell University Press, 1995). Elizabeth Alice Clement expanded on the earlier scholarship of Kathy Peiss, Ruth Alexander, and Mary Odem in *Love for Sale: Courting, Treating, and Prostitution in New York City, 1900-1945* (Chapel Hill: The University of North Carolina Press, 2006). Clement argued that treating represented a "linguistic" and "behavioral" boundary between prostitution at a time when anti-prostitution reform was central among social and medical reformers and officials. Kristen Luker, "Sex, Social Hygiene, and the State: The Double-Edged Sword of Social Reform," *Theory and Society* 27, no. 5 (September 1998): 601-634, 602.

suspected prostitutes. Similar to Britain's CD Acts, the US government's implementation of public health policies that directly targeted women as diseased threats represented the intervention of the state in repressing and controlling female sexuality.¹⁰ The state used this public health threat as a means to an end. Specifically, venereal disease control was a legitimate and acceptable call to action, but within the context of World War I and concerns over internal subversion, this movement became a convenient way in which officials and reformers justified greater domestic surveillance in the private lives of women.

As scholar David Kennedy argues, America's entry into World War I brought to light the struggle between civil liberties and the public good. His foundational study on the American homefront during World War I argued that the churning engines of propaganda — as it related to mobilization — relied heavily on anti-labor and nativist sentiments. The attack on seemingly subversive elements in society culminated in the 1917 passage of the Espionage Act and the 1918 passage of the Sedition Act. Under these laws, liberal and radical elements of society were tried before courts and ultimately imprisoned.¹¹ Moral reform organizations achieved political power by capitalizing on American fears of internal subversion, specifically, and military upheaval, generally.

The war was a watershed moment for the moral reform movement — but one that turned the social control side of reform into a multi-headed hydra. Newton D. Baker, secretary of war and a man molded in the Progressive Era reform fervor, used his social

¹⁰ Judith R. Walkowitz, *Prostitution and Victorian Society: Women, class, and the state* (Cambridge: Cambridge University Press, 1980), 70; 2.

¹¹ Kennedy, *Over Here*, 77-78. Also see Christopher Capozzola, *Uncle Sam Wants You*. For a study on the government's attempt to silence anti-war sentiments and the extent to which ordinary people fell under government suspicion, see William H. Thomas Jr., *Unsafe for Democracy: World War I and the Justice Department's Covert Campaign to Suppress Dissent* (Madison: The University of Wisconsin Press, 2008).

and political capital to advocate for governmental intervention to ensure that America's moral fabric did not fray during World War I. Baker, along with other government officials, used fears surrounding venereal disease as it related to military efficiency to create an atmosphere of social regulation and control that focused on prostitution and alcohol as interconnected vices.¹² It was the former, however, that received the most attention from government and military officials.

The concerted effort to repress prostitution was a departure from military policy that supported or turned a blind eye to brothels operating near military encampments. During the border war with Mexico in 1916, General John J. Pershing, who would later command the American Expeditionary Forces in World War I, did not attempt to stop sexual intercourse between prostitutes and soldiers. Instead, he implemented a system of military regulated brothels along the US-Mexico border and around military posts located across the border. The military organized women into "appropriate" housing surrounded by a barbed-wire fence. A survey of the condition along the border in 1916 reported that troops stationed on the outskirts of one community had access to prostitutes who lived in a "straggling village of huts." Military authorities protected and regulated the practice with the only restriction being that soldiers could only visit the vice district during set hours. At two outposts where troops were located across the border in Mexico, the

¹² Newton D. Baker served as Woodrow Wilson's secretary of war from 1916-1921. Born in Martinsburg, West Virginia in 1871, Baker moved to Ohio in 1899. He was heavily influenced by the progressives of the early twentieth century, in particular, Cleveland mayor Tom Johnson. Baker also served as mayor of Cleveland from 1912-1916. After the war, Baker remained committed to the progressive ideals of Wilson, fighting for American inclusion into the League of Nations. A life long Democrat, Baker, though never splitting from the party, disagreed with the expansion of federal government under Franklin Roosevelt. He saw the need for strong federal action during World War I, but only supported strong local governments outside of military emergencies. For more biographical information on Newton Baker, see C.H. Cramer, *Newton D. Baker: A Biography* (Cleveland: The World Publishing Company, 1961) and Douglas B. Craig, *Progressives at War: William G. McAdoo and Newton D. Baker, 1863-1941* (Baltimore: Johns Hopkins University Press, 2013).

military oversaw prostitution districts within camp lines. Soldiers gained entrance into the “adobe shacks” housing the women who held certificates showing them free from disease. One high-ranking officer justified military sanction for prostitution by claiming that if men did not have a release from their “powerful passions” then they would go to other Mexican villages and “get mixed up with the women and thereby possibly bring on war.”¹³ In essence, prostitutes working along the border of Mexico were drafted for soldiers who sought a distraction from the monotony of training exercises.

Pershing ensured that a system of medical regulation was also in place. The women were examined and those found free of venereal disease were “retained for duty.” Men, too, were required to take prophylactic measures thought to decrease the likelihood of venereal disease infection immediately after sexual contact. According to one medical specialist in the U.S. Army, “The results were indeed wonderful.”¹⁴ Public health and social reformers, however, challenged the practice of acceptable prostitution. Public health official Max Joseph Exner surveyed the prostitution on the border in 1916. He reported the military’s involvement in regulating vice districts, calling this practice “inexcusable.” White, black, and Hispanic women were counted among the prostitutes selling sex along the border. In Exner’s interviews with the soldiers, many expressed disgust by the number of “repulsive Mexican women.” One soldier told Exner that the presence of Hispanic prostitutes was “an insult to the troops” and that the military should provide “something decent.”¹⁵ As soldiers, men expected access to women, preferably white prostitutes, and viewed military officials as responsible for ensuring the availability

¹³ Max J. Exner, “Prostitution in its Relation to the Army on the Mexican Border,” *Journal of Social Hygiene*, vol. 3, no. 2 (April 1917), 210-212.

¹⁴ Hugh Young, *Hugh Young: A Surgeon’s Autobiography* (New York: Harcourt, Brace and Company, 1940), 301.

¹⁵ Exner, “Prostitution in its Relation to the Army on the Mexican Border,” 211.

of prostitutes, although the “quality” or race of the commodified bodies were not what the men expected. Exner’s observations along the border led him to dismay army officers’ decisions to sanction the practice. His suggestion that prostitution be repressed caused officers to look at him as “too idealistic, or as a dreaming, unpractical reformer.”¹⁶

The presumed impracticality of Exner’s opinion that prostitution be repressed in areas near military encampments came to fruition during World War I. Shortly after Woodrow Wilson declared war on April 2, 1917, Baker enlisted the help of like-minded social reformer, Raymond Fosdick, in establishing a wartime organization that would stamp out the twin vices of liquor and prostitution.¹⁷ Fosdick was instrumental in the creation of the Commission on Training Camp Activities (CTCA), of which he served as chairman. As an official government wartime emergency agency, the CTCA was sanctioned by the military and worked closely with the US Army and Navy. Fosdick often used the extent of prostitution during the border war to encourage complete repression of prostitution during World War I. At first, the CTCA’s goals centered on

¹⁶ Ibid., 211, 218. For a study on the use of the Public Health Service to police the border between El Paso and Mexico, see Alexandra Minna Stern, “Buildings, Boundaries, and Blood: Medicalization and Nation-Building on the U.S.-Mexico Border, 1919-1930,” *The Hispanic Historical Review* 79, no. 1 (February 1999). Stern found that the U.S. military, operating under the direction of General John J. Pershing, policed sanitation along the border and actively took part in public health campaigns focused primarily on preventing typhoid fever. Further, the border quarantine served to create the boundary between Mexico and the U.S., which in turn racialized the inhabitants of Mexico. For further information on prostitution in Mexico and the tensions surrounding sex work within revolutionary Mexico, see Katherine Elaine Bliss, *Prostitution, Public Health, and Gender Politics in Revolutionary Mexico City* (University Park: The Pennsylvania State University Press, 2001). In the example of Puerto Rico, Laura Briggs places anxieties over Puerto Rican prostitution and sexuality within the context of American imperialism. She argues that venereal disease became the disease of the “other” and only became a concern when it threatened the health of the imperial soldier. Laura Briggs, *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico* (Berkeley: University of California Press, 2002).

¹⁷ Much like Newton Baker, Raymond Fosdick was a devotee to progressivism and to Woodrow Wilson. Born in 1883, Fosdick worked closely with John D. Rockefeller Sr. and his son, John D. Rockefeller Jr. on international social reforms. After serving as CTCA chairman, Wilson appointed Fosdick as under-secretary for the League of Nations, which he eventually resigned because of the congressional fight against the League. Fosdick was a lifelong devotee of Wilson and his progressive ideals. He continued his lifelong commitment to reform, serving as president of the Rockefeller Foundation between 1936-1948. For further biographical information, see Raymond Fosdick, *Chronicle of a Generation: An Autobiography* (New York: Harpers Brothers, 1958).

improving training camp life by reforming ideas of masculinity and sending men to France with an “invisible armor” of morality that would protect them from “conditions that we do not like to talk about, that we do not like to think about.”¹⁸ Fosdick sought to connect masculinity to physical activity, military service, and sexual continence. According to Bristow, the organization was a progressive agency that embodied the idealism of social uplift, the anxieties about the nation’s morality that laid beneath this idealism, and the nativist approach that drove the approach to reform.¹⁹

The commission tried to right the wrongs Fosdick witnessed during America’s involvement in the border war by providing wholesome recreation for troops in training camps. Soldiers were offered an odd mix of programs that focused on entertainment, morale building, and cultivating a fighting and team spirit. Most of these initiatives redefined manhood by making masculinity synonymous with soldiering. For example, Fosdick argued that boxing matches held in military camps developed a sense of “confidence” and “aggressiveness” in men while also training them to fight as soldiers. “Boxing teaches the manly art of self control as well as that of self-defense,” Fosdick claimed. It was used to make the men better fighting “organisms.”²⁰

The CTCA also sought to prevent promiscuity in the military by assuring soldiers’ minds were kept free from immoral thoughts and refocused toward athletic activities and wholesome interactions with women who were viewed as moral guardians. Civic organizations, such as the Young Men’s Christian Association (YMCA) and the Young Women’s Christian Association (YWCA) worked with the CTCA to set up Liberty

¹⁸ Newton Baker, “Invisible Armor,” *Survey*, vol. 39 (Nov. 17, 1917), 159-160.

¹⁹ Bristow, *Making Men Moral*, 3-5.

²⁰ Raymond Fosdick, *Keeping our Fighters Fit for War and After* (New York: The Century Company, 1918), 49-54, 38.

Theaters for watching movies, as well as libraries. Hostess Houses were also constructed under the direction of the YWCA. These buildings were places where soldiers could visit female members of their families or girlfriends and wives, while under the watchful eye of a YWCA representative. Hostess Houses also were an attempt by the CTCA to police women who reportedly flocked to the training camps by the thousands. Raymond Fosdick described them as either wives who “spent their last cent traveling to camp” with children and food baskets in tow or as “Foolish young girls filled with the hysteria of wartime and eager to see and talk with the boys who are soon to go into battle.” Organizers hoped to serve as a substitute for home while also competing against the “evil forces” that undermined the morality of men by providing a wholesome atmosphere in which soldiers could interact with women.²¹

Social reformers also attempted to recreate a wholesome atmosphere by extending their moral influence overseas. YMCA worker Elizabeth Bain reportedly rescued “1,100 men from dangerous companions” through her work in Paris. Bain patrolled the streets of Paris on the lookout for soldiers in public with women she suspected of being prostitutes. Upon spotting an American soldier and his French companion, she would pull the man aside and tell him that the woman he was with was not a “fit associate.” According to Bain, the soldiers appreciated her intervention and were pleased to speak with a “high-minded American woman.”²² Despite Bain’s feelings of appreciation from the soldiers, the evidence related to the use of prophylactic stations that operated abroad (presented later in this chapter) shows that soldiers were not seeking interventions from “high-minded American women,” but sex from French companions.

²¹ Fosdick, *Keeping our Fighters Fit for War and After*, 113-114, 137.

²² George Walker, *Venereal Disease in the American Expeditionary Forces* (Baltimore: Medical Standard Book Company, 1922), 154.

Bain's interventions were less a lecture on the soldier's need to refrain from sexual intercourse and more of a warning that attacked the character of his female companion. Indeed, even though the stated purpose of the CTCA was to create a single standard of morality for men and women — a decidedly Progressive-Era idea — much of the literature and the pamphlets disseminated to soldiers by the CTCA and its partner reform network, the American Social Hygiene Association (ASHA), portrayed women as sexual enemies to seemingly innocent and passive men. Soldiers were inundated with venereal disease education materials from reform organizations that emphasized a link between individual health and national service. One pamphlet, "Keeping in Fighting Trim," stated, "Your patriotic duty is to be strong, able-bodied, and healthy in order that you may now protect the flag that for so many years has protected you, and later return home clean and healthy, a credit to your family and friends."²³ A healthy body equaled a patriotic body in these terms. Thus, a diseased body — always depicted as female — was the enemy that threatened the healthy patriotism of soldiers. The problem with this particular "enemy," however, was that she did not wear a uniform identifying her as an enemy or diseased. This led to suspicion of all women seen within the vicinity of soldiers or in areas where camps were located.

The CTCA extended its reach and gained policing powers in civilian communities through the passage of the Selective Service Act in May 1917. Sections 12 and 13 of the act prohibited liquor sales to men in uniform and established zones around military camps in which prostitution was outlawed. Section 13, however, had the most far-

²³ American Social Hygiene Association, "Keeping in Fighting Trim" (New York: American Social Hygiene Association, 1917), 170, Folder 6, American Social Hygiene Association Records, University of Minnesota Social Welfare History Archives, Elmer L. Andersen Library, University of Minnesota, Minneapolis, Box Hereinafter (ASHAR).

reaching consequences for American society and for women who would become entangled in the web of systematic and organized surveillance to secure national security. Framing prostitution — and in a larger sense female sexuality — as a health threat to military efficiency opened a space in which women became the domestic enemy during the war. One Virginia newspaper directly connected women with venereal disease infection to Germans, calling prostitutes “social submarines.” The newspaper claimed that military camps in the state were “crowded with German propagandists spreading disease more deadly than fever or even bullets and bombs. These prostitutes, bearing deadly germs, are at work among the soldier boys, rendering them inefficient and incapable.”²⁴ In these accounts, women were positioned as diseased enemies to the American war effort. They were as stealthy as German U-Boats and more destructive than German weapons.

Presumed venereal disease infections among women were compared to “exploding bombs that undermined not just the health of the American soldier, but also his manhood.”²⁵ The connection between venereal disease and the destruction of one’s manhood spoke to the importance sexuality played in constructions of masculinity. The threat of venereal disease hindered men’s presumed natural need and right to sex. In the context of war, it also threatened his ability to fight for his country. Indeed, women who were perceived as health risks to soldiers, and thus to national security, were compared to the Central powers during World War I. If a woman was not doing “her part” as a supportive and moral influence in the war effort, then she essentially undermined the war effort by threatening the ultimate patriotic body — the United States soldier. In the words

²⁴ “Social Submarines,” *Clinch Valley News*, June 21, 1918.

²⁵ *Ibid.*

of one police deputy in New York, “Any person who does anything to weaken the physical well-being of a man in uniform is a deliberate traitor and should be lined up against a wall and shot!”²⁶ The soldier embodied America’s fight in the war and symbolized patriotic sacrifice to American ideals. Women suspected of having venereal diseases represented the antithesis to the soldier — the embodiment of an enemy and traitor on the homefront.

America’s entry into World War I intensified feelings of paranoia related to the presence of German spies and sympathizers. The American Protection League (APL) illustrates this paranoia and the willingness to engage in extra-legal activities to root out suspected spies. The APL was a volunteer organization of 250,000 men who, under the guise of patriotism, fashioned themselves as investigators to root out “subversive” elements on the homefront. First formed in Chicago before moving its headquarters to Washington in the fall of 1917, the APL had branches across the country, but no government or legal status. Volunteers worked in coordination with the Department of Justice to target German immigrants, draft evaders, and anyone the league deemed threatening to national security and the war effort. The organization employed illegal measures to gather “evidence” against their targets, including breaking into homes and offices. In his “authorized” biography of the APL, Emerson Hough boasted that the League examined the correspondence of thousands of men “who never were the wiser.” He admitted that the organization broke laws but claimed this was justified “when the land was full of dangerous enemies in disguise.” Most of the League’s suspicion fell on

²⁶ Quoted in Commission on Training Camp Activities, Section on Women and Girls, *Weekly Bulletin*, no. 10, 18 July 1918, Records of the War Department General and Special Staffs, Commission on Training Activities Correspondence Relating to Special Subjects, 1917-1919, Bulletins, Box 5, RG 165, Entry 399, National Archives and Records Administration, College Park, MD. Hereinafter CTCAR.

German immigrants who “could not escape the Web which reached all across America, unseen but deadly sure.”²⁷ To justify its extra-legal activities, the APL relied on the use of anti-German propaganda that positioned American saloons and the selling of alcohol as traitorous activities undertaken by German immigrants.

The sentiments expressed toward women suspected of having venereal disease were similar in nature to the anti-German propaganda used against beer-brewers and consumers. Prohibitionists connected brewers to German-Americans who were suspected of being sympathetic to the Kaiser. In one example, a judge sentenced Emil Oelrichs, a saloon keeper in Hoboken, New Jersey to three years in prison for selling alcohol to soldiers in direct violation of Section 12 of the draft act. The judge denounced Oelrichs as an “enemy alien who played a part in the great German propaganda seeking to demoralize the country and its forces.”²⁸ Social reformers placed the brewers on the same plane of subversion as suspected prostitutes, specifically those with venereal disease. Both were viewed as internal enemies who threatened the efficiency of the Army and, more specifically, the American soldier’s ability to fight in the Great War.

In this atmosphere of paranoia, fear, and hyper-patriotic feelings, local communities stood behind the military and government wartime agencies in declaring the female venereal disease carrier as an internal enemy that should be “put out of the way for good and all.”²⁹ Unlike what occurred along the Mexican border, prostitution was not accepted or tolerated on the homefront during the war. Under public health laws and

²⁷ Emerson Hough, *The Web: The Authorized History of the American Protective League* (Chicago: The Reilly & Lee Co., 1919), 163, 166. The US Attorney General, T.W. Gregory dissolved the APL in 1919. In a statement, Gregory expressed gratitude for the assistance the league provided during the war, writing that the organization would “long be an inspiration to all citizens.” Statement reprinted in Hough.

²⁸ Ronald Schaffer, *America in the Great War: The Rise of the War Welfare State* (New York: Oxford University Press, 1991), 96; “A Warning,” *The Social Hygiene Bulletin*, vol. 5 (March 1918), 8.

²⁹ “A Warning,” 8.

military police measures, who counted as a prostitute expanded during World War I to include women deviating from gender and sex norms. Ideas of sexual deviance did not necessarily include selling sex for money or even having sexual intercourse. Indeed, the terms “clandestine prostitute,” “non-professional prostitute,” and “semi-prostitute” were all used to describe women who came under the surveillance of the government. Blurring the lines between the prostitute and the promiscuous woman justified the regulation and control of women beyond the brothel and red light district.

Officials with the CTCA, state law enforcement agencies, social reformers with ASHA, and the PHS, organized to assure “diseased” female bodies would not threaten the physical and moral health of the nation’s soldiers. Members of these organizations gained wide-reaching police powers to arrest and detain women suspected of having syphilis or gonorrhea. The federal government tasked public health officers with assuring conditions around military camps were sanitary. Sanitation measures focused on controlling the spread of venereal disease in these areas, which meant policing women located in the vicinity of these camps. In 1917, assistant surgeon general, John Task, reported that protecting soldiers from disease was at first difficult because police powers in civilian areas rested with the states. Enacting punitive measures, however, became easier when state officials appointed PHS officers as state medical authorities, thus giving them “civil police powers.” This gave health officers “the unusual advantage of the combined authority of the federal government, the state government, and the local government.”³⁰ Granting police powers to medical officers criminalized venereal disease in the female body and was used to justify the imprisonment of tens of thousands of

³⁰ John W. Task, “The Work of the United States Public Health Service in Relation to the Present War,” *The American Journal of Public Health* 7, no. 12 (December 1917): 989.

women until the end of the war. Government and medical officials across the country openly supported violations of women's legal rights. One mayor stated that in order to control women presumably spreading venereal disease, the country was "justified in going to the very limit of the law, perhaps a little bit beyond."³¹

At the onset of war, the CTCA hired Maude Miner, a social reformer and former secretary of the New York Probation and Protective Association, to head the Committee for the Protection of Women and Girls (CPWG). The CPWG was the precursor to the CTCA's Section on Women and Girls (SWG). The creation of the SWG in April 1918 marked a critical stage in the regulation and control of not just prostitutes, but all women outside the bounds of middle-class morality. The SWG emphasized punitive measures and was organized under the CTCA's Law Enforcement Division. Miner resigned her post when officials with the CTCA reorganized the section under law enforcement and emphasized detention over rehabilitation.³² During the same month that the CTCA decided to take a decidedly harsher position on women, government officials revised Section 13 of the Draft Act to expand the reach of law enforcement to exclusively target women around military camps. Under this expansion, state agents were granted the power to police women within ten miles (increased from five miles) of an encampment, indicating that the reach of the military state extended beyond the bounds of official bases.³³ Now that the domestic enemy was defined as a sexually promiscuous, and thus

³¹ American Public Health Association, "The Campaign Against Venereal Disease," *The American Journal of Public Health* 8, no. 3 (March 1918): 235, 235-236.

³² Nancy Rockafellar, "Making the World Safe for the Soldiers of Democracy: Patriotism, Public Health and Venereal Disease Control on the West Coast" (PhD diss., University of Washington, 1990), 246-247.

³³ The decision to extend the reach of the Section 13 mirrored the 1869 extension of the CD Act in Britain to five districts outside of the original eleven garrison and dock areas in England and Ireland as defined in the original 1864 act. Further, the 1869 act allowed officials to extend their reach within a ten-mile radius of the additional areas. Walkowitz, *Prostitution and Victorian Society*, 86.

diseased female, organizations were put in place to locate and identify this elusive “enemy.”

The military, the CTCA, and other reform organizations soon realized that to address the great Red Plague (the name given to the epidemic of venereal disease), they needed to do more in their efforts to mobilize middle-class women as moral guardians and agents of repression for their “khaki-mad,” and promiscuous sisters. Calling forth duty to nation and the need to guard America against subversive forces, women were encouraged to do their part in protecting the “innocence” and health of American soldiers. Women were central during mobilization, as they represented order and morality. Motherhood, middle-class domesticity, volunteer service, and defense of the home signified patriotic citizenship for women.³⁴ Women who rejected the socially constructed role of motherly moral guardian were deemed enemies of America’s war effort. No gray area existed in which women could be both patriotic and sexually liberated.

Women’s roles during World War I were primarily based on the idea of “patriotic motherhood.” They were to be the nurturers and moral beacons for soldiers, as well as the protectors of the family institution while the male head of the household was serving in the war. Working-class women who fell outside of the “patriotic motherhood” ideal were those who sought entertainment and adventure, or who took up jobs in the public sphere

³⁴ Kimberly Jensen, *Mobilizing Minerva: American Women in the First World War* (Urbana: University of Illinois Press, 2008), 57. Jensen argued that women made greater claims to citizenship and challenged the gender idea of men as protectors and women as the protected through their service with the military as nurses, physicians, and women-at-arms on the home front.

that opened with the onset of the war.³⁵ Being in the vicinity of an army encampment or a soldier was enough to provoke suspicion among not just law enforcement officers, but a number of military and public health officials, including women who saw it as their duty to police what they perceived as the immoral elements of their sex.

As female reformers mobilized under the banner of morality, they abandoned the fight for a single-standard of morality across gender lines and took part in a regulatory state built on a foundation of fear and social control. Rhetoric related to the mobilization of women advanced by female reformers and public health officials created a strict dichotomy between the patriotic mother and the diseased woman. Women were expected to serve as “social police” who searched out “questionable characters ... bent on immoral purposes or business.” Upon discovering such characters, they were to report them for investigation.³⁶ Reformers encouraged women to take part in social policing through patriotic appeals. In her message to “all women and girls,” Edith Livingston Smith — who worked with Richard Clarke Cabot in his pioneering social work initiative at Massachusetts General Hospital — urged women to help men be good soldiers by cheerfully sending off husbands, sons, and brothers.

Beyond keeping the nation’s soldiers moral and happy, however, Smith claimed that women had a duty to protect soldiers from venereal disease and that immoral women posed a diseased risk, not the soldiers. “It has been the fashion to blame the men alone for the immoral conditions which exist outside of army camps,” Smith wrote. She viewed the

³⁵ Jensen, *Mobilizing Minerva*, 119. For how wartime patriotism shaped women’s roles as mothers and producers of soldiers and the ways this hurt women’s rights arguments and radicalism, see Kennedy, *Disloyal Mothers and Scurrilous Citizens: Women and Subversion During World War I*.

³⁶ L.M. Mans, “A Sociological Study of the Enlisted Men of the Regular Army with Suggestions for the Protection of the Young National Soldier against Moral Degeneracy and Diseases of Vice,” n.d., Box 131, Folder 3, ASHAR.

men as passive victims of immorality and its consequences. “Thousands of soldiers have been made unfit for service because of venereal diseases contracted from women.” Smith continued her call to duty by urging “intelligent” women to protect not just soldiers, but also young girls caught up in the wartime hysteria. “Wherever military camps are pitched, immoral women and thoughtless girls congregate outside the camp lines. This is wrong.” Even worse, though, were the women who were “the means of making a man unfit to duty as a soldier.” This particular type of woman was seen as “a traitor to her country.”³⁷

Reform literature and wartime propaganda positioned women as upholders of morality. A commitment to social purity, morality, and health defined their relationship to soldiers and to the state during the war. According to a manuscript by the Committee for Civilian Cooperation in Combating Venereal Disease (CCCVD), organized in 1917 under the Council of National Defense, “Girls must be made to realize that they bear a responsibility to the soldier and that their patriotic duty is to avoid weakening the soldier’s devotion to his country’s best interests by arousing his emotions to a pitch which will tend to divide that devotion.” Essentially, women were held responsible for soldiers’ immoral actions. Men bore no responsibility because, “Under the slightest provocation (soldiers’) passions rise to the surface as easily as bubbles in a glass of wine. Our girls must be warned against providing such provocation even unconsciously. For that reason they should be doubly careful about their actions and their dress.”³⁸ Katharine

³⁷ Edith Livingston Smith, “To All Women and Girls,” *Journal of Social Hygiene* 3, no. 4 (October 1917): 528.

³⁸ Committee for Civilian Cooperation in Combating Venereal Disease, Unpublished manuscript, 1918, Records of the Council of National Defense, 1915-1937, Record Group 62, Committee for Civilian Cooperation in Combating Venereal Disease Records, 1917-1918, Box 437, Folder 9, National Archives and Records Administration, College Park, MD. Hereafter cited as CCCVDR.

Bement Davis, head of the Section of Women's Work under the CTCA, also warned women against inappropriate dress that aroused soldiers' emotions, which are "hard to control." One wall poster endorsed by Davis depicted the right and wrong way for women to dress at a party for soldiers. The dress that aroused men's passions was



Figure 1: This poster printed in 1918 in the *Journal of Social Hygiene* offered instructions for how women should dress when around soldiers. (Mann Library, Cornell University)

sleeveless and featured a low-cut back. On the other hand, the appropriate dress included a high neck, sleeves and was "modest, pretty, simple, and inexpensive."³⁹

³⁹ Katharine Bement Davis, "Social Hygiene and the War: Women's Part in Social Hygiene," *Journal of Social Hygiene* 4, no. 4 (October 1918): 527.

Women's sexual virtue became inextricably tied to and informed expressions of female patriotism. Specifically, venereal disease infection in a woman indicated her betrayal to the nation. The presence of gonorrhea or syphilis in the female body signified that she was not using her sexuality in the service of the state. Undetected cases of gonorrhea rendered women sterile and syphilis often caused miscarriages, stillbirths, or children born deformed and ill from congenital syphilis. Women became traitors to the country, as their "diseased" bodies could not produce healthy offspring, which ensured the nation's survival and a future fighting force. Women were warned, "A healthy woman has healthy children, and that it is the main reason why it is so important to keep your best health." Further, "a good wholesome fellow does not want 'damaged goods' for a wife."⁴⁰ Thus, a woman's civic and patriotic responsibility rested in her reproductive capacity to produce healthy offspring that would not be a burden upon society. If incapable of doing so because of her own sexual deviancy, then she was not only considered "damaged goods" to her potential spouse, but also to the nation.

Scholarship on World War I in European nations demonstrates the significance of women as mothers or potential mothers and moral guardians during the war. Despite important differences related to occupation and proximity to the front, Europeans and Americans shared similar views on what constituted appropriate female behavior during the war. Specifically, Susan Grayzel argues that motherhood became women's ultimate patriotic role in Britain and France.⁴¹ War heightened concern over the health and

⁴⁰ "Physical Development, Marriage, and Motherhood," CCCVDR, Box 437, Folder 9.

⁴¹ Susan Grayzel analyzed the importance of the maternal body in World War I Britain and France in *Women's Identities at War: Gender, Motherhood, and Politics in Britain and France during the First World War* (Chapel Hill and London: University of North Carolina Press, 1999). She argued that both countries placed emphasis on women's roles as mothers or potential mothers, resulting in policies that regulated their sexuality. But many new reforms also represented advancement of the welfare state.

viability of the nation. The birth of future citizens was key to its continued strength during and after the war.

In the American context, World War I intersected with past reform movements based upon progressives' belief in the power of science to reform society. Medical professionals and social reformers drew upon a new language of eugenics and fears over "race suicide" evident at the turn of the century. This collision served to heighten the panic surrounding venereal disease, as reformers from all professions viewed these infections as no longer just threatening the "white race," but the very survival of the nation. Noted sexologist Havelock Ellis argued that war increased the rate of venereal disease among soldiers and civilians. In turn, this threatened the fitness of the future race. According to Ellis, women were central in maintaining racial fitness through a "re-quickening" of sexual morality. He wrote, "The position of women in relation to the sexual and racial difficulties raised by war is the most fundamental and most far-reaching problem of all."⁴² Ellis expressed concern over declining birthrates during periods of war as the decline correlated with the absence of men on the homefront and their depletion through death and injury on the battlefield. This anxiety related to the survival of a perceived national identity became mapped onto women's bodies because of the importance placed on their reproductive labor. The world wars and subsequent military upheavals heightened nationalist sentiments that culminated in the "embodiment" of nationalism through the policing of gender and sexuality, as well as race.⁴³ Policing women's sexuality and reproduction was central to ensuring order in the national body

⁴² Havelock Ellis, "On Eugenics in Relation to War," excerpts in Commission on Training Camp Activities, Section on Women and Girls, *Weekly Bulletin*, no. 10, July 18, 1918, CTCAR, Box 5, RG 165, Entry 399, NARA, College Park, MD.

⁴³ Emily S. Rosenberg and Shanon Fitzpatrick, eds., *Body and Nation: The Global Realm of U.S. Body Politics in the Twentieth Century* (Durham: Duke University Press, 2014), 7.

despite the border crossing chaos wrought by war. In this vein, having children was women's ultimate duty to the nation, particularly when the menace of war was at hand. A woman's inability to answer her call of duty left her not just in a presumed state of ruin, but also as a supposed enemy to the health of men who were doing their part in the war effort.

The focus on protecting soldiers from female sexual threats deviated from the path moral reformers carved at the turn of the century. Women suspected of sexually promiscuous behavior became the exclusive targets of not reform and uplift — this was now directed to soldiers through CTCA camp activities — but of punishment and surveillance. Early reform work during the war spoke of the need for single-standard of morality, but a vociferous call to patriotism and national health quickly silenced this approach to venereal disease control. Ultimately, attacking the double standard of sexual morality went unfulfilled in CTCA's work in reforming masculinity among soldiers. What began as an attempt to create a single standard of morality ended as a betrayal to the ideas of male sexual responsibility and a more deeply entrenched acceptance of men's sexual license and women's sexual repression. The promise was present at the beginning of the war through the arguments from public health officials asserting that abstaining from sex was not dangerous to men's health. This argument directly challenged the link between masculinity and sexual conquest, as well as the belief that the testes needed "release." In its 1917 message to soldiers, the American Social Hygiene Association asserted that "sexual power is never lost through abstinence from sexual intercourse, any

more than the ability to weep is lost through the abstinence of weeping.” Further, ASHA refuted claims that men who do not visit houses of prostitution were effeminate.⁴⁴

ASHA’s informational brochures on sexual health were created in response to the alarm over venereal disease rates as men answered draft calls from across the country. Physicians examined recruits for physical fitness and the results, according to one major in the U.S. Army Medical Department, were appalling. “The verdict of the recruiting medical officer should be a shock to the nation,” Major Harry D. Orr reported. Statistics showed that two to three out of every four men were rejected for army service. Results from the physical exams of drafted men magnified the connection between physical health and national strength.⁴⁵ Sexuality soon joined these twin concerns when military officials discovered that chronic venereal diseases were the most frequent causes of poor health. Statistics regarding the actual rate of venereal disease among recruits are inconsistent and questionable, but a report by the Surgeon General of the Army during the year ending August 1918 documented a venereal disease rate of thirteen percent.⁴⁶ A second report indicated a sixteen percent rate of infection upon enlistment.⁴⁷

Before World War I, the army rejected men with venereal disease, but the need for manpower during World War I led to a reversal of this policy. Officials wanted to prevent men from purposely contracting gonorrhea or syphilis to avoid service. Ashton C. Shallenberger, a Democratic senator from Nebraska, expressed his concerns about

⁴⁴ American Social Hygiene Association, *Keep in Fighting Trim* (New York City: The American Social Hygiene Association, 1917), ASHAR, Box 170, Folder 6.

⁴⁵ In her study on the state and homosexuality, Margot Canaday argued that military examination of recruits was adopted from the Bureau of Immigration’s policy of examining immigrants. The function of the physical exam made federal officials aware of instances of gender nonconformity and sex perversion. Margot Canaday, *The Straight State: Sexuality and Citizenship in Twentieth Century America* (Princeton and Oxford: Princeton University Press, 2009), 56-59.

⁴⁶ Brandt, *No Magic Bullet*, 77.

⁴⁷ William J. Black, “Keeping Clean the Army of Democracy,” *New York Tribune*, June 3, 1917, 3.

recruits contracting infections to avoid military service in a government hearing. “It is believed that there were a great many men drafted who did not want to go to the other side, and who tried in one way or another to avoid service, and I was told the reason for the tremendous number of men suffering from venereal diseases for the first month or two was on account of that fact, and then it materially decreased,” Shallenberger stated to William Gorgas, Surgeon General of the Army. Gorgas admitted he was aware of these reports, but said he had no evidence of men knowingly contracting venereal infections.⁴⁸ However, rumors of soldiers exposing themselves to venereal disease to avoid service continued as the American Expeditionary Force (AEF) went overseas, but were quickly addressed and largely dismissed. Scientific discoveries in the treatment of venereal disease also influenced the military’s decision to admit men found positive for syphilis or gonorrhea. But treatment of recruits slowed mobilization and cost the army valuable manpower days.⁴⁹ Federal officials soon turned their focus on prevention to reduce the rates of syphilis and gonorrhea. In so doing, the civilian community, in particular female civilians, became targets in the military’s efforts to create a “clean army of democracy.”

Seeking to prevent problems with military efficiency experienced by European armies, the United States pursued measures of repression on the homefront and prophylactics overseas. Military medical personnel with the AEF criticized the British Expeditionary Forces (BEF) for failing to incorporate prophylactic measures, which US officers viewed as central to maintaining military efficiency. Hugh Young, AEF chief surgeon, deplored the British for evacuating men with venereal disease from the front to

⁴⁸ House Committee on Military Affairs, *Army Appropriation Bill of 1919*, 65th Congress, 2nd sess., Dec. 7, 1917-Feb. 8, 1918, (Washington, D.C.: Government Printing Office, 1918), 1176.

