

## THE CALIFORNIA PROGRAM FOR THE PREVENTION OF VENEREAL DISEASES<sup>1</sup>

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No new scientific studies or ingenious administrative methods lie at the basis of California's program for the prevention of venereal diseases. The reasons why the work has received so much attention, and why I have been honored by being invited to explain the plan to this conference, are doubtless that in California syphilis and gonorrhea have at last been definitely classed among the most important preventable diseases, and because state and local health officials have initiated vigorous measures for reducing their prevalence.

While I feel some pride in pointing to the priority of California in establishing a well-financed state-wide attack on venereal diseases, I feel much more strongly a sense of chagrin that the sanitarians of America should have left this important work until it was almost forced upon them by a world war and an aroused public sentiment. For many years the fundamental facts of the methods of transmission and the possible methods of prevention of syphilis and gonorrhea have been well understood, and it has been realized that in importance these two diseases are probably equal to tuberculosis and that they are certainly much more preventable. We have all pleaded impotence, and some of us have explained our helplessness by pointing to the three bugaboos,—morals, political opposition, and professional secrecy.

While the duly constituted guardians of the public health have been sleeping or making feeble beginnings, other agencies, in-

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cluding social hygiene associations, university hygiene departments, and semi-religious organizations, have been laying a solid foundation on which the health authorities can build. Now that a calamity of sufficient magnitude, the war, has awakened us, we find that there is a strong demand for the control of syphilis and gonorrhoea through the enforcement by health officials of the obvious methods of prevention, controlled by epidemiological studies. Such a program is so popular that all factions support it, and it is difficult to organize the work fast enough to keep the various lines of activity properly coördinated.

Several of the preliminary steps in venereal disease control in California must be mentioned. In 1911, while Dr. William F. Snow was Secretary of the State Board of Health, the legislature added syphilis and gonorrhoea to the list of communicable diseases which were required to be reported, and provided that these two diseases shall be reported by office number only. In the California Public Health Act, section 13, rule 2, it is provided that cases of any disease in a list including syphilis and gonococcus infections may be isolated by the State Board of Health or the local health officer if such action is necessary for the protection of the public health. This last mentioned power was seldom exercised up to the beginning of the present program.

Three years ago the State Hygienic Laboratory began making free Wassermann tests for the physicians of the state and sent out containers in which the specimens could be mailed. The city of San Francisco has been making similar tests for physicians whose patients are unable to pay for tests in private laboratories.

When the Secretary of War asked the coöperation of the governors of the states in preventing the evil effects of liquor and vice among the soldiers, Governor William D. Stephens sent out a strong letter calling on public officials for a rigid enforcement of the laws bearing on these subjects. The state laws include a Red Light Abatement Act.

On May 5, 1917, the State Board of Health passed resolutions calling on all mayors to demand from the appropriate officials an active policy of protection of enlisted men from venereal disease, and asking a report of their plans for meeting the venereal

disease problem. In response to this resolution Dr. A. E. Banks, health officer of San Diego, organized an excellent system of coöperation between army, navy, county, and municipal officials in venereal disease control, including the repression of prostitution and the searching out and isolating of women who had infected soldiers.

Soon after the war broke out the State Board of Health began coöperating with the Western Department by furnishing various kinds of expert service. A state-wide system of reciprocal notification of communicable diseases, including venereal diseases, between the post surgeons and the local health officers was begun.

In order to make venereal disease control more effective a conference was held in San Francisco on July 21, 1917. This conference was attended by representatives of the United States Army, Navy and Public Health Service, the State Board of Health, the mayors, chairmen of boards of supervisors, district attorneys, city and county health officers, chiefs of police, and sheriffs, of the cities and counties near the army and navy encampments of the San Francisco Bay region. The following program was adopted unanimously:—

1. Prostitution is to be suppressed; vigorously and continuously, through the enforcement of the state laws, and the issuance of certificates of health to prostitutes shall be no part of the program.

2. Prostitutes brought to the attention of the police or health authorities are to be examined; and all persons, male or female, capable of spreading venereal disease are to be isolated, under the provisions of the Public Health Act or local ordinance, and treated at public expense as long as there is danger, in the opinion of the health officer, of their exposing others.

