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TENDING TO DEVIANCE: SEXUALITY AND PUBIC POLICY IN URBAN VIRGINIA, RICHMOND AND NORFOLK, 1920-1950

DISSERTATION

Presented in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy in the Graduate School of The Ohio State University

By

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ABSTRACT

This work argues that critical changes in Virginia's government in the mid-twentieth century can be better understood by examining sex-related public policy measures. Between 1920 and 1950 Virginia's policymakers focused increasing attention on the sexual behavior of citizens. State and local leaders identified sexual behaviors that seemed to have a negative impact on the state and inaugurated policies to control these behaviors or mitigate their purportedly harmful consequences. A campaign against venereal disease in the 1930s and anti-prostitution efforts during the second World War form the core of this study. However, this dissertation also considers statewide practices of sterilizing "defective" individuals, laws against interracial marriage, debates over the appropriate treatment of "sexual psychopaths," and movie censorship. Focusing on Norfolk and Richmond, provokes comparisons in policy between the two cities and underscores the conflicting objectives of federal, state and municipal governments. The war had a tremendous impact on Norfolk, and the failure of public officials to preserve public order and social hygiene there led to the city being labeled "America's Worst War Town." Public policies directed at sexual behavior illustrate key characteristics of the state in Virginia, particularly the ways the drive for economic growth, the emphasis on limited taxes and governmental expenditures, and the narrow distribution of political, social, and economic power shaped the form governance in Virginia took.
For my Mom
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CHAPTER 1

INTRODUCTION

Public health officials and doctors in Virginia found themselves engaged in a
gentlemanly but heated debate in the late 1920s. Dr. Ennion Williams, the state health
commissioner, led one side, arguing against expanding governmental efforts at venereal
disease control. In the 1929 annual report of the state department of health, Williams
wrote, somewhat testily, “It is probably not necessary for me to restate my position on
this subject. I have never been able to understand why we should operate clinics for the
treatment of venereal diseases and not operate clinics for the cure of all communicable
diseases.” Williams continued, also contending that though the state should educate
people about health issues, “I am of the opinion that sex matters should not be openly
discussed in schools, colleges, or public places to mixed audiences of male and female,
young or old. Proper literature should be properly distributed by the State as approved by
the Health and Educational Departments.” In the following year Williams would use his
power as health commissioner to curtail the state’s already minimal educational efforts on
venereal disease.¹

Disputing Williams's position on the subject were a number of Virginia doctors, including C.B. Ransone of Roanoke who addressed the Medical Society of Virginia the following year. Ransone argued that syphilis threatened the commonwealth's well-being and suggested the state government should take a much more active role in combating the disease. He concluded his speech:

"You are loyal citizens of Virginia, intensely interested in her material and social progress and, as interested intelligent citizens, may I urge that you use your influence in your several communities to create a public sentiment in favor of a more adequate venereal disease control program for Virginia, embracing education for the non-infected; early diagnosis, and adequate therapy for the infected, with quarantine for the depraved and lawless."²

Williams was fighting a losing battle, and the course of history was already moving against him. By the late 1920s Virginia's government had already begun to focus more and more public policy initiatives on the sexual lives of its citizens. In the coming decade Williams's policy of near-inaction on venereal disease would give way to forces within the state and without demanding a greater role for government in preventing and treating these illnesses.

This work looks at the efforts of policymakers to expand the role of state and local governments in regulating all kinds of sexual behavior, including those judged likely to spread venereal disease. Beginning in the 1920s state and community leaders in Virginia

¹ Annual Report of the State Department of Health, 1929 (Richmond: Division of Purchase and Printing, 1929), 35.
identified a broad spectrum of sexual behaviors and sex-related activities that they considered dangerous to public welfare, and they inaugurated policies that sought to control these behaviors or mitigate their purportedly harmful consequences.

Reproduction by the mentally "unfit," immoral and "incendiary" movies, and interracial sex caught the attention of state legislators in the 1920s, and the General Assembly passed laws to exert more governmental control in all these areas. In each case, the legislature made Virginia a leader in the region or nation in enacting these particular laws. In the 1930s, the Assembly voted for a new venereal disease control program that included mandatory syphilis tests before marriage, tightened prostitution laws, and enacted reforms in the criminal justice system. Again, with the premarital testing statute, Virginia became a leader, as the commonwealth joined North Carolina as the first two southern states to pass such laws.

America's military buildup and mobilization to fight the second World War brought new challenges to Virginia's two largest cities, Richmond and Norfolk, and in these years as well officials concerned themselves with sexual behavior. Municipal leaders aggressively deployed the new administrative tools they had developed in the 1930s to stem the tide of venereal disease during the wartime turmoil. The military demanded that cities help curb venereal disease among soldiers, so officials in both cities instituted medical exams and treatment for all prostitutes they arrested, cleaned up red-light districts, and coordinated efforts to offer more "wholesome" recreational activities.

The experience of Virginia and its two main cities indicates that efforts at modernization and industrial development after the war—what James Cobb has labeled
"the selling of the South"—were also infused with sex-related issues. Though Cobb has pointed out that the boosterism of this era was of greater magnitude than in the 1920s, looking at issues of sexuality reveals other differences as well.\(^3\) In the post war years, the threats posed by sexuality underscored the need for reforms not directly related to sexual behavior. Sex was still dangerous, but now its danger helped justify more broadly-aimed measures that had other sources of support as well.

This dissertation uses public policy measures directed at sexual behavior to explore the role of the state in Virginia during the three decades following the progressive era. Following the lead of recent studies of sexuality and the state, it demonstrates that by viewing government through the lens of the history of sexuality, a new picture of Virginia's political history emerges. In the last twenty years, growing numbers of historical works have suggested that sexual practices, ideas about sexuality, and notions of normality and deviance reflect unique and important characteristics of societies, cultures and governments.\(^4\) Studying sexuality does more than tell us about the behavior of individuals, it also can offer insight into many areas, particularly into how hierarchies of power are constituted and maintained among different social groups.

In the case of Virginia, exploring the history of sexuality in the context of public policy measures illuminates particularly important connections between social, economic,  


\(^4\) In a recent essay, Victoria Thompson suggested that sexuality has become, like gender, a "category of analysis" for historical study. Victoria Thompson, "Sexuality: Another Useful Category of Analysis in European History," *Journal of Women's History* 9:4 (Winter 1998): 209-19. Thompson suggests that the history of sexuality has followed a similar course as women's history, and thus she takes the phrase "category of analysis" from Joan Scott's essay, "Gender: A Useful Category of Historical Analysis," *American Historical Review* 91:5, (December 1986): 1053-75.
and political power, suggesting that white elites used these powers to enact policies that gave the state more control over the lives of politically and socially marginal citizens. This control took the form of restricting sexual behavior and restricting behaviors associated with ostensibly dangerous forms of sexuality. Though these new policies focused on sexual behavior were not the only new initiatives Virginia’s government undertook in this era, studying them illuminates particular details about white, elite rule in the state and how the fact that government was run by this class shaped the way the state formed. Sex-related policies show how those who ran the state wielded power over the private and personal lives of others in ways that policies about, for example, education, mosquito control or road construction could not.

Another reason why the study of these policies is more useful than the examination of other governmental activities in this era is that implementing sex-related policies involved the mobilization of a broad section of state bureaucracy and power. To achieve their goals, policymakers needed the assistance of the public health, corrections and welfare systems, the Bureau of Vital Statistics, and law enforcement bodies. In addition, these undertakings involved local and state governments, working sometimes separately and sometimes together. Consequently, studying sex-related policies illuminates diverse elements of governmental authority as it developed in Virginia.

The period between 1920 and 1950 is significant for marking a notable increase in the level of state involvement in the sexual behavior and private lives of Virginia’s citizens, an involvement that is somewhat discordant with the standard historical understanding of southern governments in this period. Historians of the South have
traditionally characterized the responsibilities of southern governments to have been minimal in this era.\textsuperscript{5} The antagonism toward strong governments that contributed to the South’s fighting the civil war survived that war alive and well, growing even stronger in the Reconstruction Era. William Link describes this nineteenth century attitude toward government as follows:

Imbued with rural republican traditions, they despised concentrated power, most of all the governmental coercion and intervention that they believed anticipated military dictatorship and a negation of personal liberty. Like their parents and grandparents, they tolerated the functioning of local, state, and federal governments only under strict constraints. This tradition of government placed near-absolute control in the hands of local instrumentalities, which, in turn, functioned more or less independently of any outside control.\textsuperscript{6}

The years of the late nineteenth century and early twentieth mark a transition toward greater governmental involvement in southern life. In this “Progressive Era,” Link argues, the cause of moral reform brought a broader acceptance in the South of state efforts at promoting public morality. Specifically, he credits the movement for prohibition with prompting this “reconsideration of the role of government in southern society.” Governmental intervention usually had a paternalistic element to it as upper-class white reformers sought to control the whites and poor blacks they felt to be their moral and intellectual inferiors. Using the technique of moral crusades, southern

\textsuperscript{5} Ronald Heinemann’s biography of Virginia governor Harry F. Byrd describes Byrd’s attitude toward government, an attitude historians have characterized as common among southern leaders, thusly: “He desired for himself and for Virginia an environment with maximum opportunity and minimum limitations for the individual. Government’s role in creating this environment was to be helpful and unobtrusive, a government that was ‘lean and mean,’ economical and efficient, with low taxes, few regulations, and competent services.” Ronald Heinemann, \textit{Harry Byrd of Virginia} (Charlottesville: University Press of Virginia, 1996), 58.
progressive reformers built on these new ideas about government and helped spark a movement in the South for modernization through improved public education and public health.⁷

Ted Owenby's work supports this assertion that southerners linked moral reform with growing government. He writes that prior to the late nineteenth century the rural South had been largely isolated, and the church and family were the centers of peoples lives. Though cities and towns were considered potentially more infested with sin, these were distant, male preserves for most rural southerners and therefore their threats to morality were minimal. In the late nineteenth century the "shrinking distance between Southern towns and the countryside" led many of those southerners who thought of themselves as white to perceive these towns to be a growing threat to morality. Thus, white southern leaders became increasingly willing to enact legislation to enforce certain moral standards. In the modern world, beyond the reach of church and family, the government should step in and restrict not only alcohol consumption, through prohibition, but also public swearing, "blood sports" (animal fighting and, occasionally boxing), Sunday recreation, and even hunting.⁸

Perhaps even more so than its northern counterpart, southern progressivism had distinct limits. As the title suggests, Dewey Grantham's *Southern Progressivism: The*

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⁸ Link, 3-159.
Reconciliation of Progress and Tradition emphasizes how the activities of reformers were shaped by elements of southern custom. Southern progressivism, Grantham writes, was a particularly conservative kind of reform movement, in which reformers sought to uphold southern culture and class structure while promoting certain kinds of modernization. They sought social justice, such as the abolition of child labor and lynching, economic advancement, and governmental modernization while defending the region's agrarian values, rigid social structure, and undemocratic system.9

Link offers a similar analysis of southern progressivism's legacy, suggesting that the tradition of limited government in the South survived the nineteenth century and thus restricted the extent of reform. Progressive leaders in the region ran up against a culture that resisted centralized government and thus rejected attempts by state leaders to bring reforms. Consequently, Link's work differs from Grantham's in suggesting that southern reformers were more radical than the southern public. As a result of this resistance to bureaucratic centralization, public health and educational efforts met with resistance from local communities that sought to maintain autonomy and control over their areas. Southerners were simply unwilling to expand governmental power sufficiently to create the administrative systems necessary for reform. In most cases such systems had to be centralized, but this centralization caused local communities to resist them.

Link explores the reaction of Virginians to prohibition as an example of the desire for local autonomy limiting the extent of reforms. Following the passage of statewide prohibition in 1914, the legislature established a Prohibition Commission, giving it the

9 Dewey Grantham, Southern Progressivism: The Reconciliation of Progress and Tradition (Knoxville:
broad, coercive powers necessary to enforce the new law. Despite the commission's best attempts, constant violations of the prohibition statute occurred. When the agency stepped up its efforts, opponents of prohibition in the state grew violent, shooting at officers and attacking prohibition crusaders. Numerous local officials refused to cooperate with the prohibition law and some openly violated it. Compounding the problem was inadequate funding and staffing of the commission. Enforcers could not fulfill their mandate with inadequate resources, but the level of popular opposition to their efforts prevented the legislature from appropriating them more funds. Consequently due to local resistance, the state government failed in this effort at reform, illuminating the "paradox" at the core of progressivism in the region.10

Thus the progressive era awakened some support for a broadened role of the state. But, since the roots of progressive reform grew shallowly in the South, most states and cities implemented programs of only the barest necessity—such as very minimal and basic public health, education, welfare and corrections systems. This suspicion of centralized government, coupled with a related opposition to high taxes, kept southern state governments weak and ineffectual throughout the first half of the twentieth century.

This work looks in greater depth at progressivism's legacy in Virginia. Despite the movement's clear limitations, it did set into motion changes in subsequent decades. As early as the 1920s, before the depression of the 1930s and the war mobilization that are usually credited with bringing more government to the region, a state with a long-standing tradition of very limited governmental power began to pass laws and build

University of Tennessee Press, 1983).
bureaucracies to manage the intimate, personal lives of its citizens. Virginia's leaders could conceive of and implement these policies in the 1920s because the groundwork had been laid for them in the previous decades by progressive reformers. While progressive reform did meet resistance, it did bring to the 1920s and 1930s a growing acceptance of bigger governmental responsibility.

In addition to leaving an ideological legacy supporting governmental involvement, especially in the moral sphere, progressivism had a practical impact on subsequent decades as well since it brought a more developed governmental infrastructure to the state. The existence of this newly expanded government enabled the implementation of policies focused on sexual behavior in the 1920s. Eugenic sterilization of the "unfit"--a category that included the retarded, epileptic, and blind--could be undertaken in the 1920s because earlier in the century Virginia had built a system of hospitals and care facilities where professionals could examine, diagnose, and care for (or at least house) these individuals. Similarly, the state had established the Bureau of Vital statistics in 1912 as a progressive-style reform to track births and deaths in the state. This bureaucratic machinery allowed the Racial Integrity act to be implemented.

Although the historical literature on southern governments in the progressive era is relatively well-developed and thorough, scholars have devoted less attention to the 1920s and the two subsequent decades. Virginia, joined by other southern states in varying degrees, adopted a policy of "business progressivism" in the 1920s, which called for expanded state involvement in promoting economic growth. Virginia's governor and

10 Link, 316-21.
leader of the state political machine from the late 1920s until the mid-1950s, Harry F. Byrd, a typical business progressive, said in his inaugural address that under his leadership “the manifold activities of the state [would be] systematized and directed with the great efficiency of a business corporation.” Business progressives in Virginia worked to modernize state government, reorganize tax systems, and expand state services, and Governor Byrd turned the attention of state government to expanding the state’s highway system as a means to economic advancement.

Policies that focused on sexual behavior were entwined with Virginia’s drive for economic development. Those who sought an expanded role for government in the area of sexuality used the rhetoric of economic progress to justify their proposals. The fixation of policymakers on presenting the state as orderly, hygienic, well-governed and with a healthy and docile workforce contributed to their willingness to enact these proposals to regulate sexual behavior, proposals whose cost was justified by their long-term economic benefits to the state. As one would guess from the oligarchic nature of Virginia politics in this period, policymakers were not trying to appeal to any kind of general public or electorate in any direct way but were instead seeking to please white economic elites, state employees, and business owners.

Although Harry Byrd was a fiscal conservative who opposed nearly all government efforts except those that directly helped business and industry, there is

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11 Heineman, *Harry Byrd of Virginia*, 60-64.
13 A number of works have discussed the drive for economic development in southern states. Among them are James C. Cobb, *The Selling of the South: The Southern Crusade for Industrial Development, 1936-*
evidence that he sometimes operated under a broader definition of what constituted the promotion of business in Virginia. A notable example of this concerned the founding of the Shenandoah National Park. In 1928 Byrd asked the General Assembly for one million dollars for the establishment of the park, reasoning that it would help the state's economy by attracting tourists, thus justifying the contribution of state funds.\textsuperscript{14}

The desire for economic progress also helped spark two southern reform efforts that began in the 1920s but reflected progressive-era values as well. The Commission on Interracial Cooperation sought to improve relations between the races in the region, stem racial violence, and better the lives of African Americans. Though members of the CIC certainly had a commitment to social justice, the desire for social order and its accompanying economic progress also played a motivating role.\textsuperscript{15} The anti-lynching campaigns of the 1920s and 1930s shared similar impulses, both moral, political, and economic. Anti-lynching efforts in Virginia gained invaluable support from white elites who sought to consolidate their power by reigning in lower-class whites whose racist and populist sentiments posed some threat to Virginia's nearly oligarchic rule. Economic progress, of course, factored here, too, as a stable and orderly state would be a prosperous one.\textsuperscript{16}

\textsuperscript{14} Heineman 88-89. The majority of the money to pay for the park came from private contributions. No federal funds paid for the project. Heinemann credits Conservation and Development Commission head Will Carson with originally pushing for the expansion of the tourist industry in the commonwealth, with Byrd later echoing his calls.


\textsuperscript{16} Heinemann, 63; Link, 58-61.
The question of why Virginia's leaders would focus on controlling sexual behavior as central to their project of making the state seem to be orderly and hygienic can be answered in part by the historical literature on the relationship between sexual deviance and social control. Many times in U.S. history sexual deviance has been closely linked to social disorder, and attempts to restrain those who engaged in forbidden sexual behavior have abounded. Victoria Bynum's *Unruly Women: The Politics of Social and Sexual Control in the Old South* looks at what happened to African American and/or lower-class women who stepped outside the boundaries of acceptable conduct— boundaries often demarcated by sexual behavior. Bynum examines the various ways state and local officials sanctioned these "unruly" women.  

Another instance can be found in George Chauncey's *Gay New York: Gender, Urban Culture, and the Making of the Gay Male World 1890-1940*. Chauncey discusses how many of those who thought that urbanization was bringing a collapse of social cohesion and personal restraint focused on "fairies," "inverts" and other sexual deviants—including prostitutes and their patrons. Blaming these individuals for social disorder, police and vice reformers targeted them for arrest and punishment. Thus, it is hardly surprising that Virginia's leaders looked to sexual behavior when they surveyed the landscape of Virginia seeking ways to present the state as a site of social order and, thus, economic progress.

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The implementation of public policy initiatives directed at sexual behavior involved more than creating an image of the state for the promotion of business, however. State-backed moral reforms had won the support of the ruling elite during the progressive era drive for prohibition and in the 1920s, laying the groundwork for the support of a wider range of policies directed at sexual morality. Moral standards that had been established and enforced by churches, families and communities, gave way to governmental surveillance of the population and state constraints on sexual behavior.

Though a general support for these programs existed, the form that they would take was far from certain, and thus the examination of them can reveal the opportunities for the development of governmental authority as well as its limits. In various instances documented here, policymakers worked out the logistics of state programs in an era of limited government and fiscal conservatism. Thus, the policies they created were a product of their times, reflecting the historical contexts of 1920s, depression, war and post-war years. At times, these policies also directed the development of ideas about government, when implementing a policy required expanding or changing the role of the state. Examining how various elements of governmental bureaucracies wrestled with implementing these policies gives us a broad understanding of the structure of the state in this era.

To understand the context of state and local government in the 1930s, this dissertation engages the historical literature on the New Deal's impact on the South, exploring some of the conclusions drawn about the state and region in this period. Historians of southern governments in the 1930s and early 1940s have suggested that the
economic depression brought support in the South for more governmental power, even for the federal government whose influence southerners had long rejected. Frank Freidel attributes this new attitude to the fact that southerners "were sufficiently in need of economic aid not to be frightened by the prospect of government intervention."¹⁹ This accounts for a changed relationship between individuals and the state, as people relied on the government for relief, and between the states and the federal government, as state resources (actual or perceived) soon met their limit, necessitating federal intervention.²⁰

Historians of the twentieth century South credit the New Deal with bringing a broad spectrum of profound changes to the region. Numan Bartley labeled the ten years between 1935 and 1945 a "crucial decade" in the twentieth century south, and James Cobb and Michael Namorato wrote, "Coupled with the reinforcing influences of Word War II, the New Deal seems to have been the most powerful force for change in the South since the Civil War."²¹ Among the transformations the region experienced were political centralization and bureaucratization. Developments in agriculture and industry had increased the industrial workforce, often concentrated in cities, and decreased the need for farm labor. Cities grew and municipal and state governments expanded, taking on new roles and responsibilities.²²

Ronald Heinemann has argued that the New Deal changed Virginia less than it did other states including its southern neighbors. Though Virginians certainly experienced an

²¹ Cobb and Namorato, 5.
²² Bartley, 137.
economic downturn, the state’s relatively diversified industry and conservative fiscal policies dampened its impact. Furthermore, two regions of the state—Hampton Roads and northern Virginia—had economies that relied heavily on federal money, thus buffering them from the worst effects of the depression and helping them bounce back more quickly. Finally, as was true of other southern states, economic fluctuations had little effect on poor Virginians who relied heavily on subsistence agriculture; they could not get much poorer than they already were. As a result, Virginia had less of a need for federal assistance and thus resisted many of the changes that such federal intervention brought other states.23

Though the relatively healthy economy played a role in keeping the federal barbarians at the gate, two of Virginia political leaders launched vitriolic attacks on Roosevelt’s plans anyway. Senators Carter Glass and Harry Byrd, the former governor whom Governor John Pollard appointed to fill a vacated seat in the U.S. Senate in 1933, became two of the most outspoken conservative critics of the New Deal in the U.S. Congress.24 Glass began his offensive in the early days of the Roosevelt administration, when even Byrd supported the president’s plans, warning: “Roosevelt is driving this country to destruction faster than it has ever moved before. Congress is giving this inexperienced man greater power than that experienced by Mussolini and Stalin, put together.”25 Byrd’s attacks began in Roosevelt’s second year when he publicized his disagreements with the administration’s farm policies. Echoing Glass’s earlier

24 Heinemann, Depression and New Deal, 138-39.
comparison between FDR and hated foreign leaders. Byrd called the Agricultural Adjustment Act the "Hitler of American Agriculture." His campaign against the New Deal continued on a variety of fronts, including opposition to the Federal Emergency Relief Administration, an attempt to reduce the size of the Works Progress Administration's allocation, and a vote, with Glass and four other senators, against the Social Security Act.

Though the views of Byrd and Glass toward government were not, of course, reflective of all other Virginia politicians at the time, the tight grip Byrd held on the state's political machine during and after his governorship meant that many Virginia officials shared his views on most issues. Heinemann's biography of Byrd illustrates the level of control the former governor held by describing the process by which the machine selected its gubernatorial candidate, an activity labeled in those years as "giving the nod." Byrd and other "Organization" stalwarts met with prospective nominees and weighed their merits, eventually reaching a consensus on a candidate. Though Organization leaders met as a group, Byrd's vote outweighed all the others combined. The individual selected would be the machine's nominee for the primary; he would be virtually guaranteed victory in that race and then certainly guaranteed victory in the partisan election. While Byrd did tolerate some independence among Organization candidates, they all had to share his general political philosophy. Of course machine

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26 Heinemann, *Harry Byrd*, 165.
members did not control all elected seats in the state and did not win all they ran for, but the control by Byrd's machine was as near to complete as anywhere in the nation.28

By closely examining political, economic, and bureaucratic changes in Virginia in the 1920s and 1930s, this work offers another perspective on Heinemann's suggestion that the New Deal changed Virginia less than other states. Attitudes toward government changed as early as the 1920s as policymakers in the Old Dominion sought to build administrative bureaucracies around sexuality. In addition, the venereal disease campaign of the 1930s demonstrates that the Roosevelt administration's assistance for public health efforts (specifically for venereal disease) followed growing interest among state leaders in the issue. Greater government involvement in sexual issues preceded the New Deal in Virginia, and even after 1932, the impetus for new programs came from Virginians as well as from federal leaders.

Looking at how Virginia's political leaders approached issues of sexuality in public policy also offers a more nuanced perspective on their attitudes toward government. Byrd, Glass, and the many Virginians who stood behind them opposed the New Deal for two main reasons. First, they believed in minimal governmental spending, strongly rejecting deficit spending, tax increases and inflation. Second, they opposed the coercive power of government, an idea best articulated in 1934 when Byrd challenged Roosevelt's policies as attempts to "control the daily activities of our people."29 However, Virginia leaders did support some measures that imposed exactly this type of control over citizens. What could be more coercive than eugenic sterilization, interracial

marriage laws, and mandatory venereal disease testing? To top it off, not only were these policies of the 1920s and 1930s coercive, they could, at times, be expensive. This dissertation explores and attempts to explain this situation, asking what these seeming inconsistencies tell us about how Virginia’s elites conceived of government’s role.

Most histories of the twentieth century South describe the period between 1933 and 1945 as being a uniquely transformative time in the region’s history. This raises the question, however, of whether the New Deal or the second World War had the greater impact on the region. James Cobb and Michael Namorato suggest that the New Deal sowed the seeds of change--introducing “limited short term influence but a larger cumulative long-term one.” Thus, the changes brought to the South by the New Deal, whether mild in the case of Virginia or more profound as in other states, were compounded by the impacts on the region of the second World War. A number of writers have concurred, arguing that the war was the primary watershed in this period, with Morton Sosna even asserting that, “World War II probably had a bigger impact on the South than the Civil War.” In the case of Virginia, given the sound arguments for the New Deal’s relatively mild impact on the state, the war must also be considered a greater agent of change.

The historical literature on southern history during the New Deal and World War II usually gives the former the upper hand in changing the role of government in the

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29 Heinemann, *Depression and New Deal*, 137.
30 Tindall, 354-731.
21 Cobb and Namorato, 11-15.
region and the later in changing the economic and social landscape. \(^{33}\) Central to many of these changes the war brought were shifts in demographics. Between 1940 and 1945 approximately four million people, representing twenty-five percent of the South’s farm population moved to towns and cities. \(^{34}\) In Virginia, Norfolk saw a tremendous demographic change during the war as its population increased by fifty-seven percent, among the highest growth rates among all southern cities. \(^{35}\)

This work looks at continuities in efforts to control sexual behavior between the New Deal and the war years, supporting Cobb and Namorato’s “seeds of change” perspective. State and municipal efforts to command more authority over sexual behavior, already expanding in the 1930s, grew greater still in the war years, as the level of danger of certain activities posed seemed to increase. However, traditions in Virginia remained strong, and hostility to high taxes, growing bureaucracies and federal power also factored into decisions about policies in these areas.

A number of works on southern governments during the depression and second World War have pointed to the inadequacies of southern cities in dealing with their vastly expanded populations. \(^{36}\) David Goldfield focuses in particular on Mobile, Alabama but also mentions Norfolk as one of the region’s “bloated” cities that failed to expand to

\(^{35}\) Bartley, 11.
\(^{36}\) Goldfield, 8.

\(^{36}\) Heinemann notes that Northern Virginia also experienced a significant population increase and accompanying overcrowding and inadequacy of public services, Heinemann, *Harry Byrd*, 265; Grantham also discusses Norfolk as among those southern cities whose increasing population caused problems in the city. Grantham, *The South in Modern America*, 176; On city services in New Orleans, Memphis, Atlanta,
meet the needs of their new residents. This dissertation explores the problems facing southern cities in greater depth by looking at Norfolk's dubious fame in these years as America's "worst war town," but also offers a perspective on southern towns that did not fare so badly by comparing the fate of Norfolk with that of Richmond.37

Another change brought to the South by the depression, New Deal and war was a shift in the relationship between the federal government and southern states. Douglas Smith has looked at how federal relief programs prompted the expansion of municipal services in four southern cities, arguing that this period saw expanded community welfare programs and sense of urban consciousness in some cities. This work suggests that in the case of Richmond, an older, more established city, the groundwork was already in place for such expansion and that greater governmental responsibility came in response to calls on the local level as much as federal programs. Norfolk experienced its biggest changes in municipal services and negotiated its relationship with the federal government over such issues during the war.38

Once the wartime mobilization began, the vast increase in military bases brought more federal money and influence to the region. The South housed a disproportionate number—over sixty percent—of new army camps and received forty percent of federal expenditures on new military and naval stations in the war years.39 These developments extended to Virginia as existing industries converted to war production, and new

38 Smith, 1-44, 128-64.
39 Grantham, 172.
industries—particularly naval industries in the Hampton Roads area—sprang up. Again, comparing Richmond and Norfolk's differing relation to the federal government highlights the way the military's vast presence shaped Norfolk's relationship with the federal government.

Studying local efforts to police sexual behavior in Richmond and Norfolk during the war fills in several gaps in historical literature on this period. Though several studies have looked at federal and military efforts in this area, historians have paid less attention to activities on the level of local government.\(^4\) While the role of federal health and military departments is important, municipal policy should also undergo careful examination. In cities such as Richmond where the nearest major military base, Camp Lee, was located only twenty-five miles away, these efforts were almost exclusively within the purview of local officials, and local governmental structures and facilities dealt with these local problems. Karen Anderson's *Wartime Women* has a local focus, but her examination of municipal policy in the context of sexual issues is brief.\(^41\) In addition, municipal policy in Richmond and Norfolk reflects the cities' southernness—both in its racial dimensions and in the limited size of the state apparatus—and no studies of these policies in southern cities have been done.\(^42\)

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\(^42\) Anderson's book focuses on Baltimore, Detroit, and Seattle. While some might debate whether Baltimore is a southern city, most historians who seek to define the parameters of the South exclude Maryland. Two books that addresses sexuality during the war from a local, but not a southern, perspective are Beth Bailey and David Farber, *The Alchemy of Race and Sex in World War II Hawaii* (New York: The
In addition, much of the literature on the impact of wartime expansion on southern cities focuses on the racial elements of the social conflicts this growth produced, not without good reason as urban-dwelling African Americans acquired greater political and economic power, strengths they would soon use to challenge the region’s racial system. However, historians have paid less attention to other factors—specifically those of class—that shaped the construction of “locals” and “newcomers.” This work seeks to fill in this gap, exploring how policymakers in Richmond and Norfolk defined the boundaries of insider and outsider and how the class and racially based natures of these boundaries shaped public policy.

Scrutinizing the power of the state in this kind of detail is new to works on southern political history during this period. Virginia, like its southern neighbors, entered the 1920s with the most minimum of governmental services and programs and concluded the 1940s with extensive, modern bureaucracies. The New Deal and the second World War played key roles in increasing government programs, but this work demonstrates that there was more to state and local governments than industrial progress, relief efforts, and the war buildup.


For example, in both Goldfield’s and Bartley’s work on this period, discussions of urban growth are immediately followed by discussions of changing racial issues in the region. Bartley, 11-13; Goldfield, 8-11. A discussion of how the war years changed racial politics and the African American community in
Administrative Capacities, 1877-1920 traces the development of the modern American state, from a government of "courts and parties" that had minimal, decentralized, national institutions to a modern bureaucracy. This dissertation argues that between 1920 and 1950 Virginia saw similar institutional foundations being laid on a state level, and it follows Skowronek's lead in asking what pre-established institutional arrangements influenced the shape of these developments. In the case of Virginia, a history of private, charitable institutions infused with a paternalistic ethic preceded the state's taking responsibility for such activities, and this paternalism certainly persisted into the development of the state bureaucracy.

Theda Skocpol has argued, like Skowronek, that patterns of state formation shaped the way social policies were made. Policymakers used the capacities of the institutions they worked in to reinforce their own interests and power; those who had the leverage to promote change made sure that such changes were in their own benefit. In the case of Virginia, looking at the relationship between economic development and policies about sexuality similarly reveals how those with political power used it in their own interests. Skocpol's analysis of the development of social policy argues against the idea that social programs came about because modernization produced the need for them. Instead, she suggests that such developments came from already-established institutions.

Norfolk can be found in Earl Lewis, In their Own Interests: Race, Class, and Power in Twentieth-Century Norfolk, Virginia (Berkeley: University of California Press, 1991).


45 Skowronek, 3-10.

and that historians look at how the socioeconomic and political context influenced political actors. It is useful to consider Virginia’s venereal disease policies in the 1930s in this light. Given the Roosevelt administration’s interest in controlling venereal disease as well as other medical developments, the establishment of venereal disease control programs in Virginia was quite likely. However, the form such programs took and the way the bureaucracy developed was not inevitable, but rather depended upon the particular power relations in the state.

Laws and policies about sexual behavior are a significant element of these changes that state and local governments experienced in this period for several reasons. First, such policies are notable for their sheer volume. A state that took very little interest in its citizens’ sexual behavior in 1920 had turned its attention to a broad spectrum of sexual issues by 1950. Second, the number of Virginia “firsts” in these areas is remarkable and in need of explanation. Finally, the notion of governmental control over individuals’ private activities contradicts the standard image of minimal, laissez faire, southern governments. The co-existence of these contradictory views survives today in the Republican party, where social conservatives form a sometimes shaky alliance with those whose attitudes toward government are more libertarian.

In addition, this work, inspired by other recent studies, suggests that there was more to the state than the state. That is, while municipal and state governments did enact and enforce policies concerning sexual behavior, a more broadly-defined state, consisting of private organizations and agencies, wealthy, powerful or respected individuals,
business leaders, the press, the clergy, and others, also played a critical role. While the
government usually had taken on the task of sanctioning or controlling the behavior of
"dangerous" individuals, these non-governmental actors played an equally important part
in constructing these individuals as "dangerous."*

Estelle Freedman's examination of responses throughout the United States to
sexual psychopaths in a similar period to this study--1920 to 1960--looks at a wide cast of
political actors who shaped laws and attitudes about deviant sexual behavior. Freedman
describes how psychiatrists, police leaders, journalists and citizens generated a series of
sex crime panics in this period. These panics helped facilitate the construction of legal
and psychiatric systems that officials could apply not only to sex criminals but also to
others who exhibited less serious but similarly deviant behaviors. Freedman sees these
panics as producing some important shifts in the construction of sexual deviance and
normality: "[B]y stigmatizing extreme acts of violence, the discourse on the psychopath
ultimately helped legitimize nonviolent, but nonprocreative, sexual acts, within marriage
or outside it. At the same time, psychiatric and political attention to the psychopath

47 Other works about sexuality and the state that identify an expanded notion of a state include Isabel Hull,
*Sexuality, State and Civil Society in Germany, 1700-1815* (Ithaca, NY: Cornell University Press, 1996);
Female Sexuality in the United States, 1885-1920* (Chapel Hill: University of North Carolina Press, 1995);
Leslie J. Reagan *When Abortion was a Crime: Women, Medicine, and Law in the United States, 1867-1973*
(Berkeley: University of California Press, 1997).

48 Numerous works have discussed how discursive categories are formed around sexual subjects and how
such subjects become labeled "dangerous." See for example, Chauncey 47-63; Chauncey, "Christian
Brotherhood or Sexual Perversion? Homosexual Identities and the Construction of Sexual Boundaries in
the World War One Era," *Journal of Social History* 9 (Winter 1985): 189-211; Estelle B. Freedman,
History* 74 (June 1987): 83-106. For a theoretical discussion of the discursive formation of sexual subjects
see Jennifer Terry, "Theorizing Deviant Historiography," *Feminists Revision History,* ed. Ann-Louise

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heightened public awareness of sexuality in general, and of sexual abnormality in particular, between 1935 and 1960.” This heightened involvement by psychiatrists in the legal and penal system and the role of journalism in provoking these changes is echoed in Virginia in the postwar years.

The deployment of this discursive power by this broadly defined state can be seen in a variety of instances in this study. Feeble-minded individuals were not new to Virginia in the 1920s, but the suggestion that they could damage the commonwealth was. More generally, Virginians had long observed sexual immorality and weakness in others, but these characteristics became defined in the 1920s as threatening enough to be worth the money spent to censor movies or block interracial marriages. Virginians had suffered from venereal disease for generations but policymakers began to portray these individuals as dangerous to the economy only in the 1920s and 1930s and to national security in the 1940s.

In the first chapter of this work I explore expansions in the power of Virginia’s state government in the 1920s, in particular the new policies of eugenic sterilization, movie censorship, and the Racial Integrity Act. The chapter chronicles the enactment of the legislation initiating these policies, alternative proposals the legislature rejected, as well as their subsequent enforcement. The history of these three policies introduces themes that will run through subsequent chapters, in particular the issues of state boosterism, fiscal constraints on governmental programs, and the implications of elite rule.

The second chapter examines efforts at venereal disease control in the state during the 1930s. Investigating the rhetoric of those who lobbied for these policies indicates the beliefs held by the state’s ruling-class with regard to the reach of governmental power over its citizens. Then, documenting how health officials implemented venereal disease control programs shows the way state power touched peoples’ lives in racially- and socioeconomically distinct ways. Again in this chapter, the history of policies not adopted supplements the story of those that were.

Chapters three and four shift the focus from state to city governments, in particular those of Richmond and Norfolk during the years of the World War II. In each city, officials struggled to restrict non-marital sexual behavior, primarily because of concerns about the threat to public health and military effectiveness posed by venereal disease. Local, state, and federal policymakers pursued agendas directed at controlling sexual behavior that sometimes coordinated and sometimes conflicted, sometimes succeeded and sometimes fell short.