⁴⁹ Paul Ehrlich discovered Salvarson as an effective treatment against syphilis in 1909. A less toxic version of the arsenic compound, neo-salvarson was created by Ehrlich in 1912 and widely used by 1915. See Brandt, *No Magic Bullet*, 40-41.

receive treatment in a hospital: “After four terrible years of war some Tommies were frankly glad to get into a venereal hospital and enjoy for six weeks or longer surcease from the agony of the front.” Young continued his criticism claiming that British soldiers purposely became infected, including one instance where one soldier transmitted venereal disease to another soldier through the use of a matchstick.⁵⁰ From his observations, Young recommended General Pershing incorporate a systematic use of prophylactic actions, such as mandating soldiers clean their privates with water and a bichloride solution immediately after intimate contact. He stressed the importance of prophylactics by claiming that French prostitutes were “septic tanks filled with almost every type of venereal infection.”⁵¹

The military’s inability to “reform” men’s morality abroad and prevent prostitution in France was a contributing factor to the decision to follow a policy of prophylactics. Pershing tried to place brothels out of bounds for soldiers by placing military police on guard duty around houses of prostitution, but perhaps not surprisingly this only resulted in higher rates of venereal disease (ten times the rate of regular soldiers) among the military police.⁵² Military officers largely ignored the regulations against visiting prostitutes, leaving prophylactics as the only viable option in the fight to maintain a healthy and efficient army overseas. The use of prophylactics represented a continuation of the military’s acquiescence to prostitution and male sexual activity that contradicted the discourse of sexual morality.

America’s continued involvement in World War I silenced voices that upheld the responsibility of men in spreading venereal disease. Arguments for male sexual

⁵⁰ Hugh Young, *A Surgeon’s Autobiography* (New York: Harcourt, Brace and Company, 1940) 276-277.

⁵¹ *Ibid.*, 309.

⁵² Walker, *Venereal Disease in the American Expeditionary Forces*, 83.

continence that were popular before World War I became stifled under the wartime state. Demands for a single standard of sexual morality from public health reformers like Max Exner who wrote in 1916 that a man who “contributes to a woman’s fall and subsequent outcast status should be held to the same condemnation.”⁵³ Military officials like Army Medical Major Henry Orr also condemned soldiers who contracted venereal disease. Using the heightened sense of citizenship, patriotism, and service to the country, Orr wrote, “The young man who has dissipated his energies and undermined his health has sinned against citizenship to an extent for which his atrophic manhood can never atone.”⁵⁴

Shift in opinions were swift with the country’s entry into World War I. Officials grew annoyed with questions over the army’s morality as the reality of war in Europe exposed the weaknesses behind moral reform. When asked about the morals of soldiers overseas, Raymond Fosdick remarked, “I supposed you mean morals in the narrow sense ... Somehow, after what I have seen, I have not much patience with those people back home who fret about the morals of our army.” The man who started the campaign of moral reform in the military to encourage a single standard of sexuality now claimed that the “people who piously condemn their morals back home look small and mean.” Indeed, Fosdick wrote, “that it is not a question of whether our fellows overseas are worthy of us and our traditions. The question is whether we are worthy of them.”⁵⁵

For American soldiers experiencing war overseas, sex became their reward for their sacrifice. Colonel George Walker, who oversaw the medical corps, displaced blame for American soldier promiscuity overseas by upholding their patriotic duty. “There is no

⁵³ Max J. Exner, “Friend or Enemy?: To the Men of the Army and Navy” (New York City: The American Social Hygiene Association, 1916), ASHAR, Box 170, Folder 3.

⁵⁴ Harry D. Orr, “Examination of Recruits for the Army and Militia,” *The American Journal of Public Health* 7, no. 5 (May 1917): 485.

⁵⁵ “U.S. Army Morals and Recreations,” *New York Times*, Aug. 14, 1918.

reason for sweeping condemnation or indictment concerning the sexual freedom taken by the soldiers,” he wrote. “They were young, vigorous and in addition to everything else, were exposed to endless temptations so insistent that they could not be escaped.”⁵⁶ But for women on the homefront who did not represent the ultimate patriotic body of the soldier, sex became a traitorous act that threatened the health and vitality of fighting men, and thus, the nation. Indeed, the path taken by communities during World War I to repress female sexuality challenged the very ideals of democracy and self-determination that Wilson claimed America was fighting for abroad.

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⁵⁶ Walker, *Venereal Disease in the American Expeditionary Forces*, 40.

Chapter 3: Policing Female Sexuality on the Homefront

As the country mobilized for war, communities across the United States mobilized against venereal disease by targeting prostitution. Beginning in late 1917, reports about the closing of red light districts and the arrest of not only prostitutes but also of *suspected* prostitutes abounded. Actions against prostitution were swift and effective. Raymond Fosdick, head of the Commission on Training Camp Activities, reported that within six months of America's entry in the war, government and state officials had successfully closed all red light districts located within five miles of a military encampment. "The old opinion that the community must be protected from the soldier and sailor was gradually discarded. Army and navy regulations guaranteed that soldier or sailor on liberty was free from disease," Fosdick wrote. "Would the community meet the Government halfway; would it make such a guarantee as to its inhabitants?"¹ Fosdick's question was answered with a resounding, "yes." But if the soldier no longer threatened the community, then what or *who* in areas near military encampments jeopardized the morals and health of soldiers? Local governments, law enforcement officials, the military, United States Public Health Service, and voluntary reform organizations worked in tandem to create the idea of an internal and diseased enemy. They did this by fashioning a discourse through government-supported publications and policies that marked women near military encampments as diseased dangers who lured American soldiers into sexual immorality, thus threatening them with exposure to venereal disease. The implementation of venereal disease control policies based on the assumption of the diseased female health threat had severe consequences for women who

¹ Fosdick, *Keeping our Fighters Fit*, 197.

became the targets of wartime propaganda, expanded police powers, and fears over the venereal disease menace.



Figure 2: The female body chained to a vulture stands as a symbolic representation of venereal disease in this World War I poster. H. DeWitt Welsh, “We’ve fought in the open,” 1918, New York: H.C. Miner Litho. Co., Library of Congress Prints and Photographs Division, Washington, D.C.

Official rhetoric and educational material related to venereal disease control drew upon Progressive reform priorities through the encouragement of men and women to remain physically and mentally clean through continence. Pamphlets produced by the American Social Hygiene Association (ASHA) and distributed to soldiers often tied sexual abstinence to manhood. Challenging the social connection between sex and masculinity, ASHA informed soldiers not to believe the myth that “sexual intercourse is necessary to health, that it is manly to drink intoxicants and associate with prostitutes,

that the man who will not visit houses of prostitution is effeminate.” The organization warned soldiers against sexual intercourse outside of marriage, insisting that “The man who seeks wine and women is taking a big chance. Far from being strong, he is weak.” The government warned men that contracting venereal disease was a disservice to the country because America needed “strong and abled-bodied” men to protect the flag and “return home clean and healthy.”²

Despite attempts to reform ideas of masculinity, anxieties over female sexuality ultimately informed how officials in the fields of public health and law enforcement viewed the venereal disease threat. Soldiers were instructed to avoid “loose women” who were positioned as the ultimate threat to masculinity. *Keeping Fit to Fight*, a widely distributed pamphlet given to new recruits warned soldiers that women who solicited them were usually diseased. “No matter how thirsty or hungry you were, you wouldn’t eat or drink anything that you knew would weaken your vitality, poison your blood, cripple your limbs, rot your flesh, blind your eyes, destroy your brain,” the pamphlet stated. “Why take the same chance with a whore? To be seen with a whore or any loose woman shows a man is an easy mark.”³ The discursive construction of the female body as a diseased threat to masculinity and national security overshadowed rhetorical efforts at establishing male sexual continence. A dichotomy between the patriotic male body and the diseased — thus subversive and threatening — female body emerged and shaped venereal disease control initiatives during World War I. Soldiers, as the embodiment of national security, needed protection from the enemy that threatened the health of the male body and, within the context of World War I, the nation as a whole.

² American Social Hygiene Association, *Keeping in Fighting Trim* (New York: American Social Hygiene Association, 1917), 2, 8, Box 170, Folder 6, ASHAR.

³ American Social Hygiene Association, *Keeping Fit to Fight*, 5, ASHAR.

Statistics related to the number of men infected by prostitutes “directly or indirectly” climbed steadily throughout the war. The Western Social Hygiene Association estimated that prostitutes had infected half a million men. Stoking the fear of promiscuous female sexuality, the organization warned, “If the Kaiser should send an army of German prostitutes into our camps to infect United States soldiers with gonorrhea and syphilis and thus keep them from the front, the nation would wrathfully protest.”⁴ Rhetoric that portrayed women as the conduits of disease and that portrayed female sexuality as a possible weapon of the enemy influenced the harsh measures communities enacted to stamp out vice and protect the “innocence” of soldiers from the “evil-doers” of society. Government officials and social reformers viewed women infected with venereal disease as internal enemies, as they threatened the health of soldiers through their deviant sexuality and diseased bodies.

An expansion of police powers marked repressive measures instituted by states. In July 1918, the Texas State Board of Health adopted a resolution “declaring every known prostitute to be a willful carrier of venereal disease,” allowing state health officials to detain these women and subject them to medical tests. States across the country adopted similar measures. Chicago issued an official notice in September 1918 warning women arrested in houses of prostitution or other “suspected places” that they would be given a medical exam upon arrest and be committed for treatment. The New York legislature amended its public health laws to incorporate venereal disease testing for those suspected of having VD, but the new measures also declared it a felony for any person who knew they were infected to have intercourse with a person in the military or navy. In Indiana

⁴ Western Social Hygiene Association, *Could the Kaiser Do Worse?* Box 170, Folder 7, ASHAR.

cooperation between the Indianapolis city board of health, the state board of health, police departments, and judges assured that women who were arrested upon suspicion of prostitution, but not convicted, were remanded to jail while police gathered further “evidence” and physicians examined the woman for venereal disease.⁵

During the wartime emergency, the word of the medical official as to whether a woman was diseased or not meant the difference between freedom and imprisonment because diagnosing a woman as being infected with venereal disease marked her as immoral and dangerous to the health of soldiers. Venereal disease examinations represented the power and authority physicians held in regulating the sexual lives and bodies of women. Women had no recourse through which to resist invasive pelvic exams for gonorrhea and blood tests for syphilis before they were given. Granting of police powers to health officers demonstrated how social control and the power to regulate female sexuality was not confined to law enforcement, but was disseminated through other governmental bodies.

Federal officials and wartime organizations, such as the Commission on Training Camp Activities also encouraged an all-out blitz against sexual immorality. One pamphlet distributed to state officials stated, “The U-Boat, Venereal Disease, is hiding in your community. Fight it as you would the Hun. Destroy its bases and urge relentless warfare on it. Don’t be misled by false cries of ‘Kamerad’ [used in World War I by German soldiers as a call of surrender] but carry-on until the crew, profiteers and

⁵ “Law Enforcement and Public Health,” Commission on Training Camp Activities, Section on Women and Girls (hereinafter SWG), *Weekly Bulletin*, no. 20, September 24, 1918, 10; “Law Enforcement and Public Health,” SWG, *Weekly Bulletin*, no. 3, May 28, 1918, 7; “Law Enforcement and Public Health,” SWG, *Weekly Bulletin*, no. 17, September 3, 1918, 16, CTCAR, Box 5, RG 165, Entry 399, NARA.

practisers [sic] of prostitution strike their flag in token of unconditional surrender.”⁶

Organizing against the diseased “menace” required cooperation from both military and state officials. The military brass often initiated raids on suspected houses of prostitution by giving the location of brothels to local law enforcement officers.

Cities and towns also relied heavily on the use of undercover officers, sometimes in military uniform, to “weed out straggling prostitutes.”⁷ The Commission on Training Camp Activities’ Committee on Protective Work for Girls (CPWG) appointed “protective officers” in each camp community. The officers investigated reports of sexual immorality between soldiers and women. By February 1918, there were sixty-five officers at twenty-four military camps, two embarkation camps, five naval training stations, and five large cities near training camps. States were reluctant at first to pay the salaries of protective officers.⁸ However, the attitude of communities toward employing officials who investigated vice conditions near military encampments changed due to pressure from the military and federal government agencies. Illinois used plain-clothes investigators to make “investigation raids” on places and areas of suspected vice, which became a common practice across the country. The sheriff and attorney general in Memphis promised a “vigorous program” of law enforcement after city officials authorized the use of six plain-clothes men to “round up” prostitutes. Further, attorneys in Memphis promised to “draw up immediately” the necessary ordinances and laws which would

⁶ The American Social Hygiene Association, *V.D. U-Boat No. 13!* (New York: The American Social Hygiene Association, 1919) Box 170, Folder 10, ASHAR. Kamerad translates to comrade, but accounts of World War I battles indicate the Germans would run toward the enemy with their hands up and saying “Kamerad” as an act of surrender. Sometimes it was used to trick Allied soldiers into believing they were surrendering when a second battalion of German soldiers would rush from behind. See Ed., Larry A Grant, Maj. Gen. Johnson Hagood, *Caissons Go Rolling Along: A Memoir of America in Post World War I Germany* (Columbia: South Carolina Press, 2010).

⁷ “Law Enforcement Notes,” *The Social Hygiene Bulletin* 5, no. 1 (January 1918): 2.

⁸ “Committee on Protective Work for Girls,” (February 20, 1918): 1, General Correspondence, 1917-1921, CTCAR, Box 56, Folder 26906, NARA.

assure the conviction of women arrested by plain-clothes men.⁹ Undercover agents often worked for both law enforcement and venereal disease divisions of state health boards in detaining suspected venereal disease carriers.¹⁰

Soldiers, too, helped with repression of vice around areas they were stationed. One report from Camp Gordon near Atlanta stated, “Soldiers, long the prey of every ‘blind tiger’ and of every woman of illrepute [sic], now have turned on their ancient enemies and are being used to bring confusion into the ranks of vice in Atlanta. As a result, the sight of a uniform fills evil-doers with a sense of uncertainty that never before existed.”¹¹ The use of soldiers in community drives against vice also occurred at Camp Pike in Arkansas and Camp Zachary Taylor in Louisville.

Additionally, the military used soldiers to guard women who worked at the camps. A survey conducted by the CPWG on the presence of women workers in military camps found that there were 2,145 women working in sixteen camps. The largest number of women were employed at Camp Funston in Kansas, where 374 women worked, followed by Camp Sherman with 268 and Camp MacArthur with 265 women. The majority of the women were employed as telephone operators, laundry workers, nurses, or at the post exchange. These positions fostered anxieties over women working in a masculinized space of military camps and near soldiers. Several female employees were accused of being immoral, which encouraged greater government surveillance and

⁹ “Law Enforcement and Public Health Notes,” SWG, *Weekly Bulletin*, no. 19 (September 17, 1918): 16; “Law Enforcement and Public Health Notes,” SWG, *Weekly Bulletin*, no. 16 (August 13, 1918): 6, CTCAR, Box 5, RG 165, Entry 399, NARA.

¹⁰ Karen L. Ziff, “In Defense of the Nation: Syphilis and North Carolina’s ‘Girl Problem,’” *The North Carolina Historical Review* 89, no. 3 (July 2012): 276.

¹¹ “Law Enforcement Notes,” *The Social Hygiene Bulletin* 5, no. 1 (January 1918): 8.

supervision of women workers.¹² At Camp Meade in Baltimore, officials reported that female workers were carefully watched from the moment they arrived at camp and were under “constant and vigilant protection of an armed guard of soldiers.” Military officials and social reformers deemed this necessary to keep women and men from communicating with each other.¹³ Female employees were also fired based on reports of suspected prostitution. In one instance Colonel Charles Crain terminated all female store workers employed in legitimate businesses surrounding Camp Meade after two representatives from the military’s medical division, the Sanitary Corps, alleged that the women engaged in “part-time” prostitution.¹⁴

The women at Camp Meade were working-class, though it is unclear if they were married or single. This did not seem to matter as the mere thought of women freely mingling with soldiers in a heterosexual environment induced fear of possible sexual interaction. Concerns over keeping soldiers “morally and physically clean” led to the expansion of how the military, police, and social reformers defined prostitution. As was the case with the women working in legitimate businesses surrounding Camp Meade, just being near a military encampment provoked suspicion of prostitution or sexual promiscuity. Federal and state officials carefully supervised female employment during the war, discouraging women from working in places “clearly unfit for women.” These included saloons, billiard halls and near mines or smelters.¹⁵ The Department of Labor reported in 1918 that 44,471 women worked in wartime industries. Women, however,

¹² “Committee on Protective Work for Girls,” (February 20, 1918): 4, General Correspondence, 1917-1921, CTCAR, Box 56, Folder 26906, NARA.

¹³ “Law Enforcement Notes,” *The Social Hygiene Bulletin* 5, no. 2 (February 1918): 8.

¹⁴ Linda Sharon Janke, “Prisoners of War: Sexuality, Venereal Disease, and Women’s Incarceration During World War I,” Ph.D. diss., Binghamton University, 172.

¹⁵ “The Attitude of Government Toward the Employment of Women,” SWG, *Weekly Bulletin*, no. 2 (May 21, 1918): 13-14.

were not replacing men in industrial positions in large numbers because wages offered to women were lower than those received by men and “not sufficiently high to attract women into war industries.”¹⁶ Low industrial wages encouraged many women to seek employment in retail or public recreation. Women risked being labeled immoral or labeled as prostitutes by working waitress jobs or in soda stands and concessions. For example, the mayor of San Antonio barred all women from the city’s entertainment district where they could work in soft drink stands or at carnival concessions. Law enforcement officers suspected women were using these jobs as a cover for prostitution. The order resulted in the closing of the entertainment district and the “removal” of 500 women from the area.¹⁷ Expanding the category of “prostitute” to include working women or those rendered visible in areas near military bases and public places of amusement made the harsh measures of surveillance significant to many women’s lives during the war.

Firing women or “guarding” them so that they did not have contact with soldiers in or near military encampments demonstrated how women were regulated in the public sphere. Even though mobilization offered employment opportunities for women, officials controlled the extent to which women could freely move about the public sphere. The federal government supported and encouraged the great lengths taken by many communities to repress female sexuality and mobility under the auspices of venereal disease control. Military law under Section 13 of the 1917 Selective Service Act bolstered the power given to local law enforcement officials and medical officers. The

¹⁶ U.S. Department of Labor, “Official Bulletin” excerpt printed in SWG, *Weekly Bulletin*, no. 15 (August 20, 1918): 13-14, CTCAR, Box 5, RG 165, Entry 399, NARA.

¹⁷ “Law Enforcement and Public Health,” SWG, *Weekly Bulletin*, no. 21 (October 1, 1918): 12, CTCAR, Box 5, RG 165, Entry 399, NARA.

purpose of the Act was to prohibit prostitution within five miles of a military encampment. In April 1918, the Act was revised to expand the zone of enforcement to ten miles. In order to control prostitutes and “disorderly” women near military camps, the law also granted police powers to medical authorities and commissioned reformers with the American Social Hygiene Association as military officers who worked with local authorities to detain women suspected of prostitution or of being infected with syphilis or gonorrhea. Federal officials upheld the patriotism of communities that cooperated in drives against prostitutes and women who were perceived to be not doing their part in the war effort by seemingly flaunting their bodies in the public sphere.

It was not just their bodies that were deemed threatening, but also the power and freedom the presence of the female represented in society. Women who worked in the public sphere before the war were often viewed as sexually promiscuous because they were outside of the home and in the male space of work. The war briefly opened limited opportunities for working-class women in the war industry, making their presence all the more visible and threatening. The women’s suffrage movement, which continued during the war and became more militant through Alice Paul and National Woman’s Party, also increased anxieties over female independence and the possible unsettling of entrenched gender roles.¹⁸ These underlying fears coincided with the social upheavals of the First World War and the disruption caused by the autonomous New Woman to create a panic over gender and sexuality. Venereal disease control became a way in which the nation intentionally justified the need to constrain women in the public sphere. Under the

¹⁸ Christine Lunardini demonstrates how the fight for women’s suffrage did not abate during World War I in *From Equal Suffrage to Equal Rights: Alice Paul and the National Woman’s Party, 1910-1928* (New York: New York University Press, 1986). Lunardini’s analysis illustrates how the NWP continued to pressure the Wilson administration through “militant” tactics. The NWP used World War I to demonstrate the hypocrisy of fighting for democracy abroad while denying it to American women.

auspices of public health, women's sexuality and independence became a national security issue that deserved the attention of the federal government.

Anti-vice initiatives occurred at the local level, but they were largely dictated by federal organizations, such as the Commission for Training Camp Activities, and made possible through federal intervention. Representatives from the CTCA, the Committee for Civilian Cooperation in Combatting Venereal Disease, and the Interdepartmental Social Hygiene Board (ISHB) often exploited the hyper-patriotic feelings during the war. The military applied economic pressure, forcing towns to enact the same measures of vice repression and venereal disease control as the "patriotic" communities. The CTCA urged towns and cities near military encampments to purge any signs of vice by threatening to make the municipality off limits for soldiers if the city did not take action against prostitution. Marking a town off limits for soldiers often meant a loss in revenue generated by soldiers seeking entertainment while on leave.

Community leaders' fears about being labeled as enemies to the war effort and the loss of economic revenue influenced the stringent measures taken against suspected prostitutes. When Wheeling, West Virginia, shut down its red light district in 1918 many prostitutes who were expelled from the town went to Steubenville, Ohio. The CTCA's Section on Men's Work sent a letter to Steubenville's mayor accusing the town of harboring traitorous conditions and of helping the Kaiser. The letter encouraged Steubenville to "adopt the Government program, place Steubenville in the 100 per cent American list and clean up *really, thoroughly*, and for good." After being labeled traitors, the town promptly shut down its red light district.¹⁹

¹⁹ "Patriotism and Public Service," *The Social Hygiene Bulletin* 5, no. 8 (August 1918): 7.

The closing of red light districts and arrest of “sexually promiscuous” women were not options, but military orders. The Civilian Committee to Combat Venereal Disease, organized under the Council of National Defense, mailed form letters to the mayors of U.S. cities demanding action against venereal disease: “Your city is responsible for the fitness or unfitness of a considerable number of men. If the troops that you send are venereally diseased, your city is indirectly responsible for aiding the enemy to the extent that each of those diseased soldiers slows up the training of the unit to which he is assigned.” They were instructed to handle suspected prostitutes “as if they had the plague,” which left no question in officials’ minds as to the repression, social control, and extra-judicial treatments they were to institute to protect soldiers from the “diseased enemy.”²⁰

Cities that were resistant to military orders demanding they shut down their vice districts were placed out of bounds for soldiers and sailors until the cities were “cleaned up.” During the course of the war, Seattle and Birmingham were declared off limits to service members for a period of time. However, Fosdick claimed that Philadelphia gave the military more trouble than any other cities. This troublesome city was “finally brought to terms” when Secretary of the Navy Josephus Daniels called in “a large squad of marines to patrol the streets.”²¹ The presence of the military in policing moral boundaries encouraged adjacent cities not under specific orders to also crack down on vice and police women suspected of promiscuity. City officials did so to support the war and military efficiency, but were also concerned about their public perception.

²⁰ Franklin Martin to mayors of U.S. cities, April 5, 1918, Box 170, Folder 10, Records of the Council of National Defense, General Medical Board, CCCVDR, RG 62, NARA.

²¹ Fosdick, *Chronicle of a Generation*, 146.

For white women and girls arrested on a variety of charges against morality and found positive for venereal disease, detention homes became necessary to prevent or reduce “moral and social suicide consequent of prostitution” and to protect society “against moral and social murder committed by the prostitute.”²² The panic over venereal disease in the military justified the expansion of detention homes, as prostitutes and promiscuous women were viewed as the loci of infection. According to Allison French, a Lieutenant with the Sanitary Corps, prostitutes were like the “rats” and “mosquitoes” that caused bubonic plague and yellow fever. “In the case of venereal disease the carriers are human beings. And the human beings who individually expose the most of the rest of humankind to this disease are women,” French claimed.²³ Dehumanizing women in this manner allowed the government to undertake a repressive and legally questionable approach toward those who refused to abide by gender norms or middle-class codes of conduct.

WOMEN’S DETENTION IN WAR

When Maude Miner resigned from the CTCA’s Committee for the Protection of Women and Girls (CPWG) in April 1918, she did so in protest to the punitive measures the organization adopted toward prostitutes and young “camp” girls.²⁴ Miner supported the use of female police officers as protective officers. She viewed the role of law enforcement as befriending young girls in amusement places or camp areas and giving them guidance. “The protective officer does not try to make a record of arrests. She is interested in preventing crime and helping girls, and, of course, has no ground for an

²² Mary Macy Dietzler, *Detention Houses and Reformatories as Protective Social Agencies in the Campaign of the United States Government against Venereal Diseases* (Washington: Government Printing Office, 1922), 2.

²³ Allison T. French, “The Need for Industrial Homes for Women,” *The Journal of Social Hygiene* 5, no.1 (January 1919): 11.

²⁴ Janke, “Prisoners of War,” 70.

arrest unless law has been violated,” Miner said at an institute given for the training of policewomen.²⁵ Ethel Dummer, a social reformer who worked with unwed mothers and the rehabilitation of delinquent women and prostitutes, also expressed concerns about the punitive direction of the CPWG. She served on the committee for two months before taking a leave of absence after falling ill with tuberculosis. Dummer remained involved by reading case files of women who were detained. She also visited venereal disease hospitals where some of the women were being treated. By analyzing the case files, she came to the conclusion that detention homes were nothing more than jails that did not treat the women with “sympathy or understanding.” In a letter to Julia Lathrop, head of the United States Children’s Bureau, Dummer wrote that she had supported the building of detention homes as centers where the “hundreds” of women being arrested could receive rehabilitative help. She expressed her discontent with the government social hygiene program, stating, “Repression and mere law enforcement...fall far short of what I had hoped the work of the committee might be.”²⁶

Maude Miner and Ethel Dummer represented a small minority of female reformers protesting the sexual double standard inherent in the federal government’s social hygiene program. Many social reformers who engaged directly with government and social reform agencies during the war were no longer concerned about protecting women from men. They feared girls who were said to have “khaki-fever” would contaminate the moral and social fabric. Suddenly, soldiers needed protection and women, primarily working-class and white, became targets of law enforcement and public health officers.

²⁵ Quoted in Winthrop D. Lane, “Girls and Khaki: Some Critical Measures of Protection for Young Women in War,” *The Survey* 39 (December 1917): 237.

²⁶ Transcript of letter in Ethel Dummer, *Why I Think So: The Autobiography of a Hypothesis* (Chicago: Clarke, McElroy Publishing Company, 1937), 85-86.

In the same year, Dummer stopped visiting women receiving treatment in clinics and detention homes, marking the failure of reformers educated in the Progressive Era's goals of uplift and rehabilitation to influence wartime venereal disease control policy.

Social reformers viewed female sexual agency as dangerous and, despite the protest of the minority, changed their approach from one of protection to repression during the war. This shift in approach influenced repressive proposals like that of Martha Falconer, director of the CTCA's Committee on Detention Homes and Reformatories, organized under the Law Enforcement Division of the organization. The committee's first proposal for the detention of suspected prostitutes was to build four "human reclamation" institutions in the eastern, southern, western, and northern part of the United States. These institutions would house all prostitutes convicted in federal courts for the duration of the war.²⁷ Falconer thought that human reclamation centers for "disorderly women" was a drastic, yet admirable measure that could secure military efficiency. However, Falconer ultimately disagreed with this plan because it was not a long-term solution to what she perceived as the increasing social problem of female sexual delinquency.²⁸ She sought a permanent social and legal program that enforced long-term sentences for women in times of war and peace.²⁹ The plan for human reclamation centers also failed because the CTCA viewed each state as having unique needs in the establishment of institutions. In February 1918, Woodrow Wilson allocated \$250,000 to be used toward the detainment of women. This allocation was followed in July 1918 with the

²⁷ Dietzler, "Detention Homes and Reformatories," 24.

²⁸ Martha Falconer, "The Segregation of Delinquent Women and Girls as a War Problem," *Annals of the Academy of Political and Social Science* 79 (September 1918): 160.

²⁹ *Ibid.*, 160-161.

Chamberlain-Kahn Act, which authorized financial assistance to states for the building or restoration of detention homes specifically for female venereal disease carriers.³⁰

Under the act, the federal government set aside \$2.7 million for venereal disease control. One million dollars went to individual states based on population totals obtained from the 1910 Census as well as community public health needs. The War and Navy Departments also received \$1 million to “assist states in caring for women who have been arrested and isolated as ‘carriers.’”³¹ The number of women detained under public health laws created a need for larger and more numerous facilities. States used the money to construct or renovate existing structures to house women and girls arrested on charges that denoted sexual immorality. Chicago renovated three jails into female detention homes and the hospital facilities in Los Angeles were so overcrowded that the city constructed an additional building to test women suspected of venereal disease and treat them if found infected. According to city officials, women were released from the hospital and then placed into jails, leading to overcrowding at the jails.³² Business men in Lawton, Oklahoma also sought measures to alleviate overcrowding in city and county jails. With the cooperation of military officers at Camp Doniphan, located just outside Lawton, a detention camp was created on an isolated farm where “undesirable women” were interned for “immorality.”³³

Money also went toward salaries of female social workers and reformers who gained professional status and power through the running of these homes. Government

³⁰ Odem, *Delinquent Daughters*, 125.

³¹ “Chamberlain-Kahn Bill,” SWG, *Weekly Bulletin*, no. 17 (September 3, 1918): 1, CTCAR, Box 5, RG 165, Entry 399, NARA.

³² “Law Enforcement and Public Health,” SWG, *Weekly Bulletin*, no. 18 (September 10, 1918): 9; “Law Enforcement and Public Health,” SWG, *Weekly Bulletin*, no. 21 (October 1, 1918): 11, CTCAR, Box 5, RG 165, Entry 399, NARA.

³³ “Lawton Detention Camp,” *Social Hygiene Bulletin*, vol. 5, no. 2 (February 1918): 5.

organizations created during World War I presented middle- and upper-class women with the opportunity to expand their professional status beyond the home or outside of voluntary organizations. Chicago boasted that its detention facilities were entirely under the control of women: “women offenders will be arrested by women officers, booked by women sergeants, jailed by women turnkeys, and finally placed under the care of matrons.”³⁴ As detention home supervisors, police officers, public health nurses, and government workers, women gained a greater voice in government and society at large. They achieved this professional status by supporting the status quo through the promotion and construction of a wartime public health policy that focused on female sexual repression and physical detainment.

Representatives from the CTCA assisted state officials in securing federal funds to build detention centers and reformatories for women of all ages and, in a few states, for black women and girls. The detention house idea, popularized in the 1890s, influenced the Interdepartmental Social Hygiene Board’s focus on building homes as a “clearing house where all women and girls (except hardened cases) who are arrested may be held while waiting trial, to be studied and treated medically.”³⁵ The boom in detention home building for white female delinquents and the surveillance of white women’s sexuality during World War I was not applied to the same degree to black females. By 1918, forty-two states had reformatories for either girls or women. But only two southern states, Virginia and South Carolina, had a reformatory for black girls and no state in the South

³⁴ “Law Enforcement and Public Health,” SWG, *Weekly Bulletin*, no. 18 (September 10, 1918): 8-9, CTCAR, Box 5, RG 165, Entry 399, NARA.

³⁵ Falconer, “The Segregation of Delinquent Women,” 23.

had an institution for black women who were older than 18; they were typically housed with other inmates in prisons.³⁶

The Fairworld Industrial Home for Colored Girls opened in 1918 with a grant of approximately \$3,333 from federal funds made available through the Chamberlain-Kahn Act, but under federal rules the state had to match this amount. It was only through the fundraising work of the State Federation of Colored Women's Club that Fairworld became an institute for the detention of young black women deemed sexually deviant. African American clubwomen were the impetus by which facilities for juvenile delinquents were established in the South. A deeply steeped history of racial uplift and respectability informed what black middle-class females viewed as a peculiar problem of sexual deviance among young black girls.³⁷ Despite the absence of concern over black female venereal disease rates among health and military officials, the black middle-class were given the opportunity to address what they perceived as female sexual delinquency by co-opting the language of public health.

Female reformers were only a small segment of professionals who gained greater power and prestige through their involvement with the panic over venereal disease. Health officers had the authority under wartime measures to bring women in for venereal

³⁶ See Susan K. Cahn, *Sexual Reckonings: Southern Girls in a Troubling Age* (Cambridge, Massachusetts: Harvard University Press, 2007). Cahn found evidence of neglect in constructing reformatories for black girls in the South. She argues that in North Carolina demands from black middle-class club women for the Training School for Negro Girls was met with opposition. This implied that white reformers and southern government officials believed sexual promiscuity was common enough to not be considered as a form of delinquency needing treatment. Southern black clubwomen continued to fight for black female reformatories under a "politics of respectability," which challenged white male and female notions of black promiscuity.

³⁷ Cahn, 73-74. On racial uplift and the role of the black church, see Brooks Higginbotham, *Righteous Discontent*; Mitchell tied moral uplift to the black race as a whole in *Righteous Propagation: African Americans and the Politics of Racial Destiny after Reconstruction*. She argued that black female sexuality and morality was linked to the future of the race, thus increasing the importance of repressing what elite and middle-class blacks saw as immoral sexuality.

disease testing if the officer had “reasonable suspicion” of infection.³⁸ Granting police powers to health officials in departments of health across the country expanded the government’s reach into the private lives of many women. By the end of the war, 30,000 women had come before the courts and were subsequently detained on a number of vague charges related to vagrancy or disorderly conduct. All the women who were arrested under these types of charges underwent venereal disease testing, and if necessary, treatment, before appearing in court. With this in mind, the number of women who actually came under the purview of governmental authorities may have been higher than the 30,000 officially reported by the Interdepartmental Social Hygiene Board. One document indicated that the ISHB investigated 60,040 women. This discrepancy in numbers can be explained by instances of women being detained, submitted to a compulsory venereal disease test, and found negative for gonorrhea and syphilis, leading to their release.³⁹

In her post-war study of the effectiveness of these reformatories across the United States, Mary Macey Dietzler, a worker for the Interdepartmental Social Hygiene Board, argued that detention centers were successful as both economic and public health measures. She reported that treatment and care for individual disease carriers cost less than thirty-three cents a day with detainment periods ranging from seventy days to an average of one year.⁴⁰ The survey was an attempt to convince legislators that the work of detaining female venereal disease carriers should continue even with the end of World

³⁸ “Suggestions for the State Board of Health Regulations for the Prevention of Venereal Diseases,” *Public Health Reports* 33 (March 29, 1918): 436.

³⁹ The United States Interdepartmental Social Hygiene Board, *General Analysis of the Answers Given in 15,010 Case Records of Women and Girls who came to the Attention of Field Workers of the United States Interdepartmental Social Hygiene Board, and its Predecessors, The War Department and the Navy Department Commissions on Training-Camp Activities* (Washington: Government Printing Office, 1921), 174.

⁴⁰ Dietzler, “Detention Houses and Reformatories,” 3.

War I. Numbers reflected in Dietzler's survey were in all likelihood exaggerated in order to convince the government of the relevance of the ISHB as an organization that would oversee the detention facilities. For example, Dietzler claimed that if the female disease carriers, all of whom were categorized as "prostitutes," were free to roam the streets, they would have transmitted "their" diseases to 6,000 men in less than two days.⁴¹

Social workers employed at the detention facilities or working for the CTCA and ISHB compiled a number of case studies that focused on the social backgrounds of incarcerated females. Hoping to establish environmental causes for sexual delinquency, they gathered statistics about the women detained in categories like education, occupation, sex experience, and family life.⁴² In a 1918 study of 500 women conducted by CTCA post workers, social data indicated that the average "female sexual delinquent" was white, twenty years old, married, able to read and write, of normal mentality, worked in domestic service, and had their first "sex offense" at approximately seventeen years old. The motivations for "committing the first sex offense" varied. Needing money, promises of marriage, love, rape, wanting a good time, and curiosity were among the reasons listed by the CTCA caseworkers. These statistics demonstrate that many of the women detained were not "hardened prostitutes," but *married* women, perhaps needing

⁴¹ Ibid., 7.

⁴² Case files from women deemed sexual delinquents represents an example of what Elizabeth Lunbeck argued is the entrance of psychiatry in domestic concerns and problems of "everyday life." Psychiatrists and social workers cast female hyper-sexuality as evidence of psychopathic behavior. The psychology of the inmate allowed social workers to claim a professional status that was on par with psychiatrists. See Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* (Princeton, New Jersey: Princeton University Press, 1994). Karen Tice also analyzed the professionalization of social work and the "making" of case histories in *Tales of Wayward Girls and Immoral Women: Case Records and the Professionalization of Social Work* (Urbana and Chicago: University of Illinois Press, 1998). She argued that case histories were not unbiased accounts of women's lives, but were shaped by the middle-class worldview of the social workers. These narratives represented the power of social workers to diagnose and treat conditions deemed immoral and violating the norms of society, allowing for the social discipline of delinquent women.

economic support after their husbands were drafted.⁴³ The indication that these women were of “normal mentality” also contradicted rhetoric that linked sexual delinquency to feeble-mindedness, which gained popularity among reformers in the 1890s. Indeed, the study showed that the majority of the 500 women were arrested on minor violations that did not directly involve prostitution. Law enforcement officials primarily used charges of loitering on the streets, around camps, or in parks as justification to arrest these women.

