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Controlling Venereal Disease in Orlando during World War II

by Claire Strom

Beryl Oates* was nineteen years old when Deputy Sheriff James Allen Black arrested her just after 10:00 am on a Saturday morning in February 1944 on suspicion of having a venereal disease. She was detained until she could be seen by Doctor and Captain Solomon Kolack who worked for the US Public Health Service as the disease control officer for Orange County, Florida. When he saw her, Kolack would have tested Beryl for syphilis and, if she tested positive, she would have probably been confined in the rapid treatment center in Ocala for a lengthy and painful course of arsenic injections. Under the provisions of a new state health law, she could be held for three to five days by the police without habeas corpus and then, if infected, “sent to the State Hospital at Ocala for treatment until cured.” Without the money to hire her own doctor, and because she was a black woman living under the caste system of Jim Crow, she would have had little recourse to prevent this high-handed treatment.¹

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1. All the information on the arrests of women (and some men) in Orange County on suspicion of harboring venereal disease comes from the Sheriff

Beryl Oates's family had always worked hard. Before she was born, her father, Forrest, worked in the orange groves of Orange County with other African Americans. He was successful enough or lucky enough or thrifty enough to own his own house and for his wife Annie to stay home. This put him economically ahead of many of his black neighbors, and the self-described mulatto Forrest did not have to take in boarders to make ends meet. He did, however, hold a mortgage on the home, not being wealthy enough to own it outright.²

Fifteen years later, in 1935, the family had moved to Parramore, the main African-American neighborhood of segregated Orlando, located just west of the central business district. Forrest and Annie had bought a home on Beggs Street; and most of their immediate neighbors were also homeowners. Forrest was employed as a cook, while the African Americans around him worked as bakers, teachers, firemen, and city workers, along with the more menial laborers and laundresses. Annie still stayed home, where she kept house and cared for the couple's ten-year-old daughter and only child, Beryl, who attended second grade.³

The Oates's fortunes altered drastically over the next ten years, probably as a result of Forrest's death in 1942. By 1945 Annie and Beryl had moved five blocks away, to N. Hughey, although whether they owned this home is not specified in the Florida census. Annie had gone to work and was employed as a laundress. Beryl at twenty was working as a maid—the profession of 40 percent of employed black women in the United States at that time. The two women also took in two male boarders, who worked as laborers, and, a third man

Dockets for the relevant years. In the dockets, the arrest records are arranged chronologically. They detail who was arrested; their age, race, and sex; where, when, and by whom they were arrested, the charge; and where they lived. These dockets can be found in the archives of the Orange County History Center, Orlando, Florida. *All the names of people arrested have been changed. All changed names will be followed by an asterisk. Deputy Black served as Orange County Sheriff from 1946 to 1949. For Kolack's job description, see, "Disease Campaign Now Under Way," *Orange County (Apopka) Chief*, January 11, 1944, 1; "Law May Be Solution to Victory Girl Factor in Drive Against VD," *Orlando Sentinel*, January 22, 1944; "Orange County has Largest Clinic in Florida for Venereal Diseases," *Orlando Sentinel*, August, 4, 1942.

2. The information on Forrest and his family comes from the 1920 Federal Census, the 1935 Florida Census, and the 1945 Florida Census. Ancestry.com was accessed throughout 2011 to complete this article.
3. For more on the Parramore district, see, Benjamin D. Brotemarkle, *Crossing Division Street: An Oral History of the African-American Community in Orlando* (Cocoa: Florida Historical Society Press, 2005).

the same age as Beryl, who worked for the navy. Beryl disappeared from the historical record after the 1945 Florida Census, the year after her arrest. We do not know if she had venereal disease, if she was shipped off to Ocala, or how she was treated by the deputies who arrested and detained her. What she offers us is a human face and story to put with the 337 other people arrested by the Orange County Sheriff's office during the Second World War on suspicion of having a venereal disease.⁴

These arrests reflect a confluence of science, social attitudes, and military necessities. Venereal disease, especially syphilis, became a growing problem in nineteenth-century America. Syphilis has three phases: an initial inflammation, a dormant phase, and then a tertiary phase where the disease migrates throughout the body causing a variety of symptoms from paralysis to insanity, and, inevitably, death. The connection between the first and the final phases was only established in 1837; before that, the tertiary and the final manifestations of the disease were usually seen as two entirely different ailments. By the early twentieth century, the various manifestations of syphilis had been traced and documented, from muscular degeneration to insanity. Gonorrhoea, a seemingly minor inflammatory disease, proved even harder to identify. However, it too, scientists found, caused serious illness, from meningitis to arthritis to peritonitis. Delineating the diseases made them real in the minds of the general public at a time when increased urbanization and changing sexual behaviors were increasing the rate of infection.⁵

As scientific research created a tangible, traceable disease, so society in turn-of-the-century America identified victims and villains. The victims were easy: the idealized, asexual Victorian wives and their innocent babes who unwittingly contracted these deadly diseases. Villainy was perhaps less obvious. The men who infected their wives were blamed, but their culpability was muted by contemporary understandings of male sexuality. Men were expected to lack sexual self-control and so, extramarital experiences were tolerated, if not lauded. To preserve the chastity

4. Forrest's death record can be accessed at Ancestry.com, where the 1945 Florida Census outlined Annie's and Beryl's living conditions. Maureen Honey, ed., *Bitter Fruit: African American Women in World War II* (Columbia: University of Missouri Press, 1999), 8.

5. Allan Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (New York: Oxford University Press, 1985), 9, 10.

of women they admired, men found recourse with prostitutes. For this, society castigated, but did not penalize, them.⁶

Society had less tolerance for the prostitutes. While many reformers saw them as “soiled doves”—to be pitied—their soil was irreversible. Women were expected to be sexually ignorant and chaste and engaging in sex for money represented the antithesis of the ideal. The high incidence of venereal disease among such women was generally viewed as the physical manifestation of the spiritual corruption. These women could not redeem their womanhood, but they could be prevented from infecting men. Throughout the nineteenth century, campaigns against prostitution inextricably linked the act of selling sex with disease. However, immorality could not be cured with medicine, and consequently attempts to regulate prostitution as a public health measure always failed.⁷

Mainstream society identified another wellspring of contamination in the African-American community. By the early twentieth century, the white medical community had identified blacks as a public health menace, a reservoir of typhoid, pneumonia, and tuberculosis and, of course, syphilis. African Americans had long been seen as inherently lustful. From the perspective of many whites, this characteristic led to high levels of venereal disease, which, in turn, led to insanity and crime. Certainly, rates of venereal disease in black communities throughout the nation were far higher than those among whites. Throughout the nation, Jim Crow limited African Americans’ access to money, medical care, education, and sanitation. However, experts ignored these socioeconomic factors in explaining the disease’s prevalence, perceiving infection as an innate quality of race.⁸

At the time of Beryl Oates’s arrest in Orlando, common understandings, medical and moral, about venereal disease

6. John D’Emilio and Estelle B. Freeman, *Intimate Matters: A History of Sexuality in America*, 2nd Ed. (Chicago: University of Chicago Press, 1997), 141, 178-83.

7. *Ibid.*, *Intimate Matters*, 148-49.

8. Vanessa Northington Gamble, *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945* (New York: Oxford University Press, 1995), 7, 109; Allan M. Brandt, “Racism and Research: The Case of the Tuskegee Syphilis Experiment,” in *Tuskegee’s Truths: Rethinking the Tuskegee Syphilis Study*, ed. Susan M. Reverby (Chapel Hill: University of North Carolina Press, 2000), 16-17; Keith Wailoo, *Dying in the City of the Blues: Sickle Cell Anemia and the Politics of Race and Health in the South* (Chapel Hill: University of North Carolina Press, 2001), 56; David McBride, *From TB to AIDS: Epidemics among Urban Blacks Since 1900* (Albany: State University of New York Press, 1991), 21.

intersected with the military's need to mobilize as many men as possible and lose as few as possible to sickness. Consequently, infected men received treatment, and their behavior was seen as indicative of the nascent virility necessary to engage in combat. Infected women, on the other hand, were criminalized and confined. Authorities, both military and civilian, went to extraordinary lengths to reduce rates of infection, publicly targeting young women as the unpatriotic source of disease. Parents, too, received their share of blame for allowing their girls to fraternize with enlisted personnel.⁹

