

AFD Ep 436 Links and Notes - The 1930s Syphilis Campaign [Bill/Rachel] - Recording July 18, 2022 for release on or around July 25

- Intro: On July 25, 1972, fifty years ago, the Washington Star [broke a story](#) that some people (including [whistleblower Dr. Peter Buxtun](#) of the US Public Health Service) had been trying to bring to light for almost two decades: that the U.S. Centers for Disease Control was running a deeply unethical long-term study on the effects of syphilis, begun in 1932. Although [the experiment](#), which involved hundreds of Black sharecroppers near the Tuskegee Institute in Alabama, had been initiated in an era when safe, credible cures did not exist, and although all the non-control participants were already infected with the disease, none of the patients under observation were told of their diagnosis which could have helped limit the spread within their families and communities – and most shockingly none of them were given the real treatment of penicillin when it finally became available in the 1940s, about a decade after the study began. (For more on penicillin, listen to [our March 20, 2022 episode, #418](#).) In fact, they were often told they were actually receiving treatments when they were not, and many patients were actively prevented from receiving treatment when outside draft board tests in WWII happened to catch many of their cases. Instead, the study observations continued for another three decades with the disease ravaging hundreds of the patients. Had it not been for the mainstream press leak and public outcry, the program would not have been shut down by the end of 1972, because those defending it had insisted for years (against critics aware of the study) that it was providing invaluable life-cycle information on the effects of untreated syphilis and needed to continue until all participants were deceased. This was perhaps a defensible objective at the start in 1932, even if the failure to disclose infection status was indefensible, but it was no longer even much of a medically useful project after penicillin because a previously incurable 16th century sexually transmitted bacterial disease suddenly had a definitive cure if caught early enough. When the project ended, none of the infected patients were still within the time range to be treated and cured successfully, and less than one-fifth were still alive at all. There would be no formal apology from the government until President Bill Clinton made one in 1997. Congress did adopt the [National Research Act of 1974](#) in response to the revelation of the Tuskegee program in order to govern the ethical standards of human-subject experiments in the United States. There are of course many excellent sources and doubtless other podcasts focusing on the Tuskegee Syphilis Experiment, but what we found ourselves curious about was the broader context for the US government's particular obsession with syphilis in the 1930s. We also had been interested for quite a while in looking into the history of premarital blood tests in the United States, and eventually we started to put the pieces together that these were all part of the same story, in the same era, and all part of a massive national project, awash in federal and state funding, to pull together the disparate strands of the social hygiene movement, eugenics, a changing urban and rural society, reaction to first-wave feminism, and the government's response to the Great Depression – all of which seemed to combine together to reach a crescendo by chance just before the arrival of the miracle cure that would largely end the alleged crisis.
- Propaganda campaign and Surgeon General effort
 - As the Franklin D. Roosevelt Administration took office and brought the U.S. government into almost every area of daily life, the national campaign against syphilis reached full swing. The Works Progress Administration, even before the era of World War II posters reminding soldiers of the dangers of STDs, were churning out artwork and propaganda posters across the country to urge people to get tested and control the spread of syphilis.

https://commons.wikimedia.org/wiki/File:Stop_syphilis_LCCN98509573.jpg

Some posters also included dubious claims like “Six Out of Ten Cured Because They Did Not Wait Too Long.”

<https://commons.wikimedia.org/wiki/File:Syphilis-poster-wpa-cure.jpg> In reality, in this era of the late 1930s just before penicillin, most people if they were lucky were prescribed [trendy new German synthetic dye-based sulfonamides](#) ([popularized in 1936 by FDR Jr’s well-publicized recovery from a septic sore throat and sinus infection](#)). That treatment, brand-named Prontosil, was a bacterial inhibitor but not a bacteria killer. Any supposed “cures” were often very dangerous and ineffective, generally based on toxic heavy metals like arsenic (or historically mercury). Salvarsan aka Compound 606, for example, was an arsenic drug being used since the 1910s to try to treat syphilis:

<https://en.wikipedia.org/wiki/Arsphenamine>

- Most of this was being spearheaded by U.S. Surgeon General, former celebrity doctor, and future national health insurance advocate, Thomas Parran, who was one of the New York New Dealers brought to Washington as FDR moved up, although he did not become Surgeon General specifically until 1936. (The Tuskegee Experiment was already under way by the time Parran took over the Public Health Service, although he ended up serving as Surgeon General all the way until 1948, during which time the Service also conducted the shorter but equally if not more heinous [Guatemala syphilis experiments](#) where penicillin treatment was given but only after deliberate and often brutal infection without consent. It’s still debated how much he was aware of either program, given how these operations tended to be siloed, but there seems to be consensus that he may have approved the Guatemala experiments (not revealed until 2010) and allegedly knew in detail that they were being considered. More on this here: <https://www.usatoday.com/story/tech/sciencefair/2013/02/26/parran-award-controversy/1948705/>, here: <https://www.diversity.pitt.edu/sites/default/files/Final%20Parran%20Hall%20ODIR%20RR.pdf>, and here: <https://onlinelibrary.wiley.com/doi/full/10.1002/eahr.500010>) Parran, who made syphilis treatment a major national focus immediately in office, had already been banging on that drum since his time in New York. There he had hosted a regular CBS Radio show about health issues. One of the received wisdom supposed “facts” that public health officials had come to believe by the early 1930s was that New York City, or indeed all of the United States, had a syphilis infection rate of 10%! This wasn’t apparently really based on much concrete information, but many of these doctors wanted to push for broader testing. Dr. Thomas Parran was one of them, and he tried to use his show to advance that objective. CBS Radio’s censors were so shocked by the topic that they refused to air the planned show, playing music instead during his regular time slot. <https://notchesblog.com/2016/05/31/taking-the-venereal-out-of-venereal-disease-the-1930s-public-health-campaign-against-syphilis-and-gonorrhea/>
 - The New York Post at the time editorialized: *“Some one ought to take the radio executives by the hand and gently break the news to them that the dear, sweet, smirking Victorian days are dead. We have reached the stage where we can hear the truth without falling in a dead faint, and we are as anxious to fight one disease as another.”*
- Indeed, there was so much public backlash to silencing him on the issue, that he was later able to take to the airwaves and begin his great campaign on syphilis, which he would eventually take to DC with the full support of the FDR

Administration and a surprisingly generous Congress that found the danger to combat-readiness of such a potentially huge undetected syphilis-carrying population worrying enough to begin advocating millions of dollars a year in anti-syphilis efforts like research and testing, even before the first shots were fired in the coming war. This ultimately became the National Venereal Disease Control Act of 1938. Parran often hit a familiar theme in his messages to the nation on the condition that he believed could be “The Next Great Plague to Go”: “We might virtually stamp out this disease were we not hampered by the widespread belief that nice people don’t talk about syphilis, that nice people don’t have syphilis, and that nice people shouldn’t do anything about those who do have syphilis.” His efforts and the broader New Deal campaign against syphilis seemed to be popular with a large majority of the US public.

<https://www.mentalfloss.com/article/625984/why-states-required-blood-tests-for-marriage-licenses>

- Public health officials, including Dr. Parran, lied a lot about how the disease was spread in a desperate attempt to destigmatize getting a checkup or admitting a diagnosis because they figured that would be easier than people admitting they had sex when they weren’t supposed to or with someone they weren’t supposed to. They also didn’t ever progress much beyond the testing aspect because they could get people on board with not being shocked and horrified to discuss medical testing and rudimentary treatment regimes, but they couldn’t get people on board with talking openly about condoms and other actual prevention methods (in non-military settings anyway). Of course, it’s probably hard to control the spread of the disease even after testing catches it, if you’ve also just told everyone that it can be spread by almost any casual means, including an unwashed glass or a shared tobacco pipe, rather than clearly stating that there was one thing they needed to be really careful about: unprotected sexual contact.
- Blood tests for marriage
 - Before the federal campaign of the 1930s and 1940s, the US states independently had actually already begun the push very lightly to address syphilis (starting back in the 1910s after the first new treatments, however flawed, arrived, and perhaps not coincidentally again just after World War I, when a lot of soldiers were coming home from abroad). But with the new national campaign, the aim of the state public health authorities shifted toward promoting or even mandating testing, and the most famous way this manifested in 30 states of the 48 then in existence was in the blood tests for marriage. (This testing was indeed about syphilis, not – as some people erroneously assume – anything to do with genetic proximity or blood type.) All of this began to ramp up a third time in the 1930s as Parran and others gradually got the public on board with making this a priority issue. That’s when the actual blood test laws began to be passed.
 - <https://www.mentalfloss.com/article/625984/why-states-required-blood-tests-for-marriage-licenses> *30 states had enacted such legislation by 1944, and Gallup polls throughout the 1930s and 1940s revealed that the majority of American citizens supported the government initiatives.*
 - We also looked at a short article about a 1954 study on “Premarital Health Examination Legislation” published in Public Health Reports Vol. 69, No. 5 (May, 1954), pp. 487-493 <https://www.jstor.org/stable/4588806> The author reports 33 states with laws of some kind by 1941, and 40 by 1954, as opposed to the 30 figure we’ve just noted, but these might also include lesser requirements than actual testing. The article cites the earliest premarital VD state law as dating back to 1913, but the early such laws were generally a signed affidavit instead of an