A subsequent study of 1,500 women undertaken by the ISHB indicated the same demographic and social pattern. This study spanned from the last half of 1918 to the beginning of 1920. The agents who gathered the data were “not sent out to gather information for statistical purposes but were working under heavy pressure against many practical difficulties to remove actual or potential menaces to the health and efficiency of the armed forces of the United States.”⁴⁴ Similar to the findings of the CTCA, the majority of women were white, were between sixteen and twenty, literate, had been or were currently married, and were arrested under vague charges like “suspicious conduct in a public place.” Most of the women in the ISHB study also indicated that they engaged in their first sexual encounter out of promises of marriage and love.⁴⁵ This data negated the contention that “innocent” soldiers needed protection against the sexually lascivious, diseased, and dangerous female.

In some cases, however, it was women who needed protection from soldiers.

Helen Liber, a 19-year-old girl committed to Bedford Reformatory in 1917 for

⁴³ Clement, *Love for Sale*, 114. Clement contends that women also used their sexuality as a form of patriotic expression. According to *Love for Sale*, treating took on a “patriotic glow,” as young girls used sexual expression to boost soldier morale. Clement also argues that government officials “shied away” from arresting women who were not hardened prostitutes. This dissertation presents evidence that challenges this argument.

⁴⁴ ISHB, “General Analysis of Answers,” 163.

⁴⁵ *Ibid.*, 166-172.

endangering the health and morale of a minor (her younger sister), told investigators that her first sexual experience was with a soldier who raped her. Liber alleged that when she and her sister were walking home one evening when they met two soldiers. One of the soldiers took Helen to a “lonely place” where he raped her. She reported the incident to her grandmother who called a worker with the New York State Children’s Society. Nothing came of the case because the soldier could not be found. Following the reported rape, Helen began staying out late and having intercourse with other soldiers, but denied ever doing so for money.⁴⁶ For many women detained during the war, there was little evidence of actual prostitution. Arrests typically stemmed from being caught in public vicinities with soldiers or demonstrating behavior outside middle-class codes of conduct that officials deemed threatening enough to declare them “menaces” to the community.

Many women also faced arrest on typically non-criminal charges, such as suspicion of being infected with a venereal disease. Mary Bloom, 19 years old at the time of her arrest in 1917, spent three years in Bedford Hills Reformatory after a New York judge sentenced her for contracting syphilis. Before coming to Bedford Hills, Bloom was in and out of venereal disease hospitals and girls’ homes. One physician who treated Bloom for syphilis told a social worker that she was the “rottenest, filthiest girl who had ever been in the hospital.” The physician recommended she be sent to an institution. Matrons at Bedford reported that Bloom had been sexually immoral after being raped by an elevator boy when she was sixteen years old. The young girl also stated that she was tired of being in institutions and “wished she had died” when having an operation to remove her ovaries and fallopian tubes. The only justification for sterilization in the case

⁴⁶ 2508 “Helen Liber,” Box 2, 14610-77 B Westfield State Farm Records, Case Files, New York State Archives, Albany, New York. Hereinafter WSF-NYSA.

file was “womb trouble,” but physicians working with Bedford Hills supported her release in 1920 because the removal of the ovaries meant she no longer had “sex irritation.”⁴⁷

Bloom’s case is a tragic example of the consequences for young women who were institutionalized because of public health laws that made venereal disease a criminal offense for women. Having syphilis ultimately led to not just Bloom’s detainment, but also sterilization. Her case, however, was not an isolated incidence. Florence Anderson, 17 years old at the time of her arrest, was declared a “menace” to the community by the physician treating her at the City hospital in New York. The physician argued that Anderson had the most “malignant” case of syphilis he had ever witnessed. When she was committed to Bedford, her blood tests indicated a negative reaction. In 1920, Anderson signed a statement giving permission for physicians to remove her ovaries and fallopian tubes. Reformatory officials stated that “blocked menstruation” made the procedure necessary.⁴⁸ The detrimental consequences for women arrested under public health laws went beyond unspecified periods of detainment. For some, it meant sterilization and years of medical, social, and psychological evaluations and studies. Contracting a venereal disease was the only “offense” the majority of these women committed, but this was enough to forever label them as menaces to society and threats to the health of men. Legal officials rarely considered the possibility of men infecting women with syphilis or gonorrhea. Women were fashioned as the criminal element in sexual relationships.

⁴⁷ 2513 “Mary Bloom,” Box 2, WSF-NYSA.

⁴⁸ 2484 “Florence Anderson,” Box 1, WSF-NYSA.

Katharine Bushnell, a medical doctor and social reformer, exposed the hypocrisy and illegality of methods used in these arrests. She documented the case of Margaret Hennessey to show the unconstitutional implementation of public health laws. In 1918, Hennessey and her sister were walking to a Sacramento, California meat market when law-enforcement officers with the state's "morals squad" approached them. The officers arrested Hennessey, a married woman and mother of a six-year-old boy, for being a "suspicious character." Despite her protests and attempts to show identification, the police promptly took her to a hospital where she was forced to undergo a venereal disease exam, which consisted of a blood test and pelvic examination. She remained at the hospital from 11 a.m. until she tested negative for venereal disease and was released at 8 p.m. Hennessey hoped to defend her reputation in court the following morning, but her case was dismissed. However, *The Sacramento Bee* offered an outlet for her to express her outrage: "At the hospital I was forced to submit to an examination just as if I was one of the most degraded women in the world," she told the newspaper. "I want to say I have never been so humiliated in my life. My reputation means something to me and I am going to defend it..."⁴⁹

Hennessey's case was part of a police roundup of twenty-two women who were all arrested and eventually found free of disease. Her ordeal highlighted the extra-legal aspects of arrests based on suspicion of immorality and demonstrated how the government did not exclusively target prostitutes or young single girls when implementing these policies. When the *Sacramento Bee* asked the chief of police about

⁴⁹ Katharine Bushnell, *What's Going On?: A Report of Investigations by Katharine C. Bushnell, Regarding Certain Social and Legal Abuses in California That Have Been in Part Aggravated and in Part Created by the Federal Social Hygiene Programme* (Oakland, California: No publisher, 1919), 9.

the raid, his response indicated that police had no evidence or reasonable suspicion in which to arrest Hennessey or the other women:

I know that the method in which the squad is carrying on its arrests is pretty ridiculous. Probably many innocent women have been and will be caught in it, simply because they reside in lodging houses or hotels, but I am simply carrying out orders from [Commissioner of Public Health] Simmons. I asked him to give me some foundation to work on, to give me a few specific cases or definite instruction where to send my men, but Simmons insists that the Federal officers just want a general cleanup and he doesn't know where any of the trouble is. So I send my men out 'shooting at the moon' as it were.⁵⁰

Hennessey's case also demonstrates the restriction placed on women in the public sphere during this time. The lack of evidence in the case implied that no matter their age or marital status, women fell under suspicion for simply walking on the street alone, or with female acquaintances. Sacramento Health Officer W.J. Hanna indicated as such when he told the *Sacramento Bee*: "It will be best in the future if women who are out late at night can have their husbands or escorts with them. Any person may be picked up if an officer reasonably suspects he or she is infected."⁵¹ Authorities never defined what constituted "reasonable suspicion," but soldiers were a primary source of information for officials seeking infected women. When a soldier tested positive for venereal disease, military medical officers required the soldier to name the woman who presumably gave him the infection. These officials, who then pressured local authorities to arrest the woman named by the soldier, took their accusations as truth.

Taking the word of soldiers was problematic and often led to false arrests. Bushnell cited an example of one such arrest in the case of a young married woman

⁵⁰ Bushnell, *What's Going On?* 9.

⁵¹ *Ibid.*, 10.

whose husband was in the Army. The woman helped support her family by working as a cashier at a movie theater, where she fought off the advances of a soldier wanting to engage in sex. When the woman refused the soldier, he threatened that he would “get her in bad.” When he later tested positive for syphilis, the soldier blamed the cashier and she was arrested and lodged at a prison hospital. In another case of a single mother who refused to marry a soldier, he threatened to “get her inside the Venereal Disease Hospital within weeks.”⁵² Venereal disease control laws gave soldiers power to retaliate against women who refused their advances. Federal policy that operated from assumptions of male innocence and female enticement made these actions possible.

During the war, military officials dictated best practices for controlling venereal disease to local communities. The U.S. Army wanted to insulate itself from moral corruption seemingly present outside the barracks. Thus, if army medical officials found evidence of infection in a soldier, it was assumed that he had fallen *victim* to the solicitation of “immoral” women. Positioning soldiers as victims in these sexual exchanges justified the mass arrests of women suspected of prostitution or harboring venereal disease and promoted the soldier’s role as the victim who could identify the supposed perpetrator or the *enemy* who made him unfit for duty. For the accused, however, there was little legal recourse and the life they faced while locked away in a detention home was shaded by invasive questions and medical exams.

Detention homes constructed under the Chamberlain-Kahn Act instituted programs that were punitive, but they also incorporated rehabilitative measures for women and girls who had not yet become “hardened” prostitutes. All detainees first had

⁵² Ibid., 6.

to undergo a venereal disease examination, which were the most intrusive and abrasive measures of these facilities. Bushnell described the exams given to women as invasive, claiming physicians committed “surgical rape upon her body, TO FIND OUT whether she might be a source of disease or no.”⁵³ Women did not have the authority to refuse examinations that included manual cervical manipulation to produce fresh discharge and repeated swabbing of the vagina and cervix to produce material for bacterial cultures. Jeanette Rankin, the first woman elected to the United States Congress as a representative from Montana and an outspoken critic of World War I, protested the use of male physicians in examining women for venereal disease. In a speech before Congress, she advocated that female physicians perform these examinations, despite the argument that employing them would somehow cost more money. The Public Health Service, however, dismissed her proposal, implying that she knew little of the facts surrounding venereal disease. Rankin viewed the exams as a violation of personal privacy and female modesty, particularly when performed on the young women arrested in areas surrounding camps.⁵⁴

Treatments given under physicians’ orders were also harsh, if not harmful to women’s health. Most treatments for syphilis included injections of neo-salvarsan, an arsenic-based formula, and mercury rubs. The treatment of women for venereal disease went well beyond shots and rubs. An account of treatment at a hospital in Newport News, Virginia, detailed the methods physicians used on their female patients. Physicians first swabbed the cervix with five percent silver nitrate and inserted a gauze tampon of argyrols, an antiseptic with silver protein, and protargol, also a silver compound. The

⁵³ Ibid., 15. Laura Briggs also referred to examinations and treatments forced on suspected Puerto Rican prostitutes or working-class women as “medical rape.” See *Reproducing Empire*, 58.

⁵⁴ “Memorandum relative to The National Budget,” Interdepartmental Social Hygiene Board, General Correspondence 1918-1921, United States Public Health Service Records; RG 90; Box 2, Folder 1, NARA, (hereafter cited USPHS-ISHB).

tampon was removed the following morning and followed by a mercury douche.⁵⁵ This method of treatment could be potentially dangerous to women's health. In one example, E.V. Frederick reported on the dangers of giving vaginal mercury douches in a 1920 article published in the *Canadian Medical Association Journal*. He reported the death of a woman who had inserted two tablets of the same mercury compound used for venereal disease treatment into her vagina. "The mind was clear but it seemed as if she was decomposing while still living," he observed. "The odour from the body was nauseating, greyish pallor increased and at the end of about two and a half weeks from the onset she died."⁵⁶

There are no statistics indicating if any of the women given mercury douches died, but it is certain that many suffered the side effects of mercury poisoning, which included mouth ulcers, loss of teeth, and kidney failure. Physicians had no standard treatment regimen for women, as documentation of treatment regimens varied between facilities. A second form of care involved swabbing the vagina and cervix with a ten percent silver nitrate solution and inserting a tampon with one percent picric acid, a compound most commonly found in munitions and explosives, but also used as an antiseptic for burns in the twentieth century.⁵⁷ Palmer Findley, a physician in Nebraska, noted that one Omaha detention center injected three percent protargol into the urethra and packed the vagina daily with Fuller's Earth, a clay like material, to treat discharge.⁵⁸

In her study on venereal disease control policies and the detainment of women in Seattle,

⁵⁵ W.F. Draper, "The Detention and Treatment of Infected Women as a Measure of Control of Venereal Diseases in Extra Cantonment Zones," *The American Journal of Obstetrics and Diseases of Women and Children* 80, no. 6 (December 1919): 644.

⁵⁶ E.V. Frederick, "Bichloride of Mercury Poisoning by Vaginal Application," *Canadian Medical Association Journal* 10, no. 8 (August 1920): 751.

⁵⁷ Draper, "The Detention and Treatment of Infected Women," 644.

⁵⁸ Palmer Findley, "A Report of the Work of the Detention Home for Women," *The American Journal of Obstetrics and Diseases of Women and Children* 80, no. 3 (September 1919): 424.

Nancy Rockefeller found examples of aggressive treatment given to women by force.

This included as many as nineteen shots of salvarsan, which had greater levels of arsenic than neo-salvarsan, and mercury rubs that saturated their skin.⁵⁹

Physicians offered no definitive length for the regimen, but indicated that it took between three and six months for a patient to become non-infectious. During the treatment period, women remained imprisoned and were not allowed to go before a court until physicians certified them non-infectious. A report by the ISHB of 15,520 “infected prostitutes,” indicated that 14,804 were detained for an average of 70 days, and the remaining 715 were imprisoned for one year.⁶⁰ While held in detention centers, social workers attempted measures of rehabilitation for those they thought able to contribute to society. Rehabilitative work included the training of women and girls in traditional domestic duties. Dietzler reported that every institution incorporated basic housekeeping, laundry and sewing in their programs, initiatives of little value outside the private sphere of domesticity.⁶¹ Institutions, however, also took advantage of female labor. A training school for black girls in Columbia, South Carolina, hired out its inmates to local farmers. This practice offered the farmers forms of cheap of labor, but also gave the girls an opportunity to earn money for school, according to Dietzler. In another example, The House of Good Shepherd in St. Louis required five hours of factory work for minors and adults, but there was no indication as to whether the women received pay.⁶²

Detention centers also sought to replace perceived idleness and lack of wartime sacrifice with training that helped in the war effort. In a letter to medical officers,

⁵⁹ Rockefeller, “Making the World Safe for Democracy” 348.

⁶⁰ Dietzler, “Detention Homes and Reformatories,” 6.

⁶¹ *Ibid.*, 57.

⁶² *Ibid.*, 58-59.

Surgeon General Rupert Blue promoted the use of female labor in repairing soldiers' clothes. He argued that "women detained in these institutions could readily render service to the Government by repairing articles of clothing..."⁶³ Katharine Bushnell protested against the practice of using women in the service of the military: "In a word, the girls must make themselves servants to the men they have allowed to inoculate themselves when purchasing their flesh."⁶⁴ Many were put to work darning soldiers' socks and fixing uniforms. According to Bushnell, this form of war work contradicted the justification of quarantining women for public health reasons because they were deemed non-infectious when it came to touching and handling soldiers' clothes, but remained diseased dangers to the bodies of America's fighting men.

Although these institutions were officially called reformatories or rehabilitation homes, they were prisons and women viewed them as such. Seventeen of the thirty-two detention facilities surveyed by Dietzler had a combination of guards, watchmen, and barbed-wire fences. She argued that forcible detention was not "an integral feature of the quarantine program, but it became plain in certain localities, notably those near the more populous military camps, that to erect barbed-wire fences around the premises, to employ guards or watchmen, or to resort to both expedients would be necessary, both as a protection against intrusion and to insure time for effective work."⁶⁵ Other institutions locked the bedrooms at night, had heavy window screens or iron grills on the windows, high brick walls around recreations areas, or barred doors.⁶⁶

⁶³ Rupert Blue, "Circular letter to all Medical Officers in charge of extra-cantonment sanitation," *The Social Hygiene Bulletin* 5, no. 19 (September 1918): 8.

⁶⁴ Bushnell, *What's Going On?* 14.

⁶⁵ Dietzler, "Detention Homes and Reformatories," 74.

⁶⁶ *Ibid.*, 62.

While few employees reported using corporal punishment on the inmates, solitary confinement, standing at attention or in a “strained” position, and the withholding of food, were common.⁶⁷ In an article on the use of punishment in these facilities, Katherine Bement Davis, superintendent at Bedford Hills Reformatory from 1901 to 1914, defended disciplinary measures deemed harsh by others. Gags were often employed on women who screamed and cried all night or who were deemed psychopathic and disturbed. Davis described one situation where a superintendent gave a cold pack to a female inmate who would not calm down or quit screaming. The cold pack was a form of hydrotherapy, where employees strapped the inmate to a mattress and then covered her with a cold, wet blanket.⁶⁸ Davis reported that the cold pack caused the girl to have difficulty breathing “but her lips remained a good color.” Her pulse slowed and was irregular. After an hour, she was removed from the pack and given dry blankets. Despite difficulty breathing and an irregular pulse, Davis viewed the remedy as a success because the girl soon “fell asleep, returned to her room the next morning and was quiet throughout the rest of the day.”⁶⁹

Davis spoke to the difficulties in subduing “psychopathic women” in light of an investigation into the reformatory’s disciplinary practices. New York Governor Alfred Smith appointed the New York State Commissioner of Prisons, John S. Kennedy, to investigate incidences of alleged abuse under Superintendent Helen Cobb at Bedford Hills in 1919. Abuse allegations came to light during the trial of one female inmate who

⁶⁷ Ibid., 62.

⁶⁸ Joel T. Braslow, *Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century* (Berkeley: University of California Press, 1997), 49. Braslow explained that hydrotherapy was considered a form of treatment and not punishment because it would calm the patient down. Psychiatrists thought cold packs were more humane than strait jackets. However, patients often viewed the use of cold packs as a form of punishment and worse than other measures of restraint.

⁶⁹ Katharine Davis, “Some Institutional Problems in Dealing with Psychopathic Delinquents,” *Journal of the American Institute of Criminal Law and Criminology* 10, no. 3 (November 1919): 386-387.

was charged with assaulting a matron of the institution. During an initial hearing of the abuse allegations, six women testified to a range of punishments, which included being tied up, fed a diet of bread and water, and being forced to sleep on the floor.⁷⁰ Thomas Quinn, a guard at the reformatory corroborated much of their testimony, telling the commissioner that he had witnessed matrons shackling women to their beds, handcuffing them to cell doors, and using restraints to lift them off the floor.⁷¹ Alice Gilchrist, a former matron at Bedford also testified to seeing girls being “strung up to the doors of their cells.”⁷²

The controversy surrounded the use of the “cold water cure,” which involved the lifting of girls from the floor and dipping their heads into a bucket of water. “One dip was as good as five if you kept her head down long enough,” Quinn told the investigative body. Cobb did not deny the use of this treatment, stating that it was a way to cool the girls off when they became hysterical and excited.⁷³ At the conclusion of the investigation, John Kennedy submitted a report to the New York State Legislature and the governor, stating that testimony proved to his satisfaction that the custom of handcuffing girls, lifting them off the ground until only their toes or the balls of their feet touched the floor, and dipping their faces in pails of water was standard practice at the institution from 1916 until the start of the investigation in 1919.⁷⁴ Calling the punishment cruel and unusual, he ordered matrons to permanently discontinue the “cold water cure”

⁷⁰ “Expert Condemns Stringing Up of Girls,” *New York Times*, December 14, 1919, 5.

⁷¹ “Alleges Cruelty to Girls,” *New York Times*, November 30, 1919, 1.

⁷² *Ibid*, 1.

⁷³ *Ibid*, 14; “Denies Brutality at Reformatory,” *New York Times*, November 23, 1919, 12.

⁷⁴ “Report of John Kennedy,” printed in *Public Papers of Alfred E. Smith, 1920* (Albany: J.B. Lyon Company, 1921), 174.

and recommended Cobb resign her position as superintendent. She did so in March 1920, saying she was leaving “without regret.”⁷⁵

The environment of female detention homes, though certainly not uniform across facilities, demonstrated how middle-class women took advantage of the government’s wartime venereal disease control program. They used and helped create the stigma of a diseased threat that characterized young girls and women who were caught in the web of social panic surrounding sexuality and venereal disease as in need of punishment and detention. The detention homes were paradigms illustrating how women enacted harsh measures of social control on other women. Examples of female supervisors engaging in acts of corporal punishment or social surveillance demonstrated how these institutions relied on an unequal power relationship based primarily in class relations, as the majority of the inmates were working-class women who could not adopt middle-class norms of femininity.⁷⁶

SEXUAL FREEDOM AND PROPHYLAXIS OVERSEAS

Victimization, physical harm, and mental abuse were central in the federal government’s effort to protect soldiers from the “diseased” female during World War I. While men rarely received punishment for their role in patronizing prostitutes on the homefront, overseas the military adopted a policy of prophylactic use. Unlike tens of thousands of women, men were never arrested on mere suspicion of venereal disease. In her criticism of the policies enacted during World War I, Ethel Dummer argued that in

⁷⁵ “Helen Cobb Resigns,” *New York Times*, March 28, 1920, 12.

⁷⁶ Estelle Freedman argued that the professionalization of the social service field in the early twentieth-century marked a shift in the relationship between reformatory supervisors and the inmates. Officials in the reformatory system began to see the women inmates less as “sisters” who could be redeemed through Christian uplift, and more as subjects to be studied and contained. See Freedman, *Their Sisters’ Keepers*, pp. 110 and 155. On the changing nature of female reform and how the work of uplift transformed from Christian benevolence to professionalization and scientific understandings of delinquency, see Regina Kunzel, *Fallen Women, Problem Girls: Unmarried Women and the Professionalization of Social Work, 1890-1945* (New Haven: Yale University Press, 1993).

some hospitals fifty percent of the women arrested on suspicion of venereal disease were not infected. As the government detained innocent women, some cities suggested the addition of prophylactic stations in men's clubs and boy's schools instead of punitive measures enacted upon women. Dummer concluded that this represented "the futility of fines and jail for the woman, freedom for the man."⁷⁷

Once the first 14,000 doughboys landed in the French port of Saint-Nazaire in June 1917, it became immediately clear to American Expeditionary Forces General John J. Pershing that any attempt to supply the soldiers with an "armor" of morality had utterly failed. After receiving statistics in November 1917 that indicated the rate of infection among soldiers in Saint-Nazaire was 200 per 1,000 men, Pershing sent Hugh Young, director of the Division of Urology, to investigate. Young found between six and seven houses of prostitution at Saint-Nazaire, each housing six or seven girls. "The line of soldiers awaiting their turn extended along the narrow hall to the individual doorways," he reported. Upon hearing Young's findings, Pershing, "like an enraged bull," confronted all military officers in the area and ordered the enforcement of prophylaxis and made houses of prostitution "out of bounds" for soldiers.⁷⁸ Pershing, who encouraged regulated prostitution during the border war with Mexico, enacted the AEF's most drastic disease control measure, General Order No. 6, which made prophylaxis compulsory under threat of court-martial and forfeiture of pay.⁷⁹ Despite pain associated with prophylactic

⁷⁷ William T. Thomas, *The Unadjusted Girl: With Cases and Standpoint for Behavior Analysis* (Boston: Little, Brown, and Company, 1925), vi-vii.

⁷⁸ Young, *A Surgeon's Autobiography*, 308-310.

⁷⁹ Compulsory prophylactics required soldiers to visit a prophylactic station within three hours of sexual contact. Upon arrival at the station, the soldier, under observation by a medical officer, first removed his pants and washed his penis with water and soap. Following this three-minute washing, a two-percent solution of protargol or 10 percent solution of argyrols was injected into the opening of the penis. As the needle is removed, the soldier closed the opening with his thumb and forefinger and retained the solution for five minutes. Afterward, calomel ointment was rubbed over the head of the penis for three minutes and

procedures, which included an injection in the opening of the penis, soldiers willingly visited stations for fear of being court-martialed and losing their pay. Pershing's actions to control the spread of disease was successful. The use of prophylactics significantly lowered the venereal disease rate in the army. For example, once instituting the rule of compulsory treatment immediately following sexual contact, the venereal disease rate dropped from 200 per 1,000 men in Saint-Nazaire in 1917 to 16 new cases per 1,000 men in 1918.

Unlike the experience of women on the homefront, the military and the government offered soldiers preventative measures against gonorrhea and syphilis without the threat of punishment. The military made prophylactics readily accessible for soldiers on leave by providing prophylactic packets. The packets were distributed at a nominal cost and contained calomel ointment, argyrols, soap and a bichloride tablet.⁸⁰ Without fear of reprisal, soldiers willingly sought these preventative and treatment options. Statistics gathered between December 19, 1918 and June 19, 1919 among men with the 501st and 35th Engineers stationed in Tours, Saint-Nazaire, and La Rochelle indicate not just the popularity of preventative measures, but also the number of sexual encounters soldiers had overseas. In Tours, where 353 men were stationed, prophylaxis had been given 1,162 times, or three times per man. At Saint-Nazaire, with a population of 10,140 soldiers, it was given 47,220 times, or about four times per man. Among the 35th Engineers at La Rochelle, a group of forty-two men visited prophylactic stations on

the penis was then wrapped in toilet paper. See George Walker, *Venereal Disease in the American Expeditionary Forces*, 52; Alan Brandt argues that the AEF formed its program of prophylactics from the example of the New Zealand Expeditionary Forces. New Zealand officers held frequent inspections of soldiers and provided chemical prophylaxis and condoms. Brandt, *No Magic Bullet*, 99.

⁸⁰ Walker, *Venereal Disease in the American Expeditionary Forces*, 27. The Secretary of the Navy, Josephus Daniels, forbade the use of prophylactic packets and did not support prophylactic stations. He viewed this practice as immoral. The Red Cross set up stations for sailors in an attempt to reduce the rate of venereal disease among the Navy. Walker, 219-220.

base at least ten times each during a period of four months. Four of these men received treatment more than twenty times and one, twenty-seven times.⁸¹

The military kept its policy of prophylactics hidden from the American public, insisting in newspaper reports and through military-affiliated organizations that the army's morals were unmarred and admirable. Officials defended negative opinions of soldiers by criticizing those on the homefront. "The morale of the American boys in France is better than at home and has greatly impressed the French army," declared one official. "The ideal set before the men is bearing fruit in many places." The United States Medical Corps declared the American Expeditionary Forces as the "most moral army in the world."⁸² When an unidentified church board made up of temperance advocates and moral crusaders leveled accusations of "orgies" among officers and soldiers in France, Pershing swiftly responded, calling board members "bigots" and assuring that the soldiers were a "credit to the nation."⁸³

Officials brushed off suspicion of sex overseas and high rates of venereal disease by accusing civilians on the homefront of being immoral and perhaps undeserving of the sacrifices made by soldiers. One military chaplain claimed that the men in France were in "less danger morally than they would be in the service in our own country."⁸⁴ Statistics related to the number of prophylactic treatments given to soldiers were not made public

⁸¹ Walker, *Venereal Disease in the Expeditionary Forces*, 19.

⁸² "Some Notes on Social Hygiene Conditions Abroad," SWG, *Weekly Bulletin*, no. 2 (May 21, 1918): 4; "America's Clean Army," SWG, *Weekly Bulletin*, no. 19 (September 17, 1918): 8. CTCAR, Box 5, RG 165, Entry 399, NARA.

⁸³ "General Pershing to the Bigots," *The Social Hygiene Bulletin*, vol. 2 (February 1918): 5. The word, "bigot" may refer to a prejudice or close-minded person, but in the early twentieth century was also used to refer to someone who is "obstinately and blindly devoted to his own church, party, belief, or opinion." See *Webster's Unabridged Dictionary* (1913), *Project Gutenberg*, accessed August 2, 2016, gutenberg.org/ebooks/673.

⁸⁴ "Army Morals Splendid: American Chaplains Report on Conditions in France," *The Social Hygiene Bulletin*, vol. 5, issue 2 (February 1918): 3.

until after the war, as these would have challenged any argument concerning the upright, and brave soldier. Venereal disease rates were, indeed, low among soldiers, but this was because of free access to treatment, not a dramatic transformation in male morality. Government programs that sought to control venereal disease did not offer women the same access to such prophylactic measures. Many states opened public clinics where men and women could receive treatment for free or at a nominal cost, but those women who sought treatment often risked being detained as potential public health risks.

Demonized as threats to the health and efficiency of a nation at war, many women were stripped of their legal rights, their ability to travel freely in the public sphere, shun men's sexual advances, and refuse invasive medical procedures. Victimization, however, does not represent the complete experience of women on the home front in America. Many fought their illegal detention, found a voice through their incarcerations, and forced the federal government to confront the constitutionality of its social hygiene program. Though governmental authorities never admitted wrong doing or conceded to the unconstitutional nature of compulsory venereal disease testing and arrests, incarcerated women were not merely acted upon, but challenged society's definition of them as diseased and sexually immoral.

Chapter 4: Women's Resistance to World War I Venereal Disease Control Policies

Compared to men in American military encampments and overseas, venereal disease control methods for women on the homefront demonstrated the failure of social reformers and public health workers to fulfill their stated purpose of reforming masculinity and promoting a single standard of morality among soldiers. Once overseas, the military adopted a policy of prophylactic use while on the home front, men rarely received punishment for their role in patronizing prostitutes. Women, on the other hand, faced detainment for suspected immorality and venereal disease infection. Women were not wholly victimized by the emerging punitive and surveillance state. They openly challenged the government's venereal disease policy, asserting their rights to equal citizenship, thus exposing the hypocrisy and injustice behind the tactics that granted men sexual freedom and medical access that were denied to women.

Female detainees resisted their imprisonment through legal and extra-legal channels, finding allies in a few middle-class reformers along the way. While some female social reformers used fears over female sexuality and venereal disease to gain greater power and legitimacy through their work with the Commission on Training Camp Activities, other reformers openly challenged the arrest of women for suspicion of venereal disease. Women physicians like Katharine Bushnell, for example, viewed the federal social hygiene program as unfairly targeting women and offering men sexual license.

Marginalized populations have demonstrated agency by resisting political and social structures of power throughout history. Women struggling against the United

States government's social hygiene program reacted to a particular situation within a historical moment, which shaped their public acts of defiance. Detained women mounted legal challenges, escaped detention, enacted violence on those in power, and damaged property.¹ These actions were not forms of "everyday resistance," which political scientist James C. Scott formulated as quiet and disguised acts that challenged power and authority. Women's resistance to their arrests and detainments was an open and public form of rebellion that challenged the power medical and law enforcement officials held over their bodies and lives.

Success in challenging detainment, however, was uneven and contingent upon individual states, as control over public health measures rested with the states and not the federal government. The United States Public Health Service did not dictate how a state operated its public health sector, but many state boards of health and municipal authorities followed a standard form of laws recommended by the Law Enforcement division of the Commission on Training Camp Activities. State legislatures could adopt the language of the laws, which outlined venereal disease control measures, the establishment of female reformatories, and penalties for fornication outside of marriage. The laws "directed and empowered" municipal health officers, or their authorized deputies, to make examinations of persons *reasonably suspected* of being infected with venereal disease, and to detain them until the results of the examinations were known.²

¹ James C. Scott's work on the reading of resistance among subordinates through culture and "off-stage" texts argued that power relationships are shaped by both the dominant and the subordinate through hidden transcripts of resistance and dominance. Not directly challenging authority is, according to Scott, also an act of resistance because it is at times in the best interest of the subordinate classes to acquiesce to those in power. However, off-stage or behind the backs of the dominant groups, small acts of defiance occurred and held meaning to those at the bottom of the power structure. See Scott, *Domination and the Arts of Resistance: Hidden Transcripts* (New Haven and London Yale University Press, 1990).

² War and Navy Department Commission on Training Camp Activities, "Standard Forms of Laws for The Repression of Prostitution, The Control of Venereal Diseases, The Establishment and Management of

Likewise, in 1918 United States Surgeon General Rupert Blue suggested that all local authorities “exercise all legal powers for the isolation, cure and prevention of (venereal) diseases.” Thomas Watt Gregory, United States Attorney General, also instructed United States attorneys to suspend prosecution until those arrested had been treated for venereal disease and discharged from the hospital as non-infectious. Wording in Gregory’s order did not obscure the target of this initiative, as he used “she” in reference to the person arrested: “[T]he prosecution should be suspended, to be resumed when the health authorities discharge the defendant from the hospital or other institutions to which *she* may have been sent by them.”³ Granting police powers to public health officers allowed for the indefinite detention of women targeted under the government’s social hygiene program. Health officials held extraordinary power to not only determine women as threats to society, but also to determine the length of their confinement, including when they would administer the initial blood test and when the disease reached a non-infectious stage. Once declared non-infectious, the detainee then appeared before a judge on the original charge for which she was arrested.

Despite health officers’ proclaimed intentions of protecting the public from an epidemic of venereal disease, they were influenced by the gendered discourse of female delinquency and danger. The assumption on the part of military officials and social hygiene reformers that women (not just prostitutes) were the primary carriers of disease negated any claims to a scientific approach untainted by anxieties over female sexuality during the war. Approaching venereal disease control through a lens of morality informed

Reformatories for Women and Girls, and Suggestions for a Law Relating to Feeble-Minded Persons” (Washington: Commission on Training Camp Activities, 1919), ASHAR, Box 171, Folder 4.

³ “Another Department of Justice Announcement,” *The Social Hygiene Bulletin* 5, no. 7 (July 1918): 6. Emphasis added.

and influenced the implementation of unjust legal measures and repressive public health laws. Resistance and discontent from segments of society grew as women who were detained and their allies spoke out against the arbitrary and invasive procedures of the judicial, military, and medical arms of the state.

In 1919, a number of women detained under Seattle's public health laws testified to their unjust treatment in front of the Seattle City Council. Edwin Brown initiated an investigation and hearing into the legality of Seattle's public health laws that justified the arrest of women — and a few men — under suspicion of venereal disease.⁴ Brown was a dentist and a lawyer who fought political corruption, but was viewed by political opponents as a radical.⁵ His decision to bring forth charges of corruption in government and law enforcement were politically motivated, as Brown was gearing up to run for mayor. The hearing was held in front of city council members, but the mayor, Ole Hanson, and the health commissioner, J.S. McBride refused to attend the proceedings. Despite Brown's political motivation, he was committed to ridding Seattle government of politicians and law enforcement officers who abused their power as public officials. Exposing the illegality of public health laws in the city was a means to this end.

Brown first focused on the ambiguous nature of the criminal charges, stating "...all the people are charged with being disorderly persons, which gives the arresting officer the right and the opportunity of changing any charge of disorderly person to an

⁴ In her analysis of the Seattle hearings in the context of political corruption, Rockafellar found that at least two of the men who testified were well-known by police for their connections with vice. Other men who went before the council included an immigrant from Finland and one man who was arrested for being drunk. See Rockafellar, "Making the World Safe for Democracy," 360-362. These examples represent how officers targeted a few men in the city as well, but as the numbers of male detainees (between 20-25) compared to female detainees (250) men came under suspicion to a decidedly lesser degree.

⁵ William Chaplin Collins, "Seattle Elects a Mayor," *The Outlook: An Illustrated Weekly Journal of Current Life* 131, May-August, 1922 (May 17, 1922): 102.

arbitrary order for a blood test.”⁶ Law enforcement and health officers could hold women for blood tests arrested on disorderly conduct because the venereal disease control statutes recommended at the federal level and enacted on state levels, allowed for the detainment and forced blood tests of women suspected of having syphilis or gonorrhea. Seeing a woman as “disorderly” implied some form of sexual impropriety that informed suspicions of having venereal disease. Once medical officials determined results from the blood test, forced treatment began in a detention facility. The detainees were not released until the health officers determined they were no longer infectious, which was often a subjective decision.

During the Seattle hearing, Dr. W.T. Woolley testified to quarantine conditions in the city’s male and female detention centers. For the two months he worked as a medical official for the Seattle health department in 1918, there were between 20 and 25 men at the stockade and 250 women held at the city jail. Woolley told the council that conditions were highly objectionable and that the city’s quarantine policies were a mistake. “[A] great many of those people who were kept [in quarantine] as a health measure were as well as I am or as anyone in this room,” Woolley told the council. His objections were based on scientific understandings on the length of time a person with syphilis is contagious and the limitations of the Wassermann test in determining if the infection was in the contagious stages.⁷ Wassermann tests only determined the presence of syphilis and

⁶ Seattle City Council, “Investigation of complaints and petitions containing charges preferred against Health, Sanitation and Police Departments in the matter of the arrest and detention of person alleged to be suffering from certain contagious diseases,” (Seattle, Washington, April 21, 1919.) Seattle City Archives, Seattle, Washington, 40. Hereafter cited “Investigations of complaints and petitions.”