Importantly, how authorities and society in general viewed and addressed the problem of venereal disease and the nation's youth was different from the perspective of the young men and women involved in spreading disease. From the 1920s on, American young people fundamentally altered their attitudes toward sexual behavior. Growing autonomy, in the cities or at college; easy access to birth control; increased leisure time and commercialized entertainment resulted in a sexual revolution, with more dating, petting, experimentation, and intercourse outside of marriage. Middle-class young men and women embraced their sexuality and

9. The story of the national fight against venereal disease has been well told by a number of historians. Brandt, *No Magic Bullet* and Marilyn Hegarty, *Victory Girls, Khaki-Wackies, and Patriotutes: The Regulation of Female Sexuality During World War II* (New York: New York University Press, 2008) offer the most comprehensive narratives, but both of them work exclusively from federal and national records rather than local or state records. The same is true for John Parascandola's article detailing the rapid treatment centers established during the war, "Quarantining Women: Venereal Disease Rapid Treatment Centers in World War II America," *Bulletin of the History of Medicine* 83 (2009): 431-59. Janet Hudson addresses the implementation of venereal disease control in South Carolina and does consider state sources in "The Federal Government's Battle Against Venereal Disease During World War II; Implementation in South Carolina," *The Proceedings of the South Carolina Historical Association* (January 1994): 104-111. Hudson still focuses exclusively on the narrative provided by governmental and authoritarian sources. A discussion of World War II, prostitution, race, and venereal disease that addresses the attitudes of the women and men involved is Beth Bailey and David Farber, "Hotel Street: Prostitution and the Politics of War," *Radical History Review* 52 (1992): 54-77. Finally, Meghan Winchell discusses a concerted effort of the military and civilian governments to avoid the exposure of enlisted men to prostitutes by offering them alternate female companionship in *Good Girls, Good Food, Good Fun: The Story of USO Hostesses During World War II* (Chapel Hill: University of North Carolina Press, 2008). Winchell uses considerable individual information from both men and women who participated in the USOs during the conflict. For lack of parental control, see, for example, Brandt, *No Magic Bullet*, 168.



World War II Disease Prevention Poster. *Image courtesy of State Archives of Florida.*

grew to expect an active and pleasant social life that involved some level of sexual activity. This less chaste behavior had previously been associated with minorities and the working classes and was met by the mainstream middle class with horror. Various solutions were proposed and implemented to control such “hypersexuality,” focusing mainly on adolescent working-class women, from sterilization to confinement to vocational training. None of these solutions were successful; and the arrests in Orlando must be seen in this context of an ongoing youthful sexual rebellion that caused great anxiety in society at large.¹⁰

World War II affected this sexual revolution by moving people, mostly young men, around the country in unprecedented numbers and, in places where these men were stationed, life changed for local residents in many ways. Many military bases were located in areas that had been mainly rural, with sizeable minority and working-class populations. The influx of the military into an area created jobs, which included providing recreation for the soldiers, sailors, and airmen. The arrival of a base in a town spawned bars, dance halls, and other centers of entertainment. For many young women living in and around a base town the war was a time of great excitement. This was especially true for working-class women—who in Florida were often African American—who had little or no money for recreation. Having spent most of their lives enduring the hardships of the Great Depression, these women doubtless enjoyed the arrival of enlisted men, the lure of nights on the town, and the possibility of some extra money or a few luxuries. For them, contracting venereal disease was probably a distant theoretical risk, especially when weighed against the fun and transient thrill of their wartime lives.

Of course, World War II was not the first American conflict where venereal disease had played a role. During the Civil War an estimated 20 percent of soldiers were infected, but the American military had no official policy. In the early twentieth century this changed as troop presence in the Caribbean and the Philippines increased the incidence of disease, while the development of the Wassermann test enabled definitive identification of syphilis. The military introduced regular testing, which revealed much higher rates of infection than previously estimated. It also tried to limit the

10. D’Emilio and Freedman, *Intimate Matters*, 256-65. Susan K. Cahn has written an excellent study of young women’s sexual behavior in the American South from 1920 to 1960 and societal attempts to control it. See *Sexual Reckonings: Southern Girls in a Troubling Age* (Cambridge: Harvard University Press, 2007).

disease by educating soldiers, providing alternate entertainment, and supplying prophylactics. Attitudes toward women, who potentially carried the disease, varied. By the mid-1910s, social hygienists and anti-vice reformers sought to eliminate prostitution as a way to control venereal diseases. Some military leaders, however, most notably General John Pershing during his Mexican campaigns of 1916-1917, thought that establishing regulated brothels for military use was the best way to limit exposure.¹¹

World War I brought the problems of armies and venereal disease into sharp focus around the world. Every nation involved in the war tried to address infection in some way. The French established official brothels; the British made it illegal for infected women to have sex with soldiers, with the penalty being imprisonment and fines; the Germans issued prophylactics to their military and examined prostitutes for infection. In the United States, Secretary of War Newton Baker created the Commission on Training Camp Activities (CTCA), which provided alternate entertainment and preventative education to the troops, while working to suppress prostitution around camps. The CTCA investigated conditions around the bases and then cooperated with local officials to close brothels, dance halls, and bars near camps. If the officials refused to comply, the armed services threatened to move the camp or prohibit troops from entering the city. When these measures did not reduce the infection rate, the CTCA moved to a national campaign to address venereal disease, which included encouraging state legislatures to pass laws allowing the arrest of women suspected of harboring disease. Thirty-two states passed such laws, and some refused to allow the women out on bail pending testing and required hospitalization if infection was detected. This policy led to practical problems of where to put the large numbers of women arrested, a problem that was not fully solved by war's end. The policy also received criticism: from feminists for its focus on women and from courts for its abridgement of civil liberties. Despite these setbacks, between 1918 and 1920 more than 18,000 women were arrested and detained in federal facilities. Detention time varied from ten weeks to a year, during which time the women could receive no visitors. To deter escapes, the facilities had barbed wire and guards.¹²

11. Brandt, *No Magic Bullet*, 37, 40, 97, 98.

12. Susan R. Grayzel, *Women and the First World War* (London: Pearson Education, 2002), 71-73; Brandt, *No Magic Bullet*, 52-95.

While civil authorities focused on infected women, the military penalized men infected with venereal diseases. Starting in 1912, men who had failed to use prophylactics and became infected risked court martial. And infected men were not paid for the time they lost from work. The military rescinded these measures during World War II, presumably more concerned about maintaining the maximum fighting force than fully controlling venereal disease.¹³

The experiences of World War I made the armed forces much more attuned to the problems caused by venereal disease and the need to control its spread as the nation mobilized for World War II. Efforts during this war were eased by the passage of the National Venereal Control Act of 1938, which allocated money to states to develop disease control measures. The military tested all draftees for venereal disease, as it had during the previous war, but unlike during World War I, men who tested positive were rejected from service. This policy was reversed, however, by the Army in 1942, a decision that became less objectionable toward the end of the war with the advent of penicillin as a cure.¹⁴

As with World War I, the issue of controlling women who might infect servicemen became paramount. A combination of state, federal, and military authorities drew up an Eight Point Agreement in 1939 that mandated venereal disease diagnosis, treatment, and education. It also allowed for the reporting of infected persons, their isolation, and the repression of prostitution. This agreement proved ineffective in regions of the country that lacked laws against prostitution. In Florida, for example, prostitution was not illegal at the outset of the war, and indeed, probably provided an important component of the state's tourism industry. Some Florida ports, like Pensacola, had a long history of red light districts to control potential bad behavior of visiting sailors and used them to generate city income.¹⁵

To rectify this potential problem of prostitution, Congress passed the May Act in 1941. Under the provisions of this act,

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13. Edward F. Witsell to Inspector General and commanding generals of armed forces, June 12, 1946, Box 141.28072/141.281-2, AFRHA.
 14. Brandt, *No Magic Bullet*, 77-78, 143-44, 169-70; State Board of Health, *Florida Health Notes* 33 (February 1941): 21-22.
 15. *Official Statutes of Florida, 1983* (Tallahassee: State of Florida, 1983), Chpt. 796; *Florida Health Notes* 35 (September 1943): 156-60; James R. McGovern, "Sporting Life on the Line": Prostitution in Progressive Era Pensacola," *Florida Historical Quarterly* 54, no.2 (January 1975): 132, 133.