actual test. Almost immediately there was a US Supreme Court case on the constitutionality, but the court at the time said state governments were sovereign on regulating or banning marriages. Some laws were male-only. Some laws actually made it a misdemeanor to marry if one tested positive, although they didn't have much of an enforcement mechanism. The article, published as far back as 1954, contends that "While these [laws] differed from State to State, none of them was particularly effective." Perhaps the only interesting or compelling law was Utah's which automatically voided the marriage if it turned out that one of the partners had a venereal disease, maybe not even just when they got married but also afterwards. In general, the 1954 review cites a positive test rate in premarital syphilis blood tests of less than 1.5% between 1936 and 1941 in states that pooled their data for a Public Health Service study, although at least some states had briefly had much higher rates when the tests were first introduced. The speculation was that more people evaded the tests thereafter, but who knows. Marriage license rates did drop, sometimes by a lot, despite the already growing number of state laws ending the practice of recognizing common law marriage (although the article doesn't mention that the economy got worse again simultaneously, which could be a confounding factor). Despite public support for the new testing mandate laws, many physicians disagreed. For one thing, they weren't sure how credible the tests were. But for another, the mandatory public reporting component raised serious questions about doctor-patient confidentiality and what patients could reasonably expect to keep secret from the government when it came to communicable diseases. There were also problems between states about reciprocal recognition of marriage licenses, even when both states did have a testing requirement, because every state's system differed. Some states also demanded a post-marriage blood test if the wedding occurred in a non-testing state. States also had to provide funding to cover the costs for would-be newlyweds who couldn't afford to see a private physician for their exam. Some states waived the tests altogether if there was an urgent need to speed up the marriage process before baby could make three...

- In general, the testing regimes over time cost many millions of dollars and had a relatively low detection rate, but that may simply reflect an overestimate of prevalence before widespread testing began, or perhaps a relatively lower-risk population being tested in the marriage license process. It also might just mean people were evading the states by getting married in non-testing states or were sending friends to be tested in their place, and so on.

- <https://academic.oup.com/shm/article-abstract/34/1/141/5531264> (locked?)

- As we've now discussed, there was a huge push beginning in 1930 to try to identify cases of and halt the spread of syphilis, which was actually about to be dealt with in the 1940s by the advent of antibiotics (which they couldn't predict). But oddly enough, especially since the state marriage blood testing laws didn't even catch many cases of syphilis at all, they just kind of kept the tests around anyway after penicillin into the 1950s – or in some cases much, much longer. Incredibly, Massachusetts did not repeal its wartime pre-marital screening law until 2005 in the Mitt Romney administration!

<https://www.thebody.com/article/massachusetts-abolishes-blood-tests-marriage-licenses> And Montana kept part of their testing law (rubella screening in women) active at least as late as 2018, but maybe even now; 4 states passed but later repealed HIV testing requirements at the height of the AIDS pandemic before deciding that was probably a very costly off-target screening pool.

<https://www.advocate.com/health/2018/7/26/truth-about-pre-marital-blood-tests>

<https://www.findlaw.com/state/montana-law/montana-marriage-license-and-blood-test-requirements.html>

