Public Health Chronicles

FIGHTING VENEREAL DISEASE IN FAYETTEVILLE, NORTH CAROLINA, 1951–1952

GEORGE MOORE, MD, MPH
BERWYN MOORE

My enlistment in the U.S. Public Health Service (PHS) was the result of the Universal Military Training Service Act of 1951—the government’s name for the draft—which was reinstated to fill the manpower needs of the Korean War. A close friend had been drafted by the Army and suffered a bullet wound through the knee just eight hours after landing in Korea and, as a young doctor, I realized my skills would be better utilized in the PHS than in military combat. Ironically, however, my first assignment in September of 1951 was at a military base, Fort Bragg, near Fayetteville, North Carolina.

I had completed two years of residency at the University of Michigan Department of Dermatology when I

received the draft notice. I had planned to finish three years of training to qualify for a medical practice as a dermatologist. The specialty also included syphilology, for which I had training at the nearby State Rapid Treatment Center for venereal diseases (VDs). My plans were interrupted by the Surgeon General who had just received a request from Fort Bragg for assistance in confronting a VD epidemic among 350,000 fresh troops being mobilized at the base. I was assigned to the Cumberland County Health Department in Fayetteville—the closest city to Fort Bragg—where I would work to control the sources of sexual exposure in the 10 counties surrounding the base. The town was reputed to be a veritable den of iniquity. Both the American Social Hygiene Association and J. Edgar Hoover of the Federal Bureau of Investigations (FBI) had declared that Fayetteville needed urgent national attention.

My first job was to meet with the Army Disciplinary Board. As a 30-year-old doctor just beginning my medical career, I decided to wear my PHS uniform, which was patterned after the Navy’s dress code, to enhance my credibility and boost my confidence. The Board

Pictured: Dr. George Moore (left) and Boyd McGuire, a venereal disease investigator, at Cumberland County Fair, in Fayetteville, NC, August 1952. The tent was supplied by the Army at Fort Bragg to show films on venereal disease to fairgoers. The restrooms were located just in back of the tent, so attendance was high.

viewed any soldier infected with VD as having committed a punishable offense. Rather than seeing VD as a medical condition in need of treatment, the Board saw it as a crime in need of punishment and correction. Because of this, a man with apparent gonorrhea or syphilis would seek ways to self-treat the disease or would simply ignore his “painless” lesions. The Board’s punitive view of soldiers with VD was exacerbating the epidemic and needed to change. With a well-worded speech, I was able to convince the Board that VDs should be accepted as illnesses, like other infections, and treated without penalty. I offered a plan to

contact soldiers in the field or at their barracks and treat them on the spot if necessary. I convinced both the State Health Department and the PHS to assign staff to help me serve the soldiers in need.

By mid-October, the program was off to a promising start. With the help of two investigators and a clerk, we released information from the top brass about our program on VDs to the troops. This information explained the signs and symptoms of VD as well as the Board’s reconsidered stance on treating VD as an illness rather than a crime. We began to visit soldiers in the field who reported the possibility of VD. The investigators were trained to recognize the signs of gonorrhea, syphilis, and chancroid and ensure available and quick treatment. They were also experts in diplomacy and treated every soldier who gave full information on how and where he had acquired his infection with gratitude and respect. Word spread about the new policy and our caseloads increased rapidly. By December, we had treated hundreds of cases and accumulated enough information to begin attacking the sources of disease in the 10-county area.

We learned about the houses of prostitution, hotels, taxi drivers, and pimps who were involved in sexual liaisons with the soldiers. We knew that new prostitutes arrived in the city frequently and then operated individually or collaboratively. We also learned about pharmacists who “treated” VD illegally—without prescriptions from doctors—with handfuls of sulfa drugs to desperate soldiers seeking relief and willing to pay

Entrance to Fort Bragg, NC, June 1952

cash. Even more disturbing was the discovery that addictive narcotics were contributing to the spread of disease, a problem for which we would need the added support of local law enforcement agencies. To promote our program, we asked newspapers and radio stations to make public service announcements and requested that churches and community groups integrate information into their sermons and messages. The mayor of Fayetteville promised his full cooperation. Our theme was to save the reputation of the city in a fight against crime and disease. Our servicemen going to Korea deserved better.

When we recognized that the public was with us, we began our attack on known sources of sexual exposure. The State Health Department assigned seven additional investigators to join our team. Our first task was to find the prostitutes and their contacts. We examined and treated them as necessary at the local health departments and then released them freely. They supplied us with valuable information. We visited places of liaison such as hotels, motels, and bars to warn the owners about possible legal judgments against them—based on information we had accumulated from patients—if they did not cooperate with us. We notified taxi companies about certain drivers by name. Because new prostitutes tended to arrive in Fayetteville by bus, we discretely screened passengers at the station for likely suspects. Most people were willing to cooperate; for some, we devised shrewd tactics. For instance, some of our investigators posed as desperate people seeking

illegal treatments for VD from pharmacists, whom we were able to incriminate on the spot.

Local law enforcement agencies raided and closed many prostitution houses. I joined one raid and was astounded by the amount of illegal drug paraphernalia littering the premises. When I examined the women, I found several addicts with infected injection sites in their arms and buttocks. The damage to their bodies was so horrendous that I brought the soldiers who had contracted VD from them to the clinic to see the women's bodies in daylight; they had known them only in darkness. One man fainted.