prostitution around a military base was considered a federal crime, and the federal government could close down brothels and arrest women suspected of selling sexual services. Over the course of the war, the May Act was rarely invoked. In 1942 it was used once around Camp Forrest in Tennessee and once around Fort Bragg in North Carolina. In each case the FBI investigated the situation and arrested numerous women on charges of prostitution. These two well-publicized cases generated questions as to the legality of the May Act in terms of states' rights, as the federal intervention clearly seemed to violate local power. Possibly to avoid a discussion about its legality, the May Act was most commonly used as a threat, with communities around bases being encouraged to clean up their red light districts to avoid provoking federal intervention. So, in April 1942 the navy threatened to place the city of Miami under "military police supervision" if "civilian authorities failed to correct existing lewd conditions." Generally, as in the case with Miami, the threat was sufficient to ensure more diligent local policing of prostitutes, brothels, dance halls, and bars.¹⁶

Irrespective of problems of public health, the war was an economic boom time for much of the United States. In Florida, the long coastline proved invaluable to the navy, which established bases to protect allied shipping in the Caribbean, Gulf, and Atlantic. World War II also saw the dramatic expansion of the Army Air Forces. Florida provided a perfect location for air bases, with clear skies, lots of flat land, and warm weather. Consequently, by 1943, the state was home to approximately one hundred seventy military installations. The population also grew. Over one million military personnel moved to Florida during the war, and a similar growth occurred in the civilian population as people sought jobs in wartime factories and support services.¹⁷

The major bases were on the coast. Tampa, Miami, Key West, Pensacola, and Jacksonville all had large installations, but

16. Hegarty, *Victory Girls*, 14, 32-34, 37-39, 92-96; "Miami Threatened with MP Control Due to Prostitutes," *Orlando Sentinel*, April 25, 1942.

17. David J. Coles, "Keeping the Home Fires Burning: Florida's World War II Experience," in Florida Department of Veteran Affairs, "Florida's World War II Memorial," <http://www.floridavets.org/wwii/history.asp> (accessed October 4, 2010); Kevin M. McCarthy, *Aviation in Florida* (Sarasota, FL: Pineapple Press, 2003), 27; Lewis N. Wynne et al., *Florida at War* (Saint Leo, FL: Saint Leo College Press, 1993), 4-6; Joseph and Anne Freitus, *Florida: The War Years, 1938-1945* (Niceville, FL: Wind Canyon Publishing, 1998), 2-4.

smaller bases were established throughout the state. In Orlando the Army Air Force operated one main base encompassing the municipal airport, with three paved runways, as well as five satellite bases. The city base incorporated the airport and the area immediately west of it. Over the course of the war, it expanded in size. It included a hospital, a munitions dump, warehouses, and ordinance areas, along with a separate camp for African-American military personnel. Some pilot training also went on further to the north at Rollins College in Winter Park. White officers and their families lived in the Winter Park Pines area, while in 1943 the city leased fifteen acres that had been the Carter Street waste dump to the army for housing African-American personnel. Racial segregation was as much a part of military life as it was of southern life, and black servicemen in Orlando occupied separate, and lesser, accommodations from their white counterparts and did not take part in combat or receive training as fliers (the Army Air Force reluctantly trained some black pilots who flew in segregated squadrons, but none were based in Orlando).¹⁸

In 1940, Orange County and the city of Orlando were still largely rural. The previous two decades had seen the county transition from a traditional southern landscape of piney woods, dotted with lumber mills, naval store operations, and small farms. While some lumber mills still existed (in 1935 the county listed eleven lumbermen and four naval store operators), the forests had increasingly given way to agribusiness operations. Despite an infestation of the Mediterranean fruit fly in 1929, Orange County

18. William C. Lazarus, *Wings in the Sun: The Annals of Aviation in Florida* (Orlando: Tyn Cobb, 1951), 238-39; Sentinel Star Company, *Orlando, A Century PLUS* (Orlando: Sentinel Star Company, 1976), 106; Freitus, *Florida: The War Years*, 24; "Baldwin Park/NTC Main Base—A Brief History," in "City of Orlando. net," <http://www.cityoforlando.net/planning/ntc/ntcclos/htm> (accessed July 6, 2010); E. H. Gore, *From Florida Sand to "The City Beautiful": A Historical Record of Orlando, Florida* 2nd ed. (Winter Park, FL: Orange Press, 1951), 154; photograph of base from Airforce Archives, Maxwell Air Force Base, Montgomery, Alabama; Jerrell Shofner, *Orlando: The City Beautiful* (Tulsa: Continental Heritage Press, 1984), 114; personal communication with Linda Barresi, June 27, 2010, notes in possession of author; Eve Bacon, *Orlando: A Centennial History, Vol. II* (Chuluota, FL: Mickler House, 1977), 123; Wynne and Moorhead, *Florida in World War II*, 85-86; "Historical Data, 902nd AAF Base Unit (Orlando Army Air Base), AAF Center, Orlando, Florida," April 1, 1945-May 1, 1945, Box 287.17-18/287.17-20, AFRHA; Alan M. Osure, *Separate and Unequal: Race Relations in the AAF During World War II* (np: Air Force History and Museums Program, 2001); William O'Neil, *A Democracy at War: America's Fight at Home and Abroad in World War II* (New York: Free Press, 1993), 236-38.

was full of citrus groves that ran right up to the Orlando city limits. Citrus groves also dotted the northern part of the county, together with fern farms. The southern and eastern sections of the county had been partially cleared for cattle, with ranches as big as 65,000 acres. The county also had considerable acreage in vegetables for transportation around the nation. In 1939, Orange County's income from crops (which excluded cattle) was nearly \$3.8 million, the third highest in the state. Only Palm Beach County with a crop income of around \$6.5 million, mostly in vegetables, and Polk County with a crop income of \$11.3 million, largely from citrus, earned more from agriculture. In Orange County, \$3.3 million was generated from citrus, with just over \$200,000 coming from truck crops and just under \$200,000 coming from horticultural crops.¹⁹

The industry and labor in the county reflected this agrarian economy. Orlando was a rural hub. Its railroads shipped products around the country and its industries packed and prepared farm products, from meat-packing plants to crating companies to fertilizer and insecticide operations. Likewise, nearby Apopka was dominated by horticultural growers and citrus associations. All of these agricultural industries utilized the local black labor. World War II was a boon to the agricultural enterprises of the county, as in 1941 Orlando was chosen as one of three national headquarters for purchasing all the fruits and vegetables for US army posts, which amounted to more than \$100,000 of produce purchased daily. At the same time, the war threatened the indigenous work force and established caste system, as local African-American laborers left the fields for better work in the war industries. In 1943 438 black laborers were recruited to work at the Campbell Soup Company in New Jersey. Local officials complained so vociferously to the War Manpower Commission in Washington, DC, that it made a promise that no more recruitment would take place in the county. Despite this promise, blacks did leave, and labor needs were filled by Caribbean workers brought in by the federal government, POWs, vagrants, and even black school children provided courtesy of local

19. Jerrell H. Shofner, *History of Apopka and Northwest Orange County, Florida* (Apopka, FL: Apopka Historical Society, 1982), 217-34; *Sixth Census of the State of Florida, 1935* (Tallahassee: Florida Department of Agriculture, nd), 128; Bacon, *Orlando*, 39-40, 114. Information on county income from Historical Census Browser, University of Virginia Library, <http://mapserver.lib.virginia.edu/php/county.php> (accessed May 24, 2011).



Orlando Airbase. The base was outside the city limits and on the edge of development, as seen by the heavily wooded areas to the west and north. *Courtesy of Air Force Historical Research Agency.*

school boards. Such a dismantling of their traditional labor system would necessarily have made white Floridians uneasy about other changes in society, such as increased sexual activity around military installations.²⁰

When the airbase was established in Orlando in 1940 the city had a population of 36,736. The base, although starting small, grew rapidly, and by 1943 probably was occupied at capacity with numbers ranging from around 30,000 to just over 36,000 personnel. Doubling the inhabitants of the city stretched its resources. Housing became limited, as military families moved in and others flocked to the area for jobs in service and support industries. Like many other towns that benefited from the war,

20. Shofner, *History of Apopka*, 217-34; Bacon, *Orlando*, 109, 121-22; Eliot Kleinberg, *War in Paradise: Stories of World War II in Florida* (Melbourne: Florida Historical Society Press, 1999), 53; Wynne and Moorhead, *Florida in World War II*, 53-54; Gary R. Mormino, "World War II," in *The New History of Florida*, ed. Michael Gannon (Gainesville: University of Florida Press, 1996), 330.