⁷ In 1906, one year after German researchers Fritz Schaudinn and Eric Hoffman found the microorganism that caused syphilis, the *Spirochaeta pallida*, August Wassermann, Albert Neisser, and Carl Bruck discovered a successful diagnostic test that detected the organism in the blood through a complement-fixation reaction. For more on the medical background of the development of the test and chemotherapeutics thought to treat syphilis, see Brandt, *No Magic Bullet*, 40-41.

if a person had been infected with the disease at some point in their life. The test did not indicate if someone was infectious. Past infections of tuberculosis also interfered with test outcomes, often giving false-positive results. The doctor argued that only two of the men and twelve of the women detained showed signs of contagious syphilis.

Woolley had left his post after a short tenure. Stating his reasons for leaving, he told the council, “Now if any of those people were accused of crime I would be very glad indeed to see them treated, but if they were merely arrested under some pretext, real or imaginary, and kept there as a health measure when they were not sick, I did not desire to have any part in it, and, in fact, I stopped because I could not conscientiously do so.” He continued his criticisms of the city’s quarantine measures and the use of the Wassermann test in justifying internment, stating that the majority of physicians did not think using the test was “sufficient” to condone quarantine. Law enforcement officers’ and political officials’ abuse of power was coupled with the unreliability of the diagnostic test, as Woolley testified that a number of women actually tested negative for venereal disease.⁸

Elizabeth Franklin, a 51-year-old widowed mother of five children, was one of the many women who were held despite the absence of infection. She openly resisted the authority of medical officials to diagnose and treat her for a disease she knew was being used to warrant her unlawful detainment. A plain-clothes detective arrested Franklin in December 1917 after he came to her requesting a fortune reading. There is no indication in the hearing proceedings that the detective solicited sex from her. Law enforcement officials pressed no criminal charges against Franklin, but she spent thirteen months and twelve days in a Seattle quarantine facility (forty of those days were spent in the city jail)

⁸ “Investigations of complaints and petitions,” 13, 19-25.

after being booked on the vague and legally questionable justification of needing a “blood test” to determine the presence of venereal disease.⁹ According to a Seattle public health official, a compulsory venereal disease examination showed a positive result for syphilis.¹⁰

At every turn, Franklin refused the shots of “606” (neosalvarsan) health officers in the jail and quarantine hospital tried to force upon her. She testified that she was being held in a padded cell when a doctor came in, grabbed her by the arm and dragged her down to give her a shot of “606.” Franklin physically fought back, shoving his arm off her. The doctor called the police and she was sent from the hospital to jail for ten days. Franklin viewed her actions as warranted, telling the council, “I am sorry I did not hurt him.” The health officers threatened to keep her indefinitely if she did not take the treatment, but Franklin held steadfast in her convictions. A friend of Franklin’s, Alice Hardesty, told council members that when she went to see Franklin at the detention center, State Commissioner of Health J.S. McBride said if Franklin did not take the treatment, “...he would lock her up and chloroform her and keep her there.” Ultimately, the 51-year-old woman’s resistance worked. After more than a year of struggle, the hospital staff moved her to a different floor where the door remained unlocked. “I said, ‘I am going home,’ so I put on my coat and packed up my little bundle and walked out.” She assumed that “they didn’t want to tell me to go and they put me in there so I could go, because they had abused me so much.” After Franklin’s release, Brown had her retested for syphilis and the results were negative.¹¹ Franklin sued the city of Seattle for unlawful arrest in 1919, but a trial court dismissed the case. The Supreme Court of

⁹ Rockafellar, “Making the World Safe for Democracy,” 348.

¹⁰ “Investigations of complaints and petitions,” 36-37.

¹¹ “Investigations of complaints and petitions,” 24-37, 43.

Washington upheld the ruling of the trial court, stating that Franklin had no grounds to sue the city because, as a government entity, it was not responsible for the actions of the individual law enforcement and health officers.¹²

The women appearing in front of the Seattle City Council investigation committee also spoke of the severe treatment regimens given in the hospital and at the jail. A plain-clothes police officer arrested Lynor Olson, a married woman, and booked her for a “blood test” after she mistook law enforcement officers for “thugs” after they entered her boarding house and assaulted a tenant. When Olson tried to call a friend for help on the night in question, the officer said, “God damn you, get your clothes on, God damn you, you are going to get a blood test for this.” During her four months in quarantine, she received four shots of “606” and four mercury rubs, but knew of another woman who had at least 160 mercury rubs, and some had as many as 300 mercury treatments. She also witnessed a few of the women grow ill and faint after neosalvarsan shots, injuring themselves in the fall. Olson’s husband offered to pay the expenses of getting her treatment by a private physician but the health officers refused. She assumed it was because they did not want others to discover the marks on her body from where the police had used physical force in detaining her. Like Franklin, Olson regretted not retaliating against the officers who had injured her in the initial struggle. She told the council, “Too bad I didn’t shoot them.” Olson viewed physical violence as her only recourse in protecting herself from illegal arrests and imprisonment. Her comment represented her frustration with being arrested without cause. If she were going to face imprisonment regardless of her actions, then she would rather have engaged in behavior that represented

¹² *Elizabeth Franklin v. The City of Seattle*, Supreme Court of Washington (October 13, 1920), LEXIS 791.

actual “disorder.” Indeed, at the time of Olson’s testimony, she still had not appeared before a judge. She wanted her day in court to protest the officers’ actions and the societal label of being a “disorderly person.”¹³ She refused to let city officials define her as a “menace” to society and used what avenues were available to resist and expose the illegal actions that stemmed from the federal government’s social hygiene program.

The testimonies show that women, booked for reasons largely unknown to them, did not suffer medical, physical, and legal abuse in silence or without resistance. They exposed the system’s actions as a repressive and illegal measure veiled in the public health panic surrounding venereal disease control. Previous historians have focused only on young single women or prostitutes as the targets of the government’s venereal disease control policies during World War I. The Seattle hearings, however, demonstrate how state officials cast a wide and unjust net to capture women demonstrating gender deviance that was not always based in expressions of sexuality. All of the women who testified in front of the Seattle City Council were married or widowed and owned property as heads of boarding homes. Even though many women who ran boarding homes often fell under suspicion because they housed single women, there was no evidence that Franklin used her home as a front for prostitution. The women who testified before members of the Seattle City Council were not threatening the social order through their sexuality, but through their independence as property and business owners.

Furthermore, their resistance to the authority of law enforcement and medical officials challenged the power these male professionals had over their bodies. Elizabeth Franklin refused to submit to treatments she knew were unnecessary and unjust,

¹³ “Investigations of complaints and petitions,” 47, 53-57.

physically fighting off the male physician who tried to administer the shot. She viewed her actions as necessary to protect herself from a corrupt system that was punishing her for failing to submit to the authoritarian power of the medical profession and the punitive state. Similarly, Lynor Olson's attempt to protect herself from law enforcement officials who entered her home and acted like "thugs" landed her in jail for a "blood test." Olson's arrest stemmed from her challenges to police authority and was nothing more than a vindictive measure and an assertion of police power. Directly defying and confronting these abuses of power eventually exposed the corrupt system that originated from policies and practices allowed under the federal social hygiene program. In these actions, women were also demonstrating an understanding of their rights as citizens deserving of legal protection, while also challenging their subordination as women on the homefront.

Some women used governing bodies and their right of refusal to assert agency, while others took more drastic approaches, escaping or wreaking havoc on the institutions that kept them from the liberty they thought was their right to enjoy. Women and young girls escaping detention homes was a common occurrence. In 1920, the Interdepartmental Social Hygiene Board commissioned a study of female reformatories created with government funds to quarantine women for the "protection" of military and naval forces. The study found that between 1918-1920, 270 inmates escaped from homes that did not have barbed-wire fences or guards, but the presence of guards still did not stop 194 from fleeing their imprisonment. The city hospital in Louisville refused to quarantine women after a number of the 600 women admitted between January and December of 1919 became unruly and escaped from the hospital.¹⁴ Women held at a

¹⁴ Dietzler, "Detention Homes and Reformatories," 120.

Louisville jail also attempted to break out by shattering “glass out of the windows, using terrible language and calling to civilians across the street.”¹⁵ In these acts of resistance, the detainees physically and publically expressed their sense of outrage in their confinements. Through escapes, property damage, and vocal discontent, women demonstrated their refusal to legitimize the charges under which they were being held and the authority that kept them behind institutional walls.

In a 1919 survey of female detention institutions and city jails in the South, the American Social Hygiene Association also noted the difficulties in preventing escapes and general disturbances at these facilities. ASHA included Missouri in their analysis, finding that twenty-three women escaped a Kansas City state farm for female offenders during World War I. They were able to flee their detention despite being “under lock and key.” A Waco, Texas detention home housed 306 suspected prostitutes in 1918. Of those 306, ninety-four escaped and only five were discharged as “cured.” The home was also set on fire three times, demonstrating the female detainees’ open defiance to not just their detainment, but government policies that deemed them a diseased menace to society.¹⁶

Resistance to detainment continued in the interwar years. Women housed in Rebecca Hall at Bedford Reformatory staged a rebellion on January 3, 1920. The *New York Times* described the incident as a mutiny instigated by a dozen or more women who were barred from seeing a picture show. The resulting riot was about more than wanting to see a movie, as the women screamed, shouted, smashed their furniture, and banged their iron beds down on the floor so that police would arrest them and “they might be

¹⁵ Janke, “Prisoners of War,” 178.

¹⁶ “A Report on the Control of Prostitution and the Venereal Diseases in Nine Southern States,” (January 1919), 5-6, manuscript copy in Box 102, Folder 8, ASHAR. There is no indication if the detainees were punished for acts of arson.

taken into court and so to regain their freedom.”¹⁷ Women used measures of resistance to get a chance to appear in front of a judge, which indicated that they viewed their detention at the reformatory as unjust and wanted to use the courts to obtain their freedom. Provoking law enforcement to arrest them also demonstrated how women were denied due process in their initial detainments and sought to remedy this through any means available to them, whether it was acting out through legal channels or by physical force. What occurred within the walls of these institutions or in the public arena of government hearings were not “hidden transcripts” that challenged power relationships. These were open acts of resistance that directly defied the power of female social reformers and male medical officials who held the authority to define and contain what they perceived as “disorderly threats” to the health, morals, and efficiency of the homefront during World War I and after. Women targeted under the social hygiene program also took their grievances to the public stage, winning significant gains in the nation’s courts, despite facing obstacles put in place by those in power.

LEGAL CHALLENGES

Female detainees tried to assert their constitutional right to due process, but were constrained by the federal government’s social hygiene program and the gatekeepers of the detention centers and hospitals. Wilbur A. Sawyer, director of the Venereal Disease Section of the Army Surgeon General, reported that workers at a Newport News, Virginia detention home instituted strict rules of visitation. He complained that lawyers were frequent visitors who tried to “persuade the girls that they were detained under false pretenses and to secure them as clients.” To prevent the inmates from seeing lawyers, the superintendent ruled that no visitors were allowed inside the home unless in possession of

¹⁷ “Girl Prisoners Mutiny,” *The New York Times*, January 3, 1920, 2.

a pass from the social service officer.¹⁸ Martha Falconer, who was influential in the creation of female detention homes during World War I, expressed concern over women's ability to access legal representation if they were held in a jail or detention hospital. She advocated for a legal machinery where women who were charged with disorderly conduct or other offenses related to sexual misconduct could be held until their trials and then forced to serve indeterminate sentences followed by long-term parole. Jails and detention hospitals, according to Falconer, did not have the legal means to hold women beyond their sentence or completion of venereal disease treatment. The creation of detention homes instead of jails, however, allowed greater social control over the detainees. Reformers operated detention homes as reformatories presumed to restore the sexual morality and obedience of young women gone astray. Since such facilities were not "jails" but, according to Falconer, "clearing houses," women could be held for long periods of time under the pretense that social rehabilitation and medical treatment was incomplete. As a "clearing house," institutional matrons could also prevent attorneys from seeing the girls.¹⁹

The venereal disease control measures during World War I caused a schism among female reformers. Reformers like Martha Falconer gained professional power by having significant roles in creating and managing female detention centers that housed women detained for venereal disease infection. But a separate faction used their professional status to challenge the unjust nature of arresting and examining women suspected of immorality or having a venereal disease infection. Ethel Dummer was one such reformer who advocated for psychological approach to understanding delinquency.

¹⁸ W.A. Sawyer, "A Demonstration in Social Hygiene," *The Social Hygiene Bulletin* 5, no. 11 (November 1918): 2.

¹⁹ Falconer, "The Segregation of Delinquent Women and Girls as a War Problem," 161.

She addressed prostitution and unwed motherhood by promoting the importance of psychology in female sexuality, while advocating strongly against the government's punitive measures toward women during the war.²⁰ Dummer served for a brief time on the Commission of Training Camp Activities' Committee for the Protection of Women and Girls, but did not engage in field work because of complications related to tuberculosis.²¹ Despite Dummer's illness, she continued to receive case reports on women who were detained, leading to her growing concern over the focus on law enforcement and not rehabilitation. She urged officials to reconsider how they were approaching and defining delinquent females. Dummer emphasized the idea that "the mating instinct is natural and a sacred endowment not a curse or indecent." Officials with the Interdepartmental Social Hygiene Board, a committee created by the federal government in July 1918 to assist in the control of venereal disease, "did not comprehend" her views.

Dummer visited a venereal disease hospital in San Diego in 1918. She claimed that one-half of the women interned there were free from disease and the others were not "wild women" but "pitiful children, sadly in need of help."²² Dummer's report on the San Diego hospital also indicated that women actively sought and wanted treatment for their physical ailments, as some of the women in the hospital walked four miles to the hospital in the hopes of being cured.²³ By portraying the interned women as "pitiful children,"

Dummer demonstrated how a rehabilitative approach to perceived female sexual

²⁰ Barbara Meil Hobson argued that Dummer was a radical social feminist who followed the teachings of sexologists Havelock Ellis, Ellen Key, and Edward Carpenter. See Hobson, *Uneasy Virtue: The Politics of Prostitution and the American Reform Tradition* (Chicago and London: The University of Chicago Press, 1987), 174.

²¹ Ethel Dummer, *Why I Think So: The Autobiography of a Hypothesis* (Chicago: Clark-McElroy Publishing Company, 1937), 82.

²² *Ibid.*, 84.

²³ *Ibid.*, 84

delinquency was repressive in its own way. Women who engaged in sex outside of marriage were still considered “mentally defective” or “emotionally undeveloped,” which had consequences for many such women in the interwar years. In light of the harsh measures of detainment and treatment, Dummer’s emphasis on recognizing women as sexual beings, but channeling their sexuality into the domestic realm of marriage and motherhood appears less punitive than repressing sexuality through state institutions of quarantine and imprisonment.

Dummer did not address how government agencies targeted women and detained them for unspecified lengths of time, which softened the criticisms she directed toward venereal disease control measures. In contrast, Katharine Bushnell, a physician, reformer, and missionary, directly attacked law enforcement measures used under the premise of public health. In her denunciation of the government’s social hygiene program, Bushnell warned against the unconstitutional nature of venereal disease testing:

“Until a young woman is proved a prostitute, or at least proved guilty of an offense against decency, there are no grounds for suspicion of venereal disease; and that preliminary proof rests with law courts. Before the law we are innocent until proved guilty; this is our Constitutional right. Doctors are trampling this right under foot, and the Federal measures are, if we mistake not, encouraging them in this anarchy.”²⁴

She claimed in one California case that just a smile from a young woman to men she passed led to “reasonable suspicion” of venereal disease, as the police chief sent officers to arrest the woman in her home.²⁵ Not arresting men under the same “reasonable suspicions,” according to Bushnell, indicated that the state was afraid to trample on the

²⁴ Katharine Bushnell, *What’s Going On?* 8.

²⁵ *Ibid.*, 8.

legal rights of men, while women, branded as prostitutes, had their virtue soiled and their reputations damaged “100-fold” more than men.²⁶

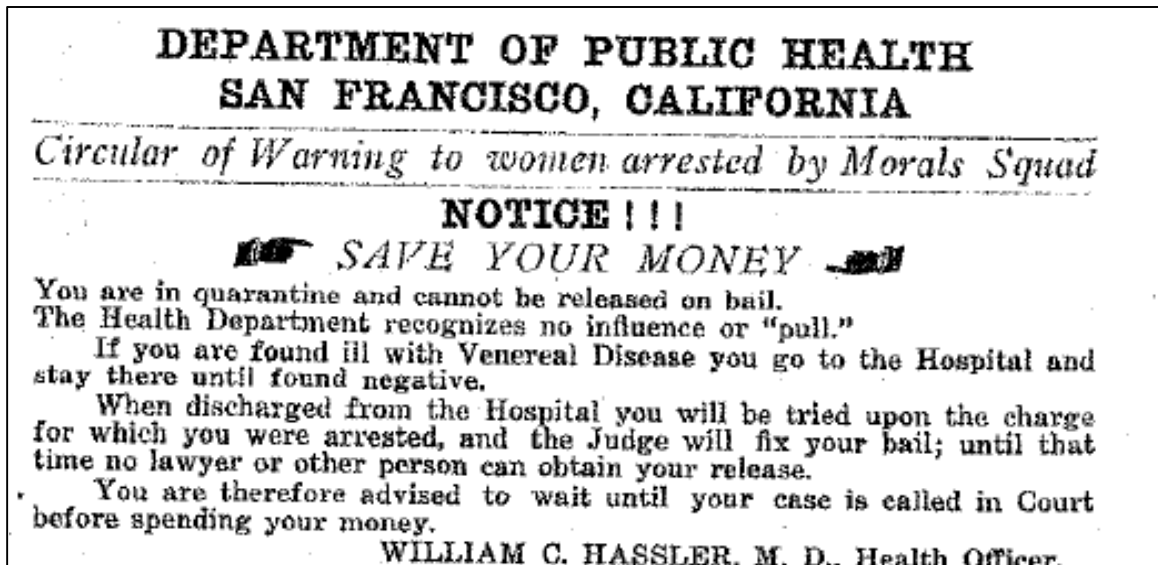


Figure 3: Women arrested and booked for "vagrancy" in San Francisco were given a card instructing them not to seek legal representation before being booked in the county jail, where the examination room was located. Katharine Bushnell, *What's Going On?: A Report of Investigations*, 1919.

In a scathing article published shortly after the November 1918 Armistice, Edith Picton-Tubervill, a British social reformer also condemned America's program as unethical and immoral. Picton-Tubervill wrote from her experience in protesting section 40D of Britain's Defense of Realm Act, which made it a criminal offense for a woman infected with venereal disease to solicit or have sex with a man. The article claimed that Section 13 of United States' Selective Service Act (allowing for the arrest and compulsory examination of women within ten miles of a military encampment) "put even greater power in the hands of police." She also noted the lack of protest in America to one-sided policies that targeted women.²⁷ Though she did not state it explicitly, Picton-Tubervill criticized America's program along the same lines that feminists had critiqued

²⁶ Ibid., 12.

²⁷ Edith Picton-Tubervill, "The American Plan as Seen by an Englishwoman," 9, Box 171, Folder 5, ASHAR.

the British Contagious Disease Acts of 1864 and 1869. Indeed, venereal disease control measures in the United States were almost identical to these acts, which allowed for the arrest of women around camp garrisons, compulsory medical examinations, and subsequent detainment for three months or longer. Under intense opposition from feminists in Great Britain, Parliament repealed the Contagious Disease Acts 1886.²⁸ Criticism leveled at the American social hygiene program hinged on the mass arrests of women while men went free — despite their involvement in solicitation. Attacking the idea that women embodied disease and were the loci of infection, Picton-Tubervill wrote, “It is said that the woman should be more severely dealt with, as she can infect so large a number of men: a statement carrying such weight, until one reflects that the woman would never have been a source of danger at all had not some man infected her.”²⁹

Not all cities had the financial means or facilities in which to erect female detention homes that housed women deemed public health threats to soldiers. When cities faced an absence of funds, officials used municipal jails to detain women arrested on disorderly charges or suspected of having a venereal disease infection. Local and federal government officials viewed jails as ineffective quarantine facilities because women often were released on *habeas corpus* proceedings before treatment for venereal disease was complete. In the example of Houston, however, the chief of police found a way around this constitutional right by entering into a “gentlemen’s agreement” with the city’s lawyers. Legal professionals agreed to not seek freedom for women illegally held until

²⁸ For a history on prostitution, middle-class feminism, and the Contagious Disease Acts, see Judith R. Walkowitz, *City of Dreadful Delight: Narratives of Sexual Danger in Late-Victorian London* (Chicago: The University of Chicago Press, 1992).

²⁹ Picton-Tubervill, “The American Plan,” 12.

treatment was complete.³⁰ Such an agreement between city officials and lawyers denied women the constitutional right to due process, leaving them without the legal knowledge or representation needed to challenge their imprisonment.

Wartime hysteria that stirred existing anxieties over female sexual delinquency and created the image of the diseased threat to military efficiency influenced state and federal policies that denied basic rights to women who came under the purview of government surveillance. The federal government's financial support to states building detention facilities for the detainment and quarantine of presumed sexual delinquents represented the way in which gender and class assumptions of sexuality shaped policies that centered on containing sexuality through punitive measures. Passed in 1918, the Chamberlain-Kahn Act gave federal and state officials the power to detain, quarantine, and isolate civilians with venereal disease as a means to protect soldiers from infection. The act also set aside \$1 million for isolation and quarantine measures of venereal disease control.³¹ Of that amount, \$250,000 was set aside exclusively for the building of rehabilitation and detention homes for women and girls. At least nine states requested to receive allocations from this fund to build, update, or remodel old buildings for the use of detaining mostly poor and working-class women whose venereal disease infections were conflated as evidence of sexual immorality. Limits placed on the spending of the \$1 million by the comptroller of the US treasury in November 1918 constrained the Interdepartmental Social Hygiene Board, which oversaw the civilian quarantine and isolation fund, to make repairs of and further support facilities owned by the federal

³⁰ "A Report on the Control of Prostitution and the Venereal Diseases in Nine Southern States."

³¹ Dietzler, "Detention Homes and Reformatories," 27. States that requested funds on a matching basis included Alabama, Arkansas, Florida, Kentucky, Michigan, North Carolina, Pennsylvania, South Carolina, and Virginia.

government. States could not build new facilities, but could repair or repurpose old facilities that were under federal government ownership. Much of the money went toward the maintenance and treatment of women who were housed in detention homes and jails that were already in use and owned by the federal government. According to historian Allan Brandt, 18,000 women were housed in facilities financed by the federal government. But this number does not include the uncounted number of women who were imprisoned in local jails and quarantine hospitals.³² The use of indeterminate sentences and long-term parole in reformatories that were supported by federal money represented the extent to which government officials enacted measures of state surveillance. These measures ultimately impacted women who embodied disorder either through their actions or health. Indeed, they were left without legal representation and in the hands of a government that Falconer wanted to “come down harder and harder upon them” because “they prove a menace to our efficiency.”³³

Families often used what little resources they had to hire legal representatives who could obtain release of their female relative through legal recourse. This was the case in June 1917 after a Stony Brook, New York constable arrested 16-year-old Mabel Litz for vagrancy. The constable accused Litz of having sexual intercourse with a soldier after spotting the two emerging from the bushes. Her aunt, uncle, and grandmother accused the New York judge who committed her to the women’s reformatory in Bedford, New York, of sentencing Litz with no evidence or cause. Their attorney, Mortimer Patterson wrote to the superintendent of the reformatory, Helen Cobb, stating, “The only interest I have in the case is this — her arrest and commitment were illegal and irregular

³² Brandt, *No Magic Bullet* 88-89.

³³ Falconer, “The Segregation of Delinquent Women and Girls,” 164.

in every particular and there would not be the slightest trouble in having her released upon habeas corpus proceedings.” Patterson accused the judge of arbitrary work after discovering that police detained Litz at a New York City jail without due process, a common practice among women accused of sex offenses. He called the arrest “high-handed” and “outrageous” from a legal standpoint.³⁴

The committing judge defended his decision to have the 16-year-old committed based on her previous arrest record, which included stealing coal to heat her family’s home in 1916. According to the judge, Mabel was a “menace to the community” and the police were watching her for some time in hopes that they would have reason to arrest her. The judge felt that there was “no doubt” that Litz was promiscuous with men.³⁵ His reasoning did not give any legal justification for detainment, relying only on a subjective fear that the young girl was a “menace” and danger to the health of the community. A higher court agreed with the committing judge, refusing to release Litz after physicians at Bedford Hills Reformatory “proved” that Mabel was “mentally deficient” and needed a prolonged detainment period.³⁶

The family, however, continued their fight to have Mabel released. Her grandmother appealed to New York Governor Alfred Emanuel Smith’s status as a reformer. “I saw in the *Evening World* that you was [sic] a man of the people,” she wrote, reminding him that “...we Women all helped you Out on Election day and I hope you will appreacheatted [sic] me.” Smith listened to the grandmother’s appeal for Mabel’s release after receiving a second letter in 1919. A representative with the New York State

³⁴ Mortimer B. Patterson to Helen Cobb, July 16, 1917, “Mabel Litz,” Box 2, folder 2483 WSF-NYSA.

³⁵ “Information Concerning the Patient,” Bedford Hills Laboratory of Social Hygiene, June 25, 1917, “Mabel Litz,” Box 2, folder 2483, WSF-NYSA.

³⁶ Helen Cobb to Charles H. Johnson, December 2, 1919, “Mabel Litz,” Box 2, folder 2483, WSF-NYSA.

Board of Charities wrote to Cobb about the case, but the superintendent was successful in justifying the young girl's detainment based on the "mental deficiency" diagnosis.³⁷ The family's fight ended in 1919 when Mabel was transferred to Letchworth Village, an institution for the "feeble-minded."

Even though Litz's case did not specifically involve public health laws, state officials still deemed the young girl a threat to community health based on perceived immorality. Her family fought for her release, but not all women depended on family or sought to challenge their detainment by proving their morality. Many women took their fates in their own hands, with the assistance of legal counsel, to submit *writs of habeas corpus* that challenged compulsory examinations for venereal disease in state supreme courts across the country. Courts denied the majority of *writs* based on public health laws that allowed for the quarantine of citizens with infectious diseases and empowered public health officers to detain those with infectious diseases.

In one such lawsuit, Martha Company and Irene Irvine took their case to the Ohio Supreme Court, challenging their quarantine at a women's detention center in Akron. The women were charged for solicitation and prostitution, but during their court trials, the charges were dismissed and they were discharged. Immediately following their release, however, the health commissioner took custody of Company and Irvin and placed them in a detention home because they tested positive for a venereal disease. The women petitioned for *writs of habeas corpus*, but the Ohio Supreme Court upheld their quarantine, arguing that "the protection of the health and lives of the public was paramount, and those who by conduct and association contracted such diseases were a

³⁷ Martha E. Rose to Alfred E. Smith, January 2, 1918, "Mabel Litz," Box 2, folder 2483; Helen Cobb to Charles Johnson, December 2, 1919, "Mabel Litz," Box 2, folder 2483, WSF-NYSA.

menace to the health and morals of the community.” The court also justified their quarantine under the Ohio Sanitary Code, which allowed health commissioners to examine persons reasonably suspected of having a venereal disease. According to the code, Company and Irvin fell under suspicion because “all known prostitutes and persons associating with them” were considered “reasonably suspected” of having a venereal disease. After the *writs* were refused, the women were remanded to the custody of the health commissioner.³⁸

Irvin’s and Company’s case, among others, represented the conflict between the right to equal protection under the law and public health statutes enacted by states that allowed for the arrest and quarantine of persons infected with venereal disease without due process. Judges questioned to what extent states could enact police powers to protect the public’s health from women whose possible infection made them a “menace to the health and morals” of society and if these women had to submit to regulations that were meant to protect the public.³⁹ Public health concerns, particularly as they related to venereal disease, intersected with issues of morality and fears over women’s sexuality, as Company and Irvin were viewed as threatening to not just the health, but also the “morals” of society. Upholding the quarantine of Company and Irvin revealed how the courts mirrored society by using public health as justification for legislating morality and punishing women who stepped outside the bounds of middle-class ideas of sexual conduct. In the case of Company and Irvin, what courts perceived as the protection of public health against female “menaces” trumped any rights guaranteed under the Fourteenth Amendment.

³⁸ *Company, Ex Parte, Irvin, Ex Parte*, Supreme Court of Ohio, (December 5, 1922), LEXIS 263.

³⁹ *Ibid.*

However, not all judges in similar court cases sided with public health statutes that granted an expansion of police powers. Many disputes brought before state supreme courts relied on the precedent set by a 1919 Iowa Supreme Court ruling, *Wragg V. Griffin*. Marlin J. Wragg sued Polk County, Iowa Sheriff, J.W. Griffin, petitioning for a *writ of habeas corpus* after he refused to submit to a blood test. The test could be used to show evidence of infection, and thus, lead to detainment. Wragg's attorneys argued that this was in direct violation of his constitutional right against illegal search and seizure.

Police officers arrested Wragg and Isabel Newman on September 27, 1918 and charged them with lewd and vicious cohabitation after they registered at a hotel as husband and wife despite not being married.⁴⁰ Officials transported Wragg's female companion to a hospital where she underwent a venereal disease examination and was found positive for gonorrhea. Newman was detained for approximately one month while she received treatment. Wragg, on the other hand, refused to submit to testing, leading to his lawsuit against the sheriff. The Supreme Court of Iowa ruled that Wragg's liberty could not be deprived through a forced blood test conducted on mere suspicion. But the judges remained silent on the blood test conducted on Newman, which led to her quarantine and detention. In its ruling, the court stated: "This petitioner may be a bad man, but we have no right to assume such a fact for the purpose of minimizing his claim for the protection of the ordinary rights of person..." The court's opinion stated that health and law enforcement officials could not compel Wragg to submit evidence, i.e. a

⁴⁰ *Wragg v. Griffin*, Supreme Court of Iowa (January 20, 1919), LEXIS 25. It is unclear if the woman arrested with Wragg was named Isabel Newman or Stella Newman. The transcript of the court's decision referred to her under these two different names.

blood test, against himself.⁴¹ Despite setting a legal precedent that defined forced venereal disease testing as illegal search and seizure, later cases brought forth by women like Martha Company and Irene Irvin, who faced similar circumstances as Wragg, were not decided in favor of the petitioners.

Gender influenced rulings on *habeas corpus* petitions. Wragg, being male, faced less scrutiny in the eyes of the court. The Supreme Court of Iowa ruled that the state had no authority to forcibly examine and extract blood from a person who was suspected of having venereal disease — the same policy under which which tens of thousands of women across the U.S. were arrested, detained, and denied *writs of habeas corpus*. Subsequent court opinions did not rule for the release of petitioners because women often brought their claims *after* blood tests were taken and the results indicated the presence of syphilis or gonorrhea. Legally, it could be argued that the results were inadmissible since the blood tests were compulsory and used as evidence against the detainee, but state public health laws overruled any legal argument related to inadmissible evidence. This was the Supreme Court of Nebraska’s justification for denying a *writ of habeas corpus* filed in May 1919 by Margaret Brown. Police officers in Omaha charged Brown with “being an inmate of an ill-governed house” and the health commissioner’s examination revealed she was infected with a venereal disease. Brown’s attorney cited the *Wragg* precedent in his appeal of her conviction. However, the court denied her *writ* because “the petitioner was found to be infected with communicable venereal virus ...”⁴² Even

⁴¹ Case quoted in *The Northwestern Reporter* 170 (1919): 400. For an analysis on the relationship between protecting the public health and individual liberties, see Judith Waltzer Leavitt, *Typhoid Mary: Captive to the Public’s Health* (Boston: Beacon Press, 1997). Leavitt argued that public health officials and society stigmatized Mary Mallon on two fronts – as an immigrant and as a public health threat. She showed the interlinking of health and culture in the isolation of and press given to Mallon.

⁴² *Margaret Brown v. E.T. Manning, et. al*, Supreme Court of Nebraska (May 17, 1919), LEXIS 90.

though the *Wragg* decision struck down compulsory blood tests, it did not challenge board of health statutes that allowed health officers to test and quarantine women who were “reasonably suspected” of having a venereal disease. Though state health statutes specifically mentioned prostitutes as being reasonably suspect, the charge of prostitution or of being a disorderly person was used haphazardly and sometimes without legal evidence, as revealed in the Seattle hearings.

Court records indicated a few legal victories for women who took their disputes to state supreme courts. In these instances, their cases were overturned based on the precedent set in *Wragg v. Griffin*, showing the inconsistent way in which courts interpreted and applied public health and quarantine laws. In Alma, Michigan Nina Rock, an 18-year-old woman, challenged a verdict of a trial court that upheld the constitutionality of a blood test given to her by health officials in 1918. Rock’s case deviated from others in that she was never arrested for a specific offense. Instead, a deputy sheriff approached Rock and her mother and as a result of their conversation — the details of which were excluded from the case — they were escorted to the office of a physician who proceeded to test Rock for venereal disease. After being found positive for gonorrhea and syphilis, she was quarantined for twelve weeks. Rock sued the physician who gave her the exam, along with Mary Corrigan, the superintendent of the hospital where women and girls were detained for treatment, and Ida Peck, the social worker and nurse employed by the city to aid in the work of protecting soldiers against venereal diseases. The presence of Corrigan and Peck in the lawsuit demonstrates the role some women played in supporting the federal social hygiene program. In the case of Rock, the superintendent and social worker acted in concert with law enforcement and the male

physician to deprive an 18-year-old girl of her liberty based on public health laws that allowed for the indefinite detainment of women found positive for venereal disease.

Rock alleged that health officials, both male and female, violated her constitutional rights and acted without statutory authority. The trial court ruled that there was enough reasonable suspicion to force a blood test, but the Michigan Supreme Court overturned the lower court's ruling, noting that the physician was not in court to testify as to whether he had reasonable grounds to believe that Rock was infected with venereal disease. The judge writing the opinion in the case upheld the police powers of the boards of health to quarantine individuals with contagious diseases, but argued: "I have said that I thought the health officer had the power to make the examination. When may that power be exercised? Indiscriminately? May he send for every man and woman, every boy and girl of the vicinage and examine them for these disorders? I think not."⁴³ According to the ruling, the physician in this case only had the power to draw blood if there was reasonable cause to believe Rock was infected with venereal disease and constituted a public health danger. Under the legal justification that there was no reason to believe Rock represented a danger to public health — despite later evidence that indicated she was indeed infected with a venereal disease — the Michigan Supreme Court reversed the trial court's directed verdict that was in favor of the health officials.⁴⁴

Rock won her case on appeal, but the court stopped short of challenging health officers' power to examine women based on suspicion. The courts never defined what

⁴³ *Rock v. Carney*, Supreme Court of Michigan, (December 1921), LEXIS 458. For *habeas corpus* cases cited as precedence involving quarantine and venereal disease testing, see, *In re Walter McGee, George Anderson, and George Buckner*, Supreme Court of Kansas, (January 1919), LEXIS 132; *State ex rel. McBride v. Superior Court*, Supreme Court of Washington (August 27, 1918), LEXIS 1093; *Ex Parte Emma Hardcastle*, Texas Criminal Appeals of Texas, (January 22, 1919), LEXIS 23; *Dowling v. Harden*, Court of Appeals of Alabama (January 1921), LEXIS 52; and *Brown v. Manning*.

⁴⁴ *Rock v. Carney*.

constituted reasonable suspicion or what power health officials had in demanding women submit to venereal disease testing. The *Wragg* decision appeared to resolve the parameters in which health officers enacted police powers, as judges ruled that forced venereal disease testing fell under illegal search and seizure, but complaints brought to the court by women occurred *after* they had submitted to venereal disease testing. This led to different legal questions related to reasonable suspicion that placed their moral character at the center of the case. Judges did not challenge the police power of health officials until 1924 in the case of *City of Jackson v. Mitchell*.

Unlike previous cases brought before state supreme courts by women challenging their detainment, the City of Jackson, Mississippi appealed a decision by a lower court that struck down the power of health officers to compel women to submit to venereal disease testing based on mere suspicion. Dr. Hays, a Jackson health officer suspected Pearl Mitchell of being infected with a venereal disease after he determined that she was operating a brothel. She was never charged with a crime, but was ordered to appear in Dr. Hays's office for an examination. After Mitchell failed to appear, she was charged with violating public health statutes, but the lower court ruled that the health officer had no authority to require her to come before him based on suspicion.⁴⁵

Mitchell's attorney argued that the compulsory venereal disease examination would be a violation of her privacy, saying: "We submit, that if the fundamental law of the land is so jealous of the rights of the citizens that it will not allow the search of his pig pen by a sheriff for corn whiskey mash, without a warrant, it certainly protects the good women of this state in their privacy."⁴⁶ The state supreme court upheld the decision of the

⁴⁵ *City of Jackson v. Mitchell*, Supreme Court of Mississippi, (June 9, 1924), LEXIS 79.