3. Under no circumstances are infected prostitutes to be "floated" into other communities, and if they are known to go from one community to another, the health officials of the places of destination are to be notified at once.

4. The state law, requiring the reporting of syphilis and gonococcus infections by physicians' office numbers, is to be enforced to the letter, and in addition, physicians are to be urged to obtain, and furnish to the local health officers, the names of the persons who are suspected of

disseminating infection. The local health officers are thereupon to investigate and supervise or isolate infectious cases, according to the circumstances.

5. To provide and encourage the instruction of young men and women in the advantage of a clean life and the dangers from venereal diseases.

6. To provide adequate opportunities for expert diagnosis, treatment, and advice for infected persons financially unable to secure proper attention for themselves, and to encourage the continuance of treatment until the patient is cured, or at least becomes noninfectious.

7. To provide free laboratory tests for syphilis and gonococcus infections for physicians, and to encourage greater use of the free tests for these diseases available at the laboratory of the Bureau of Communicable Diseases of the State Board of Health.

In order to assist in the discovery of those prostitutes most dangerous to the soldiers and sailors, Colonel Charles Lynch, of the Western Department, devised a special report blank on which he required all post surgeons to report venereal disease cases together with the alleged sources of infection. These reports are of great value in helping discover the most dangerous prostitutes, public or clandestine, so that they can be investigated and brought under such isolation and treatment as may be necessary. The reports also furnish data useful in the epidemiological studies of the geographical distribution of foci of venereal disease.

The 12th Naval District soon adopted a similar set of forms and entered into the plan. The San Francisco Health Department cooperated very actively in this program and set aside an entire ward in the San Francisco Hospital for patients under official isolation.

When this stage of development was reached, the State Military Welfare Commission came to the conclusion that an extension of the program above described would be the most effective way of combating the venereal disease problem of the soldiers and sent a delegation to Governor Stephens to ask for \$60,000 to finance a Bureau of Venereal Diseases in the State Board of Health for two years. At the end of that time the

legislature will have an opportunity to make an appropriation for the continuance of the Bureau on a permanent basis.

The delegation laid the plan before Governor Stephens on August 13th. He heartily approved of the plan, and the money requested became immediately available from war emergency funds. The Bureau of Venereal Diseases was created in the State Board of Health with the Secretary of the Board acting temporarily as director. The functions of the Bureau were tentatively outlined in the statement presented to the Governor as follows:—

#### DIRECT CONTROL

1. To secure the reporting of cases of syphilis and gonococcus infection, together with the probable sources of infection, by physicians and by the medical officers of the army and navy.

2. To investigate, with the assistance of local officials, any suspected foci of infection and to isolate infectious persons whenever it is necessary to prevent their spreading disease.

3. With the cooperation of cities and counties to care for the men and women isolated on account of venereal disease in public isolation hospitals until the patients are no longer infectious.

4. As far as possible to secure the medical examination for venereal diseases of male and female prisoners and other appropriate groups, and to provide for their isolation and treatment so that they will not spread disease when released.

5. Through the operation of this plan to prevent the heretofore common evil of one community "passing on" to another its undesirables, thereby multiplying foci of infection.

6. To focus on this subject the social forces necessary to give former prostitutes, after they have been put into good physical condition, an opportunity to enter into productive occupations under conditions fair to themselves and to the community.

#### PUBLIC OPPORTUNITIES FOR DIAGNOSIS AND TREATMENT

1. To investigate all clinics or hospitals treating venereal diseases and to bring into existence adequate day and evening clinics and opportunities for hospital treatment for syphilis and gonorrhoea.

2. To make a list of accredited clinics in which venereal diseases are treated, accrediting only those which reach high standards in staffs, equipment and results.

3. To purchase and issue, without charge, approved public hospitals and clinics, salvarsan or approved substitutes, for use in making cases of syphilis non-infectious in the shortest possible time.

4. To arrange with city laboratories to give free diagnostic tests for syphilis and gonococcus infections, and to encourage the more general use of the free Wassermann tests and other tests available at the Bureau of Communicable Diseases.

#### EDUCATIONAL

1. To issue printed pamphlets, cards and placards of information relative to the prevention of venereal disease, and to cooperate with the army and navy and other agencies in giving talks to appropriate groups.