The fifth chapter looks at city and state governments in the postwar era, chronicling the ways that policymakers continued to raise sex-related issues in this period. The framework of boosterism and fiscal conservatism that guided public policy in the 1920s lasted in this later period, as this chapter demonstrates. The concluding chapter of this work briefly traces the legacy of these policies after 1950 and outlines changes in the state that significantly undermined many of the programs discussed here.

*Journal of American History* 74 (June 1987): 84.
CHAPTER 2

NEW SEX-RELATED LEGISLATION IN THE 1920S

In the 1922 and 1924 sessions of the Virginia General Assembly, the state’s legislators passed three laws that required the government to take on several new and significant tasks. First, in March 1922, the Assembly created the Virginia State Board of Censors, charged with watching all films to be shown in the commonwealth and licensing for popular viewing only those films judged not to be “obscene, indecent, immoral, inhuman, or . . . of such a character that its exhibition would tend to corrupt morals or incite to crime.” At the next session of the Assembly, in 1924, lawmakers passed “An Act to Preserve Racial Integrity” forbidding white people to marry anyone besides those who have “no trace whatsoever of any blood other than Caucasian,” and the Virginia Sterilization Statute, permitting the sterilization of any resident of the state’s four mental institutions or the Lynchburg State Colony for the Feeble-minded who was “affected with hereditary forms of insanity, idiocy, imbecility, feeble-mindedness, or epilepsy.”

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These three acts marked the beginning of an expansion in the function of the state government in Virginia. In enacting these policies, Virginia's leaders demonstrated a belief that certain kinds of sexual behavior presented dangers to the state and that government should undertake serious efforts to prevent these threats. The historical significance of these new laws is enhanced by the fact that in each case Virginia led the nation or region in enacting them. In censoring movies, banning marriage between whites and mixed-race individuals, and performing surgical sterilizations, state leaders either went further than most in involving government in the sexual behavior of its citizens or made Virginia among the first to inaugurate such policies.

Neither of the two elements of this belief--the idea of sexual danger and of state responsibility in certain areas--were new to the 1920s. The possibility that sexual behavior could be dangerous was at least as old as the twentieth century, as concerned citizens and leaders across the nation had viewed prostitution and venereal disease as twin threats from the early years of the progressive era. Similarly dated was the idea that government should play a role in improving the state and the lives of its citizens. States across the South and the nation were expanding their health and welfare programs in this

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era of progressive reform, and Virginia was as enmeshed in hookworm eradication, tuberculosis prevention and more as any other southern state.  

These laws passed in 1922 and 1924 diverged from the past by legislating a significantly higher level of governmental involvement in the sexual behavior of its citizens than the state had ever seen. How and why state leaders decided Virginia's government should focus on sexual danger, taking the progressive-era goals of sanitation, organization, and social hygiene into these very new areas is the subject of this chapter. Why would legislators in a state committed to low taxes and minimal government take on responsibilities shouldered by few, if any, other states? What elements of these laws made them not only acceptable but desirable to the state's legislators? Why did these events happen in the 1920s and not earlier in the century?  

An early expression of the theme of sexual danger can be found in the establishment of Virginia's first institution for the feeble-minded in 1914, though this theme became articulated more clearly later in the 1920s. In 1910, Virginia had opened the Lynchburg state colony for epileptics, the same year the legislature established the State Board of Charities and Corrections to better organize the state's expanded welfare programs. Soon after the colony's establishment, the members of the new Charities and Corrections board began to pressure the state to expand the facility's mission to include the feeble-minded. Gathering evidence to support their case, the board hired social worker Elizabeth Wells to explore the connection between prostitution and feeble-

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mindedness. Wells surveyed prostitutes in Richmond, concluding that more than half were feeble-minded. Armed with this and other evidence, lobbyists persuaded the legislature to approve the admittance of feeble-minded women to the colony, admitting men two years later. In 1919 the board changed the Lynchburg facility’s name to the State Colony for Epileptics and the Feeble-Minded. 4

Steven Noll’s history of institutions for the mentally retarded in the South emphasizes the twin—but often conflicting—themes that prompted southern states to build institutions for the feeble-minded. To put it simply, southern leaders sought “protection for and from the feeble-minded.” 5 Individuals with extremely diminished mental capacities needed to be fed, clothed, and given a place to live; this constituted “protection for.” But, other feeble-minded people, usually those with mental capacities closer to normal, supposedly had a diminished moral capacity compared to the mentally normal, making them more likely to participate in all kinds of criminal behavior, including deviant sex. Society needed to be protected from their corrupting influence.

While the origins of Virginia’s facilities for these individuals are thus, loosely rooted in a fear of deviant sexuality, later developments in the 1920s indicate an increasing focus on sexuality by policymakers and a growing determination among them for the state to do something about it. In 1918 the General Assembly passed a law prohibiting the marriage of individuals who were criminals, mentally retarded, epileptic, insane or afflicted with venereal disease. However, the law made no provision for

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5 Noll, 21.
enforcement—the legislature set up no mechanism to certify people as free of or afflicted with any of these characteristics. Clerks of courts who issued marriage licenses could simply deny the license to individuals who they believed met any of these criteria. So, this law did not bring about an expansion of the state government.

The history of eugenic sterilization in Virginia most clearly illustrates how the drive for economic progress and the perception of sexual danger brought the state into the forefront of sex-related legislation. Beginning in the 1920s, leaders across the South, responding in part to the national eugenics movement, grew more concerned about the sexual behavior of the state’s mentally retarded population and became more willing to involve the government in this issue. Scientists and policymakers believed that “defective” people, particularly those identified as “feeble-minded,” tended to reproduce their own kind. Furthermore, they believed that this segment of the population had looser morals—in a circular argument that found lack of moral restraint to be a key indicator of “feeble-mindedness” while simultaneously equating diminished intellectual capacity with diminished moral capacity. Added together this meant that without governmental intervention the state would soon be overflowing with moral and intellectual degenerates, whose (alleged) laziness, inability and need for state welfare services would ravage the state’s economy. Their solution was “eugenic sterilization”—surgery to remove or disable an individual’s reproductive organs (in women closing or severing the fallopian

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7 See, for instance, O. B. Darden, “Moral Subnormality as an Expression of Mental Unsoundness.” Paper presented at a meeting of the Fourth District Medical Society at Rocky Mount, NC, November 1931, Virginia Medical Monthly 61 (March 1932), 773-76.
8 For a discussion of the rationale for southern eugenic policies see Edward J. Larson, Sex, Race, and Science: Eugenics in the Deep South (Baltimore: The Johns Hopkins University Press, 1995), 40-84.
tube and in men a vasectomy) with the intent of eliminating the potential for hereditary defects from the gene pool.

The existence of facilities and institutions in which individuals with mental problems were examined, diagnosed, and housed and the employment of physicians by the state to perform the sterilizing surgery were prerequisites for the establishment of the state eugenic sterilization campaign. Thus, the fact that Virginia had one of the first such institutions in the South helped it become an early leader among southern states in performing sterilizations. Doctors in Virginia began sterilizing inmates in institutions for the feeble-minded soon after the state opened such a facility in 1916. However, since there was no legislative sanction for this process, the Lynchburg Colony’s superintendent, A. S. Priddy soon faced a lawsuit brought by a woman who said the state had illegally sterilized her without her consent. Though in March 1919 Priddy was not found liable by the court, he halted the practice of sterilization until the General Assembly could legally authorize the process.

Between 1905 and 1922, fifteen states had enacted laws permitting sterilization, although none of these states was in the South. Virginia’s leaders resolved to lead the region on this issue. In 1924 governor E. Lee Trinkle signed the sterilization statute. The law’s authors crafted the statute carefully and planned it as a national model for such legislation. With similar care and planning, Priddy chose the first person to be sterilized

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9 In the introduction to this work I discuss the history of these institutions in Virginia.
10 Noll, 68-69.
under the new law, an eighteen-year-old woman named Carrie Buck, with the intention of bringing a "friendly suit" to prove the new law's constitutionality. Buck fit the bill perfectly in Priddy's eyes, as her case involved hereditary mental retardation (doctors testified that her mother, sister, and seven month old daughter were retarded) and sexual immorality, as her daughter, Vivian, was born out of wedlock.\(^\text{12}\)

The case, *Buck vs. Bell*, wound its way through state courts until it reached the U.S. Supreme Court, which had never heard arguments before on a sterilization law.\(^\text{13}\) On May 2, 1927, the court offered an 8 to 1 opinion upholding the Virginia law. Writing for the majority, Justice Oliver Wendell Holmes commented: "We have seen more than once that the State may call upon the best of its citizens for their lives; it would be strange indeed if it could not call upon those who already sap the strength of the State . . . ."\(^\text{14}\)

Medical professionals across the state reacted with approval to the Supreme Court's decision. They believed eugenic sterilization to be in the economic interests of the state since many individuals who had been institutionalized could be discharged or paroled following sterilization. Not only could the state avoid the cost of institutionalization, but some of these individuals could become productive, self-supporting workers.\(^\text{15}\) Furthermore, Virginia's physicians saw eugenic sterilization as an

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\(^\text{13}\) J.H. Bell, the superintendent of the Lynchburg State Colony, was the defendant in the case. Noll, 70.


\(^\text{15}\) This rationale was also included in the text of the law, *Acts of the General Assembly of the Commonwealth of Virginia 1924*, Chapter 394. See also, G.B. Arnold, M.D., "Eugenic Sterilization of the Epileptic and Mentally Deficient," Paper presented at the Post-Graduate Seminar of the Medical College of Virginia, Richmond, Virginia, Spring 1939, Printed in *Virginia Medical Monthly* 69 (January 1940): 45-47; Darden 773-76; Noll, 69.
element of progressive social policy, since it decreased the rate of institutionalization. Finally, doctors who advocated sterilization saw themselves as participating in a new era of sexual frankness, rejecting "silence, shame, and sham" in favor of honest discussions of sexual issues in society.

Frequent public addresses and articles in the Virginia Medical Monthly (which were often reprints of talks given by public health officials) explained the rationale for sterilization, described its benefits, and showed how to perform the procedure. In a typical speech, given before the South Piedmont Medical Society in Danville, Dr. R.W. Garnett, noted that in the six years since Buck vs. Bell only 1,333 sterilizations had been performed in the state, representing just a fraction of the state's "defective" population. Garnett warned his colleagues that their work must be accelerated: "Organized society in America, then, must protect itself by means of eugenic sterilization . . . if it is to be saved from the unhappy results of biologic degeneration."

Following the decision in Buck vs. Bell, Virginia's medical leaders, as well as those in other states across the nation, stepped up their sterilization operations. Between 1928 and 1944 doctors in Virginia's state mental hospitals sterilized 5,211 individuals. This represented approximately ten percent of the 49,207 people sterilized nationally, and for the period between 1907 and 1949 Virginia ranked second in the United States,

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16 Larson, 79.
19 Garnett, 106-08.
behind California, in total number of sterilizations performed. Despite a growing
critique of the efficacy and ethics of sterilization in the 1930s, the rate of such surgeries
actually increased in Virginia in this decade.

In Virginia, as in other states, women were sterilized at higher rates than men.
Almost sixty percent of the people whom physicians sterilized between 1928 and 1940
were women, similar to the national figures. These statistics could be seen as somewhat
surprising because the procedure was much more complicated in women as it involved
cutting the abdomen. However, this difference reflects traditional constructions of gender
and sexuality, specifically that women's sexual behavior is more dangerous to society.
Virginia's J.H. Bell, of *Buck vs. Bell*, demonstrated this belief by explaining that the
"female defective" was more "dangerous eugenically than the male" because, "The
feeble-minded male cannot enter into serious competition with the normal male for the
affections of the feeble-minded female." Doctors at the time also explained the
discrepancy in terms of men's sexual function: "Men are less willing to believe that the
only effect of sterilization is the prevention of parenthood."

We should not be too quick to judge who is the victim of the state in certain
situations. Since a key goal of sterilization was to facilitate the release of an inmate from
the institution, men were disadvantaged to the extent that they were less likely to benefit
from the freedom from incarceration afforded by sterilization. Superintendent Priddy of

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20 Moya Woodside, *Sterilization in North Carolina: A Sociological and Psychological Study* (Chapel Hill: University of North Carolina Press, 1950), 20. Next in line was Kansas with 3,001 performed. Sixth-ranked North Carolina had the second highest number of any southern state with 2,152.
21 Noll, 72.
22 Nationally, women comprised 64.1 percent of the 24,957 mentally retarded people sterilized in the US from 1907 to 1949. Noll, 42, 74.
the Lynchburg State Colony confirmed this conclusion in 1925 when asked who at his institution would benefit from Sterilization: "I should think from 75 to 100 women. The men have other anti-social tendencies just as glaring as child-bearing, and we would have to keep them there [in the institution]--they rank below the tramps and hoboes."^{24}

Just as the complexity of gender makes it impossible to clearly define whether men or women were victimized by sterilization, African Americans experienced sterilization and institutionalization as a similarly double-edged sword. The law in Virginia, as in most other southern states, permitted the sterilization of only those individuals who resided in state institutions. Since the state had fewer institutions for blacks, this population was less likely to be sterilized. Virginia had one facility, the Central State Hospital in Petersburg, that housed "insane" African Americans. In 1914 the General Assembly passed a law allowing for the establishment of a colony for feeble-minded African Americans on the Central State property, but as the Assembly made no appropriation for the construction of a new unit, these retarded individuals were simply crowded into the existing buildings with the insane patients.^{25} This situation continued until, under pressure from the State Federation of Colored Women’s Clubs and the Virginia Commission on Interracial Cooperation, the legislature authorized and funded this construction in 1939.^{26} As the number of blacks institutionalized increased and as the state committed more resources (including doctors who could perform the sterilization

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^{23} Quoted in Noll, 75-76.
^{24} Quoted in Noll, 75.
^{25} Arthur James, *Virginia's Social Awakening; the Contribution of Dr. Mastin and the Board of Charities and Corrections* (Richmond: Garrett and Massie, 1939), 168.
^{26} Noll, 100.
surgery) to black institutions, the number of blacks sterilized increased. Nonetheless, by 1948 blacks made up less than one-fourth of the total sterilizations performed in the state’s history, only slightly more than their percentage in the population as a whole.

Like African Americans in the state, white Virginians faced sterilization in greater numbers as growing appropriations for institutional construction brought about increased institutionalization. The state built the State Farm for Defective Misdemeanants in 1926 and the State Industrial Farm for Women in 1932, both of which housed a large number of people labeled mentally defective and thus candidates for sterilization. Though the sterilization statute provided for the sterilization only of people in the state hospitals or colonies for the epileptic and feeble-minded, judges could make recommendations that particular feeble-minded individuals—presumably people with one or more “illegitimate” children—be transferred to the institutions in which patients could be sterilized.

Other new state bureaucracies established in the 1930s targeted children and families more directly. In 1934 a new law mandated the establishment of Juvenile and Domestic Relations Courts in all counties of the state; until this time, these courts had existed only in cities with over 50,000 inhabitants. The expansion of these courts meant that more judges could involve themselves in monitoring individual behavior in the areas

27 The sterilization of African Americans increased after the establishment of the Petersburg State Colony in 1939. Reilly, 138.
28 Noll, 102.
29 Arthur W. James, The State Becomes Social Worker, an Administrative Interpretation (Richmond: Garrett and Massie, Inc. 1942), 64.
30 James, The State Becomes Social Worker, outlines the somewhat arbitrary nature of this process as follows: “So far as the courts and welfare workers are concerned there is no special proceeding to be followed in such cases. Where the judges have information regarding patients which would be valuable to the superintendents in determining whether or not the persons should be sterilized they may write the
of family and reproduction. In 1928 the newly-established Bureau of Mental Hygiene opened a clinic to give mental examinations to all children who were wards of the Department of Public Welfare. This growing state infrastructure facilitated the implementation of the new sterilization law, and the establishment of bigger state bureaucratic mechanisms such as these institutions is a key element in differentiating these public health programs from earlier progressive era efforts.

Steven Noll argues that the drive for eugenic sterilization was at times blocked by “wider concerns over the role of the state.” Specifically, Noll says that southern conservatives “viewed it as another example of encroaching state power over the rights and prerogatives of individuals.” Noll’s evidence is weak on this particular point—it is backed up only by a quote by Steven Jay Gould—and the evidence and the state’s history suggest that, at least in the case of Virginia, opposition to state power was rooted in an aversion to higher taxes and expanded costs of government, not threats to democratic values, which already were pretty tenuous in Virginia.

Since eugenic sterilization meant that health officials could take less interest in the sexual behavior of post-operative individuals, one could argue that this procedure does not fit within the rubric of “controlling sexual behavior” that frames this work. After all, how could a policy that results in deinstitutionalization be defined as control

superintendents and advise them. After the patients are in the hospitals the superintendents may initiate the special sterilization proceedings.” 209.
31 James, *Virginia’s Social Awakenings*, 16, 200-01.
33 Noll, 77-79. Stephen J. Gould, writing about the *Buck* vs. *Bell* case, said opponents of the Virginia sterilization statute were “conservative Virginia Christians who held, according to eugenic modernists, antiquated views about individual preferences and ‘benevolent’ state power.” Gould, “Carrie Buck’s Daughter,” *Natural History* 93 (1984) 14-18.
and regulation? However, controlling and regulating sex should not be equated with stopping it. Sterilization does, in fact, impose a set of conditions on an individual’s behavior by making the behavior non-reproductive. Their sexual activity is controlled and regulated because, as a result of this involuntary surgery, it occurs within a set of circumscribed parameters that make it non-procreative.34

Virginia’s policymakers exhibited no reluctance to impose state control in all kinds of sex-related areas in this period, as the Racial Integrity act and the Movie Censorship commission also reveal. They did, however, resist expanding the state government’s budget and responsibilities. Though, at the outset, sterilization involved a commitment of state resources to perform the operation, and by all accounts this limited the extent of the practice far more than any other factor, its proponents advocated it as a step toward deinstitutionalization of individuals and accompanying state savings.35

Evidence that policymakers sought public programs that required the least amount of state spending can be found in the fact that many of the institutions developed under the auspices of the state Board of Charities and Corrections in pre-New Deal Virginia were largely self-supporting, while others provided valuable services to the state. Some institutions actually turned a profit at times, due to the fact that many such facilities took the form of farms; state farms included the State Penitentiary Farms in Goochland and Southampton counties, the State Industrial Farm for Women, and the State Farm for

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34 The idea of informed consent suggests that a mentally retarded person is unable to consent to such a procedure, and thus the surgery is always involuntary. Furthermore, offering an institutionalized person freedom if they consent to sterilization does not allow them to make a free choice.

35 Noll, 70-76.
Defective Misdemeanants. The state also profited from prison labor in the industrial department of the State Farm (where convicts made license tags for Virginia and several other states as well as furniture), the State Convict Road Force, and the State Convict Lime Grinding Plant. In addition, many children’s homes functioned as industrial schools, also bringing in an income. State leaders paid close attention to the bottom line in these facilities. In fact, when the State Industrial Farm for Women failed to become self-supporting in its early years and its director requested a small share of the annual profits produced by the State Farm for Defective Misdemeanants to cover the institution’s costs, state authorities contemplated closing the women’s facility because it could not support itself. The State Convict Road Force also saved the state significant amount of money. Although it is difficult to find the bottom line of profits versus costs of facilities in any given year, one contemporary observer of the commonwealth’s social service system, Arthur James, estimated that in a five year period in the late 1930s, the state’s prison system made a profit of about $200,000. The State Farm in Goochland County generated so much income that its administrators built a new prison building, a tuberculosis hospital, and a sewage system in 1912 at no additional cost to the state. Prison officials paid for the construction from the farm’s annual profits and used prisoners to perform the labor.

36 James, The State Becomes Social Worker, 63.
37 James, The State Becomes Social Worker, 64-65.
38 James, The State Becomes Social Worker, 53-58.
39 James, The State Becomes Social Worker, 174.
40 James, The State Becomes Social Worker, 64.
41 James, Virginia’s Social Awakenings, 139.
Programs that the legislature authorized but never funded provide further evidence that financial considerations rather than fears of threats to democracy slowed growth of state responsibilities in these areas. In fact, many state initiatives in this era received no funding at all. For example, the General Assembly voted in 1914 to establish a facility for blacks who had been labeled “defective,” but it appropriated no money for its construction. Two years later, in 1916, the Assembly passed extensive legislation to monitor, institutionalize, and when possible deport mentally-defective individuals. However, since the Assembly failed to budget any additional money for the implementation of these policies, they went unenforced. Again, in 1922, the Assembly authorized the creation of a state commission on mental health but gave the group no money to operate.

Though eugenic sterilization generated little if any opposition in Virginia in the 1920s, an effort to censor movies in the commonwealth sparked a public debate. Movie censorship first came before the Virginia Assembly in 1920, but legislators voted it down following an address by D.W. Griffith, the director of Birth of a Nation, at a public hearing on the measure. Movie censorship’s advocates tried again in 1922, this time successfully enacting “An ACT to regulate motion picture films and reels; providing a system of examination, approval and regulation thereof, and of the banners, posters and

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42 James, Virginia’s Social Awakenings, 170.
43 James, Virginia’s Social Awakenings, 167-68.
44 James, Virginia’s Social Awakenings, 188.
other like advertising matter used in connection therewith; creating the board of censors; and providing penalties for the violation of this act.”

As with the passage of the sterilization statute, Virginia’s movie censorship division made the state a leader in this area as well. Chicago passed the nation’s first movie censorship ordinance in 1907, while Pennsylvania, Ohio, and Kansas passed the nation’s first state-wide censorship laws. A Supreme Court decision, Mutual Film Corporation v. Industrial Commission of Ohio, upheld these laws in 1915, but no additional states passed laws until 1921. In that year, the well-known comedian Roscoe “Fatty” Arbuckle was tried for the murder of a young woman in a drunken hotel-room party, and two Hollywood stars, Mabel Normand and Mary Miles Minter, were investigated—though never indicted—for the murder of director William Desmond Taylor. In light of these and a few other, smaller scandals, the movies became heavily tinged with immorality and vice. Legislatures in thirty-two states responded by debating movie censorship legislation, but only three passed such laws: New York, Florida, and Virginia.

Because Virginia was a key battleground for censorship laws, nationally-known leaders on both sides of the issue came to the commonwealth to debate the measure at a public hearing held before the Assembly in late February. Reverend William S. Chase, a clergyman from Brooklyn, New York who worked to enact federal censorship legislation,

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spoke for the Virginia measure, citing the dangers posed across the country by the growing movie industry which held "tyrannical control" over American cinema. A local minister, Reverend George S. McDaniel of First Baptist Church, concurred with Chase and also claimed the support of the majority of Virginians for the measure.48

Arguing against the movie censorship in this hearing was Reverend Thomas Dixon, Jr., best known as author of *The Clansman*, the book on which Griffith based *Birth of a Nation*. Dixon described censorship as "undemocratic and un-American," provoking his opponent, McDaniel, by saying the local clergyman's family had came to the United States fleeing censorship in the "Old World." While the *Richmond Times-Dispatch* did not report any direct references in the course of the debate to the possible implications of censorship for Dixon's own work, an editorial published the same week commented on Dixon's anti-censorship efforts and warned that protecting morals was but a "flimsy pretense" for censorship. Rather, the *Times-Dispatch* argued, some people sought to censor so that they could reject "any picture that presented a political or historical view contrary to his own"—presumably a reference to potential threats that censorship boards would pose to films like *Birth of a Nation*.49

Individuals on both sides of the censorship debate raised the example of prohibition. Mrs. Howard M. Hodge, president of the Virginia branch of the Women's Christian Temperance Union, argued that just as the state had enacted prohibition to
protect the home against immorality, it should also pass movie censorship. In contrast, opponents of censorship offered prohibition as an example of the failure of government intervention in the moral sphere.50

Newspapers in both Richmond and Norfolk argued against censorship in their editorial pages, with the Times-Dispatch warning that censorship of the press and other kinds of public speech could soon follow movie censorship. In another editorial, the paper flatly rejected “morals by legislation,” suggesting instead that individuals needed to fight their own moral battles internally rather than expect the law to attempt, imperfectly, to make moral decisions for them.51 The paper also compared the Assembly’s threats to freedom and progress to those in the medieval, pre-enlightenment days.52

The Norfolk Virginian Pilot’s comments reflected more concern with governmental corruption and the ability of state officials to do the job of censoring right. Noting that the state was notorious for the “payment of substantial salaries out of the public taxes to public officials who perform no useful public service,” the editorial’s author decided that a censorship board would either renege on its duty and pass all films or acquire a “dull, ungiving censoriousness.” In any case, the paper exhibited little alarm over the potential loss of civil liberties, focusing primarily on wasted money and,

50 A Richmond Rabbi, Rabbi E.N. Calisch, cited the failure of prohibition to stop people from drinking and, somewhat paradoxically, critiqued the efforts of reformers to enforce a particular moral viewpoint. “Calisch Condemns Strict Censorship,” Richmond Times-Dispatch, 4 March 1922, p. 1, 5. Virginia’s WCTU president, Mrs. Howard M. Hodge, linked her support for censorship to prohibition. “Novelist Has Tilt With Dr. M’Daniel at House Hearing,” Richmond Times-Dispatch, 28 February 1922, p. 1, 2.
somewhat oddly, expressing sympathy for the censors. The editorial concluded: "To be forced to sit through all the movies, not to be able to depart by the front door when the affair begins to pall, not to be able to call it a night when things become banal--what fortune in all of Dante's inferno can match this in cruel refinement?"\textsuperscript{53} In the \textit{Norfolk Ledger-Dispatch}, an editorial on the new law did not mention issues of morality or public order at all, commenting only that though movies in poor taste might "annoy and irritate persons of intelligence," the public's enjoyment for such entertainment was simply a fact of life.\textsuperscript{54}

Clergy could also be found both supporting and opposing the creation of a state censorship board, though the newspaper accounts of their remarks suggest that many made paradoxical arguments. While Chase and McDaniel argued for the measure, a Richmond rabbi, Rabbi E.N. Calisch opposed it, telling his congregation, "It is part of an effort by self-appointed reformers and uplifters and sectarian organizations to place the manners and morals of the American people under the control of their own particular viewpoint." Though on the one hand Calish opposed governmental intervention in an area that he felt should be under the purview of families, he also raised the issue of the failure of prohibition in his remarks, saying that the measure would have beneficial results if enforced properly.\textsuperscript{55} Reverend Ken G. Broughton, pastor of the Richmond's Grove Avenue Baptist Church, also spoke in a somewhat convoluted way against the


measure. "The surest way to make a race of moral weaklings is to make too many laws--so many that man will now have to work out his salvation, but simply live within the law... There may be danger of soul sensitiveness being lost by the transference of responsibility from the individual to the state." However, Broughton remarked later in the same sermon that state-run censorship would be convoluted and inefficient, so a national censorship program should be implemented, presumably by the federal government.56

As these sermons indicate, the issue of movie censorship illuminated the conflicting attitudes held by Virginians toward the role of government in promoting and protecting morality. Should state government restrict the public's access to films considered immoral in the interests of protecting the state from corruption? Here the paternalistic imperative—which justified eugenic sterilization and in this case claimed the necessity of protecting the "weak and undeveloped" from corruption—clashed when governmental restrictions would have had an impact on the elite citizens who comprised the electorate. The proposed censorship commission would have a grip on the rights of all Virginians and this made many in the state's ruling class—in this case newspaper editors and clergymen whose ideas have been preserved in historical documents—uncomfortable.

Ultimately, however, legislators came down on the side of regulating sexual morals, deciding that the public interest in regulating films outweighed the possible threats to freedom posed by censorship. The bill passed by a margin of 62 to 10 in the

56 "National Censorship of Films Proper Plan," Richmond Times-Dispatch, 13 March 1922, p. 3.
House of Delegates and 26 to 13 in the state Senate. Legislators did agree, in the course of the 1922 debates, to one parameter being placed on governmental authority. While the original text of the bill included "sacrilegious" films among those that the board could censor, legislators removed that language as part of the compromise that secured the bill’s passage.57

Another last-minute amendment cut the salaries of the board members from $3,000 to $2,400, probably an attempt to dampen accusations that membership on the board would simply be another way to reward political supporters with government jobs.58 The salary cut, however, exacerbated the problem of finding qualified board members, as the relatively low pay would not have been able to sustain a family at a middle-class lifestyle, let alone entice anyone who did not already live in the Richmond area to move there to serve on the board. Ultimately, though, the commonwealth suffered from no shortage of applicants to the board, and the governor named its first three members, all of who presumably had outside incomes to supplement their very modest state salaries. First, Governor Trinkle named Evan Chesterman, a writer and former secretary of the State Board of Education.59 Two more appointments filled out the board, R.C.L. Moncure of Falmouth (about thirty miles north of Richmond), a former businessman and tax collector, and Emma Speed Sampson, an artist and writer from South Richmond.60

60 Arnold, 46.
Although it was true that Virginia’s state and local governments in this period were heavily structured around the system of political patronage, and thus appointments to many positions were political rewards that involved little responsibility, the job of serving on the Board of Censors seems to have been far more demanding than many government jobs. Before a film could be shown in the state, its producer or distributor had to send a copy to the board along with a license fee. The censors would view the film and write a report on it. If they found the film suitable for showing they would affix a seal to the film case plus the cases of all copies of that film circulating in the state. The state instructed movie houses that they could not show a film unless it bore that seal. If the censors found the film unsuitable, they had two choices. Films that, in the minds of the censors, could be made suitable by cutting objectionable portions, were returned to the director with instructions as to which parts should be excised. Directors who chose to make these cuts could then resubmit the film to the board. But, if the censors felt the film was completely unredeemable they rejected it for display in the state.\textsuperscript{61} In the three-member board’s forty-three year existence, the censors examined over fifty two thousand films, an average of over twelve hundred per year. They rejected 157 films, of which 38 they subsequently approved following the cutting of some sections.\textsuperscript{62}

The legislation authorizing the Board of Censors instructed the board to base its decisions on issues of morality and threats to public safety, that is whether a film would

\textsuperscript{61} Acts of the General Assembly of the Commonwealth of Virginia 1922, Chapter 257.
\textsuperscript{62} Report of the Division of Motion Picture Censorship for the Fiscal Year Ended June 30, 1965, 3. Papers of the Virginia State Board of Censors, Box 3, Library of Virginia, Richmond, VA. The Board was disbanded in 1966 following a series of anti-censorship decisions by the US Supreme Court, culminating in Freedman v. Maryland, 380 U.S. 51, 56, (1965), which set stringent requirements for state licensing
tend to "incite crime." The first element of this mission, the censoring of immoral films, led them to censor dramas that depicted sexual situations as well as a number of documentary-type nonfiction films. Though most of the films in this later category claimed to be for educational purposes, their marketers sought to show them in regular, mass-market theaters, hoping that their salacious content would bring viewers. Theaters in Virginia and across the country restricted admission to some of these films to persons above a certain age and scheduled women-only and men-only screenings, thereby boosting ticket sales by marking them as forbidden or dangerous. Examples of such films included *Girls of the Underworld*, a venereal disease education film about prostitutes, and *The Miracle of Life*, a depiction of conception, fetal development, and birth. On occasion, as in the case of *The Miracle of Life*, the censors would seek the opinion of the state Health Commissioner or the State Commissioner of Public Welfare who joined them in viewing and discussing the film. The censors rejected both of these films "in toto" condemning *The Miracle of Life* as "offensive" and likely to "embarrass people of modest sensibilities."

Films the censors judged to be a threat to public safety were most often those focused on racial issues. The great African American filmmaker Oscar Micheaux sought several times to show his work in the state, leading to encounters with the Board of procedures. See Jowett, 267-71. The last annual report for the Virginia Board that I have been able to locate was the one ending in 1965, so I suspect they disbanded without issuing a final report.


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Censors over his work. They rejected his film *A Son of Satan* because it “touch[ed] unpleasantly on miscegenation,” depicting an “intermingling of the two races which would prove offensive to Southern ladies.”

Though the censors banned or ordered cuts in any films that critiqued or ridiculed the system of racial segregation, most of the objectionable films depicted interracial sex. They rejected *White Cargo*, for example, a drama about white Englishmen living in Africa that depicted an interracial sexual relationship, because it “might incite to crime” as it was “well calculated to cause friction between the two races now living in amity in the commonwealth.”

While the establishment of the Board of Censors represented an expansion of the activities of state government, its existence did not require the state to take any actions to pay for the panel. This is because the Board of Censors actually turned a profit for the state from its charging for permits, licensing fees, and occasional fines. For example in the 1928-29 fiscal year, the Board cost the state $18,949.01, mostly in wages to its three members, and took in receipts of $29,394.50. That year, the Board’s annual report commented, that although censorship was “never designed as a paying proposition” it

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64 Evan R. Chesterman, letter to Mr. R.C. Robins, 18 February 1926, Papers of the Virginia State Board of Censors, Box 31; Board of Censors report on *Girls of the Underworld.*, Papers of the Virginia State Board of Censors, Box 31.

65 Board of Censors report on *A Son of Satan*, 22 July 1924, Papers of the Virginia State Board of Censors, Box 31.

had proved to be a "definite source of revenue." In its forty-two year existence, the board added over five hundred thousand dollars to the state's earnings.

Despite the fact that the Board of Censors was far from a drain on the state budget, the legislature kept the Board's expenditures to a minimum. Throughout the Board's existence, its only real expense came from the salaries of the board members and a small clerical staff. The limited budget frustrated the censors, especially since their operations raised money for the state that they did not have the authority to spend. At times they publicly expressed this frustration, as in this example from the Annual Report for 1929-1930:

As things now stand, the Division works under an inflexible budget appropriation — $20,734.50 a year — which greatly restricts the efforts of the censors. No matter what their profits may be or what occasion may arise for extraordinary expenses, they are held fast by the limited annuity allowed them. This appropriation, invariable [sic] smaller than asked for, in recent years has barely sufficed to keep the office running. It has compelled the censors to veer from strict economy to absolute parsimony in the purchase of their postage, stationery, furniture and office supplies. Furthermore, it has left barely enough to provide for extra clerical help in cases of sickness or where the vacations authorized by law have been allowed employes [sic] of the office.

Perhaps even more ludicrous, it took several years of requests by the board before the legislature authorized it to buy a movie projector that allowed members to view

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67 Report of the Division of Motion Picture Censorship for the fiscal year July 1, 1928 to June 30, 1929, 4, Papers of the Virginia State Board of Censors, Box 31.
68 Report of the Division of Motion Picture Censorship for the fiscal year July 1, 1964 to June 30, 1965, 2, Papers of the Virginia State Board of Censors, Box 31.
69 Report of the Division of Motion Picture Censorship for the fiscal year July 1, 1929 to June 30, 1930, 4-5, Papers of the Virginia State Board of Censors, Box 31.
“talkies.” This meant that for several years in the late 1920s they could not view many of pictures sent to them and could not hear the dialogue in those they could view.⁷⁰

Though the censors did eventually get a new movie projector, the legislature never gave them the additional money needed to establish a system of enforcement and inspection in the state’s movie houses. As a result, the censors had no means by which to monitor or enforce their directives; they relied on local police and theater owners themselves to report violations. At times, members of the board of censors got quite creative in their attempts to monitor activities in theaters across the state without any staff. In 1924 censor Evan Chesterman enlisted the help of his nephew “Davis” to find out if one of Micheaux’s films was showing at the Attucks Theater in Norfolk. “Davis” wrote back that the picture was not showing, and noted that “This [theater] is a colored place so there was some little trouble in getting in. Not that the management was not agreeable but the question was naturally raised in his (P.C. Collin’s) mind as to the cause of my visit.”⁷¹

The history of movie censorship and eugenic sterilization indicate that Virginia’s leaders in this period sought to regulate morality and sexual behavior but also placed a high priority on the containing the costs of these measures. Despite this desire to limit expenditures, the commonwealth’s leaders passed laws that made Virginia among the

⁷⁰ Report of the Division of Motion Picture Censorship for the fiscal year July 1, 1928 to June 30, 1929, 4-5; Report of the Division of Motion Picture Censorship for the fiscal year July 1, 1929 to June 30, 1930, 5. The board’s papers and reports do not indicate if they passed the films that they could not view.
⁷¹ “Davis,” Letter to Evan Chesterman, 28 October 1924, Papers of the Virginia State Board of Censors, Box 31.
most interventionist in some sex-related areas. A third area in which Virginia led most other states in intervening in private behavior is the Racial Integrity Law of 1924.

