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Published on H-Environment (February, 2022)

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Deserving of Care versus Punishment: Women and Venereal Disease in Kansas, 1918-1942

Nicole Perry (assistant director of the Center for Undergraduate Research at the University of Kansas) has written a book that will be of significant value to scholars of not only sexuality but also race, class, disability, the carceral state, the environment, public health, eugenics, Progressive Era reform, and more.

Perry begins this study of efforts to control venereal disease within the United States in the decades before penicillin with an interesting hook: a reflection on the COVID-19 pandemic and its revival of ongoing debates over the proper balance between the public good and individual freedoms. Then, as now, racial stereotyping and persistent problems with the prison and healthcare systems created increased inequities.

In response to the rapid spread of venereal disease during the First World War, various states began to implement what came to be known nationally as the American Plan. Perry frames her study around Chapter 205, a Kansas law that allowed for the involuntary and indefinite quarantine of those diagnosed with venereal disease. Only women (with very few exceptions) were subject to quarantine and to efforts to rehabilitate their moral character. Between 1918 and 1942, some 5,331 young women (the majority between the ages of thirteen and twenty-four) were sent to the Kansas State Industrial Farm for Women (KSIFW), in Lansing, and women continued to be quarantined there by law as late as 1955.

Scholars who seek to compellingly show how a limited case study can cast meaningful light on national issues and trends will do well to examine Perry’s methods carefully. She resists the siren song of claiming too much and interpreting the evidence to fit her conclusions. Instead, she is clear about the limitations of the evidence she has and readily admits when hard and fast conclusions remain elusive. This scrupulous approach makes her conclusions particularly persuasive.
And her conclusions are myriad: Chapter 205 was an undeniable example of institutionalized gender discrimination and state enforcement of the sexual double standard. Then, as now, there was controversy over whether certain people should be viewed as worthy of public health services or deserving of punishment for their role in bringing about their sickness. As Perry notes, “The social problem of venereal disease in Kansas coming under the jurisdiction of the prison system was a precursor of things to come” (p. 5). She also concludes that the determinations of respectability and social boundaries that decided who would and who would not be sent to Lansing were ultimately about power, bolstering the association of the poor with immorality and the middle class with self-control, whiteness, and moral authority.

Prior to reliable accessible testing, a woman who tested negative but engaged in prostitution might be diagnosed with venereal disease based exclusively on her immoral behavior. This assumption was in marked contrast to the wartime concerns about protecting “innocent” soldiers from getting and spreading the virulent disease.

Perry devotes considerable attention to how such power dynamics affected not only the women sentenced to the farm but also the women who fought to create it and those who ran it. She traces as well the continually shifting focus of the KSIFW, as what began as a wartime emergency measure morphed into peacetime public health policy. Over time, the farm served variously as a medical facility, reform school, and penal institution.

Perry’s fifth and sixth chapters are drawn from a set of more than two thousand intake interviews conducted by KSIFW staff between 1923 and 1933. She wisely observes that the interviews should not be taken at face value, as most of the women tailored their answers to coincide with their interviewers’ sensibilities. The interviews nonetheless remain, in her skillful analysis, a treasure trove of (relatively) candid sexual and social histories that are particularly valuable in their revelation of the role that race and economic class played in who came to the farm.

Like any book, this one is not without its minor flaws and missed opportunities. Perry’s first chapter concerning the social hygiene movement prior to World War I could have been strengthened by an account of French playwright Eugene Brieux’s play Damaged Goods, first performed in New York in 1913. That same year a special guest performance was staged at the National Theater in Washington DC for President Woodrow Wilson, his cabinet, both houses of Congress, the United States Supreme Court, the diplomatic corps, and other prominent government officials. This widely discussed play, quickly novelized by Upton Sinclair, depicted with then-shocking candor the devastation middle-class men inflicted on themselves and their innocent wives and children when they brought home venereal disease contracted from prostitutes. The New York Times declared that the play “initiated a movement in this country which must be regarded as epoch-making.”[1]

Perry is so eager to make gender a central focus that she buries that seriousness of venereal disease until late in the book. I wish she had begun with this information, particularly for readers who know these as diseases that are usually quickly and completely remedied. The devastating, even fatal effects of these diseases, their communicability (including in utero), and stubborn resistance to the prevailing treatments reveal that the dramatic overreaches made in the effort to curtail the disease were based on more than moral panic or the desire to punish unchaste women. I also wish she had included in her thoughtful conclusion the lessons of the HIV/AIDS crisis in her discussion of the role of respectability in healthcare access.

A particularly annoying feature of this otherwise fascinating and well-written book is Perry’s insistence on making her points repeatedly, often
using the same words on the same page or in close proximity. For example, she states three times on page 55 that it is likely that many of the women sent to Lansing under Chapter 205 did not have venereal disease.

These quibbles aside, Perry argues compellingly that Chapter 205 was completely inadequate in addressing a public health challenge. Her cogent discussion of the role that race, class, and access to health care play in the success or failure of disease prevention makes this book especially timely in the current COVID-19 crisis.

Note


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