2. To cooperate with the Military Welfare Commission in the suppression of prostitution as the principal source of venereal diseases, but avoiding confusion of the campaign against venereal diseases with the movement against vice as a strictly moral issue.

3. To oppose any local plan for licensing prostitution or issuing certificates of health to prostitutes, by showing that this is in conflict with modern methods of control of venereal diseases, and to substitute the above program, which is entirely consistent with the suppression of prostitution.

The Bureau has its main office in San Francisco and a branch office in Los Angeles. As director, the Board secured the services of Dr. H. G. Irvine, a specialist in syphilis and dermatology and a member of the faculty of the University of Minnesota Medical School. With Dr. Irvine are associated two sanitarians with medical degrees, Dr. Ethel M. Watters, of San Francisco, and Dr. Walter M. Dickie, of Los Angeles. Miss Marian Lynne was appointed Social Service Director. It must be kept in mind that the Bureau has the cooperation of the laboratories of the Bureau of Communicable Diseases, of the six state district health officers, of the attorney and the executive officers of the Board, and of the many local health officers. The district health officers of the State Board of Health were instructed to place venereal disease control ahead of all other lines of work.

The Bureau, of necessity, must at first concentrate its work in the vicinity of the camps and the largest cities, but its field is the

entire state, and its activities have already reached many of the smaller cities far from the large military camps.

From the first the health officers were ready to cooperate, but they demanded specific instructions. As soon as possible the State Board of Health prepared and adopted a set of regulations with the force of law for the prevention of syphilis and gonococcus infections. These are printed in the *Monthly Bulletin of the State Board of Health* for November and also published for distribution as Special Bulletin No. 24.

These regulations require the reporting of cases and the compulsory distribution by physicians to patients of approved pamphlets (available from the Bureau). The regulations also state the powers and duties of health officers. Rule 5 on the investigation and control of cases is lengthy, but of such importance that I shall include it here.

#### RULE 5. Investigation and Control of Cases.

All city, county and other local health officers are hereby directed to use every available means to ascertain the existence of, and immediately to investigate, all reported or suspected cases of syphilis in the infectious stages and gonococcus infection within their several territorial jurisdictions, and to ascertain the sources of such infections.

In such investigations said health officers are hereby vested with full powers of inspection, examination, isolation and disinfection of all persons, places and things, and as such inspectors said local health officers are hereby directed:

(a) To make examinations of persons reasonably suspected of having syphilis in the infectious stages or gonococcus infection. (Owing to the prevalence of such diseases among prostitutes, all such persons may be considered within the above class.)

(b) To isolate such persons whenever, in the opinion of said local health officer, the State Board of Health or its secretary, isolation is necessary to protect the public health. In establishing isolation the health officer shall define the limits of the area in which the person reasonably suspected or known to have syphilis or gonococcus infection and his immediate attendant, are to be isolated, and no persons, other than the attending physicians, shall enter or leave the area of isolation without the permission of the health officer.

(c) In making examinations and inspections of women for the purpose of ascertaining the existence of syphilis or gonococcus infection, to appoint women physicians for said purposes where the services of a woman physician are requested or demanded by the person examined.

(d) In cases of quarantine or isolation, not to terminate said quarantine or isolation until the cases have become non-infectious or until permission has been given by the State Board of Health or its secretary.

Cases of gonococcus infection are to be regarded as infectious until at least two successive smears taken not less than 48 hours apart fail to show gonococci.

Cases of syphilis shall be regarded as infectious until all lesions of the skin or mucous membranes are completely healed.

(e) Inasmuch as prostitution is the most prolific source of syphilis and gonococcus infection, all health officers are directed to use every proper means of repressing the same, and not to issue certificates of freedom from venereal diseases, as such certificates may be used for purposes of solicitation.

(f) To keep all records pertaining to said inspections and examinations in files not open to public inspection, and to make every reasonable effort to keep secret the identity of those affected by venereal disease control measures as far as may be consistent with the protection of the public health.

The program has met with results beyond our first expectations.

The reporting of venereal disease cases has improved more rapidly than heretofore owing to the increased interest. Exclusive of the reports from the military camps, the number of cases of gonorrhoea are about 300 per month, a five-fold improvement in reporting in one year. Cases of syphilis are reported about three times as well as last year, and about 150 cases are reported each month.