Orlando became a beacon of economic opportunity for citizens tired out after a decade of depression. Equally important, for young people used to the drudgery of rural farm life, it promised cosmopolitan excitement.²¹

The influx of this huge number of young men into the state posed a particular problem as Florida already had the highest rate of deaths from venereal disease in the nation. This statistic was confirmed after the start of World War II, when mandatory testing of enlisted men demonstrated that the state had the highest infection rate. The state did not create a division of Venereal Disease Control until 1938, with the provision of federal funds. This division was responsible for coordinating local efforts, distributing information and drugs, and collecting data. It had a segregated organizational structure to work with both the white and black citizens of the state. During the war, the division decided to focus its work on areas around military bases. Thus, its priority was protecting military personnel stationed in the state from infection from Floridians, rather than helping the state's population at large address the problems of syphilis and gonorrhea.²²

Orange County and the city of Orlando had a limited capacity to address the issue of venereal disease. Orange County established a health department in September 1937, with seven full-time employees and five part-time workers. The county had been assigned Captain Sol Kolack from the US Public Health Service to work on communicable diseases, but, at the start of the war, the key problem was space. The county was severely limited in space to house VD patients during their treatment, or, given that most previous criminals were male, to house female arrestees.²³

21. Gore, *From Florida Sand*, 154; Table, 1, "Historical Data: Unit History, Station Hospital, Station Medical Detachment, AAF Tactical Center, Orlando, Florida," Box 287.17-1/287.17-6, Air Force Historical Research Agency, Maxwell AFB, Montgomery, Alabama (hereafter AFHRA). For examples of city services and housing being stretched, see, Bacon, *Orlando*, 101, 102, 105.
22. Florida State Board of Health, *Thirty-Ninth Annual Report of the Florida State Board of Health for the Year Ending December 31, 1938* (Jacksonville: Florida State Board of Health, 1940), 8-9; Florida State Board of Health, *Forty-First Annual Report of the Florida State Board of Health for the Year Ending December 31, 1940* (Jacksonville: Florida State Board of Health, 1941), 15-17; "Florida Syphilis Control Program Sets Remarkable Record During Past Year," *Florida Health Notes* 31 (February 1939): 21.
23. Florida State Board of Health, *Thirty-Eighth Annual Report for the Year Ending December 31, 1937* (Jacksonville: Florida State Board of Health, 1938), 71; "Florida Has Highest Rate for Syphilis," *Florida Health Notes* 33 (July 1941): 91; "Venereal Disease in Florida, 1942," *Florida Health Notes* 35 (February 1943): 22-24.

The only source of detailed data on VD arrests in the Orlando area that survives is the sheriff's dockets housed at the Orange County History Center. These books list the names of the arrestee and the arresting officers, the place of arrest and the home address, age, sex, and race of the arrestee, the charge, and the date and time of the arrest. The dockets offer detailed information about arrests in Orlando in general and about the importance of VD to the county, city, and military in specific. Deputy sheriffs and bailiffs arrested people who had been reported as carriers by military personnel, presumably as a result of a rather unpleasant conversation with a military doctor. These reports were filed on official contact sheets. Consequently, many of the detainees were people who might have syphilis and who might have had sex with military men, rather than a wider sampling of Orlando's or, indeed, Florida's population. The bailiffs could also arrest women more randomly for testing on suspicion. County authorities arrested only few people for lewd behavior and none for prostitution, even after the state made the profession illegal in 1943. This suggests that their role was to work closely with the military in apprehending identified subjects. The city police in Orlando and Winter Park cast a wider net, stationing policemen in the central entertainment district to arrest women for lewd conduct and raiding boarding houses suspected of harboring girls having sex with army personnel.²⁴

In the ten years from 1939 to 1948 the total number of arrests for any reason in Orange County varied from a low of 1,179 in 1939 to a high of 1,720 in 1946. The general tendency over the decade was one of increase. Arrests on suspicion of harboring a venereal disease represent a small number of the overall arrests, but the profile is telling. Venereal disease arrests started slowly in 1942, peaked in 1944 with 146 VD arrests constituting more than ten percent of the total number of arrests, and declined swiftly with only one VD arrest in 1948 (see Tables 1 and 2). The total number of people arrested on this charge was 338.

24. For an example of reporting form, see, "Historical Data: Unit History." For city policing efforts, see, for example, "Historical Data: 902nd AAF Base Unit, Squadron M, AAF Tactical Center, Orlando, Florida," November 1944, Box 287.17-13/287.17-17, AFHRA: "Negro Rate Highest," *Orlando Morning Sentinel*, September 6, 1944, 2.

TABLE 1: TOTAL ARRESTS IN ORANGE COUNTY, 1939-1948

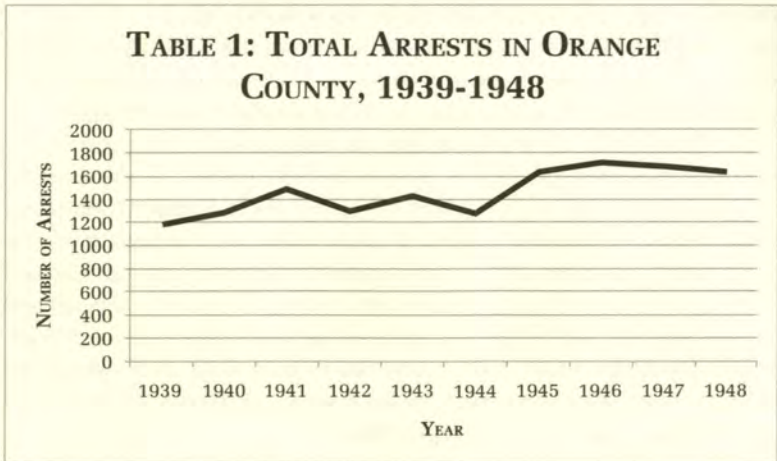
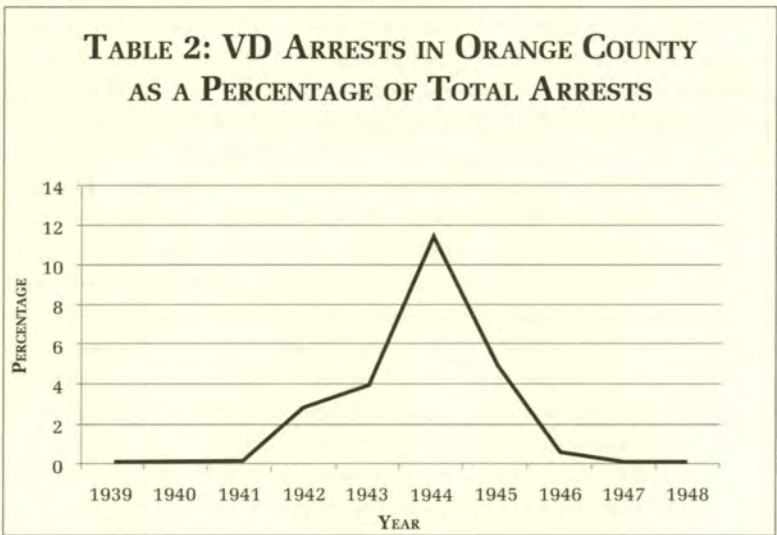


TABLE 2: VD ARRESTS IN ORANGE COUNTY AS A PERCENTAGE OF TOTAL ARRESTS



While Orange County deputies started arresting people on suspicion of having VD in 1942, the clear increase was in 1944. This reflected the reality of police work. While the federal government and the armed forces were anxious to have women infected with disease identified and removed from the streets, sheriffs and police had to find somewhere to house arrestees while they were treated: a medical process that took an average of seventy weeks. In 1939, the standard recommended treatment for syphilis patients was thirty weekly shots

of arsenic into the arm, followed by forty weekly shots of a bismuth compound into the hip. For at least one year of the treatment, patients were to refrain from sexual intercourse for fear of infecting their partners. Unfortunately, symptoms of the disease could disappear in a few weeks of treatment, and officials did not trust most carriers to either continue the medical regime or abstain from sex. Thus, housing arrestees for treatment required a combination hospital/detention center. This remained true even as more efficient treatment methods were devised, as most of these were more dangerous to the patient and so had to be more closely monitored. During the war, doctors usually treated syphilis with either an intravenous administration of arsenic and bismuth for eight days or a series of injections over twenty-five days. In both cases, the toxicity of the arsenic could be a problem, and the treatment needed close supervision.²⁵

Consequently, the Orange County sheriff's office only arrested thirty-eight people in 1942 and forty-four in 1943, probably people specifically identified in contact sheets. In 1942 the state of Florida applied for funds to the Federal Work Agency to renovate CCC camps at Ocala and Wakulla and then operate them as Rapid Treatment Centers for women diagnosed with venereal disease. Other centers were established in Jacksonville and, in 1944, in Pensacola. The first centers opened in March 1943. These centers were for arrestees who could not afford, or could not be trusted, to obtain the lengthy treatment for syphilis. They used intensive treatment methods, and the patients were required to remain for at least ten weeks. With the establishment of a Rapid Treatment Center in Ocala, the sheriff of Orange County could arrest more women, knowing that there was somewhere to house them. This resulted in a dramatic increase in arrests, which reached a high in 1944 with 146.²⁶