Certain bans on marriage between the races had existed since almost the beginning of the Virginia colony. Soon after Virginia began importing slaves in the early seventeenth century, laws restricting slaves' behavior and defining relationships between the races were passed, including bans on interracial sex and marriage. Following independence, the General Assembly revised state statutes throughout years of the early republic, keeping restrictions on interracial marriage intact and in 1787 defining mulatto for the first time. In the Reconstruction era the Revised Code eliminated the term "mulatto" and instead defined "colored" as people having more than one-fourth "negro" blood, and then in 1910 the legislature changed this definition to one-sixteenth or more.72

The Racial Integrity act of 1924 introduced a variety of new restrictions on marriage.73 First it defined "white" far more rigorously. Whereas previously a white person was anyone with less than one-sixteenth non-white blood, after 1924 whites had to be one hundred percent white, with no non-white ancestors.74 Second, it established a system of verification of individuals' races prior to marriage. Those empowered to issue marriage licenses had to be sure of the accuracy of the applicant's stated color. The

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73 The origins of the Racial Integrity act are well documented elsewhere and thus need not be discussed at length here. See Richard B. Sherman, "'The Last Stand': The Fight for Racial Integrity in Virginia in the 1920s," *Journal of Southern History* 54:1 (February 1988): 69-92.
74 The act also defined "Indians" and said that if an individual had only white and American Indian blood, he or she could marry a white person. This was the so-called "Pocohontas Exception," written so that the descendants of Pocohontas and John Rolfe would be able to marry whites. Sherman, 77. In 1930 the
state’s Bureau of Vital Statistics could issue statements certifying an individual’s racial composition for these verification purposes.

The proponents of the Racial Integrity act stressed the importance of racial purity to the future of civilization and to social order. Taking ideas from the national eugenics movement, they explained that racial mixing produced an inferior type of individual in which the superior characteristics produced in Anglo-Saxons were destroyed by the introduction of inferior African genes.\(^7\) If racially-mixed individuals dominated Virginia’s population, higher civilization would be destroyed and the state ruined.\(^6\)

Furthermore, Racial Integrity advocates painted a picture of the status quo as chaotic and disorderly. In an interview with the *Norfolk Journal and Guide*, a black newspaper, John Powell, one of the legislation’s authors and proponents, cited numerous examples of uncontrolled, uncensured interracial mixing across the state. Unless some kind of order was imposed on this situation, Powell warned, the state would be dominated by degenerate “mongrels.”\(^7\)

In referring to the Bureau of Vital Statistics as the higher authority in deciding contested racial identities, the framers of the Racial Integrity act relied on already-existing governmental structures to implement the new law. The Assembly had established the Bureau in 1912 as part of the State Board of Health with the mission of

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\(^7\) Acts of the General Assembly of the Commonwealth of Virginia 1930, Chapter 85.

\(^6\) For a discussion of the impact on the national eugenics movement on the proponents of the Racial Integrity act see Sherman, 71-72.

\(^7\) “Virginia ‘Nordic Blood’ Purists Reveal Their Scheme to J.A. Roger,” *Norfolk Journal and Guide*, 6 March 1926, p. 1; 7; “Powell Paints Lurid Picture of Depravity of White Virginians,” *Norfolk Journal and
recording births and deaths in the state.\textsuperscript{78} Virginia's birth records included information on the color of both parents, and as a result, the state had record of the racial background of everyone born since 1912. In 1918 legislators expanded the Bureau's work to mandate that all marriages be reported to it.\textsuperscript{79}

The report of the state auditor indicates that state officials implemented the Racial Integrity act at little or no cost to the state. In the fiscal year ending in June 1921, the expenses of the Bureau came to $22,387.85. Five years later, after the Racial Integrity act had been in effect for two years, the Bureau’s expenses came to $23,721.12.\textsuperscript{80}

One of the proposed versions of the Racial Integrity act contained a provision for the registration of the racial identity of everyone born before 1912—those whose births occurred before the Bureau of Vital Statistics existed and whose backgrounds were, thus, not on file. In the final version of the bill its authors eliminated the compulsory registration requirement and replaced it with the stipulation that people who wished to register their race with the state could do so voluntarily.\textsuperscript{81} Although this revision eliminated the one provision of the Racial Integrity bill that probably would have involved some additional expenses, the evidence suggests that it was a desire to limit governmental authority, not financial concerns, that led to this amendment. Debate in the


\textsuperscript{78} A movement for the establishment of these bureaus had formed in the South in the late nineteenth century, though many states failed to develop well-functioning statistics-gathering activities until the 1920s. Link, 19-23, 223.

\textsuperscript{79} Sherman, 70-71.

Virginia Senate over the bill revealed opposition to the registration provision in particular, with Senator Holman Willis of Roanoke calling that clause an “insult to the white people of the state,” and Senator Henry T. Wickham speaking out similarly.\textsuperscript{82}

On at least one occasion, some citizens of Virginia who called themselves Melungeons sought to use the new system of racial registration to challenge prevailing, unofficial racial classifications. The Melungeons are a group of people whose roots are in western Virginia and nearby portions of Tennessee, West Virginia, and Kentucky. The racial and ethnic ancestry of these individuals has long been the subject of debate. Though Melungeons claimed various southern European and Turkic ancestries, census takers, beginning in the 1790s, listed them as “free persons of color.” Within a few years of the passage of the Racial Integrity Act, some Melungeons sought official classification as white by the state Bureau of Vital Statistics. W.A. Plecker, the Bureau’s director and a key proponent of the Racial Integrity Act, refused them this status.\textsuperscript{83} Virginia’s Melungeons persisted, prompting Plecker to write to J.P. Kelly, the director of the Lee County schools:

If we can get a statement that the School Board refused them admittance into the white schools, we can use that as one of the grounds upon which we would refuse to classify them as white . . . . If the School Trustees will co-operate with our office and will refuse them admittance into white schools and give us information when such refusals are made, we can without difficulty hold them in their place, but this cooperation is very essential.\textsuperscript{84}

\textsuperscript{81} Sherman, 78.
\textsuperscript{82} Quoted in Sherman, 78.
\textsuperscript{84} W.A. Plecker, letter to JP Kelly, 5 August 1930, Printed in Kennedy, 98.
Flecker held fast to his position and rebuffed the attempts by the Melungeons to challenge their classification as non-white during his tenure.

This example demonstrates that the Racial Integrity law was not just a symbolic gesture that had no real impact. To the contrary, Flecker and other policymakers used its strict, one hundred percent, definition of whiteness to quell the resistance of people who tried to challenge long-held racial classifications. In addition, Flecker’s letter shows the arbitrary way in which officials imposed classifications. The state would decree people to be non-white based only on the evidence that another governmental body, at the state’s request, had done the same. In an era of rigid segregation and the disenfranchisement of African Americans, being classified as non-white had significant implications.

The Racial Integrity Act’s passage and its subsequent enforcement provoked differing reactions from black and white newspapers in the state. The white-run Virginian Pilot agreed in principal with the efforts to maintain racial integrity but warned that local registrars could easily be bribed into registering someone’s race incorrectly. Even if registrars were infallible, however, the Pilot’s editors argued, most miscegenation occurred among unmarried couples, which the law of course would not prevent. In another editorial the paper noted the difficulty of establishing the standard of “Pure Caucasian” and suggested that judges do their best to decide cases in which individuals questioned the racial status of themselves or others.

Though Virginia certainly shared with other southern states a history of racism and all kinds of legal and extra-legal restrictions on black behavior, not to mention legal
and extralegal sanctions for misbehavior, none of these three laws was directed in particular at African Americans. Instead, the motivation to protect the white race characterized much of this legislation. The Racial Integrity Act, of course, placed restrictions on the behavior of people identified as "black," but interracial marriage was already prohibited in the state. Policymakers were equally concerned about protecting the integrity of the white race from mixture, from preventing whites from "polluting" the race by marrying those with "impure" backgrounds. Similarly, the sterilization act targeted whites as often as blacks, as records of sterilizations performed in the state indicate that the percentage of blacks sterilized almost exactly matched their distribution in the larger population, and movie censorship affected whites at higher rates, as they were more likely to attend movies in the 1920s. Thus, these laws of the 1920s focused on whites as much as or more so than blacks; they were not just the latest twist in the centuries-old system of white domination over African Americans.

Why did the compulsory registration section of the Racial Integrity act and the movie censorship act alarm some Virginia legislators and leading citizens while the rest of the bill, not to mention the sterilization act passed the same session, did not? The difference is in the segments of the population affected by the provision. Laws restricting civil liberties raised no red flags when they affected "marginal" elements of the population—people who were poor and/or non-white. The sterilization law affected people only in state-run institutions, and the populations of these institutions, especially the population of high-functioning feeble-minded individuals, was closely correlated to

85 "Racial Integrity and Propinquity," undated editorial, *Norfolk Virginian-Pilot*, reprinted in *Norfolk*
class. Feeble-minded people in institutions were, according to A. S. Priddy, Superintendent of the Colony for Epileptics and Feeble-minded in Lynchburg, "the shiftless, ignorant, and worthless class of anti-social whites in the South." One of Priddy's successors, G.B. Arnold, also suggested the correlation between class and institutionalization when he pointed out, "Our opinion is that just about 5 percent of the families in Virginia furnish some 90 percent of the inmates of this State's mental and penal institutions!" There is little doubt that those five percent of families were among the state's poorest. The traditional opposition to governmental power and authority, then, faded away when officials wielded it only over those on the margin.

However, other laws, directed at people on the margins could touch the whole society, and the legislature and policymakers subjected these laws to a greater degree of scrutiny as the legislative history of movie censorship and the Racial Integrity act demonstrate. While movie censorship was aimed at those who were too morally weak to reject obscene movies on their own accord, all Virginians could have their freedom of speech threatened by a censorship board. Thus the bill provoked acrimonious debate. Similarly, in the case of the Racial Integrity Act, a provision requiring registration for everyone would force white elites to present their racial credentials to the state as if they were as suspect as everyone else. This would not do, and, so, the Assembly revised the act.

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86 Noll, 112.
87 Arnold, 45.
Consequently, these new pieces of sex-related legislation illustrate a central characteristic of Virginia politics in the first half of the twentieth century: a clear division existed between those with political power and those without. In 1949, V.O. Key described Virginia’s government as a “political museum piece,” and wrote, “A smaller proportion of Virginia’s potential electorate votes for governor than does any other state in the South.” Key further noted that in mid-century Virginia, 11.5 percent of the eligible population voted in the Democratic primaries, and a similarly small number voted in other state elections. White, upper and middle-class Virginians wielded a disproportionate level of influence in state politics—and thus comprised the vast majority of that 11.5 percent—while black and poor voters held almost none.

In Virginia, as in other southern states, turn-of-the-century suffrage restrictions have been held primarily responsible for low electoral participation. J. Morgan Kousser has pointed out that a fifty-four percent decline in voter turnout occurred after a Virginia constitutional convention in 1904 made voting contingent on payment of a poll tax, a lengthy residency requirement, and a literacy test. As a result, Kousser writes, “The active electorate was so small that from 1905 to 1948 state employees and office-holder cast approximately one-third of the votes in state elections.” Thus, the individuals who wrote and enforced state policy and the electorate to whom state officials and policymakers felt responsible comprised a small, clearly identifiable group with common racial characteristics and economic interests.

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Virginia’s elites embraced a vision of progress that involved controlling disorderly individuals in the interests of efficiency and social order, and they passed sex-related legislation to promote this vision with little regard for the threats to civil liberties that such legislation posed. The reproduction of mentally unfit individuals, the birth of racial “mongrels,” and depictions of immorality in films would all, in their opinion, drag down the state, increasing chaos and preventing progress. The desire of the Virginia politicians to establish the state as a leader in “business progressivism” among those in the region made Virginia more likely than other states to pass such laws.\textsuperscript{90} Coupled with the grip held by the political machine on the legislature, this helps explain why the General Assembly enacted eugenic sterilization and movie censorship so quickly compared to other states.\textsuperscript{91} The fact that these laws could be enacted at minimal cost to the government also facilitated their passage. Those whose opinions mattered in Virginia--members of the white upper class--voiced some concern when proposed laws would affect them, but the legislature heeded even their calls only some of the time, choosing to significantly broaden the government’s involvement in sexuality in this decade.

This discussion of new efforts undertaken by the state government in the 1920s illustrates how considering the history of state involvement in sexual behavior reveals a new view of Virginia’s government. State leaders had a clear vision of what government should do and how it should protect the interests of the people--white elites--who elected

them. This vision included the regulation of sexual behavior of the state’s marginal citizens. Events earlier in the century, characterized by some as Progressive reforms, had set in motion an expansion in state responsibility and spurred the involvement the state in promoting morality, laying the groundwork for the development of these policies in the 1920s.

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91 The Racial Integrity Act’s origins are largely due to the lobbying of three men, a unique effort that was unparalleled in other states. Sherman, 69-92.
CHAPTER 3
VENereal disease control in the 1930s

In 1928 Virginia’s Department of Health performed approximately 25,000 examinations for syphilis. Ten years later, the annual rate had risen to over 170,000 and would continue to rise.¹ In 1930 state programs for venereal disease control cost $2,500—a figure that would jump to $118,312 in 1940.² As these figures indicate, the 1930s were the decade in which venereal disease became an important focus of public health in Virginia, continuing the connection between sexual behavior, morality, and governmental obligation established in the previous decade.

Throughout the decade of the 1930s Virginia’s policymakers oversaw a significant expansion of governmental power and responsibility in the area of venereal disease control. This campaign against venereal disease provoked the commonwealth’s leaders and citizens to test and extend the limits of government power—both state and federal—in this period. New Deal polices heightened the South’s long-held wariness of the federal government, but in the instance of venereal disease control Virginia’s officials extended the acceptable limit of federal intervention, finding ways to balance the need for

² Anderson, 79
federal assistance with the desire for state autonomy. In one area of venereal disease
control in particular, premarital testing, Virginia led the states in the South in formulating
prescriptive public health policy. In the 1930s, as new policies and programs came up for
discussion and implementation, Virginia's leaders and citizens articulated which
boundaries could and could not be crossed. They found federal assistance most
acceptable when it involved a large degree of state participation and judged the state's
least powerful citizens to be perfectly acceptable targets of disciplinary measures.

Venereal disease control is related to the sexual issues discussed in the previous
chapter because all these issues involve sexual behavior, or more specifically, the
implications of inappropriate sexual behavior. Eugenics advocates believed sexual
behavior by certain groups threatened Virginia because it increased the population of
mentally abnormal individuals who burdened the state. Similarly, policymakers believed,
or at least gave the impression of believing, that racial impurity threatened the system of
white supremacy on which Virginia's social and political order depended and that
obscene or incendiary movies threatened public morals and public order. In a similar
way, health officials also saw a threat to the state in the unrestrained sexual activity of
people with venereal disease. Diseased individuals made poor workers and might
eventually need state-funded institutionalization if the illness reached a late stage. Thus,
all of these policies aimed to regulate and control people's lives and behavior in order to
mitigate negative social consequences. As a result all these efforts required the
development of bureaucracies, administrative institutions, and disciplinary structures.
The state's venereal disease control program also mirrored the sex-related policies of the 1920s because of the way it reflected and replicated the state's class and racial divisions. As in the earlier decade, Virginia's legislators demonstrated little reluctance to use the state to restrain and discipline poor whites and African Americans. Discipline was best, however, when it did not cost much, and, thus, advocates framed key elements of venereal disease control in this decade as plans to boost the economy and save state government money. Specifically, these later arguments rested on the idea that treating more cases of venereal disease early would result in fewer late-stage syphilitics who would need institutionalization. In addition, public health advocates pushed for policies that would decrease the rate of venereal disease in pregnant mothers, as children born to infected mothers risked all kinds of debilitating defects, which leaders again saw as a drain on the state's finances.

Virginia's first venereal disease campaign came during the first World War, but, in contrast to the efforts of the 1930s, this campaign resulted from primarily federal, not state, concerns. Federal public health officials and military leaders saw venereal disease as threatening national security during the wartime emergency and launched a nationwide campaign to combat it. At the outset of U.S. involvement in the first World War, a federal agency, the National Commission on Training Camp Activities, was established to treat and prevent the spread of venereal diseases among military personnel. Cities and states across the country responded to federal initiatives, passing anti-prostitution laws and trying to police illicit sexual activity.
In 1918, as pressure mounted nationwide to cut the increased incidence of venereal disease at military training stations and industrial sites, the Virginia legislature created a Division of Venereal Diseases within the state Department of Health and hired a full-time director for the Division. This department worked to repress activities that spread venereal diseases, to treat people who had contracted them, and to educate the public about venereal disease. Rules adopted by the state Board of Health mandated the reporting of venereal diseases by examining physicians, the instruction of infected persons on how to avoid spreading the disease, the examination of people suspected of having venereal disease, and their quarantine if they were suspected of spreading them.  

Federal efforts at venereal disease control continued for a short time after the war under the Interdepartmental Board of Social Hygiene, which distributed money to states for venereal disease control efforts. In 1919 Virginia received $22,415.59 from this board, and the state contributed another $11,000. With this money the state funded its new venereal disease division. However, federal appropriations for state venereal disease control programs did not last long after the conflict in Europe ended, since the wartime emergency had provided the primary impetus for the program. Like other states, Virginia saw federal money for venereal disease control decline and then cease. In 1920, federal leaders reduced Virginia's funding to $12,246.65 and made further cuts in subsequent years until all federal funding stopped in 1926. The General Assembly increased state appropriations slightly in response to the federal reduction but not enough

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1 Annual Report of the State Department of Health, 1931 (Richmond: Division of Purchase and Printing), 44-45; Anderson, 77-78.
2 Anderson, 77-78.
to continue the program. The director of venereal disease control resigned in 1920 and the state did not hire a replacement. Subsequently, the state changed the name of the Division of Venereal Disease Control to the Bureau of Social Hygiene and discontinued most of the Division’s anti-venereal disease efforts. Similar factors in other southern states brought an end to their venereal disease control programs in the 1920s as well.  

The 1930s witnessed a significant change in the size and scope of Virginia’s government-sponsored venereal disease control efforts. At the beginning of the decade, Virginia’s venereal disease control and prevention activities were minimal. The director of the state Bureau of Social Hygiene, part of the Department of Health, believed the bureau’s sole purpose to be education. The Bureau’s lone full-time educational worker, Mrs. Fereba B. Croxton, incorporated venereal disease information into presentations to clubs and groups of students in high schools and colleges, reaching, for the most part, only middle- and upper-class Virginians. The only other state activity was an agreement that the Virginia Social Hygiene Council would purchase anti-syphilis drugs at wholesale rates and distribute them at cost to physicians. Yet by 1941 the state had established 108 subsidized clinics to test for and treat venereal diseases, passed and implemented a law mandating premarital testing for syphilis, hired public health nurses to trace the partners

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of infected state residents, employed educators who gave lectures and showed films on venereal disease, and much more.\footnote{Annual Report of the State Department of Health, 1941 (Richmond: Division of Purchase and Printing), 47-50.}

When the 1930s began, Virginia’s venereal disease prevention efforts were meager, as they had been for much of the previous decade. Historians have contended that the entire nation witnessed reductions in federal and state funding for venereal disease control programs because of the prevailing cultural currents in the 1920s. A desire for a return to normalcy in the post-war period coupled with a growing challenge to Victorian sexual mores led to a waning of public support for the restrictions on sexual behavior initiated during the war. A new interest in sexual freedom accompanied a growing disinclination toward open discussion of sexual diseases and threats, leading to an end to most venereal disease control programs in the 1920s and early 1930s.\footnote{Alan Brandt has noted the apparent conflict in these two trends of increased sexual freedom coupled with decreased discussion of venereal disease. He concludes that Victorian sensibilities persisted to the extent that peacetime discussions of the “unseemly” subject of venereal disease were judged unacceptable. Alan Brandt, No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880 (New York: Oxford University Press, 1985), 128-29.} The vice reforms of the progressive era, with their mission to uplift prostitutes from their apparently degraded lifestyles and clean up American cities, also waned significantly in this decade.\footnote{Annual Report of the State Department of Health, 1941 (Richmond: Division of Purchase and Printing), 47-50.}

Those vice control efforts that remained in the 1930s took on a different character across the nation, including in Virginia. The appeals to female purity that had originally sparked efforts at prostitution reform lost their currency in the changed sexual climate of the 1920s. Instead, reformers began to focus more on “social hygiene,” an effort
centered largely around venereal disease prevention. The American Social Hygiene Association (ASHA), the nation’s leading health education group, took the lead nationally in initiating educational programs attacking vice and immorality.\(^9\)

Virginia’s State Health Commissioner Ennion G. Williams rejected the perspective of the national social hygiene movement and pushed for the end of all venereal disease education in the commonwealth because he saw sex education as a threatening and possibly dangerous undertaking. In the 1927 annual report of the State Department of Public Health he wrote: “I have never thought it wise for us to do any work, other than educational, in the direction of venereal disease control. Even in this restricted line there is always danger, for an unwise director could make mistakes that would be almost irreparable.”\(^1\) Two years later he noted in the annual report his objection to the discussion of “sex matters” in “schools, colleges or in public places to mixed audiences of male and female, young or old.”\(^2\)

In 1930 Williams succeeded in ending all state-sponsored sex educational programs except the distribution of state-approved informational pamphlets on venereal disease. But, rather than simply ceasing to request state appropriations for sex education, he took a less direct approach. Williams conducted a survey of Virginia educators asking them if they thought sex education should be carried out by the state, and if so whether it

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should fall under the purview of the State Department of Health or the State Department of Education. The results of the survey were mixed, with the majority expressing reservations about sex education and showing some support for Department of Education-sponsored programming. Williams used these results as the rationale for further reducing the budget for sex education in his department, and in 1930 he spent only $2,500, earmarked for the printing and distribution of literature. The Department of Education did not, in turn, expand its programming, as Williams had suggested it should. Consequently, state educational efforts continued at a minimum level for several years. Venereal disease disappeared from the health department annual reports for 1932, 1933, and 1934, except in tabulations of mortality statistics.

This decline in state programs ran counter to the trend historians have observed in other public health initiatives in the South in these years. Most other state endeavors continued to grow in this period, benefiting from the continued maturation of the state bureaucracy, documented in part above. It is possible that Williams's commitment to dismantling all venereal disease control programming was anomalous, and we should not assume that other state leaders uniformly agreed with his actions and statements. Nonetheless, his policies went largely unchallenged until the mid-1930s, indicating at least complicity by other state officials. There is evidence that some members of the General Assembly opposed Williams's actions, and at least one member of the state health board, Assistant State Health Commissioner Dr. Ray Flannagan, offered

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12 Annual Report of the State Department of Health, 1929 (Richmond: Division of Purchase and Printing), 35.
perspectives on venereal disease and sex education contrary to Williams. However, these individuals were not able to marshal enough political clout to change the policy, nor were they willing to take the political risk of undertaking an unpopular campaign. As a result, venereal disease control moved to the margin of public and political focus in Virginia between 1927 and 1935.

On the national level, public health leaders reinvigorated the venereal disease control and prevention campaign in 1935 and 1936. The American Medical Association (AMA) advocated a more pragmatic, less moralistic, approach to sex education, joining forces with the U.S. Public Health Service (PHS), under the direction of newly-appointed surgeon general Thomas Parran, to emphasize the importance of open discussions of factual information about venereal disease. Parran and the AMA explicitly rejected the old ASHA model of morality-based sex education. The Surgeon General down-played the question of morality and emphasized the authority of science and medicine in resolving questions of public health.

A different relationship existed between national and state venereal disease control efforts in the 1930s than in the previous progressive-era campaign. In that earlier period the war emergency gave the federal government the impetus and authority to direct state actions and policies. However, in the 1930s the situation was different. National

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14 A hint at some disagreement between Williams, Flanningan, and the Board of Health appears in the Annual Report of the State Department of Health, 1930, 34.
15 Thomas Leonard makes this argument in "What is Virginia Doing to Curb Virginia Disease?" Virginia Medical Monthly 64 (January 1935): 596-97. "The reason [for ignoring the v.d problem] may be that state officials are sometimes guided by political considerations to some extent, and it is part of the creed of politicians to pass up unpopular campaigns."
issues and the national campaign influenced Virginia policymakers, but the state also had an established state-based public health lobby which allied itself closely with the federal initiative. These Virginians shaped the venereal disease control drive in the state. As a result, the process of designing and implementing a venereal disease control program offers a window into the priorities and viewpoints of state policymakers and leaders.

Although federal and state policy efforts toward venereal disease control lay dormant in Virginia in the early 1930s, the Medical Society of Virginia (MSV) worked hard to revive these programs. The MSV, a statewide group of white physicians, sought the attention of policymakers, trying to convince them that a venereal disease eradication drive would benefit the state. Beginning in the late 1920s the *Virginia Medical Monthly*, the voice of the MSV, published at least one, and often several, articles per year on the public health threats of venereal disease and the importance of a comprehensive program of venereal disease eradication. Many of these articles were reprints of addresses given before the society's annual meeting or other health-related meetings across the state.  

At the 1926 annual meeting of the MSV Dr. Dudley C. Smith, a doctor at the University of Virginia, gave a speech, later reprinted in the *Virginia Medical Monthly*,

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16 Brandt, 122-60.
titled "The Prevention of Syphilis." Smith’s remarks are notable not only because they were made just as the state health department was eliminating the last vestiges of its venereal disease control program, but also because of the extent to which they differed from the statements made by other public health leaders during the next ten years. Smith directly challenged the view that syphilis control should be equated with the control of immoral behavior. Rather, he criticized the equation of a medical problem with a moral problem, and noted, “In other words, the moralist in attempting to help the sanitarian has often, as ironical as it seems, handicapped him. This infection has been so completely walled in and protected by secrecy, ignorance, prejudice and indifference that it could not be attacked properly by medical measures.” Equally noteworthy were Smith’s claims that the transmission of syphilis could occur in both immoral and legal interactions and that “one in every three syphilitic infections were acquired innocently.” He advocated the use of “personal prophylactics,” rejecting the argument that the use of such devices would increase immorality. Finally, he argued for state-subsidized treatment of venereal disease for citizens who could not afford treatment: “No case should be allowed to go untreated or to stop treatment before cured.”

In a comment following Smith’s talk, Roy Flannagan echoed Smith’s egalitarian view of venereal disease risk:

> Every physician should suspect syphilis in his patient. Everybody is susceptible to it; it does not mean any particular reflection on anybody to make a Wassermann [a test for syphilis]. It should be done in every case. In fact, I had it done upon myself recently when I was sick, not only blood Wassermann, but spinal fluid. Every doctor that practices for a number of years is laying himself open to infection.

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18 Smith, 28-32.
As the MSV intensified its venereal disease control initiative it rejected the type of arguments made by Smith and Flannagan, arguments that looked at the state’s population as a whole and avoided categorizing victims into moral and immoral. Instead, the MSV moved into the advocacy of policies that targeted particular segments of the population for strict enforcement and punishment. The group aimed these measures at some of the state’s least powerful citizens. Consequently, a central tactic of the campaign for a comprehensive state venereal disease prevention program in the early 1930s was a focus on marginal elements of the population as the targets of state efforts.

In 1930 the annual meeting of the MSV heard another talk on syphilis, but four years after Smith’s address, the message was different. C.B. Ransome, a physician in Roanoake, devoted much of his remarks to calling for the targeting of particular parts of the population for state disciplinary actions. Ransome said the majority of transmissions of venereal disease took place in “unlawful and immoral conducts--sex intercourse out of wedlock”--directly disputing Smith’s earlier argument. Ransome also claimed that people infected with syphilis fell into three “classes.” One comprised the feebleminded and otherwise mentally handicapped who should be institutionalized indefinitely, apparently regardless of whether their venereal infection had been treated and cured or not. People in the second group “understand the seriousness of their condition” and should be left to their own devices as they sought treatment. The third, “composed mainly of prostitutes,” knew that they had a dangerous disease but willfully infected others. This “scum and driftwood of society” should be “placed in absolute
quarantine.” Although the moralistic approach articulated by Ransome conflicted with the official PHS position of approaching venereal disease as an illness rather than a moral failure, other Virginia leaders also took this stance throughout the 1930s.

Public health officials focused more on the racial components of venereal disease epidemiology as the 1930s wore on. Assistant Surgeon General Taliaferro Clark reported on the findings of a Rosenwald Fund-sponsored study before the Norfolk County Medical Society in 1933. The study of six counties in six southern states, including Albemarle County, Virginia, indicated that African Americans in the region had a disproportionately high rate of syphilis and demonstrated the success of treatment programs. Virginia studied its rural blacks again in 1935, this time in a survey of the prevalence of syphilis in three counties undertaken by the University of Virginia and funded by the PHS. In the years following these studies, public health leaders would continue to dwell on the racial aspects of venereal disease. Lecturing before the MSV annual conference in 1936 R.W. Garnett, for example, noted the particularly high rate of venereal disease among blacks and prisoners, forming a discursive connection between these two marginalized populations. Garnett said that the prevalence of venereal disease among blacks varied across the South, with a relatively low infection rate of ten percent in Albemarle County, Virginia and a forty percent rate in Macon County, Alabama. Two other lectures given the same year cited different statistics. Ennion Williams told the Virginia Conference on

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20 Ransone, 79-85.
21 Clark, 524-26. The study on which he reported was Taliaferro Clark, The Control of Syphilis in Southern Rural Areas (Chicago: Julius Rosenwald Fund, 1932).
Social Work that venereal disease in the state’s “colored” population was “three to five times” higher than among whites. U.S. Assistant Surgeon General R.A. Vonderlehr presented statistics at the same conference that indicated a nationwide black syphilis rate less than twice that of whites. Though Vonderlehr’s numbers showed that whites had a slightly higher rate of gonorrhea than blacks, he did not dwell on the causes or implications of that statistic. Although officials cited different statistics their message was the same: venereal disease was rampant in Virginia’s black population.

Discussions by public health officials of the rate of venereal disease in the black population must be read carefully by historians. On the one hand, the emphasis on treating blacks with syphilis appears to be a kind of racial liberalism in light of the progressive-era disregard for this population’s needs. From this perspective, officials could be seen as compassionate liberals rather than racists. It is likely public health officials were correct that southern blacks had higher rates of venereal disease. The majority of southern blacks lived in poverty and in rural regions of the state and thus could not easily afford or access medical care. Programs like the Rosenwald study helped a group of people in very dire circumstances and probably saved many lives.

On the other hand, Virginia’s physicians and public health officials did not cite any studies that looked at the relationship between poverty and venereal disease, even though poor, rural whites probably had venereal disease rates comparable to those of

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23 Williams, 361.
Blacks. White Virginians would have been more likely to focus on the racial rather than economic correlates of venereal disease rates because of long-held myths about black sexuality. The historical construction of southern blacks by southern whites as oversexed and licentious made the statistics about black venereal disease prevalence believable to Virginia’s white policymakers. This perspective was not, of course, incompatible with southern racial liberalism of the 1930s, which did not reject the model of white paternalism in race relations nor arguments for racial difference and black inferiority.

When public health leaders in Virginia gave lectures that intended to persuade an audience that venereal disease was a problem, they invariably cited statistics about high black venereal infection rates. Why did these leaders believe that racial statistics would buttress their case for action? Because, it seems, white Virginians had far fewer qualms about intervening in the private lives of African Americans than of whites. In the late 1920s Williams and others believed state-sponsored sex education to be a dangerous undertaking when it was targeted at middle-class white women whose ladylike virtue could be offended by frank discussions about sex. However, Virginia’s white elites did

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25 Brandt discusses the racial and economic correlates of venereal disease infection during the 1910s and 1920s, 116-17, 129.
27 An overview of the racist roots of southern liberalism can be found in Bruce Clayton, The Savage Ideal: Intolerance and Intellectual Leadership in the South, 1890-1914 (Baltimore: Johns Hopkins University Press, 1972).
28 The lack of concern demonstrated by public health leaders in experimenting on the black population with different venereal disease control programs and treatment protocols was also responsible for the Tuskegee Syphilis Study. See James Jones, Bad Blood: The Tuskegee Syphilis Experiment (New York: Free Press, 1981). Also, Brandt discusses the racial aspects of national venereal disease control policy and the responses by national black organizations, 157-59.
not generally believe that black women had virtue to offend, and therefore they considered the mass education of blacks undertaken by the Rosenwald project to be unproblematic. Furthermore, in the eyes of white elites, blacks were irresponsible and in need of the state’s paternal hand. Of the three categories described in Ransome’s talk, most sound-minded whites would fall into the second group, needing little disciplinary action, whereas blacks, in the minds of white public health leaders, would be more likely to be irresponsible patients requiring threats of quarantine. Clark made a remark that supports this interpretation; he observed a “disinclination of the average Negro to seek any prolonged treatment for an ailment that for long periods of time occasions slight if any discomfort.” In other words, African Americans were uniquely irresponsible and unable to understand the seriousness of venereal disease, and thus the state needed a strong venereal disease control program.

While it is instructive to subject the comments of state health leaders to careful scrutiny, we must be careful about making connections between their rhetoric and actual state policy. These speeches and articles were propaganda pieces intended to convince an audience that the state needed to take action to curb venereal disease. To really understand the ideological underpinnings of the state venereal disease control program, we must also look at how it was implemented once the battle for its establishment was won.

The venereal disease control program that policymakers implemented in Virginia in the second half of the 1930s was part of a larger drive to extend public health services,

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Clark, 525.
particularly to the state's rural populations. Though other public health endeavors had not experienced the same decline as venereal disease control programs during the 1920s and early 1930s and had, in fact, seen slow growth, these policymakers increasingly judged these programs as inadequate. The availability of federal funds under New Deal legislation provided the impetus for an acceleration in the growth of public health programs.

As early as 1934 the effects of the New Deal were being felt by public health officials in Virginia, though not specifically in the area of venereal disease control. By February 1, 1934 the state had 130 new nurses doing public health work whose salaries were paid by the Federal Emergency Re-Employment Administration. The Civil Works Administration (CWA) employed more than twelve hundred people to improve the water and sewer infrastructure in the state, supervised by the State Health Department, and the CWA also supplied the labor for an extensive mosquito control program.\(^{31}\)

Although advocates for public health measures, including venereal disease control programs, argued that improving the health of the state's population had inherent value, the economic benefits of the policies were also central. C.B. Ransome described the economic benefits of a state syphilis control program this way:

> If the primary aim of public health work is the lengthening of the span of useful human life; the elimination of economic loss from illness; the increasing of earning capacity through good health; then this disease, which so reduces efficiency, occasions so much financial loss and produces so many deaths, surely constitutes the greatest challenge to those engaged in preventive medicine . . . . \(^{32}\)


\(^{32}\) Ransome, 79.
Others noted that the state would save money by decreasing the number of late-term syphilitics who needed institutionalization. These arguments were consonant with the drive for economic advancement that had begun in the South with the “New South” movement in the 1880s and persisted through the twentieth century. The elites that controlled Virginia politics united behind the goals of industrial progress and efficiency, and they believed state government should work to promote this agenda in various ways, including venereal disease control.

Title VI of the 1935 Social Security Act provided eight million dollars to be divided among the states for public health campaigns. Federal legislators intended the funds to supplement existing state-based health efforts, and state health departments had to meet certain standards to be eligible for federal money. Under the guidance of Surgeon General Parran, the PHS earmarked over ten percent of this money for venereal disease control, more than was designated for any other communicable disease. Across the country, states used this money to establish and develop venereal disease control programs. In 1938 Congress passed the National Venereal Disease Control Act as an amendment to a World War One-era venereal disease law, drawing the obvious connection between the venereal disease eradication campaign during the crisis of the war

33 Williams, 362.
and the crisis of the depression. This new initiative bore the marks of the New Deal as well, in that it gave much responsibility for development and implementation to the states. All the control programs were designed and administered by state governments, which received funding by writing grants proposals to the PHS. Furthermore, while earlier venereal disease control efforts had focused primarily on urban areas and/or defense centers, this new act would be used by states to build rural public health services as well. This emphasis on rural areas was also consonant with the focus of the New Deal and different from the progressive-era venereal disease programs.

In Virginia the new venereal disease control effort bore the stamp of both the federal and state bodies, the PHS and the MSV. In 1936 the PHS had asked the MSV to appoint a committee to review the syphilis problem in the state and put forth a proposal to deal with the disease. In early 1937, this committee of the MSV submitted its report to the PHS, which in turn recommended a program to the state Department of Health that was based on the MSV proposal. The Department of Health approved the plan later that year and the MSV endorsed it at its October meeting. The program focused primarily on syphilis control, since syphilis could be rendered non-infectious within twenty-four hours of treatment, while, at that time, gonorrhea took much longer.

Just as the federal government asked Virginia to assume partial responsibility for drafting the plan, it also required assistance from the state with funding the program. For

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6 Brandt, 142-45.
the first two years the Social Security Act appropriation comprised the program’s entire budget, but by 1938 the federal government ordered the state to contribute some money of its own in order to be eligible for continued federal funds. Consequently, the General Assembly voted to spend $11,915 each year for two years. Nonetheless, the federal government provided the bulk of the funding, contributing $58,983 in 1939 and $106,397 in 1940.39 In addition, in 1938 the PHS assigned one of its physicians, Dr. Otis L. Anderson, to Virginia to assist in the development of venereal disease control programs. The PHS paid Anderson’s salary but asked the state to reimburse him for travel expenses within the state.40

Virginia’s leaders did not view the expansion of federal programs uncritically, and many had expressed concern and suspicion regarding the expansion of federal powers during the depression and New Deal. In 1930 the MSV had denounced the Sheppard-Towner Maternity and Infancy Act, under consideration for renewal, as “tending to promote communism.” The doctors denounced the act, which gave money to states for the promotion of maternal and infant health, because, “The payments of such subsidies was made dependent on the surrender by the legislatures of the several states, to the Federal government, of the right to supervise and control state activities in the selected field of public health.”41 The Virginia Medical Monthly directed further criticism at Roosevelt, raising the specter of socialized medicine as a logical extension of the New

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39 Anderson, 80.
40 Letter from Surgeon General Thomas Parran to I.C. Riggin, October 9, 1938. Records of the USPHS, General Classified Records, Group III: States 1936-1944, RG 90, Box 293, National Archives at College Park, College Park, Maryland.
The fact that the new venereal disease control drive was the product of joint federal and state action helped public health advocates avoid this criticism, and once a plan was drafted state leaders worked to rapidly implement the new program.