⁴⁶ *Ibid.*

lower court, agreeing that Dr. Hays had no power to demand Mitchell submit to venereal disease testing without evidence of harboring such a disease or of running a brothel. In his opinion for the court, Justice J. Ethridge wrote that the original affidavit filed by the health officer did not present any evidence that would justify Mitchell's appearance before Dr. Hays. Ethridge concluded that health officers could not construe the state's public health statute to mean that "mere suspicion founded on gossip or rumor" would be sufficient enough evidence to compel a venereal disease test.⁴⁷

Cases brought to the courts by women convicted and detained under public health statutes influenced judges to question the police power of health officials. However, the end of the war also tempered the need for harsh measures of venereal disease control, as the health of soldiers no longer was of paramount concern. The Mississippi decision that struck down the police powers of health officers had as much to do with the time period in which it was decided as with the legal precedents set by the women who brought similar complaints before the courts.

During the interwar years, the government disbanded most of its wartime emergency social hygiene organizations and programs. Without the wartime emergency, many states were reluctant to set aside government money for the continuation of detention facilities and law enforcement initiatives dedicated to targeting "deviant" women. Within this atmosphere, courts also relaxed their stance on the need to protect the public's "physical and moral" health from women operating outside their assumed gender roles.⁴⁸

⁴⁷ Ibid.

⁴⁸ Margaret and Patrice L.-R. Higonnet theorize that war exasperates the social and political conditions. Their theory of the double helix explains why women *appear* to take a step forward during war. In actuality, the gender system remains continuous from the pre-war area. As women take on "masculine"

Women's public complaints influenced the opinions the courts held in decisions that limited the power of health officials and the scope of public health statutes. This is evident in the legal precedents state supreme courts cited in their decisions. Aside from the *Wragg* decision, state supreme courts also cited Nina Rock's case against Carney as an argument against compulsory medical exams. Social pressure applied from outside the courtroom also forced state and federal officials to reconsider the direction of the public health movement against venereal disease, as in some instances middle-class reformers worked in concert with the women detained to highlight the injustices of how the courts applied the public health statutes.

Some judges and middle-class reformers, alongside the many detained women who confronted the government's abuses of power created greater awareness of women's rights under the law, while also highlighting the state's role in repressing female sexuality. Legal challenges mounted in courts demonstrated women's knowledge of their constitutional rights as citizens and contradicted any notion of their passivity in the face of legal abuses represented by the federal venereal disease control program. Women who voiced their complaints chipped away at the foundation of the government's policies of surveillance. Both working- and middle-class female resistance to America's social hygiene program led to changes in how public health officials and social reformers addressed venereal disease in the interwar and Depression years. Bringing their voices to bear on the medical, constitutional, and physical outrages against their bodies and

during war, such as industrial work, men, as soldiers, are taking on "super-masculine" roles. Women's war work is still subordinate to the "ultimate sacrifice" men make as soldiers. Because this subordination remains constant, post-war gender backlashes occur and succeed in returning society to prewar gender roles. See Margaret Higonnet and Patrice L.-R. Higonnet, "Double Helix" in Margaret Higonnet and Sonya Michel, et. al, eds. *Behind the Lines: Gender and the Two World Wars* (New Haven and London: Yale University Press, 1982), 32-41.

persons, women also defied criminal charges that labeled them sexually promiscuous and disease-ridden enemies.

The court decisions, however, also represented a different stage in American history not defined by a wartime emergency. With military efficiency and maintaining social order on the home front no longer an overriding concern, federal officials parted ways with social hygiene organizations created and empowered under the wartime state. The judges' decisions that questioned the constitutionality of the government's social hygiene program reflected this retreat and were a product of the "return to normalcy" the nation sought in the interwar years. The federal government's dissolution of governmental social hygiene agencies like the Interdepartmental Social Hygiene Board and the Commission on Training Camp Activities reflected financial concerns and not a recognition of the unjust nature of female detainment during World War I. The diseased female was still perceived as a threat, but the federal government no longer felt the impetus to finance social control measures enacted in 1917. This lack of financial support did not impede the judicial arms of the state, social reform organizations, and detention centers — that were built with federal money during the war — from continuing venereal disease control work with the same mindset of female danger and male innocence.

Chapter 5: Female Delinquency and Venereal Disease Control in Interwar America

“THE COUNTRY MUST BE KEPT CLEAN,” declared an advertisement for free treatment by the PHS Bureau of Venereal Disease in a Tulsa, Oklahoma newspaper. “No Armistice with Venereal Disease.”¹ With demobilization at hand, public health officials and social hygiene reformers grew anxious over the federal government’s diminishing support for venereal disease control. Their anxiety was about more than the potential for increased rates of syphilis and gonorrhea — they feared the loss of professional power and prestige they had gained during the war. In order to maintain legitimacy in the interwar period, reformers with organizations such as the American Social Hygiene Association and physicians with the Public Health Service continued to manipulate social anxieties related to sexual delinquency.

Despite the government’s discontinuation of wartime emergency organizations, social surveillance remained central to women’s everyday lives. Government funding for reformatories and stringent public health measures put in place during World War I created a surveillance state and the infrastructure by which women continued to fall under suspicion of public health sabotage. The presence of military police or representatives with the Commission on Training Camp Activities may have no longer been in full operation in the states, but state courts, law enforcement officials, reformatories, and the continued presence of reformers concerned with female sexuality and disease filled the void left by the federal withdrawal. The end of World War I did not mark a complete retreat from the public discourse regarding the “diseased” female.

¹ *Tulsa Daily World*, advertisement, May 15, 1919.

Rather, the war created a greater awareness of perceived sexual delinquency and the threats it posed to not just the moral health of the nation, but also the physical health of society.

The United States Interdepartmental Social Hygiene Board (ISHB), created near the end of the war in July 1918, took over the work of the Commission on Training Camp Activities until the government discontinued its funding in 1922. The ISHB continued to focus on the detainment of women and vice investigations in communities, but was hindered by a limited budget. In a 1920 federal hearing on the continuation of funding, congressional representatives questioned if the board was just a wartime measure. Senator George Chamberlain, a Democrat from Oregon, and one of the authors of the Chamberlain-Kahn Act, noted the danger of abandoning wartime organizations and the venereal disease control program: “There are more young men in America today of military age and, therefore, of potential military value to this country than were here within reach of this board during the period of the war.” Chamberlain viewed the health of men as important to national security and future armies.² He and many others involved in venereal disease control during the war used the social anxiety of *potential and future military value* to shape post-war public health polices and power in society.

The federal government did not fully sustain its commitment to venereal disease control in the interwar years, which many officials viewed as a lost opportunity in the mid-1930s when Surgeon General Thomas Parran scrutinized rising disease rates. However, lack of federal monies meant that states relied on the criminal court system to locate, treat, and in the case of women, detain those found infected with gonorrhea or

² *Sundry Bill, 1920: Hearings on the Sundry Civil Bill before the Committee on Appropriations of the House of Representatives, February 1920, 66th Con. 4 (1920), 9.*

syphilis. With little in the way of sex education or treatment without the threat of punishment, venereal disease remained in the realm of morality and sin. The fog of morality surrounding a medical condition influenced officials to turn to women's courts and female reformatories in hopes that these state institutions could cure the physical and moral disease women carried.

Societal concern regarding the protection of future soldiers allowed prostitutes and suspected prostitutes to remain in the public eye as diseased dangers. But the war expanded the definition of prostitution, encompassing women and girls who were visible in the public sphere, whether or not they openly engaged in prostitution or sexual acts in exchange for dinner, dancing, or other forms of "treating." Hugh Young, who led venereal disease control work in the American Expeditionary Forces, upheld the military's role in educating men on the dangers of venereal disease *and* women: "In the first place, we showed the men that practically every loose woman – not only a question of prostitutes, but of practically every loose woman they come in contact with – at least offered the danger of infection."³

Young's statement indicates the tensions resulting from women's shifting understandings of sexual expression and behavior. The culture of treating among working-class women and the presence of "charity girls," at the turn-of-the-century and through World War I challenged the association between prostitutes and the public sphere while also blurring the boundaries between virtuous female sexuality and prostitution. Greater opportunities for women in the workforce merged with the rise in public entertainment to breakdown the association of women in the public sphere with "public

³ *Investigation and Control of Venereal Diseases: Hearings before the Committee on Interstate and Foreign Commerce, United States House of Representatives, April 13, 1938, 75th Cong. 3 (1938)* (statement of Hugh Young, Urologist, Johns Hopkins University), 88.

women” or prostitutes. By the 1920s, middle-class women were occupying the same space of sexual freedom as working-class girls, but in the minds of men, women in public were still sexualized.⁴ With barriers and ideas regarding respectability crumbling, the ISHB’s program of targeting suspected prostitutes seemed ineffective to congressional representatives, as the board was not effectively containing all women deemed sexually deviant.

Questioning ISHB Executive Secretary Thomas Storey’s contention that the prostitute was a “national liability,” the chairman of a 1920 federal government hearing asked: “Is it not true that venereal disease is spread more by reason of that class than by the class of women who live through prostitution – the loose morals of girls that are employed in factories and offices, et., where the disease is contracted and spread in a way that you can not locate it as in houses of prostitution?” Storey acquiesced, claiming that between forty and sixty percent of the men who had venereal disease in the army contracted infections from women who were not paid for sex.⁵ These statistics indicated that a greater number of men and women were engaging in sex outside of marriage, which disturbed social hygiene reformers and government officials who fought to invoke the specter of venereal disease to contain female sexuality. A more permissive female sexuality, but one that was still to be contained within marriage marked the interwar years. Despite recognizing liberated female sexuality, social reformers, medical professionals, and the new professional sexologists, crafted a discourse in which men still held power in sexual relationships. Women were expected to meet men’s sexual needs through companionate marriages. Those who “abandoned” or attempted to “control” men

⁴ Clement, *Love for Sale*, 141.

⁵ *Hearings on the Sundry Civil Bill*, 16.

were defined as deviant females who placed their own sexual pleasure over that of the man or rejected their “role” as reproducers.⁶ Containing female sexuality within the realm of domestic relations meant a continued focus on deviant behavior and its threat to the social institutions of marriage and family. Within this context, detention homes in the post-war period provided the state with measures of control and surveillance for women operating outside socially prescribed gender roles.

The Sundry Civil Bill allocated \$300,000 to the ISHB for operational expenses in 1921, not even one-fourth of the requested \$2 million. The board continued to focus on the detention of women as the most effective means in combatting venereal disease. After the war, only twenty-eight of the forty-three homes built with federal government revenue remained open.⁷ As detention homes closed and “diseased women” were set free in society, officials concerned with venereal disease and who gained social and political influence through the detainment of women sounded an alarm of moral degradation. C.C. Pierce, Public Health Service assistant surgeon general argued that the detention home had a place in the post-war reconstruction period. Writing on the value of the detention home, Pierce maintained that “The war-time detention house was designed primarily to meet an emergency; to protect the fighting men from venereal infections. The peace-time detention house for such an institution must be carried over with the peace-time programme; it must be designed to protect the working forces – posterity – from venereal infection.”⁸ Even in peace, women represented a sexual danger that coincided with a continued public health panic over venereal disease rates.

⁶ Christina Simmons, “Modern Sexuality and the Myth of Victorian Repression,” 168-170.

⁷ Dietzler, “Detention Houses and Reformatories,” 3.

⁸ C.C. Pierce, “The Value of Detention as a Reconstruction Measure,” *The American Journal of Obstetrics and Diseases of Women* 80, no. 6 (December 1919): 636.

Distress over the decay of social control measures in the post-war period led to warnings that venereal disease rates would climb if the federal government did not continue funding detention homes and vice repression initiatives. Public health and government officials feared setbacks in the progress made during the war with the shutting down of red light districts and expanding state control of female sexuality. For these officials, an increase in venereal disease rates would signify a return of vice and demoralization of society. Physician Palmer Findley urged congressional representatives to enact a law that placed detention homes under the direct supervision of the federal government. He argued that it was not enough for government to lend advice and encouragement to states continuing repression measures. “There must be a compelling force behind reform, if the work is to be carried on effectively.”⁹ As the nation sought a return to pre-war “normalcy,” public health officials fought to make federal government investment in venereal disease control initiatives a part of the new normal in American society.

The extensive use of prophylaxis overseas was absent from post-war discussions on how to continue the public health campaign against venereal disease. By the 1930s, many officials saw the government’s unwillingness to make prophylactics widely available as a lost opportunity for stamping out syphilis and gonorrhea. The PHS was largely noncommittal to widespread use of prophylaxis for fear of alienating social hygienists with the American Social Hygiene Association and other physicians who viewed the use of condoms or early preventative treatment as immoral. In 1926 the Southern Medical Association discussed the potential for prophylactic use at its annual

⁹ Palmer Findley, “Control of Venereal Disease in Detention Homes for Women in Times of War and Peace,” *The American Journal of Obstetrics and Diseases of Women and Children* 80, no. 6 (December 1919): 623.

meeting in Louisville. During the meeting, Arthur T. McCormack, Kentucky state health commissioner, brought the subject before attending physicians who, with the exception of two from Indiana and Mississippi, expressed agreement with prophylactic use. However, the PHS did not feel it was the best time to pursue a plan for prophylactics, calling the subject “T.N.T. at this stage of the game” because support of this measure of prevention could encourage backlash from a public that viewed venereal disease as a moral issue.¹⁰

The promotion of Thomas Parran to surgeon general in 1936 influenced the PHS to split with ASHA over how best to address the venereal disease issue. Public health official Joseph Earl Moore encouraged Parran to direct the activities of ASHA away from moral uplift and toward medicine. “As an agency to cooperate with the U.S.P.H.S., it might be much more valuable if it were more interested in medicine and less in prostitution,” he wrote.¹¹ For the immediate post-war period, however, the PHS followed the moral direction of venereal disease control for fear of alienating its social reformer allies and angering an American public still invested in Victorian ideas of female sexuality.

With the absence of a progressive policy that promoted sex education and prophylactics, the justice system took on a medico-judicial role that policed female morality and health. In 1922, Merritt W. Ireland, the new chairman of the ISHB, wrote the Attorney General requesting the work of the board be turned over to the Department of Justice, stating that “Most of the work being done since receiving cuts in funding is investigation and law enforcement which properly belongs under the Department of

¹⁰ O.C Wenger, letter to Thomas Parran, October 23, 1936, Box 5, Folder 38, Thomas Parran Papers, University of Pittsburgh Archives. (hereinafter TPP).

¹¹ J.E. Moore, letter to Thomas Parran, February 7, 1936, Box 3, Folder 23, TPP. See Chapter 5 for further discussion of the PHS’s role in venereal disease control during the 1930s.

Justice.”¹² Ireland’s request marked the passing of the ISHB, one of the last remaining war emergency boards. As the government disbanded wartime organizations like the ISHB, social hygienists and public health officials sought to maintain importance and power by keeping the female venereal disease menace in the national conversation on moral and physical health. Organizations like the CTCA and ISHB were merely replaced by courts and reformatories that made women who embodied sexual transgression the subject of social surveillance.

COURTS AND THE CRIMINALIZATION OF VENEREAL DISEASE

Venereal disease remained criminalized within the female body because it was viewed as a physical marker of sexual transgression, particularly among single working-class girls who were most visible in the public sphere of work and leisure. Reformers and medical professionals pointed to rates of venereal disease in young girls and women as evidence of sexual promiscuity. Science played a predominant role in using the medical “gaze” to identify and classify deviance in the human body.¹³ Gauging sexual deviance in young women required proof of such behavior by rendering the female body as a construct to be studied and scrutinized. Evidence of deviance served to justify detainment in reformatories and legitimized surveillance because of the risk these women presumably posed to moral and physical health of society. Specifically, reformers and medical scientists mapped deviance onto the physical bodies of those demonstrating

¹² M.W. Ireland, letter to Attorney General, May 8 1922, Box 2, Folder 7, USPHS-ISHB, NARA.

¹³ Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A.M. Sheridan Smith (New York: Vintage Books, 1996). Foucault analyzes the development of modern medicine in the nineteenth century and the historical context in which the clinic and physician became professional bodies of knowledge. He argues that modern medicine was informed by the social and cultural climate, giving medical professionals power to define normal/abnormal, natural/unnatural and diseased/healthy through a medical gaze of diagnosis. Specifically, see Chapter 2 on “A Political Consciousness” and Chapter 7 on “Seeing and Knowing.”

behavior outside societal codes of conduct that imposed ideas of masculinity and femininity.¹⁴

Having medical and legal proof of female deviance became a challenge in the interwar period for many officials seeking to contain the diseased female. However, federal emergency measures taken to control venereal disease in World War I offered states a framework in which to restructure legal codes, making it easier to legally detain women, merely suspected of prostitution, for long periods of time. Reformatories, although officially promoted as a more humane alternative to jail for many women who came before courts on charges of prostitution, were a creative way in which judicial officials could circumvent the constitutionality of imprisonment under the guise of social work and moral uplift. In 1921, for example, the United States Senate Judiciary Committee approved amendments to sections 5549 and 5550 of the United States Revised Statutes that expanded the powers of the Department of Justice to include oversight of reformatory houses for women. The amendment added the phrase “or female” in place of “juvenile,” indicating that women were seen as an infantilized class of offenders who needed careful surveillance and control.¹⁵ Placing reformatories under the control of the Department of Justice demonstrated how state officials continued to view female sexuality as criminal and in need of state regulation. Even without revisions in state and federal laws related to prostitution and vagrancy, judges wielded unprecedented power in determining guilt and appropriate punishment. Public health laws and the power of medical officials bolstered this power, as females arrested for

¹⁴ Jennifer Terry and Jacqueline Urla, eds., *Deviant Bodies* (Bloomington and Indianapolis: Indiana University Press, 1995), 1, 11.

¹⁵ *Amendment to Sections 5549 and 5550 of the Revised Statutes of the United States U.S. Senate Judiciary Committee, June 17, 1921, 67 Cong., 1, Report No. 122 (1921).*

legally questionable circumstances were still forced to submit to a compulsory venereal disease test, which if positive led to detainment in a reformatory or prison hospital.

New York City Mayor Fiorella LaGuardia's recollection of the use of venereal disease tests in criminal procedures speaks to the power these tests had in determining guilt or innocence. LaGuardia oversaw a case of two co-defendants as a magistrate of a New York court. He did not give details as to the nature of the case, but said that he "kinda" peeked at the results of the defendants' test results before finding them guilty. He argued that using evidence of venereal disease as an impetus for deciding guilt or innocence was "common sense." As soon as he found both defendants guilty, they asked, "Judge, was it syphilis or gonorrhea?"¹⁶ The defendants' assumptions that their sentences were informed by the results of medical exams spoke to a common knowledge that venereal disease was a factor in determining guilt or innocence. Indeed, by using venereal disease as evidence of guilt in cases of sexual delinquency, state courts criminalized the diseased female body. In doing so, women feared potential legal consequences if they exposed their infectious state by seeking treatment from state health department-sponsored clinics.

Evidence of venereal disease was all the justification needed for sentencing. In St. Paul Minnesota, the health department immediately quarantined women arrested for sex offenses. The police regarded the Bureau of Health as a helpful aid in law enforcement because this governmental body did not have to obtain legal evidence of a woman's suspected criminal activity to have her quarantined from the public. Bascom Johnson, associate director of the American Social Hygiene Association, reported that all law

¹⁶ *Investigation and Control of Venereal Diseases*, April 12, 1938 (statement of Fiorella LaGuardia, New York City mayor), 25.

enforcement needed to do was inform the health officer that a woman has been arrested as a prostitute and “Thereupon an order of examination and quarantine is issued by the Health Bureau.”¹⁷ The public health and law enforcement precedents crafted during the war continued and in many respects expanded in the interwar years. Through the reformatory system and the power maintained by state boards of health, municipalities across the United States kept repressive measures of venereal disease control in place despite the absence of federal funding and wartime organizations. An expanded judiciary took the place of the Commission on Training Camp Activities and the Interdepartmental Social Hygiene Board, but many female reformatories built during the war remained in place and took on a defining role in containing and “reforming” the sexual deviant who remained a threat to national security.

The end of World War I did not alleviate anxieties surrounding female sexuality as it related to the spread of venereal disease. Concerns were heightened because of the statistics that flowed from physical exams of recruits and the number of women arrested for suspicion of sexual delinquency and venereal disease infection. The data and statistics gathered by the Girls’ Protective Bureau during World War I informed post-war social hygiene policies and influenced a shift in how reformers addressed sexual delinquency. Ethel Dummer, noted for her work with unmarried mothers, argued that social workers were somewhat unprepared for the “wholesale arrests of girls and women on suspicion of venereal disease” during the war, as they sought to cure both the physical and mental markers of deviancy.¹⁸ Through the arrests and detainment of delinquent

¹⁷ Bascom Johnson, “A Study of Prostitution and Sex Delinquency in Minneapolis, St. Paul, and Duluth, Minnesota,” (October 1931) 6, Box 99, Folder 10, ASHAR.

¹⁸ Ethel Dummer, foreword to *The Unadjusted Girl: With Cases and Standpoint for Behavior Analysis* by William T. Thomas (Boston: Little, Brown, and Company, 1925), v-vi.

females during the war, social reformers realized that a majority of women and girls accused of prostitution were not wholly irredeemable and could be apt subjects of reform.

This realization represented a reversal from past reform efforts that depended upon the idea of the sexually deviant woman as a “feeble-minded” person whose undeveloped mentality led them to engage in sexual promiscuity and prostitution. The language of “feeble-mindedness” did not entirely subside, but was no longer seen as a condition that psychiatrists or social workers could not “fix” with supervision and the inculcation of middle-class standards of morality. Indeed, in his study on female delinquents, sociologist William Isaac Thomas claimed that reform efforts during the war showed that “A clean and protected moron is not far from corresponding to the ideal woman of the Victorian age.”¹⁹

New understandings of sexual deviancy as a product of bad upbringing and choices in life that could be reversed with the proper influences led to the mental hygiene movement, which placed greater focus on family backgrounds and environments in which women matured and lived. The focus on mental hygiene marked a distinct departure from earlier reform movements, which emphasized the importance of family in protecting their daughters from moral harm. Specifically, the emerging field of psychoanalytic theories, which was generally more accepting of female *heterosexual* expression, influenced this new class of reformers. These new professionals no longer stressed the need for familial influence and supervision.²⁰ However, placing the interwar years within the context of venereal disease control in World War I demonstrates that

¹⁹ Thomas, *The Unadjusted Girl*, 166.

²⁰ Alexander, *The Girl Problem*, 60-61.

despite a new “professional” and seemingly objective “medical” understanding of sexual delinquency, strict measures of social control and supervision remained.

The war created a number of organizations with the primary purpose being the surveillance of women in the public sphere. These showed the value of social agencies in *replacing* the family as agents of supervision. Mental hygienists’ criticism of family influences as a factor in sexual promiscuity lent greater power to state agencies and reformatories in becoming surrogates for women needing rehabilitation. According to Thomas, “The social agency, the charity organization, takes the part formerly played by the large family (kinship group) and the community.”²¹ Essentially, female sexuality was a political and social issue, which influenced the replacement of the family as regulators of sexuality with that of the state.²² The state had a guiding hand in defining deviant sexuality and regulating women and girls demonstrating “abnormal” sex tendencies, such as promiscuity, pre-marital intercourse, and adultery. Reformers welcomed state intervention by advocating that courts have greater power over female delinquents whose sexual agency was acknowledged but remained in the social realm of deviance.²³

SOCIAL SURVEILLANCE AND REFORMATORIES

Even though the mental hygiene movement accepted sexual urges as normal, acting on these urges outside of marriage still constituted abnormal behavior. The majority of women brought before New York courts and subsequently sentenced to Bedford Hills Reformatory or the Albion State Training School were from working-class families and arrested on charges of vagrancy, prostitution, or in some instances detained

²¹ Thomas, *The Unadjusted Girl*, 159.

²² D’Emilio and Freedman, *Intimate Matters*, 140-141.

²³ Odem, *Delinquent Daughters*, 2-4.

for having a venereal disease infection.²⁴ The expansion of judicial power and laws that left the definition of vagrancy and prostitution to open-ended interpretation influenced the commitment of women to the reformatory.



Figure 4: Bedford Hills Reformatory (renamed Westfield State Farm in 1932) in Bedford Hills, N.Y., panoramic view pictured above, opened in 1901 for misdemeanor offenders between the ages of sixteen and thirty. “State Reformatory for Women, Bedford, N.Y.: Panorama of Principal Buildings,” circa 1900, Harvard Art Museums/Fogg Museum, transfer from the Carpenter Center for the Visual Arts, Social Museum Collection.

Many inmates denied any involvement with the sex trade and insisted upon their innocence. Helen Simmons was one such inmate who found herself in the wrong place at the wrong time. In 1923, police arrested Simmons who was visiting a friend. While at the friend’s home, a party occurred and a “strange man gave her two dollars with the request to get another bottle of whiskey.” At this moment, police entered the home and accused

²⁴ In 1893 New York State opened Albion Correctional Facility, which was named the Albion State Training School in 1923. Albion became the Institution for Mentally Defective Delinquents in 1931 and housed women deemed as such from Bedford Hills. In 1932, it remained responsible for “defective delinquents” but changed its name to Albion State Training School. In 1901 Bedford Hills opened under the direction of the New York State Board of Charities with Katherine Bement Davis as its first superintendent. In 1932, Bedford Hills changed its name to Westfield State Farm. In Ruth Alexander’s study of 100 case files from these two institutions, she found that the majority of women were working-class and came from poor living conditions. See Alexander, *The Girl Problem*, 14-16.

her of prostitution. Police needed no further evidence to have her sentenced to the reformatory, particularly since she tested positive for syphilis upon commitment.²⁵

State judges construed vagrancy statutes to circumvent the need for evidence and commit women despite a lack of proof that they had actually committed a criminal act. In Sue Hearne's case, she was arrested in 1928 and charged with being a vagrant because she had contracted syphilis "...in the practice of drunkenness" and required aid to restore her health.²⁶ The judge committed Hearne to Albion State Training School where it was hoped that she would receive medical attention. However, because of her venereal disease infection and "drunkenness" she also was judged sexually deviant, indicating the two-pronged role of reformatories to aid in the control of venereal disease and to rehabilitate women not only physically, but mentally as well.



Figure 5: Women sent to Albion State Training School in Albion, N.Y. were first sent to the Reception Cottage. First opened in 1893 as the Western House of Refuge for Women, the institution changed its name to the Albion State Training School in 1923 before becoming the Institution for Mentally Delinquent Women in 1931. The institution detained women classified as "defective delinquents" for

²⁵ "Case History," 16 April 1923, Box 5, Inmate #3501, Helen Simmons, 4610-77B Westfield State Farm Inmate Case Files, New York State Archives (Albany, New York), hereinafter WSF.

²⁶ "Warrant of Commitment to the Albion State Training School," 14 April 1928, Box 25, "Sue Hearne," 14610-78 Albion Inmate Case Files, New York State Archives (Albany, New York), hereinafter ASTS.

indeterminate sentences. "State Western House of Refuge, Albion, N.Y.: Reception Cottage," circa 1900, Harvard Art Museums/Fogg Museum, transfer from the Carpenter Center for the Visual Arts, Social Museum Collection.

Women committed to state reformatories were given indeterminate sentences not to exceed three years. They were immediately tested for venereal disease and underwent an evaluation by social workers and psychiatrists employed by the reformatory. They spent the first two weeks of their commitment in medical quarantine before being released to the general population. Venereal disease testing and treatment in these institutions was extensive and a primary part of their work. For example, North Carolina's correctional facility for women and girls, Samarcand Manor, which opened in 1918, reported that between 1924 and 1926, seven hundred gonorrhea smear tests were given, followed by 12,633 treatments for the disease and 340 Wassermann tests taken with 912 anti-syphilis treatments. The statistics for gonorrhea increased through the 1920s with 38,252 treatments given between 1928 and 1930. But the number of syphilis treatments decreased significantly from 1926 to 1928 with only 389 treatments given from 1928 to 1930.²⁷

Treatment regimens were intensive and in the case of syphilis often lasted for a year or more. Women found infected did not have the option to refuse treatment. Carl J. Kane, superintendent of Bedford Hills Reformatory from 1935 until his death in 1940 inquired about methods appropriate for dealing with women who refused to submit to treatment for syphilis. Edward P. Mulrooney, New York's Department of Correction Commissioner, replied with an opinion by the state attorney general that allowed forced

²⁷ E. Delia Dixon-Carroll and Agnes McNaughton, *Seventh Biennial Report of the Board of Directors of the State Home and Industrial School for Girls*, (Charlotte, N.C.: Observer Printing House, 1932).

treatment of women who were deemed infectious by a physician or health officer.²⁸

Compulsory treatment in female reformatories represented a continuation of World War I policies that mandated blood tests and treatment of women arrested under suspicion of sexual misconduct or being in a diseased state. The entrenchment of these policies demonstrated how the war shaped the public health response to venereal disease by linking it to female sexuality and the perceived danger disease and sex posed to the physical health of men and the moral health of society.

The social and cultural changes in the interwar years, including the rise of the New Woman, the consumer economy, and new forms of music, dancing, and entertainment led to fears over sexual modernism as well. As Susan Cahn argued in her work on post-World War I attempts to reform and repress female sexuality in the south, working-class and female sexuality was the battleground in which society waged war against the modernism of the interwar era.²⁹ Women from working-class, immigrant, and black families remained the focus of reform efforts, as their sexuality continued to be viewed as the most threatening to the racial and class hierarchy of society.³⁰ Female detention institutions sought to protect society from both the presumed moral and physical dangers posed by deviant women by locking them behind institutional walls and implementing punitive measures that operated under the guise of reform.

Reformatories abrogated the diseased female threat by physically curing outward signs of sexual deviance and mentally reforming immorality. Even though the emerging field of psychiatry accepted female sexuality as natural and normal, it was only defined

²⁸ Edward P. Mulrooney letter to Carl J. Kane, 22 December 1938, Box 2, Folder 1, General Correspondence and Transfer Sheets, 1930-1945, WSF-NYSA.

²⁹ Cahn, *Sexual Reckonings*, 11-13.

³⁰ Cahn, 21; Alexander, *The Girl Problem*, 151.

as such if practiced in heterosexual marriages. Extramarital sex, homosexuality, and sexual promiscuity became signifiers of mental “maladjustment” in the new scientific language.³¹ Sexual promiscuity represented a deviation from the maternal norm that had tremendous staying power in American society. Reformatories used scientific understandings of what was now labeled the “female sexual psychopath” or “maladjusted” individual to craft a program of social readjustment that ultimately emphasized women’s domestic and maternal roles. Supervisors at Albion and Bedford Hills instructed women in housekeeping, but also offered academic classes. Many of these courses, however, focused on developing self-discipline and deference to authority. Officials with these institutions determined inmate success through evidence of obedience, conformity with Victorian ideals of sexuality, and expressions of maternal feelings.³²

Evelyn Garceau was one such case upheld by Albion State Training School officials as a case of successful readjustment. In and out of institutions since she was twelve, Garceau was committed at the age of eighteen to Albion in 1922 as a mental defective after demonstrating disorderly conduct at the Rome Custodial School. She resisted her detainment and continued to act out, stating that she did not want to be in the institution. However, by 1924 she was paroled after perhaps realizing her best escape was to conform to Albion’s behavioral expectations. After being discharged from parole two years later, Evelyn returned for her wedding ceremony at Albion. Bedford Hills Reformatory Superintendent Amos Baker served as best man and twenty-five inmates attended the nuptials. Her maid of honor told a newspaper covering the event that Evelyn

³¹ Hobson, *Uneasy Virtue*, 187.

³² Alexander, *The Girl Problem*, 124, 126.

decided to marry at the institution because "...she wished to show the girls what it means to be happy and what it means to be out and doing well."³³ Garceau's message to the inmates at the institution was one of marital bliss as the primary route to salvation. It was through marriage and her embrace of domesticity that signified Albion's success in reforming Evelyn into an obedient wife and potential mother.

Aside from embracing female roles as wives and mothers, inmates were also expected to demonstrate deferential and accepting behavior toward superintendents and all that the institution had to offer. Not only was this their best chance at receiving parole, but it also signified a change in their moral nature. Katherine Moran, who was admitted to Bedford Hills in 1923 after becoming a disciplinary problem at the Metropolitan Hospital where she was treated for gonorrhea and syphilis, wrote a letter of advice to other women at the institution. The letter emphasized the importance of good behavior, but also revealed feelings of guilt and shame that Moran harbored for what others perceived as her bad behavior. Her "editorial" was perhaps an attempt to garner favor with Superintendent Baker, as it praised him for his kindness and patience, but her words offered advice on how inmates could quickly gain their freedom. "Good behavior in a place like Bedford is as essential to you as soap is to your hands," she told the inmates. "Dr. Baker is a man that uses sentiment in regards to us girls and we should appreciate it and reciprocate by co-operating with Dr. Baker in making this world a better place to live in, not only for ourselves but for the community in which we live."³⁴

The inmates were required to abide by rules and standards set forth by the superintendent and matrons at the institution *and* show appreciation for the efforts put

³³Evelyn Garceau, Box 31, MD 31, Inmate Case Files, Division for Mentally Defective Women, Albion State Training School Records, New York State Archives, Albany, New York. Hereinafter ASTS-NYSA.

³⁴Katherine Moran, Box 5, "Katherine Moran," WSF-NYSA.

into their “reform.” Doing so guaranteed parole where social surveillance continued. But good behavior and evidence of maternal feelings or instincts were not always enough to ensure release. For women institutionalized with a venereal disease infection, their detainment was prolonged because of the perceived danger their infections had to society. Women were forced to remain in the facility until treatment deemed them non-infectious, but this often left many families and the inmates frustrated with a legal system that would not allow for timely release. Families wrote often to the superintendent begging for their daughters to return home and promising that they would ensure continued treatment through the health department or a private physician. Reformatory officials ignored or subverted the pleas from mothers, fathers, and husbands to allow their daughters and wives to return home under their care. Francis Smith was committed to Albion State Training School in 1927 for being a vagrant and prostitute who “had no lawful employment to maintain herself and had indiscriminate sex with men not her husband for hire or otherwise.” After one year in detention, her husband requested that she be paroled to his care, insisting that Francis was of “moral character.” His request was denied on the basis that Francis had syphilis and needed continued treatment. The superintendent suggested that perhaps the husband did not know about his wife’s “diseased condition.” Records show that Francis was still receiving treatment as an inmate in the reformatory two years later in 1929.³⁵ This case demonstrated how reformatory officials used the need to personally supervise venereal disease treatment to prolong sentences.

Parents often intervened on behalf of their daughters, particularly in cases where venereal disease kept women in the institutions for periods longer than expected. In 1928

³⁵ Flora Daniels to W.D. Smith, December 21, 1927, Box 25, “Francis Smith,” ASTS-NYSA.

Stella Betters wrote the Board of Visitors in reference to the parole of her daughter, Nora Betters Pelkey, who had been in Albion since 1926. Pelkey was charged with being a prostitute and having no lawful employment, and later found to have syphilis. Her condition proved difficult to render non-infectious and the Board of Visitors, which granted or denied parole for inmates, refused to release Pelkey despite her good behavior because she was still in the infectious stages of syphilis. Writing to Stella Betters, the superintendent explained that the board “realize that Nora has earned her parole” but because of her “physical condition they do not feel that it is for her best good to be released at this time.”³⁶ Even though many of the infected women and girls demonstrated “reformed” behavior, evidence of a diseased condition still marked them as dangerous to the physical health of society, and thus unsuitable for release.