- The broader social context (discussion)
 - Progressive Era [Social Hygiene Movement](#) (remember White Castle?), often closely associated with “Racial Hygiene” eugenicists: This movement not only promoted the syphilis awareness and testing efforts but also introduced bans on prostitution in many cities/jurisdictions that allowed or even encouraged it.
 - Probably the only good effort they were involved in was trying to repeal the Comstock Laws that censored distribution of sexual health information and information on birth control and abortion, but they actually failed across the board at repealing these laws, which is one reason the 1930s federal campaign on syphilis is so fascinating because it seems clearly in conflict with those still-extant laws.
 - Eugenics movement: including racist ideas on how the diseases affected different people, as many of the above-linked sources mention in passing... This was a huge factor in the focus of the Tuskegee experiments and the later Guatemala experiments: It was not just an easily targetable and vulnerable population to experiment on, but they were also convinced that Black people and in the international context Latin people were uniquely awash with STDs and needed a particular attention paid.
 - From the Social Hygiene Movement page above: *In the 1940s during World War II, ASHA (American Social Hygiene Association) launched a new project called The Negro Project, also known as the Negro Venereal Disease Education Project.*
 - also all this national campaigning on syphilis and secret experiments is happening at the same time as forced sterilizations and other attempts to control reproduction against people’s will or without their knowledge
- The campaign’s effects on women’s sexuality (and health)
 - <https://notchesblog.com/2016/05/31/taking-the-venereal-out-of-venereal-disease-the-1930s-public-health-campaign-against-syphilis-and-gonorrhea/>
 - An interesting facet of the public awareness campaign was the focus on productivity and community strength in fighting the spread of syphilis. *Campaign materials also emphasized that the negative effects of these illnesses impacted the whole community, not just individuals with VD. This helped legitimize a stronger role for government in the program and spending tax dollars on the issue. Workers who developed complications with motor skills might not only lose their job, but also decrease [industrial efficiency](#) or harm others if they caused an accident at work. In the midst of the Great Depression, concerns about national recovery hit home with Americans. Additionally, a sick worker not only failed to be a [proper breadwinner](#) for his family, but also became another person added to the swollen relief rolls or committed to a public institution for the blind or insane. Later, as the US mobilized for war, industrial strength was seen as key to defeating the Axis, again tying the fate of the nation to individuals’ behavior.*
 - *Assumptions about the limited intelligence of black patients shaped media coverage of programs serving black communities, as well as educational materials created for black audiences (which sometimes presented questionable information).*
 - As WWII started, the rhetoric became more focused on women’s sexual behavior. *VD discourse and policy now focused on policing the*

social-sexual behavior of all women, who were sexualized and seen as potential vectors of venereal disease. They became dangerous threats to the war effort. This gendered and moralizing rhetoric, which had purposefully been avoided a few years earlier in the 1930s VD campaign, was central to professional and popular coverage of the issue. It built on earlier medical, social science, and eugenic discourses that linked hypersexuality, [juvenile delinquency](#), and “feeblemindedness” in women. This focus on women as vectors not only revealed cultural anxieties about the sexual freedom of young women, it also helped legitimize their [forced incarceration](#) at [Rapid Treatment Centers](#) across the country where they were treated for syphilis and gonorrhea. Though this emphasis on problematic sexual women contrasted the 1940s rhetoric from the 1930s, the role VD control played in strengthening the family and preserving the health of industrial workers continued to be salient and was prevalent in wartime VD propaganda.

- “She may look clean – but ... pickups, ‘good-time girls,’ prostitutes spread syphilis and gonorrhea. You can’t beat the Axis if you get VD.”
- Poster “She may be a bag of trouble”:
https://www.gannett-cdn.com/media/USATODAY/USATODAY/2013/02/26/syphilis-gonorrhea-3_4.jpg?width=300&height=400&fit=crop&format=pjpg&auto=webp
- *Certain principles of eugenics sponsored by the national office of the American Eugenics Society gained wider acceptance. Those principles stressed the importance of health examinations and waiting periods between applications for and issuance of marriage licenses. They advocated restrictions on marriages of the unfit and ways to improve the physical and mental qualities of the population of the United States. In 1937, 5 States passed acceptable legislation, and by 1939, 12 additional States had enacted premarital examination laws. From: “Premarital Health Examination Legislation” published in Public Health Reports Vol. 69, No. 5 (May, 1954), pp. 487-493 <https://www.jstor.org/stable/4588806> Interestingly the 1954 article also notes that in cases where local newspaper editors were resistant to publicizing state laws on premarital syphilis testing due to objections about publishing sexual content or reference of any kind, it was usually the face-to-face intervention by women’s advocacy groups that changed their minds. These same groups often scheduled in-person educational lobbying sessions with local marriage clerks, doctors, clergy members, and school officials. Perhaps they felt young women entering into marriages were the most at-risk for being exposed to an undisclosed or undiagnosed sexually transmitted infection from a new husband, but if so the article doesn’t say.*