Ironically, 1943 was also the year that the effectiveness of penicillin in treating syphilis was discovered, reducing the need for the treatment centers and even for VD arrests. Penicillin provided an easy, cheap cure for military men infected with syphilis, negating

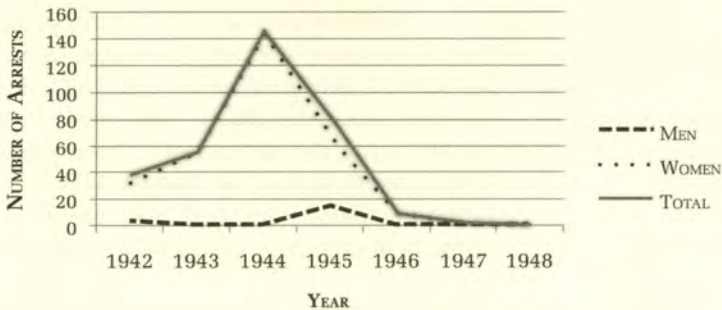
25. "Syphilis Can be Cured," *Florida Health Notes* 31 (February 1939): 29; "Rapid Treatment Centers," *Florida Health Notes* 36 (February 1944): 41. For more information on the treatments used for venereal disease, see, Parascandola, "Quarantining Women," 441-44.

26. Florida State Board of Health, *Forty-Fourth Annual Report of the Florida State Board of Health for the Year Ending December 31, 1943* (Jacksonville: Florida State Board of Health, 1945), 193, 199; Florida State Board of Health, *Forty-Fifth Annual Report*, 75, 79; Florida State Board of Health, *Life and Death in Florida, 1940-1949* (Jacksonville: Florida State Board of Health, 1950), 41.

the need to discover and treat potential female carriers of the disease. Unfortunately, penicillin remained hard to obtain until nearly the end of the war, but as access to it improved, the number of people arrested on suspicion of infection fell in 1945 to eighty-three and then quickly became negligible.²⁷

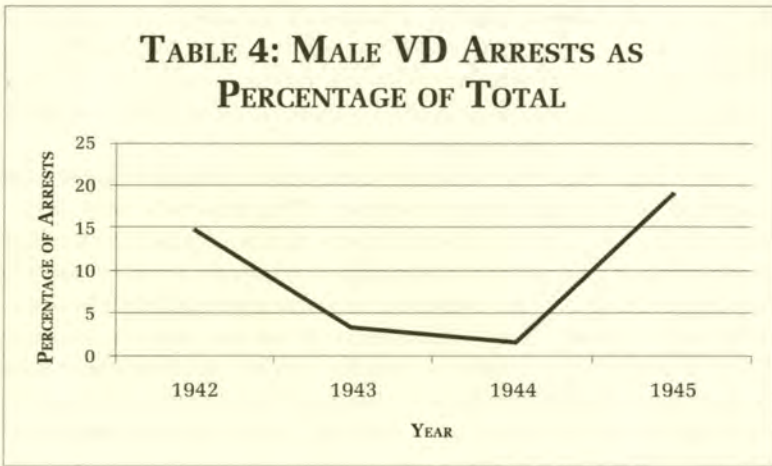
The large majority of people arrested in Orange County on suspicion of having VD were women. This dovetails with other studies of arrests in the United States during the war years that demonstrate an increase in the number of women arrested overall, due largely to the criminalization of women's sexuality. However, in Orange County, during most years of the war, some men were arrested as well, for a total of twenty-five arrests (although one male arrestee was named Eliza Stokes). Annual numbers of male arrests were always below five, except in 1945, when sixteen men were arrested. Interestingly, this high number coincided with a decline in overall arrests after the advent of penicillin, resulting in men representing nearly 20 percent of the total arrests that year (see Tables 3 and 4). Only three of the men arrested were white and all, except one from Lake County, were local.²⁸

TABLE 3: VD ARRESTS FOR MEN AND WOMEN, 1942-1948



27. Florida State Board of Health, *Forty-Fifth Annual Report of the State Board of Health for the Year Ending December 31, 1944* (Jacksonville: Florida State Board of Health, 1946), 75-76; Parascandola, "Quarantining Women," 441-42.

28. For information on national arrests and the sex differential, see, Darrell J. Steffenmeier, Alvin S. Rosenthal, and Constance Shehan, "World War II and its Effect on the Sex Differential in Arrests: An Empirical Test of the Sex-Role Equality and Crime Proposition," *Sociological Quarterly* 21, no.3 (Summer 1980): 403-416.



The general dearth of male arrests reflected the national preoccupation with protecting the armed forces. Despite the lip service paid to concerns regarding syphilis within the civilian population, the force of law focused only on people who had infected, or could infect, military personnel. Presumably, the men arrested had engaged in, or were suspected of engaging in, homosexual acts of some kind with airmen or other base workers. The generally low numbers of such arrests could represent unwillingness on the part of military personnel to admit to such liaisons or on the part of the doctors in charge to report them to the sheriff. Equally significant, it may have been a result of a more mundane reality: most rapid treatment centers only offered beds to women, with Jacksonville being the exception. Consequently, it would be harder for the county to pass on males infected with VD to some other jurisdiction. Thus, if infected, they would have further stretched the capacity of county or city jails/hospitals until fully cured.²⁹

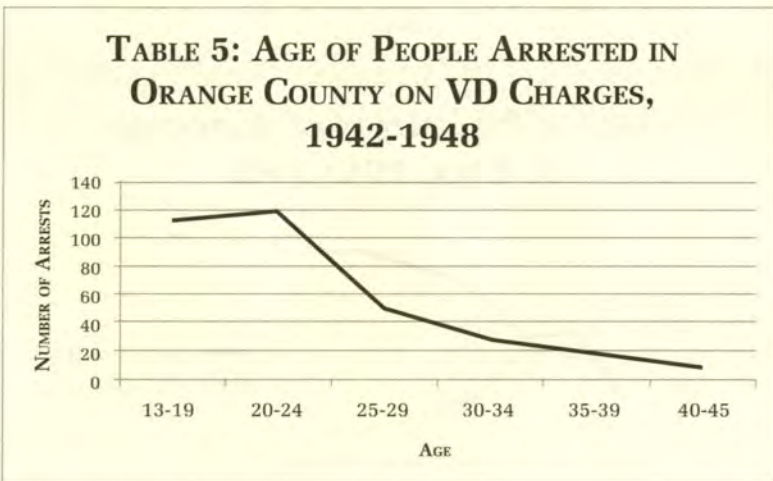
The small number of men detained also demonstrated the gendered reality of most sexual policing. The sheriff, police, and military all failed, either from a lack of manpower, a lack of funds, or a lack of imagination, to ask the girls who had infected them and then arrest those men. They also did not arrest or punish the infected airmen, despite the fact that this had been military policy

29. Florida State Board of Health, *Forty-Fourth Annual Report*, 199.

before the war (and was reinstated after the conflict). Instead they just treated their infections and presumably tried to stop them having more sex until they were cured. Ultimately, therefore, men's sexual forays were accepted and, if they were military personnel, treated so they could continue the fight against Hitler and Hirohito. Women's sexuality was criminalized; their social and sexual behavior was viewed deviant and worthy of punishment.³⁰

Along with sex, the sheriff's office tracked the age of the arrestees. People of every age from thirteen to forty-five were detained with the average age being around twenty-three. Although a considerable number of teenagers were arrested, most arrestees came from the twenty to twenty-four age bracket (See Table 5). This relates nicely to the concept of youthful rebellion, of young people amusing themselves in ways that other generations condemned.