Many mothers and fathers pleading for the release of their daughters did not understand why such a medical condition justified continued detainment. This was not because they were ignorant to venereal diseases, but reformatories were often vague in their explanations on why their daughters could not be released. Parents often appealed to attorneys or higher authorities when they did not get the answers or outcome they sought from the reformatories. They treaded a fine line between demand and acquiescence to authority. The parents of Alice Holmes, a 16-year-old girl arrested for prostitution and who subsequently testing positive for syphilis, appealed to Bedford Hills Superintendent Amos Baker and the Board of Visitors on a number of occasions. Her parents, Owen and Alice Holmes lived in Windsor Vermont, where Owen Holmes worked as a railroad

³⁶ Secretary of the Board of Visitors letter to Stella Betters, September 13, 1928, Box 25, “Nora Betters Pelkey,” ASTS-NYSA.

telegraph operator — a profession that gave the family lower-middle class status.³⁷

Alice's family stated that they were capable of offering her the moral guidance she needed. They explained the circumstances leading up to her arrest in 1922, claiming she was innocent because an older man took advantage of her. Alice's mother expressed a willingness to work within the procedures of Bedford, but felt the proper place for her daughter was at home and not in a reformatory. The superintendent responded to her mother's requests for information on Alice's potential parole with a vague justification as to why she would not be released. Baker referred to Alice's syphilitic condition as a "disability," "disorder," or "physical trouble" in his responses as to why she must remain in the institution.³⁸

Alice's parents attempted to convince Baker and Bedford's Board of Managers that they would give her whatever care she needed in regard to her "physical condition," insisting that they knew more about her case than the institution. Their appeal represented a challenge to the new social order that granted state institutions power to control and reform female sexual behavior. Parents, like those of Holmes asserted their familial influence through their insistences that they were better equipped to look after their daughters. Baker and the Board remained steadfast in their refusal to grant parole, however, leading the family to go above the heads of reformatory officials.³⁹ Alice's father wrote to New York Governor Alfred Smith and her mother to Smith's wife, Catherine, for help in obtaining the release of their daughter. Alice's father, Owen

³⁷ Edwin Gabler, *The American Telegrapher: A Social History, 1860-1900* (New Brunswick, Rutgers University Press, 1988). Gabler argued that telegraphers represented a new class of workers within the middle class.

³⁸ Mrs. O.M. Holmes letter to Amos T. Baker, July 16, 1923; Amos T. Baker letter to Mrs. O.M. Holmes, July 17, 1923; Amos T. Baker letter to Mrs. O.M. Homes, July 23, 1923; Amos T. Baker letter to Mr. O.M. Holmes, August 31, 1923, Box 4, Folder 6, WSF-NYSA.

³⁹ Mr. O.M. Holmes letter to Honorable Board of Managers and Amos T. Baker, July 31, 1923, Box 4, Folder 6, WSF-NYSA.

Holmes, told Smith that the Board deciding Alice's case gave "first one excuse and then another" as to why they denied parole, while Mrs. Holmes appealed to Catherine Smith as a mother. She asked Catherine to speak with her husband about her daughter's situation because being in the reformatory was hurting Alice and making her a "nervous wreck."⁴⁰ Governor Smith did not directly intervene but the letters from her parents were copied and sent to Baker with a request that he contact the family concerning their daughter. After Baker received the letters in August 1923, Alice was released on parole less than one month later being declared "free from physical disease."⁴¹

The intervention of parents on behalf of their daughters brought mixed results, as venereal disease infections and biased public health laws lent reformatory officials the power to hold women and girls for undetermined lengths of time. Even though parents maintained the innocence and morality of their daughters and promised to obtain medical care through private physicians, success in obtaining parole was often not possible without the intervention of authorities outside of the institution. While the Holmes's took their case directly to the governor, other families found attorneys to intervene on their daughters' behalves. For example, Leona Purdy was a 20-year-old woman admitted to Albion in 1928 for helping a prisoner escape. Upon her admittance, she was found positive for syphilis, but her parents and husband wanted Purdy home to take care of her two children. Similar to the case of Alice Holmes, Superintendent Flora Daniels did not give specific detail related to the disease or treatment procedures for curing Purdy. Daniels denied consideration for release because of a "specific disease."⁴²

⁴⁰ Mr. O.M. Holmes letter to His Excellency Governor, August 27, 1923; Mrs. O.M. Holmes letter to Mrs. A.E. Smith, August 27, 1923, Box 4, Folder 6, WSF-NYSA.

⁴¹ Amos T. Baker letter to O.M. Holmes, September 20, 1923, Box 4, Folder 6, WSF-NYSA.

⁴² Flora Daniels letter to McNerny & McNerny, May 9, 1928, Box 25, "Leona Purdy," ASTS-NYSA.

Leona Purdy's family received a quick release of their daughter because a law firm and private physician interceded on their behalf. Letters from the law firm McNerny & McNerny promised that Leona's husband, George Purdy would seek treatment for her "disease" if she were allowed to return to her family. A physician also wrote Daniels stating that he agreed to treat Leona, but only if he was not responsible for her behavior. After communicating with the attorneys and the physician, the Board of Visitors at Albion remained resistant to granting parole until she had served at least six months in the institution. Purdy was released shortly after her six months expired in October 1928, but Daniels notified the Department of Health in her hometown of Garrett, Indiana of her condition so that Leona would be monitored if she lapsed in continuing treatment.⁴³

Reformatory officials expressed great concern over instances of venereal disease in their inmate population and felt it was their role as state agents to protect the physical health of the population from these "diseased menaces" by denying parole. Timely release was a possibility only with the intervention of family members who appealed, with limited success, to reformatory officials personally or through attorneys and other government officials. Treatment of syphilis and gonorrhea was necessary for the health of the inmate; however, it was not their health, but the health of community that concerned officials. If released before rendered non-infectious, women, already deemed sexually deviant, posed a risk to society that needed to be contained. Appealing to public health was the most efficient way in which reformatories kept the dangerous elements of society segregated until outside pressure proved too great and the denial of parole was no longer a possibility.

⁴³ McNerny & McNerny letter to Board of Visitors, May 10, 1928; H. Nugen letter to Flora Daniels, August 28, 1928; Nellie Coon letter to H. Nugen, September 14, 1928; Flora Daniels letter to Department of Health, Garrett Indiana, October 16, 1928, Box 25, "Leona Purdy," ASTS-NYSA.

Even upon release, the mark of venereal disease followed the girls like a cloud of contagion. Parole did not end medical or social surveillance of their lives, as they were expected to give monthly updates and reports on their health. Superintendents of reformatories took on maternal or paternal roles and expected parolees to acquiesce to the authority these officials maintained in their lives. Parolees were required to ask for permission to marry and present evidence of gainful employment, which primarily consisted of domestic work. Failing to submit a report, marrying without permission, or not maintaining employment were often grounds for the revocation of parole. However, for many women finding employment was often difficult because of their past records not as reformatory inmates, but as venereal disease carriers.

The criminalization of venereal disease that began in World War I and continued in the interwar years through state boards of health, the justice system, and female detention centers left women distressed and hampered by societal labels that essentially deemed them criminally diseased. Hellen Jayne was turned down for every job she applied for because of blood tests that showed she was positive for syphilis. Jayne was admitted to Albion in 1928 for vagrancy and tests showed she was infected with syphilis at that time. More than a decade after her release, in 1945, Jayne's husband, C.E. Hills wrote to the Albion Medical Department in a state of despair as to why his wife could not gain employment because blood tests continued to indicate a positive result for syphilis. Mr. Hills expressed confusion as to why his wife struggled with this predicament because they had been married for fourteen years and he had passed four Wassermann Tests. Hellen Jayne received eighteen months treatment while at Albion and left thinking she was cured, but the stigma of venereal disease followed her and negatively impacted her

ability to gain employment.⁴⁴ Jayne was treated for syphilis until rendered non-infectious, thus posing no danger to the physical health of society. However, even though she no longer was infectious, blood tests still indicated the presence of syphilis. After being turned down for several jobs, she was told that further treatment was not necessary by a physician with the Board of Health. Employers still did not want to take the chance that Jayne may infect others with gonorrhea or syphilis through daily contact. This fear was not based in medical science, but on a social construction of disease that positioned the poor and working class as an immoral element that represented a contagious threat to the middle class.⁴⁵

Past or present venereal disease infections were a significant indicator of a woman's health *and* character and many women internalized society's perceptions of venereal disease as criminal in the female body and indicative of more than just a health problem. Tessie Boehm expressed great distress over testing positive for syphilis in 1925, after being granted parole approximately ten months before. Boehm gave birth and married while at the institution and wrote Superintendent Amos Baker in shock concerning her blood test. "Dr. Baker you can't imagine how much it hurted [sic] me when I heard that. The only one I was with was my Husband ..." Boehm's child tested negative for syphilis, leading to her confusion over her positive diagnosis. Syphilis for Boehm meant more than a health problem, but an economic one as well. She requested treatments so that she would be able to support her child through employment. However, Tessie also realized what syphilis meant for her reputation and potential as a "reformed" woman: "After a girl has done her utmost to make good out in the world and then she

⁴⁴ Mr. C.E. Hills letter to Albion Medical Department, February 24, 1945, Box 25, "Hellen Jayne," 14610-ASTS-NYSA.

⁴⁵ Brandt, *No Magic Bullet*, 22.

comes back for the state to help her so that [she] should not break her Parole and do everything thats [sic] right and to think that I have to come back and hear a thing like that. I am just heartbroken over it.”⁴⁶

After her diagnosis, Tessie returned to Albion on her own accord to receive treatment. After four months, she expressed frustration with the lack of information regarding her infection and having to remain in the institution. “I am anxious to get out in the world. For my childs [sic] sake. As my baby is in need of everything. So please do your utmost to help me,” she pleaded to Baker. Tessie was receiving treatments, but had yet to hear if they were effective. She said she was suffering from the treatments and claimed that she did not get a fair chance after returning to Albion.⁴⁷ Immediately upon learning of her positive diagnosis, Tessie actively sought treatment in order to obtain employment so that she could care for her child. However, like many women, she was not able to receive needed treatment without having to undergo quarantine and detainment. Tessie’s syphilis was conceived as more than a disease to be addressed through medical science; it was a signifier of danger and deviance – one that state officials used to segregate her from society and her child. Even though her letters to Baker demonstrated an internalization of ideas related to the immorality of venereal disease, Tessie also knew that she had a right to information regarding treatment and demanded justice when it came to releasing her in a timely manner.

The cases of Tessie Boehm and Hellen Jayne make evident the impact the criminalization of venereal disease had on women’s lives. Their inability to obtain employment because of past or present diagnoses created a vicious cycle for many former

⁴⁶ Tessie Boehm Porth letter to Amos T. Baker, January 14, 1925, Box 5, “Tessie Boehm,” WSF-NYSA.

⁴⁷ Tessie Boehm Porth letter to Amos T. Baker, March 21, 1925, Box 5, “Tessie Boehm,” WSF-NYSA.

inmates. Being unable to economically support themselves or their families through legitimate employment could lead many back to prostitution or served as justification for the revocation of parole. The infrastructure, public health laws, and discourse constructed and propagated during World War I created the entangled webs of venereal disease, immorality, and the female as a diseased threat. The negative impact this had on women continued in the interwar years despite resistance from outspoken women who sounded the alarm on the unconstitutional, biased, and repressive venereal disease control policies.

RISING VOICES

In 1921, Edith Houghton Hooker, a female physician and advocate for equal rights for women, wrote a scathing indictment of the double standards applied to male and female venereal disease carriers. She criticized the police power state boards of health wielded in identifying “persons” reasonably suspected of having venereal disease. After World War I, the power to detain women suspected of venereal disease was transferred to state boards of health under new regulations. States expanded the authority of medical officers to keep the laws in place, despite many state courts ruling them unconstitutional in *habeas corpus* proceedings. The state boards of health were invested with the judicial and police powers to determine who was reasonably suspected of having a venereal disease, making these state bodies “...a sort of unofficial minor court for the trial of ‘persons’ accused of immorality.” Hooker claimed that this crafty move on the part of states also coincided with a more “discreet verbiage” that used the word “person” when in actuality “The ‘persons’ who are ‘reasonably’ suspected of being infected with venereal disease are, in spite of the careful phraseology, almost always women.” Public officials justified the biased nature of public health laws through their beliefs that women were more dangerous as venereal disease carriers. Specifically, Hooker cited a

conversation she had with the former AEF venereal disease physician, Hugh Young. He told Hooker that women were sexual instigators who were alone to blame for the spread of gonorrhea and syphilis. Young portrayed men as the victims of “vicious women” and argued that if women were locked up then men would be safer. “Lock up as many of them as you can, the streets will be just that much safer,” Hooker quoted Young as saying.⁴⁸

The unconstitutional and biased nature of venereal disease control policies that criminalized syphilis and gonorrhea in women, but nodded toward sexual freedom for men outraged Hooker who turned the logic of male officials on its head, placing men as the vectors of disease. She blamed men for creating the demand in which prostitution thrived. It was this demand that was the root of venereal disease. Chastising men for their role in supporting prostitution and the spread of venereal disease, Hooker argued that “They have taken innocent girls, potential wives, and mothers, and through the institution of prostitution they have transformed them into whores and drug fiends, creatures so foul that they seem scarcely human.”⁴⁹ Medical officials, however, met Hooker’s criticism with indifference, stating that government could not bring the sexual demands of men under control, leaving the female venereal disease carrier as their best chance at preventing the spread of disease.⁵⁰

The League of Women Voters also attempted to reverse the biased public health policies in the interwar years through its committee on social hygiene, chaired by Valeria Parker, a medical doctor. The League advocated for the separation of matters of health and matters of punishment after learning that police authorities were imprisoning women

⁴⁸ Edith Houghton Hooker, *The Laws of Sex* (Richard G. Badger, Gorham Press, 1921), 242, 228-229.

⁴⁹ Hooker, *The Laws of Sex*, 309-310.

⁵⁰ Hooker, *The Laws of Sex*, 243-244.

during the war because they were infected with venereal disease. After the war, Parker visited an unidentified state where punitive measures of venereal disease control were in place, as “they were endeavoring to treat the diseased women on the penitentiary grounds.” She argued against this practice, stating that “The woman who is most delinquent is not always most seriously diseased.” The League sought to remedy the wrongs of this punitive approach by separating public health concerns from criminality and advocating for a single standard of morality.⁵¹

More troubling than the uncritical acceptance of the sexual double standard was the medical knowledge that Wassermann Tests were unreliable measures of determining syphilis. In 1921, the General Committee of the All-American Conference on Venereal Diseases resolved that “...no one should be committed to a prison hospital on the evidence of a single positive Wassermann test, inasmuch as it is not evidence that the patient is a source of infection.”⁵² Since World War I, medical officials were aware that a positive Wassermann result only indicated the presence, past or present, of syphilis and not if the patient was infectious. However, this basic, though quite significant, piece of medical knowledge was largely ignored, indicating that public health measures targeted social issues that ran much deeper than venereal disease control. Anxieties over gender and sexuality superseded objective medical knowledge of the unreliability of the Wassermann, as the test continued to be the primary indicator of presumed female sexual and moral deviancy, legitimating segregation from society.

⁵¹ Valeria Parker, “The Public Health Program of the League of Women Voters,” *Public Health Reports* 11, no. 11 (November 1921): 993-994.

⁵² Charles Bolduan, “All-American Conference on Venereal Diseases: Report on the Proceedings and the Resolutions of the General Conference Committee,” *Public Health Reports* 36, no. 28 (July 15, 1921): 1599.

From its ideological roots, medical and social thinking on the menace of syphilis and gonorrhea legitimated unconstitutional public health policies that for many female critics were reminiscent of the British Contagious Disease Acts. Noted social reformer Jane Addams made the connection between America's public health laws and the Contagious Disease Acts readily apparent in her 1928 centenary tribute to Josephine Butler, who vigorously led the fight to have the acts repealed in 1886. Addams condemned an Illinois law passed in 1919 that allowed for the compulsory examination and hospitalization of women suspected of venereal disease. "The Illinois statute is undoubtedly unconstitutional because it virtually provides for the punishment of women before they are found guilty of any offense, for they are subject to a forcible examination before any evidence is heard by the court ..." Addams urged state officials to overturn these laws and that men and women should both shoulder the blame for venereal disease. She did not fight against compulsory examination as a measure of venereal disease control, but demanded it be applied equally to the sexes and that hospitals used to treat disease be operated on a voluntary basis and not under conditions that emulated prisons.⁵³

Middle-class female reformers who challenged public health measures did so to different degrees. Addams was less radical than Hooker because of her general acceptance of compulsory examination if applied to men and women equally. Hooker held no hope in the current justice system because primarily men who accepted male promiscuity and punished females, whom Hooker viewed as victims of the male sex drive, controlled this arm of the state. "No woman would be safe on the streets if she could be forced to undergo an examination for venereal disease on the accusation of a

⁵³ Jane Addams, "The Importance to America of the Josephine Butler Centenary," *Social Service Review* 2, no. 1 (March 1928): 14-18.

single policeman without recourse to a trial by law,” Hooker wrote. Her recommendations for overhauling the public health campaign stopped far short of prophylactic use and open acceptance of female sexual expression, however. On the one hand, she feared that using prophylactics, as the military had implemented overseas during the war, would only give men free license to have sex outside of marriage, while women would not visit stations out of fear of being imprisoned or shamed for the perceived immorality of their actions. Perhaps rightfully so, Hooker thought it impossible for society to accept open female sexual expression as part of a medical program. But she also expressed her fears on what free use of prophylactics might mean for the future of womanhood: “To any reasonable person it is clear that a single decade under such a policy of toleration, if carried through with the sincerity practiced in the case of man, would result in a striking change in the standards of feminine conduct.”⁵⁴

Concern over the maintenance of the nuclear family structure that defined and sustained middle-class life informed the female reformers’ criticisms leveled at the venereal disease control program and their solutions for an effective and fair public health campaign. Hooker and Addams both supported voluntary treatment and the decriminalization of venereal disease in women. This was a progressive solution when considered in context of policies that trampled on the constitutional rights and liberties of women. However, they also urged that women brought in on charges of sexual immorality undergo a system of reform, such as was being undertaken in reformatories created to house venereal disease carriers during World War I. This represented a limit to the degree in which middle-class women accepted challenges to traditional sexuality

⁵⁴ Hooker, *The Laws of Sex*, 246, 279.

practiced within marriage relations. Specifically, Hooker claimed that "...extra-marital sex relationships must be placed beyond the pale and heavy penalization be instituted for infraction of the fornication law."

Women challenged public health laws that primarily targeted working-class females, but showed restraint in how far they were willing to accept a new sexual order that they viewed as threatening the family as a social unit. However, in an auspicious way, the constitutional violations of their working-class "sisters" created an opportunity where they called for greater participation in the medical, law enforcement, and judicial fields. Bolstered by the recent victory in obtaining suffrage, women during the interwar years used the issue of venereal disease to obtain seats at the table of social surveillance and sexual repression. Hooker wrote *The Laws of Sex*, a polemic text published in 1921 criticizing the double standard of sexual morality and venereal disease control, to "...show how women can use their newly won political power to improve moral conditions." She demanded that women have a greater presence on boards of health, as judges, jurors, prosecutors, and in law enforcement to ensure the fair implementation of venereal disease control policies.⁵⁵

Women had greater success in obtaining positions as legal professionals, police officers, and reformatory superintendents than as medical officers within the field of public health, though there were increasing calls for public health nurses in the 1920s and 1930s. Female influence in these areas shaped the direction of the venereal disease control movement in the 1930s by demanding a sociological approach that deemphasized syphilis and gonorrhea as indications of criminality in the female body. Anna Kross, a

⁵⁵ Hooker, *The Laws of Sex*, 8, 295, 302.

magistrate with New York City's Women's Court, recommended a change in judicial procedure as it related to women charged with sexual immorality and found infected with venereal disease. She called for the creation of a sociological court, which would treat the infected woman "...not as a criminal, but rather as a person suspected of having a disease..."⁵⁶ The sociological court would seek to obtain a social history of all women who became before the court so that an appropriate plan for social rehabilitation could be pursued.

Kross also wanted to eliminate compulsory examinations and treatments in locked hospitals or detention facilities, but this was done so after a number of detainees resisted their treatment by hiring lawyers to challenge their imprisonment on *habeas corpus* proceedings. Many working-class women who could not afford a lawyer, however, refused to remain in a hospital, insisting on a sentencing hearing because they knew that they were eligible for immediate release. Under public health laws, the Board of Health could forcibly detain women, but the Chief Magistrate instructed the other magistrates to give the defendants a 120-day sentence to prevent health officials from having to enact their police powers. Kross, however, "protested that she could not in conscience impose a jail sentence in lieu of hospitalization." From this position, she created an alternate plan that allowed forty-seven women to receive treatment in their communities under social and medical supervision.⁵⁷

Kross led the movement to decriminalize venereal disease in women through her social approach to prostitution that harkened back to the Progressive Era belief in science, particularly social science, as a solution to societal ills. The decision to allow women to

⁵⁶ Zelda Popkin, "Sociological Court is Urged for Women," *The New York Times*, November 25, 1934, A2.

⁵⁷ "Asks Court to Aid Diseased Women," *The New York Times*, June 5, 1938, A2.

receive treatment without the threat of detainment was also influenced by practical concerns related to strained budgets during the 1930s and overcrowded detention facilities. For example, the House of Detention for women in Albany had the capacity to house 401 inmates, but in 1938 there were 688 female detainees at the institution. Overcrowding, along with female detainees' legal challenges persuaded communities to erect clinics that allowed for treatment without the threat of detainment. However, these facilities served to move social surveillance from courts to clinics.

VOLUNTARY TREATMENT CLINICS AND SOCIAL SURVEILLANCE

Treatment clinics allowing women to freely seek medical help for gonorrhea and syphilis in their communities — as men had been allowed to do decades before — represented a new direction in venereal disease control that decriminalized the presence of gonorrhea and syphilis in women. However, the proliferation of voluntary clinics represented a new layer of social and medical control that women could not escape. Despite being able to freely seek treatment without risk of detainment, the presence of venereal disease in the female body still indicated something greater than a medical problem. Social surveillance remained a part of women's lives, as the clinics instituted treatment plans that included the involvement of physicians and social workers to investigate causes of perceived immorality and track their whereabouts if they did not return for a continued course of treatment.

In 1932 Edith Julia Vecker, then a graduate student at the University of Chicago's School for Social Work, conducted a study on 558 women patients at the Illinois Social Hygiene League, a free clinic for venereal disease patients. Vecker viewed the women in the clinic as apt subjects for determining the social problems that may have led to their clinic visit. Of the 558 patients, she chose fifty for which she conducted an extensive

social background study that included family and sex history. Vecker concluded that the women seeking treatment in the clinic were not the "...depraved and morally insensitive group of prostitutes that most people so readily connect with any mention of gonorrhea and syphilis." Indeed, many of the women reported contracting syphilis or gonorrhea from rape, a "steady" boyfriend, or their husbands. For example, "Thelma," a married African American woman contracted syphilis after a police officer sexually attacked her in a Chicago park. Indicative of the risk of sexual violence black women faced, Thelma said she was in the park with her then boyfriend when a police officer ordered them to "move on." He separated the couple and accompanied Thelma to the park entrance where he "...suddenly grabbed her and thrust her in some bushes." She reported the rape and identified the police officer, who was subsequently brought before a court, but the case was dismissed and the police officer kept his job. Thelma claimed there were several similar charges against the officer but he always managed to skirt conviction. She remained determined "to get even" with her attacker who left an enduring reminder of his violent transgression – syphilis.⁵⁸

Cases like that of Thelma led Vecker to conclude that there are greater social problems related to venereal disease that needed to be addressed alongside the medical concerns. The impoverished backgrounds, broken families, urban mobilization, and lack of social surveillance were coupled with Vecker's concern that women were uneducated about venereal diseases and harbored deep shame. "The women who did not know about gonorrhea and syphilis had looked upon it as a horror and something as far from their own possible experience that they were dazed and pitifully ashamed of their plight," she

⁵⁸ Edith Julia Vecker, "A Study of 558 Women Patients at the Illinois Social Hygiene League," (Ph.D. diss., University of Chicago, 1932), 188, 28-29, 98-99.

reported. Vecker found the women held feelings of remorse and dissatisfaction with life in general. The majority of women studied at the clinic were housewives, followed by factory workers, waitresses, and domestic servants. These occupations presented “...rather drab aspects of life with little opportunity for progress or the use of personal initiative of any sort.”⁵⁹ Similar to Hooker, Vecker viewed the venereal disease panic as a conduit in which to gain greater opportunity and social equality for women. However, her emphasis on the need for social workers to examine the backgrounds of these women indicated that the presence of venereal disease in the female body still foretold social maladjustment, or a deeper problem in these women’s lives that needed to be “reformed.”

The use of venereal disease treatment clinics represented the minimization of the legal system in treating disease, but did not entirely free women to seek treatment without official scrutiny. Social workers often made these clinics sites of investigation into the backgrounds of women’s lives, as female patients remained social and medical subjects of control. Failing to appear for treatment regimens that could last for one year or more also placed women in danger of being arrested. For example, Essie Watts, a poor cotton worker in Huntersville, North Carolina, reported that welfare officials sent her daughter, Mable to an industrial home for two years after failing to report for her syphilis treatments.⁶⁰

Community clinics for venereal disease were a half-measured attempt to decriminalize the disease in the female body. Women who reported to these clinics and received treatment risked social scrutiny and surveillance to ensure their repeat visits,

⁵⁹ Vecker, “Study of 558 Women Patients,” 42.

⁶⁰ Transcript, Essie Watts Oral History Interview, October 11, 1939, by Mary P. Wilson, Library of Congress, Manuscript Division, WPA Federal Writers Project Collection, 1936-1939. Online. <https://www.loc.gov/item/wpalh001909/>.

which often interfered with work schedules and family obligations. A sense of shame also prevented many women from visiting the clinic in the first place or continuing the treatment regimen. If the federal government's venereal disease program accomplished anything after World War I, it was to encourage these feelings of disgrace in women who felt they had broken all the socially prescribed rules of morality and proper womanhood. This hindered any medical program that offered treatment free of legal repercussions because, through experience, women learned that evidence of venereal disease infection placed their freedoms and liberties in danger.

The women detained in reformatories still operating after World War I knew the consequences of contracting syphilis or gonorrhea, as did the many who faced the unconstitutional laws that gave police powers to boards of health and allowed judges to interpret disease as criminality. Despite historical understandings operating under the presumption that repressive venereal disease control policies instituted during World War I relaxed during the interwar years, legal cases and reformatory inmates demonstrate how the repressive policies exercised through the expanded power of the judiciary, detention facilities, and boards of health. This expansion of power was not met without resistance from middle-class reformers. But calls for change, like those of Edith Hooker, were based on anxieties surrounding the health of the nuclear family as the foundation of society. Indeed, the family became the predominant concern for medical officials in the 1930s, replacing the diseased female delinquent as a threat to society with that of the racialized diseased mother.

Chapter 6: Race, Maternal Health, and Venereal Disease Control in the Rural South

In a 1938 article for the *Journal of Public Health*, Hildrus Poindexter, a leading African American in the field of public health and medical science, warned that southern rural areas “more than at any other time in many decades, are now the weakest link in our public health chain.” Dexter, the son of Alabama sharecroppers, who became a leading authority on public health, criticized rural blacks for what he perceived as sexual and cultural deviance that arose from ignorance and poverty.¹ Poindexter’s article reflected a shift in venereal disease control work that occurred during the Great Depression. In the minds of public health officials and social reformers, ignorance and poverty were the leading causes for the spread of syphilis and gonorrhea, creating an image of the rural south as a reservoir for venereal disease. Despite this shift from urban to rural areas, women remained the central focus of venereal disease control efforts, as they continued to represent the preeminent contagious threat. However, in the context of the rural south, officials and reformers positioned poor women as diseased threats to their children, and thus the region’s future economic stability.

Social and health reform organizations directed their venereal disease control work by targeting women as reproductive and productive laborers in the rural south. In the estimation of public health workers, as sources of contagion to their children (the future laborers of the south), their employers, and their husbands, southern rural women mired in poverty needed careful social surveillance of their private lives and actions. Social reformers, public health officials, and the employers themselves all had a stake in

¹ Hildrus A. Poindexter, “Handicaps in the Normal Growth and Development of Rural Negro Children,” *The American Journal of Public Health* 28 (September 1938): 1049.

policing the lives of poor women — greater social and political power, greater evidence of the need for public health workers, greater economic power, and greater control over workers.

Federal intervention through the Public Health Service and northern philanthropic and reform organizations such as the Julius Rosenwald Fund and the American Social Hygiene Association brought a message of modern public health to perceived degenerate groups of poor whites and blacks working in the fields and industrial rural areas, such as coal camps and mill towns of the south. The reliance on largely northern organizations to address venereal disease assured that the urban white and black middle-classes in the north and south would see the impoverished southerners as anomalies to a modernized nation. They were positioned as degenerate in their morals and culture, thus needing uplift through the modernization of health and medicine. This core belief among the urban middle-class guaranteed the creation of a venereal disease control program that was progressive in its commitment to expanding medical access but also dependent upon measures of social control.

One can see a continuation of the “paradox” of early twentieth century reform through public health initiatives related to venereal disease control during the 1920s and 1930s. In his study of Progressive Era reform in the south, William Link identified a struggle between paternalist reformers and local communities. He argued that the urban middle-class reformers viewed both blacks and poor whites as “fundamentally different in culture and social structure.”² The rural south as a representation of tradition threatening modernity was the ideological underpinning of public health reform in the

² William Link, *The Paradox of Southern Progressivism, 1880-1930* (Chapel Hill: The University of North Carolina Press, 1992), Kindle edition, loc. 1199.

region. Edward Beardsley's study of health and neglect in the twentieth century south found that poor whites and blacks "represented a lawless, ignorant, almost barbaric element" that threatened the urban social order.³ When analyzing southern society through a lens of public health reform, a blurring of racial lines between how poor whites and blacks were stigmatized becomes apparent. Urban reformers and the southern middle-class reform workers who sought a modernized south conceived blacks and poor whites as similarly threatening economic and social stability.

Anxieties over poor white female sexuality and black sexuality also informed a conflation of perceived deviance that crossed boundaries of race and solidified class stereotypes. As the south was organized along strict gender, class and race hierarchies, any introduction of reform led by middle-class whites worked to assure the maintenance of white supremacy. In her study on the repression and control of sexuality in Virginia during the interwar period, Pippa Holloway argued that government officials and reformers judged poor whites and African Americans through a lens of white middle-class female respectability. Those who held power in society deemed sexual behaviors or folkways that deviated from the idealization of a pious womanhood as threatening and in need of control by the political and economic structures of the state.⁴

Southern race, class, and gender anxieties therefore collided with national concerns over the falling birthrate, increasing numbers of people receiving relief aid, and perceived decline in labor efficiency during the Great Depression to create a venereal disease control program that further stigmatized the southern rural poor, both black and white, and pushed poor women's reproduction into the discourse of national and

³ Beardsley, *A History of Neglect*, 2.

⁴ Holloway, *Sexuality, Politics, and Social Control in Virginia*, 10.

economic security. Indeed, public health measures instituted to combat syphilis and gonorrhea in the south represented a “paradox” of federal and state commitment to unfettered treatment *and* measures of social surveillance and repression.

POLICING DOMESTIC WORKERS

The first few years of marriage were unhappy ones for North Carolina residents Dolph Parsons and his wife. When a worker with the Federal Writers Project interviewed Parsons in 1939 he was thirty years old and trying to piece together the remnants of his marriage. The couple split after Parsons and his wife tested positive for syphilis. The diagnosis tore the marriage apart, as they looked at each other with suspicions of infidelity. However, the physician assured the couple that their housekeeper, “a settled negro woman” had been the cause of their infection. The physician used the domestic worker as a scapegoat to explain away the infection that could have only occurred through sexual contact. Parsons hired the domestic worker after his wife decided she wanted to enter the workforce. They immediately fired the housekeeper upon the doctor’s revelation, but he blamed the domestic worker and his wife’s decision to work for all of his marital woes: “I still say no woman should go in public work unless absolutely necessary. She never knows who she is leaving the children with, in our case it robbed us, first of all, several years of happiness.”⁵ Parsons’ contention that guilt laid upon only the shoulders of, first the domestic worker and, second, his wife was indicative of a venereal disease control movement that placed little responsibility on men for stopping the spread of gonorrhea and syphilis. Local and federal health officials, together with social reformers, approached venereal disease among rural southerners by targeting primarily

⁵ Transcript, Dolph Parsons Oral History Interview, 1939, by Ethel Deal, page 7, American Life Histories: Manuscripts from the Federal Writers Project, 1936-1940, Library of Congress. <http://www.loc.gov/item/wpalh001782/>.

the women of the region. In doing so, they continued the well-worn path of marking the female body as a contagion to the moral and physical health of the nation.

Public health work in the south, bolstered by \$8 million allotted to the Public Health Service for venereal disease control in the states under the Social Security Act, focused intently on African Americans as health threats to the southern whites for whom they worked. The idea of blacks representing a source of contagion is best seen in the attempts to monitor the intimate lives of domestics who historians have argued were the bridge between black and white worlds in the south. Much of this scholarship has focused on domestic work in the urban north. During the Depression in northern cities, black women stood on street corners waiting for day work in white households in what was known as the “Bronx slave markets.” Southern black women also clung precariously to their domestic work as it remained one of the few opportunities opened to them.⁶

During the 1930s, many black women became the breadwinners, but as Jacqueline Jones argued, they also “endured a degree and type of workplace exploitation for which the mere fact of having a job could not compensate.” Throughout the Depression, nine out of ten black women worked as domestics or agricultural laborers. White employers sought a greater return on the investment, often subjecting domestic workers to “speed-ups,” which required domestics to work longer hours for less pay.⁷ Even though New Deal initiatives such as the National Recovery Administration (declared unconstitutional in 1935) and the Wagner Act sought to protect laborers and

⁶ Vanessa H. May, *Unprotected Labor: Household Workers, Politics, And Middle-Class Reform in New York, 1870-1940* (Chapel Hill: The University of North Carolina Press, 2011), 123. May discovered that more than two hundred “slave markets” were visible in New York City and employers offered African American domestics seeking work few hours at reduced wages.

⁷ Jacqueline Jones, *Labor of Love, Labor of Sorrow: Black Women, Work and the Family, from Slavery to the Present* (New York: Basic Books), 167, 172. Statistics related to unemployment and black domestics and agricultural workers quoted in Jones, 167.

their right to organize, domestic and agricultural workers, the two occupations most open to hiring black women, remained outside the purview of federal government concern or intervention. Regulation of domestic labor existed only in the context of protecting the middle-class home from the presumed immorality and disease black domestics brought through the backdoor. In her case study of domestic labor in New York, Vanessa May argued that middle-class labor reformers ignored the working conditions of servants in favor of protecting the middle-class household.⁸ Southern states also pursued initiatives that targeted the black female body as an agent of disease to the white middle-class household, offering cautionary tales of physical and moral contamination.

Many of the statistics gathered around African American venereal disease rates were unreliable. Statistics gathered during World War I, for example, were shaded by generalizations and racist presumptions of black promiscuity. Government and health officials often proclaimed a ninety-percent infection rate among black troops, giving the African American population the great misfortune of being labeled and defined as a “notoriously syphilis soaked race.”⁹ Arthur Spingarn, a World War I captain of the US Army Sanitary Corps, criticized venereal disease statistics related to African Americans, claiming, “Southern physicians generally will tell you that ninety per cent (some of the more conservative put it at 75 per cent) of negroes are syphilitic, but inquiry always discloses the absence of data.”¹⁰ Spingarn was a lawyer by training who served as vice president and chairman of the National Legal Committee of the National Association for the Advancement of Colored People. He was also president of the NAACP from 1940

⁸ May, *Unprotected Labor*, 80.

⁹ Quoted in James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: The Free Press, 1981), 27.

¹⁰ Arthur B. Spingarn, “The War and Venereal Diseases Among Negroes,” *Journal of Social Hygiene* 4, no. 3 (July 1918): 334.

until his retirement in 1966.¹¹ His commitment to racial equality and justice filtered into how he viewed venereal disease among African Americans. Spingarn argued that black rates of disease were comparable to whites and were the result of the medical community's indifference to black health. However, a stated concern about the contamination threats posed by blacks was interlaced within this liberal consideration of racial differences in venereal disease rates. Speaking specifically to southern society, Spingarn offered a warning: "The races are thrown in the closest physical contact. All domestic service is performed by negroes. They wash the clothes of the white population, cook and serve its food, nurse its children, and in unnumerable [sic] ways are continually exposing the white man, woman, and child to the danger of infection from their own syphilis."¹²

Spingarn exploited the idea of germs and venereal disease as being "democratic agents" that knew no color line in order to urge white southerners to act on the behalf of black health. Before the intervention of the federal government through the Public Health Service and private philanthropic organizations like the Rosenwald Fund, black middle-class female reformers took on much of the work needed to improve black health. Black women's attempts to "clean up" the lives of the poor was a part of the larger vision of race betterment that was motivated by ideas of responsibility and self-interest.¹³ Blacks carried the responsibility of convincing white southerners of the need for greater government intervention in assuring the health of the black population. To motivate white response, black reformers argued that illness in their race also threatened the white race. A white physician phrased the need for greater venereal disease control work in black

¹¹ Farnsworth Fowle, "Arthur Spingarn of N.A.A.C.P. is Dead," *New York Times*, Dec. 2, 1971.

¹² Spingarn, "The War and Venereal Diseases among Negroes," 340-341.