When I examined the data on houses of prostitution, I noticed that one house never generated a case of VD. It was run by a Madame named "Shady Mae." Out of curiosity, I visited the place with a staff member to investigate the situation. Shady Mae turned out to be an intelligent woman who had served in French bordellos and knew all about gonorrhea and syphilis. When a man appeared for service, she examined him carefully and rejected him if there were any visible signs of disease. Based on our data, her strategy seemed to be effective. I decided to make her our ally for the time being. I told her that we were closing all of the other brothels, but I would not close hers if she would cooperate with us. We asked her to be an informant on any new houses that might open up as well as other illegal activities in the area. And as long as she operated without an infected client, she was free to carry on her business. She consented, and through

her grateful cooperation, we were able to check new places of prostitution.

Our program soon paid large dividends. Cases of VD on the military base declined and the law enforcement agencies beamed at the reduction in crime. One sheriff—a man who resembled General Custer with his long, yellow hair—loved to have his picture taken by the press. His usual photo showed him destroying illegal stills with an axe, but he soon enjoyed local fame from his raids on the brothels.

While cases of VD were declining on the military base, there was another problem to solve. We suspected that a large reservoir of syphilis needed to be treated among the lower social classes of people. Over an eight-month period, we visited 36 small industrial plants that employed unskilled and semiskilled workers and drew blood for serologic testing. A total of 1,483 people were tested, of which 82% were males. By race, 57% were black, and by age, 46% were 31 years or older. The results confirmed our suspicion. Two hundred and forty-four people (16.5%) of the total group were found to be reactors for syphilis. Black people of both genders averaged 25% positive.

Syphilis is remarkable among infectious diseases in its large variety of clinical presentations. If untreated, it progresses through primary, secondary, and tertiary stages. The early stages, both primary (genitalia) and secondary (skin), are infectious and last about eight to 12 weeks. The lesions heal spontaneously, followed by a latent period. Late destructive complications of

syphilis will occur in about 30% of untreated patients, usually in a few years to as late as 25 years following infection. Tertiary syphilis can involve the eyes, the brain and spinal cord, the heart, and other organs including the skin, and is always crippling. Infected pregnant women will produce either stillbirths or babies born with congenital syphilis. Our task, then, was to screen selected populations to reduce the backlog of old cases and prevent congenital syphilis. Blood tests would identify patients who qualified for further examination and specific treatment as needed. We

Market Square of downtown Fayetteville, NC, October 1951

administered penicillin to help prevent the destructive tertiary complications.

The summer of 1952 was chosen for a mass campaign of serologic testing. The state VD survey team of seven investigators was still available to help with the effort. Our plan was to target all major industrial plants and places where groups of people, including migrant workers, were employed. We used every opportunity possible to convince people to be tested for VD. We set up testing stations on busy city street corners and enticed people to participate with rewards. As people came to the stations, they could draw lucky numbers to receive bags of groceries and movie tickets donated by local businesses. In addition, the fact that most of our investigators were southern helped immensely in penetrating the remote and minority populations with our message. Several investigators had been raised by African American nannies and understood not only the southern black culture, but also the racial barriers that prohibited our establishing a relationship of trust with the African American communities. One of the investigators' strategies was to contact African American preachers and persuade them of our program's importance. The preachers then invited the investigators to their church services, where they preached stirring messages to the congregations, urging each person to donate a blood sample to the "doctor" waiting at the front door. It was remarkable to see people line up in the aisles and eagerly bare their arms while proclaiming their love for God and gratitude for His miracle.

We also reached many people at the Cumberland County Fair, where we showed films on VD to interested fairgoers. The tent was strategically placed near the highly trafficked restrooms, and a sign in front of the tent was worded similarly to the infamous freak shows that piqued people's curiosity: "See how syphilis attacks human flesh." Again, the newspapers and radio stations were instrumental in publicizing the campaign.

During the 12-day period of the County Fair, 2,360 serology tests were taken, of which 11.6% were positive. By age, the group that demonstrated the highest percentage of positives for the black race was aged 31–45 years (35%); the highest group for the white race was aged 46–70 years (5%). The 15–30-year-old group of both races proved to be the least infected. When the positive reactors were examined at our clinic, 58% of them required treatment for syphilis. Of these, 10% were already suffering from tertiary complications. There was one case of congenital syphilis. We estimated that 14% of the adult county population had been screened for the year.

By the end of the summer of 1952, our efforts in reducing the incidence of VD and increasing public awareness of both the risks and treatment of VD were deemed successful. J. Edgar Hoover congratulated the mayor on the tremendous improvements made in health and safety in both Fayetteville and Fort Bragg. And the FBI declared Fayetteville a "clean" city. In September, I received a call from headquarters in Washington asking if I would consider an assignment in Nepal, and I accepted. Before leaving, I thanked my new friends at Fort Bragg, the North Carolina state and local health departments, and the city of Fayetteville for their wonderful support. Our joint efforts had made a significant impact on the community.

As I left North Carolina, I wondered about Shady Mae. Due to our intervention in closing down brothels, she may also have left the area, most likely heading to Nevada where her line of business was legal and protected. As for me, it appeared that my decision to enlist in the PHS had indeed been the best one I could make.

George Moore is a retired Captain of the U.S. Public Health Service in White Stone, VA. Berwyn Moore is an Associate Professor of English at Gannon University in Erie, PA.