Both the Richmond News Leader and the Richmond Times Dispatch covered the new venereal disease control efforts thoroughly and favorably. Although some of the national press questioned the propriety of discussing venereal diseases openly in mass-subscription publications, neither of the two Richmond papers held back in their use of potentially controversial terms such as "venereal disease" and "syphilis." Newspaper coverage emphasized the economic costs of venereal infections, and the papers were quick to point out any tangible progress the program brought. For example, just six months after one public clinic expanded its services as part of the state-wide campaign, the Times-Dispatch proclaimed "Syphilis Treatments Show Big Gain," when in fact the only "gain" that occurred was a twenty-five percent increase in the number of patients seen at the clinic that year.

The new venereal disease control program in Virginia included treatment, prevention, and epidemiological research. Following the model of venereal disease education pushed by Surgeon General Parran, education involved viewing venereal disease as a medical problem rather than a moral failure. The state and some cities provided more free and reduced-price testing opportunities and treatment facilities for

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43 Brandt, 136.

poor and indigent Virginians. In addition, health officials encouraged employers to test workers in certain occupations and required tests for individuals arrested on morals charges. Related preventative and epidemiological measures included contact tracing of sexual partners of people with syphilis, reporting by physicians of positive syphilis tests, and mandatory treatment for people who had the disease. The initial policy recommendation also suggested a premarital venereal disease testing requirement, which the legislature enacted a few years later.46

Examination of the implementation of new venereal disease control policies in the state's two largest cities, Richmond and Norfolk, offers insight into how these provisions affected the lives of the citizens of Virginia. Public health officials began to focus attention on Richmond in 1936 when the Richmond Department of Public Welfare and other city agencies asked the PHS to study venereal disease prevalence and existing control efforts and to make recommendations for future treatment and prevention activities. The American Red Cross played a role in stimulating venereal disease control activity in the city by allocating $2,400 for programming in 1936. The city council soon followed suit, creating a new Venereal Disease Control branch and making funds available for the hiring of a city venereal disease control officer. City leaders selected Dr. Francis W. Upshur for this job and he began work on April 1, 1938.47

45 For more on Parran's approach to education, see Brandt, 135-38.
Richmond's new program included testing particular segments of the city's population as a key component. Upshur identified industrial workers as a primary target of these tests. Before the establishment of the Venereal Disease Control branch industries rarely tested employees, but those who were tested and found to have a venereal disease were often fired. Upon assuming office, Upshur sought to expand the number of industrial workers tested and to include employees in other fields as well. He soon extended mandatory testing to employees of hotels and cafes, beauticians, and domestic servants. Upshur sought guarantees from employers that infected workers could keep their jobs as long as they participated in a treatment protocol.\textsuperscript{48} Clients of the Social Service Bureau and some high school and college students were also subjected to testing.

At the time Upshur implemented the policy of testing these groups, scientific studies had clearly demonstrated that such employees posed virtually no risk of transmitting venereal disease through their jobs. However, officials in cities such as Richmond and others across the country continued to pass ordinances to mandate examinations. Sometimes officials implemented these policies out of ignorance, but even ASHA officials, who certainly knew how diseases were transmitted, encouraged such policies, reasoning that the more people who could be tested, the better.\textsuperscript{49}

In his history of venereal disease in the United States, Alan Brandt wrote, "Ordinances such as those directed at domestics and foodhandlers stereotyped venereal

\textsuperscript{49} Brandt, 156-7.
victims, encouraging fears of social contact between social classes and ethnic groups.\textsuperscript{40}

In Richmond, where a generations-old system of racial segregation and discrimination had prevailed against African Americans, fears of such social contact had long existed. Thus, the case of Richmond suggests that the relationship between racism and venereal disease testing policies was multi-directional, with racism providing an impetus for such testing policies and the assertion by doctors that African Americans were dangerous further fueling racism.

Like many southern liberal or progressive reforms, the new employee venereal disease testing program was a double-edged sword, where paternalism and authoritarian approaches joined together in creating policies that affected the poor, black, and/or politically powerless. On the one hand, Upshur's liberalism combined with pragmatism to protect infected employees from punishment by their employer and reward employee participation in treatment protocols. On the other hand, the new program targeted the city's most powerless citizens for examination and state discipline under the guise of benevolence. These testing initiatives reveal the racial and class biases of public health officers as state officials subjected predominately poor and/or black workers to paternalistic protection and control. Testing of high school and college students also falls under the rubric of paternalism, as youth has often been linked to irresponsibility.

The Dupont company's rayon plant in Richmond instituted an "industrial hygiene" program aimed at venereal disease in 1933. Although the Dupont effort pre-dated Upshur's city-wide industrial campaign, it followed the procedures the city would

\textsuperscript{40} Brandt, 157.
recommend by requiring confidentiality and discouraging punishment for positive tests. The company implemented annual blood tests for syphilis of all employees and a pre-employment examination for all job applicants. Management personnel required the doctor administering the test to keep the results confidential; in theory, at least, management and supervisors did not know who tested positive for the disease. Supervisors required anyone found to have syphilis to undergo treatment as a condition of continued or future employment. The Dupont company did not offer treatment, but instead expected the employee to seek treatment from a physician and to bring in weekly statements from the doctor certifying that treatment had been administered. The company’s policy required the employee follow a specific course of treatment. That is, workers had to undergo continuous, weekly treatments, rather than the standard procedure of allowing periodic rests between the doses. This heavy-handed approach brought the company into some conflict with some physicians who disagreed that this was the best way to treat the disease and resented being told how to treat their patients. Mandatory testing, coupled with educational programs for employees about venereal disease, did succeed in reducing the incidence of syphilis among the plant’s employees. According to Dupont managers, cases of syphilis in employees dropped from 6.4 percent in 1933 to 0.22 percent in 1942, and they claimed that no workers had been fired for having the disease.\footnote{Comments of Dr. W.L. Weaver of the Dupont Company at “Industry vs Venereal Disease: A Program of Education and Action offered in connection with the 73rd annual meeting of the American Public Health Association,” reprinted in the Journal of Social Hygiene 31:2 (February 1945): 90-93.}
Some workers resisted the mandatory tests and thus some industry-heads were wary of initiating testing programs due to “fear of labor difficulties as a result of compulsory Wassermanns among employees.” However, Virginia’s industrial workers failed to mount a significant challenge to the mandatory testing and the program continued.\(^{52}\)

The city of Richmond also subjected people who were arrested for sex-related crimes to testing under the new program. Judges could order tests for individuals brought before the police court or the juvenile and domestic relations court for such crimes. While the city’s Sanitary Inspector had tested some of these individuals in the past, under the new program the venereal disease control officer performed and coordinated all court-ordered testing, and the procedure became standardized.\(^{53}\)

Studies of venereal disease control and anti-prostitution campaigns during the first and second World Wars indicate that court- or police-initiated venereal disease testing primarily targeted women. Evidence from Richmond in the late 1930’s reveal that men were, in fact, subjected to some governmental scrutiny in the name of venereal disease control.\(^{54}\) Workplace testing affected men as much, if not more than, women. In addition, Upshur identified a gender bias in sex-related arrests and ordered it corrected:

> It was found a distinction was being made in men and women not of good fame, who were arrested under the laws included in the Morals Code. The men were arrested for disorderly conduct and paid a fine at the Station House and were allowed to go; whereas the women were brought into the


\(^{53}\) *Richmond Department of Public Welfare Annual Report, 1938*, 84.

\(^{54}\) Brandt makes this argument about wartime testing of women suspected of being of loose morals, 89-90, 116, 167.
Police Court on a warrant in which they were charged as being persons not of good fame, and, if found guilty, were turned over to the Health Authorities and set [sic] to jail for examination, and for treatment if infected. A conference was held in the office of Judge John L. Ingram and he issued an order that the practice of fining the men and releasing them be discontinued, and all men arrested, if evidence is sufficient, on the same charge as the women, and brought to Court.\textsuperscript{55}

State officials believed that men were as likely to be a source of venereal infection as women, and therefore men had to be tested for the control program to succeed.\textsuperscript{56} A week after this meeting, the\textit{ Richmond News Leader} reported that police detained a man for examination following an arrest at a local business identified as a “resort.” According to the paper, he was the first man held for examination under the new policy.\textsuperscript{57} Nonetheless, testing of individuals arrested on morals charges did affect women in higher numbers since they comprised a higher percentage of arrests for those crimes.

While the PHS recommendation of a venereal disease control program for Richmond discussed the need for “compulsory treatment and quarantine of infectious cases,” the annual reports of the city Venereal Disease Control officer did not mention quarantining. Upshur did establish procedures for contacting delinquent cases and hired staff to locate these cases and induce individuals to seek treatment. Although some state officials had supported widespread quarantines in the past, many others had expressed doubt that such measures were effective and stressed, instead, the value of follow-up

\textsuperscript{55}\textit{Richmond Department of Public Welfare Annual Report}, 1938, 84.  
\textsuperscript{57}“4 Bound over to Health Unit,” \textit{Richmond News Leader}, 19 May 1938, p. 1.
letters and visits to delinquent cases. While the state quarantined few, if any, individuals in Virginia, public health officials often used the threat of quarantine to persuade people to seek treatment. While there is no evidence that officials incarcerated people simply for having syphilis, it is likely that when individuals were arrested, tested, and found to have the disease, they were more likely to be sentenced to incarceration than a fine; women who were repeat offenders probably experienced this more than men.

In Norfolk, the new anti-venereal disease effort involved the opening of a new testing and treatment facility, the Norfolk County Medical Society Venereal Disease Clinic, on July 1, 1936. The Medical Society drew on a number of resources to staff the clinic. The federal Works Progress Administration (WPA) and the city of Norfolk furnished four and three staff members each, presumably clerks and nurses. Local physicians, members of the Medical Society, volunteered their time there. Despite all these contributions, however, the clinic’s services were quite limited. It operated three hours per week for treatment and five hours per week for tests, with separate hours for black and white patients. Aside from contributing a few hours of city employees’ time, the city spent no funds on the clinic, and the demand for services far outstripped the clinic’s ability to provide.

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58 An argument for quarantine was made by Ransone, 82; articles expressing doubt about its effectiveness include Greear, 690; and Garnett, “Syphilis - A Major Social Problem,” 655. The MSV committee that studied the state’s syphilis control efforts did not mention the expansion quarantine efforts in its recommendation. Report of MSV Syphilis Review Committee, 42-46.
60 F.C. Smith, Medical Director, US Marine Hospital, Norfolk, VA, letter to Thomas Parran, 2 October 1936. Records of the USPHS, General Classified Records, Group III: States 1936-1944, RG 90, Box 293.
The city had a few other resources for treating venereal disease in low-income residents, including a variety of ways to obtain free syphilis tests, but the only other significant facility in the city for testing and treating venereal disease on a free or reduced-cost basis was the "Public Clinic (Colored)" run by D. W. Byrd and E.D. Burke, both local, African American physicians. Byrd and Burke served as leaders in the state and national black medical societies; Byrd chaired the executive committee of the Old Dominion Medical Society (the African American equivalent of the all-white Medical Society of Virginia), and the two served as Chair and Secretary respectively of the National Medical Association's Commission for the Eradication and Prevention of Syphilis. Like many health programs for African Americans in the South during this period, private citizens established and financed the Public Clinic. Byrd, Burke, and two other African American physicians volunteered their professional services, and seven women worked, also without pay, as clerks, nurses, and technicians. The only public funding the clinic received came in the form of a city nurse who worked there one day per week and a full time WPA worker who made housecalls and did follow-up work. It is not clear from available sources if the clinic offered services besides treatment and testing for venereal disease, but since between 1932 and 1936 the clinic administered 24,000 syphilis tests and 50,000 treatments for the disease, venereal disease was clearly its primary focus.

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61 On private funding for African American health programs in the South in this period see, Beardsley, 101-127.
62 Smith, letter to Parran, 2 October 1936.
In 1936 the work of Byrd and Burke came to the attention of PHS leaders when the two men traveled to Washington to discuss with the PHS the plans of the Commission for the Eradication and Prevention of Syphilis. Byrd and Burke brought with them letters of introduction from W.R.L. Taylor, the mayor of Norfolk, and F.C. Smith, Medical Officer in charge at the U.S. Marine Hospital in Norfolk. Mayor Taylor described Byrd as “an outstanding man of his Race” and “highly cultured.” The two physicians apparently impressed Parran and Assistant Surgeon General Vonderlehr, who subsequently worked to get PHS funding to assist their work against venereal disease in the city. They succeeded, and in 1938 the PHS approved a research grant of two thousand dollars to the Public Clinic “in order to study the efficiency with which a syphilis clinic can be conducted which is staffed entirely with Negro personnel.” The PHS renewed the appropriation the following year. Fifteen hundred dollars of the money paid the salary of Dr. Byrd and the PHS designated the remaining five hundred dollars for supplies.

The reaction of the white public health and medical establishment to the PHS’s interest in the Public Clinic appears to have been ambivalent. Although Vonderlehrer and Parran expressed on numerous occasions their desire for Byrd’s grant to be coordinated with the city and state health programs, city and state officials steered clear of the project. For example, though Parran suggested that the State department of health “act as the distributing agency,” the PHS ended up channeling the money through the U.S. Marine Hospital.

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64 Thomas Parran, letter to J. R. Waugh, US Marine Hospital, Norfolk, VA, 12 July 1938, Records of the USPHS, General Classified Records, Group III: States 1936-1944, RG 90, Box 295.
65 Parran, letter to Waugh, 12 July 1938.
Hospital in Norfolk, at least through 1939 when surviving correspondence regarding the
grant ceased. Further evidence of some antagonism roused by the project can be found in
a 1938 letter marked "PERSONAL" to Anderson from Parran. Parran wrote:

Your letter of June 13th has been received and I note the proposed action
of the Norfolk Medical Society in the event assistance is extended to
Doctor Byrd for a research project in his clinic. The answer as I see it is
that the Public Health Service is free to act in supporting research in
accordance with the law, and if the Norfolk County Medical Society has a
research study which can be demonstrated to be of great scientific value
the Public Health Service would be glad to consider such a project.66

Parran also noted in this letter that he had enclosed some forms for Byrd to fill out that
would "strengthen our hand," thus further suggesting a controversy was brewing.67 Later
that year, another PHS official wrote to state health commissioner I. C. Riggin
acknowledging a letter in which Riggin said the state would probably not be able to
support Byrd's work because of technicalities in "methods of disbursement." The PHS
official reiterated that he would welcome any assistance the state could provide Byrd's
clinic. He closed by noting that Norfolk had a relatively high venereal disease rate and
that he hoped Riggin would take this into consideration when disbursing funds for public
health in the future.68

In sum, by giving money to Byrd's clinic, the PHS seems to have ruffled some
feathers in the state and local public health bureaucracies. Part of the objections by
Riggin and his allies was due to PHS money for venereal disease research being directed

66 Parran, letter to Anderson, 15 June 1938.
67 Parran, letter to Anderson, 15 June 1938.
to Byrd, and it is true that by saying Byrd’s clinic was conducting research in how effectively blacks could run a venereal disease clinic the PHS employed a rather generous definition of “research.” However, the fact that the PHS circumvented the state health bureaucracy to fund an African American clinic must have further nettled the white medical establishment. Whites ran Virginia’s public health system, comprised the membership of the Virginia Medical Association, and spoke for the state in interactions with federal officials. When someone like Byrd bypassed this entrenched power by establishing an independent relationship with the PHS, the white medical establishment felt their supremacy to be threatened.\footnote{Robert Oleson, letter to I.C. Riggin, 5 July 1938, Records of the USPHS, General Classified Records, Group III: States 1936-1944, RG 90, Box 293.}

The venereal disease control program developed in Virginia in the 1930s was accompanied by other efforts to improve the health of the commonwealth’s citizens. Federal money for many state health programs had waned in the 1920s and into the 1930s, until the passage of the Social Security Act.\footnote{Vonderlehr held more liberal views about race than many white people in the South, and if Virginia’s white medical establishment knew this it may have fueled their distrust of his intentions in this situation. Evidence of this is found in a letter to a PHS doctor in Arkansas, O.C. Wenger in which Vonderlehr criticizes Virginia’s interracial marriage laws. Vonderlehr, letter to Wenger, June 6, 1940. Records of the USPHS, General Classified Records, Group III: States 1936-1944, RG 90, Box 295. For more on black physicians and the southern medical establishment see Edward H. Beardsley, \textit{A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South} (Knoxville: University of Tennessee Press, 1987).} After 1935, the federal money that flowed into the state for venereal disease control was part of an effort to establish national public health standards, and cities and states across the South established and developed a variety of public health programs. In the eight years after the passage of the Social Security Act, officials in Virginia, as in other states, worked to improve milk sanitation,
food handling, slaughterhouses, water sanitation, garbage disposal, tuberculosis and malaria.\textsuperscript{71}

Though many of the state’s public health policies mirrored those of other states, Virginia led the region by passing the South’s first premarital testing law. In 1940 the General Assembly approved a bill that mandated syphilis tests for couples contemplating marriage. A law passed in 1918 had prohibited the marriage of individuals with venereal disease, but it made no provision for testing. Instead, it simply allowed clerks of the court who issued marriage licenses to request an affidavit from the man certifying that neither he nor his prospective wife had venereal disease. The new law was much more stringent, requiring blood tests by both the man and woman seeking marriage.\textsuperscript{72}

The assembly first debated a premarital testing law in 1938 that would have required individuals be tested for syphilis before marriage and would have prohibited them from being married if they had the disease. Its supporters made a number of arguments in its favor. Testing for venereal disease before marriage would protect one spouse from giving the disease to the other, and, just as important in the eyes of Virginia’s policymakers, the law would prevent the birth of children with syphilis, who often were blind or had other physical abnormalities.\textsuperscript{73} Finally, some supporters hoped that the law would reduce the “increasing number of hasty marriages” that were blamed on Virginia’s “lax legislation on the subject.”\textsuperscript{74}

\textsuperscript{70} Beardsley, 139.
\textsuperscript{71} Link, 324; Cohen and Harman, 23-24.
\textsuperscript{73} “Premarital Syphilis Test Bill Tabled,” Richmond Times Dispatch, 3 March 1938, p. 1.
\textsuperscript{74} “Premarital Test Bill is Passed by House,” Richmond News Leader, 3 February 1940, p. 1.
This proposal initially met with serious opposition. In fact, when the state Senate first considered the measure, committee members tabled it with a 6 to 4 vote and delayed the proposal until the next biennial session in 1940. A number of individuals and groups spoke against the bill before the Assembly in 1938. One doctor at the Medical College of Virginia pointed out that the blood test was not accurate because the disease had an incubation period of up to 135 days. An Episcopal priest argued that since medical tests could be wrong on occasion a false positive diagnosis could be made, resulting in embarrassment and "stigma." Others asserted that the bill would increase illegitimacy, as people who had syphilis would be prevented from marriage but would engage in relationships and sex anyway. Furthermore, people who could not afford the test would also avoid getting married. A legislator cited rumors that some county clerks across the state opposed the bill because they feared a loss of revenues if people went to other states that did not require testing to be married. Finally, a group of Christian Scientists opposed the bill since it required medical treatment, which they rejected in favor of divine healing, as a prerequisite for marriage.²⁵

Another version of the law contained a number of provisions that diluted its possibly deleterious effects as well as its strength. First, the new law did not prohibit marriage, but instead required that individuals begin to undergo treatment, which would render them non-infectious, prior to marriage. They would have to continue the treatment after marriage, and the state board of health could monitor individuals to make sure they

were following treatment protocols. Second, on the occasion of a positive test result, the test would be repeated, in case the positive reading was the result of a laboratory error. Finally, poor people would not be dissuaded from legal marriage by the cost, as state health officers and venereal disease clinics would offer the test for free for people unable to afford it. Legislators did not address the concerns of Christian Scientists in the new version of the law, though one legislator suggested that Christian Scientists would not be required to undergo treatment prior to marriage if, in fact, they could heal themselves through prayer and thus produce a negative blood test.

With this bill, Virginia's policymakers again took the lead in the South in passing laws that regulated sexual behavior in the interests of public health. Virginia and North Carolina both enacted laws in 1940 requiring premarital blood tests for syphilis, making them the first two states of the former confederacy to do so. Virginia's law differed from the laws passed previously by many other states, however, because it did not prohibit marriage of syphilitics, but only mandated their treatment. The law declared refusing treatment to be a misdemeanor. Whether this law was, consequently, more or less coercive than its mostly northern predecessors is debatable. On the one hand, it did not deny individuals the right to marry, but on the other hand it forced them to undergo

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78 Kentucky and Tennessee, two border states whose southernness is debatable, had also passed such laws by 1940. "Progress in State Legislation to Protect Marriage from Syphilis," *Journal of Social Hygiene* 34:8 (November 1948): 358-9.
medical treatment and even provided for monitoring of this treatment by the state.

Notably, according to the MSV’s committee on syphilis control, the legislators revised the law so that it would not increase illegitimacy by discouraging marriage; it made no mention of problems with the coercive nature of the original law.\textsuperscript{80}

Implementing the new premarital testing law involved depending on some of the public health infrastructure developed in the previous decades. Individuals could be tested by a private physician, but if they could not afford the test, the state had to provide it—at a local health department, for example—or pick up the physician’s bill. The laboratory in which the serologic test was read had to be approved by state officials. The state had to track infected individuals to make sure they took the prescribed treatment, which could take many months, and follow-up with those who did not. In the first eleven months after the law took effect, 1,718 Virginians tested positive for venereal disease, all of whom, then, had to be monitored by the state.\textsuperscript{81}

The opposition to the premarital testing legislation and the attention lawmakers paid to this opposition in re-drafting the bill represented the first serious discussion in Virginia about the implications of the new venereal disease control efforts for civil liberties.\textsuperscript{82} The citizens who questioned premarital testing before the legislature and who wielded the electoral power to get the attention of their representatives comprised only a small percentage of the state’s population, but they held a disproportionate amount of


\textsuperscript{80} "Report of Committee on Syphilis Control, \textit{Virginia Medical Monthly} 69 (July 1940): 440.

\textsuperscript{81} Riggin and Holmes, 98.

\textsuperscript{82} Holmes, 46.
political power. Their lobbying paid off, and the legislature bowed to the objections they had to the original bill.

Like other elements of the venereal disease campaign, the support for the premarital testing law relied on economic arguments. The evocation of these arguments suggests that powerful citizens believed they would benefit from policies that would improve the state's industrial efficiency and output. One health officer from Albemarle County summed up this argument well. The new law would "bring to proper and continued treatment a much larger proportion of syphilitics . . . [thus] prevent[ing] the late crippling, degrading, and pauperizing effects of untreated syphilis. By reducing in this degree the admission to hospitals, asylums, and poor farms, we not only prevent human misery, but save important sums of money."\(^{83}\)

The individuals who wrote and enforced state policies regarding sexual behavior and the voters who elected them were rarely the individuals who felt the impacts of the policies. Working-class, black, mentally handicapped, and mentally ill citizens had their civil liberties sacrificed by the state's elites in the interest of economic progress and a vision of an orderly, hygienic society. This agenda typified southern liberalism, where the paternalistic power of the state extended over those who stood outside social, racial, and economic standards. The state could force people to be tested for syphilis simply because they worked in a textile mill or cigarette plant or incarcerate those who had sexually transmitted disease and were not judged responsible in seeking treatment.

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\(^{83}\) T.S. Englar, *Papers and Addresses of the Annual Conference on State Health Workers* (Richmond: Virginia State Department of Health, 1940), 49.
Though the proposal for premarital testing, a plan that would affect citizens of all classes and races, prompted debate and, consequently, was limited in scope, other initiatives with targets at society’s margins went unchallenged. The arm of the state could reach as far as seemed necessary into the lives of dispossessed and disenfranchised individuals.
THE SECOND WORLD WAR IN RICHMOND: PROTECTING SOCIAL HYGIENE

The venereal disease control programs throughout the state during the 1930s laid the groundwork for an expanded effort at controlling sexual behavior during the war. But, in the 1940s the crisis of the war made public health seem even more important, and city health leaders changed their focus from simply mitigating the negative consequences of sexual delinquency by testing for and treating venereal disease to trying to control sexual behavior and enforce their standard of sexual morality. Thus, public health policies changed from primarily advocating testing and treatment to trying to prevent the behavior that spread the diseases. Accomplishing these more formidable objectives required the expansion of state and municipal governments, but the long-prevailing strictures on governmental growth in Virginia persisted in this period, placing limits on what policymakers could accomplish. On some occasions, non-governmental agents supplemented the ambitious governmental efforts to prevent the non-marital sexual behavior that health officials blamed for most cases of venereal disease.

Though the war brought change to Richmond, other cities experienced much greater upheaval in this period. The city’s industrial sector did not expand significantly
with wartime production, although many local factories converted to defense-related work. Some military personnel came to the city to train as pilots at the University of Richmond or to work at the newly-designated Richmond Army Air Base, but these were small facilities. As a result, the size of the city's population remained fairly stable, rising only from 193,042 in 1940 to an estimated 227,000 in 1945. Much of that population increase can be attributed to the annexation of Henrico county in 1942 which added 20,280 people. The most significant way the war taxed municipal services was in the large number of soldiers who visited the city when on leave; these visitors expanded Richmond's population by some 35,000 per week during the war.¹

Reforms aimed at preventing prostitution began in Virginia and other southern states several decades before the 1940s. The earliest organized efforts took the form of social purity crusades launched in the late nineteenth century by women's groups such as the Women's Christian Temperance Union (WCTU). WCTU members and others who engaged in these campaigns believed women to be essentially innocent or pure in morals, and worked to rescue those women who had been led astray into a life of vice.²

Organized approaches to moral reform changed after the turn of the century, as anti-vice campaigners sought more governmental involvement in stopping vice. Though a variety of factors prompted this new strategy, a key factor was the increasing evidence that many women who worked as prostitutes resisted efforts at reform and failed to fit the

model of helpless sexual victim by rejecting efforts at uplift.\textsuperscript{3} Suffragists helped to elevate the issue of prostitution to a prominent position on the southern reformers’ moral agenda while using it to advance their arguments for the vote.\textsuperscript{4} They gained fuel for their arguments from the nationwide social hygiene movement, which began to emphasize the threat venereal diseases spread by prostitutes posed to “innocent” and “virtuous” victims.\textsuperscript{5} Suffragists asserted that male voters and politicians had ignored threats such as these that women faced. To get protection by the government women needed access to the ballot.\textsuperscript{6}

On the local level, the anti-prostitution campaign of the 1910s took the form of agitation against organized prostitution districts in cities across the South. One such campaign took root in Richmond in 1912. Vice reformers enlisted the help of the local clergy, who spent several Sundays preaching against the existence of the city’s regulated prostitution district. As political pressure for change grew, the city established a vice commission to investigate and recommend actions. The Richmond vice commission’s 1915 report called for the closure of the city’s vice districts, reform of the police department, and rehabilitation for women who worked as prostitutes.\textsuperscript{7}

The Richmond vice commission’s activities reveal the minimal level of responsibility that Richmond’s leaders were willing for the city to assume. When the city council first chartered the commission, the money for its operation was not immediately

\textsuperscript{3} Simms, 74-75.
\textsuperscript{6} Link, 119-120.
\textsuperscript{7} Link, 121-123; Arthur James, \textit{Virginia’s Social Awakening: the Contribution of Dr. Mastin and the Board of Charities and Corrections} (Richmond: Garrett and Massie, 1939), 114-116.
appropriated by city leaders. Consequently, the group’s members borrowed money personally, signing their own names to the loan, to pay initial costs. With the exception of the commission’s recommendation that the city work to rehabilitate prostitutes, its proposals required little or no additional money for the city to implement. And, in fact, Richmond’s government did not take on the task of providing for newly unemployed prostitutes. Instead, Dr. Joseph T. Mastin, the Secretary of the State Board of Charities and Corrections, who lived in Richmond at the time and had spent much of his career working to help delinquent women and girls, took on the task personally, contributing some of his own (reportedly limited) capital and enlisting financial help of an executive from the Crittenden homes. Obviously these meager resources did little for the more than one hundred women who sought Mastin’s help, and for the most part he just gave them a few dollars with which to leave the city.

On the statewide level in Virginia, the renewed interest in campaigning against prostitution produced several new laws in 1916. The General Assembly raised the age of consent from fourteen to fifteen years; passed a law forbidding any private employment agency to send a woman into a house of ill-fame and regulating such agencies in other ways, as well; and declared houses of ill-fame nuisances which could be shut down by an injunction. In addition, the legislature allowed the appointment of policewomen in cities of over fifteen thousand residents. No money was allocated for the actual hiring of

8 James, 115.
9 James, 116.
10 James, 113.
policewomen since police were funded by local governments and, in fact, none of these new laws provoked the establishment of any new state governmental agencies.

As Richmond joined the nation in strengthening America's defensive capabilities in 1941, a nationwide campaign was underway to promote the idea that venereal disease and prostitution threatened national defense. The American Social Hygiene Association (ASHA) began this campaign, which spurred expanded venereal disease control and anti-prostitution efforts in Richmond and in countless other cities, soon after President Roosevelt declared a limited national emergency in 1939. Before long, the military, the U.S. Public Health Service (PHS), and the Office of Community War Services all joined together to promote an expanded social protection effort, with venereal disease at its center, in the name of national security.

Recognizing that such a campaign had to be fought on a local level, ASHA and the involved federal agencies worked in cities across the nation to convince local officials to expand their efforts at venereal disease control. In addition, the Congress made plans to intervene when municipalities failed to reduce the problem in their area. Early in 1941, Representative Andrew J. May introduced legislation that would make prostitution within a "reasonable distance" of military and naval establishments a federal crime, and

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thus permit federal agents to enforce prostitution laws in these districts. Congress passed this measure, known as the May Act, in July.¹³

Later that year Surgeon General Thomas Parran and Assistant Surgeon General R.A. Vonderlehr attacked existing federal efforts against venereal disease in their book, *Plain Words About Venereal Disease*. They recalled the lessons of World War I when the military lost more hours of service to venereal disease than to any other ailment. Parran and Vonderlehr asserted that military officials were dealing inadequately with venereal disease, due largely to their weak attempts at controlling commercialized prostitution. Although the recently-passed May Act gave the military strong tools to curtail prostitution around military bases, and thus venereal disease transmission to enlisted men, federal officials rendered the act useless by declining in most cases to implement the act by designating particular defense areas as under May Act control. The prostitution industry continued to boom across the country, acting, according to PHS leaders, as a “torrential source of the rising level of syphilis and gonorrhea in our new army.”¹⁴

In Richmond, the local effort to forestall this potential deluge began in February, 1941 when the committee on venereal disease control of the Richmond Community Council held a public meeting on “Social Hygiene and National Defense.”¹⁵ A few weeks later the committee’s chair, Bathurst B. Bagby, who also worked as the city health officer, called for a stepped-up city venereal disease drive. Bagby emphasized the

importance of treating and possibly quarantining "streetwalkers," and he unveiled health
department plans to double the number of syphilis cases that the city could treat.
Obviously conscious of the city's limited public health budget and official reluctance to
increase public revenues for any reason, Bagby claimed he could accomplish these
increased services without extra city expenditures.\(^\text{16}\)

Bagby's public statements reflected the influence of the national venereal disease
control campaign. He followed the rhetorical strategy used in ASHA publications and
later by Parran and Vonderleher of citing the blows the national defense suffered from
venereal disease during the earlier World War.\(^\text{17}\) Since venereal disease was "one of the
most destructive forces in the military and civilian population" it had to be defeated if the
United States wanted to prevail over its foreign enemies in the conflict that seemed to
loom on the horizon.\(^\text{18}\)

While the national discussion influenced calls for an expanded venereal disease
control effort in Richmond both in timing and timbre, city officials also voiced another
reason for these efforts, one that contributed more directly to the city's well-being. In
March 1941, following the introduction of the May Act legislation (but before Congress
passed the bill), Bagby expressed concern that if venereal disease spiraled out of control
in Richmond the army might prevent soldiers from coming to the city. He undoubtedly
knew that Congress was considering the May Act legislation and realized it could have a

\(^\text{14}\) Parran and Vonderlehr, 2, 68.
\(^\text{15}\) "Dr. Bagby Heads Group to Fight Venereal Ills," Richmond Times-Dispatch, 2 January 1941, p. 8.
\(^\text{16}\) "Bagby Calls For Venereal Disease Drive," Richmond News Leader, 12 March 1941, p. 1.
\(^\text{17}\) See for example, "Social Hygiene and National Defense. I," Journal of Social Hygiene 26:8 (November
1940): 341-343.
\(^\text{18}\) "Dr. Bagby Heads Group to Fight Venereal Ills," Richmond Times-Dispatch, 2 January 1941, p. 8
negative impact on the city's economic revival. Soldiers on leave would bring money into the city, boosting the city's economy, and officials were anxious to curtail anything that could hamper Richmond's economic success. Thus venereal disease control would benefit the local economy as well as public health.\textsuperscript{19}

Though the national venereal disease campaign, particularly in this pre-war period, focused primarily on eliminating prostitution, Richmond’s public health leaders did not make this a central focus of their efforts. Prostitution certainly existed in Richmond, but the city’s police department worked hard to control it, arresting increasing numbers of people for prostitution-related charges throughout the war.\textsuperscript{20} Their efforts were aided by the Army Military Police and Navy Shore Patrol staff, whom the military had assigned to Richmond. These units arrested military personnel who broke laws or violated the military’s “off limits” designation of certain neighborhoods and establishments. City leaders must have felt that the police’s work here was adequate, as at no point before or during the war did city officials or the city’s newspapers express the sentiment that prostitution was in any way out of control in Richmond. Whether or not prostitution actually was widespread is difficult to determine, but city and military forces were either successful enough or visible enough to allow city leaders to persuade the citizens, the press, and the various governing bodies involved that they had the situation under control.

Just as the initial venereal disease eradication effort in Virginia in the late 1930s disproportionately targeted and affected the commonwealth’s African American citizens,\textsuperscript{19} “Bagby Calls For Venereal Disease Drive,” \textit{Richmond News Leader}, 12 March 1941, p. 1.
the expansion of these policies in 1941 had a similarly skewed impact. Statistics on venereal disease infection rates continued to reflect a higher rate of infection among African Americans. When the military began to draft men in September 1940, induction officials tested new recruits for venereal disease as part of their medical exam. When the first 2,384 men from Virginia were registered, examined, and classified, 140 of them were found to have syphilis. Of those 140, 124 were blacks. The newly-enacted premarital testing law generated a similar set of statistics that reinforced the idea that venereal disease was primarily an African-American problem. In the six months after the law was passed, according to state health officials, none of the whites tested had syphilis, prompting a Richmond News Leader headline, appropriately printed on April Fools Day, to declare, “No Syphilis Found in Whites Here.” It is not possible to verify the accuracy of these reports, but white Virginians, even in Richmond, certainly had syphilis in this era. Ten months after the implementation of pre-marital venereal disease testing, health officials found that 0.8% of whites tested statewide had syphilis.