The cities and counties of California are doing their part in splendid fashion. In San Diego the County Hospital was found inadequate to meet the requirements for the isolation and treatment of venereal disease cases. To meet this situation the city and county are now constructing jointly a special isolation hospital.

The venereal disease rate at Camp Kearney, twelve miles from San Diego, has been reported in the *Journal of the American Medical Association* as being unusually high. At first this led me to fear that conditions in San Diego were worse than they appeared to be, and that adequate results were not being obtained by the preventive measures. I was reassured, however, by a report recently received from the camp through the County Health Officer. Out of 206 cases of gonorrhoea in soldiers, reported during the week ending December 1, only 14 had begun to show symptoms within a month; 34 cases were of two months' standing, 113 cases, over half of the total number, had been contracted six months ago or earlier; and 88 cases were of at least a year's standing. If these figures are truly representative of the con-

ditions at the camp it would appear that these men were infected as the result of the lack of venereal disease control in the civil population and the National Guard during past years, and that the apparent high venereal disease rate at Camp Kearney is due to a commendable thoroughness on the part of the army surgeons in searching for chronic gonococcus carriers.

The necessity for careful investigation before conclusions are drawn from the evidence was shown also by another instance. The army reported to us for investigation an excessively high venereal disease rate in a camp near a small town, on the supposition that clandestine prostitution must be flourishing there. Through the courtesy of the post surgeon I was permitted to assist him in questioning the infected men, and we learned that none of those seen had been infected in the neighborhood. Some had been infected in cities hundreds of miles away, and practically all of them by professional prostitutes. Some of the cases were chronic, and one dated back to the encampment of the National Guard on the Mexican Border. These experiences illustrate the facts that scientific investigation and study are absolutely essential to efficient control measures, and that state bureaus of venereal diseases and local health departments should carry on extensive epidemiological investigations in venereal diseases, just as they do in much less important diseases, such as typhoid fever and diphtheria.

In San Francisco the Health Department, under the able direction of Dr. W. C. Hassler, has worked out many of the difficult details of the problem of a large city in close contact with important military and naval posts. At the beginning of the work the city set aside a splendid ward in the modern San Francisco Hospital, of which Dr. R. G. Brodrick is Superintendent. Next, an examining room in the Hall of Justice was obtained. Dr. J. A. Sperry, a specialist in gynecology and a member of the faculty of the Stanford University Medical School, took charge of the examining clinic and assumed general control of the follow-up work. By arrangement with the police judges all cases held for offenses related to prostitution are being examined before their cases are heard. Wassermann tests and microscopic

search of specimens for gonococci are included in the examination. Eighty per cent of the women examined are being found to be infected.

All cases of syphilis showing lesions, all cases showing gonococci or lesions of gonorrhea, and all cases of chancroid, are sent to the San Francisco Hospital for isolation and intensive treatment regardless of whether the court imposes a sentence or not. They are isolated only on the authority of the health officer and under the health laws and ordinances. Cases of syphilis showing no evidence except a positive Wassermann reaction are allowed to be treated by a clinic or a physician approved by the health department, as are also cases requiring follow-up treatment after dismissal from the hospital. In all such cases an agreement is signed by the patient and the clinic or physician. The patient is required to abstain from exposing others through the practice of prostitution, and if it is found that the parole has been violated, the patient is arrested and again placed under isolation and treatment, but it is proposed to impose a jail sentence in such cases and to give necessary treatment during the imprisonment. All cases on parole are required to report in person to the examining physician of the health department at least monthly, and final discharge is to be made by him only.

To make such a system practicable it is necessary to do social service work looking to the rehabilitation of the prostitute, and more particularly to securing profitable employment, so that she can abstain from her dangerous calling. Local workers and societies are being organized by the Social Service Director of the Bureau of Venereal Diseases. A local social service worker is always present in the San Francisco Women's Court to advise with the judge and to take over suitable cases referred to her for the securing of employment. Another line of social service work is in connection with the study of cases in the public isolation wards under treatment, with a view of getting them into legitimate employment after discharge. The problem of the feeble-minded girl is being taken up, and it is hoped that the capacity of the state institution for the care of such cases will be enlarged at once, so that the known feeble-minded girls at large in cities near the army camps can be segregated and properly cared for.