¹³ Smith, *Sick and Tired of Being Sick and Tired*, 18.

communities as a form of “self-protection” of whites, stating, “the syphilitic Negro population is a great reservoir of disease capable to extension to whole communities to whole communities if unchecked.”¹⁴ The conception of democratic germs that did not abide by the laws of Jim Crow segregation prompted southerners to act upon black health concerns, but in repressive ways.

Just as germs crossed the color line, so did domestics. In Tera Hunter’s work on black domestic workers after the Civil War, she found that tuberculosis, once considered a white disease, became a “Negro Servants’ Disease” in the emancipated South. Hunter argued that white employers viewed black domestic workers as a source of contagion because of “their frequent trips across the color line in their daily work.”¹⁵ There are many parallels between the late nineteenth and early twentieth century panic over tuberculosis crossing from black worlds to white households and the fears over venereal disease being spread by black cooks and nursemaids. Public health work related to the control of venereal disease in the 1930s also targeted black bodies as the contagious element that threatened white households. For example, Oscar Johnston, president of the Delta & Pine Land Co located in Bolivar County, Mississippi, urged syphilis testing and treatment for his employees, highlighting the fear of contagion as it spread beyond the sharecropping community. “The importance of a Nation-wide antivenereal campaign is apparent when we reflect upon the danger to which infants are subjected by being exposed to infected nurses, when we think of the number of domestic servants, cooks,

¹⁴ Maurice Sullivan, “The Part of the Negro Doctor in the Control of Syphilis,” *Journal of Social Hygiene*, vol. 19, no. 8 (November 1933): 439.

¹⁵ Tera Hunter, *To ‘Joy My Freedom: Southern Black Women’s Lives and Labors after the Civil War* (Cambridge: Harvard University Press, 1997), 196, 217.

washerwomen, and nurses in daily contact with innocent unsuspecting persons,” Johnston warned a congressional committee.¹⁶

Panic and fear over potential venereal disease carriers influenced the passage of city ordinances and state laws that regulated food handlers and domestic servants. By the 1930s, medical officials had disproved any scientific claims of infection through means outside of intimate contact.¹⁷ Despite this, many southern states continued to enact laws that mandated all persons who handled food or other products for public consumption be tested for venereal disease. Such measures targeted the working-class as agents of disease and contagion. Specifically, domestic servants could fall under the definition of food handlers, as they often were charged with preparing meals. State laws and city health ordinances restricting those with syphilis or gonorrhea from working in places where there was daily contact with food or linens were standard in form, levying fines or possible imprisonment for employees who worked in these occupations while in a contagious state. According to a digest of public health laws in place by 1938, Florida was the only southern state that made a law on the state level expressly restricting domestic servants from engaging in nursing, acting as a nurse-maid, or having “any occupation which involves intimate contact with children.”¹⁸

Where state and local governments failed to regulate the health of black domestics, however, private employers often assured that their employees were free from venereal disease through medical surveillance. Contamination fears that were intricately

¹⁶ *Investigation and Control of Venereal Disease*, statement of Oscar Johnston, 39.

¹⁷ Health officers still encouraged the use of venereal disease tests for food handlers and domestics as a method to locate those infected. Brandt, *No Magic Bullet*, 156-157.

¹⁸ Bascom Johnson, *Digest of Laws and Regulations relating to the Prevention and Control of syphilis and Gonorrhea in the Forty Eight States and the District of Columbia* (New York: American Social Hygiene Association, 1940), 66, 78.

ted to race anxieties, biases and the presence of blacks in white households dictated white employers' presumed need to test their workers. Jane Stafford recalled that her mother "always had her servants tested for syphilis." She further justified the entire Jim Crow system of separate facilities upon not just ideas of racial inferiority, but contagion as well. "The separate silverware and bathroom – that was done because they were a different race. I don't know when it was begun. I expect it was always like that," Stafford said. "But of course, a lot of them had syphilis and TB, so there was that, too, that people mentioned as a reason."¹⁹

Stafford's statement is indicative of the social anxieties entrenched underneath public health measures related to venereal disease control. In the context of domestic workers who crossed into white worlds on a daily basis, medical surveillance constituted a measure of racial policing that reinforced the color line by undergirding it with proclamations of diseased black bodies that threatened white health *and* white supremacy if not carefully controlled and monitored. At the same time, public health served to define who holds the rights to citizenship. In their studies of Chinese and Hispanic immigrants respectively, Nayan Shah and Natalina Molina argue that what constituted cleanliness and hygiene in the late nineteenth to mid-twentieth century were intimately bound with ideas of citizenship and whiteness. Deviance from white middle-class understandings of hygiene marked boundaries between races and classes and served to exclude many Americans from important constitutional protections granted through the rights of citizenship.²⁰ Deemed as contagious threats, the right to privacy was the first protection

¹⁹ Interview of Jane Stafford in Susan Tucker, *Telling Memories Among Southern Women: Domestic Workers and the Employers in the Segregated South* (New York: Schoken Books, 1988), 177.

²⁰ Measures related to public health were used to regulate other racial groups as well. In her study of public health and race in Los Angeles, Natalia Molina argued that Americanization efforts hinged upon ideas of

that African Americans and poor whites sacrificed in the name of public health.

However, concerns that surrounded venereal disease also spoke to much larger anxieties related to the economic health of the nation and its future security. Public health officials gained important allies in their crusade against contagion by exploiting what an epidemic of syphilis and gonorrhea meant to the employers of those seemingly threatening the nation's health.

POLICING WOMEN AS THREATS TO LABOR EFFICIENCY

Alongside the black body, the poor white female body also came under close scrutiny and public health surveillance. This is particularly evident in coal mining communities of southern Appalachia. Converse to the politicization of sexuality in urban areas, rural reform initiatives focused on mothers and wives as perceived immoral influences and vectors of disease to their families. In this context, coal companies placed great emphasis on women's private lives to ensure order in the overlapping spheres of work and home. There was no true sense of a private sphere, as the coal company owned the homes in which miners and their families lived. Coal operators' interest in the conversations and actions that occurred in these households or among members of the family represented a form of domestic surveillance that was intricately linked to maintaining an obedient labor force.

Coal operators used fear to control any thoughts of labor agitation or resistance to coal camp policies. Female sexuality played a primary role in creating this atmosphere of fear within the coal camps. Sexual exploitation of female sexuality coincided with

cleanliness, hygiene, and health. Public health was intertwined with ideas of citizenship, which culminated in the deportation of Mexicans who tested positive for syphilis during the Depression. In his study of race in San Francisco's Chinatown, Nayan Shah also found that public health measures were used to discipline Chinese immigrants while encouraging assimilation to white norms. See Molina, *Fit to be Citizens? Public Health and Race in Los Angeles, 1879-1939* and Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown*.

attempts to repress sexuality through public health surveillance and blurred the same boundaries between home and work. Examples of sexual exploitation in coal camps demonstrate how a sense of powerlessness among residents was intimately bound to economic survival, as women's bodies served the dual purposes of ensuring labor efficiency and as sites of sexual access for the camp officials.

In 1928, Senators serving on the United States Coal Commission investigated the conditions among striking miners in the coalfields in the northern Appalachian region. In their investigation of western Pennsylvania coal camps, they learned of an attempted rape of one miner's wife, Myrtle Spurlock. Spurlock told the senators that Roy Jenkins, an officer with the Coal and Iron Police offered to drive her to Vestaburg to pick up her brother who was ill. Upon meeting her brother, the officer refused to allow him to ride back to the camp. On their return trip Jenkins parked his car in a secluded spot on the highway and then, according Spurlock: "...he grabbed me in his arms, and held me and kissed me." She attempted to fight him off and begged him to stop but he would not, continuing to assault her by trying to get his hands underneath her clothes. "Then I kept fighting with him, and told him if he did not start the car I would walk," Spurlock said.²¹ The officer stopped and they continued back to the camp. A short time later the officials with the Pittsburgh Terminal Coal Company fired Spurlock's husband, who was still working during the strike, and threw them out of the camp. They made the couple walk out and did not give Spurlock's husband the money owed for his work.²² This case is representative of the conditions that marked many coal camps in the Appalachian region.

²¹ *Conditions in the Coal Fields of Pennsylvania, West Virginia, and Ohio: hearing before the Committee on Interstate Commerce, United States Senate, Seventieth Congress, First Session, Feb. 23-27, 1928* (Statement of Myrtle Spurlock), 251-252.

²² *Conditions in the Coal Fields*, 251-252.

As Spurlock's experience demonstrates, women faced threats of sexual violence in the camps, but had little recourse in which to fight off their attackers without risking the loss of employment for their husbands, sending the family into destitution. In this way, the sexuality of miners' wives was intimately tied to employment security and, thus, the very survival of the family.

By the end of World War I, women suffered under scrutiny from both operators and outside social reform agencies. Following the war, social reformers turned toward Appalachia after the Kentucky State Board of Health sought the help of the U.S. Children's Bureau to determine why World War I draft records indicated a large percentage of "physically defected men."²³ Medical reports showed a high rate of venereal disease among Appalachian residents. Coal operators viewed these diseases as a threat to labor efficiency, just as military officials worried about the impact gonorrhea and syphilis had on military strength. They proceeded to exploit the national concern against venereal disease to garner greater power and control over coal miners and their families.

Female sexuality came under intense scrutiny because medical and reform organizations viewed women as the primary agent in the spread of gonorrhea and syphilis. From this gendered view of disease transmission, social reformers and medical professionals within and outside of coal communities constructed an image of the miner's wife as a potential threat to the physical and moral health of the workforce. Thus, controlling coal camp inhabitants meant limiting the mobility of women who were under the supervision and control of mine operators. The American Social Hygiene Association

²³ U.S. Children's Bureau, *The Nutrition and Care of Children in a Mountain County of Kentucky* (Washington, D.C.: Government Printing Office, 1922), 1.

worked in coordination with mine operators, some of whom invited the organization into the camps after it became evident that the diseases affected worker productivity and more importantly, the company's bottom line. For example, J.W. Bailey, a coal camp physician for the Inland Steel Company, which owned a mine and company town in Wheelwright, Kentucky, invited ASHA to the town after discovering an outbreak of venereal disease among miners in 1940.²⁴

A medical report indicated that Bailey treated fifty-seven cases of syphilis and thirty-three cases of gonorrhea in that year alone.²⁵ E.R. Price, the mine operator, understood the dangers of venereal disease as it related to the efficiency of the male labor force before the 1940 outbreak. Beginning in 1930, all men underwent a physical examination before being hired and these medical exams included blood tests for syphilis. But in 1932, Price decided that the coal company should also test the wives and other female family members for venereal disease.²⁶ This policy represents the control that coal operators wielded over not just employees of the mine, but their families as well. Mine officials subjected women to blood tests despite the fact that they were not on the company's payroll because blood tests that indicated infection in a wife meant her husband, an employee of the mine, was also infected, which placed him in danger of losing employment. Blood test results went directly to Price, who then sent the names of employees needing treatment to the camp doctor. Men who tested positive for venereal disease were "red-carded" and could not work until they underwent treatment. Losing

²⁴ See Crandall A. Shifflett, *Coal Towns: Life, Work, and Culture in Company Towns of Southern Appalachia, 1880-1960* (Knoxville: University of Tennessee Press, 1995). Shifflett argues that company towns were based in paternalism and that miners in these towns were able to create a community based on their shared experiences in these towns.

²⁵ J.W. Bailey, "Yearly Medical Report 1930," Box 53, Wheelwright Collection, Special Collections, University of Kentucky Libraries, Lexington, Ky. Hereinafter WCCR-UKSP.

²⁶ E.R. Price to J.W. Bailey, February 5, 1932, Box 80, WCCR-UKSP.

even a day of work negatively impacted the family. Treatment for venereal disease before the advent of penicillin took months, and sometimes, up to one year. If employees refused to take the treatment, they were not permitted to return to work and removed from the company town.²⁷

The cost of treatment also represented a barrier to miners and their wives who tested positive for venereal disease. Company doctors charged exorbitant fees for single injections of arsenic, which further burdened the precarious economic situation of town residents. Officials with the American Social Hygiene Association often urged camp physicians to reduce the price, which averaged five dollars per injection. When ASHA worker Eileen McGrath suggested Dr. Bailey lower the cost in Wheelwright to fifty cents per shot, he objected, saying that it bordered on socialized medicine, cut into his profits, and was not enough to compensate him for the perceived risks he endured when treating syphilitic patients. In a letter to Price, Bailey claimed that “There is also quite a hazard and risk to the doctors treating syphilitics, and I don’t think many doctors would be willing to run this risk for such a small fee of fifty cents a treatment. Many doctors have contracted syphilis from giving treatments.”²⁸ The rate of doctors contracting syphilis by treating patients are unknown, but extremely unlikely. As a medical professional, Bailey would have been aware of the germ theory of disease and the inability of syphilis to spread without intimate contact. Concerns over the company’s bottom line and not the health of the town’s inhabitants made access to treatment out of the question. It was cheaper to incorporate a program of control and supervision than to actually treat infected individuals.

²⁷ E.R. Price to J.W. Bailey, February 4, 1935, Box 80, WCCR-UKSP.

²⁸ J.W. Bailey to E.R. Price, June 16, 1942, Box 80, WCCR-UKSP.

When treatment occurred, it was often through the intervention of the federal government. Pauline Fisher, a coal camp nurse recalled the creation of a Public Health Service venereal disease clinic in Logan County, West Virginia because of presumed high rates of infection. Treatment, however, came at a social cost for residents caught in the web of public health and coal camp surveillance. If men refused to go for treatment they not only lost their jobs, but also were imprisoned, essentially criminalizing the presence of disease among residents of the coal camps. Once in jail, public health officials forced the men to name the women who might have infected them with venereal disease. The women were then jailed before being handcuffed and marched down the town's main street to receive treatment in what amounted to public humiliation and shame.²⁹

The treatment clinics established by the Public Health Service, coupled with the mechanism of imprisonment indicated the federal government's willingness to work with coal operators to essentially criminalize venereal disease among the impoverished residents of the mining towns. While federal public health officials created a strategy of medical surveillance, coal camps had other structures of surveillance in place to easily monitor the private lives of residents. The camp guards were positioned to root out potential labor organizers and union representatives. But these guards also operated as "sanitary" policemen who monitored the conditions of people in their living quarters. Eva Ruth McKean, who worked as a coal camp nurse at a Consolidated Coal Company mine in McDowell County, West Virginia recalled accompanying the mine superintendent and one of the doctors on "regular tours" of homes in the camp. They inspected the yards and

²⁹ Quoted in Claude A. Frazier, *Miners and Medicine: West Virginia Memories* (Norman and London: University of Oklahoma Press), 100.

the inside of approximately five hundred homes, reporting any violations of sanitation among the residents.³⁰ Similar measures of surveillance and control in the private sphere of the home took place among black domestics in white households, demonstrating how protecting the public's health was deeply intertwined with issues of labor, class, and race in southern rural communities.

Under the auspices of venereal disease control, reformers and public health officials policed the most private actions and movements of women. However, sexually promiscuous and diseased were only two labels that stigmatized the poor. There was one stereotype created through public health work that had the greatest consequences and impact on women's lives — that of the bad mother. In large measure, venereal disease control work informed conceptions of “bad” mothers and “good” mothers, as a “bad” mother became synonymous with disease and a perceived lack of hygiene. The stigma of the “dirty” and “diseased” mother crossed racial lines, entrenching itself deeply along class lines. In their venereal disease control work, social and medical reformers targeted impoverished mothers — both black and white — as diseased threats to their children, and thus the future of society.

POLICING MOTHERHOOD

In U.S. Surgeon General Thomas Parran's influential 1937 text on the epidemic of syphilis in America, *Shadow on the Land*, he proclaimed that “We must save these [syphilitic] children whose only fault was that they were not quite careful enough in the choice of their parents.” Parran sounded the alarm on the 60,000 children born with congenital syphilis each year and the one million *potential* mothers who have or have had

³⁰ Ibid., 102.

the disease.³¹ A growing concern over the lack of medical care in rural areas coincided with the greater scrutiny public health placed on the female body as a maternal body to create a public health movement that drew on class-based notions of proper mothering, hygiene, and sanitation.

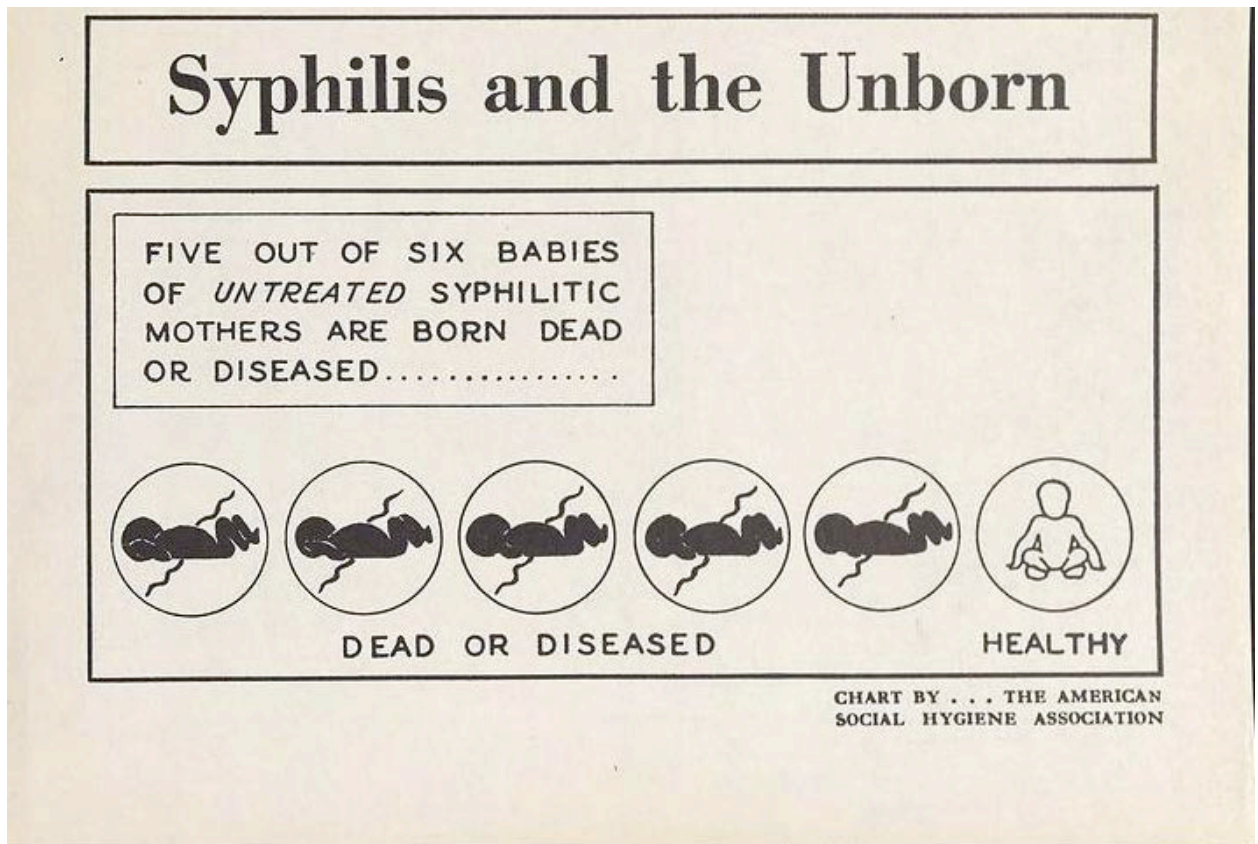


Figure 6: The American Social Hygiene Association used graphic images and Public Health Service statistics to encourage pregnant women to get tested and treated for syphilis. American Social Hygiene Association, n.d.. ASHAR, Box 115, Folder 13.

Anxieties over a falling birthrate during the Great Depression and a rising number of people on relief rolls informed the measures that would define public health work in the rural and mountain south. According to statistics cited by Parran, the birthrate per 1,000 people declined from 25.1 in 1915 to 16.5 in 1937, indicating that approximately one million fewer living babies were born in 1937 than if the rate had remained as it was

³¹ Parran, *Shadow on the Land: Syphilis*, 275, 293.

in 1915. Greater opportunities for women in the public sphere and an expanded knowledge of birth control also explains this drop, but Parran viewed the falling birthrate as a public health and economic problem, arguing that “Economically, children are more valuable now than ever before.”³²

Not all children were economically beneficial, however, as the Great Depression also raised concerns over the rising cost of treating syphilitics and the number of ill on relief rolls. Care for the syphilitic blind cost the country \$10 million a year, while institutional care for those who experienced neurological affects of the disease cost \$31.4 million a year.³³ A local study of relief rolls in Fulton County, Georgia indicated that 1,311, or 18.9 percent of the 6,911 relief applicants were syphilitics, forty percent of whom could not complete a full day’s work.³⁴ Parran viewed women’s capability to reproduce healthy children and maintain sound family units as the lifeblood of national stability. “Syphilis is a large though undefined factor in the problems of the home, the community, the state, and the nation,” he wrote. “Because of it marriages are prevented, families broken up, children born dead or handicapped. It lessens the efficiency of the young and the vigorous. It shortens life. It adds to the public burden of the physically and mentally unfit.”³⁵ Thus, venereal disease was viewed as much more than a public health threat — syphilis and gonorrhea was a threat to the future security of the nation.

Medical and social reform literature scrutinized working-class and poor women, both black and white, as unfit and diseased mothers who were threats to the moral and physical health of their children. Public health measures among this population

³² Thomas Parran, “Relationship of Maternal and Child Health to the General Health Program,” *The American Journal of Public Health* 28 (March 1938): 257.

³³ *Ibid.*, 257.

³⁴ Parran, *Shadow on the Land*, 64.

³⁵ *Ibid.*, 31.

intensified under Parran's direction, leading to the policing of the private act of mothering, while also challenging their rights to be mothers. Social hygiene workers and public health officers intervened in rural areas to address the perceived societal disorder represented by lower class women and their families. As these "prophets" of modern medicine descended on impoverished areas of the rural south, they brought with them their own cultural biases that stigmatized poor women as backwards, dirty, and ignorant. These biases informed measures of "medical uplift" that justified surveillance in the most private of actions, notably childbirth.

A strikingly similar language of hygienic and social deviance emerged to describe the need for child and maternal health among poor black and white women. For example, reformers working among the rural poor asserted that the fecundity of black and poor white women was a peculiarity that deviated from middle-class norms of family size. For example, Glenn Steele, a worker with US Children's Bureau reported that the "mountain girl" married early and had a large family. She stated that forty-four percent of married women in the southern Appalachia region of Georgia had endured eight or more pregnancies, all without medical supervision.³⁶ Charles S. Johnson, a noted black sociologist and advocate for racial equality, described black mothers living in rural Macon County, Alabama in a similar manner: "There is, as a rule, among Negro women generally a greater tendency to early marriage than among white families ..." He also found that rural blacks take pride in having a large family, stating that "'Good breeders' are regarded with admiration." According to Johnson, men proved their virility by having

³⁶ Glenn Steele, *Maternity and Infant Care in a Mountain County in Georgia* (Washington: Government Printing Office, 1923), 11.

large families, and women's capability to birth many children evidenced their fecundity, and thus, "value" to their husbands.³⁷

Steele's description of the "mountain girl" and Johnson's of the black family were informed by a class bias that envisioned lower-class blacks and whites as socially and culturally "backwards." Reformers created an image of a population needing the guiding hand of professional medicine and instruction in scientific housekeeping by equating these groups on the margins of society with deviance. Much of this image was informed by ideas of progress and modernization in American society. Positioned on the "periphery" of modernization, the people of the rural south supported prosperity of the core urban areas, but many in rural areas did not see the benefits of this urban wealth through increased social services and localized wealth.³⁸ In the positioning of the rural south as integral to the economic health of the nation, the role of mothers took on important meaning that extended from the private home to society as a whole.

Health and government officials positioned women infected with syphilis who gave birth to a syphilitic child as not just immoral, but also as economic burdens who drained state resources. The health department in West Virginia claimed that a seventeen-year-old girl infected more than two hundred men and boys in one county during the summer and fall of 1930. Subsequently, the girl gave birth to a syphilitic infant, which reportedly cost the county \$155 to care for the mother and child. Engaging in sexual

³⁷ Charles S. Johnson, *Shadow of the Plantation* (Chicago: University of Chicago Press, 1934), 47, 58. Black intellectuals like W.E.B. DuBois often criticized Johnson for his conservative approach to racial equality that depended upon coordination with white liberty groups. His views on how best to achieve racial equality were often compared to the accommodationist stance of Booker T. Washington, however, upon his death in 1957, an obituary proclaimed that "He was never an *uncle tom!*" See "Charles Spurgeon Johnson," *The Journal of Negro History* 42, no. 2 (April 1957): 151.

³⁸ Ron Eller, *Miners, Millhands and Mountaineers: Industrialization of the Appalachian South, 1880-1930* (Knoxville: The University of Tennessee Press, 1982), 227-228. Eller's analysis of Appalachian as a "peripheral" region supplying wealth to the "core" is informed by sociologist Immanuel Wallerstein's World Systems Theory.

relations and giving birth to a venereal disease infected child justified the commitment of the girl to a reformatory under state public health laws that allowed for the detainment of women with venereal disease, which was conflated with sexual immorality.³⁹ Health authorities blamed this one teenage girl for having an “unmeasurable” impact on the state’s coffers and the taxpayers who were paying thousands of dollars yearly for her immorality.⁴⁰

States grew increasingly anxious over having to provide support for the children of syphilitic mothers. For this reason, along with real concerns over the health of infants, public health officials expanded their role in policing the pregnant female body. Health officials sought to expand venereal disease testing and treatment of pregnant women into areas not yet reached by state and medical intervention. By 1939, a handful of states, California, North Carolina, and New York among them, had passed laws requiring prenatal testing of pregnant women. Serological examinations were successful in detecting, treating, and preventing placental transmission of syphilis. Public health officials measured success through the birth of a healthy infant without mention of the impact of arsenic and mercury treatments had on the health of the pregnant woman.⁴¹

Public health workers, along with reformers working within their own communities, addressed many issues of maternal and infant health through the regulation of midwifery. Midwives came under scrutiny in the early twentieth century as a part of the Progressive Era reform movement that focused on maternal and infant health.

³⁹ “Venereal Disease Imposes Big Burden on Taxpayers,” *Logan [West Virginia] Banner*, January 24, 1930; Bascom Johnson, *Digest of Laws and Regulations Relating to the Prevention and Control of Syphilis and Gonorrhea*, 407-409.

⁴⁰ “Venereal Disease Imposes Big Burden on Taxpayers.”

⁴¹ After California passed its prenatal examination law, infant mortality rate from syphilis declined from the 1938 rate of 6.50 in 1,000 cases to 0.15 in 1,000 cases in 1945. See Brandt, *No Magic Bullet*, 150.

Organizations such as the U.S. Children's Bureau employed reform-minded women who wielded their influence as middle and upper class women to train midwives in the promotion of professionalized medicine. Beginning at the turn of the century, the transition from midwives to physician-assisted births occurred in immigrant communities of the North and among the impoverished in Appalachia and the rural South.⁴²

Women who turned to midwives as their only feasible option in receiving assistance in childbirth resisted the drive to regulate midwives. Poor black and white women relied on midwives during birth because they were easier to access, cost less than physicians, and were often trusted female family members or friends. Midwifery in the rural south also was a traditional form of medical intervention as generations of women relied on the practice. The use of midwives increased during the Great Depression because of poor economic conditions that made obtaining private physicians further out of reach for the rural poor. For example, a maternal health study in Pike County, Mississippi found that nearly half of pregnant women chose midwives to oversee their deliveries between 1931 and 1936. This represented a trend away from physician-assisted deliveries. The researchers argued that the dire economic situations during the Great Depression explained the upward trend in women's preference for midwives.⁴³

⁴² Scholarship on the early twentieth century maternalist movement argues that middle-class and elite women used their roles as mothers to advocate for child and maternal health. Maternalist reformers worked among the immigrant and rural poor, offering instruction in scientific motherhood, which upheld science and professionalism as a modernizing force in the maternal lives of women. For more on the cultural tensions maternalist reformers and immigrant communities in the north, see Molly Ladd-Taylor, *Mother-Work: Women, Child Welfare, and the State, 1890-1930* (Urbana: University of Illinois Press, 1995). For a study on the role of maternalism in bringing scientific medicine to Appalachia, see Sandra Lee Barney, *Authorized to Heal: Gender, Class, and the Transformation of Medicine in Appalachia, 1880-1930* (Chapel Hill: University of North Carolina Press, 2000) and Melanie Beals Goan, *Mary Breckinridge: The Frontier Nursing Service and Rural Health in Appalachia* (Chapel Hill: The University of North Carolina Press, 2008).

⁴³ Maxwell E. Lapham, *Maternity Care in a Rural Community: Pike County, Mississippi, 1931-1936* (New York: The Commonwealth Fund, 1938), 30; Harold Whitted, "Problems of the Negro in the Venereal Disease Control Program," Box 115, Folder 16, ASHAR.

Public health workers and reformers argued that midwives were a threat to maternal and infant health and sought regulations for the traditional practice. Regulations included licensing requirements that prevented women from attending a childbirth without taking courses from health departments. States also mandated that midwives complete birth certificates and apply silver nitrate to the eyes of infants, which prevented potential blindness from gonorrheal infection if the mother carried the disease. Other regulations prevented midwives from performing vaginal exams or medically interfering with the delivery of a child, particularly in emergency situations. When midwives ran afoul of any of these regulations, state health departments revoked their permits, barring them from legally continuing their practices. Measures of social surveillance existed under this rhetoric of professionalization. Public health officials inspected midwives and their property monthly. This procedure included checking medical bags for proper and sanitary equipment and inspecting their bodies and homes for evidence of unhygienic practices.⁴⁴ The drive to professionalize midwifery unfairly targeted midwives and the mothers they assisted as unhygienic threats to infant health, while ignoring larger inequalities related to class and medical access. Through the individual and grassroots-level work of many reformers, however, maternal and infant deaths through childbirth decreased significantly.

The Frontier Nursing Service, created by Mary Breckinridge in 1925 is the best example of how reform of midwifery impacted maternal health. Breckinridge, a Kentucky native, worked in the eastern area of the state. She professionalized the field of midwifery by establishing training and advocating for licensure standards. This served to

⁴⁴ Onnie Lee Logan and Katherine Clark, *Motherwit: An Alabama Midwife's Story* (New York: E.P. Dutton, 1989), xii.

replace lay midwives with professional nurse-midwives.⁴⁵ Public health nursing also began to rise as a professional field of medicine during the interwar years. Like nurse-midwives, public health nurses primarily served those who had little access to healthcare. Arising from the model of charity visits, nurses traveled and made visits to homes of the ill, specifically people who had a contagious disease. Public health nurses served important roles in the rural south because there was scarce access to modern medicine and physicians in many of these areas. Public health nurses had to prove their value through not only medicine, but also cultural instruction. They became agents of “Americanization” who reached into the homes of immigrant, poor rural white, and poor black mothers to teach them how to “...interpret sanitary codes and to obey quarantine laws”, as well as “...how to select and use American foodstuffs with regard to nutritive value; how to raise the babies according to American customs and the demands of American climate.”⁴⁶

As agents of “Americanization,” public health nurses policed women’s maternal lives. The policing aspect of their work continued throughout the interwar years, continuing its reach into the homes of poor black and white women. In 1939 Chlotilde Martin, an employee with the Works Progress Administration, shadowed Mattie Ingram, a Beaufort, South Carolina public health nurse, while she traveled across the countryside visiting black pre-natal patients.⁴⁷ When she was not visiting patients, Ingram led the required instructional courses for midwives, held venereal disease and well-baby clinics,

⁴⁵ Goan, *Mary Breckinridge*, 10.

⁴⁶ Rose M. Ehrenfeld, “The Evolution of Public Health Nursing,” *The American Journal of Nursing* 20, no. 1 (October 1919): 16, 18.

⁴⁷ Mattie Ingram, interview by Chlotilde Martin, transcript, January 31, 1939, U.S. Works Progress Administration, Federal Writer’s Project, Folklore Project, Life Histories, 1936-1939, Manuscript Division, Library of Congress, <http://www.loc.gov/item/wpalh002096/>.

and vaccinated school children. Ingram's interaction with her female patients signified a power relationship informed by class bias. The nature of her job was such that she offered needed services welcomed by the women, but also policed their reproductive lives.

Carrying a black bag with a stethoscope, fluid for testing urine, first aid materials, and newspapers for her patients to lie on when nearing labor, Ingram traveled long distances, visiting a number of patients along the way. All of the women she visited were impoverished blacks, and of these, a majority suffered from syphilis. Among her travels on the day of the interview, Ingram visited a pregnant woman named Sara who had stopped coming to the clinic for syphilis treatment. Ingram visited Sara to iterate the importance of continued treatment despite Sara's complaint that the treatments made her ill. "In spite of the fact that twice as many Negroes in this county took treatment for venereal disease this year as last, it is still hard to persuade them to keep up the treatments," Ingram said. "No matter how carefully we explain, they become alarmed when they begin to feel the effects of the shots."⁴⁸ Public health officials ignored the side-effects pregnant women encountered — vomiting being the primary complaint — seeing their discomfort and illness as a secondary concern to preventing the birth of a syphilitic child.⁴⁹ It was reasonable for Sara to become alarmed when the treatment made her feel ill. Her decision to discontinue the shots was not one made out of ignorance, but most likely out of concern for her health and that of her child.

Ingram often described her patients as ignorant and filthy. She offered little sympathy for their economic plight and stood in judgment of their lack of resources. For example, when visiting a patient named Rosalie, Ingram described her as "discouraging."

⁴⁸ *Ibid.*, 2.

⁴⁹ K. Petren, "Primary Toxic Effect of Neosalvarsan," reprinted in *The American Journal of Syphilis* (October 1919), 688.

During the visit, Ingram scolded Rosalie for not continuing to give her baby cod liver oil. Upon leaving Rosalie's home, Ingram told the interviewer that Rosalie was "hopeless ... dirty, ignorant and stupid – children in the hands of a woman like her have no chance at all."⁵⁰ It is in this conception of the "dirty mother" that a blurring of racial lines and solidification of class lines is clearly seen. Reformers in the rural and mountain south used identical language to describe the inability of poor white mothers to care for and keep their children healthy. Reform work among both poor blacks and poor whites relied upon a "medical mission" designed to uplift a "backward" population through a bible of modern social hygiene and medical practices. However, as Sandra Barney argued in her study of the professionalization of medicine in Appalachia, these reformers were "agents of morality as well as health."⁵¹

As agents of morality, they determined whether women were morally and physically "fit" to reproduce and retain custody of their children. They used a language of eugenics to justify their claims. Scholars have uncovered how medical officials and social reformers targeted poor white women in the eugenics movement, which gained popularity at the turn of the century and continued into the 1970s. Eugenic sterilizations increased in the interwar years, peaking between 1935-1940. State laws codifying the science of eugenics, the economic pressures of the Great Depression, and the 1927 Supreme Court case of *Buck v. Bell*, which upheld the constitutionality of Virginia's sterilization laws explain the rise in sterilization procedures. Sterilization — an absolute transgression against women's reproductive sovereignty — became the ultimate solution for stopping the spread of perceived "defected germ plasm" that caused different

⁵⁰Mattie Ingram interview, 14-15.

⁵¹ Barney, *Authorized to Heal*, 109.

categories of mental incapability, including “feeble-mindedness”, idiocy, drunkenness, and immorality.⁵²

The public health movement against venereal disease became intertwined with the eugenics movement to mark the poor female body as immoral and diseased. Marking a white woman as “feeble-minded” was synonymous with linking her to “moral depravity, which was also linked to promiscuity.” Thus, “feeble-mindedness” became a sign of tainted whiteness – “scientific” proof that a woman could not responsibly fulfill her citizenship duties as they were defined by her ability to reproduce healthy offspring.⁵³ Social and public health reformers in the rural south focused on the hygienic habits of poor women in the rural south as evidence of class and racial deviance. The supposed absence of basic hygienic practices in the private spaces of the rural poor, and especially during pregnancy coincided with the assumption of the rural poor’s supposed ignorance in principles of hygiene. For example, in her study of a mountain county in Georgia, Glenn Steele drew upon the stigma of ignorance, arguing that “the mountain woman does

⁵² Alexandra Minna Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America* (Berkeley: University of California Press, 2005), 17. Scholars argue that medical officials and reformers who promoted eugenics linked poverty, immorality, and perceived mental disability (commonly referred to as feeble-mindedness) in their justifications for sterilizing women.