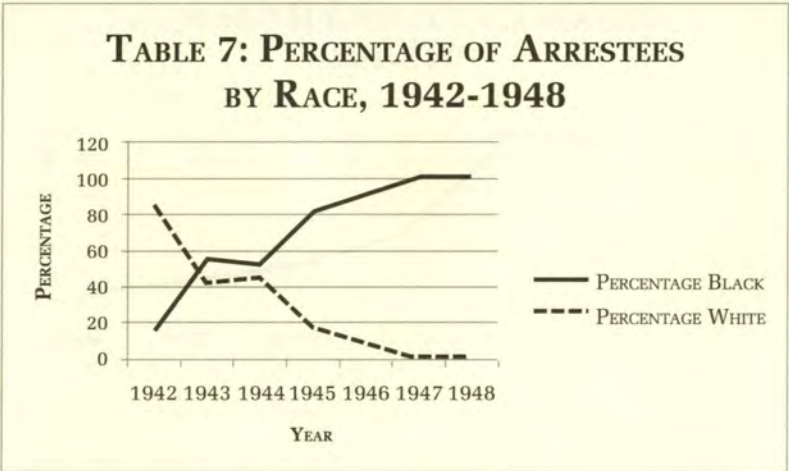
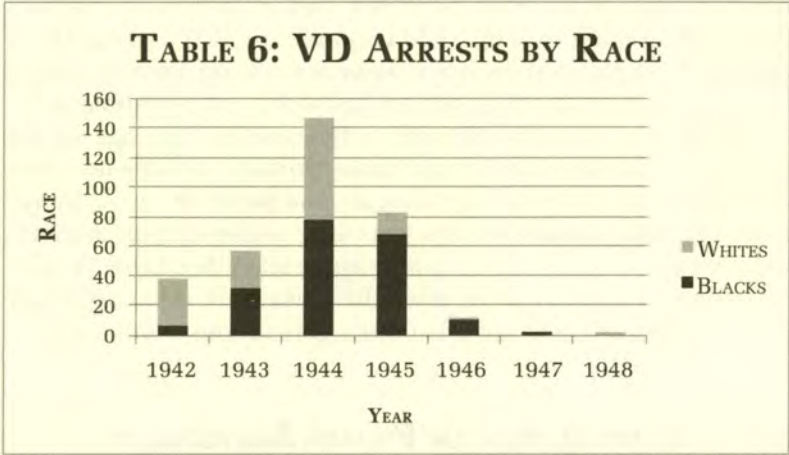
TABLE 5: AGE OF PEOPLE ARRESTED IN ORANGE COUNTY ON VD CHARGES, 1942-1948



During the six years that the Orange County sheriff's office arrested people on suspicion of harboring venereal disease, both blacks and whites were detained. The numbers of such arrests, however, especially in relationship to each other and to other information, prove interesting. The first year of the program, the arrestees were overwhelmingly white, and the last two years they were completely black. In between, more blacks were arrested than

30. Edward F. Witsell to Inspector General.

whites, but the numbers were fairly close in 1943 and 1944 (See Tables 6 and 7).



Making sense of these numbers is difficult. In 1942 six black people were arrested along with thirty-two whites. Blacks, therefore, represented 15.8% of the total arrests. This accurately mirrors the racial distribution in the county, where 15.7% of the population was African American. Three years later, in 1945, there were sixty-eight black arrests (82%) and fifteen white arrests (18%). This approximates the rate of venereal disease in the county, where 14% of carriers were white, and 86% black. Ultimately, these figures

reflect how the campaign against venereal disease changed on an annual basis. In 1942, the sheriff had nowhere to put women he arrested if they tested positive. Consequently, his office detained only thirty-eight women, most of whom were probably identified as possible carriers by infected military personnel. The next year, with the opening of the Rapid Treatment Centers, arrest numbers rose, as law enforcement was more able to randomly target women in boarding houses and jook joints.

1944 saw 146 arrests. In this year, the American military machine was operating at full capacity and controlling venereal disease became increasingly a priority. More action was taken on bases to stem disease, and more cooperation was expected of local authorities. In 1944 a Special Venereal Disease Committee was established in Orlando composed of civilian and military personnel specifically to combat syphilis within the civilian population. Under the direction of this committee, more women identified on military contact forms were tracked down, known houses of prostitution and problematic bars were placed "off-limits," prophylactics were distributed at stations throughout the city, boarding houses were raided, and the "City Police and Military police . . . patrol[ed] the streets and taverns for promiscuous women." Although many of these more random arrests seem to have been made by the police rather than the sheriff's office, the high numbers detained by the bailiffs clearly resulted from this collaborative drive.³¹

The increase in black arrests probably reflected the high rate of infection among African-American troops—ranging in 1944 from nine to fifteen times higher—and thus concern among the committee members to address this problem specifically. Additionally, the structure of Jim Crow combined with general assumptions that African Americans were naturally diseased, made it psychologically and legally easier to target black women. In the reports, for example, the only boarding houses raided were listed as "colored." Perhaps more surprising is that the number of white arrests remains relatively high in 1944 at sixty-eight. The military reports also note that the rates of venereal disease among white troops increased at times during the year. More white

31. "Historical Data: 902nd AAF Base Unit, Squadron M"; "Historical Data: AAF Regional Station Hospital, 902nd Base Unit (BC), Section D * Medical Section, AAF Tactical Center, Orlando, Florida," April-May 1944; "Historical Data: Squadron M-902nd AAF Base Unit, AAF Tactical Center, Orlando, Florida," June-December 1944, Box 287.17-7/287.17-9, AFRHA.

troops contracting venereal disease would have resulted in more white women being names on contact sheets, and thus more white arrests. The military blamed this increased incidence of disease on "an increase in the number of prostitutes in Orlando who have arrived from Tampa, Florida, where a strenuous drive against prostitution is in progress." The arrests of these women and other "girls without visible means of support in the town" would have boosted the white arrests for the year.³²

In 1945, the year before penicillin and peace mitigated national concerns about venereal disease, many more blacks were arrested than whites. With the logistical problems solved, officials focused more on the group with the highest rate of infection and lowest social standing. Throughout the war, Orange County officials tried to address the higher level of disease in the African-American community. By late summer 1942, the county had the largest clinic in Florida for venereal disease treatment. Kolack headed operations, which offered centralized control, treating 3,500 cases a month. In general, these patients were those, white or black, who officials trusted to report for treatment for months and who, therefore, did not need to be incarcerated. The clinic moved around the county, from the Orange County jail on Monday morning—when those arrested on suspicion of harboring disease would be tested—to Winter Garden on Tuesday night, and Apopka on Wednesday afternoon. For the majority of each week, however, the clinic worked at the "colored clinic at Parramore and South St." The focus of these medical officials on black infection clearly reflects the profile of the disease.³³

The racialized nature of disease prevention in Florida was also apparent in the officers conducting the arrests. In 1942, the sheriff's office sent a female bailiff/deputy sheriff, Mrs. Leonard, to conduct arrests of suspected women. Soon, other women appear in the docket, arresting women on the VD charge: Mrs. Dean in 1943, Mrs. Thrasher in 1944, and Mrs. Lane in 1945. Until 1944, however, when the number of cases soared, these women only

32. "Historical Data: 902nd AAF Base Unit, Squadron M"; "Historical Data: AAF Regional Station Hospital, 902nd Base Unit (BC), Section D * Medical Section, AAF Tactical Center, Orlando, Florida," April-May 1944; "Historical Data: Squadron M-902nd AAF Base Unit, AAF Tactical Center, Orlando, Florida," June-December 1944, Box 287.17-7/287.17-9, AFRHA.

33. "Orange County has Largest Clinic in Florida for Venereal Diseases," *Orlando Sentinel*, August 4, 1942.

arrested whites, presumably reflecting a heightened sensitivity when discussing private matters with white women, as opposed to black. In 1944 and 1945, the years of the most arrests, women bailiffs arrested people of both colors, but after that these female officers generally focused on arresting runaways, usually underage white girls.

Some Floridian authorities tried to blame the high incidence of venereal disease in the state on the presence of the armed forces and the consequent "influx of commercialized prostitutes who are known to be the primary spreaders of venereal disease." Certainly prostitutes gravitated toward boom towns. The Tampa police chief noted an influx of prostitutes in 1942 and, as we have seen, Orlando officials believed that many of these women moved to Orange County in 1944 when Tampa cracked down on the problem. However, sex for sale did not cause the venereal disease problem in the state during the war. Florida had the highest venereal disease death rates in the nation before the war, indicating that the root cause was local and not because of peripatetic prostitutes. Equally, evidence from the sheriff's dockets demonstrate that most people arrested were local—from in and around the Orlando area.³⁴

Other authorities recognized that the problem of venereal disease was complicated by "good-time girl[s]." These young women, often in their teens or early twenties, became promiscuous due to "misguided patriotism." Some authorities understood that "the nervous tension of war has promoted the clandestine meetings of juveniles in juke joints, concession stands, movies, bowling alleys, dance halls, and taverns" and that these meetings often led to sexual relations. The problem, as some saw it, lay with the parents who should be monitoring the girls' behavior rather than allowing them to "roam ... the streets at all hours of the night."³⁵

This analysis, minus the heavy dose of censure, more accurately reflects the situation in Florida and in Orange County. An analysis of girls released from the Rapid Treatment Centers showed that 74.4 percent claimed their place of residence to be Florida, while 70.8 percent were born in Florida, Alabama, or Georgia. In the

34. "Venereal Disease Control in Florida, 1942," 29; "Florida Syphilis Control Program Sets Remarkable Record During Past Year," 21; Dawn Truax, "Victory Girls and Social Protection in World War II Tampa," in *Florida at War*, ed. Lewis N. Wynne (Saint Leo, FL: Saint Leo Press, 1993), 31.

