

Better to Protect than Regret: What Syphilis Campaigns Can Teach Us About Combating the Coronavirus

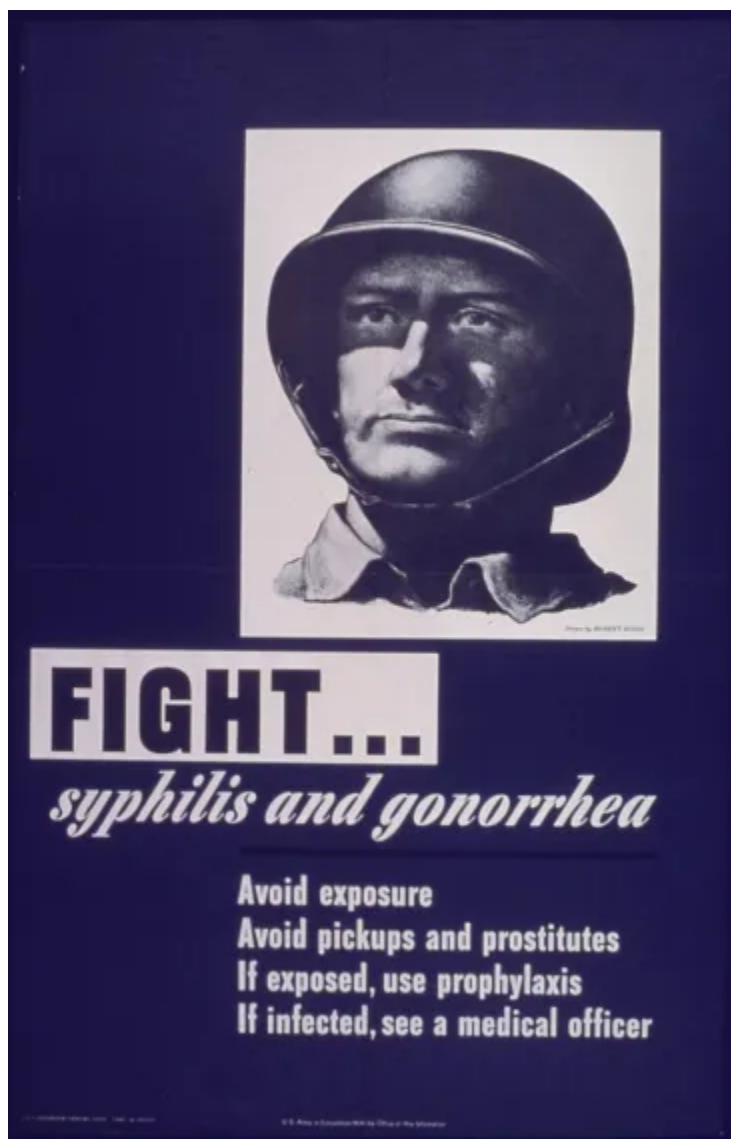
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In 1917, an incurable bacterial disease had infected an estimated 10% of England's cities.¹ It spread through sexual intercourse, then slowly attacked multiple organs of the body until causing a painful death. Little was known about its degree of contagion, and treatments were unhelpful. Having spread worldwide, countries and regions blamed one another for causing various outbreaks;² these suspicions advanced neither the medical community's ability to reduce infection nor the discovery of treatments or a cure. The disease's natural progression punctuated physical and social differences among men and women, young and old, and wealthy and poor. A large segment of society was ready to dispose of the immunocompromised poor whom they believed could more easily contract and spread the disease. But, eventually, through various efforts, infection rates dropped. Today, syphilis is not the threat it once was, but the modern world did not arrive at its currently low rates without changes in personal practices, government policies, and public education that together mitigated its spread.

Experts have recently suggested that our collective response to the COVID pandemic, the "stay home" message, while well-intentioned and grounded in scientific evidence,³ is as unrealistic an expectation as abstinence among the unmarried. Public health professors to economists are

arguing we need better guidelines that explain and educate people on safe and unsafe ways to socialize during the COVID pandemic. Many feel the public is overly spreading the message of isolation while guidance is lacking from our federal and state governments. And there has not been a more frustrating period in recent history for medical experts, too, as physicians continually confront patients with misinformation about coronavirus that could, if believed true, increase the spread of infection⁴ or cause other illnesses. As we try to quickly reduce the spread of the coronavirus, it seems especially useful to consider the successes of our historic experience mitigating sexually transmitted diseases like syphilis.