The reality of a high rate of venereal disease infection among African Americans combined with racial biases among white policymakers led officials to target the more draconian venereal disease control measures, such as quarantining, primarily at blacks. For example, of the 140 military selectees found to have syphilis, the first and—as far as I can tell—only one of them jailed for “refusing treatment” was black. In addition

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20 Lutz, 55.
21 Lutz, 20.
22 “No Syphilis Found Among Whites Here,” Richmond News Leader, 1 April 1941, p. 2.
evidence suggests that state leaders saw quarantine laws as particularly appropriate for use with the state’s black citizens. In a letter to the state Attorney General Abram P. Staples that Staples quoted in a letter to a judge in Emporia, Virginia, an un-named health department officer wrote, “This later interpretation [of the venereal disease law allowing delinquent individuals to be brought before a court for avoiding treatment] has been of great assistance to the health officers, especially in handling colored persons who have become delinquent. As you know we have a high prevalence of syphilis and gonorrhea, especially in the colored race in Virginia and we are bending every effort in an attempt to control this menace to our public health.”^25

In 1942, following America’s entry into the war, Richmond’s police, corrections, and health officials inaugurated a new, more comprehensive program to combat venereal disease and mandate testing and treatment more frequently. In addition, they widened their attention from an exclusive focus on professional prostitutes toward the more difficult problem of general female sexual promiscuity, embodied in the supposedly new phenomenon of “pickup girls.” Many of the city’s efforts in 1942 reflected the influence of the Social Protection Division (SPD) of the Office of Community War Services. This division oversaw the national health and social hygiene campaign as part of its more general mission of coordinating national health and welfare-related needs during the war.^26

Accompanying this shift in local venereal disease efforts were changes in state government spearheaded by Governor Colgate Darden, a Byrd-machine-backed politician who had succeeded James H. Price in 1942. In what the Richmond Times Dispatch labeled the “Epochal Session of 1942,” the General Assembly passed a number of proposals by the governor, resulting in a small, but by Virginia standards significant, expansion in the extent and reach of the state’s governmental functions and responsibilities. The legislature enacted a restructuring of the state’s penal system, which was so antiquated that local jail officials were still paid on a per-prisoner basis. The Assembly abolished this “fee system” and inaugurated a more modern system of administration, overseen by the newly-created Board of Corrections, and a prohibition and parole system. Public health efforts received attention as well, with an additional $50,000 designated for building health departments in all counties, and the establishment of a state Department of Mental Hygiene and Hospitals. Other measures passed included more money for schools and teachers, a redistricting law that gave the state’s growing cities political power more commensurate with their growing population, and other measures that made state government more modern, organized and far-reaching.

Change came very slowly to Virginia government in this era, and the many opponents of change would have previously mobilized quickly against any plans that involved spending more money or tampering with a system steeped in tradition. Many of the measures passed in the 1942 session had been proposed before but the legislature had

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27 A good discussion of the relationship between Darden and the state’s political machine, which Harry F. Byrd established and dominated, can be found in Ronald L. Heinemann, Harry Byrd of Virginia (Charlottesville: University Press of Virginia, 1996), 232-78.
quickly rejected them. However, in 1942 the combination of the wartime crisis, the skill of Governor Darden, and the confidence Darden inspired in the state's political machine combined to make this assembly session very significant. Nonetheless, long-held strictures on the extent to which government could reach did not evaporate in 1942. So, government in wartime Virginia expanded to new levels, but did so within limits, and in particular, politically acceptable directions. In this case, the mandate for expansion included primarily areas of public health, corrections, and education.

An important public health-related law passed by the General Assembly in 1942 had a notable impact on the local level: the passage of an amendment to a progressive-era prostitution statute. The earlier statute, enacted in 1918, had mandated that individuals convicted of prostitution or keeping "houses of ill-fame or assignation" be tested for venereal disease. The new law, passed at a special General Assembly session in October 1942, broadened the population targeted for mandatory venereal disease testing to include all individuals arrested for these offenses. In addition, it expanded the categories of arrestees to be tested to include "inmates of a house of ill-fame or persons soliciting for immoral purposes." Lobbying the Assembly to pass the bill, Manley H. Simons, the Commandant of the naval base in Norfolk, wrote governor Darden in 1942 to express his

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29 Heinemann, 268.
30 Code of Virginia, Section 4548f.
support for this proposal.\textsuperscript{31} Cities and states across the nation passed similar laws in this period, at the urging of the Social Protection Division.\textsuperscript{32}

This new law quickly brought a significant increase in the number of individuals held in the Richmond jail for venereal disease treatment. For the first time in the city’s history, police began arresting and incarcerating large numbers of white women. Before this time, city officials had rarely incarcerated white, misdemeanant women in city jails because they perceived the available facilities to be unsuitable for white women. The growing number of arrests caused some problems for Richmond health officials, as there was very little space for additional white female inmates in the jail, and the treatment for these diseases necessitated incarceration for up to several weeks.\textsuperscript{33}

Richmond shared with the rest of the state a long tradition of rarely holding white women in city jails or the state penitentiary. The state prison system had maintained dangerous and inadequate facilities for women and men throughout much of its history. In the mid-1800s officials at the state penitentiary had overseen the construction of a two-story, wooden building for female prisoners. Standing near the main men’s building, this unsafe and overcrowded facility both housed women and provided space for them to do all the washing for the institution. White women rarely were incarcerated there. In 1881

\textsuperscript{31} Manley H. Simons, letter to Gov. Colgate Darden, September 25, 1942, Records of Naval Districts and Shore Establishments, 5th Naval District, Norfolk, VA, General Correspondence Files, 1940-1943, RG 181, Box 87, National Archives Mid Atlantic Region, Philadelphia, PA.

\textsuperscript{32} Anderson, 104-5.

\textsuperscript{33} Treatment protocols for venereal diseases changed fast during the war years, and different doctors employed different protocols, so it is difficult to know exactly how long patients were held in Richmond facilities. In 1943 the most rapid treatment for syphilis utilized arsenicals, and lasted several weeks -- perhaps as long as ten weeks by some methods. Gonorrhea required just a few days of treatment. Scientists recognized during the war that penicillin could cure venereal diseases, but it was not available for widespread use until after 1945. William J. Brown, James F. Donohue, Norman W. Avanick, Joseph H.
the legislature appropriated $20,000, supplemented by profits from prison contracts, to build a new, brick building for the women prisoners. Judges still perceived, probably correctly, this building to be dangerous and unsanitary, and continued to avoid sentencing them to serve time there. The fact that the facility had no space for segregating the races made judges even more reluctant. In the 1890s, for example, an average of eighty-two black women were incarcerated at the state penitentiary annually, while only four white women, on average, served time there per year.\textsuperscript{34}

Threats to sexual morality and the need to control sexual behavior, now established as reasons to justify spending state money, helped provide the impetus for the construction of better prison facilities for women in Virginia. Governor E. Lee Trinkle had declared himself an advocate of woman suffrage and women's rights, and penitentiary superintendent Rice Youell saw Trinkle's governorship as an opportunity to lobby for getting state money for a new women's prison.\textsuperscript{35} In the 1923 annual report of the state penitentiary, Youell wrote:

I recommend a separate prison for women. Present conditions are a menace to the discipline and welfare of the inmates of the institution. I do not believe that men and women should be placed in visual contact in prison. It causes moral perversion, sexual diversion, and degeneracy. As a first principle of moral education, there should be a separation of the sexes and improved quarters for women are needed.\textsuperscript{36}

Finally acknowledging the requests of Youell and others, in 1930 the General Assembly authorized the construction of a new corrections facility for women in

\textsuperscript{34} Paul Keve, \textit{The History of Corrections in Virginia} (Charlottesville: University of Virginia Press, 1986), 69, 89-91.
\textsuperscript{35} Keve asserts this connection between Trinkle's advocacy for women and Youell's request, 140.
Goochland County, west of Goochland Court House. Soon, this State Industrial Farm for Women held white women sentenced to the state prison system as well as those sentenced to time in city jails. This facility adequately fulfilled the needs of the state during the 1930s and early 1940s. But, following the passage of the 1942 law requiring women with venereal disease to spend a week or more in jail while they received treatment, the Goochland County facility proved completely insufficient. It could not possibly hold all the women arrested in cities across the state for the period of time needed. As a result, cities themselves had to deal with the problem.

In Richmond, lack of space in which to hold people with venereal disease pending treatment proved to be only a brief predicament. Five months after the assembly passed the law expanding mandatory incarcerations, Richmond mayor Gordon B. Ambler applied for an $80,250 Federal Works grant under the Lanham Act to build a “rapid treatment center” to treat people with venereal disease. City officials located and purchased a building, a former convalescent home in north Richmond, with state and city money, the Federal Works grant paid for its renovation, and hospital staff admitted the first patients to the new Richmond Municipal Hospital on August 17, 1943--less than six months after the mayor had applied for federal money, and only ten months after the

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36 Annual Report, Penitentiary, 1923, quoted in Keve, 141.
38 Colgate Darden, A Brief Summary of the Work of the Several Departments of Government. Printed as an Addition to the Address of Governor Colgate W. Darden. Delivered Before the General Assembly January 9, 1946, (Richmond: Division of Purchase and Printing, 1946), 86.
General Assembly passed the law creating the overcrowding problem. The PHS furnished the doctors and nurses for the facility.39

The one hundred-bed hospital served as a place to house individuals infected with venereal disease while they received treatment. Hospital staff, seeking to prevent the patients from going back to lives of delinquency, also provided some “rehabilitation” services. Though most of the patients were women, men received treatment there as well. The facility served black and white patients in segregated areas. City residents had first priority in the hospital, but when extra space was available, the hospital admitted people from other parts of the state as well.40

The new hospital greatly contributed to the city’s ability to treat women with venereal disease whom police had arrested for prostitution. Though the facility was officially designated a hospital and not a detention center—in fact, the U.S. Congress specified that Lanham Act funds were for hospitals, not jails—hospital officials invoked communicable disease laws and quarantined people whom they considered a threat to public health by refusing treatment.41 By utilizing this facility, city officials dealt effectively with the problem of limited jail space for women, whereas cities without such facilities had a much more difficult time dealing with infected women.

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39 Lutz, 280; “City Seeking Federal Funds to Attack Venereal Diseases,” Richmond Times-Dispatch 18 March 1943, p. 1; “Hanson Disapproves Use of City Home as Venereal Treatment Center,” Richmond News Leader, 24 March 1943, p. 3.
41 Cohen and Harman, 33.
Another successful collaboration between municipal, state, and federal officials in Richmond led to the creation of the Richmond City Public Health Department on March 6, 1942, separating it from Department of Public Welfare, of which it had previously been a part, and establishing it as a entire department in its own right. City and state money provided the bulk of the new department's operating expenses. The federal government contributed some of the necessary personnel, including a PHS physician to serve as the venereal disease control officer. Richmond qualified for that assistance because the federal government classified it as a defense area.

Though Richmond officials agreed that expanded testing and treatment of prostitutes was important to checking the spread of venereal disease, they also faced another health problem they considered more troublesome. In Richmond, as in cities across the nation, health officials saw all kinds of out-of-control sex as a threat to public order and social hygiene. The creation of a new category of female sexual delinquents labeled "pickup girls" contributed to this sense that sexual danger pervaded wartime cities on a larger scale than before. According to Richmond's leaders, pickup girls were young girls who liked to meet and have sex with soldiers. They were not prostitutes, as they did not exchange money for sex and did not make a living at this activity. But health officials nationwide said that pickup girls spread venereal diseases to military men at a rapidly increasing rate and thus presented a significant threat to the nation's defense. The national media focused a great deal of attention on these women, also referring to them as

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42 Cohen and Harman, 22.
43 In June 1943 the federal government designated Richmond a "critical area," but according to the 1942 Annual Report of the Public Health Department, the city had received this "defense area" classification in
“victory girls,” and the Social Protection Division made curtailing this kind of sexual activity a key part of its venereal disease eradication efforts. Although Richmond's health and safety officials considered their efforts to control the spread of venereal disease by prostitution fairly successful, they saw pickup girls as a bigger, more serious threat—harder to identify than “professional prostitutes” and almost impossible to prosecute.44

Pickup girls—also labeled “amateurs” in the Richmond press—could be found in a wide variety of places, and health officials paid particularly close attention to locating where exactly soldiers met them. The City Health Department collected careful statistics on the locations where soldiers made contacts with venereally diseased pickup girls. In the last six months of 1942, for example, servicemen contracted diseases from 107 women picked up in a “confectionery, lunchroom, or beer joint”; 41 on the street; 18 in bus terminals; 13 in dance halls; 8 in hotels; 28 in unknown locations; and 163 in “miscellaneous” places.45 Thus, in Richmond, as in other U.S. cities, the potential terrain for sexual delinquency had expanded.

Across the state experts soon turned their gaze to pickup girls. At the October 1942 convention of the Virginia Police Executives Association, the chief of the navy’s venereal disease control staff, Lieutenant G. W. Mast, told police chiefs that venereal disease was a particularly urgent problem in Virginia, and that the commonwealth posed

1942, thus facilitating the transfer of PHS personnel there. Lutz, 206; Richmond Department of Public Health, First Annual Report (Richmond: Department of Public Health, 1942), 15.
45 “‘Disease Here Is Due Mainly to ‘Pickups,’ Richmond Times-Dispatch 6 August 1943, p. 5
the greatest threat of any state of infecting servicemen with venereal disease. While
prostitutes contributed to the venereal disease problem, Mast said “a growing army of
Virginia pickup girls” presented a growing menace.46

Richmond health officials soon expressed concern about pickup girls in the local
area. Judge J. Hoge Ricks, head of the Juvenile and Domestic Relations court, noted a
“marked increase” in the number of young girls brought before him on morals charges.
City Director of Public Health Millard C. Hanson noted that the percentage of venereal
disease cases attributed to pickup girls in Richmond was even higher than the state
average. The head of the city crime prevention bureau, Herbert C. Ganzut, conceded that
pickup girls were on the increase but argued that many of these problem girls were not
from Richmond.47

Historians have pointed out that the new focus on the victory/pickup girl
phenomenon resulted in an increased suspicion and criminalization of all forms of female
sexuality and an unfair targeting of women for venereal disease testing. In Wartime
Women Karen Anderson observes that the targets of wartime social protection efforts
“not coincidentally, happened always to be women.”48 Linda Gordon concurs by noting
that in Boston women in particular were singled out by these efforts: “... social
hygiene recommendations called for inspection, treatment, isolation, and prosecution of

47 “Young Girls Here Drop Moral Standards When they See Uniform, Records Reveal,” Richmond Times-
Dispatch 21 February 1943, p. 5;
48 Anderson, 103-111
girls, never the soldiers and sailors they were sexually involved with." Similarly, Leisa Meyer asserts that “[the Army’s] venereal disease policies were premised on a sexual double standard” which involved the “scapegoating of women by defining female sexuality as a ‘danger’ to the health of male soldiers.” Other, non-military, public health and social protection agencies supported this gender bias.

Though Richmond differed from these other localities in many ways, studying this city provides little evidence that health or public safety officials imposed disciplinary measures on women that were any more draconian than those assigned to men, or that the loss of civil liberties by women arrested with venereal disease was any worse than that which men suffered. In addition, the case of Richmond reveals some of the limitations that policymakers faced when they sought to control sexual behavior in the city. The fact that increased sexual surveillance in many ways bypassed African American women in Richmond demonstrates one aspect of these limitations.

Health officials across the commonwealth had involuntarily tested many men for venereal disease before the war, and this pattern continued during the war years, making involuntary testing of women for venereal disease far less common than the testing of men. The draft dramatically increased the number of men tested involuntarily for venereal disease, as venereal disease tests were part of the pre-induction health exam. So,

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50 Meyer, 101.
51 In the years before the war, as I discussed in the previous chapter, men were targeted for involuntary venereal disease testing at least as often as women, and state officials recognized that men were a key part of the venereal disease problem. Before the war, state officials made a point of testing men for venereal disease under the statute that mandated such tests for people convicted of morals charges, and there is evidence that sometimes these men were held for venereal disease treatment.
while involuntary venereal disease tests for some women occurred when they were arrested for certain crimes during the war, huge numbers of men were tested involuntarily when they were examined by the selective service. At one point, Richmond officials even discussed the possibility of involuntarily detaining some of the men who tested positive for venereal disease during their selective service examination pending treatment.\textsuperscript{52} Those whom the military inducted were subjected to even more scrutiny. The health officers in each unit were responsible for preventing and treating venereal diseases within that unit, and thus they subjected men under their watch to all kinds of health monitoring.\textsuperscript{53} So, even if military authorities did not immediately test the men arrested in morals raids, as Gordon asserts, their health was constantly scrutinized.

Not only does this bring into question the idea promoted by the aforementioned historians that women were singled out for testing, it also challenges Meyer’s assumption that the army’s venereal disease policy was unreasonable because it was based on irrational gender biases.\textsuperscript{54} If, in fact newly inducted soldiers were free of venereal disease and had their health monitored throughout their military tenure, all the men who caught venereal disease—excluding those who participated exclusively in homosexual sex—would have contracted it from women. While some of these women may have been wives or steady girlfriends and were thus perhaps unfairly judged above suspicion, many prostitutes and “pickup girls” did have venereal disease and did pass it on to soldiers and

\textsuperscript{52} J.R. Heller, Jr., memo to Millard C. Hanson, 5 May 1944, Records of the USPHS, General Classified Records, Group III, States, 1936-1944, RG 90, Box 293.

\textsuperscript{53} John H. Stokes, Modern Clinical Syphology: Diagnosis Treatment and Case Study (Philadelphia: W.B. Saunders, Co., 1944), 1185-1244.
sailors. Thus, while a program of involuntary testing and treating various elements of the population—military men or civilian women—may be questioned on its constitutionality, the way health officials implemented this program during the war was not unreasonably gender biased.

Similarly, women were not alone in facing punishment and mandatory treatment when they were found to have venereal disease. Men caught in morals raids could be tested under Virginia law, and civilian male patients did fill some of the beds at the rapid treatment hospital. Though in previous years venereal disease would have exempted men from military service, in early 1942 the military changed its policy and simply required treatment of all draftees who had venereal disease. Not only were soldiers who were found to have venereal disease forced to be treated, but, until September 1944, their pay was cut when they were found to be infected. Although military regulations specified venereal disease be treated as a disease rather than an infraction of discipline, some officers nonetheless treated these men as if they had broken rules, prompting Naval Personnel officers to remind their underlings of the fine distinction between "restriction of liberty as an administrative measure" and the punitive "confinement status."

\[54\] Meyer’s descriptions of these policies as "scapegoating," "a sexual double standard," and "[b]laming women for the rising rate of VD among male soldiers" imply a negative value judgment on these activities. Meyer, 101.

\[55\] Brandt, 170; Frank Knox, Memo to All US Naval Ships and Stations, July 19, 1940, Records of the US Naval Districts and Shore Establishments, 5th Naval District, Past Director’s Activities, RG 181, Box 10. The navy cut the pay of men under treatment because they were relieved from their duties while receiving treatment, and were therefore not doing work for which they should have been compensated.

\[56\] L.E. Denfeld, Memo to Commandants and Commanding Officers of All Major and Minor Shore Activities Within Continental United States, 22 November 1944, Records of Naval Districts and Shore Establishments, 5th Naval District, Past Director’s Activities, RG 181, Box 10.
The historical literature on this subject also points out a gender bias in the extent to which wartime disciplinary measures brought about an increase in criminal prosecutions of women for illicit sexual behavior. Anderson emphasizes the extent to which wartime disciplinary measures “limited women’s social and sexual freedoms” and Meyer observes that sexually suspect women were “primary targets of both state regulation and criminal prosecution.”57 Anderson cites wartime arrest statistics compiled by the FBI as evidence of these wartime changes. Nationwide arrests for prostitution increased 17.6 percent during the war, but, more significantly, women were also increasingly arrested for the more general charge of “disorderly conduct,” and those totals increased 183.8 percent.58

There is evidence that Richmond police did crack down significantly on sexual behavior during the war and that women were arrested at higher rates. The number of women arrested jumped from 3,697 to 4,933 between 1941 and 1944, approximately a twenty-five percent increase. More dramatically, the number of people arrested for prostitution, commercialized vice, and sex offenses increased from 467 to 1424 between 1941 and 1945.59

Although it is clear that arrests and prosecutions of women for sex-related crimes did increase, a careful reading of the evidence from Richmond calls into question the idea that a huge gender bias existed in state disciplinary measures. Though arrests of women for all crimes increased by twenty-five percent, the population of the city increased

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57 Anderson, 105; Meyer, 102.
58 Anderson, 106.
fifteen percent during this time, thus offsetting much of the increase in arrests. The number of men arrested by the city police did decline in this period, but these tallies do not include the significant numbers of arrested male military personnel who were processed by the authorities in their assigned service branches.\textsuperscript{60} Furthermore, although arrests for disorderly conduct, prostitution, and sex offenses did increase between 1941 and 1945, many, if not the majority, of these arrests must have been of men because the number of people arrested for these crimes each year significantly exceeded the total number of women arrested for \textit{all} charges.\textsuperscript{61} So, men must have suffered significantly from these increasing arrests, too. Finally, despite the general increase in female arrests and the decline in male arrests, men continued to be arrested by city police for all crimes at far higher rates than women. For example, in 1945 about five times as many men as women were arrested by Richmond police.\textsuperscript{62} So, although women did experience the disciplinary arm of the state more often during the war, male behavior as a whole continued to be considered criminal far more frequently.

While disciplinary measures invoked by Richmond police did increase in some areas, their reach was not universal. Evidence of this can be found in looking at the experience of African American women in the city. The total number of black women

\textsuperscript{59} Richmond Department of Public Safety Annual Report, 1941, 14; Richmond Department of Public Safety Annual Report, 1943, 15.
\textsuperscript{60} Lutz briefly discusses the role of the Army and Navy police in Richmond and the fact that city arrest totals did not include men the military arrested and charged, 56.
\textsuperscript{61} In 1941 the total number of women arrested was 3,697 while the number of people arrested for these three sex-related crimes was 4,335. In 1943 the ratio was 4,199 women arrested and 6,487 for the three sex crimes; in 1945 it was 4,933 and 6,499. Richmond Department of Public Safety Annual Report, 1941, 14-15; Richmond Department of Public Safety Annual Report, 1943, 15-16; Richmond Department of Public Safety Annual Report, 1945, 17-19.
\textsuperscript{62} Richmond Department of Public Safety Annual Report, 1945, 19. That year, 4,933 women were arrested and 24,463 men were.
arrested for all crimes increased by only thirteen percent during the war, from 2,289 in 1941 to a peak of 2,622 in 1945, a percent increase smaller than the rise in total population. There is evidence that Richmond was typical of cities across the state in this area. The state department of Public Welfare’s annual report for fiscal year 1943 noted that of the sixty women committed to the state department for moral delinquency, “in few instances were colored girls committed.”

Several newspaper articles indicated that authorities usually overlooked African American women and girls. A Richmond Times-Dispatch editorial in 1942 on “War’s Mark on Youth” left African American girls out of its discussion entirely: “Since the United States entered the war, delinquency among Negro boys in Richmond has increased more rapidly than delinquency among white boys, and delinquency among white girls has gained more rapidly than among white boys.” The article then discusses the impact of the war on those three groups, but never mentions African American girls.

Sometimes officials admitted outright that they had overlooked this group. In a February 1943 article on female delinquency the Richmond Times-Dispatch noted, “Negro girls are not detained by juvenile authorities as frequently as white girls, Judge [Hoge] Ricks [judge of the Richmond Juvenile and Domestic Relations Court] declared, because “police don’t take much notice of the Negro girls.”

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63 Richmond Department of Public Safety Annual Report, 1941, 14-15; Richmond Department of Public Safety Annual Report, 1945, 17-19. Population statistics are for total population, not percentage increase in African American women.

64 State Department of Public Welfare, Annual Report on Social Protection, Richmond, VA, July 1943-July 1944, Papers of Office of War Community Services, Social Protection Division Papers, Subject Classification Files, RG 215, Box 215.

65 “War’s Mark on Youth,” editorial, Richmond Times-Dispatch, 9 October 1942, p. 12.

66 Richmond Times-Dispatch, 21 February 1943, 5.

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Statistics to support this assertion that African American women often escaped detention for sex crimes and venereal disease are harder to come by. Though I have not found statistics describing the racial makeup of inmates at the Richmond rapid treatment center, a similar hospital opened in Norfolk the following year that held 45 white women and 30 black women.\textsuperscript{67} There is no reason to believe that the relative size of black and white populations at the Richmond facility would have been any different. Local jail space for black women, like white women, was limited. On a statewide level throughout the period, African American women did get convicted of felonies at a rate much higher that white women, but delinquency was a misdemeanor, as were most other prostitution-related offenses. The misdemeanants at the state industrial farm for women--that is, those sent there when city jails filled up--were almost exclusively white, as the facility had little space for black women and used the space it had for African American women to hold felons.\textsuperscript{68}

However limited or powerful the city’s wartime social protection campaign actually was, it generated a great deal publicity, and Richmond’s health and safety leaders had a variety of motivations for encouraging the perception that they had clamped down hard on all vice in the city. In fact, the increased measures during the war represented a significant increase in governmental function as any expansion of municipal responsibility taxed already over-extended city services beyond capacity. For example,

\textsuperscript{67} Marvin W. Schlegel, \textit{Conscripted City: Norfolk in World War II} (Norfolk, VA: Norfolk War History Commission, 1951), 300.
\textsuperscript{68} \textit{Report of the Penitentiary, 1939} (Richmond: Division of Purchase and Printing, 1939, 66-67); \textit{Annual Report of the Department of Corrections for the Year Ended June 30, 1943} (Richmond: Division of Purchase and Printing, 1943), 82-84; \textit{Annual Report of the Department of Corrections for the Year Ended June 30, 1945} (Richmond: Division of Purchase and Printing, 1945), 14.
though the number of white women held in jail at a given time was never huge, the city was ill-prepared for more than a handful of these women. Higher numbers combined with a lengthened stay for venereal disease treatment presented a significant enough burden that a new facility had to be opened. In contrast, the military handled male military personnel who were caught in morals raids, so men did not present as much of a burden to local facilities, and thus their incarceration did not generate much publicity.

Second, city leaders sought to impress federal officials – specifically the military and the SPD who monitored local situations closely – that they were doing a good job of keeping the city “clean.” Thus, they were far from modest about the extent of their measures.

Two conflicting statements made by Millard Hanson in 1943 reveal the extent to which rhetoric obscured the reality of local efforts. In March, the Richmond Times-Dispatch reported that in an application to the Federal Works Agency asking for more money to fight venereal disease, Hanson had characterized the city’s efforts as “wholly inadequate.” But, four months later, Hanson wrote in the six-month’s report of the health department that though reported venereal disease rates were increasing, much of that increase was due to higher rates of reporting, not higher rates of infection. Figures were “not actually as alarming as they appear[ed] on the surface” and the health department was fighting the disease well with vastly increased efforts that year. The bottom line is that wartime America was full of bluster and propaganda and Richmond officials employed these techniques like everyone else. Their city could alternately be

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69 Richmond Times-Dispatch, 18 March 1943, 1.  
70 Richmond News-Leader, 22 July 1943, 1.
helplessly overrun with diseased women or a bright shining example of social hygiene as
the public relations need arose.

Several other factors, besides a simple shortage of resources, led to restraints on
the extent to which safety officials could enforce strict limits on sexual behavior. On
occasion elected officials rejected these proposals, as in the reactions to proposed juvenile
curfew laws. In 1942 councilman Cecil Harris proposed that unescorted children be kept
off the streets at night in order to curb juvenile delinquency. The Common Council
passed the proposal, but the city Aldermen rejected it. A year later, another member of
the council, Emmet Perkinson made a similar proposal, and this time it passed.

The reservations of city leaders to pass the curfew were rooted in complaints
against the proposal from a variety of sources. One such source was the visiting soldiers
who were concerned that crackdowns on late-night activities by juveniles could have a
negative impact on their own nighttime amusements as well. Since many Richmond
businesses made money from these men, it was in the interests of many to keep them
happy, coming to Richmond for fun and relaxation, and spending money there. So, city
leaders were caught between political pressures to eliminate vice in the city and the
economic reality that soldiers were more likely to come to a city with a busy nightlife and
ample opportunities for "wine, women and song." In addition, the *Richmond Times-
Dispatch* came out strongly against the curfew idea, arguing that a better solution for
juvenile delinquency would be an increase in organized recreation, church groups, and

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71 Lutz, 119.
72 Lutz, 244.
73 Lutz, 244.
community centers. These non-governmental groups would be a more appropriate way to deal with juvenile misbehavior than a further expansion of city government efforts.  

The opposition to the juvenile curfew suggests a similar origin to the debate provoked by the premarital testing law in the 1920s. Again in this example, Virginians challenged policies aimed at the whole population, elite and middle-class citizens included, while accepting those targeting primarily those on the margins. All juveniles in the city who went out at night would feel the impact of this law, not just those potentially getting into trouble.

The *Richmond Times-Dispatch* editorial on the curfew law suggests an approach to public policy that had long been practiced in the Old Dominion and other southern states. In this era of limited government, a variety of extra-governmental organizations and privately employed individuals had not only contributed to but often initiated all kinds of welfare and charitable activities, including many of the public health programs that began during the progressive era. The state system of industrial schools for delinquent youth had similar origins. Groups of private citizens had opened all four of the schools (one each for boys and girls, white and "colored") between 1890 and 1915, and each of the schools had received various appropriations by the state until 1920 when the legislature voted to purchase and operate them all.  

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74 Lutz 119, 244.  
75 The school for white boys was opened in 1890; the school for colored boys was opened in 1898; the school for white girls was opened in 1909; and the school for colored girls was opened in 1915. The General Assembly would contribute money periodically to these schools for repairs or maintenance and at times agreed to pay the institutions a per diem fee for caring for the youths, though all this varied from school to school. James, *Virginia's Social Awakening* 79-93.
During the second World War, the city government's efforts to prevent sexual activity outside of marriage could only go so far, but other individuals and organizations outside the government could work in tandem to direct city residents toward more acceptable behavior. Thus, local newspapers, doctors, teachers, and civic groups, participated in various non-official ways to discourage “inappropriate” or “dangerous” activities. Consequently, in wartime Richmond, a sex-related subtext could be found in a multitude of municipal and charitable activities. In a sense, sex was everywhere—in mental hygiene efforts, in the building of public housing, in the provision of recreation for soldiers, and more.

In trying to solve the perceived problem of “pickup girls,” city leaders recognized that this group differed significantly from the “professional prostitute.” Prostitutes comprised a well-known category of women: immoral law-breakers. Pickup girls, however, were harder to identify, as health leaders believed almost any young woman could fall into this pattern, and still harder to explain. Curbing their out-of-control behavior required understanding why they behaved the way they did and educating the public—particularly parents—about their motivations.

One of the most often-cited explanations for the phenomenon of “pickup girls” was misguided youthful patriotism. According to city health official Hanson, 78.8 percent of these women were between the ages of 17 and 25.76 These girls felt sympathy and compassion for servicemen who were risking their lives for their country, believing, wrongly in the eyes of officials, that having sex with a serviceman showed an

76 Richmond Times-Dispatch, 6 August 1943, 5.
appreciation for their patriotic sacrifices. Similarly, officials cited the "lure of the uniform" in attracting young women. Men in uniform were exiting and brave, and girls supposedly found this enticing, leading the Richmond Times-Dispatch to observe, "Young Girls Here Drop Moral Standards When They See Uniform, Records Reveal."77

Newspaper editorialists found parents, particularly mothers who held paying jobs, to be partly to blame for the susceptibility of these young girls to delinquency. Editorializing on "War's Mark on Youth" in 1942, the Richmond Times-Dispatch noted that often when parents come to the Juvenile Court complaining their children are "incorrigible," the judge discovers that "the parents have been too busy with war work to direct properly the child's activities." Left alone, these youngsters got into all kinds of trouble, including sexual delinquency.78

Karen Anderson's study of three wartime cities questions whether juvenile delinquency actually increased during this period. She suggests that increased concern about juveniles in the war years and attention to the issue may have resulted in more arrests of youths, not necessarily proving that actually youthful misbehavior increased. This may have been especially true in the case of young women, as increased attention to venereal disease across the country inscribed their behavior with a new level of danger, thus bringing their behavior more frequently to the attention of authorities.79

Public health leaders also saw war in general as having a psychological impact on the population which sometimes manifested itself in female sexual delinquency. During

77 Richmond Times-Dispatch, 21 February 1943, 5.
78 "War's Mark on Youth," editorial, Richmond Times-Dispatch, 9 October 1942, p. 12.
79 Anderson, 96.
the war, Elmwood Street, the director of the Richmond Community Council and the Richmond War and Community Fund, gave a number of radio addresses on social service programs in the city. In several of the radio segments he discussed why social services had to be expanded during the war. According to Street, one reason that the number of unmarried mothers increased during the war, was the "emotional unsettlement of so many young women." Women who worried about attacks on the United States, threats to their loved ones in the service, and wartime shortages were so emotionally overwhelmed that they could drift into all kinds of irresponsible behavior.\(^{80}\)

City leaders considered African Americans to be similarly susceptible to this emotional unsettlement, though, predictably, this unsettlement was seen by white observers as taking a racially distinct form. The *Richmond Times-Dispatch*’s editorial pointed out that delinquency by Negro boys had increased more rapidly than among any other group of youths in recent months. The editorial attributed this to the fact that black parents "as yet have been unable to adjust to the sudden and drastic jump in income, which has often risen two to three times what it had been."\(^{81}\) Thus, while the editorial’s author pointed out that "increased earnings for Negro parents are highly desirable," they were also problematic. This was a classic position for southern racial liberals to take--social and racial changes should never happen too fast. In addition, it reflected the racial stereotype of African Americans as irresponsible, even childlike, and thus likely to become reckless with bigger paychecks. Street made a similar observation about

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\(^{80}\) Elmwood Street, "War and Community No. 20, The Story of the Brookfield Home for Girls," broadcast 12 July 1942, WMBG, Richmond, VA; "War and Community No. 21, The Story of the Family Service
economic improvement in one of his radio shows, demonstrating that the Richmond Times-Dispatch was not alone in this interpretation. Street noted that "Negro girls [were] distracted and made jittery by the war" like whites, but were also affected "by the new problems of human relations and of economic opportunity which it creates."

The idea that widespread social problems, including sexual promiscuity, could result from mass psychological trauma led to diverse "mental hygiene" efforts by various local groups. Columns in the Virginia Medical Monthly in 1942 emphasized to doctors across the commonwealth the importance of psychological health and education and advocated expanded involvement by the medical profession in this area. The Virginia Conference on Social Work, held in April 1942, featured a number of presentations on war and mental hygiene, including one on the "Effects of War on Delinquency and Crime," so that local social workers could learn to help cope with public mental problems. The local Planned Parenthood branch met to discuss "parenthood in wartime," hoping to teach working mothers how to prevent their employment from having a "disastrous" impact on their kids. Finally, the state health commissioner, I.C. Riggin, launched an "anti-worrying campaign" in 1942, though he gave no indication of how he would measure its success.


81 "War's Mark on Youth," editorial, Richmond Times-Dispatch, 9 October 1942, p. 12.

82 Elmwood Street, "War and Community No. 48, The Story of the Phyllis Wheatley Branch YWCA," Presented over Radio Station WMBG Sunday May 2, 1943. Transcript in Weddell papers, Box 37.


85 "Parenthood Discussed," Richmond Times-Dispatch, 26 September 1942, p. 5.

86 Lutz, 184.
While various mental hygiene efforts focused primarily on preventing delinquency in the local, civilian population, another campaign was on to guide visiting soldiers in the right direction. Like many other cities in this era, Richmond worked to provide soldiers with housing and recreation facilities when they visited the city on leave. Little distinguished these activities in Richmond from those in other communities across the country. In Richmond, programs for soldiers began in 1941 when the Community Recreation Association established the Richmond Defense Services Unit. The first recreation planned for the soldiers was a series of dances held at The Mosque—a former temple purchased by the city in 1940 for community events—beginning in April 1941. Later dances were arranged at Camp Lee, and organizers transported local women the twenty-five miles to the base in Petersburg.\(^{87}\)

The goal of curbing sexual delinquency permeated these efforts as well, as organizers hoped their programs would guide soldiers away from recreation in bars and dancehalls which could bring them into contact with delinquent women.\(^{88}\) Young women were recruited from the local population for these dances, and the Richmond Defense Services Unit provided buses to transport the girls to Camp Lee. As was typical of such events across the country, every attempt was made to locate “nice girls” for these dances. Organizers invited friends and daughters of local club women, and dances held at the

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\(^{87}\) On the history of the Mosque, see Lutz, 22. On community-sponsored dances see “Welcome Mat Out For Soldiers,” *Richmond Times-Dispatch*, 14 February 1943, p. IV-4; and Richmond War and Community Fund Papers, Weddell papers, Box 37.

\(^{88}\) Lewis Chewning, Chairman of the Richmond Community Recreation Association, letter to The Honorable and Mrs. Alexander W. Weddell, July 9, 1943, Richmond War and Community Fund Executive Committee Minutes, June 28, 1943, Weddell papers, Box 37.
Mosque allowed entry only to young women who had been “registered” with organizers.\textsuperscript{89}

Preventing delinquency offered one of the justifications for a major publicly-funded undertaking as well. In 1943, the city completed work on Gilpin Court, a city-run housing project with 301 units built for African Americans in a former slum area. The residences at Gilpin Court were the first public housing units in Richmond, though it represented dubious improvement in the city, as the new units constructed housed fewer tenants than had been living in the original slum area. Consequently some of the former occupants moved into other, already-crowded slums in the city.\textsuperscript{90} At the official ceremony dedicating the new development, Richmond Mayor Ambler pointed out that improved housing would help combat disease and crime in Richmond. Thus, the city's poor were not the sole beneficiaries of the new project, but, instead, by reducing the crime rate, the whole city would benefit.

The connection between crime and a lack of public housing for blacks reflected the long-held belief of many southern whites that African Americans were particularly prone to criminal behavior. The post-bellum myth of the black male rapist persisted across the South, and Richmond was no exception. At times considered equal to murder, rape was one of the worst crimes a black male could commit. Black women had similar sexual significance in southern culture, as southern stereotypes held them to be prone to uncontrollable lasciviousness. Thus, any effort at decreasing black criminality, social deviance, and disease was loaded with sexual elements.