35. R. F. Sondag, "Parents Blamed for Delinquency in Girls," *Florida Health Notes* 35 (September 1943): 147-48; Truax, "Victory Girls," 33-35.

sheriff dockets, three hundred twenty of the resident addresses for the arrestees are somewhat legible. Of these, 73 percent are in Orlando, 86.9 percent are in Orange County, and 92.8 percent are in Florida. All of the out-of-state arrestees, with the exception of the one from Savannah, were white, which at 95.6 percent is higher than the percentage of whites in Orange County more generally, which was 84.3 percent.³⁶

Many of the out-of-state women were arrested in pairs or in larger groups. Some, like Peony* and Elizabeth Drayson* of Malden, Massachusetts, arrested in November 1942, were clearly traveling together. For a few of these women, it is possible to posit the reasons that they were far from home. Amy Swenson* of Peoria, Illinois, was thirty-two years old when she was arrested in October 1942, along with Daphne Jorgensen* from Superior, Wisconsin, who was thirty-five. Amy came from a working-class family. Her father was a caretaker in a cemetery, while her brother earned his living as a machine painter. In 1930, Amy was living at home and working as a filing clerk at a dry cleaners. Her friend, Daphne, came from a large fairly wealthy family, with both parents from Norway. In 1910, when Daphne was three, she lived with her father, a carpenter, her mother, and her six older siblings, one of whom, her older sister Lena, taught public school. Ten years later, her mother was no longer living with the family, and two of the children had also left or died. In her mother's place, the father had hired an English housekeeper named Jane Leitch. By 1930, Daphne had moved to Chicago where she was training to be a nurse. It is thus possible that she and Amy were both nurses, working with the military in Florida, who had developed relationships with airmen through the course of their work. Rosa Blane*, arrested in December 1942 and hailing from Columbia, South Carolina, was also a nurse, which indicates that at least some of the women whose behavior was criminalized during the war were also directly involved in allied victory.³⁷

Another couple of out-of-state women seem to have a different story. Dottie Humphries* was born in Poinsett County, in rural Arkansas to a large farm laboring family. Her first move may well have been to the county seat of Harrisburg, where she may have

36. "Rapid Treatment Centers," *Florida Health Notes* 36 (February 1944): 38.

37. Information on Amy Swanson and Daphne Christensen from federal census records accessed through ancestry.com.

met Edith McCurry*. Edith was also from a laboring family, just north of the state line in Missouri. Her father worked on a road crew. Somehow the girls made their way to Orlando where they were arrested in August 1942; they were eighteen and twenty-one, respectively. Edith and Dottie fit the stereotype of "good-time girls," using the employment opportunities of the war to move from home to the exciting proximity of a military base. Whether or not one of them was dating an enlisted man and followed him to the state, or whether they both made their living from prostitution, or whether their lives involved a degree of casual prostitution combined with low-wage labor, is impossible to say.³⁸

Only nineteen of the arrestees came from Florida, but not from Orange County. Most of them originated from towns around Orlando, with five white arrestees residing in Kissimmee, a cattle-ranching and citrus-packing town just a few miles south of the city.

The vast majority of arrestees came from within Orange County, mostly from Orlando, but with sizeable numbers from Winter Park, Winter Gardens, and Apopka. Some of these gave their home address as a hotel, which may indicate that they were only transient residents of Florida, however, or that the hotels acted as boarding houses for low-paid workers. The main concentration of arrestees' homes was in Parramore, the city's historically black neighborhood. Black arrestees predominated here, with the tightest cluster along Division Street, the historic racial dividing line. What is interesting, however, is that a number of white arrestees also called the Parramore district home, which may reflect the housing shortage in the city with the advent of war. Another noticeable grouping to the north and east of downtown represents women who lived in the black neighborhood of Winter Park, Hannibal Square. Few arrestees, and even fewer blacks, lived on the eastern side of the city, in the more middle-class neighborhoods of town.

Of the women who can be identified who lived in Orange County, several commonalities emerge. At least one, Elise Bray*, a white woman who lived on West Pine Street in Parramore, was a nurse, like the out-of-town women. She was thirty-seven when arrested in 1944 and was married with a husband and adult son. Her age and marital status does not preclude her from casual sex with military personnel,

38. Information on Edith McCurry and Dottie Humphries from federal census records accessed through ancestry.com. Many women did follow their husbands or sweethearts to Florida, see, Mormino, "World War II," 339.

but it does suggest alternate stories, from an airman giving her name to a doctor in desperation to her partaking in an after-work outing with male coworkers from the base.³⁹

A sizeable number of the arrestees were clearly poor, which is not surprising considering that many more blacks were arrested than whites. Abigail Washington*, a black woman from the Hannibal Square neighborhood lived with her father Leroy, who was a laborer, and her mother, Amanda, who stayed home with as many as eleven children. In 1930, they paid a rent of twelve dollars per month for their home. Bertha Wood* from Apopka also lived at home with her family. Her father worked as a laborer in a sawmill and paid three dollars a month in rent. When the women's employment appears in the historical record, it also suggests relatively low economic status. Lydia Stokes*, arrested in 1943 at age twenty-four, still lived in a boarding house in Parramore two years later and listed her occupation as a cook. Clara Chambliss* was thirty-six when she was arrested in 1944. In the Florida census of the following year, she is listed at the same address that she gave the sheriff's office—201 Garden. Her occupation was a laundress and she lived with two other women who earned their living as maids.⁴⁰

Of the seventy-four arrestees that can be identified with some reasonable assurance, sixty-four, or 86.5 percent, seem to have come from poor or working-class backgrounds. These people, or their parents or spouses, were employed as laborers, maids, packers, and the like, and generally rented their homes. The few that owned homes, assigned them a relatively low value, such as two or three hundred dollars. The records of 10 percent of the arrestees offer no clues as to their class, occupations, or living situation. The remaining 3.5 percent of arrestees, or three women, appear to have come from the middle class. All three of these women were white; one's father was a lawyer, another's was a conservation agent, and the third's father was the manager of a lumber mill. Class clearly seems to define the women willing to consort and have sex with enlisted men. Poor women (and men) would have less access to entertainment on their own, and thus, perhaps, be more interested in soldiers who could pay for a night on the town.⁴¹

39. Information on Elise Bray from Florida census records accessed through ancestry.com.

40. Information on women from federal and Florida census records accessed through ancestry.com.

Clearly, many of the Orange County arrestees fell into this category. Indeed, a number of women were arrested more than once, like Gloria Peterson* of Winter Park. Seventeen-year-old Gloria was detained three times in the space of ten months demonstrating both that she did not have venereal disease and that she continued to associate with airmen despite her arrest experience. When she was arrested a fourth time in May 1945, she was living in downtown Orlando, having moved out of the family home. This behavior had caused hand-wringing on the part of reform-minded members of the middle class for decades, but, when it endangered the government's ability to prosecute World War II, it was criminalized. Additionally, the overwhelming majority of the working class in the South were African Americans, racializing the story once again.⁴²

While class was clearly the main determining factor in the arrests, a smaller, but still significant number of arrestees seem, like Beryl Oates, to have experienced some family instability. Sarah Maddox*, a black woman arrested in 1943, came from more well-off circumstances than others. In 1930 she was living with her aunt and uncle in Alachua County, Florida. Her uncle was a laborer, but did own his own home. Rosie Cooper*, arrested in 1944, had been living in Duval County, nine years earlier, with her widowed mother who earned a living as a laundress. Susie Christenson* was a thirteen-year-old black girl when she was arrested in 1944. The census of the next year found her at the same address in Parramore, living with her mother who was a maid. Susie made her living as a laundress.⁴³