In England, the first public health act was passed in the mid 1800s, and in America federal efforts in public health research and legislation evolved only slightly later. What today we call the National Institutes of Health began as a “Hygienic Laboratory” in 1887, and by the early 1900s most states had established health departments. While the social hygiene movement of the late nineteenth century was sometimes misdirected—as we saw with the Contagious Disease Acts in the UK, which targeted working class women as the main transmitters, even though the rates of infection and death were highest among men—a continuing commitment over several decades to providing free and widespread VD testing helped individuals identify whether they had contracted and could spread the disease. Efforts in health education, vastly led by a growing community of feminist activists, also helped raise awareness of the risks for VDs like syphilis.



“Fight Syphilis and Gonorrhoea” WWII campaign poster (ID: 514250), Public Domain, via National Archives

Effective treatments became available in the early twentieth century, but it was not until the 1940s that penicillin became the standard treatment for syphilis. The social hygiene movement picked up speed in both England and America at the turn of the century and some of its most notable efforts began on the eve of the first World War. History had evidenced that syphilis could quickly ravage troops; so, the Allied powers had a vested interest in ensuring that their military was not weakened by a syphilis epidemic, as had happened to troops in past European wars.

Social hygiene campaigns to fight syphilis required the buy-in of local communities surrounding military bases as well as education within the military. Woodrow Wilson’s U.S. administration produced the film *Fit to Fight* to educate soldiers on the dangers of contracting VD and how to use the tools that prevented infection. Soldiers

received “kits” that contained ointments, tablets, and other products “meant to be used immediately after sexual intercourse or as soon as practicable.”⁵ Through these various national efforts towards public education, England saw a 50% decline in syphilis rates between 1911 and 1936.⁵ In the U.S., rates declined rapidly throughout the 1940s.

Historical public education campaigns among soldiers might be reconsidered in light of a recent poll and another study showing that men are more resistant to wearing a mask than women. In a preprint posted by Capraro and Barcelo, more men than women thought that wearing a mask was shameful, not cool, a sign of weakness, and a stigma, and men were also more likely to believe they could get over the illness easily—ironic findings considering studies have shown men to be more affected by coronavirus than women. Such psychological analyses on attitudes toward preventive measures can help guide approaches to effective public health campaigns that can help individuals understand the evidence behind wearing masks and sway perceptions about disease prevention. The social hygiene movement also encouraged and promoted early public school education in VD that has helped further reduce transmission rates.

Sadly, however, syphilis is making a comeback. Since 2000, there has been a steady increase in its incidence across many population groups, which is forcing health experts to re-examine the disease’s etiology. According to the CDC, in the U.S., there was a 76% increase in the number of reported cases between 2013 and 2017. In a 2019 study titled, “Resurgence of Syphilis in the United States: An Assessment of Contributing Factors,” experts from the North Dakota State University suggest that, “Utilizing a ‘diversified prevention’ approach that combines consistent practice of well-established public health interventions along with new interventions such as social venue analysis and biomedical advancements in treatment and prevention is likely required to turn the tide on this resurging epidemic.”⁶

These recommendations resemble those made by the CDC for reducing the spread of COVID. Yet, in our current political climate in the U.S., with the current administration bent on dismantling our public institutions, it is unlikely we will see funding put toward such efforts on a national scale. Recently, the White House restricted the CDC from releasing its 68-page guidelines on reopening of states since it is more strict and detailed than the guidance the White House has been giving governors. Yet, as we have seen historically, this is the kind of guidance the public and local governments need during an epidemic if we hope to eliminate the threat.

We will likely continue to see drastic variations in coronavirus rates across various populations of the U.S., and it is reasonable that different regions adopt different measures according to their rates of infection. Yet no community is immune to the threat. We’ve seen how variations in national rates of coronavirus across the globe have underscored differences in baseline health statistics, governmental approaches to curtailing the spread of infection, and cultural adherence to social policies. If there is anything we can learn from our historical experience managing the spread of venereal diseases such as syphilis, it is that eliminating an epidemic threat requires not only changes in personal hygiene, but also a shared commitment from health experts and our

public institutions to provide detailed guidance and education on what individuals and communities can do to stop the spread of coronavirus until we have an effective vaccine.

Featured Image: “We are Helping to Stamp Out Syphilis” WWII Campaign Poster (ID: 516062), Public Domain, via National Archives

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