\textsuperscript{89} “Welcome Mat Out For Soldiers,” \textit{Richmond Times-Dispatch}, 14 February 1943, p. IV-4.
The perceived sexual danger posed by blacks in the South (and war-time Richmond was no exception) was compounded by the danger of white reactions to black sexual violence. In the Progressive era, Southern bourbon leaders increasingly saw mob violence and lynching by lower-class whites as a threat to their political hegemony in the region, as lower class whites who "took the law into their own hands" were explicitly rejecting the authority and legitimacy of the justice system. Though the war years were hardly a peak period of black lynching and white mob violence in Richmond or the rest of the South, the dual threats posed by black sexual violence and white reactions to black sexual violence were exacerbated as the perceived threat posed by social disorder increased during the war.

City and state leaders had sought to exercise control over these disorder-provoking behaviors by blacks and whites in progressive-era Virginia, and these attempts continued in the war years when Richmond citizens perceived a threat from a rape scare in late 1943. In November, police received reports of one rape and one attempted rape by young black men on white women. Then, in the first weekend in December, several more attacks and rapes were reported by white women. Councilman Emmett Perkinson, who was running for mayor, seized these attacks as evidence that public safety was crumbling under the current administration. As the current public safety director, Police Captain W.C. Herbert, was also running for mayor, public safety could have become an important issue in the race. However, the Richmond Times-Dispatch soon reported that

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90 Cohen and Harman, 19.
91 Link, 58-61.
several of the most recent attacks did not actually occur, and called on the public to remain calm, and “verify any inflammatory report we hear,” while simultaneously admonishing blacks to control the “rowdies” among them. Either the newspaper’s call successfully mobilized community leaders to calm their respective populations, or some other forces were mustered, because the calls for calm by whites were heeded.

By the end of the war, the citizens of Richmond had witnessed a significant change in the techniques city leaders used to attack the problem of venereal disease. Measures—specifically incarceration pending treatment—that public health officials had directed primarily at African Americans in the pre-war years, and on rare occasions at that, increasingly targeted white women instead. City officials concentrated their efforts on women, while military and federal officials supplemented the work of the city by arresting, testing, and treating male soldiers and sailors. Together, military and municipal officials used their mandate for preventing venereal disease to monitor and punish certain behaviors in the city’s population. This expanded purpose of the city government required a concurrent expansion in governmental facilities, personnel, and resources. However, for a variety of reasons, Richmond’s government could not enlarge beyond certain limits, thus restricting its ability to exercise control over venereal disease-spreading behavior. Despite this, city leaders made a convincing case to the public, press, and federal officials that they had adequately controlled venereal disease, and thus

93 “Two Rape Cases Are Reported to Police,” Richmond Times-Dispatch, 5 December 1943, p. II-1.
the city enjoyed a reputation of a public health success and reaped the economic benefits of visiting soldiers.
From the earliest days of America’s involvement in the second World War, leaders in the Public Health Service (PHS) and the American Social Hygiene Association (ASHA) believed they knew how to control venereal disease and prostitution in American cities. Local governments needed to educate the public about these diseases, repress prostitution in their areas, and provide treatment for infected citizens. The federal government would “assist with plans, advice and money.” To illustrate how all this would work, ASHA printed a “pictograph”—a cartoon chart—showing the responsibilities of the Army and Navy, the Federal Security Agency (which included the PHS and the Social Protection Division), the local community, and the Department of Justice. In this pictograph, faceless cartoon figures show uniformed, official-looking men giving lectures and arresting people; patients being examined and treated; and women being sentenced in courts and led off to jail. Everything in this diagram is very orderly; all the authorities appear authoritative and all the criminals look suitably repressed.¹

In Norfolk, Virginia, during this time, none of the actual people whom the cartoon characters supposedly represented filled their roles so obediently or well. A pictograph of the real situation in the area would show military, federal and local authorities butting heads with each other; arrested women laughing at the judge rather than cowering in front of him; and police taking bribes from suspicious-looking men rather than arresting them. In short, chaos and crisis, not order and control, marked public health and vice control in Norfolk throughout the war, giving the impression of a city spinning out of control.

Beginning in 1942, the national press focused its attention on Norfolk, labeling the city America’s “Worst War Town” and printing articles with such titles as, “Norfolk, Va: Confusion, Chicanery, Ineptitude.” As a result, Norfolk became nationally known as a city of rampant vice with few redeeming features. This chapter documents how the reality of vice control in Norfolk differed so spectacularly from the officially-produced model and explores why this disjuncture occurred.

The city of Norfolk is on the southern side of Hampton Roads harbor, one of the nation’s best natural ports. Norfolk, Portsmouth, Hampton, and Newport News have developed on different sides of the harbor, and in the twentieth century all of these cities have been home to naval and maritime industries. When military planners decided to significantly expand the U.S. Navy while the world fought the Great War, they chose the Port of Hampton Roads as the site for the nation’s biggest naval base. As a result, the city of Norfolk and the rest of the region changed rapidly in the second decade of the twentieth century. Between 1910 and 1917 the number of residents of Norfolk increased
from 67,000 to 130,000 leading to a shortage of housing and an excess of what one local preacher called “immoral indulgences.”³ In reaction, city residents voted by referendum in 1917 to establish a “commission-manager” form of government and appointed a city manager to oversee Norfolk’s daily governmental operations.⁴

Cities across the country hired city managers and formed city commissions in the first two decades of this century, following the leads of Galveston, Texas and Stanton, Virginia, the first cities to adopt such innovations. These new forms of government exemplified the spirit of the Progressive Era as urban reformers sought to replace corrupt and inefficient political machines with professionally-trained experts.⁵ Norfolk’s new city manager vowed to run the city in a more effective and efficient way, and city officials orchestrated a crackdown on prostitution, arresting hundreds of women in conjunction with a national campaign to curb venereal disease during the war.

As interest in vice reform declined after the first World War, city officials decided that since they could never eliminate prostitution, they should try to control it through the establishment of “segregated districts.” In these districts prostitutes could practice their trade without fear of prosecution, as long as they complied with certain regulations. In the city’s biggest segregated district, East Main Street, an estimated four hundred women worked as prostitutes under the stipulation that they have their health checked every week, carry a card certifying a clean bill of health, and not work outside that area at

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night. This arrangement mirrored those in other cities across the United States. When health inspectors found that one of these women had a venereal disease, they quarantined her while she received treatment in a building that was jointly leased by the area’s brothel-owners.

Though there is no record of exactly when city officials decided on the policy of segregated districts, they certainly had implemented it by the mid-1930s. Norfolk’s third city manager, Major I. Walke Truxtun, took office in 1925 and devoted much of his attention to public safety and public health issues. He likely conceived of the segregated district plan as a way to contain problems posed by the vice industry. Leaders of many turn-of-the-century American cities had already implemented systems of regulated prostitution districts as a solution to some of the changes brought by urbanization. Richmond established a vice district in 1905 to “discourage the maintenance of disorderly houses in respectable residential neighborhoods” but closed the district in 1914 under the recommendation of the city’s newly created vice commission.

There is little evidence as to the racial make up of the customers or the prostitutes in the East Main street district. Some documents from the period indicate that some of the prostitutes were white, and the area was a white neighborhood. It is a fair assumption

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6 Parramore, 332; “Main Street Conditions Are Protested By Navy,” *Norfolk Virginian-Pilot*, 8 November 1940, p. 12.
7 H.G. Parker, Letter to Charles Borland, City Manager, 1 April 1941, Norfolk Central Files, Box 136, Library of Virginia, Richmond, VA.
8 Wertenbaker, 324-5.
that the customers in the district were almost exclusively white. The South’s long history of segregation and its prohibition on sex between white women and black men made it quite unlikely that black men could have purchased the services of white women in such a strictly regulated area. However, some brothels may have had black women working there. One source describing Norfolk on the eve of the war mentions that in the “dark alleys of Main Street . . . Negro girls tried to pick up a pitiful quarter by enticing sailors back into the shadows,” indicating there were some hierarchies among prostitutes based partly on race, with higher status, primarily white, women working in the more controlled, safer brothels. Given the strict racial segregation throughout the city, brothels that supported exclusively black prostitutes and customers more likely existed elsewhere in the city, in the black neighborhoods.

Though the existence of the segregated district in the city was a tacit expression of defeat in the war against prostitution, public criticism never threatened the policy. However, one brief episode of criticism occurred in 1936, following revelations of narcotics sales in the East Main Street district. A federal grand jury hearing testimony on some narcotics-related arrests reported they were “appalled” by the existence of “white slavery” and the sale of narcotics and liquor in the city and recommended a cleanup of the area. Though local newspapers publicized the report extensively, city officials never responded to it. The federal judge who heard the case said he was very busy and could

10 Arthur James, *Virginia's Social Awakening; the Contribution of Dr. Mastin and the Board of Charities and Corrections* (Richmond: Garrett and Massie, 1939), 114.
11 For a discussion of these issues see Martha Hodes, *White Women, Black Men: Illicit Sex in the Nineteenth-Century South* (New Haven: Yale University Press, 1997).
not comment, and the city manager said he was waiting for the federal authorities to make a statement on the subject before he took any action. After a few days of trying to make a story out of the absence of a story and printing headlines reading, for example, "Authorities Still Silent on Vice Report," newspapers dropped the issue and the segregated district continued to operate.\(^{13}\)

When the nation began to mobilize in the late 1930s to assist European countries at war with Nazi Germany, the Navy called upon Norfolk once more to aid the war effort. The Navy allocated twelve million dollars in 1938 for new construction at the naval base and naval air field, and soon even more federal contracts poured in. By 1940 the naval yard added one thousand new workers per month and other local military facilities expanded just as rapidly. Once again, Norfolk became a city with too many people and too few resources. Housing was scarce, schools and roads were overcrowded, and city services were taxed beyond capacity.\(^{14}\) While Norfolk officials tried to deal with the needs of its growing population, national public health officials had begun their campaign to stamp out venereal disease, as discussed in the previous chapter. A sudden increase in venereal disease among Navy men stationed at Hampton Roads prompted a visit to the city by an American Social Hygiene Association physician who reported the existence of the segregated districts to Surgeon General Thomas Parran.\(^{15}\) Norfolk officials found themselves caught in the middle of a national debate between public health leaders such

\(^{13}\) A *Norfolk Virginian-Pilot* article from 1940 notes that "Abolition of segregated districts in the city has been tried and ordered before and they have been abolished, theoretically, in previous years." However, I have come across no evidence of such efforts, except the events of 1936, and I am suspicious that these vague claims may have been simply part of the rhetoric used by opponents of the district's abolition. "Segregated District to Go, Borland," *Norfolk Virginian-Pilot*, 8 November 1940, p. 12.

\(^{14}\) Schlegel, 11-12.
as Parran, who believed prostitution should simply be eliminated, and some members of the medical profession who endorsed the segregation/regulation approach. Despite criticisms from some doctors, Parran ordered the closure of districts in Norfolk and others across the country.\(^\text{16}\)

Some city officials protested, saying the closing of the district would just scatter the prostitutes across the city, but city manager Charles Borland vowed to comply with the federal recommendation: “As segregation has met with much opposition, we shall have to abolish it and change our methods.”\(^\text{17}\) The *Norfolk Virginian-Pilot* expressed support for the new policy along with skepticism that it would really bring an end to commercialized vice in the city.\(^\text{18}\) Borland ordered the East Main Street brothel-owners to close their establishments by January 1, 1941. On January 14, police officers raided businesses that had failed to close, arresting two female operators of brothels, three female prostitutes, and four male patrons.\(^\text{19}\)

The officials who had protested were proven right; the prostitution industry suffered little from the new policy, and by all accounts it flourished in the following years. The regulation of the East Main street district ended, but prostitution continued, despite periodic raids. Furthermore, as predicted, prostitution spread all over the area, making it more difficult to control. From January 1941 until the end of the war, the story of prostitution and venereal disease control in Norfolk is one of city officials struggling

\(^{15}\)“Segregated District to Go, Borland,” *Norfolk Virginian-Pilot*, 8 November 1940, p. 12.

\(^{16}\)Brandt, 166-67.

\(^{17}\)“Segregated District to Go, Borland,” *Norfolk Virginian-Pilot*, 8 November 1940, p. 12.


\(^{19}\)“Raids are Made on East Main Street Houses,” *Norfolk Virginian-Pilot*, 14 January 1941, p. 1.
with little success to curb illicit sexual behavior. This is not to make a counterfactual argument, that if the segregated districts remained all would have been well, but rather to say that abolishing the districts certainly did not end commercialized sex in Norfolk.

Norfolk was not alone in its struggle over the closure of organized prostitution districts. Seattle, Washington had a similar district, and those who ran it proved far more recalcitrant than those in Norfolk. Federal officials first turned their attention to the situation in Seattle in July 1941, requesting that local police close the houses of prostitution there. Two full years passed before the first serious effort seemed to be underway to shut the businesses down. Seattle differed from Norfolk because police there were simply unwilling to enforce the orders to shut the brothels down, presumably because of bribes by the well-organized prostitution racket in that city.²⁰

Norfolk leaders weathered their first storm of criticism in 1942 when the national press turned its attention to the city. Oddly, the first element of the city’s reputation that needed to be defended was its architecture, following an exposé in Architectural Forum. The magazine article not only criticized the buildings of Norfolk, saying much of the city was marked by a "general drabness," but also remarked on local corruption and mismanagement. "Norfolk is not much of a town," the article’s author commented. Other national publications concurred with Architectural Forum, and soon people across the country were able to read about the prevalence of illegal alcohol sales and prostitution

²⁰ Edwin James Cooley, the Federal Security Agency’s Regional Representative in Seattle, reported on this issue in a letter to Eliot Ness, Director of the Social Protection Section of the Office of Community War Services, Edwin James Cooley, letter to Eliot Ness, 8 July 1943, Records of the Office of Community War Services, Social Protection Division, General Records, 1942-1956, Record Group 215, Box 4, National Archives at College Park, College Park, MD.
in Norfolk, as well as the housing shortage and other problems.\textsuperscript{21} For the most part, Norfolk officials and the local press did not deny the allegations. In fact, they poked fun at the moral outrage these publications demonstrated: "Norfolk a Sinful Place? What of it? It Queries," observed an article in the \textit{Norfolk Virginian-Pilot}. Norfolk hosted a large number of sailors daily, and sailors liked "sin"—"at least in its milder and more understandable forms," said a "well-known public official." After all, "What's a sailor going to do when he comes into town? Go to Church?"\textsuperscript{22} No, he's going to go to East Main street, "where love is not exactly free, but generally reasonable."\textsuperscript{23}

Though the city's spokesmen were blasé about allegations of vice activity, they were put off by the scrutiny of the national press. "Enemy Hasn't Raided Us But Out of Town Writers Have," proclaimed the \textit{Virginian-Pilot}. "Big city papers" had come to town, to feed "sensation-hungry subscribers," ignoring the positive side of the city and the many sacrifices residents had made for the war effort.\textsuperscript{24}

City leaders repeated this strategy of blaming outsiders—in this case out-of-town journalists—for the city's problems on several occasions during the war years. In fact, Norfolk's leaders even responded to critiques of its architecture this way. Local builders, according to the head of the city's Builder's and Contractor's Exchange, did not control many of the "drab" new units that the magazine critiqued. Instead, they were the work

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\textsuperscript{23} "Norfolk: Enemy Hasn't Raided Us But Out of Town Writers Have," \textit{Norfolk Virginian-Pilot}, 27 June 1942, p. 16.
\textsuperscript{24} "Norfolk, Sinful Place? What of it? It Queries," \textit{Norfolk Virginian-Pilot}, 22 March 1942, p. II-1.\textsuperscript{149}
of “foreign” contractors with “outside money,” who “swept” into the city when the war boom started.\textsuperscript{25}

Although Norfolk’s citizens tried to laugh off many of the negative stories as the work of over-excited journalists, they could not ignore the demands of national public health leaders that prostitution, because it spread venereal disease, must be curbed in the interests of national security. Echoing national leaders in emphasizing the threat that prostitution and venereal disease posed, City Manager Borland observed in 1942, “All of us must present a solid front against this evil, just as the FBI is presenting a solid front against spies and saboteurs.”\textsuperscript{26} Forming this “solid front” meant treating venereal disease and eliminating the vice industry.

Early in the war, military and public health leaders had divvied up responsibilities for venereal disease control in what became known as “The Eight Point Agreement.” According to this plan, the military would educate soldiers about venereal disease and treat their infections, report contacts and vice problems to health authorities, and “lend all assistance possible” to reduce prostitution. Local and state governments would diagnose and treat venereal disease in the civilian population, “forcibly isolate” “recalcitrant infected persons” with venereal disease pending treatment, repress prostitution, and educate the civilian population about venereal disease. The PHS would provide information and assistance to aid local and state efforts, unless local officials failed to deal with venereal disease problems in which case the PHS would “intensify efforts”

\textsuperscript{26} “Prostitution Fight Pledged in This Area,” \textit{Norfolk Virginian-Pilot}, 9 July 1942, p. 20.
toward developing necessary programs. The Social Protection Section of the Office of Defense Health and Welfare Services and the American Social Hygiene Association would fill roles similar to the PHS, gathering information and encouraging various programs and measures.\(^27\)

In Norfolk, the military had already undertaken most of the activities assigned to it in the Eight Point Agreement. Military personnel were tested regularly and treated for venereal disease when necessary. Service members could avail themselves of the "prophylaxis stations" when they feared they had just been exposed to venereal disease. These facilities, discreetly labeled "Navy First Aid Station," operated at strategic locations around the Hampton Roads Area. In 1944, one such station in downtown Norfolk began to operate twenty-four hours a day.\(^28\)

According to the blueprint, the city, then, was supposed to take on its share of the venereal disease control job as well. Military and civilian planners saw this element as crucial. "The fact that the conditions are local and must in large measure be dealt with locally is constantly emphasized . . . . The Federal Government can assist with plans, advice, and money: but nothing really effective happens unless it happens locally," an official from the federal government’s Social Protection Division wrote.\(^29\) For city leaders to follow the Eight Point Agreement, they had to take on the difficult tasks of

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28 ComFive, Fifth Naval District, memo to "All Activities," 8 July 1944, Past Director’s Activities, Records of Naval Districts and Shore Establishments, 5th Naval District, Norfolk, VA, RG 181, Box 10, National Archives Mid-Atlantic Region, Philadelphia, PA.
testing for and treating the disease in the civilian population and preventing activities likely to spread the disease. Thus, at the center of the story of wartime vice and venereal disease control in Norfolk is the quest to control sexual behavior by keeping it within an "acceptable"—that is, marital—context.

However, restricting people's behavior is a difficult undertaking at the best of times. Southern political leaders had faced this problem before when at the end of the civil war whites no longer had the authority granted by slavery to control the daily lives of African Americans. By the late nineteenth century Southern leaders found a partial replacement for their recently-lost authority: the system of Jim Crow. By imposing spatial boundaries on African Americans, white southerners could exercise a measure of control by restricting access to the white world, and thus, the opportunities for economic, political, and social advancement this world offered.

Many of the attempts to control venereal disease and prostitution in Norfolk also involved drawing boundaries around parts of the city and/or restricting the movement of individuals. The establishment of the segregated district was one such attempt, and other subsequent attempts to construct boundaries and confines followed during the war. Many cities in the United States, within and outside the South, had a history of racial and ethnic segregation, and many of these approached vice control in similar ways. Some of the experiences of Norfolk's leaders with vice control in this period mirrored those of other American cities, some specific parts of this story reflect the city's southernness, and other elements of the tale stem from issues unique to Norfolk and the Hampton Roads area.
Just as African Americans resisted the boundaries of race that the white world imposed on them, women who sought to sell sexual access and soldiers who sought to purchase it constantly defied the attempts of city leaders to constrain their movement. This is not atypical of sex workers in general, nor is it surprising to historians of sexuality who have shown how in other historical contexts sexually deviant individuals (i.e. people involved in prostitution, interracial sex, or homosexuality) often successfully eluded authority by slipping through the cracks in systems designed to constrain them. 10

While sex workers in Norfolk did what sex workers did everywhere in the United States, the cracks in the system were, at times, unique to the city and/or region. The problem of jail space in Norfolk for white women formed one of the key cracks in the city’s plan for vice control. The situation in Norfolk mirrored the one in Richmond; the cities had never built many spaces to jail white women, because, traditionally, white women rarely went to jail. During the war, Norfolk could incarcerate only forty-five white women at any one time, unless they filled the cells well beyond capacity. 11

When the jails overflowed in the early years of the war mobilization, local judges, under the advice of municipal officials, simply assigned the women suspended sentences and ordered them to leave town. 12 However, by the eve of the war city leaders, under

12 For example in a letter dated May 21, 1941 the Norfolk Chief of Police, John F. Woods, wrote the following to City Manager Borland about suspended sentences: “I took this subject up at a recent conference with the City Manager and explained to him that I had requested Judge Jacob to use whatever means he possibly could to cut down the increase in the number of women in the City Jail and by imposing
pressure from federal health officials, recognized that this approach presented several problems. First, the women often did not leave town. Instead they frequently ignored the judges orders and stayed, hoping that police would not catch them again, or that if they were caught they would receive a similarly nominal punishment. Second, if they did leave town, the women would often just go to other cities; this was particularly problematic in the Hampton Roads area, as women could easily move between the various municipalities and counties in the area. In a quote that speaks much about the attitude of city officials toward female prostitutes, Borland summarized the problems with the suspended sentence approach this way: "If we don't have more places in which to house these women, then we will be confronted with the situation like that of running a mad dog from my back yard into your back yard."

Furthermore, simply arresting and releasing the women did nothing to curb venereal disease, a problem that public health officials said could weaken America to point of a Nazi victory. However, city leaders found it quite difficult to successfully treat venereal disease in prostitutes. If jail officials released prostitutes who had venereal disease before they had completed their approximately two-week course of treatment,

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suspended sentences and the Judge, with a few exceptions, has complied with my request." John F. Woods, letter to Charles Borland, 21 May 1941, Norfolk Central Files, Box 136.

11 The Social Protection Division criticized this position in print and said the Division and the FBI sought to stop cities from doing this. Social Protection Section of the Defense Health and Welfare Services, "Safeguards Plus Salvage," 43.

13 "Prostitution Problem Put Before State," Norfolk Virginian-Pilot, 26 June 1942, p. 11. Newspapers claimed that this worked -- that few women were re-arrested after this. However, there is no evidence to support this claim, and some to refute it, such as reports that many of the women arrested in the October 1942 raid in Norfolk county had been arrested before. "52 Tourist Cabin Vice Raid Cases Draw $2,060 in Fines, 438 Months in Sentences," Norfolk Virginian-Pilot, 20 October 1942, p. 20.

some of the women refused to return to the health department to receive the rest of their shots. If health officials, instead, admitted the women to the hospital, they ran into another problem, since, as Borland put it, "the girls will not stay there." Even if the women did stay at the hospital, Borland explained: "We have tired [sic] this repeatedly and found it a completely hopeless proposition. On several occasions only two or three of them at a time have nearly wrecked the institution. The Municipal Hospital is the last place they should go and they should be provided with an entirely separate unit."^38

To deal with recalcitrant women with venereal disease, the city needed a new facility. From the earliest months of the war mobilization, city officials had called for the construction of a new, larger prison in which they could both incarcerate women arrested for prostitution and treat those who had venereal disease. When the city authorities had arrested and incarcerated prostitutes during the first World War, they had put them in facilities at the Norfolk City Farm and the Newport News City Farm.^39 Those solutions were temporary, as were similar approaches used in other cities across the country in that period.^40

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37 Charles Borland, letter to Mr. C. L. Vickers, Regional Director, Federal Works Agency, Richmond, 7 September 1944, Box 169, Norfolk Central Files.
38 H.G. Parker, Director of Public Welfare, letter to Charles Borland, 1 April 1941, Box 135, Norfolk Central Files.
39 James, 118-19.
40 Estelle Freedman discusses the expansion of women's prisons during the first world war and notes that less than half of the women's prisons established during the war remained open after 1920. Estelle Freedman, Their Sister's Keepers: Women's Prison Reform in America, 1830-1930 (Ann Arbor: University of Michigan Press, 1981). Nicole Hahn Rafter observes that southern states and cities were more likely to use temporary facilities to jail women, facilities that could close or move as the situation necessitated and funding allowed. Nicole Hahn Rafter, Partial Justice: Women in State Prisons, 1800-1935 (Boston: Northeastern University Press, 1985).
Borland had initially hoped to use the Norfolk city farm again in the 1940s to incarcerate these women, but this plan ran into problems.\(^{41}\) First, the city council refused to allocate enough money for the project. The small amount of money designated for construction at the site could build a very small facility that was big enough to hold only the city’s black female jail population.\(^{42}\) In addition, H.G. Parker, the city’s Director of Public Welfare expressed to Borland a reluctance to put white women at the farm, asserting that presence of the women made the men more unruly.\(^{43}\) Furthermore, according to Parker, “Our experience at the Farm over many years has been that ten or twelve women of this class constitute far more of a problem than two hundred male prisoners.”\(^{44}\)

Desperate for jail space for white women, city officials emptied the building at the city farm of African American women and started sending white women under eighteen years old there. This facility consisted of one room into which the women were crowded all day long. The showers had no curtains, and the toilets had no booths. Venereally infected women were instructed to use one toilet and those who were uninfected the other. The young women incarcerated there rebelled against their conditions, attacking guards with chairs until authorities removed the chairs. Next, they set the bedclothes on fire and threw them out the window, producing a fire in the grass outside. The last straw

\(^{41}\) Charles Borland, letter to H.G. Parker, 29 March 1941, Box 136, Norfolk Central Files.

\(^{42}\) Parker to Borland, 1 April 1941.

\(^{43}\) Memorandum on meeting held in the office of Col. Charles B. Borland, City Manager of Norfolk, 1 November 1944, 4 November 1944, Box 169, Norfolk Central Files.

\(^{44}\) Parker to Borland, 1 April 1941.
came when the girls rioted and broke everything within reach. After that, the experiment at the city farm ended.\footnote{Schlegel, 333-4.}

In March 1941 Borland met with Charles P. Taft, a representative of the Federal Service Administration. Borland explained to Taft the problems the city had controlling vice and asked for federal help in building a prison in which to hold and treat venereally-infected prostitutes. In asking Taft, and, later, other federal officials for money to build a local prison, Borland underscored the assertion that prostitution in Norfolk was not really the city’s fault. When the defense preparations began, large numbers of military personnel and war industry workers descended on the city, followed soon by an influx of women hoping to use their wits and sexual services to alleviate poverty and, perhaps, boredom. City leaders repeatedly emphasized that most of the women involved in the trade were not Norfolk natives, and that, in fact, Norfolk had become “a camping ground for women of ill fame from every State in the Union.”\footnote{T.J. Carter, “New Patterns of Venereal Disease Control as Seen by the Navy Medical Officer,” \textit{Journal of Social Hygiene} 29:4 (April 1943): 214.} To emphasize this point, local public health officials printed a map with arrows pointed at Norfolk from all over the nation that illustrated the origins of the women arrested for prostitution in the city.\footnote{“Use of Old Jail Quarters City’s Aim Until New Plant is Built at Welfare Center,” \textit{Norfolk Virginian-Pilot}, 11 July 1945, p. 18.}

In the eyes of Norfolk’s leaders, city resources could not finance programs to curb the spread of threatening venereal diseases among all these new people. Thus, they looked to the federal government for help. After all, federal representatives had underscored the importance of venereal disease control to military preparedness but had...
thwarted the city’s best effort to control the problem, the segregated district. If venereal
disease control was part of the war effort, then money from the defense budget should
pay for dealing with and treating diseased women.

Taft promised the city federal money to build facilities to quarantine women with
venereal disease. However, soon thereafter, the Office of Defense Health and Welfare
Services reviewed the situation and decided that it would be more appropriate to direct
such assistance to the state rather than to a municipality. So, Borland then contacted state
health commissioner I.C. Riggin, who said that the state would apply for federal money
to build a state-wide facility for incarceration and treatment of these women. Though
Congress approved the appropriation, construction of the facility never occurred,
reportedly because of shortages in construction material.48

At that point, Borland and state officials requested that either portable buildings
from an old Civilian Conservation Corps (CCC) camp be moved to the State Industrial
Farm for Women or that the federal government designate an abandoned CCC camp in
the state for use as a quarantine site. Navy officials tried to help the city secure this
assistance by writing to the Surgeon General in support of the CCC camp proposal.49
After much wrangling with federal officials, who resisted giving up any facilities that
could possibly be used for military training, state officials announced that the Federal

48 "Vice Attacked in Other Navy Ports As Washington’s Concern Increases; Norfolk Will Welcome
Federal Help," Norfolk Virginian-Pilot, 24 February 1943, p. II-1; "A New Climax of Futility," editorial,
49 W.F. Draper, letter to Rear Admiral Manley H. Simons, 12 May 1943. Records of the USPHS, General
Classified Records, Group III: States 1936-1944, RG 90, Box 293.
Works Agency (FWA) had contributed a site in Prince Edward county plus $105,000 for its renovation.\textsuperscript{50}

Six weeks later, Virginia’s Governor Colgate Darden announced that he had canceled this plan, as the camp had an inadequate water supply, as well as other unspecified problems. Darden noted that a shortage of doctors and nurses to staff the facility also contributed to his decision to call off the preparations.\textsuperscript{51} The governor’s public statements conflicted, however, with a PHS memo offering to detail a medical officer and nurses to the facility, with the stipulation that the state pay the salaries of the nurses.\textsuperscript{52}

The real problem may have been deeper conflicts in Virginia politics. The state government’s long history of penurious government probably manifested itself as a reluctance to spend state money on such a facility. However, the federal government would take over the financing only if state leaders filed a statement “declaring themselves unwilling or unable to assume the responsibility.”\textsuperscript{53} State leaders failed to file such a statement, probably fearing the political ramifications of such abdication of power to the federal government. Though the plans for converting the CCC camp languished in Virginia, other states succeeded in transforming these facilities into

\textsuperscript{52} “A New Climax of Futility,” editorial,\textit{ Norfolk Virginian-Pilot}, 20 March 1943, p. 14; Schlegel, 131; R.A. Vonderlehr, letter to Director of District No. 2[of the PHS], 17 September 1942, Records of the USPHS, General Classified Records, Group III: States 1936-1944, RG 90, Box 293.
\textsuperscript{53} W.F. Draper, letter to Manley H. Simons, 22 May 1943, Records of the USPHS, General Classified Records, Group III: States 1936-1944, RG 90, Box 293.
Lanham Act-funded hospitals. In Florida, Sarasota, Ocala, and Wakulla saw these camps converted by the end of 1942 as did Pontiac and Goldville in South Carolina.

Disputes over how federal money should be spent also impeded construction of a detention/treatment facility in Virginia. In 1940 Congress had passed a law, known as the Lanham Act, to aid cities overcrowded by war production growth by providing money through the Federal Works program. When state officials applied for federal money for construction or renovation, they did so under the provisions of the Lanham Act. However, the federal agency specified that Lanham Act funds could not be used to establish treatment centers that doubled as penal institutions. The Rapid Treatment hospital in Richmond evaded this restriction by putting the occasional, particularly recalcitrant patient in quarantine, while keeping most of the patients there on a voluntary basis, but since the facility proposed by Norfolk and the state was explicitly for prisoners, its proponents ran afoul of the Lanham Act's restrictions.

While Borland was negotiating with federal officials, the military took its own steps toward curbing vice in the Hampton Roads area. In April 1942 the Navy put forth a plan to control the movement of sailors by issuing an out-of-bounds order that covered key parts of the city, preventing them from entering a circumscribed region. Out-of-bounds orders had been used before in Norfolk, but since the war had begun they had usually targeted just particular businesses, not whole areas. The wartime orders in

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54 Draper to Simons, 22 May 1943.
55 Portions of the city were placed out of bounds in the 1930s. See, for example, Fifth Naval District Order No. 11, 5 August 1933; Fifth Naval District Order No. 13, 12 July 1934, Records of Naval Districts and Shore Establishments, Fifth Naval District, Norfolk, VA, General Correspondence Files 1926-1940, RG 181, Box 95.

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Norfolk had previously covered "venereal disease sources," bars and hotels such as the Arab Tent Nite Club (placed out-of-bounds for six months in 1941), and restaurants which the Navy judged unsanitary.\textsuperscript{56}

The sweeping out of bounds order of April 1942 not only blocked access to prostitution, gambling, and alcohol joints in the restricted area, but access to all other businesses and activities as well. Rear Admiral Manley H. Simmons, the commandant of the Naval Base, gave the 1942 order which forbid sailors from entering particular parts of the city, mostly a portion of Main Street that had been notorious for vice. The order authorized members of the shore patrol to enter these areas and arrest any servicemen who were in violation of the order.\textsuperscript{57}

Next, the Navy established a permanent shore patrol, the first such force in the country, in October 1942.\textsuperscript{58} Prior to this action, the shore patrol had no permanent staff except a chief petty officer who handed out the daily assignments to the patrolmen. Commanders of individual ships whose seamen were visiting that day selected a certain number of them to serve on the shore patrol that evening. Two problems with this system diminished the shore patrol's utility. First, officers served only a few days, so they developed no skill at the job. Second, ship-mates were inclined to be very lenient with each other, so the shore patrol frequently overlooked violations.\textsuperscript{59}

\textsuperscript{56} Memo to The Commandant, Fifth Naval District from the District Naval Officer, 10 June 1941; Fifth Naval District Order No. 27, 19 June 1941; Fifth Naval District Order No. 2 (correction to), March 1, 1943, Past Director's Activities, Records of Naval Districts and Shore Establishments, 5th Naval District, Norfolk, VA, RG 181, Box 10.
\textsuperscript{57} Schlegel, 323.
\textsuperscript{58} "Shore Patrol Seen Improving Navy Relations," \textit{Norfolk Virginian-Pilot}, 7 November 1942, p. 2.
\textsuperscript{59} Schlegel, 232-233.
The new permanent shore patrol would be able to do a better job of enforcing the
out-of-bounds order. The out-of-bounds order in the city, coupled with the previous
year's closing of the segregated district, led to an explosion of vice just outside the city.
This became evident to the public with a highly-publicized raid on "tourist cabins" in
Norfolk county. These cheap hotels found in the county often served as meeting places
for prostitutes and their customers. On October 18, Navy shore patrol members and
Norfolk city police conducted raids on three such business, Shack's cabins, Southern
Cabins, and Timkin's Cabins, arresting fifty-three sailors, fifty women, and twelve non-
military men. Although the cabins were located in Norfolk county, the county police did
not participate in the raid; the reasons for the county's lack of participation would not be
clear until another investigation two years later. The raid was the biggest in the region's
history and the New York Times even reported on the event.

Thirty-seven of the women arrested in the raid received twelve month sentences to
the State Industrial Farm for Women in Goochland. Two of the three operators, one
male and one female, received sentences of twelve months and fines of $500. Police
turned the fifty-three Navy men over to the Shore Patrol where they were to be tried for
violating an out-of-bounds order. According to military policy they would also be tested
and treated for venereal disease. Eight of the civilian men received fines ranging from
$20 to $100, but none, save for the operator of Southern Cabins were punished with

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60 Schlegel, 234; "Total of 115 Persons Arrested As Police and Navy Authorities Stage Sudden Raids in
County," Norfolk Virginian-Pilot, 19 October 1942, p. 14. The investigation would reveal the vast
corruption in the county that rendered the police all but inactive in vice control.
62 "Total of 115 Persons Arrested As Police and Navy Authorities Stage Sudden Raids in County;"

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incarceration. Two days later some of the incarcerated women sought to be released on bail. The judge in the case refused their request, citing the newly passed legislation requiring that they be tested for venereal disease first.

Do the gender differences in punishments given following this raid indicate that the law dealt more harshly with women than men in Norfolk? The answer is not crystal-clear. One reason some women received jail time rather than a fine is because they were repeat offenders. They worked regularly as prostitutes and were thus more likely to encounter the police than the civilian men arrested the same day. There is no indication of how many of the women served a full sentence; given the overcrowding in the Goochland facility and the city jail (which would hold women when there was no room at the state farm) it is unlikely they all served a full twelve months. A history of Norfolk during the war suggests that these women probably did not serve their sentences due to prison overcrowding. It is true that the civilian men arrested seemed to fare better than the women in front of the judge; not only did they all escape jail time (except for the one male operator) they also did not encounter suspicion that they might have venereal disease and were not forced to be tested for the disease. Nonetheless, the sailors would have received mandatory testing and treatment for venereal disease as well as punishment for violating the out-of-bounds order.

As for the fates of the three other civilian men arrested, one, a African American employee of one establishment received a $500 fine; one was released, along with his female consort, when they proved they were married; and the judge set the third free when he proved he was a taxi driver delivering sandwiches to a customer. Some of the women unaccounted for above were fined -- those who had never been arrested before were more likely to get this more lenient treatment -- and others were released for various reasons. "52 Tourist Cabin Vice Raid Cases Draw $2,060 in Fines, 438 Months in Sentences," Norfolk Virginian-Pilot, 20 October 1942, 20.