Overall, then, the majority of people arrested in Orlando on suspicion of having a venereal disease were female, black, in their late teens and early twenties, and working class, perhaps also suffering from some personal or familial dislocation. This profile matches that of another analysis done in 1944 of inmates in a Rapid Treatment Center in Washington, DC. Evelyn Sarris completed the study of 146 inmates as part of her degree in social work. She found that 81.5 percent of the patients were women, 71.9 percent were African American, 68.5 percent were between seventeen and twenty-six, 63 percent had only received formal education through ninth grade, 53.4 percent had identifiable occupations that placed

41. Ibid.

42. Ibid.

43. Ibid.

them in the working class (28.7 percent were unemployed or their employment was unknown), and 50 percent reported familial problems. This suggests that the evidence of Orlando's sheriff's dockets could be representative of arrests and inmates in Rapid Treatment Centers nationwide.⁴⁴

The most obvious attempt by authorities to reduce the incidence of venereal disease involved the arrests of potentially infected women. However, military officials also did their part to lower VD rates at the base. Organized control only began in 1943, when the rates were considered "high" among white troops and "extremely high" among African Americans. Major Leon Martin was put in charge of VD control. Officials instituted regular films and lectures on the base; made prophylactics easily available, on base and in town; closed down suspect hotels and bars; started keeping regular information on all potential infectious contacts; worked more closely with the civilian authorities; and, for nine months, instituted an 11.30 pm curfew for military personnel. The military also tried to control infection by offering alternate recreation for the troops. Orlando, like other towns with military bases, had both a white and black United Service Organization (USO), where middle-class women of all ages offered entertainment and "respectable" female companionship to military men. White men could attend events at the black USO, but the reverse was prohibited. Various sports were available at the base, from bowling to baseball, boxing to softball. Parties and dances were held, often with WACs or Ladies Auxiliary members brought in for dancing, and outings were organized to Daytona and Smyrna beaches. Cadets from the base were in demand throughout the city, as in August 1942 when they served as judges for the Florida Sweater Girl contest in Winter Haven.⁴⁵

44. Evelyn Sarris, "A Study of 146 Patients admitted to a Rapid Treatment Center" (Diploma in Social Work, National Catholic School of Social Service, 1944).

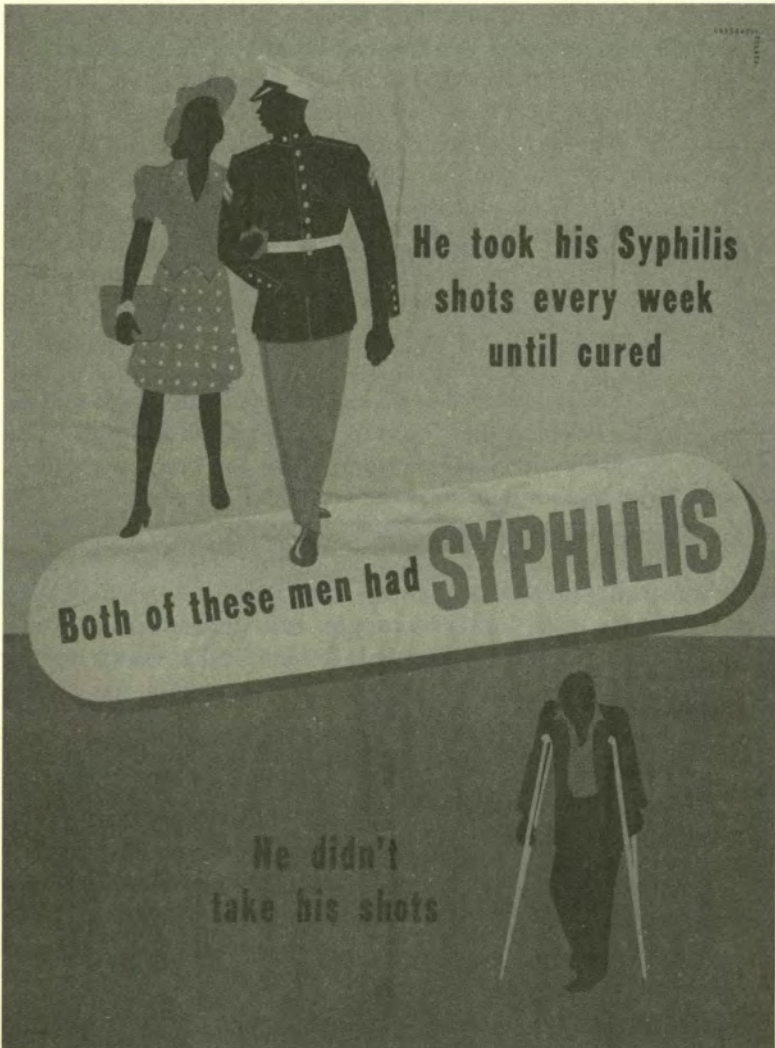
45. "Historical Data: Unit History, Station Hospital," 21; "Annual Report of Medical Department Activities, AAF Tactical Center, Orlando, Florida," attached to "Historical Data: Unit History, Station Hospital," 4. For information on social activities at the base, see, for example, "Historical Data: 902nd AAF Base Unit, Squadron A—Base Complement, AAF Tactical Center, Orlando, Florida," nd; "Historical Data: 902nd AAF Base Unit, Section A—Services Section, AAF Tactical Center, Orlando, Florida," April 1944; "Historical Data: 902nd AAF Base Unit (Base Complement), Section B—Student Section, AAF Tactical Center, Orlando, Florida," March 10-June 10, 1944, Box 287.17-7/287.17-9; "Historical Data: 902nd AAF Base Unit (Orlando Army Air Base), AAF Center,

The African-American unit at the base, designated Squadron C, had the highest rates of venereal disease. The squadron was divided into four platoons that dealt with transportation, internal guarding, billeting and mess hall duties, and labor detail. To help address the disease problem, military officials offered a party each month for the platoon with the lowest rate of infection. Additionally, the black squadron was very engaged in sports. Its baseball team, the South Camp Trojans, traveled around the state to play other African-American teams. Boxing was also important, with pugilists traveling to other camps for competition. At the start of the war in the segregated South, USOs were white-only. This caused a potential problem for black enlistees trying to find wholesome entertainment, as the lack of a sizeable black middle class generally reduced their options to juke joints and bars. The NAACP pressured the USO to open clubs for black personnel. By late 1942, the organization had opened forty-one clubs for blacks around the nation, and, by 1944, there was one in Orlando. Additionally, in April 1945 the base established a social venue for its African Americans. South Camp Esplanade opened with a gathering for three hundred couples who danced to the South Camp Syncopators. Plans were made to have similar events weekly, but by then the war was almost over and penicillin was curing syphilis quickly and easily.⁴⁶

Officials, both military and civilian, tried to control the spread of venereal disease during World War II in Orlando in a systematic and thorough way. They treated infected military personnel, made prophylactics widely available to military men, and encouraged civilians to be tested and treated. They also arrested women who airmen reported were carriers, along with women who seemed likely to be carriers (on the basis of race, location, and activity). Detained

Orlando, Florida," April 1 to May 1945, AFRHA; "Enlisted Men to Dance in Open Air Tonight," *Orlando Sentinel*, September 26, 1941; "Winter Haven," *Orlando Sentinel*, August 4, 1942. For evidence of USOs in Orlando, see, *Polk's Orlando City Directory* (Jacksonville: R. L. Polk & Co., 1944), 455; *Polk's Orlando City Directory* (Jacksonville: R. L. Polk & Co., 1945), 600. For more on United Service Organizations, see, Wynne and Moorhead, *Florida in World War II*, 209. For a history of the USO, see, Winchell, *Good Girls*.

46. "Historical Data, 902nd AAF Base Unit—Squadron C, AAF Tactical Center, Orlando, Florida," July 1944, Box 287.17-9/287.17-12, AFRHA; Winchell, *Good Girls*, 93-94; "Historical Data, 902nd AAF Base Unit (Orlando Army Air Base), AAF Center, Orlando, Florida," April 1, 1945-May 1, 1945, Box 287.17-18/287.17-20, AFRHA.



World War II Disease Prevention Poster. *Image courtesy of the State Archives of Florida.*

women tended to be local, working-class, young, black girls. This reflected both the racial profile of the disease and the deeply held racial and gender assumptions of officials. From the women's perspective, however, arrest and venereal disease represented

two potential risks in their search for amusement to distract them from their hard lives of low-paid, long-hour employment. On the one hand, then, this story affirms longstanding efforts by those dominant in American society to control the sexuality of African Americans and women. On the other hand, it offers another glimpse into sexual change in the twentieth century, as women, white and black, sought power over their own bodies and lives, irrespective of potential medical and social consequences.