In Los Angeles City, money has been allotted to the health department for free Wassermann tests, an isolation hospital for venereal diseases, the treatment of prisoners for venereal diseases, an enlargement of the free evening clinic, and coöperation in the remainder of the program. Los Angeles County has just set aside \$3600 for the next six months for the maintenance of a Division of Venereal Diseases in the office of the County Health Officer, Dr. J. L. Pomeroy. Solano and Marin counties have each pledged five beds in private hospitals for the isolation of cases, and Sacramento County has set aside a cottage containing eight beds. The city of Sacramento has accepted a program similar in essentials to the San Francisco program, and is now organizing the work. Many other cities and counties are at present laying similar plans under the guidance of the Bureau of Venereal Diseases.

The repression of prostitution through the closing of recognized houses of prostitution and the enforcement of laws against soliciting, strike at the largest source of venereal disease by making prostitution less accessible, thus minimizing the number of exposures to infection. Without repressive measures the remainder of the program becomes a Herculean task and is in danger of becoming dependent on the coöperation of the very agencies which are most responsible for the spread of venereal diseases. In San Francisco the police judges agreed, about a month ago, to give stiff jail sentences in prostitution cases, with the understanding that in appropriate cases, instead of immediate jail sentences, employment and supervision would be secured through social service agencies. The word went out, and the effect has been remarkable. Street walkers have almost disappeared. An additional ward is no longer needed in the San Francisco Hospital, while a month ago the capacity of the existing isolation ward was insufficient and plans were being initiated for doubling the number of available beds. Moreover, in spite of an active Morals Squad under Lieutenant Goff, the number of arrests have fallen off rapidly, and for the first time since the Women's Court was created, over a year ago, a day has passed without a single arrest for a charge related to prostitution. I am convinced that there

has been a great improvement, and that a fall in the venereal disease incidence in the civilian and military population will result. It was Police Judge Morris Oppenheim who started the new era in the Women's Court and demonstrated that repressive measures are entirely practical if combined with efforts at rehabilitation and humane treatment for disease.

The establishment and accrediting of venereal disease clinics by the Bureau of Venereal Diseases is intended to make adequate treatment available to every one at the important centers of population. Very few existing clinics in the country have a proper attitude toward the patient and sufficient interest in the public health. Inspection of clinics and the issuing to the public of a list of those that qualify will be a stimulus to the institutions to reach the standards set. Eight clinics and hospitals have been temporarily accredited and are entitled to receive free salvarsan from the Bureau of Venereal Diseases. Social service work is required of accredited clinics, as it is only through careful follow-up work that patients can be kept under treatment and disease among their families discovered.

The Bureau is purchasing salvarsan and issuing it free to all accredited clinics and hospitals, and also to health officers for the treatment of all cases under isolation for syphilis. The object of this free distribution is to render cases of syphilis non-infectious as rapidly as possible. Salvarsan is not issued for late, non-infectious cases. The expense of the distribution of salvarsan on this basis has not been as great as was expected. It takes time to bring about the adequate use of this valuable material. In September and October, the Bureau issued only 243 doses.

The educational program of the Bureau of Venereal Diseases is slowly getting under way. The *Monthly Bulletin of the State Board of Health* and the news letters of the Board are giving attention to the subject of venereal diseases, and the control work is gradually forcing its way into the columns of the newspapers.

The Bureau has issued a booklet for distribution by physicians to patients having gonorrhoea and syphilis, and another publication for physicians relative to treatment and prevention.

Within the past few days the Bureau has made arrangements to furnish lectures, stereomicrograph, and lantern slides for use in the army camps in California under the general direction of the War Department Commission on Training Camp Activities. This work has been slow in getting started on account of lack of army funds for the purpose. I hope that state health departments will in many states take up this important function and will do it at once, so that the educational work, so permanent in its results, will not lag behind the rest of the program.

The program I have outlined has been tried, and is working in California. It is consistent with the very advanced program of our army. It is receiving the support of the people. I am not urging its general adoption without change, but I am hoping that all our western states will do at least as much as California to protect the army, and to build permanently for the future welfare of their people. I hope also that California will not be satisfied with the present program, but will use it as a starting point in working out the much better program of the future.