Borland and other Norfolk officials felt that they had diagnosed one of the city's main problems—a lack of jail space—that hampered efforts to curb prostitution and treat venereal disease. They also believed that they knew the cure for this problem: state or federal assistance in building a new, bigger facility for incarceration and treatment. But, all they got in 1942 was a shore patrol, out-of-bounds orders, and one raid.

While city leaders waited for help with detention facility construction, federal leaders decided to try their hand at diagnosing the problems in the city and the surrounding area. In 1943, Norfolk and the rest of Hampton Roads hosted two federal investigations, one under the auspices of the Army and Navy Munitions Board and one performed by the House Committee on Naval Affairs. Robert Moses led the first investigation. Moses worked as New York city's park commissioner and did consulting work for cities around public works and administration issues. After visiting Hampton Roads, Moses and his assistants would also check out San Diego, San Francisco, Newport, Rhode Island and Portland, Maine.\(^\text{66}\)

The Moses report drew some damning conclusions about the situation in Norfolk. First, it argued that a lack of city services crippled the area. Norfolk needed to improve its public housing, water treatment, sewage facilities, garbage disposal, transportation, schools, recreation and fire protection.\(^\text{67}\) Moses also criticized vice control efforts in the area.

\(^{65}\) Schlegel, 234.


\(^{67}\) Andrews and Skidmore and Madigan-Hyland, under the direction of Robert Moses, *Survey of Congested War Production Areas for the Army and Navy Munitions Board* (hereafter cited as *Moses Report*), 4-17.
"It is urged that the present system of arresting prostitutes and confining them to the city jails without adequate facilities for treatment and with indeterminate sentences be abandoned and a more realistic approach be instituted. The only satisfactory method of handling this problem is to ascertain through the venereal disease clinics the names of those infected and to treat the whole situation as a medical problem instead of a policing matter." 68

He criticized the closure of the red light district on similar grounds, blaming federal officials for exacerbating the vice problem by trying to deny it existed.69

Moses used harsh language to describe federal and naval leadership in the region, saying they should bear much of the responsibility for problems well beyond the scope of local governments. Federal housing authorities had "bungled" their job, and he noted, "It is difficult to characterize past public housing activities in temperate language, or to see much evidence of initiative and energy on the part of the reshuffled National Housing Agency which inherited the mess."70 As for the naval leadership in Norfolk, "the ranking official has little interest in the problem and does not have the combination of qualities which would enable him to bring order out of the existing confusion."71

A series of recommendations attached to the report called for a vast expansion of public services. Norfolk and the rest of Hampton Roads needed more public safety personnel, better public health programs and recreational facilities, and an expanded public infrastructure of water, sewer, and highways. Though the report recommended that some of the costs be born by local utility companies and operators, the area needed a

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68 "Covering Report," Moses Report, 2
significant increase in federal money. ""The public projects and the vital expanded wartime services to keep people working in the area can not be paid for by the local communities or the state, because the state and local government agencies do not have the money and can not raise it. This cost must be borne by the federal government.” The cost to the federal government: $11,500,000.\(^73\)

The military never made the text of the Moses Report available to the public. Even Virginia’s governor Darden never saw a copy, though the board summarized the report’s findings and made them public. Phyllis Hall’s article, “The Crisis at Hampton Roads: The Problem of Wartime Congestion, 1942-1944,” tells the story of the report’s suppression and concludes that its contents upset federal officials by criticizing their lack of leadership in Hampton Roads. The details of the report were elusive, but Virginia’s citizens and leaders knew that Moses had criticized the city’s conditions and the federal government’s response.\(^74\)

The enigmatic Moses report moved federal officials not to action but to another study. In March the Subcommittee Appointed to Investigate Vice Conditions in the Vicinity of Naval Establishments came to Hampton Roads for a two-day investigation under the leadership of California Representative Edward Izac. One committee member, Margaret Chase Smith, a congresswoman from Maine, particularly attracted the attention of the local press when she toured the women’s quarters of the city jail.\(^75\) The Izac

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\(^{72}\) Moses Report, 4-17.

\(^{73}\) Moses Report, 17.

\(^{74}\) Hall, 405-32.

\(^{75}\) “Girls Behind Norfolk Jail Bars Visited by Congresswoman; Cells Found Clean But Crowded,” Norfolk Virginian-Pilot, 27 March 1943, 20.
committee's report made conclusions and recommendations that echoed the Moses commission's finding closely, though its characterization of federal policies in Norfolk was somewhat less scathing.  

Like Moses, Izac and his colleagues had ideas about how to alleviate a variety of Norfolk's problems. Although vice was the first and most extensively examined issue, the report noted that "undue importance had been placed on vice in the media." The report's main conclusions regarding vice control can be summarized as follows: (1) Vice and venereal disease were "not as widespread nor as serious as might have been expected;" (2) The three cities in Hampton Roads did a better job of curbing prostitution than Norfolk county; (3) Norfolk city needed jail and hospital space for the "handling of girls and women who are found to be sources of infection." Federal officials should immediately overcome the existing delays in the allocation of federal funds for these projects.  

Two committees had now visited Hampton Roads and concluded the area had many problems, one of which was vice and venereal disease control. Finally, in mid-1943 federal officials began to do a better job of coordinating assistance to the area. Admiral Herbert Fairfax Leary took over as the new commander for the 5th naval district,
and he worked with congress and the military to overcome the bureaucratic impediments to change in the Norfolk and the rest of Hampton Roads.\textsuperscript{79}

In the next year local and federal officials would make big strides toward improving the region’s problems by curbing food and housing shortages, building more schools, increasing the size of the shore patrol, and improving train and bus service. The bulk of the funding for these projects came from federal funds.\textsuperscript{80} The Uniformed Services Organization, the Young Mens Christian Association, churches and the Freemasons increased their offerings of “wholesome” recreation for servicemen in the summer and spring of 1943. With federal help, the region addressed some public health problems—the PHS assigned more doctors and nurses to the area and stopped drafting the ones that were already there. By October 1943 the \textit{Norfolk Virginian Pilot} reported that only “six percent” of the Izac committee’s recommendations had yet to be carried out.\textsuperscript{81}

Though the vice issue had brought investigators from all over the nation to Norfolk, the recommendations of Moses and Izac on this particular issue were, at best, only partially followed. Specifically, no federal funds were disbursed to the city, region, or state to build a detention/treatment center, to the almost unimaginable consternation of local leaders. In fact, federal officials sought to downplay the vice problem in the area, by, for example changing the name of the “Subcommittee Appointed to Investigate Vice

\footnotesize{\textsuperscript{79} “Federal Area Post is Given to Hummel,” \textit{Norfolk Virginian-Pilot}, 22 May 1943 p. 16; “Leary Given Command of Navy District,” \textit{Norfolk Virginian-Pilot}, 23 May 1943, p. II-1.}

\footnotesize{\textsuperscript{80} Schlegel, 256-63.}

\footnotesize{\textsuperscript{81} The one item that federal and local officials failed to implement was the establishment of mess halls for servicemen in the downtown area. However, as I will discuss below, the recommendations regarding venereal disease were only partially followed. Schlegel, 255; Parramore 338-40; “Thanks to the Izac Committee,” \textit{Norfolk Ledger Dispatch}, editorial, 12 October 1943, p. 6.}
Conditions in the Vicinity of Naval Establishments” to the “Congested Areas Subcommittee.”

Federal money never came through for a detention center, but a rapid treatment hospital did receive federal backing. The federal government allocated Lanham Act money for renovations to an existing structure, some dorms belonging to the federal National Housing Agency at Lambert’s Point. Personnel from the FWA performed the renovations needed, and when the facility opened in 1944 the PHS assigned some medical personnel to the hospital.82

The new facility combined elements of a detention facility, hospital, and rehabilitation center, thus allowing it to qualify for Lanham Act money since it was not simply a prison. City leaders worked out an agreement whereby individuals in jail could have their sentences suspended if they agreed to go directly to the hospital for treatment. Patients spent their time in recreational and educational activities. They watched films, some of which focused on venereal disease control, worked at jobs in the hospital for twenty cents an hour, learned sewing and hairdressing. Press reports focused on the rehabilitation efforts directed at women in the facility, and it is not clear if male patients received similar care.83

The hospital could not hold people there involuntarily, but patients could be threatened with incarceration under the state’s quarantine laws if they left. Norfolk officials said the facility would not solve the problem of overcrowded prisons. Many

inmates, they believed, simply would not stay put voluntarily for the two-week course of treatment. 

In the months after the Moses and Izac reports, the district’s Naval Commander, Admiral Leary, put forth some new efforts toward cutting venereal disease rates among sailors. These initiatives followed the earlier-established division of labor in which the military controlled the behavior of servicemen and left local officials to deal with female offenders. In May the Navy doubled the size of the shore patrol to about six hundred men and included fifty African Americans in this newly-enlarged force. Leary expanded the areas from which servicemen were prohibited on July 30, 1943, restricting access to parts of Norfolk county where prostitution flourished. He did this immediately after the murder of a Navy man in the county, but the order was largely in response to increasing evidence of corruption and mismanagement in the county police department.

Then on October 31, 1943 Leary put a large section of the city between Princess Ann Road and Main Street off limits to white soldiers between sunset and sunrise. Though most of this district consisted of African-American neighborhoods, for unexplained reasons it also included a white section of East Main Street not known for vice and the Masonic Service Center, an unquestionably wholesome recreation spot for

\[83\] "Five State Medical Centers Now Operating in Drive Against Venereal Disease," *Richmond Times-Dispatch*, 18 June 1944, p. II-1.

\[84\] Council of Social Agencies, "The Venereal Disease Control Program of Norfolk," [1944], Papers of the Venereal Disease Control Committee, Reel 6, Norfolk World War II History Collection, in the possession of the city of Norfolk Records Management Division, Norfolk, VA.

\[85\] Schlegel, 256; some African American men may have been part of the shore patrol earlier, according to one history of the city, but the fifty men added in 1943 was the first time a significant number of African Americans were involved. "Virginia Belles," typed manuscript, n.d., Reel 12, Norfolk World War II History Collection.

\[86\] Schlegel, 274-8.
soldiers. Leary did not explain the reasons for this action, and in fact departed office the next day, turning the office over to Rear Admiral David Le Breton, before the Navy commanders had even made the new policy public.87

When Norfolk residents finally heard about the new policy a few days later, many reacted with skepticism and disappointment. Trying to defend this draconian new policy to confused and frustrated local citizens, Police Chief John F. Woods said cryptically, “While these restrictions are drastic, and they may appear to be even more drastic than they are, we feel that if citizens understood why they were imposed they would agree with us that they are necessary.”88

While the white-owned Virginian Pilot tried to interpret the out-of-bounds order in a fairly positive light, saying that the Shore Patrol must have decided these areas were too vice-laden to control with their limited resources, the city’s African-American newspaper, the Norfolk Journal and Guide, reacted with outrage. This “harsh, hasty, inept, and uncalled for” order “puts all of Negro Norfolk outside the pale of decency, makes it suspect, and by inference labels it as unfit for contact by decent service men; that is, white wearers of uniforms.” The paper concluded: “The Navy has given the Negroes of Norfolk, as such, a black eye. It has damned the good Negroes with the bad without distinction. It is making the innocent suffer along with the guilty. This is against the civilized conception of justice and equity. And it certainly does nothing to enhance good relations between the military services and the Negro citizens.”89

87 Schlegel, 322-3.
88 Schlegel, 323.
Whatever the motivation behind Leary's parting action, it further illustrated the problems that out-of-bounds orders posed to the city and demonstrated why this strategy alone was not an adequate way to stop prostitution. The Shore Patrol had enough trouble keeping the East Main Street area and the designated parts of the county out of bounds. Now, with an enlarged area to monitor, this newly-added sector certainly could not be well-patrolled. In fact, one history of the period reports that "At any rate, nothing more was ever heard of the order," suggesting that the Navy left it on the books to give them greater authority over the black neighborhoods in case they needed it, but that they did not enforce it strictly.90

From a broader perspective, ever-greater out-of-bounds orders could not solve the city's or the military's problems. Placing more and more tourist cabins off limits, for example, meant that service men on leave had even fewer places to stay, in an area where housing and hotels already faced a dire shortage. Similarly, limiting access to the Masonic Services center cut into already-limited options for recreation. In addition, sweeping out-of-bounds orders wreaked havoc on the local economy and the ability of military personnel to access all kinds of services. For example, soldiers found their access to grocery stores and barber shops hampered by these orders.91 Despite the problems and inefficiencies posed by dealing with vice by simply trying to keep military personnel out of those areas, the out-of-bounds order comprised the main contribution the military made to solving the vice and venereal disease problems in the area. The Shore Patrol tried to keep soldiers out of trouble, Admiral Simons wrote the occasional letter,  

90 Schlegel, 324.
and military hygiene officers promoted prophylaxis, check-ups, and treatment, but the military did little to help city officials incarcerate, rehabilitate, or treat female prostitutes or “pickup girls.”

Interest of federal and military leaders in Norfolk’s vice problems peaked in 1943 and little else happened on this front during the rest of the war years. The new rapid treatment hospital opened at Lambert’s point on June 15, 1944, with room for 45 white women, 30 African American women, 19 white men, and 16 African-American men. When this hospital opened it was the fifth federally funded-hospital to open in the state and the second such hospital in Virginia to treat venereal disease exclusively. Prior to the opening of the Lambert’s point hospital, the FWA and the PHS had worked with local officials in more than fifty other congested areas in the country to open these facilities, and in the FWA region that included Norfolk, Charlotte, Durham, Richmond and South Charleston, WV, had them. So, despite the fact that Norfolk was a critical military location and had experienced one of the greatest war-related population increases in the country, the city was comparatively slow to get a federally funded hospital.

From the earliest days of the war when out-of-town reporters “raided” Norfolk, city and military policymakers had seen the problem of venereal disease as a struggle to erect boundaries, detain women, and control “outsiders” who had invaded the city. Not coincidentally, the first directive issued by federal officials on the city ordered the closing of the segregated prostitution district, the destruction of a clearly demarcated and well-

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91 Schlegel, 274.
92 Schlegel, 300.
enforced boundary. Within that district, local officials had been able to enforce a level of control over behavior, but its closure curtailed their power. After its closure, the vice industry began crossing the border into Norfolk County, using the boundary between city and county authority to their advantage, as city authorities had little power in that outer region. Another boundary was erected by military officials when they enacted out-of-bounds orders to keep soldiers away from vice. While this approach did curb the behavior of some soldiers, it moved even more brothels into Norfolk County, caused other problems, and did not really suppress prostitution and venereal disease. More resistance to boundaries came from women accused of prostitution and having venereal disease. They used a variety of tactics to resist restrictions on their behavior, resuming their work as prostitutes upon release from jail despite promises they would leave the area and destroying prison facilities and hospitals when held there against their will. Local officials found it impossible to get funding for the only solution they could envisage--more jails for women.

After late 1943 neither federal nor local leaders put forth any new initiatives to control sexual behavior and, thus, venereal disease. The shore patrol continued to check the activities of soldiers but city leaders increasingly recognized that their efforts to secure federal money were futile. Local efforts in 1944 and 1945 focused primarily on venereal disease education. The Office of Civilian Defense had begun looking into VD issues in the summer of 1943, following the suggestion of Dr. Raymond Kimbrough, the venereal disease control officer assigned to the region by the state Department of Public

93 "Five State Medical Centers Now Operating in Drive Against Venereal Disease," *Richmond Times-*
Health, that venereal disease could be considered an element of civilian defense. The OCD formed a steering committee, led by local resident Alexander Bell and initially involved itself with advocacy for and planning of the Lambert's point facility. After that hospital opened, Bell and his cohorts reformulated their group into the Norfolk Venereal Disease Control Committee in April 1944.  

The most notable activity of the Venereal Disease Control committee was a public anti-venereal disease campaign held in November 1944. Workers in industrial plants received leaflets in their pay envelopes warning them of the dangers of venereal disease. Ads in newspapers, bill boards, and placards on busses and streetcars all encouraged citizens to undergo testing and treatment. Several downtown department stores hosted displays in their windows with headlines such as, "Invisible Killers: Syphilis and Gonorrhea," and "An examination is a wise investment in future health."  

The venereal disease control committee had a few African-American members, and the committee directed its efforts toward citizens of both races. I have identified four African Americans among the committee's thirty-seven members, though there may have been more. P.B. Young, Sr., the editor of the Norfolk Journal and Guide, and his son P.B. Young, Jr. both served on the educational Committee. J. Eugene Diggs, a local black lawyer, was a member of the social protection committee, as was Richard Bowling,

Dispatch, 18 June 1944, p. II-1.

4 Papers of the Venereal Disease Control Committee. Reel 6, Norfolk World War II History Collection, in the possession of the city of Norfolk Records Management Division.

Schlegel, 341; Papers of the Venereal Disease Control Committee, Reel 6; some pictures from the display appear in Journal of Social Hygiene 31:7 (October 1945): 422-425.
pastor of the city’s black First Baptist Church and an important leader of the black community.  

While the committee was organized for the sole purpose of addressing venereal disease, its African American members had a broader agenda for the group. The list of activities of the social protection committee, on which Diggs served, includes this item: “Prostitution problems. Negro policemen. Negro programs.” This offers an interesting insight into political activity by the city’s black community. In 1939 a black Norfolk resident, Earnest Wright, applied to take the civil service exam to work as a police officer. After the Civil Service Commission informed him that he was barred from the job because of his race, Wright sued the city, and a circuit court judge agreed that his civil rights had been violated. The Civil Service Commission allowed Wright to take the exam but still refused him the job. For the next six years, black civic leaders pushed for the hiring of black police officers but the city refused despite the severe shortages in persons that wartime manpower problems generated.

This above-listed agenda of the Social Protection Committee indicates that African Americans in Norfolk used the small amount of authority they possessed to promote change. In this case, the relatively powerless position of members of a subcommittee on venereal disease control became a way to advance the argument that black police officers were uniquely qualified to police the black community. The fact that the Navy had appointed black shore patrol members, due to their usefulness in

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keeping black soldiers in control, must have bolstered the case of Diggs and others as did
the recommendation of local venereal disease expert Alexander Bell that the city would
benefit from hiring black officers. Finally, in November, 1945 two black men were
appointed to the Norfolk police force for the first time since reconstruction.

That women in Norfolk would resist complying with venereal disease treatment
protocols and cause problems for policymakers is hardly surprising, but this alone does
not explain the failure of city and military leaders to control prostitution and venereal
disease. After all, city and military leaders implemented most of the other
recommendations of the Izac report and resolved most of the other problems in the city.
Local and federal efforts combined to resolve shortages in transportation, inadequate
sewage treatment, and a lack of housing, so why did they fail to combat vice and venereal
disease as well? The answer to this question is two-fold. First, local officials resisted the
assertion by federal officials that vice control was a local problem and refused to follow
unquestioningly the prescription for hygiene set out by national public health officials.
Second, policy issues related to sexuality are different than other public policy issues.
Central to the local critique of federal policy was the argument that venereal disease
should not be solely the city’s responsibility. Throughout the war years Norfolk leaders
offered a variety of statistics that emphasized the minimal rate of venereal disease in the

97 Lewis, 154-55.
98 Alexander Bell, “Norfolk Faces an Issue: A Progress Report on Social Hygiene Efforts in a ‘War
99 Lewis, 154-55, 197.
Their key source was the military’s rate of documented local infections. When a soldier contracted venereal disease, military officials tried to ascertain where he got the disease, and many claimed they had been infected in other cities and states besides Norfolk.

Statistics indicating that venereal disease rates among local citizens had dropped gave a rationale for the city’s less-than-Herculean efforts at venereal disease control. If the main sources of infection came from outside Norfolk, why should city taxpayers foot the bill for treating and incarcerating women? In 1942 Borland wrote to Governor Darden about overcrowding of white women in the city jail: “It is needless for me to say that this is strictly a State matter. All laws concerning contagious diseases, et cetera, must be State or Federal. These women are now committed in and sentenced under State laws not City ordinances.”

Two years later, he had not deviated from this belief. Minutes of a meeting of the Norfolk VD Control Committee reported that “Colonel Borland’s attitude was apparently favorable [to some unspecified VD control proposal] although he felt that the entire program was purely a State responsibility and not this city’s. He was opposed to the idea of making the program an area proposition feeling that the City might thereafter not be able to place the responsibility elsewhere.”

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100 For example, in 1942, I.C. Riggin reported at a conference in Norfolk that the venereal disease infection rate in the city had dropped consistently since 1939. “Prostitution Fight Pledged in this Area,” Norfolk Virginian-Pilot, 9 July 1942, p. 20.
101 Carter, 214.
102 Memorandum on meeting held in the office of Col. Charles B. Borland, City Manager of Norfolk, 1 November 1944, 4 November 1944, Box 169, Norfolk Central Files.
103 Minutes, October 4, 1944 meeting of the VD Committee, Norfolk World War II History Collection, Reel 6.
Compounding the reluctance of Norfolk officials to devote local financial resources to what they considered a non-local problem was the lack of precedent, in Norfolk and across the South, for large, costly local government programs. Prior to the 1940s, leaders and citizens of southern cities such as Norfolk had dealt with social problems with a combination of privately-run charitable facilities and small, poorly-funded government institutions. Norfolk built a city farm during the first World War and had held some prostitutes there during that earlier crackdown on vice, but by 1940 the city had ceased to incarcerate any white women there at all. The twenty-seven quarters for white women in the city jail, the local Florence Crittenden home, and the brothel-owners’ quarantine facility formed the area’s best efforts to deal with social problems. Expenditures of municipal funds for these facilities ranged from minimal to none.

Thus, when the anti-vice campaign of the 1940s began, Norfolk’s citizens and leaders could accept some expansion of city responsibilities but not to the degree envisioned by federal leaders. Even near the end of the war, the city council held fast to the position that city spending for vice control should be minimal to nil. In August, 1944, Alex Bell, representing the city’s Venereal Disease Control Committee, asked the council for an appropriation of $2,300 to aid the committee’s efforts. Specifically, Bell sought funding for “the purpose of display cards to be used on street cars and buses, pamphlets, billboard advertising, needles, syringes, etc.” Borland expressed his support for the request, and pointed out that this was a one-time request, not the first of a series of annual appeals. However, the council balked at the allocation, with one member expressing

104 James, 118; Schlegel, 333-4.
concern that the appropriation "would be a new departure in city government." In 1945, citing local opposition, the Council turned down another plan to convert an old police building to a temporary detention facility for women.

Federal money had helped the city deal with many of the shortages and inadequacies in infrastructure created by the wartime expansion. City leaders remained reluctant to contribute local revenues to these projects, but federal funding increased local willingness to chip in on occasion. In particular, the Norfolk school board agreed, though with some reluctance, to supplement an FWA grant for opening day care centers. However, federal and city leaders failed to agree on the approach to venereal disease control or the way to fund such projects. Each side expected the other to commit funds for this project, and each took the other side's reluctance to commit funds as evidence of lack of concern for the problem.

While city leaders dragged their feet instead of toeing the federal line, other authorities in Norfolk county flatly rejected the prerogative of any other governing body to tell them what to do. The county's law enforcement system was, essentially, a political machine run by Judge A. B. Carney. Carney and the county sheriff's department allowed the operation of establishments for prostitution, gambling, and illegal liquor sales, provided the business-owners (except for those business-owners who were police officers themselves) paid "Norfolk County Insurance"—simply put, a bribe—to public officials. Between 1942 and 1944, attempts by city, state, and military officials to curb the vice

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106 "Use of Old Jail Quarters City's Aim Until New Plant is Built at Welfare Center," Norfolk Virginian-Pilot, 11 July 1945, p. 18.
industry in the county and to curtail access by military personnel to these establishments met with entrenched resistance. These attempts included the literal invasion of the county by city and military officers in 1942 discussed above, but Judge Carney held firm, insisting that the county had no problems with vice or corruption and blocking any attempts to challenge the operations of county officials. Finally, in March 1944 an investigation by a state legislative committee forced Carney’s resignation. Corruption in the county abated somewhat, though the district’s law enforcement problems continued to be exacerbated by a severe shortage of police officers. 108

The recalcitrance of county officials toward vice control compounded the city’s difficulties in these areas. The intractability of Norfolk County leaders increased Borland’s reluctance to fund massive city-sponsored programs, since the county clearly contributed much to the city’s high rate of infection. In addition, the whole situation made the federal government less willing to accede to Borland’s demands for funds to build a prison/treatment center. “Why,” military leaders must have thought, “should we work with local governments which are clearly incompetent and corrupt?” The fact that the county and city shared the same name, Norfolk, probably did nothing to help the city’s problems.

Another important impediment to efforts at venereal disease control was the lack of agreement among city, military, and federal officials as to the extent of the problem, or, in fact, if there was a problem at all. Throughout the war city and military officials

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107 Schlegel, 259.
108 “When Law Enforcement and Politics Mix,” Norfolk Virginian-Pilot, 4 March 1944, p. 10; Parramore, 342-343; Schlegel, 324-425.
cited endlessly contradictory statistics, asserting variously that the city had the worst venereal disease problem in the nation, an average problem, or no problem at all. Like other diseases, documenting its prevalence required careful epidemiological studies, studies which health experts in Norfolk had neither the time nor resources to conduct during the war. Lacking good data and analysis, they relied on scattered and incoherent evidence that they could easily manipulate to advance a particular claim.

Officials framed the local problem in a positive or negative light depending on the situation. City leaders cited evidence of a declining local rate when they needed to prove that they were doing a good job. On other occasions they played up the venereal disease problem in the city in order to bolster their case for outside help and to raise concerns among the city’s citizens about the disease. Officials often based the optimistic claims about the local venereal disease rate on military statistics, which indicated that military personnel usually became infected outside the city, as well as on the accelerating numbers of people seeking treatment for venereal disease at the local health department. They based the more pessimistic claims on the rate of venereal

\footnote{For example, in July 1942, the State Health Commissioner asserted that the venereal disease infection rate in Norfolk had dropped thirty-three percent since 1939. “Prostitution Fight Pledged in This Area,” \textit{Norfolk Virginian-Pilot}, 9 July 1942, p. 20. In 1943, Mannley H. Simmons, the commander of the Fifth Naval District said that vice in Norfolk was no worse than in other similar communities. “Vice Here Held No Worse than in Other Ports,” \textit{Norfolk Virginian-Pilot}, 25 February 1943, p. 22.}

\footnote{For example, in an editorial in the \textit{Norfolk Virginian-Pilot} calling for greater anti-vd efforts, the paper cited a Naval official’s claim that Virginia had the worst record for spreading venereal disease among troops in the nation. “The Raid on the Assignation Cabins,” 21 October 1942, p. 6. Alex Bell wrote that the city was experiencing an “alarming increase in the number of infectious cases of venereal disease.” Alex Bell, letter to Richard Marshall, coordinator of the Office of Civilian Defense, 1 April 1944, Norfolk WWII History Collection, Reel 6.}

\footnote{On decreasing numbers of infections occurring in Norfolk, see Carter, 213. Bell pointed to increasing applications for venereal disease treatment in “Norfolk Faces an Issue,” 9.}
disease discovered among local men inducted for the draft or on the rate of infection among locally stationed military personnel.\textsuperscript{112}

The dueling Moses and Izac reports offer an excellent example of the confusion over whether the city had a venereal disease problem or not. In March 1943, the Moses commission labeled the local venereal disease problem "acute" but the next month the visiting Izac committee said the opposite—that the disease's prevalence in Norfolk was not as widespread or as severe as might have been expected.\textsuperscript{113} Observing that venereal infections had dropped to "encouraging" levels and continued to decline, the committee concluded that "still further improvement is assured."\textsuperscript{114} This statistical confusion offers one insight as to why public policy that focused on sexual behavior differed from tasks other local officials undertook.

The stigma attached to these diseases and the invasive examination required for their detection made charting their prevalence more difficult than quantifying the lack of roads or shortage of sewage treatment facilities. In addition, solving this public policy problem involved controlling individual behavior, preventing some people from engaging in certain activities (having sex) while forcing others to do particular things (undergo the prescribed course of treatment). This is much more difficult than building a sewage treatment plant. In addition, its hardly surprising that city leaders expressed a reluctance

\textsuperscript{112} In 1944 a local physician told a group of officials that syphilis cases in the city had increased 31 percent and gonorrhea by 185 percent between 1932 and 1943. Schlegel, 301. A 1945 Navy report found that one half of venereal infections among servicemen in that Naval District were contracted in the Norfolk area. "Historical Analysis of the District Medical Officer for the period 1 September 1945 to 1 October 1946," Records of Naval Districts and Shore Establishments, Fifth Naval District, Norfolk, VA, History of the Fifth Naval District and Naval Base Activities 1939-1946, Record Group 181, Box 3.

\textsuperscript{113} Moses Report, 7; Izac Report, 644

\textsuperscript{114} Izac Report, 644.
to spend money on incarcerating and treating sick prostitutes. Labeling these women “outsiders” was just one way of demarcating them as outside the bounds of respectable Norfolk society. The dispute over their citizenship in the city simply heightened the reluctance of the city’s elite leadership to devote large amounts of local resources to aiding its lower class population—local residents or not. In a city with few public welfare programs to begin with, why would leaders suddenly start spending a large amount of money to build a hospital/prison for prostitutes?

Finally, despite the PHS’s patriotic appeals that claimed venereal disease threatened national security, the health of men who visited prostitutes was hardly an important priority for the city’s government. The most obvious reason for this was because the military men who put themselves at risk for infection were usually not local citizens or taxpayers. In addition, they received the infection through illegal and—in the eyes of local leaders—immoral activity. Norfolk’s leaders were reluctant to fund efforts that made having sex with prostitutes safer, which would thereby countenance this kind of behavior.

Constructing a venereal disease control program in Norfolk turned out to be a more difficult undertaking than policymakers had imagined. Controlling sexual behavior was not just another public policy initiative that could be managed by bureaucrats and planners. As a result, neither federal nor city officials were willing to fund the kinds of programs in Norfolk that would have made the city’s venereal disease control services resemble the idealized plan depicted in the ASHA cartoon.
While the war raged in Europe and Asia in early 1944, the postwar era had begun in the area of venereal disease control. Penicillin dealt the death-blow in the battle against these diseases, when John Mahoney, a U.S. Public Health Service (PHS) physician, announced in September 1943 his discovery that penicillin could effectively and rapidly cure most cases of syphilis. Soon after, other researchers found that the drug also treated gonorrhea. By 1944 the engines of wartime production had taken on the task of making the drug, and military doctors prescribed it regularly. Soon, the drug entered the civilian population as well.\footnote{1}

Though much of the danger posed by venereal disease passed with the advent of antibiotic treatments, the reasoning by policymakers that Virginia should involve itself in controlling the sexual behavior of its citizens remained. Officials in Norfolk continued to express concern about venereal disease in the city until the early 1950s, despite the greater ease in treating it. More generally, however, while government involvement in sexual behavior on both the local and state level lost the connection to

preserving national security it had during the war, governmental concern with sexual behavior continued, expanding into new areas in the postwar years. Controlling sex remained a salient aspect of public policy in the state.

The case of Virginia illustrates the way the fight against venereal disease had changed. By 1946 physicians could treat gonorrhea with one injection rather than a series of three, so testing and treatment could occur in one visit to the clinic. The Rapid Treatment hospital in Richmond closed in July 1947 because the PHS cut its funds for the facility, and the state and city would have had to more than triple their contribution to the hospital for it to remain in operation. Henceforth, city health officials would send any patients who needed residential treatment (those with particularly severe infections) to the Hampton Roads Rapid Treatment Center. By 1950, the state decided to cease funding all residential facilities for syphilis patients, as the vast majority of cases could be treated on a walk-in basis. Gone now were the days of trying to find space to house people receiving treatment. Instead, the state provided penicillin to physicians at no cost for private patients, and poor or indigent patients could be treated for free at county health departments.

Norfolk continued to struggle with its image as a city with rampant venereal disease in the half-decade after the war ended. Though the fighting in Europe and the Pacific had ceased, the military's presence remained in the city, and activity and growth

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2 Richmond Department of Public Health Annual Report, 1946 (Richmond: Department of Public Health 1946).
hardly slowed at all. The new threat of Soviet military power justified continued
expenditures in all branches of the military, including the navy. And the city faced many
of the same issues it had dealt with during the war regarding the responsibility of local
government.\(^5\)

As had been the case in the war years, an "outsider" first pointed out the problem,
prompting defensive reactions from across the city. In the fall of 1947 a field agent of the
American Social Hygiene Association, Thomas Edwards, visited the city for eleven days
and studied the venereal disease situation there. Comparing his results with those found
by other agents in other cities he concluded that the city had the highest disease rate in the
United States. Citing the rosiest statistics available concerning the city's rate of disease
during the war, he concluded that the city had fallen from its position during the war as
one with one of the lowest venereal disease rates in the nation to the one with the highest.
Edwards laid the blame for this on lax law enforcement in the postwar years that had
allowed for a re-expansion of houses of prostitution; he found four such houses in
operation. In addition, according to the field officer, girls working in downtown taverns
often sold their sexual services.\(^6\)

Responses to the report came from across the city. The Norfolk Council of Social
Agencies, to whom Edwards had voiced his conclusions, appointed a committee to
investigate the report further. The *Virginian-Pilot* criticized the report by questioning the

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reliability of Edwards’s statistics and suggesting that a comparison of Naval and civilian rates was in order. Naval officials, responding to an allegation by Edwards that city and military officials failed to cooperate in matters of vice, defended the city’s law enforcement efforts. The city’s director of public safety launched his own investigation into prostitution in the city.7

Local tavern owners also reacted to Edwards’s announcement. Apparently concerned about the role of local civilian women in spreading the disease, they proposed the establishment of a private venereal disease clinic in which to examine waitresses. City leaders reacted with some confusion to the tavern owners’ plan. Either these businessmen were assuming that their waitresses were likely to have sex with their customers, which troubled public safety city officials regardless of whether the women had venereal disease, or tavern owners were clinging to the old belief that food handlers could pass on venereal disease through the food. In any case, city manager C.A. Harrell carefully distanced himself from the plan, saying he neither approved nor disapproved of it.8

The furor calmed when the ASHA representative clarified that the high venereal disease rate applied only to service personnel, and a Norfolk Council of Social Agencies report asserted that the city’s venereal disease rate was, in fact, down and that

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8 "Tavern Owners Here Organize Joint V.D. Clinic," Norfolk Virginian-Pilot, 26 November 1948, p. 28; "City Disavows Any Sanction of V.D. Clinic," Norfolk Virginian-Pilot, 27 November 1948, p. 18; "Let
enforcement of prostitution laws was not lax. However, this episode reveals that venereal disease still could incite a high level of defensiveness among Norfolk officials even after the war had ended. It further suggests that questions of public health, public safety, and the effectiveness of city government remained entwined, with venereal disease at its center.

Though this focus on venereal disease harkened back in many ways to the city’s experience during the war years, after 1945 sex entered public policy discussions in other ways with little or no connection to venereal disease. In fact, sex and the task of controlling potentially dangerous sexual behavior formed an undercurrent in several areas of expanding governmental responsibility in the years between 1945 and 1950. Norfolk was not alone in this regard, as city leaders in Richmond as well as those in the state government also found a sexual aspect to a variety of political and policy issues.

One such issue, and one which would seem unrelated to sexual behavior, was “slum clearance.” This undertaking ranked among the city of Norfolk’s most significant undertakings in the postwar decade. Like leaders in many other U.S. cities, Norfolk’s city manager and city council initiated a program to tear down decaying areas of the city.
and replace them with newer, safer structures.\textsuperscript{11} In Norfolk, planners focused on residential areas—first directing their efforts towards the African American neighborhood north of downtown—and the retail district near the waterfront. City leaders were among the first in the nation to take advantage of federal funds to support such projects, filing the first application for assistance under the 1949 Federal Housing Act.\textsuperscript{12}

Richmond’s leaders also undertook a program of urban renewal in this period. Here, however, the use of federal funds produced conflict in this city, as residents debated the role of the federal government in the city. Richmond \textit{News-Leader} editor James Kilpatrick led the opposition to the use of federal money for these, citing the threats posed by expanding federal power.\textsuperscript{13}

In arguing for the necessity of slum clearance Norfolk leaders connected slums with sexual morality and social hygiene. Slums, they said, helped cause venereal disease. An aid to the city manager asserted in a radio broadcast, “Another aid to v.d. is poor housing. The moral degradation which exists in slums provides fertile ground indeed for this blight.”\textsuperscript{14} A city report the following year announced, “Bad housing with all its attendant ills is like a loathsome disease, which if unchecked will continue to lay waste to vast sections of the city . . . . We cannot tolerate the physical and moral decay of our

\textsuperscript{11} Historians documented how many of these “slum clearance” projects had a particularly negative impact on African Americans. The numbers of new low-cost housing units built often fell far short of the number of displaced from the original residences. In addition, clearance projects often reinforced racial boundaries in the city. In the case of Richmond, James Cobb writes, “...city officials utilized federal funds in support of a highway project that dislodged 10 percent of the city’s blacks, but rejected federal money earmarked for the improvement of low-income housing.” James Cobb, \textit{Industrialization and Southern Society, 1877-1984} (Chicago: Dorsey Press, 1984), 104.