⁵³ Anna Stubblefield, “‘Beyond the Pale’: Tainted Whiteness, Cognitive Disability, and Eugenic Sterilization,” *Hypatia* 22, no. 2 (Spring 2007): 163. Historians of the eugenics movement in the United States have found further evidence of the link between poverty, immorality, and perceived mental disability (commonly referred to as feeble-mindedness) as justifications for sterilizing women. Social anxieties concerning feeble-mindedness heightened in the interwar years because intelligence tests, used widely on military recruits and draftees during WWI, indicated high numbers of feeble-minded Americans. Institutions for the feeble-minded and state sterilization measures grew in response to these anxieties. The intersections between poverty, gender, and sexual immorality assured that poor and working-class women would be the primary victims of compulsory sterilization measures that swept the southern states in the interwar years. For more on the expansion of public institutions for the feeble-minded and state sterilization statutes, see Steven Noll, *Feeble-Minded in Our Midst: Institutions for the Mentally Retarded in the South, 1900-1940* (Chapel Hill: The University of North Carolina Press, 1995). For more on how ideas of gender, sexuality, and class shaped the eugenics movement, see Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Oakland: University of California Press, 2005); Holloway, *Sexuality, Politics, and Social Control in Virginia*. Paul A. Lombardo, *Three Generations, No Imbeciles: Eugenics, the Supreme Court and Buck v. Bell* (Baltimore: Johns Hopkins University Press, 2008).

not realize the need for the hygiene of pregnancy, so important to her own well-being and that of her child.”⁵⁴ Poor women viewed as ignorant in these matters were instructed in “scientific motherhood,” which included middle-class values of nutrition and cleanliness and middle-class morality. Victorian sexual codes of conduct informed the principles behind middle-class morality. Victorian ideas of sexuality valued chastity and demureness, while also promoting a gendered division of labor that did not apply to the lives of poor and working-class women. This division of labor emphasized men’s role as the breadwinner and women’s role as mothers and caretakers. In this sense, poor women, who worked outside of the home, were viewed as not just the vectors of disease, but also as immoral and unfit mothers, putting them at risk for losing their rights as mothers.

Public health officials often blamed impoverished mothers for spreading venereal disease to their children. Placental transmission of syphilis caused the birth of a child with congenital syphilis, which physicians, public health nurses, and social reformers addressed through campaigns for prenatal care. But mothers also shouldered the blame for gonorrheal infections in their young children. Physicians often ignored sexual assault and molestation as a cause for gonorrheal infection, especially in young girls. In 1933, the Charity Organization of New York City, along with the Bellevue-Yorkville Health Center released a study of gonorrheal infections in female children.⁵⁵ Even though this study took place outside of the rural south, the conclusions of the physicians and the

⁵⁴ Glenn Steele, “Maternity and Infant Care in a Mountain County in Georgia,” U.S. Children’s Bureau, no. 120 (Washington: Government Printing Office, 1923), 14.

⁵⁵ The Bellevue-Yorkville Health Center’s study on gonorrheal infections was a part of a larger health demonstration funded by the Milbank Fund. The purpose of the study was to determine ways in which to extend health services to an area that covered fifty blocks in New York City and 175,000 people. The study began in 1926 and lasted for ten years, ending in a call for neighborhood health centers. See C.E.A. Winslow and Savel Zimand, *Health Under the “El”: The Story of the Bellevue-Yorkville Health Demonstration in Mid-town New York* (New York: Harper, 1937).

mother-blaming inherent throughout the study, represent the commonly held opinion that impoverished mothers were the primary source of venereal disease contagion.

Starting in 1926, physicians kept detailed records of 241 young girls who were diagnosed with gonorrhea at the Bellevue-Yorkville Clinic. The ages of the girls ranged from infants to fourteen years old, with more than one-half of the girls studied being under six years old. Physicians could not locate exact sources of infections, arguing that infection from contaminated articles, such as towels and toilet seats were possible, but they found that the majority of the girls were infected from “close, intimate personal contact in the home.” The report quickly noted, however, that gonorrhea in children “is infrequently the result of sexual contact and rarely violation.” Officials involved in the study determined that none of the 241 girls studied contracted gonorrhea from sexual violation or assault. This wide-sweeping conclusion came after only testing twelve of the fathers, nine of whom were infected.⁵⁶

Researchers focused primarily on urging the mothers to submit to gonorrhea testing. They attempted to examine all of the mothers, but were met with resistance and resentment. Mothers who brought their children for needed medical assistance were outraged that they came under suspicion for being infected and passing that infection along to their daughters. Seventy-six of the women agreed to testing — a much higher

⁵⁶ Walter M. Brunet and Dora M. Tolle, et. al., “Cervico-Vaginitis of Gonococcal Origin in Children,” *Hospital Social Service Magazine*, no. 1 (March 1933): 6-7. Lynn Sacco argued that medical professionals ignored male responsibility in cases of possible incest or rape in *Unspeakable: Father-Daughter Incest in American History* (Baltimore: Johns Hopkins University Press, 2009). Sacco found that Progressive Era reformers’ focus on household hygiene made men’s possible involvement invisible, fashioning mothers as the disease carriers who infected their daughters.

number than the nine fathers who were tested — and of those, physicians determined that sixty percent presented positive signs of gonorrhea.⁵⁷

The Bellevue-Yorkville study is a stark example of the depth in which mothers were blamed for venereal disease infections in their children. Other than the nine fathers who for unstated reasons agreed to testing, the report stated that there were no provisions made to test the fathers. In multiple places in the report, researchers also categorically denied any possibility of rape being a factor. Their refusal to acknowledge male immorality and criminality served to place mothers at the very center of blame despite their protests against the suggestion that they were infected, or that they were the source of contagion. With rape and sexual violation ruled out as a cause, physicians determined that poor hygiene and living conditions were to blame, despite common medical knowledge that it was impossible, or incredibly rare for gonorrhea to spread from infected articles, such as towels, linens, and toilet seats.⁵⁸

Pardoning fathers from any responsibility in the spread of venereal disease among children placed the practices of motherhood under scrutiny. Social surveillance of mothering intensified, and this surveillance reached into the homes of poor women living in the rural south. Venereal disease as a problem of hygiene in motherhood drew upon a long history of stereotyping the rural poor as dirty and ignorant, as social reformers heeded calls to protect the “innocent” from the diseased wombs and hands of their mothers. Such presumptions further challenged poor women’s rights to motherhood. Middle-class female reformers, many still approaching reform through a maternalist idea of uplift, stigmatized poor mothers as bad mothers through venereal disease control work.

⁵⁷ Brunet and Tolle, “Cervico-Vaginitis,” 6, 73.

⁵⁸ *Ibid.*, 73.

In doing so, they stripped the poor of the social and political power that came with mothering and gained social and political influence in their own lives.

The reform efforts of Linda Neville, a middle-class woman working in the rural region of eastern Kentucky, represented how venereal disease control initiatives among the rural poor drew upon middle-class biases that linked bad mothering to “unhygienic” practices and venereal disease. In the early twentieth century and through the 1940s, she focused her reform on children rendered blind from trachoma, gonorrheal infections, or those who were suffering from congenital syphilis. Often citing the ignorance of mothers to take proper care of their children, Neville shepherded daughters and sons from rural areas into her care, placing them in city hospitals for venereal disease treatment. In doing so, she wielded her authority as a middle-class woman to intervene in the maternal authority of impoverished women. Once in Neville’s hands, the mothers rarely received updates about their children’s recovery and were often left to wonder when they would see their children again.⁵⁹

Impoverished mothers enacted agency in demanding progress reports from Neville and the return of their children. However, systematic state interference and policing of their private lives constrained the extent to which they were successful in demanding that their rights as mothers be recognized. Charity workers often entered the homes of the rural poor with the purpose of removing children from what they perceived as immoral and squalid conditions. In 1922, representatives with the National Child

⁵⁹ For an analysis on Linda Neville’s work with the blind in Appalachia and her background as a reformer, see E. Ashley Sorrell, “‘Obtuse Women’: Venereal Disease Control Policies and Maintaining a ‘Fit’ Nation, 1920-1945” (MA thesis, University of Kentucky, 2011); for more on the relationship between Neville and those who were subjects of her reform efforts, see E. Ashley Sorrell, “‘She Now Cries Out’: Linda Neville and the Limitations of Venereal Disease Control Policies in Kentucky” in *Women of the Mountain South: Identity, Work, and Activism*, Connie Park Rice and Marie Tedesco, ed. (Athens: Ohio University Press, 2015); for an autobiographical account of Neville, see “Angel for the Blind: The Public Triumphs and Private Tragedy of Linda Neville” (PhD diss., University of Kentucky, 1993).

Labor Committee undertook a study of rural life in West Virginia. Workers with the committee visited eleven counties and 657 individual families. One reformer criticized the role of charities in removing children from their mothers without investigation or recording basic information like the names of the mothers and their children, and the new homes in which the children were placed. One such charity worker expressed pride in the fact that she had removed seventy-eight children from their homes in just a little over a two-year time period. “You know a child like that don’t amount to a cuss when raised with its mother,” the worker told the committee representative.⁶⁰

Middle-class public health workers and reformers saw themselves as performing heroic feats of “uplift.” The objective of their quest was to “save” the children from a perceived life of physical and moral disease. Their focus on saving the children caused many reformers to view the mothers of these “victims” as the enemy. The most private acts of reproduction and mothering came under scrutiny. Reformers politicized the private home in their attempts to reform everyday practices of mothering. For them, the mere state of being poor indicated the presence of a deviant culture that stood apart from civilized society.

Veneral disease control efforts shifted from the city to the countryside in the interwar years, as measures of medical and social surveillance among the rural poor intensified through the 1930s. Concerns related to labor efficiency and the health of children informed the social and medical interventions that occurred among poor white and black women. Social surveillance was an intricate part of this health work conducted under the guise of progress. Black domestic workers faced medical and social policing

⁶⁰ Lewis W. Hine, *Rural Child Welfare: An Inquiry by the National Child Labor Committee based upon Conditions in West Virginia* (New York: The MacMillan Company, 1922), 202.

from state governments and private employers, while women living in coal camps confronted the same aspects of policing through reform agencies entering the region, and camp officials bent on maintaining social order within the laboring class community.

Venereal disease testing and control measures aimed toward working-class black and white women hinged upon fears of contagion. White employers of domestic workers positioned their employees as contagious threats that could, in the case of Dolph Parsons and his wife, tear apart families and lives. For employers in the industrialized areas of the rural south, such as coal camps, the contagious threat became wives of miners who, in camp officials' estimation, posed a medical risk to labor efficiency. The punitive measures that arose from employer concerns about employee contagion filtered over into the policing of women's private lives as mothers. Here, medical officials and social reformers saw women as contagious threats to their children who were positioned as innocent victims of their mother's actions. This presumption informed how public health nurses like Mattie Ingram interacted with their pregnant patients, upholding the health of the unborn child over that of the mother who struggled to maintain her own sense of wellbeing during pregnancy.

Even after delivery, women remained in their positions as contagious threats to their children. They were stigmatized as unhygienic and infected, spreading their contagion through dirty towels, sheets, and unwashed hands. Mothers, alone, shouldered the blame for infections that occurred in childhood while the fathers disappeared into the background of medical discourse of contagion, just as soldiers had decades earlier.

Chapter 7: Afterward and Conclusion

In May 1940, the War and Navy Departments, the Federal Security Agency, and the Conference of State and Territorial Health Officers agreed on an “Eight-Point Agreement” that allowed for measures of venereal disease control in areas where armed forces were concentrated. The agreement, coming more than a year before the bombing of Pearl Harbor, resurrected specters of World War I policy that were embodied in the Social Protection Division (SPD) — a new agency created to protect armed forces from the “hazards of prostitution, sex delinquency, and venereal diseases.”¹

The SPD, like the Commission on Training Camp Activities and the Interdepartmental Social Hygiene Board, worked in collaboration with the military, federal, state, and local governments, and the American Social Hygiene Association to repress prostitution and reform perceived female sexual delinquents in the interest of public health. If there were lessons learned from World War I, they were that structures of social surveillance, expansions of police power, and suspension of due process worked to effectively police gender lines and sexuality during wartime upheaval. But women’s resistance to punitive venereal disease control policies in WWI impacted how government agencies enacted policies, as potential violations of civil rights became a concern for law enforcement, military, and public health officials.

Policing areas around military encampments endured as an important aspect of venereal disease control. Section 13 of the World War I Selective Service Act allowed for the detainment of women who were suspected of sexual delinquency or of having

¹ “Relationship: Social Protection to U.S. Public Health Service,” Memorandum No. 11, Records of the Office of Community War Services, Social Protection Division, General Records, 1941-1946, RG 215, Entry 37, NARA. Hereinafter OCWS-SPD.

venereal disease. Congress passed a similar surveillance measure in July 1941. Andrew J. May, Democratic Representative from Floyd County, Kentucky, and chairman of the House Military Affairs Committee, proposed federal intervention in areas around military camps where venereal disease rates were high and prostitution was thought to be prevalent. What became known as the May Act was invoked only through a recommendation by the War Department. During WWII, twelve counties in North Carolina and twenty-seven counties in Tennessee fell under control of the act. Once invoked, federal officials intervened in local areas to apprehend women suspected of sexual delinquency and charge them under a federal law prohibiting prostitution.²

The May Act stunted the reach of the federal government into local venereal disease control procedures. Invocation of the act required a system of warnings, surveys, and a period of probation before federal intervention. Communities, however, were encouraged to enact their own venereal disease control procedures as a part of their patriotic duty to the war effort — much like they were asked to do during WWI. For example, the SPD upheld Mingo County, West Virginia as a successful example of citizen action in the control of venereal disease through vice repression. Through the formation of the Mingo Health and Welfare Services Committee, Mingo County residents, along with the county sheriff and health officer planned and executed a raid on 16 “fake” hotels, leading to the arrest of fifty-six people, including suspected prostitutes and hotel owners.³

Concerns about potential civil rights violations in the arrests of women suspected of prostitution emerged in many regions of the country. In a distinct departure from the

² Kathryn Close, “In May Act Areas,” *Survey MidMonthly* 79, no. 3 (March 1943): 1-3.

³ Social Protection Division to All Social Protection Representatives, October 5 1945, OCWS-SPD.

public's response to the mass arrests and detention of women suspected of having venereal disease during World War I, challenges to the social protection and public health initiatives during World War II came to the forefront and coalesced around the protection of civil liberties. The divergence in approach between the two wars is apparent in Chicago's regional Social Protection representative's insistence that law enforcement respect the constitutional rights of individuals. The representative implored law enforcement to not act as a case finding agency, not use the suspicion of venereal disease as a cause for arrest, and to not arrest any woman unless a "bona-fide" charge is made against her.⁴ Such procedural approaches were the core of the venereal disease control program during World War I. In the 1940s, they served as examples of violations of civil rights.

The number of World War I and interwar *habeas corpus* proceedings pursued by women who were unjustly detained and criminalized for mere suspicion of venereal disease infection placed the tension between civil liberties and public health into the public consciousness. Although the legal procedures in which women were targeted, arrested, and detained for public health reasons were never ruled unconstitutional on a federal level, the foundation of this system crumbled through the resistance of women who asserted their constitutional right to due process by using the legal system or through acts of escape and disruption.

Such acts of resistance, large and small, spurred a critical reaction to the confluence of social protection and venereal disease control. The *Fayetteville Observer* in North Carolina spoke against the "violent" and "unconstitutional actions of the Federal

⁴ Martin J. Lanhart to Chicago Regional Social Protection Director, 2 August 1945, OCWS-SPD, Box 2.

Bureau of Investigation after law enforcement arrested eighty-five women for prostitution. At the time Fayetteville was a May Act area, which made prostitution a federal offense when committed in defense areas. The newspaper's editorial accused the federal government agents of detaining the women without charges and then using violence to coerce confessions, or using the evidence of venereal disease to justify their continued detainment. The newspaper argued that the Bureau was "guilty in every case of doing violence to constitutional rights which protect every defendant in the court of law," further urging women to enact their Fifth Amendment right to remain silent.

In an op-ed for the *South Carolina Labor Ledger*, John J. Irwin, president of the Central Labor Union of Charleston, protested the law enforcement and punitive aspects of "social protection" programs. "Many well intentioned persons blithely assume that the [social protection program] is a simple matter of corralling suspected individuals and subjecting them to proscribed medical treatment," Irwin wrote. "In their zeal to correct physical ills they overlook the possible and probably moral and political evils of a misapplied cure." He warned that social protection bordered closely on "fascistic" social control of citizens whose "predilections" were oppositional.⁵ Irwin's criticisms centered on the country's dependence upon law enforcement in developing and executing social protection measures:

The whole point is that the approach to the problem of social protection is wrong, here and in many other communities. A sound social protection program is not a mere matter of enforcing or creating laws. It is not primarily a control of organized prostitution, nor even one of regulating sexual morality of the community. It is a protection program, as its name indicates. It is a closely interwoven medical and social problem whose complexity requires the services of

⁵ "A Social Protection Program — Not a Law Enforcement Problem," *The South Carolina Labor Ledger*, 22 June 1945, copy in OCWS-SPD, Box 2.

two highly trained types of experts and well developed physical facilities. To turn the control of such a program over to ordinary law enforcement officers and the already overburdened public health officers is to invite consequences more damaging than the evil itself.⁶

Irwin's emphasis on the protection aspect of social protection programs is reminiscent of Progressive Era reformers' insistence upon a single standard of morality and the need to protect women from the sexual proclivities of men — an intellectual and social movement that fractured with the onset of World War I.

The need to protect and not persecute suspected sexually promiscuous women and young girls stayed in the realm of discourse during World War II. A SPD document detailed case studies of women arrested for allegedly infecting soldiers with venereal disease. But the case studies indicated that the women were being treated at clinics and not in jails. During World War II, "rapid treatment" clinics treated women but still held them in quarantine until they received clean bills of health. Many women who went to these clinics also did so involuntary, as they operated under public health laws that allowed for their forced quarantine.⁷

The social work aspect of treatment clinics that developed in the interwar period continued, as venereal disease infection still indicated a form of sexual deviancy and social maladjustment. The SPD case studies, however, show that clinic social workers largely rejected the notion that prostitutes and sexual deviants were "personality types." Clinic workers placed the "problem female" within her societal context and environment. They saw the women caught in vice raids or named as infectious agents by soldiers as

⁶ Ibid.

⁷ John Parascandola, "Quarantining Women: Venereal Disease Rapid Treatment Centers in World War II America," *Bulletin of the History of Medicine* 83, no. 3 (Fall 2009): 442.

“women adrift.” Indeed, many of the case studies tell of young girls who left their homes in small towns to seek jobs and adventure around military encampments.⁸

Soldiers maintained their positions as passive victims to women’s sexual advances while women in close proximity to soldiers and encampments remained threats to military health, stability, and national security. Even though critics of the use of involuntary quarantine were more numerous and vocal during World War II, wartime policy still supported the suspension of *habeas corpus* for female venereal disease carriers. A Cleveland, Ohio court, for example, denied a woman’s petition for *habeas corpus*, ruling that the health commissioner held the power to forcefully quarantine for women whom the commissioner “reasonably” suspected of having venereal disease.⁹

Punitive public health policies had its growing share of critics and solutions that sought societal reform through protection of women and girls. Re-adopting a Progressive Era mindset only intensified criticisms of mothers who were not doing their jobs of protecting the moral and physical health of the family. The health of children remained a critical concern, as they held the promise of democracy in the face of fascism. A joint statement by the PHS and the Social Protection Division implored parents to do their part in sustaining and increasing the health of children in order “To keep the values for which we fight alive on earth, firm against the millions degraded by Axis teaching, we need a

⁸ Mrs. W.T. Bost, “The Welfare Worker’s Recent Problem — The Camp Follower,” copy in Box 2, OSWS-SPD, NARA.

⁹ “Social Protection Round-Up,” Federal Security Agency, Office of the Administrator, n.d., Box 2, OCWS-SPD, NARA.

strong generation of Americans, that has — as we say — ‘guts’ to live democracy, instead of goose stepping to a leader.”¹⁰

Thus, mothers who failed to sustain the moral and physical health of their children did the work of the enemy by making them threats to the future security of the nation. The changing role of women who were entering the workforce in larger numbers influenced anxieties over the breakdown of the family, which also spoke to Progressive Era concerns shaped by growing urbanization and industrialization. Women entered the workforce in larger numbers during the war, but a crisis of masculinity stemming from the Great Depression also shaped gender anxieties. Marie Duffin, a New York City child welfare worker, warned against the “growing cult of mother and her influence in our families,” arguing that fathers lost the authority and prestige of being the breadwinner during the Depression. According to Duffin, a reversal in gender roles occurred: “Too often the mother or the young adolescent were able to secure employment while ‘pop’ stayed at home to do the dishes and the work usually associated with ‘mom.’” She saw the Depression-era family reorganization as the cause of a perceived increase in delinquency.¹¹

Blaming mothers for the breakdown in societal morals and health remained a consistent narrative among social workers and state and government officials seeking to understand and reverse what they viewed as an increase in promiscuity among young women. In the post-Depression era language of “momism,” mothers shouldered the blame for emasculating fathers, leading to an increase in juvenile delinquency.

¹⁰ “Venereal Diseases and Our Children,” Draft Speech No. 4, prepared by United States Public Health Service and the Social Protection Section of the Office of Defense, June 1942, OCWS-SPD. Underline in original.

¹¹ Marie Duffin, “Adolescence 1944,” May 2 1944, OCWS-SPD, NARA.

Marguerite Marsh, an associate director with the New York City Welfare Council, argued that the presence of “promiscuous girls” and “runaways” around military encampments suggested that the nation was “in the midst of fundamental change in our mores.” This change was a consequence of the emasculation of men during the Depression, which produced the “over-romanticized mother role” in the family, leading to male “worship” of mothers and insecure young women competing for men’s attention.¹²

Mother-blaming rhetoric only intensified in the face of increased criticisms of forced public health quarantines and wholesale arrests of women suspected of having syphilis or gonorrhea. The discourse of mothers as guardians of moral and physical health informed World War II and post-war public health emergencies that threatened the stability of the nation. Even as civil liberty violations inherent in the mass arrests of suspected venereal disease carriers came under attack, mothers, particularly impoverished mothers, remained vulnerable to the surveillance and judicial arms of the state. Their social roles as mothers of a new generation of citizens, who may one day be called upon to be “fit to fight” at home and abroad, remained of central concern despite key progress in the fight against syphilis and gonorrhea. Indeed, a critical and monumental medical breakthrough — not public criticism or moral reform— influenced a dramatic shift in public health policy as it related to venereal disease. Penicillin, discovered by Alexander Fleming in 1928, but not mass-produced for use until 1945, became the long sought after “magic bullet” in treating syphilis and gonorrhea.¹³

¹² Marguerite Marsh, “Girlhood 1944,” n.d., Box 2, OCWS-SPD. Writer Philip Wylie coined the term “momism” in his polemic 1942 text, *Generation of Vipers* (New York: Pocket Books, 1942). The chapter “Common Women” condemned mothers as overprotective and overbearing influences in the lives of men.

¹³ Susan Reverby uncovered medical experiments on Guatemalan subjects that were led by Dr. John Cutler, assistant surgeon general for the US Public Health Service. Specifically, she found that from 1946 to 1948, the PHS sponsored a research project in Guatemala that tested the effectiveness of penicillin and other

CONCLUSION

In the context of war and economic depression, syphilis and gonorrhea was an issue of national security that required punitive measures of social surveillance and the suspension of civil liberties for women deemed “enemies” to the health and security of the nation. The venereal disease control movement rendered visible the intimate lives of women. It represented a failure to live up to the Progressive Era promise of enacting a single standard of morality, as double standards were legislated and upheld through public health laws and regulations. The United States’ entry into World War I blurred the Progressive Era’s focus on reforming masculinity to meet the moral standards of sexual purity. The U.S. soldier embodied patriotism, sacrifice, honor, and duty. Protecting the soldier from enemies that could erode these principles became a national obsession that was enacted through venereal disease control measures that targeted women as threats to the male embodiment of national defense.

Wartime agencies, like the Commission on Training Camp Activities and the Interdepartmental Social Hygiene Board, worked in coordination with local law enforcement, military officers, and public health officials to protect soldiers from women who were deemed sexually immoral and diseased. Their efforts were bolstered by the 1918 Chamberlain-Kahn Act, which legalized the arrest of women upon suspicion of venereal disease and allowed for indeterminate sentences in reformatories, quarantine hospitals, and jails. This act created federal mandates for repressing female sexuality

experimental treatments on Guatemalans, including prisoners, prostitutes, and mental health patients. American health officials, with some cooperation from Guatemalan officials purposely infected the research subjects with syphilis through prisoner sexual contact with infected prostitutes, or through an inoculum of syphilis growth taken from the testes of rabbits. All subjects were given penicillin to treat the infection, but there was no informed consent and a number of subjects did not receive “adequate” treatment. For more on ethical and moral implications of this experiment, see Susan Reverby, “‘Normal Exposure’ and Inoculation Syphilis: A PHS ‘Tuskegee’ Doctor in Guatemala, 1946-1948,” *Journal of Policy History* 23, no. 1 (2011): 6-28.

through direct violations of women's constitutional right of due process. Communities followed through with this mandate, proving their "100% American" spirit by indiscriminately arresting women on vague and often unproven charges like vagrancy and being a disorderly person. Once arrested, women were forced to undergo medical examinations for venereal disease. If found positive, they were detained for treatment in city jails, reformatories, or lock hospitals. They did not receive a hearing on their original charge until shown to no longer be infected or contagious, which could take up to one year. Police powers granted to medical officers and perceived medical expertise granted to police officers created a homefront where women faced discipline and surveillance in all matters of their intimate and public lives.

As upwards of 30,000 women — primarily poor and working-class — lost their freedom during the war, many middle- and upper-class female reformers gained professional power and legitimacy through punitive health measures. Women reformers with the CTCA's Section on Women and Girls advocated for punitive policies under the guise of "female protection" that contributed to the increase in female reformatories and the number of women held in these institutions. As case studies from Westfield State Farm and the Albion State Training School show, women sent to these institutions served indeterminate sentences and denied release despite interventions from families seeking the return of their daughters and wives. Evidence of successful venereal disease treatment often determined if the inmate was suitable for release. Social surveillance, however, continued through probation procedures that required written updates of their progress as "reformed" women who lived according to middle-class ideals of marriage and motherhood.

Contradicting the narrative of power female reformers gained through the expansion of state surveillance of female sexuality, Edith Hooker, Ethel Dummer, and Kathryn Bushnell represented social and medical reformers who exposed the hypocrisy inherent in the arrest and imprisonment of women for suspicion of venereal disease while the army granted soldiers access to prophylactic measures abroad and the justice system failed to enact the same strict measures of surveillance and quarantine for men on the homefront. Women caught in the web of surveillance and detainment also found a voice to protest the violations upon their legal and bodily rights. Through *habeas corpus* proceedings and physical resistance, female detainees fought for their constitutional right to due process and equal protection under the law. Their resistance continued through the interwar years, even as the government dissolved wartime emergency agencies involved in policing public health threats to soldiers. Despite the dissolution of these agencies, the punitive approach to venereal disease control among women continued through a justice system empowered through wartime public health laws to detain women for venereal disease treatment before they answered to the charges that originally brought them before the court.

The absence of federal funding in the interwar years influenced states to rely upon the criminal court system to locate, treat, and detain women found infected with venereal disease. The justice system policed female sexuality and health through its medico-judicial role, as venereal disease remained criminalized in the female body. The interwar years, however, witnessed a greater number of women in positions of governmental and social power coming forward to protest and reform the punitive public health policy of venereal disease control. Communities across the United States began opening clinics

that allowed for treatment without the threat of punishment, but these facilities also incorporated measures of social surveillance. The clinics hired social workers who took personal histories of all the women entering the clinic in an effort to understand the cause of perceived immorality that led women to become infected with gonorrhea or syphilis. Social workers also tracked the whereabouts of female patients who did not return for continued treatment. Indeed, the role of social workers in policing female venereal disease patients expanded through the 1920s and, together with public health nurses, took on added importance in the 1930s.

With the onset of the Great Depression, the nation's health as it related to labor efficiency, rising relief rolls, and the health of children took on added importance. In this context, the Public Health Service focused its microscope on the rural south. Public health officials who worked in impoverished areas of the rural south, held cultural biases that positioned poor women as backwards, dirty, and ignorant. These biases worked to stigmatize the population as antipathetic to a modern and civilized society marked by cleanliness, hygiene, and morality. Thus, venereal disease control work in this region targeted impoverished black and white women as diseased threats to their children, to labor efficiency, and to middle-class and elite white southerners. Racial lines blurred, as urban reformers and southern workers seeking a modernized south conceived poor whites and blacks as threatening economic and social stability. As reproductive and productive laborers, poor women represented the preeminent contagious threat to the future stability of the nation. In the example of black domestic workers and women living in southern coalfields, one can see how public health workers, government officials, and employers

policed the private lives of impoverished women seen as posing contagious risks to their employers or to the labor efficiency of their family members.

Rural reform initiatives focused on mothers and wives as perceived immoral influences and vectors of disease to their families. Discursive crossing of racial boundaries occurred around the stigma of the “dirty mother.” Reformers and public health officials created an image of a backwards population needing the guiding hand of medical and social uplift by marginalizing poor black and white women and associating them with deviant motherhood. The syphilitic maternal body represented an economic burden and a menace to the stability of a nation already swirling in a state of economic and social uncertainty. These anxieties were transcribed onto the bodies of poor black and white women and influenced policies that, in many cases, denied them the social and political power that came with their positions as mothers.

Governmental and societal reactions to venereal disease in the twentieth century accentuate the tensions between gender, sexuality, and citizenship. The historical context of Progressivism and World War I shaped public health policies that ultimately deemed public female bodies as threats to national security and the social body. Such social positioning influenced the expansion of a regulatory state into the private lives of women. The military, public health, and legal arms of the state coalesced to enact measures of social surveillance that actively policed female sexuality and made citizenship for women contingent upon virtuous sexuality. Dire consequences awaited women marked as diseased threats, as their civil liberty, right to due process, and maternal influence was sacrificed on the altar of public health and national security.

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Abbreviations

Organizations

AEF	American Expeditionary Forces
APL	American Protective League
ASHA	American Social Hygiene Association
CCCVD	The Committee for Civilian Cooperation in Combatting Venereal Disease
CTCA	Committee on Training Camp Activities
CPWG	Committee for the Protection of Women and Girls
ISHB	Interdepartmental Social Hygiene Board
SPD	Social Protection Division
SWG	Section on Women and Girls
PHS	United States Public Health Service

Collections and Locations

ASTS	Albion State Training School Inmate Case Files, NYSA
ASHAR	American Social Health Association Records, Minneapolis-Saint Paul, Minnesota
CCCVDR	The Committee of Civilian Cooperation in Combatting Venereal Disease, NARA
CTCAR	Commission on Training Camp Activities Records, NARA
LNP	Linda Neville Papers, Lexington, Kentucky
LOC	Library of Congress, Washington, D.C.
NARA	National Archives and Records Administration, College Park, Maryland
NYSA	New York State Archives, Albany, New York
OCWS-SPD	Office of Community War Services Social Protection Division Records, NARA
TPP	Thomas Parran Papers, UPA
UKSP	University of Kentucky Special Collections, Lexington, Kentucky
UPA	University of Pittsburgh Archives, Pittsburgh, Pennsylvania
USPHS-ISHB	Interdepartmental Social Hygiene Board Records, NARA
WCC	Wheelwright Coal Camp Records, UKSP
WPA-FWP	Works Project Administration Federal Writers Project Collection, LOC
WSF	Westfield State Farm Inmate Case Files, NYSA

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Rockafellar, Nancy Moore. "Making the World Safe for the Soldiers of Democracy: Patriotism, Public Health and Venereal Disease Control on the West Coast, 1910-1919." PhD diss., University of Washington, 1990.

Evelyn Ashley Sorrell

Curriculum Vitae

EDUCATION

Ph.D. Candidate in History (Expected defense November 2016)

University of Kentucky, Lexington, KY

Major Fields: American History, United States Women's and Gender History

Minor Fields: History of Medicine, Twentieth-Century Gender and War in Europe and the United States, Appalachian History

Dissertation Title: "Patient-Prisoners: Gendering Venereal Disease Control in the United States, 1890-1945"

2011 M.A. in History

University of Kentucky, Lexington, KY

Thesis: "'Obtuse Women': Venereal Disease Control Policies and Maintaining a 'Fit' Nation, 1920-1945"

Thesis Advisors: Kathi Kern (chair), Ronald Eller, and Tracy Campbell

2007 B.A. in History and Journalism

Morehead State University, Morehead, KY

TEACHING EXPERIENCE

FALL 2016 Co-instructor, American Through the Lens of the 2016 Election

SPRING 2016 Instructor, Research Methods in African American Studies

SPRING 2015 Instructor, Twentieth-Century U.S. Women's History, Global Connections course with the Université Sorbonne Nouvelle Paris 3

FALL 2014 Teaching Assistant, post-1877 American History

SPRING 2014 Teaching Assistant, post-1877 American History

FALL 2013 Teaching Assistant, The Making of Modern Kentucky

FALL 2012 Teaching Assistant, Twentieth-Century U.S. Women's History, Global Connections course with the Université Sorbonne Nouvelle Paris 3

2010-2012 Teaching Assistant, pre- and post-1877 American History

ARCHIVAL EXPERIENCE

Summer 2012-2014 Archivist and Research Assistant under Jeffrey Suchanek, Senior Archivist and Oral Historian and Ruth Bryan, University Archivist and Director of Archives,

Margaret I. King Special Collections Research Center, University of Kentucky.

RESEARCH EXPERIENCE

SPRING 2013 Research Assistant under Dr. Kathi Kern, Associate Professor of History, University of Kentucky

PUBLICATIONS

2016 Review of Melissa McEuen and Thomas Appleton Jr., eds, *Kentucky Women: Their Lives and Times* (Athens: The University of Georgia Press, 2015) in *The Register of the Kentucky Historical Society* 114, no. 2 (2016).

2015 “‘She Now Cries Out’: Linda Neville and the Limitations of Kentucky’s Venereal Disease Control Policies” in Connie Park Rice and Marie Tedesco, eds., *Women of the Mountain South: Identity, Work, and Activism* (Ohio University Press, 2015).

2015 Review of Jessica R. Pliley, *Policing Sexuality: The Mann Act and the Making of the FBI* (Cambridge: Harvard University Press, 2014) in *The Register of the Kentucky Historical Society* 113, no. 4 (2015).

2015 Review of Carol E. Jordan, *Violence Against Women in Kentucky: A History of U.S. and State Legislative Reform* (Lexington: University of Kentucky, 2014) in *West Virginia History: A Journal of Regional Studies* 9, no. 1 (2015).

2014 *World War I and the Control of Sexually Transmitted Diseases* in Bedford Digital Collections for U.S. History (Macmillan Higher Education), co-authored with Dr. Kathi Kern, Associate Professor of History.

2014 Review of Murphy Hicks Henry, *Pretty Good for a Girl: Women in Bluegrass Music* (Chicago: University of Illinois Press, 2013) in *West Virginia History: A Journal of Regional Studies* 8, no. 1 (Spring 2014): 98.

AWARDS AND HONORS

2014 University of Kentucky Provost Award, Outstanding Teaching Assistant

TRAVEL AND RESEARCH GRANTS

2016 The Professional and Organizational Development Network in Higher Education (POD) Early Researcher Award, \$2,000

2014 Labor and Working Class History Association travel grant for the North American Labor History Conference, \$300

2014 Charles Rowland Travel Grant, University of Kentucky Department of History, \$2,000

2013 Charles Rowland Travel Grant, University of Kentucky Department of History, \$2,000

CONFERENCE ACTIVITY AND PARTICIPATION

Papers Presented

June 2015 “Deviant Mothers: Public Health and Sanitation Reform in Appalachia, 1920-1945.” Southern Association for Women’s Historians Conference, Charleston, South Carolina.

October 2014 “Controlling Male Labor through Female Sexual Exploitation in Appalachian Coal Camps.” North American Labor History Conference, Detroit, MI.

November 2013 “Dirt, Disease, and Disorder: Poor White Women and the Racialized Discourse of the Venereal Disease Movement in the United States.” National Women’s Studies Association Conference, Cincinnati, Ohio

March 2013 “Diseased Bodies, Diseased Minds: King Coal and Venereal Disease Control in Company Towns, 1920-1945.” Appalachian Studies Association, Appalachian State University, Boone, N.C.

March 2012 “‘She Now Cries Out’: Linda Neville and the Limitations of Kentucky’s Venereal Disease Control Policies.” Bluegrass Symposium, University of Kentucky, Lexington, KY.

Conferences Organized

2013 Bluegrass Symposium, Department of History Graduate Student Conference, University of Kentucky

PROFESSIONAL ASSOCIATIONS

The Professional and
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Network in Higher Education
American Historical Association
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National Women’s Studies Association
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