ligible health problem. Although the rate for civilian women in the United States was only slightly lower than that for men—87 to 90 percent of the men's rate in 1945—the WAC rate was in all reports considerably below the men's rate, being estimated finally by Major Craighill as only about 18 percent of the men's rate. It was especially noted that, in overseas areas designated as "epidemic," where men's rates considerably exceeded the rates for the United States, the WAC rates showed no notable difference.[65]

The lower WAC ratio seemed partially due to the fact that the WAC excluded women infected at the time of application or with a history of venereal disease. While infections existing before enlistment were also not counted in the yearly incidence rates for men, the WAC system tended to prevent admission of "repeaters." Another factor was the smaller number of Negroes in the WAC, which had only 4 percent of Negro personnel as against 10 percent for the Army. Since rates for both men and women were higher in the Negro race, an additional 6 percent of Negroes might have raised the WAC rate somewhat. Also, the moralizing approach used by the WAC was later tried in several postwar groups of men, with some indication that, at least for younger men, it appeared to result in lower infection rates.[66]

These statistics were repeatedly made available to investigating groups, but were never fully credited by the general public. Thus, toward the end of the war, a congresswoman received a letter complaining, "The rate of venereal disease among the women in our forces is increasing at an alarming speed." Director Hobby again called at the Capitol in person with the statistics, and again secured written Congressional assurance that "the matter has been answered wholly to my satisfaction. I think you should feel exceedingly proud of the Wacs." [67]

At only one early period was the Corps' ability to maintain this high standard in doubt. This occurred during the Auxiliary period just before control of recruiting was taken over by WAAC Headquarters, when lowered entrance requirements caused an influx of diseased women into training centers in such numbers as, in a few units, to equal or surpass the men's rates.[68] This trend was checked before it produced any notable fluctuation in the over-all rate, but gave evidence that a women's corps was by no means exempt from the Army problem, and that of civilian society, except by strict maintenance of enlistment standards. The Surgeon General ruled that women with venereal disease, although barred from enlistment, could not be discharged if admitted by faulty examinations.

The diagnosis and treatment of syphilis in women presented no particular problem for medical officers, since it was similar to that in men. The diagnosis of gonor-

---

[65] WAC rate is from Major Craighill's final report. Her sources were regular monthly reports from all service commands, received throughout the war. Civilian comparison is from: (1) Office Memo, U.S. Pub Health Serv VD Div for OCMH 13 Jul 50, sub: Morbidity Rates by Sex and Color. OCMH. (2) Telephone conversations with Dr. Johannes Stuart and J. Wallace Rion of that division. The Public Health Service stated that, due to differing methods of determining rates, no exactly comparable figure could be given for civilian women, but that the ratio of male to female rates should hold true under any method of collection of data, and that studies indicated that incidence for men was about the same whether in or out of Army.

[66] Notably at Universal Military Training test groups at Fort Knox, visited by the author.

[67] Ltr, Rep. Frances P. Bolton (Ohio) to Dir WAC, 5 Dec 44, incl Ltr from constituent, and another, 16 Dec 44. WDWAC 720.

[68] Ltr, Post Surg to Comdt 4th WAAC Tng Cen, 14 May 43; 3d Ind, SGO to Dir WAAC. SGO Hist Div 322.5–1.