\textsuperscript{12} Parramore, 352-53.

\textsuperscript{13} Christopher Silver, \textit{Twentieth Century Richmond: Planning, Politics, and Race} (Knoxville: University of Tennessee Press, 1984), 212-3.
city." The message was clear. A clean city had clean houses and a population that was not only disease free but morally clean as well, and a well-governed city had leaders that acted to prevent this disease and moral decay.

The analogy of decay and disease had a particular currency with the leaders of Norfolk because of the city’s experience during the war. Norfolk’s business leaders knew that accusations that the city was disease-ridden had damaged the city’s reputation. City officials appealed to this understanding that disease needed eradicating for the good of the city by framing slum clearance as a disease and a public health issue. This helped legitimate the expansion of governmental responsibility into the area of tearing down buildings and erecting new ones.

Slum clearance in Norfolk and Richmond was central to campaigns of civic boosterism waged in the late 1940s. Like those in other southern cities, city officials touted their success in curbing vice and crime, cleaning up city slums, and other civic improvements. Richmond’s annual report, formerly a dense statistical tabulation was redesigned as a glossy, photograph-filled brochure, and Norfolk’s city manager began publishing The Norfolk Story, another annual report that was more promotional than informative.

Success in controlling vice and venereal disease featured prominently in the informational literature published by the governments of both these cities. The 1948

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14 Preston Blake, Jr., “Norfolk Speaks,” broadcast February 14, 1947, WTAR, Norfolk Virginia, Norfolk Central Files, Box 227, Library of Virginia, Richmond, VA.
16 David Goldfield, Promised Land: The South Since 1945 (Arlington Heights, Ill.: Harlan Davidson, 1987), 35-38; Cobb 99-109
Norfolk Story heralded "Death and Vice on the run... and vice lords seek more fertile fields." A cartoon of a police officer booting seedy-looking men into the air and out of the city illustrated the point. A similarly self-congratulatory report titled Five Years of Progress, 1948-1953: A Report to the Citizens of Richmond proclaimed that city's success in vice control during and after the war.

The extent to which boosters of all stripes employed empty rhetoric and vague statistics to stake their claim on public health and social hygiene issues is remarkable. ASHA representative Edwards's report, so quickly discredited by city leaders in 1948 as a barometer of the city's climate almost immediately became a yardstick by which officials measured the city's progress. An article in the 1951 issue of The American City written by J.H. Harris, the director of the Norfolk's venereal disease clinic, and R.T. Nichol, the city manager's administrative assistant, claimed the city had made great strides since that 1948 report. Three years earlier Norfolk had a "deplorable" and "rampant" vice and "acute" problems, they said, citing the report city leaders had so flatly rejected at the time. Now, these men asserted, a new ASHA report praised the city for being "as free from prostitution as any city its size in the country" and, thus, city leaders had successfully remedied the troublesome situation. By 1951, Norfolk had a

17 E.T. Beall, compiler and editor, The Norfolk Story: Annual Report for 1948 (Norfolk: Burke and Gregory, Inc., 1949), 6, in the possession of the city of Norfolk Records Management Division, Norfolk, VA.
“smooth-working” system for dealing with venereal disease, much, presumably to the credit of current officials.¹⁹

These civic campaigns should be understood in the context of municipal politics in the postwar South. In many southern cities, business-leaders sought to wrest control of city governments, hoping to do a better job at promoting industrial expansion than their predecessors.²⁰ Allegations of rampant vice and crime could help undermine those in power as officials sought to increase their political capital by asserting their own success in governing the city. Similarly, bragging about success in kicking vice lords out of town indicated the success of the current leadership.

James Sears has documented a similar, contemporaneous situation where questions of sex and morality entered into Miami, Florida’s political battles beginning with a campaign in Miami in 1948 to purge the city of “perverts.” Sears finds the roots of this campaign in a battle between Greater Miami leaders over whether or not to join multiple adjoining municipalities into one consolidated government. Proponents of consolidation raised the “homosexual menace” to symbolize the inadequacy of the current de-centralized law enforcement system, to which supporters of the status quo reacted by cracking down on homosexuals to prove the efficiency of the current set-up. Thus, both sides moved the hunt for homosexuals into the limelight to promote their own agenda for city government.²¹

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²⁰ Goldfield, 33-40.
In Norfolk, allegations that vice remained problematic in postwar years surfaced in the city council elections of 1946 and 1950. In that first election, three men who had close ties to the business community and who had not held political office challenged the incumbent mayor and two other councilmen. Labeling themselves the "People's Ticket," they challenged the leadership of the previous administration on a number of issues. One of their critiques centered around the city's reputation as a vice capital, and they blamed the city's political establishment for tarnishing the city's image during the war. This "People's Party" held the mayor's office through two elections, but then lost in 1950, following allegations in a Saturday Evening Post article that the city had a "too-easy social conscience." Assertions that the city had a high venereal disease rate, reinforced by the 1948 ASHA report, helped tarnish their image as reformers and elect the "Harmony Ticket" in 1950.22

While city officials focused on slums, disease and crime, the related issue of juvenile delinquency and the responsibility of state and city governments for this problem also received significant scrutiny in the postwar years. Delinquency had been a concern of policymakers and discussed widely in the press across the nation during the war, and in both Norfolk and nationally much of this concern revolved around the sexual behavior of America's youth.23 In the years after the war in Virginia, state leaders and the press focused less on the sexual element of youth misbehavior. In June 1945, the Richmond

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22 Thomas Parramore, Norfolk: The First Four Centuries (Charlottesville: University Press of Virginia, 1994), 348-57.
Community Council proposed a sixteen-point program for the prevention and cure of juvenile delinquency and the control of venereal disease. This was the last time press reports documented local leaders linking sex, venereal disease, and juvenile delinquency. In the late 1940s, with venereal disease considered less dangerous for several reasons, the focus of press reports on the subject shifted away from sex and more toward how the state should care for delinquent boys and girls.

Soon after the war's end state policymakers and civic leaders began to evaluate and critique the state's juvenile welfare and corrections systems. In November 1945, May O. Hankins, commissioner of the state Department of Public Welfare complained that the state was failing to keep children out of jails. In the year ending in June 1945, Hankins reported, 4,215 children under twelve years old spent time in jails across the state. Governor Darden soon responded by appointing a joint commission on juvenile delinquency in January 1946, charging the commission with working to keep children out of jails. State leaders expressed concern with "what these children learn behind bars, thrown into the indiscriminate company of adult felons and perverts." Darden's commission had little or no impact state-wide, as in 1951 4,282 children spent time in jails across the state.


28 "Extremely High' Number of Youngsters Jailed In State, Survey Discloses," *Richmond Times-Dispatch*, 9 November 1951, p. 4

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Though discussions of juvenile delinquency focused less on issues of sexual behavior than they had during the war, the topic did come up, usually in the context of concerns that juveniles were at risk for adopting deviant behavior. Several sources asserted that one reason for opposing the incarceration of juveniles with adults was the impact on these youths of commingling with adult sexual delinquents—including prostitutes and "perverts." Others raised the concern that the state's sex-segregated schools for these youths would be "breeding grounds for sexual maladjustments and homosexual fixations."

Implicit in this discussion, then, was a growing acceptance of the responsibility of the government for juvenile delinquency. A state that just twenty five years earlier had begun to operate homes for troubled youth that provided for only their most basic care now had to work to ensure their welfare and successful development. In addition, city and state governments now had to do a better job of separating welfare from corrections, making sure the "real" troublemakers did not come into contact with destitute children or those who had committed minor infractions. Expectations had risen, and now faulty facilities came under scrutiny. In fact, more was at stake for state and local governments. As they took on more responsibilities the risk that they made mistakes increased. The Richmond News Leader headline, "City Aids 'Delinquency Contagion'

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31 "City Aids Delinquency Contagion," Richmond News Leader, 14 December 1948, p. 1B.
would not have been possible forty years earlier when the city and state were doing little if anything with juvenile delinquents.\textsuperscript{32}

As was the case with other sex-related issues under scrutiny in this dissertation, the improvement of services for juvenile delinquents came to be framed at times as a cost-saving measure. The \textit{Richmond News Leader} noted in 1949 that Virginia's high crime rate, which it tied to inadequate facilities to steer young offenders back into a law-abiding direction, cost the state a "tremendous sum" of money.\textsuperscript{33} Another article in the paper, written by Roy Flannagan, the son of the former Assistant State Health Commissioner Ray Flannagan discussed earlier in this work, noted that juvenile delinquency was an "expensive evil."\textsuperscript{34}

Nonetheless, Virginia's leaders erred on the side of fiscal conservatism when they balanced the potential cost savings of new programs with their desire to keep the state budget low. Several proposals were put on the table but never seriously considered. One proposal sought increased participation by the state government in the fight against delinquency, including a school for parents of delinquent children and the establishment of a juvenile probation system. A radio debate on juvenile delinquency raised the issue of parental schooling but nothing came of that idea.\textsuperscript{35} Paul Keve, a graduate student at the Richmond School of Social Work, who would later become a historian of the state's

\textsuperscript{32} "City Aids Delinquency Contagion," \textit{Richmond News Leader}, 14 December 1948, p. 1B.
\textsuperscript{34} "City Aids Delinquency Contagion," \textit{Richmond News Leader}, 14 December 1948, p. 1B.
correction system, put forth a probation plan. By the end of 1949 no statewide action had been taken on that issue either.\textsuperscript{36}

At the end of the decade, citizens and leaders in Virginia's state government and two largest cities turned their focus to another sexual issue, in this case one directly related to the state's responsibility for sexual deviance. Events in the state followed the national pattern documented by historian Estelle Freedman when Virginia was swept by what Freedman called a "sex crime panic." Fears of such crimes—which included particularly violent rapes, child molestations, indecent exposures—swept the country between 1920 and 1960, resulting in local, state, and federal investigations of sexual crimes and changes in the legal response to them. Newspapers, law-enforcement officials and citizens groups led the outcry against such crimes, nation-wide and in the Old Dominion, demanding that sexual offenders receive psychiatric treatment. Virginia witnessed two peaks in concern about sex crimes in 1937 and 1950—both of which occurred within the periods Freedman identified as peaks, between 1937 and 1940 and between 1949 and 1955.\textsuperscript{37}

Freedman asserts that increased concern about sex crimes did not correspond with an actual increase in such incidents. Arrests for minor sexual offenses rose, but the kinds of violent assaults depicted in the media did not.\textsuperscript{38} It is difficult to assess whether this was also the case in Virginia in 1937 or 1950. Statistics from the Richmond police

\textsuperscript{38} Freedman, 199-200.
department did reflect some increases in arrests for sex crimes in 1937. In 1936 twenty people had been arrested for statutory rape, compared to twenty-four in 1937. However, forcible rapes declined from 20 to 8 in that same period. Rape cases brought before the juvenile and domestic relations court increased from six to twenty-two over that two-year period. These statistics do not necessarily reflect an increase in assaults, just in arrests and trials, which may reflect concern about the issues as much as an increase in actual crimes. When the Richmond News Leader again focused the city’s attention to the issue in 1950, city police noted an increase in local crimes but denied the increase was “alarming.” They noted no recent cases had involved “sadism” and that perpetrators of indecent exposure had been caught before they could “do anything worse.”

More persuasive evidence that the commonwealth did not experience a significant increase in psychopathic crimes in this period is the limited ability of the Richmond press to cite examples of such crimes. Despite allegations that a wave of sex crimes was sweeping Richmond, officials could point only to several attempted assaults on youngsters in the city. News Leader journalists could documented but one such spectacularly brutal crime in more than a decade, an assault in 1937 on a three-year-old girl in Chesterfield County, just outside Richmond. In this case, a man, aged nineteen, named Floyd Smith beat a young girl, who lived near him, nearly to death. Police asserted that Smith tried to sexually assault the girl but was ‘unsuccessful,’ presumably

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39 Department of Public Safety, Annual Report (Richmond: Virginia Stationery Company, 1936); Department of Public Safety, Annual Report (Richmond: Virginia Stationery Company, 1937)
meaning no vaginal penetration occurred. The girl’s clothes were, however, “ripped open.” Newspaper articles painted Floyd as a likely “pervert,” depicting him as mentally confused and wearing red nail polish and tattoos of naked women on both arms.

In Virginia in 1937 those demanding hospitalization for sex criminals called for judges to award “indeterminate sentences” to such offenders so they could be held in mental hospitals for as long as they exhibited signs of mental illness. G.W. Brown, the superintendent of Eastern State Hospital (a state mental hospital) explained it thus: “Jail and penitentiary sentences only make them worse. I don’t believe any people of this type have ever been cured anywhere. They were born that way and they can no more be changed than you can change the color of their hair or their skin. However, they should not be at liberty to be a menace to the public. They require permanent custodial care…”

Others, such as the city’s director of public safety and the editor of the Richmond News Leader, emphasized that prison never brought about a cure, though hospitalization and treatment might.

Despite the atmosphere of panic, the state’s leaders demonstrated their long-held, historically shaky commitment to expanding the responsibility of government. The initial panic of 1937 that followed the Floyd Smith incident produced calls for changes in how

41 "Baby Girl Attacked; Youth, 19, is Held," Richmond Times-Dispatch 1 October 1937, p. 1, 3; “Child Victim of Assault Improves; Eyes Unhurt,” Richmond Times-Dispatch, 2 October 1937, p. 1; “Parley on Sex Crime Cures Advocated Here,” Richmond News Leader, 5 October 1937, p. 1; “Arrest Made In Sex Case; 10th Here,” Richmond Times-Dispatch, 5 October 1937, p. 5.


the state treated people arrested for sex crimes. But, if all sex criminals were hospitalized and attempts were made to treat them, it would mean a significant increase in governmental responsibility and spending.

The 1937 panic produced no new legislation, leaving the legal situation the same in 1950 when the state’s citizens and lawmakers again turned their attention to the issue. This time the renewed focus on the issue began with local woman’s clubs. The Tuckahoe Woman’s Club took the lead on the issue and a number of other Richmond area clubs joined in, asking the General Assembly to pass stronger local laws. The women’s group’s role in this paralleled the situation nationally, where such organizations took public positions in favor of stronger sex crime legislation. But, both in Virginia and across the nation, men, most often legislators and mental health professionals, led the drive for sexual psychopath laws.

Soon after the woman’s club’s announcement, the Richmond News Leader began a four-part series on sex crimes and “sex fiends.” The News Leader series renewed calls for offenders to be placed in mental hospitals rather than jails, but the discussions differed from those of 1937. In that earlier period officials had focused on the incurability of such offenders. But, in 1950, they exhibited a greater faith in the ability of such people to be helped. The newspaper concluded its series: “Those who are asking the legislators for

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44 "Offers Solution for Sex Crimes,” Richmond News Leader, 9 October 1937, p. 1. Freedman notes that while women’s clubs joined in the calls for new sexual psychopath laws, this movement differed from progressive-era campaigns for moral reform because women did not serve as leaders in this effort; 208.

45 Freedman, 208.

46 This does not appear to have been the case nationally, as other states made provisions for individuals being cured. For example, an Illinois law passed in 1938 provided for commitment to a mental institution until such person shall have fully and permanently recovered from such psychopathy.” Aldo Piperno,
stronger laws say they want the sexual degenerate classed as 'mentally ill' rather than as a common run-of-the-mine [sic] criminal. And they want him confined until he is cured.\footnote{ Freedman, 202-203.}

The growing calls for hospitalization over incarceration in Virginia followed the national trend identified by Freedman's work. She attributes this trend to several developments in the field of psychiatry in the United States. In this era, the psychiatric field was expanding, beyond hospitals and into courts and prisons, creating the field of forensic psychiatry. Professionals in this new field contributed to America's new focus on the psychopathic diagnosis for criminals. Second, the depression of the 1930s had produced a whole realm of social stresses, due to the disruption of traditional family life, and some analyses of that disruption identified a resulting rise in sexual deviance. Finally, sexology and psychoanalytic theory had experienced a boom in popularity and credibility, giving authority to those who made claims for mental illness in criminals.\footnote{ Freedman, 202-203.}

When the 1950 assembly session began soon after the newspaper series ran, members introduced several bills aimed at sex crimes and sex criminals. Legislation created the Commission to Study Sex Offenses to examine the issue, to ascertain whether current statutes provided for the treatment of sex offenders, and to explore the connection between rising sex crimes and "the care and treatment of juveniles in our juvenile and domestic relations courts and in State institutions and industrial homes."\footnote{ Senate Joint Resolution No. 6, Re-printed in Commission to Study Sex Offenses, \textit{The Sex Offender and the Criminal law} (Richmond: Division of Purchase and Printing, 1951), 2.} Also in the 1950 session, legislators approved a measure that allowed a psychiatric examination after

\footnote{ "A Socio-Legal History of the Psychopathic Offender Legislation in the United States," dissertation, Ohio State University, 1974, 98.}
conviction but before sentencing of individuals found guilty of a criminal offense that involved sexual abnormality. Following this exam, certain individuals could be incarcerated in mental hospitals rather than prisons.⁵⁰

This new law fit into the pattern of legislation in the commonwealth discussed throughout this dissertation. As with other measures in which the state entered the realm of controlling sexual behavior, Virginia was the first southern state to pass a law incarcerating sex offenders in mental hospitals. The movement for such legislation began in the midwest, with Michigan and Illinois and Minnesota the first to act.⁵¹ Alabama was the second southern state to pass such legislation. The leadership of Virginia on this issue can be understood in the context of previous legislation because sexual psychopath laws grew out of earlier laws for defective delinquents, an area where Virginia had also led the region. These new sexual psychopath laws sought to address the fact that people with normal intelligence—i.e. not "defective"—could be emotionally unstable and likely to commit dangerous crimes.⁵² Though Virginia led the South in passing this new law, the legislature framed the legislation in such a way that it would cost little to implement—the creation of a study committee and the authorization, but not requirement, of psychiatric examinations of certain individuals.

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⁵⁰ Commission to Study Sex Offenses, 2.
⁵¹ Piperno, 85-107.
⁵² Piperno 89-90. The commission studying the issue in Virginia noted their understanding of this new, non-delinquent class of offenders: “A class of offenders has been discovered who are not insane in the heretofore accepted sense of the word, being able to understand the difference between right and wrong....” Commission to Study Sex Offenses, 1.

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The Commission to Study Sex Offenses issued its report the following year. *The Sex Offender and the Criminal Law* defined sex offenders and sex crimes and suggested that the acts of the dangerous sex offender had one of three characteristics:

(1) The use of force in the performance of any sexual act against the will of one of the participants
(2) a prohibited sexual act where there is a great disparity in age between the participants, whether or not the element of force enters, and
(3) the repetitive compulsive nature of the act carried out with heedless disregard of consequences to the offender.\(^{53}\)

Furthermore, policymakers emphasized that not all sex offenders constituted a threat to society. While many people had probably engaged in some prohibited sexual acts at some point in their lives, making them sex offenders, “only a few of the offenses constitute acts that will result in sex crimes which are a threat to society.”\(^{54}\)

Throughout this period the *News Leader* editors pushed the state government to do a better job of funding treatment for sexual psychopaths. A 1949 editorial called for improvement in the state’s mental hospitals, calling on more funding so that the institutions could “do more than provide mere custodial care.”\(^{55}\) The following year, the paper issued a more direct appeal:

Do you—the citizen—want protection from sex criminals? If you do, you must tell your representatives in the General Assembly how you want them to vote. But also, if you do want protection you must be willing to spend money. Improving Virginia’s methods of treating sex crimes will

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\(^{53}\) Commission to Study Sex Offenses, 2.

\(^{54}\) Commission to Study Sex Offenses, 2. Freedman points out that critics of sexual psychopath laws pointed to the Kinsey report, published in 1948, as evidence that sexual variations were common and therefore not criminal. The language in the commission’s report clarifying the distinction between dangerous and non-threatening sexual crimes presumably speaks to those arguments; Freedman, 215.

cost a lot. You’ll feel it in taxes. You must decide whether you want protection from sex crimes enough to pay for it.  

The appeal went unheeded, and in 1955 the paper issued a similar call for a greater commitment by the state to its “bare, bleak corrals” that contained the state’s mentally ill and the following year, citizens groups renewed their calls for psychiatric treatment for sexual offenders.  

The activism by the Richmond News Leader and the recommendations of the state commission in late 1950 and 1951 produced no changes in sex offender laws in the state after the 1950 assembly session closed. The legislature killed a more expensive proposition made in the 1950 session, a bill by a delegate from Richmond to require the investigation and treatment of certain sex criminals. Dr. Joseph Barrett, Commissioner of Mental Hygiene and Hospitals, argued against the bill, saying it would not accomplish what its author intended. In 1952 the Assembly passed a law requiring dangerous sex offenders to be committed to a mental hospital, the kind of law recommended in the previous year’s report. However, Governor John Battle vetoed the law, saying it would have “had the effect of repealing capital punishment for sex offenders.” According to the governor, that had not been the legislature’s intent, so he vetoed it  

Both of these proposal went further than the law that was actually passed in 1950 by requiring commitment to mental hospitals for certain criminals, whereas the earlier

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58 “Sex Pervert Investigation Bill is Killed,” Richmond Times-Dispatch 16 February 1950, p. 4.
59 Governor John Battle, quoted in “Sex-Offender Curb Bill is Vetoed by Battle,” Richmond News Leader, 9 April 1952, p. 12.
statute had merely made that an option. Though in each of these cases officials gave their own reasons for opposing these proposed laws, by failing to pass them the state stayed on the path of inexpensive legislation. Treatment cost money and thus required a much greater financial commitment than studying the problem. Some other states that had passed similar laws in this period established the extensive and expensive infrastructure needed to effectively implement them. For example, Ohio built a million-dollar facility for mentally defective and psychopathic criminals in 1949, and California built a ten-million-dollar hospital in 1954. Virginia did nothing of the sort. Thus, the way the assembly reacted to the sex crime panic echoed the cheaply designed responses that had characterized legislation in the Old Dominion for generations.

At the same time the legislature and Richmond's white press urged the psychiatric treatment of sexual offenders, the trial of the "Martinsville Seven" focused national and international attention on Martinsville, Virginia. Seven African American men stood trial in Martinsville, Virginia, a town about 150 miles from Richmond, for the rape of a white woman on January 8, 1949. They were convicted of rape on May 3, 1949 and sentenced to death. Appeals followed, and on January 9, 1950—eight days before the Richmond News Leader series on sex crimes—the Virginia Supreme Court of Appeals heard their case on appeal.60

Despite the fact that the Martinsville case was a contemporaneous and well-publicized event, it did not enter into the Richmond newspaper’s series on sex crimes that ran in early 1950. The 1937 Smith case was the only local incident the paper cited at
length as an example of the kinds of crimes under discussion. Many of the other examples came from out of state (New York, Detroit, and "a Northern city"). Though the Martinsville assaults met the qualifications for a sexual psychopath—the assailants used force in the attack and one of the appeals court judges described the assaults as "atrocious" and "beastly,"--the paper did not cite these as examples of psychopathic crimes, instead finding examples of such attacks from outside the state.

In contrast to the spate of newspaper articles printed in during the 1937 peak in interest in sexual psychopaths, those written in 1950 rarely mentioned the race of the assailant or the victim. But, as is often the case in southern history, policymakers were also talking about race, even when they never mentioned racial issues. White southerners needed no prompting to conceive of African American men as threatening sexual predators, but white sexual psychopaths were something of a new phenomenon. A 1955 article spelled it out even more clearly. "The typical molester is a white man (few Negroes are reported) in his twenties or thirties who approaches young girls or women where they congregate—near schools or playgrounds, and bus stops or in movies."

The way newspapers framed the issue of sexual assault exemplifies the tradition of the racial liberalism not uncommon among elite white Virginians at the time. Well-
bred whites did not seek to inflame racial hatred; that was for the lower classes. Thus, the press carefully avoided framing sexual assault as a racial issue.

However, a more understated kind of racism came to the fore in these discussions. Richmond’s leaders in the legislature and the press clearly had no interest in challenging the death sentence for sexual assaults because judges exclusively reserved this punishment for African American men in the state. (Recall that Governor John Battle vetoed a bill in 1952 that might have repealed the death penalty for rapists.) Though this put Virginia policymakers in the position of advocating treatment for white offenders and death for African American ones, few if any white legislators in this period would have challenged this application of the death penalty. The NAACP attorneys representing the men from Martinsville revealed the racist nature of the state’s administration of capital punishment for rape—forty five black men had been executed for rape since 1908 but no white men had— but failed to sway the governor, and the state executed the seven men convicted in Martinsville on February 2 and 6, 1951.64

In addition, the racist nature of Virginia politics meant that a campaign to increase governmental programs—as the newspapers sought to do—would not be aided at all by the suggestion that the government should extend any additional services to African Americans. Even if Virginia’s legislators had believed that African American men could be cured of their tendencies toward sexual psychopathy with therapy, a proposition that many Virginians would probably have rejected, spending the state’s financial resources

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64 Rise, 102, 145-148.
on such an undertaking was not a priority. Thus, the press excluded African Americans from discussions of sexual psychopaths all together.

Thus, the role of government in Virginia in the years after the war continued to be infused with discussions of sexuality. Officials raised concerns about sexual behavior to promote the governmental expansion in ways that they believed would benefit the state. Sometimes, as in the case of the campaign against juvenile delinquency and the efforts at postwar civic boosterism, sexual issues were raised even when these new polices were had only the barest relationship to sexual behavior. In contrast, sexual issues were at the center of policy discussions about the role of the state in dealing with sexual psychopaths. But, in each of these instances, the actions of state and municipal leaders continued to be influenced by their desire to minimize governmental spending and improve the state’s image.
The relationship between the citizens of Virginia and the state had changed dramatically between 1920 and 1950 as the function and authority of government expanded. Increasing numbers of citizens interacted daily with state and local government bureaucracies that had been pieced together over the last three decades. Those who designed and built those governmental apparatuses had incorporated into their construction their belief that the dangers posed by certain kinds of sexual behavior demanded the state’s attention.

Approaches to controlling this ostensibly dangerous sexual behavior reflected the ways social and political power in the state were rooted in racism and paternalism. White elites used their virtually unchallenged dominance to enact policies that gave the state more control over the lives of politically and socially marginal citizens, specifically African American and lower class-whites. With their power to shape discourse and medical authority in the state, elites portrayed the aspects of the sexuality of these marginal individuals as particularly harmful to the commonwealth. This justified the enactment and enforcement of public policies focused on sexual behavior.

The policies they proposed cost money, and Virginia’s leaders had a long tradition
of small government and low taxes. There was, however, a precedent in the state for devoting some, though still a limited amount, of the state’s financial resources to projects that could save money or promote economic growth in the long-term. The commitment of Virginia’s leaders to developing business and industry was well-established, and policymakers sought to bolster their case for involving the state in sexual matters by tying these matters to economic development. Thus, all kinds of sex-related issues came to be constructed as related to economic development.

During the war, in Richmond and Norfolk, leaders coupled economic arguments with national security. Venereal disease control would benefit the local economy and the war effort. Richmond’s success in managing venereal disease issues prevented the city from receiving the kind of national scorn directed at Norfolk and other similar cities. Norfolk’s officials may have been more calculating than the evidence initially suggests. Was it really in the city’s economic interest to invest significant amounts of money into building venereal disease treatment facilities for prostitutes? Whether or not the city undertook such projects, the Navy was entrenched in the city at least for the duration of the war, since the military was not going to pick up and move out of town in the middle of a world war. Furthermore, the military did have a successful and efficient way of controlling the disease within its ranks through treatment, so neglect of the issue by Norfolk would not weaken the troops and bring all of Europe under German rule, as had so often been predicted.

The fact that legislators and government officials designed the policies under study here with the intent that they primarily, or even exclusively, had an impact on
marginal elements of the population and that they not cost very much, shaped their design and implementation. As they were framed and implemented, movie censorship and the Racial Integrity Act cost little or nothing for the state to enact. Eugenic sterilization and some venereal disease testing programs cost amounts within acceptable bounds, but more expansive undertakings, specifically venereal disease treatment and the construction of detention facilities, exceeded what state and local officials were willing to pay. While policies such as eugenic sterilization and employee testing for venereal disease went unchallenged, other plans that would have impacted the upper and middle classes as well did provoke a response. Specifically, racial registration requirements, premarital testing of all citizens for venereal disease, and juvenile curfews brought public criticism, leading in the first two instances to modifications in the plan. Those who controlled the political process in Virginia did become concerned about the power of the state when it affected them personally.

The question remains, how significant were these policies in the broader scope of governmental activity in the state? One way to answer this is by thinking about what other ways the state exercised coercive power over the population. In fact in the South in this period, governmental inaction, in areas such as public health and education, shaped people's personal lives far more than governmental action. Racial segregation is an example of this, as it was not simply a product of public policy in the South. Though some forms of segregation were government mandated or controlled, their basis and enforcement largely came from white popular opinion and community standards. Parental responsibility, in contrast, represented an area with a greater tradition of
government involvement. The state had historically exercised authority over children and demarcated the boundaries of appropriate parental responsibility. Thus, children could be taken away from parents judged to be unfit or inadequate.¹

These sex-related policies operated on another level, however, beyond the extent to which they expanded the coercive powers of the state. That level involved the image of the state, a long-cultivated image of Virginia as moderate and progressive in ways not coincidentally reminiscent of Thomas Jefferson. While commanding authority over poor and non-white citizens comprised the foundation for these policies, these questions of image and their accompanying links to industrial growth produced the leadership role state leaders consciously took on. In their quest to attract industry and economic development, state policymakers worked to make Virginia look more orderly, efficient, and well-governed than its southern neighbors.

Virginia’s government underwent unprecedented changes in the 1960s. Indeed, a combination of factors, many of them with origins in the civil rights movement, transformed most southern governments and significantly undermined the political formations and policies of the past era. Following pressure from civil rights activists and their legal allies, voting restrictions, segregation, and legal discrimination ended in this decade. In Virginia, legislative reapportionment and African American voting helped break the Byrd machine and its staunch commitment to low taxes and minimal public

services. In his successful campaign for governor in 1965, Mills Godwin promised to expand public services in the commonwealth, including education at all levels, mental health facilities, environmental protections and cultural programs. To pay for this, he proposed and successfully lobbied for a state-wide sales tax. With its passage, the Byrd era closed for good and state leaders stood on record as, finally, supporting a functioning government over low taxes.

With these broad changes came significant revisions in the policies designed to police sexual behavior under discussion here, particularly those with origins in racial bias and paternalism. Eugenic sterilization was the first of these policies to undergo serious challenges. During the second World War, the number of sterilizations dropped across the United States due to the number of physicians needed for the war. Virginia’s sterilization rate dropped accordingly from 332 people in 1942, 219 in 1943, and 131 in 1944. In addition, ideological changes in the nation produced in various ways by the war—including a new sensitivity to human rights, increased calls for racial justice, and a rejection of Hitler’s eugenics policies—brought strength to anti-eugenics arguments.

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2 Reapportionment followed a 1964 Supreme Court decision, Reynolds vs. Simms 377 U.S. 533 (1964), which held that seats of state legislatures must be apportioned on a population basis. In Virginia this decision brought more electoral power to urban areas where the Byrd machine had been historically weak. J. Harvie Wilkinson III, Harry Byrd and the Changing Face of Virginia Politics, 1945-1966 (Charlottesville: University Press of Virginia, 1968), 248-49.

3 In 1962 Virginia still had the lowest gross tax burden in the nation and a study the previous year had found that Virginia’s per pupil expenditures for schools in relation to per capita income placed the state last among the forty-eight states surveyed. Wilkinson, 241.

4 Wilkinson, 273-301.

Nonetheless, Virginia's sterilization rate inched up after the war, peaking at 195 people sterilized in 1954 but then declining throughout the 1960s.\(^6\)

In the 1950s and 1960s involuntary sterilization, including the sterilization of those judged mentally incompetent, declined across the United States. The legal history of the undoing of sterilization laws is complex because it involved a variety of different state statutes, in addition to disputes on the federal level (over whether federal funds should pay for involuntary sterilizations or the institutions that performed them) and the questions of both the right to voluntary sterilization and protection from involuntary sterilization. Though many legal and public health leaders agreed that involuntary sterilizations were both legally and ethically problematic, a clear judicial condemnation of the procedure was slow to come. As late as 1976 a U.S. District Court in Raleigh, North Carolina upheld a law allowing for involuntary sterilization of some individuals.\(^7\)

Ultimately, two blows to the practice brought it to a halt. In 1978 the department of Health Education and Welfare published new, strict standards for funding the sterilization of the retarded, mentally ill, uneducated, or poor, aimed at curtailing all procedures except those done with fully informed consent.\(^8\) Then in 1980 a suit was filed by a woman who had been sterilized without her consent in 1949 at the Lynchburg Training School when she was fourteen. A U.S. district court agreed to hear the case, attracting considerable attention since it challenged the statute upheld in \textit{Buck vs. Bell}. A

\(\text{\^6\ Reilly, 185.}\\ \text{\^7\ Reilly, 150.}\\ \text{\^8\ Reilly 148-52.}\)
settlement brought *Poe vs. Lynchburg* to a close under which the state agreed to identify, inform, and compensate all persons sterilized involuntarily. ⁹

Movie censorship in Virginia ended in the 1960s, again the product of national developments. After thirty-seven years of rejecting the notion that the principle of free speech applied to motion pictures, the Supreme Court reversed its course with the case of *Burstyn vs. Wilson* in 1952. This decision, known as the *Miracle* decision because it concerned a film by Federico Fellini with that title, opened the gates to challenges to state censorship boards. In 1965 the court found in *Freedman vs. Maryland* that the licensing procedure, the process also used by Virginia to censor films, violated the constitution. Soon the Virginia State Board of Censors disbanded. ¹⁰

Another Supreme Court decision, this one a direct challenge to a Virginia statute, curtailed the state’s interracial marriage ban. In 1959, two Virginians, Richard Loving and Mildred Jeter, went to the District of Columbia to be married. Upon returning to the state they were convicted of leaving the state to evade its miscegenation laws and sentenced to a year each in jail. A judge suspended their sentences under the condition they leave the state and not return for twenty-five years. At first the couple complied, but in 1963 they filed a motion to vacate the judgment against them. When the state Supreme Court of Appeals upheld the sentence the couple’s lawyers brought the case to the U.S. Supreme Court. In 1967 the court decided in *Loving vs. Virginia*, that legally denying marriage solely on the basis of racial classification violated the equal protection clause of

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⁹ Reilly, 152-157.
the fourteenth amendment. In striking down this law, the court also invalidated similar laws in fifteen other states, all southern or border states.

The burst of attention to sexual psychopaths in 1950 and the formal recommendations put before the legislature by the Commission to Study Sex Offenses did not produce changes in the state's laws. The issue continued to attract the attention of civic leaders and officials in the mid-1950, and calls for revisions of state sex crime laws and longer treatment for sexual offenders continued. Within a decade, sexual offender statutes across the country came under attack as the Supreme Court upheld challenges to the constitutionality of laws that combined incarceration and institutionalization. In 1977, the supreme court held the death penalty for rape to be unconstitutional in Coker vs. Georgia.

Thus, a number of the policies designed to control sexual behavior in the pre-war years disintegrated in the face of changes after 1960. These policies were those with primarily local motivations, as opposed to those sparked or encouraged by national leaders, specifically those concerning venereal disease. The state's premarital venereal

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disease testing law has remained in effect since its passage despite the fact that studies have shown the effectiveness of such laws in preventing venereal disease to be minimal.\textsuperscript{15} Federal funding for and national concern about venereal disease decreased dramatically during the 1950s, and this was soon followed by an increase in venereal disease rates beginning in the late 1950s. Despite the effective remedy of antibiotics, cases of gonorrhea tripled in the United States between 1965 and 1975.\textsuperscript{16}

Though particular policies have changed, the idea that the state has a stake in the sexual behavior of its citizens has endured, though it has taken different forms in the years since 1960. In particular, the state’s motivation has been less racially motivated. One example of the persistence of these ideas in Virginia are the state’s sodomy law which bans certain sexual acts between consenting adults. While the law is rarely enforced, it serves to legislate a standard of morality. In 1995 a judge used the existence of Virginia’s sodomy law to justify denying a lesbian mother custody of her child.\textsuperscript{17}

Since the 1980s, the AIDS epidemic has introduced a new kind of sexually transmitted disease, and this has generated controversy over the line between rights to privacy and public health interests. Debates about the extent to which the state should claim an interest in the sexual behavior continue in the current Republican party which is split between those who favor a laissez faire approach to private behavior and religious conservatives who believe in using the state to promote particular moral values. Thus, the nature and extent of state involvement in sexual behavior continues to be contested.

\textsuperscript{15} Brandt, 177.
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